

SOLO AGING IN RURAL COMMUNITIES:

EXPLORING EXPERIENCE & PRACTICE TO
RAISE AWARENESS

**A project to engage directly with solo agers and
the community providers who serve them**

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Table of Contents

TABLE OF CONTENTS	2
ACKNOWLEDGMENTS.....	3
PROJECT BACKGROUND.....	4
PROJECT METHODS.....	4
PART 1	7
LITERATURE.....	7
PART 2	12
FOCUS GROUPS.....	12
PART 3	21
KEY INFORMANT INTERVIEWS.....	21
PART 4	25
KEY INFORMANT SURVEY.....	25
PART 5	39
INTERACTIVE EDUCATIONAL CONTENT	39
KEY TAKEAWAYS.....	41
SOLO AGERS.....	41
SERVICE PROVIDERS	42
REFERENCES	43
APPENDICES	45

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~ The entire University of Maine and University of Southern Maine Project Team

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Project Background

As the population ages, it is increasingly necessary to understand the diverse environments and circumstances that influence our health, safety, and wellbeing in later life. One population that remains under-studied is older adults aging without spouses, partners, or close family to provide support, care, or socialization when needed or desired. Using 2018 survey data, [AARP](#) estimates that one in eight (12%) adults aged 50 and older in the U.S. are currently aging solo (AARP, 2021). In a 2024 report published by the [Mather Institute](#), it was estimated that, as of 2021, approximately 22.1 million Americans (28%) are aging alone, reflecting an increase since 2018. Much of the solo aging literature calls for better understanding of the challenges, needs, and identities of solo agers, and draws attention to the fact that little thought has been given to how policies and systems can support this growing population (Camp, 2023a; Camp 2023b; AARP, 2021; Mather Institute, 2024).

Experts emphasize the need to hear from solo agers, with the goal of raising awareness of their needs, preferences, and concerns, particularly regarding advanced planning and how to identify trusted individuals who can assist with financial, health care, and long-term decision-making (Zeff Geber, 2023; Camp & Peterson, 2018; Mather Institute, 2024). There is also more to understand about the benefits of solo aging, since the emphasis heretofore has been on its risks. To that end, the HRSA-funded Collaborative for Advancing Rural Excellence & Equity (CARE2) sponsored an inquiry of solo agers and of health and social service providers with the goal of understanding their attitudes, experiences, available resources, and raising awareness of rural-residing older adults living and aging alone.

Project Methods

The term *solo aging* is not yet in widespread use since it has recently evolved from outdated, ageist terms such as *elder orphan* and *kinless seniors*. Accordingly, the research team sought to explore whether and how individual solo agers and a cross-section of health and social service providers currently understand the term. Planned project

activities included a literature review, solo ager focus groups, key informant interviews, and a key informant survey. To raise awareness of solo ager concerns and needs, the project team planned an easily accessible website (see Part 5) with solo aging resources and findings from the focus groups.

Literature review

The research team conducted a literature search for peer-reviewed, grey literature, solo aging websites, and credible mainstream media articles, looking for solo ager definitions, experiences, needs, and concerns. The literature search progressed iteratively with initial findings informing subsequent searches in all three literature categories. Search terms included various combinations of: solo aging, solo ager, elder orphan, aging alone, solo living, living alone, and solo-ness. The team also reviewed numerous websites and digital resources, including YouTube videos, podcasts, and online book reviews related to living and aging alone. A summary of the resources is compiled [here](#).

Focus groups

The project team held seven virtual, recorded focus groups via Zoom with a total of 34 older adults ranging in age from mid-50s to mid-90s. All focus group participants live in Maine, primarily in rural areas. Focus group participants were recruited through the use of a digital recruitment flyer (see [Appendix A](#)), distributed via Maine's Lifelong Communities network, Area Agencies on Aging, the Maine Council on Aging, and the research team's professional networks. Focus group sessions were transcribed using Zoom's AI transcription platform. The project team analyzed the focus group data using thematic analysis, mirroring the focus group session protocol. The team developed and applied a coding plan within and across all transcripts, identifying key solo aging concerns, benefits, planning efforts, and community solo aging supports and resources.

Key informant interviews

The project team developed a list of health and social service providers across Maine, New Hampshire, Vermont, and the North Country of New York¹ and sent recruitment emails inviting providers to participate in a 30-minute recorded, virtual interview. Although very few providers responded, four interviews were conducted using Zoom's AI transcription platform. Key informant data were analyzed using a modified version of the focus group coding plan. The dearth of key informant responses prompted the team to

¹ The CARE2 service area includes these four states. The northern New York region includes the counties of Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence

develop and deploy a provider survey using the interview protocol as a guide for survey questions (see below).

Key informant survey

The team distributed the key informant surveys electronically via Qualtrics (see [Appendix B](#)) to the list of provider leaders and volunteers developed for the key informant interview recruitment, and age-friendly community leaders. Key informants were encouraged to share this survey with others in their networks. The survey was emailed to 129 individuals, with a total of 47 surveys received, a response rate of 36%. Skip patterns in the survey resulted in fluctuations in the total number of key informant respondents for each question.

Website development and pilot

One of the primary goals of the solo aging project was to create educational content for the CARE2 region’s health and social service providers. Since many were unfamiliar with the term *solo aging* and all have limited opportunities for online training, the project team opted for a solo aging website highlighting solo aging resources (e.g., links to books, academic papers, advance care planning sites) and organized content centered on the primary themes from the solo aging focus groups. Providers are able to quickly navigate to the topics of primary interest to them based on patient or client need. The site is also a resource for solo agers desiring to expand their understanding of risks, benefits, and resources available to them.

The website www.soloagingresourcecenter.org was live as of October 30, 2025, and has been recently updated with solo aging demographics. The site was reviewed by the individuals in the project team’s professional network and by several members of the LYNX Solo Aging Interest Group.² The project team incorporated all pilot feedback.

Data collection method	Total individuals
Focus groups (7 sessions)	34
Key informant interviews	4
Key informant surveys	47
Website pilot	11
TOTAL persons engaged	96

² The LYNX Solo Aging Interest Group is a group of individuals from of Maine’s age-friendly communities, hosted by CAPRA, the Consortium for Aging Policy Research and Analysis.

1

Part 1

LITERATURE

Definitions and Framing

Solo aging experts call for greater awareness and recognition of solo agers (Camp, 2023a) and improved frameworks for understanding the myriad factors that contribute to one’s “solo-ness.” For example, Camp categorizes these factors as various combinations of life events (e.g., death of spouse), lifestyle circumstances (e.g., unpartnered or childless), or individual choices, and articulates “solo-ness” (2023b) as a descriptor and as a spectrum, rather than a fixed category. In a clinical context, academics have voiced the need for appropriate terminology when referring to older adults who lack the support or capacity to make medical decisions on their own (Brenner et al., 2023).

Exploration into solo aging includes efforts to understand who is aging solo, what solo aging means to people, and how it impacts older adults’ aging experiences. Historically, medical and legal professionals referred to this population as “unbefriended elderly,” “elder orphans,” or “solo seniors,” terms that evoke negative connotations and depict solo aging as a problem (Camp & Peterson, 2018). However, more recent academic discourse on older adults aging alone has shifted toward the term “solo agers,” representing a neutral and inclusive term that can accommodate a broader, more comprehensive experience of aging alone. This term is not yet widespread among practitioners, however.

In a 2019 study exploring views of the term *elder orphans*, Montayre et al. (2019) included older adults “who are living alone, without immediate family networks and support” (Montayre et al., 2019, p. 345), taking into account their current or anticipated life circumstances. While study participants identified with the risk factors of an “orphan,” they

also appreciated that the designation might help them get the care and services they need.

