

, 2000 4

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2001 10 9

Spiegelhalter, 1999).

가

. 1991

2.

가

Health and Activity

Limitation Survey

ADL/IADL

가

(Chen Wilkins,

1998).

Tran

Williams(1998)

IADL

1)

가

2)

Lee Choi(1999)

가

3)

가

9.6%, 236,659

1.

65

(Lee, 1999).

, 65

22,236

1,506

22,236

1,506

6.8%

759

631

가

567

(Chonan-si, 2000).

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가

2.

99 8 9 2

30

가

Lee, Seo, Gho Park(1994)

(, , , , , 가),

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(, , , , , 가),

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<Table 1> Hierarchical level of physical functioning scale

Level of functioning	N (%)	Description
Independent state		
Active	60(10.6)	No difficulty with mobility, IADLs or ADLs
Mild impairment	199(35.1)	Difficulty with mobility : able to do, but perhaps with difficulty, ADLs and IADLs
Dependent state		
Moderate disability	252(44.4)	Unable to do without help at least one IADL; able to do ADLs, but perhaps with difficulty
Severe disability	56(9.9)	Unable to do without help at least one ADL

), (, ADL, IADL)
 . (,
 , 74 ,
 76 , 79 가
 가
 , ,),
 (ADL), (IADL)
 , , , ,
 , 4
 Lee Choi(1999)
 4가
 가
 20
 가

3.

SAS/PC

가

2

X²-test

<Table 2> General Characteristics

Variables	N (%)
Age(years)	
65-69	72(12.7)
70-79	330(58.5)
80-	163(28.8)
Sex	
Male	111(19.6)
Female	454(80.4)
Education level	
ignorant	414(75.1)
elementary	137(24.9)
graduate	
Monthly income(won)	
< 200,000	352(67.4)
200,000	170(32.6)
Religion	
yes	377(67.1)
no	185(32.9)
Family structure	
single	337(59.6)
couple	105(18.6)
with children	87(15.4)
others	36(6.4)
Place of residence	
urban area	257(45.5)
rural area	308(54.5)

1.

<Table 2>

가 80.4%

70

87.3%

67.1%가

20

가 67.4%

59.6%

18.6%

2.

가

<Table 3>.

, 20

<Table 3> Level of physical functioning by sociodemographic characteristics N (%)

Variables	Active	Mildly impaired	Moderately disabled	Severe disabled	X ² (F)	p
Age(years) mean±SD	74.28±6.0	76.01±6.1	76.54±6.2	78.73±6.3	(5.297)	0.001
Sex					5.736	0.125
Male	14 (12.5)	44 (39.3)	39 (34.8)	14 (13.4)		
Female	46 (10.1)	155 (34.1)	212 (46.8)	41 (9.0)		
Education level					8.781	0.032
ignorant	34 (8.2)	146 (35.3)	193 (46.6)	41 (9.9)		
elementary graduate	22 (16.1)	50 (36.5)	50 (36.5)	15 (10.9)		
Monthly income(won)					0.854	0.837
< 200,000	34 (9.7)	122 (34.7)	161 (45.7)	35 (9.9)		
200,000	19 (11.2)	63 (37.1)	71 (41.7)	17 (10.0)		
Religion					8.106	0.044
yes	35 (9.3)	139 (36.9)	159 (42.1)	44 (11.7)		
no	25 (13.5)	57 (30.8)	91 (49.2)	12 (6.5)		
Family structure					19.717	0.020
single	36 (10.7)	111 (32.9)	165 (49.0)	25 (7.4)		
couple	8 (7.6)	40 (38.1)	43 (41.0)	14 (13.3)		
with children	8 (9.2)	30 (34.5)	35 (40.2)	14 (16.1)		
others	7 (19.4)	18 (50.1)	8 (22.2)	3 (8.3)		
Place of residence					1.788	0.618
urban	25 (9.7)	85 (33.1)	120 (46.7)	27 (10.5)		
rural	35 (11.4)	114 (37.0)	130 (42.2)	29 (9.4)		

missing cases are excluded

3. 가 25.3%
7.3%

가 13.6% 2

Table 4 . ,
, 50.8%가 , 11.7%가 ,
42.8%, 9.4%
4.

