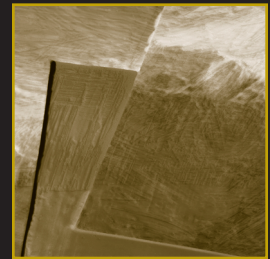


# A Profile of Frail Older Americans and Their Caregivers

Richard W. Johnson and  
Joshua M. Wiener

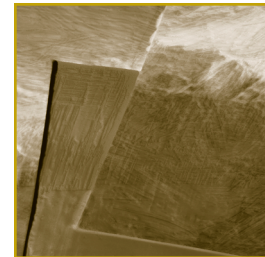


T H E R E T I R E M E N T P R O J E C T

Occasional Paper Number 8

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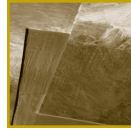
February 2006



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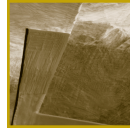
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## Executive Summary

**FRAIL OLDER ADULTS ARE ONE OF THE** most vulnerable groups in the nation. Disproportionately female, widowed, and in their 80s and 90s, most older people with disabilities living outside of nursing homes have little education and limited financial resources. Given the scarcity of public financing for home-based care, about three-quarters of frail older people receiving assistance rely exclusively on unpaid caregivers. Yet providing help to these older Americans can be a substantial burden on spouses, children, and friends. As a result, some frail older adults do not receive the help they need. As the population ages, the demands on government and families will only intensify and put more older people at risk.

This report uses data from the 2002 Health and Retirement Study (HRS) to profile older Americans and their caregivers. Focusing on people age 65 and older who are not in nursing homes, the study examines frail older adults and the subgroup with severe disabilities. Those defined as frail have difficulty with at least one personal care activity or other activity related to independent living; the severely disabled are unable to complete three or more personal care activities. Personal care activities include bathing, dressing, and getting in and out of bed. Other activities related to independent living include shopping for groceries and taking medications.

*The community-based disabled population is sizeable.* In 2002, about 8.7 million people age 65 and older living at home, or 26.5 percent of the population, reported some type of disability that limited their ability to perform basic personal activities or live independently. About 6.1 percent, or 2.0 million people, were severely disabled. By comparison, about 1.4 million older people lived in nursing homes in 2002.

*Mental health problems are widespread within the frail older population.* About 31 percent of frail older adults and 45 percent of those with severe disabilities suffer from depression. Mental health services for older people with disabilities are scarce.

*Many frail older people live alone.* In 2002, 35.0 percent of older adults with severe disabilities and 57.2 percent of unmarried older adults with severe disabilities lived alone. They face special challenges in the receipt of long-term care because caregivers are often not immediately available when emergencies arise.

*Most frail older people who do not live in nursing homes have children nearby who could provide assistance.* About 9 in 10 older adults with disabilities have surviving adult children. Despite concern about the dispersion of the American family, 62.5 percent of frail older adults have at least one child living within 10 miles.

*Most frail older people have only modest financial resources.* In 2001, the median income for older people with severe disabilities living at home was only \$14,160. Nearly one-quarter had incomes below the federal poverty level. Median household wealth among those with severe disabilities totaled \$47,913, nearly three-fourths of which was tied up in their homes. Median financial assets amounted to only \$7,908, leaving many severely disabled older people with little liquid wealth for meeting long-term care and other needs.

*Few qualify for public benefits or purchase private long-term care insurance.* Medicare does not cover most long-term care services. Medicaid provides many long-term care services to beneficiaries, but only people with little income and virtually no assets qualify. In



2002, only 15.5 percent of frail older adults and 27.3 percent of those with severe disabilities had Medicaid coverage. Private insurance coverage is expensive and beyond the reach of most older people. Only 10.2 percent of Americans age 65 and older had long-term care insurance coverage in 2002, including only 6.8 percent of frail older adults.

*Many, but not all, frail older people living at home receive assistance from family and friends.* In 2002, 61.3 percent of frail older adults who did not live in nursing homes received help with basic personal activities or with household chores from paid and unpaid caregivers. Those receiving care obtained 177 hours of help per month, on average. Among older adults with severe disabilities living at home, nearly 9 in 10 received help, and care recipients averaged 289 hours of help per month.

*Paid help is rare.* Only 14.3 percent of frail older adults and 36.6 percent of older adults with severe disabilities received paid home care services in 2002. Paid help accounted for 18 percent of the assistance frail older adults living at home received and 22 percent of the assistance those with severe disabilities received.

*Providing help can overwhelm caregivers.* Most older people receiving help obtain assistance from only one unpaid caregiver, generally a spouse or daughter. Caregiving responsibilities often create substantial burdens for family helpers, many of whom work outside the home or struggle with their own health problems.

- About two-thirds of older care recipients obtain help from only one unpaid caregiver.
- Unpaid caregivers who assume primary responsibility for the personal care of frail older adults average 201 hours of help per month, more than the typical full-time job.
- More than 9 out of 10 frail older care recipients who are married obtain help from their spouses.
- More than half of frail older care recipients who are unmarried obtain help from their daughters, including nearly two-thirds of those receiving help with basic personal care.
- More than half of adult children helping their frail older parents are employed.

- About one in three spouses caring for frail older adults describe their own health as only fair or poor, and more than one in five have disabilities of their own.

*Some frail older adults lack the help they need.* Only 53.1 percent of frail older people living alone received regular care in 2002. On average, older women with serious disabilities received 63 hours less care per month than their male counterparts, a shortfall of about 23 percent.

## Policy Implications

The study findings highlight several policy issues, including the limited government support for long-term care services to older Americans living at home. Six times as many older people with disabilities live at home as in nursing homes, yet two-thirds of long-term care expenditures for older people go to institutional care.

*Long-term care is a women's issue.* Women account for most of the older people who receive care and most of their caregivers.

- Nearly two-thirds of older people with severe disabilities are female.
- Women account for about two-thirds of all unpaid caregivers.
- Daughters account for about 7 of every 10 adult children who help their frail parents and about five of every six who assume primary responsibility for their personal care.

*The aging of the baby boomers will likely intensify long-term care demands on government and families.* Between 2000 and 2050, the size of the population age 85 and older will soar from 4.3 million to 20.9 million, increasing the number of people in need of care. The availability of family caregivers may also decline over time because of rising divorce rates, increasing childlessness, declining family sizes, and rising employment rates of married women. Additional support for home- and community-based care is likely to be necessary to keep many frail older Americans out of nursing homes.



# Introduction

**MANY OLDER AMERICANS LIVING AT** home need help with personal care and household chores. The few who can afford to purchase help, qualify for government-financed long-term care services, or have private long-term care insurance coverage can generally turn to home care agencies and other paid helpers for assistance. However, most older people—especially those with disabilities or frailties—have only modest financial resources, and Medicaid-financed home care is available only to a small segment of the population with very little income and almost no assets. Private insurance coverage, although growing, remains quite limited. As a result, most frail older adults who are not in nursing homes must rely on family and friends for help with basic personal care and household chores and errands.

Providing help often poses special challenges for caregivers. Much of the responsibility for married older people with disabilities falls on spouses, who are generally old themselves and often coping with their own health problems. Adult children frequently help their frail parents, but many are employed outside the home, forcing them to juggle family responsibilities with work demands. Family caregivers of all ages can feel isolated from their friends and overwhelmed by their responsibilities, leading to high levels of stress, depression, and physical health problems. Such difficulties for caregivers can reduce the amount of care provided to frail older adults.

This report profiles frail older Americans and their caregivers. Data are from the 2002 Health and Retirement Study (HRS), a large, nationally representative survey of older adults conducted by the University of Michigan for the National Institute on Aging. The report focuses on adults age 65 and older living at home, not within institutional settings. It classifies older people requiring care into two groups:

- frail older adults, defined as those who report any difficulty with at least one activity of daily living (ADL) or one instrumental activity of daily living (IADL); and
- severely disabled older adults, defined as those who report any difficulty with three or more ADLs. These people make up a subgroup of all frail older adults.

ADLs reported in the survey consist of bathing, getting in and out of bed, eating, dressing, walking across the room, and using the toilet. IADLs consist of shopping for groceries, preparing hot meals, using the telephone, taking medications, and managing money. Results are presented graphically, and detailed tables can be found at the end of the report. Additional information on the data is provided in the methodological appendix.

The next three chapters describe the frail older population and the help they receive. Chapter 2 reports the number of frail Americans age 65 and older living at home; describes their demographic, economic, health, and family characteristics; and compares them with those without disabilities. Chapter 3 details the share of frail older Americans receiving help and how it varies by key characteristics. The chapter also distinguishes paid from unpaid services and examines the relationship of care recipients to their caregivers. Chapter 4 measures the amount of paid and unpaid services received by older care recipients.

The final two chapters of the report profile those who help frail older adults living outside nursing homes and presents conclusions. Chapter 5 examines the relationship of caregivers to care recipients, the hours and type of help caregivers provide, and their personal characteristics. The final chapter discusses several policy issues related to the findings.





## Size and Characteristics of the Older Population

**THE SIZE AND CHARACTERISTICS OF** the frail older population influence demand for long-term care services, the cost of publicly provided services, and the quality of life available to older adults. For example, the prevalence and severity of certain physical limits when combined with other conditions such as depression and cognitive impairment help determine the need for care. Living arrangements and family characteristics affect the availability of family caregivers and the need for paid services. Financial resources of older adults with disabilities influence their ability to pay for services and their dependence on public services. This chapter examines the size of the older population with disabilities and their demographic, economic, health, and family characteristics.

The results show that frail older adults are one of the most vulnerable groups in the nation. Disproportionately female, widowed, and in their 80s and 90s, most older people with disabilities have little education and limited financial resources. They start with less wealth than older people without disabilities and lose more wealth over time. Household financial assets for a typical older adult with severe disabilities amount to just a few thousand dollars. Only about one-quarter of all severely disabled older adults receive Medicaid benefits. Besides physical limitations, many frail older adults have mental health problems and cognitive impairments. However, most live near at least one adult child, an important source of physical and emotional support.

### Size of the Frail Older Population

Slightly more than one-quarter of older Americans living outside of nursing homes report some type of disability that limits their ability to perform basic personal activities or live independently (figure 2.1). In

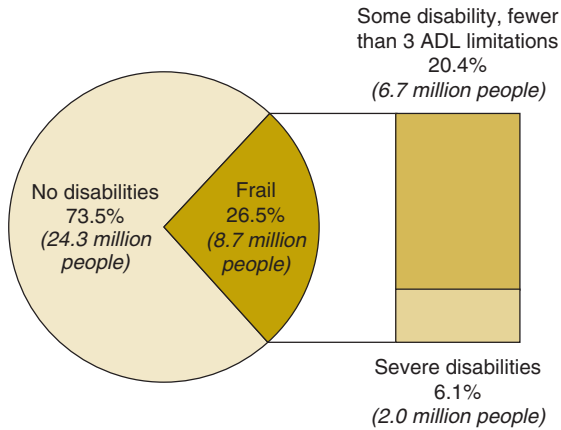
2002, about 8.7 million at-home people age 65 and older, or 26.5 percent of the population, had at least one ADL or IADL limitation. About 6.1 percent, or 2.0 million people, were severely disabled, with three or more ADL limitations. By comparison, about 1.4 million older adults resided in nursing homes in 2002 (Spillman and Black 2005).

### Demographic Characteristics

The frail older population is disproportionately female, widowed, and age 85 and older. About 63.6 percent of those with any disabilities living outside of nursing homes, and about 67.7 percent of those with severe disabilities, are women, compared with 55.9 percent of those with no disabilities. Widows and widowers make up 47.2 percent of the severely disabled older population, but just 27.1 percent of the nondisabled population (figure 2.2). Nearly 6 in 10 older disabled adults are not married, potentially leaving many of them without the live-in support system that spouses provide. In addition, 41.8 percent of older noninstitutionalized adults with three or more ADL limitations are at least 85 years old, compared with just 22.2 percent of older adults with no disabilities (figure 2.3). Widowed women age 85 and older make up about one-fifth of the severely disabled older population living outside of nursing homes.

African Americans, Hispanics, and those with limited education also account for a disproportionate share of the frail older population living in the community. For example, older Hispanics are more than twice as likely as older whites to report severe disabilities. Nearly one-half of those with three or more ADL limitations did not complete high school, and nearly one-third never attended high school (figure 2.4). By comparison, less than one-quarter of those without

**FIGURE 2.1**  
Disability Status of the Noninstitutionalized Older Population, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. See table 2.1 for details.

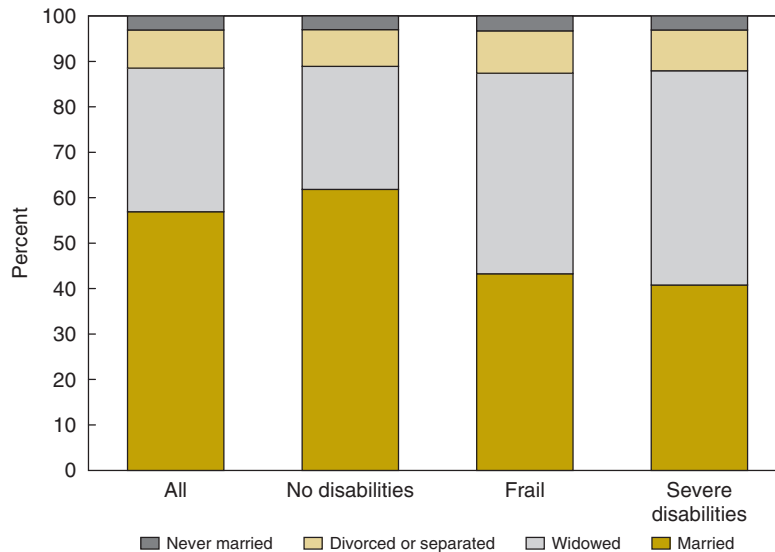
disabilities lack high school diplomas, and only about 1 in 10 never attended high school. People without any disabilities are nearly twice as likely as those with severe disabilities to have graduated from college.

### Health Status

Nearly four out of five frail older adults who do not live in nursing homes have some type of serious medical condition. In 2002, 79.2 percent reported heart problems, a recent history of cancer, serious lung problems, diabetes, history of stroke, or psychiatric problems (table 2.2). Heart problems were the most common serious medical condition, followed by diabetes and psychiatric problems. Among those with three or more ADL limitations, 89.6 percent reported at least one serious medical condition. Slightly more than one-third had experienced a stroke. About 1 out of 10 older adults with severe disabilities did not report any serious medical conditions.

Mental health problems are especially prevalent among older adults with disabilities. In 2002, 31.3 percent of persons with any disabilities and 44.7 percent

**FIGURE 2.2**  
Marital Status of the Noninstitutionalized Older Population, by Disability Status, 2002

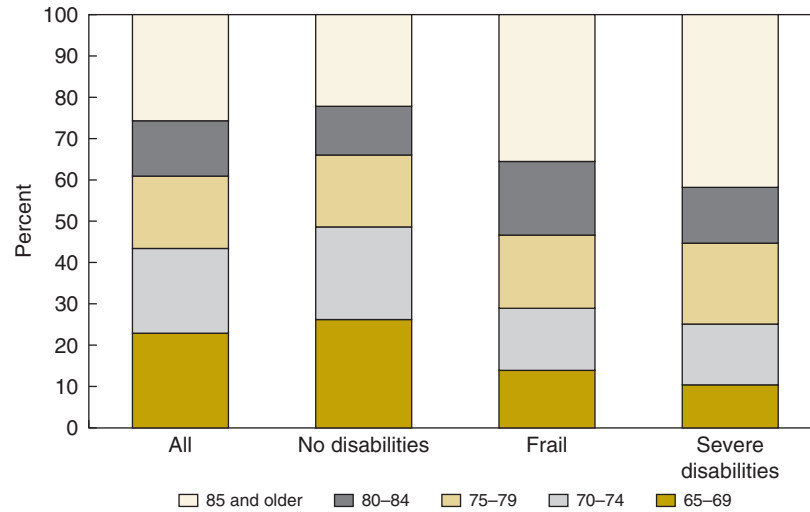


Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.1 for details.

**FIGURE 2.3**

Age Distribution of the Noninstitutionalized Older Population, by Disability Status, 2002

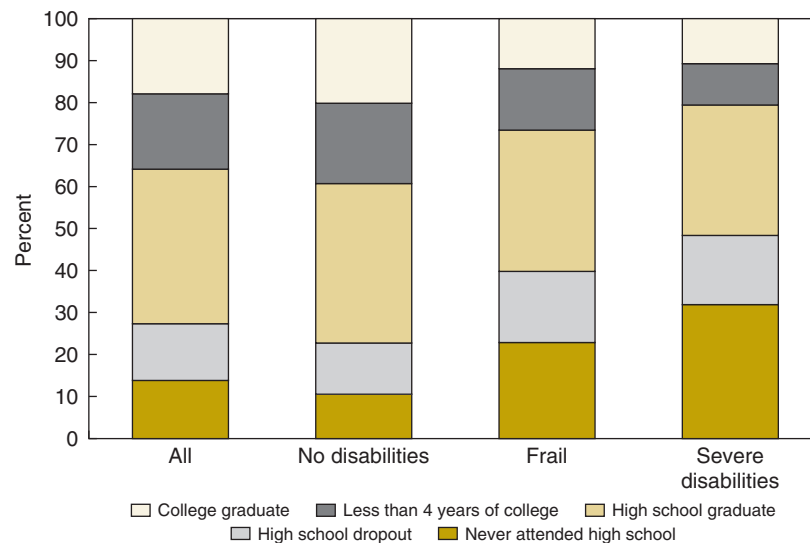


Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.1 for details.

**FIGURE 2.4**

Educational Attainment of the Noninstitutionalized Older Population, by Disability Status, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.1 for details.

of those with severe disabilities reported depressive symptoms (figure 2.5). Only 10.0 percent of those without any disabilities had mental health problems. Depression and other psychological problems often impair physical functioning and intensify long-term care needs (Ormel et al. 2002).

Cognitive impairment is also closely associated with the need for long-term care. Fully 15.1 percent of older adults living in the community with at least one ADL or IADL limitation were cognitively impaired, compared with only 1.9 percent of those with no disabilities (figure 2.6). And more than one-quarter of those with severe disabilities had cognitive impairments. The presence of cognitive impairments magnifies long-term care needs and caregiver burdens (Ory et al. 1999).

### Types of Limitations

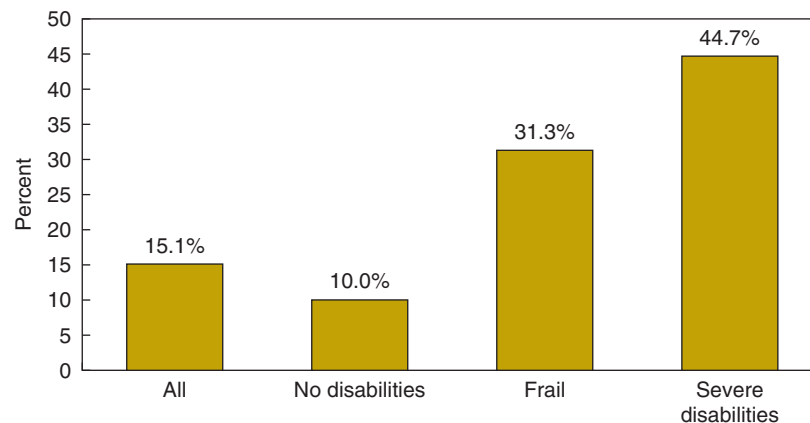
Overall, about one in five adults age 65 and older not living in nursing homes reported difficulty with at least one ADL (out of six different activities) in 2002, and one in six reported difficulty with at least one IADL (out of five different activities) (table 2.3). Difficulty dressing was the most common ADL lim-

itation, followed by difficulties bathing and walking across a room. Difficulty shopping for groceries was the most common IADL limitation, followed by difficulties preparing hot meals and managing money. Among those with disabilities, 76.4 percent reported an ADL limitation and 64.0 percent reported an IADL limitation.

### Living Arrangements and Family Characteristics

Even though older adults with disabilities need more help than those without any physical limitations, they are more likely to live alone. In 2002, 37.7 percent of adults age 65 and older with at least one ADL or IADL limitation lived alone, compared with 29.7 percent of those without any disabilities (figure 2.7). Frail older adults were more likely than those in better health to live with their children and with other people to whom they were not married, but were much less likely to live with spouses. Fully 35.0 percent of older adults with three or more ADL limitations not residing in nursing homes lived alone in 2002, despite their need for high levels of supportive services.

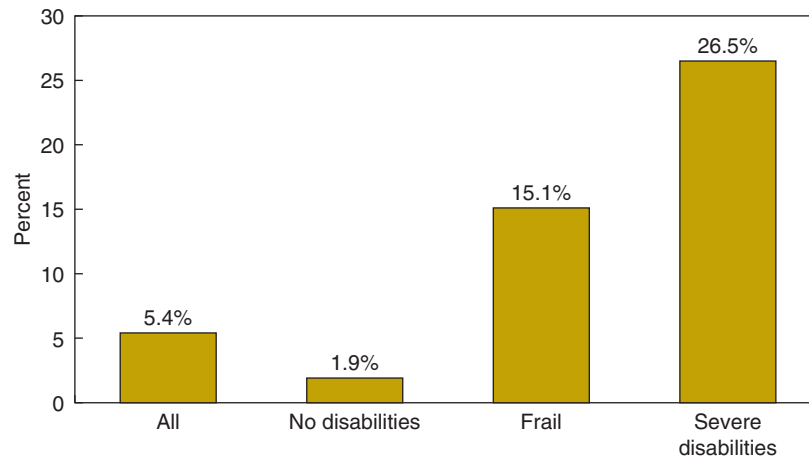
**FIGURE 2.5**  
Share of the Noninstitutionalized Older Population with Poor Mental Health, by Disability Status, 2002



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis classifies respondents as having poor mental health if they report four or more depressive symptoms on an eight-point scale. See the methodological appendix for details. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.2 for more information.

