

# 2007 CANADA SURVEY OF Giving, Volunteering & Participating



David Lasby

## Giving and Volunteering for Health Organizations in Alberta

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



[givingandvolunteering.ca](http://givingandvolunteering.ca)

## TABLE OF CONTENTS

Charitable Giving to Health Organizations .....	1
The concentration of support.....	3
Who gives to Health organizations? .....	3
How do Health donors donate? .....	5
What other causes do Health donors support?.....	6
What motivations and barriers do Health donors experience? .....	7
The role of prior planning in donations to Health organizations .....	9
Volunteering for Health Organizations .....	11
The concentration of support .....	13
Who volunteers for Health organizations? .....	14
How do Health volunteers become involved? .....	15
What do Health volunteers do?.....	15
What other organizations do Health volunteers support? .....	16
What motivations and barriers do Health volunteers experience? .....	18
Summary .....	19
References Cited.....	21

### 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 2 of *Caring Canadians, Involved Canadians: Highlights from the 2007 Canada Survey of Giving, Volunteering and Participating* (Hall, Lasby, Ayer, & Gibbons, 2009).

### Acknowledgements

This report is made available as a result of funding from Alberta Culture & Community Spirit, TransCanada and The Muttart Foundation.

Cover photo by D'Arcy Norman. Photo licensed under Creative Commons [Attribution 2.0 Generic](#) license.

## INTRODUCTION

Although Health organizations are crucial to the day to day functioning of Albertan society, they represent quite a small component of the total nonprofit and voluntary sector in Alberta. According to the 2003 National Survey of Nonprofit and Voluntary Organizations (NSNVO), Health organizations made up approximately 3% of the number of organizations in Alberta, though they accounted for 8% of total nonprofit and voluntary sector revenues (Hall, et al., 2005). This report summarizes what is currently known about how Albertans support these organizations through their contributions of time and money.

This report uses information from the 2007 Canada Survey of Giving, Volunteering, and Participating (CSGVP) to provide insight into the Albertans who support Hospitals and other organizations working in the area of Health. It describe how much these Albertans contributed, how they donated, how they came to be involved as volunteers for Health organizations, what they did as volunteers, other types of causes they supported, their motivations for making contributions of money and time, and the barriers they faced in doing so.

## CHARITABLE GIVING TO HEALTH ORGANIZATIONS

Very large numbers of Albertans donated to Hospitals and other Health organizations. In 2007, approximately 1.8 million Albertans (the equivalent of 63% of Albertans aged 15 and over) donated to Health organizations (see Table 1). Put another way, the vast majority of the 85% of Albertans who donated to nonprofit and charitable organizations supported Health organizations, amongst other causes. Health donors contributed annual donations averaging \$127 each for a total of \$224.6 million. Again, by way of comparison Alberta donors contributed an average of \$596 each to all organizations, for a total of \$1.4 billion. By any reasonable measure, support for Health organizations is widespread and represents a significant proportion of donations in Alberta.

**Table 1: Donors and donation amounts, Health organizations and All organizations, population aged 15 and over, Alberta, 2007.**

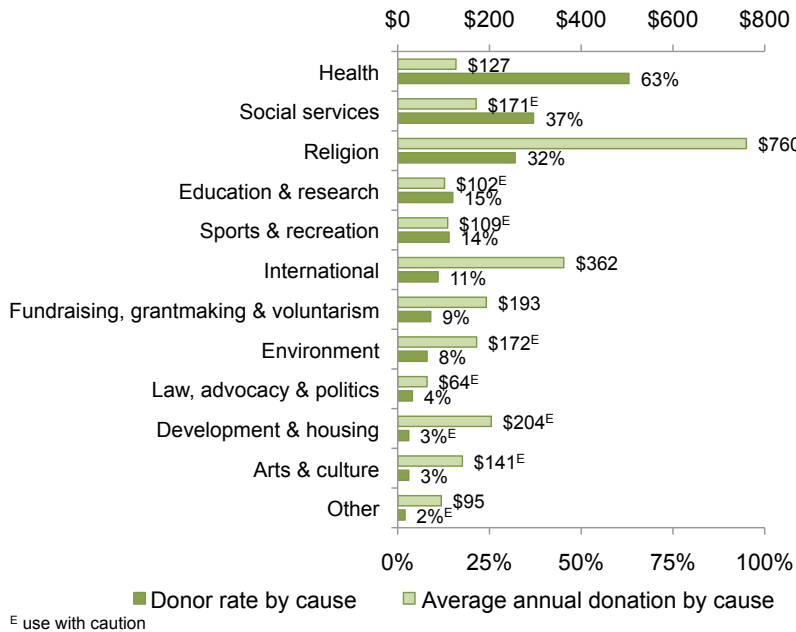
<b>Rate of donating</b>	<b>Health Organizations</b>	<b>All Organizations</b>
Total population (thousands)	2,806	2,806
Donors (thousands)	1,762	2,386
Donor rate	63%	85%
<b>Amount donated</b>		
Total amount donated (thousands)	\$224,612	\$1,421,663
Mean donation	\$127	\$596
Median donation	\$52	\$150

Health organizations have by far the broadest donor base of any type of organization in Alberta, with almost two-thirds of Albertans (63%) donating and contributing an average of \$127 each over the course of the year (see Figure 1). The average amount donated was less than the average amounts contributed to many other types of organizations, but the sheer size of the donor pool means that Health organizations accounted for quite a large proportion of total donations in Alberta. Collectively, Health organizations received nearly half of the

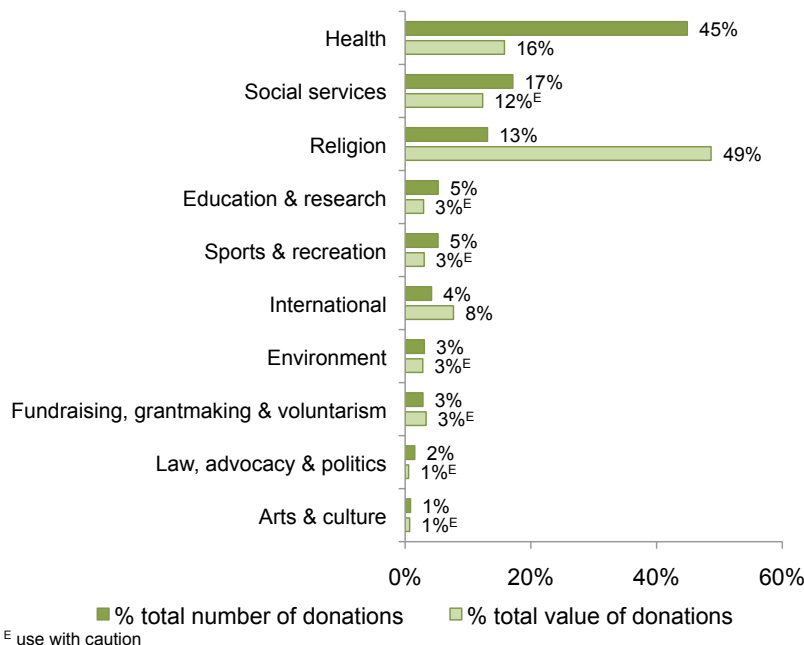
GIVING AND VOLUNTEERING FOR HEALTH ORGANIZATIONS IN ALBERTA

total number of donations (45%) and 16% of the total value of donations made in Alberta, placing them second behind Religious organizations and somewhat ahead of Social Services in terms of the amounts donated (see Figure 2). Although many donors made more than one donation and the average donation was relatively large, it is important to also remember that

