

Giving and Volunteering for Health Organizations in Alberta

Findings from the 2004 Canada Survey of Giving, Volunteering, and Participating

By
Julie Sperling
David Lasby



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Imagine Canada
425 University Avenue, Suite 900
Toronto, Ontario
Canada M5G 1T6
Tell: 416.597.2293 / 1.800.263.1178
Fax: 416.597.2294
research@imaginecanada.ca

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Statement on data quality

The results presented in this report are derived from a survey. As such they are estimates, not definite measures. Because of variation in the sample size involved with various questions, and variability in the answers given, some estimates are more precise than others. Estimates with a coefficient of variation less than 16.6% are unqualified. Estimates with a coefficient of variation between 16.6% and 33.3% are noted with an ^E and should be used with caution. Estimates with a coefficient of variation greater than 33.3%, or based on fewer than 30 respondents are not presented and are represented in tables and figures with the symbol ... For more detailed information concerning data quality, readers are referred to Appendix B of *Concerned Canadians, Involved Canadians: Highlights of the Canada Survey of Giving, Volunteering and Participating* (Hall, Lasby, Gumulka & Tryon, 2006).

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Introduction

Although Health organizations¹ constitute a fairly small part of the nonprofit and charitable sector in Alberta, they play a vital role in ensuring the health and well being of Albertans. Health organizations make up approximately 3% of charitable and nonprofit organizations in Alberta, according to the 2003 National Survey of Nonprofit and Voluntary Organizations (Hall, de Wit, Lasby, McIver, Evers, et al., 2005) and account for 8% of the total revenues reported by Albertan nonprofit and voluntary organizations. Yet little is known about how and to what extent Albertans support these organizations through voluntary contributions of time and money.

This report uses findings from the 2004 Canada Survey of Giving, Volunteering, and Participating (CSGVP) to provide information on the Albertans who contribute time or money to Health organizations, how much they give, how they make their donations, how they become involved and what they do as volunteers, their motivations for supporting these organizations, and the barriers they face.

The CSGVP, conducted by Statistics Canada, asked Canadians about their charitable giving and volunteering, as well as about the way they help their friends and neighbours and connect with one another through a wide array of organizations, associations, and clubs. As part of the CSGVP, telephone interviews were conducted with approximately 1,600 Albertans aged 15 and over. Respondents were contacted between mid-September and December 2004 and were asked about their activities during the previous one-year period.

Charitable Giving to Health Organizations

Although Albertans are more likely to donate to Health organizations than to any other type of organization, the average annual donation to this type of organization is relatively small. Nearly six in ten Albertans (59%) made a donation to a Health charity in 2004, substantially more than the 37% who donated to Social Services organizations, the second most commonly supported type of organization (see Figure 1). Health donors gave an average of \$124 each to a Health organization (see Figure 2), for a total of approximately \$188 million, or 18% of the value of all donations made to nonprofit and charitable organizations in Alberta. Although support for Health organizations is widespread in Alberta, other types of organizations receive substantially larger average annual donations; the average annual donation was larger for Religion organizations (\$588), Grant-making, Fundraising, and Voluntarism Promotion organizations (\$240^E), and International organizations (\$207). Albertans were slightly less likely to donate to Health organizations than were other Canadians,

¹ Health organizations focus on both in- and out-patient health care, rehabilitation, activities, and support. The services they provide are diverse and include mental health treatment, crisis intervention, public health and wellness education, rehabilitative services, and emergency medical services. Health organizations also include facilities such as hospitals, nursing homes and psychiatric hospitals. This definition is based on the International Classification of Nonprofit Organizations (Salamon & Anheier, 1997). The modified classification used here divides nonprofit organizations into 13 different groups – where fewer than 13 groups are presented in this report, it is due to sample size limitations.

^E Use with caution.

though they made larger average donations; 62% of Canadians donated an average of \$103 each to Health organizations, or 19% of the total value of all donations made in Canada.

Figure 1: Percentage of total donation value and donor rate, by selected organization type, population aged 15 and over, Alberta, 2004.

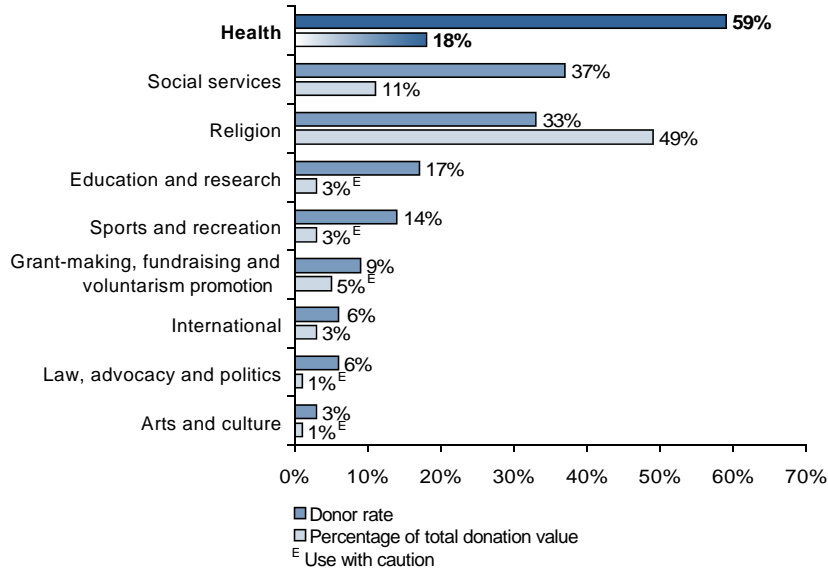
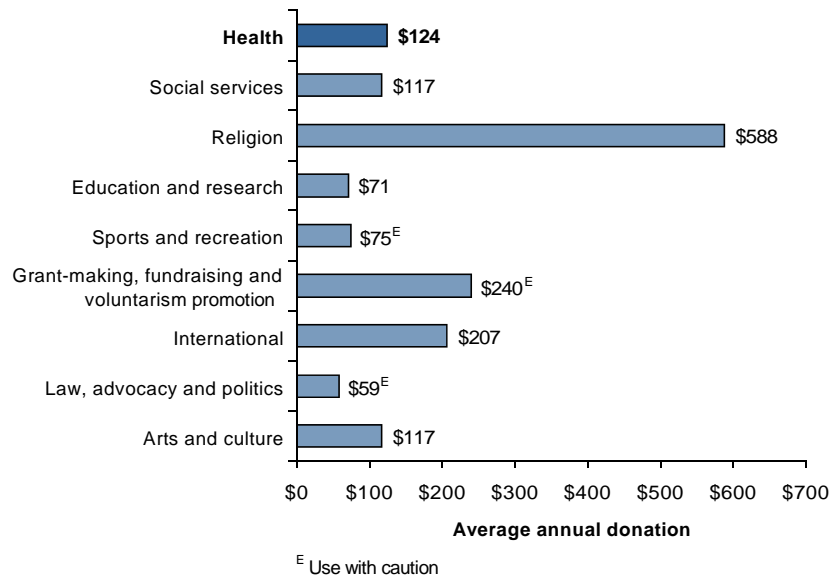


Figure 2: Average annual donations, by selected organization type, donors aged 15 and over, Alberta, 2004.



