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AN ABSTRACT OF THE THESIS OF Larkey Sheldon De Neffe for the
Master of Science in Speech Communication presented
December 10, 1987.

Title: The Effects of a Thank-You Letter and/or Phone Call
To First-Time Volunteer Blood Donors.

APPROVED BY THE MEMBERS OF THE THESIS COMMITTEE:

Robert W. Vogelsang, Chair

Stephen Kosokoff

Larry A. Steward

Hugo Maynard

America's all-volunteer blood supply system is apparently
unable to meet the needs of the rapidly-increasing community
demand. Shortages are frequent, especially in the summer
months and during the winter holidays. The current ratio of
donors to users is 8 to 1 and is forecasted to be 3 to 1 by
the year 2,000.

Whole-blood donors are banned by the government from receiving anything of significant value in exchange for their blood. This virtually eliminates the possibility that a donor would lie about her health to donate and get money while transmitting a disease such as AIDS or hepatitis.

So blood banks must rely upon donors developing an intrinsic motivation to re-donate. But national and regional fall-off rates (donors who give only once) are as high as 20 percent. This creates difficulty in meeting community blood needs. Apparently some first-time donors do not develop an intrinsic motivation to re-donate. Many researchers believe blood banks do not convey appreciation to donors in a sufficient or timely manner.

This study measures two reinforcement strategies designed to increase repeat donations in first-time volunteer blood donors.

A total of 125 subjects were drawn randomly from records of blood mobiles in three Oregon counties (Multnomah, Washington, and Clackamas). All subjects were first-time volunteer blood donors who gave during June, 1987.

Subjects were assigned to one of five treatment groups: (1) Control, (2) Letter, (3) Phone calls, (4) Letter-then-Phone Call, and (5) Phone Call-then-Letter. A thank-you letter, signed by a nurse, was sent to the appropriate subjects. The subjects in the phone call groups received a call from a volunteer who used a prepared script to thank them for donating and asked if they had any concerns or comments.

Attrition resulted in 110 subjects being eligible to re-donate every 8 weeks beginning in late July, 1987. They were observed through mid-November, 1987. The Control, Letter, and Letter-then-Call groups each had 9 subjects who made repeat donations. The Call, and Call-then-Letter groups each had 5 subjects who made repeat donations. The chi square equaled 6.2384302, with 4 degrees of freedom. The analysis indicated this was not significant.

A chi square and an analysis of variance indicated that the incidence of a second mobile at the site where the subjects originally donated was very likely to influence an increase in repeat donation behavior. The chi square equaled 3.944 and $p = .05$, with 1 degree of freedom. The subsequent analysis of variance factored out the difference between the availability of second mobiles in the different treatment groups. Therefore, although that particular chi square was statistically significant, it contributed little influence to explain the factors leading to repeat donation. The analysis of variance had an F of 5.9453 with $p < .05$.

The content analysis revealed two donors who were afraid of the issues relating to AIDS and blood donation.

It is very likely that it is of great importance for the Red Cross to further investigate the influence of repeat mobiles at the same location where subjects originally donated, when they are again eligible to re-donate. The Red Cross does not attempt to schedule mobiles every 8 weeks and it appears very likely this is a very important factor in retaining first-time donors.

This study indicates that the effects of a thank-you letter and/or phone call are of little significance on repeat blood donation behavior. Analysis strongly indicates that scheduling a second mobile at the original donation site when donors are eligible to give again, does have a significant effect on increasing repeat donation behavior. These findings suggest the Red Cross would benefit from further investigation of this effect and alteration of their scheduling procedures.

THE EFFECTS OF A THANK-YOU LETTER AND/OR PHONE CALL
TO FIRST-TIME VOLUNTEER BLOOD DONORS

by

LARKEY SHELDON DE NEFFE

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
in
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1988

TO THE OFFICE OF GRADUATE STUDIES:

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the thank-you letter and phone call script after their letter and phone call script to first-time donors.

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CHAPTER I

INTRODUCTION

It has been documented that there is donor dissatisfaction due to blood centers failing to meet donors' needs for appreciation (Piliavin, Callero, and Evans, 1982; Piliavin, 1985). Many first-time blood donors who donate only once report they ". . . feel unappreciated because the blood collection team did not thank them for their blood donation" (Piliavin, Callero, and Evans, 1982).

Studies by Piliavin, Callero, and Evans (1982), Piliavin (1985), and Robert (1985) indicate the importance of meeting the blood donors' needs for appreciation. Piliavin's regression analysis work suggests that happier first-time donors become repeat donors.

The American Red Cross and other nonprofit blood banks are experiencing unacceptably high fall-off rates because as many as 20 percent of first-time donors give once and do not make repeat donations. This creates revenue shortfalls and severe blood shortages. Nonprofit blood banks desire to remedy this situation (Houlihan, 1986).

Only 4 to 6 percent of America's eligible blood donor population consistently donates blood. The American Red Cross, which processes over 50 percent of America's blood, reports that the ratio of donors to users is currently 8 to 1.

This ratio is projected to be 3 to 1 by the year 2000 which indicates a severe blood shortage in the next 10 to 13 years. Shortages are already frequent especially in the summer and during winter holidays (Peetoom and Gaynor, 1984). There are a number of reasons for the current and impending shortage. United States census data indicates the population of teen-aged persons in the U.S. is decreasing, and an increasing part of the population is ineligible to donate blood because they are too old (Peetoom, 1987).

In addition to fewer eligible donors, more therapies are being developed which use massive quantities of blood. A heart surgery patient may need 50 pints of blood, an average auto accident survivor may use 200 pints of blood in a day, and a person with hemophilia can need 5000 blood donations per year (Peetoom, 1987). This increases the need for blood and makes shortages more likely.

American Red Cross Pacific Northwest Regional Blood Services (ARC PNWRBS) Director Kathy Houlihan stated in an interview in 1986 that, "Our region's fall-off rate [donors who stop donating] is unacceptable and must be reduced." Many of these donors are first-time donors.

Apparently the American Red Cross PNWRBS lacks sufficient strategies to improve the retention of first-time donors.

MAIN RESEARCH QUESTIONS

1. Does expression of appreciation via a letter (from a Red Cross nurse) and/or phone call (from a Red Cross volunteer) to first-time blood donors have an effect on the donors' behavior as measured by whether subjects make a repeat donation within 6 months?

2. Are there significant differences between the behaviors and demographics of the subjects in the five treatment groups?

CRITERION

The main criterion is whether subjects made repeat donations during the 6-month time period of the study. Subjects received experimental treatments in June and July of 1987 and had opportunities to donate every 8 weeks in July through mid-November of 1987.

Demographic and scheduling data were also analyzed.

ORIGINALITY OF RESEARCH QUESTIONS

The literature review did not discover any similar studies. However, research revealed the Blood Center of Southeastern Wisconsin (BCOSEW) had initiated a marketing plan which mailed thank-you letters to first-time blood donors. A subsequent review of the center's blood collections determined there had been a 26 percent return rate in donor retention, up significantly from the previous year (Franzmier, 1987).

Another marketing program at the BCOSEW involved a paid clerk calling first-time donors to thank them for donating blood. A significant number of donors indicated they believed they were being called because their AIDS-antibody test was positive. The calling program was determined to have insignificant effect on return donation rates and was discontinued. Neither of these programs were conducted as controlled studies (Franzmier, 1987).

This study is believed to be the first controlled study to determine if communicating appreciation from the blood collection team, who are the only members of the blood center with whom donors have contact, to first-time donors significantly increases return donation rates. Additionally, this study also seeks to determine if one method and/or the order of the methods of communicating appreciation is more effective (see Appendix A for a copy of the thank-you letter and Appendix B for a copy of the phone call script).

HYPOTHESES

Hypothesis 1: There will be a significant difference in repeat donation behavior among subjects who receive no special treatment; a letter; a phone call; a letter then a phone call; a phone call then a letter.

Hypothesis 2: There will be a significant difference in repeat donation behavior among subjects by sex.

- Hypothesis 3: There will be a significant difference in repeat donation behavior among subjects by blood type.
- Hypothesis 4: There will be a significant difference in repeat donation behavior among subjects by whether or not there was a repeat blood mobile at the site where they originally donated.
- Hypothesis 5: There will be a significant difference in repeat donation behavior among subjects in each treatment group by whether or not there was a repeat blood mobile at the site where they originally donated.
- Hypothesis 6: There will be a significant difference in repeat donation behavior among subjects in the treatment groups by age.
- Hypothesis 7: There will be a significant difference in the average amount of time elapsed between eligibility and actual repeat donation behavior between the treatment groups.
- Hypothesis 8: Of those subjects who make repeat donations, significantly more will have a repeat mobile at the site where they originally donated.
- Hypothesis 9: Of those who do not make repeat donations, there will be a significant difference in the availability of second mobiles at their original donation site.

SIGNIFICANCE AND JUSTIFICATION

The results of this study may be useful in increasing repeat donations among first-time donors. If one method of expressing appreciation proves to influence significant numbers of donors to make repeat donations more often or earlier than another method, then blood banks may be able to use that technique to help avert frequent blood shortages. If one or more methods appear to deter significant numbers of subjects from making repeat donations it may be determined that the method should not be used.

The thank-you letter strategy apparently helped fulfill the need for appreciation in first-time donors at the Blood Center of Southeastern Wisconsin. This study will replicate that marketing technique with a similar thank-you letter and phone call script in a controlled fashion.

RELEVANCE TO THE FIELD

Volunteer blood donors are prohibited by federal law from receiving anything of significant value in exchange for their blood. This helps screen out donors who may lie about a medical condition and transmit disease to get something of value. Some donors have reported they give for altruistic reasons (Oswalt, 1977). But first-time donors are believed to need extrinsic motivation for the first few donations until they develop their own intrinsic or altruistic reasons (Piliavin, 1985; Piliavin, Callero, and Evans, 1982).

