

**Voluntary Health Organizations in Canada:  
Public Involvement and Support**  
**Results from the 2000 National Survey of Giving,  
Volunteering and Participating**



Canadian Centre for Philanthropy™

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# **Voluntary Health Organizations in Canada: Public Involvement and Support**

## **Results from the 2000 National Survey of Giving, Volunteering and Participating**

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## Executive Summary

Many people consider Canada's health care system to be a distinguishing feature of Canadian society. When Canadians think of the organizations that make up the health care system, they often think first of hospitals and other institutions such as rehabilitation facilities, nursing homes and psychiatric hospitals. But Canada's voluntary health sector also includes community health centres, crisis intervention services, public health services such as recreation and sport programs, walk-in clinics and physical therapy centres, emergency medical services, and organizations that focus on specific health issues.<sup>1</sup>

One way that Canadians demonstrate their support for these voluntary health organizations is through voluntary effort – by donating money and time to health organizations. This support has become increasingly important as the health care system continues to undergo change. Hospital restructuring has taken place, or is taking place, in most provinces. Hospitals have shortened inpatient stays and have come to rely more on community supports for newly discharged patients. Community health organizations have felt the pressure to provide more care for these patients and for a growing number of frail seniors. Organizations that serve and support those with specific illnesses are highly dependent on contributions of time and money. Reliance on voluntary effort will likely grow as governments implement changes to the financing of the health sector in Canada.

This report provides information about Canadians who donate money and volunteer time to voluntary health organizations. It updates a previous report, *Voluntary Health Organizations in Canada: Public Involvement and Support*, which was based on data from the 1997 National Survey of Giving Volunteering and Participating (NSGVP).<sup>2</sup> The current report compares the 2000 and 1997 data to give an indication of trends in giving and volunteering to voluntary health organizations in Canada.<sup>3</sup>

## Giving to Voluntary Health Organizations

Health organizations are the most broadly supported type of voluntary organization in Canada. More than half of Canadian donors (54%) made at least one donation to a voluntary health organization during 2000. These donors gave an average of \$74 each, for a total of \$963 million. This is a substantial increase from 1997, when 51% of Canadian donors gave an average of \$62 each for a total of just under \$748 million.

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<sup>1</sup> Note that the definition of the voluntary health sector used in this report does not include medical research, which is considered part of the education and research sector, although it does include special-focus health organizations, such as the Kidney Foundation of Canada and The Arthritis Society.

<sup>2</sup> *Voluntary Health Organizations in Canada: Public Involvement and Support* can be found at <http://www.nsgvp.org/n-r4-ca-1.htm>.

<sup>3</sup> Where not present in the body of the text, figures and tables presenting 1997 data can be found in Appendix A.

Voluntary health organizations received almost 41% of the total number of donations and 20% of the total amount donated by Canadians in 2000. Both the percentage of Canadians who gave to health organizations and the average annual health donation increased in almost every province between 1997 and 2000.

While broadly typical of Canadians as a whole, health donors were more likely to be well-educated, employed (particularly full-time) and to have higher than average household incomes. They were also more likely than other donors to give because of a personal connection to the work of the organizations they supported. These characteristics suggest an ability and a willingness to give that could be further tapped by voluntary health organizations.

The 2000 data also points to some areas that may be of concern to voluntary health organizations. As in 1997, the bulk of the money donated to health organizations came from a relatively small number of Canadians. The 25% of Canadians who donated more than \$69 during the year to health organizations accounted for 76% of the total value of health donations. Voluntary health organizations may want to consider how they can broaden this base of support. They may also want to re-examine the ways in which they solicit donors and address donors in uncertain economic times. Almost half of health donors (48%) said that they did not give more because they did not like the way in which requests for donations were made. An equal number (48%) said they preferred to save their money for their own future needs.

### **Summary of Key Findings about Donors**

- Health donors tended to be over the age of 35, female, well-educated, employed, affiliated with a religious faith and to have higher than average household incomes.
- The overwhelming majority of health donors (93%) made a donation to help a cause in which they personally believed or because they or someone they knew were personally affected by the cause (76%).
- The percentage of Canadians who donated to health organizations was highest in Newfoundland (71%) and lowest in Quebec (42%). The average annual health donation ranged from a high of \$90 in Ontario to a low of \$35 in Newfoundland.
- Health donors gave to fewer types of organizations, on average, than any other type of donor. They were more likely to support arts, culture and recreation, and social services organizations and less likely to support international and religious organizations.
- The most common methods of making health donations were door-to-door solicitation (24% of the number of donations), paying to attend a sponsored event (20%) and responding to a mail request (17%). Some of these methods brought in more money than others. The most lucrative methods were mail requests (24% of the total value of health donations), in memoriam gifts (22%) and paying to attend a sponsored event (13%).

## Volunteering for Voluntary Health Organizations

Volunteer support is vital to most health organizations. While the percentage of Canadians who volunteered for health organizations declined slightly (from 5% in 1997 to 4.5% in 2000), health volunteers contributed more hours each on average (87 hours in 2000, up from 73 hours in 1997). They volunteered a total of just over 96.4 million hours, up from 92.6 million hours in 1997. Health organizations received 13% of the total number of volunteering events and 9% of the total number of volunteer hours in 2000. This is similar to the 1997 figures.

Personal connection was a strong motivator for health volunteers. The vast majority of health volunteers (96%) got involved primarily out of a personal belief in the cause the organization supported or because they, or someone they know, were personally affected by the cause (75%). Indeed, health volunteers were markedly more likely than non-health volunteers to cite this personal connection.

The personal touch also drew people to volunteering. More health volunteers got involved as a result of being asked by a health organization than in any other way (41%). Another 12% got involved because they were asked by a friend. Nearly one in five (18%) got involved by approaching the organization on their own.

While the dedication and personal commitment of health volunteers was strong, there are a couple of areas that may be of concern to voluntary health organizations. A relatively small number of health volunteers did most of the work. The 25% of Canadians who volunteered 72 hours or more annually to health organizations accounted for 85% of the total number of volunteer hours. Health volunteers, like other volunteers, are increasingly time-stressed. More than three-quarters (75%) of health volunteers cited lack of time as a barrier to increased participation. This is up from 71% in 1997. Over one-third (34%) said they were unwilling to make a year-round commitment. Health organizations may need to restructure their volunteer opportunities to accommodate volunteers who have only a limited amount of time to give.

### Summary of Key Findings about Volunteers

- Health volunteers tended to be female, between the ages of 45 and 54, employed, and to have higher levels of education and higher than average household incomes.
- Health volunteers were important to the fundraising efforts of health organizations. The majority (51%) were involved in fundraising. Fewer (36%) organized or supervised events or activities and only one-quarter (26%) provided care and support, such as counseling and friendly visiting.
- The percentage of Canadians who volunteered for health organizations was highest in the Atlantic provinces (7% each in Newfoundland, PEI and Nova Scotia, 5% in New Brunswick) and lowest in Quebec (2%). The volunteer rate declined slightly between 1997 and 2000 or held steady in every province except Newfoundland, where it increased slightly (6% in 1997, 7% in 2000). Except in

Western Canada, the average number of hours volunteered annually increased from 1997 to 2000.

- Health volunteers contributed their time to more types of organizations than other volunteers. They were more likely to support social services; arts, culture and recreation; religious; and education and research organizations. They allocated the majority of their volunteer time (51%) to health organizations and, compared to all volunteers, gave much less time to other organization types.
- The most common barrier to increased participation by health volunteers was a lack of time (76%). Over one-third (34%) said they were unwilling to make a year-round commitment. Thirty percent felt that they had already made a sufficient volunteer contribution.
- More health volunteers got involved because they were asked by the organization itself than in any other way (41% of health volunteer events). The next most common ways of getting involved were approaching the organization themselves (18%) and being asked by a friend (12%).

Health donors and volunteers play an important role in financing and delivering health programs and services. Any reduction in their number could have a serious impact on health organizations. The impact could be particularly significant at a time when governments are considering changes to the financing of the health sector in Canada and reliance on voluntary effort is likely to grow. Voluntary health organizations may need to reach out to more Canadians and to find ways to increase the level of support of current health donors and volunteers.

## **Introduction**

Canada's voluntary health sector, as defined in this report, includes organizations devoted to inpatient care such as hospitals, rehabilitation institutions, nursing homes and psychiatric hospitals; organizations devoted to outpatient care such as community mental health centres, crisis intervention services, public health services, walk-in clinics and physical therapy centres; emergency medical services; and organizations with a specific focus on a particular health issue, such as heart disease, lung disease, AIDS, geriatric care, and Amyotrophic lateral sclerosis (ALS).

Among the ways that Canadians demonstrate their commitment to our health care system is through voluntary contributions to health organizations. According to the 2000 National Survey of Giving, Volunteering and Participating (NSGVP), Canadians aged 15 and older donated over \$963 million to voluntary health organizations and volunteered 96 million hours of their time.<sup>4</sup> The majority of Canadians (54%) made at least one

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<sup>4</sup> The NSGVP is a joint project of the Canadian Centre for Philanthropy, Canadian Heritage, Health Canada, Human Resources Development Canada, Statistics Canada and Volunteer Canada. The survey was conducted by Statistics Canada in the Fall of 2000. Interviews were conducted with 14,724 Canadians aged 15 and older who were asked about their giving, volunteering and participating over the previous year.

donation to a voluntary health organization. One out of every five dollars donated to charitable organizations in 2000 went to voluntary health organizations. However, far fewer Canadians (4.5%) volunteered their time to voluntary health organizations. Volunteering for health organizations accounted for 9% of the total number of volunteer hours in 2000.<sup>5</sup>

This report provides information about the Canadians who donate money and volunteer time to voluntary health organizations. It describes the percentage of people who gave, how much they donated, their personal and economic characteristics, the degree to which they supported other causes, their motivations for giving, and the barriers they perceived to giving more. It also describes the percentage of people who volunteered for health organizations, how much time they volunteered, their personal and economic characteristics, the degree to which they volunteered for other causes, their motivations for volunteering, and the barriers they perceived to volunteering more, how they become involved and what they did as volunteers. This information may help voluntary health organizations enhance their relationships with current donors and volunteers, and expand their support among Canadians.

Data used in this report are drawn from the 2000 National Survey of Giving, Volunteering and Participating (NSGVP). Comparisons are made to the 1997 NSGVP to give an indication of trends in Canadian giving and volunteering to voluntary health organizations. Where 1997 data is not presented in the tables and figures in the main report, it can be found in the Appendix A.

## **Charitable Giving to Voluntary Health Organizations in Canada**

Financial support for voluntary health organizations grew between 1997 and 2000. More Canadians donated money to voluntary health organizations in 2000 than to any other type of organization. Over 13 million Canadians aged 15 and over (54%) made at least one donation to a voluntary health organization between October 1, 1999 and September 30, 2000. In comparison, only 38% of Canadians donated to social service organizations, only 19% contributed to education and research, and only 13% gave to arts and culture organizations.

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<sup>5</sup> Canadians donated approximately \$4.9 billion and volunteered just over 1 billion hours during the period covered by the 2000 NSGVP.

**Table 1: Donation Rate, Total Amount Donated and Average Donation by Organization Type, 2000**

	Donation Rate	Total Amount Donated	Average Donation
	(%)	(\$'000,000)	(\$)
<b>Health</b>	<b>53.7</b>	<b>963.3</b>	<b>74</b>
Social Services	37.6	502.9	55
Religion	32.0	2,417.2	310
Education and Research	18.7	152.0	33
Philanthropic Intermediaries and Voluntarism Promotion	14.2	362.8	104
Arts, Culture and Recreation	13.0	161.0	51
Environmental	5.0	92.0	75
International	5.0	166.5	138
Law, Advocacy and Politics	4.0	51.8	53
Other	2.0	41.0	82
Development and Housing	1.2	17.9	60
Professional Associations and Unions	0.3	10.4	142
<b>All Types / Total Donations</b>	<b>78.0</b>	<b>4,938.8</b>	<b>259</b>

Health donors gave an average of \$74 each to voluntary health organizations, for a total of \$963 million. Although this is dwarfed by donations to religious organizations, which drew a much larger average donation of \$310 and received a total of \$2.4 billion, it puts health organizations well ahead of any other type of organization. Social service organizations, for example, received little over half as much as health organizations (\$503 million).

In 1997, health donors gave an average of \$62 each to voluntary health organizations, for a total of \$748 million. As in 2000, voluntary health organizations received the second largest amount donated, behind religious organizations (\$2.3 billion).

