



Generosity in Times of Crisis

American Helping Behaviors During
the COVID-19 Pandemic

Yongzheng Yang
Pamala Wiepking
Cathie Carrigan

Series Editors

Pamala Wiepking
Cassandra M. Chapman
Lucy Holmes McHugh



We are a collaborative research group involving over 50 scholars from more than 20 countries led by Professor Pamala Wiepking from the Indiana University Lilly Family School of Philanthropy in the United States.

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Table of Contents

1. Executive Summary	4
2. Introduction: COVID-19 and Public Generosity	5
3. Research Method	6
3.1 Participants and Procedure	6
3.2 Timing and COVID-19 Context	6
4. Global Comparison	7
5. National Findings	8
5.1 Generosity During COVID-19	8
5.2 Changes in Generosity	9
5.3 Case Study	11
6. Conclusion	13
6.1 Key Findings	13
6.2 Implications for Nonprofits	13
6.3 Implications for Government Policy	14
7. References	15
8. Appendix	16
8.1 Notes	16
8.2 Additional Information About Sample	16
8.3 Additional Findings	16

1. Executive Summary

The COVID-19 pandemic has thrown the world into a health crisis that has had devastating effects on the global economy and public life in many countries. Little is known about how people have responded to two competing pressures caused by the crisis in many countries: increased community need coupled with decreased financial capacity to help others. We surveyed 1,535 Americans in September 2020 to understand how their generosity behaviors manifested and changed during the COVID-19 pandemic. By generosity we mean all forms of behavior that people engage in with the intention of benefiting others (including people, animals, and environments).

Three key findings emerged:

1. Compared to people in other countries, Americans reported to be more likely to volunteer time, donate money, donate blood, and donate goods.
2. Americans displayed generosity behavior in diverse ways. Of the multiple forms of generosity behavior, Americans were more likely to give money to people they knew, donate money to charity, and donate products to a food bank or other organizations.
3. It seemed that a large portion of American households' generosity behavior did not change during the pandemic, regardless of the form of generosity behavior and the element of the pandemic considered.

Managerial Implications. Nonprofits may wish to:

- Continue to engage in fundraising and connect with donors, even though (or maybe especially when) your organization is doing work unrelated to an ongoing crisis. The data show that many Americans continued to donate money to charity during the COVID-19 pandemic, and that organizations that paused their fundraising struggled to keep their income at pre-pandemic levels.
- Develop a plan to stay in communication with donors and volunteers during times of crisis. Consider documenting any innovations your organization has created during the current or past crises, and document these as a Standard Operating Procedure for future shocks.
- When possible, create alternative options for volunteers to engage, and develop and communicate clear and consistent guidelines for them to work safely.

Policy Implications. Governments may wish to:

- Advocate donations to charity by individuals for whom relief instruments such as stimulus checks are not needed.
- Communicate clearly and regularly with the public to increase trust and reduce ambiguity.
- Consider best practices for essential non-profit service providers and establish consistent guidelines for their safety even when local restrictions might shift.

2. Introduction: COVID-19 and Public Generosity

In early 2020, the world was thrown into a health crisis that had devastating effects on the global economy and social life in many countries: the COVID-19 pandemic. At the time of writing (September 2021), more than 225 million people have contracted the virus globally and over 4.6 million people have died (Worldometer, 2021). By April 2020, more than 3.9 billion people from 90 countries – around half the world’s population – were told by their governments to stay at home to slow the spread of the virus (Sandford, 2020). These restrictions had knock-on effects for people’s social lives, as many people were separated from friends and family for long periods of time. Restricted movement (and associated dampened spending) also devastated many economies, with more than 225 million full-time jobs being lost from the global economy and unemployment rates skyrocketing in many countries (Hassan, 2021). In short, the COVID-19 pandemic has been a global crisis that has severely impacted social and economic life in many countries.

The pandemic has had two competing effects in relation to the provision of social support to communities in need. On the one hand, the crisis amplified need: many more families than usual found themselves in need of support due to sickness or unemployment, especially families from vulnerable communities. On the other hand, because the global economy was straining and many families were facing difficult times, nonprofits and social programs faced reduced flows of income and support (CAF, 2021). Yet little is known about how people responded to these twin pressures: did the pressures of the pandemic constrain generosity, or were people able to find ways to help each other regardless? The purpose of this report is to answer this overarching question:

How have generosity behaviors manifested and changed during the COVID-19 pandemic?