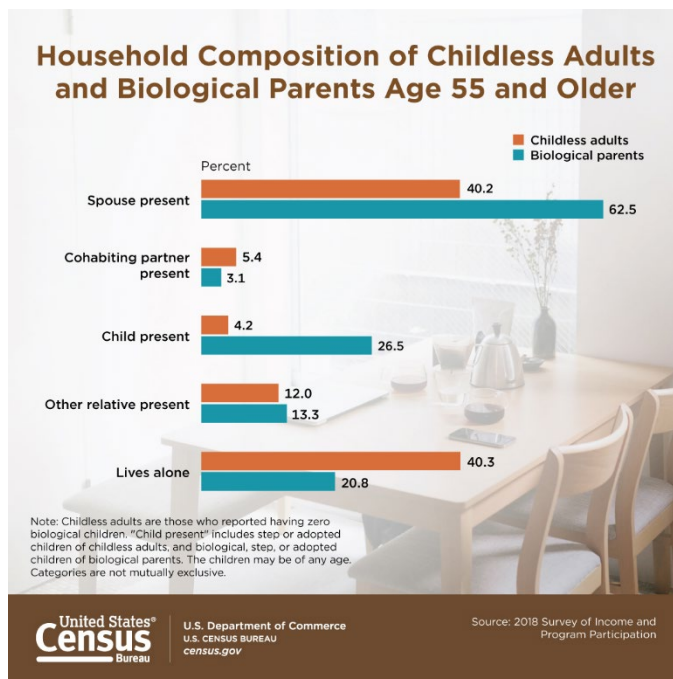
Camp and Peterson's *Meeting the Challenge of a New Generation of Solo Agers* (2018) asserts that understanding solo agers requires acknowledging the context in which individuals age alone, some by choice but many by circumstance. They characterize the state of being solo as "solo-ness," emphasizing that it is shaped by both behavioral and situational factors – components considered essential to accurately depicting solo aging. In later works, Camp (2023a) further distinguishes solo aging and the state of "solo-ness" from previous terminology and framing (e.g., "unbefriended elderly"), identifying solo aging as a fluid experience, rather than a fixed trait. Additionally, framing it as "solo-ness" reinforces the notion that aging alone is shaped by a range of factors over time and should be viewed as a dimension of diversity, not a specific identity (Camp, 2023a). With this, Camp urges greater recognition of solo agers. Other experts in the field concur with a broader understanding of solo aging, identifying solo agers as individuals who may live alone, have no children or nearby family, or lack available support systems (Camp, 2023a; AARP, 2023; Zeff Geber, 2023).

Zeff Geber (2023) reiterates the importance of adopting a more inclusive definition of solo aging (e.g., including those with estranged or unavailable family members), believing a broader definition better guides planning and ensures that services respond to diverse needs. In a similar manner, AARP (2023) and the Mather Institute (2024) identify solo agers based on factors such as relationship status, proximity of children, and perceived support, highlighting the complexity and nuance of defining this population. Overall, variations in definitions consistently depict solo aging as encompassing a wide range of lived experiences, stressing that context is essential in identifying who is considered a solo ager.

Brenner and colleagues (2023) highlight the lack of appropriate definitions and consensus on terminology as a key reason why solo agers and their needs remain under-identified and inadequately addressed. Brenner et al. (2023) warn that this lack of clarity contributes to an ongoing disconnection between providers and solo agers, increasing the likelihood that these individuals will be overlooked. Additionally, without a unified understanding and framework, providers will continue to miss referral opportunities to connect solo agers to appropriate services. Camp (2023a) suggests that we reimagine what constitutes care – going beyond clinical services to include financial management, decision and coordination support, and advocacy. With reimagination of care, this would recognize social determinants of health as part of the care landscape, which is essential to meeting the needs of an increasingly solo aging population.

Prevalence

Given increases in longevity, childlessness among Baby Boomers, rising divorce rates, and long-standing trends of living geographically distant from immediate family, the rates of solo aging have been increasing and are expected to continue rising as Baby Boomers and Gen Xers age into later life. According to US Census data, in 2021 there were 22.1 million “solo agers” – individuals aged 55 and older living alone and childless (U.S. Census Bureau, 2021). This is 28% of older adults, compared to 10% in 1950 (Mather Institute, 2024). Over 17% of Baby Boomers do not have adult children, and currently 43% of women aged 75 or over live alone, as compared to 24% of men in that age category. Thus, solo aging has a distinct gender component that is underexplored in the literature. Further,



Source: U.S. Census <https://www.census.gov/library/visualizations/2021/comm/childless-adults.html>

older adults living in rural communities are more likely to live alone (Nemmers, 2023). Since older women tend to age in financial precarity (Snow et al., 2022), as do people in rural communities, there are serious risks for women aging alone in rural areas.

Concerns and Attitudes of Solo Agers

While the early scholarship on aging alone represented the concerns of physicians and healthcare providers, research now looks to solo agers themselves to better understand their existing and emerging concerns. Solo ager concerns span all life domains, but there is an overarching need to establish a reliable network for future care and support to physical and cognitive health changes in late life.

Health Care Concerns

With recent increased attention to social isolation and loneliness among older adults, scholars have worked to highlight the solo aging phenomenon to raise clinicians' awareness of the health risks of aging alone without support (Carney et al., 2016). For example, clinicians have expressed concern that older adults aging alone lack the necessary powers of attorney, healthcare proxy, or advance directives to assist them in making healthcare treatment decisions when they are unable to do so on their own (Carney et al., 2016), thereby compromising care and services and contributing to poor outcomes. Solo agers worry about who will care for them when the need arises and, even when solos have a current network for support, they are concerned about outliving their peers (Einhart et al., 2023). Solos lament that their concerns are not addressed in healthcare interactions and their needs are overlooked (Hafford-Letchfield et al., 2017).

Social and Emotional Concerns

Advocate and solo ager Sara Zeff Geber (2023) highlights the unique challenges of solos who lack close family members. Without family, solos struggle to have the day-to-day emotional support that a family member often provides – support that experts agree (Marak, 2023) is increasingly needed in late life. Zeff Geber (2023) stresses that establishing and maintaining a strong social network is just as important for solo agers as planning for future health changes. While social connections lessen feelings of loneliness and isolation (Lowers et al., 2023), Marak (2023) notes that supportive networks serve a further function of generating a sense of belonging and being cared for, thereby enriching one's daily life and cultivating trust and an outlet to share and validate feelings. Older adults without family must intentionally forge these connections to meet their later life social needs. Doing so may be particularly difficult for introverted solo agers, those who have mobility limitations, and those living in rural areas.

Financial Concerns

While all older adults should plan for future and unexpected financial needs, solo agers without traditional support from family can sometimes find it difficult to navigate financial planning for late life. Because solo agers bear responsibility for all of their living expenses, they tend to worry about financial stability. Recent surveys of solo agers confirm this concern, with many indicating a fear of "running out of money" (AARP, 2023; Hafford-Letchfield et al., 2017). One concern for solos is making significant financial choices when planning for retirement, for example, given that most solo agers rely on one source of income (Einhart et al., 2023).

Risk Factors for Solo Aging

Advocating for a broader solo aging framework, Camp (2023a) developed four domains of risk factors associated with aging alone: demographic, relational, behavioral, and other. Demographic factors reflect risks tied to one's family composition and network structure (e.g., no children, spouse, or partner; existing network is the same age or older); relational factors (e.g., the quality, proximity, and reliability of one's relationships); behavioral factors that elevate risk (e.g., personality traits and habits; and other factors such as life circumstances or environmental conditions (e.g., homelessness), that increase one's solo aging risk. Camp (2023a) highlights the intersections among these domains, emphasizing that solo-ness exists on a spectrum, rather than as a fixed state. Providers and community leaders can use these risk factors to gauge an individual's degree of solo-ness — otherwise they may place solo agers in rigid categories, increasing potential to oversimplify and overlook unique experiences of solos.

The complex and interconnected solo aging risk factors underscore the diversity of solo agers and their life circumstances. For example, writing about solo aging among members of the LGBTQ+ community, Karen McPhail (2023) describes health disparities experienced by older LGBTQ+ adults: "LGBTQ+ Solo Agers have significantly more holistic health and aging challenges than their contemporaries and often fall through the cracks, resulting in dysfunctional patterns and tragic outcomes. With a clear understanding of LGBTQ+ history, past trauma, positive interventions, and broad proactive planning, these dysfunctional patterns can be disrupted to result in successful outcomes and enhanced quality of life." She notes that the issues she describes are more acute for LGBTQ+ people of color (McPhail, 2023).

Interventions and Programs

Researchers are beginning to explore policy interventions to support solo agers. One recent study (Lowers et al., 2023) explored the networks of health-promoting social supports for 2,998 adults on Medicare who are 65+ and live in the community (i.e., not in an assisted living or nursing home). The authors divided their subject groups into four categories to compare social networks and determine whether adults aging solo differed from their peers with spouses and/or children living nearby in terms of their networks of help. They found that adults aging solo, without a spouse or partner or children in the same state, depend on a network for assistance that is more heterogeneous than adults aging with a spouse or partner and children in the same state, even though their networks were the same size. The authors also found that solo agers were more likely than adults with spouses to hire aides, even though solo agers had lower household income.

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These findings suggest that solo agers need support establishing a more diverse social network and need paid caregiving help more than older adults aging with family support. The authors cite the Credit for Caring Act of 2021 as a policy that missed this difference, as it provided qualifying older adults with financial support only when caregiving was provided by family members. The study found that many solo agers had help from non-family members and were therefore ineligible for the financial benefit under the Act.

PART 2

FOCUS GROUPS

The thirty-four solo aging individuals who joined the focus groups represented diverse demographics, geographic locations, and life circumstances. This diversity helped the project team understand the myriad ways that older people feel alone in their aging and experience the risks and benefits of aging alone. While there were many areas of similar views (e.g., regular reliance on others, care in planning for future health decline, pets as key companions), their different perspectives and opinions confirmed just how nuanced the phenomenon of solo aging truly is.

The subheadings in this section reflect the key themes that emerged from the focus group conversations.