Since donors cannot receive anything of significant value, about all that can be given is verbal or nonverbal communication from the blood collection team or the blood bank's management during or after the donation. It is, therefore, the study of this communication interaction, or the lack of it, that may provide a better understanding of why some first-time donors return and others do not. Piliavin (1985) comments on the importance of communicating appreciation in a video entitled "Enhancing the Donor Experience." She says that first-time donors require more attention than regular donors and are more likely to re-donate if the blood bank and collection team communicates to them that they are appreciated. Piliavin's work suggests that volunteer blood donors appear to require more communication during and after their donation than a regular donor. A common reason cited by donors for discontinued donations after their first donation is lack of communication or awareness that their donation is appreciated (ARC PNWRBS, 1984-86; Houlihan, 1986). Piliavin, Callero, and Evans (1982) note that not all blood centers pay a great deal of attention to donors. They emphasize the importance of meeting the blood donors' needs for praise and attention. They believe first-time donors are usually extrinsically motivated to donate blood. Enhancing the communication experience to comfort these first-time donors can "carry" them through the first few donations until the donor's motivation to give blood is intrinsic. Piliavin says, ". . . one part of the immediate reaction to blood

donation [especially for first-time donors] may involve a concern with self and a need for praise and attention" (p. 1212).

Some donors may prefer to receive appreciation through different channels of communication. To some, a thank-you phone call may communicate appreciation better than a letter. This study is relevant to both blood banks and the field of communications because findings may provide a basis from which to recommend or discourage communication strategies to the ARC PNWRBS to increase first-time donor retention.

DEFINITIONS

AIDS antibody screening test and notification procedure: donors are told when they donate that their blood will be subjected to this test. In March of 1985, all American blood and plasma banks were instructed by the United States Food and Drug Administration's Office of Blood and Biologics to screen every donation with this test to reduce the number of cases of transfusion-related AIDS cases. The test does not detect the AIDS HIV (Human Immunodeficiency Virus) but rather specific proteins on the antibodies human hosts form after exposure to the virus. When the test is positive, the blood is discarded and the donor is informed that his test was positive and that he may not donate ever again. Blood banks tell donors in person when they have tested positive and caution them that they may or may not develop AIDS-related infections. A donor who tests positive is advised

to see his doctor immediately. Red Cross does not normally contact donors by phone except two months after the donation to ask them to re-donate. Donors are rarely contacted by mail. It is possible that any unusual communication with the Red Cross where the purpose is not quickly identified may influence a donor to think the Red Cross is calling to tell him or her that AIDS-antibody test results are positive.

American Red Cross (ARC): a nonprofit social service organization based in Washington, D.C. with 57 regional blood collection centers which are responsible for recruiting volunteer blood donors and selling blood and blood by-products at cost to local hospitals. Many of these centers conduct medical research.

Annual bloodmobile schedule: the yearly calendar listing of a blood bank's blood collection mobiles. The calendar shows when companies, churches, communities, and other blood mobile sponsors will hold their blood drives during the year. Some groups schedule one or several mobiles during the year while others conduct a drive every month. Red Cross has difficulty scheduling a mobile every time donors are eligible at a site because a business may see time donating blood as time not spent working.

Blood mobile: this is a colloquial term used in official Red Cross records to denote a mobile blood drive. Since most of the blood drives in the ARC PNWRBS are held away from the blood center by using a truck to transport the equipment and blood collection staff to companies, churches, schools,

or communities, they are called mobiles instead of drives. The ARC PNWRBS depends on mobiles to obtain 70 to 80 percent of the community's blood supply.

The Blood Center of Southeastern Wisconsin (BCOSEW):
an independent blood-banking organization similar to an American Red Cross blood center. Both organizations are non-profit facilities that collect blood, process, and sell it to the hospitals in the regions they serve.

Donor recruitment or resources department (DRD):
department of a blood-banking organization responsible for recruiting nonpaid blood donors and scheduling blood collection staff and volunteers to meet the community blood needs. The DRD must also coordinate plans with other departments within the blood bank.

Fall-off rate: percentage of first-time donors who do not donate a second time within six months to a year resulting in a need to recruit another donor. Blood banks prefer first-time donors to become regular donors so recruitment costs can be kept to a minimum.

First-time donor: a person between the ages of 17 and 65 who donates blood for the first time. The ARC PNWRBS asks prospective donors if they have ever given blood before.

Pacific Northwest Regional Blood Services (PNWRBS):
the American Red Cross Center that is responsible for collecting and providing blood in western Oregon and southwest Washington. The PNWRBS has exclusive contracts with 74 area hospitals to provide blood and blood-products as needed.

Recruitment strategies: publicity techniques used by donor recruitment departments to influence people to donate blood. Some strategies include: posters, speeches and articles about blood users, recruitment meetings, public address announcements, authority endorsements, celebrity endorsements, honor rolls (lists of people who have previously donated; lists are posted in public places where potential donors will see them), and face-to-face recruitment. Strategies can be used by the DRD or by businesses and other groups sponsoring blood mobiles.

Regular blood donor: a nonpaid blood donor becomes eligible to donate blood every 56 days (8 weeks). A regular donor is defined by the ARC PNWRBS as one who donates at least two to four times a year.

Repeat donor: a first-time blood donor who re-donates within 6 months of his or her first donation.

Telecruiting: this refers to a section of a blood bank's donor resources department that recruits donors by calling them on the telephone at home or work. In this region, telecruiters generally call only those donors who come to donate at the center. Some people in the three-county area (Clackamas, Multnomah, and Washington) around the blood center may be called when eligible even if they initially donated at a mobile.

Transfusion-related diseases: diseases like Hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Cytomegalovirus (CMV) which can be and are transmitted through blood

and blood products by infected donors. These diseases can cause severe illness and death. Blood banks use many measures to screen donated blood for these and other disease-causing agents and either reject the blood or deactivate the disease-causing agent.

Voluntary blood donor: a person who donates blood and is not paid money or anything else of value other than refreshments before and after donating. Donors are usually medically eligible to donate blood every 56 days/8 weeks.

LITERATURE REVIEW

The American blood and blood by-product supply system began in the 1920s and consisted of mostly volunteer donors throughout World War II. After the war, the Red Cross ran most collection centers and insisted on volunteer donors. There were some unsanctioned exceptions. Some small hospitals charged a profit for blood and paid donors or provided them with some other incentive. Red Cross generally maintained a credit system where a person using 10 pints of blood had to persuade people to donate 10 pints in their name or donate it themselves when they were well.

Increasing numbers of transfusion-related diseases resulting in death had been a problem all during the development of the blood supply system. Some donors lied about their health so they could donate and receive money or other items of value (Zoll, 1984; Titmuss, 1971).

In the early 1970s, Health, Education, and Welfare Secretary Casper Weinberger ordered all blood banks to recruit only volunteer donors. An exception was the plasma collection centers that collected only plasma and sold albumin, clotting factor, and other blood proteins to hospitals and pharmacies. Stringent screening was mandated for plasma collection centers. Whole-blood and by-products are used in hospitals for emergency and elective surgeries, and for blood therapies (United Way, 1975).

The transition to an all-volunteer system was difficult because many community blood banks had never needed to persuade the public about the advantages of an all-volunteer blood program. The current program provides equal access to blood and blood products with need for blood as the only requirement. Hospitals are charged only the cost of processing blood but many sell blood to patients in excess of that cost. Some people therefore mistakenly believe some blood banks make a profit off blood sales. In response some people refuse to donate (Houlihan, 1986).

Piliavin and Callero (1983) state:

It would appear that donor collection personnel should attempt to intervene in the early stages of donation. It is in the early stages that externally motivated and fearful donors are continuing to "give it a try"--trying to build intrinsic motives and allay anxieties (p. 13).

Oswalt (1977) reviewed 60 articles on blood donor motivation and reported that many donors expressed that giving blood makes them feel like ". . . a hero, more proud of

themselves, and superior" (p. 125). This was referred to as the "pat-on-the-back" motivation.

Oswalt (1977) reporting on another study states 77 percent of donors surveyed reported feeling pride, virtuous, or worthwhile because they donated blood. These donors also said they were upset because they felt perhaps these feelings indicated they were "boasting." The author realized that this boasting would conflict with the desire to feel altruistic. Since altruism and the need for approval may be interacting in donors it was suggested the recruiter recognize donors' contributions (p. 125).

Oswalt feels an aspect that seems overlooked is the reinforcement process immediately after donation. He emphasizes the importance of immediately recognizing the donation achievement. (Red Cross centers usually recognize donors days or weeks later only with honor rolls posted on bulletin boards.) Oswalt cautions that delayed recognition may be ". . . relatively ineffective in retaining individual future donors" (1977, p. 126). It appears delayed and minimal reward may not be enough to prevent unacceptable fall-off rates.

Lane (1983) writing about compliance, satisfaction, and physician-patient communication reports that communication is considered to be an essential component of the physician-patient relationship.

Lane agrees that health care professionals in disciplines such as nursing, medicine, social work, dentistry,

allied health, and pharmacy can provide better care by improving their communication with patients.

Red Cross donor collection personnel are nurses or phlebotomists, and it is likely that a health care personnel-patient relationship is developed through the process of blood donation. Therefore, it is likely that good communication with nurses and staff is important to donors. If a good communication relationship is established during the first donation and reinforced by a thank-you letter and/or phone call a donor may be more likely to donate again when eligible.

Burgoon and Saine (1978) write that the general principle of reinforcement can work, but that it is not clear yet what specific behaviors or combinations of behaviors work best as reinforcers. It is possible that different reinforcements are required for the variety of people who donate blood.

Capaldi ". . . discovered that the greater the [reward] magnitude was, the faster the rats ran down the alley to obtain reinforcement, indicating that the magnitude of reward influences the asymptotic level of instrumental behavior (Klein, 1987, p. 127).

Experiments indicate reward magnitude can influence instrumental behavior in adult humans. Atkinson's research found that the level of achievement behavior can be influenced by reward level. Atkinson discovered that his higher-

paid subjects performed at a significantly higher level than lower-paid subjects (Klein, 1987).

