Global HealthCare Volunteering Trends- 2006 Report

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Abstract

Background: However, no matter where volunteers decide to serve, everyone seems to 5 agree that volunteering is instrumental in providing healthcare, due to the global shortage of up 6 to 2.4 million health workers.¹ As in any industry, supply and demand analysis for volunteers 7 needs to be correlated with volunteering preferences and aid organization locations. The analysis 8 would give funding organizations, government administrators and aid organizations, the ability 9 10 to prioritize funding for and development of new volunteering programs in certain areas. Much 11 emphasis has been put on research of the paid healthcare force around the world, but no research has been conducted on the global volunteer healthcare force which is extremely instrumental to 12 13 the healthcare of the poorest people in each country.

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15 *Methods:* From April, 2006 through December, 2006 using the Healthcare Volunteer search

16 engine (www.healthcarevolunteer.com), 19,570 searches were received. From April, 2006

17 through December, 2006 using the Dental Volunteer search engine (www.dentalvolunteer.com),

18 10,461 searches were received. Combined, the search results page loaded 30,031 times. Only

19 subsets of these total searches were used for purposes of this research. Data was collected on

20 volunteer search preferences with regards to location, religion and specialty using the Healthcare

21 Volunteer and Dental Volunteer search engine. All data was stored using databases driven by

22 industry standard computer programming languages: PHP for web programming and MySQL for

23 databases. Statistics on volunteers actual physical location at the time of searching was tracked

24 by Google Adwords program using IP Address locations. This information was used only to

25 generalize physical locations of volunteers at the time of their search requests.

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27 *Results:* Volunteers searched from over 119 countries with the greatest number of volunteers

being physically located in United States (76%), Canada (7%), United Kingdom (5%), Australia

29 (1%), Kenya (1%) and India (1%). The other 113 countries totaled less than 1% per country. Of

30 the total number of searches combining data from both dental and healthcare volunteer search

results, 36% of total searches were for states and territories with the United States. This was

followed by other parts of North America (18%), South America (8%), Europe (6%), Asia

(15%), Africa (14%) and Oceania (3%). Of the volunteer searching by specialist (6,277), the

most commonly searched entities were trainable volunteers (30%) and nursing (17%) (Table. 1).
Of the volunteers searching by religion (1,087), the most commonly searched religion was

Christianity (62%) followed by Catholicism (17%) (Table. 2).

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38 Conclusions: Nevertheless, these volunteering trends show that certain countries have

39 historically been targeted by healthcare aid organizations, and these countries attract a

40 proportionately higher amount of volunteer interest. In order to foster new aid organizations to

areas that have been neglected or perhaps forgotten by healthcare volunteers, we must educate

42 volunteers about the overwhelming need in new areas, and subsequently work with local NGO

43 and government organizations in these countries to foster a wider spread of aid instead of a mere

44 concentration of aid. If one of the goals of healthcare volunteering is to create a bit of equality in

healthcare among needy people, then we must ensure that our altruistic efforts are not actually

46 enhancing inequality.

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52	Key words
53	healthcare volunteering trends, dental volunteering trends

Abbreviation List

- PR Puerto Rico
- AQ American Samoa
- YT Yukon Territory
- CQ Northern Mariana Islands
- GQ Guam
- VI US Virgin Islands
- AB Alberta
- BC British Columbia
- MB Manitoba
- NN New Brunswick
- NW Newfoundland
- NT Northwest Territory
- NS Nova Scotia
- ON Ontario
- PZ Prince Edward Island
- QB Quebec
- SS Saskatchewan
- DC District of Columbia All other 2 letter abbreviations use standard U.S. state abbreviations

Unsolicited manuscripts 56

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Research, Policy and practice, and Lessons from the field papers must be accompannied 57 by two paragraphs indicating what they add to the literature: a brief explanation of what was 58 59 already known about the topic concerned; a brief outline of what we know as a result of your 60 paper.

