Hospitals, Gambling, and the Public Good: A Special Responsibility

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Final Report Submitted to the Ontario Problem Gambling Research Centre

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Table of Contents

Executive Summary

The proliferation of gambling activities as a means of fund development by hospitals and foundations has become a widespread phenomenon across Ontario. Gambling fundraising activities refers to gambling activities used to generate hospital revenue by means of raffles, casino nights, pull tabs, and lotteries. The reported frequency with which Ontario hospital/foundation gambling fundraising activities are occurring calls to attention the need to examine the implications of this practice from a public policy and primary prevention perspective.

This report presents the results of the first study in Canada to examine gambling policy and practices in Ontario hospitals and foundations. The primary purpose of the study was to explore how hospitals decide whether they are going to use gambling for fund development. Specifically, this study examined: what factors influence the adoptions of gambling programs for financial development purposes; what policies exist to guide gambling fundraising activities; whether policies vary between different hospitals within the hospital sector; and the level of awareness among the hospitals about the gaming industry as a whole. This research is introductory and descriptive and is the first of its kind to explore this issue in such detail.

This exploratory study utilized survey methods of data collection and quantitative (descriptive) and qualitative data analysis to study current policies and practices related to gambling in teaching, general community, and mental health/addiction hospitals in Ontario. In total, 182 hospitals and foundations across Ontario received a survey package. An impressive response rate of 53.3% (97/182) was yielded (41 hospitals and 56 foundations). Each health organization was categorized into one of four possible categories: teaching (12/97); general community (74/97); addiction/mental health (5/97); or complex/continuing care (6/97). Data from surveys were compiled, categorized according to hospital type, deconstructed, and analyzed. Furthermore, institutional fundraising policies submitted by organizations were analyzed in-depth and compared and contrasted to other ethical fundraising policies received.

The results of this study are intended to create awareness, as well as inform hospitals and foundations in Ontario, the Ontario Ministry of Health and Long-Term Care, and the Ontario Hospital association about the need to establish policies and practices related to gambling as a form of fund development.

Conclusions

The following highlights the major findings of the study:

- gambling has been used, and is currently being used, as an instrument of financial development in many hospitals/foundations;
- rare to find a specific gambling policy framework to guide the utilization for fund development;
- rare to find information on the decision-making processes in place to support or reject an organization's use of this activity;
- little consideration of the potential costs, including the impacts on mental health and family human risks, of this activity;
- few hospitals with gambling awareness and comprehensive harm reduction programs, even though many hospitals have mental health and addiction services;
- almost four-fifths of respondents stated that as an organization, they have a sense of who the ticket purchasers are.

Study Limitations

This study achieved an extremely high response rate, however, hospital/foundation respondents self-selected to participate in the study, dependent on individual and institutional interest and good will. Previous research adopting this methodology has reflected on the difficulties of ensuring a high response rate that would lend itself to accurately reflecting all current and past engagement of gambling as a vehicle for fund generation.

In an attempt to respect individuals' time demands and enhance the probability of a response, the questionnaire was developed to be completed within 20 minutes. Therefore, it did not provide the richness of data and detailed responses that might have otherwise been generated through the use of in-depth interviews.

Future Directions

The results from this exploratory study show that even though the majority of Ontario hospitals and foundations are engaging in some form of gambling fundraising practices, only 5% of these hospitals or foundations have developed policies to guide them. As a result of our findings, several recommendations are suggested for future research, policy, and practice:

Research:

1. To further understand the complexities associated with gambling, a second stage of research is warranted. This would build upon two major ethical themes: special responsibilities hospitals have to minimize harms associated with gambling, and honouring the Hippocratic Oath. This methodology would utilize in-depth interviewing of key individuals throughout the hospital community.

2. There is a need to examine the prevalence estimates of problem gambling within the hospital community. The methodology would address several populations, including those who buy hospital lottery tickets and those who choose not to, as well as the background prevalence rates in the surrounding community.

3. A companion piece to looking at policies and practices regarding the use of gambling in fund development would be to examine the advertising, marketing, and promotion that support these initiatives. For example, does the advertising accurately and fairly reflect the odds of winning major prizes?

4. In order to establish a broader and deeper foundation of hospitals' use of gambling as a form of fund generation, future research would explore the historical and political context leading to the current use of gambling as a fundraising initiative.

Policy:

1. A model policy needs to be developed. There are a number of options; however, key stakeholders groups need to be engaged.

2. As a result of self-regulation surrounding advertising of hospital gambling initiatives, there need to be clear guidelines that reflect both the balanced expression of risks and benefits, including the odds.

Practice:

1. All hospitals engaging or supporting gambling in any form should develop and offer awareness initiatives for hospital stakeholders.
2. This research report should be disseminated to hospitals and foundations in Ontario. There are a number of hospital/foundation forums this could be presented at.
3. In light of gambling's potential risks and costs, any decisions regarding the use of gambling within the hospital should undergo an ethics review, similar in nature to other ethics reviews (i.e., for clinical research studies).

Introduction

In Ontario, the government has invested in gambling as a revenue source. Gambling has raised funds for the provincial government and charities throughout the province. Current statistics highlight the increase in gambling revenues over the last decade. Ontario revenue from gambling was 4.7 times higher in 2001 than in 1992 (Marshall, 2003). This increase in revenue is reflected in a corresponding increase in the per capita expenditure on gambling. Recently, Williams and Wood (2004) found that a substantial portion of gaming revenue is derived from people who are negatively impacted by their participation in gambling activities.

As gambling becomes normalized and opportunities increase; so does the interest in adopting a public health perspective as a way of framing it (Korn, Gibbins, & Azmier, 2003). This perspective builds on the World Health Organization Ottawa Charter (1986) and the Adelaide Statement and Recommendations on Healthy Public Policy (World Health Organization, 1988). Healthy public policy addresses considerations in every sector in order to promote health-sustaining conditions (Korn et al., 2003).

A public health approach to gambling offers a broad perspective on gambling and is not restricted to a narrow focus on the more specific area of gambling addiction (Shaffer & Korn, 2002). The value of this perspective is that it applies different 'lenses' for understanding gambling behaviour, analyzing its benefits and costs, as well as identifying multi-level strategies for action and points of intervention (Korn et al., 2003). A public health approach reflects both health public policy and an integrated view concerning hospital services and the needs of the surrounding community.

Over the past decade, the non-profit and public sector has sought innovative ways to raise necessary funds to achieve organizational goals and objectives. The use of gambling has become a popular fundraising vehicle for many of these charities, organizations, and their foundations. Recent attention has been brought to this issue with some organizations claiming that "lotteries are the new face of philanthropy" (Gulamhusein, 2006).

Hospitals in Ontario are publicly funded and absorb a significant portion of the health care budget in the province. However, many of these hospitals have sought innovative ways to raise additional and necessary funds to achieve organizational and community goals and objectives. The use of gambling (in the form of lotteries, raffles, and bingos) has become a popular financial development/fundraising vehicle for many of these organizations and their foundations.

Debates have emerged about the health, social and economic benefits and costs of gambling (Korn, 2000). The Ontario public policy initiative is based on the premise that the benefits out way the costs with respect to societal impact. One recent Canadian study concluded that there are significant net benefits associated with gambling (Vaillancourt & Roy, 2000).

Although there has been considerable concern in Ontario about the possible negative consequences associated with gambling expansion, and 10 years has passed since the first hospital mega-lottery was launched in 1996, there continues to be a dearth of research on the link between gambling, fundraising, and hospitals. Little research has been done on how hospitals decide if they will incorporate gambling in fund development, what factors influence the adoption of gambling programs for financial development purposes, what policies exist to guide gambling fundraising activities, and whether policies vary between different hospitals within the hospital sector.

An important dimension of health care services within hospitals is guided by ethical considerations, with respect to professional groups, corporate objectives, and research protocols. This study will highlight whether policy decisions related to gambling are guided by these ethical considerations, in a way similar to other hospital activities.

This research is framed within the domain of primary prevention and public policy. It offers an introductory and descriptive account of gambling policies and practices in Ontario hospitals with respect to the use of gambling for fund development.

An important dimension to policy research relates to the impact of gambling policies at a local level. The "MUSH" (municipalities, universities, schools, and hospitals) sector reflects a number of different dimensions critical to a healthy local community and incorporates policy considerations related to hospitals, universities, schools, and municipal infrastructure.

This study is the first in Ontario to examine gambling policy and practices in Ontario hospitals and foundations and will further expand policy research in the "MUSH" sector. New knowledge attained through this study will create awareness, as well as inform hospitals in Ontario, the Ontario Ministry of Health and Long-Term Care, and the Ontario Hospital Association about the need to establish policies and practices related to gambling as a form of fund development. Results of this research can guide the development of a policy framework for hospitals that are considering the use of gambling as an avenue of fund development while mitigating its potential negative impacts (Rush & Moxam, 2001; Wiebe, Single, & Falkowski-Ham, 2001).

Research Project

Literature Review

Concern exists around the challenges regarding the ability of Ontario hospitals to meet their present needs; specifically, their ability to manage ever-larger responsibilities, clients, and societal expectations. It is estimated that Ontario hospitals will be collectively facing a funding shortfall of approximately $1 billion in 2002/03. The government capacity to provide additional funding to hospitals is limited by priorities in other areas, such as education and the environment. Therefore, Ontario hospitals need to seek additional revenue sources to augment government funding (PWC Consulting, 2002).

At present, there are four provinces that offer formalized programs to provide monies derived from gaming, in the form of gaming grants, to non-profit organizations: Ontario, Saskatchewan, Alberta, and British Columbia. For many non-profits, grants arising from gambling revenues have come to be seen as government-provided replacements for government funding. In Ontario, there is one granting agency, the Trillium Foundation, which derives its funds from government owned gambling activities. Of the casino revenues, it is estimated that $100 million is earmarked annually for distribution to Ontario communities by the Trillium Foundation (Berdahl & Azmier, 1999).

Although gambling grants are seen as an important source of funding, competition from large charities, such as hospitals and universities, present a unique element of competition because of their size and influence. When asked if "hospitals and universities should be allowed to use charitable gambling as a fundraising method?" respondents were split on the issue: 38% disagreed, 39% agreed, and 13% remained neutral (Azmier & Roach, 2000). The same elements of size and clout may also play another key role in determining whether hospitals have the exposure and initial donor funds available to start up and make a success of a fundraising endeavour, such as a provincially run raffle or lottery.

In 1995, the Canadian Centre for Philanthropy (now Imagine Canada) conducted a survey that found 44% of non-religious charities in Canada employ gambling as a fundraising method (Hall, 1996). In addition, a 1999 Canada West Foundation (CWF) survey of gambling grant recipients found that 69% considered gambling revenues to be an important source of revenue for their organization (Berdahl & Azmier, 1999).

Due to the importance of gambling as a revenue source for non-profit organizations, questions about the ethical and funding implications have been raised. In response to the increased concern about gambling as a source of fund development, CWF conducted a survey in 2000 to gather information about the use of, and attitudes towards, gambling as a fundraising method. Results showed that over one-third (34%) of respondents reported that their organization participated in charitable gambling

activities, such as bingos, raffles, pull-tickets, or casinos at least once between 1995 and 1999 (Azmier & Roach, 2000). Of the 34%, Azmier and Roach found that health organizations were most likely to have used gambling as a form of fund development (62%).