**FIGURE 2.6**

Share of the Noninstitutionalized Older Population with Cognitive Impairments, by Disability Status, 2002

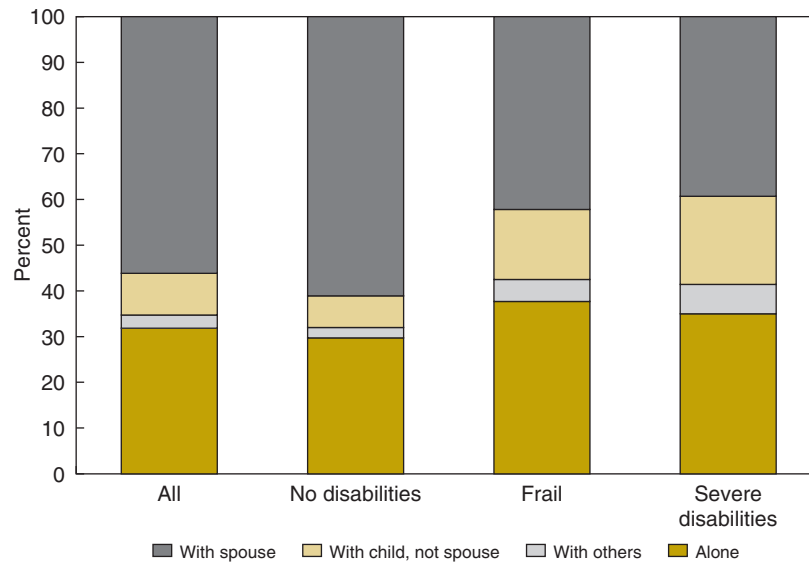


Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines cognitive impairments based on respondents' performance on a cognitive test. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.2 for more information.

**FIGURE 2.7**

Living Arrangements of the Noninstitutionalized Older Population, by Disability Status, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.4 for details.



Most unmarried older adults live alone, even those with severe disabilities. In 2002, the share of non-institutionalized unmarried adults age 65 and older living alone reached 76.3 percent among those with no disabilities, 65.0 percent among those with any disabilities, and 57.2 percent among those with three or more ADL limitations (table 2.4). Only slightly more than one-quarter of older unmarried people with any disabilities and just less than one-third of those with severe disabilities lived with one or more of their children.

Although those who live alone may enjoy their privacy, they face special challenges in the receipt of long-term care. Caregivers must travel to the homes of frail elders who live alone, and caregivers are often not available immediately when emergencies arise, especially in the middle of the night.

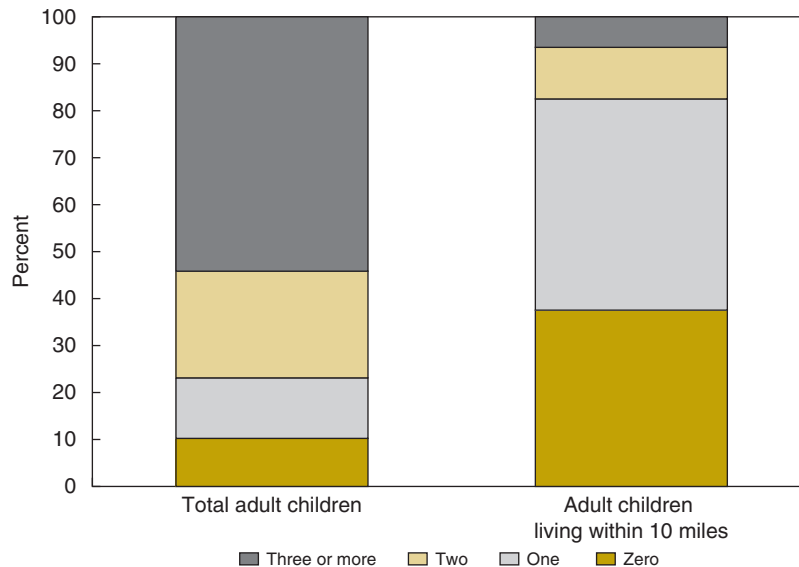
Most frail older adults who do not live in nursing homes have children nearby who could potentially provide assistance. Only about 1 in 10 older adults with disabilities have no surviving adult children,

and 54.2 percent have three or more adult children (figure 2.8). Further, despite concerns about the dispersion of American families, 62.5 percent of frail older adults have at least one adult child living within 10 miles.<sup>1</sup> Nearly one in five frail older adults live near two of their adult children.<sup>2</sup> These percentages are very similar to the figures for older people with no disabilities.

### Financial Resources

Older adults with disabilities have less income on average than those without disabilities, consistent with their limited education and high rates of widowhood, both of which are associated with economic disadvantage (table 2.5). For example, median household income in 2001 totaled \$30,264 among those with no disabilities, \$18,480 among those with at least one ADL or IADL limitation, and \$14,160 among those with three or more ADL limitations.<sup>3</sup> Differences in marital status account for only part of the

**FIGURE 2.8**  
Availability of Adult Children for Noninstitutionalized Frail Older Adults, 2002



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 2,752 frail adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL). Children living nearby their parents include those who share a household with their parents. See table 2.4 for details.

shortfall in income for those with disabilities. Among older unmarried adults, who account for the majority of the frail older population, median household income stood at \$17,836 for those with no disabilities, compared with \$12,156 for those with some disabilities and \$10,800 for those with severe disabilities.

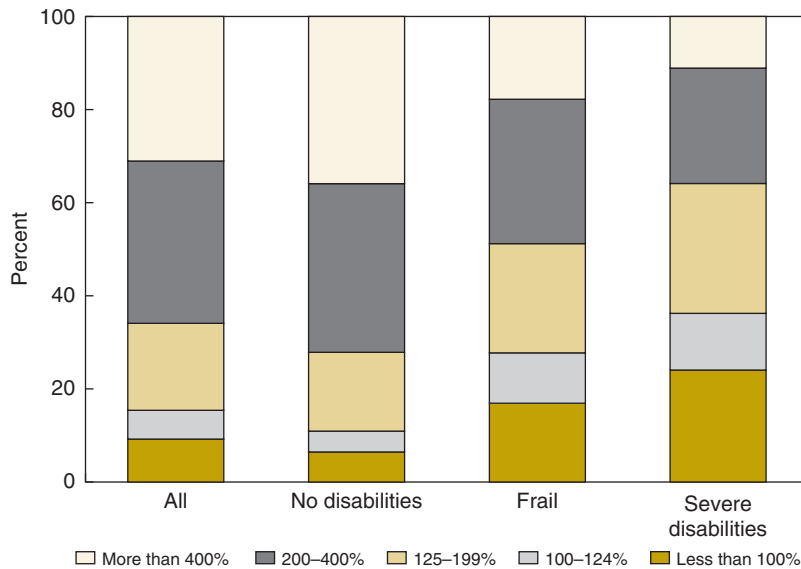
Older adults with three or more ADL limitations living outside of nursing homes are nearly four times as likely to receive incomes that fall below the federal poverty level as those with no disabilities. In 2001, 24.0 percent of persons with severe disabilities had incomes below the poverty level and 12.2 percent had incomes between 100 and 124 percent of the poverty level (figure 2.9). Among persons with no disabilities, only 6.4 percent had incomes below the poverty level and 4.5 percent had incomes between 100 and 124 percent of the poverty level. Of older adults with no disabilities, 35.9 percent had incomes in excess of 400 percent of the poverty level, compared with only 17.8 percent of older adults with some disabilities and 11.1 percent of those with severe disabilities. The lim-

ited incomes of frail older adults constrain their ability to purchase long-term care services and increase their dependence on public services.

Consistent with their low incomes, frail older adults hold little wealth, and most of their limited assets are tied up in their homes. In 2002, median household wealth among those with three or more ADL limitations totaled \$47,913, nearly three-fourths of which represented the value of their homes net of outstanding mortgage debt (figure 2.10).<sup>4</sup> Household financial assets, which can generally be liquidated easily to meet long-term care and other needs, amounted to only \$7,908 for the median older adult with severe disabilities. So less than one-half of older adults with three or more ADL limitations had more than a few thousand dollars that they could easily draw on to meet their health care needs.

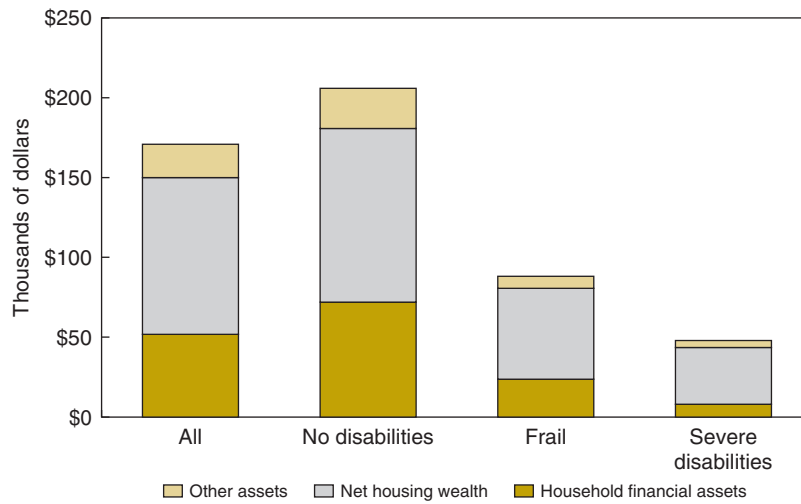
By contrast, most older adults without long-term care needs have accumulated substantial amounts of wealth. For median older adults without any disabilities, household wealth totaled \$205,869 in 2002,

**FIGURE 2.9**  
Household Income of the Noninstitutionalized Older Population Relative to the Federal Poverty Level, by Disability Status, 2001



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.5 for details.

**FIGURE 2.10**  
**Median Household Wealth of the Noninstitutionalized**  
**Older Population, by Disability Status, 2002**



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The median value here is measured as the average of those observations between the 45th and 55th percentiles of the distribution of total household wealth. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. Other household assets include the net value of real estate holdings (excluding the primary residence), vehicles, and businesses. See the methodological appendix and table 2.6 for details.

and household financial assets amounted to \$71,912. Only slightly more than half of the total household wealth of typical older adults with no disabilities was tied up in their homes. Many older adults without disabilities, then, appear to have much more wealth that they could apply toward health and other emergencies that might arise.

Frail older adults start off with less wealth than those without disabilities, and lose more wealth over time. In a sample of adults age 70 and older with no disabilities in 1993, those who did not develop any disabilities by 2002 reported median household wealth of \$175,702 in 1993, expressed in 2002 dollars (figure 2.11). Those who became severely disabled by 2002 reported median household wealth of only \$110,505 in 1993. Between 1993 and 2002, median household wealth for those who remained disability-free increased by nearly 7 percent above inflation. However, median household wealth for those who developed three or more ADL limitations fell by about 41 percent, after accounting for inflation.<sup>5</sup> Although large declines in housing wealth

accounted for most of the reduction, financial assets and other types of wealth also fell in the nine-year period for those who developed severe disabilities.

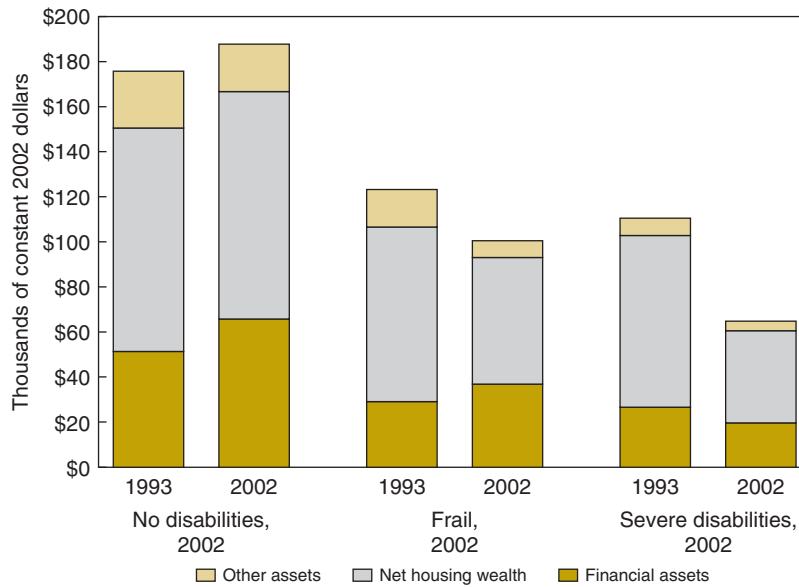
### Health Insurance

Medicare and traditional private health insurance are important resources for older Americans, but they do not cover most long-term care services. Medicare is the principal payer of skilled home health services for older Americans, but it does not pay for any non-skilled home care and covers only short stays in skilled nursing facilities that follow hospitalizations. Most Medicare beneficiaries purchase private supplemental insurance or obtain wraparound coverage from their former employers (Kaiser Family Foundation 2005), but these plans do not generally cover many long-term care services.

For those who qualify, Medicaid covers nursing home care, home health services, and nonmedical home- and community-based care designed to enable persons with disabilities to remain in the commu-

**FIGURE 2.11**

Real Median Household Wealth, 1993 and 2002, by Disability Status in 2002, for Adults Age 70 and Older and Not Disabled in 1993



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,362 adults age 70 and older and not disabled in 1993, who were reinterviewed in 2002 when they were ages 79 and older. The median value here is measured as the average value of those observations between the 45th and 55th percentiles of the distribution of total household wealth. Other household assets include the net value of real estate holdings (excluding the primary residence), vehicles, and businesses. See the methodological appendix and table 2.7 for details.

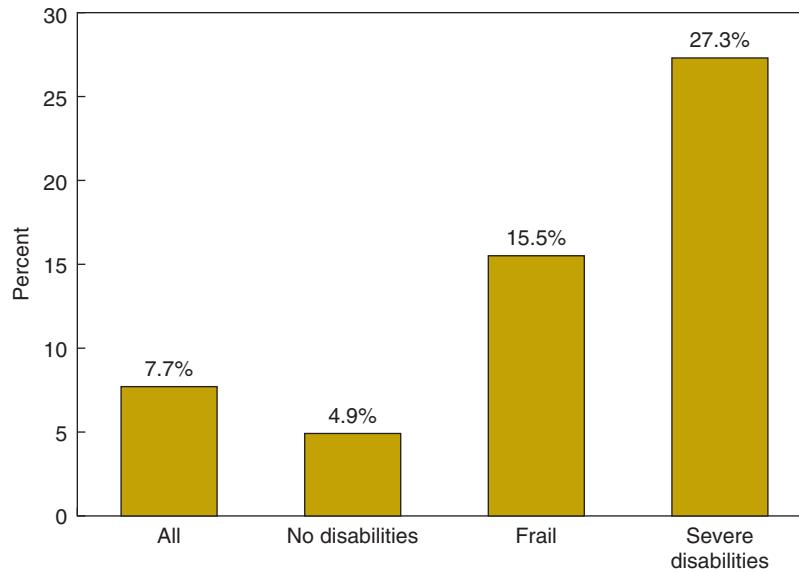
nity. The program accounted for about 39 percent of all nursing home expenditures by the aged and 25 percent of home care expenditures in 2004 (CBO 2004), and now pays for the care of about two-thirds of nursing home residents (AHCA 2005). However, individuals must meet strict income and asset tests to qualify. Eligibility rules are complex and vary by state (Bruen, Wiener, and Thomas 2003). For persons living in the community, some states use the federal thresholds for receipt of Supplemental Security Income (SSI) to determine Medicaid eligibility, which in 2005 are \$579 per month in countable income and \$2,000 in countable assets for unmarried people.<sup>6</sup> In other states, Medicaid pays for long-term care services for some severely disabled people with incomes up to 300 percent of the federal SSI threshold.

People with too much wealth or income to qualify initially for Medicaid can receive benefits once they have spent nearly all of their resources on long-

term care services. According to one estimate, about one-third of nursing home residents ineligible for Medicaid when they are admitted deplete enough of their assets to qualify for coverage before they are discharged (Wiener, Sullivan, and Skaggs 1996). Most states allow Medicaid applicants to subtract medical and long-term care expenses from income before determining eligibility, enabling people with high long-term care bills to get on Medicaid even if their Social Security and pension incomes exceed eligibility thresholds.

Most older adults with long-term care needs who live at home lack Medicaid coverage. Only 15.5 percent of frail older adults and 27.3 percent of those with severe disabilities reported Medicaid coverage in 2002 (figure 2.12). Many frail older adults with limited incomes also lack Medicaid coverage. Only 42.9 percent of all noninstitutionalized older adults with incomes below the federal poverty level reported Medicaid coverage in 2002, including

**FIGURE 2.12**  
**Medicaid Coverage of the Noninstitutionalized Older Population, by Disability Status, 2002**



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.8 for details.

36.9 percent of those with no disabilities and 49.1 percent of those with some disabilities (table 2.8). Fully 66 percent of poor older adults with severe disabilities received Medicaid benefits, leaving slightly more than one-third of this vulnerable group without coverage. Only 23.0 percent of near-poor older adults (with incomes between 100 and 124 percent of the poverty line) had Medicaid coverage, including only 34.8 percent of those with three or more ADL limitations.

Private long-term care insurance is an increasingly popular option for older Americans, but still relatively rare. In exchange for regular premium payments, policyholders typically receive a wide range of services when they become disabled, including home care, adult day care, assisted living, and nursing home care. But premiums are unaffordable for many older adults, averaging about \$2,300 per year in 2002 for fairly comprehensive policies purchased at age 65 (Johnson and Uccello 2005). In 2002, only 6.8 percent of those with any disabilities and 2.8 percent of those with severe disabilities reported private

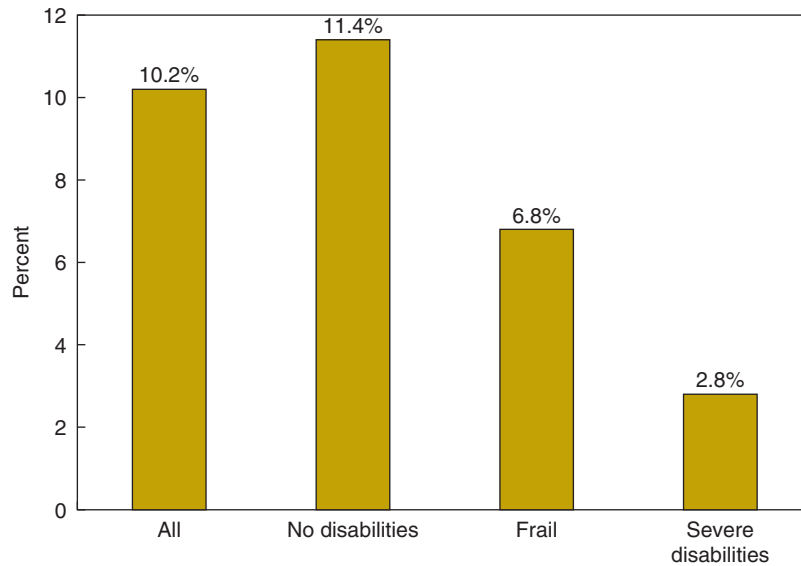
long-term care insurance coverage (figure 2.13). Coverage rates increase sharply with income. Among frail older adults in the community, 16.6 percent of those with incomes exceeding 400 percent of the poverty line had private coverage in 2002, compared with less than 3 percent for those with incomes below 200 percent of the poverty line (table 2.9).

### Notes

1. This estimate includes those who live with one of their adult children.
2. Contrary to conventional wisdom, geographic mobility has declined over the past 50 years (Wolf and Longino 2005).
3. The median value is the midpoint of the distribution. Thus, household income falls short of the median value for exactly one-half of the sample and exceeds the median value for the other half of the sample.
4. When measuring household wealth, we actually compute the median 10 percent value, defined as the average value of observations between the 45th and 55th percentiles of the distribution. As described in the methodological appendix, this value provides a better measure of the

**FIGURE 2.13**

Share of the Noninstitutionalized Older Population with Private Long-Term Care Insurance, by Disability Status, 2002



*Source:* Authors' tabulations from the 2002 Health and Retirement Study.

*Note:* Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. See table 2.9 for details.

composition of wealth for typical individuals than the simple median.

5. The wealth estimates reported in figure 2.11 and table 2.7 differ from those reported in figure 2.10 and table 2.6 because the former estimates are restricted to adults ages 79 and older in 2002 who reported no disabilities in 1993.

6. SSI eligibility thresholds for couples in 2005 are \$869 per month in countable income and \$3,000 in countable assets. Countable assets generally exclude the value of owner-occupied housing, an automobile used to obtain medical treatment, certain burial funds, and up to \$2,000 in personal effects.





## Type of Care Received

**MOST FRAIL OLDER AMERICANS WHO** do not live in nursing homes obtain help with basic personal care activities and household chores and errands. They often receive informal assistance from family and friends, sometimes in combination with formal home care services, paid by care recipients and their families, private insurance, or Medicaid. A few rely solely on paid providers. This chapter examines the share of frail older Americans receiving help, and how it varies by demographic, health, economic, and family characteristics. The chapter also distinguishes paid and unpaid services, examines the types of activities with which older adults receive help, and examines the relationship of care recipients to their caregivers.

The results show that many, but not all, older people with disabilities living at home receive assistance from family and friends. Those who live alone and those without any adult children are less likely than others to get the aid they need. Paid help is rare. Most rely on only one family member or friend for assistance, with married adults typically turning to their spouses and unmarried adults turning to one of their daughters.

### Likelihood of Receiving Help

In 2002, 61.3 percent of frail older adults who did not live in nursing homes received help with basic personal activities or with household chores from paid and unpaid caregivers (figure 3.1). Few older adults received paid care. Only 14.3 percent of all frail older adults living outside of nursing homes received paid home care services, generally in combination with unpaid care from family members and friends. Among frail older care recipients, fewer than one in four obtained any paid help with personal activities or

household chores; more than three out of four care recipients relied exclusively on unpaid assistance. Only 4.0 percent of all frail older adults (and 6.5 percent of care recipients) received only paid services, with no unpaid supplemental help from family or friends. About 72 percent of frail older recipients of paid home care services also received unpaid care from family and friends.

