
Voluntary Health Organizations in Canada

Public Involvement and Support

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Introduction

Many health organizations rely heavily on donations to help finance their programs and on volunteers to help deliver services. Because donors and volunteers are important to these organizations, and, therefore, to the well-being of Canadians, a better understanding of patterns in health giving and volunteering can be helpful in understanding how to target, attract and maintain donors and volunteers.

The voluntary health sector includes institutions and organizations that support research and public education related to specific diseases or that work in areas such as public health, mental health, disabilities, substance abuse and crisis counseling. It also includes organizations that engage in health-related activities, provide health care and administer health care and support services. This latter group includes hospitals and rehabilitation centres, mental health and crisis intervention programs, nursing homes, wellness education programs and emergency medical services.

This report examines how Canadians support voluntary health organizations through charitable donations and volunteerism. It provides profiles of health donors and

volunteers; descriptions of top donors and volunteers; details of where the money and volunteer hours came from; and information on how Canadians made donations and how volunteers became involved in health organizations, as well as the volunteer activities they undertook. All information is based on the findings of the National Survey of Giving, Volunteering and Participating (NSGVP).

The NSGVP was undertaken to better understand how Canadians support individuals and communities, either on their own or through involvement in charitable and nonprofit organizations. It is a joint project of the Canadian Centre for Philanthropy, Canadian Heritage, Health Canada, Human Resources Development Canada, the Kahanoff Foundation's Nonprofit Sector Research Initiative, Statistics Canada, and Volunteer Canada. The survey was carried out by Statistics Canada during a three-week period in late November and early December of 1997. It asked 18,301 respondents aged 15 and older about their giving, volunteering and participating during the one-year period between November 1, 1996 and October 31, 1997.

Charitable Giving to Voluntary Health Organizations in Canada

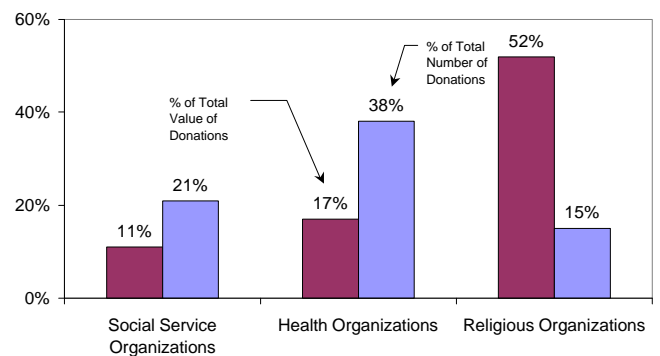
Approximately 12.1 million Canadians, or 51% of Canada's population 15 years of age and older, made financial donations to voluntary health organizations between November 1, 1996 and October 31, 1997. Their donations during this period totaled over \$748 million. These Canadians donated an average of \$62 each to voluntary health organizations. Eighty-six percent (86%) of those who made donations to health organizations also donated to other nonprofit, charitable organizations such as social service and religious organizations.

The Financial Support Provided by Canadians

Voluntary health organizations received the second largest percentage of the total value of all donations (17%) compared to all other voluntary organizations and the largest percentage of the total number of donations (38%) made in Canada during the survey year (Figure 1).

Religious organizations, by contrast, received 52% of the total value of all donations and 15% of the total number of donations. Eleven percent (11%) of the total value of donations went to social service organizations, accounting for 21% of the total number of donations.

Figure 1: Distribution of Total Number of Donations and Total Value of Donations by the Top Three Types of Organizations



Provincial Variations in Giving to Voluntary Health Organizations

Provincial variations in giving are expressed in two ways: the percentage of individuals in the general population who made donations (donor rate) and the average annual donations made by health donors (Figures 2 and 3). The donor rate was highest in Newfoundland (70%), but

compared with other Canadians, Newfoundlanders made the lowest average donations to health organizations (\$25). The donor rate was lowest in Quebec (40%), but Quebecois made the fourth highest average donations to health (\$58). Ontarians made the largest average donations (\$75).

