

Disability Statistics Abstract

Number 3

People with Disabilities in Basic Life Activities in the U.S.

An estimated 9.5 million (4.0%) noninstitutionalized U.S. civilians experience difficulty in performing basic life activities due to mental or physical health problems, based on 1987 data from the National Medical Expenditure Survey (NMES).

Basic life activities include walking, self-care, and community and home management activities. In NMES, self-care, also called "activities of daily living" (ADL), includes bathing, dressing, toileting, transfer, feeding oneself, and getting about the home. Community and home management activities, also called "instrumental activities of daily living" (IADL), include household chores, handling money, shopping, and getting about the community.

People who have difficulty

Difficulty in performing basic life activities occurs at all ages

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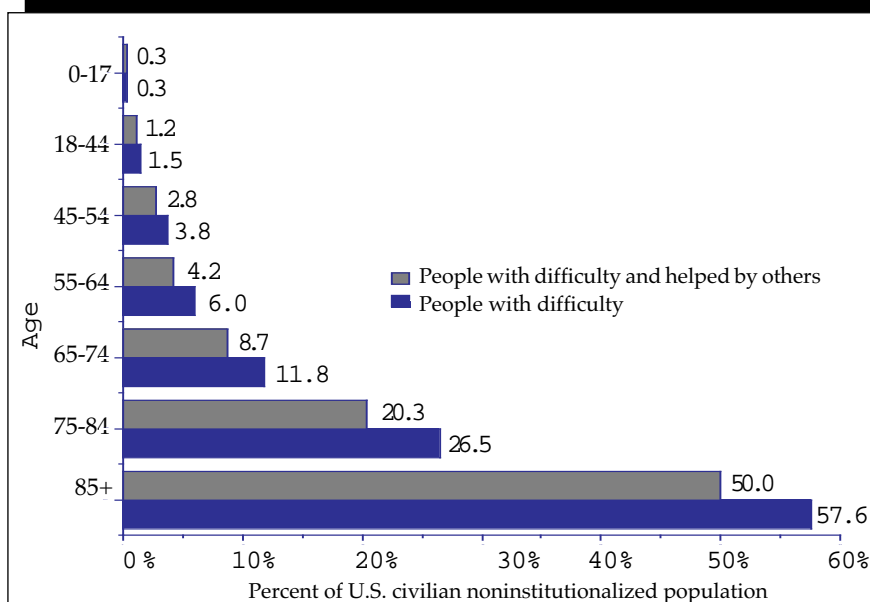
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About one person in twenty-five experiences difficulty in performing basic life activities

(Table 1). However, the likelihood of having difficulty in carrying out basic life activities more than doubles with each succeeding age group (Figure 1). From 65 to 74 years of age, one in nine (11.8%) individuals has difficulty in performing basic

activities. This increases to more than one in four (26.5%) people for those aged 75 to 84. At ages 85 and older, almost three-fifths (57.6%) of the population experiences difficulty in performing basic life activities. Although people under the age of 65 are not very likely (1.9%) to experience difficulty, this small likelihood applies to a very large population. About 3.9 million people under age 65 have difficulty compared to 5.6 million people age 65 and over.

FIGURE 1. Disability in basic life activities by age



Source: 1987 National Medical Expenditure Survey Round 1.

TABLE 1. People with difficulty and those who get help in basic life activities

	Total population (in 1,000's)	Persons with any difficulty		Persons who get help from others		
		Number (in 1,000's)	Percent of total population	Number (in 1,000's)	Percent of total population	Percent with difficulty who get help
Total	237,890	9,511	4.0	7,298	3.1	76.7
Age						
0-17	63,900	195	0.3	178	0.3	91.3
18-44	101,609	1,524	1.5	1,196	1.2	78.5
45-54	22,427	848	3.8	620	2.8	73.1
55-64	22,046	1,324	6.0	926	4.2	69.9
65-74	16,886	1,993	11.8	1,463	8.7	73.4
75-84	8,750	2,315	26.5	1,778	20.3	76.8
85+	2,274	1,310	57.6	1,136	50.0	86.7
0-64	209,981	3,893	1.9	2,921	1.4	75.0
65+	27,909	5,619	20.1	4,377	15.7	77.9

Source: 1987 National Medical Expenditure Survey Round 1: authors' original tabulations from public use tapes. U.S. civilian noninstitutionalized population.