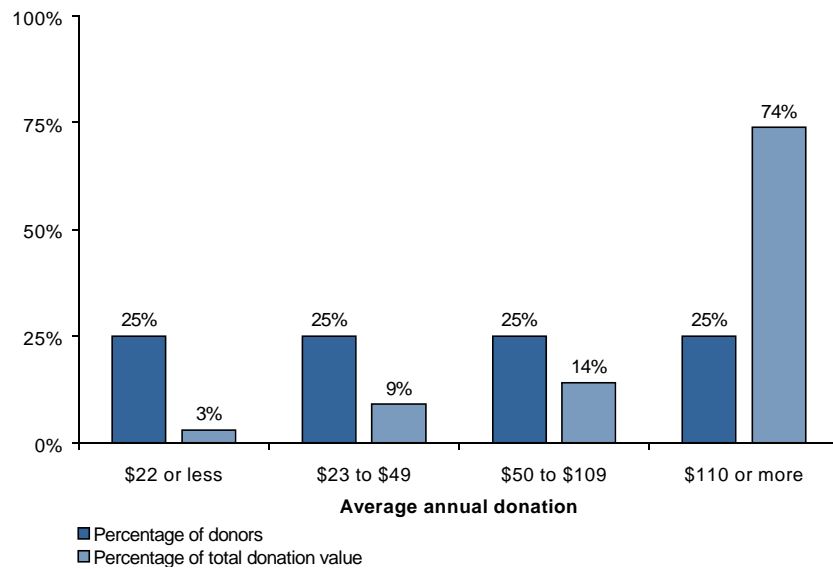
The concentration of support

Although the majority of Albertans support Health organizations financially, the bulk of this financial support comes from a small minority of donors. Almost three quarters (74%) of all the money donated to Health organizations in 2004

came from the 25% of Alberta donors who gave \$110 or more annually (see Figure 3). Another 14% came from donors who gave between \$50 and \$109, and 9% came from donors who gave between \$23 and \$49. Just 3% came from the 25% of donors who contributed \$22 or less.

This concentration of support is not as marked as that for other types of organizations in Alberta or in Canada as a whole; nationally and provincially, the 25% of donors who made the largest donations accounted for 82% of the total value of all donations (Hall, et al., 2006).

Figure 3: Distribution of donors and percentage of total annual donations, by amount of annual donations, Health donors aged 15 and over, Alberta, 2004.



Who gives to Health organizations?

Although the decision to make a donation to any type of organization is first and foremost a personal one, there are some personal and economic characteristics that appear to be associated with the likelihood of supporting Health organizations and with the extent of that support. The most significant of these are level of formal education, annual household income, sex, age, marital status, and the presence of children in the household (see Table 1).

In general, both the likelihood of donating to Health organizations and the average amount donated tend to increase with an individual's level of formal education. More than two thirds (69%) of Albertans with a university degree donated an average of \$182^E to Health organizations while less than half (47%) of those with less than a high school education contributed an average of \$66 each.

Perhaps not surprisingly, the likelihood of donating to a Health organization increases steadily with annual household income. Over three quarters (77%) of Albertans with household incomes of \$100,000 or more donated an average of \$203 each while just over one third (37%) of those with incomes of less than \$20,000 gave an average of \$54^E each. Although the likelihood of donating rises

steadily among middle-income groups (from 52% of those with household incomes of between \$40,000 to \$59,999 to 71% of those with incomes of between \$80,000 and \$99,999), the average amount donated fluctuates very little across the three groups.

Table 1: Health donor rate and average Health donation, by personal and economic characteristics, population aged 15 and over, Alberta, 2004.

	Health donor rate	Average annual Health donation
All Albertans	59%	\$124
Age		
15 to 24	35%	\$43
25 to 34	48%	\$113 ^E
35 to 44	71%	\$99
45 to 54	66%	\$194 ^E
55 to 64	75%	\$138
65 and older	68%	\$125
Sex		
Male	55%	\$135
Female	63%	\$114
Marital status		
Married or common-law	69%	\$133
Single, never married	42%	\$72
Separated or divorced	50%	\$97
Widow or widower	59%	...
Education		
Less than high school	47%	\$66
Graduated from high school	51%	\$94
Some postsecondary	64%	...
Postsecondary diploma	67%	\$112
University degree	69%	\$182 ^E
Labour force status		
Employed	64%	\$124
Unemployed
Not in the labour force	50%	\$128 ^E
Household income		
Less than \$20,000	37%	\$54 ^E
\$20,000 to \$39,999	46%	\$67
\$40,000 to \$59,999	52%	\$112 ^E
\$60,000 to \$79,999	65%	\$103
\$80,000 to \$99,999	71%	\$105
\$100,000 or more	77%	\$203
Presence of children in the household		
No children in household	56%	\$123
Children in the household	67%	\$126
Religious attendance		
Attends religious services weekly	63%	\$121 ^E
Does not attend religious services weekly	60%	\$123

^E Sample size limited; use with caution.

... Sample size too small to be presented.

Women were more likely than men to donate (63% vs. 55%), though they donated less, on average (\$114 vs. \$135 for men).

Broadly speaking, Albertans over the age of 35 were more likely than younger Albertans to donate to Health organizations. Albertans between the ages of 55 and 64 were most likely to give (75%) while those between the ages of 45 and 54 gave the most annually (\$194^E). Albertans aged 15 to 24 were the least likely to make a donation (35%) and gave the least (\$43).

Albertans who were married or in common-law relationships were more likely to donate to Health organizations (69% donated) than were those who were single, separated or divorced, or widowed. Single Albertans were least likely to donate (42%) and made the smallest average annual donations (\$72).

Albertans who had children in the household were more likely to donate to Health organizations than were those with no children in the household. Two thirds of Albertans (67%) with children in the household donated, compared to 56% of those with no children in the household. Similarly, those with children in the household donated somewhat more than those with no children (\$126 vs. \$123).

How do Health donors make their donations?

Albertans make their charitable donations in a variety of ways and in response to a variety of kinds of requests.² The most common ways in which Health donors in Alberta made donations were in response to a door-to-door canvasser (41% made a donation in this way) or when asked to sponsor someone in an event such as a walk-a-thon (39%; see Figure 4). Other common ways of making donations were in response to a mail request (30%) and as an in memoriam gift (25%). Health donors in Alberta were least likely to make a donation in response to a telephone request (5%) or as a result of being approached in a public place, such as at a shopping centre or on the street (3%^E).

