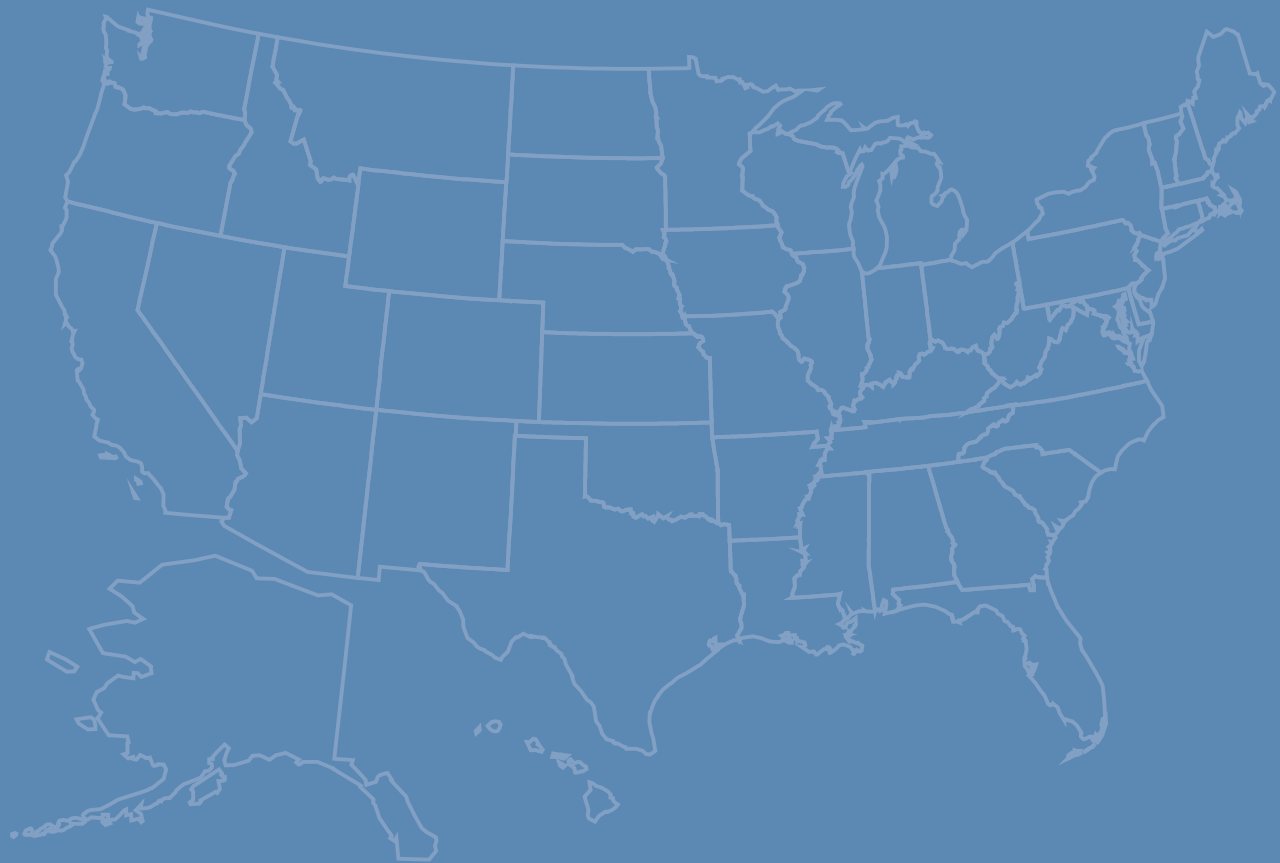


2012 National Survey of Organ Donation Attitudes and Behaviors

Issue Date: September 2013



U.S. Department of Health and Human Services
Health Resources & Services Administration
Healthcare Systems Bureau
Division of Transplantation
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Executive Summary

The 2012 National Survey of Organ Donation Attitudes and Behavior is a nationally representative sample of more than 3,200 U.S. adults. The survey included measures of attitudes and behaviors related to donation of organs for transplantation, discussing donation wishes with family, granting permission to donate, beliefs about the donation process, and opinions on policies related to donation. This study, conducted for the Health Resources and Services Administration (HRSA), built upon two previous studies—one sponsored by HRSA in 2005 and the other by the Partnership for Organ Donation in 1993. All three surveys were conducted under contract by Gallup, Inc. While some items remained the same in all three survey instruments, some were new in 2012, and others were variants of topics examined in the 2005 and 1993 reports.

Support for Organ Donation

There was high and sustained support for the donation of organs for transplant with 94.9 percent of U.S. adults supporting or strongly supporting donation in 2012. Similar to the proportions in 1993 and 2005, adults in the U.S. continued to express a positive sentiment toward organ donation. Although the total support was consistent from 2005 to 2012, the percentage of the adult population that strongly supported the donation of organs for transplant has increased significantly since 2005. In 2012, 48.8 percent of the population strongly supported the donation of organs for transplantation, a significantly greater percentage than the 39.4 percent of the population who strongly supported it in 2005. Strong support for donation was significantly higher among women than men, significantly higher among Whites and Native Americans than in other racial or ethnic groups, significantly lower among those aged 66 and older, and significantly lower among the population with an education level of high school or less.

Granting Permission for Organ Transplant

There was a significant increase from 2005 to 2012 in the percentage of U.S. adults who granted permission for donation on their driver's license. In 2005, 51.3 percent had granted permission on a driver's license compared with the 60.1 percent who said the same in 2012. Although there was also a significant increase between 2005 and 2012 in the percentage of U.S. adults who reported they joined their state donor registry, some portion of the increase may reflect the increase in the number of states that instituted a donor registry during this period. There was no difference in the percentage of the U.S. adult population who reported having a signed donor card during the same time.

The key finding with regard to granting permission for donation pertains to the 66 and older group in 2012. In 2005, 26.3 percent of the 66 and older group granted permission for organ donation on their driver's license; this was the lowest of all age groups. In 2012, 52.2 percent of the 66 and older age group granted permission for organ donation on their driver's license, roughly twice the proportion of the same population in 2005.

Of the population who had not yet granted permission for organ donation, roughly one-third (36.8 percent) said they had reservations about donation, and more than half (59.2 percent) said they were open to considering donation. Among racial groups who had not yet granted permission, Native Americans were most open to donation (32.8 percent *definitely yes*) while African-Americans were least open to considering donation (9.5 percent *definitely yes*).

Donating a Family Member's Organs

In 2012, the likelihood of donating family members' organs upon their death was very high (96.7 percent) when family members' wishes to donate were known. This finding is in line with the number observed in 2005 (95.9 percent). When unsure of their family members' wishes, a majority of U.S. adults were still likely to donate (75.6 percent), but to a lesser extent. A little over half (51.3 percent) of the population reported a family member had informed them about his or her wishes to donate or not donate organs upon death. When comparing across time, those who reported being *very likely* to donate a family member's organs without knowing that family member's preference, there was a significant increase in 2012 (44.3 vs. 30.0 percent in 2005) among the 66 and older group. When the family member's wish to donate was known, the percentage of the population 66 and older that was *very likely* to honor the donation request was still significantly greater in 2012 (87.6 percent) than in 2005 (74.0 percent).

Communicating Intent to Donate

There were distinct age variations regarding sharing donation wishes with family. Discussing donation wishes was less common among the youngest population (67.0 percent) in 2012 compared with the two middle-age groups—the 35- to 54-year-olds (82.0 percent) and 55- to 65-year-olds (78.9 percent). The eldest population in 2012 was significantly less likely to report that a member of their family had told them about their donation wishes. For those aged 66 and older, this proportion was 38.5 percent, compared with more than half of the population for the other age groups.

Living Donation

The proportion of the U.S. adult population who indicated they were *very likely* to donate an organ while alive was closely aligned to the relationship they have with the potential recipient. Overall, most U.S. adults were significantly more likely to be a living donor for a family member (73.3 percent) than for any other relationship, such as an acquaintance. A significantly greater proportion of women (76.3 percent) than men (70.0 percent) reported being *very likely* to be a living donor for a family member. The 35- to 54-year-old group was *very likely* (78.1 percent), which was significantly more than the 18- to 34-year-old group (73.8 percent), the 55- to 65-year-old group (68.3 percent), or the 66 and older group (67.2 percent). There were no differences in willingness to donate to a family member among racial or ethnic groups in 2012. The likelihood of a living donation to a family member was high among 77.5 percent of the some college educational group. This is significantly higher than the high school or less educational group (69.5 percent) in 2012.

In comparing 2012 with 2005, there was a significant increase in the percentage of adults who reported they were *very likely* to be willing to be a living donor for a family member. In 2012, 73.3 percent of U.S. adults were *very likely* (20.2 percent *somewhat likely*) compared with the 61.1 percent of adults who said the same in 2005 (29.0 percent *somewhat likely* in 2005). The trend was the same regarding a close friend. Eighty-five percent (85.4 percent) of the population was at least *somewhat likely* to be a living donor (45.0 percent *very likely* and 40.4 percent *somewhat likely*) for a close friend compared with 74.3 percent in 2005. There was a significant increase from 2005 to 2012 in willingness to be a living donor for a stranger. In 2012, 15.1 percent of adults reported being *very likely* and 39.6 percent of adults reported being *somewhat likely* to be a living donor for someone they don't know. Both of these percentages were significantly higher than in 2005, where only 8.0 percent reported they were *very likely* and 29.5 percent reported being *somewhat likely* to donate to a stranger.

In comparing the 2012 racial groups to their counterparts in 2005, there was a significant difference in the Asian American population. In 2005, 52.1 percent of the Asian population reported being *very likely* to be a living donor for a family member. This increased significantly to 72.8 percent of the Asian population in 2012.

Donating Hands and Face

For the first time, the 2012 survey included questions about the public's attitudes toward donation of hands and face. While the majority of the population supported both hand and face donation, the public was more open to the donation of their hands (80.3 percent) than the donation of their face (58.2 percent).

When considering gender, there were no significant differences between men and women on donating their hands or their face. There were no substantial differences among different age groups when asked about donating hands, but there were several distinctions related to donating a face. One-quarter (25.1 percent) of the youngest group (18- to 34-year-olds) were *very willing* to donate their face. This was significantly lower than the percentage of those who reported being *very willing* to donate their face in the 35- to 54-year-old group (34.3 percent) and in the 55- to 65-year-old group (35.6 percent). There was also a significant difference in the opposite extreme of the scale with 14.0 percent of the 55- to 65-year-old group being *not at all willing* to donate their face, significantly lower than all other age groups where a larger proportion said they were *not at all willing*.

Presumed Consent

Half of the U.S. adult population (51.1 percent) would *support* or *strongly support* a system of presumed consent in the United States. This was significantly more than the 41.9 percent who supported such a system in 2005. Regardless of support for a presumed consent system, there was little question of the utility of presumed consent. Most U.S. adults believed that this policy would increase the number of available organs for transplants. This reflects virtually no difference between 2005 (80.4 percent) and 2012 (80.0 percent). About one-quarter of the population (23.4 percent) said that under a system of presumed consent they would sign up as a non-donor, significantly less than the 29.7 percent reported in 2005.

Strong support for a presumed consent system was double for the 66 and older population in 2012 (19.1 percent) compared with the same population in 2005 (8.1 percent). The youngest age group, 18- to 34-year-olds, was significantly more likely than all other age groups (87.3 percent) to believe that presumed consent will increase the number of available organs for donation. The youngest age group was also least likely to opt out of a presumed consent system.

Financial Incentives

In 2012, one-quarter (25.4 percent) of the population reported that a financial incentive would increase their likelihood to donate their own organs. This represented a significant increase from the 16.7 percent who held this belief in 2005. Although more respondents were supportive of financial incentives, a majority of the population (63.6 percent) continued to report that a financial incentive would have no effect on their decision to donate their organs.

Hispanics (39.2 percent) and Native Americans (35.5 percent) were similar to African-Americans (28.9 percent) but significantly more likely than Asians (24.5 percent) and Whites (23.5 percent) to say that financial incentives would increase their willingness to donate.

The willingness to donate a family member's organs if offered a financial incentive has increased significantly since 1993 and mirrored the data of willingness to donate one's own organs if offered a financial incentive. In 2012, 25.8 percent of respondents indicated that a financial incentive would increase their willingness to donate a family member's organs—a significant increase from the 18.3 percent of respondents who said the same in 2005.

Sources of Information About Organ Donation

The top five sources of information regarding organ donation in 2012 were: news coverage (TV, radio, newspaper, Internet), a discussion with a family member, a discussion with a friend, an advertisement on TV, and a motor vehicles office. The top five sources in 2005 were the same as those in 2005; however, the ordering changed slightly with discussions with a family member moving up. It is interesting to note that in 2012, significantly more respondents indicated information provided by a medical professional, clinic, or doctor's office (35.1 percent) as an important source of information compared with 2005 (28.4 percent).

Beliefs About Organ Donation and Related Issues

Between 2005 and 2012, there were several significant changes in beliefs about organ donation. In 2012, the largest change occurred regarding a respondent's belief in the ability of brain-dead persons to recover from their injuries. Strong *disagreement* that recovery is possible fell 11 percentage points, from 45.3 percent in 2005 to 34.3 percent in 2012. Another large shift in beliefs took place regarding the effect of organ donation on families coping with their grief. The proportion of the U.S. population that strongly believes organ donation helps families cope with grief rose to 41.9 percent in 2012, up 9.9 percentage points from 32.0 percent in 2005. There were also significant changes in beliefs regarding costs associated with donation and the effect of receiving a transplant on the life of the recipient. Respondents' strong disagreement that people who donate a family member's organs pay extra medical bills fell to 32.7 percent in 2012 from 39.6 in 2005. While the combined proportion of respondents who somewhat or strongly agreed that people who receive transplants gain additional years of healthy life was similar in 2005 (92.8 percent) and 2012 (93.0 percent), the proportion strongly agreeing declined significantly between 2005 (66.2 percent) and 2012 (59.2 percent).

Generally, attitudes toward distributing organs by matching the life expectancy of the organ to the life expectancy of the recipient garnered a less positive response than attitudes toward the current U.S. system for distribution. Slightly more than half of the U.S. population (52.3 percent) somewhat or strongly supported linking the life expectancy of both the organ and the recipient to how organs should be distributed. U.S. adults aged 18 to 34 were significantly more likely than those in all other age groups to somewhat agree with distributing organs based on the life expectancy of the organ and recipient (43.8 percent). Those in the 35- to 54-year-old age group were significantly more likely to strongly disagree (26.5 percent) than those in the 18 to 34 (14.0 percent) and 55 to 65 (17.1 percent) age groups.

Among respondents who had not granted permission for organ donation (on their driver's license, a signed donor card, or by joining a state registry), most (81.7 percent) indicated that if they were donors, they would like their organs to be distributed to individuals with the most urgent medical need regardless of where they live in the U.S. Fewer (15.6 percent) indicated they would like their organs to be given to patients in their local area regardless of medical urgency.

Predictors of Organ Donation

Using multivariate logistic regressions, odds ratios were calculated to determine the contribution, all things being equal, that a number of beliefs and demographic variables were associated with a respondent's likelihood to grant permission for organ donation and for a respondent to be willing to donate. The variables most strongly associated with granting permission were disagreeing with the statement: "*it is important for a person's body to have all of its parts when buried*" and agreeing with the statement: "*most members of my family support the idea of organ donation.*" The odds of granting permission for organ donation if one disagreed with the statement: "*it is important for a person's body to have all of its parts when buried*" were 4.21 times the odds of granting permission if a person did not hold this view. Similarly, the odds of granting permission if one agreed with the statement: "*most members of my family support the idea of organ donation*" were 4.07 times the odds of granting permission if a person disagreed or had no opinion on this belief. Other variables associated with granting permission were agreeing with the statement: "*many people on the national waiting list for organs die because an organ doesn't become available in time,*" and disagreeing with the statement: "*if you indicate you intend to be a donor, doctors will be less likely to try to save your life.*"

Demographic Profile of Organ Donation

U.S. adults who have granted permission for donating their own organs were compared with adults who have not granted permission across multiple demographic variables. Findings showed a significantly larger proportion of women (54.5 percent) granted permission than did not grant permission (47.5 percent). Those who have granted permission were significantly more likely than those who have not to have completed at least some college or higher education. With respect to age, the only differences were among those aged 18 to 34 and those aged 66 and older. Those aged 18 to 34 (33.6 percent) were significantly more likely to have granted permission compared with those who have not granted permission (25.8 percent), while those aged 66 and older (19.3 percent) were significantly more likely to have not granted permission than to have granted permission (13.7 percent). Regarding race, those who have granted permission were significantly more likely to be White, while those who have not granted permission were significantly more likely to be African-American or Hispanic.

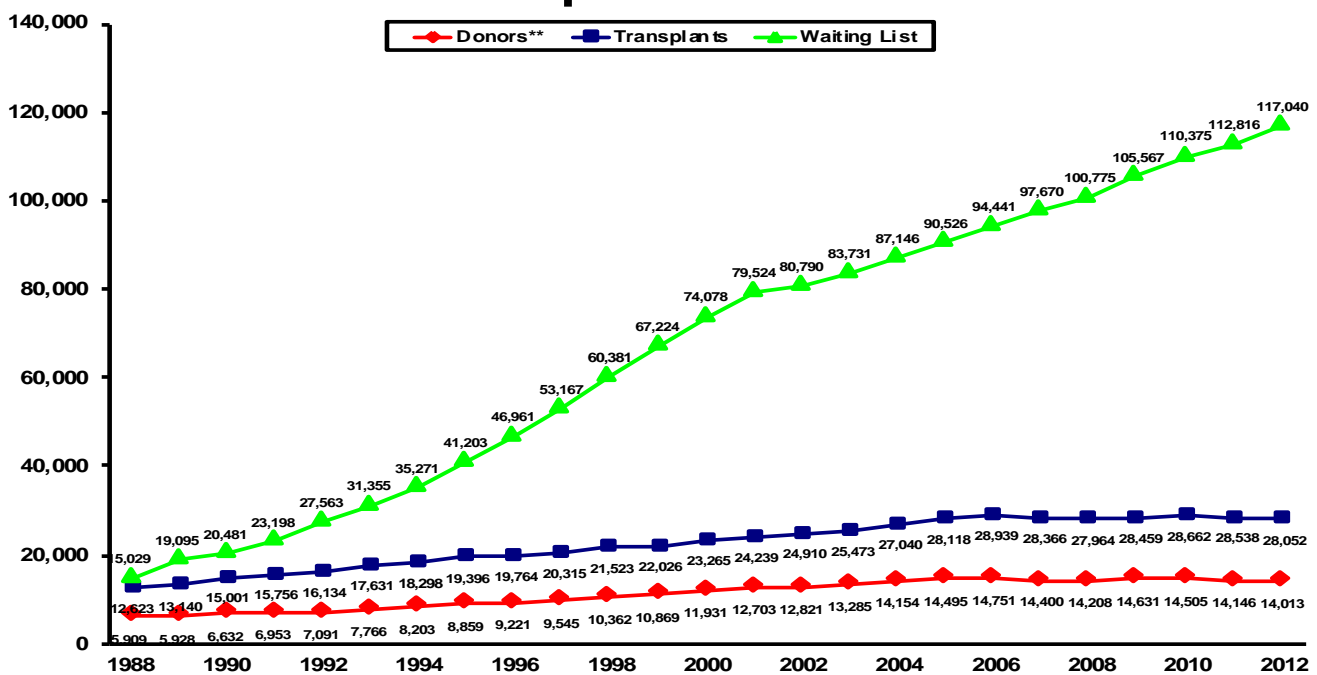
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1.0 Introduction

Organ transplantation provides a life-saving opportunity for those who have no other options. Men, women, and children of all ages, all ethnicities, and all walks of life have had organ transplants. The first successful transplant was performed between identical twins in Boston’s Brigham and Women’s Hospital in 1954. Since the beginning of national data collection in 1988, more than 560,000¹ transplants have been performed in the U.S. and success rates of recipients have continued to increase in number of years lived post-transplant, with many surviving 25 years and more. Unfortunately, organ transplantation cannot be made available to all who need it because there are not enough donors to meet the ever-increasing need for organ transplantation.

On July 9, 2013, 118,661² people in the U.S. were on the national organ transplant waiting list, waiting for a donor organ to save their lives. Each year, there are approximately 14,000 living and deceased donors that enable about 28,000 transplants to be performed³ Especially with the aging of the population and the increased awareness that organ transplantation is not experimental but rather a viable treatment option for organ failure, the number of people on the waiting list grows daily. While the number of donors has grown, it has not kept pace with the need. As the graph below indicates, the gap is large and widens with each passing year. This imbalance results in an average of 100 waiting list deaths per week.

Status of Donation & Transplantation



* Data from www.optn.transplant.hrsa.gov
 ** Data include deceased and living donors

¹ <http://optn.transplant.hrsa.gov>
² <http://optn.transplant.hrsa.gov/data> Accessed July 9, 2013 at 3:29pm
³ <http://optn.transplant.hrsa.gov>

In 2012, the U.S. Department of Health and Human Services, Health Resources and Services Administration sponsored a study to conduct a survey of the U.S. population's opinions and practices related to organ donation. This new research effort repeated and expanded upon prior national surveys of organ donation attitudes and practices conducted in 2005 and 1993. Each of these three surveys provides a measure of public opinion on issues such as financial incentives for donation, living donation, impediments to donation, willingness to donate, and commitment to be a donor. To the extent that the studies are comparable, analyses can elucidate trends and changes over time that can be useful for a variety of purposes. Examining public attitudes at different points in time can provide information about the evolution of public acceptance of this issue and the general impact of public outreach efforts, and inform research efforts, public policy, and the development of outreach messages and campaigns targeting the general population and specific subgroups.

The 2012 survey had a representative sample of U.S. adults aged 18 and older for a total of 3,368 respondents. Both the 2005 and 2012 study included supplemental samples of African-Americans, Asians, and Hispanics. The 2012 survey was unique in that it included an oversample of Native Americans, contacted respondents on their cellphones, and queried respondents about their attitudes toward and likelihood of donating their hands and face.

Many of the key findings within in this report were trended and compared to the results observed in the 2005 study. With a 7-year span between these studies, it is important to consider major changes or efforts that may have had an impact on public opinion regarding organ donation during that time. One major development in 2006 was an update to the Uniform Anatomical Gift Act (UAGA) by the National Conference of Commissioners on Uniform State Laws. This update included language to limit the ability of others from revoking the consent of an individual after death who had legally registered as a donor while alive, referred to in the donation community as "first person consent." Additionally, it provided clarification and expansion upon who can make the decision of an anatomical gift of a deceased individual. The UAGA also provided the grounds for an individual with a health care power of attorney to make the donation decision for an incapacitated person, before death occurs⁴. Publicity about this Act, which has been adopted in some form by 45 States⁵, also could have increased public attention to donation.

Another major development was the Charlie W. Norwood Living Organ Donation Act (Public Law 110-144), which was signed into law in 2007. This legislation clarified that living donor paired exchanges—in which two or more potential living donor/recipient pairs who have incompatible blood types or are otherwise incompatible swap donors to allow each potential transplant recipient to receive a transplant—are not considered to be in receipt of valuable consideration⁶, which would violate federal law. This legislation likely enabled a growth spurt in the continued evolution of living donor paired kidney exchanges and perhaps public acceptability of living donation.

In the years between 2005 and 2012, there have been numerous national and local public outreach initiatives to increase donor registration. Additionally, donation and transplantation have very often been the focus of national and local news and television episodes and programming. The 7 years between studies also witnessed a rapid expansion of state donor registries in which residents could enroll as potential future donors. As a more certain and accessible method than donor cards for indicating one's donation decision, state donor registries were promoted actively and within communities and motor vehicle offices.

There also have been advances in transplantation and the medical field in the specific areas of hand and face transplants between 2005 and 2012. Increasing numbers of victims of war and other tragic accidents whose rehabilitation included a face or hand transplant have been the subject of considerable publicity.

⁴ <http://uniformlaws.org/Act.aspx?title=Anatomical%20Gift%20Act%20%282006%29>

⁵ <http://www.uniformlaws.org/Act.aspx?title=Anatomical%20Gift%20Act%20%282006%29>

⁶ <http://www.gpo.gov/fdsys/pkg/PLAW-110publ144/html/PLAW-110publ144.htm>

Accordingly, items were added to the 2012 study to determine public sentiment on these subjects in addition to many topics previously examined.

Similar to 2005, the topics covered in this survey included general support for donation, granting permission to donate, willingness to donate among those who have not given permission on a license or donor card, living organ donation, presumed consent, financial incentives, attitudinal drivers of organ donation, and sources of information about organ donation.

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2.0 Survey Methods

A household-based telephone survey (including both landline and cellphones) was conducted between July and September 2012. The respondent universe consisted of all U.S. adults (aged 18 and older) and interviewers used a five plus five call design (up to five telephone calls were made to establish a human contact in the sampled household plus up to another five calls were made to complete the interview with the designated respondent) for sampled households. Interviewers completed 3,369 total interviews including 1,252 interviews with the American general adult population (inclusive of all race/ethnicity groups) and an additional 2,117 interviews with four minority groups (African-Americans, Asians, Hispanics, and Native Americans). The number of additional interviews conducted for the minority groups were as follows: African-Americans (547), Hispanics (518), Asians (515), and Native Americans (537). Interviewers conducted the interviews in English and Spanish based on respondent preference. The study had an overall response rate of 22 percent across all sample types (see below). This response rate was in the range of observed response rates for Random Digit Dialing (RDD) studies following a similar design. To ensure that the response rate did not imply non-response bias, the researchers conducted a non-response analysis. This analysis showed no significant differences between respondents and non-respondents. Full details are in Appendix B.

Sample

The sample design for completing the 1,252 interviews with the general adult population was based on a RDD telephone sample of all adults (those aged 18 years and older) living in households with working telephone numbers (landline and/or cellphones) across the 50 States and the District of Columbia. The sample for completing the additional telephone interviews with African-Americans was based on the Gallup Panel. The Asian, Hispanic, and Native American interviews were completed using a sample universe from the Gallup-Healthways Well-Being Index (WBI)—one of Gallup’s ongoing RDD surveys. Further details on RDD sampling and the sample sources (Gallup Panel and the Gallup-Healthways Well-Being Index survey) appear in Appendix A. For RDD sampling, a list-assisted RDD method as proposed by Casady and Lepkowski⁷ was followed for sampling of landline telephone households. Full details of the methodology appear in Appendix A.

Throughout the report, the following categories are used for group comparisons:

- Age group: 18-34, 35-54, 55-65, 66+
- Education: High school or less, Some college, and College graduate
- Race: White, African-American, Asian, Native American, and Multi-race
- Ethnicity: Hispanic and non-Hispanic
- Census Region: Northeast, Midwest, South, and West

The questionnaire appears in Appendix C. The topics covered included the following:

- General support for donation
- Granting permission to donate
- Willingness to donate
- Support for living organ donation
- Attitudes toward presumed consent
- Attitudes toward financial incentives
- Attitudinal drivers of organ donation
- Beliefs about organ donation and related issues
- Sources of information about organ donation
- Donation of hands and face

⁷ Casady, R.J. & Lepkowski, J.M. (1993): Stratified telephone survey designs. *Survey Methodology*, 19, 103-113.