What Solo Aging Means to Me

When asked to share what comes to mind when they hear the term *solo aging*, many focus group participants admitted the term had a negative connotation for them. Some felt stigmatized by being a solo ager — that they were somehow less worthy or valued because they were aging alone. Several solo agers expressed feeling isolated and lonely, for instance, describing a lack of someone to talk to in daily life.

“There’s a sense of isolation not being able to talk to people [about what’s] happening with life. And maybe you know, just having someone to bounce things off of... And there’s so many things that I can’t do that I need some help with, and there’s nobody to help.”

One individual insightfully noted the similarity of *silo* and *solo*, and that solo aging could easily become *siloed* aging. While most of the focus group attendees were still managing daily tasks at home, some described feeling particularly alone when they faced tasks that were potentially unsafe to do alone (e.g., changing a ceiling light bulb, climbing a ladder, shoveling the driveway). It is noteworthy, however, that several suggested that these challenges contributed to a sense of independence and innovation in finding safe, practical workarounds (see [Solo Aging Benefits](#)).

Many focus group participants described the feeling of being alone as lacking reliable companionship. A few noted that the feeling deepened in settings where families and partnered couples tended to gather, such as church or community events.

“Well, I went to a concert last week by myself. There were all kinds of groups of people, couples, and everything like that, and I was by myself. I just felt weird.”

A frequently noted association with solo aging was frustration with situations requiring another person, such as transportation to medical procedures, post-treatment, or post-operative care for which temporary hands-on caregiving may be needed. Without someone on whom they can consistently rely on for such intimate and personal needs, they found it difficult to plan those procedures. While many noted they feel comfortable asking neighbors or friends for help around the house, personal care needs were an entirely different category.

While aging alone was worrisome for many focus group participants, especially as they thought about future health declines, many also agreed that there were several upsides. Solos appear to be realistic and clear-eyed about the risks and benefits of solo aging and look forward to a time when more people better understand their lived experiences and address their concerns.

Connecting with Others

Unsurprisingly, friends and neighbors feature prominently in conversations with solo agers about how they connect with others, either regularly, periodically, or as needed for help and support. Some solos have grown children or relatives – nearby or at a distance – to help or to visit, and others rely on friends or neighbors for social connection. Several solo agers who had lived alone for an extended period had, over time, developed a network of friends. Others more newly solo (e.g., recently widowed) often had to strategically develop such a network, managing challenges along the way, such as unreliable internet service.

The availability of a social network tends to depend on external factors such as rural location, availability of transportation, or an individual's health or mobility status. A reliable internet connection facilitates social connection, and the lack of internet disproportionately affects people living in remote rural locations and those who lack updated technology, technology skills, or technology experience at all – though increasingly, the latter are in the minority. A few focus group participants noted their use of online social platforms for conversation, gaming, and meet-up opportunities; while not specifically designed for solos, these platforms fill a social void for some solo agers.

Connecting with other solos

A few mentioned that their network was with other solo agers, noting that “we are all going through the same thing.” Members informally commit to being available to each other knowing that eventually they will all need help at some point. “We do things for others knowing that when we have an issue they will come to our aid.” Some solo agers who are in the 'oldest-old' group (85+) found it more challenging to get out of the house for social events, particularly in the winter months. The same was true of solo agers living in extremely rural or remote locations.

“I have a number of solo age[r] friends, and that voice is so reinforcing. We're all going through the same things... It's very helpful to have that kind of companionship.”

Some solo ager groups have created their own “check-in” arrangements that mirror local telephone reassurance programs whereby a group of friends agree to call or text each other each morning to make sure all is well. One person mentioned that a group of friends

agreed to get together at least monthly and also stay in touch via email to check in with each other for socialization and as a safety and wellness check. Several solos specifically mentioned getting to know younger people, especially younger neighbors, as a reliable source of help. One remarked, “I rely a lot on the younger generation in my neighborhood to reach out to.”

Creating a social network

Solo agers who have created or maintained a social network have largely done so with intention, and all express deep gratitude for the relatives, friends, and neighbors they can rely on for social support or for assistance if needed.

“We’ve set up a group here in town that we check in with each other a minimum of once a day. There’s many of us that are getting older. I’m personally disabled as well, and you know, if we don’t hear from somebody, we make sure they’re checked in on, and what have you.”

Some solo agers who live in multi-unit housing or who have lived in their neighborhood for many years know their neighbors well and rely on them to be on alert for anything amiss. One told the story of a neighbor hearing a loud crash and running over to find that, indeed, the solo ager had fallen and needed assistance. Many solo agers have anticipated the need for a network and have at least a few people they can call when needed. This is not the case for all, however, nor for every type of need. Several focus group participants expressed worry about the challenges of creating a functional network for current and future needs.

Community social programs

Solo agers report that while many local community services and programs exist to support social engagement for older adults, there are few – if any – programs in Maine specifically designed for people aging alone. For instance, several solo agers talked about community programs such as older adult free dinners offered each month, gentle yoga workshops, or recreation department activities such as pickleball, cards, or walking groups. Still others mentioned they use the [Maine Senior College](#) network for in-person or online courses. One person shared that she has a friend with whom she regularly takes a senior college online, although the two have never met in person. None of these programs, however, are specifically for solos – although many focus group participants expressed a desire for such designated programs.

Technology and Solo Aging

Solo agers described how technology helps address some of the challenges of aging alone. Online programs provide myriad opportunities to connect, particularly for those who face challenges with health conditions, transportation, rural locations, or inclement weather. More specifically, many said they carry their phone with them everywhere, even just to go outside to check the mail, so they are always able to make a call for help. A few mentioned their adult children encouraged them to wear a smartwatch for reassurance that they could call for help anytime, anywhere. Some people use a smartphone app to keep a daily exercise schedule or to get reminders for household tasks in the absence of someone to help remind them. Others use telephone reassurance apps to receive a daily check-in call or text. One person said that she asked a trusted friend to set up online tracking so someone would always know where she is and could check on her location from time to time.

“I use the Finch app and it lists all the things I need to do for myself to enrich my life. And that means also [things like] stretching, meditation, gratitude, all kinds of areas like that. And then I add anything I want. So my pet care stuff goes in there.”

However, not everyone has stable, reliable, or fast internet or cell phone service, especially in rural areas. Lack of access presents an added barrier to human connection which is especially problematic for solo agers. One person shared that she has cell phone service only if she sits down in a certain place in her house. Another reported that she has access to the internet only if her Wi-Fi is working, because cell towers do not provide a steady signal where she lives. While these individuals were managing despite these difficulties, they expressed clear concern.

Planning for the Future

Financial planning

Future planning is essential for solo agers as many do not have anyone in the statutory surrogate decisionmaker list³ and thus rely entirely on themselves for all healthcare, financial, and other decisions. Solo agers acknowledge that planning for the future is often focused on finances, maintaining access to funds, identifying estate representatives, and

³ The Maine Probate Code prioritizes family members in the surrogate decision list. See [MRSA §5-806](#).

end-of-life planning. Others mentioned additional topics related to planning, such as arranging pet care, relocating, or considering nursing home or residential care in the event of health changes. Almost all focus group participants noted finances as a major reason for future planning. Many noted they have taken extra precautions to ensure their finances are secure. One solo ager, for instance, said they added their daughter to their financial accounts, even walking them through the process of how to access accounts if needed. Another said they deeded a partial interest in their home ownership to their adult child to ensure that someone trustworthy would be involved in its care and maintenance. Others expressed the pressure and constraint they feel from relying on a single source of income, highlighting the need to plan carefully so they do not exhaust available resources – or as one solo ager described it: the fear of “outliving the money, the resources.”

Healthcare planning

Additional planning extended to the uncertainty of future healthcare needs. While many recognized they will likely need caregiving support at some point, they also acknowledged the challenges of being unable to predict when or what kind of care they will need. This uncertainty appears to be especially difficult for solo agers who do not have family or a strong support network, with one noting with some anguish that they do not know who will take care of them. Other solos described doing everything possible to communicate their preferences and wishes to their children, friends, pastors, or others in their intimate circle but noted that preparation can get you only so far: “Things can change on a dime and [it is hard to] be ready for that.”

“I have a faith-based community, and my pastor knows my wishes, and you know my funeral or my memorial service is all planned.”

Many solo agers shared that they have advance directives or powers of attorney in place with named decision agents. One solo commented about their experience meeting with a lawyer to ensure all documents were filed and written out, adding that these documents would be easily accessible for whoever may need to reference them in the future. Most solos had considered their end-of-life planning choices, with one person sharing information about a cremation program they signed up for where everything is arranged in advance. Another shared that they had written their own obituary so it would reflect the parts of their lives that were most important to them for others to know about.

Pet care planning

Pets were mentioned as an important part of future planning. Many solos said that one of their greatest worries was who would care for their pets if they died or became incapacitated. One solo shared that their doctor designated their pet as a service support animal so that if they and their pet were separated due to a medical emergency, they would be assured of getting their animal back. Several solo agers said that pets provided significant companionship and were central to their lives. A few had considered pets and pet care when making advance decisions about future financial and living circumstances.