Although Alberta Health donors used some methods of donating more frequently than others, these methods did not necessarily generate the most money. For example, 27% of all Health donations were made in response to door-to-door canvassing, but they accounted for just 12% of the money donated to Health organizations (see Figure 5). Similarly, sponsoring others accounted for 18% of all Health donations but 11% of the money donated. At the other end of the spectrum, charity events accounted for just 4% of all Health donations but generated 15%^E of all the money donated to Health organizations.

² Respondents were asked about 12 different ways of making donations but due to limited sample sizes only the results shown here can be presented.

Figure 4: Percentage of donors contributing by selected donation method, Health donors aged 15 and older, Alberta, 2004.

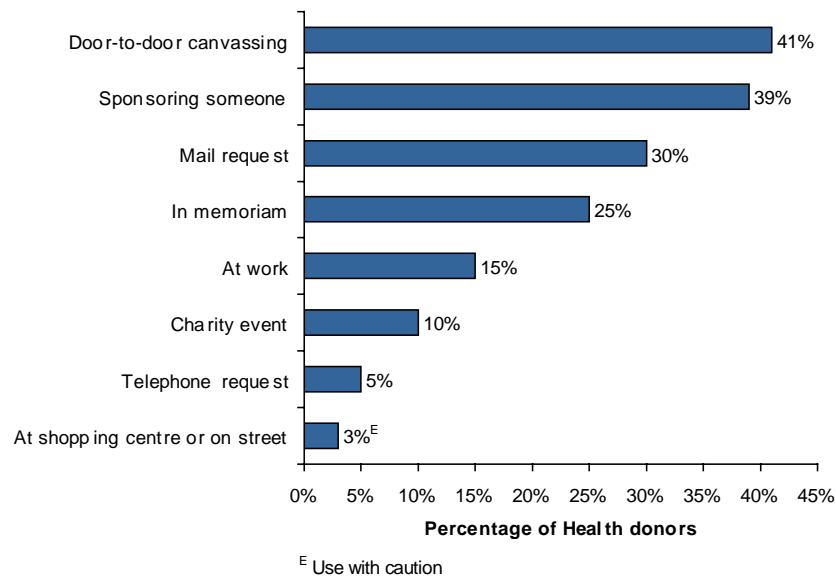
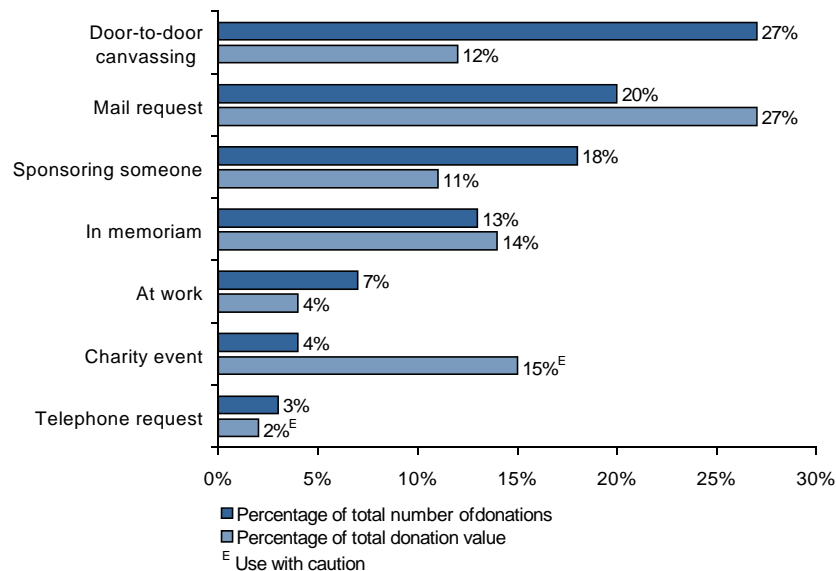


Figure 5: Distribution of number of donations and total value of donations, by donation method, Health donors aged 15 and older, Alberta, 2004.

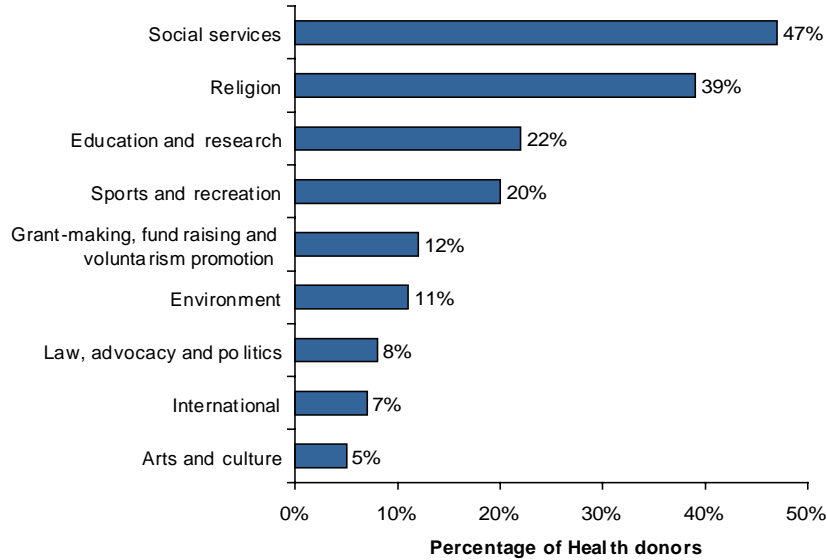


What other causes do Health donors contribute to?

Generally speaking, Health donors in Alberta do not support Health organizations exclusively. In addition to Health organizations, Health donors supported an average of two other types of organizations. They were the most likely to also support organizations working in the areas of Social Services (47% donated), Religion (39%), Education and Research (22%), and Sports and

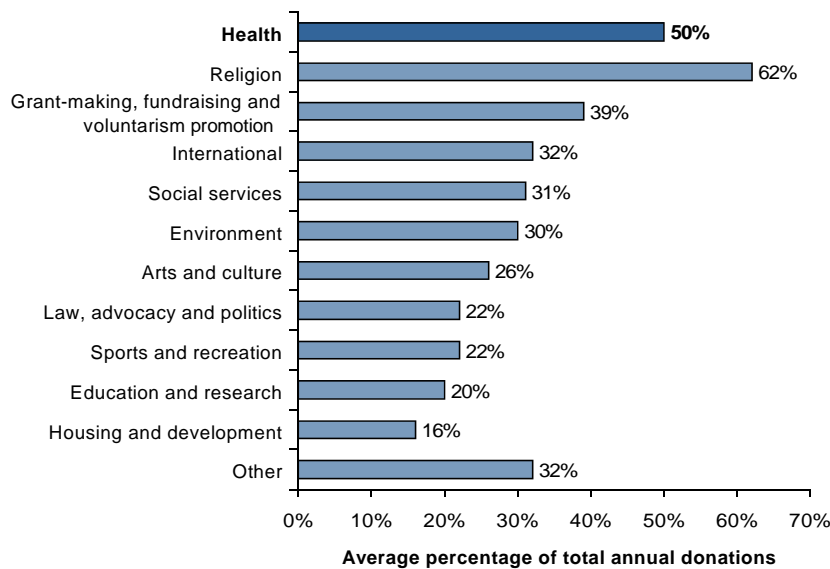
Recreation (20%; see Figure 6). They were least likely to support International (7%) and Arts and Culture organizations (5%).

