Survey on Health-Related Philanthropy in the United States

Summary of Methods and Findings

June 25, 2004

Submitted to
Indiana University Center for Bioethics

by
Indiana University Public Opinion Laboratory
Indiana University - Purdue University, Indianapolis
The Indiana University Public Opinion Laboratory, a unit of the IU School of Liberal Arts, is an interdisciplinary survey research center that provides services to a wide variety of private, non-profit and governmental organizations. The lab also serves the entire IUPUI campus by conducting research for faculty members, students and various university departments.

This report prepared by Jim Wolf and Brianne Peyton.
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Executive Summary

A telephone survey of 1,055 adults was conducted in March 2004 to better understand the relationship between traditional philanthropy (giving of time and money) and “health-related philanthropy” (HRP). The survey was part of the HRP Study Group project, funded by the Lilly Foundation and the Indiana University Center for Philanthropy through a grant to the IU Center for Bioethics. The survey was conducted by the IU Public Opinion Laboratory.

- Of those who give to religious charities, older married adults are most likely to give; race and household income also play an important role.
- Of those who give to non-religious charities, income plays the most significant role, with age and education level also having strong positive effects.
- Those who volunteer the most are also of high income levels and are mostly middle-aged and white, but when all factors are held constant it is the person’s education level that is the most important determinant of whether or not people volunteer.
- People who donated blood in the past year are more likely to be young, but those who are male and higher income are more likely to report that they have given blood at some point in their lives.
- Women are much more likely to have signed an organ donation statement, as are people middle-aged persons and those with higher incomes.
- However, younger people are much more willing to donate a kidney right now, particularly if to a family member.
- Fewer that 10% of the adult population have made arrangements to have their entire bodies donated to science.
- Knowing what the blood, organ or body donation is to be used for (medical procedure, research or education) has a strong impact on a person’s willingness to donate.
- Public opinion about the use of public policy to encourage organ donation is divided. Young, lower income individuals support tax breaks and payments to donors.
Introduction

The academic study of philanthropy has focused on private action for the public good. Most work on medical philanthropy has been on the contributions of time and money to health institutions such as hospitals and medical schools. Yet one very obvious act of giving in the health field has been largely neglected in philanthropic research; the literal donation of self: blood, tissue, DNA, organs and bodies. There is a long tradition in bioethics research involving the ethical, legal and policy issues associated with donation, including factors involving the donation of bodies and their parts whether for transplantation, treatment, research, or education.

The goal of this project to bring together the methodology and results of these two fields of study—philanthropy and bioethics—to shed light on this most personal act of donation, what we call “health-related philanthropy” (HRP). A year-long university based Study Group was used to inform the development of a national public opinion poll. These efforts should result in the preparation of a proposal for external funding to continue research into HRP.

By conducting a 15-minute interview with a random sample of 1,000 adults from around the country, we begin to understand what sort of perceptions motivate or constrain people in their willingness to donate blood, tissue, DNA, organs or their entire body. The study was conducted by the Indiana University Public Opinion Laboratory. Based on the study group sessions held to date, a variety of possible ideas for research have been explored.

The number of patients in need of organ transplants continues to outpace the number of organ donors. The need for an increase in organ donations has never been greater. It is therefore of critical importance to understand why more Americans do not donate of themselves. This study will address this issue directly and also provide a means of exploring public support for policy approaches that might encourage an increase in HRP.

In the late summer of 2003, Indiana University Center on Bioethics contacted the IU Public Opinion Laboratory (IUPOL) to conduct a national survey of public attitudes and behaviors related to various aspects of philanthropy. Like other studies on philanthropy, the survey
included many questions about the respondents’ willingness to give time and money to charitable causes. But unlike other studies, this exploratory survey was to also include questions about blood donation, organ donation and willingness to donate one’s whole body to science. These latter questions were considered to be focused on “health-related philanthropy” (HRP).

The survey was part of a larger project coordinated by the Indiana University Center for Bioethics. Some of the primary goals of the study group were to address questions like:

1. What can we learn about the public attitudes towards health-related donation and how do they compare to attitudes towards more traditional philanthropic giving?
2. Should donors have a say in where their donations go?
3. What are the boundaries for public/private partnerships in donating biologic materials?
4. Are there ethnic, religious, or cultural differences in these attitudes towards donation of body parts?

Funding for the HRP Study Group was provided by a generous grant from the Lilly Foundation and the Indiana University Center on Philanthropy. The survey presented in this report was possible due to additional funding from the Indiana Organ Procurement Organization, Indiana Blood Center, IU Center for Philanthropy, IU School of Medicine and the IU School of Liberal Arts.

**Methods**

The survey was conducted by the IUPOL using experienced and supervised interviewers calling from the facilities on the campus of the Indiana University - Purdue University at Indianapolis (IUPUI). Calls were made using a centralized computer-assisted telephone interviewing (CATI) system. All interviewers received at least eight hours of training in proper interviewing.

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1 The IUPOL standard operating and reporting procedures follow the best practices for survey and public opinion research recommended by the American Association for Public Opinion Research (AAPOR, 1997). For a full description of these recommendations, follow the “Survey Methods” link at the AAPOR website <www.aapor.org >.
techniques and an additional two hours of training using the questionnaire developed for this study.