“I also have a file of life for my dogs, which include my instructions.”

Overall, solo agers expressed that even the most intentional planning cannot remove unexpected events and that planning for the future can at times feel overwhelming. Many have said that no matter how much they prepare, they still feel unprepared. One noted that planning was not even an option for them, commenting that they did not have anyone to list as a trusted individual or emergency contact, leaving them feeling embarrassed and vulnerable. These significant financial or health-related decisions take careful consideration and, without a trusted person to help think through the risks and benefits of those decisions, solo agers sometimes feel conflicted or overwhelmed. “How do I manage the timing of all this?” one individual asked.

“There’s no one here that I would want to burden with... power of attorney or guardianship or conservatorship. So I mean that really is my biggest problem.”

Other Solo Aging Concerns

Asking for help

Some solo agers shared stories of feeling ill or falling and not knowing whether their condition or injury was serious enough to call for emergency help. Many people living alone shared their reluctance to ask for help due to not wanting to bother others or because they had been taught from a young age to be self-reliant. One person shared, “Well, when the zombie apocalypse comes, then I’ll ask for help.” These views reflect a shame associated with needing help, placing solo agers at greater risk. Many people

shared that the small personal or household tasks – tying shoes, buttoning a shirt – can be difficult due to a temporary disability (e.g., post-surgery). Focus group participants shared that sometimes a neighbor can assist, but others simply had no one to ask; and others did not want to ask for personal-type help. Two people mentioned that recent moves to a new area made it hard to create close enough friendships to ask for help when needed.

“I don't have family nearby. I don't have close friends nearby. I have some neighbors that could help out, but beyond that it's kind of terra incognita. I don't know what is ahead of me.”

Transportation

Many solo agers reported challenges with transportation – either not having access to a car or having access but not feeling comfortable driving at night, in inclement weather, or for long distances. For example, one person spoke of wanting to see a Portland Sea Dogs game, but that a two-hour drive was too far. Another said they have access to great options for things to do where they live, but “it's getting hard to get around.”

Solo Aging Benefits

Freedom from obligation

While many solo agers experience challenges, focus group participants also identified important benefits to aging alone, ranging from freedom from obligations to feeling empowered by their self-reliance and ability to adapt to new situations or find strategies to complete tasks independently. Although aging alone can feel daunting at times, many remarked that the sense of self-sufficiency, independence, and freedom felt empowering. Some even equated this freedom with maintaining their “independence and... sense of self.” Those who have lived alone for many years shared that they have acquired “adequate living skills and knowledge” to feel competent to safely and comfortably age alone.

For several solo agers, freedom to live as they wished felt new, particularly for those who had held caregiver responsibilities or had little time to pursue personal interests during their adult lives. A few described solo aging as an opportunity to spend time with oneself, noting that contrary to public assumptions, aging alone is sometimes a careful choice. Several shared they truly enjoy being by themselves and that it is “not a problem” to live that way. One solo ager remarked that while the holidays look a bit different to them as a

solo ager, spending holidays alone brought a sense of profound relief. Several associated this solo-related freedom with a sense of independence that offered them autonomous choice in how they spend their time. “It’s redefining how I want to spend holidays as well. So I have a lot of freedom about what I want to do or don’t want to do.”

“I’m exploring artwork, I’m exploring music, some things that I’ve missed in my life, like going back and watching old movies that, you know, I didn’t get to see. So it could be anything – and I like that freedom. I’m enjoying it, actually.”

Self-reliance & resilience

Many solos reflected on the pride and accomplishment that comes with being self-reliant and developing new skills. Whether by choice or necessity, many noted, “there is no one else to do it.” Solo agers have learned to adapt and rely on themselves and they take pride in doing so. Some mentioned that friends or acquaintances remarked that they were impressed by the ability and innovation required to complete certain tasks alone. Consistent with feelings of empowerment, several noted they “try the best they can,” especially when it comes to figuring things out on their own, and they find pleasure in this process. “I do like the challenge of figuring out ways to do things without asking for help.”

A few focus group participants opined that this sense of empowerment and pride contributes to improved health. One solo ager shared they are not the type of person to “just sit down” and that doing “as much as they can for as long as possible” keeps them active and in shape. Several also asserted that staying engaged in tasks and socializing has helped protect against feeling depressed or alone and contribute to overall wellbeing.

“Just being single for so many years, I learned how to replace a toilet. I learned how to replace an electrical socket, or build my own porch or deck or things, so I guess I’m fortunate in that way.”

3

PART 3

KEY INFORMANT INTERVIEWS

The project team spoke with four key informants from Maine, New Hampshire, and Vermont who work in health and social services and community based organizations. They shared their awareness of solo aging, detailed the services their organizations provide, identified what has worked well for their community, and reflected on what they hope to see moving forward. They suggested resources that would be helpful for the people they serve and for those interested in learning about solo aging. Because solo agers who use community services and supports or reach out for guidance are in need of services, key informants did not generally hear from solo agers about the positive aspects of solo aging – such as freedom and empowerment – that focus group participants discussed.

Definitions of Solo Aging (Key Informant Perspective)

Key informants defined “solo aging” as a term to describe a situation of living and aging alone, possibly after the death of a partner or spouse, in which any children live far away or are generally unavailable. Some key informants described their experience of solo agers as likely to require new levels of resourcefulness due to increased care needs, stressed financial resources, and higher levels of social isolation.

“Most [words associated with solo aging] are probably negative. I think of loneliness, lack of support. And because of where I live, I think of something like remoteness – like there’s so many people aging in our rural communities that are in very, very remote regions.”

Solo Aging Concerns (Key Informant Perspective)

Key informants shared concerns they had about solo agers based on their professional knowledge and expertise as service providers or community leaders. For example, a lawyer shared her concern that solo agers might not have important legal documents in order. This key informant hears from solo agers who struggle to find a trusted source to help with important matters such as downsizing a house or making financial decisions. She remarked that some solo agers she works with cannot afford legal help and some may be more vulnerable to scams because of their solo status.

"I've had so many people call, and they're not asking for legal advice...and they've said, 'I don't have anybody.' And we can help point out the pros and cons, and let them decide... It's just harder if you don't have even a trusted friend, or a niece or nephew...It's sad the number of people who don't have somebody they trust in their lives."

Some key informants described that solo agers who use their services tend to struggle with the tasks of daily life. Many experience unmet needs for help with household repairs or retrofits, or with household tasks such as cleaning, cooking, and yard work. Inadequate income means some solo agers struggle to cover the cost of basic needs or to hire aging-related service providers or personal caregiving support.

Key informants also noted the challenges of living in a rural area with a diminished availability or access to resources, services, and support. While the challenge of transportation can be higher in a rural area, key informants shared that lack of transportation and of companionship for appointments, errands, or recreational activities, if needed, was a challenge for solo agers in many locales. One key informant noted that the lack of support can mean a heavy reliance on neighbors to fill in for services or roles that families might normally provide.

Key informants observed that solo agers face greater challenges navigating unmet needs for social connection, feeling a sense of safety, or finding regular monitoring for wellbeing. Sometimes they need to learn many new skills, not just social ones, after the death of a spouse. Someone whose partner has memory loss or dementia and cannot participate in all the activities of daily life may essentially be living solo, while others who are aging solo might be coping with the impact of memory loss themselves.

Other key informants drew attention to more intimate concerns about aging solo, including lack of trust in those whose job it might be to provide help or support, curtailing personal agency, and loss of personal identity due to the loss of defining relationships or an inability to engage in previous pursuits. While these concerns are part of aging in general, they impact people aging solo in a way that is specific to the experience of aging alone.

Organization Actions (Key Informant Perspective)

Key informants shared ideas about what their organizations are already doing or what they thought would be needed to better support solo agers. One mentioned a need for resources to help solo agers have conversations designed to find a trusted advisor and more public education on topics such as where to find and how to get help completing health and financial planning documents. She also noted the importance of considering updates to surrogacy laws to eliminate assumptions that family members are available to make surrogate decisions and to clarify the priorities and role of non-family member surrogates. As noted above, surrogacy laws require individuals to be named and do not allow an entity to be the surrogate as, for instance, trustee laws allow.

Another key informant discussed the potential to help solo agers remain in their own homes through home-share programs. A well-designed program includes services to interview, screen, and match potential home-share hosts and guests and works to support family members in engaging solo agers in conversations about home-sharing as an option. Such programs should guide home-share participants in drawing up an agreement in advance to clarify roles, activities, boundaries, and limitations for the participants. Well-run home-share programs with adequate protections in place to avoid conflicts, exploitation, and to promote appropriate privacy, would benefit many solo agers whose health changes precipitate the need or desire for in-home care or companions.