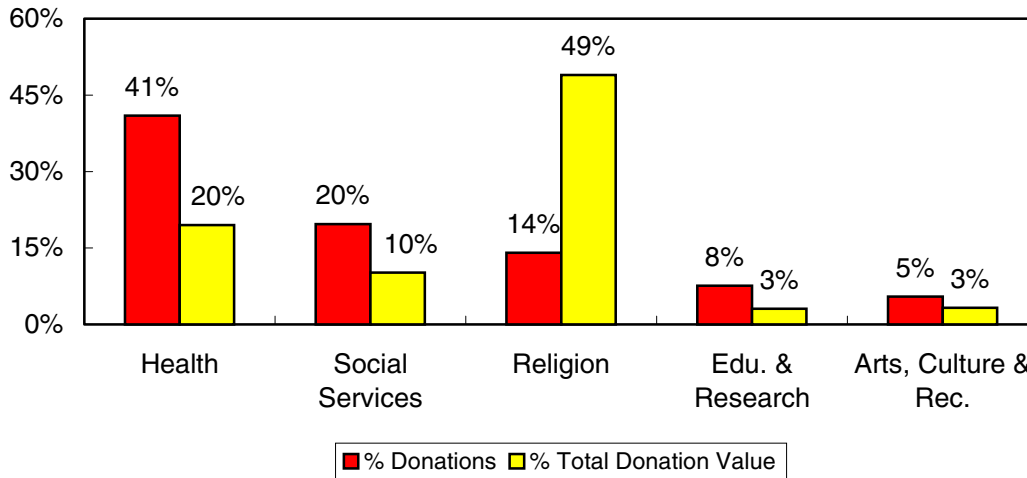
**Table 2: Number of Donors, Donation Rate, Number of Donations, Amounts Donated and Average Donation All Organizations and Health Organizations, 2000 and 1997**

	2000	1997
Total Population ('000)	24,383	23,808
<b>All Organizations</b>		
Number of Donors ('000)	19,036	18,563
Donation Rate (%)	78	78
Total Number of Donations ('000)	70,465	74,413
Total Amount Donated (\$'000,000)	4,938.8	4,435.1
Average Donation (\$)	259	239
<b>Health Organizations</b>		
Number of Health Donors ('000)	13,106	12,146
Health Donation Rate (%)	54	51
Total Number of Health Donations ('000)	28,867	28,338
Total Amount Donated to Health Organizations (\$'000,000)	963.3	747.6
Average Health Donation	74	62

## Financial Support for Voluntary Health Organizations

In 2000, voluntary health organizations received more donations than any other type of organization. Voluntary health organizations also received more of the total number of donations and the total value of donations in 2000 than they did in 1997. More than four out of every ten donations (41%) were made to a voluntary health organization (Figure 1). In comparison, social service organizations received 20% of the total number of donation in 2000, religious organizations received 14%, and education and research organizations received 8%.

**Figure 1: Percentage of Donations and Percentage of Total Donation Value by Organization Type, 2000**



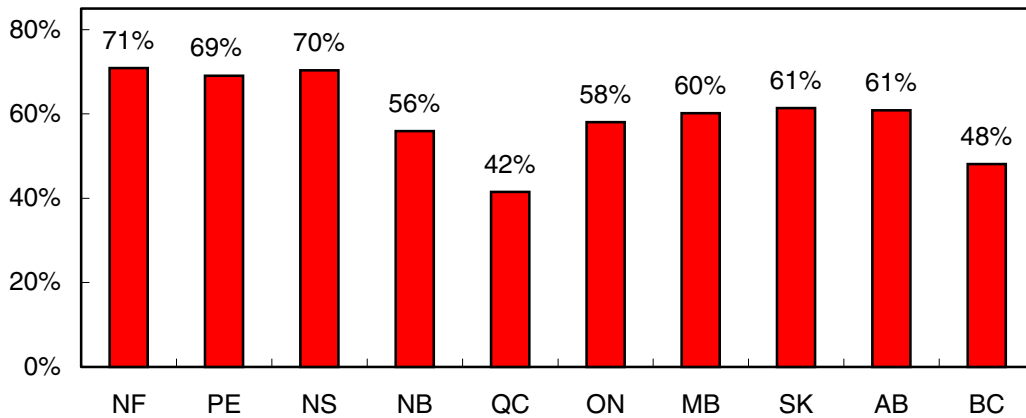
Voluntary health organizations attracted the second highest share of the total value of all donations in 2000. One out of every five donated dollars (20%) went to voluntary health organizations. Only religious organizations received more – 49% of all donated dollars in 2000. In comparison, social services organizations received 10% of the total value of donations.

Both the percentage of the number of donations and the percentage of the total value of donations made to health organizations increased between 1997 and 2000. In 2000, health organizations received 41% of the total number of donations, up from 38% in 1997; and 20% of the total value of donations, up from 17% in 1997 (Figure A.1 in Appendix A).

## Provincial Variations in Giving to Voluntary Health Organizations

The percentage of health donors increased in all but one province in 2000. Support was highest in Atlantic Canada, with Newfoundland leading (71% of Newfoundlanders made at least one donation to a voluntary health organization during 2000), followed by Nova Scotia (70%) and Prince Edward Island (69%) (Figure 2). Saskatchewan and Alberta (61% each) were also above the national rate of 54%, as were Manitoba (60%), Ontario (58%) and New Brunswick (56%). Only in two provinces was the percentage of health donors lower than the national average: British Columbia (48%) and Quebec (42%).

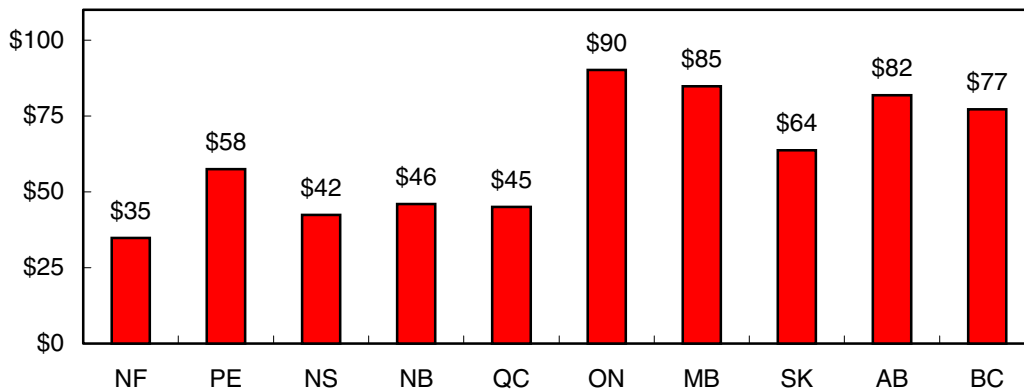
**Figure 2: Percentage of Canadians Who Donated to Health Organizations by Province,**



**2000**

Between 1997 and 2000, the largest increases occurred in Alberta, where the percentage of health donors grew from 52% in 1997 (Figure A.2 in Appendix A) to 61% in 2000, Nova Scotia (from 63% to 70%), and Manitoba (from 53% to 60%). Only in New Brunswick did the percentage of health donors decline, from 62% in 1997 to 56% in 2000.

**Figure 3: Average Annual Donation to Voluntary Health Organizations by Province, 2000**



The average annual donation to voluntary health organizations also varied from province to province (Figure 3). Health donors in Atlantic Canada contributed less than the overall national average of \$74, while health donors in Ontario and Manitoba made the largest average annual donations (\$90 and \$85, respectively).

The biggest growth between 1997 and 2000 occurred in Western Canada. The average annual health donation increased in Alberta from \$54 in 1997 (Figure A.3 in Appendix A) to \$82 in 2000, in British Columbia from (\$52 to \$77), in Manitoba (\$61 to \$85) and in Saskatchewan (\$41 to \$64). The largest decrease occurred in Quebec, where the average donation dropped from \$58 in 1997 to \$45 in 2000.

## Who are Canada's Health Donors?

### Personal and Economic Characteristics

Although broadly typical of Canadians as a whole, health donors tended to be somewhat older than the average Canadian, female, well-educated, employed (particularly full-time), affiliated with a religious faith, and to have higher than average household incomes.

#### *Age*

Health donors tended to be older than the average Canadian. While those over the age of 35 made up 65% of the population as a whole, they accounted for 73% of health donors (Table 3). Older Canadians made larger donations than younger Canadians. Health donors over the age of 65 gave an average of \$87 to health organizations in 2000, while those aged 15 to 24 gave only \$43. Because more older Canadians were health donors, and because they gave larger donations, they accounted for a larger percentage of the total value of donations to voluntary health organizations. For example, Canadians aged 65 and over accounted for 19% of the total value of health donations, but represented only 16% of health donors and 15% of the Canadian population. Conversely, those aged 15 to 24 accounted for only 6% of the total value of all health donations, but represented 10% of health donors and 17% of the Canadian population.

#### *Sex*

Women were more likely to be health donors than were men, making up 51% of the population, but 54% of health donors (Table 3). But women's greater participation as health donors did not translate into a larger economic role. Women health donors accounted for only 49% of the total value of all health donations.

#### *Education*

Canadians with a university degree were more likely than their less educated counterparts to be health donors, and made the largest average annual health donation. The university-educated made up 17% of the Canadian population in 2000, but accounted for 19% of health donors and 27% of the total value of health donations (Table 3). On average, they gave \$106 to health organizations. Individuals with less than a high school education, by contrast, accounted for 27% of the population, but only 22% of health donors and 14% of

the total value of health donations. They gave an average of \$49 each, less than half of their university-educated counterparts.

### *Labour Force Status*

Employed Canadians were more likely to be health donors than those who were unemployed or not in the labour force. Those who were employed made up 63% of the population, but 66% of health donors (Table 3). They accounted for more than two-thirds (68%) of the total value of health donations. Canadians who were not in the labour force<sup>6</sup> made up 33% of the population and 31% of health donors. They accounted for 30% of the total value of health donations. The unemployed made up 4% of the population and 3% of health donors. They accounted for only 1% of the total value of health donations.

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<sup>6</sup> “Not in the labour force” refers to those individuals who were neither employed nor unemployed, e.g., retirees, students, homemakers not looking for work, etc.

**Table 3: Demographic Characteristics of Voluntary Health Organization Donors, 1997 and 2000**

	% Canadian Population		% Health Donors		Health Donor Rate (%)		% Total Value of Health Donations		Average Health Donation (\$)	
	1997	2000	1997	2000	1997	2000	1997	2000	1997	2000
<b>Age Group</b>										
15-24 Years	17	17	9	10	27	33	5	6	38	43
25-34 Years	19	18	18	17	48	51	13	14	42	60
35-44 Years	22	21	24	24	56	61	28	26	72	80
45-54 Years	17	18	20	20	60	61	21	21	64	78
55-64 Years	11	11	13	13	61	61	14	14	68	80
65 Yrs and Over	15	15	17	16	57	57	20	19	72	87
<b>Sex</b>										
Male	49	49	45	46	47	50	45	51	62	81
Female	51	51	55	54	55	57	55	49	62	67
<b>Marital Status</b>										
Married / Common Law	61	62	72	70	60	61	67	68	58	71
Single, Never Married	26	26	16	18	32	36	21	16	79	68
Widow / Widower	6	5	6	6	51	59	7	7	72	93
Separated / Divorced	7	7	6	6	44	49	5	8	53	97
<b>Education Level</b>										
< High School	30	27	25	22	43	43	16	14	41	49
High School	19	20	18	20	49	55	17	20	57	75
Some Post-Secondary	10	9	9	9	47	54	8	9	53	75
Post-Secondary Diploma	28	28	31	30	56	59	28	29	54	69
University Degree	13	17	16	19	64	61	31	27	118	106
<b>Labour Force Status</b>										
Employed	59	63	64	66	55	57	67	68	64	75
<i>Full-Time</i>	47	50	52	55	55	58	51	56	61	75
<i>Part-Time</i>	12	12	12	12	53	51	16	12	79	78
Unemployed	5	4	4	3	39	35	2	1	24	42
Not in Labour Force	35	33	32	31	46	50	32	30	61	72
<b>Household Income</b>										
< \$20,000	24	13	16	9	34	38	10	6	40	45
\$20,000-<\$40,000	25	26	24	24	50	49	16	16	41	50
\$40,000-<\$60,000	23	23	24	22	54	53	19	21	49	69
\$60K-<\$100K	21	25	25	29	60	63	24	31	59	77
>\$100,000	7	12	11	15	74	66	30	26	174	129

*Household Income*

Perhaps not surprisingly, Canadians with the highest household incomes were more likely to be health donors, accounted for a greater percentage of the total value of health donations, and made the largest average annual health donation. Individuals with household incomes of \$100,000 or more accounted for 12% of the population, 15% of health donors, but 26% of the total value of health donations (Table 3). On average, they gave \$129 to health organizations. At the other end of the spectrum, individuals with

household incomes of less than \$20,000 made up 13% of the population and 9% of health donors, and accounted for only 6% of the total value of health donations. On average, they gave \$45.

### **Changes from 1997 to 2000**

Some groups accounted for a larger share of the total value of health donations in 2000 than in 1997. For example, males donated 51% of the total value of health donations in 2000, up from 45% in 1997. Health donors who were employed full-time accounted for 56% of the total value of health donations in 2000, up from 51% in 1997. Those with household incomes of between \$40,000 and \$60,000 accounted for 21% of the total value of health donations in 2000, up from 19% in 1997, and those with household incomes of between \$60,000 and \$100,000 accounted for 31%, up from 24% in 1997.

The share of total health donations declined among other groups, however. Those with university degrees accounted for nearly one-third (31%) of the total value of health donations in 1997, but only 27% in 2000. The contribution of donors with the highest incomes (equal or greater than \$100,000) fell from 30% of the total value of health donations in 1997 to 26% in 2000, in spite of the fact that the percentage of Canadians in that income category increased from 7% to 12% of the population. The contribution of those with low incomes (total household incomes of less than \$20,000) fell from 10% of the total value of health donations in 1997 to 6% in 2000 (this is at least partially due to the fact that the percentage of Canadians in this income category decreased from 24% in 1997 to 13% in 2000).

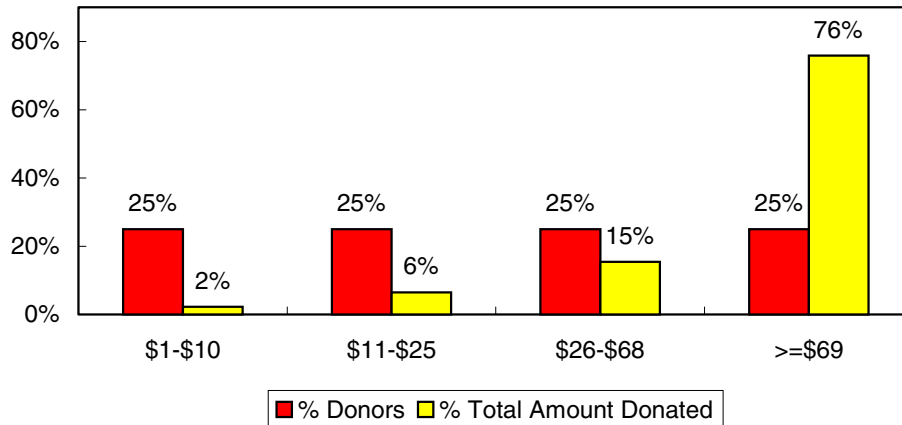
### **Who Gives the Most?**

The bulk of the money donated to voluntary health organizations came from a relatively small proportion of health donors. The top one-quarter of donors (those who contributed \$69 or more) accounted for 76% of the total value of health donations in 2000 (Figure 4). The remaining three-quarters of Canada's health donors accounted for only 23% of the total amount donated. This is similar to 1997 NSGVP findings.<sup>7</sup>

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<sup>7</sup> In 1997, the top quarter of health donors were those who gave \$56 or more to health organizations. This lower value is due to the fact that the average donation was smaller in 1997 than it was in 2000.