**Questionnaire.** The concepts for the survey grew out of the discussions of the ongoing HRP study group. After the first series of meetings, a survey committee was formed to develop the questionnaire. The various drafts were distributed to the group via email and later discussed at the study group meetings. Once the group settled on the concepts to be addressed and the general wording of the questions, the instrument was further revised by the staff at the IUPOL. It was then tested using mock interviews between experienced interviewers and further revised. A final version was then tested during interviews with randomly selected respondents. The complete questionnaire appears in Appendix A.

**Sample.** The sample was made up of randomly selected households from across the continental United States. The phone numbers for these homes were drawn from the four major Census regions (West, Midwest, South and Northeast) with probability proportional to the size of the population. This resulted in a self-weighting sample in which the proportion of the sample coming from any particular region is equivalent to the proportion of the continental U.S. population coming from that same region (Henry, 1990). If more than one adult resided in the home, the respondent was randomly selected from all adults in the household. A callback was scheduled if the selected respondent was not home.

**Weighting.** Since the sample was drawn using a design resulting in a simple random sample within each region and proportional to the size of that region, no adjustment was needed to compensate for the sample design. However, there was a significant potential for bias in the aggregate analysis due to varying non-response within certain subgroups of the respondent sample. As is often the case with telephone surveys, males and younger adults are less likely to participate in the study than other groups. Since females and older adults make up a disproportionate proportion of the sample their responses may bias the aggregate results. For that reason, weights are calculated to compensate for the known imbalance. For this study weights were only calculated to compensate for age and gender disparities.
Findings

Interviewing began on February 29 and ran through March 24, 2004 resulting in a total of 1,055 completed interviews. The margin of error for all aggregate statistics is less than plus or minus three percent. The final response rate was 22 percent.2 As Table 1 shows, about 40 percent of the sample was male although 48 percent of the population is male. Only about 16 percent of the sample was under 30 years old although over 20 percent of the population is that age. This table shows the small but important adjustment weights have on the final results.

Table 1. Selected Demographic Variables, Unweighted and Weighted

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<thead>
<tr>
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<th>Weighted</th>
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</tr>
<tr>
<td>&gt; $100k</td>
<td>13.5</td>
<td>13.7</td>
</tr>
</tbody>
</table>

2 Response rate is calculated using the AAPOR Standard Definitions (AAPOR, 2004). Recent research published by the Pew Research Center (2004) supports assertions that low response rates does not equate with low quality.
Charitable Giving of Money and Time

Measurements of financial charity and volunteerism are traditional means of assessing philanthropic activity. The interview began with questions about the respondent’s financial gifts during 2003. Three-fourths of the population reports some sort of financial contribution to a charitable organization in the previous calendar year. Of those who gave, however, there were some interesting differences in who gave money to whom. Of those who made any sort of financial donations, about two-thirds gave money to religious organizations. Figure 1 shows the demographic breakdown of all those who donated any money, by type of recipient organization.

About 80 percent gave money to non-religious charities. Older, higher income respondents were more likely to give to religious groups, as were African American and Hispanic minorities. Although there were some racial differences among contributors to non-religious charities, household income was by far the strongest predictor of this type of philanthropy.

Health-Related Philanthropy

Several questions were asked to determine if there were special circumstances in the respondents’ lives that might influence their responses. It was learned that about seven percent of the population has, or has someone in their immediate family suffering from, an illness that might require a blood transfusion or organ transplant in the foreseeable future. One out of eight respondents (17%) reported they were suffering from an illness that prevented them from donating blood or organs.

Only about three percent of the population surveyed reported that they or someone in their immediate family had an organ transplant. And in spite of the frequent media coverage of groups opposed to organ transplants and blood transfusion, fewer than two percent of the population surveyed report being opposed to such medical procedures; mostly on religious grounds.
Fig 1. Percent of Respondents Who Gave Financial Donations
By Demographics and Type of Donation

- **Age**
- **Race**
- **Region**
- **HH Income**
**Blood Donation.** For purposes of this report, blood donation refers to donation of blood, blood plasma or blood platelets. A strong majority of adults in the United States (62%) report that they have given blood at some point in their lives. Of these, almost one-third (31%) report they gave blood at least once in the previous 12 months. One out of four blood donors consider themselves to be a “regular donor”, although the frequency of these donations ranges from one to four or more times per year.3

The differentiating characteristics of those who report lifetime and past year blood donation are shown in Table 2. Men are more likely to have given blood at some point in their lives, but there is no gender difference in past year donation. There is an interesting cohort effect in reported lifetime blood donation. The proportion of lifetime blood donors increases with each older age

<table>
<thead>
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<th>Table 2. Percent of Adults Who Gave Blood Ever or in Past 12 Months</th>
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<tbody>
<tr>
<td>(If Yes) Gave</td>
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<tr>
<td>Lifetime?</td>
</tr>
<tr>
<td>----------</td>
</tr>
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<td>50-65</td>
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<td>66+</td>
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<tr>
<td>$60-100k</td>
</tr>
<tr>
<td>&gt; $100k</td>
</tr>
</tbody>
</table>

3 Individuals can donate blood plasma and platelets more frequently than whole blood.
group until the oldest. Only about half of those over 65 years old report have ever given blood in their lives. The effect of age on past year donation is quite different. The younger people are, the more likely they are to have donated recently. There are also significant differences in reported lifetime blood donation when comparing different racial groups and income categories, but these differences are less pronounced when comparing past year donations.