"I've found folks [living alone] open their minds to helping the other party [saying] maybe I can, in this housing shortage, help some local professional or graduate student or someone who needs a room to rent, and it can kind of open someone's mind. Not that we're trying to trick anyone into home sharing...but it's a different way of looking at it that some adult children [of solo agers] have embraced."

Community organizations can help alleviate many solo aging concerns by, for example, promoting programs such as neighbors-helping neighbors, local snowplowing or

maintenance programs, buddy systems for emergencies, and meals prepared for those who need them.

“We formed a job squad where we have a bunch of local volunteers, and we can help in those situations. And we’ve done probably 200 jobs in the four or five years we’ve had that established. And again, that gets us out into the community reaching these folks.”

Key informants also noted organizations contribute to raising awareness of the unique needs of solo agers and support greater public understanding of aging alone given that at some point in people’s lives, many will live alone for a period of time.

4

PART 4

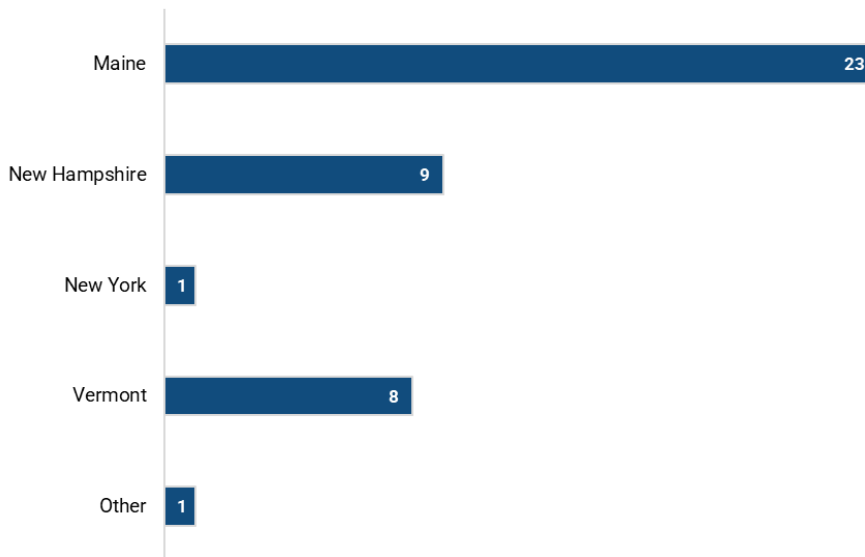
KEY INFORMANT SURVEY

The Key Informant Survey was designed to reach a broad audience across the four states of interest (ME, NH, NY, and VT). This brief survey aimed to understand current perceptions, practices, and services related to solo aging within age-related organizations. Survey results provided additional insight into the current landscape of solo aging across states, identifying current supports and gaps in services.

State

Over half of the key informant respondents were located in Maine (55%).

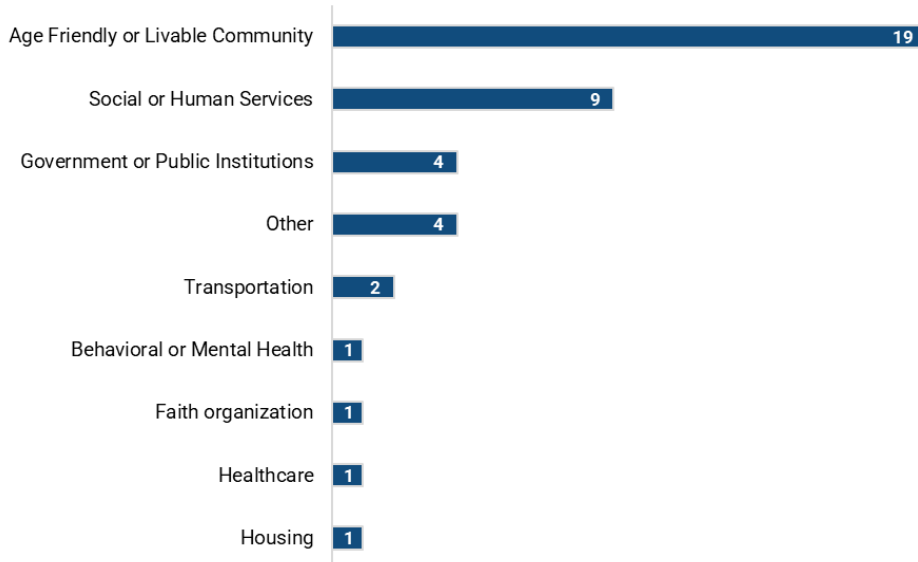
What state do you work in? (N=42)



Organization Sector

Most key informant respondents came from the Age Friendly sector (40%), followed by leaders in Social or Human Services (19%). Individuals who selected “Other” (9%) identified as representing a Community Senior Center, Nonprofit, Developmental Disability Community, and Social Care.

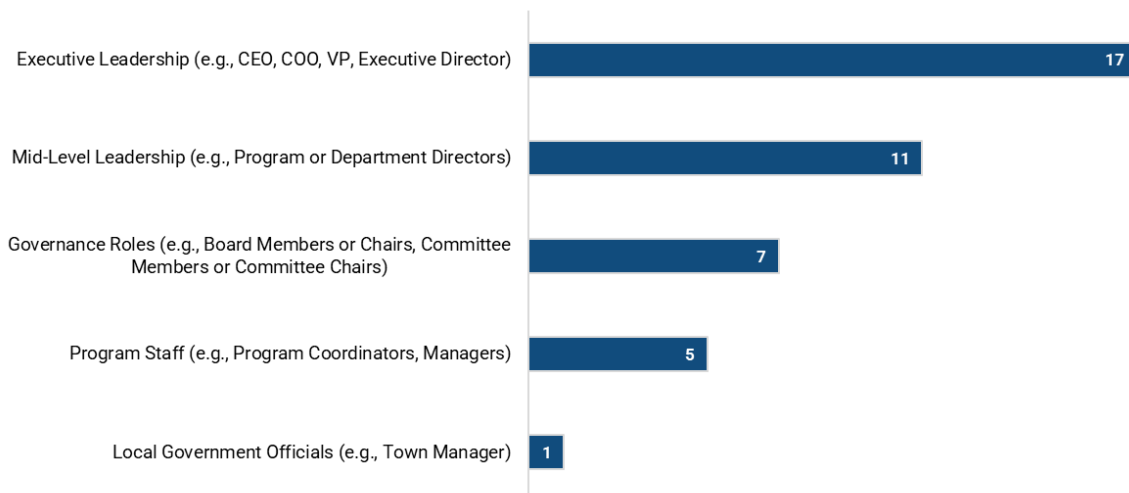
What sector best describes your paid or volunteer work? (N=42)



Organization Role or Position

What is your position or role at your organization? (N=41)

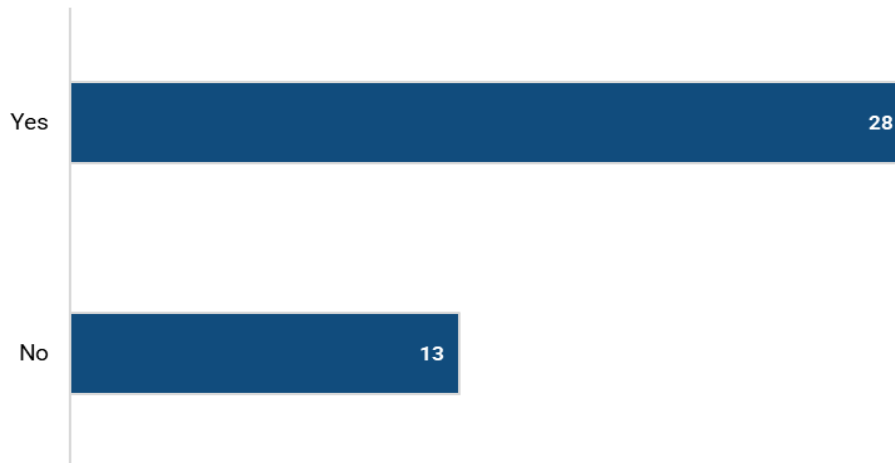
Over two-thirds of respondents (68%) held mid- or executive-level leadership roles.



Knowledge of Solo Aging

Over two-thirds of respondents (68%) reported having heard the term “solo ager.”