**Figure 4: Concentration of Monetary Support for Voluntary Health Organizations, 2000  
Who are the Top Health Donors?**



Because the top quarter of health donors accounted for more than three-quarters of the total value of health donations, it is essential to understand what makes them different from other health donors. Table 4 compares the top quarter of health donors to other health donors. Like health donors in general, the top quarter of health donors were more likely to be older, female, more highly educated, and to have higher household incomes.

**Table 4: Demographics of Top and Other Voluntary Health Donors, 2000 and 1997**

	2000		1997	
	% Top Health Donors	% Other Health Donors	% Top Health Donors	% Other Health Donors
<b>Age Group</b>				
15-24 Years	5	12	5	10
25-34 Years	14	18	13	20
35-44 Years	24	24	23	24
45-54 Years	25	19	23	19
55-64 Years	13	13	15	12
65 Yrs and Over	19	15	22	15
<b>Sex</b>				
Male	47	45	42	46
Female	53	55	58	54
<b>Marital Status</b>				
Married / Common Law	71	70	71	72
Single, Never Married	16	18	14	17
Widow / Widower	7	6	8	5
Separated / Divorced	7	6	7	6
<b>Education Level</b>				
< High School	16	24	18	27
High School	19	21	20	18
Some Post-Secondary	10	9	10	9
Post-Secondary Diploma	29	31	31	31
University Degree	27	16	21	15
<b>Labour Force Status</b>				
Employed	68	66	63	64
<i>Full-Time</i>	57	54	52	51
<i>Part-Time</i>	11	12	11	13
Unemployed	1	3	2	5
Not in Labour Force	31	31	35	31
<b>Household Income</b>				
< \$20,000	6	10	11	17
\$20,000-<\$40,000	18	26	18	26
\$40,000-<\$60,000	21	23	24	24
\$60K-<\$100K	31	29	27	25
>\$100,000	25	12	19	8

*Age*

The majority (57%) of top health donors were 45 years of age or older, while the majority of other health donors (54%) were under the age of 45. Those aged 15 to 24 made up only 5% of top donors, but 12% of other donors, while those aged 65 and over made up 19% of top donors and only 15% of other donors.

### *Sex*

The majority of both top and other health donors were women (53% and 55% respectively).

### *Education*

Donors with more formal education were more likely to be top donors than those with less education. Those with a university degree made up 27% of top health donors and just 16% of other health donors, while those with less than a high school education made up 16% of top health donors, but 24% of other health donors.

### *Labour Force Status*

Donors who were employed made up a slightly larger percentage of top health donors (68% vs. 66% of other donors), while those who were unemployed made up a slightly larger percentage of other health donors (3% vs. 1% of top donors).

### *Household Income*

Higher percentages of top donors were from high-income households. Twenty-five percent of top health donors were from households with incomes of \$100,000 or more; only 12% of other health donors fell into this category. Less than one-quarter (24%) of top health donors had household incomes of less than \$40,000, while this group made up 36% of other health donors.

## **The Role of Religion**

Religious affiliation and participation did appear to be a significant factor among health donors in 2000 (Table 5). Individuals who claimed a religious affiliation were somewhat more likely to be health donors (74% of the population and 77% of health donors) than those without a religious affiliation. Those who attended a place of worship weekly were slightly more likely to support health organizations, (19% of the population and 20% of health donors). Those who identified themselves as “very religious” were no more likely to give to health organizations (11% of the population and 11% of health donors). When they did donate, religious individuals tended to give more to health organizations. Individuals who claimed a religious affiliation represented 74% of the population, yet accounted for 78% of the total value of health donations. Individuals who attended a place of worship weekly represented 19% of the population, yet accounted for 24% of the total value of health donations.

From 1997 to 2000, the role of religion in donation to voluntary health organizations appears to have decreased. Those who attended church services weekly accounted for 24% of the total value of health donations in 2000, down from 31% in 1997, while those who identified themselves as being very religious accounted for 10% of the total value in

2000, down from 19% in 1997. Only amongst those with a religious affiliation was the decline smaller, (78% of the total value of donations in 2000, down from 81% in 1997).

**Table 5: Religion Related Characteristics of Voluntary Health Organization Donors, 1997 and 2000**

	% Canadian Population		% Health Donors		Health Donor Rate (%)		% Total Value of Health Donations		Average Health Donation (\$)	
	1997	2000	1997	2000	1997	2000	1997	2000	1997	2000
<b>Religious Affiliation</b>										
No Affiliation	25	26	22	23	45	49	19	22	54	72
Affiliation	75	74	78	77	54	57	81	78	64	75
<b>Religious Attendance</b>										
Weekly	20	19	23	20	59	60	31	24	83	90
Not Weekly	80	81	77	80	50	54	69	76	55	71
<b>Religiosity</b>										
Very Religious	12	11	13	11	53	54	19	10	92	64
Not Very Religious	88	89	87	89	51	55	81	90	57	76

## Support of Health Donors for Other Causes

Like most donors, health donors tend to support more than one type of organization. Health donors, however, donated to the smallest number of types of organization, on average, of any type of donor (Table 6).<sup>8</sup> Health donors donated to an average of 2.7 organization types during 2000, while donors to other types of organizations supported an average of three or more types.

<sup>8</sup> These other donor types were defined the same way voluntary health donors were, i.e., an arts, culture and recreation donor was defined as an individual who made at least one donation to arts, culture and recreation organizations during 2000, a social services donor was defined as someone who made at least one donation to social services organizations, etc. An individual can belong to more than one donor type at a time.

**Table 6: Average Number of Organizations Supported by Donor Type, 2000 and 1997**

Organization Type	2000	1997
<b>Health</b>	<b>2.7</b>	<b>2.8</b>
Development and Housing	3.8	3.8
Professional Associations and Unions	3.8	3.4
Law, Advocacy and Politics	3.7	3.8
Other	3.7	3.4
International	3.7	3.7
Environmental	3.5	3.8
Arts, Culture and Recreation	3.5	3.6
Education and Research	3.3	3.3
Philanthropic Intermediaries and Voluntarism Promotion	3.2	3.3
Social Services	3.0	3.0
Religion	3.0	2.9

Although health donors supported fewer types of organizations, their support for other causes was roughly similar to that of regular donors<sup>9</sup>. As Table 7 shows, however, health donors were slightly more likely to donate to some causes, such as arts, culture and recreation (18% of health donors supported this type of organization vs. 17% of regular donors) and social services (50% vs. 48%).

The average annual donation of health donors was \$303 while the average annual donation of regular donors was \$259. Health donors allocated nearly one-quarter (24%) of their donation dollars to voluntary health organizations (Table 8). Nearly half (47%) of health donor dollars went to religious organizations (which accounted for 49% of the money donated by regular donors). Health donors allocated nine percent of their donations to social service organizations, while regular donors allocated 10% of their donations to this organization type.

<sup>9</sup> Regular donors are defined as individuals who made at least one donation to any type of organization. Health donors are also regular donors (i.e. health donors are a subset of regular donors).

**Table 7: Support for Organizations, Health Donors and Regular donors, 2000**

Organization Type	Health Donors	Regular donors
<b>Health</b>	<b>100%</b>	<b>69%</b>
Social Services	50%	48%
Religion	40%	41%
Education and Research	24%	24%
Philanthropic Intermediaries and Voluntarism Promotion	18%	18%
Arts, Culture and Recreation	18%	17%
Environmental	6%	6%
International	6%	6%
Law, Advocacy and Politics	6%	5%
Other	3%	3%
Development and Housing	2%	2%
Professional Associations and Unions	1%	0%

There is significant overlap among the top supporters to these types of organizations. Nearly one-quarter (24%) of top health donors were also top social services donors (those who gave \$40 or more to social services organizations) and nearly one-fifth (18%) were top religious donors (those who gave \$225 or more to religious organizations). This pattern was also evident in 1997 when the top quarter of health donors were also likely to be top donors to other types of organizations.

**Table 8: Allocation of Donation Amounts by Organization Type, Health Donors and Regular donors, 2000**

Organization Type	Health Donors	Regular donors
<b>Health</b>	<b>24.2%</b>	<b>19.5%</b>
Religion	46.9%	48.9%
Social Services	9.2%	10.2%
Philanthropic Intermediaries and Voluntarism Promotion	6.8%	7.3%
Arts, Culture and Recreation	3.2%	3.3%
International	3.1%	3.4%
Education and Research	3.0%	3.1%
Environmental	1.6%	1.9%
Law, Advocacy and Politics	1.0%	1.0%
Other	0.5%	0.8%
Development and Housing	0.3%	0.4%
Professional Associations and Unions	0.2%	0.2%

## Donating to Health Organizations: Motivations and Barriers

Canadians give to charity for many reasons. The motivations reported by health donors were significantly different from those cited by non-health donors (Table 9). Health donors were markedly more likely to cite a personal connection to the cause as a motivation for giving. Seventy-six percent of health donors said they gave because they or someone they knew had been personally affected by the cause they were supporting, compared to 54% of non-health donors. Health donors were also more likely to give out of a feeling of owing something to their community (62% vs. 50% of non-health donors), a desire to help a cause in which they personally believe (93% vs. 84%), and out of compassion towards those in need (96% vs. 91%). They were somewhat less likely to report giving out of a desire to fulfill religious obligations or beliefs (30% of health donors vs. 33% of non-health donors) (Table 9).

**Table 9: Motivations for Donating, Health Donors and Non-Health Donors, 2000 and 1997**

	2000		1997	
	Health Donors	Non-Health Donors	Health Donors	Non-Health Donors
Feel compassion towards people in need	96%	91%	96%	92%
Desire to help a cause in which you personally believe	93%	84%	94%	88%
You or someone know is affected by cause	76%	54%	73%	50%
Feel you owe something to your community	62%	50%	62%	51%
Fulfillment of religious obligations or beliefs	30%	33%	34%	35%
Government will give a credit on income taxes	13%	13%	12%	8%

These findings are more or less consistent with those in 1997. However, the personal connection increased in importance among health donors, with 76% in 2000 saying they gave because they or someone they knew was personally affected by the cause (up from 73% in 1997). Religious motivations declined. In 2000, 30% of health donors reported giving to fulfill a religious obligation, down from 34% in 1997.

There are many factors that prevent donors from giving more (Table 10). In general, health donors appeared to be markedly less affected by most of these barriers.<sup>10</sup> They were far less likely than non-health donors to say that it was hard to find a cause worth supporting (12% vs. 22% of non-health donors) or that they wanted to save money for future needs (48% vs. 57% of non-health donors). A note of caution, however, health donors were more likely to report that they did not like the way that requests for donations are made (48% of health donors vs. 44% of non-health donors). This barrier has increased in importance since 1997, when it was reported by 44% of health donors.

<sup>10</sup> Health donors were asked if any of these factors were barriers to their donating more.

**Table 10: Barriers to Donating More, Health and Non-Health Donors, 2000 and 1997**

	2000		1997	
	Health Donors	Non-Health Donors	Health Donors	Non-Health Donors
Do not like the way requests are made for contributions	48%	44%	44%	37%
Want to save money for own future needs	48%	57%	52%	58%
Would prefer to spend money other ways	44%	52%	46%	55%
Think money will not be used efficiently	43%	50%	41%	39%
Already give enough money directly to people	35%	38%	32%	34%
Give voluntary time instead of money	26%	28%	27%	31%
Hard to find a cause worth supporting	12%	22%	9%	16%
Do not know where to make a contribution	7%	14%	6%	11%

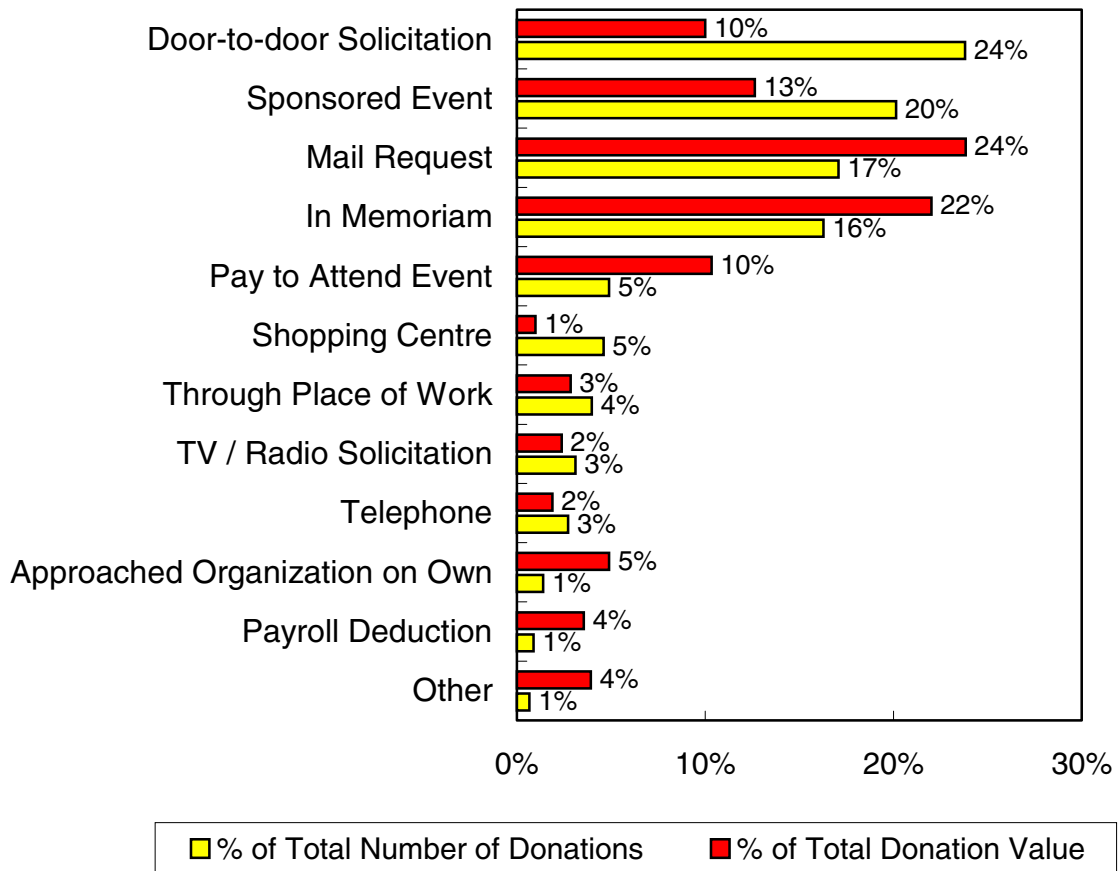
## How Voluntary Health Organizations Attract Financial Donations

Canadians donated to voluntary health organizations in a number of ways. As Figure 5 shows, the most common ways of making donations were responding to door-to-door canvassing, sponsoring an event such as a walkathon, responding to a mail request or making an in memoriam gift.