Ethical concerns are a fundamental issue for many foundations. Azmier and Roach (2000) reported that of the 66% of respondents that did not use charitable gambling between 1995 and 1999, over 6 in 10 non-users (63%) said "ethical concerns" were a primary factor. Literature specifically related to the ethical implications of using gambling as a fundraising method have found that the main advantage of using charitable gambling compared to other methods is that it has been found to be "quick and easy", providing a high rate of return for relatively low effort (Azmier & Roach, 2000). On the other side of the debate, the most common disadvantage cited for the non-use of charitable gambling is the potential for gamblers to become clients of the non-profit sector. The issue of problem gambling lends itself to an inherent paradox for the system; taking funds from gambling and then having to allocate the funds into programs that deal with helping problem gamblers and their families (Berdahl & Azmier, 1999). Does social good outweigh social damage?

In addition to the most common disadvantage of charitable gambling, government red tape and the difficulties in finding volunteers willing to help out were reasons commonly stated by organizations (Azmier & Roach, 2000).

Different types of gambling elicit different levels of acceptance from survey respondents. Azmier and Roach (2000) found that a continuum of acceptability emerges with lotteries, pull-tickets, and raffles on the "most acceptable" end, followed by bingos, casinos, and lastly slot machines and video lottery terminals (VLTs) on the "least acceptable" end.

The results from previous studies indicate that charitable gambling is not just another method of fundraising (Azmier & Roach, 2000). The use of gambling as a fundraising activity may evoke images of addiction and raises an array of ethical issues and concerns (Azmier & Roach, 2000). The intent of this research is not to suggest that all gambling is harmful, but instead to examine how hospitals decide whether to use gambling for fund development.

Purpose

The purpose of this research is to examine how hospitals decide whether to use gambling for fund development. Specifically, this study examined: what factors influence the adoption of gambling programs for financial development purposes; what policies exist to guide gambling fundraising activities; whether policies vary between different hospitals within the hospital sector; and the level of awareness among the hospitals about the gaming industry as a whole. This research is introductory and descriptive and is the first of its kind to explore this issue in such detail.

Goals and Objectives

This research sought to achieve the following goals:

1. to document within the four selected Ontario hospital categories (teaching, general community, addiction/mental health hospitals, and complex/continuing care) the use of gambling for fund development;
2. to examine independent hospitals' policy framework, values, and decision-making process that lead to adopting or rejecting the use of gambling for fund development;
3. to document any utilization of gambling problem prevention messaging and/or consideration of the impact on gambling problems within the hospital and local community;
4. to promote a public health framework for gambling that facilitates an enhanced appreciation of the challenge to balance the benefits and costs of gambling. This approach takes into consideration the socioeconomic, cultural, and policy dimensions in addition to the

biological, behavioural factors broadly influencing gambling and health. As a result, there will be an improved understanding of its impact at the community level and within the hospital sector.

Research Design

As an important first step in examining gambling policy and practices in Ontario Hospitals, a mailed, written survey was sent out to Ontario hospitals and foundations in the four identified categories (teaching, general community, mental health/addiction, and complex/continuing care). Hospital categories reflect Ministry of Health standard categories, based on different mandates, cultures, and funding challenges.

In total, 244 (157 hospitals and 87 foundations) questionnaire packages were forwarded to hospitals and foundations in Ontario to be completed by one of the following: Chair of the Hospital Board of Directors; Hospital President/CEO; Chair of the Hospital Foundation Board; and/or the President/Executive Director of the Hospital Foundation (see Appendix A for a copy of the written survey). In an effort to achieve a high level questionnaire completion rate, separate surveys were sent out to both the hospital and foundation when both existed. With respect to this introductory study, completion of the survey by either the hospital or its foundation was required. In the end, 182 different organizations in Ontario received a questionnaire package.

Accompanying the mailed, written survey was an introductory letter describing the nature of the study with appropriate contact information for any follow up questions or concerns (see Appendix B). In addition, self-addressed stamped envelopes were provided to facilitate ease of questionnaire completion and return. Hospitals and foundations that had not responded after 2 months were sent a follow-up reminder letter (see Appendix C). A final follow-up reminder was sent out to hospitals and foundations that had not responded after an additional 2 months. A list of the hospitals and foundations that received a survey package is provided in Appendix D. The surveys were directed to the agencies' President and/or Executive Directors.

Individual hospitals could request to receive a summary report classified by hospital sector (as indicated in their returned hospital survey), including non-nominal, aggregate data that did not identify individuals or hospitals.

Key Informants

A number of key informants were consulted to assist with the questionnaire development, hospital/foundation relations, and communication strategies during the first stage of the study. They helped address important thematic issues, specifically related to the types of fund development that hospitals and foundations undertake, and were able to assist with different approaches/directions to use when contacting the individual organizations.

Human Subjects Ethical Review

The study protocol was reviewed and approved by the Human Subjects Ethical Review Committee at the University of Toronto. Standard procedures were employed for obtaining consent. To reinforce the confidentiality of hospital and foundation responses, summary report data will include non-nominal, aggregate data and will not identify individuals, hospitals, or foundations.

Results

The following summarizes the results of the mailed, written survey. Hospital and foundation results are categorized and reported on according to type of hospital classification (i.e., teaching, general community, addiction/mental health, and complex/continuing care).

In total, 97 of the 182 surveys were completed and returned, generating a response rate of 53.3%. Most hospitals declared that they would like to receive the final summary report of the findings. Table 1 presents the breakdown of completed surveys by foundations and hospitals, and Table 2 presents the breakdown of completed surveys by hospital category.

Table 1. Breakdown of completed surveys by foundations and hospitals

	# Surveys (%)
Hospitals	41 (42.2)
Foundations	56 (57.8)
Total	97 (100)

Table 2. Breakdown of completed surveys by hospital category

	# Surveys (%)
Teaching	12 (12.4)
General Community	74 (76.3)
Addiction/Mental Health	5 (5.1)
Complex/Continuing Care	6 (6.2)
Total	97 (100)

Use of Gambling as a Vehicle for Fund Generation

Overall, 59 hospitals and foundations (60.8%) indicated that their agency currently uses gambling as a form of fundraising, with 56 (95%) of the 59 organizations reporting that they felt this has been successful. Compared to the current reported use of gambling as a fundraising method, 67 (69.1%) organizations specified that their hospital or foundation has used gambling in the past. Of the 67 hospitals and foundations reporting having used gambling in the past, only 52 (77%) indicated that they felt it was successful.

Figure 1 depicts the comparison of the current and past use of gambling broken down by the four identified categories (teaching, general community, mental health/addiction, and complex/continuing care). When asked whether the hospitals and foundations felt their current use of gambling to generate funds was successful, the majority felt that it was (see Figure 2).

Figure 1. Current use versus past use of gambling for fund development

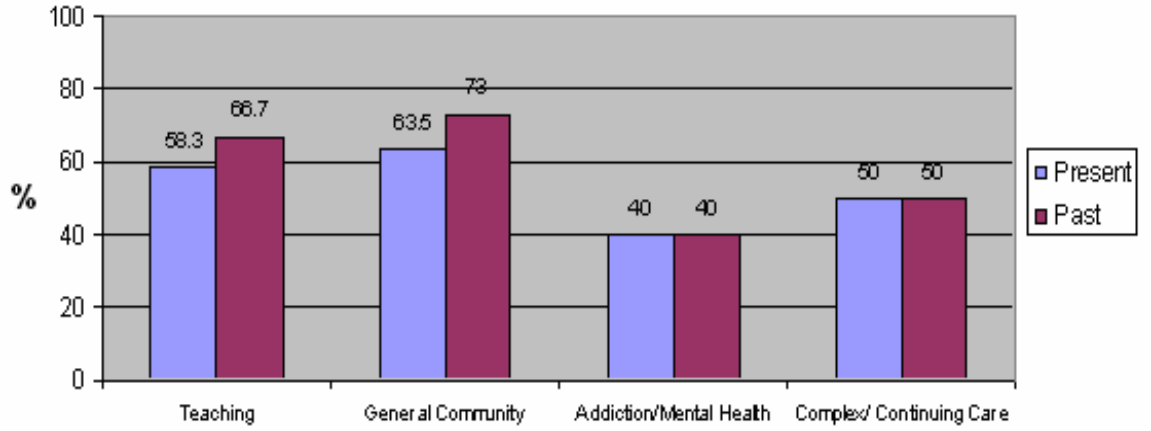
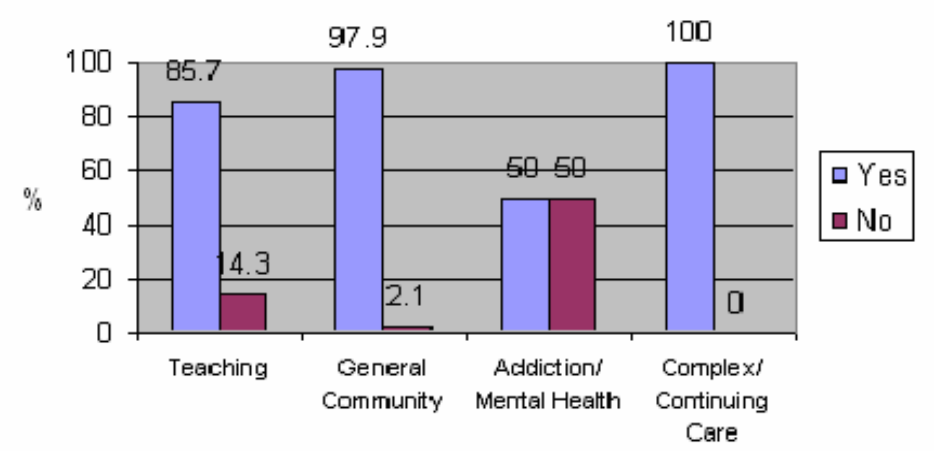


Figure 2. Perceived success of current use of gambling



As Figures 3 to 6 indicate, the most likely forms of gambling used by hospitals and foundations to generate funds are raffles, closely followed by lotteries. With respect to "other" forms of gambling reported, activities such as bingo and Nevada break open lottery tickets were reported.

