Hemophilia Treatment Center Social Workers’ Involvement with Local Bleeding Disorder Chapters: 
Preliminary Results of a National Survey
A Project of the National Hemophilia Foundation (NHF) Social Work Working Group (SWWG)
Lauren Dunn, MSW, VA Commonwealth University, Richmond, VA; Leslie McGeady, MSW, LISW, The Children’s Medical Center, Dayton, OH; Margaret Geary, MA, MBA, MPH, LCSW, CCM, UMassMemorial Hospital, Worcester, MA; Laurel Pennick, MSSW, LCSW, University of Arizona Health Sciences, Tucson, AZ; Morgan Johnson, CAE, National Hemophilia Foundation, New York, NY; Adrienne Stolfi, MSPH, Wright State University, Dayton, OH

Background
Hemophilia treatment centers (HTCs) and local bleeding disorder chapters (LCs) serve the same population of patients/consumers with bleeding disorders. HTC social workers (SW) often collaborate with and provide services that complement those provided by LCs.

Objectives
- To characterize SW involvement with LCs
- To evaluate factors that may influence the degree of SW involvement with their LCs

Methods
- HTC SWs were invited to participate in an anonymous online 44-item survey
- Survey consisted of questions about: demographics, HTC region, type, size, patient types/numbers, SW staffing levels, working hours, roles/responsibilities, and specific questions regarding LC involvement
- Respondents were grouped by amount of LC involvement into:
  - Involved in 1 or more activities
  - Not involved or involved but only as requested
  - Respondents were grouped by amount of LC involvement into:
  - Involved in 1 or more activities
  - Not involved or involved but only as requested
- Respondents were grouped by amount of LC involvement into:
  - Involved in 1 or more activities
  - Not involved or involved but only as requested
- Variables that were significantly different between “Involved” and “Not Involved/Only as Requested” SWs are shown in Figures 2-4

Results
- 100 of 133 surveys (75%) were returned
- The majority, 82% of HTC SWs reported involvement with their LCs in 1 or more activities, with the highest involvement in co-planning and implementing programs (Figure 1)
- 27% reported involvement in two or more activities
- Ninety-one of the 100 SWs could be categorized into “Involved” (n=42) or “Not Involved/Only as Requested” (n=49). Of these 91, LC involvement was not associated with gender, age, number of years of SW experience, length of time at HTC, or salary. LC involvement was also not associated with type of HTC, or whether the respondent’s position was full or part time (data not shown)
- Variables that were significantly different between “Involved” and “Not Involved/Only as Requested” SWs are shown in Figures 2-4
- Compared to SWs who are not involved with their LCs, a significantly higher percent of involved SWs indicated that:
  - they worked overtime
  - they worked strictly in bleeding/clotting disorders rather than in addition to other services
  - they provide cross-coverage for other health care workers

Conclusions
Since SWs who work exclusively with bleeding disorder patients are more likely to be involved with their LCs, SW involvement may be a function of shared patients and services. Time limitations may be a barrier to involvement since those SWs who are involved in their LCs work more overtime hours. However, the overall level of SW involvement with LCs is high. This collaboration between HTC SWs and LCs enhances patient/family education and supportive services, and maximizes limited resources.