



## RESEARCH BRIEF #116

April 16, 2024

# How Does Educational Attainment Influence the Perceived Need for Future Assistance with Activities of Daily Living?

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### KEY FINDINGS

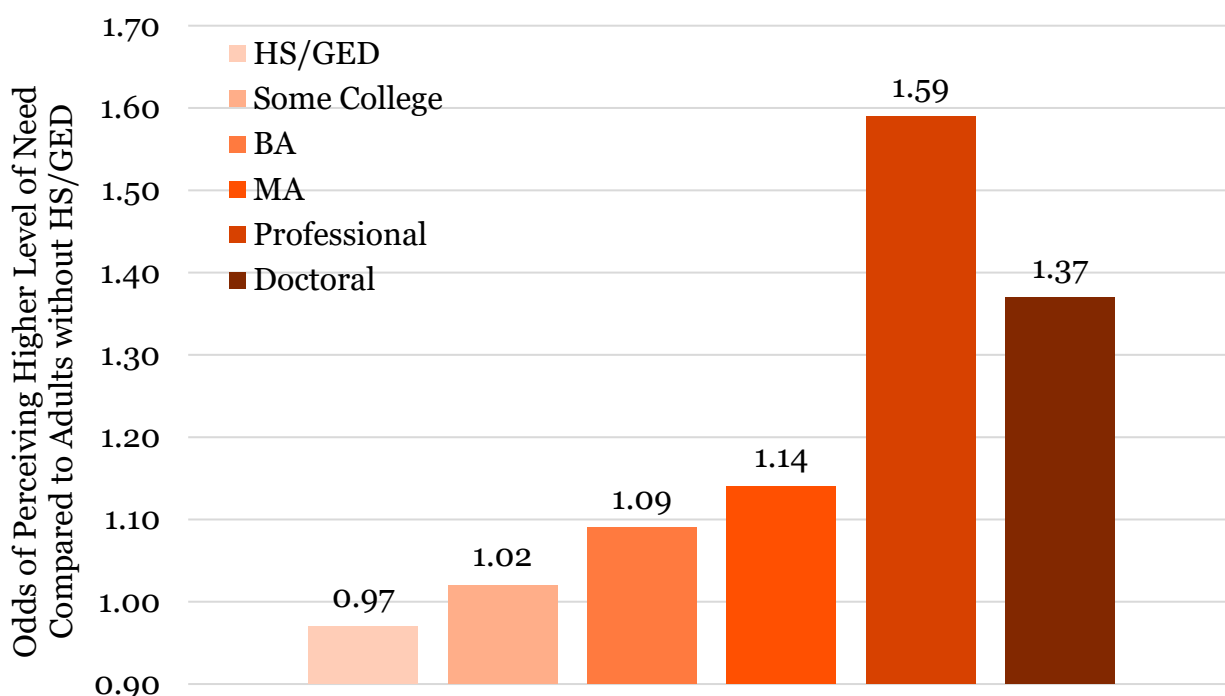
- Adults often underestimate whether they will need assistance with activities of daily living (ADLs) as they age.
- There is a unique influence of education on the perceived need for future ADL assistance among adults ages 40 to 65.
- Middle-aged and early older-aged adults without a college degree do not anticipate the need for future assistance with ADLs.
- Educational differences in perceived need for future assistance with ADLs varies by sex.

The need for assistance with activities of daily living (ADLs) increases with age,<sup>1</sup> with 7% of adults aged 65-74, 8.5% of adults aged 75 to 84, and 21.7% of adults aged 85 and above requiring help with personal care needs from others.<sup>2</sup> Adults often underestimate whether they will need assistance with ADLs (such as bathing, dressing, and eating) in the future and are unaware of how such support would be funded.<sup>3</sup> Thus, it is important to examine which factors play a role in perceived need for future ADL assistance to understand how to better prepare individuals for future long-term care supports and services.<sup>4</sup> Educational attainment in particular appears to improve adults' preparation for future assistance with ADLs.<sup>5</sup> However, adults with less educational attainment are more likely to require long-term care services and supports than adults with more educational attainment.<sup>6</sup>

This brief summarizes the results of our [recent study](#)<sup>7</sup> that used data from the 2011-2014 National Health Interview Survey (NHIS) to examine educational differences in perceived need for future ADL assistance among 54,946 adults aged 40 to 65 years in the United States. We also examined if this relationship differed between males and females.

## Higher-Educated Adults Perceive More Need for Future ADL Assistance

The results suggested a unique influence of education on the perception of need for future ADL assistance among adults aged 40 to 65. More highly educated adults were more likely than lower-educated adults to perceive that they will need ADL assistance in the future. This difference remained true even after accounting for sociodemographic and health-related factors. Perceived need among those with a high school diploma/GED or some college education did not differ from those without a high school diploma/GED. However, those with a bachelor's degree, master's degree, professional degree, or doctoral degree were more likely to perceive that they would need ADL assistance (see Figure 1). For example, those with a doctoral degree have 37% greater odds, and those with a professional degree have 59% greater odds of perceiving greater need for future ADL assistance compared to those without a HS diploma or GED. These results suggest that post-secondary formal education influences the perception of need for future ADL assistance. It seems that gaining post-secondary education influences perception of need, which may affect planning for long-term care.