Figure 3. Forms of gambling used by Teaching Hospitals to generate funds

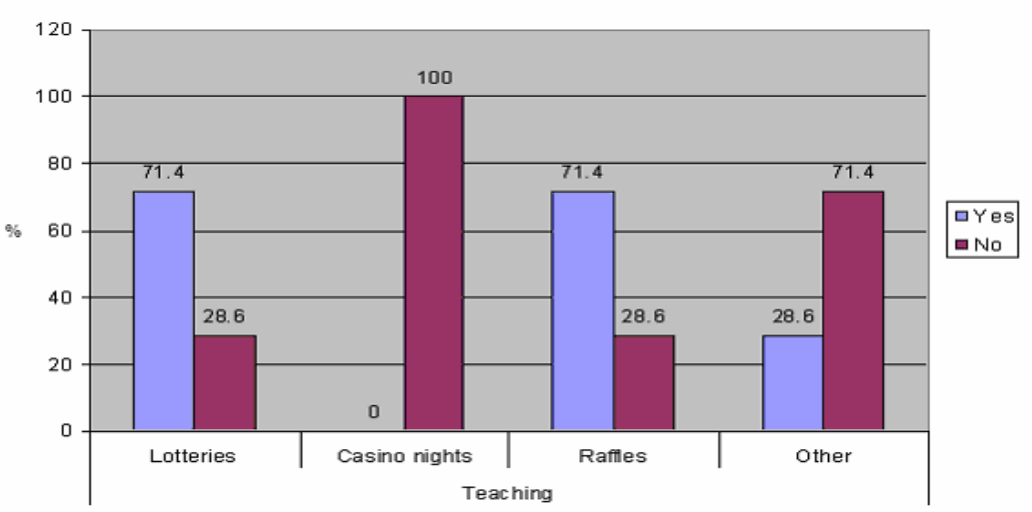


Figure 4. Forms of gambling used by General Community Hospitals to generate funds

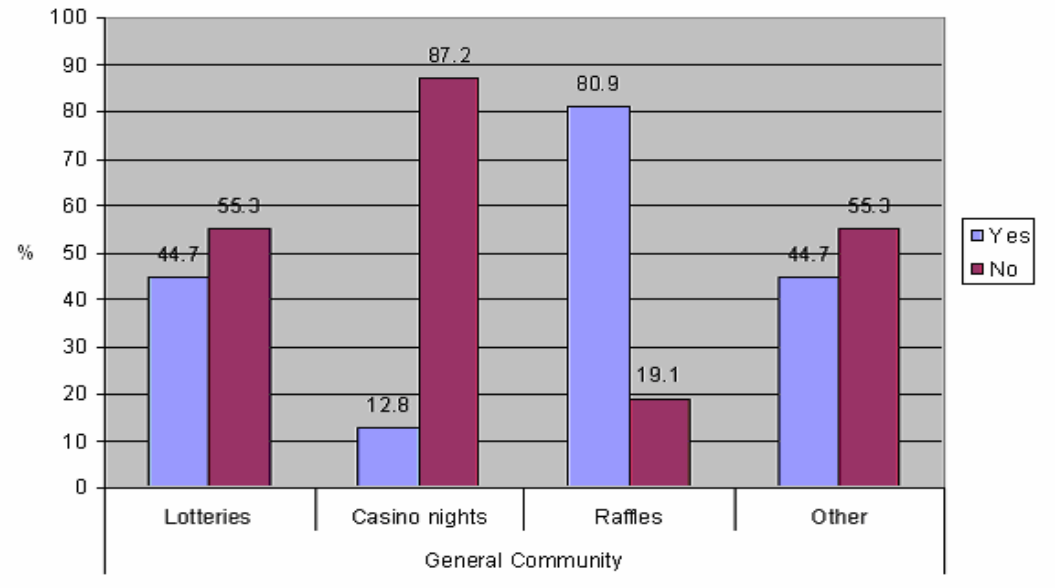


Figure 5. Forms of gambling used by Addiction/Mental Health Hospitals to generate funds

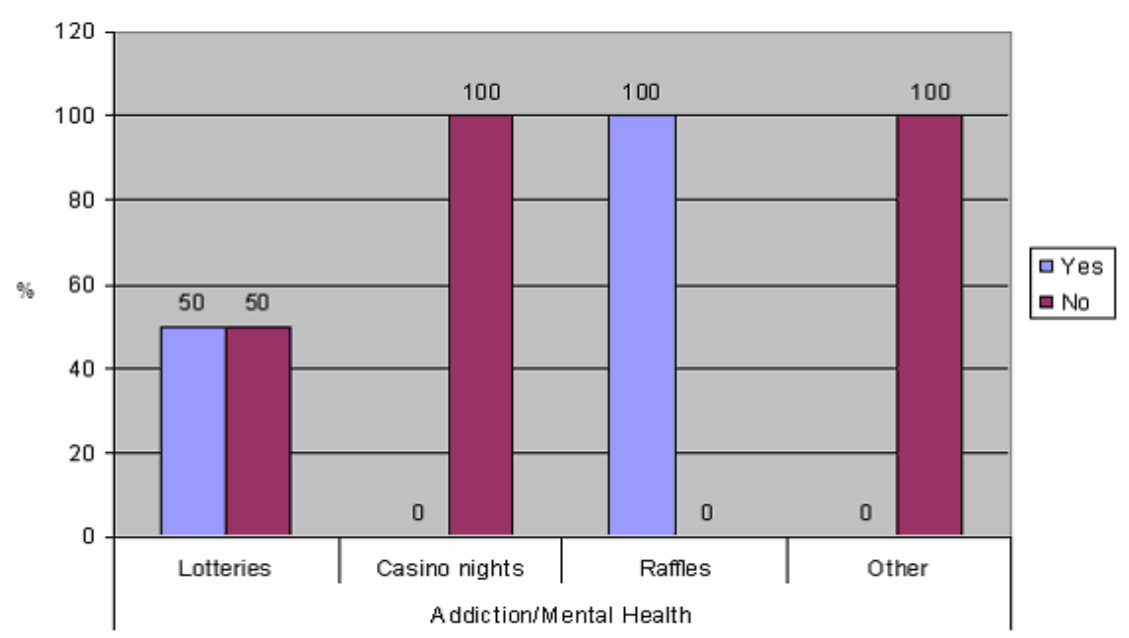
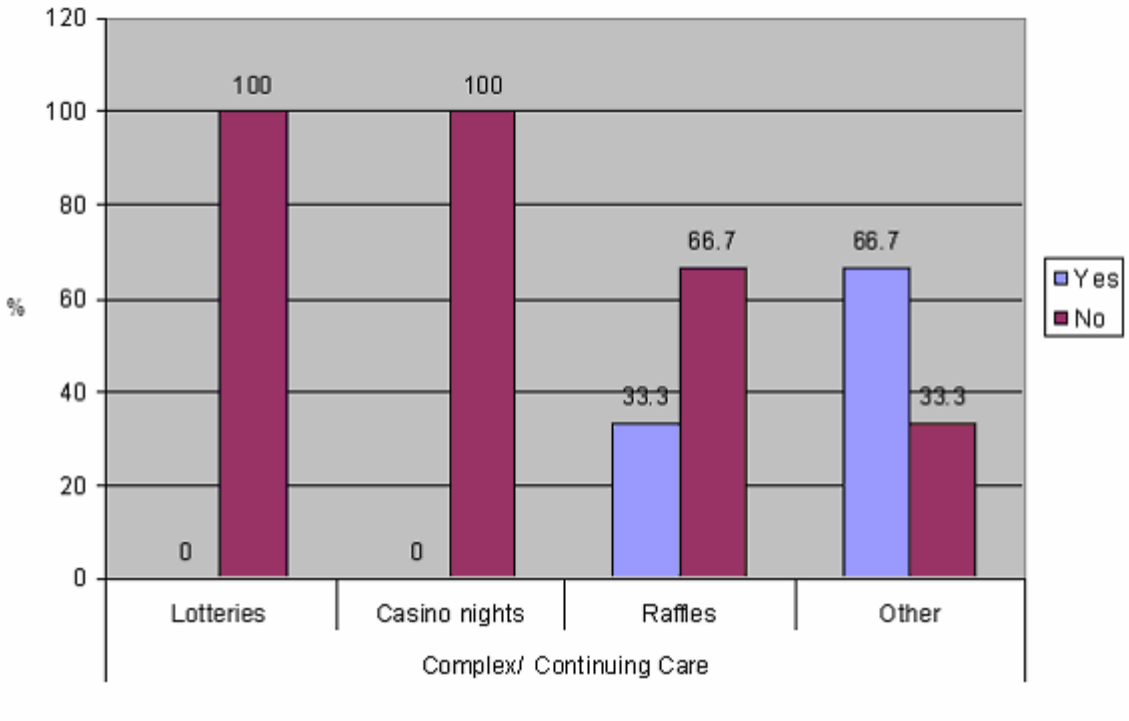


Figure 6. Forms of gambling used by Complex/Continuing Care to generate funds



Hospital Revenue Generated by Gambling

Of the 49 hospitals and foundations that reported currently using gambling as a form of fund generation, when asked to report the amount their organization generates (gross annual), the majority reported generating between $10,000 and $49,000 per year (see Figure 7). Figures 8 and 9 illustrate the amount of revenue generated broken down by hospital or foundation.

Figure 7. Gross annual amount generated by Ontario hospitals/foundations

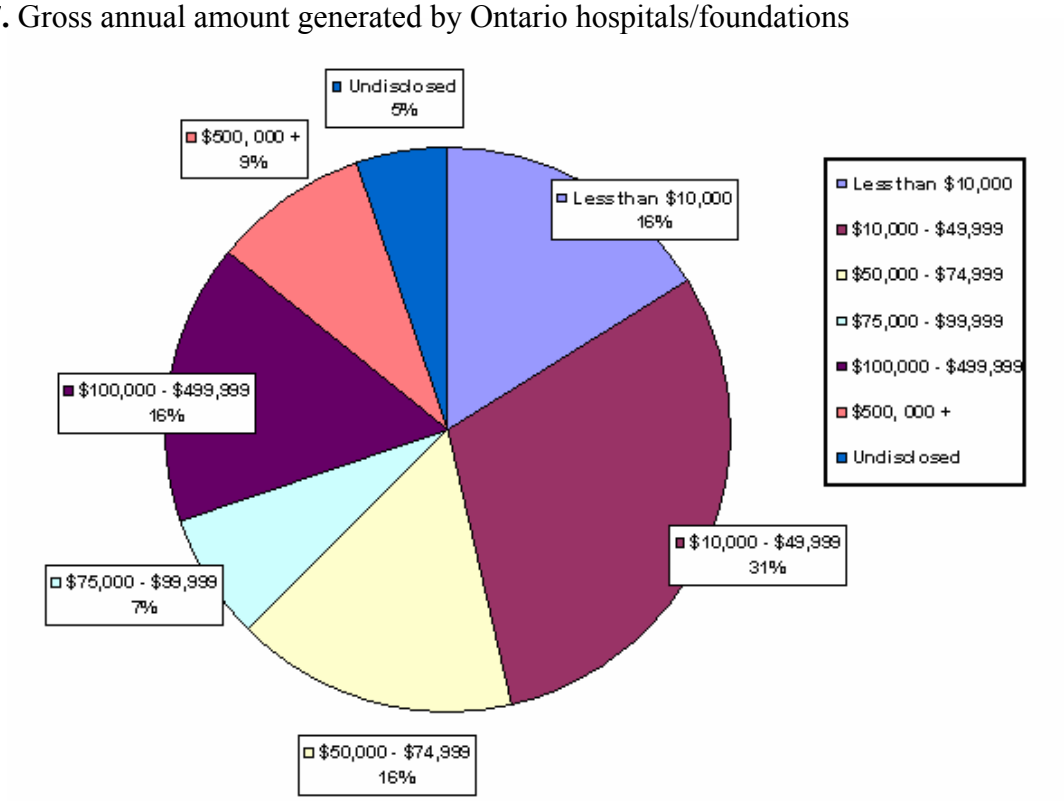


Figure 8. Gross annual amount raised by Ontario foundations through gambling activities