Have you heard of the term *solo ager*? (N=41)

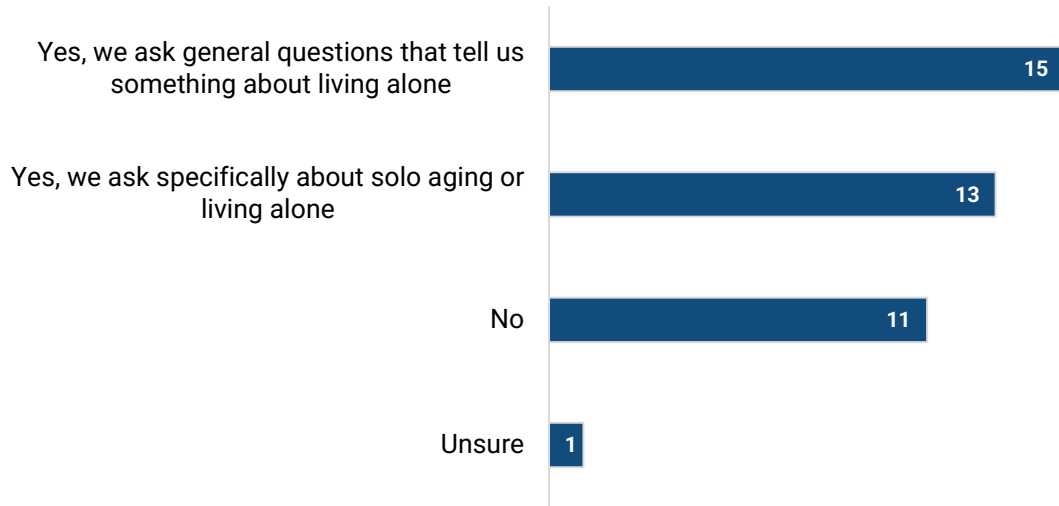


Assessing Risks Related to Living Alone

A combined 70% of key informant respondents indicated their organization asks either general questions about living alone or more specific questions focused on solo aging.

With this definition in mind, does your organization ask about or assess risks related to living alone or the circumstances surrounding it? (N=40)

Key informant organizations that reported assessing risks associated with living alone provided examples of questions they ask their clients or patients. While some organizations use formal assessment tools, most said they ask general questions to start a conversation that elicits information important to the older adults. For example, one key informant said they regularly ask, “How can we support you?” while another asks a detailed set of questions, including inquiring about pets, personal spiritual practices, mobility challenges, and how the patient or client likes to spend their time, along with targeted practical questions about emergency contacts and participation in visitor programs.



Tell us more about the questions you ask about aging alone. (N=27)

General Intake	General get-to-know-you questions to learn more about the person.
	We ask these questions during the annual wellness visit and upon admission to the hospital.
Social Needs/Support and Living Situation Assessment	We ask if individuals have loved ones. Living Well in Madison creates programs that help individuals who may specifically be dealing with social isolation.
	We ask for emergency contact information- when people don't have one, we learn a lot about their living situation and supports.
Health Status, Care / Medical Needs, and Safety Assessment	We often ask people with ID/DD what supports they have at every stage of their lives to identify gaps in their support network.
	Typically, we ask about support getting to and from doctors' appointments, food security, housing challenges, and try to refer the participants to the support services that they are facing.
	I am constantly in touch with the seniors who regularly attend the Center. Many of them also refer me to seniors they know who are alone. I am mostly concerned about their availability to get food, heat, and transportation. I find the seniors are open to sharing their situation or a friend's issues.

Solo Aging Concerns

Respondents who noted that their organization does not assess risks related to aging alone or solo aging were asked whether they have heard concerns about living alone from their clients or patients. Responses show that nearly all organizations (91%) heard about concerns from patients or clients about living alone.

Even if you do not ask about solo aging or living alone, do you hear about the concerns of living alone from your patients or clients? (N=11)

Respondents who reported that their organization hears concerns about living alone, despite not asking about solo aging or living alone, provided examples of the types of concerns mentioned by their patients or clients.

What kind of concerns about living alone do you hear from your patients or clients? (N=8)

Transportation Barriers	Challenges of transportation
	Lack of transportation
	Transportation issues
Social Isolation and Loneliness	Lack of social interaction
	Social isolation
Physical Safety and Mental Well-Being	Fear of falls, cognitive declines
	Concerns about falling

Just over three-quarters of key informant respondents (76%) indicated that their patients or clients have raised concerns about aging alone without family support.

Do your patients or clients ever raise the topic of aging alone – for example, by expressing concerns about aging without family support? (N=37)



Key informant respondents who reported that their clients or patients raised concerns about aging alone provided examples of the types of concerns they had heard. They shared that solo agers fear an episode requiring emergency intervention, such as a fall, while they are alone. They also said that solo agers face frustrations with some aspects of daily life, such as not having help or support to care for themselves or to manage their homes. Many also reported hearing concerns about loneliness, financial stress, or the need for transportation. Key informants said solo agers are concerned about having to make big decisions all alone, including planning for their future, without a partner to share in the brainstorming conversations.

What kinds of concerns do they raise [about aging without family support/alone]? (N=28)

Lack of Support	I don't have anyone that checks on me regularly. I don't want to leave my home but I don't have anyone to help me.
	When we chat with clients about their needs they talk about their lack of support.
	That they have no people around to support their needs.

Isolation and Loneliness	Mostly loneliness
Physical Safety	They are concerned if they should fall or need medical attention.
	Falling with no help to get up . Dying alone.
Transportation Barriers	Transportation is a large concern in our rural community. No access to resources or medical appointments if they do not have a loved one to help them.
	How will I manage in my house? Without driving?
Financial Worries	Who can I call for help? Who can I run ideas by? Who will give me good advice who I can trust with financial medical issues?

Solo Aging Resources and Materials

Over half of key informant respondents (54%) reported offering materials or resources related to solo aging to their patients and clients, while slightly less than half (43%) stated that they do not offer such resources. These responses highlight the discrepancy between services and educational material or resources offered. While 28 out of 35 responding organizations reported that their clients/patients raise concerns about aging alone, 15 organizations indicated they do not offer materials or resources regarding solo aging. Yet, 31 organizations confirmed that they provide services relevant to solo agers. The discrepancy suggests that services may be available even when educational materials or resources are not.

Does your organization offer materials or resources to your patients or clients related to any aspect of solo aging? (N=35)



Individuals who indicated that their organization offered materials or resources related to solo aging offered examples of the types of materials they distribute.

Tell us more about the materials or resources you offer. If you answered "Unsure" in the previous question, tell us about the materials that might be relevant for solo agers. (N=19)

Most of the organizations reported that they rely on community referrals when offering support to solo agers. Other organizations offer guides and resources, transportation, food and housing support, exercise programs, and safety resources.

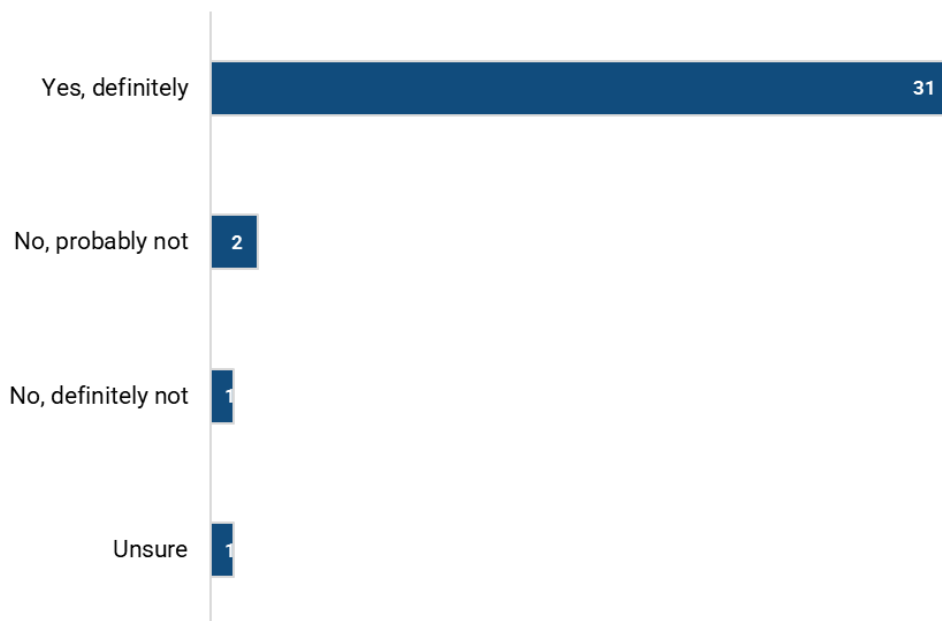
Resource Guides and Referrals	Resource guides - AF 8 domains, housing trades, caregivers
	We offer events that help with the social isolation aspect of living alone and partner with organizations that can provide resources to those individuals.
	We have a case manager that helps them navigate the available resources.
Food Security and Nutrition Support	We offer meals delivered, coffee socials, social/info programs, Bridging Neighbors community health/resource support, LiveSafe buttons and/or Echos (new), food pantry (delivered if needed), Senior food boxes, Free produce, etc.
Emergency and Disaster Preparedness	We are in the process of creating Disaster Preparedness Bags with a proposed education program for teaching solo agers how to

	implement them.
Community Partnerships	We are a partner now with the Pre-Dead Social Club - Death over Coffee, Beyond the Bedside Planning for the future (for individuals and caregivers), and various speakers around the topic.
	We partner with Age Well, our Area Agency on Aging for resources. We also have materials on other organizations available for our participants ranging from at home health care, home share opportunities etc.