**Figure 1: Donor rate and average annual donation by organization type, population aged 15 and over, Alberta, 2007.**



**Figure 2: Percentage of total number and total value of donations by organization type, donors aged 15 and over, Alberta, 2007.**



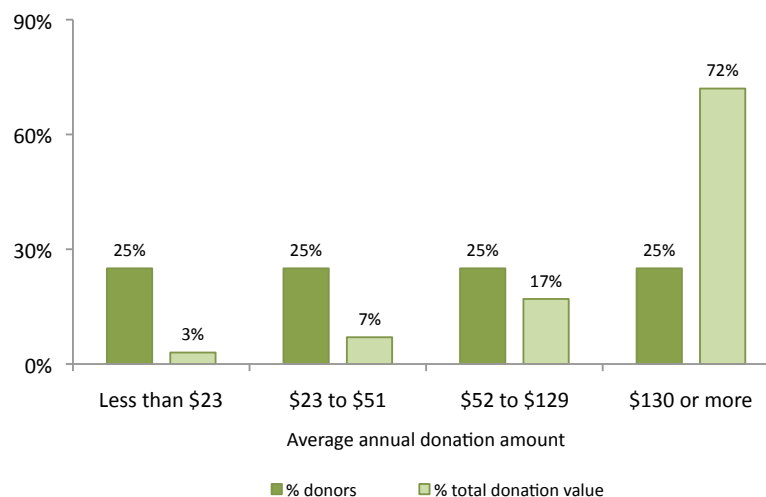
in terms of sheer numbers, the most common Health donor, was the Alberta resident who made a single contribution of \$20 to the cause at some point during the year.

Compared to the rest of Canada, Albertans were as likely as others to donate to Health organizations (63% vs. 61% for the rest of Canada), and made virtually identical average annual donations (\$127 vs. \$125). It is clear, however, that donors in the rest of Canada allocated more of their total donations to Health organizations (22% vs. 16% for Albertan donors). Given the similarity in the rate and average size of donations, however, this appears to have been less a matter of low support for Health organizations, than higher levels of support for other causes.

### The concentration of support

Although the total donor base for Health organizations was incredibly broad, with almost two in three Albertans contributing, most of the money contributed to Health organizations receive came from a minority of that base. In 2007 almost three-quarters (72%) of the total value of donations to Health organizations came from the 25% of donors who contributed \$130 or more annually (see Figure 3). Although this degree of concentration of support may seem potentially worrying, in that donations were so heavily dependent on a small minority of donors, Health donors are unusual in that the degree of reliance on the top quarter of donors was quite low, compared to other causes. By way of comparison, for donations as whole in Alberta 83% of total donation value came from the top 25% of donors; similarly for Canada 82% of total donations came from the top quarter of donors.

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



### Who gives to Health organizations?

The likelihood of donating to Health organizations and the average amounts donated to Health organizations by donors appear to have varied according to the personal

characteristics of groups of Albertans. Although the decisions around donating were above all personal and the personal and economic characteristics possessed by individuals did not determine whether they donated or how much they donated, at a population level they provide useful insight. For understanding donations to Health organizations, the most important of these characteristics appear to have been age, household income, level of education, sex, labour force status, presence of children in the household and frequency of religious attendance(see Table 2).

The likelihood of donating to Health organizations increased with age, household income and the level of educational attainment. In terms of age, those aged 55 and over were most

**Table 2: Health donor rate and average Health annual donation, by personal and economic characteristics, population aged 15 and over, Alberta, 2007.**

<b>Age group</b>	<b>Health donor rate</b>	<b>Average annual Health donation</b>
15 to 34 years	50%	\$97
35 to 54 years	69%	\$148
55 years or older	73%	\$130
<b>Sex</b>		
Male	59%	\$141
Female	67%	\$115
<b>Marital status</b>		
Married or common-law	70%	\$127
Single	45%	\$100
Widow or widower	57%	\$241 <sup>E</sup>
Separated or divorced	61%	\$145 <sup>E</sup>
<b>Education level</b>		
High School	50%	\$90
Post-secondary	66%	\$116
University	76%	\$181
<b>Labour force status</b>		
Employed	65%	\$141
Unemployed	41% <sup>E</sup>	\$59 <sup>E</sup>
Not in the labour force	57%	\$86
<b>Presence of children</b>		
No children in household	65%	\$136
Children in the household	60%	\$115
<b>Religious attendance</b>		
Weekly attendee	58%	\$115
Not a weekly attendee	64%	\$128
<b>Household income</b>		
Less than \$40,000	55%	\$70
\$40,000 to \$99,999	62%	\$101
\$100,000 or more	69%	\$189

<sup>E</sup> Use with caution

... Sample size too small to be presented

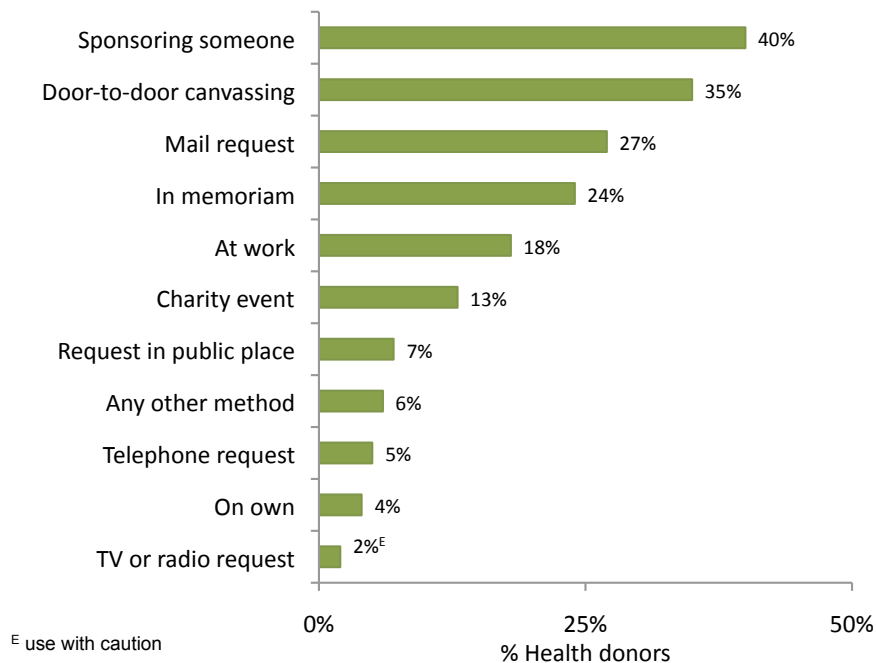
likely to donate (73% donated, compared to 50% of those 34 and younger). Over two-thirds (69%) of those with household incomes of \$100,000 or more donated (an average of \$189 each), compared to 55% of those with incomes less than \$40,000 (\$70 each). Similarly, just over three-quarters (76%) of those with a university degree donated an average of \$181 each, while half (50%) of those with a high school education or less donated an average of \$90.