The most frequently used methods did not always bring in the most money, however. Although door-to-door solicitation attracted the largest number of donations in 2000 (24%), it accounted for only 10% of the total value of health donations (Figure 5). Similarly, sponsoring an event accounted 20% of the total number, but only 13% of the total value of health donations.

The largest share of total health donations was brought in by mail requests (17% of the total number, but 24% of the total value of health donations) and in memoriam gifts (16% of the total number, but 22% of the total value of health donations). Individuals who approached organizations on their own or who donated through payroll deduction accounted for only 1% of the total number of donations, but 5% and 4%, respectively, of the total value of health donations.

**Figure 5: Percentage of Donations and Percentage of Total Donation Value by Request Type, 2000**



There have been significant changes since 1997 in how Canadians give to health organizations. The most notable change was in door-to-door solicitation. The number of donations made through this method dropped from 33% in 1997 to 24% in 2000, while the total value of health donations attracted by this method dropped from 15% to 10%. The number of donations made by individuals paying to sponsor an event increased from 15% to 20%. This method accounted for 13% of the total value of health donations in 2000, up from 9% in 1997. The economic importance of individuals who approached voluntary health organizations on their own declined from 9% of the total value of health donations in 1997 to 5% in 2000 (Figure A.5 in Appendix A).

## Volunteering for Health Organizations

The percentage of Canadians volunteering for health organizations declined from 1997 to 2000, though the total number of hours volunteered increased. In 2000, over 1.1 million Canadians aged 15 and over volunteered at least once for a health organization between October 1, 1999 and September 30, 2000. Fewer Canadians volunteered for voluntary health organizations than for arts, culture and recreation (8.1% of Canadians), social services (7.3%), religious (5.5%) or educational (5.1%) organizations.

Health volunteers volunteered for an average of 87 hours annually, for a total of 96 million hours. These figures rank well behind those for arts, culture and recreation organizations (average 138 hours, 273 million hours total), social services (120 hours average, 214 million hours total) and religion (average 126 hours, 170 million hours total). Health volunteers are on par with volunteers for education and research (average 90 hours, 112 million hours total). Health volunteers gave an average of 87 hours of their time during the survey year. This was less than the average number of hours volunteered for almost every other organization type. Only philanthropic intermediaries and voluntarism promotion organizations received fewer volunteer hours, on average, from their volunteers (55 hours).

**Table 11: Volunteer Rate, Total Hours Volunteered and Average Hours Volunteered by Type of Organization, 2000**

Organization Type	Volunteer Rate	Total Hours Volunteered ('000)	Average Hours Volunteered
<b>Health</b>	<b>4.5%</b>	<b>96,404</b>	<b>87</b>
Arts, Culture and Recreation	8.1%	272,595	138
Social Services	7.3%	214,493	120
Religion	5.5%	169,838	126
Education and Research	5.1%	111,858	90
Development and Housing	2.0%	51,361	106
Law, Advocacy and Politics	1.3%	40,494	129
Environmental	1.0%	27,213	108
Philanthropic Intermediaries and Voluntarism Promotion	0.9%	12,248	55
Professional Associations and Unions	0.9%	22,190	104
Other	0.4%	12,255	117
International	0.3%	9,866	121

In 1997, health volunteers volunteered an average of 73 hours each for voluntary health organizations, for a total of 92.6 million hours. In 2000, 170 thousand fewer volunteers each volunteered and average of 87 hours each, for a total of 96.4 million hours, an increase of almost 4 million hours since 1997.

**Table 12: Volunteer Rate, Total and Average Hours Volunteered, All Organizations and Health Organizations, 2000 and 1997**

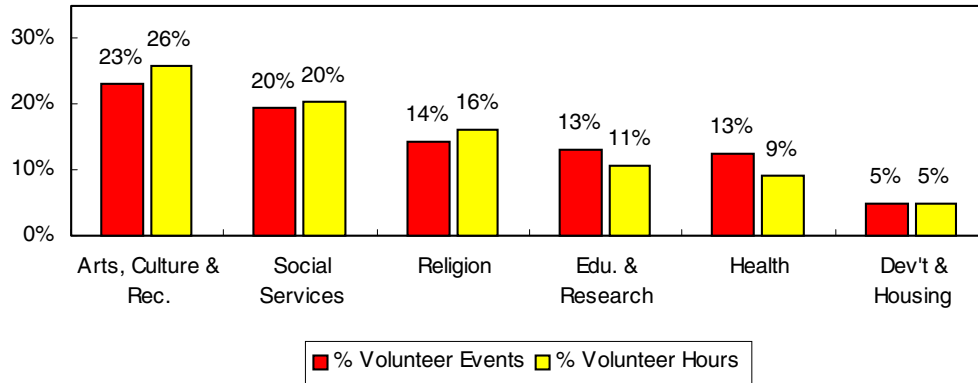
	2000	1997
<b>Total Population ('000)</b>	24,383	23,808
<b>All Organizations</b>		
Number of Volunteers ('000)	6,513	7,472
Volunteer Rate (%)	26.7	31.4
Total Hours Volunteered ('000,000)	1,053.2	1,108.9
Average Number of Hours	162	149
<b>Health Organizations</b>		
Number of Health Volunteers ('000)	1,105	1,275
Health Volunteer Rate (%)	4.5	5.4
Total Hours Volunteered for Health Organizations ('000,000)	96.4	92.6
Average Number of Hours Volunteered for Health Organizations	87	73

## Volunteer Support for Health Organizations

Voluntary health organizations ranked fifth both in terms of the percentage of the total number of volunteer events<sup>11</sup> (13%) and the percentage of the total number of volunteer hours (9%) they received during 2000 (Figure 6). Arts, culture and recreation organizations attracted much more volunteer effort (23% of events, 26% of hours), as did social services (20% of both events and hours), religious (14% of events, 16% of hours), and education and research organizations (13% of events, 11% of hours). This distribution of volunteer events and volunteer hours appears to have remained relatively constant between 1997 and 2000 (Figure A.6 in Appendix A).

<sup>11</sup> A volunteer event represents an involvement with an organization. It does not take into account the number of different activities performed nor the frequency, timing or duration of volunteering in that organization.

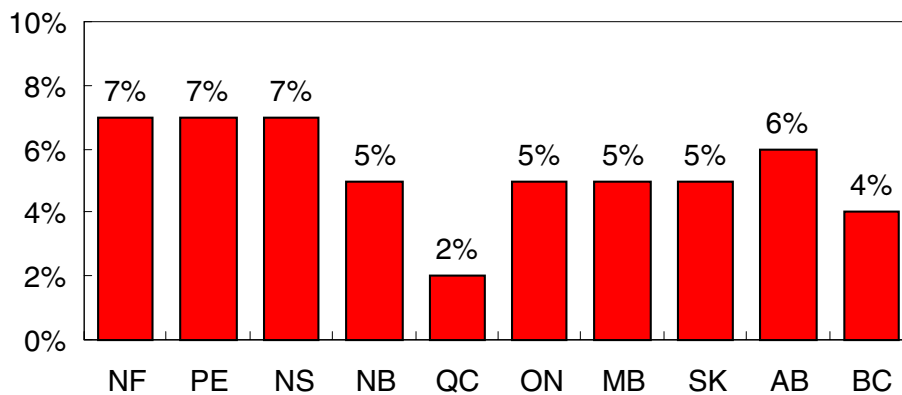
**Figure 6: Percentage of Volunteer Events and Percentage of Total Volunteer Hours by Organization Type, 2000**



### Provincial Variations in Volunteering for Health Organizations

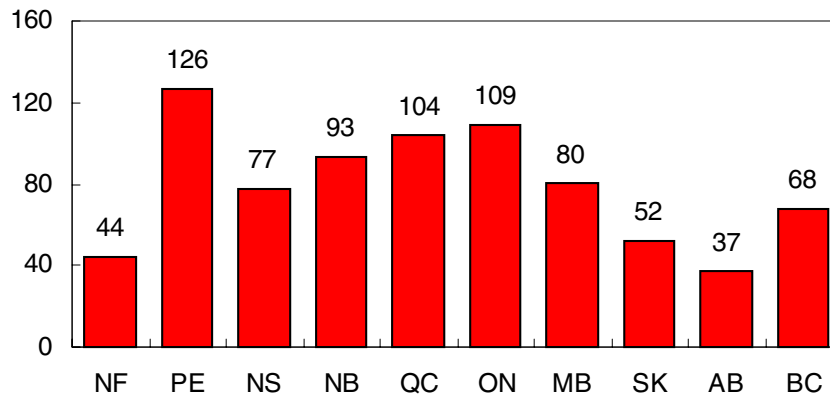
Volunteering for health organizations varied from province to province (Figure 7 and Figure 8). The percentage of Canadians who were health volunteers was highest in the Atlantic provinces (7% in each of Newfoundland, PEI and Nova Scotia) and lowest in Quebec (2%). The volunteer health rate has remained more or less constant since 1997, with the exception of Saskatchewan, where the percentage of health volunteers fell from 8% in 1997 to 5% in 2000 (Figure A.7 in Appendix A)

**Figure 7: Percentage of Canadians who Volunteered for Health Organizations by Province, 2000**



Health volunteers in Prince Edward Island contributed the most hours on average (126 hours) (Figure 8). This is a dramatic increase over the 54 hours that PEI health volunteers contributed in 1997. Albertans contributed the fewest hours on average (37 hours), a significant drop from the 54 hours they gave on average in 1997 (Figure A.8 in Appendix A). In all, the average number of hours volunteered to health organizations increased in six provinces between 1997 and 2000, and declined in the rest. No regional pattern is discernible, nor does there appear to be any predictable relationship between changes in the volunteer rate and changes in the average number of hours volunteered.

**Figure 8: Average Number of Hours Volunteered Annually to Health Organizations by Province, 2000**



## Who Are Canada's Health Volunteers?

### Personal and Economic Characteristics

As in 1997, health volunteers were generally representative of the Canadian population as a whole. However, some Canadians shouldered disproportionately more of the volunteer burden. Canadians aged 45-54, women, those with higher levels of education, the employed and those with higher than average household incomes were more likely to be health volunteers. Table 13 presents a detailed profile of Canada's health volunteers.

#### *Age*

Canadians between the ages of 35 and 64 were more likely to be health volunteers compared to other age groups. However, individuals aged 65 and over accounted for a much higher percentage of the hours volunteered than did those aged 35 to 64. Those aged 65 and over accounted for 24% of the total number of hours volunteered for health organizations and gave an average of 191 hours annually.

### *Sex*

Women were much more likely than men to be health volunteers (6% of women volunteered, vs. 3% of men) and made up the majority of health volunteers. Women accounted for 66% of health volunteers, 54% of total hours volunteered and gave an average of 72 hours annually. However, male health volunteers accounted for proportionally more volunteer hours than their female counterparts and gave more hours on average. Men accounted for 34% of health volunteers, but contributed 46% of the total hours volunteered and an average of 117 hours annually.

### *Education*

Individuals with lower levels of education were less likely to be health volunteers than those with higher levels of education, but when they did volunteer, they contributed more hours on average. Those with less than a high-school education accounted for 27% of the population and only 14% of health volunteers, but volunteered for an average of 110 hours annually. Those with university degrees accounted for only 17% of the population, but 24% of health volunteers. They volunteered an average of 62 hours annually.

