REGIONAL LIAISON COMMITTEE, ATLANTIC

SUMMARY NOTES of the meeting of the Canadian Blood Services Atlantic Regional Liaison Committee (RLC) held in Dartmouth on Monday, February 5, 2007, at 10:30 am.

PRESENT:

Dale Carey
Fraser Eaton
Carole Fecteau
Gord Hickman
Gordon Jenkins
Peter MacDonald
Chris MacInnis
Dr. John MacKay
Donald McKay
Heather Mingo
Tom Pinsent
Glenda Pollard
Morley Reid
Margie Rogers
Dr. Irene Sadek
Derek Shanks
Karen Turner-Lienaux

GUESTS:

Jeff Moat
PJ Vankoughnett-Olson
Lindsey Parry

OBSERVING/PRESENTING:

Paul McGrath

REGRETS:

Jeremy Campbell
Pierre Leveille

1.0 OPENING OF THE MEETING:

- Cathy Burgess, General Manager, Cole Harbour Place, joined the RLC team at the start of the meeting. Peter MacDonald thanked the Cole Harbour Place for being a proud Canadian Blood Services partner and Morley Reid presented Cathy Burgess with a Canadian Blood Services certificate of appreciation.

  ♦ The Cole Harbour Place hosted its first clinic in 1998.
  ♦ On average, there are six to eight clinics per year at this site.
  ♦ One unit can save up to three lives and collections since 1998 at this location have been 1,630 units... 4,890 saved lives!
  ♦ Clinic support includes postering, website advertisement along with donated location space... a great commitment.
  ♦ The next clinic is scheduled for March 20, 2007.

- Following the presentation of the certificate of appreciation, the meeting proceeded with introductions of meeting guests PJ Vankoughnett-Olson, Manager, Public Involvement, Lindsey Parry, A/Public Communications Manager and Jeff Moat, Director, Marketing.

- Jeff Eaton and Janet Copeland have stepped down from their positions on the RLC. Jeff's father, a previous donor and more recently recipient, Fraser Eaton, has filled the spot vacated by Jeff. Janet Copeland has resigned from the RLC due to family illness. Ann Robinson, a representative of the Moncton Hospital, has agreed to fill the spot vacated by Janet.
2.0 REVIEW OF AGENDA:
Morley Reid reviewed the agenda. No additional items were added. Tom Pinsent moved to accept the agenda. Dale Carey seconded. All in favour. Agenda approved.

2.1 APPROVAL OF SUMMARY NOTES:
- Summary Notes from the Atlantic RLC meeting of October 2, 2006, were issued to RLC committee members via e-mail prior to the meeting. In item 3.1, bullet #2 states that, "PEI uses family members to pick up the blood if necessary". Gordon Jenkins asked for clarification of this point. Glenda Pollard commented that some of the hospitals in PEI are at the far end of the island and there are no taxi or courier services to deliver the products; therefore, there are no other ways to send samples and blood to those hospitals. Margaret Rogers reassured RLC members that products are packed according to Canadian Blood Services operating procedures.

- Following clarification of the previous point, Donald McKay moved to accept the summary notes. Karen Turner-Lienaux seconded. All in favour. Summary Notes approved.

3.0 BUSINESS ARISING:
3.1 NLC UPDATE:
Margaret Rogers provided the following summary of the National Liaison Committee (NLC) meetings held in Ottawa on October 23 and 24, 2006.

- Highlights of the Report from the Board of Directors:
  - Canadian Blood Services provided 50 units of blood to Hema Quebec for Dawson College incident.
  - The Board agreed to further investigate Cord Blood Banking.
  - Platelets continue to be a challenge.

- Bacterial Detection Update:
  - Hema Quebec tests all platelets; however, approximately 80% of platelet collection is by apheresis.
  - Canadian Blood Services is testing 40% of platelets.
  - Apheresis platelets have moved from 30% to 34% with plans to increase to 50% in the coming year.
  - Important to watch that this does not pull donors from whole blood donations.
  - YTD 2006/07, three suspected cases of transfusion associated bacterial sepsis. So far, none of these cases have been associated directly to an implicated blood component.
  - 2005/06, one case involving an apheresis platelet where bacteria was confirmed to have come from the implicated unit. Unit had been tested by Canadian Blood Services for the presence of bacteria prior to administration but had not indicated bacterial contamination.
  - Bacterial contamination is a leading cause of adverse transfusion reactions. Recent experience in the US has shown that even "gold standard" methods are not 100% effective at eliminating the risk.
  - It is estimated that all platelets will be tested by BacT Alert method by October 2007. Timelines subject to approval by Health Canada.

- Malaria Deferrals:
  - 24,000 red cell concentrates discarded in 2005.
  - Whole blood donations yielded approximately 5,400 litres of recovered plasma.
3.1 NLC UPDATE (Continued):

- Cost to produce 24,000 units of recovered plasma when all other components discarded = $4.8 million. Cost to acquire same volume of commercial plasma = $1.5 million.
- This will be the first time Canadian Blood Services implements a change in deferral criteria for efficiency reasons rather than safety.
- NLC members broke into groups to discuss the issues and provide their views on a list of questions.

1. Do you support the changes in Malaria deferrals?
   All three groups supported the change. Sound business case.

2. What challenges might Canadian Blood Services face when communicating them to the stakeholders?
   Need strategies to retain donors, Plasmapheresis machines should be installed in clinics that have the highest malaria deferral rates, keep in contact with donors during deferral, refer deferred donors to the Plasmapheresis program.

- NLC/RLC Survey Results:
  - Survey was well received with a 60% response rate.
  - More than 10 minutes required to complete the survey.
  - NLC and RLC sections should be separated.
  - Many Atlantic members did not receive the survey because e-mail spam filters filtered out the survey.
  - Survey link should be sent by Canadian Blood Services.