Other groups that stood out from other Albertans in terms of their likelihood of donating to Health organizations included: women (67% donated), those who were married or in a common-law relationship (70%), and those who were employed (65%). Two groups that particularly stood out with regards to Health donations were those with no children in the household (65% donated an average of \$136 each) and those who did not attend religious services on a weekly basis (64% and \$128). Both of these groups are interesting in that they were generally less likely than those with children in the household and weekly attendees to donate to most other causes.

### How do Health donors donate?

Health donors were most likely to report donating by sponsoring someone in an event of some sort (40% of Health donors contributed in this way; see Figure 4). Other common methods included donating in response to door-to-door canvassing (35%), in response to requests made via the mail (27%) and donating in someone's memory (24%). Health donors were much less likely to donate in response to requests made via the telephone (5%) or broadcast media such as TV or radio (2%<sup>E</sup>). The relative importance of these various means of donation was essentially unchanged from 2004.

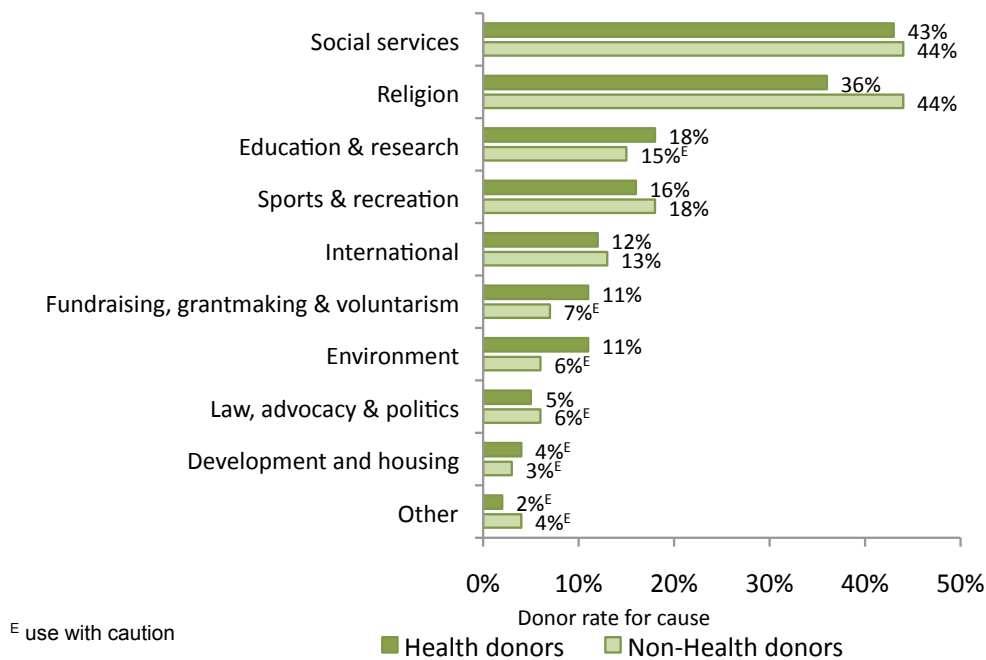
**Figure 4: Percentage of donors contributing by selected donation method, Health donors aged 15 and over, Alberta, 2007.**



### What other causes do Health donors support?

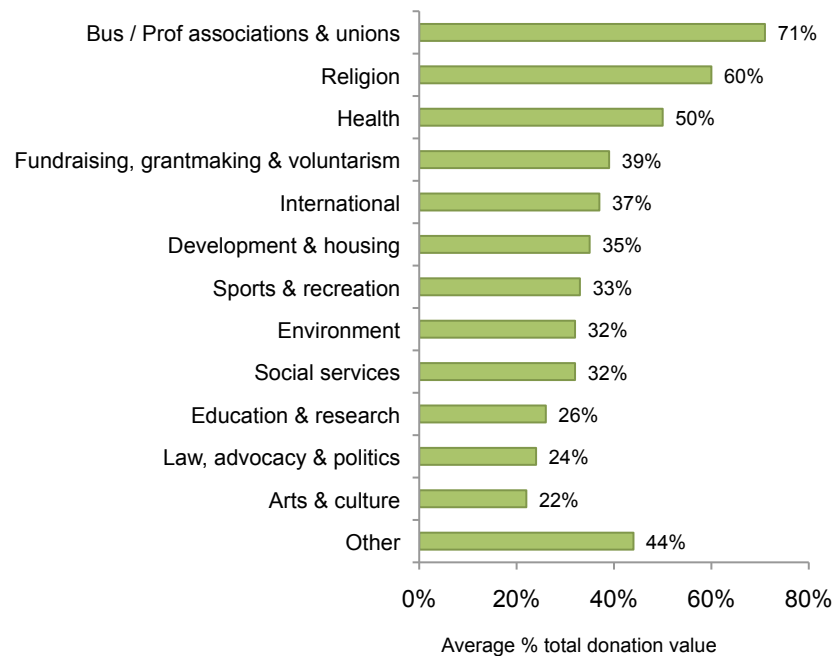
Donors to Health organizations usually also donated to organizations working in other domains. Health donors contributed to an average of 1.6 other causes. Health donors stood out, compared to donors for many other types of organizations, in the degree to which they tended to support relatively small numbers of organizations. Broadly speaking, Health donors and donors who did not support Health organizations showed grossly similar patterns of support for other causes. For instance, both groups were most likely to donate to other organizations working in the areas of Social Services and Religion, and least likely to donate to organizations working in the areas of Law, Advocacy & Politics and Development and Housing (see Figure 5). However, Health donors differed somewhat in that they were less likely to also donate to Religious organizations (36% donated vs. 44% of non-Health donors) and somewhat more likely to donate to Environmental organizations (11% vs. 6%<sup>E</sup> of non-Health donors).

**Figure 5: Rates of donation to other organization types, Health donors and Non-Health donors aged 15 and over, Alberta, 2007.**



As one might expect given the relatively small number of other causes that Health donors typically supported, Health donors contributed a relatively large proportion of their total donations to the Health cause. On average, Health donors contributed half (50%) of the total value of their donations to Health organizations, and allocated the remaining half to other causes (see Figure 6). Compared to other causes, Health organizations ranked towards the top of the spectrum in terms of the concentration of support on their particular cause. Only Business & Professional Associations and Unions and Religious organizations received larger average proportions of the total value of donations made by their supporters (71% and 60% respectively).

**Figure 6: Average percentage of total donation value allocated by organization type, donors to organization type aged 15 and over, Alberta, 2007.**



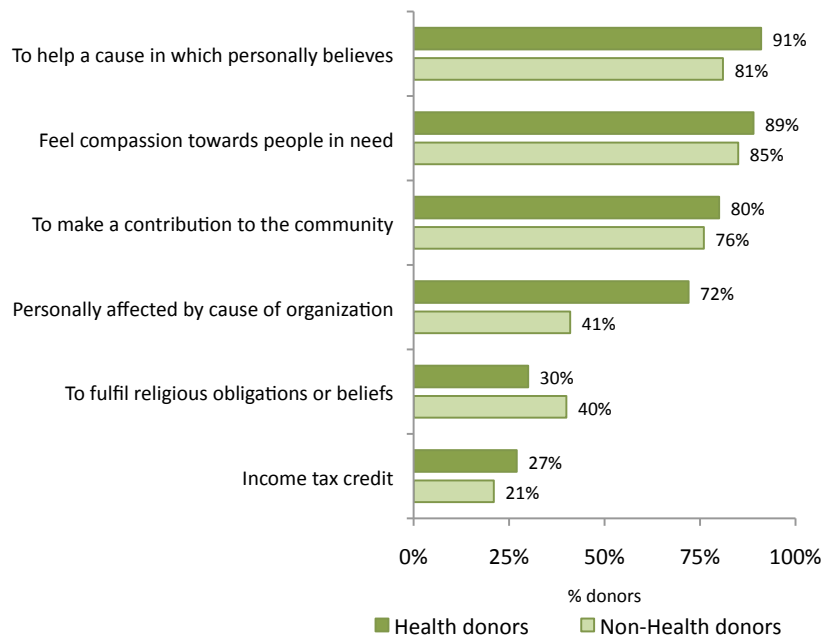
### What motivations and barriers do Health donors experience?