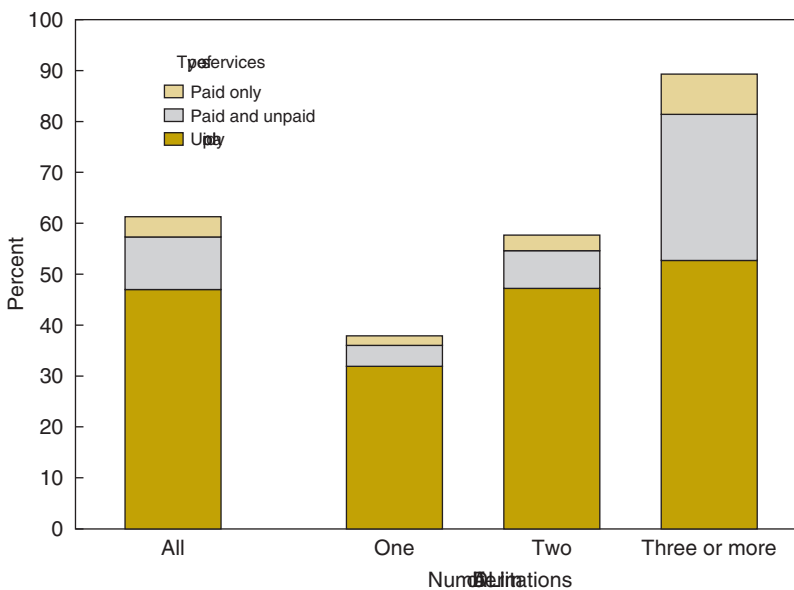
The share of frail older adults at home receiving help from caregivers increases with the number of ADL limitations. Nearly 9 out of 10 older adults with three or more ADL limitations received assistance in 2002, compared with fewer than 4 out of 10 older adults with just one ADL limitation. The share of care recipients receiving formal home care services also increased with the severity of disabilities, from about 16 percent for those with just one ADL to about 41 percent for those with three or more ADL limitations. Nonetheless, only 36.6 percent of all older adults with severe disabilities living at home received paid home care services in 2002. More than four-fifths of older adults with severe disabilities receiving paid care also received informal care.

The likelihood of receiving help from formal and informal caregivers decreases with income and education, and varies by gender, race, and marital status. For example, nearly three-quarters of frail older adults with incomes below the federal poverty level received paid or unpaid assistance in 2002, compared with just less than half of those with incomes in excess of 400 percent of the federal poverty line (figure 3.2). Poor frail older adults were more likely to receive assistance from paid helpers than frail older adults with higher incomes, as many receive Medicaid-financed services. About 23 percent of those with incomes below the poverty line received paid home care services, compared with about 12 percent of those with



**FIGURE 3.1**

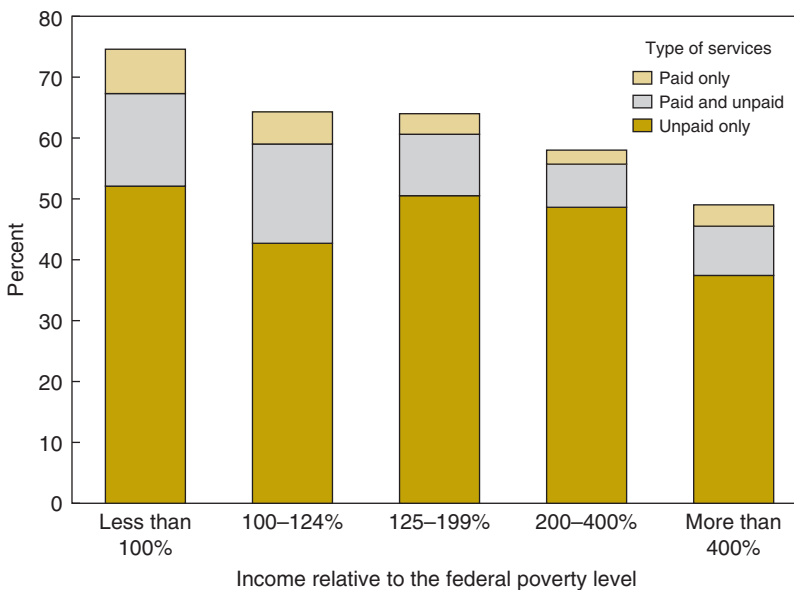
Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Number of ADL Limitations, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.  
 Note: Estimates are based on a sample of 2,748 frail adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. See table 3.1 for details.

**FIGURE 3.2**

Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Income Relative to the Federal Poverty Level, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.  
 Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL). See table 3.1 for details.

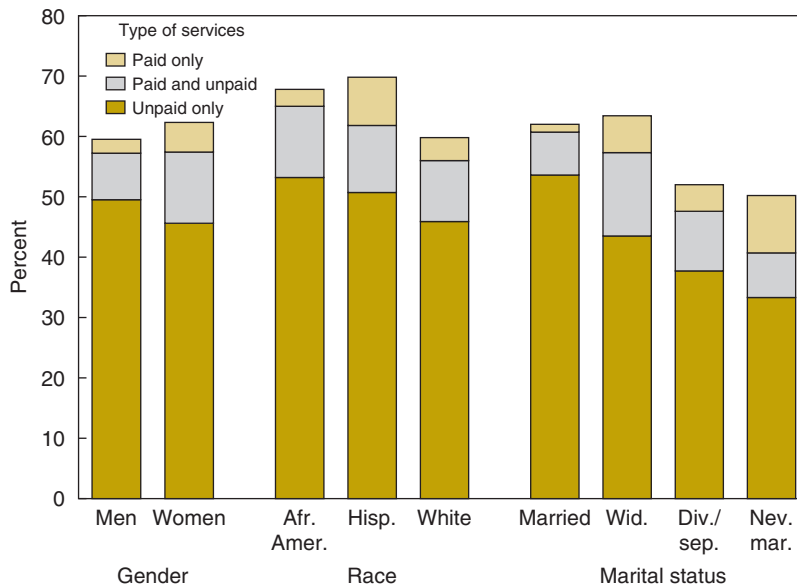
incomes in excess of 400 percent of the poverty level. Women were more likely than men to receive paid care, but no more likely to receive help from family and friends (figure 3.3). The share receiving any care (from paid or unpaid sources) was relatively low among whites, divorced adults, and those who never married because these groups were less likely than others to receive help from family and friends.

Rates of care among frail older adults with cognitive impairments who do not live in nursing homes far exceed those for adults without cognitive impairments. More than 9 out of 10 of those with cognitive impairments received assistance from family, friends, or paid helpers in 2002, compared with barely half of those without cognitive impairments (figure 3.4). Frail older adults with cognitive impairments were more than twice as likely to receive assistance from paid helpers as those without cognitive impairments. Nearly one-third of cognitively impaired adults receiving care used paid services, usually in combination with unpaid help.

Barely half of frail older adults living alone received regular help with basic personal activities or with household chores in 2002 (figure 3.5). By comparison, 61.9 percent of those living with spouses, 77.0 percent of those living with their children (but not with spouses), and 69.3 percent of those living with other people received regular help. Older people with disabilities who lived alone were more likely to receive paid care than those living with spouses, but only about one-third received help from family and friends, more than offsetting their advantage in paid care. Nearly one in seven care recipients who lived alone received assistance only from paid helpers.

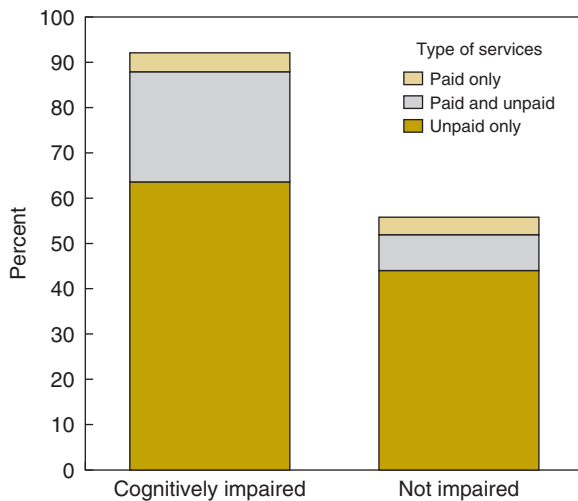
The share of frail older adults receiving unpaid assistance increases with the number of adult children, especially among those who are not married and cannot turn to their spouses for help. In 2002, only 40.5 percent of unmarried frail older adults with no children received unpaid help, compared with 58.2 percent of those with two or more children (figure 3.6). Childless unmarried older adults were only

**FIGURE 3.3**  
Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Demographic Characteristics, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.  
Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL). See table 3.1 for details.

**FIGURE 3.4**  
Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Cognitive Impairment, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL). The analysis defines cognitive impairments based on respondents' performance on a cognitive test. See the methodological appendix and table 3.1 for details.

somewhat more likely to receive paid help than their counterparts with children, creating a shortfall in overall care for those without children.

Many of the demographic and economic differences in the likelihood of receiving care reflect differences in the degree of frailty. For example, frail older adults living in poverty are more likely to experience three or more ADL limitations than those with higher incomes, and African Americans and those of Hispanic origin tend to report more serious disabilities than whites. Among older adults with severe disabilities who are not in nursing homes, the share receiving help from paid or unpaid caregivers in 2002 did not vary much by gender, race, or income (figure 3.7). However, older women with severe disabilities were somewhat less likely than men to receive unpaid help from family and friends.

Even among older adults with three or more ADL limitations, those who live alone are less likely to receive care than those who live with other people. In 2002, 82.6 percent of severely disabled older adults living alone received help, compared with 91.6 per-

cent of those living with spouses and 95.8 percent of those living with their children (figure 3.8). Although those living alone were somewhat more likely to receive paid services than other groups, the difference was not large enough to offset the substantial shortfall in unpaid care from family and friends. The share of severely disabled older adults receiving help was also low among those without any surviving children. Only 78.4 percent of childless adults with severe disabilities received any help from caregivers in 2002, and only 61.8 percent received any assistance from unpaid helpers (table 3.4).

### Type of Assistance from Paid and Unpaid Helpers

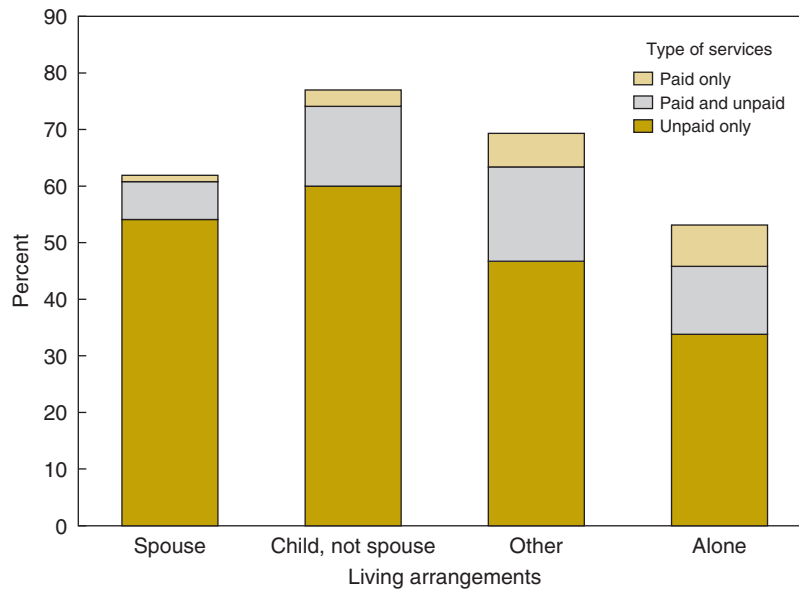
Nearly one-third of older care recipients who did not live in nursing homes received help bathing and help eating meals in 2002, the most common type of care provided (table 3.5). Only about 1 in 10 care recipients obtained help using the toilet, and only about 1 in 8 received help dressing. More frail older adults received help with household chores than basic personal care activities. Fully 6 in 10 frail older care recipients accepted help shopping for groceries, and nearly 4 in 10 received help preparing hot meals and managing their money. About one-quarter received help using the telephone. Not surprisingly, the receipt of help with each personal activity was more prevalent among those with more severe disabilities.

### Source of Help from Family and Friends

Informal caregivers provide the vast majority of care, but the burden is highly concentrated. Most frail older care recipients rely on only one family member or friend for assistance. In 2002, 67.4 percent received help from one caregiver, 22.6 received help from two caregivers, and 10.1 percent received help from three or more caregivers (figure 3.9). Married care recipients were even more dependent on a sole adult, with about three-quarters receiving help from only one caregiver. Unmarried care recipients and those with the most serious disabilities were most likely to receive assistance from a network of helpers. For example, nearly half of unmarried care recipients with three or more ADL limitations obtained assistance from two or more helpers.

**FIGURE 3.5**

Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Living Arrangements, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL). See table 3.2 for details.

Frail older adults who live at home rely principally on their spouses and adult children for help. In 2002, 43.5 percent received help from their spouses and 49.3 percent received help from at least one of their children (figure 3.10). Less than one-quarter received any help from other relatives (including children-in-law and grandchildren), and less than one-tenth received any help from friends or neighbors. Care recipients were more than twice as likely to obtain assistance from their daughters than from their sons.

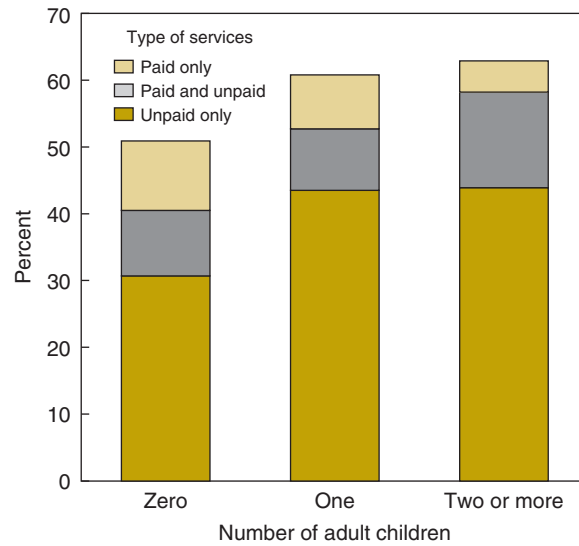
Spouses and daughters play even larger roles in the care of older Americans who need help with basic personal care. Among those receiving ADL help in 2002, 50.6 percent received help from spouses and 40.1 percent received help from daughters (figure 3.11). Only 14.4 percent received help of any kind from their sons.

To a large extent, marital status determines the relationship of caregivers, with virtually all married care recipients obtaining help from their spouses and most

unmarried care recipients obtaining help from their children. In 2002, spouses assisted about 91 percent of older married care recipients and nearly 95 percent of older married ADL care recipients. Less than one-quarter of married care recipients received help from their children, and only 3 percent received help from friends and neighbors. Nearly three-quarters of frail older unmarried care recipients obtained help from their children, including almost four out of five receiving help with basic personal care. Daughters are much more likely to help than sons, with more than half of all frail older unmarried care recipients and nearly two-thirds of frail older unmarried ADL care recipients accepting assistance from daughters. Other relatives also play an important role in caring for unmarried frail older adults, with 46.5 percent receiving help from family members who are not their children. Nearly one in six unmarried care recipients accepted help from friends and neighbors.

**FIGURE 3.6**

Share of Unmarried Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Number of Adult Children, 2002

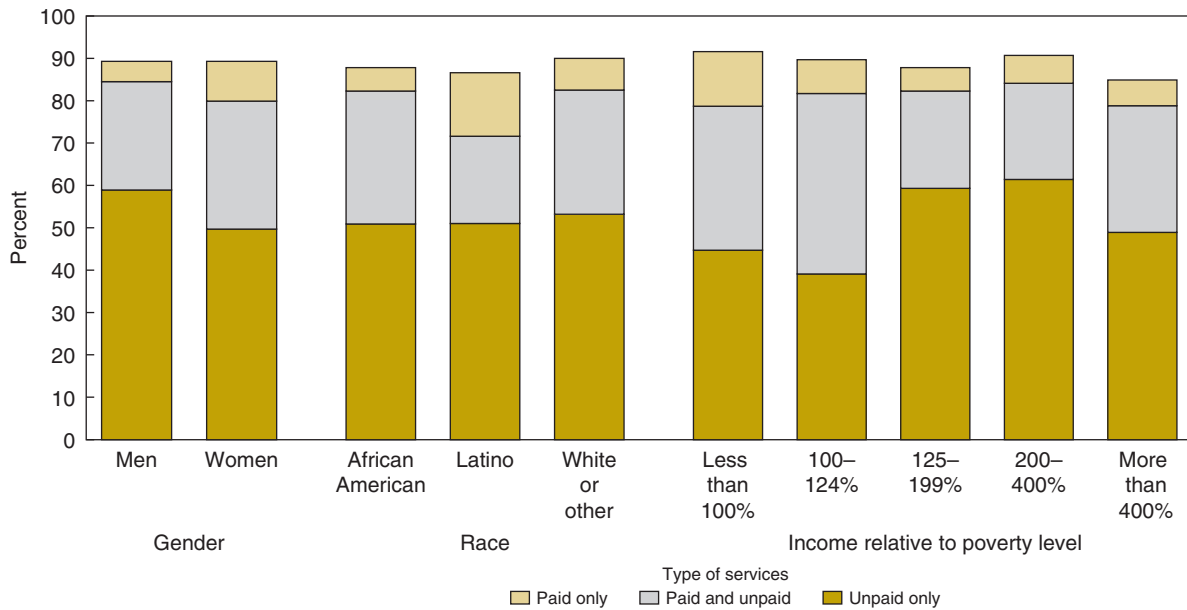


Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,490 unmarried adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL). See table 3.2 for details.

**FIGURE 3.7**

Share of Noninstitutionalized Older Adults with Severe Disabilities Receiving Help from Caregivers, by Gender, Race, and Income, 2002

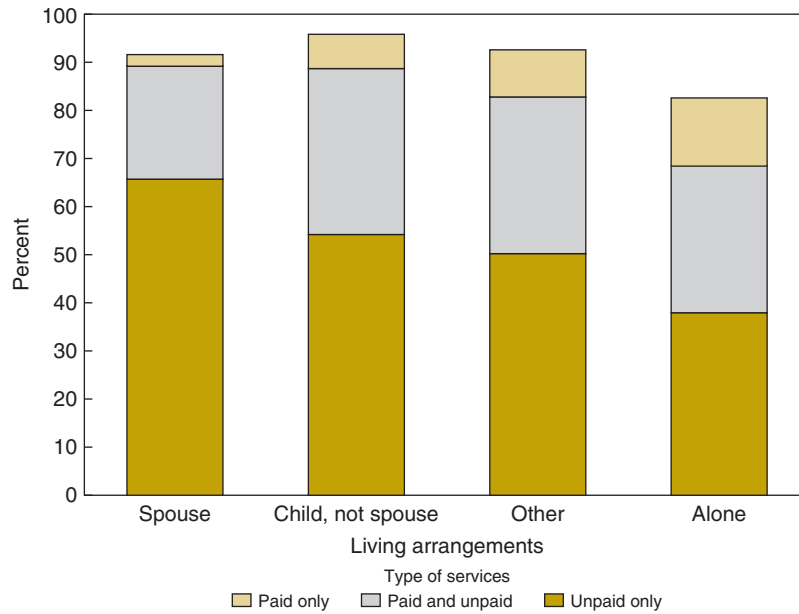


Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 639 adults age 65 and older living in the community with three or more limitations with activities of daily living (ADL). See table 3.3 for details.

**FIGURE 3.8**

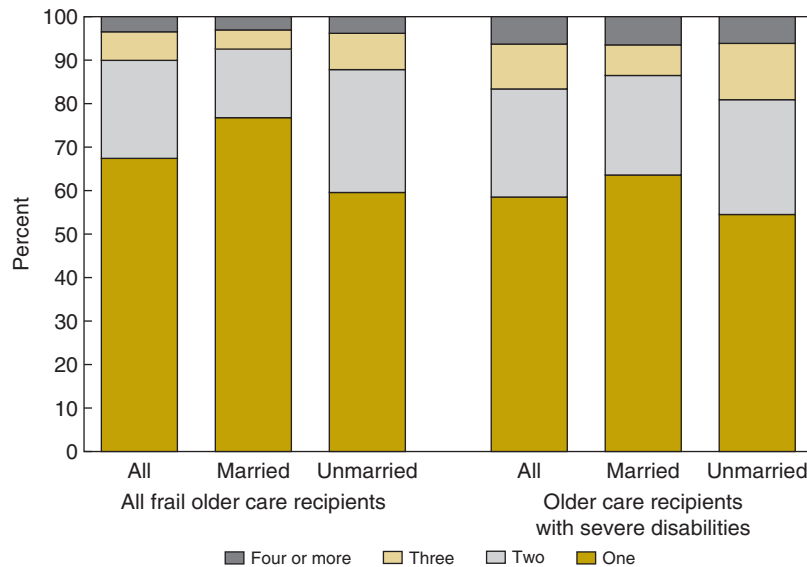
Share of Noninstitutionalized Older Adults with Severe Disabilities Receiving Help from Paid or Unpaid Caregivers, by Living Arrangements, 2002



Source: Authors' tabulations from the 2002 Health and Retirement Study.  
 Note: Estimates are based on a sample of 639 adults age 65 and older living in the community with three or more limitations with activities of daily living (ADL). See table 3.4 for details.