- RLC Reports:
  - Atlantic Region:
  
  
  - Comments/suggestions pertaining to no shows:
    - Atlantic Canada rate (35%) - higher than national average (23%).
    - Donors believe a missed appointment does not hurt Canadian Blood Services.
    - Use the word "reservation" instead of appointment.
    - Use the word "confirmation" instead of reminder. (Already being done.)
    - E-mail or text message cancellation.

  - Suggestions for the Donor Recognition Program:
    - Have recipients, not Canadian Blood Services, thank donors for their gift.
    - Have separate paragraph for Bone Marrow donations.
    - Have donor awards more timely.
    - Recognize how many lives are saved.

  - Southern Ontario:
    - Update: The Canadian Hearing Society is working with Canadian Blood Services by providing information on interpretation standards, identifying nationwide contacts and writing to Health Canada.

    - The Corporate and Community Presentation Kit developed in 2001 needs to be updated.

  - Central Ontario:
    - World Blood Donor Day held at Rogers' Stadium with the Blue Jays and the Baltimore Orioles was a success. Two What's Your Type booths and four information booths were set up throughout the stadium.
3.1 NLC UPDATE (Continued):

- NEON:
  - Participants of a Walk for Life made a promise to raise donors.
  - An analysis on no shows was conducted.
    - Remind donors that having appointments is important to Canadian Blood Services in managing the blood supply.
    - Customize reminder to suit the donor.
    - When a donor misses their appointment, was that time their first choice?
  - Educate donors using donor stories, volunteers, staff and other stakeholders. Stories could be used to communicate matters important to Canadian Blood Services.

- Prairies:
  - Suggestions for Bloodlines:
    - Volunteer's Classified Ads that target immigrants as well as high school students.
    - Picture montage of donors and donor clinics for the Community News portion will boost readership numbers. People are motivated to pick up a paper if they know someone in the paper.
  - Suggestions for the content of the website:
    - Volunteer Classified Ads that can be viewed by region.
    - A "Scared to Donate" section to dispel common myths.
    - Free e-mail cards similar to the cards, "Honour someone you love by donating blood in their name".
    - Automatic e-mail alert reminders that will link back to the website for online booking.

- Alberta:
  - Discussions were held regarding:
    - Questions or misconceptions regarding the Bone Marrow Registry.
    - Information required to make a decision to join the Registry.
    - How RLC members can help promote the Registry.

  - Operation Lifeblood:
    - Operation Lifeblood is aimed at converting good intentions into action by encouraging Canadians to take the first step in becoming a blood donor.
    - Target group, 35 - 54 years old, financially secure, highly educated and wanting to give back to the community.
    - Goal, 7,500 people to register for the program.
    - Expected that 15% of these registrants will be converted into new donors resulting in 1,125 new donors.

- BC and Yukon:
  - Ian Mumford, Chief Operating Officer, attended their meeting. He presented a brief report on the state of Canadian Blood Services eight years since its incorporation. Two of the major accomplishments of the organization:
    - Public perception that donating and receiving blood products are safer.
    - Stakeholders have a role in decision making with Canadian Blood Services.
3.1 NLC UPDATE (Continued):

- A report was presented on strategies to improve donor recruitment and retention.

- MSM Review:
  - Ian Mumford provided an update on the review process for male donors who have had sex with men (MSM). Canadian Blood Services is presently reviewing the MSM question and deferral and working with a risk assessment group, the McLaughlin Institute Group on this issue. A summary report will be provided to the Executive Management Team, passed on to the Board of Directors and brought forward to the NLC.

- Cord Blood Banking:
  - Sophie deVillers, Vice President of Strategic Management, provided an update on cord blood banking. With the mother's consent, cord blood, rich in stem cells, is collected from the umbilical cord/placenta immediately after delivery of a baby. The unit is tested, processed frozen and stored. Data regarding the HLA type of the cord is recorded on a cord blood registry. Transplant physicians can search internationally to locate compatible cord units for their patients. Cord blood banks augment bone marrow donor registries. They can be used by patients who need a transplant and can't wait for a bone marrow donor to be found, patients who can't find a perfect match because of rare HLA types and patients from ethnic minorities presently not adequately represented on bone marrow registries.
  - Cord blood can be stored approximately 10 - 15 years.

- Task Tracking Calendar:
  - It was requested that computer assisted screening be put back on.

- Plasma Products and Services Update on Surplus Proteins:
  - Sue Smith, Executive Director, Plasma Products and Services, provided an update.
    - Potential use of Cryoprecipitate - Want to send to South Africa. Canadian Blood Services remains committed to supporting this initiative and seeing it through to completion.

- Marketing Creative Platform Update:
  - Steve Harding, Executive Director of Marketing and Communications, presented the new Marketing Creative Platform:
    - Target 80,000 new donors
    - Real people (donors and recipients) will be used

- Participants were invited to attend the Honouring Our Lifeblood gala at the Canadian War Museum.

- Verna Skanes, Chair, Board of Directors, introduced the Board to NLC members. NLC members were thanked for their time, dedication and input to the committee and to Canadian Blood Services.

- Major points of the presentation from the NLC to the Board of Directors were:
  - All regions across Canada have launched RLCs.
  - RLC representatives from every region were appointed to the NLC.
  - Canadian Blood Services has seven RLCs, approximately 120 members, and each committee meets three times per year.
3.1 NLC UPDATE (Continued):
- RLCs have provided feedback on a number of local, regional and national issues.