We define generosity as all forms of behavior that people engage in with the intention of benefiting others (including people, animals, and environments).¹ Generosity behaviors therefore include both formal and informal support. Examples of formal generosity behaviors are donating money to charities, volunteering for nonprofit organizations, or giving blood. Informal generosity behaviors include helping people they know, helping strangers, and participating in grassroots community groups.

To answer our research question, we formed a team of researchers working in eleven countries to collect data on the formal and informal generosity practices that emerged during the COVID-19 pandemic. Countries included in the research project were Australia, Austria, Finland, Germany, Iceland, Israel, Norway, Russia, South Korea, Sweden, and the United States. Country reports will be available online at: www.globalgenerosityresearch.com. This series is part of a broader research initiative from “The Global Generosity Project” led by Professor Pamala Wiepking from the Indiana University Lilly Family School of Philanthropy in the United States.

In this report, we focus on the American context however we include some high-level comparisons with nine other countries where the same data was collected: Australia, Austria, Finland, Germany, Iceland, Norway, Russia, South Korea and Sweden.

By understanding generosity responses to this particular crisis, we can learn more about how individuals and societies respond to crises in general. Such knowledge can be used to develop policies and practices that ensure the United States will be able to withstand future shocks while maintaining a thriving and harmonious social fabric. To this end, we include a summary of our key findings and recommendations for both nonprofits and government.

3. Research Method

3.1 Participants and Procedure

Data were collected in eleven countries during the second half of 2020 and early 2021, with at least 644 participants per country (range 644 – 5900). In many countries, efforts were made to generate a nationally representative sample of participants.

The American data are from the Crowdfunding and COVID 2020 Study conducted by NORC. NORC at the University of Chicago is an independent research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. This study was offered on both phone and web platforms. A nationally representative sample of US adults aged 18 and older was selected from NORC's AmeriSpeak Panel, which is a probability-based panel funded and operated by NORC and designed to be representative of the US household population. The interview completion rate was 31.8%. Participants were offered three US dollars for completing the survey at the early stage, but later the incentive was increased to five US dollars to boost participation. Finally, 1,535 participants completed the survey, of which 756 identified as men and 779 as women. Participants ranged in age from 18 to 95 years ($M = 47.04$, $SD = 17.17$). 49.3% were single and 29.3% had children under 18 years old living at home. Regarding household income, 25.1% had less than USD 30,000, 38.6% between USD 30,000 and 74,999, 23.1% between USD 75,000 and 124,999, and 13.2% more than USD 125,000. Although 62.5% respondents were White, people identifying with minority ethnicities also participated (11.7% Black, 18.2% Hispanic, 3.1% Asian/Pacific Islander, and 4.5% others). More information on the participant demographics can be found in the Appendix.

3.2 Timing and COVID-19 Context

The American survey was active from 14 September – 6 October, 2020. At that time in the United States, the COVID-19 pandemic was spreading quickly in many states. The different states and localities all had authority to impose restrictions, which led to very uneven responses across the United States. To keep teachers and students safe, schools opened with a mix of plans, ranging from in-person classes to remote schooling to hybrid models.

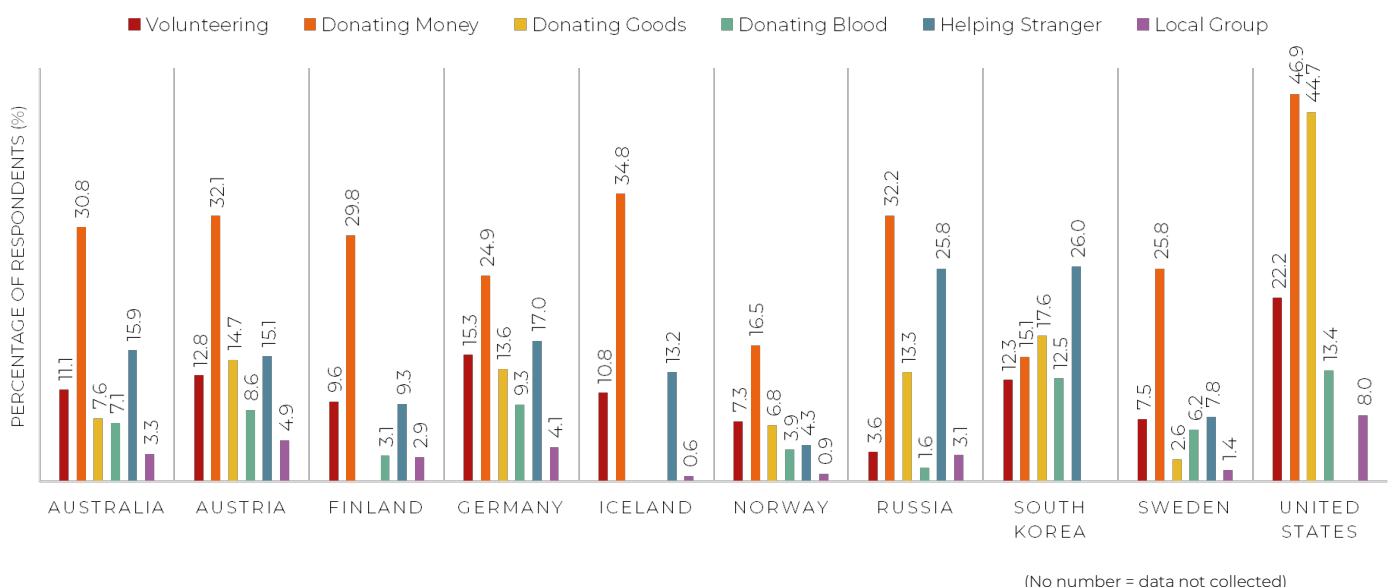
In October, after a September 26 gathering in the White House Rose Garden to announce his nominee for the Supreme Court, then-President Trump was tested positive for COVID-19 and multiple people who had also attended the gathering were later confirmed to have COVID-19.

