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Geographic Proximity of Family Members and the Provision of Unpaid and Paid Care for Older Adults Not Living With a Spouse: A Cross-Sectional Study

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Background and Aims

By 2050, the global population of older adults will surpass that of younger cohorts, leading to significant challenges for nations in addressing their long-term care needs. The World Health Organization has stressed the importance of sustainable systems for health and social care to meet the rising demand for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). In the United States, the majority of care for older adults with functional impairments is provided informally by family, friends, or neighbors. Spouses are often primary caregivers; however, older adults who do not live with a spouse are at increased risk of insufficient care, which can lead to emergency admissions, hospitalizations, and mortality. This study investigates how geographic proximity of family members influences the likelihood of receiving unpaid family care and examines whether non-family unpaid or paid care compensates for the absence of nearby family support among older adults with ADL and IADL needs who live without a spouse.

Methods

Data were sourced from the National Health and Aging Trends Study (NHATS), which collects information on Medicare-enrolled individuals aged 65 and older living in the United States. The study utilized Round 5 of the NHATS survey (2015) and focused on community-dwelling respondents who had functional needs and did not live with a spouse. Geographic proximity was assessed using restricted data on census tracts and Core-Based Statistical Areas (CBSAs). The sample included 2,084 respondents who identified at least one "Other Person" (OP) providing care. Logistic regression models were applied to examine the relationship between geographic proximity of family members and receipt of unpaid family, unpaid non-family, and paid care, while controlling for demographic and health-related covariates.

Study Design

The study was cross-sectional, analyzing data from NHATS to evaluate relationships between geographic proximity and caregiving outcomes. Key variables included the presence of family in the same CBSA or county, demographic characteristics (age, gender, race, marital status), living arrangements, rurality, Medicaid enrollment, functional needs, dementia status, and well-being scores. Outcomes were categorized into receipt of unpaid family care, unpaid non-family care, and paid care. Descriptive and multivariate weighted logistic regression analyses were conducted to identify predictors for each caregiving type.

Findings

The presence of family in the same geographic area significantly increased the likelihood of receiving unpaid family care (OR = 2.0, p = 0.006). However, proximity of family was not associated with receipt of unpaid

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non-family care (OR = 1.1, p = 0.68) or paid care (OR = 0.7, p = 0.26). Older adults living with others were more likely to receive family care (OR = 2.6, p < 0.001) and less likely to receive non-family unpaid care (OR = 0.4, p < 0.001) or paid care (OR = 0.2, p < 0.001). Higher functional impairment was associated with greater odds of receiving unpaid non-family (OR = 2.3–2.8, p < 0.001) and paid help (OR = 7.3–42.3, p < 0.001), but not family care. Dementia status was associated with lower odds of unpaid non-family care but did not significantly influence receipt of family or paid care. Medicaid enrollment was not associated with receipt of paid care.

Limitations & Future Directions

This study relied on secondary data, which limited the exploration of variables such as unmet care needs and the distinction between types of family helpers (e.g., adult children vs. other relatives). The geographic proximity measure may have overlooked individuals living just outside county boundaries. Additionally, the cross-sectional design precludes causal inference. Future research should investigate longitudinal changes in caregiving networks, including the impact of the COVID-19 pandemic, and explore interventions to address unmet needs among older adults without family nearby.

Policy Implications

The findings highlight the critical role of geographically proximate family in providing unpaid caregiving to older adults with functional needs. Policymakers should consider strategies to support those lacking family nearby, as non-family unpaid or paid caregivers do not compensate for the absence of family. Enhancing Medicaid services, expanding access to community-based care programs, and developing targeted interventions for individuals aging alone are essential steps to ensure safe aging in place and reduce institutionalization rates.

Conclusion

Older adults living without a spouse who have functional needs rely heavily on geographically proximate family members for caregiving support. The absence of nearby family does not lead to increased reliance on non-family unpaid or paid care, underscoring the need for additional services to address this gap. Strengthening support systems, particularly for those aging alone, is critical to meeting the growing care demands of the aging population while reducing caregiving burdens on families and delaying transitions to institutional care settings.

Full Report

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