People give blood for various reasons. When asked why they gave the last time, the main reasons blood donors mentioned were because they heard about the need for blood through the media (30%), someone contacted them directly by phone, mail or email (23%), blood drives at work, school or public areas (20%), or simply because they felt the need to give (12%).

There were equally varied reasons why people did not give blood. Of the reasons given by the 38% of the population that had never given blood in their lives, the most common were that they were sick or otherwise physically unable to give (44%), they were uncomfortable with the donation process, mostly needles (22%), they felt it was too time consuming or otherwise inconvenient to give (15%), or that they simply just had not done it yet (11%).

There are other issues that might affect people’s willingness to donate blood. Respondents were asked how confident they were in the blood supply of their local community if they had an operation. The great majority of adults in the U.S. (82%) report they are “very” or at least “somewhat” confident that the blood they would receive would be safe. Americans are also willing to respond to disaster. Many people volunteered to give blood after the tragedy on September 11, 2001. When asked if they would be willing to give blood in the event of a similar tragedy, almost half (46%) stated they would be “very likely” to donate.

People often give blood without giving much thought to how the blood will be used. Several scenarios were described to respondents to determine if the ultimate use of the blood had a significant effect on their willingness to give. It was found to have a very significant effect.

Overall, almost half (45%) of the adult population in the United States is “somewhat” or “very likely” to donate blood in the coming year. They were then asked if they would be more or less
willing to donate blood if they knew the blood would only be used for medical procedures like surgery. A little over 20 percent said they would be more likely to donate with this assurance; very few (less than 2%) reported they would be less willing.

The impact of using blood for purposes other than transfusions has a stronger negative impact. Respondents were asked if they would be more or less willing to donate blood if they knew the blood would be used for medical research. Slightly over one tenth of the population (13%) reported they would be more willing to donate, but almost one tenth (9%) reported they would be less willing if they knew the blood would only be used for research. Negative responses were even more pronounced when asked how they would respond if respondents knew the blood would be used for genetics research. The same proportion as with general medical research (13%) reported they would be more willing to donate. However, a larger proportion (16%) indicated they would be less willing to donate blood for genetic research. The most dramatic impact was associated with a scenario in which the results of the genetic research might be made available to the donor’s employer or insurance company. Only two percent of respondents indicated they would be more likely to donate blood for genetics research compared to the 52 percent who stated they would be less willing to donate under these circumstances.

Organ Donation. The next set of questions had to do with organ donation. It was determined that over half of the adult population in the United States (54%) report they have signed an organ donor card or indicated on their driver’s license that they would like to be an organ donor. Of those, more than three-fourths (78%) report they have discussed this decision with a member of their family. Regardless of whether or not they have signed an organ donor statement of any sort, 77 percent of adults in the U.S. state that it is “very” or “somewhat likely” they would be willing to donate one or more of their organs upon their death.

Household income appears to be highly correlated with willingness to donate organs and likelihood of telling one’s family of the decision. Figure 2 shows that women are also more likely than men to report both of these characteristics. White respondents were more likely to have signed organ donation statements than minorities, but Hispanics who had signed such cards were by far the most likely to have informed family members of their decisions.
Sometimes family members find it difficult to consent to the organ donation procedures at the time a loved one dies, even when those family members knew of the wishes of the deceased to have organs donated. Respondents who reported it was likely they would donate organs at the time of their death were asked to imagine that several close family members present at the time they died were strongly opposed to the respondents decision to donate their organs. Three-fourths (76%) felt that health care professionals should proceed with removing their organs in spite of familial opposition. Those who were not likely or not sure if they would donate organs were presented with a different scenario. A very large majority (91%) felt that if they were present at the death of a close family member who had wished to donate their organs, the donation should occur.

Another aspect of organ donation examined in this study was what is called “live” organ donation, such as when a person agrees to give one of their kidneys. After being informed that such donations are possible, respondents were asked how likely they would be to donate one of their kidneys while they were still alive to a family member who needed it. As shown in Table 3 below, 75 percent of adults report that would be “very likely” to donate a kidney to a family member if needed. The percent drops to 25 percent when the recipient is a friend and 13 percent when the recipient is a stranger. In most cases, willingness to donate is indirectly related to age.
and household income; the younger people are or lower their household income, the more likely they are to be willing to donate a kidney in any of these scenarios.

### Table 3. Percent of Population “Very Likely” to Donate a Kidney

<table>
<thead>
<tr>
<th>Family</th>
<th>Friend</th>
<th>Stranger</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>70.2%</td>
<td>25.4%</td>
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</table>

**Age:**

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<th></th>
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<th>Friend</th>
<th>Stranger</th>
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<tbody>
<tr>
<td>18-29</td>
<td>78.7</td>
<td>35.0</td>
<td>20.2</td>
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<td>30-49</td>
<td>72.7</td>
<td>26.0</td>
<td>10.7</td>
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<td>50-65</td>
<td>68.4</td>
<td>23.6</td>
<td>11.9</td>
</tr>
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<td>66+</td>
<td>54.5</td>
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</table>