The first confirmed case in the United States appeared in Washington State in January 2020. At the end of February, a patient near Seattle died from the virus and it was the first reported death in the United States. In March, the number of confirmed cases increased drastically. In the following months, the United States and many countries in the world saw sharp rise in the COVID-19 cases. The United States was one of the countries hardest hit by the pandemic in 2020, with approximately 43,000 new cases every day by late September 2020 (New York Times, 2021). Wearing masks and social distancing became requirements in many states. Universities, firms, and factories were closed. At the same time, researchers in many countries started to work on vaccinations and some vaccines (e.g. Pfizer, Moderna) were approved for emergency use by the Food and Drug Administration at the end of 2020 (Taylor, 2021). Unfortunately, wearing masks and vaccines seemed not to stop the COVID-19 pandemic. COVID-19 cases were still increasing around the globe in 2021 and some variant viruses (e.g. Delta virus) even had more serious detrimental effects on people's health.

4. Global Comparison

As seen in Figure 1, manifestations of generosity behaviors varied across national contexts. We asked participants which generosity behaviors they had engaged in since the beginning of the pandemic. Some countries did not ask about all behaviors. In most countries, donating money was the most common generosity behavior reported. Among the 10 countries, the respondents in the United States reported the highest levels of generosity behaviors. For example, Americans had the highest percentage of respondents volunteering time, donating money, donating goods, donating blood, and joining or forming local groups. There were no data on helping strangers in the United States.

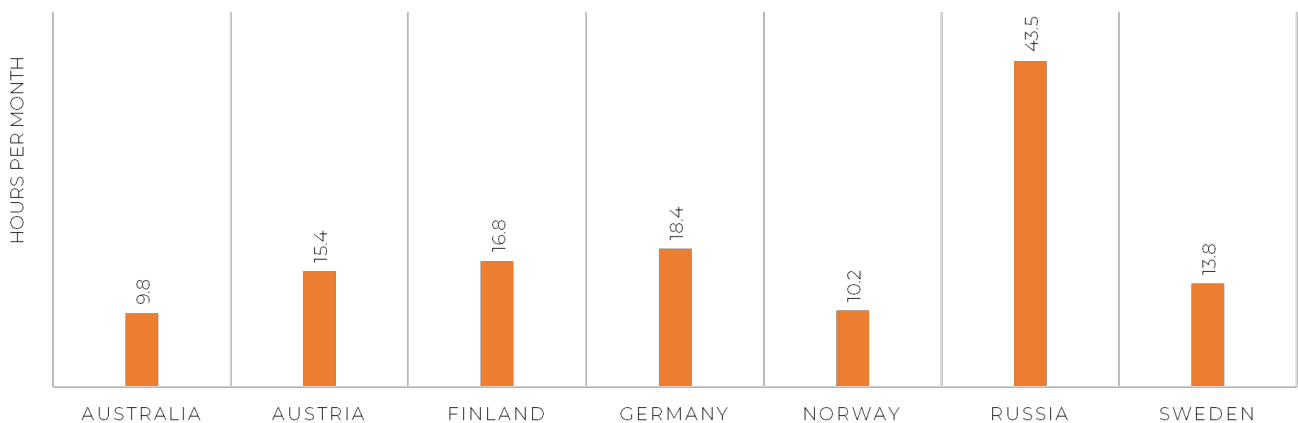
Figure 1. Generosity responses during pandemic



The extent of generosity behaviors varied significantly across nations. Respondents in different countries showed large differences in terms of the number of hours they volunteered each month² (see Figure 2). Unfortunately, there were no data on the number of hours spent on volunteering in the United States.