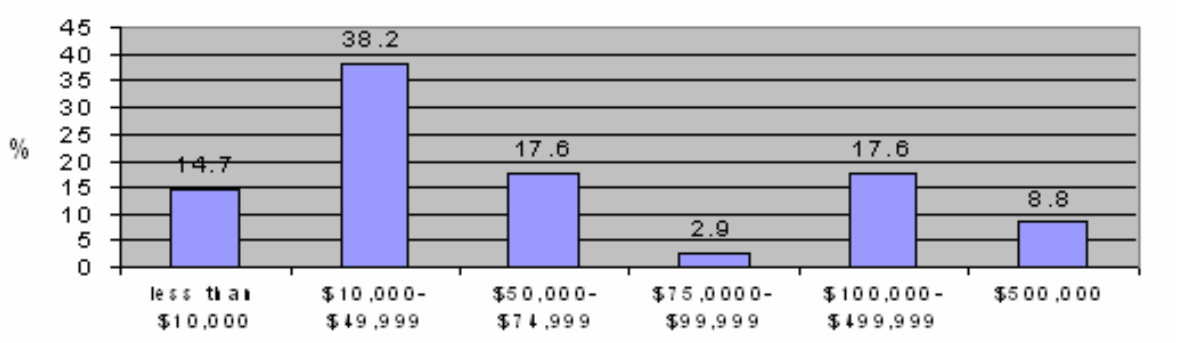
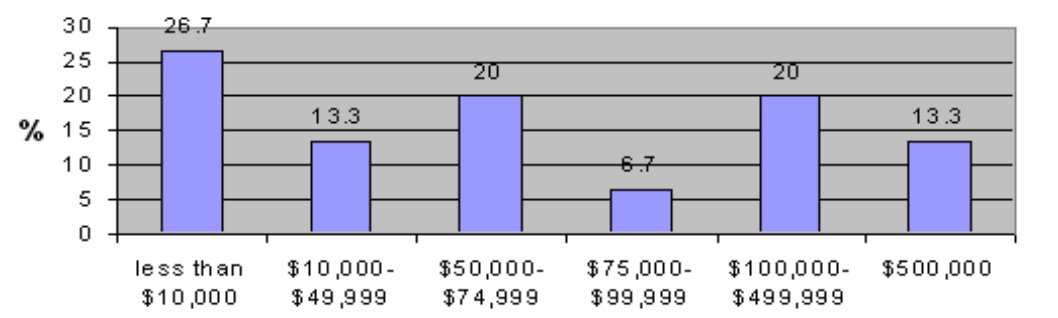


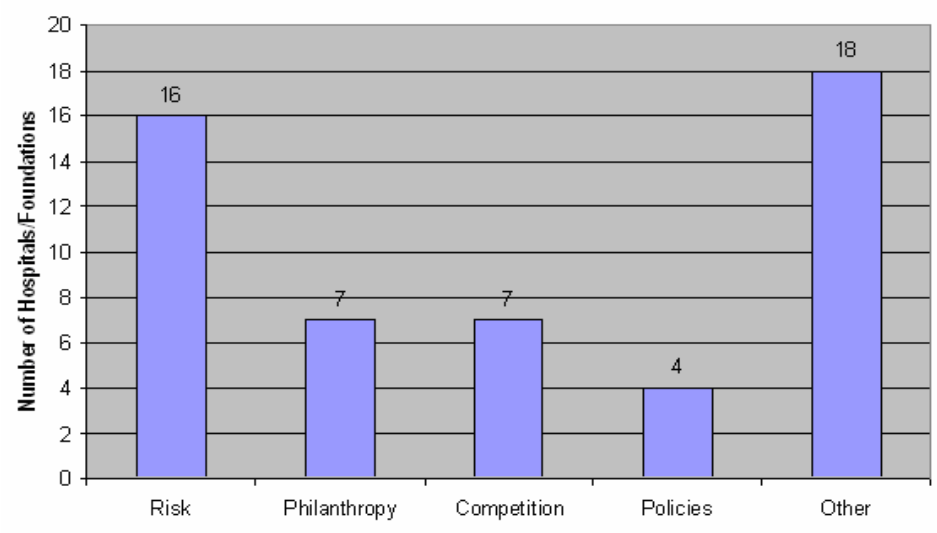
Figure 9. Gross annual amount raised by Ontario hospitals through gambling activities



Concerns with the Use of Gambling as a Fundraising Method

Some hospitals and foundations indicated that they currently do not use gambling as a fundraising method. As Figure 10 illustrates, when hospitals and foundations (across all categories) were asked reasons why their agencies do not use gambling, the majority of responses indicated "other", followed closely by the associated risks involved in potentially doing so. Further exploration of "other" reasons highlighted issues such as values and ethical concerns, costs/investments/resources, and lack of a current need to do so.

Figure 10. Reasons for not using gambling



Figures 11 to 14 illustrate the main reasons why hospitals and foundations do not currently participate in gambling as a form of fund generation broken down by category.

Figure 11. Reasons for not using gambling - Teaching Hospitals

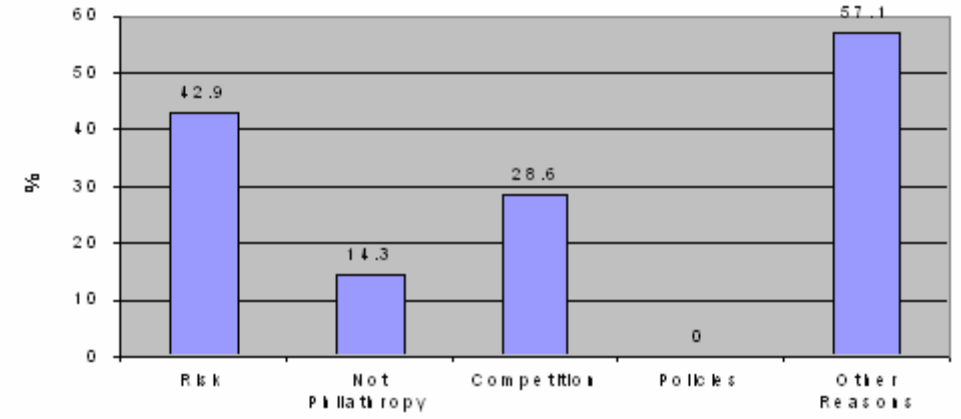


Figure 12. Reasons for not using gambling - General Community Hospitals

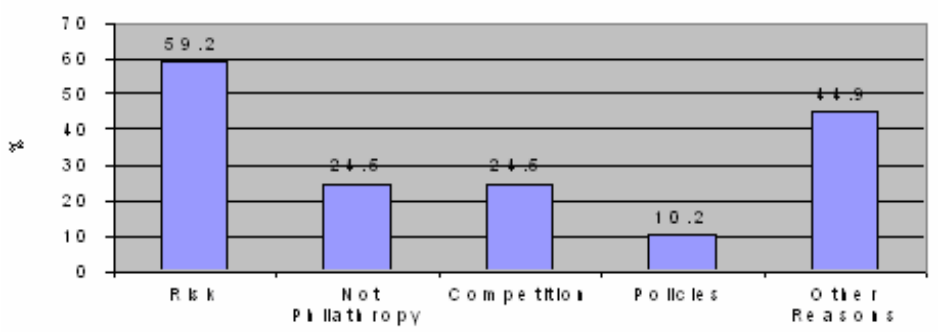


Figure 13. Reasons for not using gambling - Addiction/Mental Health Hospitals

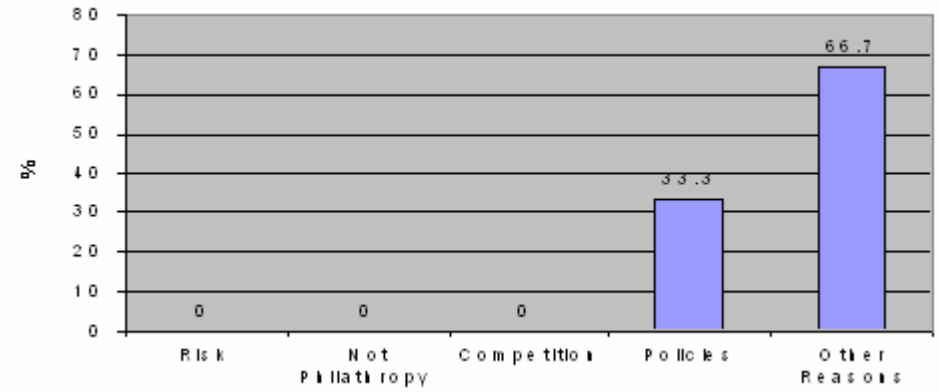
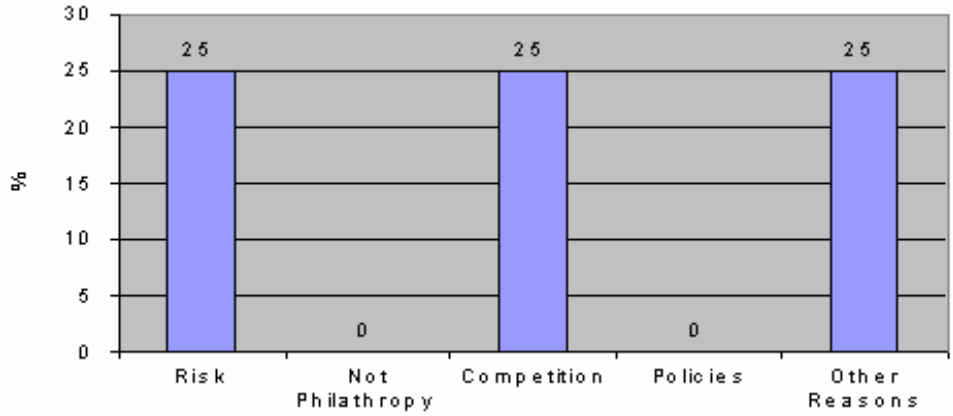


Figure 14. Reasons for not using gambling - Complex/Continuing Care Hospitals



Gambling Participant Information

Overall, when hospitals were asked whether they had a sense of who the ticket purchasers were, 46 of the 59 hospitals (78%) who reported that they currently use gambling as a source of fund generation reported they did. Hospitals and foundations were invited to speculate why they believed people support their gambling fundraising initiatives. The majority of respondents felt the number one reason community members participated was for the opportunity to win (n = 77), followed by providing support for the hospital (n = 52). Figures 15 to 18 show the breakdown of responses according to hospital category type.