Hall determined that the level of motivation clearly affects the acquisition of an instrumental behavior; the greater the level of motivation, the faster the acquisition of the instrumental response (Klein, 1987).

Deutsch and Gerard demonstrated that subjects who believed they were members of a group conformed more often than subjects who made anonymous judgments (Cohen, 1964, pp. 110-111).

It is possible that the thank-you letter and/or phone call strategy will have the opposite of the intended effect. Brehm and Cohen's 1962 study showed that greater monetary reward had less effect on changing student attitudes than lesser monetary reward.

In 1964 Cohen wrote that he and Brehm,

. . . carried out an experiment in which rewards were varied at intervals over a wide range. The variation was accomplished by offering college students either \$.50, \$1, \$5, or \$10, to write an essay taking a stand against their private views on a current issue on campus. Under the guise of a "general survey," students were asked to write an essay "in favor of the actions of the police."

This issue was chosen because, just before the study, there had been a student's "riot" at the college and there had been resulting accusations of police brutality toward students. The results of this experiment are entirely consistent with the notion that dissonance and consequent attitude change vary inversely with the amount of payment for taking a stand discrepant with one's cognitions. As the reward decreased, attitudes toward the police became more positive: those who received \$.50 changed most, those who received \$1 changed next most, and so on. The fact that the results show a consistent inverse relationship between reward and attitude change over a wide range of rewards

supports the derivation from dissonance theory that a decrease in cognitions consistent with discrepant commitment (less reward) increases dissonance and consequent attitude change (p. 87).

It is therefore, possible that the thank-you letter and/or phone call could influence significant numbers of subjects to refrain from making a repeat donation because they may feel some sort of dissonance. Oswalt (1977) said some donors feel they are "boasting" when they ask for a "pat on the back" for what should be an altruistic act. So thanking first-time donors could make some of them feel as if they have received too much reward and influence them not to donate again so they won't have to feel like they are "boasting." However, since the donors have already given blood once, presumably because they alone decided to do so, they are not being asked to take a stand discrepant with their own views as were subjects in Brehm and Cohen's 1962 study. And since the Red Cross did not attack them in any way like a police riot squad (as in Brehm and Cohen's study) this influence should be insignificant.

Since the reward provided by a thank-you letter and/or phone call is less than a cash reward it is likely that it will have the intended effect. At the very least, it should not significantly discourage first-time donors from donating again.

It is possible that the thank-you letter and/or phone call may be most useful among first-time donors with low self-esteem. This study does not attempt to measure self-esteem but it is likely that some subjects in the experimental

groups have low self-esteem since there are people in society who view themselves in this manner. Brehm and Cohen (1962) write:

We may note that the dissonance formulation also has implications for the body of research on self-esteem and attitude change. In their volume Personality and Persuasibility, the Yale group has presented a number of studies dealing with the impact of persuasive communications on persons of high and low self-esteem; . . . Briefly, these studies indicate that persons of high self-esteem are less susceptible to persuasion presented by the mass media, by individual communicators, and in face-to-face situations (p. 259).

Franzmier (1987), Director of Blood Service Operations at the Blood Center of Southeastern Wisconsin, told the researcher that one year after their thank-you letter marketing strategy was begun, first-time blood donors in the region had significantly increased their repeat donation behavior.

Apparently, significant numbers of first-time volunteer blood donors need to know they are appreciated and want to receive a nonmonetary reward for their donation. A thank-you letter and/or phone call may meet these needs.

SUMMARY

The literature review demonstrates three main influences on first-time donors' decisions to make a repeat donation:

1. Receiving appreciation from the collection team or center.
2. Development of good communication with the collection team.
3. Development of internal motivation.

Piliavin's (1986) findings are relevant to this study because they support the hypothesis that meeting donors' needs for communication and recognition at the time of donation or shortly after may increase their amount of frequency of repeat donations. Piliavin believes communicating appreciation tends to result in a higher degree of donor satisfaction and an increased likelihood of repeat donations.

The marketing program at the BCOSEW appears to have shown an increase in repeat donation behavior when appreciation is communicated through a thank-you letter (Franzmier, 1987).

Oswalt (1977) included an extensive survey of blood donor motivations and indicated there appears to be a need for immediate reinforcement after the blood donation to satisfy donors' needs for appreciation. Meeting this need may positively influence repeat donations.

Brehm and Cohen's 1962 study showed that greater monetary reward had less effect on changing student attitudes than lesser monetary reward. It is possible that the "reward" of a thank-you letter or phone call could therefore reduce repeat donation rates in volunteer blood donors. However, because it is a small reward in comparison to cash it could have a significant effect of increasing repeat donation rates (Cohen, 1964, p. 87).

Cohen's (1964) report on Deutsch and Gerard's findings on group norms lead the researcher to conclude it is possible that volunteer blood donors who identify themselves as

members of a group of donors may make more repeat donations. A thank-you letter and/or phone call may influence subjects in this study to feel they are part of a group and conform by making more repeat donations.

Lane's (1983) work suggests the importance of adequate communication between health care professionals and patients. It is possible that the blood collection team can increase donor satisfaction through improved communication.

In this study communication will be channeled through the thank-you letter and/or phone call in an attempt to determine whether one method or order of methods is more effective than the other.

CHAPTER II

METHOD

SUBJECT DEMOGRAPHICS AND JUSTIFICATION

Subjects were selected, in cooperation with the American Red Cross PNWRBS, from records of blood mobiles from June 1, 1987 through June 18, 1987. Only donors from the three-county metropolitan area, Washington, Clackamas, and Multnomah counties, were chosen. These three counties have approximately 20 first-time donors per day and more frequent repeat mobiles. This selection provided the best opportunities for donors to re-donate at the same mobile where they first donated. Clark county was eliminated because recruitment techniques there are inconsistent with the other three counties (Freedman, 1987).

Control and experimental subjects were drawn randomly. Blood mobile units comprise approximately 80 percent of the blood collections in this region while fixed sites account for the remaining 20 percent (Freedman, 1987). Donors at community and business blood mobiles were studied because these groups comprise the majority of Red Cross Donors and the Red Cross can more effectively meet community blood needs by influencing the donation patterns of this group.

Fixed donation sites at the ARC PNWRBS must use a recruiting process that is impractical for mobile sites so they were not used in this study.

TREATMENT GROUPS

It was determined that the number of subjects as shown in Table I and expected attrition rates of plus or minus 5 subjects would provide sufficient numbers for statistical analysis.

TABLE I
TREATMENT GROUPS

Group	No. of Subj.
Control group	25
Receiving letter	25
Receiving phone call	25
Receiving letter then phone call	25
Receiving phone call then letter	25
TOTAL	125

ASSIGNMENT OF SUBJECTS TO TREATMENT GROUPS

Subjects were randomly assigned to the treatment groups. A list of random numbers was designed and utilized in the following manner (see Appendix C for a copy of the list): uniform pieces of paper measuring 1.0 x .5 inches were numbered with a typewriter from 1 to 125. These were

put in a hat and vigorously mixed by hand. Numbers were drawn one by one and placed in each of the 5 treatment groups. This evenly and randomly distributed the subjects into 5 equal-sized treatment groups.

As subjects donated, the Red Cross Donor Resources Department Assistant Director, Steve Freedman, assigned treatment group numbers to the subjects until all the numbers in the list were used.

MATERIALS

Thank-You Letter

The thank-you letter is modeled after a thank-you letter used by the Blood Center of Southeastern Wisconsin. Permission was obtained to use this letter from the director of blood services. There are two reasons to use this model in the ARC PNWRBS region:

1. It was utilized during a period of approximately 12 months in a comparable blood services region and apparently was effective in increasing first-time donor return-donation rates.

2. After conducting 18 months of research (including writing thank-you letters while under contract to the ARC PNWRBS) it was determined that the Wisconsin model includes the components of most blood donor thank-you letters. After minor revisions by the researcher and the ARC PNWRBS Donor Resources Department, it was signed by a nurse and below her name was the phrase, "for your Blood Collection Team" (see Appendix A).

Thank-You Phone Call Script

The phone script is similar to the one used at the Blood Center of Southeastern Wisconsin but has three differences:

1. A volunteer from the Portland Private Industry Council (PPIC) was trained to make thank-you calls.
2. If the caller reached another family member, the volunteer making the thank-you call mentioned why the donor was being called. This strategy was specifically designed to reduce fear among the family and subject that the donor's results were positive on an AIDS antibody test. This was a problem in Wisconsin because the caller did not immediately identify the purpose of the call.
3. The donor was asked if she had any concerns about her first-time donation experience.

This was meant to give the donor a chance to ventilate, express concerns, and maybe reinforce herself to donate again.

It should also serve as a marketing tool for the Red Cross Donor Resources Department. They are interested in donor opinions and experiences. (See Appendix B for a copy of the thank-you phone call script.)

Content Analysis

The measure described in the third point is an ancillary tool and is not a measure of the effects of the independent variables. It was meant only as a tool for the Red Cross Marketing Department and as an aid to the researcher

who has conducted a content analysis of the data (see Chapter III for the content analysis).

PROCEDURE

The study began on June 1, 1987. Eighteen days in June were selected to provide the necessary numbers of donors for the study (Freedman, 1987). In mid-November, during the 23rd week, the data were collected and the study was completed.

SEQUENCE OF TREATMENTS AND STUDY TIMELINE

Letters and calls were initiated within a week after the donors initially gave blood. A precisely-uniform timeline is not possible because of different mail delivery times, subjects not being at home to answer phones, illness, and other factors. In general, the timeline shown in Table II was adhered to, plus or minus a day or two, which was closer to ideal than the original plan.

TABLE II
SEQUENCE OF TREATMENTS AND STUDY TIMELINE

Time	Group				
	Control (#1)	Letter (#2)	Call (#3)	Letter/Call (#4)	Call/Letter (#5)
Week 1	Donation	Donation	Donation	Donation	Donation
Week 2		Letter received	Call received	Letter received	Call received
Week 8	Donors start becoming eligible to donate again.				
Week 11	All donors who initially made and passed screening tests have had a chance to re-donate.				
Week 23	End of study. Data are collected and analyzed.				

