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The Health and Functioning of Elders Volunteering for Habitat for Humanity

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FUNDING

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BACKGROUND

24.8% of older persons ages 65 and over volunteer in some capacity: 16.2 million (U.S Dept of Labor).

Elder volunteering literature to date has focused on elders volunteering for activities that require little physical strength or endurance.

Little is known about elders who volunteer for physically taxing volunteering activities.

It is not clearly known if only healthy elders volunteer or if volunteering contributes to greater elder health.

PURPOSE

The purpose of this mixed-methods study was to explore the health and functioning of elders participating in an organization sponsored Habitat for Humanity blitz build.

RESEARCH QUESTION

What is the health of these older persons and how do they function during a Habitat for Humanity build?

METHOD

Mixed methods study including:

- Quantitative descriptive methodology
 - Demographic profile
 - Short Form-12 Health Survey (SF12v2™)
- Ethnographic methodology
 - Participant observation
 - Semi-structured interviews

FINDINGS

Who are these Older Persons?

Woodmen of the World members from nine states (N=40) gathering for a Habitat Blitz Build in Maryville, Tennessee, summer of 2006.

Woodmen of the World/Omaha Woodmen Life Insurance Society is a fraternal life insurance agency that supports needy causes and encourages members to participate in activities that benefit their communities.

Few participants had worked in construction or related field as a profession.

HEALTH AND FUNCTIONING THEMES

Theme 1: "I'm still healthy"

Participants had major disease conditions, but perceived themselves healthy. They perceived their conditions as an inconvenience rather than presence of any type of illness:

"I've had a lot of problems. But I'm still healthy. If you look on there (survey), you'll see. I've had tuberculosis. I had a kidney out when I was 19 years old with tuberculosis. Ah, I've had open heart surgery. I've had by-passes done. I'm 69 years old. I had colon cancer oh, about 18 months ago, something like that. Went back for my check up this year... everything is fine."

Theme 2: Adjusting to limitations.

Each participant recognized the limits of their physical abilities and worked safely within those limits. They adjusted their pace and the type and amount of work that they did. There were no injuries during the week despite the rugged and steep lot site and the complexity of the work accomplished.

"Somewhat, as I mentioned about not walking the walls anymore when your knees start getting a little weak and you have to pry yourself up with your hands. Ah, its kind of hard to have the ability to walk up there anymore. And I get ah... a little short of breath due to some heart problems. And ah, so, I have to, I don't run the 100 yard dash anymore. Um... I might walk fifty. But ah... the, to me the thing is, staying with it until you get it done."

Theme 3: Everyone contributes.

Every participant contributed in his/her own way. Some participants painted, some framed, some put up siding, some roofed, some sawed lumber, some did electrical work or hung cabinets. Walls were plastered and painted. Sometimes, the participant's health conditions placed some significant restrictions on their ability to participate in the Build. But everyone found a way to be of help.

"I was diagnosed with throat cancer and had radiation...March, I had lung surgery and they removed 40% of my right lung... It slowed me down a lot...I couldn't do much of the heavy work. I just socialized, carried water, picked up trash or I call it 'be a gopher'... I've tried to be of some help."

Theme 4: Working hard.

Research team members expressed surprise at the intensity and duration of the work performed by the older volunteers stating that they had difficulty "keeping up" with the volunteers. The Habitat for Humanity executive director summarizes this hard work in the following statement:

"...they have health issues but they do not let those health issues put limitations on them. They work as hard as they can for as long as they can. And sometimes they work a little harder than they should and they pay the price the next day, but they don't let it stop them at all."

DEMOGRAPHIC CHARACTERISTICS

	N †	%
Male	24	60.0
Female	16	40.0
Caucasian	37	92.5%
Hispanic/other	3	7.5%
Age	Mean=68.64	SD=6.27
55-64	9	23.1
65-74	26	66.6
75 and above	4	10.3
Married	35	87.5
Widowed	5	12.5
High school graduate	22	55.0
Some college	7	17.5
Bachelor's degree or higher	4	10.0
Full-time employed	8	20.0
Part-time employed	28	70.0
Income Status		
Under \$24,999	8	20.6
\$25,000-34,999	4	11.8
\$35,000-49,999	9	26.5
\$50,000-74,999	8	23.5
\$75,000 and above	5	14.7

† The number of participants answering these questions varied

Comparison of the Participants Age 65 and Over (N=30) and the General Elderly Population† with regard to Chronic Health Conditions: Percentage of Incidence

Chronic Health Condition	Research Participants	Older Americans
Hypertension	37.5	51.9
Arthritis	30.0	49.9
Heart Disease	20.0	31.7
Any Cancer	25.0	20.6
Diabetes	25.0	17.0

† Reference data based on the *Older Americans Update 2006*, which reports data only for persons age 65 and older (2006, p.24).

HOWEVER:

Comparison of the qualitative interview information to the disease conditions marked on demographic questionnaires showed that one participant failed to mark heart disease, but discussed it in the interview and another talked about diabetes in the interview, but did not mark it on the questionnaire.

The most noticeable finding was that the questionnaire failed to capture a large number of musculoskeletal conditions. Eight participants reported such problems as: "knee problems"; "back problems"; "shoulder spur"; "broke back"; and "hip and shoulder replacement". These older adults did not mark the choice of arthritis as a condition on the questionnaire.

Coexisting Conditions:

- One condition- 30%
- Two conditions or more: - 46.9%

General Health:

- 95% reported health as good to excellent

Quality of Life:

- All participants reported their QOL as good to excellent

RESULTS OF ONE-SAMPLE t-TEST OF HEALTH AS MEASURED BY THE SF-12

	N	Sample Mean	U.S. Population† Mean	t
1. Physical Functioning (PF)	40	45.9	44.4	.98
2. Role Physical (RP)	37	44.6	45.1	-.32
3. Bodily Pain (BP)	39	47.3	47.5	-.14
4. General Health (GH)	40	46.4	46.4	-.06
5. Vitality (VT)	39	53.4	49.3	2.83*
6. Social Functioning (SF)	39	52.7	49.2	3.0*
7. Role Emotional (RE)	37	48.2	47.5	.38
8. Mental Health (MH)	38	55.6	51.5	3.1*
Physical Component Score (PCS)	36	44.2	44.0	.12
Mental Component Score (MCS)	36	55.4	50.5	3.65*

† Population norms are calculated based on data from the SF-12 scoring manual (Ware, et al., 2005, pp. 84 - 85)

HEALTH CONCLUSIONS

Although it may appear that these older adults were physically healthier than the general population based on reported disease conditions, they were not healthier physically for their age groups according to SF-12 category scores.

Self-reports of health conditions as a measure of health may not be reliable as conditions may be under-reported.

These older adults (Ages 65+) were mentally healthier than the general population for their age groups according to SF-12 category scores.

DISCUSSION

Perceived health is a better indicator of functioning than presence of disease conditions. Elders can provide valuable services beyond "traditional" volunteering activities. Elders should be recruited for more volunteer activities that are physically challenging.

LIMITATIONS

All participants were members of the same organization. Sample limited southeastern geographic location.

FUTURE STUDIES

This is the first study of its kind and will be used as a pilot study for future research exploring health of older persons who volunteer for physically taxing activities:

- Studies of other older persons working for Habitat for Humanity.
- Studies of such builds in other parts of this country.
- Studies of such builds in other countries.
- Intervention studies aimed at recruitment of more elders for such activities.
- Studies of older persons who have volunteered for hurricane relief efforts or other disaster relief activities.