Figure 15. Why do you believe that people support hospital/foundation gambling fundraising activities? - Teaching Hospitals

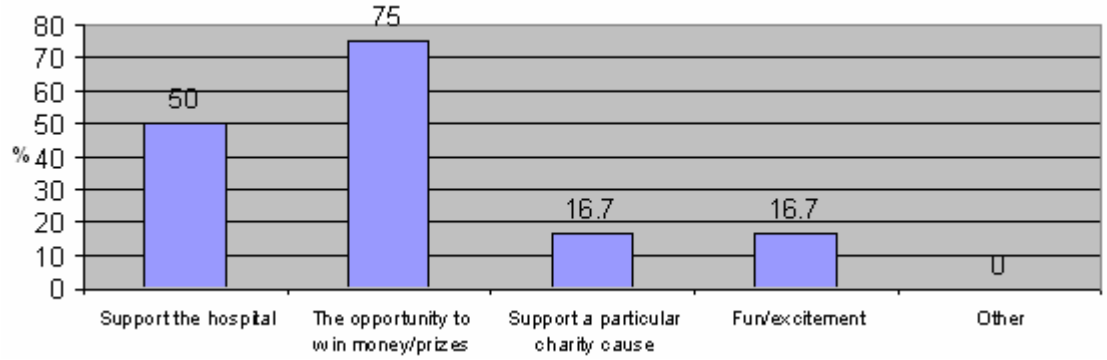


Figure 16. Why do you believe that people support hospital/foundation gambling fundraising activities? - General Community Hospitals

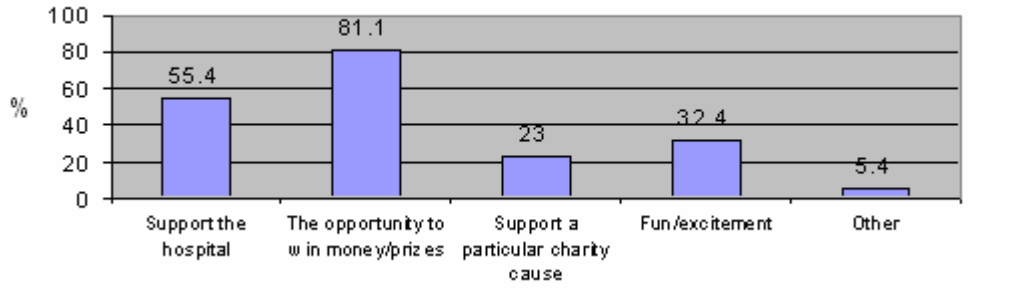


Figure 17. Why do you believe that people support hospital/foundation gambling fundraising activities? - Addiction/Mental Health Hospitals

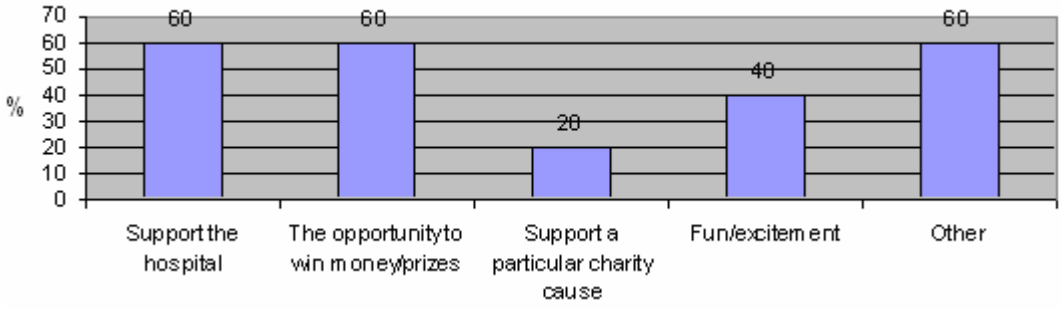
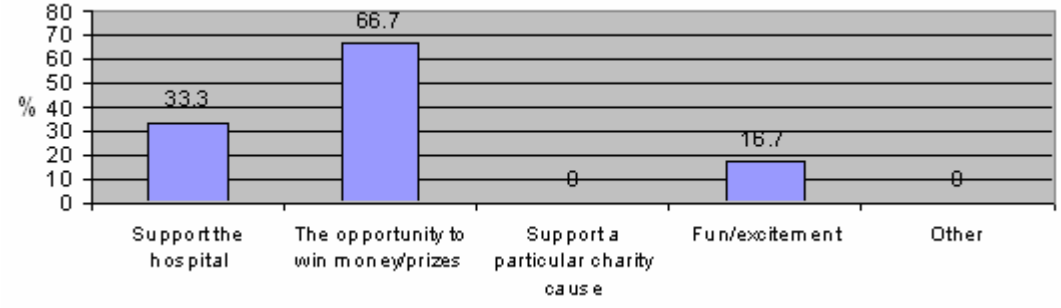


Figure 18. Why do you believe that people support hospital/foundation gambling fundraising activities? - Complex/Continuing Care Hospitals



Hospital Gambling Awareness, Programs, and Prevention Activities

When hospitals and foundations were asked whether they felt gambling was a problem in their organization, only one hospital responded that it was. The majority of respondents felt gambling was not a problem (n = 85). Further, results indicate that the majority of hospitals and foundations do not currently have a gambling program in place (n = 55) and feel their organization does not have to do anything about this issue (n = 79). However, when asked whether they felt gambling was a problem among members of their community, results were varied. Table 3 illustrates the responses according to hospital category.

Table 3. Do you feel that gambling is a problem among members of your community?

	Yes	No	Don't Know	Missing	Total
Teaching	4	4	4	0	12
General Community	27	23	21	3	74
Addiction/Mental Health	3	2	0	0	5
Complex/Continuing Care	1	1	4	0	6
Total	35	30	29	3	97

With respect to gambling prevention activities within their organization, the majority of organizations indicated that there were not currently prevention activities being implemented at their hospital (n = 57). Furthermore, the majority were not currently monitoring for gambling problems (n = 56) and there was not any gambling awareness training at their organizations (n = 56). Tables 4 to 6 reflect the responses broken down by hospital category.

Table 4. Gambling prevention activities

	Yes	No	Don't Know	EAP (Employee Assistance Program) Service	Missing	Total
Teaching	0	8	4	0	0	12
General Community	13	42	15	1	3	74
Addiction/Mental Health	2	1	2	0	0	5
Complex/Continuing Care	0	6	0	0	0	6
Total	15	57	21	1	3	97

Table 5. Monitoring for gambling problems

	Yes	No	Don't Know	EAP Service	Missing	Total
Teaching	0	7	2	0	3	12
General Community	2	42	20	1	9	74
Addiction/Mental Health	1	2	2	0	0	5
Complex/Continuing Care	0	5	0	0	1	6
Total	3	56	24	1	13	97

Table 6. Gambling awareness training

	Yes	No	Don't Know	Missing	Total
Teaching	0	7	2	3	12
General Community	8	42	17	7	74
Addiction/Mental Health	1	2	2	0	5
Complex/Continuing Care	0	5	0	1	6
Total	9	56	21	11	97

Finally, hospitals were asked whether their organization had any gambling treatment interventions. Results indicated that just under 50% of hospitals did not currently have gambling treatment interventions ($n = 47$). Table 7 shows the breakdown of responses by hospital category. However, the actual number may be lower given that a large number of respondents reported "don't know" or "missing".

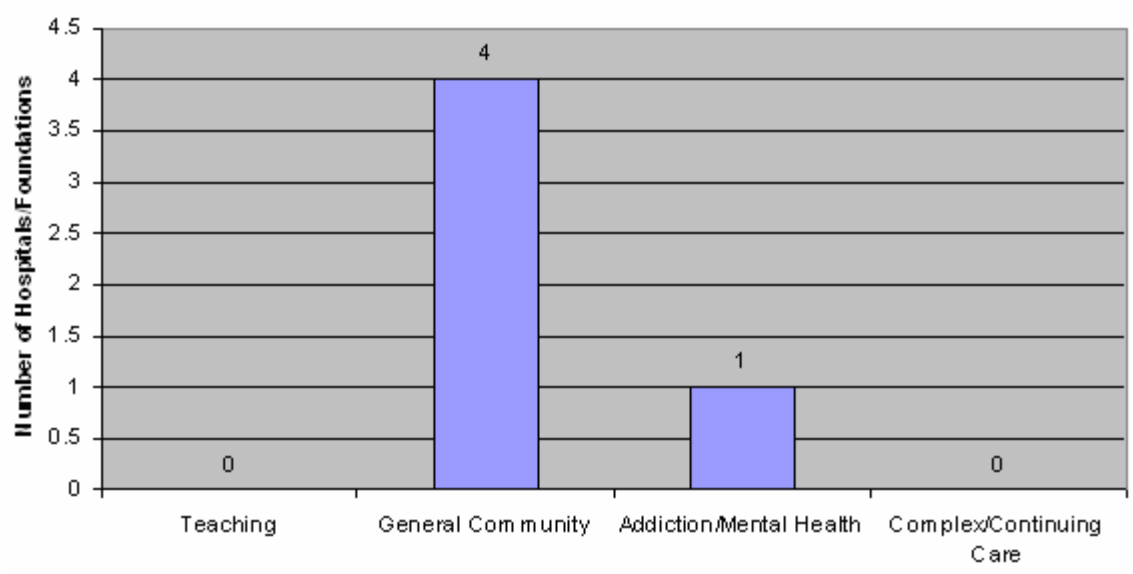
Table 7. Gambling treatment interventions

	Yes	No	Don't Know	EAP Service	Missing	Total
Teaching	0	6	4	1	1	12
General Community	8	34	24	1	7	74
Addiction/Mental Health	1	2	2	0	0	5
Complex/Continuing Care	0	5	0	0	1	6
Total	9	47	30	2	9	97

Hospital/Foundation Gambling Policies

Hospitals and foundations were asked whether there were any policies to guide gambling practices currently in place at their respective organization. The majority stated that they did not have any policies in place ($n = 92$). Figure 19 illustrates the comparison across hospital categories.

Figure 19. Current gambling policies



Of the five hospitals and foundations that reported having policies to guide gambling practices, two included the policies with the returned surveys. Further analysis of the policies revealed that in one case (a Christian-based organization), their fundraising "Code of Ethics" is explicitly against gambling as a means of fund raising, which it sees as inconsistent with the values of their organization. The organization characterizes gambling as an immoral practice that has dire consequences. Their positional statement uses the following terms and phrases to describe gambling, their attitude toward gambling, and its repercussions: *worldwide obsession with tentacles reaching…*, *insidious*, *craze*, *dangers*, *sufferings*, *selfishness*, *saddened*, *prey*, *deplores*, *excess*. However, the policy states that it will "receive monies raised as a result of games of chance, raffles, bingos, lotteries and other social/recreational activities, sponsored by other organizations…" In this particular case, the "Code of Ethics" for this organization is also the guiding policy for three of the other hospitals and foundations that reported currently having a guiding policy in place with respect to gambling. All four of these hospitals fall under the same guiding umbrella organization. Analysis of the second policy voluntarily submitted by an organization reporting that they utilize gambling as a fundraising activity revealed that their ethics policy never explicitly refers to lotteries or any other gaming ventures used to generate funds and limits itself to "legitimate" donors (i.e., eligible for a tax receipt).

The majority of hospitals and foundations that participated in the survey reported not having any policies to guide gambling for fund development. When probed about reasons why, four were given: the issue is addressed through other policies/practices; the lack of resources to develop a policy; it has never been discussed and there is no need for policy development; and, gambling only raises a portion of total funds and is therefore not worthy of a policy. Each of these reasons is addressed individually below, with the amount of money received through gambling in the past year (in brackets).