STAFF

Steve Freedman, Assistant Director of Donor Resources, coordinated the study at Red Cross in such a way that confidentiality was maintained. Mr. Freedman enlisted the help of several clerical staff members to assist in recordkeeping. The researcher and Mr. Freedman also worked together on the statistical tracking program. Mr. Freedman double-checked all records as did the researcher after a numbering system was designed to preserve donor confidentiality.

TRAINING OF VOLUNTEERS

Training of the Portland Private Industry Council (PPIC) volunteer was conducted by the Assistant Director of the Donor Resources Department and the researcher. One volunteer made approximately 95 percent of the calls. One other PPIC volunteer conducted approximately 5 percent of the calls before he dropped out of the study.

SUBJECT RECORDS

Several tools were used to keep records:

The Red Cross Mainframe Computer Records: the system tracks all donor activity in the region, is comprehensive, and can indicate if any donor made a repeat donation at any other place in the region during the time of the study.

Thank-you phone call script: this was used by the PPIC volunteer to record donor comments and provide data for the content analysis.

The Lotus Development Corporation's 123 Spreadsheet

Program: this was used to keep track of the data and do sorts in preparation for the statistical analysis (see Appendix D for a complete copy of the donor records).

The following list depicts the data recorded:

1. Subject identification number.
2. Date of first donation.
3. Date subject will be eligible to make a repeat donation.
4. Mobile at which subject initially donated.
5. Whether or not subject made a repeat donation and date.
6. Days elapsed since subject became eligible to re-donate.
7. Treatment group number.
8. Subjects' comments about their experiences (43 of 110).
9. Whether or not the mobile at which subject first gave had a repeat mobile within the 6 months of the study.
10. Sex.
11. Age.
12. Blood type.

SUBJECTS COMPLETING STUDY

Attrition resulted in each group having less than the originally planned 25 subjects per group (see Table III). Subjects were eliminated by blood safety screening tests which take several days to complete.

TABLE III
SUBJECTS COMPLETING STUDY

Group	No. of Subj.
Control group	22
Receiving letter	21
Receiving phone call	23
Receiving letter then phone call	20
Receiving phone call then letter	24
TOTAL	110

CHAPTER III

RESULTS

STATISTICAL ANALYSES

It was originally agreed that the chief criterion was the repeat donation status of the subjects by their treatment condition. This required a chi square analysis of the data. However, after analysis and consultation it was agreed that additional statistical tests would provide additional understanding. Therefore, the 10 following statistical analyses, and a content analysis were performed on the demographic and scheduling data.

Nine chi squares were performed on the data. The first examined repeat donation status by treatment conditions. The second examined re-donation status and subject sex. The third examined re-donation status by blood type-0. The other three blood types were pooled. The fourth chi square analyzed re-donation status by occurrence of a repeat mobile. The fifth through ninth chi squares analyzed repeat donation status by second mobile by each of the 5 treatment groups.

RE-DONATION DATA BY TREATMENT CONDITIONS, DEMOGRAPHICS, AND SCHEDULING

Of the 110 donors in the study, 37 made a second donation while 73 did not. A total of 66 percent did not make

repeat donations and 34 percent did make repeat donations. The control group had 22 subjects, 9 of whom re-donated and 13 who did not. Group 2, receiving the letter, had 9 subjects who re-donated and 12 who did not, for a total of 21. Group 3, receiving a call, had 5 members who re-donated and 18 who did not, for a total of 23 subjects. Group 4, who received a letter and then a phone call, had 9 members who re-donated and 11 who did not, for a total of 20 subjects. Group 5, receiving a phone call and then a letter, had 5 members who re-donated and 19 who did not, for a total of 24 subjects. There is no statistically significant difference among the treatment groups (see Table IV).

TABLE IV
RE-DONATION STATUS BY CONDITIONS

Re-donated	Conditions					Totals
	Control (1)	Letter (2)	Call (3)	Letter/ Call (4)	Call/ Letter (5)	
Yes	9	9	5	9	5	37
No	13	12	18	11	19	73
TOTALS	22	21	23	20	24	110

Chi square = 6.2384302, N.S.

Degrees of Freedom = 4.

Of the 37 subjects who re-donated, 20 were female and 17 were male. Of the subjects who did not re-donate, 37 were female and 36 were male. A total of 57 donors (52 percent) were female while 53 (48 percent) were male. There is no statistically significant difference in sex between the subjects who re-donated and those who did not (see Table V).

TABLE V
RE-DONATION STATUS BY SEX OF SUBJECT

Re-donated	Female	Male	Totals
Yes	20	17	37
No	37	36	73
TOTALS	57	53	110

Chi square = .5945, N.S.

Degrees of Freedom = 1.

Of the 37 subjects who re-donated, 16 were type-0 donors and 21 were not. Of the 73 subjects who did not re-donate, 36 were type-0 donors and 37 were not. A total of 52 subjects were 0 donors in the study while the other 58 were not.

Type-0 donors comprise 48 percent of the total population of people and approximately the same percentage of all blood donors. Type-0 donors were pooled into one group for the chi square analysis because they are called by tele-cruiters more often than other donor types. The other donor

types were pooled because the low number of the three non-type-0 donors in the cells would invalidate the chi square and it would be distorted if it had an unequal distribution.

The majority of donors in this study were probably called by the Red Cross Telecruiting Department when they became eligible. Donors would have been asked to come in to the main donation center or perhaps been referred to a mobile occurring in their area.

Whether or not they all were called cannot be tracked as Red Cross does not have need to keep records that precise. Factors influencing the decision to call donors change day to day and also depend on where the donor lives in relation to the blood center, what type of blood is needed, and whether or not a blood shortage exists.

If type-0 donors or the other three types were significantly influenced by a treatment condition to re-donate more often, it would be of incredible importance to the Red Cross because type-0 donors are in almost constant demand to meet community blood needs.

There is no statistically significant difference in blood type between the subjects who re-donated and those who did not. A total of 47 percent of the subjects had type-0 blood and 53 percent did not. (See Table VI.) The chi square equaled .3631821, with 1 degree of freedom.

TABLE VI
RE-DONATION STATUS BY BLOOD TYPE

Re-donated	Blood Type		Totals
	Type-0	Other	
Yes	16	21	37
No	36	37	73
TOTALS	52	58	110

Chi square = .3631821, N.S.

Degrees of Freedom = 1.

Of the 37 subjects who re-donated, 31 (84 percent) had a second mobile at the original place where they donated while 6 subjects (16 percent) did not. Of the 73 subjects who did not re-donate, 48 (66 percent) had a second mobile while 25 (34 percent) did not. A total of 79 subjects in the study had the opportunity to re-donate at a second mobile in their original donation site while 31 had no such chance.

There is a statistically significant difference between the re-donation behavior of subjects who had a second mobile within 6 months at the location where they originally donated. Overall effect was found when all treatment groups were analyzed (See Table VII). The chi square equaled 3.944, $p < .05$, with 1 degree of freedom.

TABLE VII

RE-DONATION STATUS BY WHETHER OR NOT THERE WAS A SECOND
MOBILE WITHIN SIX MONTHS AT THE SAME LOCATION
WHERE THE SUBJECT ORIGINALLY DONATED

Re-donated	Second Mobile		Totals
	Yes	No	
Yes	31	6	37
No	48	25	73
TOTALS	79	31	110

Chi square = 3.944, N.S.

Significant at $p < .05$

Degrees of Freedom = 1.

Treatment Group Re-Donation Status
By Second Mobile Availability

Group 1 (Control). Of the 9 subjects in the control group who re-donated, 9 (100 percent) of them had the opportunity to do so at a second mobile at their original donation site. Of the 13 subjects who did not re-donate in the control group, 8 had an opportunity at a second mobile and 5 did not. A total of 17 subjects had a chance to re-donate at a second mobile while 5 did not. The opportunities to re-donate at a second mobile were present more often in the control group than any of the other treatment groups. (See Table VIII.) The chi square equaled 4.479638, $p < .05$, with 1 degree of freedom. This is statistically significant.

TABLE VIII

TREATMENT GROUP RE-DONATION STATUS BY SECOND MOBILE
 AVAILABILITY AT ORIGINAL DONATION SITE:
 GROUP 1 (CONTROL)

Re-donated	Second Mobile		Totals
	Yes	No	
Yes	9	0	9
No	8	5	13
TOTALS	17	5	22

Chi square = 4.479639

P < .05

Degrees of Freedom = 1.

Group 2 (Letter). Of the 9 subjects who re-donated, 7 had an opportunity to do so at a second mobile. Of the 12 subjects who did not re-donate, 10 had a second mobile and 2 did not. A total of 17 subjects had a second mobile while 4 did not. The chi square equaled .1029411, with 1 degree of freedom. This is not statistically significant. (See Table IX.)

TABLE IX

TREATMENT GROUP RE-DONATION STATUS BY SECOND MOBILE
 AVAILABILITY AT ORIGINAL DONATION SITE:
 GROUP 2 (LETTER)

Re-donation	Second Mobile		Totals
	Yes	No	
Yes	7	2	9
No	10	2	12
TOTALS	17	4	21

Chi square = .1029411, N.S.

Degrees of Freedom = 1.

Group 3 (Call). Of the 5 subjects who re-donated, 4 had a second mobile while 1 did not. Of the 18 subjects who did not re-donate, 12 had a second mobile and 6 did not. A total of 16 subjects had a second mobile and 7 did not. The chi square equaled .32285714, with 1 degree of freedom. This is not statistically significant. (See Table X.)

TABLE X
TREATMENT GROUP RE-DONATION STATUS BY SECOND MOBILE
AVAILABILITY AT ORIGINAL DONATION SITE:
GROUP 3 (CALL)

Re-donated	Second Mobile		Totals
	Yes	No	
Yes	4	1	5
No	12	6	18
TOTALS	16	7	23

Chi square = .32285714, N.S.