Figure 6: Rate of donation to other organization types, Health donors aged 15 and over, Alberta, 2004.



Health donors in Alberta focused a large percentage of their financial support on Health organizations. On average, Health donors gave one half (50%) of their charitable dollars to Health organizations; the other half went to other types of organizations (see Figure 7). Only Religion donors were more focused in their donations; they gave an average of 62% of their charitable dollars to Religion organizations.

Figure 7: Average percentage of monies devoted to organization type by supporters of organization type, donors aged 15 and over, Alberta, 2004.



What motivations and barriers do Health donors experience?

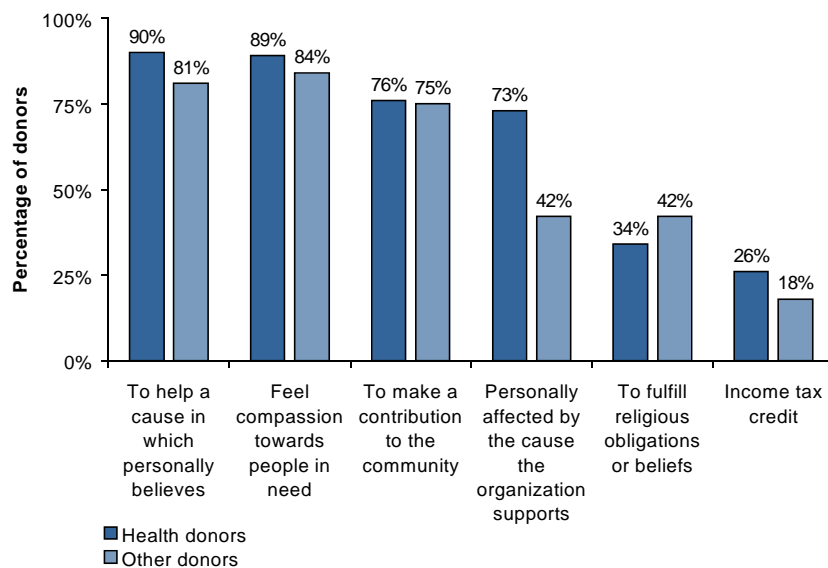
There is a wide range of factors that may motivate people to donate to charitable or other nonprofit organizations or prevent them from giving more or giving at all. Understanding these motivations and barriers can be useful to organizations seeking financial support or to individuals who are interested in knowing why some Albertans choose to support certain types of organizations.

Motivations for donating

In general, Health donors and donors to other types of organizations tend to have the same motivations for making charitable donations.³ Both groups of donors were most likely to be motivated to donate because they personally believe in the cause, because they feel compassion towards those in need, and because they want to make a contribution to their community (see Figure 8). Both groups were least likely to be motivated by the desire to fulfill religious obligations or beliefs and because of income tax credits they would receive.

There was one notable exception, however. Health donors were much more likely than other donors to make a donation because they had been personally affected by the cause; nearly three quarters (73%) of Health donors felt that this was an important motivation in their decision to give compared to 42% of other donors.

Figure 8: Reasons for making financial donations, donors to Health organizations and donors to other organizations aged 15 and over, Alberta, 2004.



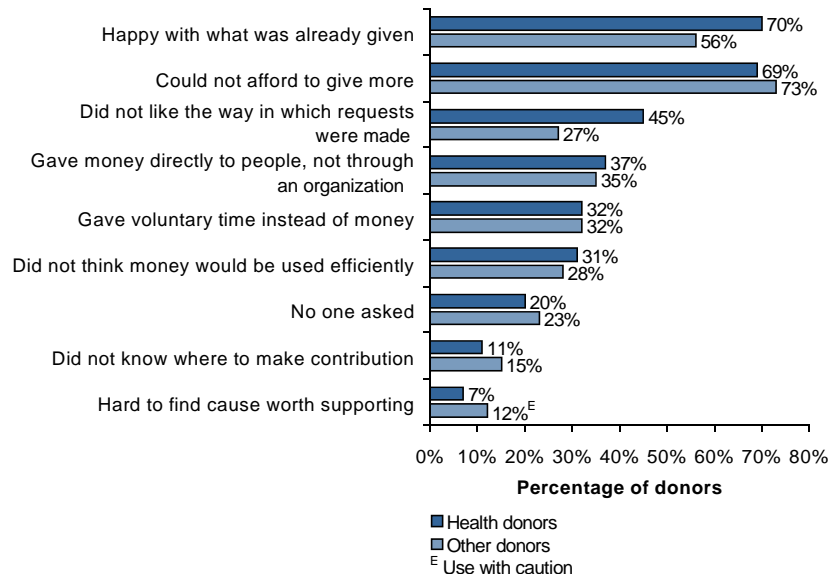
³ In order to explore why Albertans make charitable donations, the CSGVP asked respondents whether any of six possible motivations played an important role in their decision(s) to donate. It is important to note that these questions apply to donations generally, rather than donations to Health organizations in particular.

Barriers to donating more

Health donors and donors to other types of organizations are quite similar with regard to the barriers they identify to giving more.⁴ Both groups of donors were most likely to say that they did not donate more because they were happy with what they had already given and because they could not afford to give more (see Figure 9). Similarly, both groups were least likely to say that they did not give more because they did not know where to make a contribution or they had difficulty finding a worthwhile cause.

There are two differences worth noting, however. Health donors were more likely than other donors not to give more because they were happy with what they had already given (70% vs. 56%, respectively) and because they disliked the way requests were made (45% vs. 27%).

Figure 9: Reasons for not making more financial donations, donors to Health organizations and donors to other organizations aged 15 and over, Alberta, 2004.



What role does prior planning play?

Prior planning appears to play a slightly different role in the charitable giving of Health donors than it does in the giving of donors to other types of organizations. Health donors are more likely than other donors to decide in advance how much they will donate. Nearly one quarter (24%) of Health donors decided in advance how much they would donate for the year, compared to 18% of other donors. They were, however, slightly less likely than other donors to say that they always support the same organizations (32% vs. 36%, respectively) and were more likely to say that they always support certain organizations but also vary some organizations to which they make donations (45% vs. 34%). When making their larger donations, Health donors were as likely as other donors to

⁴ The CSGVP asked donors whether any of nine potential barriers prevented them from donating as much as they otherwise would have. It is important to note that these questions apply to donations generally, rather than specifically to Health donations.