- **Evaluation:**
  - Canadian Blood Services launched Liaison Committees six years ago. Liaison Committees are unique models for involving stakeholders and a good forum for exchanging information. Areas to enhance in the Committee Terms of Reference:
    - Rotate membership
    - Determine how the two way exchange of information goes on
    - Ensure members are advised how their input has impacted decision making

- **Annual Survey:**
  - A formal regular evaluation was developed by a working group. Members from the NLC were included and the survey was administered by Ipsos Reid. Survey response was 60%.

- **Improvements to the Regional and National Liaison Committee:**
  - Members identified the following areas requiring improvements:
    - Clear understanding of aims and objectives
    - Participation by a larger, more diverse group
    - More input from stakeholders
    - Better control of topics, discussions, meetings more focused
    - Increase meeting frequency
    - Increase public exposure, more promotion
    - Improve meeting locations, times, make them easier to get to
    - Canvass members for agenda items
    - More follow-up
    - More discussion/input from the Board

- **Highlights of NLC/RLC Involvement:**
  - Members identified the following highlights of their involvement in the committees:
    - Getting to know people in the system
    - Ability to voice concerns, give input, share ideas
    - Understanding the operations of the blood system
    - Networking with people in the system
    - Information/knowledge I've received

- **Board Priorities for the Coming Year:**
  - The Plasma Protein Products Strategic Plan
  - Surplus Protein initiatives
  - Donor selection criteria - specifically for men to answer question 18 (For male donors: Have you had sex with a man, even one time, since 1977?)
  - Cord blood banking
  - Marketing and communication are developing a number of initiatives to diversify the blood donor base. Committee members will be asked to provide input on some of these initiatives during the coming year.

- **Roundtable / Open Discussion - Stakeholders Comments to the Board of Directors:**
  - Possibility of using a Task Tracking Calendar to get information back to RLC Committees
3.1 NLC UPDATE (Continued):
- Planned orientation for new members with historical teaching
- Important that Board’s opinions/responses get back to Committee members
- Increasing plasma should be a priority
- Not enough time at RLC meetings to discuss all the issues and relay all the information wanted
- Many issues are complex and it takes time to see the expected results and appreciate them
- CIPO reported that a subcutaneous product is currently in review as a new class of drug. This review should take a few months and then a budget decision will have to be made to fund the addition of this new product. It was noted that special access has been granted to some patients although there are some patients who are unable to get special access because of hospital restrictions

- Dale Carey asked Canadian Blood Services representatives to contact him after the meeting and provide a brief background on current safety measures and processes for the collection and production of Cryoprecipitate.

3.2 NATIONAL ELEMENTARY EDUCATION PROGRAM:
- Lindsey Parry, Acting Manager, Public Communications, gave the following presentation on the National Elementary Education Program:
  - Pilot project, All About Blood, developed by Mary Anne Ducedre and presented to 600+ students in grades 7 and 8 in nine Windsor, Ontario schools from November 2005 to June 2006
  - Teacher evaluations rated the program 4.74 out of 5
  - 4,100 hits to the Blackboard section on the website between December 2005 and May 2006
  - Objective was to create a national elementary education program that would:
    - Educate target audiences regarding blood, blood donation and Canadian Blood Services
    - Create blood system advocates
    - Motivate audiences to become donors or future donors
  - Primary audience is students in grades 5 - 8. Secondary audiences are local Boards of Education, principals and teachers. Tertiary audiences are parents/family members of the students
  - Key themes to communicate:
    - Blood keeps us alive and healthy
    - Blood has many components
    - There are several blood groups and types
    - Ongoing need for blood in Canada
    - Four steps to donating blood
    - Donating and receiving blood is safe
    - Adopt a healthy lifestyle for the future
  - Education program principles - educate rather than recruit, flexibility (presenter, timing, access to technology), bilingualism, interactive, create demand
  - Kit materials include - video/DVD, PowerPoint presentation, instructional guide for presenters, props (or list of ideas for props), giveaways, teacher evaluation form, thank you letter for teachers, take home letter for students
  - The video/DVD was modeled after similar education videos - My Blood Your Blood (ABC) and Gift From the Heart (New York Blood Centres)
  - Considerations for our video/DVD presentation - length, content/script and messaging, animation, talent
3.2 NATIONAL ELEMENTARY EDUCATION PROGRAM (Continued):

- PowerPoint presentation - two versions - 10 slides (if combined with video) and 20 to 30 slides (if no video used). Considerations - more educational information, i.e., blood components, healthy lifestyles
- Website - Blackboard - for teachers, students and parents. Update and revise to better fit themes
- Opportunities:
  - Turn students into blood system advocates - promote upcoming clinics in take-home letters
  - Referrals between educators
  - Potential new partnerships - Partners for Life
  - Ongoing program involvement
  - Long-term - following students to high school. At age 17, see how many have become donors as opposed to other 17 year olds who did not receive the presentation in elementary school
- Challenges:
  - Providing free program kits to schools. Require funding for video/DVD production and kit development. Sponsors, i.e., Johnson & Johnson
  - Getting our message directly to teachers. The pilot successfully had us approach school boards, school boards approach principals, and principals approach teachers. This means relying on external parties to promote us.

Following the presentation of the videos, "My Blood Your Blood" and "Gift From the Heart", RLC members were asked for their feedback.