Figure 2: Provincial Variations in Rate of Donating to Health Organizations

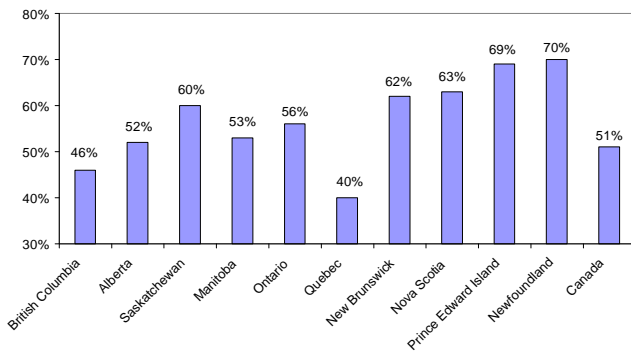
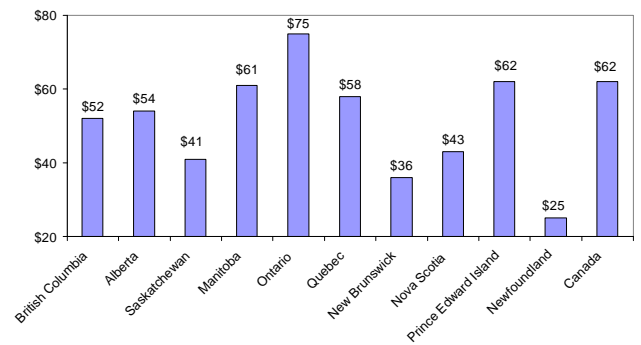


Figure 3: Provincial Variations in Size of Average Donation to Health Organizations



Who Are Health Donors?

Personal and Economic Characteristics

The personal and economic characteristics of health donors in Canada were similar to those of Canadian donors as a whole. Health donors did not appear to be a unique group within the donor population, perhaps because 86% of health donors also donated to other types of nonprofit organizations.

Table 1 provides a detailed profile of health donors in Canada and shows that these donors were generally representative of the Canadian population as a whole

(columns 2 & 3). Certain segments of the Canadian population, however, were somewhat over-represented among health donors. These were females, those who were married, those who were employed full-time, and those with household incomes of over \$80,000.

Under-represented among health donors were those between the ages of 15 and 24, males, those who were single, those with less than a high school education, and those with household incomes of less than \$20,000.

Who is most likely to donate?

When developing an effective fundraising strategy, it helps to understand who is most likely to support an organization's specific cause. Being aware of which segments of the population are most, and least, likely to

donate to health organizations can help in developing fundraising strategies. Not only would an organization want to continue to target individuals in the demographic groups with the highest donor rates, but they may also

want to adapt their fundraising strategies to attract groups that, as a whole, tend to donate at a lower rate to health organizations. Table 1 (column 4) shows the health donor rates (the percentages of each segment that donated to health organizations) for all Canadians.

Both the likelihood of making donations to health organizations and the average size of the donation generally

increased with age, level of education and household income. Females were more likely to donate to health organizations than males. Married Canadians—including those in common-law relationships—were more likely to give than those who were single, separated/divorced, or widowed. Those who were single, however, made larger average donations.

Table 1: Health Donor Population Profile, Canadian Population Profile, Donor Rate, % of Total Value of Donations, and Average Donation made to Health Organizations during 1997

	Profile of Health Donor Population	Profile of Canada's Population	Health Donor Rate (%)	% of Total Value of Health Donations	Average Health Donation (\$)
Total			51%	100%	62
Age					
15-24	9%	17%	27%	5%	38
25-34	18%	19%	48%	13%	42
35-44	24%	22%	56%	28%	72
45-54	20%	17%	60%	21%	64
55-64	13%	11%	61%	14%	68
65+	17%	15%	57%	20%	72
Sex					
Male	45%	49%	47%	45%	62
Female	55%	51%	55%	55%	62
Marital Status					
Married	72%	61%	60%	67%	58
Single, Never Married	16%	26%	32%	21%	79
Widow/Widower	6%	6%	51%	7%	72
Separated/Divorced	6%	7%	44%	5%	53
Education					
Less than high school	25%	30%	43%	16%	41
High school diploma	18%	19%	49%	17%	57
Some post-secondary	9%	10%	47%	8%	53
Post-secondary diploma	31%	28%	56%	28%	54
University degree	16%	13%	64%	31%	118
Labour force status					
Employed	64%	59%	55%	67%	64
Full-time	52%	47%	55%	51%	61
Part-time	12%	12%	53%	16%	79
Unemployed	4%	5%	39%	2%	24
Not in the Labour Force	32%	35%	46%	32%	61
Household Income					
Less than \$20,000	16%	24%	34%	10%	40
\$20,000-\$39,999	24%	25%	50%	16%	41
\$40,000-\$59,999	24%	23%	54%	19%	49
\$60,000-\$79,999	17%	15%	58%	14%	53
\$80,000 and over	19%	14%	69%	40%	127
Religious Affiliation					
No Religious Affiliation	22%	25%	45%	19%	54
Affiliated	78%	75%	53%	81%	64
Religious Attendance **					
Non-Weekly Attender	71%	73%	52%	61%	55
Weekly Attender	29%	27%	59%	39%	83
Intensity of Religious Feeling					
Does not Feel Very Religious	87%	88%	53%	81%	57
Feels Very Religious	13%	12%	51%	19%	92

** Only respondents who were affiliated with a place of worship were asked about their religious attendance.

Who Gives the Most?