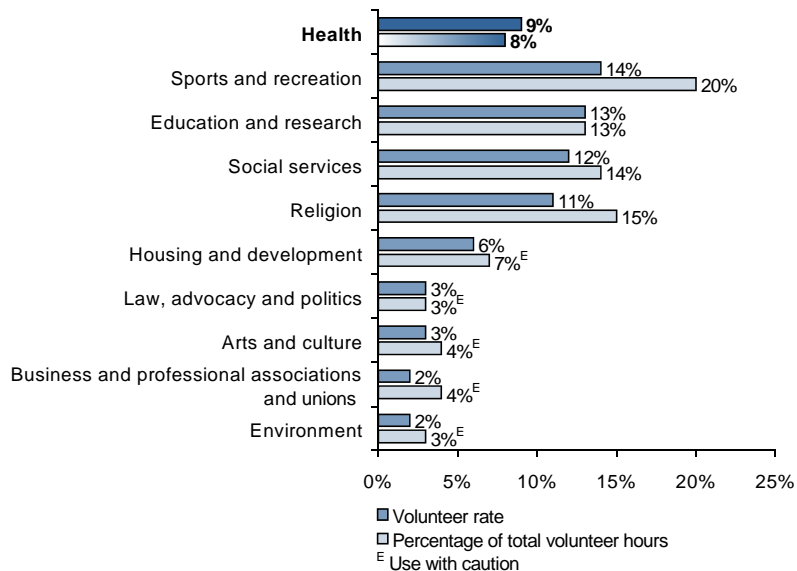
decide in advance which organizations they would support (38% for each group).

Volunteering for Health Organizations

Volunteering is important to the functioning of Health organizations – approximately 8% of total hours worked for Health organizations came from volunteers. However, volunteering also represents a significant challenge for these organizations – according to the NSNVO, 67% reported difficulties recruiting the types of volunteers the organization needs, though just 38% said that they had difficulty retaining volunteers.

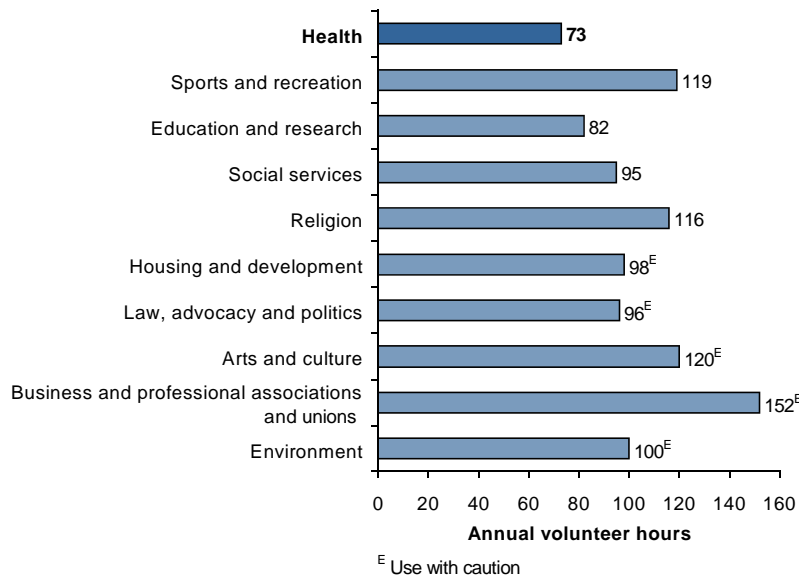
Although Albertans were more likely to donate to Health organizations than to any other type of organization, the same was not true for volunteering. Health organizations in Alberta attracted the fifth largest pool of volunteers of all organization types, and Health volunteers contributed the third lowest number of hours on average. Nearly one in ten Albertans (9%) volunteered an average of 73 hours to a Health organization in 2004 (see Figure 10 and Figure 11), for a total of over 16 million hours, or 8% of the total hours volunteered in Alberta and the equivalent of just under 8,500 full-time jobs.⁵ Albertans were more likely to volunteer for organizations working in the areas of Sports and Recreation (14% volunteered), Education and Research (13%), Social Services (12%), and Religion (11%). However, Albertans were slightly more likely than other Canadians to volunteer for Health organizations; 8% of Canadians volunteered an average of 72 hours to Health organizations, or 8% of the total hours volunteered in Canada.

Figure 10: Percentage of total hours volunteered and volunteer rate, by selected organization type, population aged 15 and over, Alberta, 2004.



⁵ Assuming a 40-hour work week and 48 work weeks per year.

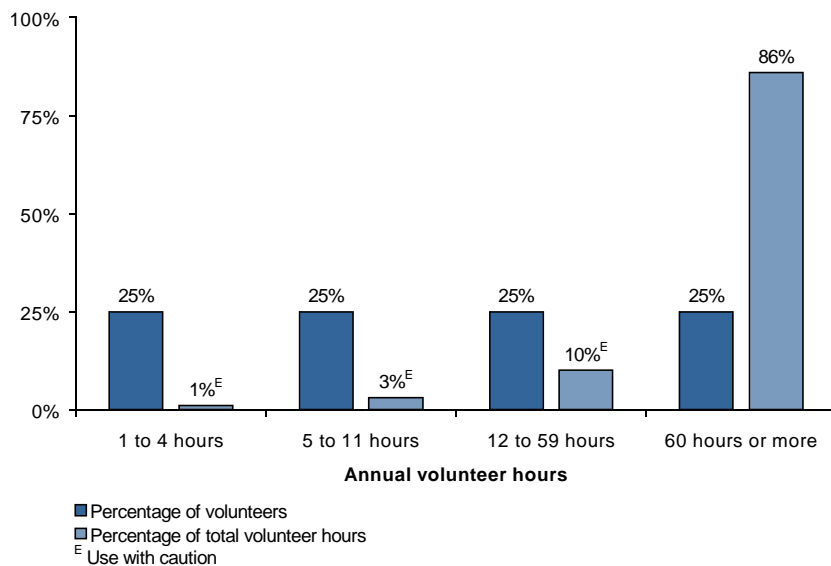
Figure 11: Average annual hours volunteered, by selected organization type, volunteers aged 15 and over, Alberta, 2004.



The concentration of support

As with charitable giving, the bulk of volunteer support comes from a minority of Health volunteers. Most of the hours (86%) volunteered for Health organizations came from the 25% of volunteers who gave 60 hours or more (see Figure 12). By extension, just over 2% of Albertans accounted for 86% of volunteering for Health organizations. Another 10%^E came from volunteers who gave between 12 and 59 hours, and the remaining 4%^E came from the volunteers who gave 11 hours or less.

