*Malaria Communications Strategy*
Communications Team
Canadian Blood Services
Ottawa, Ontario, Canada

**NEED/OPPORTUNITY** / In the aftermath of the “tainted blood crisis” of the 1980s and ’90s, Canadian Blood Services inherited a blood system in desperate need of repair. The first priority was to make the system as safe as possible and restore Canadians’ trust in it. Ten years later, Canadian Blood Services is one of the safest blood systems in the world—yet through international benchmarking, the company knows it is one of the more expensive to operate. Funded by provincial and territorial governments, Canadian Blood Services was directed in late 2006 to identify operational inefficiencies and make changes.

In December 2006, the board of directors mandated changing a donor eligibility policy regarding exposure to malaria. After a person gives “whole blood,” their donation is later separated into three components: red blood cells, platelets and plasma. Red blood cells and platelets are the components most at risk of the malarial parasite. Under the then-current policy, the organisation could only use plasma from donors who had had malaria or spent time in a malaria-risk zone—and the red blood cells and platelets required removal (also referred to internally as “discards”).

Collecting whole blood when only one of three components could be used was costing the organization approximately CAN$3 million per year, versus less expensive options to obtain the same quantities of plasma. The board of directors decided to discontinue this process starting 1 April 2007 for donors who had previously suffered from malaria or had spent time in malaria-risk zones. Instead, these donors would only be able to donate blood when all three of their blood components could be used. For the majority of affected donors, this represented a longer deferral (ineligibility) period. Past experience shows that the longer donors are “deferred” from donating, the less likely they are to return. Therefore, this policy change posed a great business risk to maintaining an adequate blood supply for patients in need.

**INTENDED AUDIENCES / PRIMARY AUDIENCE**
There were three categories of donors who would be affected, whether retroactively or in the future.

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<thead>
<tr>
<th>DONORS WHO…</th>
<th>POLICY BEFORE 2 APRIL 2007</th>
<th>POLICY STARTING 2 APRIL 2007</th>
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<tbody>
<tr>
<td>1. Spent/spend less than six consecutive months in a malaria-risk zone</td>
<td>May donate whole blood six months after departing from the malaria-risk zone. For six <em>additional months</em>, only plasma from the donation will be used. One full year after departure date from the malaria-risk zone, all components of the donation (red cells, platelets and plasma) can be used.</td>
<td>May donate whole blood one year after departing from a malaria-risk zone.</td>
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Messaging to donors needed to be customized according to several variables.

1. **Blood donors who spent/spend less than six months in a malaria-risk zone (approximately 38,000 donors/year)**
   These donors represented the largest group of people to be affected by the policy change. They included Canadian vacationers (e.g., one-week resort vacations in parts of Mexico), those traveling on business, “Snowbirds,” timeshare holders, backpackers, and Canadians with family overseas. In addition to donors traveling on or after 2 April 2007, the modified policy would also affect donors retroactively. Therefore, anyone who had been in a malaria-risk zone after 3 April 2006 would be temporarily ineligible to donate blood after 2 April 2007—even if they had donated blood since their return from the malaria-risk zone. Some of these donors had appointments booked on or after 2 April 2007, and they needed an explanation why their appointments were being canceled and when they could return to donate again.

2. **Blood donors who spent/spend six or more consecutive months in a malaria-risk zone (approximately 1,600 donors/year)**
   This group consisted mainly of immigrants, visitors to Canada and long-term Canadian travelers. In addition to donors traveling on or after 2 April 2007, the modified policy would affect donors retroactively. Therefore, anyone who had spent six or more consecutive months in a malaria-risk zone on or after 2 April 2004 would be temporarily ineligible to donate blood as of 2 April 2007—even if they had donated blood since their return from the malaria-risk zone.

3. **Blood donors with a history of malaria (approximately 1,000 donors/year)**
   This group included individual Canadian-born donors as well as immigrants and visitors to Canada. Although these donors were only deferred for six months under the “old” policy, they would not be able to donate blood under the modified one. Some of these people were regular donors and had to be dealt with very sensitively.

Moreover, some donors who had spent time in malaria-risk zones had appointments booked on or after 2 April 2007, and needed to be told why they could not return to donate at that particular time.

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<td>2. Spent/spend six or more consecutive months in a malaria-risk zone</td>
<td>May donate whole blood six months after departing from a malaria-risk zone. For three years after departure date from the malaria-risk zone, only plasma from donation will be used. Three full years after departing from a malaria-risk zone, all components of the donation (red cells, platelets and plasma) can be used.</td>
<td>May donate whole blood three years after departing from a malaria-risk zone.</td>
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<tr>
<td>3. Have had malaria</td>
<td>May donate whole blood six months after recovery. Only plasma from the donation will be used.</td>
<td>No longer eligible to donate blood.</td>
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OTHER AUDIENCES
The next most important audience was employees: frontline clinic staff, National Contact Centre (toll-free number) representatives and information nurses—essentially, any staff member in close contact with donors and the public. Staff required simple messaging not only to help them communicate to donors, but also to help them understand the complexities of the policy themselves. They were provided with additional customer service training on how to implement the change and deal with donor concerns and complaints.