Of the hours volunteered per month (Figure 2), Russia stands out with 43.5 hours, about 2.5 times more hours than volunteers in Austria, Finland, Sweden and Germany. Yet Russia also had the lowest percentage of volunteers during the pandemic (Figure 1: 3.6%), compared with 22.2% of Americans, 15.3% of Germans and 12.8% Austrians.

Figure 2. Average number of hours per month spent volunteering during the COVID-19 pandemic



5. National Findings

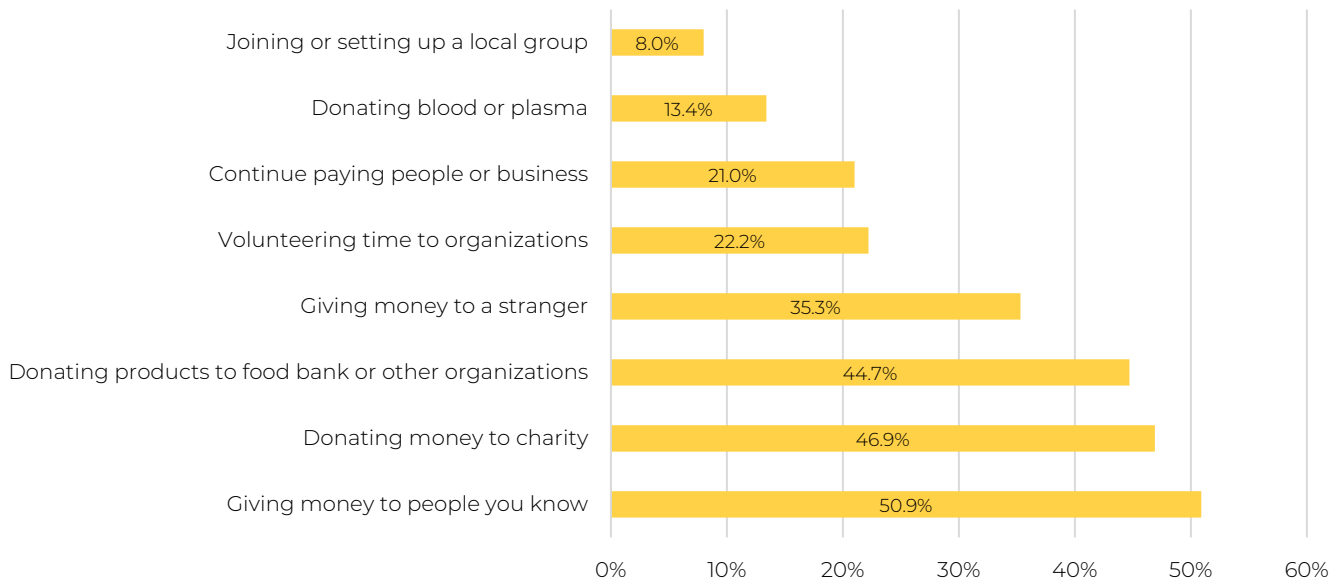
The key purpose of this report is to examine how Americans responded to the COVID-19 crisis; in particular, how individuals came together to help support those directly or indirectly affected by COVID-19. Below we consider the different forms of generosity behavior that were common in the United States during the pandemic and how these generosity behaviors changed during the pandemic. We then discuss a particular example of how generosity manifested in the United States during the crisis.

5.1 Generosity During COVID-19

Figure 3 shows the generosity behaviors that were most and least common in the United States during the pandemic. Of the eight generosity behaviors included in the United States survey, we can divide Americans' responses into three levels. In the highest level, Americans were most likely to give money to people they knew (50.9%), donate money to charity (46.9%), and donate products to a food bank or other organizations (44.7%). Americans were least likely to join or set up a local group (8.0%) and donate blood or plasma (13.4%). Americans showed a moderate level in continuing paying people or businesses for services they were unable to deliver due to restrictions during the pandemic (21.0%), volunteering time to organizations (22.2%), and giving money to strangers (35.3%).