Figure 12: Distribution of volunteers and percentage of total annual hours volunteered, by amount of annual hours, Health volunteers aged 15 and over, Alberta, 2004.



The role of the top 25% of Health volunteers seems to be significantly more important than that of Alberta's top volunteers generally. The top 25% of volunteers for all organizations in Alberta accounted for 75% of total volunteer hours and nationally the top 25% of volunteers accounted for 78% of volunteer hours (Hall, et al., 2006).

Who volunteers for Health organizations?

Although the decision to volunteer is above all a personal one, there are some personal and economic characteristics that appear to be associated with the likelihood of volunteering for Health organizations and with the extent of that support. The most important of these are sex, religious involvement, age, level of formal education, and annual household income (see Table 2).

Women in Alberta are more likely than men to volunteer for Health organizations and to give more time. Eleven percent of Albertan women volunteered an average of 80^E hours of their time to a Health organization in 2004, compared to 6% of men who volunteered an average of 61^E hours.

Albertans who attend religious services weekly were more likely to volunteer for Health organizations than were those who do not attend religious services or attend less frequently (13%^E vs. 8%) and to give more time, on average (108^E hours vs. 63^E hours).

Albertans between the ages of 35 and 54 were the most likely to volunteer for Health organizations (11% volunteered) while those between 15 and 34 were the least likely (6%^E). However, it was Albertans aged 55 or older who volunteered the most time annually (110^E hours).

Those with at least some postsecondary education were most likely to volunteer. Eleven^E percent of Albertans with more than a high school diploma volunteered, compared to 6% of those with a high school diploma or less. However, it was Albertans with a high school diploma or less who gave the most time (98^E hours) compared to 59^E hours for those with a postsecondary degree or diploma or some postsecondary education and 76^E hours for university graduates.

Albertans with annual household incomes of \$80,000 or more are most likely to volunteer (12%), though they give the smallest number of hours (59^E). In comparison, 7%^E of those with household incomes less than \$40,000 volunteered an average of 103^E hours.

Table 2: Health volunteer rate average Health volunteer hours, by personal and economic characteristics, population aged 15 and over, Alberta, 2004.

	Health volunteer rate	Average annual Health hours
All Albertans	9%	73
Age		
15 to 34	6% ^E	62 ^E
35 to 54	11%	61 ^E
55 and over	9% ^E	110 ^E
Sex		
Male	6%	61 ^E
Female	11%	80 ^E
Marital status		
Married or common-law	10%	68 ^E
Single, never married	6% ^E	91 ^E
Separated or divorced
Widow or widower
Education		
High school or less	6%	98 ^E
Postsecondary	11%	59 ^E
University degree	11% ^E	76 ^E
Labour force status		
Employed	9%	52 ^E
Unemployed
Not in the labour force	9% ^E	136
Household income		
Less than \$40,000	7% ^E	103 ^E
\$40,000 to \$79,999	8%	...
\$80,000 or more	12%	59 ^E
Presence of children in household		
No children in household	8%	86 ^E
Children in household	10%	...
Religious attendance		
Attends religious services weekly	13% ^E	108 ^E
Does not attend religious services weekly	8%	63 ^E

^E Sample size limited; use with caution.

... Sample size too small to be presented.

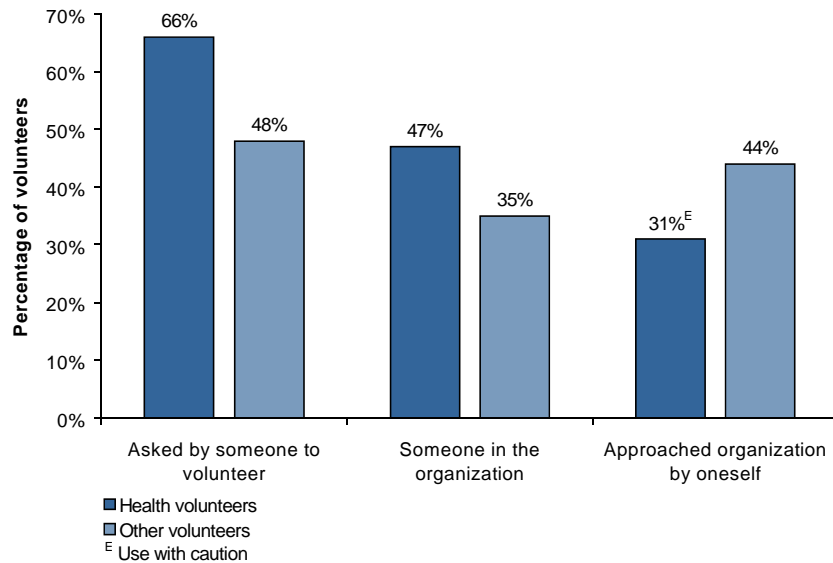
How do Health volunteers become involved?

Compared to volunteers for other organizations, Health volunteers are more likely to become involved because someone asks them and less likely to approach the organization on their own initiative. Two thirds (66%) of Health volunteers became involved because someone asked them to volunteer, compared to just under half (48%) of volunteers for other organizations (see

Figure 13). About one third (31%^E) of Health volunteers became involved after approaching the organization on their own, compared to 44% of other volunteers.

Of the Health volunteers who were asked to become involved, nearly three quarters (72%) were asked by someone in the organization itself. This accounts for nearly half (47%) of all Health volunteers. This is slightly different from volunteers to other organizations who were asked to volunteer; although roughly the same percentage of them (73%) were approached by someone in the organization, this accounted for only 35% of volunteers overall.

Figure 13: Method of initial involvement with organization, Health volunteers aged 15 and over, Alberta, 2004.

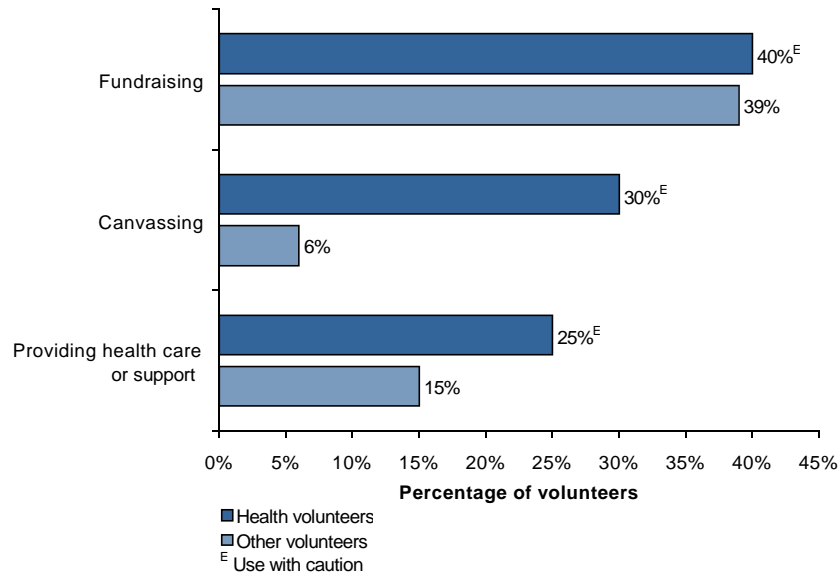


What do Health volunteers do?