It is important to note that most of the money donated to voluntary health organizations came from a small percentage of the health donor population. Figure 4 illustrates that the top 5% of health donors—those who donated \$176 or more annually—accounted for 44% of the total dollar value of donations. The next 20% gave between \$56 and \$175 each, and accounted for 31% of the total dollar value of all health donations. If we combine these two groups, we can see that the top 25% of the donors who gave to health organizations accounted for 75% of the total dollar value of health donations. The remaining three-quarters (75%), those who gave between \$1 and \$55 annually, accounted for only 24% of the total dollar value of donations. This pattern was also found for Canadian donors as a whole (see *Fact Sheet # 1*), and for social service donors in Canada (see *Voluntary Social Service Organizations in Canada: Public Involvement and Support*).

Who are the Top Health Donors?

Because 25% of health donors accounted for 75% of the total value of donations, it is worthwhile to see what sets these donors apart from the rest of the health donor population.

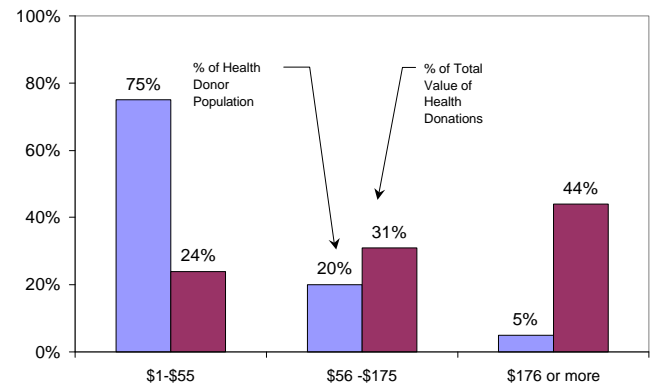
Table 2 compares the top 24% of health donors to the remaining 75% of health donors. It shows that a larger

proportion of the top 25%—compared to the remaining 75%—were 45 years or older, female, university graduates, and had household incomes greater than \$80,000.

Top Health Donors Give to Other Causes

Top health donors also gave generously to other causes. Specifically, of the top 25% of health donors, 29% were also in the top 25% of social service donors, and 17% were in the top 25% of religious organization donors.

Figure 4: Distribution of Health Donations by Size of Annual Donation



Please See Next Page for Table 2: Demographic Characteristics of the Top 25% and the Remaining 75% of Health Donors in Canada

Table 2: Demographic Characteristics of the Top 25% and the Remaining 75% of Health Donors in Canada

Annual Amount Donated	Top 25% of Canadian Health donors \$56 or more	Remaining 75% of Canadian Health donors \$1 - \$55
Age		
15-24	5%	10%
25-34	13%	20%
35-44	23%	24%
45-54	23%	19%
55-64	15%	12%
65+	22%	15%
Sex		
Male	42%	46%
Female	58%	54%
Marital Status		
Married	71%	72%
Single, never married	14%	17%
Widow/widower	8%	5%
Separated/divorced	7%	6%
Education		
Less than high school	18%	27%
High school diploma	20%	18%
Some post-secondary	10%	9%
Post-secondary diploma	31%	31%
University degree	21%	15%
Labour force status		
Employed	63%	64%
Full-time	52%	51%
Part-time	11%	13%
Unemployed	*2%	5%
Not in the Labour Force	35%	31%
Household Income		
Less than \$20,000	11%	17%
\$20,000-\$39,999	18%	26%
\$40,000-\$59,999	24%	24%
\$60,000-\$79,999	15%	17%
\$80,000 and over	31%	16%
Religious Affiliation		
No Religious Affiliation	22%	22%
Affiliated	78%	78%
Religious Attendance**		
Non-Weekly Attender	71%	70%
Weekly Attender	29%	30%
Intensity of Religious Feeling		
Does not Feel Very Religious	87%	88%
Feels Very Religious	13%	12%

* Sample size limitations affect the reliability of these estimates

** Only respondents who were affiliated with a place of worship were asked about their religious attendance.

The Role of Religion

Table 1 illustrates the role of religion in giving to health organizations. Canadians who were affiliated with a community of worship, regularly attended weekly services, and who described themselves as “very religious” were slightly more likely to donate to health organizations than were the rest of Canadians. These Canadians also made larger annual donations to health organizations.