- Discussion:
  - The former NL Community Liaison Committee had discussed a similar program for Newfoundland and Labrador. The NL program contained a component to measure its success - a comparison of schools with the program versus schools without the program. Incorporating measures to monitor the success of the program would be an important element to include in the program currently being developed.
  - Would this be a national program and when would it be implemented? Lindsey Parry stated that it would depend on funding and resources; however, it is hoped something will be in place some time after September 2007.
  - The people best suited to determine what should be contained in kit materials would be teachers.
  - Teachers with experience donating blood should be enlisted to present the program.
  - If there are limited financial resources, the program should be aimed at the older (12 - 15) elementary school students.
  - The first video, "My Blood Your Blood", is far too juvenile for the target audience. The program needs to be more developed before presenting it to school boards.
  - School boards would need to push the program with teachers.
  - The type of video created would depend on how much time and money Canadian Blood Services is willing to invest.
  - Developing a video for too young an audience would be of no advantage.
  - Most students in Nova Scotia are in grade 12 before they are eligible to donate. Students should begin receiving information about blood donation in grades 10 and 11.
  - Lindsey Parry commented that one of the objectives of the Canadian Blood Services' balanced scorecard is to plan for tomorrow. Therefore, the idea of blood donation needs to be presented to students, even before they hit high school.
3.2 NATIONAL ELEMENTARY EDUCATION PROGRAM (Continued):
- We mustn't forget the influence a ten or eleven year old child can have on their parents by asking if they donate and if not, why. Children in this age group could be great ambassadors of the blood program.
- Will Canadian Blood Services be developing two presentations, one for younger children and one for older children. Lindsey stated that the current strategy is to create a program for children in grades 5 to 8.

3.3 ENGAGING THE NEXT GENERATION OF BLOOD DONORS:
- Peter MacDonald provided the following preamble to the discussion regarding engaging the next generation of blood donors.
- At this time, Canadian Blood Services is meeting the needs of hospital patients. However, Canadian Blood Services will be facing a crunch within the next five to ten years as the current donor base ages. It is important, therefore, to engage the next generation of donors.
- The program needs to be turn key for teachers as well as frontline staff.

- Young Canadians are very important to the blood system. People aged 17-24 make up 20% of the blood donor base in Canada (excluding Quebec). These same young Canadians participate at a rate of 5.22% which compares favourably to the overall percentage of the eligible population who give blood (approx. 3.7%). In addition, 87% of young Canadians recently polled by Ipsos-Reid, ranked blood donation as one of the ways to make a significant contribution to their community. However, more than 42% of the donor base is 45 years or older and approaching the age where they will become users of, rather than donors to, the blood system. Canadian Blood Services needs to inspire the next generation of Canadians to become lifelong donors and follow in the footsteps of the aging baby boomers.

The Need: to further educate young Canadians about how quick and easy it can be. Just one blood donation, which only takes about an hour, has the potential to save up to three lives. We believe it is a young person’s ‘best bang for their buck’ in terms of direct social impact versus time and effort required. Our objective now is to spread the word.

What we are currently doing:
- High School and university mobile clinics are scheduled throughout the school year at times and locations to make it convenient and easy for young Canadians to donate blood.
- What's Your Type? (WYT?)/What's Your Type? High School Curriculum Program (ongoing) - Allows Canadian Blood Services to reach into communities where it collects blood. The non-clinic environment introduces the concept of blood donation to those who may have been reluctant to approach Canadian Blood Services in the past. Individuals are blood typed and receive information that serves to fulfill their curiosity and feed their social conscience. The personal experience offered by the WYT? event helps transition the participant from awareness to the intention of donating by creating an opportunity to act. The communications team at Head Office will be reviewing the What's Your Type? High School Curriculum Program next fiscal year (2007/08) and soliciting feedback from the field in terms of how it could be updated and standardized throughout the regions.
- Elementary School Program - Canadian Blood Services is working to nationalize/standardize an elementary school blood education program for usage across the country. The intent is to generate enthusiasm in students
3.3 ENGAGING THE NEXT GENERATION OF BLOOD DONORS (Continued):
from grades five through eight, so they begin thinking about blood as early as possible in their lives. While this is not to be promoted as a recruitment program, we hope to turn students into blood system advocates.
- Don’t Miss a Beat (Spring 2006) - Dell Canada and Yahoo! Canada worked with Canadian Blood Services to promote social responsibility. The relationship included an online promotion to inspire blood donation among young Canadians. The promotion featured a three-round interactive music trivia game located at www.dontmissabeat.ca, where participants could have fun, learn about the importance of blood donation, and win prizes.
- The Red Defender (Winter 2007) - In an effort to educate and inspire more young Canadians to give blood, a humorous series of public service announcements is being launched featuring a hapless superhero who is delivering the message that saving the world isn’t easy, but saving lives by donating blood is.
- Who Gives? (Coming Spring 2007) – Coming Spring 2007, Dell Canada will work with Canadian Blood Services on an online promotion and trivia game targeted at young Canadians to inspire blood donation among young Canadians.
- New Marketing Platform (Coming Spring 2007)

What young Canadians are telling us… Ipsos Reid – 9th Annual Survey of Young Canadians (2005-2006):
- 30% of 18 to 34 year olds say they intend to donate in the next year (vs. 8% of those 55 years or older).
- 93% of 18 to 34 year olds say they trust Canadian Blood Services (vs. 85% of those 55 years or older).
- 52% of 18 to 34 year olds say they that Canadian Blood Services is involved in their community (vs. 63% of those 55 years or older).
- 38% of 18 to 34 year olds say they know where clinics are held (vs. 58% of those 55 years or older).
- Young Canadians expect their social input to have a real impact. Failure to connect their engagement to meaningful outcomes leads to lower levels of participation.
- The Internet is creating new ways to become socially engaged and create like minded communities; however, being on-line needs to more than a tactic. You can only create a community if the message is relevant and the content is worthwhile.
- TV is still a key medium and direct contact is still powerful so you can’t be just on-line.

Part of the challenge in recruiting “young blood” is convincing time-pressed young Canadians that blood donation isn’t complex. Despite the fact that more young people ranked giving blood as having a major impact over donating used clothing or household items, they were almost four times as likely to do the latter rather than give blood. It may be no small coincidence that twice as many of them thought giving blood was more difficult than dropping off used clothes or furniture.