**Table 13: Demographic Characteristics of Voluntary Health Organization Volunteers, 1997 and 2000**

	% Canadian Population		% Health Volunteers		Health Volunteer Rate (%)		% Total Health Hours		Mean Health Hours	
	1997	2000	1997	2000	1997	2000	1997	2000	1997	2000
<b>Age Group</b>										
15-24 Years	17	17	14	14	4	4	14	15	72	92
25-34 Years	19	18	15	14	4	4	10	17	48	107
35-44 Years	22	21	22	23	5	5	15	13	49	50
45-54 Years	17	18	24	24	8	6	24	15	74	55
55-64 Years	11	11	12	14	6	6	12	16	73	97
65 Yrs and Over	15	15	13	11	5	3	25	24	137	191
<b>Sex</b>										
Male	49	49	31	34	3	3	31	46	72	117
Female	51	51	69	66	7	6	69	54	73	72
<b>Marital Status</b>										
Married / Common Law	61	62	65	68	6	5	59	67	65	85
Single, Never Married	26	26	23	21	5	4	24	18	76	78
Widow / Widower	6	5	6	4	5	4	7	10	90	201
Separated / Divorced	7	7	6	7	5	4	10	5	121	64
<b>Education Level</b>										
< High School	30	27	16	14	3	2	16	18	73	110
High School	19	20	21	16	6	4	22	17	77	93
Some Post-Secondary	10	9	10	13	5	6	7	11	51	73
Post-Secondary Diploma	28	28	34	32	7	5	33	36	70	99
University Degree	13	17	19	24	8	7	22	18	84	62
<b>Labour Force Status</b>										
Employed	59	63	62	65	6	5	43	52	51	69
<i>Full-Time</i>	47	50	44	51	5	5	31	40	52	68
<i>Part-Time</i>	12	12	18	15	8	5	12	12	49	74
Unemployed	5	4	4	4	4	4	6	5	104	112
Not in Labour Force	35	33	34	31	5	4	51	43	108	122
<b>Household Income</b>										
< \$20,000	24	13	14	7	3	2	24	14	121	167
\$20,000-<\$40,000	25	26	21	21	5	4	25	25	87	103
\$40,000-<\$60,000	23	23	23	20	5	4	23	19	73	84
\$60K-<\$100K	21	25	27	32	7	6	15	29	39	80
>\$100,000	7	12	15	20	11	7	13	13	66	56

*Labour Force Status*

Individuals who were employed were somewhat more likely to be health volunteers than were those who were unemployed or not in the labour force, but those who were not in the labour force contributed more hours. Those who were not in the labour force accounted for 31% of health volunteers, but 43% of volunteer hours, and volunteered an average of 122 hours. Those who were employed accounted for 63% of the population and 65% of health volunteers. They volunteered an average of 69 hours. Those who

were employed part-time were more likely to be volunteers than those who were employed full-time. Part-time employees accounted for 12% of the population and 15% of health volunteers.

### *Household Income*

Individuals from higher income households were more likely to be health volunteers than were those from low income households, but contributed proportionally fewer hours. Individuals with household incomes greater than \$100,000 made up 12% of the population, but 20% of health volunteers and accounted for only 7% of hours volunteered to health organizations. Those with household incomes of less than \$20,000 made up 13% of the population, only 7% of health volunteers, but accounted for 14% of health volunteer hours.

### **Changes from 1997 to 2000**

Overall, there were only a few significant increases and decreases in the volunteering patterns across demographic groups between 1997 and 2000. The percentage of health volunteers who were employed (whether full-time or part-time) increased from 62% in 1997 to 65% in 2000. Interestingly, the increase was even greater among those who were employed full-time, where the percentage of health volunteers who were employed jumped from 44% in 1997 to 51% in 2000. The percentage of health volunteers from households with high incomes also increased. Individuals with household incomes greater than \$100,000 made up 20% of health volunteers in 2000, up from 15% in 1997. There was also a significant increase in the percentage of health volunteers with a university education, from 19% in 1997 to 24% in 2000. The health volunteer rate declined from 5% in 1997 to 3% in 2000 among those who were 65 years of age or older. Survey data does not provide enough information to determine whether these changes were due to changes in health organization volunteers or to changes in the Canadian population as a whole.

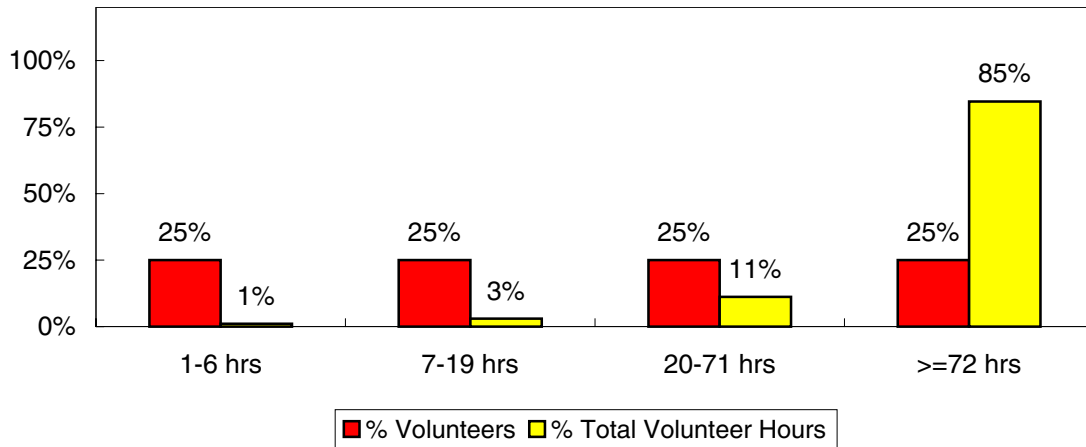
## **Who Contributes the Most Volunteer Hours?**

A small number of health volunteers took on most of the volunteer work in 2000. The top quarter of the health volunteers – those who volunteered 72 hours or more – accounted for 85% of all hours volunteered for health organizations (Figure 9). The remaining three-quarters of health volunteers accounted for just 15% of the total hours. As Figure A.9 (see Appendix A) illustrates, this is similar to the situation in 1997, when the top quarter of health volunteers<sup>12</sup> contributed 83% of total volunteer hours.

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<sup>12</sup> Defined in 1997 as those individuals who donated 60 or more hours to health organizations. This definition is slightly different from the definition used in 2000 because the average number of hours volunteered to health organizations increased from 73 in 1997 to 87 in 2000.

**Figure 9: Concentration of Volunteer Support for Health Organizations, 2000**



### Who are the Top Health Volunteers?

Because the top quarter of health volunteers accounted for such a large percentage of the total number of hours volunteered for health organizations, it is essential to understand how they differ from other health volunteers. Table 14 compares top health volunteers to the other health volunteers. Generally, the top quarter of health volunteers were more likely to be over the age of 55, female, not in the labour force, and to have lower household incomes.

#### *Age*

Those aged 55 or more were more likely to be top health volunteers than were any other age groups. They accounted for 39% of top health volunteers and only 20% of the remainder of health volunteers. Those aged 35 to 54, in contrast, made up 36% of top volunteers, but 51% of other health volunteers.

#### *Sex*

Although women made up a much larger percentage of health volunteers, men tended to represent a relatively larger proportion of top volunteers. Men accounted for 38% of top health volunteers and 33% of other health volunteers. Women make up the overwhelming majority of top quarter of health volunteers (62%) as well as other health volunteers (67%).

#### *Education*

Educational level attained does not appear to have any huge effects, save for the fact that individuals with less than a high school diploma appear to be somewhat more likely to be top volunteers.

*Labour Force Status*

Those not in the labour force were far more likely to be top volunteers (47% of top health volunteers vs. 25% of other health volunteers), while those who were employed, particularly full-time, were less likely to be top volunteers.

*Household Income*

Individuals with household incomes of \$60,000 or more were less likely to be top health volunteers, while those with smaller household incomes were more likely to be top volunteers. Those with household incomes greater than \$100,000 made up 14% of top health volunteers, but 22% of other health volunteers. Those with household incomes less than \$20,000 made up 14% of top health volunteers, but accounted for only 5% of other health volunteers.

**Table 14: Demographic Characteristics of Top and Other Health Volunteers, Voluntary Health Organizations, 2000 and 1997**

	2000		1997	
	% Top Volunteers	% Other Health Volunteers	% Top Volunteers	% Other Health Volunteers
<b>Age Group</b>				
15-24 Years	13	14	15	13
25-34 Years	12	14	11	16
35-44 Years	18	25	17	23
45-54 Years	18	26	23	24
55-64 Years	17	13	16	11
65 Yrs and Over	22	7	18	12
<b>Sex</b>				
Male	38	33	30	31
Female	62	67	70	69
<b>Marital Status</b>				
Married / Common Law	63	70	60	67
Single, Never Married	21	20	25	22
Widow / Widower	11	2	7	5
Separated / Divorced	5	7	9	5
<b>Education Level</b>				
< High School	17	13	15	16
High School	17	16	17	22
Some Post-Secondary	11	14	10	10
Post-Secondary Diploma	31	32	36	34
University Degree	24	25	22	18
<b>Labour Force Status</b>				
Employed	48	71	51	65
<i>Full-Time</i>	35	56	33	47
<i>Part-Time</i>	13	15	18	18
Unemployed	5	3	4	4
Not in Labour Force	47	25	44	31
<b>Household Income</b>				
< \$20,000	14	5	20	12
\$20,000-<\$40,000	24	20	22	21
\$40,000-<\$60,000	24	19	25	22
\$60K-<\$100K	25	34	20	29
>\$100,000	14	22	12	15

## The Role of Religion

Religious affiliation and participation is often associated with higher rates of volunteering. Indeed, in 2000, individuals who claimed a religious affiliation were somewhat more likely to volunteer for health organizations (74% of the population and 77% of health volunteers), while those who attended religious services weekly were significantly more likely to do so (19% of the population and 27% of health volunteers). Those who identified themselves as being very religious were also somewhat more likely to volunteer for health organizations (11% of the population and 14% of health volunteers).

**Table 15: Religion Related Characteristics of Health Volunteers, 1997 and 2000**

	% Canadian Population		% Health Volunteers		Health Volunteer Rate (%)		% Total Health Hours		Mean Health Hours	
	1997	2000	1997	2000	1997	2000	1997	2000	1997	2000
<b>Religious Affiliation</b>										
No Affiliation	25	26	20	23	4	4	17	24	61	90
Affiliation	75	74	80	77	6	5	83	76	76	86
<b>Religious Attendance</b>										
Weekly	20	19	30	27	8	7	37	26	88	83
Not Weekly	80	81	70	73	5	4	63	74	66	89
<b>Religiosity</b>										
Very Religious	12	11	18	14	8	6	16	13	65	78
Not Very Religious	88	89	82	86	5	5	84	87	74	87

Individuals who identified themselves as very religious or those who attended services on a weekly basis were somewhat more likely to be top volunteers (15% of top health volunteers vs. 14% of other health volunteers and 29% of top health volunteers vs. 27% of other health volunteers respectively). However, individuals with a religious affiliation were less likely to be top health volunteers (75% of top health volunteers vs. 78% of other health volunteers).

**Table 16: Religion Related Characteristics of Top and Other Health Volunteers, Voluntary Health Organizations, 2000 and 1997**

	2000		1997	
	% Top Volunteers	% Other Health Volunteers	% Top Volunteers	% Other Health Volunteers
<b>Religious Affiliation</b>				
No Affiliation	25	22	22	20
Affiliation	75	78	78	80
<b>Religious Attendance</b>				
Weekly	29	27	34	29
Not Weekly	71	73	66	71
<b>Religiosity</b>				
Very Religious	15	14	17	18
Not Very Religious	85	86	83	82

## Support of Health Volunteers for Other Causes

Like health donors, health volunteers support causes other than health. In fact, health volunteers give their time to more types of organizations than most other volunteers. They volunteered for an average of 2.2 types of organizations in 2000, which ties them with environmental volunteers, who supported 2.2 organization types (Table 17) and places them second only to law, advocacy and politics volunteers, who volunteer for 2.3 types of organizations. This is similar to the pattern in 1997. Of particular note is the widespread decrease in the average number of organizations supported from 1997 to 2000. The average number of organizations volunteered for increased only among health volunteers (from 2.1 in 1997 to 2.2 in 2000).

**Table 17: Average Number of Organizations Supported by Volunteer Type, 2000 and 1997**

Organization Type	2000	1997
<b>Health</b>	<b>2.2</b>	<b>2.1</b>
Law, Advocacy and Politics	2.3	2.3
Environmental	2.2	2.3
Development and Housing	2.1	2.2
Professional Associations and Unions	2.1	2.3
Philanthropic Intermediaries and Voluntarism Promotion	2.0	2.2
Social Services	2.0	2.1
International	2.0	2.3
Religion	2.0	2.1
Arts, Culture and Recreation	2.0	2.1
Education and Research	2.0	2.1
Other	1.7	2.1

Unsurprisingly, the rates at which health volunteers volunteer for other organization types vary significantly. Generally speaking, health volunteers are most likely to also volunteer for the same types of organizations that regular volunteers<sup>13</sup> are. Social services; arts, culture and recreation; religion; and education and research organizations are the types of organizations that health volunteers are most likely to support in addition to health organizations. Health volunteers tend to volunteer for some types of organizations more frequently than regular volunteers. Health volunteers are more likely to volunteer for social services (36% of health volunteers volunteer for social services, compared to 27% of regular volunteers), development and housing (8% of health volunteers and 7% of regular volunteers) and philanthropic intermediaries and voluntarism promotion organizations (7% of health volunteers and 3% of regular volunteers<sup>14</sup>). Health volunteers are less likely to also volunteer for education and research (15% of health volunteers and 19% of regular volunteers); arts, culture and recreation organizations (28% of health volunteers and 30% of regular volunteers).

**Table 18: Rate of Volunteering by Organization Type, Health Volunteers and Regular Volunteers, 2000**

Organization Type	Health Volunteers	Regular Volunteers
<b>Health</b>	<b>100%</b>	<b>17%</b>
Social Services	36%	27%
Arts, Culture and Recreation	28%	30%
Religion	23%	21%
Education and Research	15%	19%
Development and Housing	8%	7%
Philanthropic Intermediaries and Voluntarism Promotion	7%	3%
Law, Advocacy and Politics	4%	5%
Environmental	4%	4%
Professional Associations and Unions	3%	3%
Other	1%	2%
International	1%	1%

Health volunteers devote the majority of their time (51%) to health organizations (Table 19). Whereas arts, culture and recreation organizations attract 26% of the hours of regular volunteers, they receive only 13% of the total hours volunteered by health volunteers. Social service organizations draw 20% of the hours of regular volunteers, but only 13% of the hours given by health volunteers.