<Table 4> Level of physical functioning by sensory function impairment N (%)

Variable	Active	Mildly impairment	Moderately disabled	Severely disabled	X ²	p
Vision					4.386	0.223
yes	11 (8.6)	37 (28.9)	65 (50.8)	15 (11.7)		
no	49 (11.2)	161 (36.8)	187 (42.8)	41 (9.4)		
Hearing					27.763	0.000
yes	7 (8.4)	19 (22.9)	36 (43.4)	21 (25.3)		
no	53 (11.1)	180 (37.6)	211 (44.0)	35 (7.3)		
Chewing					8.284	0.040
yes	18 (8.1)	72 (32.6)	101 (45.7)	30 (13.6)		
no	42 (12.3)	125 (36.7)	149 (43.7)	25 (7.3)		

missing cases are excluded

가, , 3 , , , , 1 Table 5 . (Table 6). , , 가 12.2% 가 16.7% 5.9%가 가 21.1% 9.1% 가 14.2%가 2.8% 가 가 가 7.8% 0.7 가 가 17.1% 1.1 , 1.3 가 67.9% 51.2% 5.7% 1998 (KIHASA) 63.1%, 70 61.9%, 17.9%

<Table 5> Level of physical functioning by subjective health and use of medical service

					N (%)	
Variable	Active	Mildly impaired	Moderately disabled	Severely disabled	X ²	p
Self-rated health					81.614	0.000
good	21(33.9)	25(40.3)	16(25.8)	-		
fair	21(24.7)	28(32.9)	31(36.5)	5(5.9)		
poor	18(4.3)	145(34.6)	205(48.9)	51(12.2)		
Health status compared with others					171.158	0.000
good	26(30.2)	39(45.3)	21(24.4)	-		
fair	21(19.8)	39(36.8)	43(40.6)	3(2.8)		
poor	13(3.5)	120(32.1)	188(50.3)	53(14.2)		
Treatment or diagnosis by doctors in recent 3 months					12.287	.006
yes	31(7.8)	137(34.7)	186(47.1)	41(10.4)		
no	29(17.1)	62(36.5)	64(37.6)	15(8.8)		
Hospital admission in past year					15.239	0.002
yes	6(5.7)	28(26.4)	53(50.0)	19(17.9)		
no	54(11.7)	171(37.1)	199(43.2)	37(8.0)		

missing cases are excluded

<Table 6> Level of physical functioning by morbidity

N (%)

	Active	Mildly impaired	Moderately disabled	Severely disabled	X ² or F	p
Arthritis					7.580	0.056
no	54(11.8)	154(33.6)	201(43.7)	50(10.9)		
yes	6(5.6)	45(41.7)	51(47.1)	6(5.6)		
Chronic back-pain					9.589	0.022
no	57(11.5)	169(34.2)	214(43.3)	54(10.9)		
yes	3(4.1)	30(41.1)	38(52.1)	2(2.7)		
Digestive illness					3.840	0.279
no	55(11.1)	178(35.9)	213(42.9)	50(10.1)		
yes	5(7.0)	21(29.6)	39(54.9)	6(8.5)		
Hypertension					1.898	0.594
no	55(11.1)	173(34.8)	218(43.9)	51(10.3)		
yes	5(7.1)	26(37.1)	34(48.7)	5(7.1)		
Fracture or dislocation					6.475	0.091
no	58(11.0)	186(35.2)	237(44.7)	48(9.1)		
yes	2(5.3)	13(34.2)	15(39.4)	8(21.1)		
DM					2.869	0.412
no	56(10.6)	181(34.2)	239(45.2)	53(10.0)		
yes	4(10.5)	18(47.4)	13(34.2)	3(7.9)		
Respiratory illness					2.209	0.530
no	52(10.2)	185(34.9)	237(44.7)	54(10.2)		
yes	6(16.2)	14(37.8)	15(40.5)	2(5.4)		
Stroke					32.780	0.000
no	60(11.2)	192(35.8)	240(44.8)	44(8.2)		
yes	-	7(22.6)	12(38.7)	12(38.7)		
Heart disease					4.168	0.244
no	60(11.1)	191(35.2)	239(44.1)	52(9.6)		
yes	-	8(32.0)	13(52.0)	4(16.0)		
Cataract					5.817	0.121
no	57(10.5)	195(36.0)	239(44.1)	51(9.4)		
yes	3(12.0)	4(16.0)	13(52.0)	5(20.0)		
Alzheimer's disease					47.885	0.000
no	60(10.8)	199(35.7)	250(44.7)	49(8.8)		
yes	-	-	2(22.2)	7(77.8)		
Cancer					1.124	0.771
no	59(10.5)	198(35.3)	249(44.4)	55(9.8)		
yes	1(16.7)	1(16.7)	3(49.9)	1(16.7)		
Liver disease					1.659	0.646
no	59(10.5)	197(35.1)	251(44.6)	55(9.8)		
yes	1(20.0)	2(40.0)	1(20.0)	1(20.0)		
Comorbidity(mean \pm SD)	0.7 \pm 0.8	1.1 \pm 1.0	1.3 \pm 1.1	1.3 \pm 1.1	5.229	0.001

