

The Health Benefits of Volunteering: A Review of Recent Research



Over the past two decades, a growing body of research indicates that volunteering provides not just social benefits, but individual health benefits as well. This research has established a strong relationship between volunteering and health: those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer. Some key findings from this research, along with an analysis of the relationship between volunteering and incidence of mortality and heart disease at the state level, are presented here. A more comprehensive review of this research can be found in the full report, "The Health Benefits of Volunteering: A Review of Recent Research", which can be downloaded at www.nationalservice.org.

KEY FINDINGS

Older volunteers are most likely to receive greater health benefits from volunteering.

Research has found that volunteering provides older adults, (those age 60 or older), with greater benefits than younger volunteers. These benefits include improved physical and mental health and greater life satisfaction. In addition, while depression may serve as a barrier to volunteer participation in mid-life adults, it is a catalyst for volunteering among older adults, who may seek to compensate for role changes and attenuated social relations that occur with aging. (Li and Ferraro, 2006; Van Willigen, 2000)

Volunteers must meet a "volunteering threshold" to receive significant health benefits.

When considering the relationship of the

frequency of volunteering to improved health benefits, researchers have found that there is a "volunteering threshold" for health benefits. That is to say, volunteers must be engaged in a certain amount of volunteering in order to derive health benefits from the volunteer activities. Once that threshold is met, no additional health benefits are acquired by doing volunteering more. The definition of considerable volunteering has been variously defined by these studies as 1) volunteering with two or more organizations; 2) 100 hours or more of volunteer activities per year; and 3) at least 40 hours of volunteering per year. (Oman et al., 1999; Lum and Lightfoot, 2005; Luoh and Herzog, 2002; Musick et al., 1999)

Volunteering leads to greater life satisfaction and lower rates of depression.

Evidence indicates that volunteering has a positive effect on social psychological fac-

(Continued)

tors, such as a personal sense of purpose and accomplishment, and enhances a person's social networks to buffer stress and reduce disease risk. (Herzog et al., 1998; Greenfield and Marks, 2004; Harlow and Cantor, 1996) According to one study, when older adults volunteered in 1986, they experienced lower rates of depression in 1994. (Musick and Wilson, 2003)

Volunteering and physical well-being are part of a positive reinforcing cycle.

A study of longitudinal data from the Americans' Changing Lives survey found that those who volunteered in 1986 reported higher levels of happiness, life-satisfaction, self-esteem, a sense of control over life, and physical health in 1989, while those in 1986 who reported higher levels of happiness, life-satisfaction, self-esteem, a sense of control over life, and physical health were more likely to volunteer in 1989. (Thoits and Hewitt, 2001)

Evidence suggests the possibility that the best way to prevent poor health in the future, which could be a barrier to volunteering, is to volunteer.

A number of studies demonstrate that those individuals who volunteer at an earlier point experience greater functional ability and better health outcomes later in life, even when the studies control for other factors, such as socioeconomic status

and previous illness. (Moen et al., 1992; Lum and Lightfoot, 2005; Luoh and Herzog, 2002; Morrow-Howell et al., 2003)

Individuals who volunteer live longer.

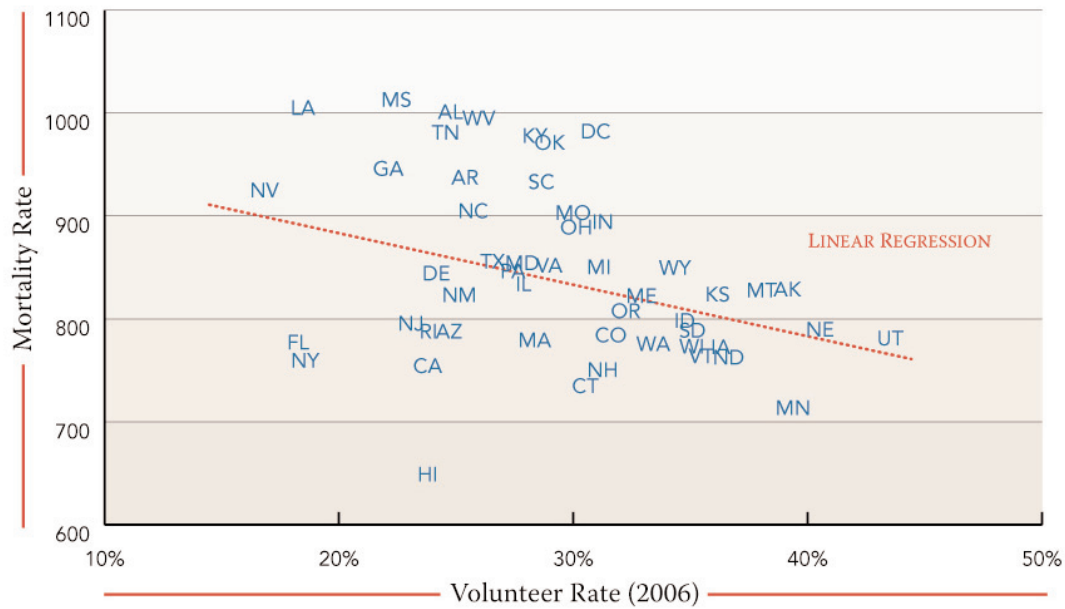
Several longitudinal studies have found that those individuals who volunteer during the first wave of the survey have lower mortality rates at the second wave of the survey, even when taking into account such factors as physical health, age, socioeconomic status and gender. (Sabin, 1993; Rogers, 1996; Musick et al., 1999)