People who get help from others

Seventy-seven percent (7.3 million) of the 9.5 million individuals experiencing difficulty in performing basic life activities get help from other people (Table 1). Help includes informal assistance from family and friends as well as formal assistance from service providers. While less than one in fifty (1.4%) of the population under age 65 receives personal assistance, approximately one in six (15.7%) aged sixty-five or older obtains help from others. Between the ages of 75 and 84, the proportion increases to one in five people receiving assistance (20.3%). At 85 years or older, one-half of all people get help

from others. Although the percentage of all individuals under age 65 who receive help is relatively small, the number of individuals under age 65 who get help is 2.9 million-40% of all people who get help.

About three in four people with difficulty get help from others

People age 17 and under who have difficulty are most likely to get help (91.3%), followed by people 85 years or older (86.7%). People with difficulty in the 55-64 age group are least likely to get help (69.9%).

Nature of assistance

The most common activities people have difficulty with are getting about the community, doing light housework, and shopping-all IADL activities-followed by bathing and walking (Table 2). Activities which are least likely to pose an obstacle are feeding oneself, toileting, and using the telephone.

In NMES, nature of assistance in walking and ADL is measured by whether the activity is performed without assistance, only with equipment, only with help from others, with equipment and help, or if the activity can't be performed even with assistance. Difficulty in IADL is measured similarly, but use of equipment is not considered.

Activities vary by nature of assistance. For the activity of walking, people who experience difficulty are most likely (42.9%) to be assisted by special equipment. For the self-care activities of bathing, dressing, toileting, transferring from bed or chair, and feeding, the most common form of help comes from others.

In bathing, dressing, toileting, bed or chair transfer and feeding, people are most likely to be aided by others

When continence is difficult, people are not likely to be assisted. About 60 percent of people with difficulty feeding themselves get help from others. However, one in five (21.4%) are unable to feed themselves, even with aid. In using the telephone, one-fourth of people with difficulty are not assisted, two-fifths get help from others, and a third are unable to perform the activity at all. In managing money, people either rely on another person for assistance or don't handle money at all. For the home and community activities of managing money, shopping, preparing meals, and doing light housework, half or more of people with difficulty are unable to perform these activities themselves, even with assistance. In getting about the

community, two-thirds (64.4%) of people with difficulty are assisted by others, while one-fourth (26.1%) do not get around at all.

To summarize, people are most likely to use equipment when walking is difficult, are most likely to be helped by others when self-care is difficult, and are most likely not to do home management and community activities at all when they are difficult.

Other types of assistance

Other types of assistance include using special equipment and receiving formal assistance such as home care and community services (Figure 2). About 5.3 million people with a difficulty use assistive equipment, most often walkers, canes, and crutches, grab-bars and railings,

seat in shower or tub, and wheelchairs.

About 15 percent of people with difficulty receive home care, and 21 percent receive community services. Assistance most frequently obtained through home care includes housework, bathing, nursing or medical, and meals.

About one person in seven who experiences difficulty receives homecare, and one in five receives community services

The most frequently used community services include special transportation, goods or cash from other than family or friends, senior center visits, and meals obtained through a day care center.