Two issues are important to note. First, although we classified donating blood or plasma into the lowest level and volunteering time into the moderate level for U.S. generosity, the percentages of American respondents who donated blood or joined a local group were comparatively the highest among the 11 other countries in this study. Second, because the American survey did not include other forms of generosity behavior and the extent of all forms of generosity behavior, we cannot carry out further comparisons in this section.

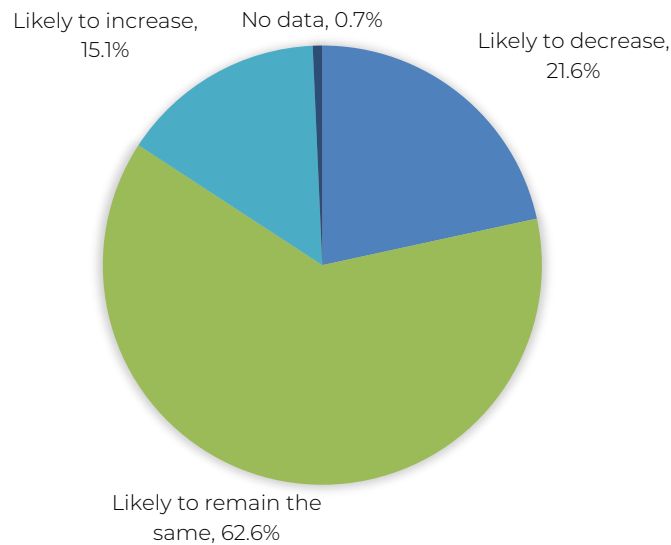
Figure 3. Manifestations of generosity in America during the COVID-19 pandemic (percent of respondents)



5.2 Changes in Generosity

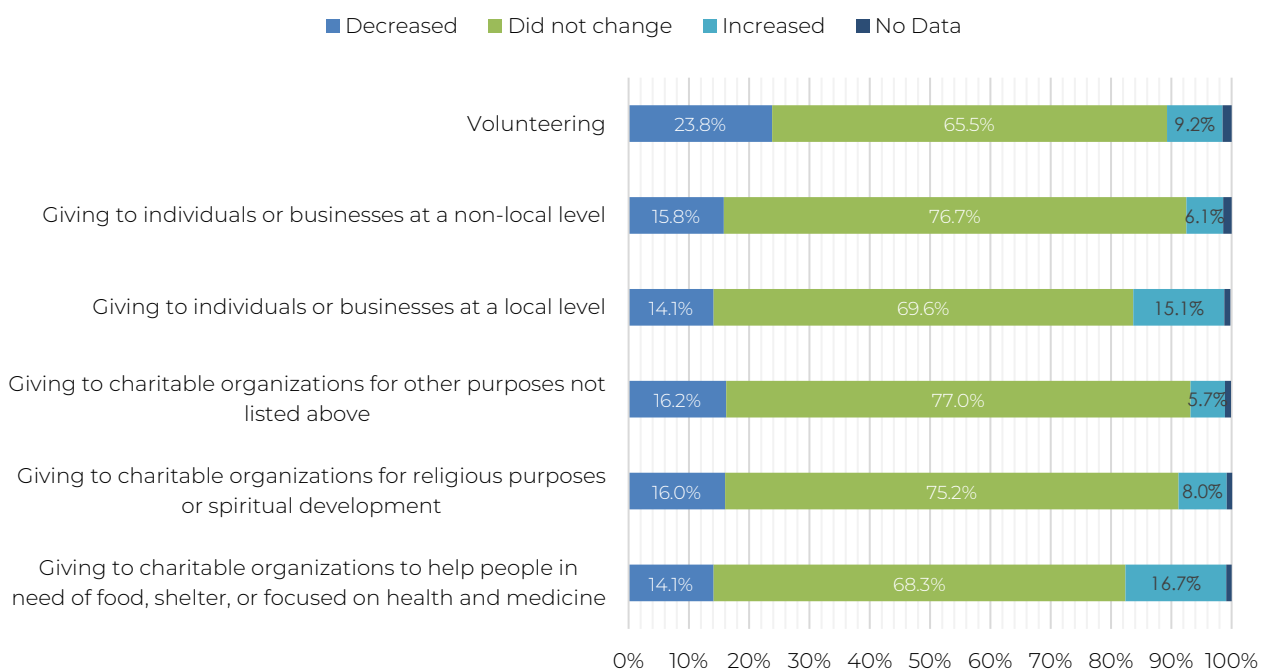
The American survey did not have the same questions about changes in generosity included in the surveys in other countries in the GGTC project, but interestingly, three groups of questions in the American survey can shed light on changes in generosity. The first question asked respondents “how do you think your households’ charitable giving will change in 2020 compared to 2019” with three responses: likely to decrease, likely to remain the same, and likely to increase. As shown in the Figure 4, most of respondents reported their households’ charitable giving would remain the same.