- At least 1.3 billion people worldwide lack access to the most basic healthcare, often 62 because there is no health worker. "The global population is growing, but the number of health 63 workers is stagnating or even falling in many of the places where they are needed most," said 64 65 Lee Jong-wook, director-general of the World Health Organization in April, 2006. HealthCare volunteering has become a blooming field as globalization has fostered a new period of multi-66 national and borderless healthcare treatment programs. 67
- 68 A PubMed search for search terms: "volunteering trends" (11 results), "volunteer + 69
- international" (586 results) and "international volunteering" (23 results) yielded 0 articles in published literature that provide critical data on international healthcare volunteering trends. 70
- 71 Previous research on international volunteering in healthcare has focused on single country-
- specific trends, disease-specific trends, anecdotal accounts, or paradigm shifts for volunteering.
- 72 This research paper has provided potential aid organizations, volunteers, government 73
- 74 departments and relief groups with invaluable data on volunteering location trends. In the future,
- these trends can easily be correlated with the number and locations of healthcare volunteer work 75
- in order to establish supply and demand data on volunteering opportunities. 76

77 Introduction

Every day thousands of health care workers scour the various sources looking for a way 78 to use their health care training in an altruistic manner. For years healthcare workers such as 79 80 doctors have complained about the difficulty for willing, qualified and much-needed volunteers to go overseas for volunteering.^{2,1} Many healthcare workers have to use their vacation time in 81 order to volunteer and this has become another nuisance as obtaining vacation time for charity 82 83 work has become difficult. Many volunteers want to volunteer in a different location from where 84 they work due to their desires for idealism, opportunities for adventure and chances for learning about a new culture.³ Less than 1% of U.S. healthcare professionals work abroad while up to 85 86 13% of Cuban healthcare professionals are working abroad. This statistic may explain the discrepancy in the desire for volunteers from certain countries having a greater desire to 87 88 volunteer in foreign countries.³ For example, a volunteer from the United States may have a 89 larger interest in volunteering abroad than a Cuban volunteer, since the United States-based 90 volunteer has not had as much opportunity to work abroad already. On the other hand, some people also argue that a United States-based volunteer may not have as much familiarity. 91 92 conviction or desire to venture out of his or her community to volunteer, and thus make them more likely to volunteer locally. Previous studies have shown that physicians, dentists and 93 94 nurses are the most likely U.S.-based professionals to volunteer in health care.³ 95

Volunteering has become a globalized movement with the boom of the Internet in the 96 97 1990's. People travel more and are connected easier to volunteering opportunities. For decades, 98 national volunteer organizations of developing countries have contended that programs run by limited groups of health workers are less effective than programs run by large groups of 99 community lay volunteers who work directly with the villagers.⁴ However, no matter where 100 volunteers decide to serve, everyone seems to agree that volunteering is instrumental in 101 providing healthcare, due to the global shortage of up to 2.4 million health workers.⁴ As in any 102 industry, supply and demand analysis for volunteers needs to be correlated with volunteering 103 preferences and aid organization locations. The analysis would give funding organizations, 104 105 government administrators and aid organizations, the ability to prioritize funding for and development of new volunteering programs in certain areas. Much emphasis has been put on 106 research of the paid healthcare force around the world, but no research has been conducted on 107 the global volunteer healthcare force which is extremely instrumental to the healthcare of the 108 poorest people in each country. 109

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111 Methods

112 Data Collection

A "search" was not defined as a unique search but instead the number of times that the search results page loaded. From April, 2006 through December, 2006 using the Healthcare

Volunteer search engine (www.healthcarevolunteer.com), 19,570 searches were received. From
April, 2006 through December, 2006 using the Dental Volunteer search engine

117 (www.dentalvolunteer.com). 10.461 searches were received. Combined, the search results page

loaded 30,031 times. Only subsets of these total searches were used for purposes of this research.

119 Volunteers could search by location, specialty/function, religion, organization name,

- 120 organization description, school affiliation and types of students allowed to participate using the
- 121 Healthcare Volunteer search engine. Volunteers could search by organization name, organization
- description, location, school affiliation, dental procedure and religion using the Dental Volunteer
- search engine. Complex searches (a search by using more than one search criteria) were
- disregarded, but individual data such as location or specialty was recorded from complex
- searches. Data was collected on volunteer search preferences with regards to location, religion
- and specialty using the Healthcare Volunteer and Dental Volunteer search engine. All data was
- 127 stored using databases driven by industry standard computer programming languages: PHP for

web programming and MySQL for databases. The majority of volunteers were attracted to our

site through press releases, web-based search engines, word-of-mouth and website links.