1. Addressed indirectly through other policies/practices

A number of organizations reported that gambling is indirectly addressed through other current policies/practices that the organization has. However, as most of these organizations stated, gambling is never directly referred to. The following are examples of responses:

- "We have an ethical fundraising practices policy. While it does not specifically reference gambling, this would be covered by our provision for an ad hoc committee on gift acceptance that would be convened to consider a controversial donor/gift/source of funds. Gambling would fall in this category." ($ undisclosed)
- "We have regular ethical reviews of what we use, support or even accept money from – smoking/tobacco companies are a no-no, for example." ("several millions")
- "Not really discussed at Board level as an issue. Address it indirectly through other policies (ie: "donor's bill of rights", fundraising ethics). Not a large portion or our fundraising total revenue." ($600-650K)
- "Policy/terms of reference is general to all fund-raising activities of the hospital. No internal promotion of any gambling activities." ($515K)

2. Lack of resources to develop policy

The lack of resources, in the forms of staff and money, was often recited as the reason in cases where there was no guiding policy in place to guide the use of gambling as a form of fund generation. For instance, a number of organizations indicated the following:

- "We are a small and relatively new foundation with a two person office; lack of time." ($30K)
- "Lack of time and resources to develop policies." ($90K)
- "Prioritization of where to spend time of foundation staff." ($12K)

3. No obvious concern/never discussed

For some hospitals and foundations, the reason why there was not a policy that guides gambling as a way of raising funds is because there has not been a problem; therefore, no policy is warranted or even discussed. The following excerpts give example to this:

- 'There haven't been any concerns to date from the public brought forward to the Foundation Board; therefore a policy has not been developed. Just recently a hospital board member questioned if it was hypocritical for the Volunteer Association to sell break-open tickets and participate in gambling or gaming activities when we have an Addictions Treatment Department counselling those people with gambling problems." ($395K)
- "Did not think they were required – each fundraising activity is decided on its own merit." ($20K)
- "These activities [Nevada ticket sales] have been organized by volunteer auxiliaries for many years and have just become part of what they do, so no one has challenged them on the issue." ($70K)
- "There has been no evident need." ($120K)
- "Have not been a need." ($10K)
- "Never raised as an issue." ($500K)
- "Has not been an issue to date. If a policy becomes warranted, will need to address." ($35K)
- "To date we have only raised funds through one form of "gambling" which is the break open lottery tickets that are sold off site at a third party establishment. No concerns have been raised that would result in a need to develop a policy. However, I feel that it is a good idea to develop a policy to guide gambling for fund development." ($6K)

4. Only a portion of total funds

One of the reasons hospitals and foundations claimed their organization did not currently have a policy around gambling was because gambling revenue generated only a small portion of their total fundraising activity; therefore, it was not worth implementing any kind of policy. As reported by organizations:

- "Limited source of funds, not worth the time to develop." ($5-10K)
- "Small proportion of our income. We follow all existing regulations. We've not found there is a need for a specific hospital policy on it yet." ($100K – "our lotteries are very small".)
- "Gambling revenues not a major source of fund-raising. More focused on annual appeal, designated donations, bequests." ($12K)
- "It has not been raised as an issue as it is not a significant part of our fundraising efforts." ($290K)
- "We have not implemented any policies as there has never been a scale of fundraising though gambling that warranted policies." ($20K)
- "We do very limited "gambling" related fundraising and have eliminated a number of activities such as Break Open Lottery Sites recently." ($100K)

Our results suggest that, for the hospitals and foundations that currently do not have a policy guiding gambling as a way to generate funds, some organizations have doubts:

- "Just recently a hospital board member questioned if it was hypocritical for the Volunteer Association to sell break-open tickets and participate in gambling or gaming activities when we have an Addictions Treatment Department counselling those people with gambling problems." ($395K)

- "Helps our foundation (hospital) generate additional revenues. Although personally am not a gambler, I feel people decide where they spend their money, therefore they are helping a good cause. I find it is pitiful that people become addicted. It defeats the purpose of helping our institutions. Abusive gambling is a sickness like alcoholism. Are we encouraging them?" ($50K)
- "Considered a "temporary" way of raising funds. May not be popular next year. We don't consider it philanthropy and don't receipt the funds." ($600-650K)
- "I would rather not employ this as a fundraising method but feel that charitable organizations are put in a situation that they rely on the proceeds from these activities (draws, break open tickets, lotteries, etc.)" ($395K)
- "The hospital is currently trying to delicately help the auxiliary to find alternate fund raising activities as the hospital believes there are ethical issues around prevention of addictions. This is a delicate matter as the Auxiliary donates money to the hospital for purchase of equipment." ($ undisclosed)
- "Has not been raised as an issue. However, this is very timely as last week I was presented with an idea to run a high stakes poker tournament. I had immediate concerns about the image of the foundation being associated with this and possible conflict with our mental health department. None of my staff raised this concern." (approx. $75K)

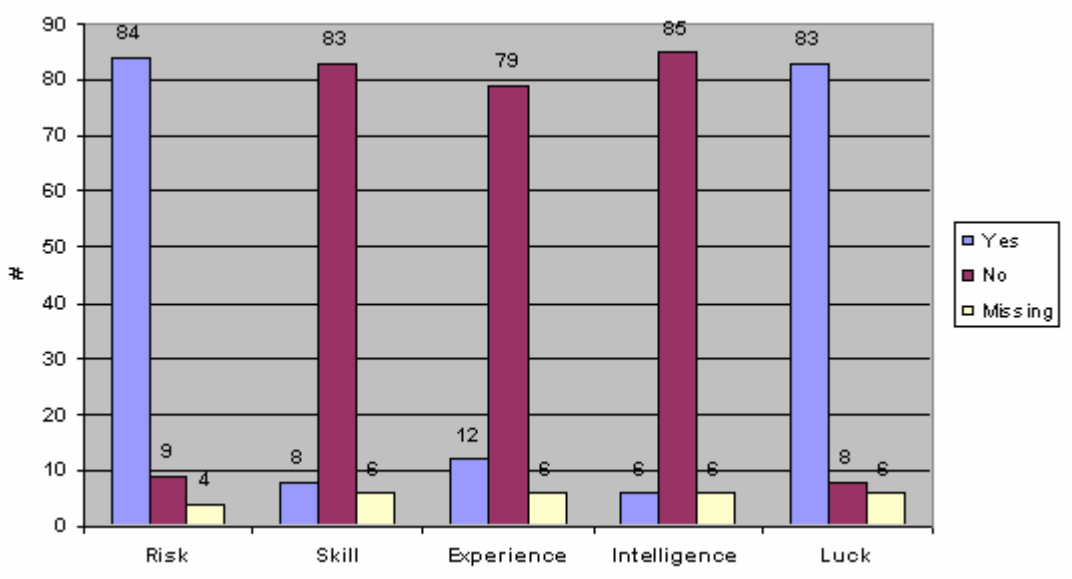
Additionally, other organizations are beginning to think about the issue and may take steps to implement a policy in the future:

- "The hospital may need to develop and implement a socially responsible problem gambling prevention policy and prominently display information on where to get help wherever any gambling related activities occur." ($395K)
- "I have no ethical concerns with gambling in general. However, we need to balance the revenue benefits to organization and the issue of problem gambling. This survey brings up the issue in that we should consider a policy on gambling. Thank you and good luck." ($30-50K)
- "We do very limited "gambling" related fundraising and have eliminated a number of activities such as break open lottery sites recently. We would be interested in policies of other foundations." ($100K)

Personal Understanding of Gambling

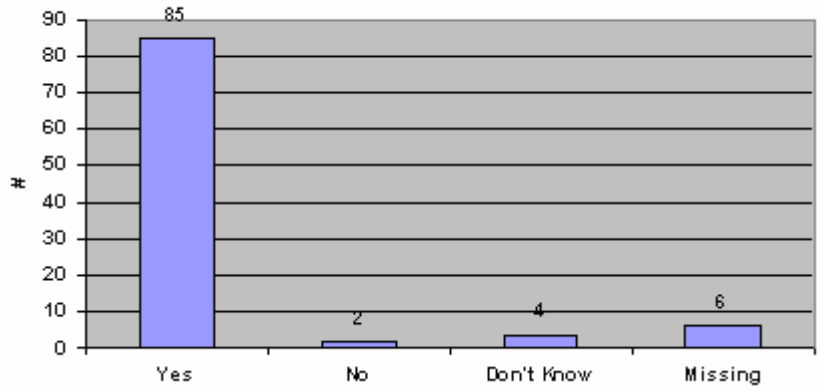
Individual gambling knowledge, awareness, and beliefs were probed in the survey. It should be noted that the information reflects the personal gambling awareness and insights of the individuals who completed the surveys and may not be reflective of the perceptions of their organizations. When asked their opinion about whether they thought gambling was a game of risk, skill, experience, and/or intelligence, the majority of respondents felt it was a game of risk (see Figure 20).

Figure 20. Gambling is a game of …



To gain an understanding of the level of awareness about the definition of gambling, respondents were asked the question, "Do you think that gambling is risking something of value on an outcome that is uncertain?" As illustrated in Figure 21, the majority of respondents agreed with the definition (n = 85).

Figure 21. Gambling is … "Risking something of value on an outcome that is uncertain?"



Beliefs about the potential benefits and risks of gambling were probed (see Figures 22 and 23). The majority of respondents felt the primary benefit to gambling is the opportunity to win prizes/money (n = 70), closely followed by the opportunity to support charitable activities (n = 66). On the other hand, the majority of participants felt the major potential risk of gambling is the potential to become addicted (n = 80), closely followed by the potential to lose something of value (n = 75).

Figure 22. Benefits of gambling

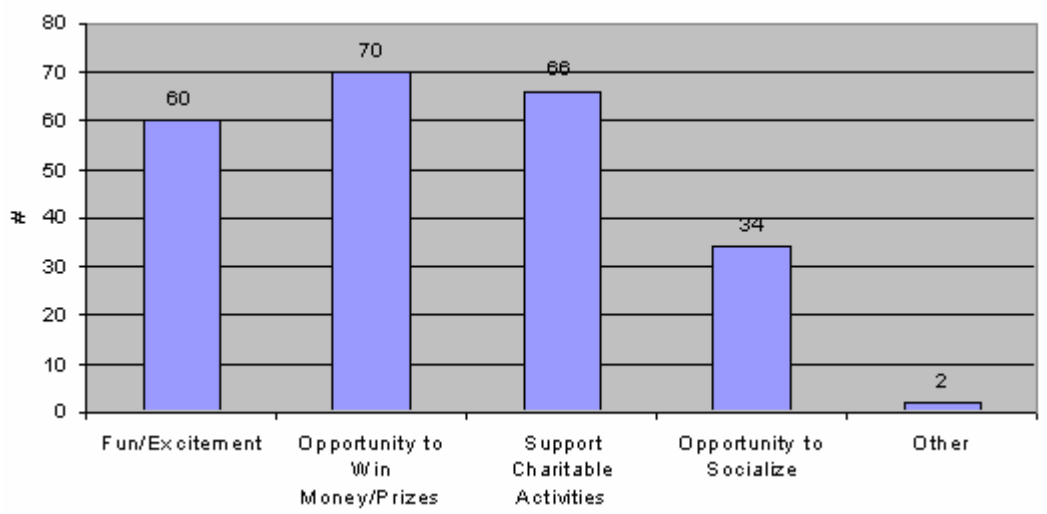
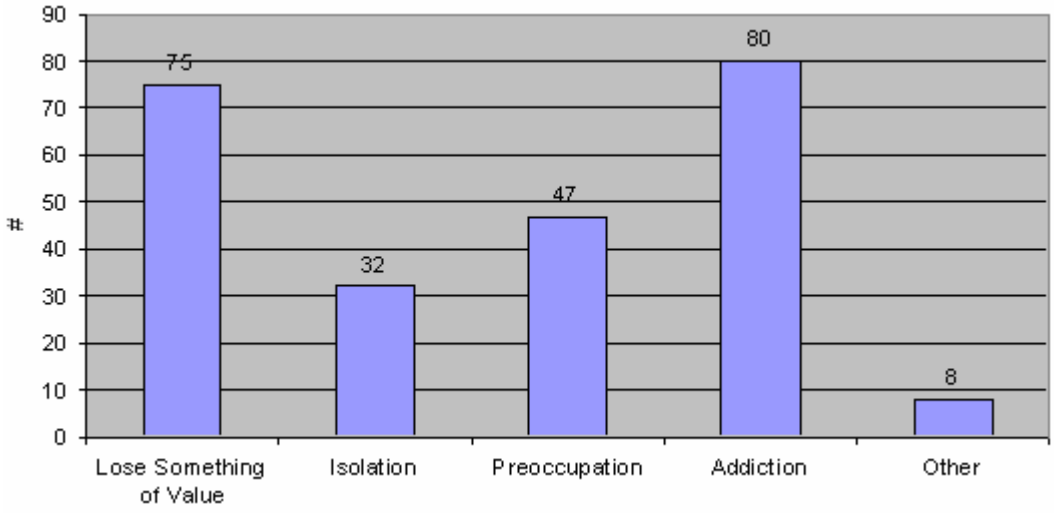