Canadian Blood Services needs to educate and inspire Canadian youth to raise awareness about the importance of, and need for, blood donation in order to foster a new generation of lifelong donors.
3.3 ENGAGING THE NEXT GENERATION OF BLOOD DONORS (Continued):

- **Discussion:**
  - Donald McKay's son and his son's girlfriend are both blood donors. Donald recently spoke to them about their experiences with the blood program. They both commented that the clinics are a little sterile and not youth friendly. They suggested that young volunteers be recruited to encourage their peers to donate. Clinic refreshment areas should be brought up to date with healthier food selections (i.e. no Trans Fat, etc.)
  - One of the greatest incentives for young males, aged 17 - 20, is a girlfriend. If you want to encourage young males to donate, direct the advertising campaign towards young females.
  - Recruit local celebrities from the targeted age group to act as spokespeople for the blood program. Jeff Moat agreed and stated that a celebrity, especially one with a connection to the blood program, lending their status to our cause would appeal to youth. Canadian Blood Services' advertising agency is currently working on securing a young celebrity to endorse our cause.
  - Peter MacDonald stated that "In Honour" clinics focusing on personal connections to the blood program can be organized.
  - Canadian Blood Services should duplicate recruitment initiatives that have proved successful during previous recruitments at schools.
  - If Canadian Blood Services is having difficulties getting into the high schools, target community colleges, vocational schools, etc.
  - Derek Shanks expressed his belief in What's Your Type clinics as a recruitment tool. Several years ago, Derek Shanks attended a What's Your Type clinic held at a school one week prior to a blood donor clinic organized by the school's principal. That day, 88 students were typed. The following week, 77 of those students typed attended the blood donor clinic.
  - Gordon Jenkins commented that What's Your Type clinics held at the University of Prince Edward Island and Holland College were very successful.
  - Canadian Blood Services should team up with representatives from Canadian Idol to recruit youth.
  - Canadian Blood Services should explore getting the message out through venues such as Scouts, Guides, Air Cadets, Army Cadets, Navy Cadets, Youth Centres, etc. Posters and pamphlets should be provided to these types of organizations.
  - Encourage Science teachers to include blood donation as part of their curriculum. Lindsey Parry commented that Canadian Blood Services has conducted preliminary research on curriculum requirements for grades 5 - 8 throughout all provinces. It appears that the topics to be communicated in our presentation would meet the curriculum requirements for those grades.
  - Canadian Blood Services should organize What's Your Type Events during Teacher Professional Development Days.
  - Although a number of good ideas have been discussed, someone needs to formalize these ideas and take responsibility for seeing them through to fruition. One of the reasons a pilot program in Newfoundland and Labrador didn't work was because no one at the St. John's site had the time or resources available to dedicate to program. Canadian Blood Services needs to dedicate the human and financial resources necessary for youth recruitment programs.
  - It is understandable that there are financial and human resource limitations to what Canadian Blood Services can offer. It was suggested that the RLC could invest some of the human resources required to implement some of the projects discussed. PJ Vankoughnett-Olson clarified that the role of the RLC is to provide input and feedback to Canadian Blood Services. It is Canadian Blood Services' responsibility to dedicate the human and financial resources required to implement ideas.
3.3 ENGAGING THE NEXT GENERATION OF BLOOD DONORS (Continued):
- Peter MacDonald stated that any initiatives undertaken by Canadian Blood Services must be consistent in approach and branding.
- Carol Fecteau commented that there is quite a rivalry amongst schools in Moncton. Would it be acceptable for her to develop a competition amongst the schools to attend local clinics? Peter MacDonald stated that these types of initiatives can be arranged through local Canadian Blood Services representatives.
- During a recent conversation, Fraser Eaton asked his brothers and sisters why they became blood donors. They all indicated that it was due to their father’s encouragement. Fraser noted that during all his years as a donor, no one ever approached him about bringing his children in to donate.
- Canadian Blood Services should look at the issue of daycare for the children of donors. Children accompanying their parent(s) to a clinic will remember them donating and perhaps follow in their footsteps when they were older. Jeff Moat commented that it is important that the older generation play a role in educating younger donors on the importance of donating blood. This message would be much stronger coming directly from a donor rather than a marketing piece from Canadian Blood Services.
- Canadian Blood Services should survey donors to determine how many have spoken to their children about becoming blood donors.
- Dale Carey requested that the RLC be updated at the next meeting as to whether any of the suggestions/comments discussed were or would be implemented.
- Is it possible to include a discussion forum on the Canadian Blood Services website? PJ Vankoughnett-Olson responded that the web platform will not support a discussion forum.
- PJ Vankoughnett-Olson stated that Canadian Blood Services is exploring the possibility of developing a Youth Regional Liaison Committee.

4.0 NEW BUSINESS:
4.1 MALARIA DEFERRALS DISCUSSION AND FEEDBACK:
- PJ Vankoughnett-Olson, Manager, Public Involvement, gave the following presentation regarding Malaria Deferral Change Donor Letters:
  - Changes to malaria criteria will be implemented 2007-04-02.
  - Changes will preclude malaria deferred donors (travelers) from making any cellular (Red Cell or Platelet) donation for one year and malaria deferred donors (immigrants) from making any cellular donation for three years. Currently, these donors can make a Whole Blood donation at six months, Red Cells and Platelets discarded, Plasma sent for fractionation.
  - Deferral change is an efficiency initiative, not safety driven. It is an opportunity to recoup and reinvest significant savings (~ $4.8 mill./yr.). (NOTE: The deferral change has not yet been approved by Health Canada.)
  - Goal is to reduce red blood cell discards. Current practice projects 25,650 RBC malaria discards or 27% of all discards in 2006-07 (28,764 - 2007-08).
  - Deferrals will be retroactive.
  - Donors deferred between April 3/04 and April 1/07 will require communication prior to implementation.
  - Objectives of the communication plan are to build public trust in Canadian Blood Services, acknowledge and thank affected donors and encourage affected donors to continue their involvement in other ways (i.e. donating at deferral end, volunteering, Unrelated Bone Marrow Donor Registry).
  - Communication challenges include:
    - A complicated message with the opportunity to confuse donors - efficiency vs. safety (no implications for donors’ health)
4.1 MALARIA DEFERRALS DISCUSSION AND FEEDBACK (Continued):