In the 2012 questionnaire, there were several additions and deletions from the 2005 survey. In addition, the 2005 study examined attitudes about organs and tissues combined. In 2012, most items were revised to ask only about organs. Due to this change, some of the findings comparing the 2005 and 2012 surveys could represent a real change in overall donation sentiment and some change could be confounded by dropping the reference to tissues in the 2012 questions.

Data Analysis

All data in the report were analyzed using the data analysis software program SPSS Survey Reporter. Comparisons between demographic groups and between years were computed at a 95 percent confidence ratio. All statistically referenced differences were statistically significant at the $p < .05$ level. In other words, there is a 5 percent probability that these differences occurred purely by chance.

3.0 Findings

This section summarizes the findings of the survey with subsections that address organ donation attitudes, organ donation behaviors, living donation, presumed consent, and beliefs about organ donation. Where possible, comparisons are provided with the data from the 1993 and/or 2005 studies. Findings are subdivided into the following topics:

- | | |
|--|---|
| 3.1: Support for Organ Donation | 3.7: Donating Hands and Face |
| 3.2: Donation Registration | 3.8: Donating Another's Organs |
| 3.3: Desire to Have Organs Donated | 3.9: Living Donation |
| 3.4: Willingness to Grant Permission Among Those Who Had Not Already Done So | 3.10: Beliefs About Organ Donation and Related Issues |
| 3.5: Reasons for Not Being Willing to Donate | 3.11: Predictors of Organ Donation |
| 3.6: Reasons for Signing Up to Be a Donor | 3.12: Demographic Profiles of Organ Donation |

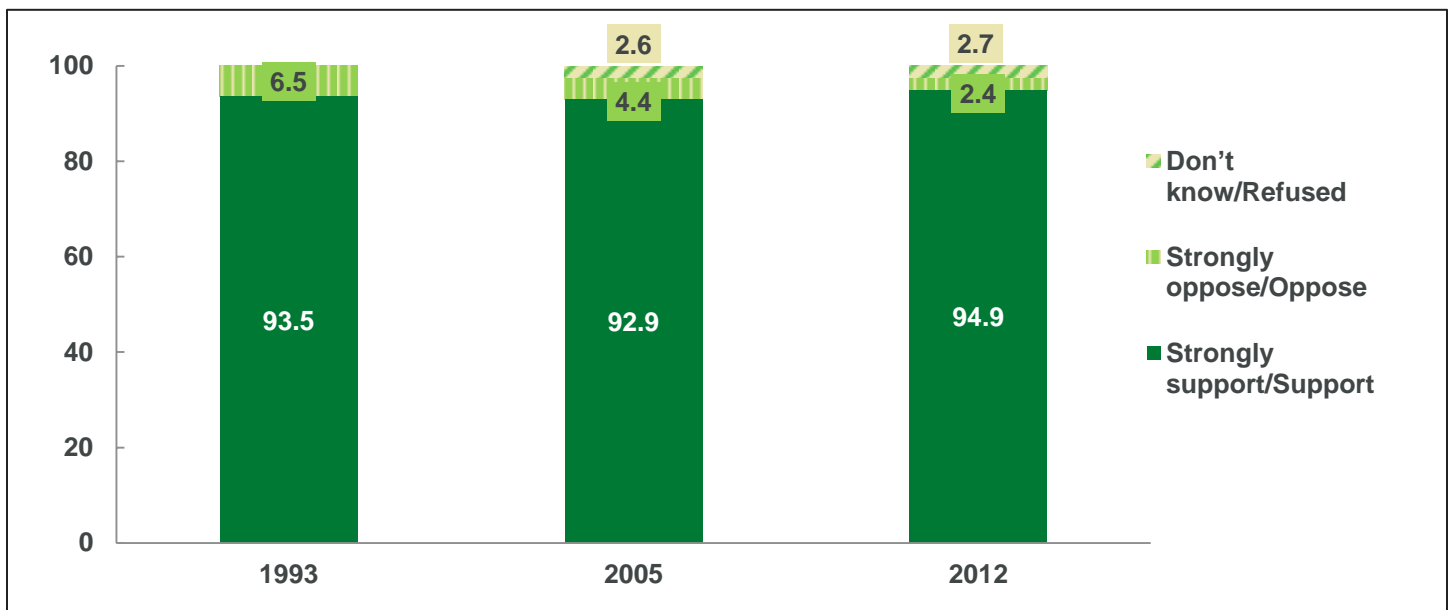
3.1 Support for Organ Donation

Q4. In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?

Figure 1 shows that general support for organ donation was strong and sustained for nearly the last 20 years, with 94.9 percent in 2012 supporting or strongly supporting organ donation.

Figure 1. Support for Organ Donation, 1993–2012

(Percentages)



There was little difference between women and men in their overall support for organ donation. While combined strong support and support for organ donation did not change from 2005 to 2012, there was a significant increase for both women and men in the proportion who reported strong support for organ donation (43.2 percent in 2005 to 52.0 in 2012 for women and 36.8 percent in 2005 to 45.3 in 2012 for men). Regarding age, in both 2005 and 2012, adults aged 66 years and older were significantly less likely than all other age groups to *strongly support* donation. However, there was clearly positive change in this age group during the time between the two surveys. At 37.5 percent, the 66 and older group in 2012 was significantly more likely to *strongly support* donation than the 66 and older population in 2005 (20.0 percent). A larger proportion of the 55- to 65-year-old group in 2012 strongly supported donation as well, increasing significantly from 40.4 percent in 2005 to 52.3 in 2012. [Table 1]

Table 1. Support for Organ Donation Among Demographic Groups
(Percentages)

Q4. In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Strongly support	48.8	45.3	52.0	50.0	51.5	52.3	37.5	51.8	36.2	52.5	47.3	24.3	37.1	34.5	51.2	37.0	55.8	59.2
			A	F	F	F		HL		HL					O		Q	Q
Support	46.1	49.8	42.6	47.0	44.7	40.3	53.4	43.9	50.6	39.9	50.3	74.4	60.7	60.1	43.7	55.8	38.8	38.9
		B				E						GI		P		RS		
Oppose	2.1	2.0	2.2	1.2	2.0	1.7	4.7	1.3	8.4	3.3	1.5		0.4	1.7	2.2	3.4	1.6	0.7
						C			GJL	L						S		
Strongly oppose	0.3	0.1	0.5	0.1	0.4	0.7	0.2	0.2	1.1	1.0	0.5	0.2	0.5	0.8	0.2	0.4	0.4	
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Overall, there was high support for organ donation across all educational categories with college graduates (98.1 percent), some college (94.6 percent), and high school or less (92.8 percent) strongly supporting or supporting organ donation. However, in 2012, strong support for donation was significantly higher in the some college (55.8 percent) and college graduate groups (59.2 percent) compared with the high school or less group (37.0 percent). Additionally, when compared with 2005, strong support was significantly higher in all three 2012 education groups, i.e., high school or less (25.0 percent in 2005 vs. 37.0 in 2012), some college (39.9 percent in 2005 vs. 55.8 in 2012), and college graduates (47.3 percent in 2005 vs. 59.2 in 2012). [Table 1]

Among the ethnic groups studied, all indicate some level of support (support or strong support) for organ donation with Asians the highest at 97.6 percent and African-Americans the lowest at 86.8 percent. Native Americans (52.5 percent) and Whites (51.8 percent) indicated strong support for donation significantly more than African-Americans and those in the Other race category. Among ethnic groups, non-Hispanics strongly supported donation significantly more than Hispanics. Since 2005, strong support among racial and ethnic groups stayed the same except for Whites, which increased significantly from 42.9 percent (2005) to 51.8 percent (2012) and African-Americans, which increased significantly from 28.7 percent (2005) to 36.2 percent (2012). [Table 1]

Differences in support emerged when examining education across racial and ethnic groups. Among Whites, strong support for donation significantly increases from high school or less (38.4 percent) to the some college group (59.9 percent), and college graduate and above group (62.7 percent). The same pattern appeared in Hispanic and non-Hispanic groups, with high school or less educated groups significantly less likely than some college and college graduates. This trend does not hold for the African-American group where there were no significant differences among education groups. The percentage of African-Americans who strongly support donation remained relatively constant across education levels, with strong support reported by 35.4 percent of those with high school or less education, 38.1 percent among those with some college, and 33.7 percent among college graduates. In 2012, there were no significant educational-level differences in strong support for donation among Asian and Native American populations. [Table 2]

In addition to examining the demographic differences in support and strong support for organ donation, personal factors such as experience with donation through knowing someone in need of a transplant, having known a deceased donor, having been or knowing a living donor, or being or knowing a recipient may have influenced respondents' support for donation. This relationship was examined with a new item in 2012.

Table 2. Support for Organ Donation by Race/Ethnicity and by Education
(Percentages)

Q4. In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?																			
		White			African-American			Native American			Asian			Multi-Race			Other		
		Education			Education			Education			Education			Education			Education		
	All	High school or less	Some college	College graduate	High school or less	Some college	College graduate	High school or less	Some college	College graduate	High school or less	Some college	College graduate	High school or less	Some college	College graduate	High school or less	Some college	College graduate
Sig Code*		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Strongly support	48.8	38.4	59.9 D	62.7 D	35.4	38.1	33.7	52.7	55.0	51.2	42.3	44.5	50.5	10.6	37.8	43.9	27.8	47.3 S	56.0
Support	46.1	54.9 EF	36.4	35.7	51.0	42.5	63.8	41.5	39.1	38.0	56.7	53.3	46.5	89.4	58.3	55.7	69.0	52.2	42.7
Oppose	2.1	2.3	0.9	0.4	12.3	6.6	1.5	1.1	4.4	8.4 J		0.3	2.6				0.4	0.5	
Strongly oppose	0.3	0.2	0.3		1.4	1.1	0.3	1.9	0.1	0.1		1.9	0.2		0.6		0.9		
N of Cases	3,353	282	315	599	124	152	307	190	269	279	31	53	291	28	40	109	134	72	71

Q4. In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?							
		Hispanic			Non-Hispanic		
		Education			Education		
	All	High school or less	Some college	College graduate	High school or less	Some college	College graduate
Sig Code*		D	E	F	G	H	I
Strongly support	48.8	26.0	47.8 D	54.0 D	40.1	56.8 G	59.5 G
Support	46.1	67.7 EF	47.5	44.8	52.4 HI	37.7	38.5
Oppose	2.1	1.8	2.1	0.3	3.9 I	1.5	0.7
Strongly oppose	0.3	1.2			0.2	0.5	
N of Cases	3,353	259	179	279	531	724	1,381

* The significance code refers to statistical testing between groups (race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.2 Donation Registration

The majority of nearly all demographic groups expressed support for donation, but that support did not necessarily translate into action. Compared with levels of support, smaller percentages of the U.S. population have taken steps to identify themselves as organ donors.

2012

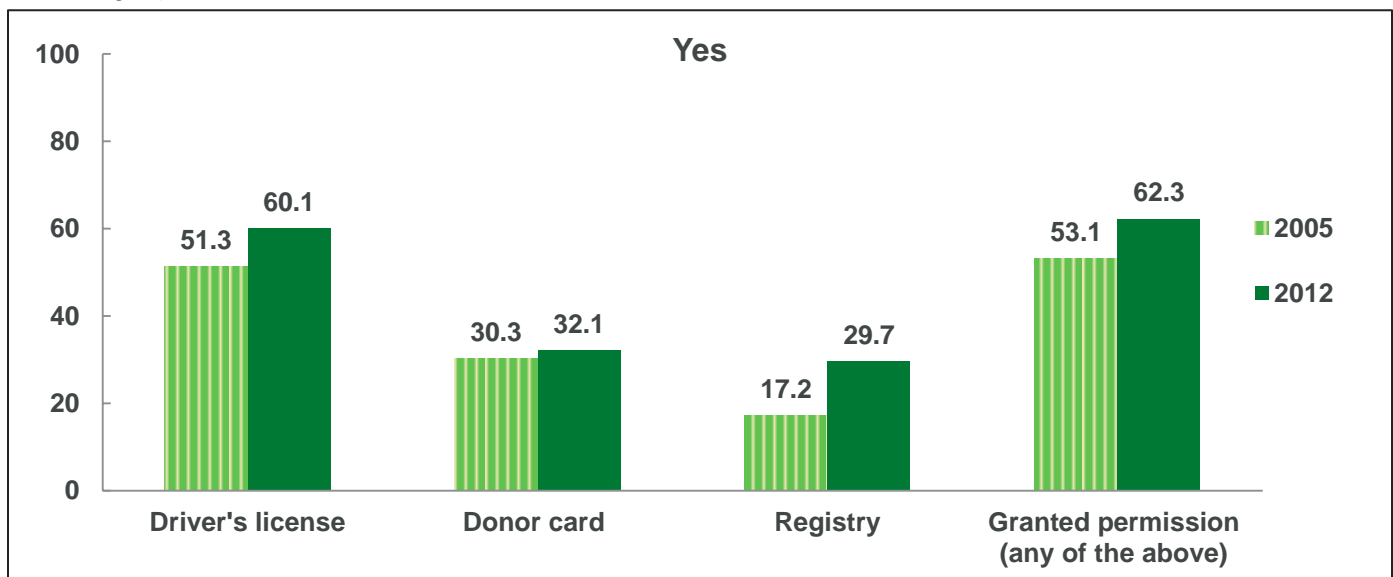
Q13. Have you granted permission for organ donation (On your driver's license/On a signed donor card/By joining your state donor registry)?

2005

Q13. Have you granted permission for organ and tissue donation (On your driver's license/On a signed donor card/By joining an organ donor registry)

Figure 2 shows a significant increase from 2005 to 2012 in the percentage of the population who have granted permission for donation on their driver's license. In 2005, 51.3 percent had granted permission on a driver's license compared with 60.1 percent who said the same in 2012. There was also a significant increase in the percentage of adults who joined their state donor registry between 2005 (17.2 percent) and 2012 (29.7 percent). There was no meaningful difference in the percentage of the population who had a signed donor card (30.3 percent in 2005 and 32.1 in 2012). The significant increase in registry enrollment and lack of change in donor card usage likely reflects the proliferation and availability of state donor registries during this period and the donation community's discontinued promotion of donor cards.

Figure 2. Granting Permission for Organ Donation, 2005–2012
(Percentages)



In 2012, there was no significant difference between men and women on granting permission for donation on their driver's license. More women in 2012 (63.1 percent) had granted permission on their driver's license than both women (52.1 percent) and men (50.2 percent) in 2005. There was a significant difference in 2012 between men and women regarding granting permission through a signed donor card. Women (36.1 percent) were significantly more likely to grant permission through a donor card compared with men (27.8 percent). [Table 3] There were no significant gender differences in 2005 amid the multiple options to grant permission for donation.

In addition to being the group most likely to have granted permission for organ donation on a driver's license, the youngest survey group, 18- to 34-year-olds (65.8 percent), was also significantly more likely than the eldest group, those aged 66 and older (52.2 percent) to have granted permission for organ donation on a driver's license. The key finding among the different age groups was that in 2012, 52.2 percent of the 66 and older group had granted permission on their driver's license, roughly twice the proportion of the same population in 2005 (26.3 percent). [Table 3]

In 2012, there were no significant differences in the use of signed donor cards across the age groups. However, there was a significant difference among all age groups from 2005 to 2012. Specifically, there was a dramatic increase in the use of donor cards to grant permission for organ donation among the 66 and older age group (10.6 percent in 2005 vs. 27.6 in 2012). [Table 3]. It is possible that older Americans may have signed cards years earlier and continue to carry them.

Table 3. Granting Permission to Donate Organs by Gender, Age, Race, Ethnicity, and Education 2012
(Percentages)

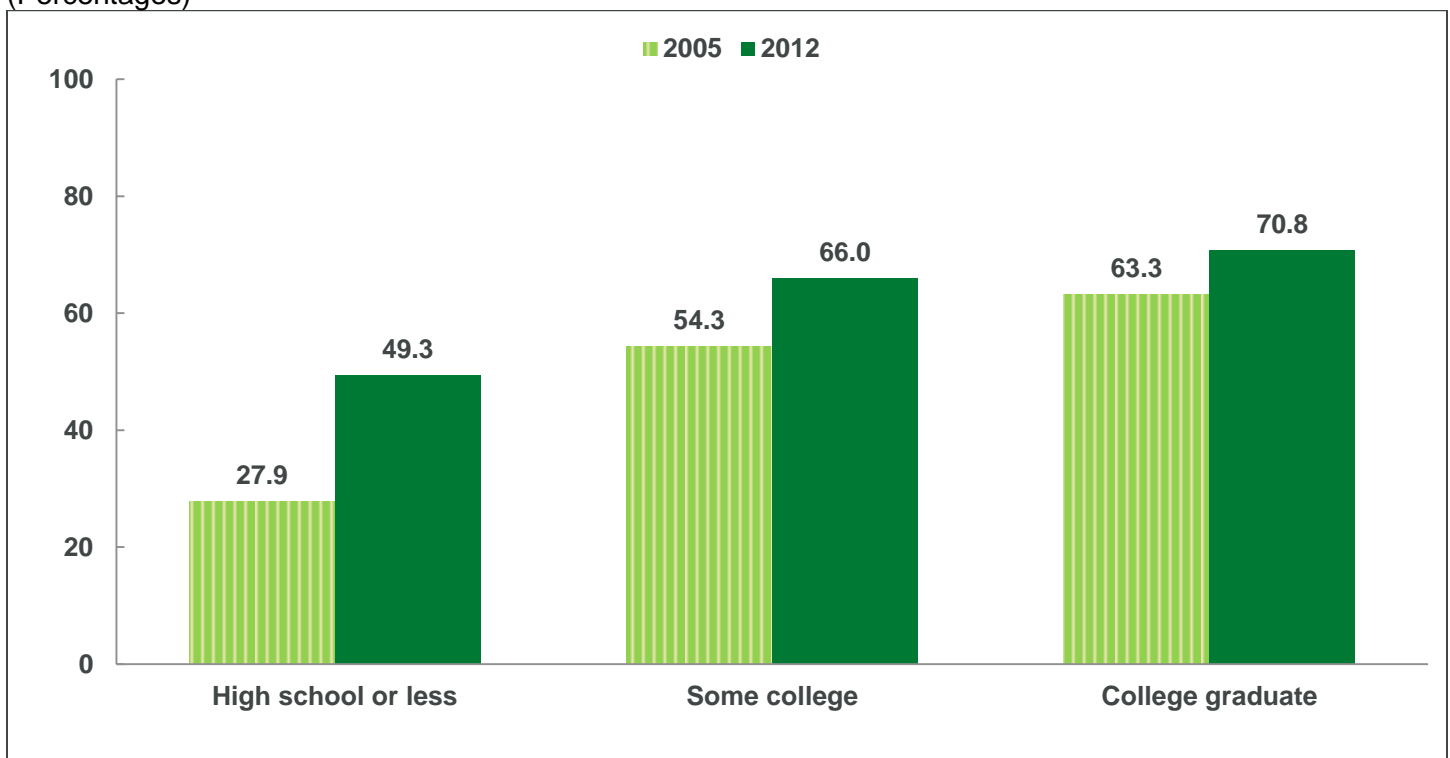
13A. Have you granted permission for organ donation on your driver's license?																		
	Gender			Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Yes	60.1	56.9	63.1	65.8 F	60.7	57.5	52.2	64.6 HIL	39.0	46.6	56.0 H	48.0	44.9	44.0	62.8 O	49.3	66.0 Q	70.8 Q
No	38.0	40.6	35.6	32.7	38.1	39.2	45.7 C	33.8	57.1 GJ	51.1 G	40.9	51.5	53.6 GJ	53.2 P	35.4	48.2 RS	32.2	27.9
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
13B. Have you granted permission for organ donation on a signed donor card?																		
Yes	32.1	27.8	36.1 A	32.1	33.6	33.9	27.6	34.1 HL	22.9	27.3	32.9 L	29.9	19.9	21.4	33.9 O	25.4	37.7 Q	36.8 Q
No	64.8	68.8 B	61.1	64.5	63.2	64.4	69.0	62.9	74.9 GJ	64.1	63.2	63.4	78.1 GIJ	74.5 P	63.1	72.0 RS	59.1	59.5
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
13C. Have you granted permission for organ donation by joining your state donor registry?																		
Yes	29.7	28.7	30.6	35.0 F	30.8 F	28.4	19.3	31.6 H	18.6	23.8	30.4 H	28.7	23.6	25.4	30.4	23.4	36.4 Q	32.5 Q
No	66.8	67.9	65.7	60.7	65.7	68.8	78.2 CD	64.7	79.0 GIJ	66.2	67.0	67.7	74.4 G	71.8	65.9	74.6 RS	59.5	62.1
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

There were some key distinctions among the racial and ethnic groups in terms of granting permission for organ donation on a driver's license. In 2012, Whites (64.6 percent) were significantly more likely than African-Americans (39.0 percent) and Native Americans (46.6 percent) to have granted permission on a driver's license. Asians (56.0 percent) were also significantly more likely than African-Americans to have granted permission on a driver's license. In looking at ethnicity, non-Hispanics (62.8 percent) granted permission for organ donation significantly more than Hispanics (44.0 percent). [Table 3]

In 2012, 49.3 percent of the high school or less education group granted permission on their driver's license; this was significantly lower than the 66.0 percent of the some college group and 70.8 percent of the college graduate group. Within each education group, there were significant gains from 2005 to 2012, the largest being the high school or less education group, which showed a statistically significant gain from 27.9 percent (2005) to 49.3 percent (2012). [Figure 3]

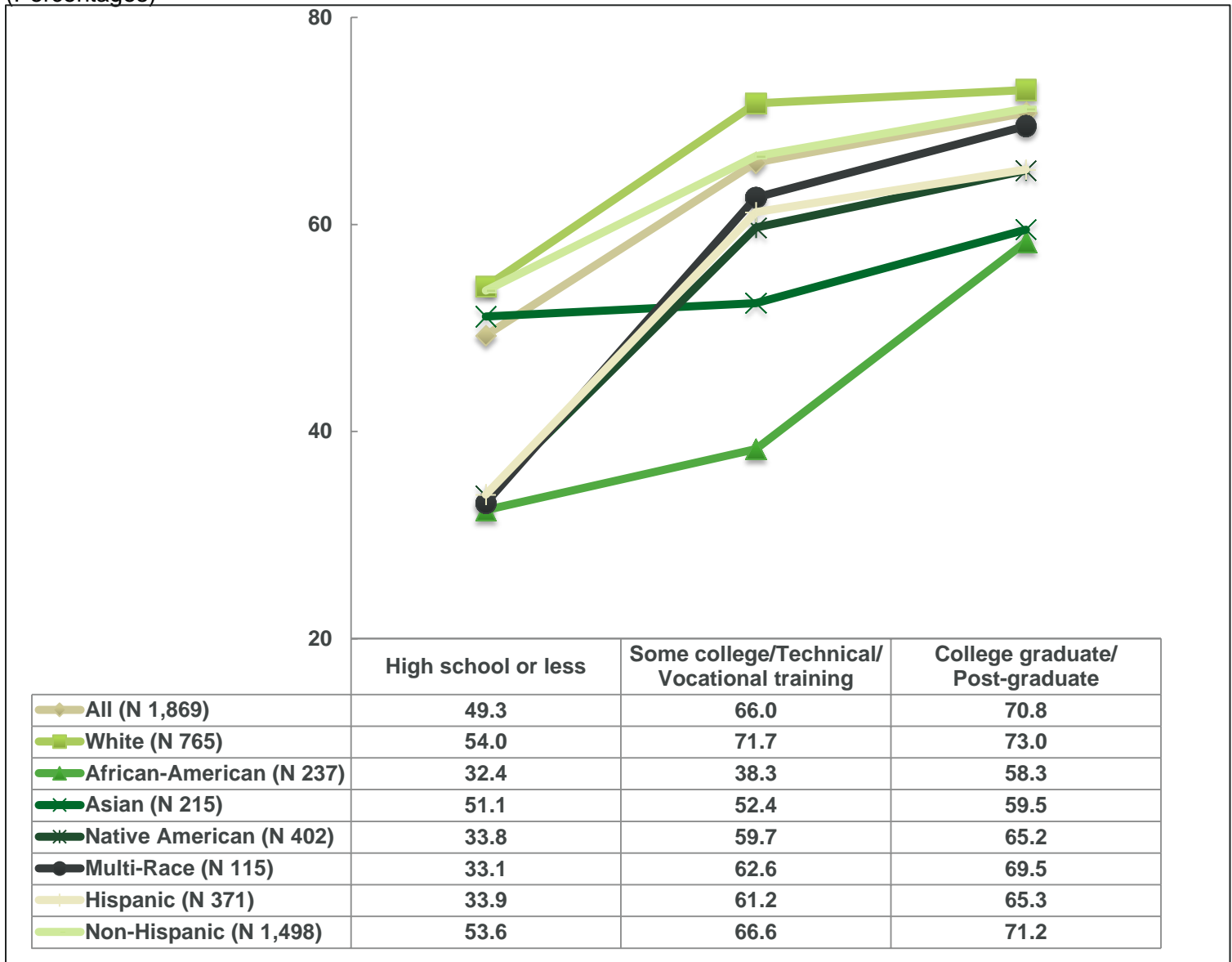
Figure 3. Granting Permission for Organ Donation on Driver's License by Education, 2005–2012 (Percentages)



When examining educational attainment within racial and ethnic groups, there were some notable differences related to granting permission on a driver's license. Within the African-American population, there was no meaningful difference in granting permission on a driver's license between the high school or less education group (32.6 percent) and the some college group (39.5 percent). However, African-Americans who are college graduates (58.6 percent) were significantly more likely to have granted permission on their driver's license than both of the less-educated African-American groups. There was no statistical difference within the Asian population across the education categories. [Figure 4]

Both the Hispanic and non-Hispanic groups mirrored the overall population with the high school or less education group being significantly less likely than the other two more educated groups to have granted permission through a driver's license. [Figure 4]

Figure 4. Granted Permission for Organ Donation on Driver's License, Race, Ethnicity and Education, 2012
(Percentages)



2012

Q23. Have you, or has anyone close to you, ever been an organ, eye or tissue donor or ever received a transplant?

2005

Q23. Have you ever been an organ or tissue donor?

Q24. Have you ever received a donated organ or tissue?

Q25. Has any member of your family ever been an organ or tissue donor, either while living or after death?