**Income:**

<table>
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<th></th>
<th>Family</th>
<th>Friend</th>
<th>Stranger</th>
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<td>&lt; $20k</td>
<td>66.3</td>
<td>31.7</td>
<td>19.5</td>
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<tr>
<td>$20-40k</td>
<td>71.6</td>
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<td>15.7</td>
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<td>$40-60k</td>
<td>71.7</td>
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<td>$60-100k</td>
<td>69.9</td>
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<tr>
<td>&gt; $100k</td>
<td>79.4</td>
<td>29.6</td>
<td>11.2</td>
</tr>
</tbody>
</table>

**Whole Body Donation.** Perhaps the most complete giving of oneself is to donate one’s entire body to medical science. Respondents were asked if they had signed any sort of documentation that indicated they wanted to donate their entire body to science. About seven percent of the population has made arrangements to do this. Follow up questions were asked to determine what effect, if any, the use of the body had on someone’s willingness to donate their entire body. Regardless of whether or not someone had made arrangements to donate their whole body to science, respondents were asked if they would be more or less willing to donate their body if they knew it would only be used for medical education, such as in anatomy classes. Only about seven percent stated this assurance would make them more willing, however two out of five (43%) said knowing this would make them less willing to donate their body. Knowing their body would be used only for medical research had the same effect; about nine percent were more willing and about 38 percent were less willing.
Public Policy Issues. The final issue-oriented section of the interview was focused on matters that involved possible legislative efforts. These types of laws could result in financial incentives to encourage more people to participate in live organ donation. The first option that was described to respondents involved tax deductions. Some states are considering passing a law that would give people who agree to donate any type of organ that can be donated from a living person (kidney, lung or partial liver, for example) a $10,000 tax deduction to compensate them for expenses associated with the process. Respondents were asked how likely they would be to donate an organ while still alive if they received such a tax deduction. Almost one out of five respondents said they would be “very likely” to make a donation if given such an offer.

The other policy question dealt more specifically with the appropriateness of being paid for donating organs. Respondents were asked if the United States should:

1. prohibit all forms of payment for any donation of human biological materials,
2. permit payment only to compensate people for the expenses incurred as a result of the donation procedure, or
3. permit some forms of payment to donors in addition to those needed to cover medical costs.

Table 4 presents the findings for these questions. About one person in five (19%) felt that all forms of payment should be prohibited. It should be noted that these respondents included not only those opposed to organ transplant but also those who strongly supported it but were very opposed to using financial incentives to encourage potential donors. Almost half of the respondents (47%) felt it was appropriate to offer at least enough financial compensation to cover the costs associated with the donation procedure. Almost one-third (34%) supported the idea of allowing additional payment to donors over and above compensation for expenses. These percentages do not include the ten percent of respondents who did not know how to answer this question.
Table 4. Public Perception of Financial Incentives for Live Organ Donation

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<th></th>
<th>Prohibit</th>
<th>Limited $</th>
<th>Allow $</th>
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<td>46.5%</td>
<td>34.8%</td>
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</table>

Charitable Giving and Health-Related Philanthropy

The final stage of this report is to determine what, if any, is the relationship between charitable giving of money and time to the various aspects of health-related philanthropy explored in the study. We begin this by looking at the simple correlation between our measures of giving of money or time and our measures of HRP. Table 5 indicates whether there was a relationship between two categories and, if so, whether it was positive or negative. This table represents a simple comparison of whether or not people who reported giving money or time last year also reported giving blood last year or reported a willingness to give their organs or their whole body when they die. A plus sign indicates most people gave a positive response to both questions; a negative sign indicates a significant number of people said “yes” to one and “no” to the other.

As is evident from the table, it is important to consider the type of financial contribution in order to understand the big picture. Simply knowing whether or not someone gave money last year
might lead one to assume this person is also willing to report positive on all three HRP measures. However, when we separate out those who have given to religious charities we find that they are no more or less likely to have given blood in the previous year than other people, but they are much less likely to be willing to donate organs or their whole body to science. Conversely, those who gave to non-religious organizations in the previous year are much more likely than average to have also given blood last year or to be willing to donate their organs.

Table 5. Significant Relationships Between Traditional Philanthropy and HRP

<table>
<thead>
<tr>
<th>Traditional Philanthropy:</th>
<th>HRP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ to Any Charity</td>
<td>Blood</td>
</tr>
<tr>
<td>$ to Religious Charity</td>
<td>+</td>
</tr>
<tr>
<td>$ to Non-religious Charity</td>
<td>+</td>
</tr>
<tr>
<td>Volunteer</td>
<td>+</td>
</tr>
</tbody>
</table>

Another way to determine if there are significant patterns in the characteristics of individuals who give is to analyze whether or not individual demographic characteristics are significantly related to the type of giving when the effects of other characteristics are controlled for. The results shown in Table 6 indicate that demographic characteristics are effective ways to determine who are most likely to give in what manner. However, there does not appear to be any two types of giving that are related to the same characteristics. Among those who gave blood in the previous year, donors tended to be younger, more educated, white and of higher income, but gender and marital status was not an issue. People who reported being “very likely” to donate organs at their death tended to be female, older, white and of higher income, but education and marital status were not related. It is significant to note that none of the demographic characteristics analyzed were found to be a good predictor of whether or not someone had made arrangements to donate their body to science. This could be due to the fact that such a small proportion of the sample (7%) responded positively to this question and that making such

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4 Positive and negative signs in Table 6 indicate a significant $\chi^2$ generated from the cross-tabulation of the two variables.
arrangements can vary from state to state; reasons that have nothing to do with respondent demographics.

