



With declining birth rates, increasing divorce rates, and more people living alone, another demographic is increasing: **solo agers**, or older adults who are not married, live alone, and do not have adult children whom they can rely on as they age. According to the U.S. Census Bureau, in 2021 there were approximately 22.1 million solo agers in America; an estimated 28% of older adults in the US live alone and are childless.

Because they don't have immediate family to rely on, solo agers may not have access to resources that can help maintain their well-being and combat loneliness. They also may not have access to informal caregiving resources that can help them maintain their independence and advocate for both their health care and financial needs. Consequentially, solo agers may need to establish alternative support networks.

This study explores differences in how solo and "supported" agers, age 55 and better, plan to address the needs and concerns associated with aging. Supported agers are either married or in a long-term relationship, do not live alone, and/or have adult children whom they can rely on. By identifying the unique needs of solo agers, policy makers, health care providers, and community organizations can develop targeted services and support them.

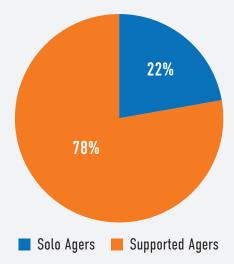
In this study, nearly a quarter of 805 survey respondents met the criteria for being a solo ager.

CRITERIA FOR IDENTIFYING SUPPORTED AGERS

	SUPPORTED AGERS
Married or in a long-term relationship	71%
Have adult children that they can rely on as they get older	53%
Live alone	12%

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DEMOGRAPHIC DIFFERENCES BETWEEN SOLO AND SUPPORTED AGERS

There are some differences between solo agers and supported agers. Perhaps surprisingly, 39% of solo agers had at least one child; however, they also reported not having children they can rely on as they get older.

There were no statistically significant differences in race, age, gender, or education between solo and supported agers.

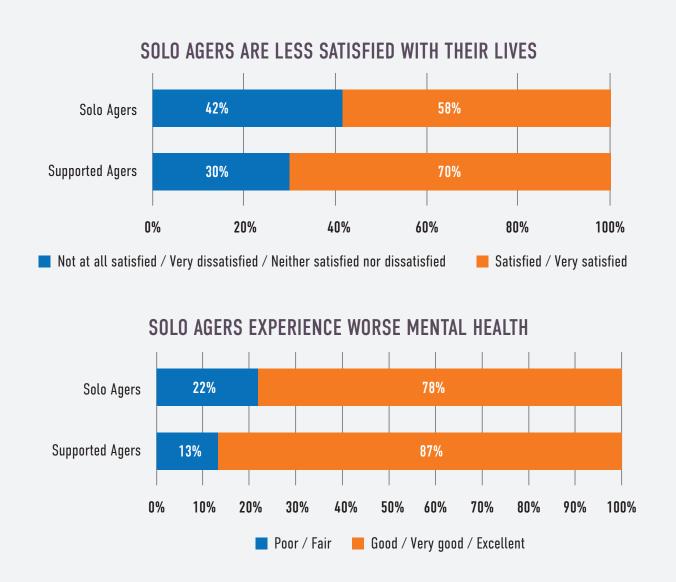
DEMOGRAPHIC INFORMATION

	SOLO AGERS	SUPPORTED AGERS
NUMBER OF CHILDREN		
No children	61%	18%
One or more children	39%	82%
AGE		
55-64	35%	42%
65-74	37%	37%
75 or better	27%	21%
GENDER		
Male	27%	34%
Female	73%	66%
RACE		
White/Caucasian	74%	70%
Black/African American	17%	15%
Asian/Pacific Islander	2%	8%
Native American/Alaskan Native	1%	3%
More than one race	6%	5%

	SOLO AGERS	SUPPORTED AGERS
ETHNICITY		
Hispanic/Latino	5%	13%
Not Hispanic/Latino	95%	87%
MARITAL STATUS		
Partnered/Married	0%	68%
Separated/Divorced	33%	14%
Widowed	26%	11%
Never Married	42%	7%
HOUSEHOLD INCOME		
Less than \$39,999	43%	23%
\$40,000-\$79,999	32%	27%
\$80,000-\$119,999	20%	23%
\$120,000-\$159,999	3%	13%
\$160,000 or more	3%	14%
EDUCATION		
Associate's degree or less	34%	44%
Bachelor's degree	26%	24%
More than a bachelor's degree	40%	32%