As was the case with donors to most causes, those who donated to Health organizations and those who did not tended to assign similar levels of relative importance to most motivations for giving (see Figure 7).<sup>1</sup> For instance, both Health donors and non-Health donors were more likely to report that altruistic motivations such as the desire to support a cause in which they personally believed (91% of Health donors and 81% of non-Health donors) or feelings of compassion towards those in need (89% and 85% respectively) were important to them in the donation decisions. Both groups were least likely to report that religious obligations or beliefs (30% and 40%) and income tax credits (27% and 21%) were important motivators.

Where Health donors were distinctly different from other donors was in three areas. Firstly they were strikingly more likely to say that being personally affected or knowing someone who was personally affected by the cause of the organization was important to them in their donations (72% vs. 41% of non-Health donors). Secondly, they were somewhat less likely to report that religious obligations or beliefs were important motivations (30% vs. 40%). Thirdly, they were somewhat more likely to report almost all motivations for donating. Collectively, this pattern of response suggests that Health donors as a group were relatively highly motivated, though being personally touched by the cause was particularly important to them.

<sup>1</sup> The CSGVP asked respondents whether any of six possible motivations played an important role in their decision(s) to donate. These questions applied to donating generally, rather than donating specifically to Health organizations. For this reason this report contrasts donors who contributed to Health organizations with those who did not.

**Figure 7: Motivations for donating, Health and Non-Health donors aged 15 and over, Alberta, 2007.**

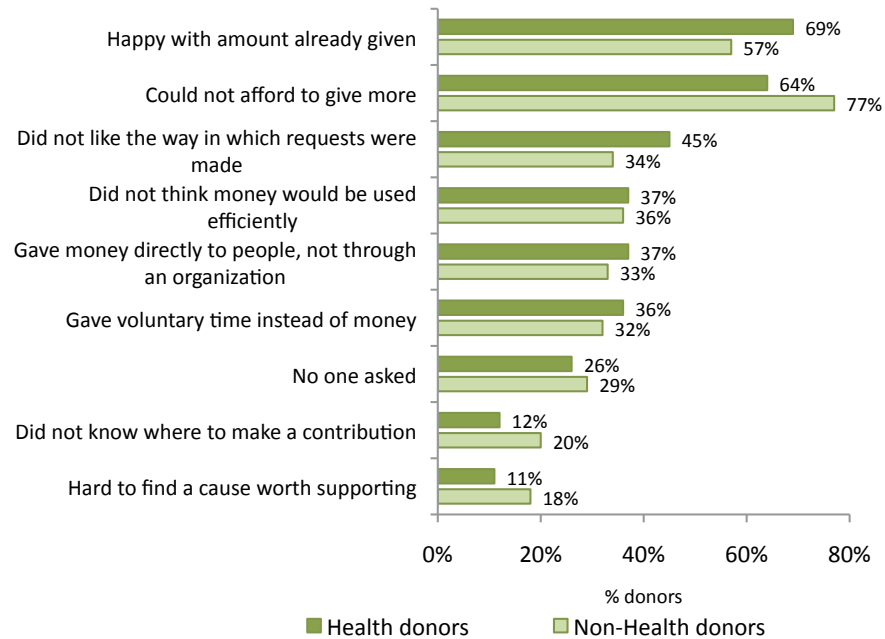


Very broadly, Health donors and non-Health donors tended to react fairly similarly to most barriers to donating more.<sup>2</sup> Both groups were more likely to report that they did not give more because they were happy with the amounts they had already given (69% of Health donors and 57% of non-Health donors) or could not afford to give more (64% and 77% respectively) than they were to report other barriers. Similarly, both groups were less likely to say that they didn't know where to make a contribution (12% and 20%) or found it hard to find a worthy cause (11% and 18%). Other barriers ranked in between these extremes and tended to have the same relative importance for both groups.

Where Health donors really stood out from other donors was in areas relating to the level of giving and associated costs. They were noticeably more likely to report that they did not give more because they were satisfied with the amounts they had already given (69% vs. 57% of non-Health donors). Conversely, they were much less likely to report that they could not afford to give more (64% vs. 77%). This suggests that for Health donors not giving more was less driven by issues of capability to donate, than willingness to do so. That Health donors were more likely than other donors to report that they did not like the way requests for donations were made (45% vs. 34%) suggests an area for improvement. However, it is important to emphasize that it seems clear that it is the specific nature of the request that matters rather than the absence of a request, as shown by the fact that Health donors were less likely to report not knowing where to make a donation (12% vs. 20%) or difficulty finding a cause worth supporting (11% vs. 18%).

<sup>2</sup> The CSGVP asked donors whether any of nine potential barriers prevented them from donating as much as they otherwise would have. Again, these questions applied to donating generally rather than donating specifically to Health organizations.

**Figure 8: Barriers to donating more, Health and Non-Health donors aged 15 and over, Alberta, 2007.**



### The role of prior planning in donations to Health organizations

Prior planning appeared to play relatively little role among Health donors. They were no more likely than non-Health donors to decide in advance the amount that they would give over the course of the year (23% vs. 24% of non-Health donors; see Figure 9). They were also no more likely to decide in advance which organizations would receive their larger donations (33% vs. 32%). However, while Health donors weren't any more likely to focus their donations on the same organizations (31% vs. 29%) they were more likely to follow an explicitly varied pattern of support, donating to a mixture of new and old organizations (48% of Health donors vs. 38% of other donors).

**Figure 9: Percentage of donors reporting prior planning measures, Health and Non-Health donors aged 15 and over, Alberta, 2007.**



## VOLUNTEERING FOR HEALTH ORGANIZATIONS

Approximately 227,000 Albertans volunteered for Health organizations in 2007 (see Table 3), the equivalent of 8% of the population aged 15 and over. These volunteers contributed an average of 71<sup>E</sup> hours each, for a total of almost 16 million volunteer hours. These volunteer hours were the equivalent of approximately 8,300 full-time jobs.<sup>3</sup> By way of comparison, 52% of Albertans volunteered for nonprofit and charitable organizations, contributing an average of 172 hours each for a total of 248 million volunteer hours.