While religious factors were associated with giving to health organizations, the association was not as strong as that between religious factors and overall giving by all

Canadians. This is partly because the Canadian donor pool as a whole included donors who gave to religious organizations. Because religious factors were strongly associated with a greater likelihood of donating to religious organizations and larger average annual donations, the overall picture shows that, in general, religious factors influence giving. This is specifically true for weekly and non-weekly attenders at a place of worship, as is shown by the donor rate and the average donations to health and religious organizations by these groups (See Figure 5 and Figure 6).

Figure 5: Percentage of Donors by Religious Attendance and Type of Organization

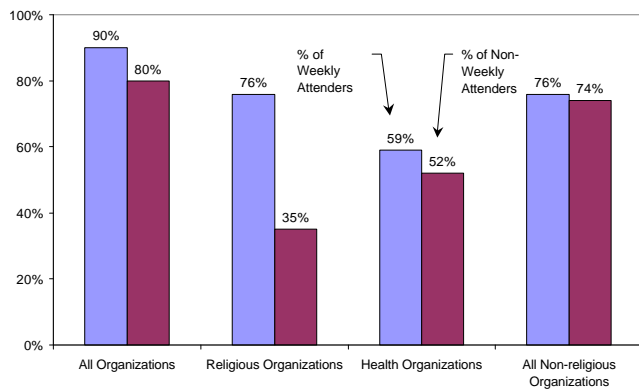
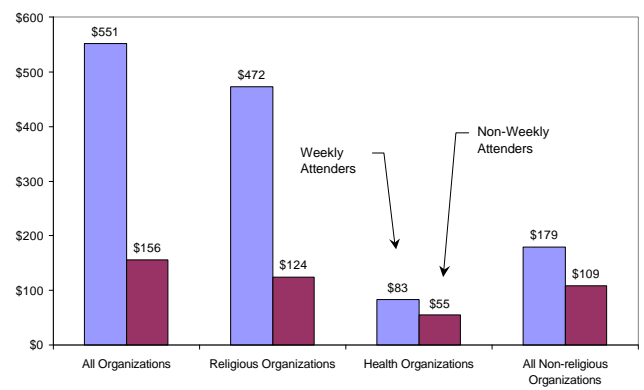


Figure 6: Average Annual Donation by Religious Attendance and Type of Organization

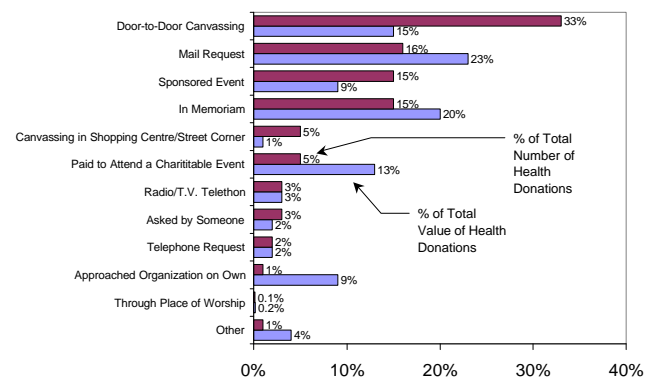


How Voluntary Health Organizations Attract Financial Donations

Canadians made donations to voluntary health organizations through a variety of methods. Figure 7 shows the percentage of the total number of donations and the percentage of the total value of donations for each method.

The most frequent way Canadians made donations to voluntary health organizations was by responding to a door-to-door canvasser. Thirty-three percent (33%) of the total number of donations were given in this way. The next most frequent ways in which Canadians made health donations were responding to mail requests, sponsoring someone in an event and donating in memoriam (each accounted for approximately 15% of the total number of donations).

Figure 7: Methods of Making Donations to Health Organizations



Although door-to-door canvassers attracted the largest number of donations (33%), they only received 15% of the total value of all donations. Mail requests and in memoriam donations attracted the largest percentage of

the total value of donations (23% and 20% respectively). While paying to attend a charitable event attracted only 5% of the number of donations, it accounted for 13% of the total value of health donations.

Volunteering for Health Organizations

Volunteers are essential to developing, sustaining and improving voluntary health organizations in the community. These organizations that do not have the funds to pay staff or that use volunteers to supplement

paid staff rely on volunteers to provide their services to the community. Volunteer activity, therefore, benefits those who depend on health organizations and enables these organizations to maintain and expand their services.

Volunteering for Health Organizations in Canada

Approximately 1.3 million Canadians—5% of the country’s population aged 15 and over—volunteered their time and skills to health organizations between November 1, 1996 and October 31, 1997. These volunteers contributed over 92.6 million hours, the equivalent of more than 48,200 full-time year-round jobs (assuming 40 hours per week for 48 weeks). On average, Canadians who volunteered for health organizations contributed 73 hours of their time to these organizations during the year covered by the survey.