Table 6. Significant Predictors of Traditional Philanthropy and HRP\textsuperscript{5}

<table>
<thead>
<tr>
<th>Gender (male=1)</th>
<th>Blood</th>
<th>Organs</th>
<th>Body</th>
<th>$ Religious</th>
<th>$ Non-Rel.</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Race (white=1)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Marital Status (married=1)</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Household Income</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As for the more traditional forms of philanthropy, those who were among the top quartile in the size of the gift given to religious organizations tended to be older married males with higher incomes; education and race were not significant predictors of this type of giving. However, when examining financial gifts to non-religious charities, the top givers tended to be older with higher education and household income; gender race and marital status were not important in understanding who gives to these groups. Finally, the only demographic characteristic found to predict a high rate of volunteering was a high level of education.

There is another way to view the above data that was recently presented in which the demographic characteristics of those who give the most across all categories were compared. See Appendix B for this other view.

**Conclusions and Limitations**

There does not appear to be a unified profile that would characterize “a giver” when talking about financial contributions, volunteerism, blood donation and willingness to donate organs or one’s whole body. The demographic characteristics of people most likely to give vary greatly across categories of donations. If there are significant predictors of a person’s willingness to

\textsuperscript{5} Logistic regression was conducted using the demographic characteristics as independent predictors of the various philanthropic outcomes. Positive and negative signs in Table 7 indicates a significantly positive or negative coefficient.
give money, time or biological materials, they are not likely to be found in the objective criteria of demographic description.

This initial attempt to better understand health-related philanthropy as it relates to traditional philanthropy has succeeded in providing a first look at what is likely to become a new realm of research and discussion. This initial exploration was purposefully focused on specific issues that were mostly behavioral and demographic. Many qualitative issues were considered in the development of the survey. Concepts of altruism, religiosity and cultural barriers were often considered very significant in understanding philanthropy and its relationship to donation of self (blood, organs, tissue, etc.). Yet, in spite of the obvious importance of these subjective issues, there were limits to how long the telephone interview could be. Further research in this area will likely cut down on the number of questions dealing with anticipated behavior and delve more into issues related to why people are more or less likely to donate.

Another area that needs further exploration is the public policy arena. This study included a few questions dealing with policies that might be used to provide financial incentives to donate organs. There was a small but vocal minority of respondents that was very opposed to this approach. The interesting point here was that this vocal opposition included those who were most likely to donate organs as well as those who were least likely. Religion does not appear to play a role in this opposition, so the tentative conclusion is that there are more secular concerns at work. It is not clear how widespread these concerns might be but public policy in this area could clearly be affected if these opinions began to spread.
References


Appendix A: The Questionnaire
Hello, my name is (INSERT NAME) and I am calling from the Indiana University Public Opinion Laboratory. We are conducting a survey of adults throughout the United States to better understand public attitudes regarding donations of money, time and health-related giving such as blood and organ donation. All of your answers will be kept strictly anonymous and confidential and I promise I am not trying to sell anything.

First, I just need to know how many adults 18 years of age or older reside in your household so that one person can be picked at random to talk about these issues.

S1. Including you, how many people over the age of 18 currently live or stay in this home?

1. People: ________________
2. Don't Know (TERMINATE CALL)
3. Refused (TERMINATE CALL)

(CATI WILL SELECT RANDOM PERSON FROM HOUSEHOLD. THE INTERVIEW CONTINUES WITH THIS PERSON.)

S2. What is your age? __________

S3. RECORD RESPONDENT GENDER (BY OBSERVATION)
   1 Male
   2 Female

I will begin by asking about donations of time and money to charitable organizations. Charitable organizations include religious and nonprofit organizations that help those in need or that serve and support the public interest. They range in size from national organizations like the Girl Scouts or the United Way to local community organizations. They serve a variety of purposes such as religious activity, helping people in need, health care and medical research, education, arts, environment and international aid. Our definition of charity does not include political contributions.

Donations include any gift of money assets or property made directly to the organizations, through payroll deduction, or collected by other means on behalf of the charity. I would like you to limit the donations you think about to those made during the calendar year 2003.
1. During the year 2003, did you or anyone in your household donate money, assets or property and goods with a combined value of more than $25 to religious or charitable organizations?

1 Yes
2 No (SKIP TO Q6)
3 Don't know (SKIP TO Q6)
4 No answer/Refuse (SKIP TO Q6)

2. Did you make any donations specifically for religious purposes or spiritual development, for example, to a church, synagogue, mosque, TV or radio ministry? Please do not include donations to schools, hospitals, and other charities run by religious organizations. I will be asking you about those donations next. Did you make any donations to religious organizations in 2003?

1 Yes
2 No (SKIP TO Q4)
3 Don't know (SKIP TO Q4)
4 No answer/Refuse (SKIP TO Q4)

3. Altogether, what was the total dollar value of all donations of money or goods you (and others in your household) made in 2003 towards religious organizations?

$_______________

3a. (IF “DK”) Was it more than $300?

1 Yes (SKIP TO Q3c)
2 No
3 Don't know (SKIP TO Q4)
4 No answer/Refuse (SKIP TO Q4)

3b. (If “No”) Was it more than $100?