<sup>13</sup> Regular volunteers are defined as individuals who volunteered at least once for any type of organization. Health volunteers are also regular volunteers (i.e. health volunteers are a subset of regular volunteers).

<sup>14</sup> This is particularly of note due to the magnitude of the difference, even though the absolute percentages of volunteers are small.

**Table 19: Allocation of Volunteer Hours, Health Volunteers and Regular Volunteers, 2000**

<b>Organization Type</b>	<b>Health Volunteers</b>	<b>Regular Volunteers</b>
<b>Health</b>	<b>51.3%</b>	<b>9.2%</b>
Social Services	12.7%	20.4%
Arts, Culture and Recreation	12.6%	25.9%
Religion	8.4%	16.1%
Education and Research	6.7%	10.6%
Law, Advocacy and Politics	1.8%	3.8%
Development and Housing	1.6%	4.9%
Philanthropic Intermediaries and Voluntarism Promotion	1.2%	1.2%
Professional Associations and Unions	0.8%	2.1%
Environmental	0.7%	2.6%
Other	0.3%	1.2%
International	0.2%	0.9%

## **Volunteering for Health Organizations: Motivations and Barriers**

Canadians volunteer for a variety of reasons. Of these, personal motivations and connections are the most important for health volunteers. As Table 20 shows, more health volunteers cited a personal belief in the cause that the organization supports (96%) than any other motivation. Health volunteers were more likely than non-health volunteers to report that they volunteered because they were personally affected by the cause they supported (75% vs. 67% of non-health volunteers). They were less likely to say they were motivated by a desire to make use of their skills and experiences (71% vs. 83% of non-health volunteers) or to explore their own strengths (53% vs. 58% of non-health volunteers). Comparatively few health volunteers got involved out of a desire to improve their job opportunities (19%) or because they were required to volunteer by their school or some other institution (9%). With one exception, the motivations of health volunteers remained relatively constant between 1997 and 2000. Whereas 26% of health volunteers cited religious obligations or beliefs as a motivation in 1997, this slipped to 22% in 2000. Interestingly, there were far larger shifts in the motivations of non-health volunteers (for example, 25% of volunteers in 1997 volunteered because their friends volunteered, compared to 31% in 2000).

**Table 20: Motivations for Volunteering, Health Volunteers, 2000 and 1997**

	2000		1997	
	Health Volunteers	Non-Health Volunteers	Health Volunteers	Non-Health Volunteers
Personal belief in the cause	96%	95%	98%	96%
Personally affected or know someone affected	75%	67%	76%	65%
Want to use skills and experiences	71%	83%	72%	79%
Want to explore own strengths	53%	58%	52%	55%
Because friends volunteer	25%	31%	23%	25%
Fulfill religious obligations or beliefs	22%	27%	26%	30%
Want to improve job opportunities	19%	23%	20%	22%
Required to volunteer	9%	7%	---	---

Of all the barriers that prevented health volunteers from volunteering more time, time factors continued to be the most important.<sup>15</sup> This is an increase from 71% in 1997. As Table 21 illustrates, over three-quarters (76%) of health volunteers said they did not volunteer more because they did not have any extra time. Over one-third (34%) said they were unwilling to make a year-round commitment. One quarter (25%) said they gave money instead of time, up from 21% in 1997). This may also reflect time constraints.

Other barriers were far less important to health volunteers. Thirty percent felt that they had already made a sufficient voluntary contribution, and 25% said they gave money instead of time. Health or physical problems deterred almost one in five (18%). Only 7% cited dissatisfaction with previous volunteer experiences.

Some barriers increased in importance since 1997. Health volunteers reported more time stress. In 2000, 76% said they did not have extra time, up from 71% in 1997. An increasing number said they gave money instead of time (25% versus 21% in 1997), which may also reflect time constraints.

<sup>15</sup> Health volunteers were asked if any of these factors were barriers to them volunteering more time.

**Table 21: Barriers to Volunteering More, Health and Non-Health Volunteers, 2000 and 1997**

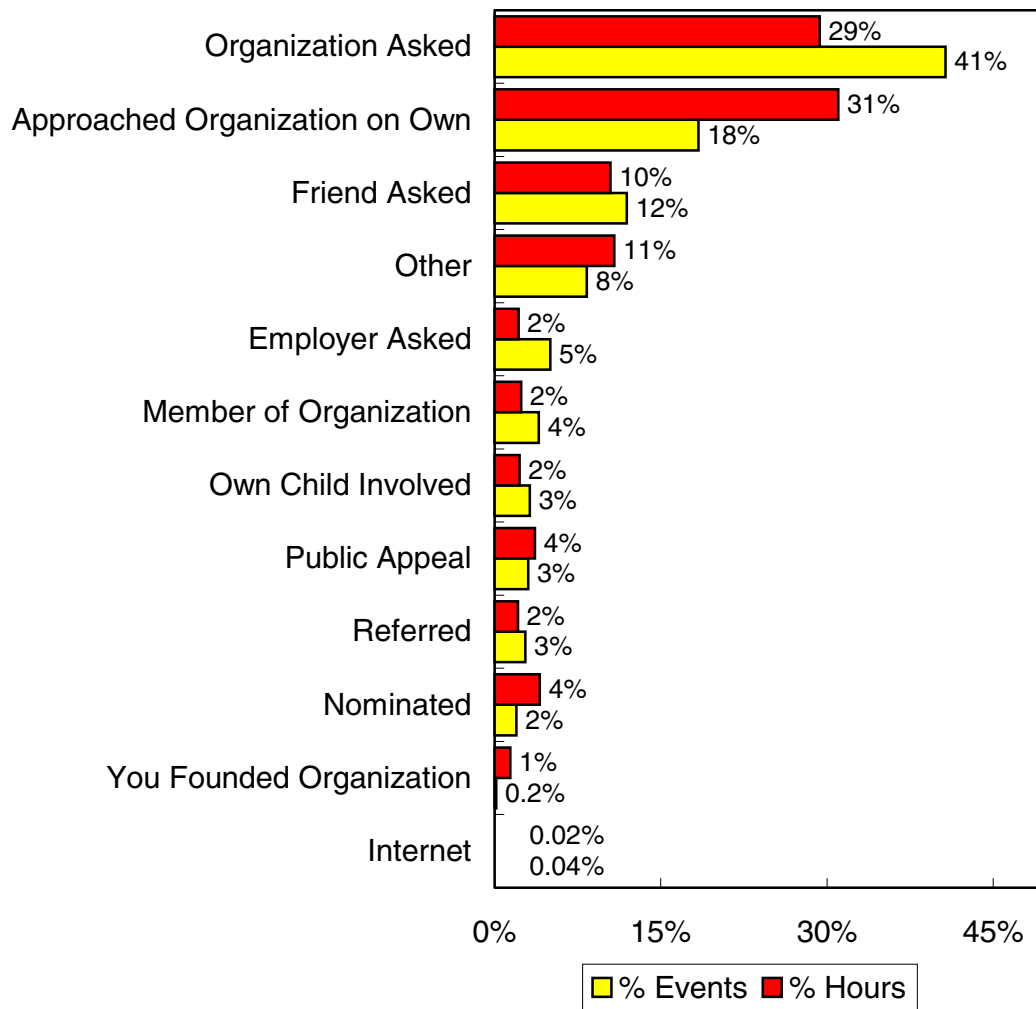
	2000		1997	
	Health Volunteers	Non-Health Volunteers	Health Volunteers	Non-Health Volunteers
Do not have any extra time	76%	75%	71%	75%
Unwilling to make year-round commitment	34%	33%	35%	35%
Have already made contribution to volunteering	30%	29%	30%	31%
Give money instead of time	25%	23%	21%	19%
No one you know has personally asked you	19%	17%	18%	18%
Have health problems or physically unable	18%	15%	15%	13%
Have no interest	12%	17%	10%	13%
Financial cost of volunteering	11%	13%	11%	14%
Do not know how to become involved	8%	10%	7%	8%
Dissatisfied with previous volunteer experience	7%	8%	---	---
Concerns could be sued/taken to court	3%	6%	3%	4%

## How Volunteers Became Involved in Health Organizations

Canadians became health volunteers in a variety of ways. More health volunteers got involved as a result of being asked than in any other way. Almost four in ten began volunteering because they were asked by a voluntary health organization. Indeed, health volunteers were far more likely than non-health volunteers to get involved in this way (41% of health volunteer events vs. 28% of non-health volunteer events). The next most common ways were approaching the organization themselves (18% of volunteer events) and being asked to volunteer for the organization by a friend (12%).

Not all means of volunteer recruitment resulted in the same commitment of hours, however. Health volunteers who started volunteering after approaching the organization themselves were responsible for the largest percentage of volunteer hours (31% of volunteer hours). Being asked by the organization to volunteer accounted for 29% of total volunteer hours and being asked by a friend accounted for 10% of total volunteer hours (Figure 10).

**Figure 10: Percentage of Volunteer Events and Percentage of Total Volunteer Hours by Recruitment Method, 2000**



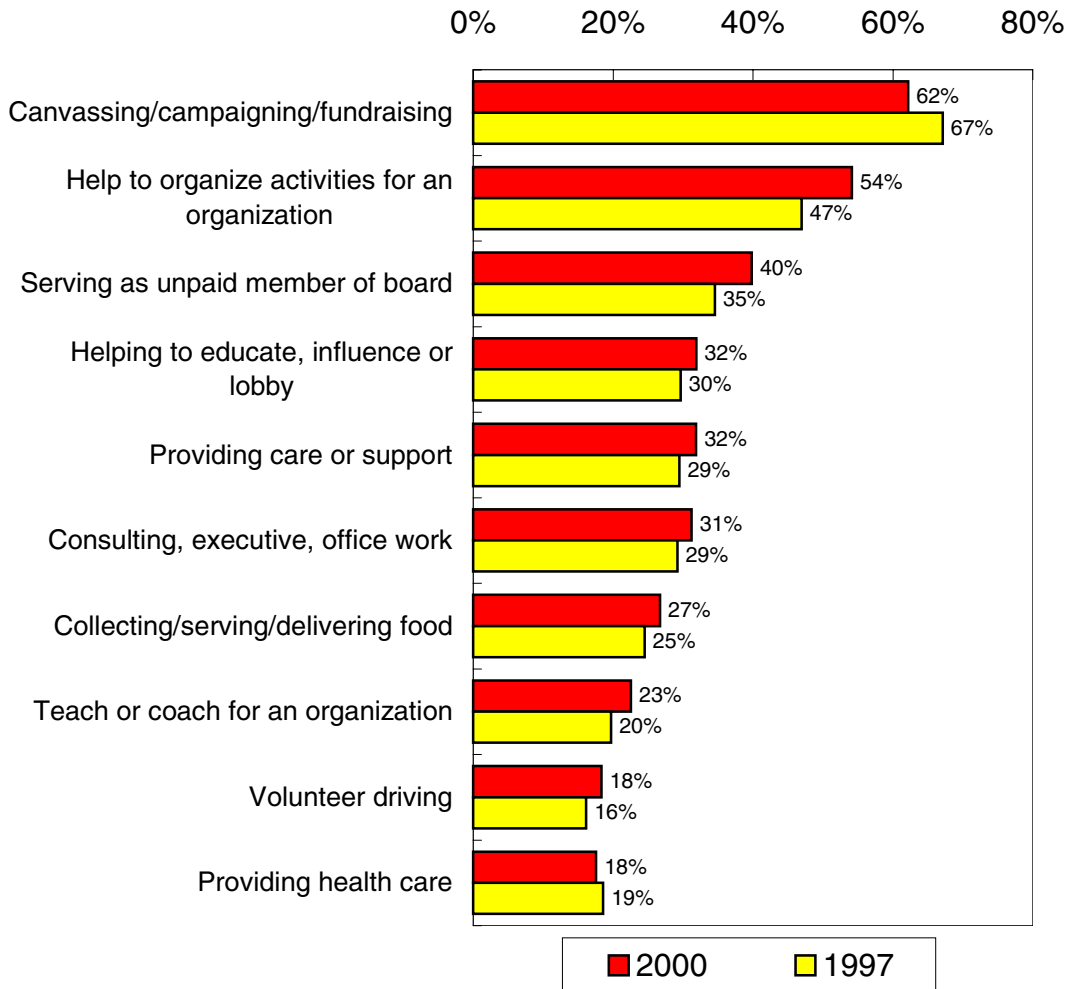
The only significant change in recruitment avenues between 1997 and 2000 was the drop in those who became involved because they were approached by the voluntary organization (47% of volunteer events in 1997 vs. 41% in 2000). Although the percentage of total volunteer hours contributed by these volunteers remained relatively consistent (30% of volunteer hours in 1997 vs. 29% in 2000), it does suggest some change in the type or frequency of appeal being made by health organizations and/or the willingness or ability of volunteers to respond.

## What Health Volunteers Do

Health volunteers engage in a wide spectrum of activities in support of voluntary health organizations. They play a particularly strong role in fundraising. As in 1997, the majority (62%) participated in fundraising activities – canvassing, campaigning, or other

fundraising (Figure 11). This is a decline, however, from 67% in 1997. The next most common activity was organizing events, which increased in importance from 47% of volunteers in 1997 to 54% in 2000. Four in ten health volunteers (40%) served as unpaid board members, up from 35% in 1997. Indeed, with the exception of fundraising and providing health care, volunteer participation increased in almost every area of activity.