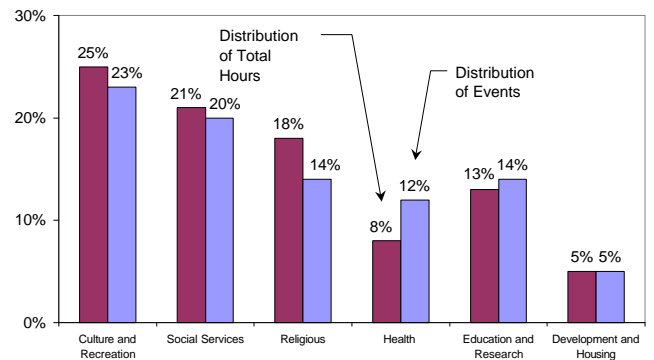
8% of the total number of volunteered hours, and 12% of the total number of volunteer events in Canada. Culture and recreation organizations, by contrast, received 25% of the total volunteer hours and 23% of the total number of events, followed by social service organizations (21% of the total hours and 20% of the total number of events), religious organizations (18% of all volunteer hours and 14% of volunteer events) and education and research organizations (13% of the total hours and 14% of volunteer events).

While 54% of health volunteers also contributed their time to other organizations, 46% of them limited their volunteering to health organizations.

Figure 8. Distribution of Total Volunteer Events and Total Hours by the Top Six Types of Organizations

The Volunteer Support Provided by Canadians

Compared to other types of organizations, health organizations accounted for the fifth largest number of volunteer hours and the fifth largest number of volunteer events¹ (Figure 8). Health organizations accounted for



Provincial Variations in Volunteering for Health Organizations

Volunteering for organizations by Canadians varied from province to province (Figure 9 and Figure 10). The health volunteer rates were highest in Saskatchewan (8%), Prince Edward Island (7%), Nova Scotia (7%), and Alberta (7%). The lowest health volunteer rate was in

Quebec (3%), but Quebecois volunteered by far the largest number of hours annually, on average (94 hours). Ontarians and British Columbians followed, volunteering 77 hours and 74 hours on average respectively.

Figure 9. Provincial Variations in the Health Volunteer Rate

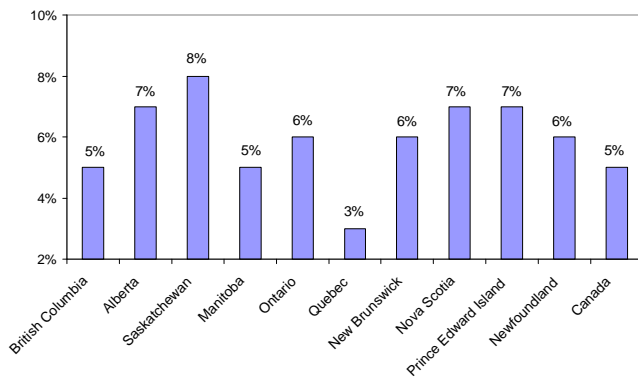
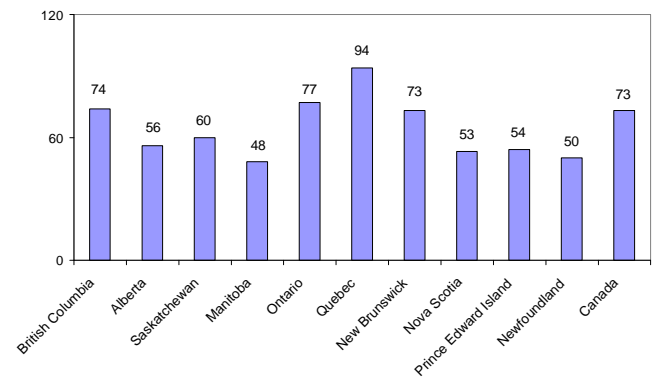


Figure 10. Provincial Variations of the Average Number of Hours Volunteered for Health Organizations



Who Are Health Volunteers?

Personal and Economic Characteristics

Table 3 provides a detailed profile of health volunteers in Canada. In general, the population of health volunteers was representative of the Canadian population.

The segments of the Canadian population that were over-represented in the health volunteer population were those aged 45-54 years, females, those who had higher levels of education, those who were employed part-time and those with household incomes of \$80,000 and over.

The segments of the Canadian population that were under-represented were males, those between the ages of

25 and 34 years, those with less than a high school education, and those with household incomes of less than \$20,000.