130 Statistics on volunteers actual physical location at the time of searching was tracked by Google

131 Adwords program using IP Address locations. This information was used only to generalize

132 physical locations of volunteers at the time of their search requests.

Results

Overall, states and territories within the United States were the most commonly search 134 location for volunteering (Tables 1, 2, 3). Of the total number of searches combining data from 135 136 both dental and healthcare volunteer search results, 36% of total searches were for states and territories with the United States. This was followed by other parts of North America (18%). 137 138 South America (8%), Europe (6%), Asia (15%), Africa (14%) and Oceania (3%). Within the 139 United States, California was the most commonly searched state with 9% of total searches. In 140 North America, Mexico was the most commonly searched country (3%). In Africa, Kenya was the most commonly searched county (2%). In Europe, the United Kingdom was the most 141 142 commonly searched country (1%). In South America, Peru was the most commonly searched country (2%). In Asia, India was the most commonly searched country (3%). And in Oceania, 143 Australia was the most commonly searched country (1%). 144 The volunteering trends were similar between dental and healthcare volunteers with the 145 majority desiring to volunteer in the United States (with California being the most desirable 146 state. Based off of continent, North America (22%) was the most popular place for dental 147 148 volunteers followed by Africa (12%), Asia (19%), South America (9%), Europe (9%). Of the volunteer searching by specialist (6,277), the most commonly searched entities 149 were trainable volunteers (30%) and nursing (17%) (Table. 1). Of those volunteers with the 150 opportunity to search by specialty, 32% did. The remainder of the volunteers searched for a 151 variety of specialties among the healthcare and dental profession. 152 Of the volunteers searching by religion (1,087), the most commonly searched religion 153 154 was Christianity (62%) followed by Catholicism (17%) (Table. 2). Of those volunteers with the opportunity to search by religion, 6% did. The remainder of the volunteer searches were split 155 between Jewish, Muslim, Mormon, Buddhist, Hindu, and Other. 156 Volunteers searched from over 119 countries with the greatest number of volunteers 157 being physically located in United States (76%), Canada (7%), United Kingdom (5%), Australia 158 (1%), Kenya (1%) and India (1%). The other 113 countries totaled less than 1% per country. 159

160 **Discussion** / Conclusion States and territories within the United States were the most commonly searched 161 locations by dental and healthcare volunteers. The majority of HealthCare Volunteer press 162 163 releases regarding the search engine for volunteering opportunities were published by US publishing organizations, which primarily targeted U.S. readers. The majority of U.S. state 164 searches were for "California". The research organization is based in Los Angeles and this fact 165 may explain how immediate, local attention could have driven this search location. Another 166 reason for this statistic could have been that California is the most populous state in the United 167 States and the greater population compared to other states could have augmented the amount of 168 volunteers searching for California. 169

The impact of religion on volunteering preferences seemed to play an important role for some volunteers with the majority of users interested in religious volunteer opportunities searching for Christianity. Christians and Catholics were most likely to volunteer in a healthrelated capacity. Missions and religiously motivated volunteers are an important group of the volunteer force.

175 Nearly half of total volunteers searching by a particular specialty represented trainable volunteers or nurses. Trainable volunteers were characterized as people who have no specific 176 healthcare training, but still want to be involved in health-related volunteering. Specialists and 177 medically licensed volunteers represented the remainder of those searching by specialty. The 178 availability of time and flexibility in work schedule are important factors in determining 179 volunteering interests. Moreover, there was a very general inverse correlation between the 180 number of years of training required to obtain a certain specialty and the number of people 181 searching for specific healthcare specialties. However, some of the outliers included OB/GYN, 182 Family Medicine, Emergency Medicine, Dentistry and Internal Medicine as these specialties 183 were more searched than other healthcare training programs that take less time to complete. A 184 relatively small percentage of those volunteers with the opportunity to search by religion or 185 specialty chose to do so. Location was the most important criteria for potential volunteers. 186

187 Our search results serve as an overestimate of the actual number of unique searches 188 because of the way that a search was defined. Although the absolute number of searches may be 189 an overestimate of actual searches, the relative number of search results should not be affected as 190 this phenomenon should equally affect all data types.

