

## “Shelter-in-Place” Policies and Changes in Caregiving for Older Adults During the COVID-19 Pandemic

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### Background

During the COVID-19 pandemic, “Shelter-in-Place (SIP)” orders disrupted the dynamics of family support for older adults living with disabilities. Studies have found that SIP policies during COVID-19 had a negative impact on older adults’ mental health and social well-being, generating higher rates of depression and greater loneliness. However, less is known about how SIP policies affected changes in caregiving for older adults with daily living needs, particularly those who were not married and thus could not rely on spousal support. This study used nationally representative survey data to examine patterns of help provision during the COVID-19 pandemic for people aged 65 years and older who needed assistance with daily living activities and did not have spousal support available. We investigated changes in caregiving by dementia status and the level of support needed, as well as the impact of SIP policies on changes in caregiving.

### Study Aims

This study aimed to examine the impact of SIP policies on changes in caregiving for older adults with long-term services and support needs who were not married. Specifically, it sought to investigate the patterns of help provision during the COVID-19 pandemic for people aged 65 years and older who needed assistance with daily living activities and did not have spousal support available. We aimed to understand how SIP policies affected the amount of caregiving received by these individuals during the pandemic.

### Study Design

The study used data from the National Health and Aging Trends Survey (NHATS) round 10, COVID-19 geographic data, and restricted COVID-19 data files. The sample included NHATS community-dwelling respondents who needed assistance with ADLs or IADLs and were not married (N = 512). Weighted descriptive analyses and multivariate multinomial logistic regression were employed to examine the association between SIP policies and changes in caregiving during COVID-19.

We used the NHATS round 10 public sample person (SP) and family members and friends (FF) data files, NHATS COVID-19 geographic data files, and NHATS restricted COVID-19 files. These data were collected in 2020 and 2021. We linked the NHATS COVID-19 geographic data files with published data regarding SIP policies at the state and county levels.

The sample started with 3,602 community-dwelling respondents who completed the Round 10 survey. This sample was then limited to 1,489 respondents who were not married, needed assistance with ADLs or IADLs, and had COVID-19 data available. We merged the data between SP and FF files and identified 573 unique sample persons who had at least one family member or friend matching the SP. The final analytic data file consisted of 512 unique respondents with no missing data for all measurements.

## Findings

More than half (55.1%) of the respondents reported no change in the help they received during COVID-19 compared to before, while 36.7% reported receiving less help, and 8.2% reported receiving more help. Changes in caregiving during COVID-19 compared to before did not differ by dementia status or by degree of support needs.

The weighted multinomial logistic regression results indicate that, compared to those living in areas with less than 30% SIP days, the marginal probability of receiving more help during COVID-19 was on average 12 percentage points lower for people living in areas with 30-59% SIP days and 12 percentage points lower for people with 60% or more SIP days. The marginal probabilities for no change in help and for less help during COVID-19 were not statistically significant.

Only two covariates had statistically significant associations with changes in receiving help during COVID-19. The marginal probability of no change in help during COVID-19 was 12 percentage points higher for people who were widowed or never married compared to those who were separated or divorced. The marginal probability of receiving less help during COVID-19 was 15 percentage points higher for people living with others compared to those living alone.

## Limitations and Future Directions

The study is based on cross-sectional data, making it difficult to track long-term trends and impacts. The small sample size necessitated the aggregation of certain variable categories, and some variables could not be included. We could not determine specific types of changes in caregiving or other details due to measurement limitations; these topics need further qualitative research for exploration. In addition, approximately 10% of observations were excluded due to missing data, which may have introduced selection bias if the data were not missing completely at random. Moreover, as an observational study using secondary data, the findings may be subject to residual confounding and temporal misclassification or exposure heterogeneity among respondents interviewed at different time points.

## Policy Implications

Public health and policy leaders need to ensure that caregiving needs for people with functional impairments, especially those who do not have spousal support, are addressed during public health emergencies. A network of family, unpaid non-family, and paid support is crucial to meeting care needs during such crises.

## Conclusion

It is important to address the caregiving needs of older adults with disabilities during public health emergencies and to examine how disruptions caused by policies such as SIP orders were related to the provision of help for people who rely on family and friends for support. Disruptions caused by

public health emergencies can negatively impact support systems, including community-based programs, healthcare services, and the availability of friends and family. A network of family, unpaid non-family, and paid support is necessary to ensure care needs are met, especially during public health emergencies. Policymakers, community leaders, and healthcare providers need to develop resilient programs and plans to ensure that the people they serve have adequate support, especially during significant disruptions.

### **Full Report**

<https://healthworkforce.ucsf.edu/bibcite/reference/2116>