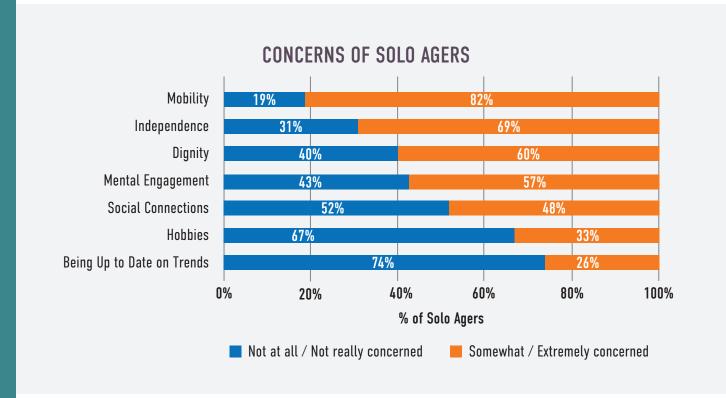
SOLO AGERS REPORTED LOWER WELL-BEING

Solo agers reported
lower life satisfaction
and mental health.
Specifically, fewer solo
agers indicated that they
were satisfied or very
satisfied with their lives.



MAINTAINING MOBILITY AND INDEPENDENCE ARE TOP CONCERNS

Solo agers have a wide range of concerns, but their most pressing concerns are similar to those of other older adults and involve maintaining their autonomy.



PREPARATIONS ARE NEEDED FOR THE FUTURE



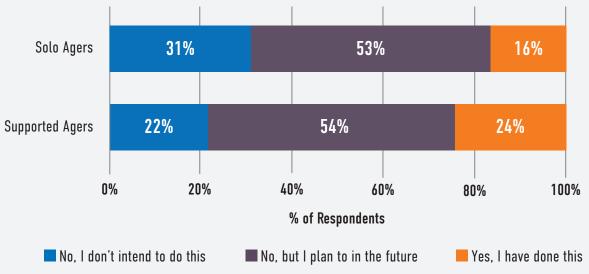
How are solo agers addressing their concerns and needs for the future? Over half have taken steps, including discussing their future wishes with friends and family, trusting someone with important documents, and arranging where their assets will go. More than half plan to develop a financial plan, identify potential future housing, and identify caregivers in the future.

For the most part, there were few differences in how solo and supported agers are preparing for the future, except for plans related to identifying caregivers. Surprisingly, fewer solo agers have identified future caregivers or plan to make these arrangements in the future. It's possible that solo agers are delaying those decisions because they plan to age in place and do not anticipate needing care.

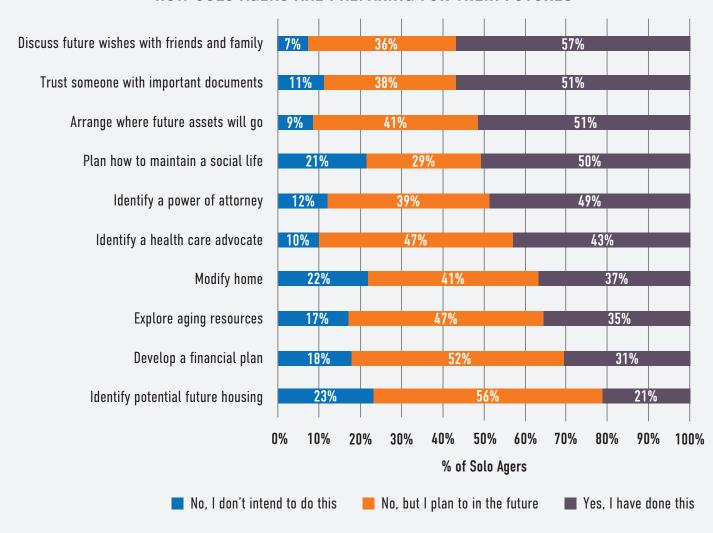


It is particularly important for solo agers to establish a plan in case long-term care is needed, because they do not have the option of informal caregiving support that is traditionally provided by adult children. The Department of Health and Human Services (2023) estimates that half of adults over age 65 will need some form of paid long-term services and support.

