

## The Relationship between Civic Engagement and Health among Older Adults

Laura C. Batista and A. Margarita Cruz-Ledón  
Florida International University, USA

**Abstract:** This paper explores the relationship between civic engagement and health among older adults. As the U.S. population ages and people are living longer in the retirement phase, practitioners need to provide programs of growth and development for this population.

The U.S. Department of Health and Human Services Administration on Aging reports that in 2005 13% of Americans were older adults (at least 65 years old), and this number is expected to increase by 39% in the next two decades (Fowles & Greenberg, 2005). “The ‘graying of America,’ a now familiar term, refers to the fact that more people are living longer than ever before in recorded history” (Hentschel & Eisen, 2002, p. 1). As a growing number of the U.S. population retires, the importance of providing a platform for older adults to continue growth and development activities such as volunteering in the later stages of life becomes more apparent. Boggs, Rocco, and Spangler (1995) define civic engagement as focused on the common good if, first they were working toward change in government policy or law or in conditions affecting the welfare of the community generally and, second, the good that was sought surpassed the self-interest of any one person and was collectively experienced. (p. 453)

For the purpose of this paper, we will focus on one particular form of civic engagement, volunteering. Civic engagement is the umbrella term in which volunteering is an aspect of civic engagement. The Harvard School of Public Health/MetLife Foundation Initiative on Retirement and Civic Engagement defines civic engagement as “actively participating in the life of their communities” through voting, joining community groups, and volunteering (2004, as cited in Martinson & Minkler, 2006, p. 3).

Sixty-eight percent of Americans older than 50 have volunteered for at least some of the time for an organized group in the last 12 months (Kochera, Straight, & Guterbock, 2005). For the purpose of this paper we will be discussing volunteering in terms of activities that are conducted in the community. Community is defined as people who live within a specific area, share common ties, and interact with one another (Kochera et al., 2005). Volunteering provides a productive component to aging and allows older adults to continue to be socially involved and to continue to grow and develop. In addition, there are health related implications to volunteering or civic engagement. Lum and Lightfoot (2005) report a positive correlation between volunteering or civic engagement by older adults and both physical and mental health. The purpose of this paper is to explore the relationship between civic engagement and health among older adults. First, the literature on civic engagement will be reviewed; second, we will discuss the role of civic engagement in health and, finally, implications and conclusion.

### Civic engagement

Older adults who are given the opportunity to participate in community oriented programs may feel responsible for getting involved, making a difference, and continuing to work on their personal and professional growth and development. Programs and initiatives that promote civic engagement among older adults recognize their invaluable contribution to their communities. Henkin and Zapf (2006-07) write that “tapping the skills, knowledge, and

experience of older adults who are looking for ways to reinvent themselves, remained attached to their communities and engage in civic life may be our most effective strategy for revitalizing communities and promoting successful aging” (p. 72). The most common motivation adults cite for becoming civically engaged is an underlying feeling of civic responsibility or duty (Burr, Caro, & Moorhead, 2002). The belief of responsibility to others is a factor of civic engagement, which can be linked to the establishment of a sense of meaning and purpose in late life, shown to be a determinant of health and well being (Kochera et al., 2005). Additional factors that influence civic engagement are time, money, skill requirement, volume of activity, and ability to communicate information to community leaders and organizations (Burr et al., 2002). Older adults who decide to volunteer provide a significant number of hours to community organizations. Older adults are urged to volunteer because volunteering has been shown to benefit their personal health and well being. “Through civic engagement, older adults benefit others—individuals and the community—as well as themselves” (Hinterlong & Williamson, 2006-07, p. 12).

### **Civic Engagement and Health**

The literature on older adults and civic engagement describes volunteering as a part of productive aging (Erlinghagen & Hank, 2006; Warburton, Paynter, & Petriwskyj, 2007). Several issues surround civic engagement: population shift, funding, and health. Population shift has brought the need for developing local leadership in communities. In rural communities preparing older adults for community leadership roles is crucial in filling vacancies left by young adults who move to urban areas in search of better opportunities. Research has found that older adults have the potential to contribute productively to their community (O’Reilly & Caro, 1994). In addition, older adults do not only participate as volunteers but also in leadership roles within their communities. Schultz and Galbraith (1993) found that older adults that participated in leadership development programs were more likely to engage in leadership roles in the community. Older adults’ capabilities and expertise from many years in the workforce are being tapped for leadership roles. Leadership development programs provide older adults with the tools, motivation, and confidence necessary to excel in community leadership positions. In addition older adult learner programs that incorporate leadership development are more successful in terms of participation (Luckie, 1999). Vandenberg, Fear, and Thullen (1988) defined leadership as the focus on community development: “Leadership is best conceptualized as involving the interrelationship among three dimensions: perception, process, and property” (p. 11).