The fewest number of users searched for volunteering opportunities in the Oceania 191 region, which includes Australia, New Zealand and the Pacific islands. Overall, Africa had more 192 searches than either South America or Europe. One reason may have been because of a 193 heightened awareness in developed countries of an urgent need in public health epidemics such 194 as HIV/AIDS in Africa. Within Africa, Ghana was the most popular destination in Western 195 Africa, while Kenya and Tanzania were the most popular in Eastern Africa. Overall, Asia's two 196 197 most populous countries, India and China, were the two most popular locations for volunteers interested in Asia. One reason for the popularity of India and China could be due to the larger 198 number of aid organizations currently operating in these countries compared to other Asian 199 nations. In North America, Mexico was the most popular destination outside of the United 200 States. An explanation for this trend could be that since the majority of searches were performed 201 from the United States, people who wanted to travel abroad to volunteer may have chosen to 202 volunteer as close as possible to their home country. To support this idea, the U.S.-border 203 countries of Mexico and Canada were the two most popular North American countries besides 204 the United States itself. 205

206 207 The correlation between the demand for certain volunteer locations and the actual healthcare worker shortage in that country was severely mismatched. For instance, when 208 209 comparing the density per 1000 people of physicians in the most popular country and least popular country, it was ironic to find that countries with greater healthcare access limitations had 210 less volunteers searching to go there. For instance, in South America, the most searched country, 211 Brazil, has a 1.15:1000 physician to population ratio while the least searched country Suriname 212 had a 0.45:1000 ratio.⁴ However, in some cases the correlations did in fact seem to make sense 213 from a healthcare access standpoint. In Africa, the most popular country, Kenva had a 0.17:1000 214 ratio, while the least popular country Sao Tome and Principe had a 0.49:1000 ratio.⁴ The most 215 severe healthcare shortage countries such as Burundi had a 0.03:1000 ratio but received only 216 0.06% of global searches, while countries such as South Africa with a 0.77:1000 ratio received 217 over 1% of global searches.⁴ These discrepancies show that volunteers need to be educated about 218 219 new areas that have not traditionally been the focus of health aid organizations as a segmentation in healthcare volunteering efforts is being created. Another interesting conjecture is that the 220 221 majority of volunteers are attracted to English-speaking countries, which may explain why countries such as Benin and Burundi (French-speaking), may have had a proportionately lower 222 amount of interest when correlated to their physician per capita ratio. This would be further 223 warranted as the vast majority of volunteers tracked in this research were from English-speaking 224 225 countries. Nevertheless, these volunteering trends show that certain countries have historically been 226 227 targeted by healthcare aid organizations, and these countries attract a proportionately higher

targeted by healthcare aid organizations, and these countries attract a proportionately higher amount of volunteer interest. In order to foster new aid organizations to areas that have been neglected or perhaps previously unknown by healthcare volunteers, we must educate volunteers about the overwhelming need in new areas, and subsequently work with local NGO and government organizations in these countries to foster a wider spread of aid instead of a mere concentration of aid in select countries. If one of the goals of healthcare volunteering is to create a bit of equality in healthcare access among needy people, then we must ensure that our altruistic efforts are not inadvertently enhancing the inequality.