**Figure 11: Volunteer Activities Undertaken by Health Volunteers, 2000 and 1997**



## **Conclusion**

The contribution of health donors and volunteers continues to be important to Canada's voluntary health organizations. The good news is that a slightly higher percentage of Canadians made donations to voluntary health organizations in 2000 and contributed over \$200 million more than they did in 1997. And while fewer Canadians volunteered for health organizations in 2000, they gave almost 4 million more hours than they did in 1997.

Canadians' support for voluntary health organizations appears to have been motivated by a personal belief in and a personal connection to the work of these organizations. Canadians gave and volunteered because they or someone they knew was personally affected by the areas or issues related to the work of the voluntary health organizations and because they believe that the work of these organizations is important. They were far more likely to cite these motivations than were other donors and volunteers. This personal connection may be an asset that can be used by health organizations to further develop their relationships with current donors and volunteers as well as to increase voluntary support.

While the total amount of donor and volunteer support to health organizations grew between 1997 and 2000, health organizations may nevertheless be concerned about the narrow concentration of that base of support and the apparent impediments to increasing it. The bulk of support for voluntary health organizations – both donations and volunteer hours – came from a relatively small percentage of donors and volunteers. Twenty-five percent of health donors accounted for 75% of total donations in 2000. Similarly, 25% of health volunteers shouldered 85% of the volunteer burden. Clearly, any decline in the numbers of these supporters or in their ability to continue giving could have a significant impact on health organizations.

Health donors appeared to be increasingly dissatisfied with the way in which they are asked for donations. Nearly half (48%) cited this as a barrier to increasing their giving, up from 44% in 1997, suggesting that steps should be taken to cultivate these donors and solicit their support in ways that are more appealing to them. Uncertain economic times also appear to have had an impact. Forty-eight percent of health donors said they did not give more because they preferred to save their money for their own future needs.

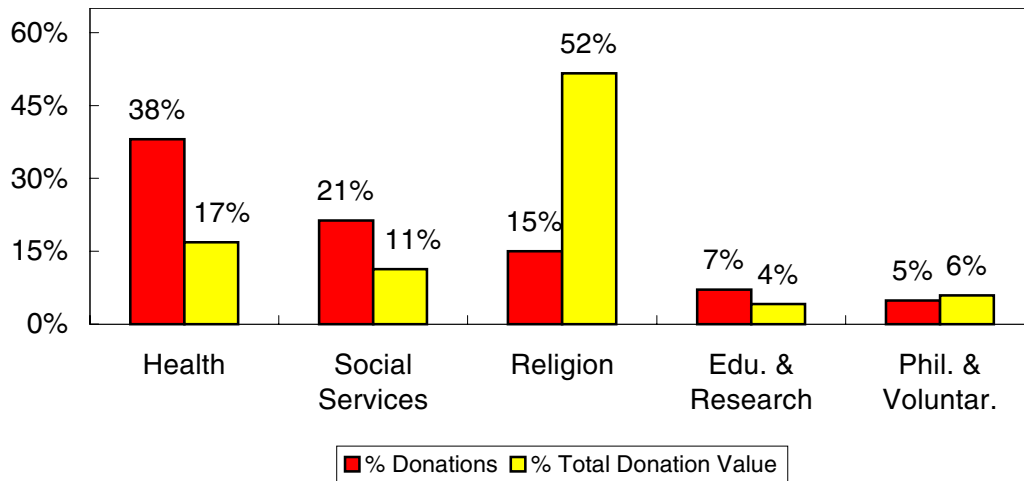
Among health volunteers, time is an increasingly scarce commodity. Over three-quarters (76%) said they did not volunteer more because they did not have any time to do so. This is up from 71% in 1997. Over one-third (34%) did not get more involved because they were unwilling to make a year-round commitment. Health organizations may need to restructure their volunteer opportunities to accommodate those who are short on time or who want to make less of a commitment.

As we noted at the beginning of this report, voluntary health organization donors and volunteers play an important role in financing and delivering health programs and services. Fundraising managers and those responsible for volunteer recruitment and management can benefit from a more comprehensive understanding of the various

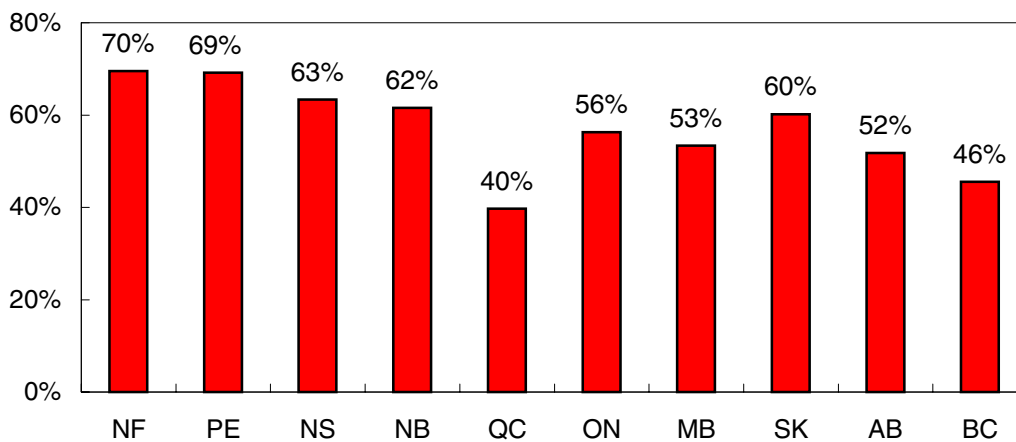
personal characteristics, economic factors, motivations, barriers and experiences that help to influence decisions about donating and volunteering. Through its analysis of donation and volunteering patterns, this report has contributed to that understanding.

## Appendix A: Tables and Figures, 1997

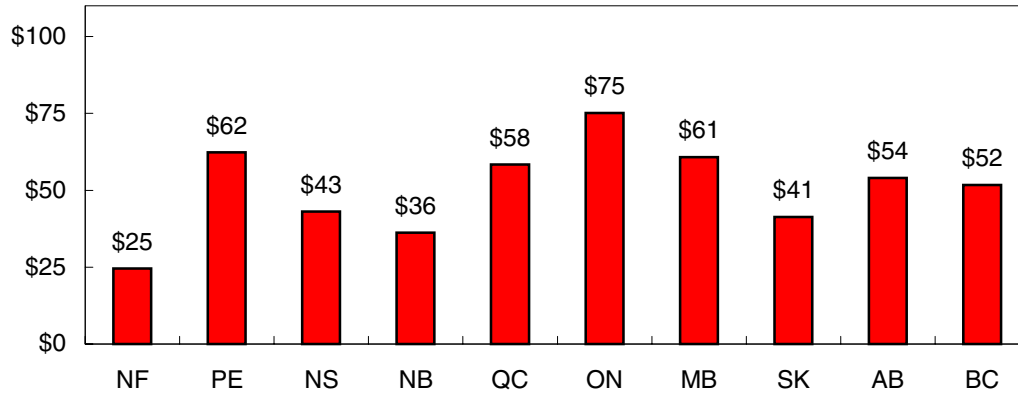
**Figure A.1. Percentage of Donations and Percentage of Total Donation Value by Organization Type, 1997**



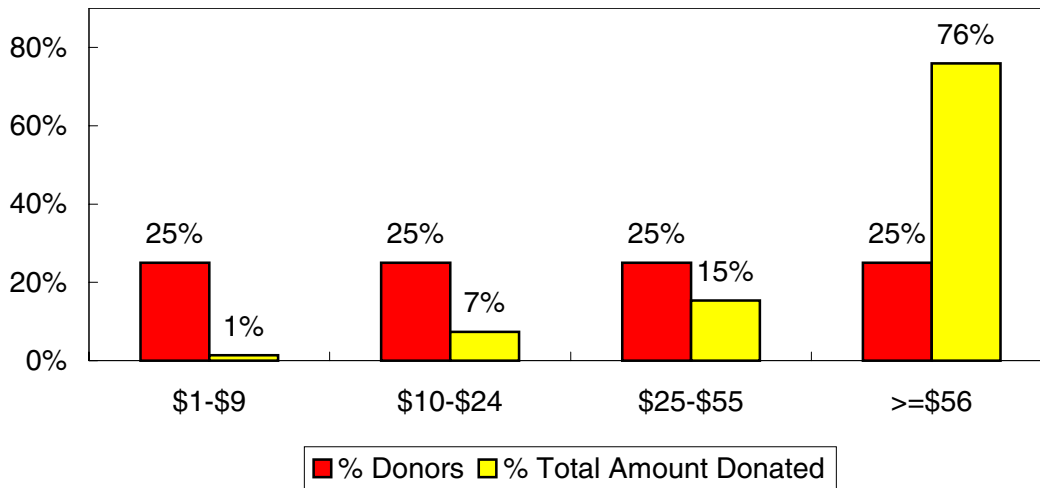
**Figure A.2. Percentage of Canadians Who Donated to Health Organizations by Province, 1997**



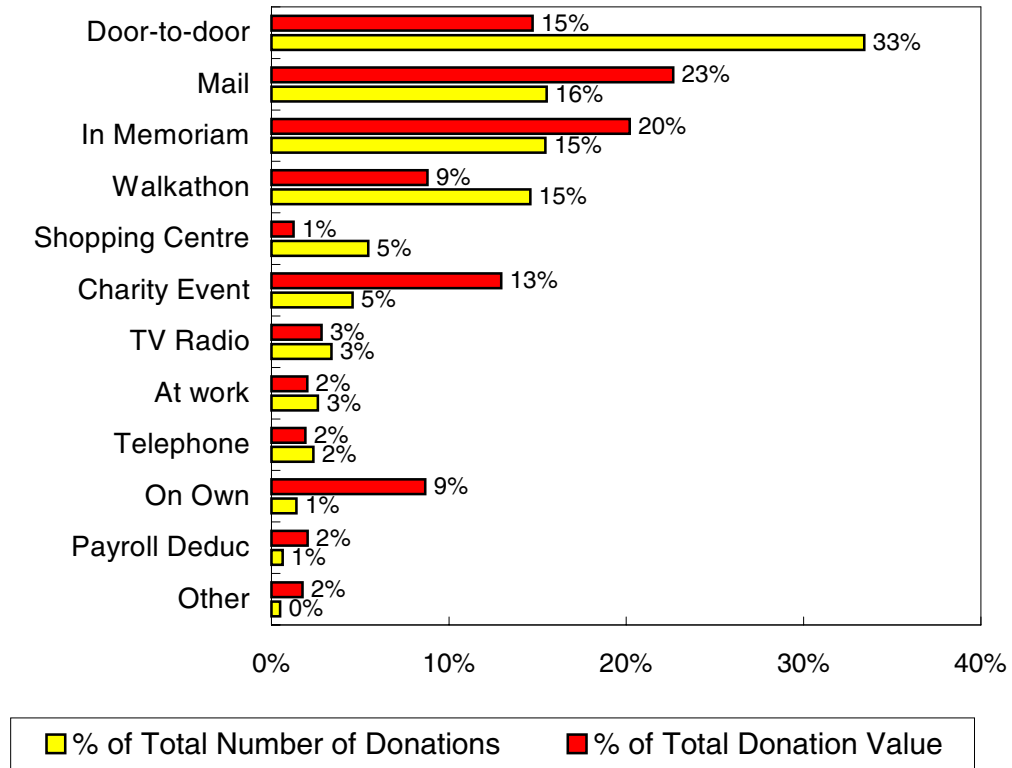
**Figure A.3: Average Annual Donation to Voluntary Health Organizations by Province, 1997**



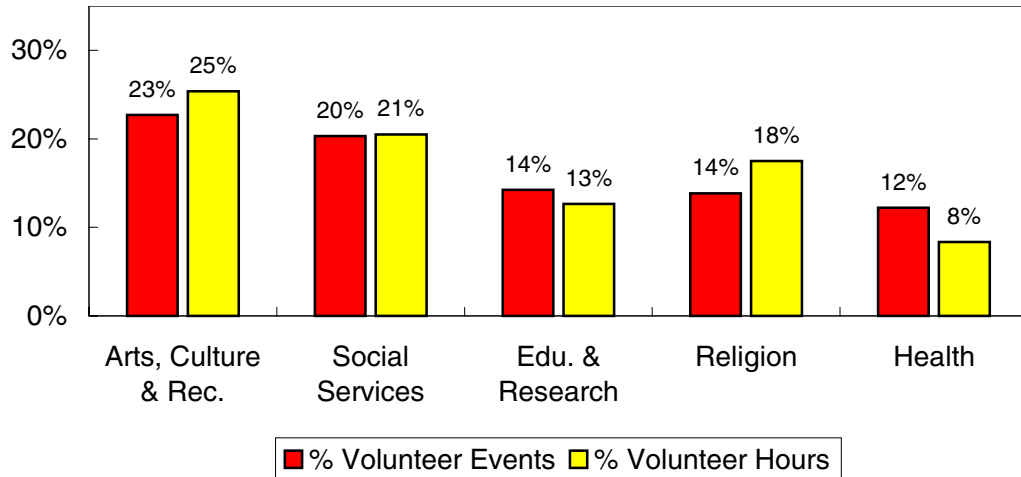
**Figure A.4: Concentration of Monetary Support for Voluntary Health Organizations, 1997**



