RELATIONSHIPS BETWEEN RURAL FAMILY CAREGIVER HEALTH AND HEALTH PROMOTION ACTIVITIES

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Purpose/Aims: The purpose of this discussion is to provide an understanding rural caregiver’s perception of their health and what they do to promote health. The specific aim is to identify relationships between the self-reported health status of rural caregivers in central Appalachia and their health promotion activities.

Rationale/Conceptual Basis/Background: Informal family caregiving is foundational to community based elder care by providing assistance for elders to remain at home. Estimates show 48.9 million informal caregivers in the U.S., with approximately 14% of them living in rural areas (U.S. Census Bureau, 2009). Caregivers become isolated and invisible; experience the loss of self, time, and money; and 40% die before the care recipient. This discussion is part of a larger research project, Determinants of Health for Rural Caregivers. The PI’s proposed caregiver health model identifies four determinants of caregiver health; attitudes and beliefs, tasks, needs, and health promotion activities.

Methods: As part of the larger research project, rural caregivers were asked to complete instruments measuring the four determinants of health at three different times within 16 weeks. The health promotion instrument used was Walker’s Health Promoting Lifestyle Profile II (HPLP II) and the health instrument used was the National Institute of Health (NIH) Promis Global health measure. The HPLP II consists of 52 items which comprise six subscales, health responsibility (n=9), physical activity (n=8), nutrition (n=9), spiritual growth (n=9), interpersonal relations (n=9) and stress management (n=8; Walker, Sechrist, & Pender, 1987). The PROMIS Global Health instrument consists of 10 items which comprise 2 two subscales, and two independent measures (Hays, R. D., Bjorner, J. B., Revicki, D. A., Spritzer, K. L., & Cella, D., 2009). The two subscales are physical health (PH; n=4), mental health (MH; n=4), and two stand-alone questions measure general health (GH) and social health (SH). Ninety people were recruited, 75 completed time 1, 66 completed time 2 and 62 completed all three time points. The relationship between health and health promotion activities were analyzed using SPSS V. 20.

Results: Findings demonstrate that the relationship between health and health promotion activities are not the same at the three time points. Nutrition and interpersonal relations do not consistently demonstrate a relationship with GH, PH, MH or SH.

Implications for Research, Rural Health, and/or Rural Practice: An understanding of the relationships which exist with health and health promotion will assist rural health nurses to promote activities with rural caregivers which assist them to reach their maximum health status. An understanding will also assist rural community health planners to advocate for programs and assign limited resources that rural caregivers find most beneficial to their health.