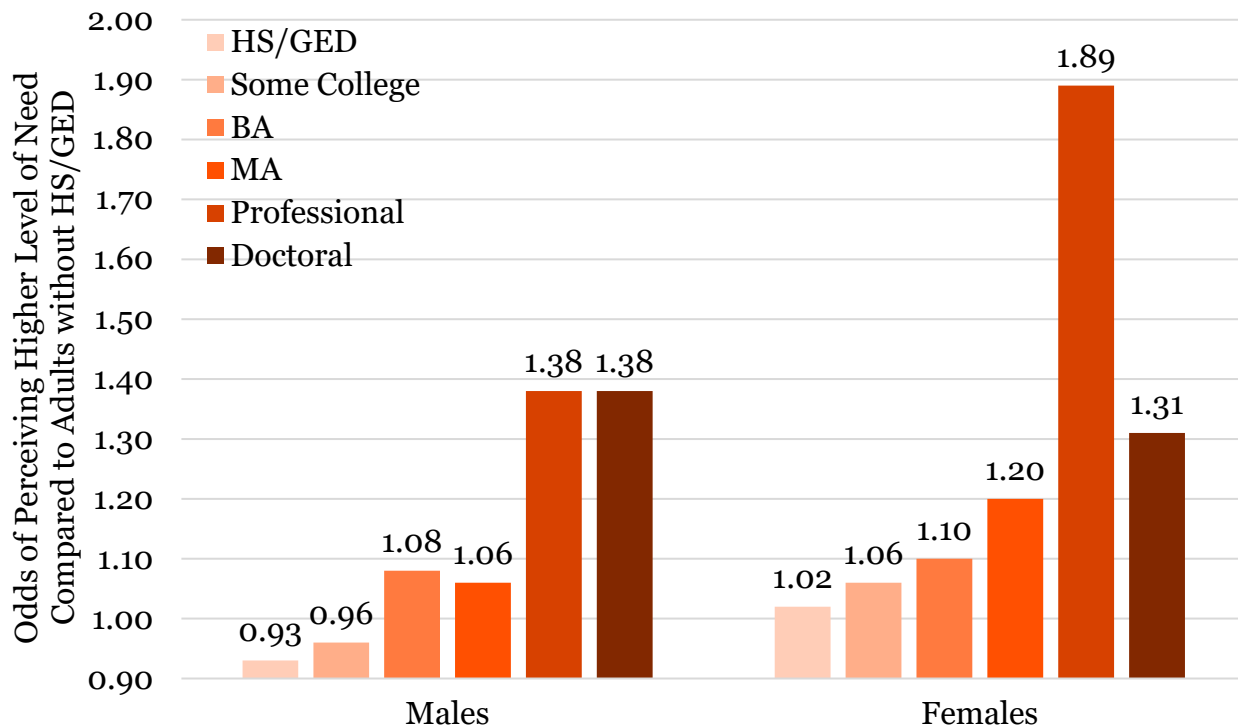
**Figure 1: Odds Ratios of Perceiving More Need for Future ADL Assistance, by Educational Attainment, U.S. Adults aged 40-65**

*Note:* Odds for each education category are in comparison to adults with 12 years of education or less. Models control for sociodemographic and health related variables. *Data source:* National Health Interview Survey, 2011-2014, N=54,946.

## The Relationship between Education and Perceived Need for Future ADL Assistance Varies by Sex

The second main finding was the different relationships between educational attainment and perceived need for future ADL assistance among males and females (see Figure 2). The strong relationship between holding a professional degree and perceiving more need was driven mostly by females. Among females, those with a professional degree had the highest odds, by far, of perceiving future ADL need (89% greater odds

than those without a high school diploma or GED). Meanwhile, males with a professional or doctoral degree had 38% greater odds of perceiving more need for future ADL assistance compared to males without a high school diploma or GED.



**Figure 2: Odds of Perceiving More Need for Future ADL Assistance, by Educational Attainment, U.S. Adults ages 40-65**

*Note:* Odds for each education category are in comparison to adults with 12 years of education or less. Models control for sociodemographic and health related variables.

*Data source:* National Health Interview Survey, 2011-2014, N=54,946.

## How Can Medical Providers Help People Better Prepare for Future ADL Assistance Needs?

Based on this study’s findings, middle-aged and early older-aged adults without a college degree are not anticipating the need for future assistance with ADLs. The paradox of both main findings is that individuals with less education are the ones who are most likely to have future ADL limitations and have the most need for assistance with ADLs. This paradox may exist because of the resources and opportunities gained through educational attainment needed to anticipate, plan for, and ultimately manage poor health conditions if they occur.<sup>5</sup> To help lower-educated adults better anticipate future care needs, health care providers could provide information and communication on the likelihood of and how to plan for future care needs.<sup>8</sup>

## Data and Methods

This study used data on 54,946 U.S. adults aged 40 to 65 years old from the 2011-2014 National Health Interview Survey (NHIS), obtained from IPUMS.<sup>9</sup> The outcome was perceived need for future ADL assistance. This was captured with the question: “How likely is it that you may someday need help

with daily activities like bathing, dressing, eating, or using the toilet due to a long-term condition?” Responses were coded 1 (very unlikely), 2 (somewhat unlikely), 3 (somewhat likely), and 4 (very likely). Data were analyzed using ordered logistic regression models, so the odds ratios presented represent the odds of perceiving a

higher level of need. Models controlled for age, foreign-born status, race-ethnicity, marital status, poverty, veteran status, health insurance, employment status, geographic region, current need for ADL assistance, family's need for ADL assistance, smoking status, self-rated health, and having ever been diagnosed with cancer, a heart condition, diabetes, or hypertension. Additional methodological details can be found in the [published study](#).<sup>7</sup>

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