Degrees of Freedom = 1.

Group 4 (Letter/Call). Of the 9 subjects who re-donated, 7 had a second mobile while 2 did not. Of the 11 subjects who did not re-donate, 7 had a second mobile and 4 did not. A total of 14 subjects had a second mobile opportunity while 6 did not. The chi square equaled .4713804, with 1 degree of freedom. This is not statistically significant. (See Table XI.)

TABLE XI

TREATMENT GROUP RE-DONATION STATUS BY SECOND MOBILE
 AVAILABILITY AT ORIGINAL DONATION SITE:
 GROUP 4 (LETTER/CALL)

Re-donated	Second Mobile		Totals
	Yes	No	
Yes	7	2	9
No	7	4	11
TOTALS	14	6	20

Chi square = .4713804, N.S.

Degrees of Freedom = 1.

Group 5 (Call/Letter). Of the 5 subjects who re-donated 4 had a second mobile donation opportunity while 1 subject did not. Of the 19 subjects who did not re-donate, 11 had a second mobile while 8 did not. A total of 15 subjects had a second mobile donation opportunity while 9 did not. The chi square equaled .8252631, with 1 degree of freedom. This is not statistically significant. (See Table XII.)

TABLE XII

TREATMENT GROUP RE-DONATION STATUS BY SECOND MOBILE
 AVAILABILITY AT ORIGINAL DONATION SITE:
 GROUP 5 (CALL/LETTER)

Re-donated	Second Mobile		Totals
	Yes	No	
Yes	4	1	5
No	11	8	19
TOTALS	15	9	24

Chi square = .8252631

Degrees of Freedom = 1.

Summary

There are no statistically significant differences in any of the treatment groups among people who re-donated or did not re-donate except for a somewhat significant effect seen among the subjects in the control group. Of the 37 subjects who re-donated, 31 (84 percent) had a second mobile at the original place where they donated while 6 subjects (16 percent) did not. Those subjects had relatively more opportunities to re-donate at a second mobile than the members of the other treatment groups. A subsequent analysis of variance factored out the difference between the availability of second mobiles in the different treatment groups.

Therefore, although that particular chi square was statistically significant, it contributed little influence to explain the factors leading to repeat donation.

ANALYSIS OF VARIANCE

Five analyses of variance were performed on the data to determine the significance of average age between the treatment groups, average age between subjects who re-donated and those who did not, amount of time elapsed between eligibility and re-donation between the treatment groups, and frequency of second mobiles among those who re-donated and those who did not.

The difference in average age was not statistically significant between the treatment groups (see Table XIII).

TABLE XIII
COMPARISON OF THE AVERAGE AGE OF SUBJECTS
BETWEEN THE TREATMENT GROUPS

Source	SS	df	ms	f	p
Between Groups	573.34	4	143.33	1.62	N.S.
Within Groups	9251.42	105	88.1	-	-
Total	9824.76	109	-	-	-

There is no significant difference in average age between those who re-donated and those who did not (see Table XIV).

TABLE XIV

COMPARISON OF THE AVERAGE AGE BETWEEN SUBJECTS WHO RE-DONATED AND THOSE WHO DID NOT

Source	SS	df	ms	f	p
Between Groups	11.1248	1	11.1248	.1224	N.S.
Within Groups	9813.636	108	90.8670	-	-
Total	9824.7608	109	-	-	-

There is no significant difference in the average amount of time elapsed (in weeks) between eligibility for re-donation and actual re-donation between the treatment groups (see Table XV).

TABLE XV

COMPARISON OF SUBJECTS WHO RE-DONATED AND AVERAGE AMOUNT OF TIME ELAPSED BETWEEN ELIGIBILITY FOR RE-DONATION AND ACTUAL RE-DONATION BETWEEN TREATMENT GROUPS

Source	SS	df	ms	f	p
Between Groups	.19917	4	.04979	.57776	N.S.
Within Groups	2.75779	32	.08618	-	-
Total	2.95696	36	-	-	-

Significantly more subjects re-donated when there was a second mobile at their original donation site (see Table XVI).

TABLE XVI

COMPARISON OF SUBJECTS WHO RE-DONATED AND FREQUENCY OF SECOND MOBILES AT THEIR ORIGINAL DONATION SITE

Source	SS	df	ms	f	p
Between Groups	62.5	1	62.5	5.9453	<.05
Within Groups	84.1	8	10.5125	-	-
Total	146.6	9	-	-	-

There is no significant difference in the availability of second mobiles at their original donation site (see Table XVII).

TABLE XVII

COMPARISON OF SUBJECTS WHO DID NOT RE-DONATE AND THE AVAILABILITY OF SECOND MOBILES AT THEIR ORIGINAL DONATION SITE

Source	SS	df	ms	f	p
Between Groups	11.5	1	11.5	1.021	N.S.
Within Groups	90.1	8	11.2625	-	-
Total	101.6	9	-	-	-

CONTENT ANALYSIS

Comments in the Donor Experience
Section of the Thank-You Phone
Call Script

Only the 67 subjects who were contacted by telephone could make comments. Not every subject who was contacted chose to make comments. Comments have been analyzed in two groups, those who did not re-donate and those who did. While there are no statistically significant findings some items of interest were observed.

Subjects Who Did Not Make Repeat Donations. The most frequent comments among subjects who did not make repeat donations were that they intended to "donate again" (12) and that the initial donation experience was "pleasant" (3) or "went well" (3). Another 4 subjects indicated in some way that they would donate again for a total of 16 subjects indicating they would donate again. One subject commented he feared he had tested positive on the AIDS-antibody screening merely because he was being called. This reaction was anticipated as a possibility because donors often report their fears about testing positive to Red Cross nurses at the time of donation (Jordan, 1987). Because the Blood Center of Southeastern Wisconsin also had this problem in their call program, this study made it clear very quickly (within 5 to 10 seconds of calling) that the subject was being called only to be thanked for their initial donation.

Three subjects expressed some sort of hesitation to re-donate. One subject said she was surprised at the pleasant

experience. Two subjects said they were pleased to be called or appreciated the call to thank them.

One subject indicated she loved the attention she received at the mobile. Another subject said she was afraid of AIDS. One subject said he was "not keen on needles" while another said that due to surgery, needles were "old hat."

It appears that different subjects have vastly different concerns about their donation experience and that the Red Cross may benefit from a better understanding of these concerns. (See Appendix E for a complete list of comments.)

Subjects Who Did Not Make Repeat Donations. Six subjects in this group said they would donate again but one said he would do so at Tektronix in August where he originally donated. One subject thanked the volunteer for calling. Two subjects said their donation experience went well and two others said "no problem."

Unlike the subjects who did not re-donate, there were basically no unfavorable comments in this group. One subject said her veins were small. This probably indicates it is more difficult to donate. It may be useful for Red Cross to tell this donor to ask for special treatment when she re-donates so she will get a highly skilled blood drawer. (See Appendix F for a complete list of comments.)

CHAPTER IV

DISCUSSION

The main purpose of this study was to determine the effects of a thank-you letter and/or phone call on the repeat donation behaviors of first-time volunteer blood donors. The set of treatment conditions resulted in an acceptable number of subjects for each group.

The results by the main criterion of the study did not support the first hypothesis. There is no statistically significant difference between the treatment groups. The chi square equaled 6.2384302 with 4 degrees of freedom. A total of 66 percent of the subjects did not re-donate while 34 percent did make repeat donations. Of the 37 subjects who re-donated, 31 (84 percent) had a second mobile at the original donation site while 6 subjects (16 percent) did not.

The results of the analysis of variance suggest that it is likely Red Cross could increase first-time donor retention rates by scheduling more frequent repeat mobiles. This is an important finding because the Red Cross does not currently plan the majority of mobiles every two months.

The results of statistical analyses of the other hypotheses were not statistically significant.

Piliavin (1983) says that re-donation cannot necessarily be predicted by the donor's comment soon after initial

donation. The content analysis revealed a total of 16 subjects who said they would re-donate and did not.

POSSIBLE REASONS THE TREATMENT CONDITIONS MAY NOT
HAVE SIGNIFICANTLY INFLUENCED SUBJECTS

There are a number of possible reasons that the treatment conditions may not have significantly influenced the subjects. The researcher was aware of some of the situations detailed and became aware of others during the course of the study.

AIDS

There were several potential problems presented by the AIDS epidemic which may have interfered with the results of this study. One subject initially expressed the fear that he had tested positive on an AIDS-antibody screening test because of the thank-you phone call. It is possible that other subjects who were called, unconsciously or consciously, had the same fear and did not express such a feeling to the volunteer caller.

As mentioned in the definitions section, the Red Cross does not normally contact donors by phone except two months after the donation to ask them to re-donate. Donors are rarely contacted by mail. Any unusual communication with the Red Cross where the purpose of the contact is not quickly identified could influence a donor to think the call or letter is in regard to a positive AIDS-antibody test. Precautions were taken to immediately inform people in the

letter and during the call that the letter or call was just to thank them for being a first-time donor. Those planning a similar study might add a large red "Thank You" to the cover of the thank-you letter envelope.

Red Cross blood service directors nationwide are reporting reduced numbers of donors. Many directors report donors are afraid of getting AIDS by donating blood. This fear may have had a significant effect on this study (Peetoom, 1987).

Some unknown factor regarding AIDS may have been more influential among members of the noncontrol groups. Marketing and donor resource specialists at the Red Cross National Headquarters report hearing rumors from donors that ". . . you can catch AIDS by donating blood." Since blood transfusion is one method of AIDS infection, and many intravenous drug abusers have caught AIDS by using needles, some people seem to associate blood donations and contracting AIDS. The Red Cross enlisted the help of the nationally-known advertising firm J. Walter Thompson. A poster designed by the firm proclaims, "You cannot get the AIDS virus by donating blood." Still, rumors persist long after they are started and this or some other factor related to AIDS may have had an effect on the subjects in the treatment groups (Factors, 1987).

