

A critical comment on Niza, Tung and Marteu's "Incentivizing Blood Donation: Systematic Review and Meta-Analysis to Test Titmuss' Hypotheses" (*Health Psychology*, 32(9): 941-949)

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Niza, Tung and Marteu's (NTM) meta-analysis contains several critical flaws making its conclusion, that economic incentives do not increase blood donations, scientifically unreliable.

- One of the six studies in NTM's meta-analysis ([Mellstrom-Johannesson 2008](#): MJ08) does not consider actual blood donations, but only a health examination to determine donation eligibility. By NTM's own criteria, this study should not be in the analysis.
- Two additional studies use non-representative samples of donor populations. [Ferrari et al.](#) (1985: F85) use (N=80) college students with highly personal recruitment procedures. [Reich et al.](#) (2006: R06) use first-time donors after the 9-11 terrorist attack. Both studies' response rates dramatically exceed national levels.
- NTM's sample weights are highly disproportionate to sample size. [Lacetera et al.](#)'s (2012: L12) sample constitutes almost 90% of the combined overall participants, yet receives 30% weight. However, R06 and MJ08 with 7.6% and 0.19% of the overall sample receive 41.6% and 15.6% weights, respectively. NTM weigh on inverse of variance that appears based on "events", e.g. MJ08's 89 subjects from their laboratory control condition become 38 events whereas L12's 10,846 subjects from their control over thousands of square miles and one year become 64 events.
- NTM include two studies examining multiple incentives (L12) or multiple samples ([Goette et al.](#) 2009: G09). From these studies NTM include only the least effective incentive and least effective sample, respectively.
- NTM make no attempt to compare incentives of different values. Basic economics principles predict that increasing the value of incentives will increase effectiveness; L12, [Iajya et al.](#) (2013: I13) and [Lacetera et al.](#) (2013: L13) document this relationship in the blood supply context.
- NTM exclude studies meeting their criteria. In particular, I13's field experiment in Argentina shows positive significant effects of incentives on blood supply without affecting safety.
- NTM incorrectly suggest the U.S. blood supply "mostly depended on paid donors." The proportion of whole blood collected from paid donors in the U.S. never exceeded 25% of whole blood collections ([Starr](#) 1998).
- NTM, referring to L12, state "The raw data ... were kindly provided by the authors," incorrectly implying we shared raw data from our study; we only sent simple cross-tabulations.

Blood shortages create significant public health risks, especially in poorer countries. NTM's many flaws make their conclusions unreliable. Policymakers should re-consider economic incentives, among other approaches, to address the public health needs of blood shortages.