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Table 1: Search results by sp	pecialty				
Type	#(%)	Type	#(%)	Type	(%)#
Trainable Volunteers 18	869(30.1)	Infectious Disease	35(1.1)	Trauma Surgery	10(0.1)
Nursing 10	040(17.1)	Pathology	35(1.1)	Dermatology	9(0.1)
Obstetrics and Gynecology	480(8.1)	Surgery-General	35(1.1)	Occupational Medicine	8(0.1)
Family Medicine	407(6.1)	Optometry	33(1.1)	Podiatry	8(0.1)
Dentistry	261(4.1)	Chiropractor	30(0.1)	Allergy and Immunology	5(0.1)
Emergency Medicine	259(4.1)	Plastic and Reconstructive Surgery	30(0.1)	Vascular Surgery	5(0.1)
Pediatrics	214(3.1)	Oral and Maxillofacial Surgery	29(0.1)	Oral and Maxillofacial Pathology	4(0.1)
Public Health	209(3.1)	Hematology and Oncology	24(0.1)	Orthodontics	2(0.1)
Internal Medicine	193(3.1)	Orthopedic Surgery	21(0.1)	Pediatric Cardiology	2(0.1)
Pharmacy	159(3.1)	Veterinary	21(0.1)	Periodontics	2(0.1)
Physical Therapy	127(2.1)	General Preventive Medicine	20(0.1)	Rheumatology	2(0.1)
Dental Hygiene	122(2.1)	Geriatric Medicine	19(0.1)	Endocrinology	1(0.1)
Dietitian	70(1.1)	Ophthalmology	17(0.1)	Otolaryngology	1(0.1)
Urology	70(1.1)	Pulmonary	17(0.1)	Total 6	6277(100.0)
Social Work	67(1.1)	Critical Care Medicine	16(0.1)		
Anesthesiology	66(1.1)	Neurological Surgery	16(0.1)		
Radiology	65(1.1)	Audiologist	13(0.1)		
Cardiology	62(1.1)	Gastroenterology	12(0.1)		
Psychiatry	44(1.1)	Nuclear Medicine	11(0.1)		
		Table 2: Search results by r	religion		
		Type $\#$ (%)			
		Christian 679 (62)			
		Catholic 183 (17)			
		Other 66(6)			
		Jewish $45(4)$			
		Muslim $39(4)$			
		Mormon $27(2)$			
		Buddhist 24(2)			
		Hindu $24(2)$			
		Total 1087 (100)			

Results Tables

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	Country #(%)	South America 1,389(7.10)	Peru 381(1.95)	Ecuador 263(1.34)	Brazil 232(1.19)	Argentina 128(0.65)	Colombia 122(0.62)	Bolivia 106(0.54)	Chile 106(0.54)		Paraguay 2(0.01)	Asia 2,629(13.43)	India 574(2.93)	China 281 (1.44)	Philippines $205(1.05)$	Vietnam 191 (0.98)	Thailand 182(0.93)	Nepal 149(0.76)	Cambodia 143(0.73)	:	Oman $2(0.01)$	Oceania ** 381(1.95)	Australia 124(0.63)	Fiji 58(0.30)	New Zealand 52(0.27)	Papua New Guinea 35(0.18)	Solomon Islands 21(0.11)	Western Samoa 19(0.10)	Tonga 18(0.09)	:	Guam 1(0.01)	territories, and colonies.
eer	# <i>(%)</i>	2,985(15.25)	8,468(43.27)	468(2.39)	421(2.15)	334(1.71)	329(1.68)	268(1.37)	228(1.17)		1(0.01)	2,809(14.35%)	346(1.77)	274(1.40)	259(1.32)	243(1.24)	148(0.76)	137(0.70)	126(0.64)		2(0.01)	909(4.64)	121(0.62)	72(0.37)	69(0.35)	68(0.35)	57(0.29)	56(0.29)	50(0.26)		1(0.01)	and Pacific islands,
using Healthcare Volunt	Country	North America	United States	Canada	Mexico	Guatemala	Costa Rica	Dominican Republic	Haiti	:	Uruguay	Africa	Kenya	Ghana	South Africa	Tanzania	Uganda	Zambia	Zimbabwe	:	Seychelles	Europe	United Kingdom	Russia	Romania	France	Spain	Italy	Greece	:	Slovenia	ceania includes Australia
ilts by country	(%) #	62(0.32)	60(0.31)	52(0.27)	49(0.25)	45(0.23)	38(0.19)	36(0.18)	36(0.18)	35(0.18)	35(0.18)	66(0.34)	31(0.16)	29(0.15)	23(0.12)	21(0.11)	20(0.10)	15(0.08)	30(0.15)	14(0.07)	14(0.07)	13(0.07)	13(0.07)	10(0.05)	7(0.04)	6(0.03)	4(0.02)	4(0.02)				ted States, **O
earch resu	State	IH	VI*	OK	SC	MN	WV	AR	IA	КY	MS	PR*	VI*	DE	МТ	HN	WΥ	KS	AQ*	D	ME	cQ*	SD	NE	RI	YT^*	GQ*	ND				f the Uni
Volunteering se	(%)#	2,336(11.94)	458(2.34)	362(1.85)	332(1.70)	330(1.69)	270(1.38)	267(1.36)	258(1.32)	256(1.31)	255(1.30)	242(1.24)	227(1.16)	210(1.07)	188(0.96)	169(0.86)	168(0.86)	147(0.75)	140(0.72)	124(0.63)	123(0.63)	116(0.59)	99(0.51)	91(0.46)	91(0.46)	88(0.45)	82(0.42)	72(0.37)	70(0.36)	65(0.33)	64(0.33)	*Territories o
Table 3: V	State	CA	ΝΥ	GA	WA	CO	MA	FL	ΤX	IL	НО	AZ	MD	IM	Ŋ	\mathbf{PA}	VA	AK	NC	CT	DC	NM	AL	LA	OR	ZI	TN	MO	MI	NV	UT	