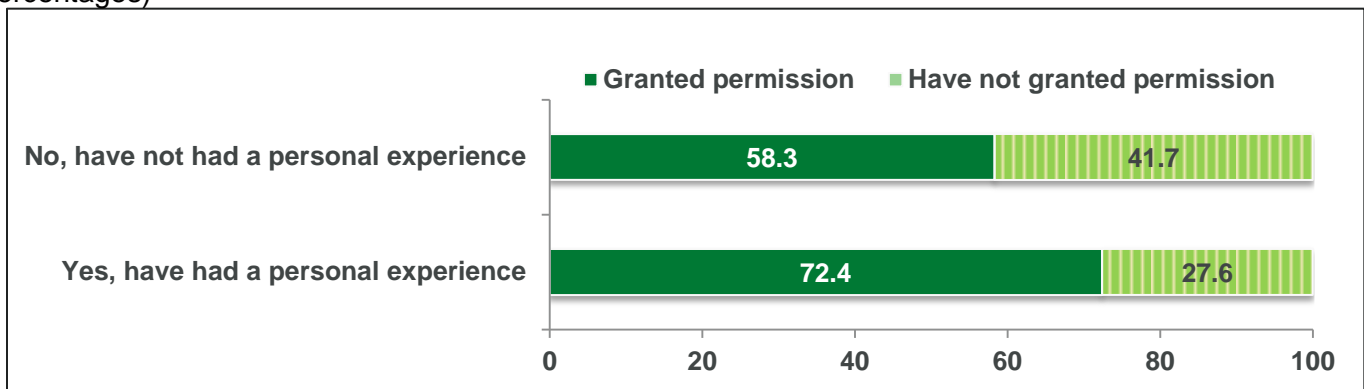
Q26. Has any member of you family ever received a donated organ or tissue?

More than one-quarter (28.7 percent) of the population indicated they had some personal relationship to donation and transplantation. Either they themselves had an experience with donation or transplantation or they know someone who has been an organ, eye, or tissue donor or received a transplant. This is similar to 2005, when 34.5 percent of the population reported either they themselves or a member of their family had an experience with donation or transplantation.

Not surprisingly, having a personal experience did affect an individual's support for donation. Among those with a personal experience, 57.6 percent *strongly support* organ donation, compared with 44.8 percent without a personal experience. In addition, nearly three-quarters (72.4 percent) of those who have had a personal donation/transplantation experience said they had granted permission for donation, significantly higher than the 58.3 percent of those who said they have not had a personal experience. [Figure 5]

Figure 5. Granted Permission for Donation Higher Among Those With a Personal Experience, 2012

(Percentages)



3.3 Desire to Have Organs Donated

Respondents who had not already registered as donors through their driver's license, a signed donor card, or their state registry were asked additional items to learn more about their desire for their organs to be donated after their death. Although a similar item was asked of all respondents in 1993 and 2005, the new item was asked only of those who had not already granted permission for donation in some capacity.

2012

Q5. Regardless of whether you have formally granted permission, would you want your organs to be donated after your death? Would you say definitely yes, probably yes, probably no, or definitely no?

1993 and 2005

Q5. How likely are you to have your organs donated after your death? Would you say very likely, somewhat likely, not very likely, or not at all likely?

Despite positive general support for organ donation, there was some reluctance in 2012 about having one's organs donated upon death. Because of the changes noted above in the 2012 survey item, the resulting data were not comparable to the 1993 and 2005 data. In 2012, more than one-third of the U.S. population (36.8 percent) expressed reluctance, with 59.2 percent open to the idea of donation upon death. [Table 4]

As seen in Table 4, the desire have one's organs donated was similar between men and women. The college graduate education group was significantly more likely (17.5 percent) than the some college (9.7 percent) and high school or less education (9.7 percent) groups to say *definitely yes*, that they wanted to have their organs donated. Regarding age, the youngest group, those aged 18 to 34, (57.0 percent) was significantly more likely than the eldest group, those aged 66 and older, (38.8 percent) to say *probably yes* that they wanted to have their organs donated.

When examining racial differences in desire to donate among those not yet registered, Native Americans were significantly more willing than any other racial or ethnic group to say *definitely yes* (32.8 percent). All other racial groups were significantly less likely to say *definitely yes*—White (11.5 percent), African-American (9.5 percent), Asian (11.6 percent), and Hispanic (15.6 percent). [Table 4]

Table 4. Desire to Have One's Organs Donated After Death, 2012
(Percentages)

Q5. Regardless of whether you have formally granted permission, would you want your organs to be donated after your death? Would you say definitely yes, probably yes, probably no, or definitely no?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Definitely yes	11.5	10.9	12.1	15.3	12.1	5.9	11.2	11.5	9.5	32.8 GHJL	11.6	0.6	14.8	15.6	10.5	9.7	9.7	17.5 Q
Probably yes	47.7	49.1	46.1	57.0 F	47.6	44.8	38.8	46.4 I	46.4	26.8	55.9 I	86.8	57.0 I	51.1	46.9	45.4	52.0	49.1
Probably no	21.0	22.2	19.8	11.4	24.8 C	28.1 C	20.7	22.0	22.5	13.6	16.3	10.2	13.4	16.3	22.2	21.5	21.1	19.9
Definitely no	15.8	14.7	16.9	11.6	13.6	19.1	22.1	16.3	15.5	23.0	15.7	1.8	9.9	14.2	16.1	18.9 S	14.7	8.7
N of Cases	1,404	626	778	276	407	347	362	415	329	315	149	55	137	322	1,082	422	391	580

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter

As seen in Table 4, when asked about their personal desire to have their organs donated upon death, the overall willingness across all education levels was positive. However, the desire to have their organs donated upon death was significantly more positive for the college-educated group (17.5 percent *definitely yes*) than the high school or less (9.7 percent) and some college (9.7 percent) education groups.

3.4 Willingness to Grant Permission Among Those Who Had Not Already Done So

In 2012, individuals who had not yet granted permission for organ donation were asked if they would be willing to do so through their state donor registry. In 2005, this question was asked of all of the permission-granting activities, including driver’s licenses and donor cards.

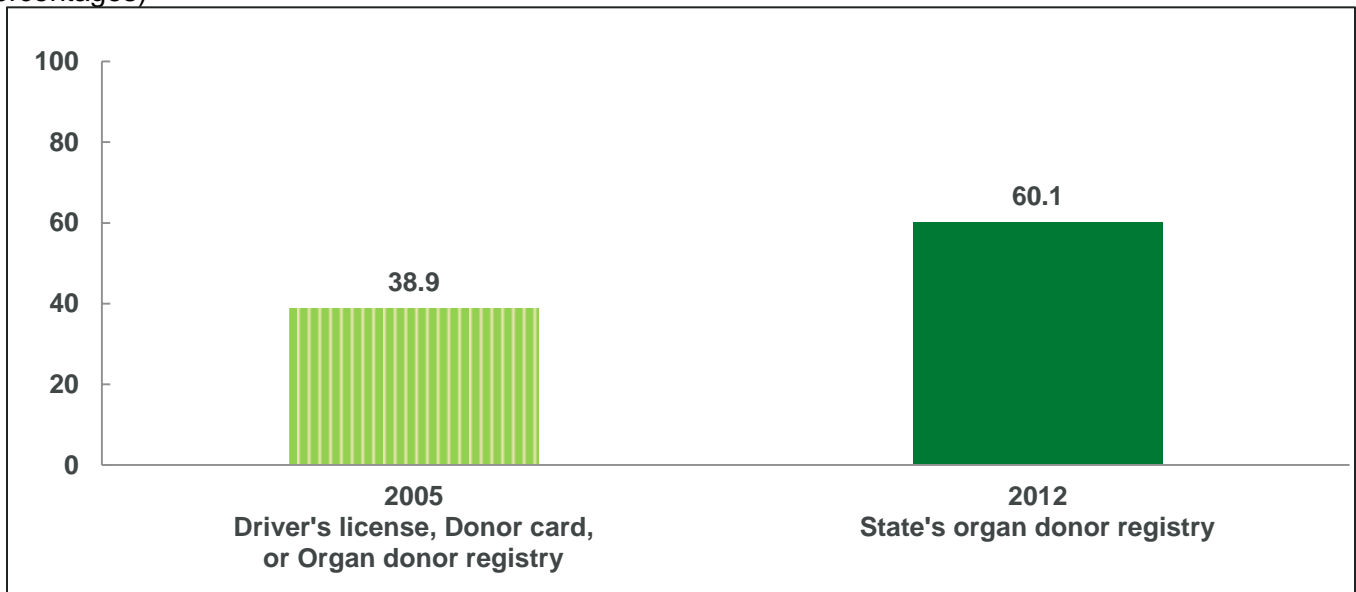
2012
Q14B. Would you be willing to grant permission for organ donation by joining your state's organ donor registry?

2005
Q14. Would you be willing to grant permission for organ and tissue donation on your driver's license, on a donor card, or by joining an organ donor registry?

Of those people who have not yet granted permission for donation, 60.1 percent were willing to do so in 2012, higher than the 38.9 percent who were willing to do the same in 2005.

Figure 6. Willingness to Grant Permission for Donation, 2005–2012

(Percentages)



In 2012, of those who said they had not granted permission for donation, 66.0 percent of men and 53.3 percent of women said they would be willing to donate their organs on their state donor registry. In 2005, 42.8 percent of men and 35.7 percent of women said they were willing to donate organs and tissue in any of the three designation options. There was no significant difference between men and women on this measure in 2012.

[Table 5]

Table 5. Willing to Grant Permission for Organ Donation on an Organ Donor Registry Among Those Who Have Not Yet Registered, 2012
(Percentages)

14B. Would you be willing to grant permission for organ donation by joining your state's organ donor registry?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Yes	60.1	66.0	53.3	76.9 DEF	53.8	56.7	46.7	54.7	71.1	52.6	67.4	89.2	74.4 G	69.8	57.4	66.9 R	49.8	57.1
No	29.2	24.1	35.0	14.1	38.0 C	29.0	38.3 C	32.2 L	24.4	44.5	24.4	9.7	15.6	24.3	30.6	25.6	33.3	32.5
N of Cases	829	371	458	194	252	196	182	240	186	169	106	35	92	210	619	233	229	361

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Respondents who indicated they would *definitely* or *probably* want their organs donated upon their death (Q5), but indicated they were not willing to join their state donor registry (Q14b) were asked an open-ended question about why they were not willing to sign up to be a donor in their state donor registry.

Q14C. Why aren't you willing to sign up to be a donor in your state donor registry?

The three responses respondents gave most often were they had “*no reason in particular*” (21.2 percent), they “*haven't thought about it or were undecided*” (17.6 percent), and that they “*needed more information*” or a “*better understanding of it*” (12.9 percent). All responses with at least 5 percent reporting appear in Table 6.

Table 6. Reasons for Not Being Willing to Join State Donor Registry

Q14C. Why aren't you willing to sign up to be a donor in your state donor registry?		
	Percentage per Response	Weighted N
No reason in particular	21.2	64
Haven't thought about/Undecided	17.6	53
Need more information/a better understanding of it	12.9	39
I am not in good health	10.5	32
Other	10.1	30
Don't know	7.9	24
Feel I am too old to donate	6.1	18
Don't trust medical/may harvest unlawfully/not try as hard to keep me alive	5.1	15

NOTE: Responses with less than 5 percent reporting were omitted from this table.

3.5 Reasons for Not Being Willing to Donate

In 2012, respondents who indicated they had not yet granted permission to donate their organs (Q13) and indicated that they would probably not or definitely not want their organs donated upon their death (Q5) were asked an open-ended question on why they did not want their organs donated.

Q6A. Is there a particular reason you do not want to have your organs donated upon your death? If yes, what might that reason be?

The three responses respondents gave most often were that they were undecided (22.7 percent), they can't donate for medical reasons (18.2 percent), and they are not interested or don't want to (16.3 percent). All responses with at least 5 percent reporting appear in Table 7.

Table 7. Reasons for Not Donating Organs

Q6A. Is there a particular reason you do not want to have your organs donated upon your death? If yes, what might that reason be?		
	Percentage per Response	Weighted N
Undecided/Don't know	22.7	174
Can't donate for medical reasons	18.2	140
None/Not interested/Don't want to	16.3	125
Don't want body cut up or disfigured	8.3	64
Against religion	7.5	58
Refused to provide an answer	7.2	55
Feel I am too old to donate	5.8	44

NOTE: Responses with less than 5 percent reporting were omitted from this table.

This population was then asked if there was anything that could change their mind and make them decide to be a donor.

Q6BB. Is there one thing that could change your mind to want to be a donor? If yes, what would that be?

This was also an open-ended question. The most common response was that "no reason" would change their mind (48.8 percent). Another common response was to "save a life or to be of help to others in need" (20.9 percent). All responses with at least 5 percent reporting appear in Table 8.

Table 8. Reasons to Change One’s Mind on a Decision Not to Donate

Q6BB. Is there one thing that could change your mind to want to be a donor? If yes, what would that be?		
	Percentage per Response	Weighted N
No/No reason	48.8	374
To save a life or be of help to others in need	20.9	160
Undecided/Don’t know	10.0	77

NOTE: Responses with less than 5 percent reporting were omitted from this table.

Non-donating respondents were then asked if they had discussed their wish not to donate their organs after death with their family members.

Q6B. Have you discussed with a member of your family your wish NOT to donate your organs after your death?

Communication about organ donation remained consistent among the 1993, 2005, and 2012 respondents. Among the unwilling population, roughly one-third (30.2 percent) had shared that viewpoint with their families.

There were no significant differences between 2005 (32.5 percent) and 2012 (30.2 percent) in discussing one’s wish not to donate. In 2012, there were no significant gender differences (29.0 percent female and 31.4 male), and no significant education differences (29.1 percent high school or less, 33.6 some college, and 27.7 college). There was one significant age-related difference between the 35- to 54-year-old group (40.8 percent) and the 66 and older (22.3 percent). [Table 9]

Table 9. Discussing a Wish Not to Donate With Family Members
(Percentages)

Q6B. Have you discussed with a member of your family your wish NOT to donate your organs after your death?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Yes	30.2	31.4	29.0	22.9	40.8 F	23.5	22.3	29.5	33.9	52.3	24.1	27.6	15.4	27.2	30.8	29.1	33.6	27.7
No	68.0	67.3	68.6	73.3	56.4	76.4 D	77.3 D	68.2	65.7	45.3	74.7	72.2	84.6	72.8	67.1	69.7	64.1	69.6
N of Cases	855	367	488	126	243	226	255	270	215	197	80	30	61	169	686	250	251	348

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.6 Reasons for Signing Up to Be a Donor

Respondents who had already signed up as donors through their driver’s license, a signed donor card, or by joining their state donor registry were asked an open-ended question about the primary reason they wanted to be an organ donor. This question also was asked of respondents who had not yet registered, but indicated they would register.

Q6BC. If you had to identify the single biggest reason why you want to be a donor, what would that be?

Table 10 shows that the primary reason people would want to be a donor is to save a life and be of help to others in need (73.8 percent).

Table 10. Reasons for Donating Organs

Q6BC. If you had to identify the single biggest reason why you want to be a donor, what would that be?		
	Percentage per Response	Weighted N
To save the life or be of help to others in need	73.8	1,881
I won't need them any longer/Why not	8.5	217
It's what I want to do, the right thing to do/a good thing to do	5.5	140

NOTE: Responses with less than 5 percent reporting were omitted from this table.

This same population was then asked if they had shared their wish to be an organ donor with their family members. If they had not shared this information, they were asked how willing they were to discuss their wishes.

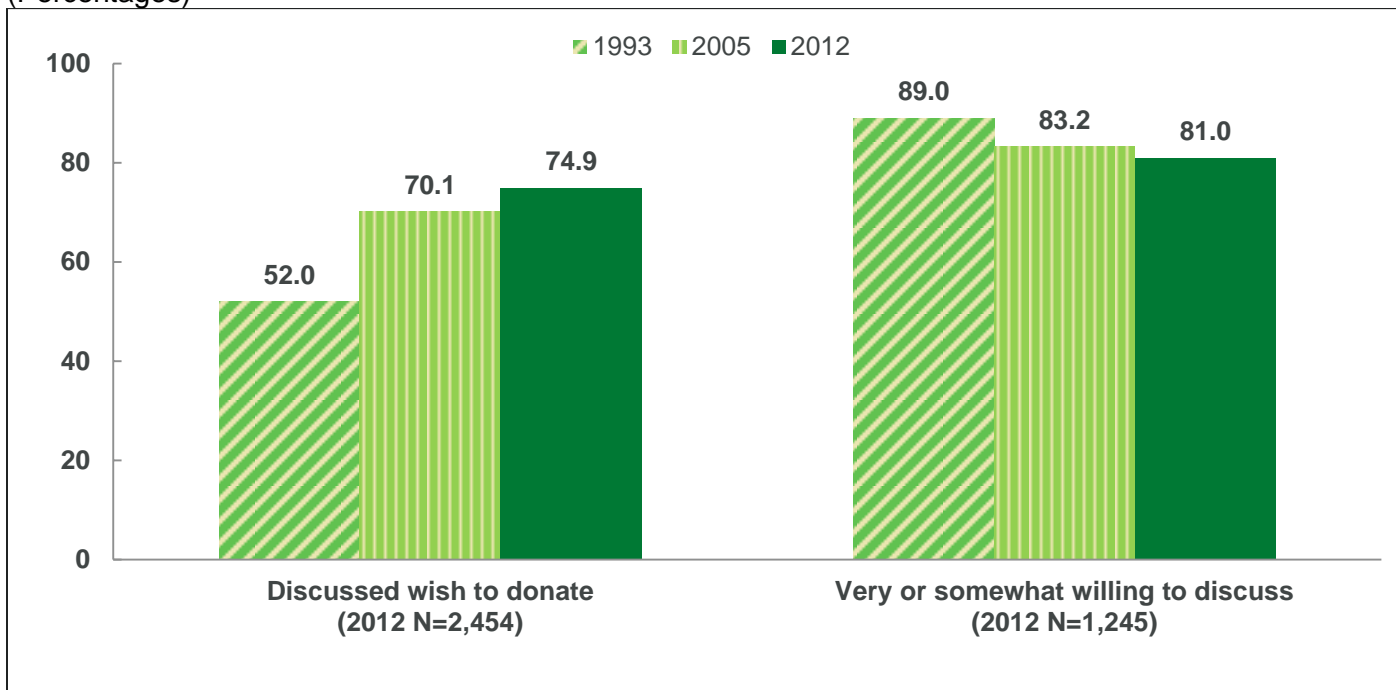
Q6C. Have you discussed your wish to be an organ donor with a member of your family?

Q7. How willing are you to discuss your wishes about organ donation with your family?

Communication about organ donation remained consistent from 2005 to 2012. Generally, people who were willing to donate their organs were also more likely to have discussed their wishes to donate with their families (74.9 percent in 2012). Most registered donors who had not discussed their wishes were willing to talk to their families, 81.0 percent in 2012. *[Figure 7]*

Figure 7. Discussion of Donation With Family Members, 1993–2012

(Percentages)



Gender differences on communication: Women who were registered organ donors were significantly more likely (81.0 percent) than men (68.3 percent) to have discussed their wishes to be a donor with family members. [Table 11]

Age differences on communication: Discussing donation wishes was significantly less common among the youngest population (67.0 percent) compared with the two middle age groups of 35- to 54-year-olds (82.0 percent) and 55- to 65-year-olds (78.9 percent). In comparison with 2005, discussing wishes increased significantly for the eldest group, those aged 66 and older, with 72.8 percent in 2012 reporting discussions compared with 51.4 percent in 2005. [Table 11]

Race differences on communication: Communication about donation varied among racial and ethnic groups. When asked if they have discussed their wishes with family members, Whites (79.6 percent) and Native Americans (79.4 percent) were significantly more likely to have shared their wishes to be a donor than were African-Americans (52.4 percent). Of those registered adults who have not discussed their wishes with their families, close to half of Native Americans (49.2 percent) and Whites (44.6 percent) reported being *very willing* to discuss their donation wishes with their families. [Table 11]

Education differences on family donation and communication: When examined across education groups in 2012, most differences were between the population with a high school or less education and the other two more educated groups. Both the some college (81.7 percent) and the college graduate groups (79.7 percent) were significantly more likely than the high school or less group (66.1 percent) to have discussed their wishes to donate with their families. Among those who had not spoken with their families about their donation wishes, 58.0 percent of the college graduate group reported being *very willing* to discuss donation with their families, significantly higher than those with some college (43.9 percent) and those with a high school or less education (34.7 percent). [Table 11]

Table 11. Communicating Donation Wishes to Family Members by Registered Donors
(Percentages)

Q6C. Have you discussed your wish to be an organ donor with a member of your family?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Yes	74.9	68.3	81.0	67.0	82.0	78.9	72.8	79.6	52.4	79.4	59.8	47.4	65.5	68.0	76.1	66.1	81.7	79.7
		A		C	C			HJL		HJL				O		Q	Q	
No	24.7	31.2	18.8	33.0	17.6	20.1	27.0	20.0	47.2	20.0	40.2	52.4	34.4	32.0	23.5	33.8	17.6	20.0
		B		DE				GI	GI	GI	GI	GI	GI	P		RS		
N of Cases	2,454	1,139	1,315	586	848	570	431	919	355	528	293	145	209	539	1,915	519	642	1,284
Q7. How willing are you to discuss your wishes about organ donation with your family?																		
Very willing	42.3	39.7	45.5	43.1	42.8	39.1	43.0	44.6	37.8	49.2	46.8	27.9	27.8	27.1	45.6	34.7	43.9	58.0
								L		L	L			O		QR		
Somewhat willing	38.7	39.2	38.2	43.2	38.1	37.1	34.1	37.2	44.8	31.9	33.0	52.0	38.3	45.8	37.2	40.8	39.4	33.9
Not very willing	8.1	8.7	7.3	9.5	5.1	10.9	6.6	8.2	5.5	4.4	11.5	1.6	17.8	12.8	7.1	10.2	6.9	4.5
													GHI					
Not at all willing	8.7	9.1	8.3	2.4	13.9	8.0	13.3	7.1	11.4	12.1	8.6	17.8	16.0	13.2	7.8	12.1	6.1	3.0
					C		C						G		S			
N of Cases	1,245	604	641	296	335	294	309	367	280	245	175	61	117	275	970	361	324	553

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

The respondents who stated that they were *not very willing* to or *not at all willing* to discuss their wishes about organ donation with their families were then asked an open-ended question about why they were unwilling to have this discussion.

Q8. Is there a particular reason why you are unwilling to discuss donation with your family? If yes, what is the reason?

Table 12 shows the primary reasons respondents gave for why they were unwilling to discuss donation with their families. The most common response was that there was no particular reason (40.0 percent); this was followed by donation being personal or none of their business (12.3 percent).

Table 12. Reasons for Unwillingness to Discuss Donation With Family, Among Registered Donors

Q8. Is there a particular reason why you are unwilling to discuss donation with your family? If yes, what is the reason?	Percentage per Response	Weighted N
No/No reason in particular	40.0	78
It's personal/None of their business	12.3	24
Don't know/Haven't given it much thought	9.5	18
I have no one to discuss it with, just myself	8.8	17
I'm not in good health	6.1	12

NOTE: Responses with less than 5 percent reporting were omitted from this table.

3.7 Donating Hands and Face

Given recent advances in the area of vascularized composite allografts leading to an increase in the number of hand and face transplants, a new topic was added in 2012 to explore attitudes toward donating hands and faces.

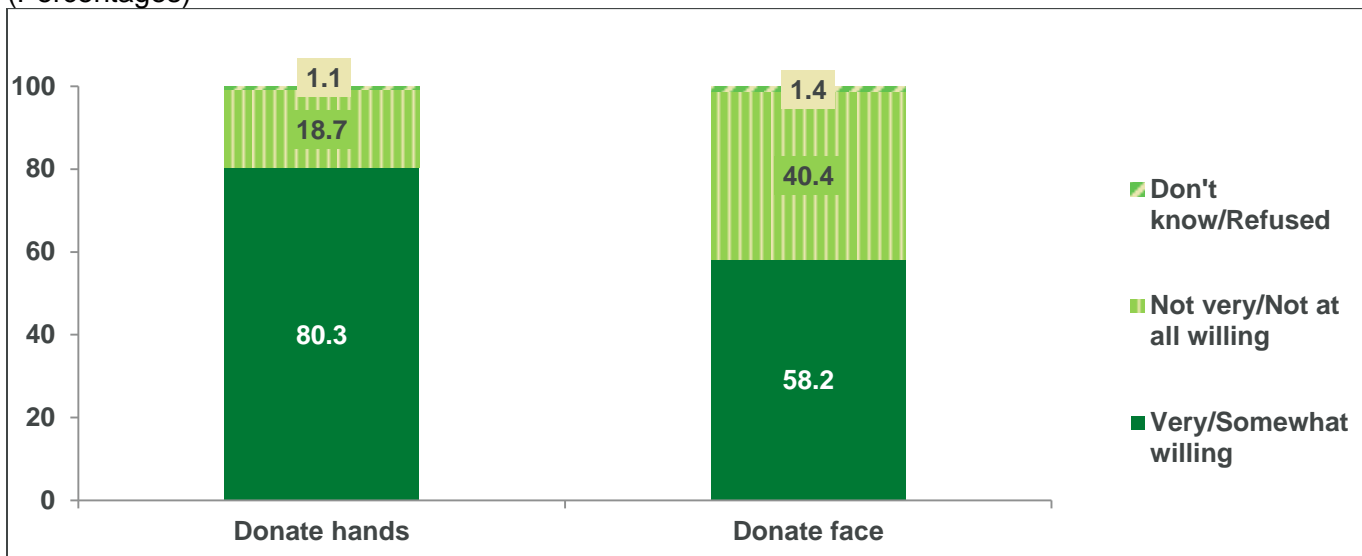
Q15EA. Recent medical breakthroughs have resulted in successful face and hand transplants for people who have suffered the loss of limbs or facial disfigurement from traumatic injuries, such as accidents and war. How willing would you be upon your death to donate your *hands*?

Q15EB. Recent medical breakthroughs have resulted in successful face and hand transplants for people who have suffered the loss of limbs or facial disfigurement from traumatic injuries, such as accidents and war. How willing would you be upon your death to donate your *face*?