Volunteers engage in a wide variety of activities in the course of their volunteering and devote varying amounts of time to these activities. Alberta volunteers who devoted most of their volunteer time to Health organizations were far more likely than other volunteers to engage in canvassing (30%^E vs. 6%) and to provide health care or support (25%^E vs. 15%; see Figure 14).⁶ Health volunteers were roughly as likely as other volunteers to engage in fundraising (40%^E and 39%, respectively).

⁶ Respondents were asked about 15 different volunteer activities but due to limited sample sizes only the results shown here can be presented.

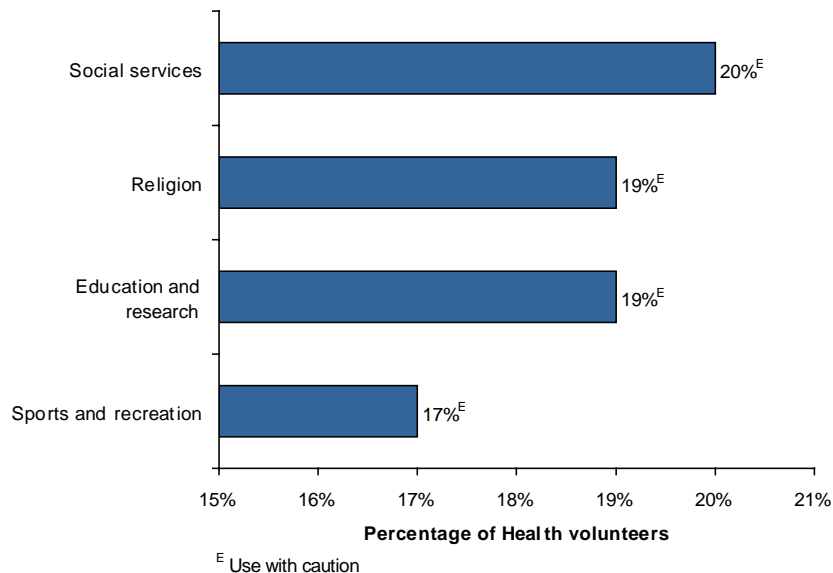
Figure 14: Distribution of type of volunteer activity, Health volunteers aged 15 and over, Alberta, 2004.



What other organizations do Health volunteers support?

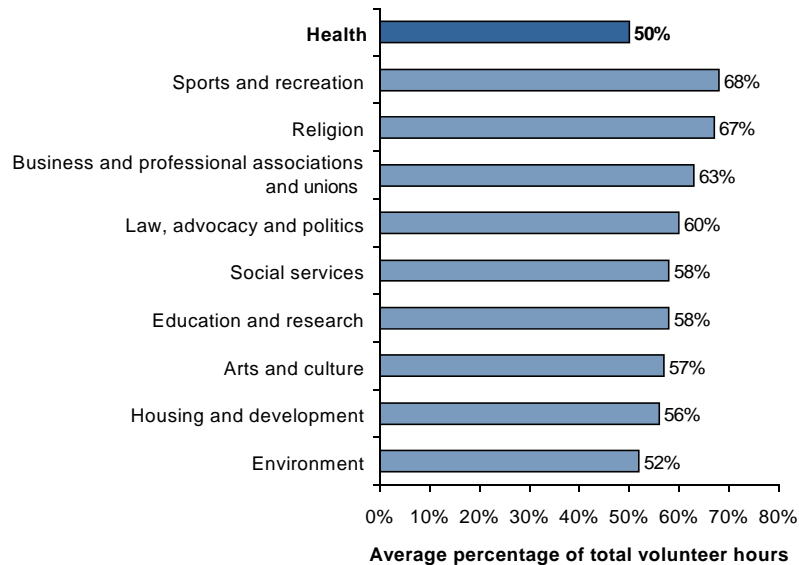
Many of the Albertans who volunteered for Health organizations also volunteered for other types of organizations. Health volunteers in Alberta supported an average of one other type of organization. They were most likely to also volunteer for organizations that work in the areas of Social Services (20%^E), Religion (19%^E), Education and Research (19%^E), and Sports and Recreation (17%^E; see Figure 15).

Figure 15: Rate of volunteering for other types of organizations, Health volunteers aged 15 and over, Alberta, 2004.



Like Health donors, Health volunteers focused half (50%) of their volunteer support on Health organizations and the other half on other types of organizations (see Figure 16). This is in contrast to volunteers to other types of organizations, who tended to devote a greater percentage of their volunteer time to that type of organization; for example, Sports and Recreation volunteers devoted an average of 68% of their volunteer hours to Sports and Recreation organizations, and Religion volunteers devoted 67% of their volunteer time to Religion organizations.

Figure 16: Average percentage of hours devoted to organization type by supporters of organization type, volunteers aged 15 and over, Alberta, 2004.



What motivations and barriers do Health volunteers experience?

There is a wide range of factors that may influence people to volunteer or prevent them from volunteering more time or volunteering at all. An understanding of the motivations and barriers that volunteers experience is an important part of any organization’s volunteer recruitment and management strategy.

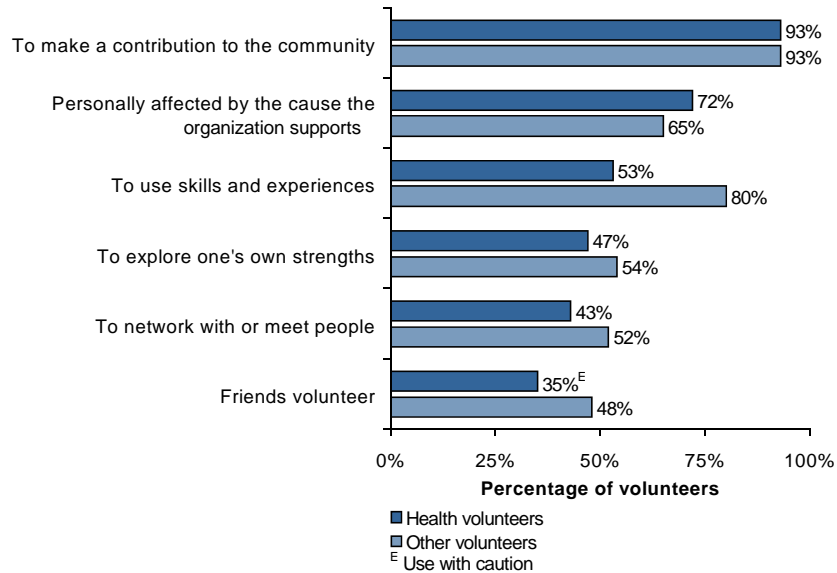
Motivations for volunteering

The most important motivation for both Health volunteers and volunteers to other types of organizations was a desire want to make a difference in their communities (93% of both groups cited this motivation; see Figure 17). However, Health volunteers were more likely than other volunteers to volunteer because they had been personally affected by the cause the organization supports (72% of Health volunteers vs. 65% of other volunteers) and less likely to cite almost all other motivations.⁷ For example, Health volunteers were less likely to say that