1 Yes (SKIP TO Q4)
2 No (SKIP TO Q4)
3 Don't know (SKIP TO Q4)
4 No answer/Refuse (SKIP TO Q4)

3c. (IF “Yes”) Was it more than $1,000?

1 Yes
2 No (SKIP TO Q4)
3 Don't know (SKIP TO Q4)
4 No answer/Refuse (SKIP TO Q4)
3d. (IF “Yes”) Was it more than $2,500?

1 Yes
2 No
3 Don’t know
4 No answer/Refuse

4. Next I would like you to consider donations to other types of charitable organizations, such as hospitals and medical research funds, educational institutions, United Way, homeless shelters, youth and family service organizations, arts or cultural programs, neighborhood associations, service clubs, animal and environmental conservation, disaster relief, human rights groups or any other charitable group.

Not counting religious donations you just told me about, did you or anyone in your household, donate money, assets or property and goods with a combined value of more than $25 to any non-religious charitable organizations?

1 Yes
2 No (SKIP TO Q6)
3 Don’t know (SKIP TO Q6)
4 No answer/Refuse (SKIP TO Q6)

5. Altogether, what was the total dollar value of all donations of money or goods you (and others in your household) made in 2003 towards non-religious charitable purposes?

$______________

5a. (IF “DK”) Was it more than $300?

1 Yes (SKIP TO Q5c)
2 No
3 Don’t know (SKIP TO Q6)
4 No answer/Refuse (SKIP TO Q6)

5b. (If “No”) Was it more than $100?

1 Yes (SKIP TO Q6)
2 No (SKIP TO Q6)
3 Don’t know (SKIP TO Q6)
4 No answer/Refuse (SKIP TO Q6)

5c. (IF “Yes”) Was it more than $1,000?

1 Yes
2 No (SKIP TO Q6)
3 Don’t know (SKIP TO Q6)
4 No answer/Refuse (SKIP TO Q6)
5d. (IF “Yes”) Was it more than $2,500?

1 Yes
2 No
3 Don't know
4 No answer/Refuse

6. Next I want to talk about volunteering through charitable organizations. By “volunteering” I don’t mean just belonging to an organization. I mean actually doing unpaid work.

Some volunteering is ongoing, such as coaching, helping at school, serving on a committee, building and repairing, providing health care and emotional support, counseling, delivering food, doing office work, and weekly church work. Other volunteering is occasional, like neighborhood clean-ups, fund-raising drives, and special activities during the holidays.

Think about last year, January through December of 2003. Did you participate in any volunteer activities through charitable organizations?

1 Yes
2 No (SKIP TO Q8)
3 Don't know (SKIP TO Q8)
4 No answer/Refuse (SKIP TO Q8)

7. Thinking about last year, how many hours altogether would you say you volunteered at or through your church or some other charitable organization?

_______________ hours

7a. (IF “DK”) Was it more than 10 hours?

1 Yes
2 No (SKIP TO Q8)
3 Don't know (SKIP TO Q8)
4 No answer/Refuse (SKIP TO Q8)

7b. (IF “Yes”) Was it more than 25 hours?

1 Yes
2 No (SKIP TO Q8)
3 Don't know (SKIP TO Q8)
4 No answer/Refuse (SKIP TO Q8)
7c. (IF “Yes”) Was it more than 50 hours?

1 Yes
2 No
3 Don't know
4 No answer/Refuse

8. Now I would like to ask you about health-related issues. First, are you or is anyone in your immediate family currently suffering from an illness that may require a blood transfusion or an organ transplant either now or in the foreseeable future?

1 Yes
2 No
3 DK
4 REF

9. Are you suffering from any illness that might prevent you from donating blood or organs?

1 Yes
2 No
3 DK
4 REF

10. Have you or has anyone in your immediate family ever received an organ transplant?

1 Yes
2 No
3 DK
4 REF

(PROMPT: Define “immediate family” as parents, brothers, sisters or children.)

11. I would like to ask you about your experiences and opinions regarding health-related giving. This refers to medical donations of things like blood, human organs or when people donate their bodies to science.

Do you believe it is wrong for people to donate blood or organs to another person?

1 Yes
2 No (SKIP TO Q12)
3 Don't know (SKIP TO Q12)
4 No answer/Refuse (SKIP TO Q12)
11a. What is the one main reason that best reflects why you feel it is wrong for people to donate blood or organs to another person? Is it because of:

1. Your religious beliefs,
2. Health risks,
3. A bad past experience,
4. Media stories,
5. It just seems wrong, or
6. Is it due to some other reason? (SPECIFY)____________
7. DK
8. REF

12. Have you ever donated blood on a volunteer basis to be used by another person? (PROMPT: Do not include times when you had your blood drawn just to have it tested as part of a medical exam.)

1 Yes
2 No (SKIP TO Q12d)
3 Don't know (SKIP TO Q13)
4 Refuse (SKIP TO Q13)

12a. Do you regularly donate blood, plasma or platelets?
1. Yes
2. No
3. DK
4. REF

12b. When was the last time you made such a donation? Was it…
1 Within the past 6 months,
2 Within the past year,
3 Between 1 and 2 years ago, or
4 More than 2 years ago?
5 DK
6 REF

12b1. (If 12b=1 or 2) How many times have you donated blood, plasma or platelets in the past 12 months?
1 Once
2 Twice
3 Three
4 Four or more
5 DK
6 REF
12c. When you last gave blood, plasma or platelets, why did you decide to give? Was it because:

1 Someone contacted you and asked you personally,
2 You heard about a need for blood through TV, radio or newspaper, or
3 Did you give blood for some other reason? (SPECIFY.)