Please See Next Page for Table 3: Health Volunteer Population Profile, Canadian Population Profile, Volunteer Rate, % of Total Hours Volunteered and Average Hours Volunteered for Health Organizations during 1997

Table 3: Health Volunteer Population Profile, Canadian Population Profile, Volunteer Rate, % of Total Hours Volunteered and Average Hours Volunteered for Health Organizations during 1997

	Profile of the Health Volunteer Population	Profile of Canada's Population	Health Volunteer Rate (%)	% of Total Hours Volunteered (%)	Average Hours Volunteered
Total			5%	100%	73
Age					
15-24	14%	17%	4%	14%	72
25-34	15%	19%	4%	10%	48
35-44	22%	22%	5%	15%	49
45-54	24%	17%	8%	24%	74
55-64	12%	11%	6%	12%	73
65+	13%	15%	5%	25%	137
Sex					
Male	31%	49%	3%	31%	72
Female	69%	51%	7%	69%	73
Marital Status					
Married	65%	61%	6%	59%	65
Single, never married	23%	26%	5%	24%	76
Widow/widower	*6%	6%	*5%	*7%	*90
Separated/divorced	*6%	7%	5%	*10%	*121
Education					
Less than high school	16%	30%	3%	16%	73
High school diploma	21%	19%	6%	22%	77
Some post-secondary	10%	10%	5%	7%	51
Post-secondary diploma	34%	28%	7%	33%	70
University degree	19%	13%	8%	22%	84
Labour force status					
Employed	62%	59%	6%	43%	51
Full-time	44%	47%	5%	31%	52
Part-time	18%	12%	8%	12%	49
Unemployed	---	5%	---	---	---
Not in the Labour Force	34%	35%	5%	51%	108
Household Income					
Less than \$20,000	14%	24%	3%	24%	121
\$20,000-\$39,999	21%	25%	5%	25%	87
\$40,000-\$59,999	23%	23%	5%	23%	73
\$60,000-\$79,999	15%	15%	5%	10%	50
\$80,000 and over	27%	14%	10%	18%	48
Religious Affiliation					
No Religious Affiliation	20%	25%	4%	17%	61
Affiliated	80%	75%	6%	83%	76
Religious Attendance **					
Non-Weekly Attender	62%	73%	5%	56%	68
Weekly Attender	38%	27%	8%	44%	88
Intensity of Religious Feeling					
Does not Feel Very Religious	82%	88%	5%	85%	74
Feels Very Religious	18%	12%	8%	15%	65

*Sample size limitations affect the reliability of these estimates

** Only respondents who were affiliated with a place of worship were asked about their religious attendance.

--- Amount too small to be expressed

Who is Most Likely to Volunteer?

It is useful to know which segments of the population are more or less likely to volunteer. Those who already volunteer and who understand the importance of volunteering may be the easiest to recruit for additional volunteer activity. Focusing recruitment campaigns on these segments of the population may be more successful. Knowing which segments volunteer at lower rates may signal the need to modify or intensify recruitment campaigns aimed at those groups.

Canadians between the ages of 45-54 were more likely to volunteer for health organizations (Table 3) than Canadians in other age groups. However, volunteers aged 45-54 and 65 and older contributed the largest average number of hours annually (74 and 137 hours respectively).

Females were over twice as likely to volunteer for health organizations than were males. The health volunteer rate rose with level of education. However, the most hours, on average, were contributed by volunteers with a high

school diploma or a university degree (77 and 84 hours respectively).

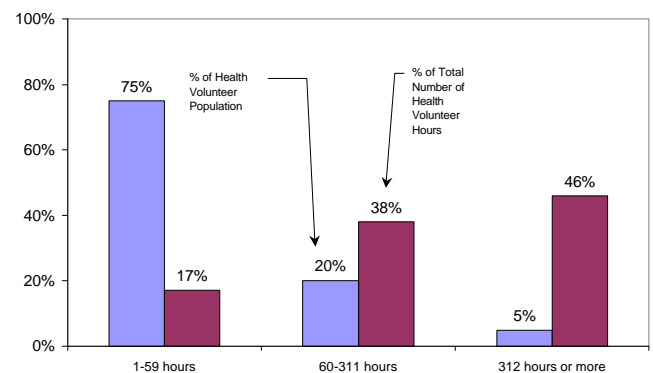
Canadians employed part-time were more likely to volunteer for health organizations than Canadians who were employed full-time, or not in the labour force. However, Canadians employed part-time volunteered the least number of hours on average (49 hours). Canadians not in the labour force contributed the largest average number of hours annually (108 hours).

The volunteer rate increased with the level of household income. However, the average number of hours volunteered decreased as the level of household income increased. Health volunteers who had a household income less than \$20,000 contributed an average of 121 hours a year each, whereas those who had a household income of \$80,000 or more contributed only 48 hours on average.