Solo Aging Services

Almost 90% of key informant respondents reported that their organization offers services relevant for solo agers, suggesting that organizations have services that cater to the needs of solo agers, though not exclusively.

Does your organization offer services relevant for solo agers? (N=35)



Tell us more about the services your organization offers for solo agers. If you answered "Unsure" in the previous question, tell us about the services that might be relevant for solo agers. (N=31)

Key informant respondents who indicated that their organization offered services relevant for solo agers, or were unsure if they did, provided additional information on the types of services available.

Unsurprisingly, many of the services key informant respondents report offering focus on addressing solo agers’ daily living needs, environmental supports, and overall physical and mental well-being. While the need for support may increase among older adults, what distinguishes solo agers is their increased reliance on community support due to the lack of family or a close and functional social network. Community and health organizations are key players in supporting solo agers.

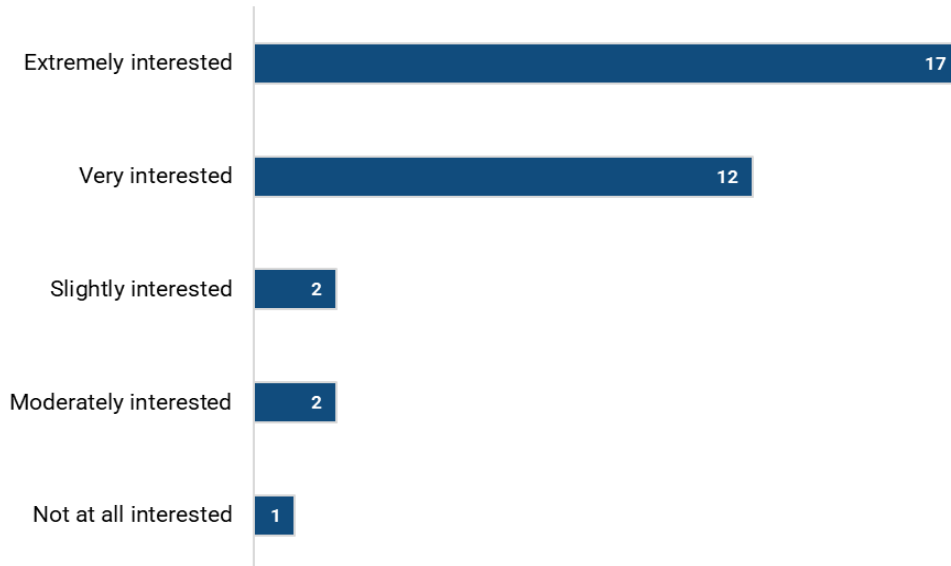
Key informant described the range of services they offer, including food or fuel assistance, and wellness and social programs such as chair yoga. Among the most frequently mentioned service was transportation. Several key informant respondents noted that their organizations assisted individuals in accessing public transportation or even provided it – offering rides to medical appointments, grocery stores, and social-related activities. In more medical-focused organizations, they reported offering technology, such as “Lifeline Buttons,” to request help in the event of a fall. Another common area of service was resource navigation and case management support.

Transportation	Transportation for seniors 60 or over or disabled riders to go shopping, medical appointments, congregate meals, shopping trips
	We offer a trip to Hannaford for one location in town for those not having access to healthy groceries. We are looking to expand this program.
Resource Navigation and Information	As previously mentioned we provide a person centered assessment which allows us to uniquely explore options and services that meet the person's needs.
	Assistance in accessing supportive services; volunteer drivers; social activities; volunteer opportunities
	I share resources I find available that pertain to their issues. Through other organizations sharing their information, I am able to share with the seniors.
Community Health and Older Adult Services	Adult day program, outreach nursing program, information and referrals services, various resources offered through our age-friendly community initiative.
	Age friendly services, social, food, rides, staffed resource center
	Our '25-'26 commitment is to set up information systems on a van which will be delivered in November, to identify those solo agers we can reach out to, to fully implement our Grab & Go Bags and to embark on helping the Town Govt to fully outfit an emergency warming and cooling center.
	Walking program, chair yoga, lunch and learns and other learning programs

Interest in Solo Aging Resources

When asked about respondents' interest in solo aging resources, 85% of key informants reported being extremely interested or very interested, and an additional 12% expressed somewhat of an interest. Overall, a combined 97% expressed some degree of interest in receiving solo aging resources.

How interested would you be in resources focused on supporting solo agers? (N=34)

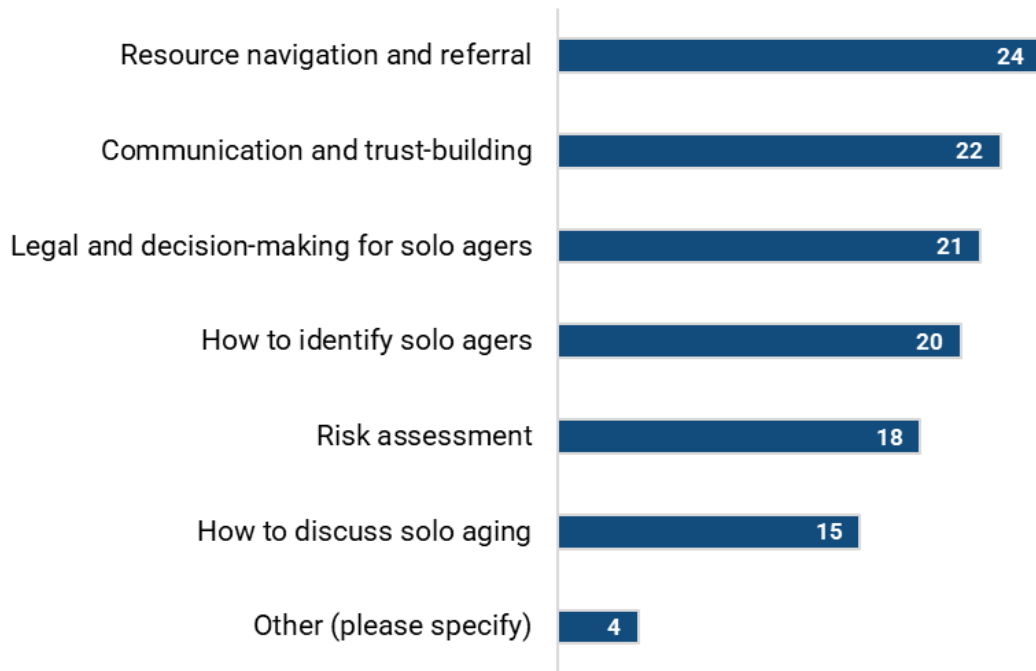


Key informant respondents who were interested in receiving resources or materials had the option to select an array of resource and training topics that they felt would be most useful for their organization. A total of 33 individuals selected multiple topics.

What resource and training topics related to solo aging would be most useful for your organization? (select all that apply) (N=33)

Among the offered resources and topics, “resource and navigation referral” was the most frequently selected, with 73% of key informant respondents indicating it would be useful

for their organization. “Communication and trust building” was the second most often selected (67%).

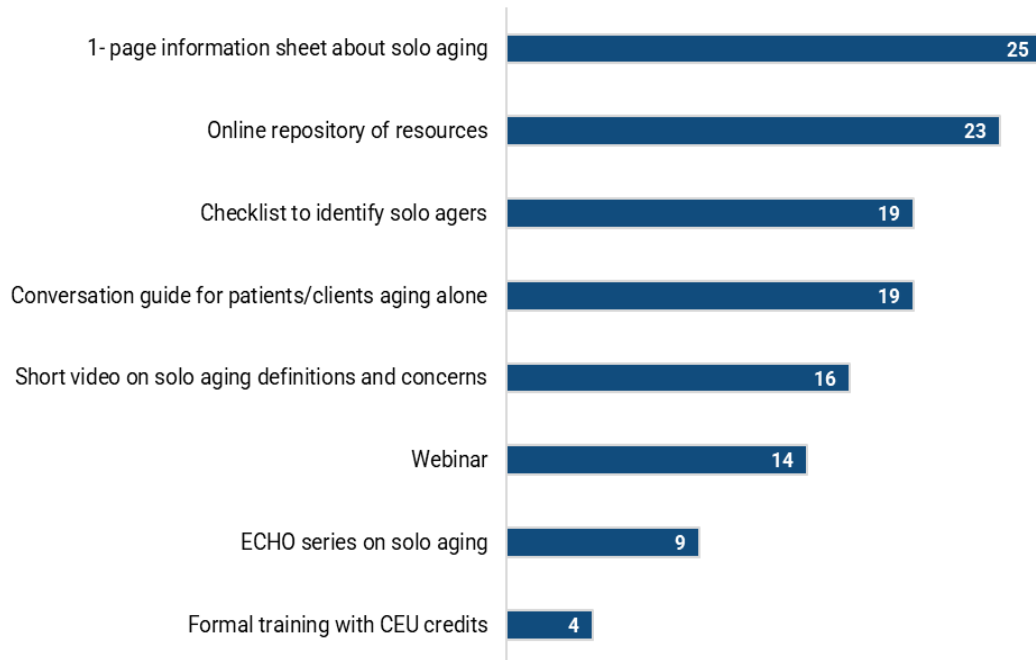


Those who chose “other” offered up specific topics they believed to be most useful for their organization. Their responses are provided below.