IDENTIFIED CAREGIVERS AND MADE FUTURE CAREGIVING PLANS



HOW SOLO AGERS ARE PREPARING FOR THEIR FUTURES



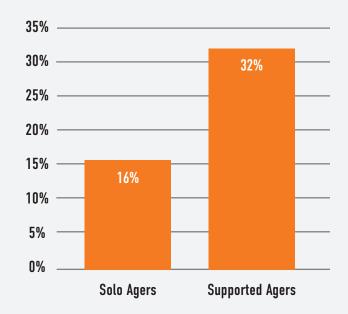
AVAILABILITY OF SOCIAL SUPPORT

It is particularly important for solo agers to make plans for their future needs as findings suggest some of them may not have as strong a social support system if needs arise. In fact, fewer solo agers have friends or family that they can rely on as they get older. Since respondents were generally asked if they had friends or family that they could rely on, this means that respondents don't feel that have they have nieces, nephews, siblings, or even neighbors that they feel comfortable relying on for support.

In addition, solo agers have less daily contact with friends or family, either in person, by phone, or internet, compared to supported agers.

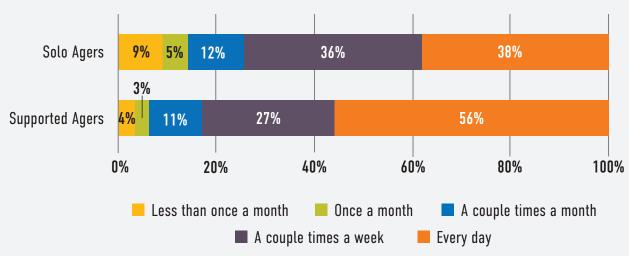


SUPPORTED AGERS HAVE MORE FRIENDS AND FAMILY TO RELY ON

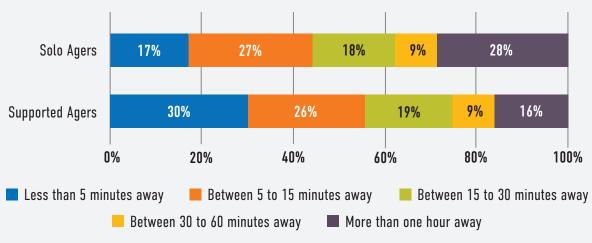


Solo agers also tend to live farther from friends and family. Almost twice as many supported agers live within five minutes of a relative or friend that they can rely on for support compared to solo agers.

FREQUENCY OF CONTACT WITH FRIENDS OR FAMILY



DISTANCE FROM SUPPORTIVE FRIENDS OR FAMILY



STRATEGIES FOR SOLO AGING

Based on these findings, the following strategies may support solo agers' ability to Age Well:

- Focus on maintaining and improving one's physical health to help delay the need for higher levels of care in the future. Physical activities, such as walking, yoga, and swimming, can boost energy and support mobility and independence.
- Engage in self-care activities to increase and maintain one's psychological well-being. These activities may include spending time in nature; enjoying music, art, and other forms of creative expression; meditating; and pursuing hobbies and interests.
- Establish a plan for one's future, including financial and legal considerations, housing needs, and support networks. It is important to document and communicate these plans with others who can act as advocates if needed.
- Cultivate a strong social support network of friends, neighbors, and community members. Joining special interest clubs and volunteering within the community is one way of building those connections.
 Additionally, social connections can be maintained by engaging with contacts using video sharing and social media.

SURVEY METHODOLOGY

All 805 respondents were ages 55+ (average is 68 years), and most were White/Caucasian (70%), female (68%), and married (53%). More than one-third of respondents had an associate's degree or less (42%), and 56% reported an income of \$79,999 or less. The study was conducted by Mather Institute between March 3 and March 20, 2023, using a SurveyMonkey research panel and a panel of respondents maintained by Mather Institute.

Staffed by a multidisciplinary team of researchers, Mather Institute is an award-winning resource for research and information about wellness, aging, trends in senior living, and successful industry innovations. In order to support senior living communities and others that serve older adults, the Institute shares its cutting-edge research in areas including effective approaches to brain health, ways to enhance resilience, and successful employee wellness programs. Mather Institute is part of Mather, an 80+-year-old not-for-profit organization dedicated to creating Ways to Age Well. SM

(888) 722.6468 | institute@mather.com | matherinstitute.com

