Health and functioning of older adults volunteering for Habitat for Humanity

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The Health and Functioning of Elders Volunteering for Habitat for Humanity

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FUNDING
Funding for this study was provided by a grant from Woodmen of the World/Omaha Woodmen Life Insurance Society and a Faculty development Grant from the University of Tennessee, Knoxville.

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.

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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.

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

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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

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.

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

The most noticeable finding was that the questionnaire failed to capture a large number of musculoskeletal symptoms.

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Participants</th>
<th>Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>16</td>
<td>39.9</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>9</td>
<td>11.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5</td>
<td>11.0</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Cancer</td>
<td>7</td>
<td>11.0</td>
</tr>
<tr>
<td>COPD</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Asthma</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

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 elders volunteering activities.
- Studies of older persons volunteering for Habitat for Humanity.
- Studies of such builds in other parts of this country.
- Studies of such builds in other countries.
- Studies of other older persons working for Habitat for Humanity.
- Studies of other older persons volunteering for more volunteer activities that are physically challenging.
- Studies of other older persons who have volunteered for hurricane relief efforts or other disaster relief activities.

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

<table>
<thead>
<tr>
<th>RESEARCH QUESTION</th>
<th>Sample</th>
<th>Population†</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical Functioning (PF)</td>
<td>40</td>
<td>45.9</td>
</tr>
<tr>
<td></td>
<td>2. Role Physical (RP)</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>3. Bodily Pain (BP)</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>4. General Health (GH)</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>5. Vitality (VT)</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>6. Social Functioning (SF)</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>7. Role Emotional (RE)</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>8. Mental Health (MH)</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Physical Component Score (PCS)</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Mental Component Score (MCS)</td>
<td>36</td>
</tr>
</tbody>
</table>

†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 (Age 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.

REFERENCES