4 DK
5 REF

12d. What is the main reason you have not donated blood?

1. Is it because you have been sick or physically unable to give,
2. It is too inconvenient to donate blood,
3. Are you uncomfortable with the donation process,
4. Do you assume there are plenty of other donors,
5. Or is there some other reason? (IF SO, SPECIFY________)
6. DK
7. REF

13. How likely is it that you will donate blood in the next 12 months? Would you say…

1 Very likely,
2 Somewhat likely,
3 Not very likely, or
4 Not at all likely?
5 DK
6 REF

14. Blood can be used for both medical care and research purposes. The next three questions address these different purposes.

If you knew that the blood you donate would be used only for medical purposes (for example, for use in surgery) would you be more or less willing to donate blood or would it not matter?

1 More willing
2 Less willing
3 Would not matter
4 (WOULD NOT DONATE UNDER ANY CIRCUMSTANCES: SKIP TO Q17)
5 DK
6 REF
15. Blood can also be used for medical research; for example, to learn more about the cause of diseases like cancer or diabetes. Unlike blood donations for medical care, blood for research is obtained when patients are having medical exams or diagnostic tests in the hospital. If you knew that your blood would be used for medical research, would you be more or less willing to donate blood or would it not matter?

1. More willing
2. Less willing
3. Would not matter
4. DK
5. REF

16. As you may know, there is considerable interest today in genetics research. Scientists can take a very small amount of DNA from the blood, and learn about the genetic causes of disease. DNA can also reveal other kinds of information that may be of value to you, such as the risk of other diseases.

If you knew that your blood would be used for genetic research, would you be more or less willing to permit your blood to be used or would it not matter?

1. More willing
2. Less willing
3. Would not matter
4. DK
5. REF

16a. If you knew the results of the genetic research might be made available to insurance companies or employers, would you be more or less willing to permit your blood to be used for genetic research or would it not matter?

1. More willing
2. Less willing
3. Would not matter
4. DK
5. REF

17. Imagine you required surgery at a hospital in your community and needed to have a blood transfusion. How confident are you that the blood you would receive would be safe? Would you be:

1. Very confident,
2. Somewhat confident,
3. Not very confident or
4. Not at all confident?
5. DK
6. REF
18. Many people volunteered to give blood following the tragedy on September 11, 2001. Were another tragedy to occur, how likely is it that you would volunteer to donate blood? Would you be:

1 Very likely to donate blood,
2 Somewhat likely,
3 Not very likely, or
4 Not at all likely to donate blood?
5 DK
6 REF

19. Next, I would like you to consider organ donations. One type of organ donation occurs when people donate their organs upon their death. Have you signed an organ donor card or indicated on your driver’s license that you would like to be an organ donor?

Yes
No (SKIP TO Q20)
DK (SKIP TO Q20)
REF (SKIP TO Q20)

19a. Have you discussed this decision to be an organ donor with your family?
Yes
No
DK
REF

20. How likely is it that you would be willing to donate one or more of your organs upon your death? Would you say…

1 Very likely,
2 Somewhat likely,
3 Not very likely, or
4 Not at all likely? (SKIP TO Q20b)
5 DK (SKIP TO Q20b)
6 REF (SKIP TO Q20b)

20a. Imagine, at the time of your death, that some of your family members strongly opposed your decision to donate. Do you feel that health care professionals should proceed with removing your organs?

Yes (SKIP TO Q21)
No (SKIP TO Q21)
DK (SKIP TO Q21)
REF (SKIP TO Q21)
20b. Suppose you were present at the death of a close member of your family and you learned that he or she had made arrangements to be an organ donor. Would you allow that donation to occur at the time of death?

   Yes  (SKIP TO Q22)
   No   (SKIP TO Q22)
   DK   (SKIP TO Q22)
   REF  (SKIP TO Q22)

21. If, for some reason, your organs could not be used for transplantation, how likely would you be willing to donate them for research (for example, for studies to develop new drugs or therapies)? Would you say:

   1 Very likely,
   2 Somewhat likely,
   3 Not very likely, or
   4 Not at all likely?
   5 DK
   6 REF

22. As you may know, people with two healthy kidneys can normally donate one and live a reasonably normal life with one kidney. How likely is it that you would be willing to donate one of your kidneys to a family member who needs it while you are still alive? Would you say…

   1 Very likely,
   2 Somewhat likely,
   3 Not very likely, or
   4 Not at all likely?
   5 DK
   6 REF

23. How likely is it that you would be willing to donate one of your kidneys to someone you know who is not a family member who needs it while you are still alive? Would you say…

   1 Very likely,
   2 Somewhat likely,
   3 Not very likely, or
   4 Not at all likely?
   5 DK
   6 REF
24. How likely is it that you would be willing to donate one of your kidneys to a complete stranger who needs it while you are still alive? Would you say…

1 Very likely,
2 Somewhat likely,
3 Not very likely, or
4 Not at all likely?
5 DK
6 REF

25. Now I would like to ask you some questions about the donation of the human body itself. As you may know, people can indicate on a donor card or, in some states, on their driver’s license that upon their death, their wish is to donate their body for use in medical education, teaching, or research.