Table 4: V	/olunteering se	earch res	ults by countr	y using Dental Volunteer			
State	(%)#	State	(%)#	Country	(%)#	Country	(%)#
CA	454(4.34)	NV	20(0.19)	North America	2,284(21.83)	South America	985(9.42)
ΤX	139(1.33)	ΛL	19(0.18)	United States	2,372(22.67)	Brazil	197(1.88)
NΥ	126(1.20)	MS	17(0.16)	Mexico	440(4.21)	Peru	184(1.76)
MA	111(1.06)	МТ	16(0.15)	Costa Rica	229(2.19)	Ecuador	124(1.19)
AK	80(0.76)	AR	16(0.15)	Guatemala	210(2.01)	Chile	117(1.12)
FL	80(0.76)	КУ	16(0.15)	Canada	173(1.65)	Bolivia	108(1.03)
IH	73(0.70)	M	16(0.15)	Belize	144(1.38)	Argentina	84(0.80)
PR*	72(0.69)	MN	15(0.14)	Dominican Republic	128(1.22)	Colombia	62(0.59)
IM	65(0.62)	SC	15(0.14)	:		:	
GA	63(0.60)	OK	15(0.14)	Dominica	1(0.01)	Suriname	4(0.04)
CO	60(0.57)	CQ*	15(0.14)	Africa	1,273(12.17)	Asia	2,023(19.04)
MD	60(0.57)	WV	14(0.13)	Kenya	133(1.27)	India	294(2.81)
LA	56(0.54)	ME	13(0.12)	South Africa	110(1.05)	China	149(1.42)
VI^*	51(0.49)	HN	13(0.12)	Ghana	97(0.93)	Vietnam	142(1.36)
AL	50(0.48)	YT^*	12(0.11)	Uganda	73(0.70)	Nepal	130(1.24)
VA	47(0.45)	IA	12(0.11)	Ēgypt	(90.00)	Philippines	110(1.05)
НО	46(0.44)	MO	11(0.11)	Tanzania	55(0.53)	Thailand	110(1.05)
OR	46(0.44)	RI	9(0.09)	Ethiopia	44(0.42)	Cambodia	99(0.95)
\mathbf{PA}	45(0.43)	KS	8(0.08)			:	
NM	39(0.37)	NE	7(0.07)	Sao Tome and Principe	2(0.02)	Georgia	2(0.02)
IL	39(0.37)	ND	4(0.04)	Europe	946(9.04)	Oceania**	578(5.53)
WA	38(0.36)	SD	4(0.04)	United Kingdom	87(0.83)	Australia	153(1.46)
AZ	37(0.35)	WΥ	3(0.03)	Spain	74(0.71)	Fiji	128(1.22)
NJ	37(0.35)	DE	2(0.02)	Italy	72(0.69)	New Zealand	63(0.60)
DC	37(0.35)	Ð	2(0.02)	Romania	(90.00)	Tahiti	40(0.38)
NC	30(0.29)			Russia	65(0.62)	Western Samoa	26(0.25)
ZI	26(0.25)			Greece	44(0.42)	Tonga	26(0.25)
UT	25(0.24)			Ireland	44(0.42)	Marshall Islands	26(0.25)
CT	24(0.23)			:	: :	:	
AQ*	22(0.21)			Denmark	2(0.02)	Guam	5(0.05)
Ľ*	erritories of the	<u>United</u>	States **Oce	ania includes Australia a	nd Pacific island	is territories and o	colonies