**Table 3: Volunteers and volunteer hours, Health organizations and All organizations, population aged 15 and over, Alberta, 2007.**

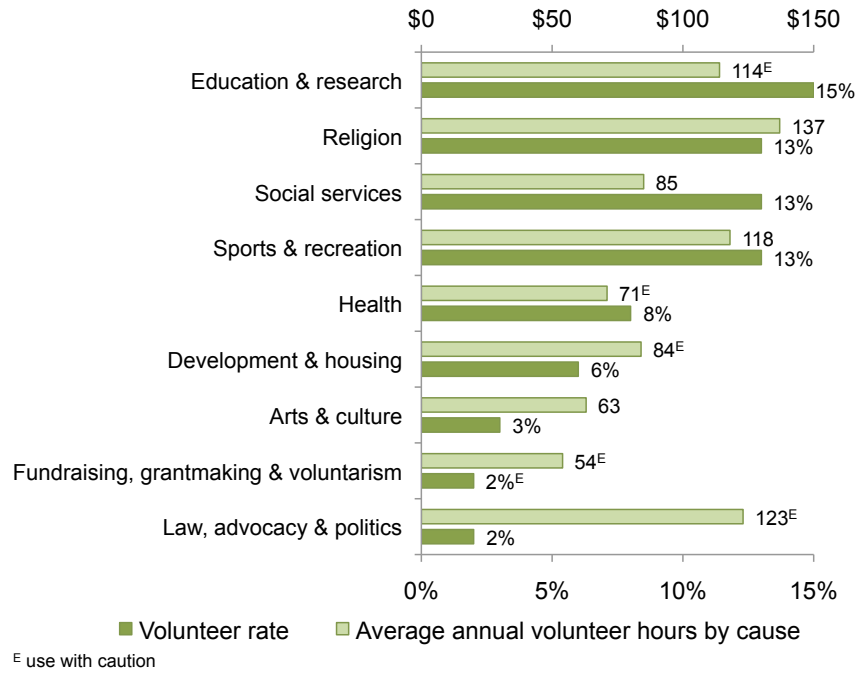
<b>Rate of volunteering</b>	<b>Health Organizations</b>	<b>All Organizations</b>
Total population (thousands)	2,806	2,806
Volunteers (thousands)	227	1,445
Volunteer rate	8%	52%
<b>Hours volunteered</b>		
Total hours (thousands)	15,990	247,913
Mean hours	71 <sup>E</sup>	172
Median hours	20	58

Compared to the levels of support for other causes, Health organizations were towards the middle of the pack. Albertans were more likely to report volunteering for Education & Research (15% of Albertans volunteered), Religious (13%), Social Services (13%), and Sports & Recreation (13%) organizations than for Health organizations (8%; see Figure 10). Similarly, they reported contributing more hours, on average, to these other causes than to Health organizations. Collectively, Alberta volunteers contributed 6%<sup>E</sup> of total volunteer hours to Health organizations (see Figure 11). This support trailed that offered to Religious, Education & Research, Sports & Recreation and Social Services organizations.

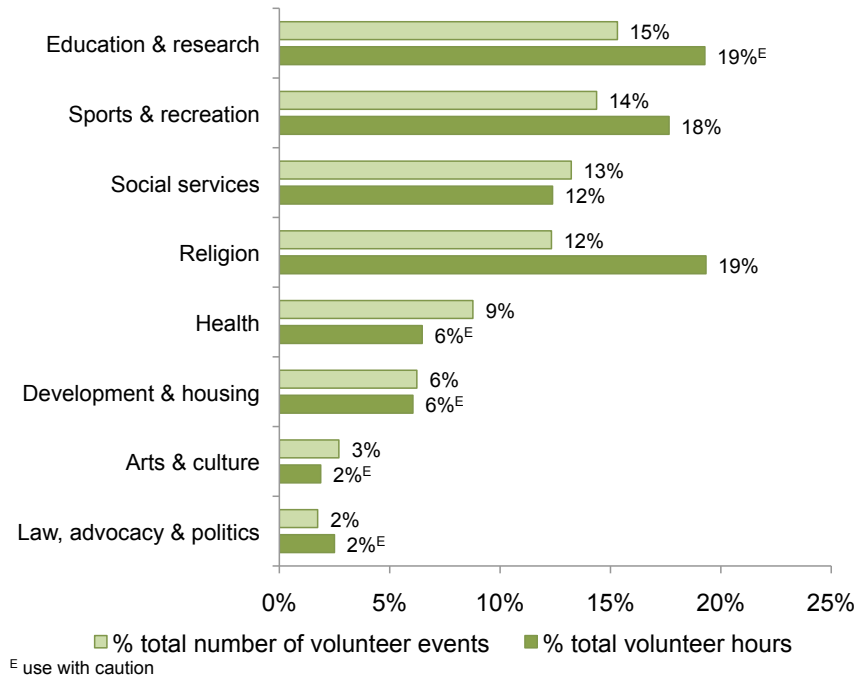
The levels of support offered by Albertans in 2007 were virtually identical to those seen in 2004, when 9% of Albertans volunteered for Health organizations, contributing an average of 73 hours each, for a total contribution of just over 16 million hours (Sperling & Lasby, 2007).

<sup>3</sup> Assuming a 40 hour work week and 48 work weeks per year.

**Figure 10: Volunteer rate and average annual hours volunteered by organization type, population aged 15 and over, Alberta, 2007.**



**Figure 11: Percentage of total number of volunteer episodes and total volunteer hours by organization type, volunteers aged 15 and over, Alberta, 2007.**



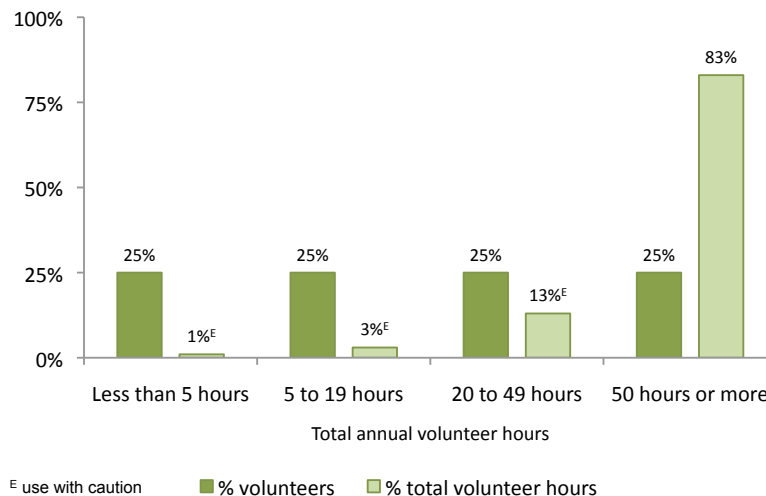
Compared to volunteers in the rest of Canada, Albertans were equally likely to volunteer for Health organizations (8% of both groups volunteered) and contributed an almost identical number of hours, on average (71<sup>E</sup> vs. 70 for Health volunteers in the rest of Canada). In terms of the allocation of volunteer hours across causes, Health organizations in Alberta accounted for a slightly smaller percentage of total hours than they did in the rest of Canada (6<sup>E</sup>% vs. 7%), though clearly given the close parallels in the level of support for Health organizations (i.e., the percentage of the population volunteering and the average hours they contribute), this was a product of differences in the levels of support for non-Health organizations.

### The concentration of support

Although 8% of Albertans volunteered for Health organizations, most volunteer hours came from a small minority of these volunteers. Over four-fifths (83%) of total hours volunteered for Health organizations came from the 25% of Health volunteers who contributed 50 hours or more over the course of the year (see Figure 12). A further 13%<sup>E</sup> of volunteer hours came from the quarter of Health volunteers who contributed between 20 and 49 hours. The remaining half of volunteers contributed just 4%<sup>E</sup> of total volunteer hours.