Have you signed an organ donor card or indicated on another form/document that you would like to donate your entire body to science?

1. YES
2. NO
3. DK
4. REF

26. If you knew that your body would only be used for medical education and training of medical students (for example, to learn about human anatomy), would you be more or less willing to donate your body or would it not matter?

1 More willing
2 Less willing
3 Would not matter
4 DK
5 REF

27. If you knew that your body would only be used for medical research, would you be more or less willing to donate your body or would it not matter?

1 More willing
2 Less willing
3 Would not matter
4 DK
5 REF
28. So far I have asked you a number of questions about your views on issues as they affect you and your family. Now I would like to ask you some questions about public policy.

Some states are now considering passing a law that would give people who agree to donate all or part of specific organs a $10,000 tax deduction to cover specific expenses that are involved in the organ donation process, such as the cost of travel to and from the hospital and other living expenses. The law would only refer to organs such as the liver, kidney, lung, or pancreas — since these are organs that can be donated from a living person to another living person.

How likely would you be to donate an organ, like a kidney, while you are still alive if you had a $10,000 tax deduction?

1. Very likely
2. Somewhat likely
3. Not very likely
4. Not at all likely
5. DK
6. REF

29. In most countries, it is illegal to be paid to donate organs or tissues. What do you think U.S. public policy should be on this issue? Should our government:

1. Prohibit all forms of payment for donations of anything from the human body,
2. Permit payment only for the costs incurred such as the medical costs of the procedure, or
3. Should the U.S. permit some forms of payment to donors in addition to the medical costs incurred?
4. DK
5. REF

30. Finally, I just have a few more questions to make sure that the people we speak with are representative of everyone in the United States. What is your marital status? Are you…

1. Single, never married
2. Single, living with partner
3. Married
4. Divorced
5. Widowed
6. DK
7. Refuse
31. What is your racial or ethnic identity? Are you…

1 White/Caucasian  
2 Black/African American  
3 Hispanic  
4 Asian/Pacific Islander  
5 Arabic  
6 Native American  
7 Bi-racial  
8 Other  
9 DK  
10 Refuse

32. In politics today, do you think of yourself as a conservative, moderate or liberal, or do you not think of yourself in those terms?

1 Conservative  
2 Moderate  
3 Liberal  
4 Don’t think of self in those terms  
5 DK  
6 REF

33. What is your religious affiliation? ________________________________

33a. (DOES RESPONDENT HAVE A RELIGIOUS AFFILIATION?)

1. YES  
2. NO (SKIP TO Q34)

33b. How often do you attend religious services? Would you say…

1. Weekly or nearly every week,  
2. Once or twice a month,  
3. Only a few times a year,  
4. Almost never or never?  
5. DK  
6. REF
34. What is the highest level of education you have completed?

1 8th grade or less
2 Less than high school
3 High school graduate/GED
4 Some technical/trade school
5 Technical/Trade school graduate
6 Some college
7 Associate's degree
8 Bachelor's degree
9 Professional or graduate school
10 No answer/Refuse

35. Finally, last year before taxes, and including all sources, what was your total combined household income?

1 Less than $20,000
2 $20-$40,000
3 $40-$60,000
4 $60-$80,000
5 $80-$100,000
6 $100-$120,000
7 More than $120,000
8 No answer/Refuse

That was my last question. I would like to thank you for your time and cooperation. Have a good evening.
Appendix B: Those Who Give the Most

One question that emerged in this research was, “What are the characteristics of those who give the most?” In an effort to answer this, a series of graphs were created; one for each demographic characteristic used in the main report. The outcome measures assessed looked at those who were the most generous with their time, money and other characteristics as indicated below:

- Top Quartile Religious Donations
- Top Quartile Non-Religious Donations
- Top Quartile Volunteer Hours Last Year
- Gave Blood Last Year
- “Very Likely” to Give Blood Next 12 Months
- Signed Organ Donor Card
- “Very Likely” to Give Kidney – Family, Friend or Stranger
- Has Made Arrangements to Donate Body to Science

Although, once again, no clear pattern emerged, this view provided another interesting insight into the nature of health-related philanthropy:

- Men are more likely to have given blood in past year
- Women more likely to be willing to donate organs (cadaveric and living)
- No differences in willingness to donate whole body.
- West Coast most likely to donate whole body
- Blood donation less likely in Northeast
- Whole body least likely in South
- Seniors very unlikely to donate blood
- Younger adults more willing to donate blood and part with kidneys
- Young adults least likely to be major financial givers
- Single people are less likely to donate their money or time, but more willing to share a kidney
- Married people are the ones most likely to donate financially
- Those with the lowest educational attainment are less likely to contribute to charitable organizations
- Higher educated groups are less likely to donate their kidneys but more likely to offer body to science
- Those with some college after HS are consistently represented across all categories.
- Hispanics less likely to report signed organ donor cards or willingness to donate kidney to other than family member
- African Americans more likely to donate kidney to stranger
- Whites report higher financial donations and signed organ donor card

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Fig. 1: Comparisons by Gender

Fig. 2: Comparisons by Region
Fig. 3: Comparisons by Age

Fig. 4: Comparison by Marital Status
Fig. 5: Comparisons by Education

Fig. 6: Comparisons by Race/Ethnicity