While the AIDS-antibody test is given confidentially at numerous locations in the metropolitan area, some subjects may have donated, discovered their AIDS-antibody

status, and then planned not to donate again. Donating at the Red Cross to have blood screened costs nothing, whereas the test can cost between \$15.00 to \$35.00 at local health clinics (Oregon AIDS Task Force, 1987).

If some subjects donated only to learn their AIDS-antibody status and it was positive, it is impossible for them to re-donate. If they donated only to discover their status and tested negative it is perhaps unlikely they would want to donate again. More such subjects could have been in the noncontrol groups than the control group. It would be difficult to account for these possibilities without conducting a study over a greater amount of time, with a larger population, and perhaps a survey.

These possibilities were realized at the outset of the study and efforts were made to nullify some of the possible effects. The Red Cross tells donors that they can get a free AIDS-antibody blood test at their local health clinic and the volunteer caller always identified that she was calling only to thank the donor for giving blood.

Blood Shortage

There was a blood shortage during the study and the Red Cross went on red alert. Red Cross occasionally goes on green alert when one or two blood types are in short supply, or yellow alert when some hospitals must wait longer to have their orders filled. A red alert is rare and indicates the most severe type of shortage. During a red alert, hospitals receive about 50 percent of the blood needed (Factors, 1987).

The publicity surrounding the red alert could have had some effect on the subjects in all the treatment groups. Some donors who gave just before the alert and were not eligible to re-donate may have felt they had already given what they could, and decided not re-donate when they again became eligible. By then the red alert was over. It is also possible that the red alert may have encouraged more repeat donation behavior among all subjects, thus interfering with accurate measurement of the effects of the treatment conditions.

A study done during winter months would have to contend with annual blood shortages during the holidays and the possible effects of bad weather on individuals' decisions to re-donate. Blood shortages and red alerts can occur any time of the year.

Procedure

All subjects donated at mobile blood drives. The majority of subjects were called and encouraged to donate at the main blood center. Distribution should have counteracted the possibility that a brief shortage of one blood type and the subsequent calls to subjects with that type could have interfered with the influence of the treatment conditions.

The Red Cross mainframe computer records of all donor activity tracked initial and repeat donations. This system is comprehensive and should have tracked any donor who made a repeat donation at any other place in the region during

the time of the study. One exception is Eugene, Oregon and surrounding Lane County which has its own separate blood supply system. Since none of the donors live or work in this area it is highly unlikely that this occurred. But it is possible and it is also possible some donors became ineligible to donate for other reasons, including death or moving out of the region. Some may have re-donated but at a distant blood bank.

Significant numbers of persons may have been waiting in vain for a repeat mobile at the location where they originally donated.

Scheduling

Subjects may require more opportunities to donate before other differences among treatment conditions are apparent.

Staff

One of the volunteers who called the subjects in the noncontrol groups may have alienated them in some way or been more preferential to the subjects in the control group. Those planning a similar study may benefit by training the phone volunteers (as in this study) or using well-trained telecruiters.

Subjects

Additional subject fears that may have skewed the results of the study may have included the fear that subject blood would be analyzed to detect illegal drug use. Red Cross does not analyze blood for drug use but an employer

could have given the impression that they do and this would likely have an effect on repeat donation behavior. It is likely that the random subject assignment should have equally distributed subjects across the treatment groups to counteract any significant results of this possible influence.

IMPLICATIONS OF THIS STUDY

Statistical analysis did not reveal any treatment that appeared to significantly encourage or discourage subjects from making repeat donations. The same number of subjects in the control group (9) made repeat donations as in the letter group and the letter-then-phone-call group. The phone call and call-then-letter group each had 5 subjects who made repeat donations. There was no significant difference among the conditions.

The analysis of repeat donation behavior and frequency of second mobiles at the site of original donation revealed a significant tendency for repeat donations, which suggests that it may be useful for the Red Cross PNWRBS to further investigate the effects of a repeat mobile at the same site where subjects originally donated within two to three months. The convenience of a second mobile within two to three months at the original donation site may significantly increase repeat donations among first-time donors.

The content analysis contained a subtotal of 28 comments from 73 subjects who did not re-donate and a subtotal of 13 comments out of 37 subjects who did re-donate.

The content analysis revealed 1 donor out of the 67 who were called that believed his AIDS-antibody test result was positive because of the thank-you phone call. He did not re-donate even though he said he would. This suggests that if the Red Cross uses thank-you calls again in this region it may be important that, as in this study, the volunteer calling should identify they are calling only to thank the donor. This may prevent donors from incorrectly thinking their results on the AIDs-antibody screening test are positive.

The content analysis also shows 12 subjects who said they would re-donate and who did not. Asking donors if they plan to re-donate may not be a reliable tool for predicting repeat donation behavior.

The typical range of ages of donors who did and did not re-donate was between 30 and 40 years of age. The Red Cross PNWRBS may obtain more repeat donors by targeting their message to this age range.

FURTHER RESEARCH POSSIBILITIES

Because a significant number of subjects did not have an opportunity to make a repeat donation at the site where they originally donated it may be useful for the Red Cross PNWRBS to tell donors, at the mobile where they first donate, when they will be eligible again. A card that donors address to themselves, which would then be mailed to them a week or two before they are eligible to donate again, as in

the Southeastern Wisconsin region, may increase repeat donations. Callero and Piliavin write:

. . . one should not rely on expressed intentions [to re-donate] to predict behavior that is distant from the time at which the intention was expressed. Reminder notices sent to all donors when they are eligible to give again might help to reawaken those early-expressed intentions, helping to translate them into behavior (1983, pp. 13-14).

Deutsch and Gerard found that subjects who declared their intentions publicly or wrote them down conformed to group norms more often than subjects whose intentions could be kept anonymous (Cohen, 1964). Perhaps the Red Cross could conduct a study where recent first-time donor names are published in the newspaper, on a billboard, or on a television public service announcement.

It may also be useful for the Red Cross PNWRBS to conduct a study where nurses direct subjects to a fixed donation site, such as the main center, or to mobiles coming up in their area within the next two to three months. This is not currently done by Red Cross nurses and phlebotomists (Jordan, 1987).

A study could be designed where the self-addressed card treatment is compared to subjects who are called a week or two before they are eligible again and given suggestions about where and when to re-donate from the nurse and phlebotomist.

The finding that more subjects made repeat donations when they had more opportunities to re-donate at the site where they first donated, suggests that it may be useful for

the Red Cross PNWRBS to conduct more research on the effects of frequency of repeat blood mobiles on first-time donors.

The control, letter, and letter-then-call groups each had 9 subjects who made repeat donations. This suggests that it may be useful for the Red Cross PNWRBS to conduct a similar study with more subjects over a longer period of time. It may also be useful to conduct a similar study in rural areas where repeat donation opportunities are not as frequent. It is possible that the effects of the thank-you letter and/or phone call may be significantly less if more time exists between repeat donation opportunities at the same location.

It may be beneficial for the Red Cross PNWRBS to conduct a study of repeat donation behavior of first-time and/or regular donors who are and are not informed about the impossibility of contracting AIDS from donating blood. It is possible that more education is needed, especially among younger donors, to counteract the possible effects of the AIDS epidemic and misinformation on blood donation behaviors.

Research has determined that potential blood donors have many anxieties about donating blood. Just a few of these include: anxiety about needles, concerns about staff competence, uncertainty about the blood donation process, fear of the results from blood tests, and fear from the mistaken belief that it is possible to catch diseases from donating blood.

Some donors may believe that 8 weeks between donations is not long enough for the body to adequately recover.

The Red Cross may benefit from conducting a survey that asks first-time donors and potential donors about their concerns and anxieties about donating blood.

CONCLUSIONS

Statistical analysis revealed some important possible motivations of first-time and regular blood donors.

Convenience is apparently a significant influence on the repeat donation behavior of first-time donors. The apparent importance of a second mobile at the site of original donation is an influence that was of interest to the researcher and should be of profound importance to the Red Cross. Scheduling mobiles every two months may reduce the unacceptable fall-off rates among first-time donors that the PNWRBS frequently laments. This finding could have an immensely positive effect on high school blood mobiles where over 90 percent of the donors are giving for the first time. Typically, the Red Cross schedules one high school mobile in the fall and another in the spring. These spring mobiles often have low return rates for the donors who gave for the first time in the fall. A second fall mobile before the winter holidays may significantly increase first-time donor return rates in the spring and thereafter.

Some subjects in the content analysis appeared to express the desire to have a mobile conveniently located when

making a repeat donation. One subject said they would donate again in the Clackamas area but did not. Of two other subjects that did re-donate, one said he would do so in August at Tektronix where he originally donated. This subject did not re-donate at Tektronix because they did not have a repeat mobile as planned. But he did re-donate by October. The other subject re-donated at the same site where he first gave blood. The desire for repeat donation convenience is also of interest to the researcher.

Two donors expressed a fear of AIDS and this was anticipated. It is difficult to determine just how much of an effect AIDS is having on the American blood supply. This information was of interest to the researcher because the literature review revealed the possibility that fear of contracting AIDS through donating blood may be affecting donors' decisions to give blood. Any information on this hypothesis may be useful to future researchers.

It was also of interest to note the evidence that supports the possibility that some subjects prefer appreciation to be communicated through a thank-you letter from the nurse rather than a thank-you phone call from a volunteer. It may be that a personal thank-you from a nurse at the time of donation could have an even greater effect than a thank-you letter from a nurse.

It was also interesting to note that repeat donation behavior cannot be accurately predicted from donors' replies shortly after their initial donation.

Content analysis suggests that subjects are motivated to donate or not donate by fears, convenience, and extrinsic motivations. Further, some subjects appear to make up their minds to re-donate right away while others appear to be unsure about re-donating a week or two after their first donation.