- Existing awareness level of malaria deferred donors (donating Whole Blood for recovered Plasma) on use of their gift.
- Ensuring we are not being seen as advocating against specific travel destinations.
- The need to communicate with deferred donors ASAP to prevent them from attending clinics unnecessarily or booking appointments they will not be able to attend.

- RLC members were provided with a draft of the malaria deferral letter including Q&As and asked for their feedback.

- Discussion:
  - Para. 1, first sentence: "Thank you for your support of the Canadian blood system." Sentence should be revised as follows, "Thank you for your support of the Canadian blood system through blood donation."
  - Letter states that Canadian Blood Services will be making changes to its malaria deferral policy. Why? Is there something wrong with the policy? Letter should clearly explain why the change is being made - efficiency initiative, not safety driven.
  - Para. 2, last sentence: "As a result, donors who spend 6 consecutive months or more in an area affected by malaria will be temporarily deferred for 3 full years following their date of departure." Sentence should be revised as follows, "As a result, Whole Blood donors who have spent 6 consecutive months or more in an area affected by malaria will be temporarily deferred for 3 full years following their date of departure from the malaria-affected area."
  - "Deferred" should be explained early in the letter.
  - Para. 4, first sentence: "We invite you to continue supporting your blood system during your deferral by:". Sentence should be revised as follows, "We invite you to continue supporting your blood system during your temporary deferral by:".
  - Letter should expand on the benefits of joining the Unrelated Bone Marrow Donor Registry.
  - Sentence, Para. 7: "We thank you for all you have done to support the blood system and look forward to seeing you upon the conclusion of your deferral." Sentence should be expanded to encourage donors to support the blood system in other ways during their temporary deferral and "ask" them to come back as a regular donor following the deferral.
  - Canadian Blood Services is currently drafting a plan for Plasma. Once the plan has been developed, Plasma donation will be offered as an alternative to Whole Blood donors affected by the temporary malaria deferral.

4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY:

Jeff Moat, Director, Marketing, gave the following presentation regarding the Unrelated Bone Marrow Donor Registry (UBMDR) Naming Strategy:

- Canadian Blood Services has undertaken a project to rebrand the Unrelated Bone Marrow Donor Registry. The project objective is to determine the unique selling proposition for the Registry and gather feedback on a number of alternative names.

Internal and external UBMDR name research is being managed by our national research firm, Ipsos-Reid. A brainstorm session was held to generate a range of viable naming options to appeal to the target audience. Based on the short-listed names, the agency will commence full design research. The brands will then be refined and brought back to research. The final brand will be selected based on research and Canadian Blood Services approval.
4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY:

- Jeff Moat asked the RLC to provide feedback on the following information:
  - The Registry is managed by Canadian Blood Services. It is a program dedicated to recruiting healthy, committed volunteer donors for patients in need of stem cells. It recruits and maintains volunteer donor information, searches for matched donors for patients, ensures donors are healthy and able to donate and coordinates the collection of stem cells in Canada and around the world.

At any given time, about 250 Canadians are counting on Canadian Blood Services to find them a matching stem cell donor. For most, a stem cell transplant is their only hope of recovery from a serious illness.

For the purposes of the Registry, stem cells are immature cells that can become either red blood cells (which carry oxygen), white blood cells (which fight infection) or platelets (which help to stop bleeding). Bone marrow is a rich source of stem cells but stem cells can also be found in umbilical cords and our blood. A donor may be asked to donate either the stem cells from bone marrow or peripheral blood stem cells depending on which product the patient requires. Surprisingly, the blood group of an individual is of no importance in matching a donor to a patient. Instead, a blood test is used to identify proteins called "antigens" that are found on the surface of white blood cells. When a person joins the Registry, his or her antigens are identified and this information is added to a national databank. Whenever a transplant physician requires a volunteer donor for a patient, Canadian Blood Services is able to search its donor databank for a match. Because of the Registry's membership in Bone Marrow Donors Worldwide, we also have access to typing information from nearly 10 million donors on registries in other countries.

Canadian Blood Services has established eligibility criteria to ensure that stem cell donation is a safe procedure for both donors and recipients. To join the Registry, you must be aged 17 to 50, healthy and willing to donate stem cells to anyone in need. Health problems that could make a person ineligible include some heart conditions, cancer, blood diseases and insulin-dependent diabetes. While we still need Caucasians, some antigens are more commonly found in particular ethnic groups. It is important that donors from as many ethnic groups as possible join the Registry. Since younger donors are associated with better long-term survival rates for patients, the Registry is also eager to attract younger donors to the Registry.

Once applicants are fully informed and have decided to join the Registry, arrangements will be made to have a small quantity of blood drawn from their arm for testing. Test results will remain confidential and will be used solely for the purposes of helping find matching donors for patients. Only a small number of people on the Registry will actually have the opportunity to donate stem cells. Those individuals selected as a match will be contacted to confirm their willingness to proceed and discuss the next steps.

- Question:
  ➢ Why do you think people join the Unrelated Bone Marrow Donor Registry?