GOALS AND OBJECTIVES / Canadian Blood Services uses a corporate strategy map to outline key objectives for ensuring a safe, secure and accessible blood supply for patients. Two goals relevant to the communication strategy are described below.

DELIVERING EFFICIENCY AND PRODUCTIVITY GAINS
Due to the contaminated blood tragedy of the 1980s and early 1990s, it is important that Canadians have trust in Canadian Blood Services as an organization that is focused on safety. Today, close to eight out of 10 Canadians trust the organization to do what's best for the blood system. The new malaria policy provided an opportunity to build on this trust by presenting Canadian Blood Services as not only committed to safety, but also being fiscally responsible with public tax dollars.

OPTIMIZING DONOR RECRUITMENT AND RETENTION
Many donors take deferrals personally and often see being deferred as being “turned away” or their blood being “not good enough.” Canadian Blood Services needed to ensure that all affected donors—particularly those affected retroactively—were recognized and thanked for their support to date. To decrease the chances of these donors lapsing or losing interest in Canadian Blood Services, the organisation needed to encourage them to consider other ways to support patients. The organisation also needed to ensure that it did not lose touch with temporary deferrals. Research by the market research group showed that the “return rate” in any given quarter for a person who had received a malaria deferral was about 27 percent.

By discontinuing the collection of whole blood, only to use plasma from affected donors, the organization estimated an annual CAN$3 million savings. The organisation also identified three key external communication objectives* that needed to be met:

1. Reach as many donors and frontline staff as possible prior to implementation, and ensure they understand the rationale.
2. Minimize potential negative reaction to the change in policy.
3. Increase the likelihood that temporarily deferred donors return to donate blood after their deferral period has ended.

NOTE:
*None of the three objectives listed above could be measured financially, but were measured using statistics.
SOLUTION OVERVIEW / To meet the above objectives, the team needed to provide employees with information they could understand and relay to donors; to provide retroactively-affected donors with customized, simplified communications; and to develop tools for future usage. This required identifying retroactively-affected donors, designing custom key messages for audiences and determining a specific timeline for communicating with audiences (e.g., ensuring employees were properly trained before communicating with donors).

THOUGHT PROCESS AND APPROACH TO PROBLEM-SOLVING
This was a complicated policy change to communicate. It was a money-saver; however, malaria impacts the safety of the blood system. A key challenge was to ensure key audiences understood that this was a fiscal decision, not one based on safety, and that it would not result in an increased risk to the blood system. Meanwhile, the organisation needed to be empathetic and demonstrate how much it valued its donors’ contributions. Other principles the team factored into the strategy included:

- **Confidence in the decision**: There was no need to apologize for making fiscally responsible decisions.
- **Proactive communications**: Saving donors the inconvenience of coming to a clinic, only to be deferred.
- **Win-back**: Ensuring follow-up with temporarily deferred donors to encourage them to return to donate blood.

STAKEHOLDER INVOLVEMENT
The communication team had a short time frame to develop the communication strategy and tools, as well as to seek stakeholder input. The team met with three of the Regional Liaison Committees (RLCs), comprised of Canadians (e.g., donors, patients, medical professionals) with an interest in the blood system; these committees contribute regularly to decision making affecting the blood system. The team wrote customized letters for retroactively-deferred donors for their review and feedback. The team also held two focus group sessions using Ipsos-Reid, which demonstrated that the messaging needed to be further simplified.

KEY MESSAGES/THEMES / Key messages were first broken down into three main themes, which were then given their own messaging. Messaging per theme was customized for two audiences: external (donors) and internal (employees):

- Canadian Blood Services is making changes to its malaria deferral policy.
- Canadian Blood Services is a fiscally responsible nonprofit organization.
- Please continue to support the blood system and Canadians in need.
TACTICS AND COMMUNICATION VEHICLES
Most tactics were to be developed pre-launch and included, but were not limited to, the following:

External Tactics:
- Direct mail – deferral letters and Q&A for retroactively affected donors
- Web site – new malaria section, in two stages
- Media – news release with Q&A, Q&A document for media spokespeople
- In-clinic – stickers to affix to already-made posters (to minimize costs), handout for all donors, Q&A doc for staff
- Toll-free telephone line – Q&A document, script for contacting deferred donors regarding canceled appointments
- E-mail – canned responses in Lotus Notes database for communicating with the public