As the funding for human services becomes scarcer, many non profit and governmental organizations are relying on experienced volunteers to fill the gap in the professional services they provide. Older adults supply experience and skills that may be cost restrictive when hiring. Finally, as older adults age, they can potentially face a decline in their health. Civic engagement in itself can help in improving older adults’ mental and physical health, therefore aiding in providing a better quality of life (Hinterlong, Morrow-Howell, & Rozario, 2007).

Self-reports of older adults demonstrate those that volunteer report having better physical health as compared to those that do not (Young, 1998). Although a direct relationship has not been found, links between volunteering and improved health and well being have been shown (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). Older adults who use their talents, skills, time, and energy to get involved, foster social interactions, and create meaningful experiences are more likely to have enhanced physical and mental health. Moreover a connection has been shown between volunteering, happiness, and life satisfaction (Kochera et al., 2005). In

addition, volunteering has also been linked to decrease in both mortality and disability rates among adults that volunteer (Lum & Lightfoot, 2005; Musick, Herzog, & House, 1999).

An outcome of volunteering is the expansion of older adults' social networks, which enhances both psychological and social resources. Hutchinson and Wexler (2007) conducted a study with older women who were part of a social activism group. The authors found that empowerment and social activism, which is an aspect of volunteerism, are positively related. Furthermore, the authors found that the women surveyed reported better health and well being than their counterparts. Goldberg and Beitz (2006) found that two stages of retirement. The first stage can be characterized as active and was linked to higher life satisfaction and better health. Increasing social networks and resources are seen as a protective factor that results in better health self reports, lower depressive symptoms and decline in functioning, and lower mortality rates in older adult volunteers in comparison to none volunteers (Lum & Lightfoot, 2005). Augmenting psychological resources aids older adults' acquisition of coping strategies to manage a new medical diagnosis. Musick and Wilson (2002) attributed the beneficial effects from volunteering to increased social interactions among older adults who volunteered. Among older adult volunteers women are most likely to report a direct relationship between volunteering and a reduction in depressive symptomology as well as increased well being (Choi & Bohman, 2007).

### **Implications and Future Research**

The purpose of this paper was to provide an overview of the literature on civic engagement and its relationship to health among older adults. The literature highlights the need for healthcare and adult education practitioners to work together in improving the quality of life of older adults (Knox, 2002; Martinson, & Minkler, 2006). The literature on civic engagement and health demonstrated a positive relationship between older adults participating in volunteering activities and their health (Choi, 2003). Older adults involved in civic activities report better mental and physical health. Civic engagement provides more social networks, therefore providing coping mechanisms.

Programs that provided the opportunity for leadership development had participants who were engaged in the program and who successfully completed the program and went on to seek leadership roles in their communities. Wilson & Simson (2003) found that older adults became more involved in their community after completing a leadership development program. The funding for leadership development programs for older adults is directly related to the success of the programs. Adult educators should include a component of leadership development in their programs to stimulates interest and then encourage the participants to apply what they have learned in their communities. In addition, new programs need to be geared at developing leadership skills in older adults. Preparing older adults for leadership roles in their community is important to increase participation in civic or volunteering activities. Health care practitioners should encourage older adults to be active in their communities and to seek activities that will enrich their lives and keep them active.

### **Conclusion**

As the U.S. population ages, it is important to improve the quality of life of older Americans. Civic engagement is viewed as the hallmark of productive aging and through leadership development programs we can increase the amount of older adults engaging in civic activities. Adults that were involved in civic activities prior to entering the retirement phase of their life continue to be actively involved in their communities (Rocco, Spangler, & Boggs, 1998; Smith, 2004). Civic involvement provides for more social networks and support to help

older adults cope with the different situations that they face. Leadership development programs provide the tools for older adults to be able to excel in leadership roles in their communities. Future research needs to look at the relationship between civic engagement and self reports of health versus medical reports of the participants' health. Furthermore, future research should explore the access of older adults to volunteering/community activities. In addition, researchers should study the possible causes for limited access to older adults to these types of activities.

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