While the majority of respondents were willing to donate their hands and face, more were willing to donate their hands (80.3 percent) than their face (58.2 percent). [Figure 8]

Figure 8. Willingness to Donate Hands and Face Upon Death, 2012

(Percentages)



There were no significant differences between men and women in willingness to donate their hands or face. While there were no significant differences among age groups when asked about donating hands, there were several significant distinctions when asked about donating a face. One-quarter (25.1 percent) of the youngest group (18- to 34-year-olds) were *very willing* to donate their face compared with just over one-third of 35- to 54-year-olds (34.3 percent) and 55- to 65-year-olds (35.6 percent). The 55 to 65 age group was significantly less likely than the other age groups to indicate that they were *not at all willing* to donate their face (14.0 percent). [Table 13]

A significantly larger proportion of the White (53.5 percent) and Asian (45.8 percent) populations were *very willing* to donate their hands compared with the African-American population (34.1 percent). When asked about donating their face, the African-American population (42.1 percent) was significantly more likely to report they were *not at all willing* to donate compared with the White (18.6 percent), Asian (18.9 percent), and Native American (21.4 percent) populations. [Table 13]

Ethnicity was also a significant indicator in relation to the donation of hands and face. Non-Hispanic respondents (51.7 percent) were more likely to report being *very willing* to donate their hands compared with the Hispanic (42.0 percent) population. Similarly, when asked about the donation of one's face non-Hispanics (32.7 percent) were significantly more likely to report being *very willing* to donate compared with Hispanics (25.1 percent) who said the same. [Table 13]

The most educated groups were most likely to be *very willing* to donate their hands upon their death. Specifically, the populations with some college (57.9 percent) and college graduates and above (55.6 percent) were significantly more likely to report being *very willing* to donate their hands compared with the high school or less education group (41.8 percent). When asked about donating their face, the highest educated group, college graduates and above (39.7 percent), were significantly more likely than the high school or less education group (25.4 percent) to be *very willing* to donate their face. [Table 13]

Table 13. Willingness to Donate Hands and Face
(Percentages)

Q15EA. How willing would you be upon your death to donate your hands?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Very willing	50.3	51.2	49.4	47.3	55.0	50.2	46.7	53.5 HI	34.1	41.6	45.8 H	37.5	45.6 H	42.0	51.7 O	41.8	57.9 Q	55.6 Q
Somewhat willing	30.0	32.4	27.7	32.7	26.5	32.1	30.2	29.2	30.6	35.1	31.7	50.4	27.7	33.5	29.4	34.1 R	24.7	29.1
Not very willing	7.4	6.2	8.6	8.2	4.7	9.4 D	8.1	6.6	11.9 G	5.7	10.6	6.2	11.3 G	8.4	7.3	8.2	6.5	7.2
Not at all willing	11.3	9.3	13.1	11.4	12.5	7.5	12.7	9.9	21.5 GJ	16.2 G	9.3	4.2	13.3	15.0	10.6	14.7 S	9.8	7.5
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
Q15EB. How willing would you be upon your death to donate your face?																		
Very willing	31.6	33.1	30.2	25.1	34.3 C	35.6 C	34.4	33.3 H	20.9	37.5 H	32.9 H	23.6	27.3	25.1	32.7 O	25.4	33.0	39.7 Q
Somewhat willing	26.6	28.9	24.4	25.8	26.2	29.0	26.4	27.5	19.9	23.2	24.2	33.1	26.8	29.8	26.0	28.4	25.3	25.1
Not very willing	19.0	17.0	20.9	26.4 DF	16.7 F	19.9 F	8.5	19.3	15.1	15.2	22.2	26.7	18.5	19.7	18.9	19.1	21.0	17.1
Not at all willing	21.4	20.0	22.7	22.2 E	21.4 E	14.0	27.7 E	18.6	42.1 GIJL	21.4	18.9	16.3	24.1	23.5	21.0	25.8 S	19.5	16.4
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.8 Donating Another's Organs

When an individual dies without having registered his or her permission for donation, such as in a state donor registry or on a driver's license, surviving family may grant permission for donation to proceed—a decision that will be much easier if family donation discussions had occurred.

Q9. Has any member of your family told you about his or her wish to donate or not to donate his or her organs after death?

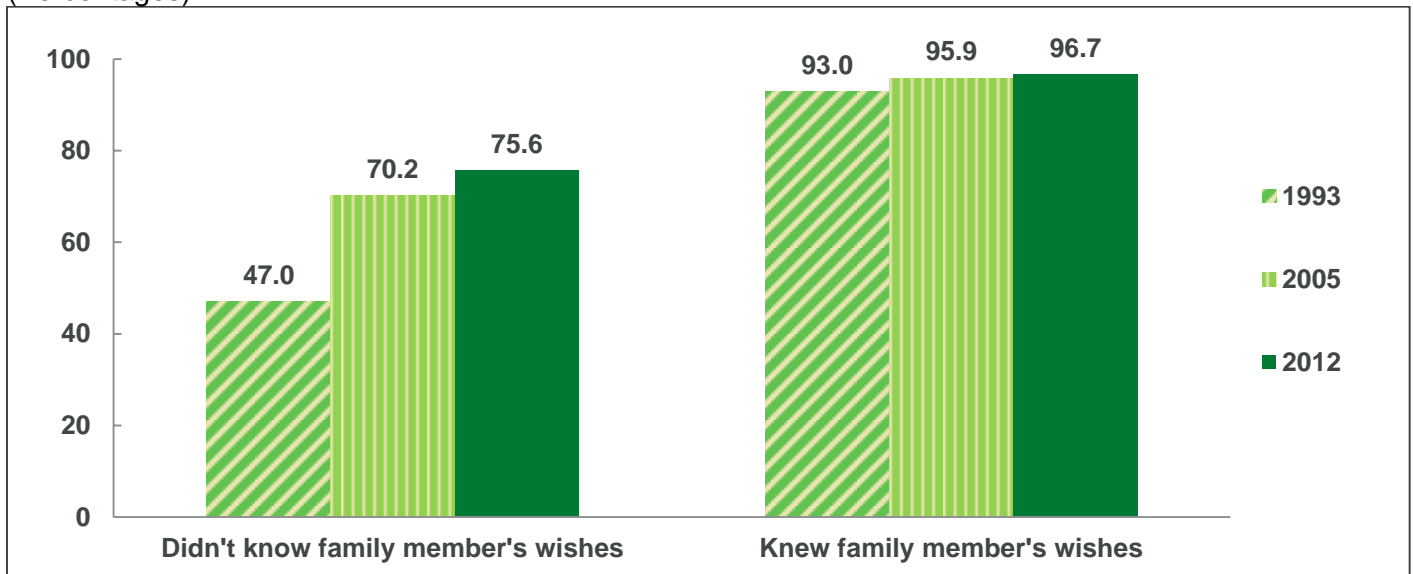
Q10. If you didn't know your family member's wishes, how likely would you be to donate his or her organs upon his or her death, if it were up to you?

Q11. If a family member HAD REQUESTED that his or her organs be donated upon death, how likely would you be to donate his or her organs if it were up to you?

Figure 9 shows the likelihood that an individual would donate a deceased family member's organs if the decedent's wishes were known versus unknown. Willingness to donate a loved one's organs when wishes are known has remained consistently high since 1993. However, there was a statistically significant increase in the percentage of adults who were *very likely* to donate a family member's organs if they did not know the family member's wishes, 36.5 percent (2005) to 46.6 percent (2012).

Figure 9. Likelihood of Donating Family Member's Organs When Wishes Are and Are Not Known, 1993–2012 (Somewhat Likely and Very Likely Shown)*

(Percentages)



*Prior to 2012, these items asked about donating organs *and tissues*. In 2012, this item refers only to organs.

When examining the two categories of *somewhat likely* and *very likely*, one notable difference emerged. The percentage of the population that was *very likely* to donate family members' organs when their wishes are not known significantly increased from 36.5 percent in 2005 to 46.6 in 2012.

Table 14 shows demographic differences in communicating with family members about organ donation in 2012. Women in 2012 (58.0 percent) were significantly more likely than men (44.1 percent) to report that a family member shared his or her wishes to donate or not donate. There were no significant gender differences in 2005.

In both 2005 and 2012, higher education was associated with increased likelihood of reporting that a family member had shared his or her donation wishes. In 2012, those with a high school or less education (38.2 percent) reported this communication significantly less than those with some college education (59.0 percent) and those with a college degree (62.8 percent). In 2005, the college-educated group (62.4 percent) was significantly higher than both the high school or less group (44.2 percent) and the some college education group (47.3 percent). [Table 14]

People 66 and older were least likely to report a family member had shared his or her donation wishes with them (38.5 percent) compared with all other age groups. Considering the different racial and ethnic groups, Whites (54.4 percent) were significantly more likely to report that a family member shared his or her donation wishes than African-Americans, Asians, and those in the Other category. Non-Hispanics (52.7 percent) reported family sharing donation wishes significantly more than Hispanics (42.8 percent). [Table 14]

Demographic summaries of what one would do when donation wishes are unknown appear in Table 15. When a family member's wishes are unknown, significantly more women (51.4 percent) than men (41.3 percent) indicated that they would be *very likely* to donate their family member's organs upon their death, a difference that did not exist in 2005. In 2012, the college-educated group (52.6 percent) was significantly more likely than the high school or less education group (41.4 percent) to donate the organs of a family member whose wishes are unknown. [Table 15]

There were no statistically significant age differences regarding donating a family member's organs without knowing his or her wishes. Similarly, there were no significant racial or ethnic differences in donating under these circumstances. [Table 15]

Table 14. Family Members Shared Donation Intentions, 2012
(Percentages)

Q9. Has any member of your family told you about his or her wish to donate or not to donate his or her organs after death?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Yes	51.3	44.1	58.0	53.3	53.4	54.6	38.5	54.4	35.6	54.0	44.4	41.6	45.0	42.8	52.7	38.2	59.0	62.8
			A	F	F	F		HJL		H					O		Q	Q
No	48.3	55.4	41.8	46.2	46.4	45.0	61.1	45.2	64.4	45.9	55.6	58.2	55.0	57.0	46.9	61.2	40.8	37.0
		B					CDE		GI		G		G	P		RS		
N of Cases	3,355	1,522	1,833	721	1,095	803	708	1,196	584	740	374	175	278	720	2,635	787	896	1,656

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Table 15. When Wishes Are Unknown, Likelihood of Donating a Family Member's Organs, 2012
(Percentages)

Q10. If you didn't know your family member's wishes, how likely would you be to donate his or her organs upon his or her death, if it were up to you? Would you be very likely, somewhat likely, not very likely, or not at all likely?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Very likely	46.6	41.3	51.4	42.5	50.5	48.8	44.3	48.9	33.0	44.2	44.0	50.0	39.7	44.3	47.0	41.4	48.5	52.6
			A					HL										Q
Somewhat likely	29.0	30.1	27.9	35.6	25.2	26.9	26.0	28.7	35.2	26.5	25.1	10.3	34.0	28.2	29.1	29.5	28.1	28.9
				D														
Not very likely	11.6	13.1	10.1	11.7	10.1	12.9	13.0	10.7	11.9	17.1	17.7	21.5	14.6	15.5	10.9	13.4	10.7	9.8
										G	G							
Not at all likely	11.9	14.6	9.5	9.6	13.5	10.6	14.7	11.0	18.6	11.1	12.5	16.6	7.9	10.8	12.1	14.8	11.7	7.8
		B							GL							S		
N of Cases	3,355	1,522	1,833	721	1,095	803	708	1,196	584	740	374	175	278	720	2,635	787	896	1,656

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Table 16 provides demographic details for adhering to the wishes of a family member. While both men and women were *very likely* to follow through on a family member's request to have his or her organs donated, significantly more women reported being *very likely* (91.5 percent) to honor the wishes of a family member than were men (85.7 percent). Likelihood of honoring the wishes of a family member was significantly higher among the two higher education groups (some college, 93.2 percent; college graduate, 94.4) than the high school or less education group (81.8 percent). There were no significant differences among the age groups regarding honoring the wishes of a family member.

There were significant differences among races related to donating the organs of a family member to honor the family member's wishes. Whites (89.6 percent) and African-Americans (89.8 percent) were significantly more likely than Native Americans (79.9 percent) to donate a family member's organs if that family member had requested they do so. [Table 16]

Table 16. Honoring a Family Member's Request for Donation
(Percentages)

Q11. If a family member <u>HAD REQUESTED</u> that his or her organs be donated upon death, how likely would you be to donate his or her organs if it were up to you? Would you be very likely, somewhat likely, not very likely, or not at all likely?																		
	Gender			Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Very likely	88.7	85.7	91.5 A	87.5	90.6	87.8	87.6	89.6 IL	89.8 IL	79.9	90.1 IL	76.8	75.1	76.7	90.7 O	81.8	93.2 Q	94.4 Q
Somewhat likely	8.0	9.8	6.3	9.0	6.1	7.9	10.4	8.0	7.8	5.5	6.8	0.8	16.2 GHIJ	12.4 P	7.2	11.9 RS	5.6	4.5
Not very likely	2.0	2.8	1.2	3.1	1.1	2.9	0.5	1.6	1.5	7.3 GHJ	1.4	12.1	2.8	4.9 P	1.5	3.8 RS	0.6	0.6
Not at all likely	1.2	1.4	0.9	0.3	1.8	1.4	1.3	0.8	0.8	5.3 GH	1.6	10.3	2.8 G	4.7 P	0.6	2.1	0.5	0.5
N of Cases	3,355	1,522	1,833	721	1,095	803	708	1196	584	740	374	175	278	720	2,635	787	896	1,656

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.9 Living Donation

Increasingly, living donation is being used as a way to save more lives through transplantation, especially because of the ever-escalating imbalance between the need for transplants and the availability of deceased donors. Paired donation and domino transplants (that allow groups of non-matching donor/recipient pairs to exchange organs within a group so that all recipients receive a matching organ) are recent developments that also have stimulated an increase in the number of living donors over the past decade.

Question 14E below was asked of all 2012 respondents. Eighteen respondents (0.4 percent) reported having been a living donor. While it is not possible to provide representative demographic data on a group this small, it is interesting to note that of those who were living donors, eight were men and 10 were women. Additionally, living donors spanned all age groups and education levels.

Q14E. Some organs, such as kidneys or parts of lungs or livers, can be donated while you are alive. Have you ever donated an organ or part of an organ?

The remaining 99.6 percent of the respondents were asked about their willingness to be a living donor.

Q15A-D. Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to (A close friend/A family member/An acquaintance/Someone you don't know)?

As might be expected, willingness to donate was dependent on the respondent's relationship to the potential recipient. When considering the categories of *very likely* and *somewhat likely*, respondents were most willing to be a living donor for a family member (93.5 percent), followed by a close friend (85.4 percent), an acquaintance (67.6 percent), and a stranger (54.7 percent). [Table 17]

In the 2012 study, women (76.3 percent) more than men (70.0 percent) reported being *very likely* to be a living donor for a family member. There were no significant differences among ethnicities on this measure. However, there was a substantial and significant difference between the Asian population in 2012 (72.8 percent) and the Asian population in 2005 (52.1 percent) in the number who were *very likely* to donate to a family member. [Table 17]

Table 17. Living Donation by Gender, Age, Race/Ethnicity, and Education
(Percentages)

Q15A. Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to a close friend?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Very likely	45.0	43.2	46.7	48.5 F	47.7 F	44.2 F	33.8	45.7	39.4	52.5 HL	41.6	57.7	39.3	44.1	45.1	42.7	51.1 S	42.4
Somewhat likely	40.4	42.9	38.1	39.8	40.3	42.0	39.5	39.9 I	46.9 I	29.6	41.2	34.6	36.1	34.2	41.4	39.0	37.6	44.8
Not very likely	8.8	9.2	8.4	7.9	6.3	9.4	15.1 CD	8.9	5.7	13.5 H	10.0	4.1	17.7 GH	14.8 P	7.8	11.6 R	5.6	8.0
Not at all likely	5.3	4.0	6.5	3.8	5.2	3.4	10.4 CDE	4.9	7.6	3.9	7.0	3.6	6.6	6.0	5.2	6.3	5.0	4.1
N of Cases	3,351	1,521	1,830	721	1,091	806	707	1,199	584	735	373	176	276	713	2,638	784	900	1,652
Q15B. Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to a family member?																		
Very likely	73.3	70.0	76.3 A	73.8	78.1 EF	68.3	67.2	74.7	66.4	71.3	72.8	63.4	71.3	72.1	73.5	69.5	77.5 Q	74.3
Somewhat likely	20.2	23.2 B	17.4	21.2	16.5	22.4	24.0	19.2	24.8	16.9	22.2	25.5	22.7	18.8	20.4	21.1	16.7	22.3
Not very likely	3.5	4.0	3.0	3.3	2.2	7.2 DF	2.4	3.4	2.5	9.4 GHJ	1.4	10.0	4.0	6.7 P	2.9	4.8 S	3.3	1.8
Not at all likely	2.7	2.6	2.8	1.6	3.0	1.6	5.6 CE	2.3	6.1 G	2.3	2.7	1.0	1.8	1.8	2.9	4.1 S	2.1	1.3
N of Cases	3,351	1,521	1,830	721	1,091	806	707	1,199	584	735	373	176	276	713	2,638	784	900	1,652

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Table 17. Living Donation by Gender, Age, Race/Ethnicity, and Education (continued)
(Percentages)

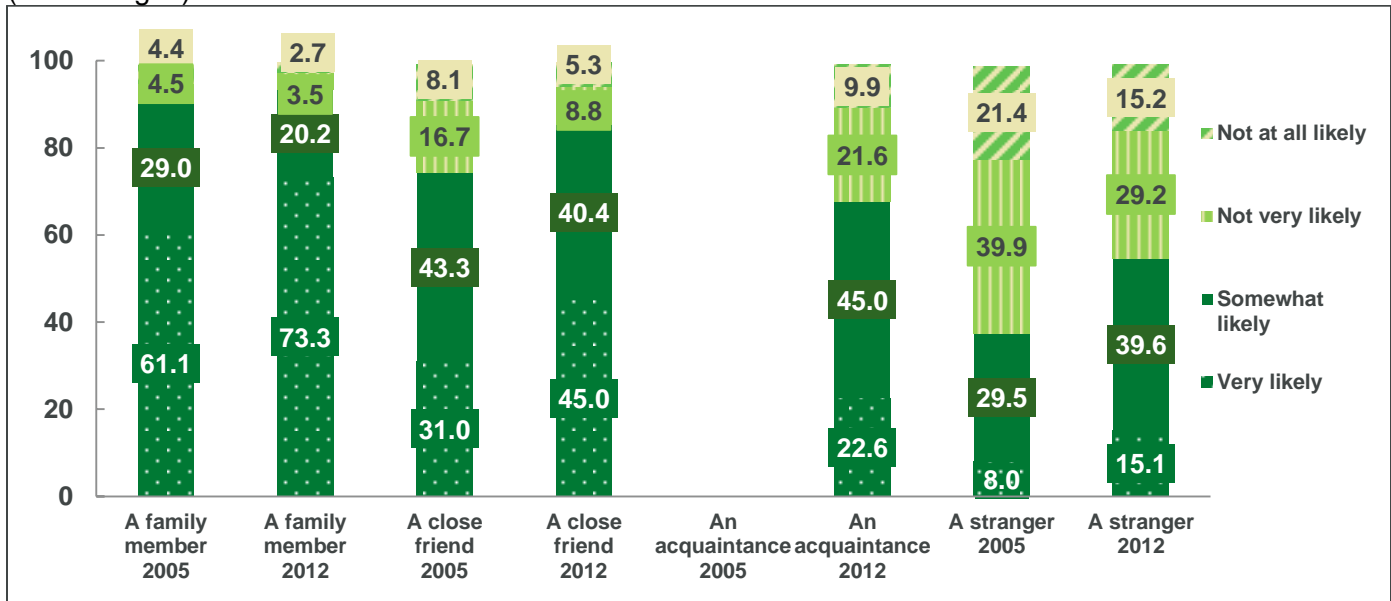
Q15C. Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to an acquaintance?																		
		Gender		Age				Race						Ethnicity		Education		
Sig Code*	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Very likely	22.6	21.6	23.7	26.0	22.0	21.6	18.9	23.1	15.5	26.7 H	19.6	40.2 **	26.4 H	26.6	22	24.0 S	26.7 S	16.7
Somewhat likely	45.0	44.6	45.5	41.1	49.1	47.3	42.0	45.4 L	49.8 JL	42.3	36.8	42.1	33.8	34.7	46.8 O	43.1	46.9	46.0
Not very likely	21.6	24.0	19.3	24.4	19.4	21.3	20.0	21.1	20.5	22.6	32.5 GH	12.4	28.7 G	26.5	20.7	20.7	18.2	26.2 R
Not at all likely	9.9	8.8	10.9	8.4	8.2	8.9	17.5 CDE	9.5	13.4	7.5	10.7	5.2	10.3	10.3	9.8	11.5	7.8	9.6
N of Cases	3,351	1,521	1,830	721	1,091	806	707	1,199	584	735	373	176	276	713	2,638	784	900	1,652
Q15D. Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to someone you don't know?																		
Very likely	15.1	14.5	15.7	16.0	14.7	16.1	13.0	14.4	15.8	14.4	17.3	28.6	19.2	18.8	14.5	18.3 S	16.1 S	9.5
Somewhat likely	39.6	36.1	42.9 A	43.8	39.7	36.8	35.8	39.9 J	42.7 J	39.5	28.6	42.8	34.8	34.4	40.5	39.2	42.3	37.5
Not very likely	29.2	30.6	27.9	26.4	30.7	30.0	28.9	29.5	27.2	35.2	34.5	17.0	27.6	28.9	29.2	26.7	29.1	33.1
Not at all likely	15.2	17.8 B	12.8	13.6	13.5	16.3	20.9 D	15.3	14.2	10.2	19.6 I	11.5	16.2	17.4	14.9	15.4	11.5	18.6 R
N of Cases	3,351	1,521	1,830	721	1,091	806	707	1,199	584	735	373	176	276	713	2,638	784	900	1,652

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Since 2005, a significantly greater percentage of adults reported being *very likely* to be a living donor for a family member, from 61.1 percent (2005) to 73.3 percent (2012). The trend was similar for a close friend, with the percentage of those who reported being *very likely* increasing significantly from 31.0 percent (2005) to 45.0 percent (2012). For the 2012 study, HRSA added a new item that examined the likelihood of donating to an acquaintance. [Figure 10]

Likelihood of donating to a stranger increased significantly since the 2005 survey. In 2012, 54.7 percent said they were *very likely* or *somewhat likely* to donate to a stranger compared with 37.5 percent in 2005.

Figure 10. Likelihood of Living Donation to a Family Member, Close Friend, Acquaintance, or Stranger, 2012 (Percentages)



3.10 Beliefs About Organ Donation and Related Issues

This section covers topics of presumed consent, financial incentives for donation, factors likely to influence donation, and sources of information for learning about donation.

3.10.1 Attitudes Toward Presumed Consent

Some countries have enacted presumed consent laws that assume a person wishes to donate unless he or she opts out by expressing a wish not to donate. It was of interest to determine whether there was widespread support for this concept in the U.S.

Q17. Some countries assume that people wish to donate their organs at death. This is called presumed consent. Their organs may be used for transplanting unless they have signed a document indicating that they don't wish to donate their organs. Would you strongly support, support, oppose, or strongly oppose using this presumed consent approach in the United States?

Q17A. Is there a particular reason why you oppose presumed consent?

Q17B. Do you think a system of presumed consent would increase or decrease the number of available organs for transplants?

Q17C. If a system of presumed consent were adopted in the United States, would you opt out to ensure you are not a donor?

The perceived utility of presumed consent was high in both survey years. Most U.S. adults in 2005 (80.4 percent) and in 2012 (80.0 percent) expressed the belief that that this policy would increase the number of available organs for transplants. Overall support for instituting a system of presumed consent in the U.S. increased from 41.9 percent in 2005 to 51.1 percent in 2012. Most of the gain was in the percentage indicating strong support. Specifically, 21.0 percent in 2012 reported strong support versus 14.7 percent in 2005. Somewhat fewer respondents in 2012 indicated they would opt out of a presumed consent system, with 29.7 percent in 2005 and 23.4 percent in 2012 saying they would opt out. In brief, despite some gains in support for a presumed consent system in the U.S. and reluctance to opt out, a significant discrepancy continues to exist. It is between the perceived utility of presumed consent and support for instituting such a system in the U.S.

Figure 11. Q17: Support of Presumed Consent, 2005–2012

(Percentages)



Those respondents indicating they were opposed to presumed consent were asked an open-ended question regarding their reason for their opposition. Results appear in Table 18. The most common response was that it should be the individual's decision or freedom of choice (29.9 percent).

Table 18. Reason for Opposing Presumed Consent

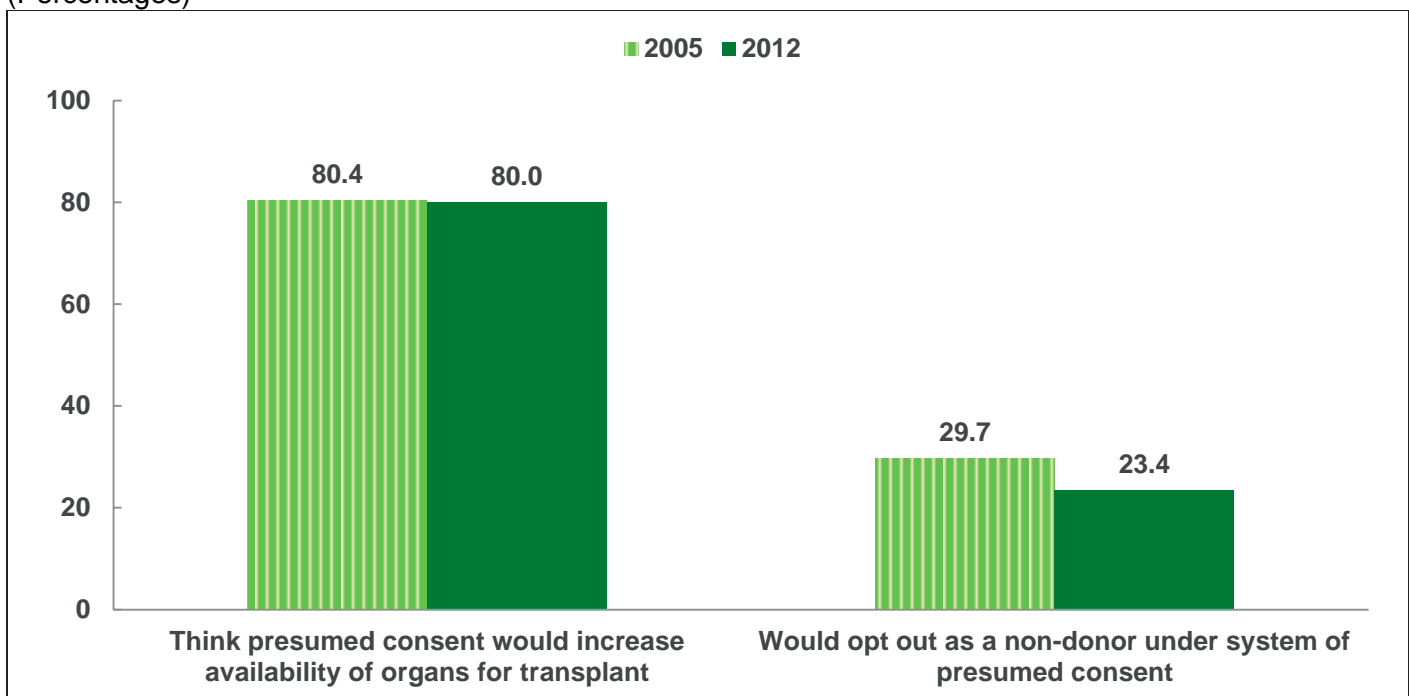
Q17A. Is there a particular reason why you oppose presumed consent?		
	Percentage per Response	Weighted N
It should be the individual's decision or freedom of choice	29.9	469
No or no reason in particular	17.7	278
Violation of your rights	14.2	223
Believe that presumed consent is unethical	12.1	190
Distrust in the government	6.4	100
Religious preferences or beliefs	5.6	87

NOTE: Responses with less than 5 percent reporting were omitted from this table.