By extension, these figures indicate that most of the support for Health organizations came from just 2% of Albertans (one quarter of the 8% who volunteered). Although this degree of concentration may seem startling at first glance, it is only slightly above the norm for volunteering, both in Alberta (where 79% of total hours came from the quarter of volunteers who contributed the most hours) and Canada as a whole (where the top quarter of volunteers contributed 78% of total hours).

**Figure 12: Distribution of volunteers and percentage of total annual volunteer hours for Health organizations, Health volunteers, aged 15 and over, Alberta, 2007.**



## Who volunteers for Health organizations?

A few groups of Albertans stood out as being more likely than others to volunteer for Health organizations. These groups included those aged 35 to 54 years of age (10% volunteered), women (11%), and those with a university degree (13%; see Table 4). Beyond these groups, the likelihood of volunteering for Health organizations appears to have increased with household income (4% of those with household incomes less than \$40,000 volunteered, compared to 11% of those with incomes of \$100,000 or more). Unfortunately, because of the statistical limitations of survey findings, little beyond these cursory interpretations are possible.

**Table 4: Health volunteer rate and average Health volunteer hours, by personal and economic characteristics, population aged 15 and over, Alberta, 2007.**

<b>Age group</b>	<b>Health volunteer rate</b>	<b>Average annual Health volunteer hours</b>
15 to 34 years	7%	45 <sup>E</sup>
35 to 54 years	10%	86 <sup>E</sup>
55 years or older	7%	73 <sup>E</sup>
<b>Sex</b>		
Male	6%	82 <sup>E</sup>
Female	11%	65 <sup>E</sup>
<b>Marital status</b>		
Married or common-law	9%	67 <sup>E</sup>
Single	8% <sup>E</sup>	84 <sup>E</sup>
Widow or widower	...	...
Separated or divorced	...	...
<b>Education level</b>		
High School	7% <sup>E</sup>	...
Post-secondary	7%	67 <sup>E</sup>
University	13%	58 <sup>E</sup>
<b>Labour force status</b>		
Employed	8%	75 <sup>E</sup>
Unemployed	...	...
Not in the labour force	8% <sup>E</sup>	54 <sup>E</sup>
<b>Presence of children</b>		
No children in household	8%	83 <sup>E</sup>
Children in the household	9%	...
<b>Religious attendance</b>		
Weekly attendee	10% <sup>E</sup>	49 <sup>E</sup>
Not a weekly attendee	8%	80 <sup>E</sup>
<b>Household income</b>		
Less than \$40,000	4% <sup>E</sup>	...
\$40,000 to \$99,999	8%	47 <sup>E</sup>
\$100,000 or more	11%	...

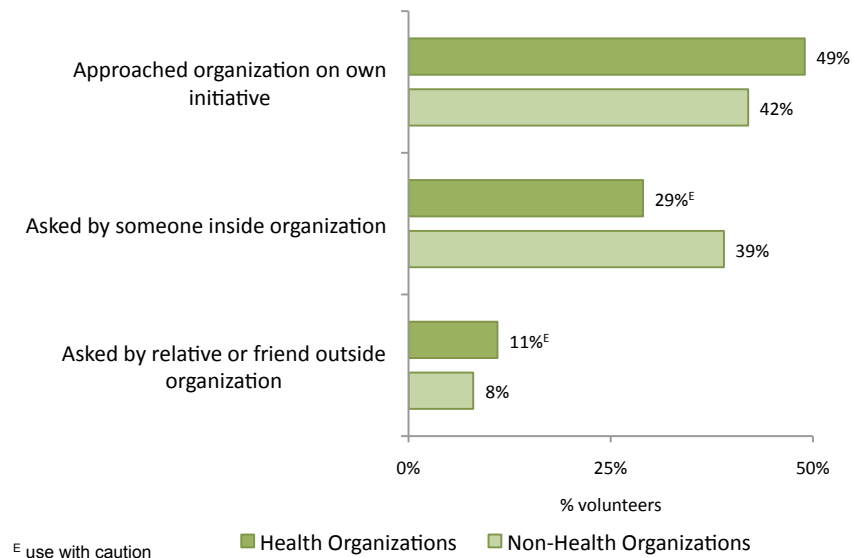
<sup>E</sup> Use with caution

... Sample size too small to be presented

### How do Health volunteers become involved?

Health volunteers were most likely to become involved after approaching the organization on their own initiative (49% reported becoming Health volunteers in this way; see Figure 13). Somewhat more than a quarter of Health volunteers (29%<sup>E</sup>) became involved after being asked by someone who was already involved with the organization and about a tenth (11%<sup>E</sup>) were asked to volunteer by someone they knew who was not already involved with the organization.

**Figure 13: Method of initial involvement with organization, Health volunteers and Non-Health volunteers aged 15 and over, Alberta, 2007.**

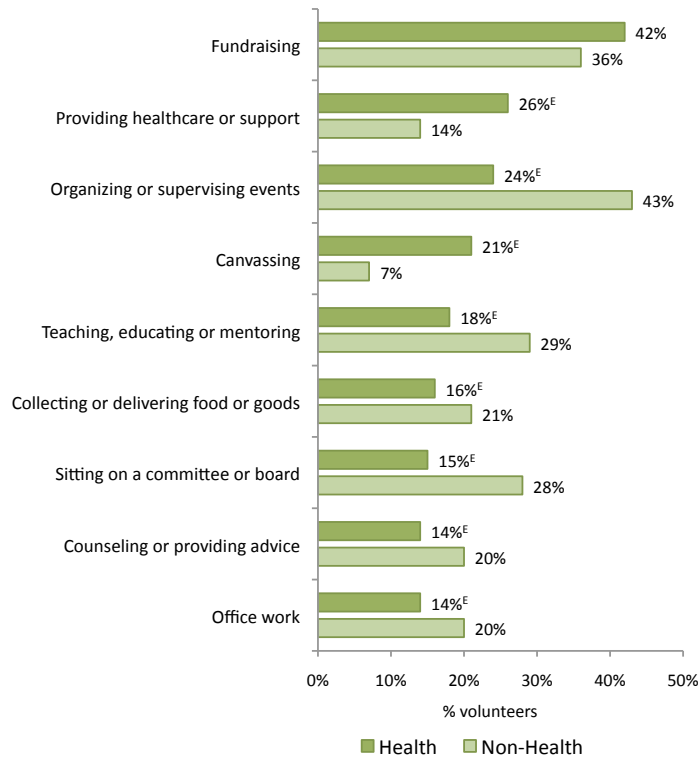


Compared to volunteers for other organizations, Health volunteers were more likely to approach the organization on their own initiative (49% vs. 42% of volunteers for other types of organizations) and less likely to be asked to volunteer by someone who was already involved with the organization (29%<sup>E</sup> vs. 39% respectively).

### What do Health volunteers do?

Volunteers for Health organizations engaged in a wide range of activities on behalf of the organization. They were most likely to report engaging in fundraising (42% of Health volunteer reported this), providing healthcare or support (26%<sup>E</sup>), organizing or supervising events (24%<sup>E</sup>) and canvassing (21%<sup>E</sup>; see Figure 14). Health volunteers differed from volunteers for other causes mainly in that they were less likely to engage in most specific types of activity. For example, they were much less likely to report organizing or supervising events (24%<sup>E</sup> vs. 43% of volunteers for other causes), or teaching educating or mentoring (18%<sup>E</sup> vs. 29%) among other causes. They were more likely than other volunteers to report only fundraising (42% vs. 36%) and providing healthcare or support (26%<sup>E</sup> vs. 14%).