Figure 4. Likely change of charitable giving in the United States in 2020



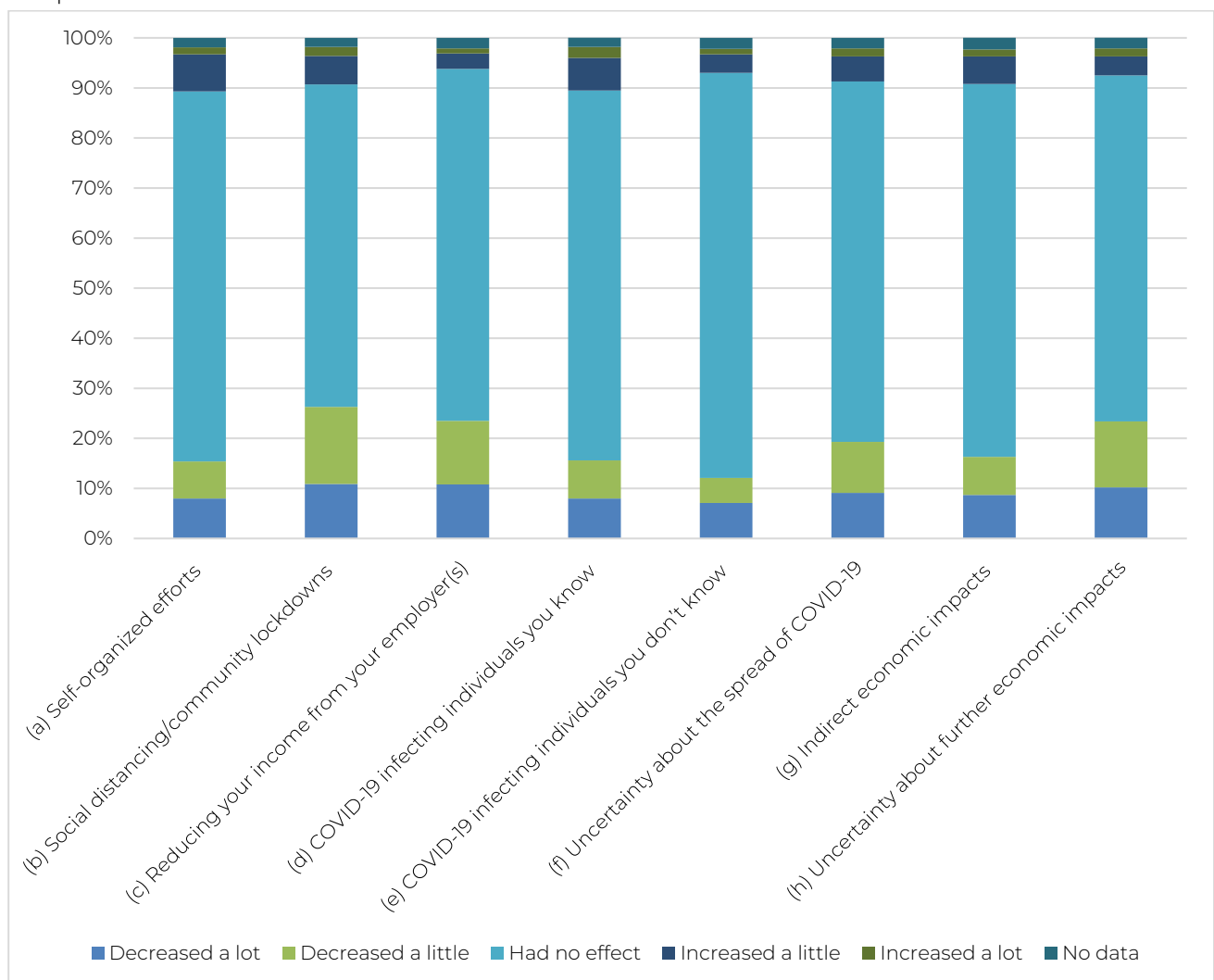
The second group consisted of six questions about the change of respondents' households' participation in the following generosity behaviors in response to the pandemic: (a) giving to charitable organizations to help people in need of food, shelter, or focused on health and medicine; (b) giving to charitable organizations for religious purposes or spiritual development; (c) giving to charitable organizations for other purposes not listed above; (d) giving to individuals or businesses at a local level; (e) giving to individuals or businesses at a non-local level; and (f) volunteering. As shown in Figure 5, the majority of respondents' households did not change their generosity behavior, regardless of which form of generosity behavior considered.