FIGURE 2. Common types of assistance in basic life activities

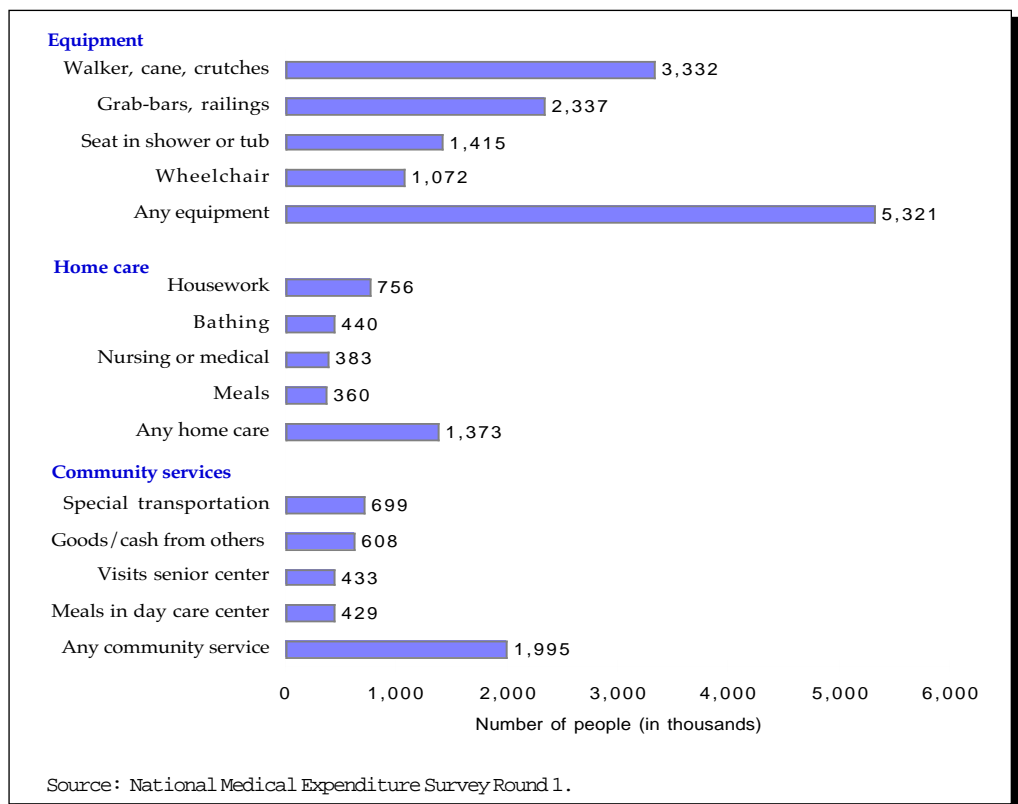


TABLE 2. Nature of assistance in basic life activities

Type of activity	Persons with any difficulty (in 1000's)	With difficulty but without assistance	Performs activity		Unable to perform activity
			Special equipment only	With assistance of Other persons ¹	
			Percent distribution ²		
Walking	3,512	13.0	42.9	26.8	17.2
Self care (ADL)					
Bathing	3,818	13.5	13.1	73.4	NA
Dressing	2,547	16.4	0.8*	82.7	NA
Toileting	1,554	11.5	22.8	52.1	13.7
Bed or chair transfer	2,902	26.7	16.5	48.4	8.2
Continence	1,849	85.9	4.1*	10.0	NA
Feeding oneself	561	13.7*	6.8*	58.1	21.4
Any ADL or walking	5,927	NA	NA	NA	NA
Community and home management (IADL)					
Using the telephone	1,689	27.1	NA	38.5	34.4
Managing money	2,580	6.7	NA	44.1	49.3
Shopping for personal items	4,503	4.2	NA	40.6	55.2
Getting about the community	5,591	7.4	NA	66.4	26.1
Preparing meals	3,157	8.5	NA	31.3	60.2
Doing light housework	4,577	9.9	NA	38.5	51.6
Any IADL	7,850	NA	NA	NA	NA

NA = Not Applicable * Estimate has low statistical reliability—standard error exceeds 30 percent of estimate.

Source: 1987 National Medical Expenditure Survey Round 1: authors' original tabulations from public use tapes. U.S. civilian noninstitutional population.

Data source

Data are from the National Medical Expenditure Survey (NMES), a national probability sample of civilian noninstitutional population and persons in nursing homes and facilities for the mentally retarded. Data sources are: 1. LaPlante, M. P. (1991). Recent estimates of the demand for and supply of personal assistance: data from the 1987 National Medical Expenditure Survey (NMES). Paper presented at the Annual Meeting of the Society for Disability Studies, June; 2. Leon J. and Lair, T. (1990). Functional status of the

noninstitutionalized elderly: Estimates of ADL and IADL difficulties (NMES Research Findings 4); 3. Short, P. & Leon, J. (1990). Use of home and community services by persons ages 65 and older with functional difficulties. (NMES Research Findings 5).

Credits

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This abstract is one of a series presenting information on disability in the U.S. Statistics presented are subject to both sampling and non-sampling error. Estimates with low statistical reliability (standard error > 30% of the estimate) are flagged with an asterisk. All comparisons mentioned are statistically significant at the .10 level of significance or better unless noted. Comparisons and relationships discussed may be affected by other unanalyzed factors.