Internal Tactics:
- Customer service training for frontline staff (“soft-skills”)
- Three clinic huddles (one-page documents for clinic managers to share with nurses prior to clinic opening)
- Key messages for all frontline staff
- Internal newsletter article
- Staff e-mails
- PowerPoint presentation for management meetings

IMPLEMENTATION AND CHALLENGES / PROJECT BUDGET
The team estimated a budget of approximately CAN$66,400 to cover notification letters (for retroactively affected donors), focus group testing and in-clinic donor education materials. This figure also took into account an estimate for “win-back” letters to donors, to be distributed over the course of a year. The project came in slightly under the estimate, at CAN$64,459.88.

TIME FRAMES
The entire project—from confirming team members through actual policy implementation—took three months. The team needed several weeks to give a proper heads-up to donors, but first, they had to train frontline staff to understand the policy changes themselves…and to do that, they needed Health Canada’s (i.e., the regulators) approval. As of early January 2007, Health Canada had not yet approved the change.
The team operated under the assumption that the change would receive approval by mid-February and developed a tight workback schedule.

**LIMITATIONS AND CHALLENGES**
This project posed many challenges to the communication strategy. Among them:

- The organization was concurrently developing an approach to increase plasma donations that many of the affected donors would have been eligible for, but because details had not been finalized, the team was not able to discuss or offer this program as another donation option to deferred donors.

- It was likely that not all donors understood that their red blood cells and platelets were being discarded. The team needed to communicate this very carefully in order not to make the public think the organisation had been throwing away “good blood.”

- Donors could think the previous malaria deferral “wasn’t long enough in the first place,” thereby impacting safety. The team had to clearly convey that the organisation changed the malaria criteria for operational efficiencies, not for safety reasons.

- The contaminated blood tragedy of the 1980s and early 1990s was still in many donors’ minds. The team needed to stress to deferred donors (particularly retroactively) that the policy change was not due to their state of health.

- The new malaria criteria could have an impact on the organisation’s ability to successfully recruit and retain more ethnic donors.

- Communications needed to be written clearly in order to reduce the predicted number of calls to the toll-free number.

**MEASUREMENT AND EVALUATION /** The team used the following measurement tools to evaluate outcomes:

- Donor Advisory Panel (polling)
- Feedback inbox (feedback@blood.ca)—number and tone of negative versus neutral e-mails
- Number and tone of inquiries to the National Contact Centre (1-888-2DONATE)
- Media coverage
- Ask EMT (internal e-mail mechanism for employees to ask questions of the executive management team)
- Number of incremental attendances at clinics following delivery of win-back letters
Objective No. 1: Reach as many donors and staff as possible prior to implementation, and ensure they understand the rationale.

- Ipsos-Reid polling indicated that 29 percent of donors were aware of changes to the policy prior to implementation, with only 10 percent of them being recipients of the donor deferral letters. Of the 29 percent, 62 percent indicated they understood the change and 58 indicated they understood the rationale behind it. Outside of those who received letters, awareness was generated mainly at the clinic (through a poster and/or a staff member) or through the media.

- Between December 2006 (prior to public announcement of the change in policy) and mid-March 2007 (approximately two weeks following announcement of the policy change), there was a 4 percent increase in donors who agreed with the following statement: “Canadian Blood Services is efficient and is responsible with funds.”

- Staff appeared to be well-educated and informed by the end of training. Following training, clinic operations received few questions regarding the implementation of the policy change.

Objective No. 2: Minimize potential negative reaction to the change in policy.

- From 24 February to 21 June 2007, the organisation received 1,090 donor e-mails regarding a variety of subjects. Of these, 36 e-mails were regarding the policy change, only 16 of which were negative.

- Seventy-six media stories appeared between 1 February and 1 July 2007, with an audience of six million impressions, generating about CAN$90,000 in ad value equivalency. All hits were neutral or positive, and picked up key messages.

- No negative staff feedback came through internal communication mechanisms. Anecdotal staff feedback was that this was one of the best-handled system changes in years, and should be used as a model for future changes.

Objective No. 3: Increase the likelihood that temporarily deferred donors return to donate blood after the deferral period has ended.

- From May to September, the team sent winback letters in five direct mail drops to 4,323 donors. These letters delivered a 5.5 percent lift in attendance rate (versus the control group), with 238 incremental attendances at clinics.
CONCLUSION
As a result of the policy change, as expected, the organisation's product discards have gone down significantly. Canadian Blood Services is also trending towards saving over CAN$5 million by the end of the fiscal year, which is significantly higher than anticipated. The communication team continues to monitor the return rate of temporarily deferred donors.