Who Contributes the Most Volunteer Hours to Health Organizations?

It is important to note that most of the volunteer hours contributed to health organizations came from a small percentage of the health volunteer population. Figure 11 illustrates that the top 5% of the health volunteers—those who volunteered 312 hours or more—accounted for 46% of all health volunteer hours. The next 20%, who contributed between 60 and 311 hours each, accounted for 38% of all health volunteer hours. If we combine these two groups, we can see that the top 25% of Canada’s health volunteers accounted for 84% of the total number of volunteer hours. The remaining three-quarters (75%) of Canada’s health volunteers, those who volunteered less than 60 hours annually, accounted for only 17% of the total hours. This pattern was also found for Canadian volunteers as a whole (see Fact Sheet #2: Volunteering in Canada) and for social service volunteers see *Voluntary Social Service Organizations in Canada: Public Involvement and Support*.

Figure 11. Distribution of Total Number Health Volunteer Hours by Annual Hours Volunteered



Who are the Top Health Volunteers?

Since a small proportion of health volunteers accounted for the majority of the volunteer hours, it is worthwhile to look at what distinguishes these volunteers from the rest of the health volunteers.

Table 4 compares the top 25% of health volunteers to the remaining 75% of health volunteers. It shows that a larger proportion of the top 25%, compared to the remaining 75%, were 55 years and older, university graduates, not in the labour force, and had household incomes of less than \$20,000.

Table 4: Demographic Characteristics of the Top 25% of Health Volunteers and the Remaining 75% of Health Volunteers in Canada

	Top 25% of Canadian Health Volunteers	Remaining 75% of Canadian Health Volunteers
Annual Hours Volunteered	(60 hours or more)	(1-59 hours)
Age		
15-24	* 15%	13%
25-34	---	16%
35-44	* 17%	23%
45-54	* 23%	24%
55-64	* 16%	* 11%
65+	* 18%	* 12%
Sex		
Male	30%	31%
Female	70%	69%
Marital Status		
Married	60%	67%
Single, never married	* 25%	22%
Widow/widower	---	---
Separated/divorced	---	---
Education		
Less than high school	* 15%	16%
High school diploma	* 17%	22%
Some post-secondary	---	* 10%
Post-secondary diploma	36%	34%
University degree	* 22%	18%
Labour force status		
Employed	51%	65%
Full-time	33%	47%
Part-time	---	18%
Unemployed	---	---
Not in the Labour Force	44%	31%
Household Income		
Less than \$20,000	* 20%	* 12%
\$20,000-\$39,999	* 22%	21%
\$40,000-\$59,999	* 25%	22%
\$60,000-\$79,999	---	15%
\$80,000 and over	* 19%	29%
Religious Affiliation		
No Religious Affiliation	* 22%	20%
Affiliated	78%	80%
Religious Attendance**		
Non-Weekly Attender	57%	64%
Weekly Attender	43%	36%
Intensity of Religious Feeling		
Does not Feel Very Religious	83%	82%
Feels Very Religious	* 17%	18%

* Sample size limitations affect the reliability of these estimates

** Only respondents who were affiliated with a place of worship were asked about their religious attendance.

--- Amount too small to be expressed

The Role of Religion

Affiliation with a religious organization, regular attendance at a place of worship, and intensity of religious feeling were all associated with a higher rate of volunteering for health organizations and, with the exception of intensity of religious feeling, a greater average amount of time contributed (Table 3). While health volunteers were generally representative of the Canadian population as a whole, a larger proportion of

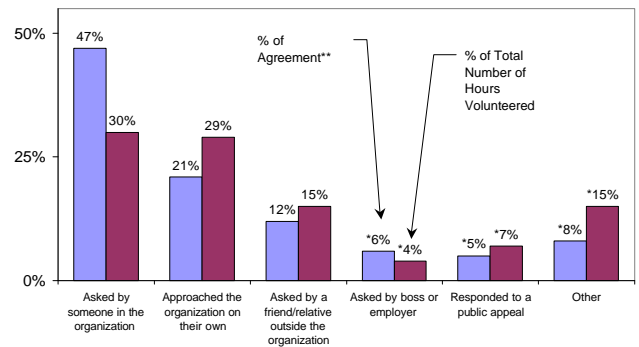
health volunteers were affiliated with a place of worship, attended regularly and considered themselves to be “very religious,” compared with the Canadian population as a whole. A larger proportion of the top 25% of health volunteers regularly attended a place of worship compared with the rest of the health volunteer population (Table 4).