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Table 5:	Volunteering s	earch res	sults by countr	y using HealthCare Volum	teer and $Dental Variation$	olunteer	
State	(%)#	State	#(%)	Country	#(%)	Country	#(%)
CA	2,790(9.29)	NN	85(0.28)	North America	5,269(17.55)	South America	2,374(7.91)
NΥ	584(1.94)	MO	83(0.28)	United States	10,840(36.10)	Peru	565(1.88)
GA	425(1.42)	VI^*	82(0.27)	Mexico	861(2.87)	Brazil	429(1.43)
ΤX	397(1.32)	OK	67(0.22)	Canada	641(2.13)	Ecuador	387(1.29)
CO	390(1.30)	SC	64(0.21)	Costa Rica	558(1.86)	Chile	223(0.74)
MA	381(1.27)	Ν	60(0.20)	Guatemala	544(1.81)	Bolivia	214(0.71)
MA	370(1.23)	MN	60(0.20)	Dominican Republic	396(1.32)	Argentina	212(0.71)
FL	347(1.16)	WV	52(0.17)	Belize	345(1.15)	Colombia	184(0.61)
НО	301(1.00)	MS	52(0.17)	:		:	
IL	295(0.98)	AR	52(0.17)	Uruguay	1(<0.01)	Suriname	4(0.01)
MD	287(0.96)	AQ*	52(0.17)	Africa	4,082(13.59)	Asia	4,652(15.49)
AZ	279(0.93)	КУ	51(0.17)	Kenya	479(1.60)	India	868(2.89)
IW	275(0.92)	IA	48(0.16)	Ghana	371(1.24)	China	430(1.43)
AK	227(0.76)	МΤ	39(0.13)	South Africa	369(1.23)	Vietnam	333(1.11)
Ŋ	225(0.75)	HN	34(0.11)	Tanzania	298(0.99)	Philippines	315(1.05)
VA	215(0.72)	DE	31(0.10)	Uganda	221(0.74)	Thailand	292(0.97)
PA	214(0.71)	CQ*	28(0.09)	Zambia	180(0.60)	Nepal	279(0.93)
NC	170(0.57)	ME	27(0.09)	Zimbabwe	166(0.55)	Cambodia	242(0.81)
DC	160(0.53)	WΥ	23(0.08)	:		:	
MN	155(0.52)	KS	23(0.08)	Sao Tome and Principe	2(0.01)	Georgia	5(0.02)
AL	149(0.50)	YT^*	18(0.06)	Europe	1,855(6.28)	Oceania**	959(3.19)
CT	148(0.49)	SD	17(0.06)	United Kingdom	208(0.69)	Australia	277(0.92)
LA	147(0.49)	NE	17(0.06)	Romania	138(0.46)	Fiji	186(0.62)
PR^*	138(0.46)	RI	16(0.05)	Russia	137(0.46)	New Zealand	115(0.38)
OR	137(0.46)	Θ	16(0.05)	Spain	131(0.44)	Papua New Guinea	59(0.20)
ΗI	135(0.45)	Ŋ	8(0.03)	Italy	128(0.43)	Tahiti	52(0.17)
Z	114(0.38)	GQ*	4(0.01)	France	109(0.36)	Western Samoa	45(0.15)
ΤN	101(0.34)			Greece	94(0.31)	Tonga	44(0.15)
UT	89(0.30)			:	:	:	
Ι	86(0.29)			Andorra	2(0.01)	Guam	6(0.02)
	*Territories o	f the Uni	ited States, **(Oceania includes Australia	and Pacific island	ds, territories, and colc	onies.

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Table 6: Volunteer's physical location at time of search	
Country/Region/City %	
United States	75.80%
Canada	7.45%
United Kingdom	5.22%
Australia	1.20%
Kenya	1.06%
India	1.02%
Tanzania	0.55%
Satellite Provider (unknown)	0.41%
Italy	0.36%
Spain	0.36%
(not reported)	0.35%
Philippines	0.34%
Germany	0.34%
Ireland	0.25%
Romania	0.24%
Hong Kong	0.21%
South Africa	0.19%
New Zealand	0.17%
Singapore	0.16%
Switzerland	0.15%
Israel	0.14%
Russian Federation	0.14%
France	0.14%
Netherlands	0.14%
Ghana	0.12%
Japan	0.12%
Iran	0.12%
Nepal	0.11%
Hungary	0.10%
Belgium	0.10%
Egypt	0.10%
Taiwan	0.10%
Korea	0.09%
Turkey	0.07%
Sri Lanka	0.07%
Zambia	0.07%
Denmark	0.07%
Ecuador	0.07%
Cote D'Ivoire	0.07%
Pakistan	0.07%
Cameroon	0.07%
Portugal	0.06%
Gambia	0.06%
Indonesia	0.06%
Poland	0.06%
Sweden	0.06%
Congo	0.05%
Peru	0.05%