**FIGURE 3.9**

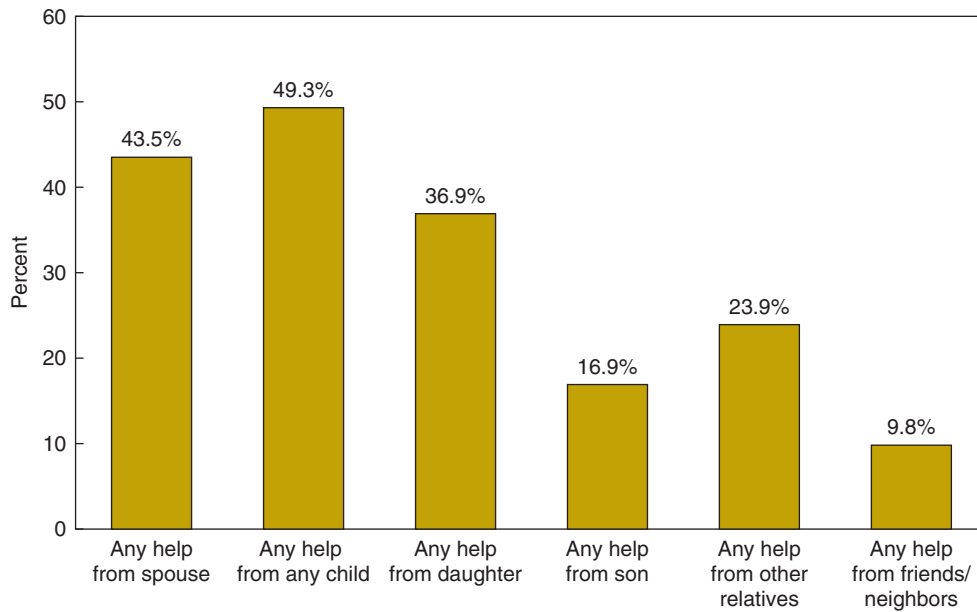
Number of Family and Friend Caregivers among Noninstitutionalized Frail Older Care Recipients, by Marital Status and Frailty, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.  
 Note: Estimates are based on samples of frail adults age 65 and older living in the community who receive help from family and friend caregivers. The full sample of frail older care recipients consists of 1,599 respondents, and the sample of those with severe disabilities consists of 523 respondents. See table 3.6 for details.

**FIGURE 3.10**

Source of Help Received by Noninstitutionalized Frail Older Adults Receiving Assistance from Family or Friends, 2002

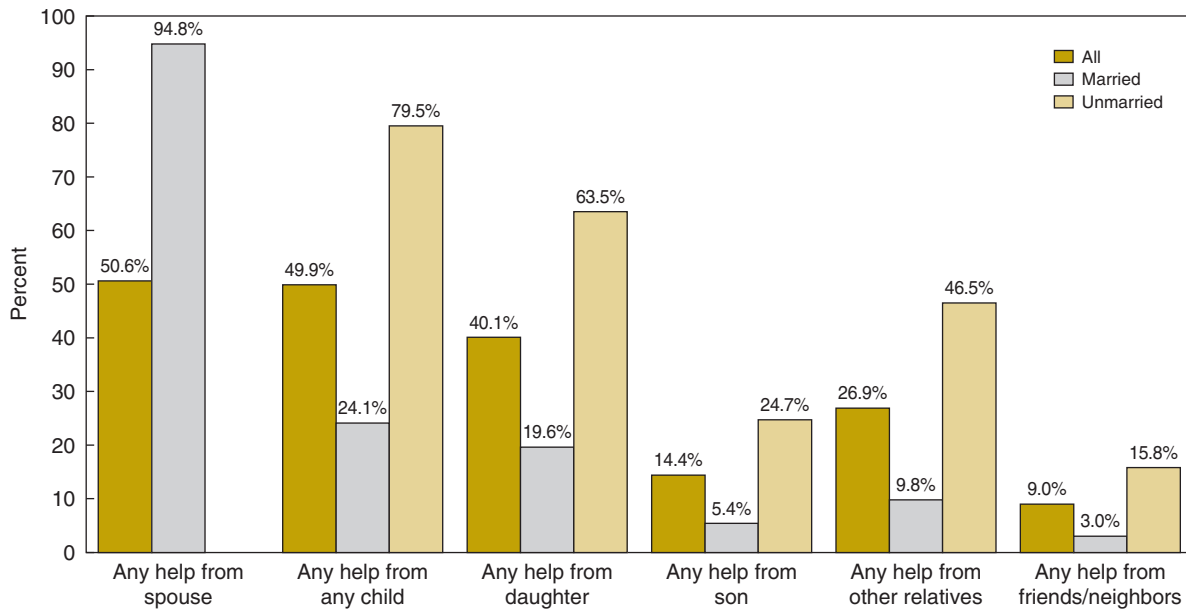


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,413 frail adults age 65 and older living in the community who receive help from family and friend caregivers. See table 3.7 for details.

**FIGURE 3.11**

Source of Help Received by Noninstitutionalized Frail Older Adults Receiving ADL Care from Family or Friends, by Marital Status, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 681 frail adults age 65 and older living in the community who receive help with activities of daily living (ADL) from family and friend caregivers. See table 3.7 for details.



## Amount of Help Received

**THE AMOUNT OF HELP OBTAINED BY** older care recipients varies widely across the population, greatly influencing the well-being of older Americans, the burdens on caregivers, and the cost of paid services. This chapter reports the amount of paid and unpaid services received by older care recipients who do not live in nursing homes, the share of total help received from paid sources, and the variation in total hours of care by demographic characteristics, health status, and living and care arrangements.

The results reveal substantial variation in the amount of care received by frail older adults living at home. Much of the variation reflects differences in need. For example, cognitively impaired care recipients obtain more than twice as many hours of care as other frail older adults. However, older people living alone, who receive less aid than other frail older people, even among those with severe disabilities, do not appear to be receiving the help they need. Women receive less care than men.

### Amount of Paid and Unpaid Services

Frail older adults living at home who received assistance with basic personal care or household chores averaged 177 hours of help per month in 2002 (figure 4.1). The median level of care, however, was much less, totaling only 62 hours per month.<sup>1</sup> Half of care recipients, then, obtained less than about 15 hours of care per week. The average value of care hours substantially exceeded the median value because a few quite disabled people reported very substantial amounts of help. For example, one-fifth of older care recipients obtained more than 274 hours of help per month, an average of about 9 hours of help per day.

Among care recipients, average unpaid hours of help was similar to average hours of paid help, and the median values were identical. Older recipients of unpaid help averaged 155 hours of assistance from family and friends per month. Recipients of paid help averaged 138 hours of formal services. The median value of help amounted to 60 hours per month for both paid and unpaid assistance.

### Share of Total Help Received from Paid Sources

Overall, only 18 percent of the assistance provided to frail older adults in the community comes from paid helpers (figure 4.2). Paid help is relatively important for unmarried adults, accounting for about one-quarter of the hours of assistance they received in 2002. Women and people with Medicaid coverage also relied on paid services for relatively large shares of their help. Many frail women are widows without unpaid spousal help, and state Medicaid programs provide at least some home care services to qualified beneficiaries.

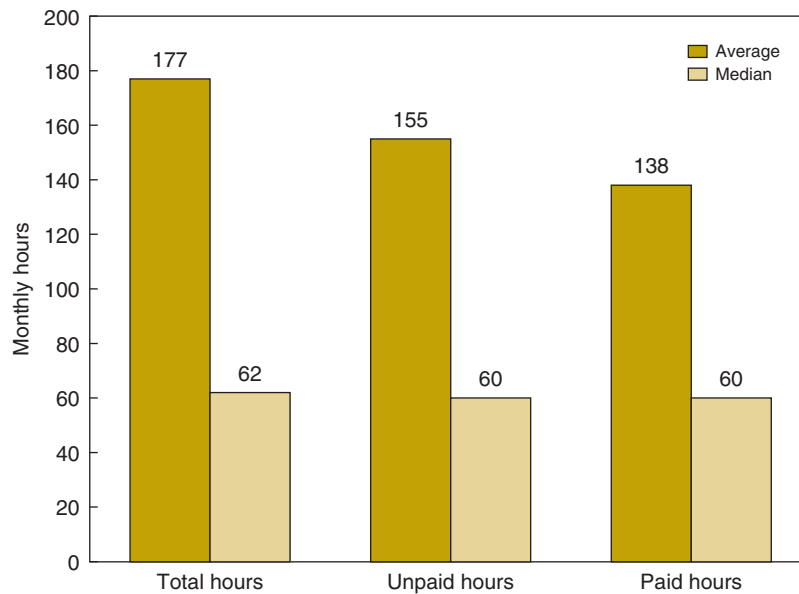
Paid home care services play especially prominent roles in the care of frail older adults who live alone. In 2002, 42 percent of the care hours received by those living alone came from paid helpers, compared with 7 percent for those living with spouses, 12 percent for those living with their children, and 23 percent for those living with other family members (figure 4.3).

Those with severe disabilities receive more of their care from paid sources than those with less serious frailties. In 2002, paid help accounted for 22 percent of the assistance received by older adults with three or more ADL limitations, but only 12 percent of the assistance received by those with only one ADL limitation (figure 4.4). But even for people



**FIGURE 4.1**

Monthly Hours of Help Received by Noninstitutionalized Frail Older Care Recipients, 2002

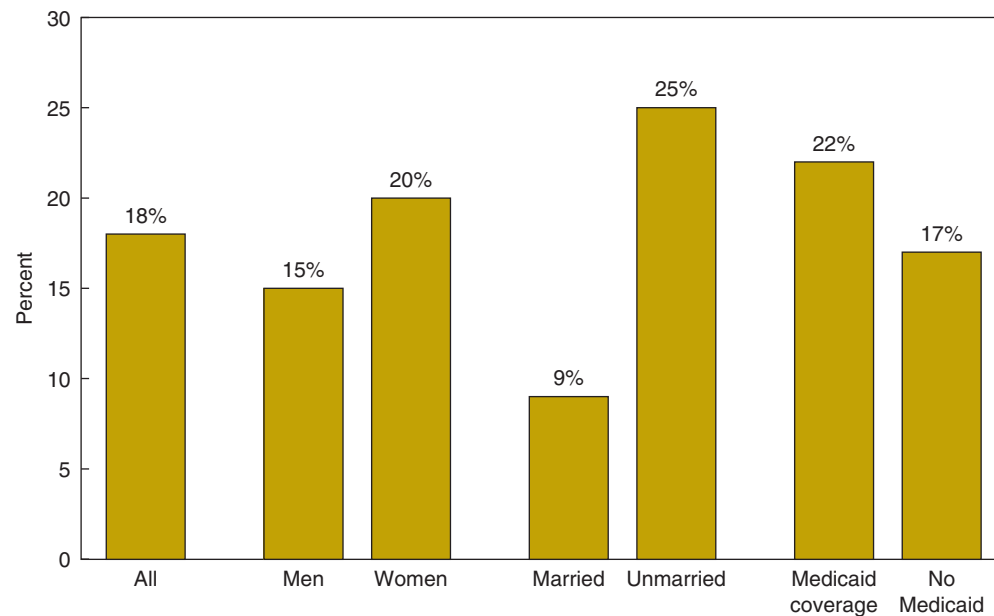


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,707 frail adults age 65 and older living in the community and receiving help. The amounts of paid and unpaid hours are estimated only for recipients of those types of care. See table 4.1 for details.

**FIGURE 4.2**

Share of Total Caregiving Hours Received from Paid Sources by Noninstitutionalized Frail Older Care Recipients, by Personal Characteristics, 2002

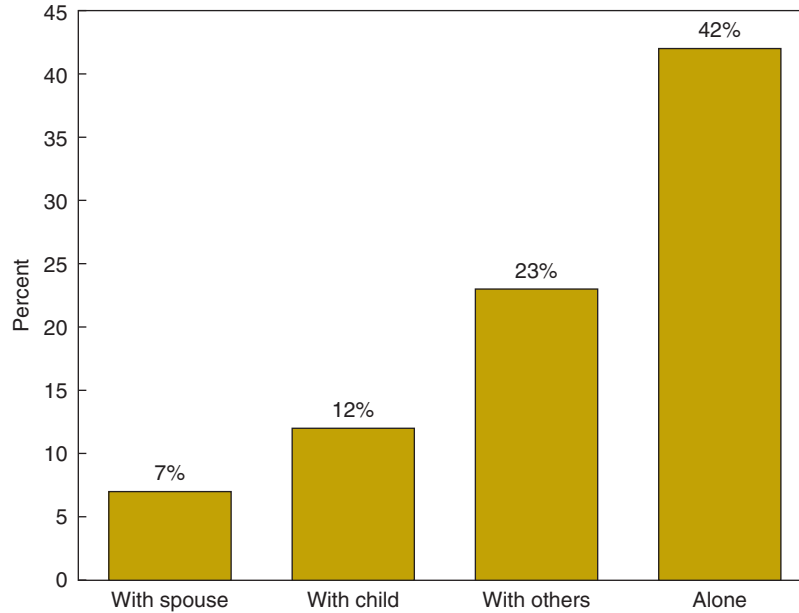


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,707 frail adults age 65 and older living in the community and receiving help. See table 4.1 for details.

**FIGURE 4.3**

Share of Total Caregiving Hours Received from Paid Sources by Noninstitutionalized Frail Older Care Recipients, by Living Arrangements, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,707 frail adults age 65 and older living in the community and receiving help. See table 4.2 for details.

with severe disabilities, family and friends provide the vast majority of care.

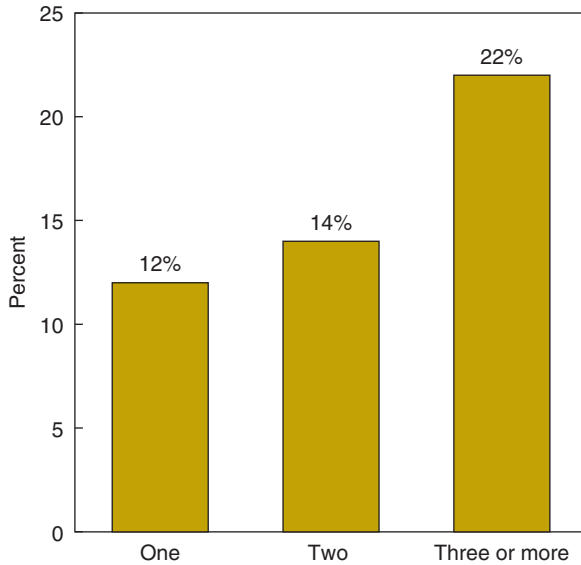
### Variation in Hours of Assistance

Total hours of assistance from paid and unpaid caregivers varies by demographic and health characteristics, with older people with cognitive impairments and those with multiple ADL limitations receiving relatively large amounts of help. On average, those with cognitive impairments received 325 hours of care per month, and those with better cognitive functioning received only 134 hours of care (figure 4.5). Average monthly hours of help increased steadily with number of ADL limitations from 110 hours for those with only one ADL limitation to 289 hours for those with three or more ADL limitations. Both paid and unpaid hours of care increased with the severity of disability. For example, among recipients of paid care, monthly hours of help from paid providers averaged 85 hours for those with one ADL limitation and 153 hours for those with three or

more ADL limitations. Differences by gender and race are relatively small. Men received assistance averaging 187 hours of care per month, compared with 172 hours for women, but the difference is not statistically significant. Conditional on receiving care, whites accepted less help in 2002 than African Americans and Hispanics.

Differences by gender and cognitive impairment in average hours of help become more pronounced when the comparisons control for disability status. Among older care recipients with three or more ADL limitations, women averaged 269 hours of assistance per month, compared with 332 hours for men, a shortfall of about 23 percent (figure 4.6). Average hours of paid help obtained by severely disabled recipients were 42 hours higher per month for men than women (table 4.3). Among severely disabled recipients of unpaid help, men obtained 54 hours more help per month than women. Severely disabled older care recipients with cognitive impairments obtained 461 monthly hours of help on average, more than twice the average hours of help received by those

**FIGURE 4.4**  
Share of Total Caregiving Hours Received from Paid Sources by Noninstitutionalized Frail Older Care Recipients, by Number of ADL Limitations, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,707 frail adults age 65 and older living in the community and receiving help. ADL denotes activities of daily living. See table 4.1 for details.

without cognitive impairments. Cognitively impaired recipients of paid help averaged more than 200 hours per month of formal home care services, compared with only 108 hours for those without cognitive impairments. Older African-American care recipients with three or more ADL limitations received 74 more hours of monthly care on average than their Hispanic counterparts and 27 more hours than their white counterparts.

Frail older adults living alone receive substantially less care than those living with their spouses, children, and other relatives, even among those with severe disabilities. In 2002, older care recipients with three or more ADL limitations who lived alone averaged only 215 hours of assistance per month, compared with 286 hours for those living with their spouses, 379 hours for those living with their children, and 396 hours for those living with other people (figure 4.7). Older recipients of formal services who live alone receive more hours of paid care than those in other living arrangements, but most do not receive enough paid care to offset the shortfall in unpaid help from family and friends.

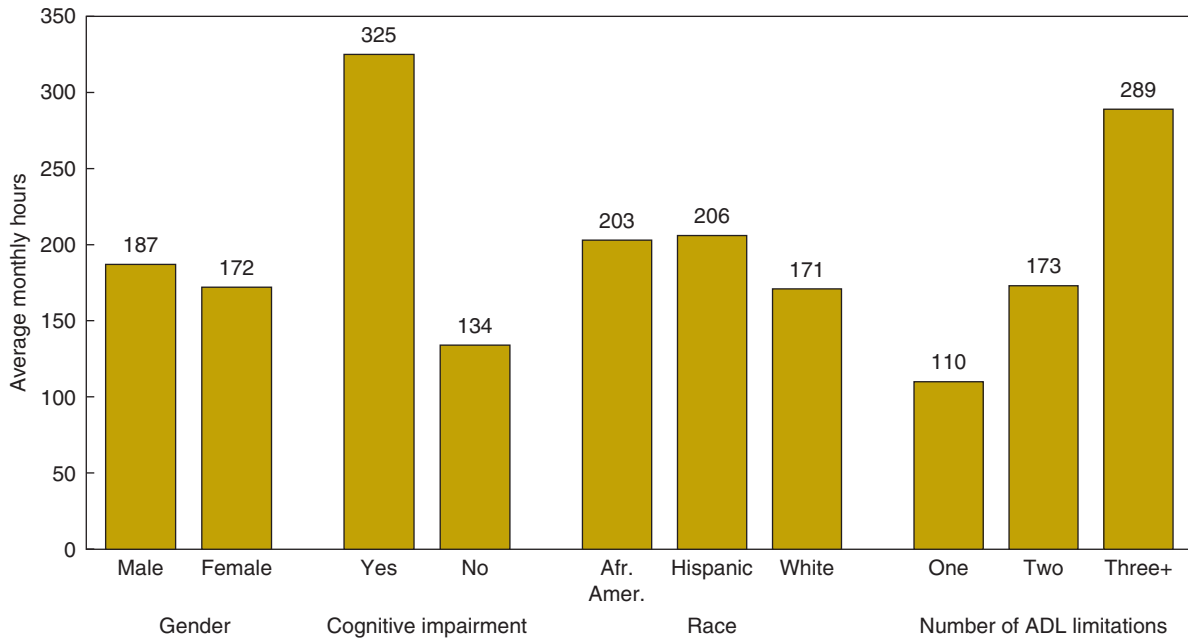
The number of adult children does not appear to substantially raise the care level given to older adults with severe disabilities, but the number of unpaid caregivers appears to have important effects. The average amount of help those with one adult child received exceeded the average for those with no children by 52 hours per month, but those with two or more adult children averaged only 10 more hours of help per month than those with no children. However, when additional unpaid caregivers are recruited, the average monthly hours of care rise rapidly. For example, severely disabled older adults with three or more unpaid caregivers averaged 491 hours of care, more than twice as many hours as those received on average by people with only one unpaid caregiver.

## Notes

1. The median is defined as the midpoint of the distribution, so that the median value exceeds the amount of care received by one-half of care recipients but falls short of the amount received by the other half.

**FIGURE 4.5**

Total Average Monthly Hours of Help Received by Noninstitutionalized Frail Older Adults Receiving Assistance, by Personal Characteristics, 2002

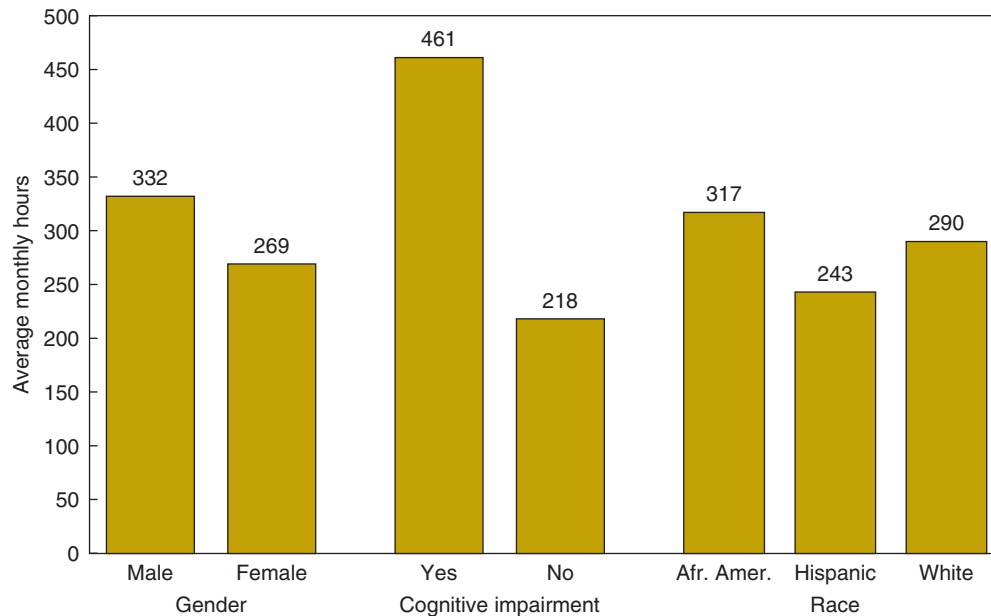


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,707 frail adults age 65 and older living in the community and receiving help. See table 4.1 for details.