Figure 5. Change of respondents' households' participation in generosity behaviors in response to the pandemic.



The third group consisted of eight questions about how respondents' households' charitable giving was affected by the following elements of the pandemic: (a) self-organized efforts by people in local communities in response to COVID-19; (b) social distancing/community lockdowns reducing interaction with community; (c) social distancing/community lockdowns reducing income from employer(s); (d) COVID-19 infecting family, friends, or other individuals they know personally; (e) COVID-19 infecting public figures, community members, or other individuals they don't know personally; (f) uncertainty about the further spread of COVID-19; (g) indirect economic impacts (e.g. stock values, government support from the CARES Act); and (h) uncertainty about further economic impacts. As shown in Figure 6, for all the elements of the pandemic, most of respondents reported that these elements had no effect on their households' charitable giving.

Figure 6. How respondents' households' charitable giving was affected by different elements of the pandemic.



5.3 Case Studies

In response to the pandemic, Americans had displayed different kinds of generosity behavior since 2020. For example, many charitable organizations (e.g., Salvation Army, Meals on Wheels, Save the Children) quickly adopted their services to continue to safely deliver food to the needy elderly, children, and low-income families, who were dealing with increasing levels of food insecurity due to the pandemic (Block, 2020). The Salvation Army hands out hot meals in Chicago (pictured below).



Salvation Army meals Image: Block (2020)

Another case from the U.S. we would like to highlight is the VentilatorProject. In April 2020, during the height of the ventilator shortage in the United States, a team of volunteers in Rhode Island (pictured below) established [VentilatorProject.org](https://www.ventilatorproject.org) and, working with the University of Rhode Island and the Rhode Island Commerce Corporation, devised a way to repurpose unused sleep apnea machines so they could be used to help patients breathe in the early stages of COVID-19, before they required the use of ventilators. The project sent refurbished machines to U.S. hospitals, and later sent the machines to hospitals abroad for evaluation as a more affordable and less resource-intensive option for doctors working in lower-resource settings. The project has since partnered with doctors in Nigeria, Haiti, Indonesia, and Nicaragua to document their use of the devices.



Ventilator Project team Image: Naylor (2020)

In addition, we want to briefly discuss some important findings from a survey about the impact of COVID-19 on volunteering conducted by VolunteerMatch (VolunteerMatch, 2020). The survey was conducted twice in March and May 2020 and the participants included nonprofit program directors, corporate social responsibility practitioners, government officials, and volunteers. The survey results showed that the number of volunteering cancellations and the concerns about the impact of the pandemic on volunteering decreased from March to May, but many nonprofits still suspended all volunteering activities until further notice. Many nonprofits adjusted their volunteer engagement strategy to maintain existing volunteers and recruit more volunteers. Regarding corporate social responsibility, although investments into employee fundraising and matching programs remained stable, there was a substantial decrease in the investments in corporate giving and workplace volunteering. When asked about the barriers to volunteering commitment during the time, the following were three most important reasons: (a) fear of being exposed to illness; (b) fear of exposing others to illness; and (c) regulations or recommendations governing large gatherings.

6. Conclusion

In this section we briefly summarize the findings about Americans' generosity behaviors during the COVID-19 pandemic and elaborate potential implications both for government policy and nonprofit management.

6.1 Key Findings

There are three key findings from this report:

1. Compared to people in other countries, Americans reported to be more likely to volunteer time, donate money, donate blood, and donate goods.

2. Americans displayed generosity behavior in diverse ways. Of the multiple forms of generosity behavior, Americans were more likely to give money to people they knew, donate money to charity, and donate products to a food bank or other organizations.
3. It seemed that a large portion of American households' generosity behavior did not change during the pandemic, regardless of the form of generosity behavior and the element of the pandemic considered.

6.2 Implications for Nonprofits

Results suggest the need for nonprofits to keep actively engaging with all their stakeholders, especially donors, funders, volunteers and – if active in service provision – those people they are aiming to serve.

During times of crisis nonprofits can:

- Continue to engage in fundraising and connect with donors, even though (or maybe especially when) your organization is doing work unrelated to an ongoing crisis. The data show that many Americans continued to donate money to charity during the COVID-19 pandemic and that organizations that paused their fundraising struggled to keep their income at pre-pandemic levels.
- Develop a plan to stay in communication with donors and volunteers during times of crisis. Consider documenting any innovations your organization has created during the current or past crises, and document these as a Standard Operating Procedure for future shocks.
- When possible, create alternative options for volunteers to engage. Develop and communicate clear guidelines for them to work safely.