Figure 23. Risks of gambling



Conclusions

Based on the findings, we draw the following conclusions from the completed surveys received from participating hospitals and foundations:

1. Gambling has been used, and is currently being used, as an instrument of financial development in many hospitals and foundations.
2. Rare to find a specific gambling policy framework to guide the utilization for fund development.
3. Rare to find information on the decision-making processes in place to support or reject an organizations' use of this activity.
4. Little consideration of the potential costs, including impacts on mental health and family human risks, of this activity.
5. Few hospitals had gambling awareness and comprehensive harm reduction programs even though many hospitals had mental health and addiction services.

6. Almost four-fifths of hospitals and foundations stated that as an organization, they have a sense of who the ticket purchasers are.

Discussion

Gambling is an emerging public health and public policy issue. In Ontario, our Federal and Provincial Governments address gambling within both the Criminal Code of Canada and as delegated responsibilities to Provincial Governments. In this context, there continues to be significant revenues accrued through gambling by the provincial government and a trend towards normalization.

The mandate of public hospitals is to treat illness, prevent mental and physical harm, and enhance community and individual well-being. Although gambling has the potential to generate significant revenue, its incorporation into hospital activities needs to be carefully considered because of its potential harms. For example, pathological gambling is a recognized mental disorder within the Diagnostic and Statistical Manual of Mental Disorders - fourth edition (DSM-IV) and is generally recognized as an addictive behaviour. For many people, gambling is an acceptable leisure activity; however, it contains risks and has the potential for problem generation (Rush & Moxam, 2001; Wiebe et al., 2001). Because hospitals are the central and leadership component of the health care system, it is incumbent upon them to weigh this matter carefully to ensure a balanced approach. In this regard, a public health framework is instructive and proposed as a vehicle for policy development, as well as awareness and other prevention initiatives.

From a public health perspective, the costs and benefits need to be clearly delineated in order to achieve an appropriate balance. For hospitals, whose business is to prevent and treat illness, gambling focuses the values and principles that underpin the hospitals mandate and direction, and thus is worthy of careful consideration and study.

A number of hospitals indicated that although they did not have specific policies directed to gambling, it was inferred to in other policy documents. Although addressed under “donor guidelines” in certain policies, according to Canada Customs and Revenue Agency, charity lottery tickets are considered entertainment and not a direct donation; therefore, hospitals are unable to issue a charitable tax receipt. We believe this information needs to be highlighted within the policy and practices of hospitals and foundations.

There is one dimension of this gambling business phenomenon that has yet to be probed systematically -- the source of the business capital. It is acknowledged that substantial monies are necessary as an upfront business requirement to develop, advertise, and implement a major hospital lottery. It is unclear as to the source of these funds, and the oversight and accountability framework deserves exploration to ensure transparency within our Ontario public hospital system.

Finally, the researchers found that gambling activities were often implemented under the umbrella of the hospital foundation or its corporate equivalent. It is important to acknowledge that although gambling is used clearly for fund development and revenue generation, it is not philanthropy/charity and should not be positioned as such. It is a business initiative with risks and benefits directed towards a specific corporate purpose.

Limitations of this Study

This research is introductory and descriptive, and is the first of its kind to explore this issue in such detail. The intent is not to suggest that all gambling is harmful, but instead to examine how hospitals decide if they are going to use gambling for fund development.

This study achieved an extremely high response rate; however, hospital/foundation respondents all self-selected to participate in the study dependent on individual and institutional interest and good will. Previous studies adopting this methodology have reflected on the difficulties of ensuring a high

response rate that would lend itself to accurately reflecting all current and past engagement of gambling as a vehicle for fund generation. Although, one might wish to speculate as to the reasons as to why some hospitals/foundations decided to participate in the study or not, our ethical commitment was to not bring attention to any individual hospital/foundation.

Findings indicate this study has enhanced awareness around public health implications of gambling within the hospital sector. In order to enhance the probability of a response and respect individuals' time demands, the questionnaire was developed to be completed within 20 minutes. The use of mail-in surveys does not provide for the richness of data that might be found using in-depth interviews.

Recommendations

Based on the findings of this descriptive study, we recommend the following:

Research:

1. To further understand the complexities associated with gambling, a second stage of research is warranted. This would build upon two major ethical themes: the special responsibilities that hospitals have to minimize harms associated with gambling, and honoring the Hippocratic Oath. This methodology would utilize in-depth interviewing of key individuals throughout the hospital community.
2. There is a need to examine the prevalence estimates of problem gambling within the hospital community. The methodology would address several populations, including those that buy hospital lottery tickets, those who choose not to, and the background prevalence rates in the surrounding community.
3. A companion piece to looking at policies and practices regarding the use of gambling in fund development would be to examine the advertising, marketing, and promotion that support these initiatives. For example, does the advertising accurately and fairly reflect the odds of winning major prizes?
4. In order to establish a broader and deeper foundation of hospitals' use of gambling as a form of fund generation, future research would explore the historical and political context leading to the current use of gambling as a fundraising initiative.

Policy:

1. A model policy needs to be developed. There are a number of options, however key stakeholders groups need to be engaged.
2. As a result of the self-regulation surrounding advertising of hospital gambling initiatives, there need to be clear guidelines that reflect both the balanced expression of risks and benefits, including the odds.

Practice:

1. All hospitals engaging or supporting gambling in any form should develop and offer awareness initiatives for hospital stakeholders.
2. This research report should be disseminated to hospitals and foundations in Ontario. There are a number of hospital/foundation forums this could be presented at.
3. In light of gambling's potential risks and costs, any decision regarding the use of gambling within the hospital should undergo an ethics review, similar in nature to other ethics reviews, such as clinical research studies.

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Appendix A. Hospital/Foundation Questionnaire

Name:_____

Position:_____

Hospital/Foundation:_____

Address:_____
_____
_____

Would you like a copy of the final report? □ Yes □ No

What type of hospital are you?
a) teaching □
b) general community □
c) addiction/mental health □

1. Does your hospital/foundation currently use gambling as a form of fund development?

   Yes _____ No _____

2. If yes,
   a) Lotteries □ Yes □ No
   b) Casino nights □ Yes □ No
   c) Raffles □ Yes □ No
   d) Other (please describe):

   _____
   _____
   _____
   _____

3. Do you feel that this has been successful?

   Yes _____ No _____

4. Has your hospital/foundation used gambling as a form of fund development in the past?

   Yes _____ No _____

5. If yes,
   a) Lotteries □ Yes □ No
   b) Casino nights □ Yes □ No
   c) Raffles □ Yes □ No
   d) Other (please describe):

   _____

6. Do you feel that that was a success?

   Yes _____ No _____

7. Has your hospital/foundation ever considered using gambling to raise funds?

   Yes _____ No _____

8. What are some of the reasons why your hospital/foundation ***has not*** used gambling to raise money? (check as many as you would like)

   - □ Risk
   - □ Gambling is not considered philanthropy
   - □ Competition
   - □ Hospital/Foundation policies
   - □ Other (please describe) _____

9. If your hospital/foundation has used gambling as a form of fund generation, how much money (gross annual) was raised through these activities?

   _____

10. What did it cost (annually) to raise this amount of money?

    _____

11. Do you have a sense of who the ticket purchasers are?

    Yes _____ No _____

12. Why do you believe that people support Hospital/Foundation gambling fund raising activities?

    - □ Support the hospital
    - □ The opportunity to win money/prizes
    - □ Support a particular charity cause
    - □ Fun/excitement
    - □ Other (please describe) _____

13. Are there any hospital policies to guide gambling practices currently in place at your hospital/foundation? **(If yes, please attach a hard copy of policies if available).**

    Yes _____ No _____

14. If yes,
    a) What is the purpose of the policy?

_____

_____

b) What are the guiding principles of the policy?

_____

_____

_____

_____

c) Please describe the hospitals decision-making process that led to adopting policies to guide gambling for fund development (i.e. assessment of costs and benefits)?

_____

_____

_____

_____

15. If no,

a) Please describe why the hospital/foundation has not developed any policies to guide gambling for fund development?

_____

_____

_____

_____

b) What was the decision-making process that led to this decision?

_____

_____

_____

_____

16. Does your hospital have a program related to gambling problems?

Yes _____ No _____ I don't know _____

17. Are there any gambling prevention activities currently being implemented at your hospital?

Yes _____ No _____ I don't know _____

If yes, please describe:

_____

a) Is there monitoring for gambling problems?

Yes _____ No _____ I don't know _____

b) Is there any awareness training?

Yes _____ No _____ I don't know _____

c) Are there any educational programs and resources?

Yes _____ No _____ I don't know _____

18. Are there any treatment interventions currently being implemented?

Yes _____ No _____ I don't know _____

19. Are there consequences for non-compliance?

Yes _____ No _____ I don't know _____

20. Do you think gambling is a game of:

a) Risk	□ Yes	□ No
b) Skill	□ Yes	□ No
c) Experience	□ Yes	□ No
d) Intelligence	□ Yes	□ No
e) Luck	□ Yes	□ No

21. Do you think that gambling is "risking something of value on an outcome that is uncertain"?

Yes _____ No _____ I don't know _____

22. What do you believe are the potential benefits of gambling?

□ Fun/excitement
□ The opportunity to win money/prizes
□ Support charitable activities
□ The opportunity to socialize
□ Other_____

23. What do you believe are the potential risks of gambling?

- □ The potential to lose something of value
- □ Isolation
- □ Preoccupation
- □ The potential to become addicted
- □ Other_____

24. Do you see gambling as an issue among members of your community?

Yes _____ No _____ I don't know _____

If yes, please describe:

_____

_____

_____

_____

25. How do you feel about gambling in general?

_____

_____

_____

_____

26. How do you feel about gambling-related problems?

_____

_____

_____

_____

27. Do you feel that gambling is a problem in any way at your hospital/foundation?

Yes _____ No _____ I don't know _____

If yes, please describe:

_____

_____

28. Do you believe that anything needs to be done about this issue at your hospital/foundation?

Yes _____ No _____ I don't know _____

If yes, please describe:

_____

_____

_____

_____

I want to thank you for taking the time to complete this survey. Your answers are very important. We think that the results of this study will be useful in helping hospitals decide whether or not to use gambling as a potential revenue source. Once again, I want to assure you that everything you have said will remain strictly confidential and will not be seen by anyone but the head researcher or project manager on this project.