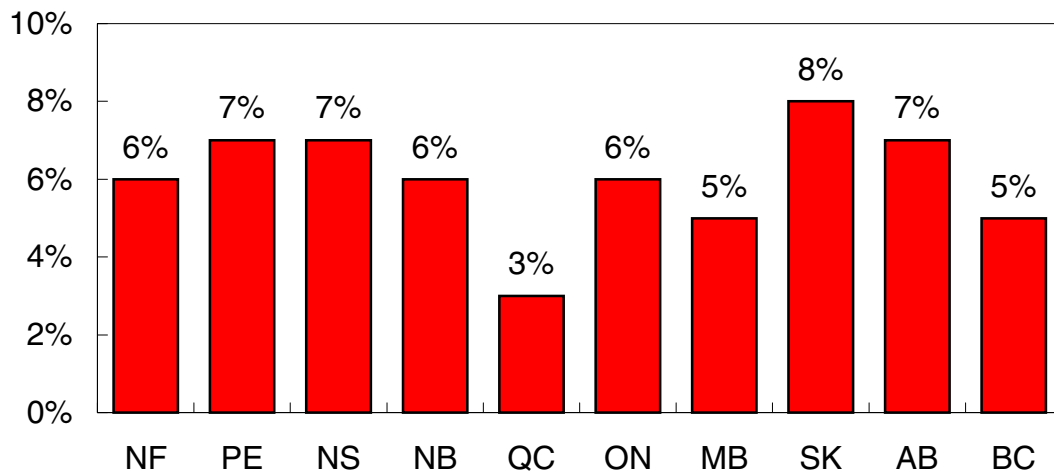
**Figure A.5: Percentage of Donations and Percentage of Total Donation Value by Request Type, 1997**



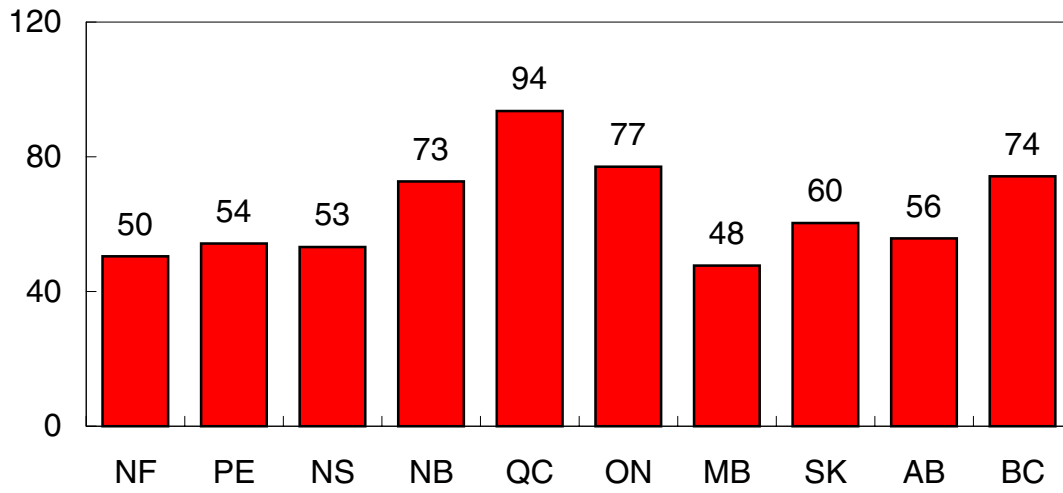
**Figure A.6: Percentage of Volunteer Events and Percentage of Total Volunteer Hours by Organization Type, 1997**



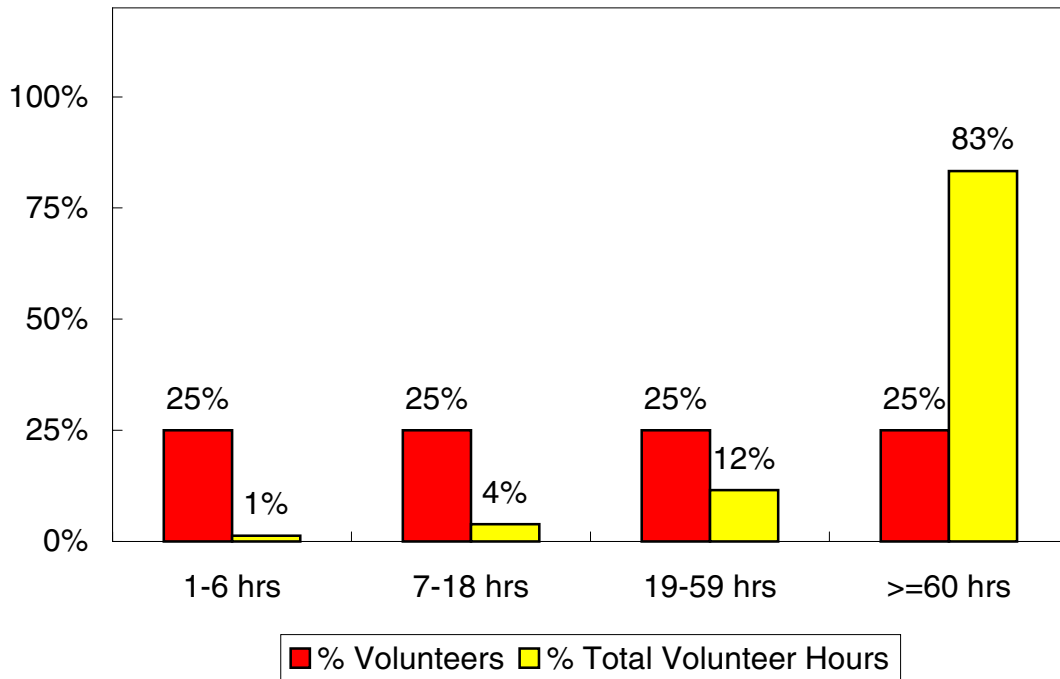
**Figure A.7: Percentage of Canadians who Volunteered for Health Organizations by Province, 1997**



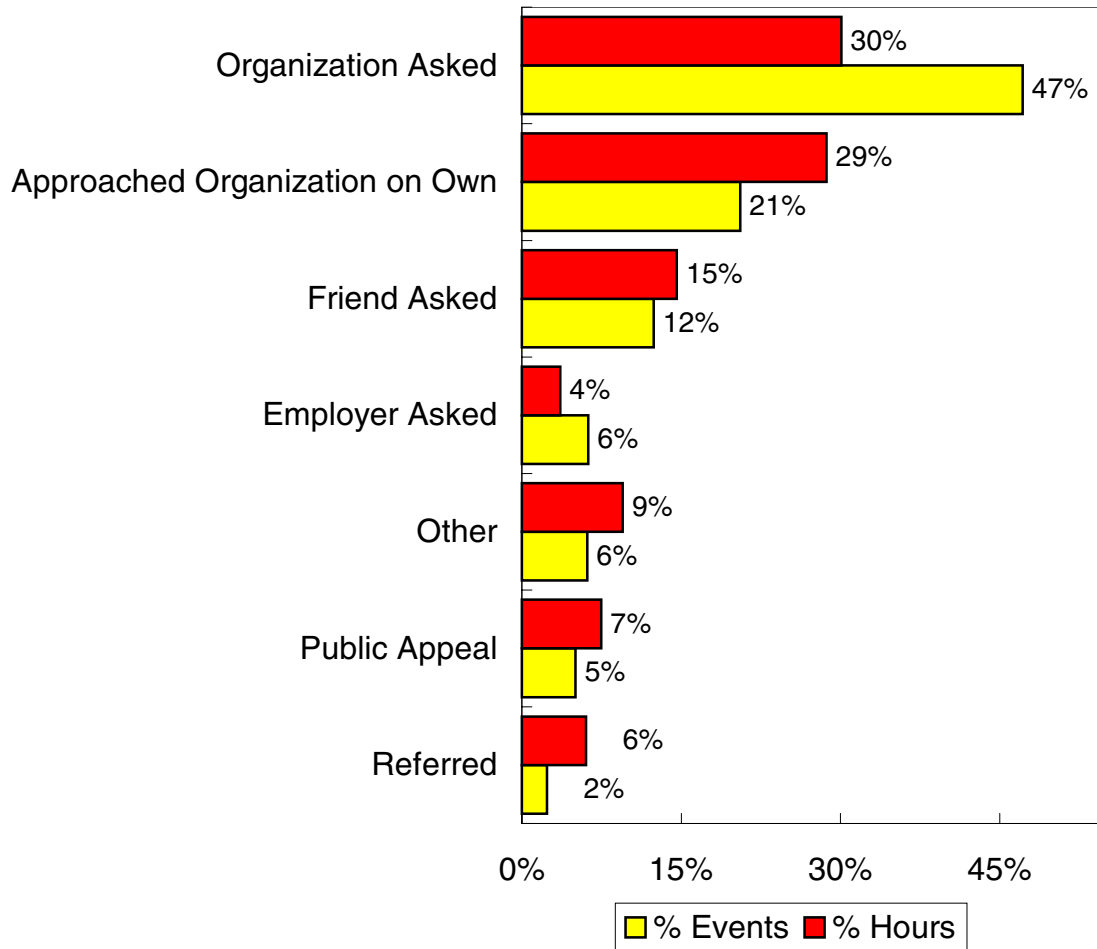
**Figure A.8: Average Number of Hours Volunteered Annually to Health Organizations by Province, 1997**



**Figure A.9: Concentration of Volunteer Support for Health Organizations, 1997**



**Figure A.10: Percentage of Volunteer Events and Percentage of Total Volunteer Hours by Recruitment Method, Health Organizations, 1997**



**Table A.1: Donation Rate, Total Amount Donated and Average Donation by Organization Type, 1997**

	<b>Donation Rate</b>	<b>Total Amount Donated</b>	<b>Average Donation</b>
	<b>(%)</b>	<b>(\$'000,000)</b>	<b>(\$)</b>
<b>Health</b>	<b>51.0%</b>	<b>747.6</b>	<b>62</b>
Social Services	40.4%	501.6	52
Religion	36.0%	2,289.6	267
Education and Research	18.8%	183.6	41
Philanthropic Intermediaries and Voluntarism Promotion	14.2%	262.1	78
Arts, Culture and Recreation	9.7%	113.6	49
Environmental	5.2%	69.9	57
International	4.8%	114.3	101
Law, Advocacy and Politics	3.0%	45.2	64
Other	1.7%	19.1	46
Development and Housing	1.6%	11.5	30
Professional Associations and Unions	0.1%	1.3	50
<b>All Types / Total Donations</b>	<b>78.0%</b>	<b>4,435.2</b>	<b>239</b>

**Table A.7: Support for Organizations, Health Donors and Regular Donors, 1997**

<b>Organization Type</b>	<b>Health Donors</b>	<b>Regular Donors</b>
<b>Health</b>	<b>100%</b>	<b>51%</b>
Social Services	56%	40%
Religion	46%	36%
Education and Research	25%	19%
Philanthropic Intermediaries and Voluntarism Promotion	19%	14%
Arts, Culture and Recreation	13%	10%
Environmental	8%	5%
International	6%	5%
Law, Advocacy and Politics	4%	3%
Development and Housing	2%	2%
Other	2%	2%
Professional Associations and Unions	0%	0%

**Table A.8: Allocation of Donation Amounts by Organization Type, Health Donors and Regular Donors, 1997**

Organization Type	Health Donors	Regular Donors
<b>Health</b>	<b>21.7%</b>	<b>16.9%</b>
Religion	48.5%	51.6%
Social Services	10.9%	11.3%
Philanthropic Intermediaries and Voluntarism Promotion	5.5%	5.9%
Education and Research	4.0%	4.1%
Arts, Culture and Recreation	2.5%	2.6%
International	2.3%	2.6%
Environmental	1.6%	1.6%
Law, Advocacy and Politics	1.0%	1.0%
Other	0.4%	0.4%
Development and Housing	0.3%	0.3%
Professional Associations and Unions	0.03%	0.03%

**Table A.11: Volunteer Rate, Total Hours Volunteered and Average Hours Volunteered by Type of Organization, 1997**

Organization Type	Volunteer Rate	Total Hours Volunteered ('000)	Average Hours Volunteered
<b>Health</b>	<b>5.4%</b>	<b>92,564</b>	<b>73</b>
Arts, Culture and Recreation	9.6%	281,418	123
Social Services	9.0%	227,433	106
Education and Research	6.5%	140,317	91
Religion	6.5%	194,231	126
Development and Housing	2.4%	57,062	98
Law, Advocacy and Politics	1.5%	33,466	94
Environmental	1.3%	23,205	75
Philanthropic Intermediaries and Voluntarism Promotion	1.2%	16,232	55
Professional Associations and Unions	0.6%	11,022	79
International	0.4%	6,979	69
Other	0.4%	7,558	88

**Table A.18: Rate of Volunteering by Organization Type, Health Volunteers and Regular Volunteers by Organization Type, 1997**

<b>Organization Type</b>	<b>Health Volunteers</b>	<b>Regular Volunteers</b>
<b>Health</b>	<b>100.0%</b>	<b>17.1%</b>
Social Services	20.3%	28.8%
Arts, Culture and Recreation	15.4%	30.6%
Religion	13.8%	20.6%
Education and Research	7.9%	20.7%
Development and Housing	3.5%	7.8%
Philanthropic Intermediaries and Voluntarism Promotion	3.3%	4.0%
Law, Advocacy and Politics	2.2%	4.8%
Environmental	2.2%	4.1%
Professional Associations and Unions	1.2%	1.9%
International	1.2%	1.4%
Other	0.4%	1.2%

**Table A.19: Allocation of Volunteer Hours, Health Volunteers and Regular Volunteers, 1997**

<b>Organization Type</b>	<b>Health Volunteers</b>	<b>Regular Volunteers</b>
<b>Health</b>	<b>49.0%</b>	<b>8.3%</b>
Social Services	14.2%	20.5%
Religion	13.8%	17.5%
Arts, Culture and Recreation	10.3%	25.4%
Education and Research	3.4%	12.7%
Development and Housing	1.8%	5.1%
Philanthropic Intermediaries and Voluntarism Promotion	1.5%	1.5%
Law, Advocacy and Politics	0.9%	3.0%
Environmental	0.8%	2.1%
International	0.7%	0.6%
Professional Associations and Unions	0.5%	1.0%
Other	0.3%	0.7%