6.3 Implications for Government Policy

Results suggest that governments at different levels can play either an enabling or restricting role for non-profit organizations. Regular and clear communication about (changes in) how the government is addressing the pandemic, and its implication for how non-profits can perform their work are crucial. Government can also play a role in encouraging individuals and companies to donate relief instruments they do not need for personal pandemic relief to nonprofits serving those in more need.

During times of crisis governments can:

- Advocate donations to charity by individuals for whom relief instruments such as stimulus checks are not needed.
- Communicate clearly and regularly with the public to increase trust and reduce ambiguity.
- Consider best practices for essential non-profit service providers and establish clear and consistent guidelines for their safety even when local restrictions might shift.

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8. Appendix

8.1 Notes

1. A full overview of generosity behaviors can be found on the Open Science Framework (<https://osf.io/mznqu/>).
2. Due to unusual outliers, the data has been winsorized for two countries at the 99th (Australia) or 95th (Russia) percentile.

8.2 Additional Information About Sample

- Political ideology: 0% extremely liberal, 11.0% very liberal, 12.8% somewhat liberal, 45.0% moderate, 18.5% somewhat conservative, 10.6% very conservative, 0% extremely conservative, and 2.1% unknown.
- Sexual orientation: 2.6% lesbian or gay, 91.9% straight, 3.5% bisexual, 1.4% something else, and 0.6% missing.
- Religious attendance: 27.1% never, 15.1% less than once per year, 12.6% about once or twice a year, 10.8% several times a year, 4.6% about once a month, 4.8% 2-3 times a month, 7.2% nearly every week, 12.6% every week, 5.0% several times a week, and 0.1% missing.
- Educational attainment: 5.9% less than high school, 18.5% high school graduate, 42.7% vocational/tech school/some college/associates, 18.0% bachelor's degree, and 14.9% post graduate degree/professional degree.
- Current employment status: 51.5% working as a paid employee, 9.5% working as self-employed, 1.6% temporary layoff from the job, 5.7% looking for work, 17.9% retired, 6.3% disabled, and 7.6% not working due to other reasons.
- Four-level region: 15.5% in Northeast, 26.2% in Midwest, 28.9% in South, and 29.4% in West.
- Nine-level region: 5.1% in New England, 10.4% in Mid-Atlantic, 17.3% in East North Central, 8.9% in West North Central, 13.7% in South Atlantic, 4.8% in East South Central, 10.5% in West South Central, 10.6% in Mountain, and 18.8% in Pacific.
- Metro: 15.8% in non-metro area and 84.2% in metro area.
- Home ownership: 62.5% owned or being bought by the respondent or someone, 33.9% rented for cash, and 3.6% occupied without payment of cash rent.

8.3 Additional Findings

The American Crowdfunding and COVID 2020 Study conducted by NORC discussed in this report did not have any additional questions related to understanding generosity behavior in times of crisis. However, two other reports have been published that can help to better understand the generosity response of Americans in times of the COVID-19 crisis.

First of all, in September 2020 the Women's Philanthropy Institute from the IU Lilly Family School of Philanthropy published the report "COVID-19, generosity and gender: How giving changed during the early months of a global pandemic" (WPI, 2020). Using data collected earlier on during the pandemic (mid-May 2020), this report substantiates our conclusions that formal charitable giving in the United States did not change much during the pandemic. The report highlights that nearly half of those surveyed reported giving indirectly to support individuals and businesses, for example by ordering take out to support restaurants, and continuing to pay for services that they could no longer render.

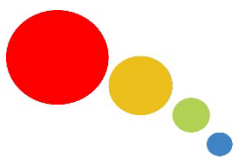
Second, the 2021 Giving USA Report (Giving USA, 2021) published Summer 2021, shares that while formal charitable giving in the United States reached the highest level recorded, the donations were made to a higher extent by wealthy Americans, who were more sheltered from the economic and social consequences of the pandemic (also see Bank of America, 2021). In addition, growth in funding for charitable organizations did not benefit all sectors equally. Especially those organizations working in human services, responding to hunger and basic needs, as well as organizations working on community development and racial justice experienced growth. Organizations relying on in-person fundraising such as congregations, and/or focused on issues unrelated to COVID-19 relief or racial justice saw a decline in their support.



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