

**Number and Percent of Persons Reporting Problems with Two or More Activities of Daily Living (ADLs),
By Age, Race, Gender, Poverty, Living Arrangements, Region, and Area of Residence. 1994-1995**

Characteristic		Total Population (age 65+)	Number and Percent of Persons Reporting Problems with 2 or more ADLs	
			Number	Percent*
Total	65+	31,245,307	1,862,121	6.0
Age Group (years)	65-74	18,355,635	576,320	3.1
	75-84	10,194,079	796,892	7.8
	85+	2,695,594	488,909	18.1
Race/Ethnicity	white (non-Hispanic)	26,375,021	1,469,260	5.6
	black (non-Hispanic)	2,474,992	233,460	9.4
	Hispanic	910,906	49,898	5.5
	others**	1,484,389	109,504	7.4
Gender	male	13,035,173	623,931	4.8
	female	18,210,134	1,238,190	6.8
Poverty Index	at or above	24,469,930	1,268,005	5.2
	below	2,617,225	278,062	10.6
	unknown	4,158,152	316,054	7.6
Living Arrangements	living with others	21,473,521	1,271,371	5.9
	living alone	9,771,786	590,750	6.1
Region	northeast	6,977,963	386,494	5.5
	midwest	7,815,246	400,050	5.1
	south	10,411,602	708,165	6.8
	west	6,040,496	367,412	6.1
Area	msa/center city	9,139,670	631,041	6.9
	msa/not center city	14,385,891	767,839	5.3
	non-msa	7,719,746	463,242	6.0

*percent=rounded to one decimal point.

** others=American Indian, Eskimo, Aleut, Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, Other API.

Source: 1994-1995 National Health Interview Survey on Disability (Phase I), NCHS, CDC, U.S. DHHS.

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This table presents tabulations from the 1994-1995 National Health Interview Survey on Disability (NHIS-D) to illustrate how this data set might help address policy questions of potential interest to the network on aging. The NHIS-D is the largest, most comprehensive national survey of disability across the life span, including children, non-aging adults, and the elderly. For the purposes of illustration, the figures in the table cover persons age 65 and over who report problems with two more activities of daily living (ADLs) from a list of six: bathing, dressing, eating, transferring between bed and chair, toileting, and getting around inside the home. It includes any reports of problems with the ADL, whether or not the person receives (or needs) personal assistance to perform the activity.

An initial question of interest is the overall number of persons who report this level of disability. The first line of figures shows that among the 31.2 million persons age 65 and over, 1.9 million, or 6 percent, report problems with two or more ADLs. These figures based on an average of 1994 and 1995 data and may differ from other population counts and sources for this age cohort. Beyond this overall measure of disability among the elderly, the table also shows the socio-economic and demographic characteristics of this population with two or more ADL limitations. The table uses seven characteristics to illustrate which of several subgroups have the highest and lowest prevalence of this level of disability.

For example, the table shows that disability increases substantially with age, rising from 3.1 percent for the 65-74 cohort, to 18.1 percent for the 85+ age group. Black, non-Hispanic elderly are over two-thirds more likely to have this level of disability than white, non-Hispanic elderly persons (9.4 percent versus 5.6 percent). Certainly as a function of age, women are over 40 percent more likely to report this level of frailty than men (6.8 percent versus 4.8 percent).

Poverty is also highly correlated with disability among the elderly. Older persons below the poverty level are more than twice as likely to report two or more ADL limitations than those with incomes at or above the poverty threshold (10.6 percent versus 5.2 percent). Concerning missing income data, the National Center for Health Statistics will be releasing new poverty figures to accompany the NHIS-D data set, and this will eliminate the large unknown figure included in the table.

Beyond these and other demographic characteristics, future analysis of the NHIS-D can reveal much about this or other groups of elderly, in terms of access to care, unmet needs for services, and quality of life. This can help identify important cohorts within this target population who are not receiving the assistance they need to perform these important basic life activities. While there are 1.9 million elderly persons who report problems with two or more ADLs, the network on aging may wish to identify the number and characteristics of persons within this group who are at the highest risk for loss of independence, for example, persons with combinations of these characteristics and those who require the assistance of others in performing ADLs. In this way, state and community programs on aging can specifically target those with the greatest need. The new Phase II follow-back survey data from the NHIS-D provides a wealth of information about the level and scope of services these frail elderly are or are not receiving. Analyzing this file, which has recently become available, can provide powerful indicators of need.