Although attitudes toward presumed consent were similar between 2005 and 2012 in that the U.S. population believed presumed consent will increase organs for transplant, there were fewer people in 2012 who said they would sign up as non-donors, opting out of a presumed consent system if it was adopted.

Figure 12. Q17B and Q17C: Attitudes Toward Presumed Consent, 2005–2012

(Percentages)



This issue of presumed consent yields few differences among men and women. In 2012, men and women were equally likely to *support* or *strongly support* using presumed consent in the U.S. However, in 2012, women were significantly more likely to report they would not sign up as a non-donor than they were in 2005 (63.5 percent vs. 74.5 in 2012). [Table 19]

Strong support for a presumed consent system doubled for the 66 and older population in 2012 (19.1 percent) compared with the same age group in 2005 (8.1 percent). The youngest age group, 18- to 34-year-olds, were more likely (87.3 percent) than all other age groups to believe that presumed consent will increase the number of available organs for donation. The youngest age group was also least likely to opt out of a presumed consent system (14.5 percent). [Table 19]

Although there were no differences among educational groups in 2012 on support for presumed consent, the some college (23.6 percent) and college graduate (22.9 percent) groups were both more likely to *strongly support* the system compared with all three educational categories in 2005. Regarding the potential to opt out of such a system in 2012, the high school or less education group was more likely to opt out (27.8 percent) than the college graduate group (18.9 percent). [Table 19]

Table 19. Presumed Consent by Gender, Age, Race/Ethnicity, and Education
(Percentages)

Q17. Some countries assume that people wish to donate their organs at death. This is called presumed consent. Their organs may be used for transplanting unless they have signed a document indicating that they don't wish to donate their organs. Would you strongly support, support, oppose, or strongly oppose using this presumed consent approach in the United States?																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
Strongly support	21.0	20.7	21.3	22.0	20.8	21.9	19.1	21.3	20.4	17.6	16.9	26.9	17.7	18.8	21.4	18.1	23.6	22.9
Support	30.1	28.1	31.9	38.5 DEF	29.7 F	27.7 F	18.2	30.4	23.9	26.4	33.8	33.4	39.4 GHI	44.4 P	27.7	33.6	28.3	26.8
Oppose	20.1	21.5	18.8	20.4	17.1	21.3	25.0 D	19.8	21.5	21.5	24.4	16.9	20.3	15.1	20.9	20.5	17.8	21.7
Strongly oppose	26.5	27.9	25.2	18.2	30.0 C	26.0	34.0 C	26.1 L	32.9 L	30.9 L	23.0	22.5	17.9	18.5	27.9 O	25.2	28.0	26.7
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
Q17B. Do you think a system of presumed consent would increase or decrease the number of available organs for transplants?																		
Increase	80.0	80.0	80.0	87.3 DEF	79.3 F	78.3	69.9	81.1 H	71.5	86.0 HL	84.8 HL	76.7	75.4	73.5	81.1 O	75.9	78.7	87.6 QR
Decrease	11.6	12.1	11.1	9.9	12.3	10.6	13.6	10.2	19.5 GIJ	4.9	7.9	20.5	18.6 GIJ	20.2 P	10.1	15.4 S	10.7	6.6
(Stay the same/neither)	1.9	1.9	1.8	0.6	2.0	1.9	4.1 C	1.6	3.5	3.2	2.8	*	1.8	0.9	2.0	1.8	2.7	1.2
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
Q17C. If a system of presumed consent were adopted in the United States, would you opt out to ensure you are not a donor?																		
Yes	23.4	25.8	21.2	14.5	24.5 C	27.2 C	32.0 C	21.5	33.0 G	29.8	25.5	26.1	28.1	25.9	23.0	27.8 S	21.2	18.9
No	71.9	69.0	74.5	81.7 DEF	71.9 F	67.9	59.2	74.3 HIL	58.9	61.9	69.1	73.6	64.6	67.5	72.6	67.6	73.8	76.8 Q
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

*The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.10.2 Attitudes Toward Financial Incentives

It has been suggested that, given our market economy, one way to increase organ donation is to provide financial incentives, such as assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice.

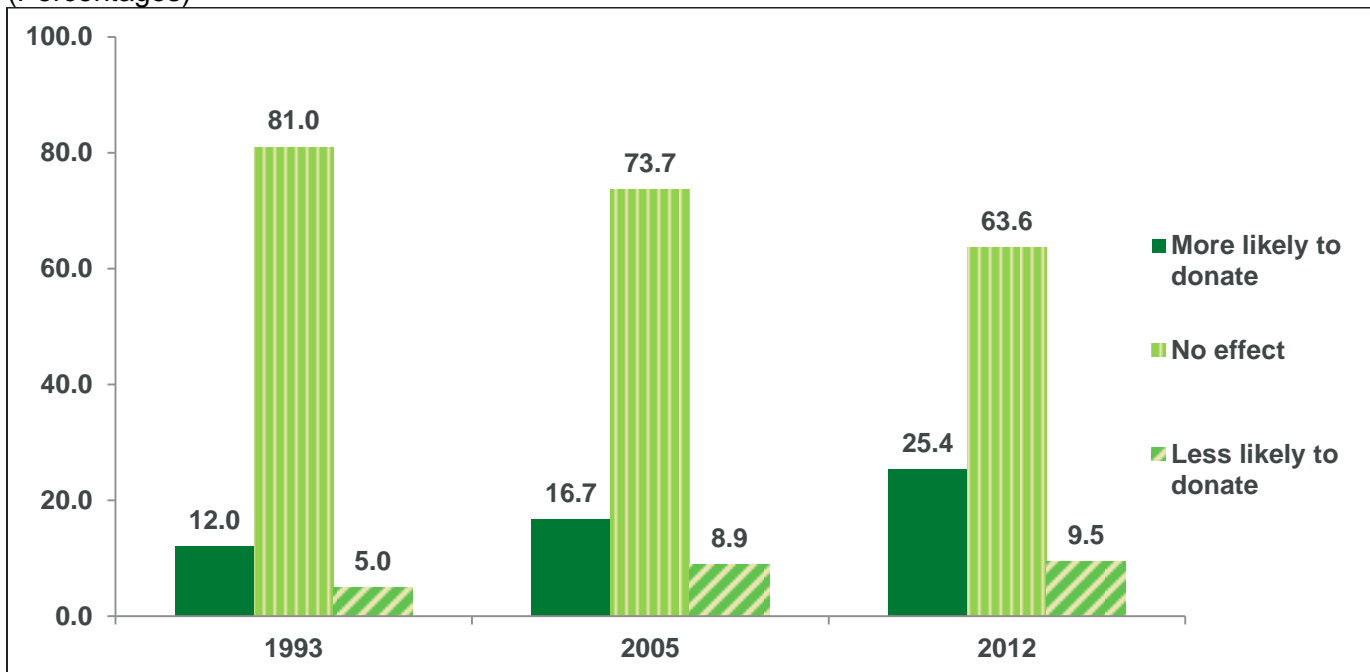
Q18A. It has been suggested that more organs would be donated if families who donate the organs of a deceased loved one received assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice. Would payments like these make you more likely or less likely to donate *your own organs*, or would it have no effect?

Q18B. It has been suggested that more organs would be donated if families who donate the organs of a deceased loved one received assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice. Would payments like these make you more likely or less likely to donate *a family member's organs* at their time of death, or would it have no effect?

In 2012, one-quarter (25.4 percent) of the population reported that a financial incentive would make them more likely to donate their organs. The percentage of the population open to financial incentives has continued to increase since 1993 and the 2012 percentage increased significantly from the 16.7 percent who held this belief in 2005. Although more respondents were supportive of financial incentives, a majority of the population (63.6 percent) continued to report that a financial incentive would have no effect on their decision to donate their organs. [Figure 13]

Figure 13. Financial Incentives and Own Organ Donation, 1993–2012

(Percentages)



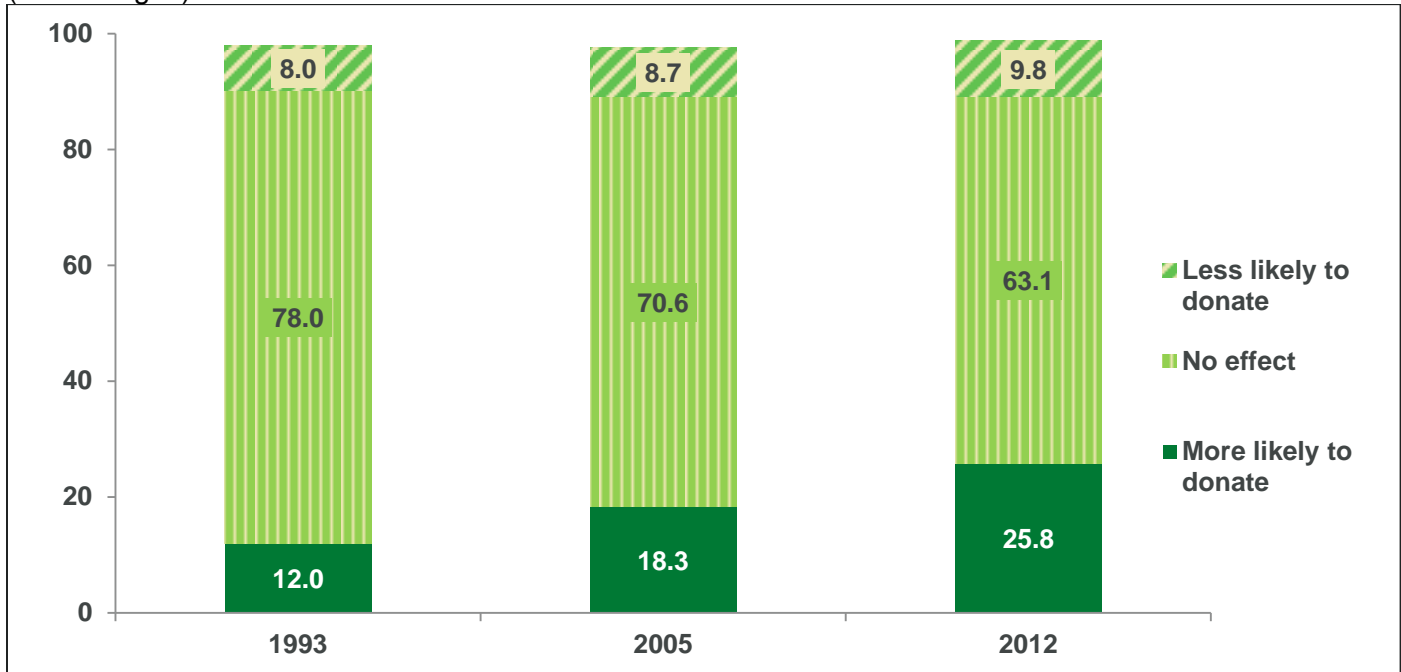
Some interesting trends emerged when looking at the data by several demographic variables. Considering gender, women (23.3 percent) were about as likely as men (27.7 percent) to report that a financial incentive would make them more likely to donate their organs. This was in contrast to the 2005 data where men (21.4 percent) were significantly more likely than women (13.2 percent) to hold this view. *[Table 22]*

Just as in 2005, age, education, and race were prominent indicators of one's likelihood to donate their organs if offered a financial incentive. In 2012, those aged 18 to 34 (41.3 percent) were two times more likely than all other age groups to say they were more willing to donate their organs if incentivized. With respect to education, those with a high school or less education (28.5 percent) and those with some college (28.1 percent) were significantly more likely than those with a college degree (18.3 percent) to indicate they were more willing to donate if offered a financial incentive. It is interesting to note that the percentages for those with some college and those with a college degree who indicated they were more likely to donate their organs with a financial incentive have increased significantly from 2005 (from 10.3 percent and 17.4 percent, respectively). Hispanics (39.2 percent) and Native Americans (36.2 percent) were similar to African-Americans (28.9 percent) but significantly more likely than Asians (24.5 percent) and Whites (23.5 percent) to say financial incentives would make them more likely to donate. *[Table 22]*

Likelihood to donate a family member's organs if offered a financial incentive has increased since 1993 and mirrors the data of willingness to donate one's own organs. In 2012, 25.8 percent of respondents indicated that a financial incentive would make them more likely to donate a family member's organs—a significant increase from the 18.3 percent of respondents who said the same in 2005. *[Figure 14]*

Figure 14. Financial Incentives and Family Member Organ Donation, 1993–2012

(Percentages)



The population who indicated that a financial incentive would make them more likely to donate was then asked an open-ended question to explore the reason that a payment would influence their decision. The most common reason provided was that a payment would help the family with burial or funeral expenses or medical costs. Table 20 details other open-ended responses.

Table 20. Reason for Payment Encouraging Decision to Donate Organs

Q19. Is there a particular reason why a payment would make you more likely to donate your organs or a family member's organs? If yes, what reason?		
	Percentage per Response	Weighted N
If it could help the family with burial or funeral expenses or medical costs	57.8	619
No/No reason in particular	22.6	242
Money talks/Could persuade people to sell for financial gain	5.0	53

NOTE: Responses with less than 5 percent reporting were omitted from this table.

Those who indicated that a financial incentive would make them less likely to donate were then asked an open-ended question to explore the reason that a payment would negatively influence their decision to donate. The most common reason provided was that it should remain a donation or a gift of life and it should not be a bargaining tool (34.2 percent). Table 21 details other open-ended responses.

Table 21. Reason for Payment Discouraging Decision to Donate Organs

Q20. Is there a particular reason a payment would make you less likely to donate your organs or a family member's organs? If yes, what reason?	Percentage per Response	Weighted N
Should remain a donation or a gift of life/ it should not be a profitable bargaining tool	34.2	150
No/No reason in particular	31.1	137
Abuse it would cause	12.9	57
Against my beliefs or religion	9.0	39

NOTE: Responses with less than 5 percent reporting were omitted from this table.

Similar to 2005, in 2012, those with a high school or less education (28.0 percent) were significantly more apt than those with a college degree (21.5 percent) to report being more likely to donate a family member's organs if offered a financial incentive. In comparing the data over time, those with a college degree in 2012 were significantly more likely to be open to donation of a family member's organs if offered an incentive (21.5 percent) compared with 2005 (13.2 percent). Those aged 18 to 34 (36.5 percent) were significantly more likely than all age groups and almost double that of those aged 66 and older (18.8 percent) to be influenced by a financial incentive. With regard to ethnic groups, Hispanics (39.4 percent) and Native Americans (40.3 percent) were significantly more apt than Asians (23.2 percent) and Whites (23.3 percent) to be likely to donate a family member's organs if offered a financial incentive. In 2012, Whites (23.3 percent) were significantly more likely than Whites in 2005 (14.9 percent) to be open to donating a family member's organs if offered a financial incentive. [Table 22]

Table 22. Demographics for the Effect of Financial Incentives on Organ Donation
(Percentages)

Q18A. It has been suggested that more organs would be donated if families who donate the organs of a deceased loved one received assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice. Would payments like these make you more likely or less likely to donate your own organs, or would it have no effect?																		
	All	Gender		Age				Race						Ethnicity		Education		
		Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
More likely to donate	25.4	27.7	23.3	41.3 DEF	19.6	18.4	15.5	23.5	28.9	36.2 GJ	24.5	32.4	52.0 GHIJ	39.2 P	23.1	28.5 S	28.1 S	18.3
Would have no effect	63.6	61.6	65.5	52.8	69.3 C	66.9 C	69.2 C	65.6 IL	61.4 L	55.6 L	62.4 L	50.0	38.7	50.1	65.9 O	59.1	60.7	73.6 QR
Less likely to donate	9.5	9.8	9.2	5.4	9.0	12.6 C	14.3 C	9.5	8.3	7.0	11.9	17.4	6.5	9.2	9.6	11.0	8.5	7.8
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660
Q18B. It has been suggested that more organs would be donated if families who donate the organs of a deceased loved one received assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice. Would payments like these make you more likely or less likely to donate a family member's organs at their time of death, or would it have no effect?																		
More likely to donate	25.8	28.1	23.6	36.5 DEF	21.1	23.2	18.8	23.3	29.4	40.3 GJ	23.2	44.6	55.0 GHIJ	39.4 P	23.5	28.0 S	26.6	21.5
Would have no effect	63.1	61.3	64.7	55.6	67.5 C	63.1 C	67.3 C	65.9 IL	59.4 L	48.9 L	63.5 IL	35.1	34.7	46.1	65.9 O	59.2	62.3	69.9 QR
Less likely to donate	9.8	9.3	10.3	6.5	10.7	11.7	11.8	9.5	10.5	8.4	11.8 L	20.0	5.0	9.7	9.8	10.9	9.6	8.3
N of Cases	3,369	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.10.3 Sources of Information About Organ Donation

People are exposed to a multitude of information sources. It is important to understand where people get their information about organ donation and which sources of information they trust.

2012

Q1. In the past year, have you heard, read, or seen any information at all about organ donation or transplantation?

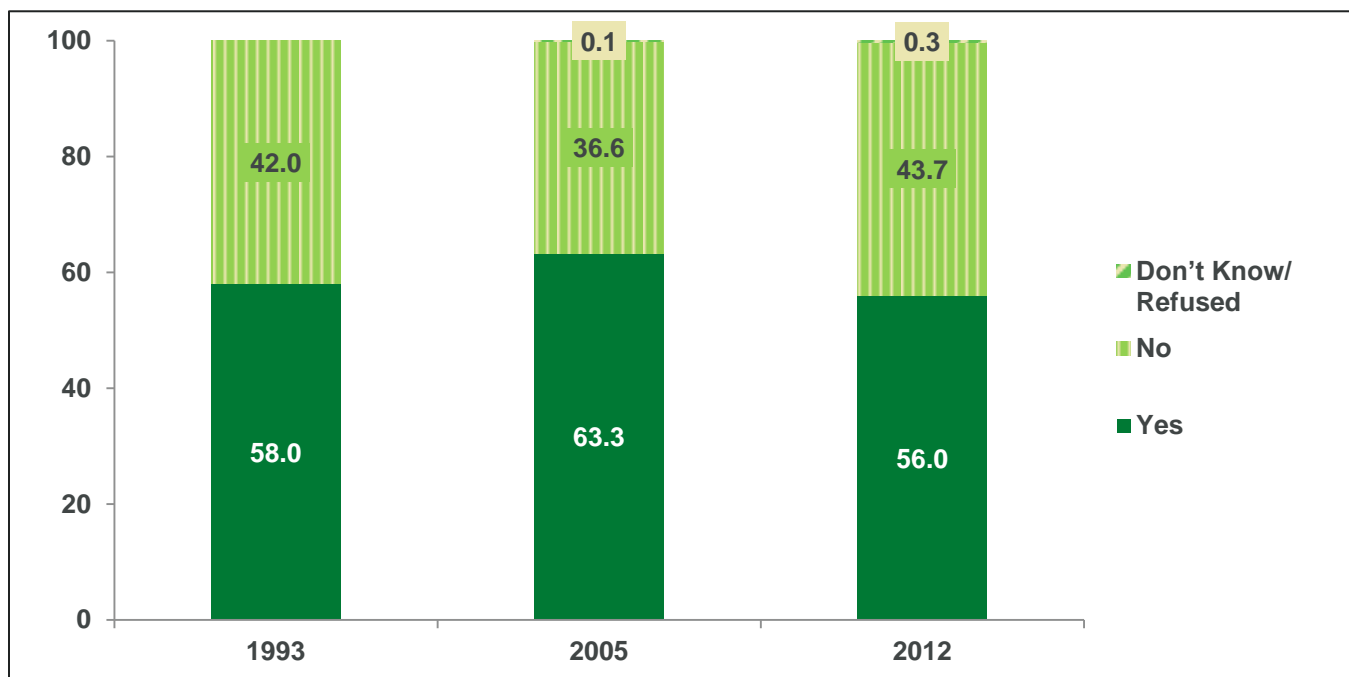
2005

Q1. In the past year, have you heard, read, or seen any information at all about organ and tissue donation or transplantation?

In 2012, 56.0 percent of the U.S. population said they have been exposed to information about organ donation in the past year.

Figure 15. Exposure to information About Organ Donation in the Past Year, 1993–2012

(Percentages)



2012

Q2. In the past year, please tell me whether each of the following has been an important source of information for you about organ donation and transplantation.

2005

Q2. In the past year, which of the following has been an important source of information for you about organ and tissue donation and transplantation?

Table 23 lists the responses to the question concerning sources of information about organ donation and was asked only of those who indicated they had heard of organ donation. The sources are listed in the table according to the proportion of the population that identified the source as “important” in 2012. Based on this criterion, the top five sources of information about organ donation in 2012 were:

- News coverage (TV, radio, newspaper, Internet)
- A discussion with a family member
- A discussion with a friend
- An advertisement on TV
- A motor vehicles office

The top five sources in 2012 were the same as those in 2005; however, the ordering changed slightly with discussions with a family member moving up. It is interesting to note that in 2012, more respondents indicated information provided by a medical professional, clinic, or doctor's office (35.1 percent) was an important source compared with 2005 (28.4 percent). Further, significantly fewer respondents reported an advertisement on TV (47.1 percent) or radio (25.9 percent) in 2012 as an important source compared with 2005 (57.9 and 34.0 percent, respectively).

2012

Q3. Which sources of information would be most likely to influence how you think or act about organ donation and transplantation?

2005

Which sources of information would be most likely to influence how you think or act about organ and tissue donation and transplantation?

Table 24 lists the sources of information respondents felt were most likely to influence them. Respondents were allowed to offer three responses. The table summarizes all responses and based on this, the top five sources were:

- News coverage (TV, radio, newspaper, Internet)
- Don't know
- Doctor's office
- An advertisement on TV
- A motor vehicles office

When comparing 2012 and 2005, news coverage and a doctor's office were the only sources to remain in the top five influential sources according to respondents.

There was overlap in the list of important and influential sources of information. However, there were some differences. In 2012, respondents indicated a doctor's office as the third most influential source of information [Table 24]; however, respondents ranked it eighth on the list of important sources of information. [Table 23] Similarly, respondents indicated a family member as the second most important source, but ranked it 10th on the list of most influential sources. [Table 24]

Table 23. Q2: Important Sources of Information About Organ Donation, 2005–2012

Source	Percentage	
	2005	2012
News coverage (TV, radio, newspaper, Internet)	74.6	69.9
A discussion with a family member	51.9	52.6
A discussion with a friend	49.3	49.4
An advertisement on TV	57.9	47.1
A motor vehicles office	49.5	45.1
A movie and/or a TV show	42.9	40.4
A billboard or a poster in a public place	38.0	35.2
Information provided by a medical professional, clinic, or doctor's office	28.4	35.1
Health-related or other websites	–	34.9
Radio advertisement	34.0	25.9
Personal experience or involvement with organ, eye, and tissue donation	25.2	25.2
Your work or school	27.6	24.2
An organ and tissue donation organization	26.4	22.7
Social media such as Facebook, YouTube, or Twitter	–	21.6
A community activity, such as a health fair	17.9	20.4
A senior center or other older adult setting	–	9.4
Information provided by a member of the clergy of your religious organization	9.1	5.9
Information provided by an attorney	2.0	2.3

Table 24. Q3: Most Influential Sources of Information on Organ Donation, 2005–2012

Source	Percentage	
	2005	2012
News coverage (TV, radio, newspaper, or Internet)	32.2 ⁸	30.9
Don't know	–	22.0
Doctor's office	15.7 ⁹	9.1
An advertisement on TV	7.2 ¹⁰	8.0
A motor vehicles office	6.0	6.2
Movie or TV show	8.5	6.0
Social media (such as Facebook, YouTube, or Twitter)	–	6.0
Publications/books/magazines/research information	9.8	5.9
Refused	–	5.8
Family member	12.8	5.5
Health-related websites	4.6 ¹¹	3.8
None	1.8	3.0
Personal experience or involvement with organ and tissue donation	5.5	2.6
Friend	7.8	2.5
Other (list)	–	2.4
Direct mail	–	1.8
An advertisement on the radio	2.4 ¹²	1.7
Billboard or poster	0.8 ¹³	1.2
Work or school	1.6	1.1
Organ donation organization	1.4 ¹⁴	0.8
Word of mouth (non-specific)		0.6
Clergy or religious organization	4.7	0.5
Community activity	0.1	0.4
Senior center or other older adult setting	–	0.2
Attorney	0.2	0.1
All of them/Any of them	–	0.1
An actor or an athlete	–	–

⁸ In 2005, the response option was a combination of two items; (1) general news media coverage and (2) local news (TV, radio, newspaper)

⁹ In 2005, the response option was: information provided by a medical professional

¹⁰ In 2005, the response option was: A public service advertisement on TV

¹¹ In 2005, the response option was: The Internet or a website

¹² In 2005, the response option was: A public service advertisement on the radio

¹³ In 2005, the response option was: A billboard or poster in a clinic or public place

¹⁴ In 2005, the response option was: An organ and tissue donation organization

3.10.4 Beliefs About Organ Donation

Between 2005 and 2012, there were several significant changes in the U.S. population's beliefs about organ donation. Several questions about beliefs were asked in both years, allowing the examination of significant changes between surveys. Table 25 compares 2005 and 2012 data (when both are available) and highlights the significant differences.

While the combined proportion of respondents who somewhat or strongly agreed that people who receive transplants gain additional years of healthy life was similar in 2005 (92.8 percent) and 2012 (93.0 percent), the proportion strongly agreeing with this statement declined significantly between 2005 (66.2 percent) and 2012 (59.2 percent). A similar situation exists with respect to the percentage of people who believe a regular funeral service is possible after organ donation. While the combined proportion of respondents who somewhat or strongly disagreed that it is impossible to have a regular funeral service after donation was similar in 2005 (87.6 percent) and 2012 (82.5 percent), the percentage strongly agreeing it is impossible grew in 2012 by 3.8 percentage points over 2005, a significant difference.

In 2012, fewer respondents strongly rejected the belief that transplants often go to undeserving people. In 2005, nearly half of the population (49.2 percent) strongly disagreed that transplants often go to the undeserving. However, the percentage strongly disagreeing fell nearly 7 percentage points to 42.5 percent in 2012.

Between 2005 and 2012, the percentage of respondents who strongly disagreed that donating a family member's organs results in larger medical bills fell. In 2012, one-third (32.7 percent) of the population strongly disagreed that people who choose to donate their family member's organs end up paying extra medical costs, down significantly from the 39.6 percent who strongly disagreed in 2005. In 2012, fewer respondents also strongly disagreed that it was possible for a brain-dead patient to recover. In 2005, 45.3 percent of the population strongly disagreed it was possible to recover once "brain dead." However, in 2012, just 34.3 percent expressed strong disagreement.

