Santa Clara Volunteer Project Proposal: Improving Health in Retirees while Improving Communities

Principle Investigator: Laura L. Carstensen
Stanford University

Co Principle Investigator: Jack Rowe
Columbia University

April 28, 2014
Rationale: Aging societies offer a societal resource never before available: an army of retirees who are experienced, emotionally stable and healthy, who can address community and individual needs through volunteering. Because some of the most pressing challenges demand large investments of human capital, there are potentially enormous payoffs.

Findings to date: Working closely with the leadership of Santa Clara County (SCC), and with support from the MacArthur Foundation Research Network on an Aging Society and the National Institute on Aging, we completed the first phase of the research in 2013. This initial phase of work entailed a web-based survey that was implemented through the County Department of Human Resources. Approximately 4,000 employees and retirees completed the survey, representing a wide range of ages (from 20-96) and diverse ethnic, racial, and socioeconomic groups. The survey included a wide range of questions regarding how much employees currently volunteer, how interested they are in volunteer work, what factors they perceive as preventing them from volunteering, and what incentives and/or benefits might motivate them to volunteer more. We learned a great deal about the motivations and the barriers that influence volunteer engagement. Key findings included:

- **Employees and retirees are interested in volunteer work.** More than 90% of employees and 78% of retirees are at least somewhat interested in volunteering. This suggests great potential for increasing county volunteer rates via an explicit recruitment initiative.

- **Volunteering shows great continuity through retirement.** Consistent with prior research (Zedlewski, 2007), more than two-thirds of employees (69%) who volunteered prior to retirement continue after retiring. By contrast, only 37% of retirees who did not volunteer while working began to volunteer in retirement. These findings reinforce our reasoning that recruitment may be most effective prior to retirement; a hypothesis that we will test in the proposed intervention.

- **Practical barriers prevent many individuals from volunteering.** More than half of non-volunteers surveyed (55%) reported that a lack of free time prevents them from engaging in volunteer work. One-third of respondents reported that they did not have information about volunteer opportunities, and another one-third agreed that volunteer schedules were too inflexible. Very few non-volunteer employees and retirees (under 10%) perceived volunteer work as lacking meaningfulness or interest.

- **Appealing to intrinsic motivations may be particularly effective.** Personal gratification and deriving meaningful experience were the prime motives for volunteering regardless of age. Acquiring knowledge and advancing careers motivated younger employees but this was significantly less important to older employees and retirees. Asked about other potential benefits to volunteering, such as spending more time with close colleagues, were rated as relatively weak motivations for volunteering.

Proposed Intervention: Findings from our recent survey, combined with prior research, suggest ways to channel older workers into volunteer positions within the County. In the next phase of
the project we propose a partnership with the SCC Hospital system to recruit near-retirees and retirers into volunteer roles in the community and follow them over a 2 year period. A growing and compelling literature suggests that volunteering holds health benefits for older adults. We propose to monitor health expenditures and examine expected reductions in health care costs among volunteers. In addition to tracking the effects of the intervention on the duration and intensity of volunteering, as well as the potential beneficial effects on the volunteers, we will gauge the broader benefits to the populations they serve. A range of volunteer opportunities will be made available to participants.

Thus, there is good reason to expect that the project will help to improve the health of current and former SCC employees, reduce the County’s burden of health care costs and enhance the status of volunteer targets, such as schoolchildren, who benefit from the engagement of the volunteers. If successful, we believe SCC would be the first County government in the United States to launch such an effort and could serve as a template for similar efforts elsewhere throughout California and the nation.

Participants in the project will be recruited based on their willingness to volunteer and will be placed in volunteer positions during a staged process that allows for a waitlist control of prospective volunteers. Roughly half will begin during the first two years of the project while the remaining half serve as waitlisted controls. During the intervention, we will assess health status, health care expenditures, cognitive status and emotional well-being over a two year period. During years two and three of the project, the waitlist controls will begin their service. Physical health and cognitive assessments will occur three times during the two-year period volunteers are active in the intervention, once at the beginning, again at mid-point and finally at the end of the term. Across years four and five, we will continue to assess the initial volunteers in a follow up period after the formal program has ceased in order to assess potential continuation in volunteer positions and the related benefits after the formal program stops. Based on our survey findings and prior research in the literature, we expect that more than 60% of volunteers placed during the intervention will continue after the study has ended. Assessments of the volunteer targets will be tailored appropriately. If, for example, reading in school children is targeted, we would collect data on grades and literacy from schools.

The Stanford Center on Longevity, which Carstensen founded, will house and direct the project. The MacArthur Network on Aging Societies, led by Rowe, will provide scientific consultation and collaboration throughout the project.