Mexico	0.05%
Thailand	0.05%
Yugoslavia	0.05%
Saudi Arabia	0.05%
China	0.05%
Greece	0.05%
Syrian Arab Republic	0.05%
Zimbabwe	0.05%
Chile	0.05%
Malaysia	0.04%
Costa Rica	0.04%
Norway	0.04%
Congo	0.04%
Uganda	0.04%
Nigeria	0.04%
Ethiopia	0.04%
United Arab Emirates	0.04%
Croatia	0.04%
Slovenia	0.02%
Iraq	0.02%
Puerto Rico	0.02%
Swaziland	0.02%
Guatemala	0.02%
Botswana	0.02%
Jamaica	0.02%
Venezuela	0.02%
Bolivia	0.02%
Dominican Republic	0.02%
Bahamas	0.02%
Jordan	0.02%
Kuwait	0.02%
Vietnam	0.02%
Slovakia	0.02%
Virgin Islands	0.02%
Saint Vincent and the	
Grenadines	0.02%
Tunisia	0.01%
Algeria	0.01%
Luxembourg	0.01%
Lithuania	0.01%
Argentina	0.01%
Brunei Darussalam	0.01%
Antigua and Barbuda	0.01%
Estonia	0.01%
Finland	0.01%
Morocco	0.01%
Aruba	0.01%
Grenada	0.01%
Barbados	0.01%
Cayman Islands	0.01%

Colombia 0.01% Fiji 0.01% Oman 0.01% Kyrgyzstan 0.01% Monaco 0.01% El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Sierra Leone 0.01% Lebanon 0.01%	Belarus	0.01%
Fiji 0.01% Oman 0.01% Kyrgyzstan 0.01% Monaco 0.01% El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	Colombia	0.01%
Oman 0.01% Kyrgyzstan 0.01% Monaco 0.01% El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	Fiji	0.01%
Kyrgyzstan 0.01% Monaco 0.01% El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	Oman	0.01%
Monaco 0.01% El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	Kyrgyzstan	0.01%
El Salvador 0.01% Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	Monaco	0.01%
Bahrain 0.01% Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Sierra Leone 0.01% Lebanon 0.01%	El Salvador	0.01%
Austria 0.01% Bulgaria 0.01% Sudan 0.01% Panama 0.01% Faroe Islands 0.01% Cambodia 0.01% Haiti 0.01% Seychelles 0.01% Mozambique 0.01% Bangladesh 0.01% Sierra Leone 0.01% Lebanon 0.01%	Bahrain	0.01%
Bulgaria0.01%Sudan0.01%Panama0.01%Faroe Islands0.01%Cambodia0.01%Haiti0.01%Seychelles0.01%Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Austria	0.01%
Sudan0.01%Panama0.01%Faroe Islands0.01%Cambodia0.01%Haiti0.01%Seychelles0.01%Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Bulgaria	0.01%
Panama0.01%Faroe Islands0.01%Cambodia0.01%Haiti0.01%Seychelles0.01%Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Benublic0.01%	Sudan	0.01%
Faroe Islands0.01%Cambodia0.01%Haiti0.01%Seychelles0.01%Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Benublic0.01%	Panama	0.01%
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Seychelles0.01%Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Haiti	0.01%
Mozambique0.01%Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Seychelles	0.01%
Bangladesh0.01%Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Mozambique	0.01%
Sierra Leone0.01%Lebanon0.01%Czech Republic0.01%	Bangladesh	0.01%
Lebanon 0.01% Czech Republic 0.01%	Sierra Leone	0.01%
Czech Republic 0.01%	Lebanon	0.01%
0.01/0	Czech Republic	0.01%
Qatar 0.01%	Qatar	0.01%
Lao People's Democratic	Lao People's Democratic	
Republic 0.01%	Republic	0.01%

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