In 2012, respondents were more likely to strongly agree that organ donation helps families cope with grief (41.9 percent) compared with 32.0 percent who strongly agreed in 2005. In 2012, 81.1 percent strongly agreed that people their age could donate organs and 80.7 percent strongly agreed people their age could receive an organ transplant. These are large increases from 2005, when 5.3 percent strongly agreed they could donate their organs and 4.6 percent strongly believed they could have an organ transplant. Fewer expressed concern about disfigurement associated with organ donation in 2012. In 2012, 5.0 percent strongly agreed that they worried that donation would disfigure a loved one's body, down from the 7.6 percent who strongly agreed in 2005.

Table 25: Beliefs About Organ Donation
(Percentages)

Beliefs About Organ Donation 2012	↑↓Change Strongly Agree ↑↓Change Strongly Disagree	Year	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	(Don't Know)	(Refused)
Q12A. It is important for a person's body to have all of its parts when it is buried.		2005	55.9	23.3	9.5	9.6	0.9	0.8
		2012	52.3	26.3	11.7	8.0	1.2	0.5
Q12B. It is important for people to tell their families whether or not they would want their organs donated upon death.		2005	1.7	1.2	14.9	81.7	0.4	0.1
		2012	1.5	1.9	18.6	77.7	0.1	0.2
Q12C. Most members of my family support the idea of organ donation.		2005	6.1	10.1	32.5	38.8	11.0	0.4
		2012	4.4	8.9	30.7	43.0	11.8	1.0
Q12D. Most people who receive transplants gain additional years of healthy life.	↓	2005	1.2	3.0	26.6	66.2*	2.7	0.4
		2012	1.2	2.8	33.8*	59.2	2.6	0.3
Q12E. Organ donation allows something positive to come out of a person's death.		2005	2.1	1.9	17.7	77.6	0.3	0.2
		2012	1.8	2.6	16.2	78.9	0.3	0.2
Q12F. A deceased person's next of kin should be able to override the deceased person's wish to donate his or her organs.		2005	60.0	18.0	12.5	8.1	1.2	0.1
		2012	56.2	20.7	13.1	8.8	0.8	0.4
Q16A. Discrimination prevents minority patients from receiving the organ transplants they need.		2005	37.3	26.3	19.4	9.3	7.2	0.4
		2012	34.4	25.4	20.7	9.6	9.1	0.6
Q16B. You are worried that a loved one's body would be disfigured if his or her organs were donated.	↓	2005	60.3	21.7	8.8	7.6*	1.3	0.2
		2012	59.6	22.3	10.6	5.0	1.6	1.0
Q16C. It is possible for a brain dead person to recover from his or her injuries.	↓	2005	45.3*	17.2	19.5	11.1	6.5	0.4
		2012	34.3	19.1	27.4*	13.2	5.1	0.9
Q16D. People who choose to donate a family member's organs end up paying extra medical bills.	↓	2005	39.6*	27.0	10.2	5.1	17.3	0.7
		2012	32.7	26.3	15.5*	6.5	18.3	0.6
Q16E. Organ donation helps families cope with their grief.	↑	2005	5.6	10.3	46.7*	32.0	4.5	0.7
		2012	4.4	8.1	40.7	41.9*	3.5	1.1
Q16F. Every year, thousands of people die due to lack of donated organs for transplantation.		2005	2.9	4.2	26.0	63.6	3.1	0.1
		2012	3.0	3.7	28.4	58.7	5.3	0.9
Q16G. If you indicate you intend to be a donor, doctors will be less likely to try to save your life.		2005	59.3	22.5	8.4	7.1	2.5	0.3
		2012	55.3	22.1	10.9	8.7	2.6	0.4

Beliefs About Organ Donation 2012	↑↓Change Strongly Agree ↑↓Change Strongly Disagree	Year	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	(Don't Know)	(Refused)
Q16H. A person's wish to donate his or her organs should be honored under all circumstances, even over the objections of surviving family members.		2005	2.6	6.5	22.6	67.7	0.2	0.4
		2012	2.8	6.2	19.1	71.1	0.5	0.3
Q16I. Transplants often go to undeserving people.	↓	2005	49.2*	25.0	14.3	5.4	4.8	1.2
		2012	42.5	28.1	17.2	6.2	5.4	0.6
Q22A. Given equal need, a poor person has a good chance as a rich person of getting an organ transplant.		2005	23.3	28.1*	20.0	26.4	1.9	0.3
		2012	24.6	22.1	24.0	26.7	2.2	0.3
Q22B. Doctors do everything they can to save a person's life before organ donation is even considered.		2005	3.1	3.9	20.7	69.9	2.3	0.1
		2012	3.1	4.1	21.1	69.4	1.5	0.7
Q22C. Organ transplantation is an experimental medical procedure.		2005	57.0	18.3	14.1	7.9	2.4	0.3
		2012	54.6	19.5	15.9	8.0	1.8	0.2
Q22D. Organ and tissue donation is against my religion.		2005	79.1	10.0	3.1	3.1	3.0	0.7
		2012	81.3	9.9	3.2	3.1	1.6	0.8
Q22E. People my age can donate organs.	↓↑	2005	72.7*	13.0*	6.9	5.3	1.7	0.3
		2012	1.8	1.6*	13.7*	81.1*	1.1	0.6
Q22F. It is impossible to have a regular funeral service following organ and tissue donations.	↓↑	2005	76.2*	11.4	5.2	4.9	1.8	0.4
		2012	69.1	13.4	6.7	8.7*	1.7	0.3
Q22G. People my age can have organ transplants.	↓↑	2005	75.1*	14.6*	4.5	4.6	0.9	0.3
		2012	2.7	1.7	13.6*	80.7*	1.1	0.1
12G. Organs should be distributed so that the expected life of the organ is similar to the expected life of the recipient. For example, older people should generally get older organs and younger people should get younger organs.		2012	19.9	22.4	33.7	18.6	3.7	1.3
Q16J. You would agree to receive an organ transplant if it would save your life.		2012	3.6	2.5	15.8	76.8	0.8	0.6
Q16K. People over 50 can donate their organs.		2012	1.7	3.8	31.9	60.1	2.4	0.2
Q16L. People over 50 can receive a transplant.		2012	1.3	1.7	26.5	68.5	1.9	0.1
Q16M. The U.S. transplant system uses a fair approach to distribute organs to patients.		2012	5.7	10.4	44.0	20.6	17.9	1.3

Beliefs About Organ Donation 2012	↑↓ Change Strongly Agree ↓↑ Change Strongly Disagree	Year	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	(Don't Know)	(Refused)
Q22H. Many people on the national waiting list for organs die because an organ doesn't become available in time.		2012	1.6	3.4	24.5	68.1	1.8	0.5
<p>* indicates <u>significant</u> difference between categories from 2005 to 2012</p> <p>↓↑ (green arrow) indicates a significant change in "Strongly Agree" between 2005 and 2012</p> <p>↓↑ (orange arrow) indicates a significant change in "Strongly Disagree" between 2005 and 2012</p> <p>Gray shading indicates questions were new in 2012</p>								

3.10.5 Attitudes Toward Organ Distribution

The 2012 survey introduced three new questions that asked respondents to share their views on how donor organs are distributed to patients. These items examined perceptions of organ distribution from a system and value perspective.

16M. The U.S. transplant system uses a fair approach to distribute organs to patients.

As seen in Table 26, responses were generally positive regarding views of the U.S. organ distribution system. In 2012, nearly two-thirds of the U.S. population (64.6 percent) somewhat or strongly agreed that the U.S. transplant system uses a fair approach to distributing organs to patients. Slightly more than one in five (20.6 percent) adults strongly agreed that the U.S. approach to organ distribution is fair.

Perceptions about the fairness of the U.S. system for organ distribution varied among ethnic, age, and education groups. Perceptions among the racial groups did not differ significantly apart from those in the Other category. Hispanics (51.9 percent) were significantly more likely than non-Hispanics (42.7 percent) to somewhat agree that the U.S. system for organ distribution is fair.

Among younger respondents, perceptions of fairness in the organ distribution system align with findings of strong support for organ donation. Those aged 18 to 34 were more likely to somewhat agree that the system is fair (52.7 percent) than were those in the 35 to 54 (41.9 percent) and 66 and older (33.5 percent) age groups. Those 66 years and older (10.6 percent) were more likely to *strongly disagree* that the U.S. has a fair system for organ distribution compared with those in the 18 to 34 (2.9 percent) and 55 to 65 (4.5 percent) age groups, which aligns with previously noted findings that those 66 years and older were the least likely to strongly support organ donation.

Those with a high school education or less (24.2 percent) were more likely to strongly agree that the U.S. transplant system uses a fair approach to distribute organs to patients compared with college graduates (16.1 percent) who held this view.

Table 26. U.S. Transplant System Fairly Distributes Organs, 2012

(Percentages)

Q16M. The U.S. transplant system uses a fair approach to distribute organs to patients.																		
	Gender			Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Strongly Disagree	5.7	4.5	6.8	2.9	6.5	4.5	10.6 CE	4.9	10.2 G	6.8	4.1	11.5	5.0	3.1	6.2	7.2	5.2	4.2
Somewhat Disagree	10.4	11.9	9.0	12.5	9.0	9.5	10.5	10.2	10.7	18.9 G	11.5	4.2	12.9	13.3	9.9	9.7	10.0	12.0
Somewhat Agree	44.0	46.1	42.2	52.7 DF	41.9	43.6	33.5	43.6	41.2	40.9	52.2	40.7	57.3 GHI	51.9 P	42.7	44.8	45.5	41.1
Strongly Agree	20.6	18.4	22.6	22.4	20.7	17.2	21.3	20.7 L	22.6 L	21.4 L	16.8	24.8	12.1	18.5	20.9	24.2 S	19.8	16.1
N of Cases	3,355	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Generally, attitudes toward distributing organs by matching the life expectancy of the organ to the life expectancy of the recipient garnered a less positive response than attitudes toward the current U.S. system for distribution. Slightly more than half of the U.S. population (52.3 percent) somewhat or strongly supported linking the life expectancy of both the organ and the recipient to how organs should be distributed.

12G. Organs should be distributed so that the expected life of the organ is similar to the expected life of the recipient. For example, older people should generally get older organs and younger people should get younger organs.

Strong agreement that organs should be distributed based on the life expectancy of the organ and the recipient did not vary significantly across demographic groups. However, as evident in Table 27, African-Americans were significantly more likely to strongly disagree with this distribution approach. Roughly one-third of all African-Americans (33.7 percent) strongly disagreed with the statement, compared with Whites (18.2 percent), Native Americans (18.0 percent), Asian and Pacific Islanders (15.7 percent), and those in the Other category (10.5 percent). There were no differences between Hispanics and non-Hispanics.

There were no significant differences between the views of men and women nor any based on education attainment, however, the youngest respondents were more likely than the oldest respondents to agree that the expected life of the organ donated should match the expected life of the recipient. U.S. adults aged 18 to 34 were significantly more likely than those in all other age groups to somewhat agree with distributing organs based on the life expectancy of the organ and recipient (43.8 percent). Those in the 35- to 54-year-old age group were significantly more likely to strongly disagree (26.5 percent) than those in the 18 to 34 (14.0 percent) and 55 to 65 (17.1 percent) age groups.

Table 27. Organ Distribution and Life Expectancy of Recipient, 2012

(Percentages)

Q12G. Organs should be distributed so that the expected life of the organ is similar to the expected life of the recipient. For example, older people should generally get older organs and younger people should get younger organs.																		
	Gender			Age				Race					Ethnicity		Education			
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig Code*	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	
Strongly Disagree	19.9	20.6	19.3	14.0	26.5 CE	17.1	19.9	18.2 L	33.7 GIJL	18.0	15.7	35.2	10.5	17.2	20.4	20.3	21.7	17.7
Somewhat Disagree	22.4	20.8	24.0	17.7	24.1	27.1 C	22.3	22.9	20.2	29.1	21.3	14.6	22.8	22.4	22.5	20.2	22.8	25.4
Somewhat Agree	33.7	32.6	34.7	43.8 DEF	30.1	27.7	30.3	35.6 HI	20.5	25.3	36.0 H	27.3	39.5 HI	35.8	33.3	35.0	31.8	33.8
Strongly Agree	18.6	20.9	16.4	19.1	16.1	20.2	21.6	17.9	21.7	22.4	20.9	15.3	23.0	19.1	18.5	20.4	18.2	16.4
N of Cases	3,355	1,529	1,840	724	1,100	808	709	1,203	584	743	375	177	279	721	2,648	790	903	1,660

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education).
A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

Among respondents who had not granted permission for organ donation (on their driver's license, a signed donor card, or by joining a state registry), most (81.7 percent) indicated that if they were donors, they would like their organs to be distributed to individuals with the most urgent medical need regardless of where they live in the U.S. Fewer (15.6 percent) indicated they would like their organs to be given to patients in their local area regardless of medical urgency.

16N. Please choose the statement that comes closer to your view:

- 1. If I were a donor, I would like my organs to go to the more medically urgent patients regardless of where they live in the U.S., OR**
- 2. If I were a donor, I would like my organs to go to patients in my local area even if they are not the more medically urgent patients waiting for an organ.**
- 3. (Don't Know/Refused)**

Views on organ donation varied among some racial and age groups [Table 28]. Whites (81.7 percent), African-Americans (81.1 percent), Asians and Pacific Islanders (84.6 percent), and those in the Other category (86.6 percent) were significantly more likely than Native Americans (63.8 percent) to say that if they were donors, they would like their organs to go to the patient with the greatest need regardless of location. There were no differences between Hispanics and non-Hispanics.

Among the four age groups, 18- to 34-year-olds (87.0 percent) were significantly more likely than respondents aged 66 and older (72.4 percent) to prefer that their organs go to patients based on medical urgency regardless of location. Those aged 66 and older were significantly more likely than adults between the ages of 18 and 54 to express the desire for their organs to go to patients in their local area regardless of medical urgency. There were no differences in attitudes by education level and gender.

Table 28. Statement Closest to Your Views on Organ Distribution, 2012

(Percentages)

Q16N. Please choose the statement that comes closer to your view:																		
		Gender		Age				Race						Ethnicity		Education		
	All	Male	Female	18-34	35-54	55-65	66+	White	African-American	Native American	Asian/Pacific Island	Multi-Race	Other	Hispanic	Non-Hispanic	High school or less	Some college	College graduate
Sig		A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S
<i>I would like my organs to go to the more medically urgent patients regardless of where they live in the U.S.</i>																		
% Who selected	81.7	82.7	80.7	87.0 F	82.0	82.9	72.4	81.7 I	81.1 I	63.8	84.6 I	89.6	86.6 I	88.6	80.1	80.5	82.0	84.6
<i>I would like my organs to go to patients in my local area even if they are not the more medically urgent patients.</i>																		
% Who selected	15.6	15.2	16.2	11.4	13.1	16.0	25.9 CD	16.0	16.1	27.0 JL	10.6	10.4	9.7	9.0	17.2	18.0	14.1	11.3
N of Cases	1,404	626	778	276	407	347	362	415	329	315	149	55	137	322	1,082	422	391	580

* The significance code refers to statistical testing between groups (gender, age, race, ethnicity, and education). A letter under the column percentage refers to a significant difference between the column percent and the other column percent with the same letter.

3.11 Predictors of Organ Donation

A variety of beliefs about organ donation exist that may be related to one's granting permission to donate on a driver's license, donor card, or registry, or that may be related to one's willingness to do so. Some of these beliefs constitute misinformation that the Federal Government and the donation community attempt to counteract. This study examined a number of these beliefs. It is important to distinguish between those who have granted permission and those willing to grant permission in relation to these beliefs on organ donation, as well as on demographic distinctions.

Using multivariate logistic regressions, odds ratios were calculated to determine the contribution, all things being equal, that a number of beliefs and demographic variables were associated with a respondent's likelihood to grant permission for organ donation and for a respondent to be willing to donate. The ratios described how much a given belief increases or decreases the likelihood of granting permission for donation in comparison with not holding a given belief, while holding all other measured variables constant.¹⁵

3.11.1. Predictors of Organ Donation Among Those Who Have Granted Permission

The variables most strongly associated with granting permission were:

- disagreeing with the statement: "*it is important for a person's body to have all of its parts when buried*"
- agreeing with the statement: "*most members of my family support the idea of organ donation*"

The odds of granting permission for organ donation if one disagreed with the statement: "*it is important for a person's body to have all of its parts when buried*" were 4.21 times the odds of granting permission if a person did not hold this view. Similarly, the odds of granting permission if one agreed with the statement: "*most members of my family support the idea of organ donation*" were 4.07 times the odds of granting permission if one disagreed or had no opinion. Agreement with the statement: "*many people on the national waiting list for organs die because an organ doesn't become available in time*" was also associated with granting permission to donate. The odds of granting permission to donate if a person agreed with this statement were 2.58 times the odds of granting permission if a person disagreed or had no opinion. Another variable associated with granting permission was disagreeing with the statement: "*if you indicate you intend to be a donor, doctors will be less likely to try to save your life.*"

[Table 29]

The strongest demographic variable associated with granting permission was being aged 18 to 34, compared with those aged 55 and older. The odds of granting permission for the youngest age group were two times the odds of granting permission of those aged 55 and older. Other demographic variables associated with granting permission included being African-American or Native American, compared with White. African-American and Native American respondents had .55 and .54 times the odds of granting permission as White¹⁶ respondents. Table 29 lists all of the variables associated with granting permission.

¹⁵ Odds ratios and logistic regressions describe correlation, not "cause." For example, disagreeing with the belief that it is important for a person's body to have all of its parts when buried increases the likelihood (or odds) of granting permission, all else being equal, but it does not mean that one causes the other. This finding shows only that the two variables are related statistically. When a variable has no statistical relationship to granting permission or willingness to donate, it means that the given variable does not increase or decrease the likelihood of granting permission or willingness to donate, when all other variables are held constant. This does not mean that the variable is not related to granting permission or willingness to donate, it just means that it does not contribute anything beyond what the other variables in the model already account for.

¹⁶ Odds ratios less than 1 are the inverse of the measured outcome. To compute the odds ratios, divide 1 by the odds ratio. For example, the odds of granting permission is 0.55 if you are African-American, compared with White. The odds ratio of the inverse would be $(1/.55=1.81)$. This is interpreted as the odds of granting permission if you are White are 1.81 times the odds of granting permission if you are African-American.

Table 29. Factors Associated With Having Granted Permission

Predictors	Odds Ratio
Disagree that it is important for a person's body to have all its parts when buried	4.21
Agree that most members of my family support the idea of organ donation	4.07
Agree that you would receive a transplant if it would save your life	2.43
Agree that many people on the national waiting list die before an organ becomes available	2.58
Disagree that doctors will be less likely to save your life if you are a donor	2.09
Being aged 18 to 34, compared with being aged 55 and older	2.01
Agree that most people who receive transplants gain additional years of life	1.94
Agree that organ donation helps families cope with grief	1.77
Agree that the U.S. transplant system uses a fair approach to distribute organs	1.49
Disagree that discrimination prevents minority patients from receiving transplants	0.65
Being African-American, compared with being White	0.55
Being Native American, compared with being White	0.54

3.11.2. Predictors of Organ Donation Among Those Who Haven't Granted Permission to Donate, but Indicated They Are Willing to Donate

Disagreeing with the statement: "*it is important for a person's body to have all of its parts when it is buried*" was the strongest predictor of being willing to donate. The odds of being willing to donate if one disagreed with this statement were 3.54 times the odds of being willing to donate if one agreed or had no opinion. Another variable associated with willingness to donate was disagreeing with the statement: "*organ and tissue donation is against my religion.*" The odds of being willing to donate if a person disagreed that donation was against their religion were two times the odds of being willing to donate if a person did hold this view.

Family support for organ donation was also a predictor of one's willingness to donate. The odds of being willing to donate if one agreed with the statement: "*most members of my family support the idea of organ donation*" were 2.11 times the odds if one disagreed or had no opinion.

Age was associated with being willing to donate. The odds of being willing to donate if a person was age 18 to 34 were two times the odds of those aged 55 and older. Table 30 lists all of the variables associated with being willing to donate.

Table 30. Factors Associated With Willingness to Donate

Predictors	Odds Ratio
Disagree that it is important for a person's body to have all its parts when buried	3.54
Being aged 18-34, compared with being aged 55 and older	2.36
Being Multi-race, compared with being White	7.18
Agree that you would receive a transplant if it would save your life	2.18
Agree that most members of my family support the idea of organ donation	2.11
Disagree that is impossible to have a regular funeral service following organ donation	2.22
Disagree that organ donation is against your religion	2.09
Disagree that you are worried that a loved one's body would be disfigured if their organs were donated	2.07

The regression analysis clearly highlights that there was overlap in respondents' willingness to donate and in granting permission for donation. Variables common to both willingness to donate and granting permission were:

- disagreeing with the statement: *"it is important for a person's body to have all of its parts when it is buried"*
- agreeing with the statement: *"most of my family members support donation"*
- agreeing that you would receive a transplant if it would save your life
- being aged 18 to 34

These findings suggest that creating education campaigns based on these beliefs and gearing them toward the younger age group may be ways to increase donation and willingness to donate. Table 25 displays beliefs about organ donation among respondents in 2012.

3.12 Demographic Profiles of Organ Donation

Those respondents who had granted permission on their driver’s license, a donor card, or their state registry were compared with respondents who had not granted permission for organ donation. Table 31 shows a comparison of the key demographic variables.

Table 31. Demographics of Donation

(Percentages)

	Granted Permission	Have Not Granted Permission
Male	45.5	52.5*
Female	54.5*	47.5
High school or less	35.5	54.3*
Some College/Vocational	31.2*	24.9
College or higher	33.3*	20.8
Aged 18-34	33.6*	25.8
Aged 35-54	35.5	34.9
Aged 55-65	17.3	20.1
Aged 66 and older	13.7	19.3*
White	82.8*	70.2
African-American	7.4	16.9*
Asian	3.6	4.0
Native American	1.2	2.1
Multi-Race	2.3	2.2
Hispanic	11.4	19.3*
Non-Hispanic	88.6*	80.7

* Denotes statistically significant difference at the 95 percent confidence level.

In comparing those who had granted permission versus those who have not granted permission across the different demographic variables, some interesting findings emerged. With regard to gender, men were significantly more likely to have not granted permission (52.5 percent) compared with 45.5 percent of men who have granted permission. The opposite was true for women with 54.5 percent having granted permission versus 47.5 percent who have not granted permission. Those who have granted permission were significantly more likely than those who have not granted permission to have at least some college or more education. When looking at age, the only difference in the groups was among those aged 18 to 34 and those aged 66 and older. Those aged 18 to 34 (33.6 percent) were significantly more likely to have granted permission compared with those in that age group who have not granted permission (25.8 percent), while those aged 66 and older (19.3 percent) were significantly more likely to have not granted permission than those in that age group who have granted permission (13.7 percent). In looking at race and ethnicity, those who have granted permission were significantly more likely to be White, while those who have not granted permission were significantly more likely to be African-American or Hispanic.

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Appendix A

Methodology

In the U.S., landline numbers are 10 digits long (AAA-EEE-XXXX), where the first three digits are the area code, the second three are the exchange, and the last four digits are the number within the exchange. The area code, three-digit prefix, and the first two digits of the four-digit suffix specify a 100-bank containing 100 telephone numbers. In the proposed Casady and Lepkowski (1993) method, this frame (Telcordia frame) of all possible telephone numbers (containing both listed and unlisted numbers) is stratified into two strata: a "high-density" stratum consisting of 100-banks with at least one residential number, and a "low-density" stratum consisting of all the remaining numbers in the Telcordia frame. To ensure a relatively high hit-rate, sampling was restricted to the high-density stratum.

Once a household was selected, one adult from all adults living in the selected household was chosen at random using the "most recent birthday" method. The "most recent birthday" method asks for the eligible person (aged 18 and older) within the sampled household who, at the time of respondent selection, has the most recent (last) birthday. The "most recent birthday" method represents a random selection of eligible household members and is considered much less intrusive than the purely random selection method or grid selection that requires enumeration of all household members to make a respondent selection.

The cellphone sample of telephone numbers was drawn separately from the dedicated (to cellphones) telephone exchanges. Cellphone numbers are assigned to certain "dedicated" telephone exchanges that are separate from those containing the landline telephone numbers. For the purpose of sampling cellphone numbers, these "dedicated" exchanges were used as the sampling frame. For respondents reached on cellphones, there was no additional stage of sampling (as within household sampling for landline sample). The person answering the call was selected if he or she was found otherwise eligible for the survey.

The sample for completing additional telephone interviews with African-Americans was based on the Gallup Panel. Gallup Panel recruitment began with an RDD sample of telephone numbers, including both landline and cellphone samples. Following a list-assisted telephone sample design, a telephone sample representing the U.S. national population was obtained. Once the random sample was obtained, Gallup's interviewers called those numbers following an approved calling protocol and recruited members for the Panel. This process is repeated to ensure continuous recruitment for the Panel. Respondents take a short survey about presidential approval and other current event topics, and are asked if they would be interested in participating in additional surveys as a member of the Gallup Panel. Unlike opt-in panels, the recruitment process for Gallup Panel starts with a random sample of telephone numbers and, as a result, it is possible to derive the selection probability and hence the sampling weight for each respondent on the Panel. All Panel participants are fully screened and a substantial amount of background data has been collected (e.g., health and wellbeing, socio-economic and occupational status, media usage, political views, age, gender, race, ethnicity, etc.), permitting rapid sub-sampling of subjects based on demographic or experiential characteristics in the Panel database. As a result, it was easy to identify the group of African-Americans included in the Gallup Panel. The list of all African-American Panel members constituted the sampling frame and an adequate number of panelists from this frame was sampled to complete the additional (547) of interviews from this group.

For Asians, Hispanics, and Native Americans, as noted earlier, Gallup used one of its ongoing RDD surveys, the Gallup-Healthways Well-Being Index (WBI) survey, as the sample source. Given the extremely low expected incidence rate of Native Americans and Asians in the general U.S. population, this proposed strategy was an optimal way to achieve oversampling of these minority groups. For the WBI survey, Gallup interviews 1,000 adults nationally by telephone using a list-assisted RDD telephone data collection methodology. This happens 7 days a week and excludes only major holidays. Survey respondents are asked a series of questions associated with well-being across a range of income and health status conditions.

The WBI survey methods use a dual-frame RDD sampling that includes landlines as well as wireless phone sampling to reach those in wireless-only households, and a random selection method for choosing respondents (reached on a landline) within a sampled household. Each sampled number is called up to three times to complete an interview. (For full sample details, see Table 32.)

The WBI survey asks respondents demographic questions including questions on race and ethnicity. The respondents are also approached for permission to call them back at a later date, if necessary. The response to the race/ethnicity question was used to identify Asian, Hispanic, and Native American households. This set of prescreened eligible households with permission to call back constituted the initial sample for this task. Sufficient numbers of prescreened cases (respondents saying that they are Asians, Hispanics, or Native American on the WBI survey) were recruited to generate the additional interviews for each group.