Researchers have also found that when patients with chronic or serious illness volunteer, they receive benefits beyond what can be achieved through medical care. (Arnstein et al., 2002; Sullivan and Sullivan, 1997)

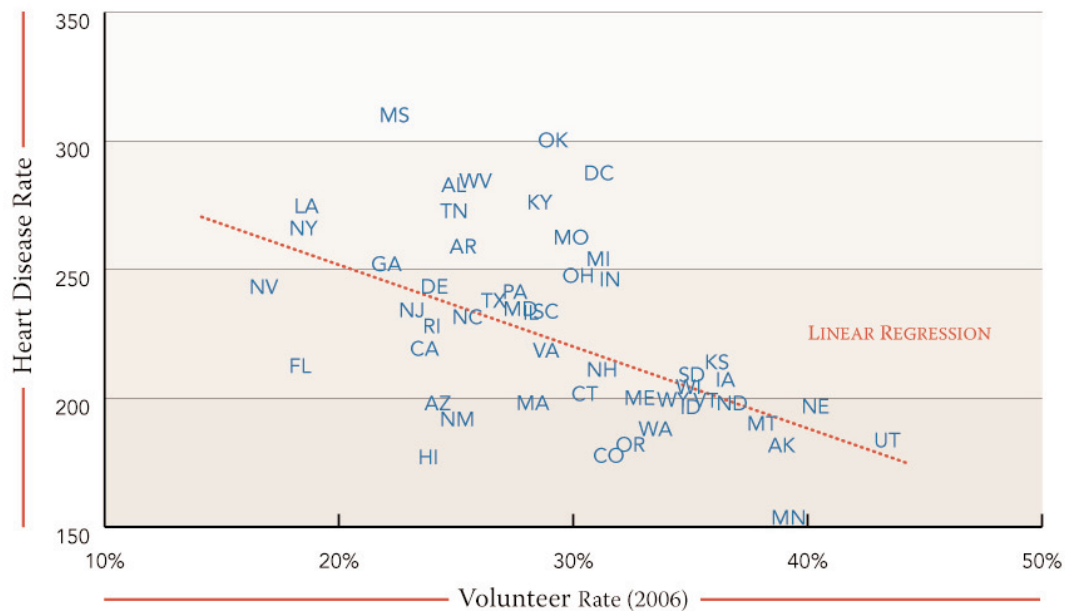
State volunteer rates is strongly connected with the physical health of the states' population.

Using health and volunteering data from the U.S. Census Bureau and the Center for Disease Control, we find that states with a high volunteer rate also have lower rates of mortality and incidences of heart disease. When comparing states, a general trend shows that health problems are more prevalent in states where volunteer rates are lowest.

2006 VOLUNTEER RATE VS. AGE-ADJUSTED MORTALITY RATE



2006 VOLUNTEER RATE VS. AGE-ADJUSTED INCIDENCE OF HEART DISEASE



RESEARCH IMPLICATIONS

Studies of the relationship between volunteering and health demonstrate that there is a significant relationship between volunteering and good health: when older adults volunteer, they not only help their community but also experience better health in later years, whether in terms of greater longevity, higher functional ability, or lower rates of depression. These findings are particularly relevant today as Baby Boomers—the generation of 77 million Americans born between 1946 and 1964—reach the age typically associated with retirement. We know that Baby Boomers in their late 40s to mid-50s are volunteering at a higher rate than earlier generations did at the same age. However, efforts should be made to not only maintain current levels of volunteering among Baby Boomers, but to keep those Baby Boomers who already volunteer, serving in the future by providing substantial, challenging, and fulfilling volunteer experiences. The results

of such efforts will not only help solve community problems, but simultaneously enhance the health of the growing number of older adults.

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¹The state volunteer rates were calculated from the 2004–2006 September Volunteer Supplements to the Current Population Survey (CPS). Age-adjusted mortality and heart disease rates were taken from National Vital Statistics Reports, Vol. 54 No. 13, April 19, 2006, Table 29, available at: http://www.cdc.gov/nchs/fastats/pdf/mortality/nvsr54_13_t29.pdf

²Both reports, *Keeping Baby Boomers Volunteering* and *Volunteer Growth in America*, can be downloaded at the Corporation's website: www.nationalservice.gov.

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