Feedback:
  ➢ To save a life
  ➢ They know someone in need.
  ➢ To help others.
4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY (Continued):

- Question:
  - Why do you think more people haven't joined the Registry?

  Feedback:
  - No one asked
  - Unaware of need or Registry
  - Fear. May think there is more involved in the testing process than there actually is.
  - May think they are already registered because they have donated blood
  - Lack of recruiting and communication

- Question:
  - What do you think is the unique benefit about being a member of the Registry compared to, for example, donating blood, organs, money or time?

  Feedback:
  - More personal. The donation is for a specific individual. In most cases, the donor is the only match and the last chance for someone to live.
  - Donating blood is an ongoing commitment. In comparison, time commitment to the Registry is limited.
  - Being able to say, "I saved someone's life and I was the only one who could"

- Jeff Moat asked the RLC to provide feedback on the following key messages:
  1. We all want to help. Being a member of the registry provides you with the rare opportunity to potentially save someone's life.
  2. Being a member of the registry provides you with the rare opportunity to potentially save the life of someone with the same ethnic background as yourself.
  3. You may be the only one who could save the life of someone with a life-threatening disease.
  4. Being a member of the registry provides you with the rare opportunity to potentially save the life of someone in another country.
  5. Being a member of the registry provides you with the rare opportunity to potentially save the life of someone in your community.
  6. A patient with a life-threatening disease may die if they aren't able to find a match.

  Feedback:
  - More bone marrow is needed from ethnic communities. Message #5 could apply to ethnic groups.
  - Message #2 is too limiting and negative.
  - Message #5 states potentially saving the life of someone in your community. The odds of saving the life of someone in your community by donating bone marrow are slim.
  - The following statement could be added to message #3, "... in Canada or anywhere in the world".
  - One RLC member found message #6 direct and too the point whereas another member found it too demanding
  - Of all the messages, the majority of RLC members felt message #3 was the most positive.
4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY (Continued):

- Jeff Moat asked the RLC to think about the following questions and provide feedback regarding the naming of the Registry:
  - If you could choose three words to describe the Registry, what would they be?
  - Do you think the Unrelated Bone Marrow Donor Registry needs a new name?
  - If you could change the name of Registry to anything - something that would convey the importance, be easier to remember and describe what it is to be a member of the Registry, what would you call it?
  - Any final thoughts/comments for the Unrelated Bone Marrow Donor Registry and Canadian Blood Services?

Feedback:
- The Registry needs to be branded in some way. Name suggestions included:
  - "The Backbone Project". People are giving hope and life back to their community. They are doing this by providing bone marrow to people in need.
  - Bone Marrow Donation
  - Bone Marrow Program
- RLC members agreed that the name should contain "Canadian" as there are many other registries worldwide.
- The word “unrelated” is not needed in the name.
- Acronyms could be formed from the words Canadian, Unrelated, Bone, etc. For example, "Can U B".
- RLC members felt that using the words stem cells over bone marrow in the name may be too controversial.
- For the general public, "bone marrow" has a negative, painful connotation.
- A non-descriptive name that catches the public's attention could be used.
- A non-descriptive name could be construed as misleading.
- Is there a danger of becoming disassociated from Canadian Blood Services?

- Jeff Moat provided RLC members with the following research results:
  - **Overall impressions of UBMDR:** Overall impressions of the Registry are overwhelming positive among Insiders. Both employees and donors are very passionate about the work that the Registry does. Employees feel fortunate to work for an organization that helps patients in such a major way. Donors also feel very fortunate that the UBMDR exists and describe the Registry as well-organized, professional, knowledgeable, efficient, and wonderful. For donors, the best part of being on the Registry is knowing that they were/are able to help someone who is desperately in need. Donors are hard-pressed to think of a downside to being a member of the registry. The only “negative” aspects identified were waiting to be called to donate, or when a patient does not survive following a transplant. From an employee perspective, lack of funding is frustrating as it is directly related to low awareness of the Registry. All donors will definitely continue to be a part of the Registry in the future and employees who are not on the Registry wish they could.
  - **One word to describe donors/recipients/the Registry:** When insiders are asked to choose one word that encapsulates the essence of the Registry, responses from donors and recipients were extremely positive in all respects. The words that came to mind when describing the Registry include: amazing, awesome, miraculous, valiant, helpful, hope, vital, essential, fulfillment (in terms of fulfilling the needs of the patient), easy (for someone to join), and professional. When describing donors, insiders provide the following words: compassionate, selfless, caring, generous, committed, gold, heroes/modern-
4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY
(Continued):
day heroes, ordinary people, people who want to give back, honoured, and fortunate. Recipients are described as: grateful, fortunate, courageous, desperate, in need, and sick.

- What makes the UBMDR unique?: For UBMDR insiders the unique aspect of being part of the Registry is that it is a relatively safe and easy way to directly save someone’s life where you are their only hope.
  ➢ Directly: Unlike blood donation, because it is usually only possible for one person to be a donor there is a direct connection between two people. Because of the one-to-one nature of the donation, donors tend to be much more recipient-focused in general.
  ➢ Only hope: Recipients are looking for that one person who is a match and the odds are low. Because of the seriousness of their condition, if they don’t find a match they will likely die.
  ➢ Safe and Easy: One Insider compared donating stem cells to having the opportunity to save someone from being shot or from a fire where there is no real threat to themselves. With respect to ease of donating, in contrast to the impact one donation can make, the effort, time, and risk involved is viewed as minimal (even though it includes surgery, missing work, and a recovery period).