Table 32. Sample Characteristics

Sample Characteristics			
Age			
Category	Unweighted N size	Weighted N size	Percentage of Sample
18-34	724	1,026	30.6
35-54	1,100	1,181	35.3
55-65	808	613	18.3
66+	709	528	15.8
Education			
High school or less	790	1,429	42.6
Some college/Technical/Vocational training	903	968	28.8
College graduate/Post-graduate	1,660	959	28.6
Race			
White	1,203	2,629	78.0
Black	584	369	10.9
Native American/Alaskan Native	743	52	1.6
Asian/Pacific Islander	375	128	3.8
Other	279	111	3.3
Multi-Race (excluding Native American/Alaskan Native)	177	77	2.3
Don't know	2	*	*
Refused	6	2	0.1
Ethnicity			
Hispanic	721	485	14.4
Non-Hispanic	2,648	2,884	85.6
Gender			
Male	1,529	1,622	48.1
Female	1,840	1,747	51.9

Weighting of Sample Data

The sample data were weighted to generate unbiased survey based estimates. The major weighting steps involved correcting for unequal selection probability and adjusting for the effects of non-response. Sampling weights were attached to each completed survey record.

For the RDD sample (1,252 interviews with general adult population), weighting was done in a series of stages. A base-weight equal to the inverse of the probability of selection was created. This was to correct for unequal selection probabilities of the different units in the sample. Adjustments were made to correct for the different sampling rates (for landline and cellphones separately) used for sampling of telephone numbers. For landline phones, the number of residential telephone lines and the number of adults in the sampled household were also used to account for differential selection probabilities. The weighting process also included adjustments for the phone status and the following four categories were adjusted: (i) landline-only users; (ii) cell-only users; (iii) dual (both landline and cell) users—cellphone mostly; and (iv) dual users—not cell mostly. Post-stratification weighting was carried out to make the final sample reflect the general adult population. Post-stratification cells were formed for each census region by crossing different demographic variables including age, gender, race/ethnicity, and education.

For the African-American oversample based on the Gallup Panel, the basic weighting steps followed a tiered approach similar to the weighting process for the RDD sample. Since the Gallup Panel is a probability panel, each Panel member on the sampling frame (for sampling of any minority group) had a “panel weight” associated with it. This “panel weight” was the initial weight assigned to each sampled unit for the African-American oversample. The next weighting step for the African-American sample consisted of post-stratification weighting adjustments to correct for survey non-response. Post-stratification cells were formed for each census region by crossing different demographic variables including age, gender, and education.

The basic weighting steps for the weighting of the Native American, Asian, and Hispanic samples were similar and consisted of a probability weight assigned to each sampled unit and non-response weighting adjustments. As mentioned before, the samples for these minority groups were selected from the Gallup WBI survey respondents who were willing to be called back at a later date. This “WBI survey weight” was the initial weight assigned to each sampled unit. The next weighting step for the samples consisted of post-stratification weighting adjustments to correct for survey non-response. Post-stratification cells were formed for each census region by crossing different demographic variables including age, gender, and education.

As described above, each of the five samples (the RDD for the general adult population and the oversamples for each of the four minority groups) was weighted separately. At the final stage, these samples were combined by making sure that each of these samples was correctly represented (in terms of their relative size) in the combined sample. For the combined sample, the final post-stratification weighting process involved adjustments based on census region and important demographic variables such as age, gender, race/ethnicity, and education. The categories used for the different post-stratification weighting variables are:

Age group: 18-34, 35-54, 55-65, 66+

Education: High school or less, Some college, and College graduate
Race: White, African-American, Asian, Native American, and Multi-race
Ethnicity: Hispanic and non-Hispanic

Census Region: Northeast, Midwest, South, and West

The distribution of the final weights was examined and minimal trimming was conducted to avoid extreme weights.

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Appendix B

Non-response Bias Analysis

Background and Purpose

A non-response bias analysis was completed as part of the 2012 organ donation study. The goal of the non-response bias component of the organ donation study is to ensure that the study data are representative of the general American adult population and that significant bias does not exist between The U.S. adult population who responded to the survey and the target population. Gallup took rigorous steps to maximize response rates to minimize any non-response bias that may be caused by lower response rates. Non-response weighting adjustments were also made to limit non-response in the final data. The goal of a non-response analysis is to detect potential sources of non-response bias in estimates and to identify potential bias estimates.

Non-response Bias Evaluation Methodology

No follow-up data collection from the non-respondents was planned for this study. The non-response analysis was based on responses obtained from survey respondents. The analysis plan compared the early respondents (easy-to-reach) to the late respondents (hard-to-reach) on selected key variables of interest. This comparison was based on the assumption that the latter group may in some ways resemble the population of non-respondents. The total pool of 3,368 respondents to the survey was split into two groups (early and late) based on the number of calls required to complete the interview. For this study, there was a 5 by 5 call design employed for each number in the selected sample. The early group consisted of those respondents for whom the interviews were completed in the first three calls. The rest of the respondents were included in the late group. Based on this criterion, the early group included 2,369 respondents (70.3 percent), while the remaining 999 respondents (29.7 percent) formed the late group for comparison.

Comparison of “Early” and “Late” Respondents

The main objective of this study was to measure U.S. public sentiment regarding organ donation. The non-response bias analysis examines whether the early and late respondents differed significantly on the questions of beliefs and behaviors related to organ donation. Keeping that in mind, a key set of survey questions (Q1, Q4, Q5, Q6, Q13A-C, Q14B, Q15EA, and Q15EB) expected to be most meaningful in measures of organ donation beliefs and behaviors were chosen for comparing the two groups (early versus late respondents). See Appendix C for the full questionnaire. The comparison items were as follows:

- Q1–Heard about donation in past year
- Q4–Support for organ donation
- Q13A–Granted permission on driver’s license
- Q13B–Granted permission on donor card
- Q13C–Granted permission with state registry
- Q5–Willingness to donate if they have not already granted permission
- Q14B–Willing to grant permission by joining state registry
- Q6C–Discussion with family member
- Q15EA–Donation of hands
- Q15EB–Donation of face

Non-response Bias Evaluation Results

Table 33 presents the results of comparison between early and late respondents for each of 10 comparison questionnaire items.

Table 33. Non-response Comparison
(Percentages)

Question	Response Options	Early Responders	Late Responders
Q1. In the past year, have you heard, read, or seen any information at all about organ donation or transplantation?	Yes	55.0	58.2
	No	44.7	41.5
	Don't know	0.3	0.3
Q4. In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?	Strongly support	48.7	49.0
	Support	45.2	48.1
	Opposed	2.3	1.7
	Strongly opposed	0.4	0.1
	Don't know	3.4	1.2
Q13A. Have you granted permission for organ donation on your driver's license?	Yes	58.8	63.1
	No	38.9	35.8
	Don't know	1.4	0.7
Q13B. Have you granted permission for organ donation on a signed donor card?	Yes	31.5	33.5
	No	65.7	62.5
	Don't know	2.7	3.7
Q13C. Have you granted permission for organ donation by joining your state donor registry?	Yes	29.1	31.1
	No	67.5	65.1
	Don't know	3.3	3.5
Q5. Regardless of whether you have formally granted permission, would you want your organs to be donated after your death? Would you say definitely yes, probably yes, probably no, or definitely no?	Definitely yes	10.2	14.8
	Probably yes	47.1	49.2
	Probably no	22.6	16.8
	Definitely no	15.8	15.6
	Don't know	4.2	3.6
Q14B. Would you be willing to grant permission for organ donation by joining your state's organ donor registry?	Yes	60.6	58.8
	No	28.3	31.3
	Don't know	10.6	9.7
Q6C. Have you discussed your wish to be an organ donor with a member of your family?	Yes	75.2	74.3
	No	24.6	25.0
	Don't know	0.0	0.4
Q15EA. Recent medical breakthroughs have resulted in successful face and hand transplants for people who have suffered the loss of limbs or facial disfigurement from traumatic injuries, such as accidents and war. How willing would you be upon your death to donate your hands?	Very willing	51.8	46.7
	Somewhat willing	28.1	34.4
	Not very willing	7.7	6.8
	Not at all willing	11.4	10.9
	Don't know	1.0	1.1
Q15EB. Recent medical breakthroughs have resulted in successful face and hand transplants for people who have suffered the loss of limbs or facial disfigurement from traumatic injuries, such as accidents and war. How willing would you be upon your death to donate your face?	Very willing	32.3	29.8
	Somewhat willing	25.3	29.6
	Not very willing	18.6	20.1
	Not at all willing	22.3	19.1
	Don't know	1.4	1.3

Summary of Findings and Conclusions

In reviewing the 10 items for distinctions between early responders and late responders, there were no statistically significant differences using a z-test of proportions at the 5 percent significance level. This finding suggests that there is no difference between the two groups. Because there was no separate follow-up data collection there is an assumption that late responders mirror non-responders. If there were significant differences between early and late responders there would be a possible non-response bias, suggesting that people who did not participate have systematically different views on organ donation than those who did participate. In the absence of that finding, the conclusion is that those who did not respond to the survey are not systematically different in a way that affects their attitudes and behaviors regarding organ donation from those who did.

Recommendations

The findings based on the comparison of early and late respondents do not provide any evidence to suggest that further analysis is needed to determine the effect of potential non-response bias. Therefore, the findings presented in this report may be considered representative of the U.S. adult population as stated in the methodology section of this report.

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Appendix C

Questionnaire

QID:180140 OMB Number: 0915-0290

Expiration Date: March 31, 2015

(Programmer: All interviews are recorded. The recording begins when the respondent answers the phone. This statement is read after the "Continue" response is entered after the Introduction and before the first question.)

FRECCONS

QID:142293 This interview will be recorded for internal quality assurance.

- 1 (Continue)
- 2 (Refused) - **(Thank and Terminate)**

ENTITYID

QID:179384 ENTITY ID (New):

QID:180143 **HOUSEHOLD SAMPLE:

- Single Household
 Multi-household

SA

QID:179374 STATE (2-Digit FIPS code):
(Programmer: Code from fone file)

SB

QID:179376 SAMPLE:

- 1 African-American Recontact sample (Panel) (n=500)
- 2 Hispanic Recontact sample (G1K) (n=500)
- 3 Asian Recontact sample (G1K) (n=500)
- 4 National sample (RDD) (n=1250)
- 5 Native American Recontact sample (G1K) (n=500)

SC

QID:179377 SAMPLE TYPE:
(Programmer: Code from fone file)

- 1 Landline
- 2 Cell

SD

QID:179378 Age from G1K
(Programmer: Code from sample file)

SE

QID:179380 Gender from G1K
(Programmer: Code from sample file)

- 1 Male
- 2 Female

SF

QID:179382 Census region
(Programmer: code from sample file)

- 1 Northeast
- 2 Midwest
- 3 South
- 4 West

SG

QID:188418 ENTITY ID (Original for G1K and Panel):

QID:179385 **PANEL HOUSEHOLD SAMPLE:

- _____ Single Household
- _____ Multi-household

QID:179386 **Skip: (If code 4 in SB, Continue; Otherwise, Skip to Note before Intro #2)**

INTRO1

QID:142338 Hello, my name is _____, and I am calling from The Gallup Poll. I am calling on behalf of the U.S. Department of Health and Human Services. We're conducting a national survey about organ donation. Am I speaking to someone 18 or older?
(Skip: If "Yes", continue; if "No", ask to speak to someone who is 18 or older)

- 1 Respondent available - **(Continue)**
- 4 No one 18 or older in household – **(Thank and Terminate)**
- 7 Respondent not available/Not a good time - **(Set time to call back)**
- 8 (Soft Refusal)
- 9 (Hard Refusal) - **(Thank and Terminate)**

QID:179390 **Skip: (If code 1 in SC, Continue; Otherwise, Skip to S1B)**

S1

QID:179391

First, I would like to identify the adult living in your household, 18 or older, who had the most recent birthday. Who would that be?

- 1 Respondent - **(Skip to S1B)**
- 2 Someone else in household - **(Ask to speak to that person, then reset to Introduction)**
- 4 No adults 18 or over in household – **(Thank, Terminate, and Tally)**
- 7 Respondent not available – **(Record First name and set time to call back)**
- 8 (Refusal) – **(Thank and Terminate)**

QID:180054

Skip: (If code 2, 3, or 5 in SB, Continue; Otherwise, Skip to Intro #3)

INTRO2

QID:179393

Hello, my name is _____, and I am calling from The Gallup Poll. I am calling on behalf of the U.S. Department of Health and Human Services. We're conducting a national survey about organ donation. We previously conducted a survey with a **(response from SD - 5)** to **(response from SD + 5)** year old **(response from SE)** in this household) who gave permission for us to call again. May I speak with that person?

- 1 Respondent - **(Skip to S1B)**
- 2 Someone else in household - **(Ask to speak to that person and reset to Intro #2)**
- 4 No such person/person moved - **(Thank and Terminate)**
- 7 Respondent not available/Not a good time - **(Set time to call back)**
- 8 Soft Refusal
- 9 Hard Refusal - **(Thank and Terminate)**

INTRO3

QID:179394

Hello, this is _____, calling for the Gallup Panel. I am calling on behalf of the U.S. Department of Health and Human Services. We're conducting a national survey about organ donation. May I speak with **(name from fone file)**?

- 1 Yes, respondent available
- 3 No longer at this number
- 4 Respondent wants removed from Panel
- 5 Household wants removed from Panel
- 7 Respondent not available/Not a good time
- 8 (Soft Refusal)
- 9 (Hard Refusal)

QID:180055 **Skip: (If code 3 in INTRO3, Continue;
If code 4 or 5 in INTRO3, Skip to P2;
If code 1 in INTRO3, Skip to S1B;If code 7 in INTRO3, Set time to call back;
If code 8 or 9 in INTRO3, Thank, Terminate, and Tally)**

P1

QID:179396 Since **(name from fone file)** is a member of the Gallup Panel, may I have his/her new telephone number, starting with the area code?
(Interviewer: Back up to dialer and enter new number, then code as appropriate in Introduction)

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:179399 **Skip: (If code 1 in P1, Back up to dialer and enter new number, and code as appropriate in Introduction;
Otherwise, Thank, Terminate, and Tally)**

P2

QID:179400

Why **[(If code 4 in INTRO3, read:)]** do you/**[(If code 5 in INTRO3, read:)]** does your household] no longer want to be on the Panel?

(Interviewer: Open ended and code)

(Interviewer: Allow Three Responses)

- 0001 Other (list) **[TO BE CODED]**
- 0002 (DK)
- 0003 (Refused)
- 0004 HOLD
- 0005 HOLD
- 0006 Don't have the time/too time-consuming/takes too much time to do the surveys
- 0007 Topics/content of surveys/don't like the topics (general)
- 0008 Only want to do "meaningful" surveys (general)
- 0009 Expected political polls/current events/ social issues topics only
- 0010 Not paid anything for surveys
- 0011 Too many surveys to do/too frequent
- 0012 Too many phone calls
- 0013 No longer a member of the (original Panel) household
- 0014 Moving/household move - no forwarding address/phone
- 0015 Illness/family hardship
- 0016 Didn't realize what this was
- 0017 Calling times/Don't like the times I'm called

of Responses: 3 List Other: Y

QID:179401

Skip: (All in P2, Thank, Terminate, Tally, and Keep Case I.D.)

S1B

QID:179402

Have I reached you on a cellphone or landline phone?

- 1 Landline
- 2 Cell
- 3 (DK)
- 4 (Refused)

QID:179403

Skip: (If code 2 in S1B, Continue; Otherwise, Skip to Read before S2)

S1C

QID:172055 For your safety, are you currently driving?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:180057 **Skip: (If code 1 in QNS1C, Set time to call back; If code 2 in QNS1C, Continue; Otherwise, Thank and Terminate)**

(Interviewer: READ:)

QID:180058 This is an important study of people's opinions about organ donation. Your assistance in this study is voluntary, but your opinions are needed to provide an accurate understanding of the public's views. If there is any question you do not wish to answer, just tell me. Your answers are confidential and will be combined with those of others. You, as an individual, will never be identified. The questions will require about 15 minutes of your time.

S2

QID:179411 ETHNICITY: Are you, yourself, of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:179412 **Skip: (If code 1 in S2, Continue; Otherwise, Skip to S3)**

S2A

QID:179413 Are you Mexican, Cuban, Puerto Rican, or some other nationality? **(If "Some other nationality", ask:)** What nationality would that be?

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Mexican
- 07 Cuban
- 08 Puerto Rican

List Other: Y

S3

QID:179414

Next, I am going to read you a list of racial groups. As I read each one, please tell me whether you are -- or are not -- a member of that racial group. You may consider yourself to be a member of more than one racial group. How about _____?

(Interviewer: read S3A-S3D)

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

S3A	QID:179415	White
S3B	QID:179416	Black or African-American
S3C	QID:179417	Asian or Pacific Islander
S3D	QID:179418	Native American or Alaskan Native

QID:193492

Skip: (If code 1 in S3C, Continue; Otherwise, Skip to Note before Q1)

S3E

QID:179421

Would that be Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Some Other Asian?

(Interviewer: Open ended and code)

(Interviewer: Allow three responses)

- 01 Other Asian (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 12 Asian Indian
- 13 Chinese
- 14 Filipino
- 15 Japanese
- 16 Korean
- 17 Vietnamese

of Responses:3 List Other:Y

QID:193372

Skip: (If code 1 in SB, and S3B is not code 1, thank and terminate ; If code 2 in SB, and S2 is not 1, Thank and Terminate; If code 3 in SB, and S3C is not 1, Thank and Terminate; If code 5 in SB, and S3D is not 1, Thank and Terminate)

Q1

QID:179426

In the past year, have you heard, read, or seen any information at all about organ donation or transplantation? **(INTERVIEWER NOTE: If necessary, read:)** By ORGAN AND TISSUE DONATION, I mean the donation of organs, such as hearts or kidneys from a person who has died, or the donation of organs, such as kidneys or parts of a liver or lung, from a person who is alive. Transplantation is the surgical transfer of an organ from one person to another.

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:179427

Skip: (If code 1 in Q1, Continue; Otherwise, Skip to Q3)

Q2

QID:179428

(If code 1 in Q1, ask:) In the past year, please tell me whether each of the following has been an important source of information for you about organ donation and transplantation. How about **(read and rotate Q2A-Q2R, then Q2S)?**

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)
- 5 (Not applicable)

Q2A	QID:179429	A discussion with a family member
Q2B	QID:179430	A discussion with a friend
Q2C	QID:179431	Information provided by a medical professional, clinic, or doctor's office
Q2D	QID:179432	Information provided by a member of the clergy of your religious organization
Q2E	QID:179433	Information provided by an attorney
Q2F	QID:179434	Personal experience or involvement with organ, eye, and tissue donation
Q2G	QID:179435	A billboard or a poster in a public place
Q2H	QID:179436	News coverage (TV, radio, newspaper, internet)
Q2I	QID:179437	Your work or school
Q2J	QID:179438	A Motor Vehicles Office
Q2K	QID:179439	An advertisement on TV
Q2L	QID:179440	An advertisement on the radio
Q2M	QID:179441	A movie and/or a TV show
Q2N	QID:179442	A community activity, such as a health fair
Q2O	QID:179443	An organ and tissue donation organization
Q2P	QID:179444	A senior center or other older adult setting
Q2Q	QID:179445	Social media such as Facebook, YouTube, or Twitter
Q2R	QID:179446	Health related or other websites

Q2S

QID:179447

OR, Some other source **(If "Yes", ask:)** What other source?
(Interviewer: Open ended)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/No other source
- 05 HOLD

List Other:Y

Q3

QID:179448

Which sources of information would be most likely to influence how you think or act about organ donation and transplantation?

(Interviewer: Open ended and code)

(Interviewer: Allow three responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 A Motor Vehicles Office
- 07 An actor or an athlete
- 08 An advertisement on the radio
- 09 An advertisement on TV
- 10 Attorney
- 11 Billboard or poster
- 12 Clergy or religious organization
- 13 HOLD
- 14 Community activity
- 15 Doctor's office
- 16 Family member
- 17 Friend
- 18 Health related websites
- 19 Movie or TV show
- 20 News coverage (TV, radio, newspaper, or Internet)
- 21 Organ donation organization
- 22 HOLD
- 23 Personal experience or involvement with organ and tissue donation
- 24 Senior center or other older adult setting
- 25 HOLD
- 26 Social media (such as Facebook, YouTube, or Twitter)
- 27 Work or school

of Responses:3 List Other:Y

Q4

QID:179450

In general, do you strongly support, support, oppose, or strongly oppose the donation of organs for transplants?

- 4 Strongly support
- 3 Support
- 2 Oppose
- 1 Strongly oppose
- 5 (DK)
- 6 (Refused)

Q13

QID:179453

Have you granted permission for organ donation **(read and rotate Q13A-Q13C)?**

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)
- 5 (Does not apply)

Q13A

QID:179454

On your driver's license

Q13B

QID:179455

On a signed donor card

Q13C

QID:179456

By joining your state donor registry

QID:179457

Skip: (If code 1 in Q13A, Q13B or Q13C, Skip to Q6BC; If code 2, 3, 4, or, 5 to ALL in Q13A-Q13C, Continue)

Q5

QID:179458

Regardless of whether you have formally granted permission, would you want your organs to be donated after your death? Would you say definitely yes, probably yes, probably no, or definitely no?

- 4 Definitely yes
- 3 Probably yes
- 2 Probably no
- 1 Definitely no
- 5 (DK)
- 6 (Refused)

QID:180209

Skip: (If code 1 or 2 in Q5, Skip to Q6A; If code 3 or 4 in Q5, Continue; If code 5 or 6 in Q5, Skip to Q9)

Q14B

QID:179460

Would you be willing to grant permission for organ donation by joining your state's organ donor registry?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:180061

Skip: (If code 2, 3, or 4 in Q14B, Continue; Otherwise, Skip to Note before Q14D)

Q14C

QID:179462

Why aren't you willing to sign up to be a donor in your state donor registry?

(Interviewer: Open ended)

(Interviewer: RECORD VERBATIM RESPONSE)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No reason in particular
- 05 HOLD

List Other:Y

QID:180062

Skip: (If code 1 in Q14B, Continue; Otherwise, Skip to Q6A)

Q14D

QID:179464

Why haven't you registered to be a donor with your state donor registry?

(Interviewer: Open ended)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No reason in particular
- 05 HOLD

List Other: Y

QID:179466

Skip: (All in Q14D, Skip to Q6BC)

Q6A

QID:179467

Is there a particular reason you do not want to have your organs donated upon your death? **(If "Yes", ask:)** What might that reason be?
(Interviewer: Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Against religion
- 07 Can't donate for medical reasons
- 08 Don't want body cut up or disfigured
- 09 Donation costs may be passed to my family
- 10 Afraid they will take organs before death
- 11 Don't trust the medical system, feel I will not receive the best medical treatment if I am a donor
- 12 Feel I am too old to donate

List Other: Y

Q6B

QID:179469

Have you discussed with a member of your family your wish NOT to donate your organs after your death?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)
- 5 (Not applicable/No family members)

Q6BB

QID:179470

Is there one thing that could change your mind to want to be a donor? **(If Yes:)** What would that be?

- 01 (Other) (list)
- 02 (DK)
- 03 (Refused)
- 04 No/Nothing Would Change My Mind

List Other:Y

QID:180214

Skip: (If code 1 in Q6B, Skip to Q9;
If code 5 in Q6B, Skip to Q12;
Otherwise, Skip to Q7)

Q6BC

QID:179472

If you had to identify the single biggest reason why you want to be a donor, what would that be?

(Interviewer: Open ended and code)

- 01 (Other) (list)
- 02 (DK)
- 03 (Refused)
- 04 No/no reason

List Other: Y

Q6C

QID:179473

Have you discussed your wish to be an organ donor with a member of your family?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)
- 5 (Not applicable/No family members)

QID:180064

**Skip: (If code 1 in Q6C, Skip to Q9;
If code 5 in Q6C, Skip to Q12;
Otherwise, Continue)**

Q7

QID:179476

How willing are you to discuss your wishes about organ donation with your family?
Would you say very willing, somewhat willing, not very willing, or not at all willing?

- 4 Very willing
- 3 Somewhat willing
- 2 Not very willing
- 1 Not at all willing
- 5 (DK)
- 6 (Refused)

QID:181043

**Skip: (If code 1 or 2 in Q7, Continue;
Otherwise, Skip to Q9)**

Q8

QID:179479

Is there a particular reason why you are unwilling to discuss donation with your family?

(If Yes, ask:) What is the reason?

(Interviewer: Open ended and code)

- 01 Other (list)
- 02 (DK/Haven't given it much thought)
- 03 (Refused)
- 04 No/No reason in particular
- 05 HOLD
- 06 Don't discuss death/makes them nervous
- 07 Family would not understand
- 08 Family believes people should be buried whole
- 09 They are too young
- 10 I am not in good health
- 11 Personal/none of their business
- 12 It is their decision
- 13 Afraid that talking about their death will increase the chance that they will die
- 14 Someone in my family is not in good health and may need my organs

List Other: Y

Q9

QID:179481

Has any member of your family told you about his or her wish to donate or not to donate his or her organs after death?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

Q10

QID:179482

If you didn't know your family member's wishes, how likely would you be to donate his or her organs upon his or her death, if it were up to you? Would you be very likely, somewhat likely, not very likely, or not at all likely?

- 4 Very likely
- 3 Somewhat likely
- 2 Not very likely
- 1 Not at all likely
- 5 (DK)
- 6 (Refused)
- 7 (Not applicable)

Q11
 QID:179483 If a family member HAD REQUESTED that his or her organs be donated upon death, how likely would you be to donate his or her organs if it were up to you? Would you be very likely, somewhat likely, not very likely, or not at all likely?

- 4 Very likely
- 3 Somewhat likely
- 2 Not very likely
- 1 Not at all likely
- 5 (DK)
- 6 (Refused)
- 7 (Not applicable)

Q12
 QID:179484 Now, I am going to read you a number of statements. For each one, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.
(Interviewer: Read and rotate Q12A-Q12H, as appropriate)

- 4 Strongly agree
- 3 Somewhat agree
- 2 Somewhat disagree
- 1 Strongly disagree
- 5 (DK)
- 6 (Refused)
- 7 (Not applicable)

- | | | |
|------|------------|---|
| Q12A | QID:179485 | It is important for a person's body to have all of its parts when it is buried. |
| Q12B | QID:179486 | It is important for people to tell their families whether or not they would want their organs to be donated upon death. |
| Q12C | QID:179487 | Most members of my family support the idea of organ donation. |
| Q12D | QID:179488 | Most people who receive transplants gain additional years of healthy life. |
| Q12E | QID:179489 | Organ donation allows something positive to come out of a person's death. |
| Q12F | QID:179490 | A deceased person's next of kin should be able to override the deceased person's wish to donate his or her organs. |
| Q12G | QID:179491 | Organs should be distributed so that the expected life of the organ is similar to the expected life of the recipient. For example, older people should generally get older organs and younger people should get younger organs. |
| Q12H | QID:179492 | All people who need an organ transplant should be able to receive a transplant. |

Q14E

QID:179494

Some organs, such as kidneys or parts of lungs or livers, can be donated while you are alive. Have you ever donated an organ or part of an organ?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:179495

Skip: (If code 1 in Q14E, Skip to Q16; Otherwise, Continue)

Q15

QID:179496

Assuming you are medically able, how likely would you be to agree to donate an organ while you are living to **(read and rotate Q15A-Q15D)**? Would you say very likely, somewhat likely, not very likely, or not at all likely?