How Volunteers Became Involved in Health Organizations

Canadians began volunteering for health organizations in a variety of ways. Forty-seven percent (47%) agreed that they began volunteering after being approached to do so by someone in a health organization (Figure 12). Twenty-one percent (21%) began after they approached health organizations on their own, while 12% agreed that they began volunteering after being asked by a friend or a relative outside the organization. A much smaller number became involved as the result of a request made by a boss or employer (6%); or through a public appeal (5%).

Though more than twice as many volunteers agreed that they began volunteering after being asked by someone in the organization (47%) as opposed to approaching the organization on their own (21%), those who approached the organization themselves volunteered almost the same percentage of total volunteer

Figure 12. How Volunteers Became Involved with Health Organizations



*Sample size limitations affect the reliability of these estimates

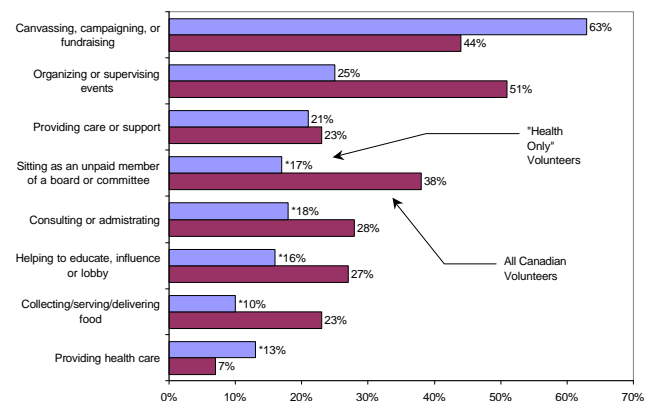
**For each volunteer event reported, volunteers were asked how they first became involved with the organizations for which they volunteered.

hours as those who were asked by someone in the organization (29% versus 30% respectively).

What Health Volunteers Do

Canadians who limited their volunteer involvement to health organizations performed a range of activities for these organizations. The most common activity performed by these health volunteers was canvassing, campaigning, or fundraising (Figure 13). Sixty-three percent (63%) reported that they had preformed this activity for health organizations. The second most common activity was organizing or supervising events (25%), followed by providing care and support (21%). Figure 13 compares the distribution of volunteer activities for Canadians who limited their volunteering to health organizations to that of all Canadian volunteers.

Figure 13: Top Activities in which Volunteers Engage "Health Only" Volunteers and All Canadian Volunteers



*Sample size limitations affect the reliability of these estimates

Conclusion

These findings may be helpful to voluntary health organizations in a number of ways. First, knowing which segments of Canada's population are more (or less) likely to donate or volunteer can assist health organizations that rely on such people to carry out their programmes and activities. Those segments of the Canadian population that are already involved in donating and volunteering may be more responsive to further requests for support. Understanding which segments of Canada's population donate and volunteer at lower rates can help organizations think about what specific measures they may need to take to target these groups for support, or to intensify fundraising and recruitment campaigns aimed at them.

Second, the majority of charitable donations and volunteer hours came from relatively small proportions of Canada's health donor and volunteer populations. Findings indicate that the top 25% of the health donors (those making annual donations of at least \$56) and the top 25% of volunteers (those volunteering 60 hours or more annually) accounted for 75% of the total value of health donations and 84% of the total number of health volunteer hours in Canada, respectively. This concentration of support has important implications for health organizations. The dependence on a small percentage of the population for the bulk of the support can be seen as an area of vulnerability for health organizations and the voluntary

sector as a whole. Any reduction in donations and volunteering among Canadians who provide either the bulk of charitable donations or volunteer hours could result in a substantial decline in the availability of these two key resources to the voluntary sector. These findings serve as a reminder to voluntary health organizations to foster and sustain the relationships that they have with existing donors and volunteers.

Finally, being aware of motivations for giving and volunteering, and the reasons why individuals do not donate or volunteer more can also assist organizations with their fundraising and recruitment strategies. For information on Canadian's motivations for giving and volunteering, see *Fact Sheet #6 "Motivations for Giving and Volunteering"* and *Caring Canadians, Involved Canadians*. For information on barriers to giving and volunteering – or giving and volunteering more—see *Caring Canadians, Involved Canadians* and *The Public's Concerns About Fundraising and the Use of Donated Dollars*. For tips on how to better use the information provided in this report and to help develop successful fundraising and volunteer recruitment campaigns see *Fundraising Numbers: Using the National Survey of Giving, Volunteering and Participating for Fundraising* and *Volunteer Numbers: Using the National Survey of Giving, Volunteering and Participating for Volunteer Management*.

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Endnotes

1. In this report, each organization reported by an individual constitutes one "volunteer event". 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.