**FIGURE 4.6**

Total Average Monthly Hours of Help Received by Noninstitutionalized Older Adults with Severe Disabilities Who Are Receiving Assistance, 2002

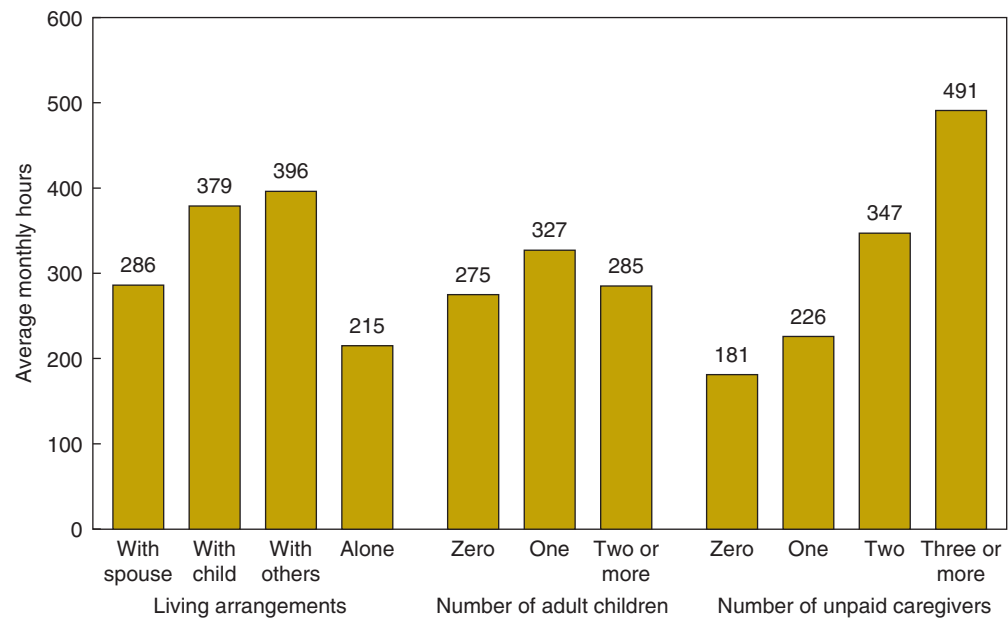


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 570 adults age 65 and older with three or more limitations with activities of daily living (ADLs) living in the community and receiving help. See table 4.3 for details.

**FIGURE 4.7**

Total Average Monthly Hours of Help Received by Noninstitutionalized Older Adults with Severe Disabilities Who Are Receiving Assistance, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 570 adults age 65 and older with three or more limitations with activities of daily living (ADLs) living in the community and receiving help. See table 4.4 for details.



## Characteristics of Family and Friend Caregivers

**ALTHOUGH HELP FROM FAMILY AND** friends improves the lives of frail older people and allows many of them to remain in their own homes (Lo Sasso and Johnson 2002), it often imposes substantial burdens on caregivers. Those not yet retired must often struggle to balance their work demands with family responsibilities (Johnson and Lo Sasso 2000). Caring for frail spouses at older ages can be physically exhausting and emotionally draining, especially for caregivers coping with their own health problems. Family caregivers of all ages can feel isolated from their friends and overwhelmed by their responsibilities, particularly when caring for people with dementia. Many caregivers in fact report high levels of stress, depression, and physical health problems (Yee and Schulz 2000). To better understand caregiver burden, it is important to examine the relationship of caregivers to care recipients, the hours of help caregivers provide, and caregivers' personal characteristics. It is also useful to distinguish between primary ADL caregivers, who provide most of the personal care offered to recipients; primary IADL helpers, who provide most of the assistance with household chores and errands; and other caregivers and helpers, who often provide crucial services but spend less time helping than primary caregivers and helpers.

The results highlight the burdens faced by family members and friends who provide care to frail older Americans. On average, primary responsibility for meeting the basic personal care needs of frail older adults takes up about as much time as a full-time job. More than half of all adult children providing some care to their older parents work full-time outside the home. Slightly more than one-fifth of people caring for their elderly spouses have disabilities of their own.

### Relationship of Caregivers to Care Recipients

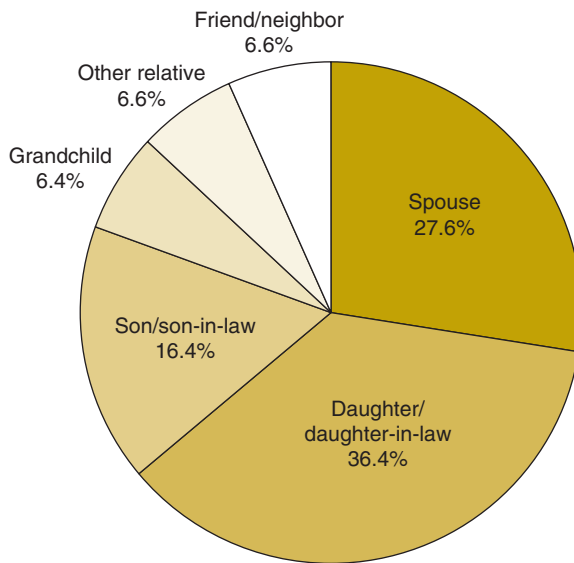
Adult children, children-in-law, and spouses account for about four out of every five family and friend caregivers and helpers of disabled older adults in the community. In 2002, 36.4 percent of caregivers and helpers were the daughters or daughters-in-law of the older care recipient, 27.6 percent were spouses, and 16.4 percent were sons and sons-in-law (figure 5.1). Grandchildren accounted for 6.4 percent of caregivers and helpers, other family members accounted for another 6.6 percent, and friends and neighbors accounted for the final 6.6 percent.

The relationship of typical caregivers to care recipients varies by the type of help they provide, with spouses making up nearly half of all primary ADL caregivers but only about one-third of primary IADL helpers (table 5.1). Daughters and daughters-in-law account for 34.1 percent of primary ADL caregivers, 33.0 percent of primary IADL helpers, and 40.7 percent of all nonprimary caregivers and helpers. Sons and sons-in-law account for only 6.4 percent of primary ADL helpers, 14.2 percent of primary IADL caregivers, and 25.4 percent of all other helpers and caregivers.

Nearly all of the primary helpers of married older care recipients are their spouses, who account for about 9 out of 10 primary ADL caregivers and 8 out of 10 primary IADL helpers (figure 5.2). Spouses make up about two-thirds of all the people who provide help to married older adults with disabilities who do not live in nursing homes.

Daughters play the principal role in providing care to unmarried frail older adults, accounting for about two-thirds of primary ADL caregivers and about one-

**FIGURE 5.1**  
Relationship of Family and Friend Caregivers to Noninstitutionalized Frail Older Care Recipients, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. See table 5.1 for details.

half of primary IADL helpers. Sons make up only 22.9 percent of all caregivers and helpers for unmarried older adults, and only 12.3 percent of their primary ADL caregivers. Grandchildren, other family members, and friends and neighbors account for more than one-quarter of all caregivers and helpers assisting unmarried seniors who do not live in nursing homes.

### Hours of Help Provided by Caregivers

On average, each family and friend caregiver to frail older adults living at home provides 105 hours of assistance per month, or about 25 hours per week (figure 5.3). Primary ADL caregivers provide much more help, averaging 201 hours per month, more than the typical full-time job. Primary IADL helpers average 83 hours per month. Other caregivers and helpers spend 53 hours per month on average, or about 13 hours per week, assisting older people. Half of all caregivers to frail older adults spend less than

31 hours helping each month, the median amount of assistance provided by caregivers, and half provide more hours.

Spouses spend much more time than other family members or friends helping frail seniors because they typically assume the role of primary caregiver. Spouses providing assistance devote 153 hours per month on average to the care recipient, compared with 98 hours for daughters and daughters-in-law, 71 hours for sons and sons-in-law, and 83 hours for friends and other family members (figure 5.4). The median level of help amounted to 61 hours per month for spouses who provided assistance, 31 hours for daughters and daughters-in-law, and 30 hours for sons and sons-in-law.

Not surprisingly, those caring for the most seriously disabled people in the community tend to put in the most hours. In 2002, spouses who provided help to those with three or more ADL limitations averaged 236 hours per month on caregiving activities, or about 56 hours per week (table 5.3). Daughters and daughters-in-law who helped those with severe disabilities averaged 134 hours per month. The median level of care spouses provided to severely disabled adults, indicating the amount spent by the typical spouse providing care, totaled 120 hours per month, or about 29 hours per week.

### Gender Breakdown of Informal Caregivers

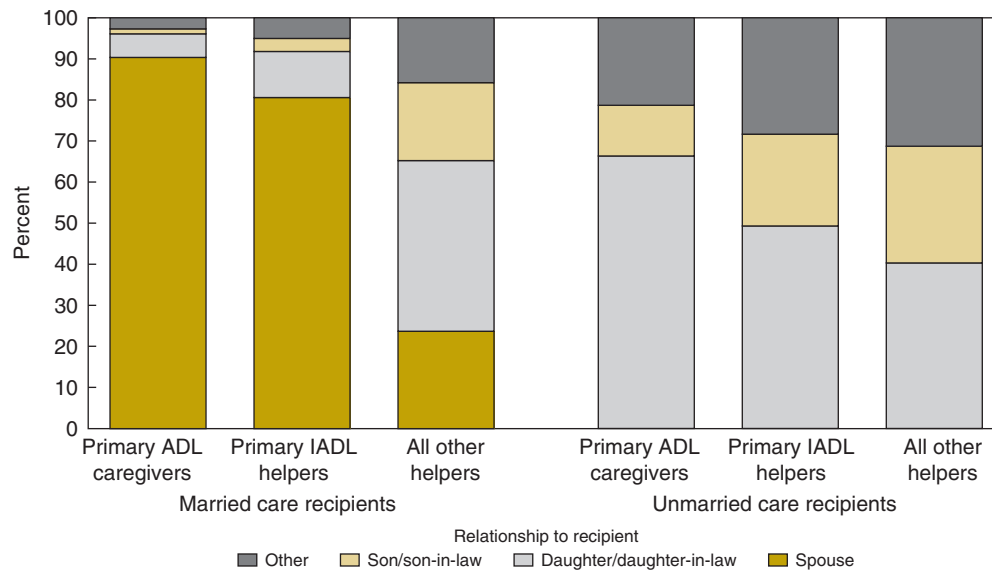
Women account for 68.9 percent of family members and friends who help frail older adults living in the community (figure 5.5). Gender stereotypes are especially evident in cases where family ties are less binding. For example, husbands are more likely to serve as caregivers than other men. Men account for 41.7 percent of all spouse caregivers, but only 30.5 percent of those who provide care to their parents, 26.8 percent of those who help their grandparents, and 22.9 percent of those who care for other relatives (table 5.4). Only 13.5 percent of caregivers who help friends and neighbors are men.

### Characteristics of Adult Children Who Provide Care

About 7 out of every 10 adult children who help their frail older parents are female (table 5.5). Daughters

**FIGURE 5.2**

Relationship of Family and Friend Caregivers to Noninstitutionalized Frail Older Care Recipients, by Type of Care Provided and Marital Status of Care Recipient, 2002

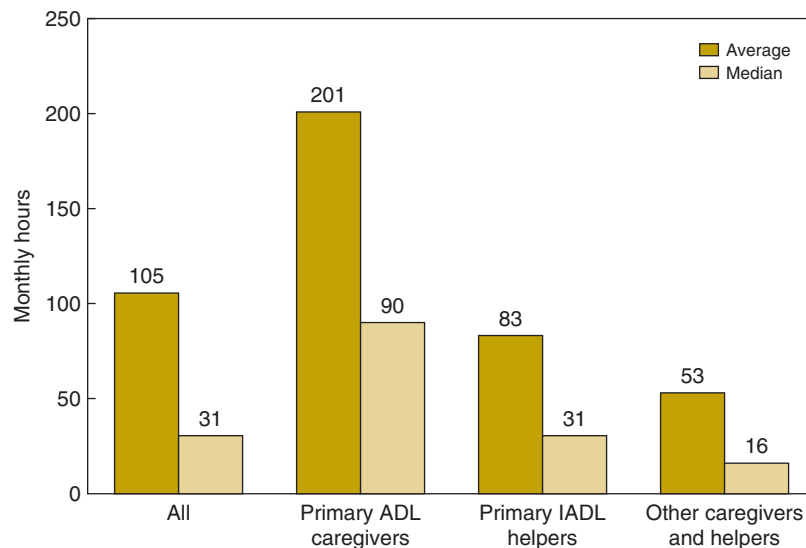


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. ADL denotes activity of daily living, and IADL denotes instrumental activity of daily living. The sample includes information on 738 primary ADL caregivers, 736 primary IADL helpers, and 953 other caregivers and helpers. See table 5.1 for details.

**FIGURE 5.3**

Monthly Hours of Help Provided by Family and Friend Caregivers to Noninstitutionalized Frail Older Adults, by Relationship, 2002



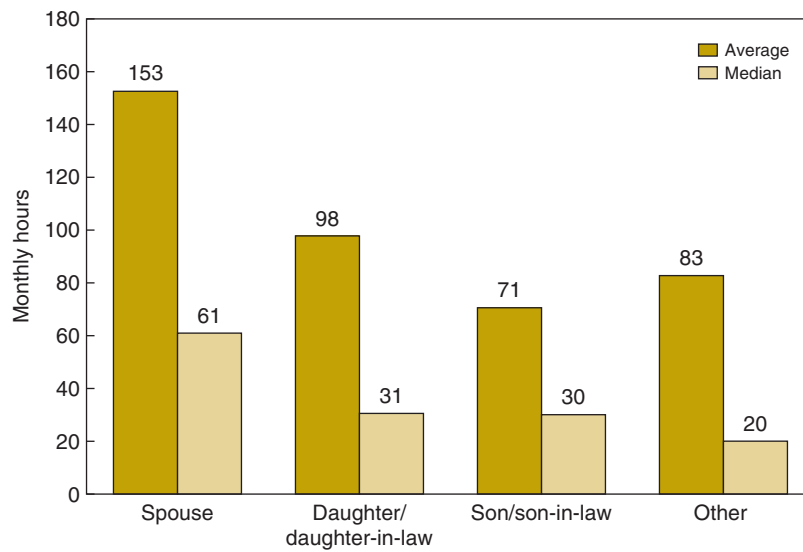
Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. ADL denotes activity of daily living, and IADL denotes instrumental activity of daily living. The sample includes information on 738 primary ADL caregivers, 736 primary IADL helpers, and 953 other caregivers and helpers. See table 5.1 for details.



**FIGURE 5.4**

Monthly Hours of Help Provided by Family and Friend Caregivers to Noninstitutionalized Frail Older Adults, by Relationship, 2002

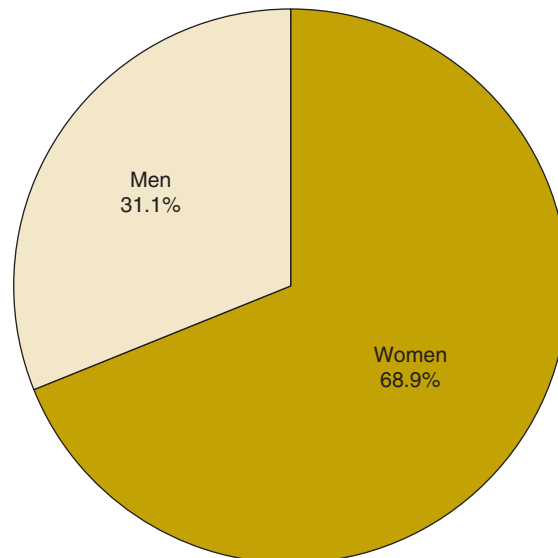


Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. ADL denotes activity of daily living, and IADL denotes instrumental activity of daily living. The sample includes information on 738 primary ADL caregivers, 736 primary IADL helpers, and 953 other caregivers and helpers. See table 5.2 for details.

**FIGURE 5.5**

Gender of Family and Friend Caregivers to Noninstitutionalized Frail Older Adults, 2002



Source: Authors' estimates from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,517 informal caregivers and helpers of frail adults age 65 or older living in the community. See table 5.4 for more information.

represent an even larger share of children serving as primary ADL caregivers. Only about one in six primary caregivers are sons. Even among primary helpers with household chores and errands, daughters outnumber sons by nearly two-to-one.

People in their 40s and 50s make up the majority of adult children providing care to their frail parents. In 2002, 32.2 percent of child caregivers and helpers were in their 40s and 36.2 percent were in their 50s (figure 5.6). Only about 1 in 10 were younger than 40, and only about 2 in 10 were age 60 or older, the traditional retirement years.

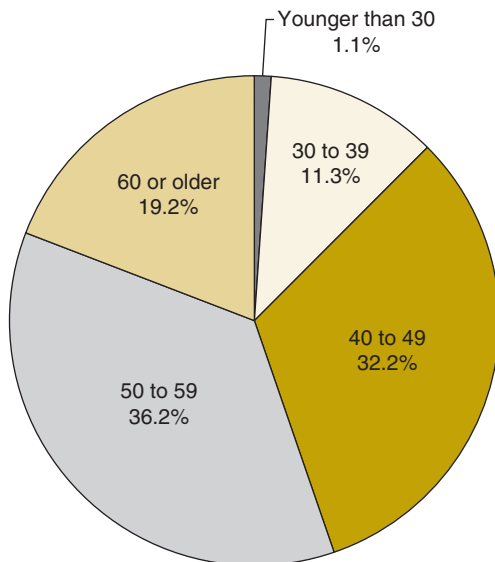
Most caregivers work and care for their own families in addition to aiding their disabled parents. More than half of adult children helping their frail older parents are employed, with 53.1 percent working full-time and another 9.8 percent working part-time (figure 5.7). More than two in five children who serve as primary ADL caregivers, and so bear the heaviest caregiving responsibilities, work full-time. The burden of juggling both employment and family responsibilities can create enormous stress for caregivers.

Most children who help their frail parents live nearby, although less than one-third of adult child helpers live in the same home as their parents. More than one-quarter of child helpers, in fact, live more than 10 miles away. Among children who serve as primary caregivers, however, 55.7 percent live with their parents, and only 13.5 percent live more than 10 miles away.

### Characteristics of Spouses Who Provide Care

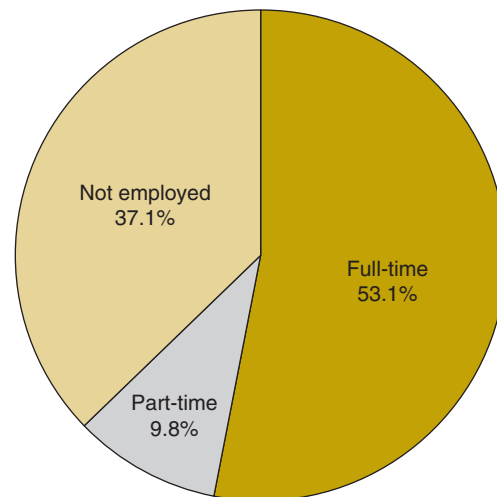
Most people who provide care to their frail older spouses are quite old themselves, averaging 73.2 years of age (table 5.6). Only 13.6 percent of spouse caregivers are younger than 65. Fully 44 percent are in their 70s, and nearly one-quarter are at least 80 years old. The vast majority of spouse caregivers are not employed, although 9.7 percent work for pay part-time and another 5.5 percent work full-time. As noted earlier, husbands assume many more caregiving responsibilities than sons. However, frail older women are less likely than frail older men to receive

**FIGURE 5.6**  
Age Distribution of Child Caregivers of Noninstitutionalized Frail Older Adults, 2002



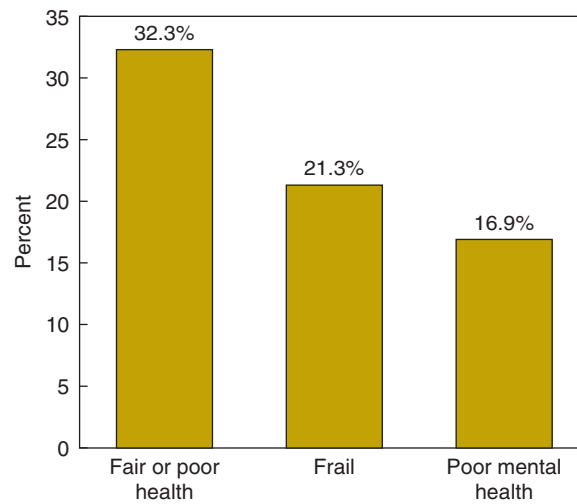
*Source:* Authors' estimates from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 1,071 caregivers and helpers who are the offspring of frail adults age 65 and older living in the community. See table 5.5 for details.

**FIGURE 5.7**  
Work Status of Child Caregivers of Noninstitutionalized Frail Older Adults, 2002



*Source:* Authors' estimates from the 2002 Health and Retirement Study.  
*Note:* Estimates are based on a sample of 1,071 caregivers and helpers who are the offspring of frail adults age 65 and older living in the community. See table 5.5 for details.

**FIGURE 5.8**  
Health Status of Spouse Caregivers of  
Noninstitutionalized Frail Older Adults, 2002



*Source:* Authors' estimates from the 2002 Health and Retirement Study.

*Note:* Estimates are based on a sample of 684 caregivers and helpers who are the spouses of frail adults age 65 and older living in the community. The analysis classifies respondents as having poor mental health if they report four or more depressive symptoms on an eight-point scale. See the methodological appendix and table 5.6 for more information.

care from spouses because women are much more likely to be widowed.

Many spouse caregivers struggle with their own health problems. About one-third of people who provide care to their frail older spouses describe their health as only fair or poor (figure 5.8). More than one

in five have at least some disabilities, and about one in six suffer from poor mental health, as measured by the presence of depressive symptoms. These health problems complicate the provision of care, significantly increase caregiver burdens, and may limit the quality of care that older people receive.



## Conclusions and Policy Issues

**THE HRS DATA PRESENTED IN THIS** report highlight the characteristics of older people with disabilities, the paid and unpaid care they receive, and the informal supports their family and friends provide. The portrait that emerges highlights several policy issues.

*Long-term care is a women's issue.* The need for long-term care and the provision of help is not equally distributed between the genders. Women dominate long-term care for older people. Nearly two-thirds of people with disabilities and more than two-thirds of informal caregivers are female. Although not analyzed in this report, women also make up the overwhelming majority of paid caregivers (Yamada 2002).

*The community-based disabled population is sizeable.* The vast majority of older people with disabilities live outside of nursing homes. Among the total elderly population with disabilities, six times as many people live at home as in nursing homes. Even among people with severe disabilities (with three or more ADL limitations), more adults live at home than in nursing homes (AHCA 2005). However, approximately two-thirds of long-term care expenditures for older people go to institutional care instead of home- and community-based services (CBO 2004). To many policymakers and consumer advocates, the large number of people with disabilities in the community provides a policy rationale for changing the balance of care in favor of home- and community-based services.