With a severe blood shortage predicted by the year 2000 and an increasing need for blood due to the aging population and more blood therapies, blood banks would most likely benefit from a better understanding of blood donor motivations and the effects of incentives and rewards. Much more study is required to attain such understanding.

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APPENDIX A

THANK-YOU LETTER

June, 1987

Dave Frost
1234 S.W. Blood Donor Lane
Portland, Oregon 97201

Dear Dave,

While every donor in the Pacific Northwest Regional Blood Services is very important to us, there is no donor more special than the person who donates for the first time.

Only through blood donations from vital people like yourself can we assure every patient in our community hospitals they'll get the precious gift of life when they need it.

Thank you for your time and for donating blood. I hope we see you when you're eligible to donate on August 3.

Sincerely,

Anne Lowe, R.N.
for your Blood Collection Team

APPENDIX B

THANK-YOU PHONE CALL SCRIPT

PHONE SCRIPT PLEASE PRINT, THANK YOU

Donor Name: _____

Donor Phone Number: _____

Time/Date Reached: _____

Donor: Hello?

VOL: HELLO, THIS IS _____ CALLING FROM THE RED
CROSS TO THANK YOU FOR DONATING BLOOD.

Donor: Replies.

VOL: ONLY THROUGH BLOOD DONATIONS FROM VITAL PEOPLE LIKE
YOURSELF CAN WE ASSURE EVERY PATIENT IN OUR COM-
MUNITY HOSPITALS THEY'LL GET THE PRECIOUS GIFT OF
LIFE WHEN THEY NEED IT.

Donor: Replies.

VOL: DID YOU HAVE ANY CONCERNS ABOUT YOUR DONATION
EXPERIENCE? HOW WAS YOUR DONATION EXPERIENCE?

Donor: Replies. VOLUNTEER KEEPS RECORD.

VOL: WELL, THANK YOU FOR YOUR TIME AND FOR DONATING
BLOOD. I HOPE WE SEE YOU AGAIN WHEN YOU'RE
ELIGIBLE TO DONATE ON _____.

Donor: Replies.

VOL: BYE-BYE.

Donor: Good-by.

End of conversation.

VOLUNTEER COMMENTS:

APPENDIX C

SUBJECT ASSIGNMENT LIST

Order of Donation	Assignment to Treatment Group
1	1. CONTROL
2	2. <u>LETTER</u>
3	5. <u>CALL/LETTER</u>
4	4. <u>LETTER/CALL</u>
5	3. <u>CALL</u>
6	1. CONTROL
7	2. <u>LETTER</u>
8	3. <u>CALL</u>
9	3. <u>CALL</u>
10	4. <u>LETTER/CALL</u>
11	4. <u>LETTER/CALL</u>
12	2. <u>LETTER</u>
13	2. <u>LETTER</u>
14	1. CONTROL
15	4. <u>LETTER/CALL</u>
16	2. <u>LETTER</u>
17	4. <u>LETTER/CALL</u>
18	3. <u>CALL</u>
19	5. <u>CALL/LETTER</u>
20	2. <u>LETTER</u>
21	4. <u>LETTER/CALL</u>
22	5. <u>CALL/LETTER</u>
23	2. <u>LETTER</u>
24	1. CONTROL
25	3. <u>CALL</u>
26	1. CONTROL
27	4. <u>LETTER/CALL</u>
28	3. <u>CALL</u>
29	5. <u>CALL/LETTER</u>
30	1. CONTROL
31	2. <u>LETTER</u>
32	5. <u>CALL/LETTER</u>
33	2. <u>LETTER</u>
34	5. <u>CALL/LETTER</u>
35	3. <u>CALL</u>
36	2. <u>LETTER</u>
37	5. <u>CALL/LETTER</u>
38	5. <u>CALL/LETTER</u>
39	4. <u>LETTER/CALL</u>
40	5. <u>CALL/LETTER</u>
41	5. <u>CALL/LETTER</u>
42	3. <u>CALL</u>

Order of Donation

Assignment to Treatment Group

43	1. CONTROL
44	4. <u>LETTER/CALL</u>
45	1. <u>CONTROL</u>
46	2. <u>LETTER</u>
47	1. <u>CONTROL</u>
48	5. CALL/LETTER
49	3. CALL
50	1. CONTROL
51	3. CALL
52	1. CONTROL
53	3. CALL
54	2. <u>LETTER</u>
55	1. <u>CONTROL</u>
56	3. CALL
57	5. CALL/LETTER
58	2. <u>LETTER</u>
59	4. <u>LETTER/CALL</u>
60	1. <u>CONTROL</u>
61	4. <u>LETTER/CALL</u>
62	2. <u>LETTER</u>
63	1. <u>CONTROL</u>
64	4. <u>LETTER/CALL</u>
65	5. CALL/LETTER
66	4. <u>LETTER/CALL</u>
67	1. <u>CONTROL</u>
68	3. CALL
69	4. <u>LETTER/CALL</u>
70	3. CALL
71	2. <u>LETTER</u>
72	5. CALL/LETTER
73	3. CALL
74	5. CALL/LETTER
75	3. CALL
76	1. CONTROL
77	5. CALL/LETTER
78	4. <u>LETTER/CALL</u>
79	2. <u>LETTER</u>
80	4. <u>LETTER/CALL</u>
81	3. CALL
82	2. <u>LETTER</u>
83	1. CONTROL
84	3. CALL
85	2. <u>LETTER</u>
86	1. CONTROL
87	3. CALL
88	1. CCNTROL
89	3. CALL
90	5. CALL/LETTER
91	1. <u>CONTROL</u>
92	5. CALL/LETTER

Order of Donation

Assignment to Treatment Group

93	1. CONTROL
94	<u>2. LETTER</u>
95	5. CALL/LETTER
96	1. CONTROL
97	<u>4. LETTER/CALL</u>
98	<u>2. LETTER</u>
99	<u>4. LETTER/CALL</u>
100	3. CALL
101	3. CALL
102	<u>4. LETTER/CALL</u>
103	<u>2. LETTER</u>
104	1. CONTROL
105	5. CALL/LETTER
106	<u>2. LETTER</u>
107	5. CALL/LETTER
108	<u>4. LETTER/CALL</u>
109	5. CALL/LETTER
110	<u>2. LETTER</u>
111	<u>4. LETTER/CALL</u>
112	1. CONTROL
113	3. CALL
114	5. CALL/LETTER
115	<u>4. LETTER/CALL</u>
116	3. CALL
117	<u>4. LETTER/CALL</u>
118	5. CALL/LETTER
119	<u>4. LETTER/CALL</u>
120	3. CALL
121	5. CALL/LETTER
122	1. CONTROL
123	<u>2. LETTER</u>
124	<u>4. LETTER/CALL</u>
125	<u>2. LETTER</u>

APPENDIX D

DONOR RECORDS

The Lotus Development Corporation's 123 Spreadsheet program was used to keep track of the data and do sorts in preparation for the statistical analysis. The following list details the data information tracked by the Red Cross and student.

1. Subject identification number (assigned to preserve anonymity)
2. Date of first donation
3. Date subject will be eligible to make a repeat donation
4. Mobile at which subject initially donated
5. Whether or not subject made a repeat donation and date
6. Days elapsed since subject became eligible to re-donate
7. Treatment group number
8. Subjects' comments about their experiences
9. Whether or not the mobile at which subject first gave had a repeat mobile within the six months of the study
10. Sex (M = male; F = female)
11. Age
12. Blood type

Names of groups hosting blood mobiles:

East Hillsboro Church
 Electro Scientific Industries
 Federal Building
 Fred Meyer
 Nike N.W.
 Oregon Health Sciences University
 Platt Electric
 Portland Willamette Industries
 Saint Clare Catholic Church
 Saint John Baptist Church
 Saint Henry Church
 Saint Matthew Church
 Tektronix Wilsonville
 United States Post Office
 Waco
 Western States Chiropractic College
 Western Transportation
 West Linn Lions

ID#	1st DON	ELIG DATE	MOBILE	REP DON	DAYS	TREAT	COMMENTS	2MOB	SEX	AGE	BT
1	6-8-87	8-3-87	Tek	No	98	1		No	F	24	A+
2	6-8-87	8-3-87	E.Hls.Ch	No	98	1		No	F	34	A+
3	6-8-87	8-3-87	Tek	No	98	1		No	M	47	O+
4	6-8-87	8-3-87	E.Hls.Ch	No	98	1		No	M	22	O+
5	6-10-87	8-5-87	St.Math	No	96	1		Yes	M	32	A+
6	6-12-87	8-7-87	F.Meyer	No	94	1		Yes	M	28	B+
7	6-12-87	8-7-87	St.Henry	No	94	1		No	F	62	A+
8	6-12-87	8-7-87	Port.Wil	No	94	1		Yes	M	27	A+
9	6-12-87	8-7-87	F.Meyer	No	94	1		Yes	M	31	O+
10	6-12-87	8-7-87	F.Meyer	No	94	1		Yes	M	35	A+
11	6-2-87	7-28-87	W.St.Chir	No	194	1		Yes	M	27	A+
12	6-12-87	8-7-87	F.Meyer	No	94	1		Yes	M	38	A-
13	6-5-87	7-31-87	OHSU	No	101	1		Yes	M	27	O+
14	6-15-87	8-10-87	USPO	No	91	2		Yes	F	45	A+
15	6-9-87	8-4-87	PlattElec	No	97	2		Yes	M	25	A+
16	6-12-87	8-7-87	ESI	No	94	2		Yes	M	26	O+
17	6-12-87	8-7-87	F.Meyer	No	94	2		Yes	M	32	O+
18	6-12-87	8-7-87	St.Henry	No	94	2		No	F	39	A+
19	6-12-87	8-7-87	St.Henry	No	94	2		No	M	54	O+
20	6-12-87	8-7-87	F.Meyer	No	94	2		Yes	F	40	A+
21	6-2-87	7-28-87	W.St.Chir	No	194	2		Yes	M	24	O-
22	6-2-87	7-28-87	W.St.Chir	No	194	2		Yes	M	26	O+
23	6-4-87	7-30-87	W.Trans	No	192	2		Yes	F	37	AB+
24	6-5-87	7-31-87	OHSU	No	101	2		Yes	M	23	B+
25	6-5-87	7-31-87	OHSU	No	101	2		Yes	F	39	O+
26	6-8-87	8-3-87	Tek	No	98	3		No	F	38	O+
27	6-8-87	8-3-87	E.Hls.Ch.	No	98	3		No	F	36	O+
28	6-8-87	8-3-87	E.Hls.Ch.	No	98	3		No	F	53	A+
29	6-11-87	8-6-87	E.Lin.Ch.	No	95	3		No	F	34	A+
30	6-11-87	8-6-87	St.Clare	No	95	3		Yes	F	31	B+
31	6-12-87	8-7-87	F.Meyer	No	94	3		Yes	M	33	A-
32	6-12-87	8-7-87	F.Meyer	No	94	3		Yes	M	32	O+
33	6-12-87	8-7-87	F.Meyer	No	94	3		Yes	M	35	O+
34	6-12-87	8-7-87	ESI	No	94	3		Yes	M	28	O+
35	6-12-87	8-7-87	F.Meyer	No	94	3		Yes	F	38	O+