missing cases are excluded

9.9% , KIHASA
(1998) ADL 가 Lee Choi(1999) ,
가 31.9% 가 3.7% 가
, (Seoul) , 6.3% 44.4% ,
N Univ. Ajou Univ.,1997) 6.2% , 56.2% 35.1% ,

33.8% 10.6%

가

, Park, Im Cho

Kim(1994)

(1998) / , ,

가 , 57% ADL 가 IADL , / ,

66% 가 ADL

. Lee Choi(1999),

, , , , ,

, 가

(Shin, 1994; Kim, 1996; Lee Choi, 1999),

가

. Helm

(2000) 6 ADL 가 , ,

, 가 가 ,

, , 가

, Kim(1996) (KIHASA, 1998) 가

가 3.9% 가

가

, (Lee, 1997).

가 , 가

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(1999) , ADL/ IADL , 가

, Strawbridge (2000) 가 - 가

가 가

가 (Jo ,

Hong, 2000). ,

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가 Lee 가 .

Choi(1999)

가 0.7-1.3 .

(Seoul

N Univ. Ajou Univ., 1997),

65 759 가
 . 631
 567 , SAS/PC
²test
 . Lee Choi
 (1999) ,
 (ADL), (IADL)
 가 , ,
 , 4가 .
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 1. 9.9%가
 44.4%가 , 35.1%가
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 1.1, 1.3
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- Abstract -

A Survey on Functional Status among Low-Income Older Adults Living at Home

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Purpose: The purpose of the study was to analyze the functional status of low income elderly living at home according to their socio-economic factors, sensory function, health status, medical service utilization, commodity and types of chronic disease. **Method:** Functional status was defined by the level of mobility, ADL and IADL categorized as independently functional, mildly impaired, moderately disabled, and severely disabled. The data was collected by home-visit interviews with 567 community dwelling adults who were 65 years of age or more with low a income status subsidized by government in ChonAn. **Results:** 9.9% of community dwelling older adults were severely disabled, and 44.4% were moderately disabled in their functional status. There were significant differences in the functional status by age, education, religion, and types of family structure. The older adults with hearing impairment or dental problems had a significantly higher rate of severe disability. Self-rated health status and medical service utilization were also significant factors

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to the differences in functional status. The functional status of older adults was also significantly related to the presence of chronic health problems such as chronic back pain, stroke, and Alzheimer-dementia. Conclusion: The results confirmed that community dwelling older adults with low income status were more functionally disabled in comparison to general older adults at national level, while the

relating factors to their functional status seemed similar to other studies on older adults. Further studies were suggested to look into functional status longitudinally and focus on the changes of functional status by managing modifiable influencing factors.

Key words : Functionally impaired elderly,
Socio-economic status