⁷ The CSGVP asked volunteers whether any of eight potential motivations were important in their decision to volunteer for the organization for which they volunteered the most hours. These potential motivations tie directly to the type of organization to which the respondent contributed the most hours – by extension the motivations discussed here pertain

they were motivated by the desire to use their skills and experiences (53% of Health volunteers vs. 80% of other volunteers). Both groups were the least likely to say that they volunteered because their friends volunteered (35%^E of Health volunteers vs. 48% of other volunteers).

Figure 17: Reasons for volunteering, Health volunteers and volunteers for other organizations aged 15 and over, Alberta, 2004.



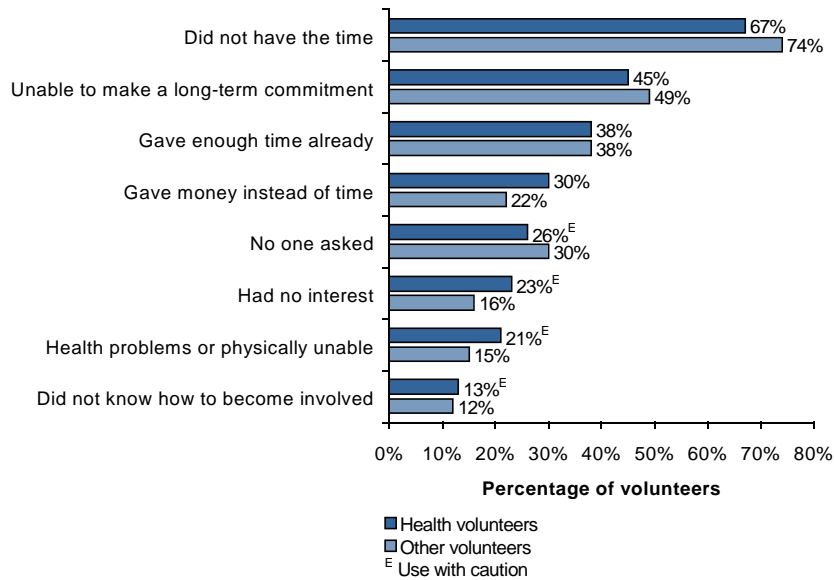
Barriers to volunteering more

Although lack of time was the most important barrier for Health volunteers, it was less important to them than to other volunteers (67% of Health volunteers cited this barrier vs. 74% of other volunteers; see Figure 18). Health volunteers were also less likely to say that they did not volunteer more time because they were unable to make a long-term commitment (45% vs. 49%). However, they were more likely than other volunteers to identify a number of barriers to volunteering.⁸ For example, they were more likely to say that they did not volunteer more time because they gave money instead (30% vs. 22% of other volunteers), because they had no interest in volunteering more (23%^E vs. 16%), and because they had health problems or were otherwise physically unable to volunteer more (21%^E vs. 15%). Both groups were least likely to say that they did not know how to become further involved (13%^E of Health donors and 12% of other donors).

directly to volunteering for Health organizations. Note that due to sample size limitations it is only possible to discuss six of these potential motivations in this report.

⁸ The CSGVP asked whether any of 10 potential barriers kept volunteers from volunteering more time than they might otherwise have contributed. Due to sample size limitations it is only possible to discuss eight of these potential barriers in this report. Note that barriers to volunteering more cannot be linked specifically to volunteering for particular organization types. Instead, potential barriers apply to all episodes of volunteering that the volunteer may have engaged in.

Figure 18: Reasons for not volunteering more, Health volunteers and volunteers for other organizations aged 15 and over, Alberta, 2004.



Summary and Conclusions

More Albertans donated to Health organizations than to any other type of charitable or nonprofit organization; 59% of Albertans made an average donation of \$124 to a Health organization in 2004, for a total of \$188 million. However, the bulk of this support came from a minority of donors. Nearly three quarters (74%) of the money donated to Health organizations in Alberta came from just 25% of donors (those who gave \$110 or more).

Albertans who are most likely to donate to Health organizations tend to be older, married or in common-law unions, and university graduates. They also tend to have a high household income and children present in their household. Health donors are most likely to give as a result of door-to-door canvassing and being asked to sponsor someone in an event. However, charity events and mail requests bring in the largest percentages of all the money donated to Health organizations.

Although far fewer Albertans volunteer for Health organizations, Health volunteers make up the fifth largest pool of volunteers in Alberta. Nearly one in ten Albertans (9%) devoted an average of 73 hours to a Health organization, or the equivalent of nearly 8,500 full-time jobs. As with charitable donations, much came from the few. The vast majority (86%) of hours contributed to Health organizations came from the 25% of volunteers who volunteered 60 hours or more. Volunteers to Health organizations tend to be female, actively involved in their religion, and between the ages of 35 and 54. They also tend to have a postsecondary diploma or degree and household incomes of over \$80,000.

Health donors and volunteers experience many of the same motivations and barriers. Compared to Albertans who support other organizations, Health donors and volunteers are much more likely to be motivated by having been

personally affected by the cause the organization supports. Other common motivations for Health donors are a belief in the cause, a feeling of compassion towards those in need, and a desire to make a contribution to the community. Motivations for Health volunteers include a desire to contribute to their community and to use their skills or experiences. The most common barriers to Health donors and volunteers providing more support are a lack of time or money and satisfaction with the level of support they have already provided.

Health donors and volunteers do not support Health organizations exclusively. Health donors support an average of two other types of organizations, and Health volunteers support an average of one. The most common types of organizations that Health donors and volunteers support are ones working in the areas of Social Services, Religion, Education and Research, and Sports and Recreation.

Although Health organizations account for just 3% of the charitable and nonprofit organizations in Alberta, these organizations play a crucial role in ensuring the health and well being of Albertans. The information in this report provides Health organizations with a more in-depth understanding of the individuals who support them. Health organizations can use these insights in planning future fundraising and volunteer recruitment and retention strategies.

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Imagine Canada
425 University Avenue, Suite 900
Toronto, Ontario
Canada M5G 1T6
Tel: 416.597.2293 / 1.800.263.1178
Fax: 416.597.2294
research@imaginecanada.ca