Thank you!

Appendix B. Introduction Letter to Hospitals/Foundations

FACULTY OF MEDICINE
University of Toronto

Department of Public Health Sciences
6th Floor Health Sciences Building
155 College Street
Toronto, ON M5T 3M7

Date

Mr/Mrs. XXX
Title
Hospital/Foundation
Address

Dear XXX:

I would like to invite you to participate in a study at the University of Toronto entitled, "Hospitals, Gambling & the Public Good: A Special Responsibility".

Hospitals have raised significant funds through the use of gambling activities. At the same time there has been considerable concern in Ontario about the possible negative consequences associated with gambling expansion. However, little is known about how hospitals decide if they will incorporate gambling in fund development, what factors influence the adoption of gambling programs for financial development purposes, what policies exist to guide gambling fundraising activities, whether policies vary between different hospitals with the hospital sector, as well as consideration of the impact on problem gambling and its prevention. The purpose of this research is to offer an introductory and descriptive account of gambling policies and practices at hospitals in Ontario.

The goals of this research are:

1. To document within the three selected Ontario hospital categories (teaching, general community, and addiction/mental health hospitals) the use of gambling for fund development.
2. Examine independent Hospitals' policy framework, values and decision-making process that led to adopting or rejecting the use of gambling for fund development.
3. Identify the allocation of gambling funds to support the hospital mission, specific program initiatives, as well as capital items.
4. Document any utilization of gambling problem prevention messaging and/or consideration of the impact on gambling problems within the Hospital and local community.
5. Promote a public health framework for gambling that facilitates an enhanced appreciation of the challenge to balance the benefits as well as the costs of gambling. This approach takes into consideration the socioeconomic, cultural, and policy dimensions in addition to the biological, behavioural factors broadly influencing gambling and health. As a result, there will be an improved understanding of its impact

at the community level and within the hospital sector.

All hospitals and foundations in Ontario will be invited to participate in this study to obtain a comprehensive inventory of gambling policies and practices in all Ontario hospitals. The intent of this study is ***not*** to suggest that all gambling is harmful, but instead will provide important information on how hospitals decide if they are going to use gambling for fund development.

We anticipate that the surveys will take approximately 25 minutes. All information will remain confidential will be destroyed once the study is concluded. ***There will be no consequences for non-participation. Individual hospitals will receive a summary report classified by hospital sector if you wish***. The final summary report data will report non-nominal, aggregate data and will not identify individuals or hospitals.

Information collected in this research will make a beginning contribution to the area of gambling fundraising policies and practices among hospitals in Ontario. If you desire, these findings will be made available to you at the conclusion of the study.

If you wish further information on this study, please contact either Dr. David Korn (Principal Investigator) or Jennifer Reynolds (Project Manager):

Sincerely,

David Korn, MD, CAS
Principal Investigator
(416) 322-2213
david.korn@utoronto.ca

Jennifer Reynolds, M.Ed
Project Coordinator
(416) 978-8498
jennifer.reynolds@utoronto.ca

Appendix C. Follow-up Letter to Hospitals/Foundations

FACULTY OF MEDICINE
University of Toronto

Department of Public Health Sciences
6th Floor Health Sciences Building
155 College Street
Toronto, ON M5T 3M7

Date

Mr/Mrs. XXX
Title
Hospital/Foundation
Address

Dear XXX:

We are carrying out a research project at the University of Toronto entitled, "Hospitals, Gambling & the Public Good: A Special Responsibility". The purpose of this research is to offer an introductory and descriptive account of gambling policies and practices at hospitals in Ontario.

A few months ago we mailed you a questionnaire. To the best of our knowledge we have not received it.

Your responses are important to us. We have included another copy of the survey. We would like to assure you that the final summary report data will report non-nominal, aggregate data and will not identify individuals or hospitals.

Information collected in this research will make a beginning contribution to the area of gambling fundraising policies and practices among hospitals in Ontario.

If you wish further information on this study, please contact either Dr. David Korn (Principal Investigator) or Jennifer Reynolds (Project Manager):

Sincerely,

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Appendix D. List of Organizations that Received Survey Package[1]

Alexandra Hospital
Alexandra Marine & General Hospital
Almonte General Hospital
Arnprior and District Memorial Hospital
Atikokan General Hospital
Baycrest Centre for Geriatric Care
Belleville General Hospital Foundation
Blind River Distric Health Centre
Bloorview MacMillan Children's Centre
Bluewater Health
Brantford General Hospital Foundation
Bridgepoint Hospital
Brockville General Hospital
Cambridge Memorial Hospital
Campbellford Memorial Hospital
Carleton Place & District Memorial Hospital Foundation
Centre for Addiction & Mental Health
Chapleau Health Services
Children's Hospital of Eastern Ontario
Clinton Public Hospital
Collingwood General and Marine Hospital
Cornwall Community Hospital
Crawford Connect
Deep River and District Hospital
Dryden Regional Health Centre
Dunnville Hospital and Healthcare Fdn
Englehart & District Hospital
Espanola General Hospital
Foundation of Chatham Kent Health Alliance
Four Counties Health Services
Geraldton District Hospital
Glengarry Memorial Hospital
Grand River Hospital Foundation
Grey Bruce Health Services
Groves Memorial Community Hospital
Guelph General Hospital
Haldimand War Memorial Hospital
Haliburton Highlands Health Services
Halton Healthcare Services Corporation
Hamilton Health Sciences Corporation
Hamilton Regional Cancer Centre Fdn
Hanover and District Hospital
Hawkesbury & District General Hospital
Headwaters Health Care Centre
Homewood Health Centre
Hopital Notre-Dame Hospital (Hearst)
Sudbury Regional Hospital Foundation
Hopital regional de Sudbury
Hornepayne Community Hospital
Hospital for Sick Children
Hotel- Dieu Grace Hospital
Humber River Regional Hospital
Huntsville District Memorial Hospital Fdn
Huronia District Hospital
James Bay General Hospital
Joseph Brant Memorial Hospital
Kemptville District Hospital
Kingston General Hospital
Kirkland and District Hospital
Lady Dunn Health Centre
Lake of the Woods District Hospital
Lakeridge Health Corporation
Lakeridge Health Whitby Foundation
Leamington District Memorial Hospital
Lennox & Addington County General Hsp.
Listowel Memorial Hospital
London Health Sciences Centre
Manitoulin Health Centre
Manitouwadge General Hospital
Markham Stouffville Hospital
Uxbridge Cottage Hospital
Mattawa General Hospital
McCausland Hospital
Memorial Hospital Foundation
Mental Health Centre
Montfort Hospital
Mount Sinai Hospital
Muskoka-East Parry Sound Health Services
Niagara Health System
Nipigon District Memorial Hospital
Norfolk General Hospital
North Bay General Hospital
North Bay Psychiatric Hospital
North Wellington Health Care Corporation
North York General Hospital
Northeast Mental Health Care
Northern Cancer Research Foundation
Northumberland Hills Hospital
Oakville Hospital Foundation
Ongwanda Hospital
Orillia Soldiers' Memorial Hospital
Oshawa General Hospital Foundation
Pembroke Regional Hospital
Penetanguishine General Hospital
Perth & Smith Falls District Hospital
Peterborough Regional Health Centre

[1] Despite best efforts, a complete Ontario hospital/foundation lists may not have been obtained and we apologize for any institution that may have been missed.

Princess Margaret Hospital Foundation
Providence Continuing Care Centre
Providence Healthcare
Queensway Carleton Hospital
Quinte Heathcare Corporation
Red Lake Margaret Cochenour Memorial Hospital
Religious Hospitaliers of Saint Joseph of the Hotel Dieu of Kingston
Religious Hospitaliers of Saint Joseph of the Hotel Dieu of St. Catharines
Renfrew Victoria Hospital
Riverside Health Care Facilities
Riverside Foundation for Health Care
Ross Memorial Hospital
Rouge Valley Health System
Royal Ottawa Health Care Group
Runnymede Healthcare Centre
Sault Area Hospital
SCO Health Services
Seaforth Community Hospital
Sensenbrenner Hospital
Sioux Lookout Meno-Ya-Win Health Centre
Smiths Falls Community Hospital Foundation
South Bruce Grey Health Centre
South Huron Hospital Association
Southlake Regional Health Centre Fdn
St. Catharines General Hospital Foundation
St. Francis Memorial Hospital
St. John's Rehabilitation Hospital
St. Joseph's Care Group (Thunder Bay)
St. Joseph's General Hospital (Elliot Lake)
St. Joseph's Health Care (London)
St. Joseph's Health Centre (Toronto)
St. Joseph's Health Centre (Guelph)
St. Joseph's Health Services Association of Chatham
St. Joseph's Health Care (Hamilton)
St. Joseph's Villa Foundation (Dundas)
St. Mary's General Hospital
St. Mary's Memorial Hospital
St. Michael's Hospital
St. Peter's Hospital
St. Thomas – Elgin General Hospital
Stratford General Hospital
Strathroy Middlesex General Hospital
Sunnybrook & Women's College Health Sciences Centre
Temiskaming Hospital
Thames Valley Children's Centre Foundation
The Arthritis and Autoimmunity Research Centre Foundation
The Brantford General Hospital
The Credit Valley Hospital
The Lady Minto Hospital
The Ottawa Hospital
The Perley & Rideau Veteran Health Centre Foundation
The Religious Hospitaliers of St. Joseph's Health Centre of Cornwall
The Royal Victoria Hospital of Barrie
The Salvation Army Toronto Grace Hospital
The Scarborough Hospital
The Stevenson Memorial Hospital
The Toronto East General Hospital
The Toronto General and Western Hospital Foundation
The West Nipissing General Hospital
The Willett Hospital
Thunder Bay Regional Health Sciences Centre
Tillsonburg District Memorial Hospital
Timmons & District Hospital
Toronto Rehabilitation Institute
Trenton Memorial Hospital
Trillium Health Centre Foundation
University Health Network
University of Ottawa Heart Institute Fdn
Weeneebayko Health Ahtuskaywin/ Weeneebayko General Hospital
Welland Hospital Foundation
West Haldimand General Hospital
West Lincoln Memorial Hospital
West Park Healthcare Centre
West Parry Sound Health Centre
Whitby Mental Health Centre
William Osler Health Centre
Wilson Memorial General Hospital
Winchester District Memorial Hospital
Windsor Regional Hospital
Wingham and District Hospital
Woodstock General Hospital
York Central Hospital