*Many older persons have limited financial resources.* The older population is commonly depicted as quite well-off financially, with high levels of income and assets. While this image may accurately describe the overall elderly population, older people with disabilities,

especially severe disabilities, have very limited financial resources. In 2001, median income for people with three or more ADL limitations was only \$14,160, and 36.2 percent of these severely disabled older people had incomes below 125 percent of the federal poverty level. This group also holds few assets. In 2002, median total wealth, including housing and financial assets, was only \$47,913, nearly three-fourths of which was home equity. Household financial assets, which can be liquidated easily to meet long-term care and other needs, did not even amount to \$8,000. The low levels of wealth raise questions about the extent to which this population could transfer large amounts of assets to become prematurely eligible for Medicaid, a possibility that troubles many lawmakers (Basset 2004; Norton 1995; O'Brien 2005; Wiener 1996). The financial resources available for home equity conversions to be used for long-term care may also be quite limited (Merlis 2005).

*Mental health problems are widespread.* Most long-term care policy focuses on helping older people with ADLs and IADLs. However, 31 percent of persons with any disabilities and about 45 percent of persons with severe disabilities suffer from depression, compared with only 10 percent of persons without disabilities. To a large extent, mental health services for persons with disabilities are not available (Bartels 2003; Bruce et al. 2002; Heston et al. 1992).

*Some frail older adults lack the help they need.* Persons with disabilities receive a substantial amount of aid, but not everybody gets help. About 6 in 10 older adults with disabilities and 9 in 10 persons with severe disabilities receive help from paid and unpaid caregivers with basic personal activities or with household chores. However, some frail older adults

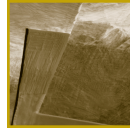
do not appear to be receiving the help they need. For example, among older people with severe disabilities, about 17 percent of those living alone and 15 percent of divorced or separated older persons report that they did not receive any help from caregivers in 2002. Other persons with disabilities may be receiving less care than they need.

*Providing help can overwhelm caregivers.* Most help provided to older people with disabilities is unpaid care provided by family and, to a much lesser extent, friends. Providing this care can be a substantial burden (Johnson and Lo Sasso 2000; Yee and Schulz 2000). Over half of people with severe disabilities rely solely on care from informal caregivers. In 2002, persons with three or more ADL problems received a median of 120 hours of informal care per month. A constraint on providing informal care is that over two-fifths of primary child caregivers are between age 30 and 49, an age when most persons also work and have young children. At the other end of the age continuum, about a fifth of informal child caregivers are age 60 or older, and may have health and disability issues of their own. In fact, more than one in five spouse caregivers have disabilities. Yet, despite the common perception of the American family being highly dispersed across the country, about 60 percent of older persons with disabilities have sons or daughters who live less than 10 miles away.

*Paid home care is rare.* Only a minority of persons with disabilities receive any paid help. The use of formal care increases with level of disability, but only 41 percent of care recipients with three or more ADL limitations received paid home care in 2002. Families continue to provide informal care even when paid home care is provided. More than two-thirds of all

persons with disabilities and nearly four-fifths of persons with severe disabilities receiving paid care also receive informal care. Indeed, among persons with severe disabilities, paid home care accounts for only 22 percent of the hours of care provided. Even among persons with disabilities who have Medicaid coverage, only 22 percent of care came from paid helpers in 2002.

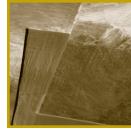
The aging of the large baby boomer cohort may intensify the demands on government and families, although future outcomes are difficult to forecast. The U.S. Census Bureau (2004) projects that the size of the population age 85 and older will soar to 20.9 million in 2050, up from 4.3 million in 2000. Although disability rates at older ages have been falling over the past two decades and may decline further (Freedman, Martin, and Schoeni 2003), the number of older people in need of care will continue to grow. In fact, the rising prevalence of diabetes and obesity in the younger population could increase future disability rates at older ages (Lakdawalla et al. 2003). The availability of family caregivers may also decline because of rising divorce rates (Teachman et al. 2000), increasing childlessness (Bachu 1999), declining family sizes (Bachu and O'Connell 2001), and rising employment rates of married women (Blau 1998). But falling disability rates at older ages and the narrowing of the gender gap in life expectancy could increase the supply of spousal caregivers (Lakdawalla and Philipson 2002). Continued growth in retirement incomes could increase the demand for expensive community-based alternatives to nursing home care, such as assisted living. Regardless of how these forces play out, additional support for home- and community-based care is likely to be necessary to keep most frail older Americans out of nursing homes.



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## Methodological Appendix

**THE DATA FOR THIS STUDY COME** from the Health and Retirement Study (HRS), a nationally representative survey of older Americans living in the community. Conducted by the University of Michigan with primary funding from the National Institute on Aging, the survey first interviewed in 1992 a large sample of adults age 51 to 61 and their spouses, and reinterviewed them in 1994 and 1996. The survey also interviewed in 1993 a sample of adults age 70 and older and their spouses, and reinterviewed them in 1995. Both cohorts were interviewed again in 1998, when two new cohorts were added, consisting of those age 51 to 56 and those age 68 to 74. All cohorts are interviewed every other year. In 2002, the most recent year for which data were available when the study began, the HRS sample consisted of 16,997 adults age 55 and older.<sup>1</sup>

The HRS collects information on a wide range of topics, including demographics, health and disability, family structure, income, assets, health insurance coverage, and the receipt of care. The survey asks respondents about gender, age, marital status, employment and income for up to four of their children, and whether children live with them or live within 10 miles. The analysis computes three measures of assets. Household financial assets include the value of checking, savings, and money market accounts; certificates of deposit, government savings bonds, other government and corporate bonds, bond funds, stocks, mutual funds, investment trusts, Individual Retirement Accounts, and other savings, net of outstanding debt (including credit card debt). Net housing wealth equals the value of the primary residence, net of outstanding mortgages and any other home loans. Other household assets include the net value of real estate holdings (excluding the primary residence), vehicles, and businesses. The value of

future Social Security benefits and future payments from employer-sponsored defined benefit pension plans are excluded from our wealth measures.

Information on disability is particularly important to our study. At each wave, the survey asks respondents whether they have any difficulty because of physical, mental, emotional, or memory problems with each of the following activities of daily living (ADLs): dressing (including putting on shoes or socks), walking across a room, bathing or showering, eating (such as cutting up food), getting in or out of bed, and using the toilet (including getting up or down). The questionnaire instructs respondents to exclude difficulties that they do not expect to last for at least three months. Those who report any difficulty are asked if anyone helps them with each activity. The survey also asks respondents whether they have any difficulty with any of the following instrumental activities of daily living (IADLs) because of health or memory problems: preparing hot meals, shopping for groceries, making phone calls, taking medications, and managing money (such as paying bills and keeping track of expenses). Those who report any difficulty are again asked whether anyone helps them.<sup>2</sup> We classify respondents as frail if they report any difficulty with an ADL or IADL, and as being severely disabled if they report any difficulty with three or more ADLs.

The survey asks respondents a series of questions about their caregivers and helpers. Respondents identify who most often helps with ADLs, IADLs, and money management. For every helper, respondents report the number of days they helped during the last month, the number of hours they helped per day, and whether they are paid for their assistance. We use this information to compute the total number of hours of help each respondent receives per month, the amount



of assistance provided by each helper, and whether each respondent reports any paid help (or only paid help). Respondents also describe how they are related to each helper, which we use to measure help provided by different family members.

The HRS administers to all nonproxy respondents a cognitive test, known as the TICS instrument (Brandt, Spencer, and Folstein 1988), that consists of four memory and two executive functioning tasks. The survey instrument asks respondents to recall a list of words (10 points); recall the same list about five minutes later (10 points); name the day of the week and the date (4 points); name the object that people usually use to cut paper, the prickly plant that grows in the desert, and the president and vice president of the United States (4 points); subtract seven from 100 five times (5 points); and count backwards from 20 to 10 (2 points). Following Herzog and Wallace (1997), we assigned 2 points (out of 10) to those who refused the entire immediate recall task, 0 points to those who refused the entire delayed recall test, and 1 point to those who refused to subtract seven from 100. We assigned 0 points for nonresponse to a single item in a task. The maximum score, indicating the highest cognitive functioning, is 35. We classify respondents as being cognitively impaired if they score 10 or lower, a threshold that appears to generate the same prevalence of cognitive impairment in our sample as in the general older population (Brookmeyer, Gray, and Kawas 1998). Proxies responding for sample members who are not available to answer for themselves are asked to rate the respondent's memory and judgment and ability to make decisions. Following Freedman, Aykan, and Martin (2000), we classify people whose responses were provided by proxy as cognitively impaired if the proxies described them as having poor memory and poor judgment.

The definition of poor mental health used in the analysis is based on a subset of the Center for Epidemiological Studies Depression Scale (CES-D), consisting of eight depressive symptoms. The survey asks respondents to indicate whether each of the following eight statements was true much of the time during the past week: they felt depressed, felt everything they did was an effort, sleep was restless, were happy, felt lonely, enjoyed life, felt sad, and could not get going. We create an index score by assigning a value of one to each positive response (or negative response for the fourth and sixth statements) and summing the

values. We classify respondents with scores of four or higher as having poor mental health, which generates prevalence rates at older ages consistent with other national studies (Berkman et al. 1986).

The analysis is restricted to those age 65 and older in 2002 living in the community, not in nursing homes. After eliminating a few cases with missing data, the sample includes 10,244 respondents, 2,752 of whom are frail and 641 of whom have severe disabilities. Because the HRS oversamples African Americans, Hispanics, and Florida residents, the analysis uses sampling weights to derive population estimates. We perform standard tests to determine whether differences in outcomes are statistically significant.

When measuring financial amounts and hours of care, we generally compute the median value, in addition to simple averages, because the median generally better describes outcomes for typical individuals than the average, which can be skewed by very large or small values. When examining the components of wealth, we measure the median 10-percent value, computed as the mean value of observations between the 45th and 55th percentiles of the distribution. This value is similar to the median of the distribution, but it is a better measure for examining the components of wealth held by the typical person. The components of wealth for the median person may be unusual, because the median is based on a single observation. The median individual may have unusually high housing wealth, for example, even though her total wealth lies in the center of the distribution. The median 10-percent value, which incorporates information from one-tenth of the sample, is likely to be more representative of typical outcomes in the sample. For simplicity, we call the median 10-percent value the median in our discussion, figures, and tables.

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## Notes

1. The sample also includes 1,190 spouses younger than 55.
2. The HRS also asks respondents whether they have any difficulty using a map, but we exclude that information from our measure of IADL limitations because we do not consider map reading to be an important component of independent living.



**TABLE 2.1**

Size and Demographic Characteristics of the Noninstitutionalized Older Population, by Disability Status, 2002

	All	No disabilities	Frail	Severe disabilities
Total (thousands)	32,987	24,255	8,732	1,996
Share of aged population (%)	100.0	73.5	26.5	6.1
Gender (%)				
Male	42.1	44.1	36.4*	32.3*
Female	57.9	55.9	63.6*	67.7*
Marital status (%)				
Married	56.9	61.8	43.2*	40.8*
Widowed	31.6	27.1	44.1*	47.2*
Divorced or separated	8.4	8.1	9.3	9.0
Never married	3.1	3.0	3.3	3.1
Age				
65–69 (%)	22.9	26.2	13.9*	10.4*
70–74 (%)	20.5	22.4	15.0*	14.7*
75–79 (%)	17.5	17.4	17.7	19.6
80–84 (%)	13.4	11.8	17.8*	13.5
85 and older (%)	25.7	22.2	35.5*	41.8*
Mean age (years)	75.2	74.1	78.4*	79.7*
Women, by age and widowhood (%)				
Women ages 85 and older	15.6	12.5	24.2*	29.9*
Widowed women	25.8	22.1	36.0*	38.9*
Widowed women ages 85+	9.4	6.7	17.1*	20.7*
Race and ethnicity (%)				
African American	8.3	7.3	11.1*	13.7*
Hispanic origin	5.3	4.9	6.2*	9.7*
White or other	86.5	87.9	82.6*	76.6*
Education (%)				
Never attended high school	13.8	10.5	22.8*	31.8*
High school dropout	13.5	12.2	16.9*	16.4*
High school graduate	36.8	37.9	33.6*	31.0*
Less than 4 years of college	17.9	19.1	14.6*	9.8*
College graduate	17.9	20.1	11.9*	10.7*
Immigrant status (%)				
Immigrant	8.1	7.9	8.7	10.4*
Native born	91.9	92.1	91.3	89.6*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. Totals do not always sum to 100 percent because of rounding.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from estimate for those with no disabilities.

**TABLE 2.2**

Health Status of the Noninstitutionalized Older Population, by Disability Status, 2002 (%)

	All	No disabilities	Frail	Severe disabilities
Serious medical conditions				
Heart problems	31.8	27.1	45.0*	51.8*
Recent history of cancer	17.3	16.4	19.9*	19.9*
Lung problems	11.3	9.3	16.9*	21.4*
Diabetes	18.3	15.8	25.5*	29.3*
History of stroke	10.7	7.1	20.9*	34.1*
Psychiatric problems	14.1	10.0	25.5*	33.8*
Any serious medical condition	63.0	57.2	79.2*	89.6*
Poor mental health	15.1	10.0	31.3*	44.7*
Other medical conditions				
High blood pressure	58.3	55.1	67.4*	70.5*
Arthritis	67.0	62.0	80.9*	85.7*
Overall health status				
Excellent	9.7	12.2	3.0*	1.0*
Very good	27.2	32.8	11.8*	3.5*
Good	33.1	35.7	26.2*	15.2*
Fair	20.6	15.8	33.8*	35.3*
Poor	9.3	3.6	25.4*	44.9*
Health compared with two years ago				
Better	7.8	8.5	5.8*	3.8*
Same	61.9	69.6	40.6*	24.8*
Worse	30.3	22.0	53.5*	71.4*
Cognitive impairment	5.4	1.9	15.1*	26.5*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. The analysis defines cognitive impairments based on respondents' performance on a cognitive test, and poor mental by the presence of four or more depressive symptoms. See the methodological appendix for details.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from estimate for those with no disabilities.

**TABLE 2.3**

Types of Limitations among the Noninstitutionalized Older Population, by Disability Status, 2002

	All	Frail	Severe disabilities
<b>ADLs</b>			
Bathing (%)	8.5	32.1	83.0
Getting in and out of bed (%)	6.2	23.3	64.7
Eating (%)	3.8	14.3	41.9
Dressing (%)	10.6	40.0	85.3
Walking across room (%)	8.2	31.0	76.6
Using the toilet (%)	6.2	23.5	58.5
Any ADL (%)	20.2	76.4	100.0
2 or more ADLs (%)	10.5	39.7	100.0
3 or more ADLs (%)	6.1	22.9	100.0
Mean number of ADL limitations	0.4	1.6	4.1
<b>IADLs</b>			
Shopping for groceries (%)	11.1	41.9	72.9
Preparing hot meals (%)	7.9	30.0	62.8
Using the phone (%)	5.7	21.5	35.9
Taking medications (%)	4.0	14.9	30.2
Managing money (%)	7.3	27.5	44.7
Any IADL (%)	16.9	64.0	82.8
2 or more IADLs (%)	9.1	34.3	67.4
3 or more IADLs (%)	5.1	19.4	46.8
Mean number of IADL limitations	0.4	1.4	2.5

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

**TABLE 2.4**

Availability of Potential Informal Caregivers for the Noninstitutionalized Older Population, by Disability Status, 2002

	All	No disabilities	Frail	Severe disabilities
<b>All Older Adults</b>				
Living arrangements (%)				
With spouse only	47.0	51.4	34.9*	30.9*
With spouse and child	6.6	7.0	5.5*	6.3
With spouse and others	2.5	2.7	1.8*	2.1
With child, not spouse	9.1	6.9	15.3*	19.3*
With others	2.9	2.3	4.8*	6.4*
Alone	31.8	29.7	37.7*	35.0*
Number of adult children				
Zero (%)	8.9	8.4	10.2*	11.1*
One (%)	10.5	9.7	12.9*	14.4*
Two (%)	24.2	24.8	22.7*	20.6*
Three (%)	20.4	21.1	18.3*	17.0*
Four or more (%)	36.0	36.0	35.9	36.9
Mean number	3.17	3.16	3.21	3.23
Number of adult children within 10 miles				
Zero (%)	40.1	41.0	37.5*	37.5
One (%)	42.8	42.0	45.0*	42.8
Two (%)	10.7	10.5	11.0	10.0
Three (%)	3.9	4.0	3.3	4.3
Four or more (%)	2.6	2.4	3.2*	5.4*
Mean number	0.88	0.86	0.93*	1.05*
<b>Unmarried Older Adults</b>				
Living arrangements (%)				
With child	20.9	17.8	26.7*	32.3*
With others	6.7	5.9	8.3*	10.5*
Alone	72.4	76.3	65.0*	57.2*
Number of adult children				
Zero (%)	14.5	14.6	14.3	14.8
One (%)	13.6	13.0	14.9	17.5*
Two (%)	23.6	24.1	22.6	21.3
Three (%)	18.3	18.5	17.8	16.4
Four or more (%)	30.0	29.7	30.4	30.0
Mean number	2.79	2.72	2.90*	2.79
Number of adult children within 10 miles				
Zero (%)	41.6	42.8	39.3*	37.7*
One (%)	44.5	43.5	46.3	45.6
Two (%)	8.8	8.8	8.9	9.3
Three (%)	2.8	3.0	2.5	3.3
Four or more (%)	2.3	1.9	3.0*	4.1*
Mean number	0.81	0.78	0.90*	1.00*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. Estimates of the number of children who live nearby include those who share a household with their parents. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from estimate for those with no disabilities.

**TABLE 2.5**

Household Income of the Noninstitutionalized Older Population, by Disability and Marital Status, 2001

	All	No disabilities	Frail	Severe disabilities
<b>All Older Adults</b>				
Household income (\$)				
Average	41,449	46,180	28,310*	21,371*
Median	26,720	30,264	18,480*	14,160*
Income relative to poverty level (%)				
Less than 100%	9.2	6.4	16.9*	24.0*
100–124%	6.2	4.5	10.8*	12.2*
125–199%	18.7	16.9	23.5*	27.9*
200–400%	34.9	36.2	31.0*	24.8*
More than 400%	31.1	35.9	17.8*	11.1*
<b>Married Older Adults</b>				
Household income (\$)				
Average	54,396	57,533	41,933*	33,004*
Median	37,140	39,704	28,445*	23,580*
Income relative to poverty level (%)				
Less than 100%	3.0	2.3	5.8*	10.7*
100–124%	2.8	2.1	5.2*	7.5*
125–199%	13.0	11.0	21.1*	26.1*
200–400%	39.6	39.5	40.0	33.8
More than 400%	41.6	45.1	27.8*	21.8*
<b>Unmarried Older Adults</b>				
Household income (\$)				
Average	24,375	27,814	17,952*	13,360*
Median	15,612	17,836	12,156*	10,800*
Income relative to poverty level (%)				
Less than 100%	17.3	12.9	25.4*	33.2*
100–124%	10.7	8.4	15.0*	15.4*
125–199%	26.1	26.6	25.3	29.1
200–400%	28.6	31.1	24.1*	18.6*
More than 400%	17.3	21.1	10.1*	3.7*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from that for no disability group.



**TABLE 2.6**

Household Wealth of the Noninstitutionalized Older Population, by Disability and Marital Status, 2002 (dollars)

	All	No disabilities	Frail	Severe disabilities
<b>All Older Adults</b>				
Overall average				
Household financial assets	170,411	196,650	97,548*	70,910*
Net housing wealth	117,348	129,195	84,449*	61,420*
Other assets	81,955	94,667	46,655*	23,494*
Total household net worth	369,714	420,512	228,651*	155,824*
Average, 45th to 55th percentiles (similar to median)				
Household financial assets	51,723	71,912	23,587*	7,908*
Net housing wealth	98,229	108,815	56,956*	35,640*
Other assets	20,884	25,141	7,544*	4,365*
Total household net worth	170,836	205,869	88,087*	47,913*
<b>Married Older Adults</b>				
Overall average				
Household financial assets	225,300	247,030	138,962*	113,139*
Net housing wealth	147,005	154,196	118,434*	80,844*
Other assets	113,920	124,012	73,823*	40,650*
Total household net worth	486,226	525,237	331,220*	234,633*
Average, 45th to 55th percentiles (similar to median)				
Household financial assets	91,774	113,910	43,171*	30,333*
Net housing wealth	129,614	134,511	95,757*	63,289*
Other assets	37,092	37,461	23,541*	7,827*
Total household net worth	258,480	285,882	162,469*	101,449*
<b>Unmarried Older Adults</b>				
Overall average				
Household financial assets	98,024	115,143	66,059*	41,830*
Net housing wealth	78,236	88,747	58,610*	48,043*
Other assets	39,801	47,192	25,998*	11,679*
Total household net worth	216,062	251,082	150,668*	101,552*
Average, 45th to 55th percentiles (similar to median)				
Household financial assets	23,488	31,034	10,891*	3,050*
Net housing wealth	56,556	67,659	34,904*	10,144*
Other assets	6,475	9,016	3,488*	6,114*
Total household net worth	86,519	107,709	49,283*	19,308*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. Percentiles are based on total household net worth. Other assets include the value of businesses, vehicles, and nonhousing real estate. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from that for no disability group.

**TABLE 2.7**

Household Wealth and Income, 1993 and 2002, by Disability Status in 2002, for Adults Age 70 and Older and Not Disabled in 1993 (in constant 2002 dollars)

	All	No disabilities	Frail	Severe disabilities
<b>Household Wealth</b>				
Average, 45th to 55th percentiles, 1993				
Household financial assets	36,926	51,345	29,047	26,612
Net housing wealth	98,374	99,200	77,547	76,210
Other assets	17,713	25,157	16,637	7,683
Total household net worth	153,014	175,702	123,231	110,505
Average, 45th to 55th percentiles, 2002				
Household financial assets	55,604	65,752	36,811	19,596
Net housing wealth	81,926	100,943	56,244	40,899
Other assets	13,653	21,050	7,403	4,265
Total household net worth	151,183	187,745	100,458	64,761
Change, 1993 to 2002				
Household financial assets	18,677	14,407	7,764	-7,016
Net housing wealth	-16,448	1,744	-21,303	-35,310
Other assets	-4,060	-4,107	-9,234	-3,418
Total household net worth	-1,831	12,044	-22,773	-45,744
<b>Household Income</b>				
Median income, 1992	20,358	22,040	16,775	14,176
Median income, 2001	21,308	23,460	16,922	13,492
Change, 1992 to 2001	950	1,420	147	-684

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: All financial amounts are expressed in constant 2002 dollars. Estimates are based on a sample of 2,362 adults age 70 and older and not disabled in 1993, who were reinterviewed in 2002 when they were age 79 and older. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. The sample includes 1,484 adults without disabilities in 2002, 878 frail adults, and 195 with severe disabilities.