**Figure 14: Percentages of volunteers engaging specific volunteer activities, Health and Non-Health volunteers, Alberta, 2007.**

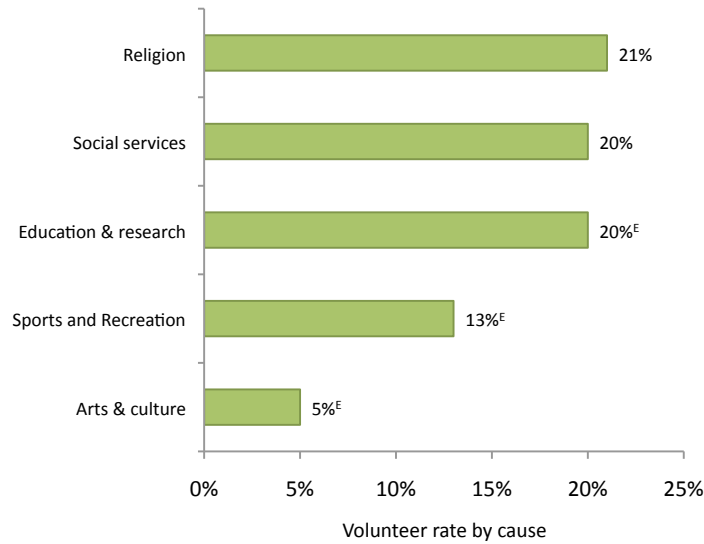


<sup>E</sup> use with caution

### What other organizations do Health volunteers support?

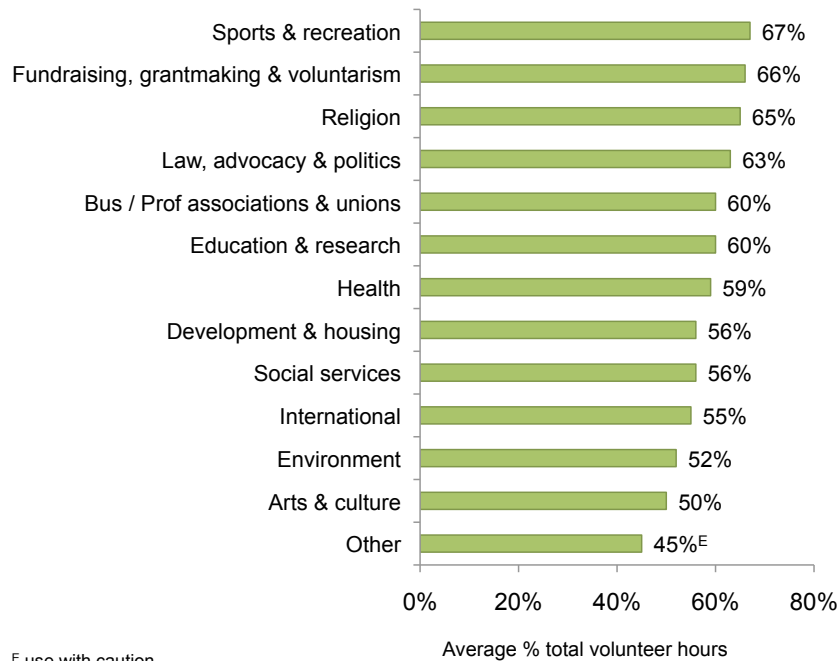
Health volunteers tended to support more than one type of organization. On average, they supported 1.94 types of organizations. In terms of the specific types of other causes they supported, Health volunteers were most likely to volunteer for Religious (21% volunteered), Social Services organizations (20%) and Education & Research organizations (20%<sup>E</sup>; see Figure 15). Health volunteers tended to focus most of their volunteer time on the Health cause. On average, they contributed 59% of their volunteer hours to Health organizations (see Figure 16).

**Figure 15: Rate of volunteering for other types of organizations, Health volunteers aged 15 and over, Alberta, 2007.**



<sup>E</sup> use with caution

**Figure 16: Average percentage of total hours devoted to organization type by supporters of organization type, volunteers aged 15 and over, Alberta, 2007.**

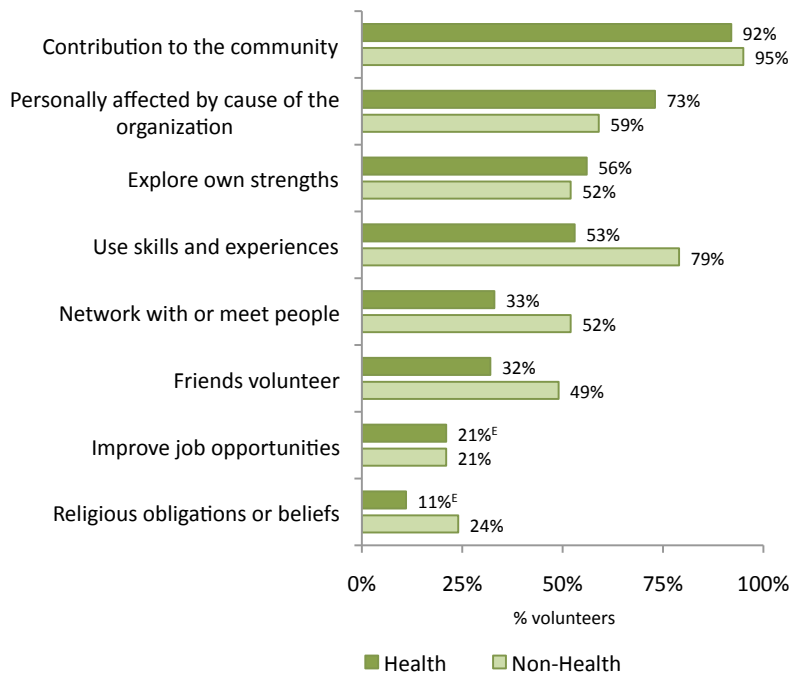


<sup>E</sup> use with caution

### What motivations and barriers do Health volunteers experience?

Volunteers for Health organizations were somewhat different from volunteers for other organizations in terms of the motivations they reported.<sup>4</sup> Although Health volunteers, like volunteers for other causes, were more likely to report altruistic and expressive motivations such as the desire to make a contribution to the community (92%) or to explore their own strengths (56%), there were some striking differences in their responses to a number of specific motivations (see Figure 17). For example, Albertans were much less likely to report that they volunteered for Health organizations in order to use their skills and experiences (53% reported this compared to 79% of volunteers for other causes). Similarly, they were less likely to report that they volunteered in order to network with or meet people (33% vs. 52%) or because their friends volunteer (32% vs. 49%). Conversely, being personally affected by the organization or knowing someone who was personally affected by the cause of the organization appears to have been a somewhat more potent motivation (73% vs. 59% of volunteers for other causes).