- Another name for the UBMDR: Similar to the general public findings, most insiders suggested dropping the word 'unrelated' from the name saying that it is unnecessary, confusing and cumbersome. Several insiders dropped the word 'donor' from the name. One commented that to be a member of the Registry does not necessarily mean that you are/will become a donor. Several mentioned adding the word 'Canadian'. One donor grappled with replacing bone marrow with stem cells but then decided in favour of bone marrow as the term that is most familiar. Employees tend to feel that stem cells should be used instead of bone marrow. Only a few insiders felt that the name should not be changed.

- What makes the UBMDR unique?: The one to one genetic connection is clearly the unique selling point of the Registry. Even those who don't express this clearly ask questions like, "Will I find out who the recipient is?", "I'll want to know if they are a worthwhile recipient.", "Can I find out what their likely success rate is?" Will we know where they live?". Others liked the notion of helping their community (defined by some as an ethnic community and by others as a geographic neighbourhood) but while this has considerable appeal, it does not separate the Registry from numerous other activities that can have a positive impact on one's community.

- Potential key messages: Of the six messages tested, only two were ranked positively by most participants. The first emphasizes the singular uniqueness of finding a match between donor and recipient:
  ➢ “You may be the only one who could save the life of someone with a life threatening disease.”

And the second most popular message emphasized the broader potential impact on one’s community:

 ➢ “Being a member of the Registry provides you with the rare opportunity to potentially save the life of someone in your community.”
4.2 UNRELATED BONE MARROW DONOR REGISTRY NAMING STRATEGY
(Continued):
- **Another name for the UBMDR:** The most obvious name change for the focus group participants was to remove the word 'unrelated'. Most felt it was confusing and did not add to the appeal or help to better explain the Registry. Some thought the word 'Canadian' could be worked in - others liked the international or global aspect. Most favoured a more descriptive name like the 'Bone Marrow Donor Registry' while a few liked the idea of a name with a stronger emotional appeal like 'Life Link' or 'Life Connection'. While the more descriptive names lack some emotional connection, it does convey a stronger sense of trust and this will need to be considered given the negative perceptions that exist around the actual donation process.

- **Conclusion:** While both general public participants and insiders agree that a descriptive name which excludes the word 'unrelated' and possibly includes the word 'Canadian' would be an improvement, it is clear that the Registry needs more than a name change to gain acceptance among Canadians and to become a top of mind potential life saving activity that they would consider. The fact that there may only be one person who is able to save the life of someone in need needs to be communicated in future messaging. Furthermore, an appeal can and should be made to ethnic communities. However, for both of these approaches to have a positive impact, both the focus groups and the one-on-one interviews suggest that there are some significant "myths" re. the pain and risk of donating that need to be addressed before Canadians will be receptive to the positive appeal of the Registry.

4.3 DONOR RECOGNITION PROGRAM:

Jeff Moat gave the following presentation regarding the Donor Recognition Program:
- The national donor recognition program, in place for approximately 20 years, was inherited by Canadian Blood Services from the Red Cross. During the Fall of 1999, a program review was conducted to develop a donor recognition program unique to Canadian Blood Services and respond to requests for program changes. This review included donor feedback obtained from focus groups and telephone surveys.

In the year 2000, the following changes were made as a result of the review:
- T-shirt at the 10th donation level was replaced with a key chain due to problems with sizing and storage
- Pen at the 3rd donation level
- Milestone donor cards at key levels
- Higher quality of certificates

Today, the following recognition items are provided to donors:
- Lapel pins for various donation levels
- Certificates for various levels
- Additional giveaway items at the 3rd (pen) and 10th (key chain) donation levels
- Bone marrow donors receive a lapel pin, certificate and a token of appreciation for each donation
- Milestone donor cards are issued for 25th, 50th, 100th and 200th donations. Cards with personalized letters congratulating them on reaching the milestone are mailed to donors.

Today, all donation types (whole blood, plasma, platelets and bone marrow) are recognized. A single donation of any type is counted once and the total number
4.3 DONOR RECOGNITION PROGRAM (Continued):

of donations is maintained by Canadian Blood Services. Recognition items may be given to donors at the donor clinic, through the mail or at a special donor recognition event.

Another program review will be conducted this year. The review will include feedback from each region and from current donors. Key review areas; current milestone years for each award, appropriateness of award items for the higher levels, means of distribution, the way we count a donation and other key considerations.

Discussion:
- The gap between recognition levels is quite large. The intervals between recognitions should be smaller.
- Intervals between recognition levels should be consistent. Current levels are 50, 75, 100, 150, 200, 300, 400, 500… Most recognition levels are in increments of 50 or 100. The recognition level of 75 seems out of place.
- Donors hanging recognition certificates in their offices will encourage others to donate.
- Move away from bronze, silver, gold and platinum donor cards and just include number of donations on cards.
- The donation level lapel pins should be smaller and more dignified.
- Recipients should hand out awards.
- Perhaps a recognition program directed towards youth should be created. (Jeff Moat commented that some countries have implemented a program called "Club 25" - 25 donations before 25 years of age.)
- Should be some form of recognition for first time donors. (Jeff Moat commented that a welcome package is currently sent to first time donors.)
- Should be obtaining donor e-mail addresses. (Jeff Moat stated that the Atlantic Region has already implemented a means of collecting donor e-mail addresses. A national program will be implemented this year.)

5.0 FUTURE TOPICS FOR DISCUSSION:

- Male donors who have had sex with men (MSM)

Suggested topics may be e-mailed to Peter MacDonald (peter.macdonald@blood.ca) or Janice Phillips (janice.phillips@blood.ca).

6.0 NEXT MEETING DATE:
The next meeting is scheduled for Monday, June 4, 2007, at 10:30 am, in Prince Edward Island. Committee members will be advised of the meeting location.

7.0 ADJOURNMENT:
The meeting was adjourned at 2:45 pm.