**TABLE 2.8**

Medicaid Coverage of the Noninstitutionalized Older Population, by Disability Status, 2002 (%)

	All	No disabilities	Frail	Severe disabilities
All	7.7	4.9	15.5*	27.3*
Gender				
Male	5.8	4.2	11.0*	21.4*
Female	9.1 <sup>^</sup>	5.4 <sup>^</sup>	18.1* <sup>^</sup>	30.1* <sup>^</sup>
Age				
65–69	7.0	4.6	19.6*	32.0*
70–74	7.8	5.3	18.2*	33.3*
75–79	8.3	5.2	16.2*	31.5*
80–84	6.9	4.5	11.3* <sup>^</sup>	24.1*
85 and older	9.2 <sup>^</sup>	4.3	13.2* <sup>^</sup>	19.8* <sup>^</sup>
Marital status				
Married	4.1	2.8	9.3*	20.8*
Widowed	10.2 <sup>^</sup>	6.2 <sup>^</sup>	17.0* <sup>^</sup>	28.1* <sup>^</sup>
Divorced or separated	18.8 <sup>^</sup>	13.4 <sup>^</sup>	31.9* <sup>^</sup>	42.9* <sup>^</sup>
Never married	17.2 <sup>^</sup>	12.5 <sup>^</sup>	28.6* <sup>^</sup>	NA
Race and ethnicity				
African American	20.1	14.5	30.2*	47.8*
Hispanic origin	36.2 <sup>^</sup>	27.8 <sup>^</sup>	54.5* <sup>^</sup>	69.9* <sup>^</sup>
White or other	4.8 <sup>^</sup>	2.8 <sup>^</sup>	10.6* <sup>^</sup>	18.2* <sup>^</sup>
Income relative to poverty level				
Less than 100%	42.9	36.9	49.1*	66.0*
100–124%	23.0 <sup>^</sup>	17.4 <sup>^</sup>	29.6* <sup>^</sup>	34.8* <sup>^</sup>
125–199%	7.1 <sup>^</sup>	5.6 <sup>^</sup>	10.2* <sup>^</sup>	17.4* <sup>^</sup>
200–400%	2.0 <sup>^</sup>	1.5 <sup>^</sup>	3.8* <sup>^</sup>	7.7* <sup>^</sup>
More than 400%	1.0 <sup>^</sup>	0.8 <sup>^</sup>	2.2* <sup>^</sup>	3.9*
Number of serious medical conditions				
Zero	4.7	4.0	8.9*	12.9*
One	7.1 <sup>^</sup>	4.7	14.4* <sup>^</sup>	23.6* <sup>^</sup>
Two	10.1 <sup>^</sup>	6.7 <sup>^</sup>	15.4* <sup>^</sup>	27.4* <sup>^</sup>
Three or more	16.9 <sup>^</sup>	7.8 <sup>^</sup>	23.9* <sup>^</sup>	36.1* <sup>^</sup>

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from estimate for those with no disabilities.

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 2.9**

Private Long-Term Care Insurance Coverage of the Noninstitutionalized Older Population by Disability Status, 2002 (%)

	All	No disabilities	Frail	Severe disabilities
All	10.2	11.4	6.8*	2.8*
Gender				
Male	10.2	11.2	6.7*	3.8*
Female	10.2	11.6	6.9*	2.4*
Age				
65–69	10.6	11.6	5.8*	2.0*
70–74	10.7	11.5	7.4*	0.8*
75–79	12.2	13.5	8.9*^	4.4*
80–84	8.7^	9.9	6.3*	3.2*
85 and older	6.1^	6.8^	5.5	3.0*
Marital status				
Married	12.3	13.2	8.6*	4.3*
Widowed	8.1^	9.6^	5.5*^	1.4*^
Divorced or separated	5.2^	5.3^	5.1^	4.5
Never married	7.1^	7.8^	5.4	NA
Race and ethnicity				
African American	2.0	3.0	0.2*	0.0*
Hispanic origin	0.8^	1.1^	0.0*	0.0*
White or other	11.6^	12.7^	8.2*^	3.7*^
Income relative to poverty level				
Less than 100%	1.3	1.8	0.8	0.8
100–124%	1.8	1.3	2.4	0.0*
125–199%	4.6^	5.4^	3.1*^	0.8*
200–400%	10.3^	10.7^	8.9^	5.7*^
More than 400%	17.7^	17.9^	16.6^	9.1*^
Number of serious medical conditions				
Zero	11.6	12.3	7.1*	3.3*
One	10.6	11.7	7.3*	2.6*
Two	9.0^	10.4^	6.9*	2.3*
Three or more	5.7^	5.7^	5.8	3.4

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 10,244 adults age 65 and older living in the community. The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates that estimate for given disability group differs significantly ( $p < .10$ ) from estimate for those with no disabilities.

^indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 3.1**

Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Personal Characteristics, 2002 (%)

	Any help	Unpaid only	Paid and unpaid	Paid only
All	61.3	47.0	10.3	4.0
Number of ADL limitations				
One	37.9	31.9	4.1	1.9
Two	57.8 <sup>^</sup>	47.2 <sup>^</sup>	7.4 <sup>^</sup>	3.1
Three or more	89.3 <sup>^</sup>	52.7 <sup>^</sup>	28.7 <sup>^</sup>	7.9 <sup>^</sup>
Gender				
Male	59.5	49.5	7.7	2.3
Female	62.3	45.6 <sup>^</sup>	11.8 <sup>^</sup>	4.9 <sup>^</sup>
Age				
65–69	48.3	43.0	3.6	1.6
70–74	55.2 <sup>^</sup>	46.2	6.5	2.4
75–79	62.1 <sup>^</sup>	49.9 <sup>^</sup>	9.4 <sup>^</sup>	2.8
80–84	62.7 <sup>^</sup>	47.9 <sup>^</sup>	11.3 <sup>^</sup>	3.5
85 and older	75.0 <sup>^</sup>	47.0	19.1 <sup>^</sup>	8.8 <sup>^</sup>
Marital status				
Married	61.9	53.6	7.1	1.3
Widowed	63.4	43.5 <sup>^</sup>	13.8 <sup>^</sup>	6.1 <sup>^</sup>
Divorced or separated	52.0 <sup>^</sup>	37.7 <sup>^</sup>	9.9	4.4 <sup>^</sup>
Never married	50.3 <sup>^</sup>	33.3 <sup>^</sup>	7.4	9.5 <sup>^</sup>
Race and ethnicity				
African American	67.8	53.2	11.8	2.8
Hispanic origin	69.8	50.7	11.1	8.0 <sup>^</sup>
White or other	59.8 <sup>^</sup>	45.9 <sup>^</sup>	10.1	3.8
Education				
Never attended high school	75.9	58.0	13.2	4.7
High school dropout	61.7 <sup>^</sup>	47.4 <sup>^</sup>	10.4	3.8
High school graduate	57.9 <sup>^</sup>	45.2 <sup>^</sup>	9.5 <sup>^</sup>	3.2
Less than 4 years of college	52.1 <sup>^</sup>	40.9 <sup>^</sup>	7.6 <sup>^</sup>	3.6
College graduate	53.3 <sup>^</sup>	37.8 <sup>^</sup>	10.1	5.4
Immigrant status				
Immigrant	70.2	51.3	12.2	6.7
Native born	60.4 <sup>^</sup>	46.6	10.1	3.7 <sup>^</sup>
Income relative to poverty level				
Less than 100%	74.6	52.1	15.2	7.3
100–124%	64.3 <sup>^</sup>	42.7 <sup>^</sup>	16.3	5.3
125–199%	64.0 <sup>^</sup>	50.5	10.1 <sup>^</sup>	3.4 <sup>^</sup>
200–400%	57.9 <sup>^</sup>	48.6	7.1 <sup>^</sup>	2.3 <sup>^</sup>
More than 400%	49.0 <sup>^</sup>	37.4 <sup>^</sup>	8.1 <sup>^</sup>	3.5 <sup>^</sup>
Cognitive impairment				
Yes	92.1	63.6	24.3	4.2
No	55.8 <sup>^</sup>	44.0 <sup>^</sup>	7.9 <sup>^</sup>	3.9

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL).

<sup>^</sup>indicates that the share receiving help differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 3.2**

Share of Noninstitutionalized Frail Older Adults Receiving Help from Paid or Unpaid Caregivers, by Availability of Family Support, 2002 (%)

	Any help	Unpaid only	Paid and unpaid	Paid only
<b>Frail Older Adults</b>				
Living arrangements				
With spouse	61.9	54.1	6.7	1.1
With child, not spouse	77.0 <sup>^</sup>	60.0 <sup>^</sup>	14.1 <sup>^</sup>	2.9 <sup>^</sup>
With others	69.3	46.7	16.7 <sup>^</sup>	5.9 <sup>^</sup>
Alone	53.2 <sup>^</sup>	33.8 <sup>^</sup>	12.0 <sup>^</sup>	7.3 <sup>^</sup>
Number of adult children				
Zero	54.7	37.6	8.2	8.8
One	62.7 <sup>^</sup>	46.9 <sup>^</sup>	9.8	6.1
Two or more	61.9 <sup>^</sup>	48.3 <sup>^</sup>	10.7	3.0 <sup>^</sup>
Number of adult children within 10 miles				
Zero	57.4	42.6	9.0	5.8
One	63.2 <sup>^</sup>	48.9 <sup>^</sup>	11.0	3.4 <sup>^</sup>
Two or more	64.5 <sup>^</sup>	51.6 <sup>^</sup>	11.4	1.5 <sup>^</sup>
<b>Unmarried Frail Older Adults</b>				
Living arrangements				
With child	77.1	60.3	14.2	2.6
With others	68.7	45.7 <sup>^</sup>	17.0	6.0
Alone	53.1 <sup>^</sup>	33.9 <sup>^</sup>	11.8	7.4 <sup>^</sup>
Number of adult children				
Zero	50.9	30.7	9.8	10.4
One	60.8 <sup>^</sup>	43.5 <sup>^</sup>	9.2	8.1
Two or more	62.8 <sup>^</sup>	43.9 <sup>^</sup>	14.3	4.7 <sup>^</sup>
Number of adult children within 10 miles				
Zero	56.6	37.5	10.6	8.5
One	63.4 <sup>^</sup>	44.6 <sup>^</sup>	14.0 <sup>^</sup>	4.8 <sup>^</sup>
Two or more	63.9 <sup>^</sup>	45.5 <sup>^</sup>	15.5	2.8 <sup>^</sup>

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,748 adults age 65 and older living in the community with at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL).

<sup>^</sup>Indicates that the share receiving help differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 3.3**

Share of Noninstitutionalized Older Adults with Severe Disabilities Receiving Help from Paid or Unpaid Caregivers, by Personal Characteristics, 2002 (%)

	Any help	Unpaid only	Paid and unpaid	Paid only
All	89.3	52.7	28.7	7.9
Gender				
Male	89.3	58.9	25.6	4.8
Female	89.3	49.7 <sup>^</sup>	30.2	9.4 <sup>^</sup>
Age				
65–69	86.4	66.5	17.5	2.4
70–74	83.8	57.6	20.3	5.9
75–79	93.0	62.5	23.5	7.0
80–84	86.6	46.5 <sup>^</sup>	31.5	8.5 <sup>^</sup>
85 and older	92.9	39.3 <sup>^</sup>	41.6 <sup>^</sup>	12.1 <sup>^</sup>
Marital status				
Married	91.0	64.3	24.1	2.5
Widowed	89.4	43.2 <sup>^</sup>	34.9 <sup>^</sup>	11.3 <sup>^</sup>
Divorced or separated	84.9	52.2	19.2	13.5 <sup>^</sup>
Never married	NR	NR	NR	NR
Race and ethnicity				
African American	87.8	50.9	31.4	5.5
Hispanic origin	86.6	51.0	20.6 <sup>^</sup>	15.0 <sup>^</sup>
White or other	89.9	53.2	29.3	7.5
Education				
Never attended high school	92.8	52.6	30.6	9.6
High school dropout	89.9	54.2	26.0	9.7
High school graduate	84.1 <sup>^</sup>	52.4	25.7	6.1
Less than 4 years of college	88.3	56.1	29.9	2.3 <sup>^</sup>
College graduate	94.1	48.0	35.3	10.8
Immigrant status				
Immigrant	95.6	50.0	28.8	16.8
Native born	88.6 <sup>^</sup>	53.0	28.7	6.9 <sup>^</sup>
Income relative to poverty level				
Less than 100%	91.6	44.7	34.0	12.9
100–124%	89.6	39.1	42.6	8.0
125–199%	87.8	59.3 <sup>^</sup>	23.0 <sup>^</sup>	5.5 <sup>^</sup>
200–400%	90.7	61.4 <sup>^</sup>	22.7 <sup>^</sup>	6.6
More than 400%	84.9	48.9	29.9	6.1
Cognitive impairment				
Yes	99.1	50.7	42.2	6.2
No	85.9	53.3	24.0 <sup>^</sup>	8.5

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 639 adults age 65 and older living in the community with three or more activity of daily living (ADL) limitations. Estimates for groups with fewer than 40 individuals are not reported (NR).

<sup>^</sup>indicates that the share receiving help differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 3.4**

Share of Noninstitutionalized Older Adults with Severe Disabilities Receiving Help from Paid or Unpaid Caregivers, by Availability of Family Support, 2002 (%)

	Any help	Unpaid only	Paid and unpaid	Paid only
<b>Older Adults with Severe Disabilities</b>				
Living arrangements				
With spouse	91.6	65.7	23.5	2.4
With child, not spouse	95.8	54.2 <sup>^</sup>	34.5 <sup>^</sup>	7.1 <sup>^</sup>
With others	92.6	50.2 <sup>^</sup>	32.6	9.8
Alone	82.6 <sup>^</sup>	37.9 <sup>^</sup>	30.5	14.2 <sup>^</sup>
Number of adult children				
Zero	78.4	38.6	23.2	16.7
One	85.4	52.6 <sup>^</sup>	23.0	9.8
Two or more	91.7 <sup>^</sup>	54.8 <sup>^</sup>	30.6	6.3 <sup>^</sup>
Number of adult children within 10 miles				
Zero	86.1	47.8	25.8	12.5
One	90.5	55.6	29.5	5.4 <sup>^</sup>
Two or more	92.9 <sup>^</sup>	56.0	32.3	4.7 <sup>^</sup>
<b>Unmarried Older Adults with Severe Disabilities</b>				
Living arrangements				
With child	95.8	54.1	34.6	7.2
With others	92.5	49.1	33.3	10.0
Alone	83.2 <sup>^</sup>	38.2 <sup>^</sup>	30.5	14.4 <sup>^</sup>
Number of adult children				
Zero	80.9	36.3	26.7	17.9
One	84.0	54.6 <sup>^</sup>	17.5	11.9
Two or more	90.9	43.7	37.1	10.1
Number of adult children within 10 miles				
Zero	85.6	42.1	26.2	17.3
One	89.2	47.6	33.4	8.2 <sup>^</sup>
Two or more	91.5	41.4	42.2 <sup>^</sup>	7.8 <sup>^</sup>

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 639 adults age 65 and older living in the community with three or more activity of daily living (ADL) limitations. Estimates for groups with fewer than 40 individuals are not reported (NR).

<sup>^</sup>Indicates that the share receiving help differs significantly ( $p < .10$ ) from the first row in the category.



**TABLE 3.5**

Type of Help Received by Noninstitutionalized Frail Older Adults Receiving Help from Paid and Unpaid Caregivers, 2002 (%)

	Any help	Unpaid only	Paid and unpaid	Paid only
<b>Frail Recipients</b>				
ADL help				
Bathing	32.9	22.6	72.9*	50.1*
Getting in and out of bed	14.0	10.7	29.0*	13.6
Eating	32.3	27.4	53.7*	33.5
Dressing	12.6	8.9	30.0*	11.6
Walking across room	18.2	14.8	34.9*	14.0
Using the toilet	10.6	6.9	26.8*	12.8*
IADL help				
Shopping for groceries	60.2	55.6	78.9*	66.6*
Preparing hot meals	39.5	32.9	66.5*	47.1*
Using the phone	25.7	24.3	37.0*	12.8*
Taking medications	19.2	16.0	36.5*	12.1
Managing money	39.6	36.6	62.6*	15.8*
<b>Recipients with Severe Disabilities</b>				
ADL help				
Bathing	70.9	57.9	91.2*	81.0*
Getting in and out of bed	36.7	33.4	44.5*	29.8
Eating	68.2	64.6	75.6*	64.5
Dressing	30.4	23.6	44.5*	24.2
Walking across room	41.3	37.9	50.7*	29.0
Using the toilet	29.5	24.6	39.5*	25.6
IADL help				
Shopping for groceries	74.7	71.1	82.0*	71.9
Preparing hot meals	60.0	51.3	74.9*	63.7
Using the phone	31.7	27.7	42.2*	20.9
Taking medications	30.4	26.6	39.7*	22.1
Managing money	46.2	41.3	62.6*	19.4*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on samples of frail adults age 65 and older living in the community who receive help from caregivers. Samples of frail recipients, defined as having at least one limitation with an activity of daily living (ADL) or instrumental activity of daily living (IADL), consist of 1,707 adults receiving paid or unpaid help, 1,326 adults receiving unpaid help only, 273 receiving both paid and unpaid help, and 108 adults receiving paid help only. Samples of recipients with severe disabilities, defined as having three or more ADL limitations, consist of 570 adults receiving paid or unpaid help, 343 adults receiving unpaid help only, 180 receiving both paid and unpaid help, and 47 adults receiving paid help only.

\*indicates that the share receiving help with the given activity differs significantly ( $p < .10$ ) from the share receiving only unpaid assistance with the activity.

**TABLE 3.6**

Number of Family and Friend Caregivers among Noninstitutionalized Frail Older Care Recipients, 2002 (%)

	All care recipients	Married care recipients	Unmarried care recipients
<b>All older frail care recipients</b>			
One	67.4	76.8	59.6*
Two	22.6	15.8	28.3*
Three	6.6	4.4	8.4*
Four	2.4	2.5	2.4
Five or more	1.1	0.6	1.4*
Total	100	100	100
<b>Older care recipients with severe disabilities</b>			
One	58.5	63.6	54.5*
Two	24.9	22.9	26.4
Three	10.3	7.0	12.9*
Four	3.7	4.9	2.8
Five or more	2.6	1.6	3.4
Total	100	100	100

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on samples of frail adults age 65 and older living in the community who receive help from family and friend caregivers. The samples consists of 1,599 frail adults (768 of whom are married and 831 of whom are unmarried) and 523 adults with severe disabilities (242 of whom are married and 281 of whom are not married). The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations.

\*indicates share of unmarried care recipients with given number of helpers differs significantly ( $p < .10$ ) from share of married recipients.

**TABLE 3.7**

Source of Help Received by Noninstitutionalized Frail Older Adults Receiving Help from Family or Friend Caregivers, by Type of Care, 2002 (%)

	All care recipients	Recipients of ADL care	Recipients of only IADL help
<b>All Frail Older Adults</b>			
All			
Any help from spouse	43.5	50.6	37.3*
Any help from any child	49.3	49.9	48.8
Any help from daughter	36.9	40.1	34.0*
Any help from son	16.9	14.4	19.1*
Any help from other relatives	23.9	26.9	21.3*
Any help from friends/neighbors	9.8	9.0	10.6
Married adults			
Any help from spouse	91.1	94.8	87.0*
Any help from any child	22.6	24.1	20.9
Any help from daughter	17.8	19.6	15.8
Any help from son	6.3	5.4	7.3
Any help from other relatives	8.3	9.8	6.7
Any help from friends/neighbors	2.9	3.0	2.7
Unmarried adults			
Any help from any child	73.7^	79.5^	69.6*^
Any help from daughter	54.3^	63.5^	47.6*^
Any help from son	26.6^	24.7^	28.0^
Any help from other relatives	38.2^	46.5^	32.2*^
Any help from friends/neighbors	16.2^	15.8^	16.5^
<b>Older Adults with Severe Disabilities</b>			
All			
Any help from spouse	43.1	47.8	21.3*
Any help from any child	52.5	55.0	40.8*
Any help from daughter	40.5	43.4	27.0*
Any help from son	16.9	17.3	15.0
Any help from other relatives	32.7	33.2	30.7
Any help from friends/neighbors	13.8	11.6	24.0*
Married adults			
Any help from spouse	92.5	93.7	NR
Any help from any child	31.6	33.8	NR
Any help from daughter	24.9	27.0	NR
Any help from son	7.7	7.9	NR
Any help from other relatives	12.9	12.6	NR
Any help from friends/neighbors	4.6	4.3	NR
Unmarried adults			
Any help from any child	70.6^	76.9^	50.9*
Any help from daughter	54.1^	60.4^	34.4*
Any help from son	24.9^	27.0^	18.1
Any help from other relatives	49.9^	54.5^	35.8*
Any help from friends/neighbors	21.8^	19.2^	30.0

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on samples of frail adults age 65 and older living in the community who receive help from caregivers. The samples consist of 1,413 frail adults (703 of whom are married and 710 of whom are not married) and 395 adults with severe disabilities (189 of whom are married and 206 of whom are not married). The analysis defines frailty by the presence of any difficulty with an activity of daily living (ADL) or instrumental activity of daily living (IADL), and severe disability by the presence of three or more ADL limitations. Estimates based on fewer than 40 observations are not reported (NR).

\*indicates share of recipients of IADL help differs significantly ( $p < .10$ ) from share of recipients of ADL care.

^indicates share of unmarried care recipients with given type of help differs significantly ( $p < .10$ ) from share of married adults.