**Figure 17: Motivations for volunteering, Health and Non-Health volunteers aged 15 and over, Alberta, 2007.**



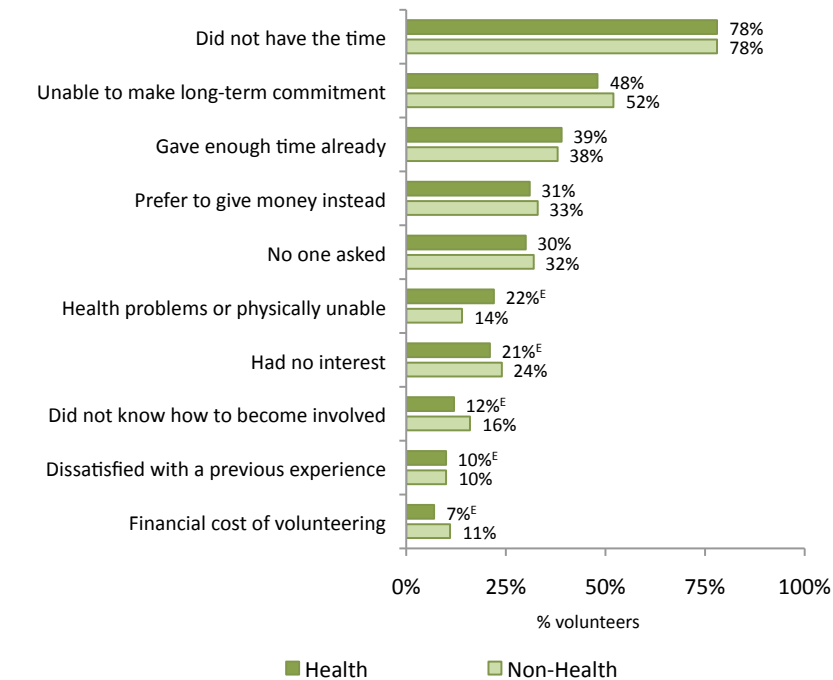
<sup>E</sup> use with caution

Switching from motivations for volunteering to looking at potential barriers that may keep them from volunteering more time, Health volunteers appear more similar to volunteers for

<sup>4</sup> 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, meaning that the motivations were specific to volunteering for Health organizations.

other causes.<sup>5</sup> Health volunteers were most likely to report that they did not volunteer more because they lacked the time (78% reported this), were unable to make a long-term commitment (48%), or felt that they had already contributed sufficient volunteer time (39%; see Figure 18). Volunteers were least likely to report barriers such as not knowing how to become involved (12%<sup>E</sup>), dissatisfaction with previous volunteer experiences (10%<sup>E</sup>), or the financial costs associated with volunteering (7%<sup>E</sup>). Health volunteers were different from other volunteers chiefly in that they were somewhat more likely to report that they had health problems or were otherwise physically unable to volunteer more (22%<sup>E</sup> vs. 14%) and slightly less likely to report a range of other barriers.

**Figure 18: Barriers to volunteering more, Health and Non-Health volunteers aged 15 and over, Alberta, 2007.**



## SUMMARY

Support for Alberta Health organizations is exceptionally broadly based. Nearly two-thirds (63%) of Albertans donated to Health organizations, and 8% volunteered. Health organizations had the broadest donor pool of any cause and the 5th broadest volunteer pool. Health donors contributed an average of \$127 each, for a total of \$224.6 million while Health volunteers contributed an average of 71<sup>E</sup> hours each, for a total of 16.0 million volunteer hours, the equivalent of approximately 8,300 full-time jobs. Health organizations

<sup>5</sup> The CSGVP asked whether any of 10 potential barriers kept volunteers from volunteering more time than they might otherwise have contributed. These barriers pertain to volunteering generally, rather than volunteering specifically for Health organizations.

received approximately 16% of the total value of donations made by Albertans and 6%<sup>E</sup> of total hours.

Although quite large numbers of Albertans supported Health organizations, most of the money donated and the hours volunteered came from small minorities of these supporters. The top quarter of donors contributed 72% of the total value of donations, while the top quarter of volunteers contributed 83% of total hours.

Not all Albertans were equally likely to support Health organizations. The likelihood of donating increased with age, level of formal education attained and household income. Other groups that stood out as being likely to donate to Health organizations included women, those who were married or in a common-law relationship, the employed, those with no children in the household and those who did not attend religious services on a weekly basis. The likelihood of volunteering for Health organizations increased with household income and other who stood out as being particularly likely to volunteer included those aged 35 to 54, women and those with a university degree.

Health donors were most likely to donate by sponsoring someone in an event, in response to door-to-door canvassing, as the result of a mail request and in memory of someone. Volunteers were most likely to become involved with Health organizations after approaching the organization on their own initiative.

Health volunteers were most likely to engage in fundraising, provide healthcare or other support, organize or supervise events, and canvas. They were less likely than volunteers for other organizations to engage in most activities, with the exceptions of fundraising and providing healthcare or other support.

Health donors were most likely to also donate to organizations working in the areas of Social Services and Religion. These donors were moderately focussed on supporting the Health cause, donating an average of 50% of their total donations to Health organizations. Health volunteers were most likely to also volunteer for Religious, Social Services and Education & Research organizations. They were also moderately focussed on the Health cause, contributing an average of 59% of their volunteer hours to the Health cause.

Generally speaking, Health donors and volunteers were motivated by the same range of factors as supporters of other causes. In terms of differences from supporters of other causes, Health donors and volunteers were more likely to be personally affected or to know someone who was affected by the cause of the organization. They were also more likely to report that they did not give more because they were satisfied with the amounts they had already given and to report that they did not volunteer more because they had health problems or were otherwise physically unable to do so.

**REFERENCES CITED**

- Hall, M. H., de Wit, M. L., Lasby, D., McIver, D., Evers, T., Johnson, C., et al. (2005). *Cornerstones of community: Highlights of the National Survey of Nonprofit and Voluntary Organizations. 2003 revised*. (No. Catalogue No. 61-533-XPE). Ottawa, ON: Statistics Canada.
- Hall, M. H., Lasby, D., Ayer, S., & Gibbons, W. D. (2009). *Caring Canadians, Involved Canadians: Highlights from the 2007 Canada Survey of Giving, Volunteering, and Participating*. Ottawa: Statistics Canada.
- Sperling, J., & Lasby, D. (2007). *Giving and volunteering for health organizations in Alberta*. Toronto: Imagine Canada.

## About Imagine Canada

Imagine Canada is a national charitable organization that looks into and out for Canada's charities and nonprofit organizations.

### Imagine Canada

2 Carlton Street, Suite 600  
Toronto, ON  
M5B 1J6  
Tel.: (416) 597-2293  
Toll free: 1-800-263-1178

### Imagine Canada Ottawa

1705 - 130 Albert Street  
Ottawa, ON  
K1P 5G4  
Tel.: (613) 238-7555  
Toll free: 1-800-821-8814

### Imagine Canada Calgary

1800 - 855 2nd St. SW,  
East Tower, Bankers Hall  
Calgary, AB  
T2P 2S5  
Tel.: (403) 645-3086

For more information about Imagine Canada please visit [www.imaginecanada.ca](http://www.imaginecanada.ca)

For more information on the Canada Survey of Giving, Volunteering and Participating please visit [www.givingandvolunteering.ca](http://www.givingandvolunteering.ca)

©2010, Imagine Canada

This report is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 2.5 Canada License](http://creativecommons.org/licenses/by-nc-sa/2.5/ca/). Please contact the copyright holder if you would like permission to use these resources in a manner which is not covered under the current license.