ID#	1st DON	ELIG DATE	MOBILE	REP	DON	DAYS	TREAT	COMMENTS	2MOB	SEX	AGE	BT
36	6-12-87	8-7-87	St.Henry	No		94	3		No	M	56	A+
37	6-12-87	8-7-87	ESI	No		94	3		Yes	F	26	O+
38	6-12-87	8-7-87	St.Henry	No		94	3		No	F	35	B+
39	6-2-87	7-28-87	W.St.Chir	No		104	3		Yes	M	26	AB+
40	6-2-87	7-28-87	W.St.Chir	No		104	3		Yes	F	28	O+
41	6-2-87	7-28-87	W.St.Chir	No		104	3		Yes	M	25	O+
42	6-4-87	7-30-87	W.Trans	No		102	3		Yes	M	21	O+
43	6-5-87	7-31-87	OHSU	No		101	3		Yes	F	32	O+
44	6-9-87	8-4-87	PlattElec	No		97	4		Yes	M	30	A+
45	6-9-87	8-4-87	PlattElec	No		97	4		Yes	F	60	B+
46	6-10-87	8-5-87	St.John	No		96	4		No	F	51	B+
47	6-12-87	8-7-87	St.Henry	No		94	4		No	F	37	B+
48	6-12-87	8-7-87	St.Henry	No		94	4		No	F	34	O+
49	6-12-87	8-7-87	F.Meyer	No		94	4		Yes	F	28	O-
50	6-12-87	8-7-87	ESI	No		94	4		Yes	F	43	O+
51	6-12-87	8-7-87	ESI	No		94	4		Yes	F	46	A+
52	6-12-87	8-7-87	St.Henry	No		94	4		No	F	38	O+
53	6-2-87	7-28-87	W.St.Chir	No		104	4		Yes	F	32	B+
54	6-5-87	7-31-87	CHSU	No		101	4		Yes	F	24	B+
55	6-15-87	8-10-87	WACO	No		91	5		Yes	F	35	O+
56	6-15-87	8-10-87	USPO	No		91	5		Yes	F	43	O+
57	6-8-87	8-3-87	Tek	No		98	5		No	M	35	O+
58	6-8-87	8-3-87	Tek	No		98	5		No	M	32	O+
59	6-8-87	8-3-87	Tek	No		98	5		No	M	45	A-
60	6-9-87	8-4-87	NikeNW	No		97	5		No	F	33	A+
61	6-10-87	8-5-87	St.John	No		96	5		No	F	37	A-
62	6-11-87	8-6-87	W.Linn L	No		95	5		No	M	50	O+
63	6-12-87	8-7-87	F.Meyer	No		94	5		Yes	F	24	A+
64	6-12-87	8-7-87	St.Henry	No		94	5		No	F	23	O-
65	6-12-87	8-7-87	F.Meyer	No		94	5		Yes	M	31	O+
66	6-12-87	8-7-87	F.Meyer	No		94	5		Yes	F	27	O+
67	6-12-87	8-7-87	ESI	No		94	5		Yes	F	24	A+
68	6-12-87	8-7-87	St.Henry	No		94	5		No	M	19	A+
69	6-2-87	7-28-87	W.St.Chir	No		104	5		Yes	M	25	O+

ID#	1st DON	ELIG DATE	MOBILE	REP	DON DAYS	TREAT	COMMENTS	2MOB	SEX	AGE	BT
70	6-4-87	7-30-87	W.Trans	No	102	5		Yes	F	34	O+
71	6-5-87	7-31-87	OHSU	No	101	5		Yes	M	25	O-
72	6-5-87	7-31-87	OHSU	No	101	5		Yes	M	18	A+
73	6-5-87	7-31-87	OHSU	No	101	5		Yes	M	34	A+
74	6-12-87	8-7-87	ESI	Yes 9-5	29	1		Yes	F	43	O+
75	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	1		Yes	F	39	A+
76	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	1		Yes	M	48	A+
77	6-9-87	8-4-87	PlattEle	Yes 8-31	27	1		Yes	M	43	A+
78	6-9-87	8-4-87	PlattEle	Yes 8-7	3	1		Yes	M	22	O+
79	6-1-87	7-27-87	WACO	Yes 8-24	28	1		Yes	F	44	A+
80	6-8-87	8-3-87	WACO	Yes 8-24	21	1		Yes	M	29	AB+
81	6-4-87	7-30-87	W.Trans	Yes 8-24	25	1		Yes	F	28	A+
82	6-4-87	7-30-87	W.Trans	Yes10-1	63	1		Yes	M	42	A+
83	6-2-87	7-28-87	FedBldg	Yes 8-6	9	2		Yes	F	19	O-
84	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	2		Yes	M	31	B+
85	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	2		Yes	F	21	O+
86	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	2		Yes	F	25	O+
87	6-9-87	8-4-87	PlattEle	Yes 8-7	3	2		Yes	M	33	O+
88	6-12-87	8-7-87	St.Henry	Yes11-3	88	2		No	M	46	A-
89	6-8-87	8-3-87	Tek	Yes 8-17	14	2		No	F	30	O+
90	6-2-87	7-28-87	W.St.Chi	Yes10-15	79	2		Yes	F	25	O+
91	6-2-87	7-28-87	W.St.Chi	Yes10-30	94	2		Yes	M	30	O+
92	6-8-87	8-3-87	E.Hls.Ch	Yes11-3	92	3		No	F	37	O+
93	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	3		Yes	M	26	O-
94	6-5-87	7-31-87	OHS	Yes 8-5	5	3		Yes	F	25	O+
95	6-11-87	8-6-87	St.Clare	Yes 8-17	11	3		Yes	F	39	A-
96	6-2-87	7-28-87	W.St.Chi	Yes10-15	79	3		Yes	M	23	A+
97	6-2-87	7-28-87	FedBldg	Yes 8-7	10	4		Yes	F	23	A+
98	6-12-87	8-7-87	F.Meyer	Yes 9-18	42	4		Yes	F	51	A+
99	6-12-87	8-7-87	St.Henry	Yes 8-18	11	4		No	F	35	O-
100	6-11-87	8-6-87	St.Clare	Yes 8-17	11	4		Yes	M	59	A+
101	6-8-87	8-3-87	Tek	Yes10-16	74	4		No	M	41	B+
102	6-15-87	8-10-87	WACO	Yes10-14	65	4		Yes	F	36	A-
103	6-2-87	7-28-87	W.St.Chi	Yes10-15	79	4		Yes	M	26	A+

ID#	1st DON	ELIG DATE	MOBILE	REP DON	DAYS	TREAT	COMMENTS	2MOB	SEX	AGE	BT
104	6-2-87	7-28-87	W.St.Chi	Yes10-15	79	4		Yes	M	25	O-
105	6-2-87	7-28-87	W.St.Chi	Yes10-15	79	4		Yes	F	31	A+
106	6-2-87	7-28-87	FedBldg	Yes 8-6	9	5		Yes	M	25	AB-
107	6-12-87	8-7-87	F.Meyer	Yes10-2	56	5		Yes	F	27	O-
108	6-5-87	7-31-87	OHSU	Yes 8-31	31	5		Yes	F	33	B+
109	6-15-87	8-10-87	WACO	Yes 8-17	7	5		Yes	F	31	A+
110	6-11-87	8-6-87	W.Linn L	Yes 9-1	26	5		No	F	36	O+

APPENDIX E

LIST OF COMMENTS BY SUBJECTS WHO DID NOT
MAKE REPEAT DONATIONS

Pleasant experience. Will donate again.
Pleasant experience. Will donate again.
Pleasant experience.
Will play by ear.
Pleased with experience.
Will donate.
Will donate again.
Will give again.
Will donate gladly.
Will donate. Thought he had a positive AIDS-antibody because of call.
Very good. Will donate again; wife too.
Fear of AIDS, OK.
Went well.
Went well.
Things went well. Will give again.
Should eat before donating.
Paid for donating by employer, will donate.
Nice experience; will donate in Clackamas area.
Bruised arm, appreciate call; slight hesitation to re-donate.
Surprised at pleasant experience. Will donate.
Had heart surgery at age 4; needles old hat, will donate.
Somewhat pleasant experience.
Thanks for calling. Happy to donate.
Great time; will give again.
Bruised arm.
Loved attention.
Not keen on needles; will consider.
Very impressed with whole operation; will donate.

APPENDIX F

LIST OF COMMENTS BY SUBJECTS WHO MADE
REPEAT DONATIONS

Veins small.

Will donate again.

Just fine. Will donate.

Kind of fun. Will donate again.

Good time. Will give again.

Good time.

Will give again.

Thanks for calling; wonderful; will donate.

No problem. Will consider donating in August.

Will give at Tektronix in August.

No problem. Glad to donate again.

Went well.

Went well.