**TABLE 4.1**

Monthly Hours of Help Received by Noninstitutionalized Frail Older Adults Receiving Assistance from Caregivers, by Demographic and Health Characteristics, 2002

	Total Monthly Hours of Help			Unpaid Hours (among Recipients)		Paid Hours (among Recipients)	
	Average	Median	Share of hours paid (%)	Average	Median	Average	Median
All	177	62	18	155	60	138	60
Gender							
Male	187	61	15	164	57	170	72
Female	172	62	20	150	60	126	60
Marital status							
Married	176	62	9	162	61	124	60
Not married	178	62	25	149	45 <sup>^</sup>	142	60
Race and ethnicity							
African American	203	92	16	177	71	149	64
Hispanic origin	206	120	21	183	80	161	91
White or other	171 <sup>^</sup>	61 <sup>^</sup>	18	149	48 <sup>^</sup>	133	57
Medicaid coverage							
Yes	209	96	22	183	80	116	60
No	170 <sup>^</sup>	60 <sup>^</sup>	17	149 <sup>^</sup>	52 <sup>^</sup>	148	50
Private long-term care insurance							
Yes	142	60	15	132	31	NR	NR
No	179	62	18	156	60	140	60
Number of ADL limitations							
One	110	54	12	102	33	85	40
Two	173 <sup>^</sup>	62 <sup>^</sup>	14	157 <sup>^</sup>	61 <sup>^</sup>	133	60
Three or more	289 <sup>^</sup>	151 <sup>^</sup>	22	248 <sup>^</sup>	120 <sup>^</sup>	153 <sup>^</sup>	60 <sup>^</sup>
Cognitive impairment							
Yes	325	194	20	274	159	206	109
No	134 <sup>^</sup>	51 <sup>^</sup>	17	119 <sup>^</sup>	33 <sup>^</sup>	108 <sup>^</sup>	48 <sup>^</sup>

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: The sample consists of 1,707 frail adults age 65 and older living in the community and receiving help from caregivers. ADL denotes activity of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living. Estimates based on fewer than 40 observations are not reported (NR).

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 4.2**

Monthly Hours of Help Received by Noninstitutionalized Frail Older Adults Receiving Assistance from Caregivers, by Social Support and Caregiver Characteristics, 2002

	Total Monthly Hours of Help			Unpaid Hours (among Recipients)		Paid Hours (among Recipients)	
	Average	Median	Share of hours paid (%)	Average	Median	Average	Median
<b>All Frail Older Adults</b>							
Living arrangements							
With spouse	173	61	7	163	61	101	60
With child and not spouse	252 <sup>^</sup>	124 <sup>^</sup>	12	231 <sup>^</sup>	120 <sup>^</sup>	134	60
With other	219	70 <sup>^</sup>	23	184	60	NR	NR
Alone	132 <sup>^</sup>	36 <sup>^</sup>	42	88 <sup>^</sup>	28 <sup>^</sup>	154 <sup>^</sup>	60
Number of adult children							
Zero	159	60	25	142	31	127	31
One	204	61	20	181	50	162	60
More than one	175	62	17	152	60	135	60
Number of unpaid caregivers							
Zero	135	62	100	NR	NR	135	62
Any	180 <sup>^</sup>	62	14	155	60	139	60
One	143	54	16	121	31	138	57
Two	215 <sup>^</sup>	112 <sup>^</sup>	11	191 <sup>^</sup>	90 <sup>^</sup>	139	50
Three or more	346 <sup>^</sup>	197 <sup>^</sup>	13	302 <sup>^</sup>	141 <sup>^</sup>	145	60
Receiving help from spouse							
Yes	181	62	8	168	61	128	56
No	174	62	25	146	44 <sup>^</sup>	140	60
Receiving help from daughter							
Yes	219	92	17	186	70	145	60
No	152 <sup>^</sup>	60 <sup>^</sup>	20	135 <sup>^</sup>	35 <sup>^</sup>	133	60
Receiving help from any child							
Yes	204	90	18	171	62	141	60
No	150 <sup>^</sup>	51 <sup>^</sup>	19	137 <sup>^</sup>	31 <sup>^</sup>	134	60
<b>Unmarried Older Adults</b>							
Living arrangements							
With child	252	124	11	230	120	133	60
With other	218	69	24	182	60	155	60
Alone	128 <sup>^</sup>	35 <sup>^</sup>	41	88 <sup>^</sup>	28 <sup>^</sup>	144	60
Number of children							
Zero	160	50	32	137	31	127	31
One	220	60	20	204	35	151	56
More than one	173	64 <sup>^</sup>	25	140	48	144	61
Receiving help from daughter							
Yes	211	76	17	177	61	154	61
No	144 <sup>^</sup>	50 <sup>^</sup>	36	113 <sup>^</sup>	31 <sup>^</sup>	135	60
Receiving help from any child							
Yes	196	74	19	160	60	149	60
No	137 <sup>^</sup>	32 <sup>^</sup>	43	111 <sup>^</sup>	24 <sup>^</sup>	133	60

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: The sample consists of 1,707 frail adults (923 of whom are not married) age 65 and older living in the community and receiving help from caregivers. Estimates based on fewer than 40 observations are not reported (NR).

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 4.3**

Monthly Hours of Help Received by Noninstitutionalized Older Adults with Severe Disabilities Receiving Assistance from Caregivers, by Demographic and Health Characteristics, 2002

	Total Monthly Hours of Help			Unpaid Hours (among Recipients)		Paid Hours (among Recipients)	
	Average	Median	Share of hours paid (%)	Average	Median	Average	Median
All	289	151	22	248	120	153	60
Gender							
Male	332	183	19	284	150	183	65
Female	269 <sup>^</sup>	132 <sup>^</sup>	23	230	100 <sup>^</sup>	141	60
Marital status							
Married	289	183	14	256	155	137	60
Not married	289	127	27	243	84 <sup>^</sup>	159	65
Race and ethnicity							
African American	317	214	19	275	153	138	65
Hispanic origin	243	180	28	211	120	NR	NR
White or other	290	127	22	248	102	153	60
Medicaid coverage							
Yes	279	201	24	255	159	116	62
No	293	124 <sup>^</sup>	21	246	93 <sup>^</sup>	176 <sup>^</sup>	60
Cognitive impairment							
Yes	461	366	21	391	248	193	120
No	218 <sup>^</sup>	90 <sup>^</sup>	23	187 <sup>^</sup>	70 <sup>^</sup>	131 <sup>^</sup>	60 <sup>^</sup>

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: The sample consists of 570 adults age 65 and older with three or more activity of daily living (ADL) limitations living in the community and receiving help from caregivers. ADLs consist of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. Estimates based on fewer than 40 observations are not reported (NR).

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 4.4**

Monthly Hours of Help Received by Noninstitutionalized Older Adults with Severe Disabilities Receiving Assistance from Caregivers, by Social Support and Caregiver Characteristics, 2002

	Total Monthly Hours of Help			Unpaid Hours (among Recipients)		Paid Hours (among Recipients)	
	Average	Median	Share of hours paid (%)	Average	Median	Average	Median
<b>Older Adults with Severe Disabilities</b>							
Living arrangements							
With spouse	286	183	12	260	165	117	60
With child and not spouse	379 <sup>^</sup>	248	17	339	201 <sup>^</sup>	151	60
With other	396 <sup>^</sup>	248	22	NR	NR	NR	NR
Alone	215 <sup>^</sup>	77 <sup>^</sup>	43	147 <sup>^</sup>	36 <sup>^</sup>	172	64
Number of adult children							
Zero	275	130	27	255	90	NR	NR
One	327	122	24	281	105	NR	NR
More than one	285	155	21	243	122	146	60
Number of unpaid caregivers							
Zero	181	90	100	NR	NR	181	90
Any	300 <sup>^</sup>	159 <sup>^</sup>	17	249	120	146	60
One	226	92	20	182	62	128	60
Two	347 <sup>^</sup>	192 <sup>^</sup>	15	294 <sup>^</sup>	165 <sup>^</sup>	NR	NR
Three or more	491 <sup>^</sup>	315 <sup>^</sup>	15	417 <sup>^</sup>	240 <sup>^</sup>	NR	NR
Receiving help from spouse							
Yes	297	183	11	263	168	137	57
No	284	132	28	238	90 <sup>^</sup>	157	65
Receiving help from daughter							
Yes	345	210	21	283	151	158	60
No	248 <sup>^</sup>	113 <sup>^</sup>	23	220 <sup>^</sup>	92 <sup>^</sup>	148	65
Receiving help from any child							
Yes	327	189	22	264	128	155	60
No	244 <sup>^</sup>	93 <sup>^</sup>	22	227	92	148	62
<b>Unmarried Older Adults with Severe Disabilities</b>							
Living arrangements							
With child	380	248	17	339	201	151	60
With other	396	248	22	NR	NR	NR	NR
Alone	209 <sup>^</sup>	78 <sup>^</sup>	41	150 <sup>^</sup>	35 <sup>^</sup>	157	62
Number of children							
Zero	262	130	31	NR	NR	NR	NR
One	311	93	21	287	92	NR	NR
More than one	290	144	28	234	84	157	65
Receiving help from daughter							
Yes	338	194	21	275	105	163	64
No	235 <sup>^</sup>	90 <sup>^</sup>	37	195 <sup>^</sup>	31 <sup>^</sup>	155	65
Receiving help from any child							
Yes	321	154	23	254	92	163	65
No	220 <sup>^</sup>	62 <sup>^</sup>	40	205	30	152	64

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: The sample consists of 570 adults (321 of whom are not married) age 65 and older with three or more activity of daily living (ADL) limitations living in the community and receiving help from caregivers. ADLs consist of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. Estimates based on fewer than 40 observations are not reported (NR).

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the first row in the category.

**TABLE 5.1**

Relationship of Family and Friend Caregivers to Noninstitutionalized Frail Older Care Recipients, 2002 (%)

	All caregivers and helpers	Primary ADL caregivers	Primary IADL helpers	Other caregivers/helpers
<b>Caregivers of All Frail Older Adults</b>				
All				
Spouse	27.6	48.1	34.4*	7.5*
Daughter/daughter-in-law	36.4	34.1	33.0	40.7*
Son/son-in-law	16.4	6.4	14.2*	25.4*
Grandchild	6.4	3.6	3.6	10.5*
Other relative	6.6	4.2	6.9*	8.0*
Friend/neighbor	6.6	3.5	7.9*	7.8*
Married care recipients				
Spouse	66.7	90.4	80.6*	23.7*
Daughter/daughter-in-law	18.5	5.7	11.2*	41.6*
Son/son-in-law	7.3	1.2	3.2*	19.0*
Grandchild	3.3	0.8	2.4	7.3*
Other relative	2.0	1.1	1.2	4.1*
Friend/neighbor	2.1	0.8	1.4	4.4*
Unmarried care recipients				
Daughter/daughter-in-law	49.1^	66.3^	49.3^*	40.3*
Son/son-in-law	22.9^	12.3^	22.4^*	28.4^*
Grandchild	8.6^	6.8^	4.5	12.0^*
Other relative	9.7^	7.8^	11.1^	9.9^
Friend/neighbor	9.8^	6.7^	12.8^*	9.4^
<b>Caregivers of Older Adults with Severe Disabilities</b>				
All				
Spouse	23.2	45.9	17.1*	5.5*
Daughter/daughter-in-law	37.6	35.4	33.0	41.0
Son/son-in-law	16.7	6.4	17.2*	25.5*
Grandchild	8.1	3.7	4.7	12.9*
Other relative	7.6	5.9	11.4*	8.0
Friend/neighbor	6.8	2.8	16.6*	7.1*
Married care recipients				
Spouse	56.8	89.9	57.8*	15.4*
Daughter/daughter-in-law	23.1	6.2	17.5*	45.4*
Son/son-in-law	10.0	1.7	5.5	21.6*
Grandchild	5.5	0.7	12.3*	9.6*
Other relative	1.9	0.9	0.0	3.7*
Friend/neighbor	2.7	0.6	6.9	4.3*
Unmarried care recipients				
Daughter/daughter-in-law	47.7^	65.8^	39.5^*	38.6*
Son/son-in-law	21.3^	11.2^	22.1^*	27.6*
Grandchild	9.9^	6.8^	1.5*	14.8*
Other relative	11.6^	11.1^	16.2^	10.3^
Friend/neighbor	9.6^	5.1^	20.8^*	8.7^

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. The sample includes 738 primary ADL caregivers, 736 primary IADL helpers, and 953 other caregivers and helpers. Among the caregivers and helpers, 1,044 assist married adults, and 1,383 assist unmarried adults.

\*indicates that estimate for given helper group differs significantly ( $p < .10$ ) from that for primary ADL caregivers.

^indicates that estimate differs significantly ( $p < .10$ ) from the estimate for married recipients.



**TABLE 5.2**

Average and Median Monthly Hours of Help Provided by Family and Friend Caregivers to Noninstitutionalized Frail Older Adults, 2002

	All caregivers and helpers	Primary ADL caregivers	Primary IADL helpers	Other caregivers/helpers
<b>Average Monthly Hours</b>				
All care recipients				
All	105	201	83*	53*
Spouse	153	198	111*	85*
Daughter/daughter-in-law	98 <sup>^</sup>	215	75 <sup>^</sup> *	40 <sup>^</sup> *
Son/son-in-law	71 <sup>^</sup>	138 <sup>^</sup>	74 <sup>^</sup> *	57 <sup>^</sup> *
Other	83 <sup>^</sup>	203	54 <sup>^</sup> *	60*
Married care recipients				
All	120	194	101*	49*
Spouse	153	199	111*	85*
Daughter/daughter-in-law	55 <sup>^</sup>	NR	56 <sup>^</sup>	34 <sup>^</sup>
Son/son-in-law	36 <sup>^</sup>	NR	NR	21 <sup>^</sup>
Other	73 <sup>^</sup>	NR	NR	68
Unmarried care recipients				
All	95	209	69*	55*
Daughter/daughter-in-law	109	219	78*	43*
Son/son-in-law	78 <sup>^</sup>	139 <sup>^</sup>	73*	68 <sup>^</sup> *
Other	85 <sup>^</sup>	217	51 <sup>^</sup> *	59*
<b>Median Monthly Hours</b>				
All care recipients				
All	31	90	31*	16*
Spouse	61	62	40*	31*
Daughter/daughter-in-law	31 <sup>^</sup>	122	31*	15 <sup>^</sup> *
Son/son-in-law	30 <sup>^</sup>	91	31 <sup>^</sup> *	16 <sup>^</sup> *
Other	20 <sup>^</sup>	60	16 <sup>^</sup> *	14 <sup>^</sup> *
Married care recipients				
All	31	90	31*	15*
Spouse	61	62	40*	31*
Daughter/daughter-in-law	16 <sup>^</sup>	NR	30	13 <sup>^</sup>
Son/son-in-law	8 <sup>^</sup>	NR	NR	6 <sup>^</sup>
Other	30 <sup>^</sup>	NR	NR	30
Unmarried care recipients				
All	30	92	30*	16*
Daughter/daughter-in-law	31	120	31*	16*
Son/son-in-law	31	92	31*	30*
Other	16 <sup>^</sup>	60 <sup>^</sup>	10 <sup>^</sup> *	10 <sup>^</sup> *

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 2,427 family and friend caregivers and helpers of frail adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. The sample includes 738 primary ADL caregivers, 736 primary IADL helpers, and 953 other caregivers and helpers. Among the caregivers and helpers, 1,044 assist married adults, and 1,383 assist unmarried adults. Estimates based on fewer than 40 observations are not reported (NR).

\*indicates that estimate for given helper group differs significantly ( $p < .10$ ) from that for primary ADL caregivers.

<sup>^</sup>indicates that estimate differs significantly ( $p < .10$ ) from the second row in the category.

**TABLE 5.3**

Average and Median Monthly Hours of Help Provided by Family and Friend Caregivers to Noninstitutionalized Older Adults with Severe Disabilities, 2002

	All caregivers and helpers	Primary ADL caregivers	Primary IADL helpers	Other caregivers/helpers
<b>Average Monthly Hours</b>				
All care recipients				
All	147	259	97*	67*
Spouse	236	260	NR	NR
Daughter/daughter-in-law	134^	266	95*	47*
Son/son-in-law	84^	NR	NR	69
Other	125^	283	76*	82*
Married care recipients				
All	161	255	138*	50*
Spouse	236	260	NR	NR
Daughter/daughter-in-law	61^	NR	NR	28
Son/son-in-law	NR	NR	NR	NR
Other	85^	NR	NR	NR
Unmarried care recipients				
All	138	263	80*	76*
Daughter/daughter-in-law	159	270	NR	59*
Son/son-in-law	100^	NR	NR	88
Other	133	295	NR	86*
<b>Median Monthly Hours</b>				
All care recipients				
All	45	153	31*	20*
Spouse	120	155	NR	NR
Daughter/daughter-in-law	40^	180	31*	18*
Son/son-in-law	31^	NR	NR	20
Other	30^	150	24*	15*
Married care recipients				
All	61	155	92*	15*
Spouse	120	155	NR	NR
Daughter/daughter-in-law	15^	NR	NR	12
Son/son-in-law	NR	NR	NR	NR
Other	48^	NR	NR	NR
Unmarried care recipients				
All	32	153	20*	24*
Daughter/daughter-in-law	60	180	NR	30*
Son/son-in-law	31^	NR	NR	31
Other	21^	150	NR	14^*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 910 family and friend caregivers and helpers of adults age 65 and older living in the community with three or more ADL limitations. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. The sample includes 377 primary ADL caregivers, 132 primary IADL helpers, and 401 other caregivers and helpers. Among the caregivers and helpers, 383 assist married adults, and 527 assist unmarried adults. Estimates based on fewer than 40 observations are not reported (NR).

\*indicates that estimate for given helper group differs significantly ( $p < .10$ ) from that for primary ADL caregivers.

^indicates that estimate differs significantly ( $p < .10$ ) from the second row in the category.

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**TABLE 5.4**

Gender of Family and Friend Caregivers of Noninstitutionalized Frail Older Adults,  
by Relationship, 2002 (%)

	Female	Male
All	68.9	31.1
Spouses	58.3	41.7
Children	69.5	30.5
Children-in-law	65.0	35.0
Grandchildren	73.2	26.8
Other relatives	77.1	22.9
Friends/neighbors	86.5	13.5

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*Source:* Authors' tabulations from the 2002 Health and Retirement Study.

*Note:* Estimates are based on a sample of 2,517 informal caregivers and helpers of frail adults age 65 and older living in the community.

**TABLE 5.5**

Characteristics of Child Caregivers of Noninstitutionalized Frail Older Adults, 2002

	All caregivers and helpers	Primary ADL caregivers	Primary IADL helpers	Other caregivers/helpers
Gender (%)				
Male	30.5	16.9	31.4*	37.0*
Female	69.5	83.1	68.6*	63.0*
Age				
Younger than 30 (%)	1.1	1.1	1.7	0.7
30 to 39 (%)	11.3	8.1	10.9	13.2*
40 to 49 (%)	32.2	34.1	29.4	32.9
50 to 59 (%)	36.2	34.1	34.5	38.3
60 or older (%)	19.2	22.5	23.7	14.9*
Mean age (years)	51.0	51.6	51.8	50.3*
Marital status (%)				
Married	58.6	54.4	52.4	64.3*
Not married	41.4	45.6	47.6	35.7*
Residence (%)				
Resides with parent	31.9	55.7	39.4*	15.6*
Lives separately, w/in 10 miles	41.8	30.8	41.4*	47.5*
Lives more than 10 miles away	26.3	13.5	19.2	36.9*
Work status (%)				
Full-time	53.1	41.2	52.8*	58.3*
Part-time	9.8	11.0	8.2	10.0
Not employed	37.1	46.9	38.6*	30.7*
Income (%)				
Less than \$10,000	19.8	23.5	19.4	17.9
\$10,000 to \$35,000	33.0	41.6	34.1	27.0*
More than \$35,000	47.2	34.9	46.5	55.1*

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 1,071 caregivers and helpers who are the offspring of frail adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. The sample includes information on 260 primary ADL caregivers, 306 primary IADL helpers, and 505 other caregivers and helpers.

\*indicates that estimate for given helper group differs significantly ( $p < .10$ ) from that for primary ADL caregivers.

**TABLE 5.6**

Characteristics of Spouse Caregivers of Noninstitutionalized Frail Older Adults, 2002

	All caregivers and helpers	Primary ADL caregivers	Primary IADL helpers	Other caregivers/helpers
Gender (%)				
Male	41.7	42.5	35.4	52.1
Female	58.3	57.6	64.6	47.9
Age				
Younger than 55 (%)	0.3	0.3	0.1	0.6
55 to 64 (%)	13.3	11.1	17.6*	7.4
65 to 69 (%)	19.1	21.7	14.9*	22.4
70 to 74 (%)	23.3	23.4	23.6	21.2
75 to 79 (%)	20.7	21.9	20.8	13.6*
80 to 84 (%)	16.9	15.9	15.9	25.7*
85 and older (%)	6.6	5.7	7.1	9.1
Mean age (years)	73.2	73.2	73.1	74.4
Work status (%)				
Full-time	5.5	5.4	6.6	1.3*
Part-time	9.7	10.1	7.3	17.8
Not employed	84.8	84.5	86.1	80.9
Health status (%)				
Excellent or very good	33.1	33.8	32.6	30.9
Good	34.7	37.8	31.8	29.9
Fair or poor	32.3	28.5	35.6	39.2
Frail (%)	21.3	20.3	22.1	23.2
Poor mental health (%)	16.9	16.8	16.5	18.6

Source: Authors' tabulations from the 2002 Health and Retirement Study.

Note: Estimates are based on a sample of 684 caregivers and helpers who are the spouses of frail adults age 65 and older living in the community. ADL denotes activities of daily living, consisting of bathing, getting in and out of bed, eating, dressing, walking across a room, and using the toilet. IADL denotes instrumental activities of daily living, consisting of shopping for groceries, preparing hot meals, using the phone, taking medications, and managing money. The sample includes information on 356 primary ADL caregivers, 257 primary IADL helpers, and 71 other caregivers and helpers.

\*indicates that estimate for given helper group differs significantly ( $p < .10$ ) from that for primary ADL caregivers.



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