- 4 Very likely
- 3 Somewhat likely
- 2 Not very likely
- 1 Not at all likely
- 5 (DK)
- 6 (Refused)
- 7 (Have donated)

Q15A

QID:179497

A close friend

Q15B

QID:179498

A family member

Q15C

QID:179499

An acquaintance

Q15D

QID:179500

Someone you don't know

QID:191547

(Q15EA-Q15EB moved to after Q22H)

Q16

QID:179505

Now I am going to read you several statements. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

(Interviewer: Read and rotate Q16A-Q16M)

- 4 Strongly agree
- 3 Somewhat agree
- 2 Somewhat disagree
- 1 Strongly disagree
- 5 (DK)
- 6 (Refused)
- 7 (Not applicable)

Q16A	QID:179506	Discrimination prevents minority patients from receiving the organ transplants they need.
Q16B	QID:179507	You are worried that a loved one's body would be disfigured if his or her organs were donated.
Q16C	QID:179508	It is possible for a brain-dead person to recover from his or her injuries.
Q16D	QID:179509	People who choose to donate a family member's organs end up paying extra medical bills.
Q16E	QID:179510	Organ donation helps families cope with their grief.
Q16F	QID:179511	Every year, thousands of people die due to a lack of donated organs for transplantation.
Q16G	QID:179512	If you indicate you intend to be a donor, doctors will be less likely to try to save your life.
Q16H	QID:179513	A person's wish to donate his or her organs should be honored under all circumstances, even over the objections of surviving family members.
Q16I	QID:179514	Transplants often go to undeserving people.
Q16J	QID:179515	You would agree to receive an organ transplant if it would save your life.
Q16K	QID:179516	People over 50 can donate their organs.
Q16L	QID:179517	People over 50 can receive a transplant.
Q16M	QID:179518	The U.S. transplant system uses a fair approach to distribute organs to patients.

QID:179520

Skip: (If 2, 3, 4, or 5 in Q13A, Q13B, AND Q13C, Continue; Otherwise, Skip to Q17)

Q16N

QID:179521

Please choose the statement that comes closer to your view:
(Interviewer: Rotate 1 and 2)

- 1 If I were a donor, I would like my organs to go to the more medically urgent patients regardless of where they live in the U.S., OR
- 2 If I were a donor, I would like my organs to go to patients in my local area even if they are not the more medically urgent patients waiting for an organ.
- 3 (Don't Know/Refused)

Q17
QID:179523 Some countries assume that people wish to donate their organs at death. This is called presumed consent. Their organs may be used for transplanting unless they have signed a document indicating that they don't wish to donate their organs. Would you strongly support, support, oppose, or strongly oppose using this presumed consent approach in the United States?

- 4 Strongly support
- 3 Support
- 2 Oppose
- 1 Strongly oppose
- 5 (DK)
- 6 (Refused)

QID:181044 **Skip: (If code 1 or 2 in Q17, Continue; Otherwise, Skip to Q17B)**

Q17A
QID:179525 Is there a particular reason why you oppose presumed consent?
(Interviewer: Open ended and code)
(Interviewer: Allow three responses)

- 01 Other (list)
- 02 (DK/Haven't given it much thought)
- 03 (Refused)
- 04 No/No reason in particular
- 05 HOLD
- 06 Feel presumed consent is unethical
- 07 Privacy issues
- 08 Violation of your rights
- 09 Distrust in the government
- 10 Religious preferences or beliefs

of Responses:3 List Other: Y

Q17B
QID:179527 Do you think a system of presumed consent would increase or decrease the number of available organs for transplants?

- 3 Increase
- 2 (Stay the same/neither)
- 1 Decrease
- 4 (DK)
- 5 (Refused)

Q17C

QID:179528

If a system of presumed consent were adopted in the United States, would you opt out to ensure you are not a donor?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

Q18

QID:179529

It has been suggested that more organs would be donated if families who donate the organs of a deceased loved one received assistance in paying funeral expenses, a cash award to the donor's estate, or a cash award to a charity of the family's choice. Would payments like these make you more likely or less likely to donate **(read and rotate Q18A-Q18B)**, or would it have no effect.

- 3 More likely to donate
- 2 Would have no effect
- 1 Less likely to donate
- 4 (DK)
- 5 (Refused)
- 6 (Not applicable)

Q18A

QID:179530

Your own organs

Q18B

QID:179531

A family member's organs at their time of death

QID:180069

Skip: (If code 3 in Q18A OR Q18B Continue; Otherwise, Skip to Note before Q20)

Q19

QID:179533

Is there a particular reason why a payment would make you more likely to donate your organs or a family member's organs? **(If Yes, ask:)** What reason?
(Interviewer: Open ended)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/No reason in particular
- 05 HOLD

List Other: Y

QID:180070

Skip: (If code 1 in Q18A OR Q18B, Continue; Otherwise, Skip to Q22)

Q20
QID:179535 Is there a particular reason a payment would make you less likely to donate your organs or a family member's organs? **(If Yes, ask:)** What reason?
(Interviewer: Open ended)

- 01 Other (list)
 - 02 (DK)
 - 03 (Refused)
 - 04 No/No reason in particular
 - 05 HOLD
- List Other: Y**

Q22
QID:179536 Now I am going to read you several statements. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.
(Interviewer: Read and rotate Q22A-Q22H)

- 4 Strongly agree
- 3 Somewhat agree
- 2 Somewhat disagree
- 1 Strongly disagree
- 5 (DK)
- 6 (Refused)
- 7 (Not applicable)

Q22A	<i>QID:179537</i>	Given equal need, a poor person has as good a chance as a rich person of getting an organ transplant.
Q22B	<i>QID:179538</i>	Doctors do everything they can to save a person's life before organ donation is even considered.
Q22C	<i>QID:179539</i>	Organ transplantation is an experimental medical procedure.
Q22D	<i>QID:179540</i>	Organ and tissue donation is against my religion.
Q22E	<i>QID:179541</i>	People my age can donate organs.
Q22F	<i>QID:179542</i>	It is impossible to have a regular funeral service following organ and tissue donation.
Q22G	<i>QID:179543</i>	People my age can have organ transplants.
Q22H	<i>QID:179544</i>	Many people on the national waiting list for organs die because an organ doesn't become available in time.

Q15E

QID:179501

Recent medical breakthroughs have resulted in successful face and hand transplants for people who have suffered the loss of limbs or facial disfigurement from traumatic injuries, such as accidents and war. How willing would you be **(interviewer read 4-1) (Interviewer: Read and rotate Q15EA&Q15EB)**? Would you say you are very willing, somewhat willing, not very willing, or not at all willing?

- 4 Very willing
- 3 Somewhat willing
- 2 Not very willing
- 1 Not at all willing
- 5 (DK)
- 6 (Refused)

Q15EA

QID:179502

Upon your death to donate your hands

Q15EB

QID:179503

Upon your death to donate your face

Q23

QID:179546

Have you, or has anyone close to you, ever been an organ, eye or tissue donor or ever received a transplant?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

(Interviewer: READ:)

QID:179547

Finally, I have a few questions for classification purposes only. **(If code 1, 2, 3, or 5 in SB, Read:** You may have been asked similar questions in the past.)

D1

QID:27492

Sex:

(Interviewer: Do not ask; code only)

- 1 Male
- 2 Female

D2

QID:179550

What is your age?

(Interviewer: Open ended and code actual age)

- 00 (Refused)
- 99 99+

D3
QID:179553 EDUCATION: What is the highest level of education you have completed?
(*Interviewer:* Open ended and code)

- 1 Less than high school graduate (0-11)
- 2 High school graduate (12)
- 3 Some college
- 4 Trade/Technical/Vocational training
- 5 College graduate
- 6 Post-graduate work/degree
- 7 (DK)
- 8 (Refused)

D4A
QID:179554 MARITAL STATUS: What is your current marital status?
(*Interviewer:* **Read 1-5, then 6**)

- 1 Single/Never been married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Domestic partnership/Living with partner (not legally married)
- 7 (DK)
- 8 (Refused)

QID:181045 **Skip: (If code 4 in SB and code 1 in SC, or if 1 in S1B, Continue; Otherwise, Skip to Note Before D6A)**

D5
QID:179557 Including the phone line I just called you on, how many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

- 0 Zero
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 6 (DK)
- 7 (Refused)

QID:180083 **Skip: (If code 4 in SB and code 1 in SC, Continue; Otherwise, Skip to Note before D6A)**

D6

QID:179559 How many adults age 18 or older live in your household?
(Interviewer: Open ended and code actual number)

- 01 01-
- 97 97+
- 98 (DK)
- 99 (Refused)

QID:180215 **Skip: (If code 1, 3, or 4 in S1B, Continue; Otherwise, Skip to Note before D6B)**

D6A

QID:172157 Do you have a cellphone that you use to make and receive personal calls?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:180216 **Skip: (If code 2 in S1B or 2 in SC, Continue; Otherwise, Skip to Note before D6C)**

D6B

QID:172152 Do you have a regular, landline telephone in your home that you use to make and receive personal calls?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

QID:180086 **Skip: (If code 1 in D6A or D6B, Continue; Otherwise, Skip to D7)**

D6C

QID:172159 Of all the telephone calls your household receives **(read 1-3)?**

- 1 All or almost all calls are received on cellphones
- 2 Some are received on cellphones and some on regular phones, OR
- 3 Very few or none are received on cellphones
- 4 (DK)
- 5 (Refused)

D7

QID:179565 Do you work in the healthcare profession?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

D8

QID:179569 What is your zip code?
(Interviewer: Open ended and code all five digits of zip code)

- 99998 (DK)
- 99999 (Refused)

D9

QID:179572 What is your total MONTHLY household income, before taxes? Please include income from wages and salaries, remittances from family members living elsewhere, farming, and all other sources.
(Programmer: Open ended and code)
(Interviewer: [If response is greater than \$10,000, read:] Is that a monthly or an annual amount? [If monthly, code as appropriate; if annual, probe for monthly amount]))

- 01 Under \$60
- 02 \$60 to \$499
- 03 \$500 to \$999
- 04 \$1,000 to \$1,999
- 05 \$2,000 to \$2,999
- 06 \$3,000 to \$3,999
- 07 \$4,000 to \$4,999
- 08 \$5,000 to \$7,499
- 09 \$7,500 to \$9,999
- 10 \$10,000 to \$14,999
- 11 \$15,000 to \$19,999
- 12 \$20,000 and over
- 98 (DK)
- 99 (Refused)

QID:179574 **Skip: (If code 98 or 99 in D9, Continue; Otherwise, Skip to Closing)**

D10
QID:179575 Is your total MONTHLY household income before taxes \$4,000 or more, or is it less than \$4,000?

(Interviewer: (If under, ask:) Is it over or under \$3,000?

(If under, ask:) Is it over or under \$2,000?

(If under, ask:) Is it over or under \$1,000?

(If under, ask:) Is it over or under \$500?

(If under, ask:) Is it over or under \$60?)

(Interviewer:

(If over, ask:) Is it over or under \$5,000?

(If over, ask:) Is it over or under \$7,500?

(If over, ask:) Is it over or under \$10,000?

(If over, ask:) Is it over or under \$15,000?

(If over, ask:) Is it over or under \$20,000?)

- 01 Under \$60
- 02 \$60 to \$499
- 03 \$500 to \$999
- 04 \$1,000 to \$1,999
- 05 \$2,000 to \$2,999
- 06 \$3,000 to \$3,999
- 07 \$4,000 to \$4,999
- 08 \$5,000 to \$7,499
- 09 \$7,500 to \$9,999
- 10 \$10,000 to \$14,999
- 11 \$15,000 to \$19,999
- 12 \$20,000 and over
- 98 (DK)
- 99 (Refused)

(Interviewer: READ:)

QID:180219 That completes our survey; however, we are required by law to report to you the OMB Control Number for this public information request. That number is 0915-0290, which expires March 31, 2015.

Results of the survey will be available in about six months on a government website. Would you like the website address? **(If yes:)** The address is www.organdonor.gov, that is spelled O-R-G-A-N-D-O-N-O-R (one word) dot-G-O-V.

(Interviewer: VALIDATE PHONE NUMBER

AND THANK RESPONDENT BY SAYING:)

QID:180220 Again, this is _____, with The Gallup Poll of _____. I would like to thank you for your time. Our mission is to "help people be heard" and your opinions are important to Gallup in accomplishing this.

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Appendix D

Regression for Granted Permission

Parameter Estimates					
Willing to Donate	Willing to grant permission recode	B	Hypothesis Test		
			t	df	Sig.
	(Intercept)	-6.213	-4.661	1342.000	.000
	[Education_R=.00]	.087	.253	1342.000	.800
	[Education_R=1.00]	-.232	-.727	1342.000	.467
	[Education_R=2.00]	.000 ^a			
	[age_r=.00]	.856	2.157	1342.000	.031
	[age_r=1.00]	.446	1.525	1342.000	.127
	[age_r=2.00]	.000 ^a			
	[race_r=.00]	1.971	2.166	1342.000	.031
	[race_r=1.00]	.707	1.414	1342.000	.158
	[race_r=2.00]	.522	1.398	1342.000	.162
	[race_r=3.00]	.499	.583	1342.000	.560
	[race_r=4.00]	.179	.552	1342.000	.581
	[race_r=5.00]	.000 ^a			
	[hispanic_r=.00]	-.320	-.772	1342.000	.440
	[hispanic_r=1.00]	.000 ^a			
	[gender_r=.00]	-.036	-.149	1342.000	.881
	[gender_r=1.00]	.000 ^a			
	[marital_status_r=.00]	.261	.919	1342.000	.358
	[marital_status_r=1.00]	.000 ^a			
	[region_r=.00]	.089	.244	1342.000	.807
	[region_r=1.00]	-.069	-.207	1342.000	.836
	[region_r=2.00]	-.399	-.983	1342.000	.326
	[region_r=3.00]	.000 ^a			
	[Healthcare=.00]	.508	1.017	1342.000	.310
	[Healthcare=1.00]	.000 ^a			
	[q12a_r=.00]	1.264	4.616	1342.000	.000
	[q12a_r=1.00]	.000 ^a			
	[q12f_r=.00]	.075	.243	1342.000	.808
	[q12f_r=1.00]	.000 ^a			
	[q12g_r=.00]	-.024	-.096	1342.000	.923
	[q12g_r=1.00]	.000 ^a			
	[q16a_r=.00]	-.203	-.857	1342.000	.392
	[q16a_r=1.00]	.000 ^a			
	[q16b_r=.00]	.726	2.643	1342.000	.008
	[q16b_r=1.00]	.000 ^a			
	[q16c_r=.00]	-.180	-.660	1342.000	.510
	[q16c_r=1.00]	.000 ^a			
	[q16d_r=.00]	-.193	-.811	1342.000	.418
	[q16d_r=1.00]	.000 ^a			
	[q16g_r=.00]	.455	1.577	1342.000	.115
	[q16g_r=1.00]	.000 ^a			
	[q16i_r=.00]	.257	1.004	1342.000	.316

Parameter Estimates					
Willing to Donate	Willing to grant permission recode	B	Hypothesis Test		
			t	df	Sig.
	[q16i_r=1.00]	.000 ^a			
	[q22c_r=.00]	-.619	-2.083	1342.000	.037
	[q22c_r=1.00]	.000 ^a			
	[q22d_r=.00]	.738	2.207	1342.000	.028
	[q22d_r=1.00]	.000 ^a			
	[q22f_r=.00]	.798	2.615	1342.000	.009
	[q22f_r=1.00]	.000 ^a			
	[q12b_r=.00]	.582	1.303	1342.000	.193
	[q12b_r=1.00]	.000 ^a			
	[q12c_r=.00]	.745	2.988	1342.000	.003
	[q12c_r=1.00]	.000 ^a			
	[q12d_r=.00]	.799	1.835	1342.000	.067
	[q12d_r=1.00]	.000 ^a			
	[q12e_r=.00]	.628	1.566	1342.000	.118
	[q12e_r=1.00]	.000 ^a			
	[q12h_r=.00]	.611	1.635	1342.000	.102
	[q12h_r=1.00]	.000 ^a			
	[q16e_r=.00]	.519	1.850	1342.000	.065
	[q16e_r=1.00]	.000 ^a			
	[q16f_r=.00]	-.490	-1.197	1342.000	.231
	[q16f_r=1.00]	.000 ^a			
	[q16h_r=.00]	.401	.930	1342.000	.353
	[q16h_r=1.00]	.000 ^a			
	[q16j_r=.00]	.780	2.435	1342.000	.015
	[q16j_r=1.00]	.000 ^a			
	[q16k_r=.00]	-.214	-.484	1342.000	.628
	[q16k_r=1.00]	.000 ^a			
	[q16l_r=.00]	.638	.996	1342.000	.319
	[q16l_r=1.00]	.000 ^a			
	[q16m_r=.00]	.213	.845	1342.000	.398
	[q16m_r=1.00]	.000 ^a			
	[q22a_r=.00]	.416	1.591	1342.000	.112
	[q22a_r=1.00]	.000 ^a			
	[q22b_r=.00]	-.040	-.118	1342.000	.906
	[q22b_r=1.00]	.000 ^a			
	[q22e_r=.00]	.543	1.130	1342.000	.259
	[q22e_r=1.00]	.000 ^a			
	[q22g_r=.00]	-.463	-.922	1342.000	.357
	[q22g_r=1.00]	.000 ^a			
	[q22h_r=.00]	-.367	-.849	1342.000	.396
	[q22h_r=1.00]	.000 ^a			

Willingness Comparisons

Variable	Comparison Group	Odds Ratio
Education	College and higher vs. High school or less	NSS
	Some college or vocational vs. High school or less	NSS
Age	18-34 vs. 55+	2.36
	35-54 vs. 55+	NSS
Race	Multi vs. White	7.18
	Other vs. White	NSS
	Asian vs. White	NSS
	Native American vs. White	NSS
	African-American vs. White	NSS
Hispanic	Non-Hispanic vs. Hispanic	NSS
Gender	Female vs. Male	NSS
Marital Status	Married vs. All others	NSS
Region	West vs. Northeast	NSS
	South vs. Northeast	NSS
	Midwest vs. Northeast	NSS
Healthcare	Health care worker vs. Not a health care worker	NSS
q12a	Disagree vs. All Others	3.54
q12f	Disagree vs. All Others	NSS
q12g	Disagree vs. All Others	NSS
q16a	Disagree vs. All Others	NSS
q16b	Disagree vs. All Others	2.07
q16c	Disagree vs. All Others	NSS
q16d	Disagree vs. All Others	NSS
q16g	Disagree vs. All Others	NSS
q16i	Disagree vs. All Others	NSS
q22c	Disagree vs. All Others	.54
q22d	Disagree vs. All Others	2.09
q22f	Disagree vs. All Others	2.22
q12b	Agree vs. All Others	NSS
q12c	Agree vs. All Others	2.11
q12d	Agree vs. All Others	NSS
q12e	Agree vs. All Others	NSS
q12h	Agree vs. All Others	NSS
q16e	Agree vs. All Others	NSS
q16f	Agree vs. All Others	NSS
q16h	Agree vs. All Others	NSS
q16j	Agree vs. All Others	2.18

Variable	Comparison Group	Odds Ratio
q16k	Agree vs. All Others	NSS
q16l	Agree vs. All Others	NSS
q16m	Agree vs. All Others	NSS
q22a	Agree vs. All Others	NSS
q22b	Agree vs. All Others	NSS
q22e	Agree vs. All Others	NSS
q22g	Agree vs. All Others	NSS
q22h	Agree vs. All Others	NSS

*NSS Not Statistically Significant

Parameter Estimates					
Granted permission	Granted permission recode	B	Hypothesis Test		
			t	df	Sig.
	(Intercept)	-6.347	-6.488	3256.000	.000
	[Education_R=.00]	.357	1.722	3256.000	.085
	[Education_R=1.00]	.190	.957	3256.000	.339
	[Education_R=2.00]	.000 ^a			
	[age_r=.00]	.696	2.902	3256.000	.004
	[age_r=1.00]	.281	1.471	3256.000	.141
	[age_r=2.00]	.000 ^a			
	[race_r=.00]	.789	1.135	3256.000	.256
	[race_r=1.00]	-.016	-.050	3256.000	.960
	[race_r=2.00]	-.155	-.482	3256.000	.630
	[race_r=3.00]	-.623	-2.547	3256.000	.011
	[race_r=4.00]	-.598	-2.392	3256.000	.017
	[race_r=5.00]	.000 ^a			
	[hispanic_r=.00]	.277	1.060	3256.000	.289
	[hispanic_r=1.00]	.000 ^a			
	[gender_r=.00]	.311	1.818	3256.000	.069
	[gender_r=1.00]	.000 ^a			
	[marital_status_r=.00]	.052	.307	3256.000	.759
	[marital_status_r=1.00]	.000 ^a			
	[region_r=.00]	-.059	-.220	3256.000	.826
	[region_r=1.00]	.086	.340	3256.000	.734
	[region_r=2.00]	.520	1.959	3256.000	.050
	[region_r=3.00]	.000 ^a			
	[Healthcare=.00]	.482	1.775	3256.000	.076
	[Healthcare=1.00]	.000 ^a			
	[q12a_r=.00]	1.437	6.350	3256.000	.000
	[q12a_r=1.00]	.000 ^a			
	[q12f_r=.00]	-.275	-1.415	3256.000	.157
	[q12f_r=1.00]	.000 ^a			

Parameter Estimates					
Granted permission	Granted permission recode	B	Hypothesis Test		
			t	df	Sig.
	[q12g_r=.00]	.043	.249	3256.000	.803
	[q12g_r=1.00]	.000 ^a			
	[q16a_r=.00]	-.435	-2.449	3256.000	.014
	[q16a_r=1.00]	.000 ^a			
	[q16b_r=.00]	.410	1.630	3256.000	.103
	[q16b_r=1.00]	.000 ^a			
	[q16c_r=.00]	.038	.223	3256.000	.823
	[q16c_r=1.00]	.000 ^a			
	[q16d_r=.00]	.175	1.018	3256.000	.309
	[q16d_r=1.00]	.000 ^a			
	[q16g_r=.00]	.737	3.291	3256.000	.001
	[q16g_r=1.00]	.000 ^a			
	[q16i_r=.00]	.001	.007	3256.000	.995
	[q16i_r=1.00]	.000 ^a			
	[q22c_r=.00]	.156	.725	3256.000	.469
	[q22c_r=1.00]	.000 ^a			
	[q22d_r=.00]	.464	1.427	3256.000	.154
	[q22d_r=1.00]	.000 ^a			
	[q22f_r=.00]	.091	.371	3256.000	.711
	[q22f_r=1.00]	.000 ^a			
	[q12b_r=.00]	.100	.219	3256.000	.827
	[q12b_r=1.00]	.000 ^a			
	[q12c_r=.00]	1.404	7.161	3256.000	.000
	[q12c_r=1.00]	.000 ^a			
	[q12d_r=.00]	.663	2.023	3256.000	.043
	[q12d_r=1.00]	.000 ^a			
	[q12e_r=.00]	.540	1.138	3256.000	.255
	[q12e_r=1.00]	.000 ^a			
	[q12h_r=.00]	-.173	-.633	3256.000	.527
	[q12h_r=1.00]	.000 ^a			
	[q16e_r=.00]	.569	2.616	3256.000	.009
	[q16e_r=1.00]	.000 ^a			
	[q16f_r=.00]	-.411	-1.253	3256.000	.210
	[q16f_r=1.00]	.000 ^a			
	[q16h_r=.00]	.181	.612	3256.000	.541
	[q16h_r=1.00]	.000 ^a			
	[q16j_r=.00]	.888	2.328	3256.000	.020
	[q16j_r=1.00]	.000 ^a			
	[q16k_r=.00]	.290	.893	3256.000	.372
	[q16k_r=1.00]	.000 ^a			
	[q16l_r=.00]	-.651	-1.089	3256.000	.276
	[q16l_r=1.00]	.000 ^a			
	[q16m_r=.00]	.399	2.163	3256.000	.031
	[q16m_r=1.00]	.000 ^a			
	[q22a_r=.00]	-.046	-.262	3256.000	.794

Parameter Estimates					
Granted permission	Granted permission recode	B	Hypothesis Test		
			t	df	Sig.
	[q22a_r=1.00]	.000 ^a			
	[q22b_r=.00]	.101	.304	3256.000	.761
	[q22b_r=1.00]	.000 ^a			
	[q22e_r=.00]	-.042	-.110	3256.000	.912
	[q22e_r=1.00]	.000 ^a			
	[q22g_r=.00]	-.404	-.930	3256.000	.352
	[q22g_r=1.00]	.000 ^a			
	[q22h_r=.00]	.947	2.539	3256.000	.011
	[q22h_r=1.00]	.000 ^a			

Comparison Group Granted Permission

Variable	Comparison Group	Odds Ratio
Education	College and higher vs. High school or less	NSS
	Some college or vocational vs. High school or less	NSS
Age	18-34 vs. 55+	2.01
	35-54 vs. 55+	NSS
Race	Multi vs. White	NSS
	Other vs. White	NSS
	Asian vs. White	NSS
	Native American vs. White	.54
	African American vs. White	.55
Hispanic	Non-Hispanic vs. Hispanic	NSS
Gender	Female vs. Male	NSS
Marital Status	Married vs. All others	NSS
Region	West vs. Northeast	NSS
	South vs. Northeast	NSS
	Midwest vs. Northeast	NSS
Healthcare	Health care worker vs. Not a health care worker	NSS
q12a	Disagree vs. All Others	4.21
q12f	Disagree vs. All Others	NSS
q12g	Disagree vs. All Others	NSS
q16a	Disagree vs. All Others	.65
q16b	Disagree vs. All Others	NSS
q16c	Disagree vs. All Others	NSS
q16d	Disagree vs. All Others	NSS
q16g	Disagree vs. All Others	2.09
q16i	Disagree vs. All Others	NSS
q22c	Disagree vs. All Others	NSS
q22d	Disagree vs. All Others	NSS
q22f	Disagree vs. All Others	NSS
q12b	Agree vs. All Others	NSS
q12c	Agree vs. All Others	4.07
q12d	Agree vs. All Others	1.94
q12e	Agree vs. All Others	NSS
q12h	Agree vs. All Others	NSS
q16e	Agree vs. All Others	1.77
q16f	Agree vs. All Others	NSS
q16h	Agree vs. All Others	NSS
q16j	Agree vs. All Others	2.43
q16k	Agree vs. All Others	NSS
q16l	Agree vs. All Others	NSS

Variable	Comparison Group	Odds Ratio
q16m	Agree vs. All Others	1.49
q22a	Agree vs. All Others	NSS
q22b	Agree vs. All Others	NSS
q22e	Agree vs. All Others	NSS
q22g	Agree vs. All Others	NSS
q22h	Agree vs. All Others	2.58

*NSS Not Statistically Significant

