The purpose of this study was to compare disability and functional limitation among Asian American subgroups using data from the 2001-2003 NHIS Survey.

The number of older adults in the United States is rapidly increasing. The US Census Bureau is projecting that the demand for medical services and institution-based long-term care services will be especially important for planning public health services.

Among the elderly, ADLs and IADLs are significant predictors of admission to nursing homes. Monitoring ADL and IADL disabilities within the subgroups is pertinent to national elder health care policy, provision of community services and institution-based long-term care services.

Comprehensive assessment of older adult's functional ability has several components. ADLs include bathing, dressing, getting out of bed, toileting and eating. IADLs include light housework, laundry, grocery shopping, getting around outside, managing money, taking medications and telephoning.

Among the elderly, non compliance with medications has potential for medical and economic consequences which is important to consider when designing their health programs.

This study stresses the need for designing programs that can provide efficient and equitable delivery of care to all segments of our population. Policy makers, health care professionals and organizations serving the elderly should find ways to address the disparities found in this study.

Table 3: Demographic and Socioeconomic Status and ADL and IADL Disability within Asian American Sub-groups:NHIS 2001-2003.

Table 2: Relationship of Income and Insurance and ADL and IADL Disability among Asian Americans:NHIS 2001-2003

Table 1: Characteristics of Elderly Asian Americans reporting any ADL and IADL Disability:NHIS 2001-2003.

DISCUSSION

- Females reported higher disability rates compared to males and older individuals reported higher disability rates than those who belong to 65-74 age group category. Being married showed a significant effect in lowering the disability rates.

- Disability rates studied demonstrated variability depending on demographic and socioeconomic status. Higher education in all Asian American subgroups demonstrated a trend of a lower rate of any disability although non significant. Subjects with Medicare and Medicaid insurance reported higher disability rates.

- Marriage conferred advantages with respect to disability as married individuals engage in more health promoting behaviors and the availability of care givers.

- Chinese sub-group showed significant associations with respect to age,education,medicaid and marital status.

- Given the limited knowledge of the health of Chinese, Filipino, Asian Indian and other Asian elders, future studies with national origin specific data for Asian Americans is important for planning public health services.

- Though there is a falling disability rates among the elderly due to medical progress, it is expensive. Among disabled individuals, costs of prescription medication increased the rates of non compliance.

IMPLICATIONS

- ADLs and IADLs are important for programmatic reasons because their presence is an indication of who might be eligible for programs and other type of assistance. The shift in size and composition of immigrant population pose a challenge to the efforts geared toward securing the health and well being of older population.

- Given the limited knowledge of the health of Chinese, Filipinos, Asian Indians and other sub groups such as: Vietnamese, Korean, Japanese, Pakistanis, Cambodians, and Thais.

- Comprehensive assessment of older adult's functional ability has several components. ADLs include bathing, dressing, getting out of bed, getting around inside, toileting and eating. IADLs include light housework, laundry, grocery shopping, getting around outside, managing money, taking medications and telephoning.

- Disability which is the result of chronic disease, as an indicator of health, is associated with the demand for medical services and mirrors the aspects of well-being that are especially pertinent to national elder health care policy, provision of community-based long-term care services.

- Among elderly, non compliance with medications has potential for medical and economic consequences which is important to consider when designing their health programs.