Suggested Resources or Training Topics	Alternative housing opportunities
	I lead a central agency and would be happy to host a workshop for faith organizations in identifying and supporting solo agents in their communities
	Support groups

Similar to the previous question about resource and training topics, key informants indicating an interest in resources were given the option to select the type of resource that they felt would be most helpful. A total of 33 individuals selected multiple types of resources. Notably, a “one-page information sheet about solo aging” was the most preferred resource (76%), followed by an “online repository of resources” (70%).

What types of resources would be most helpful? Check all that apply. (N=33)



Additional Thoughts on Solo Aging

Key informant respondents were asked to share additional reflections on solo aging. Among those who did, many echoed similar sentiments that this is a growing issue across communities. Several noted the need to integrate the term “solo aging” or “solo ager” into their professional conversations. A few remarked that having a clear label would be helpful in addressing the distinct needs of solo agers.

Some key informant respondents also identified concrete next steps that their organizations plan to take, like adding solo aging to their upcoming agendas, developing peer support groups, and “scaling up their social care and spiritual care programs.” More specifically, key informant respondents from rural communities articulated the challenges faced by solo agers in these areas, including social isolation and gaps in services due to limited availability.

Overall, final reflections highlighted a cross-state consensus that there are significant gaps in services for solo agers, particularly in tailoring services and supports to the unique needs of solo agers.

Share any other thoughts you have on solo aging. (N=14)

Advancing Solo Aging / Opportunities	We are already addressing many of the needs and provide support to solo agrees, but we aren't specifically identifying them as "solo agers." I think that would be helpful to name it.
	We'll add it [solo aging] to the agenda of our next meeting.
	We are already addressing many of the needs and provide support to solo agrees, but we aren't specifically identifying them as "solo agers." I think that would be helpful to name it.
	Solo aging is an extremely relevant topic currently. In our rural state information and resources on aging, specifically solo aging are lacking and this is an incredible opportunity.
	This is a very significant issue in Vermont. Folks are fiercely independent but isolated in small distant towns
Experience of Solo Agers	Our solo agers tend to be planners. They know they are alone, so prepare for an aging life ahead. They are resourceful and many of them have created a supportive community group.
Community Action	Isolation and loneliness affect too many of us. Mercy Care is scaling up its social care and spiritual care programs for Elders to help them access health care, experience the comfort of friendship, and provide them with errands of mercy for a host of other things, which can be major challenges for older adults living in the Adirondacks.

5

PART 5

INTERACTIVE EDUCATIONAL CONTENT

Health and social service providers serving older adults aging alone, and solo agers themselves are only beginning to use the term *solo aging* and to design programs and practices to assess and address the needs and worries of solo agers. Given the rise of solo agers, their diverse attributes, and the need for more person-centered care and services, the project team opted for a solo aging website that contains links to resources and highlights the topics solo agers raised in the focus groups.

Website

Website Origins

The design and launch of www.soloagingresourcecenter.org was informed by integration and synthesis of findings from focus groups, key informant interviews, and a key informant survey. The structure of the website was guided by the goal of raising awareness of solo aging, its definitions and parameters, and raise the voice of people aging alone. This website is intended to be a resource hub solo agers and for professionals who offer supportive services to solo aging clients or patients. A website offers the most flexibility for users and can be more easily updated as resources become available. Notably, when key informants were asked which resources would be most helpful, an “online repository of resources” was the second most selected option, with 70% considering it to be valuable.

The website www.ruralagingresourcecenter.org is live as of October 28, 2025. It was tested by a select number of individuals for overall utility, ease of navigation, and noteworthy gaps. The project team integrated all input but encourages users to continue to offer feedback and suggested edits and additions.

Website Content

The solo aging topics featured on the website were developed based on key themes identified among individuals we spoke with during [solo aging focus groups](#). These topics were confirmed through [survey results](#), assuring that such topics would be useful for both professionals working with older adults and solo agers themselves. Survey respondents identified topics like “How to discuss solo aging,” “Legal and decision-making for solo agers,” and “How to identify solo agers” as among the most useful and helpful topics for their population of interest.

Other features of the website include various resources that relate to [literature](#), news articles, and current media regarding solo aging. This website also houses the "[Conversation Guide](#)," created to help professionals and patients/clients navigate the conversation around solo aging.

Conversation Guide

Almost half of key informant survey responses agreed that a conversation guide would be helpful in interactions with older adults living alone. The conversation guide on the website is an adaptation of conceptual frameworks and definitions from the scientific literature on social isolation, loneliness, and social support (Ciolfi, 2017). These frameworks support assessing one’s social network from several angles starting from the most objective (e.g., size of the network) to the more subjective (e.g., engagement), and considering the primary function of one’s network based on actual or perceived needs. Each of these network perspectives provides conversation opportunities for clinicians and service providers to better understand how to support a solo ager. Using this conversation guide can lead to fewer assumptions, less stereotyping, and a more person-centered approach to supportive services.

Resource List

A comprehensive list of resources on solo aging was created to better inform and support solo agers – materials include academic literature, notable books, and mainstream media that discusses current topics and concerns affecting solos. This is a stand-alone resource, which can be accessed via the [website](#) or through a [public link](#).



KEY TAKEAWAYS

A few key project takeaways offer a summary of the most salient points in the solo ager and service provider data.

Solo Agers

- Solo agers are aging alone for many different reasons – some unavoidable (e.g., death of a spouse), a few by choice. Some people have been living alone for long periods and are more worried about the *aging* part of solo aging; others are new to solo aging and are adapting to new routines and challenges. Increasingly, there may be a subjective quality to solo aging given the diversity in individual life circumstances.
- Solo agers are acutely aware of their solo status, particularly in environments and situations where there are families or partnered older adults. While there are benefits of solo aging, solos associate aging alone with increased worry and fewer resources and programs just for them.
- Solo agers find camaraderie and shared experience when they are among other solos; they are looking for opportunities to find one another and establish networks – however informal – of care and concern.
- Solo agers are resourceful and innovative in managing daily life on their own, particularly around accomplishing tasks that would be easier or safer with another person. Due to the need to complete many tasks alone, solo agers have heightened fear of task-related accidents or health declines that would interrupt or jeopardize independent living.
- Solos worry about the future as they age alone into very late life and while they are planning in advance and most have named decisionmaking agents, many bemoan not having someone near – emotionally and sometimes geographically – to brainstorm options for future housing or care needs.

Service Providers

- Most have heard of the term solo ager and many ask about whether a client or patient is living alone.
- Providers are primarily focused on the essential needs of older adults such as transportation, housing, access to healthcare, but not the unique needs of older people living alone.
- Many are unaware of the diversity among solo agers and the often unique challenges of living alone for some people (e.g., those without decisionmaking agents).
- Providers are interested in learning more about solo aging and want support for conversations that will allow them to provide person-centered services.
- Easy-to-access information about solo agers would be helpful, including 1-pagers, conversation guides, and links to resources.
- Providers can help raise awareness of solo ager concerns, challenges, and the need for specialized programs and services.





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APPENDICES

Appendix A - Digital Recruitment Flyer for Solo Aging Focus Groups



Solo Aging Focus Groups

PARTICIPANTS NEEDED!

Are you 60 or over and willing to share your views and experience as a solo ager?

Do you feel you are aging without close family or partner support for decision-making, socialization, hands-on care, or other aspects of daily life? This might be due to geographic or emotional distance or due to limited social or familial networks.

The University of Maine Center on Aging is holding focus groups in July and August to better understand how to support solo agers through local, state, and national programs and policies to address unique needs and challenges, particularly solo agers in rural communities.

We would love to hear from you about solo aging issues of concern. Please consider participating in a session to provide your input!

Scan the QR code or [click here to sign up!](#)

Focus group participants will receive a \$50 gift card



This work is supported by MCD Global and federal HRSA funding

Appendix B - Key Informant Survey via Qualtrics (PDF)

11/21/25, 10:14 AM

Qualtrics Survey Software

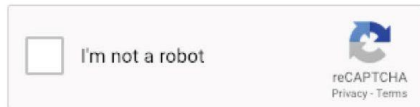


Demographics

The University of Maine Center on Aging has partnered with MCD Global to explore the topic of solo aging and develop educational material for health and social service providers. Solo agers are older adults who are unpartnered, live alone, and lack reliable family support.

The characteristics and experiences of solo agers is changing. We want to hear directly from health and service leaders about your experiences with patients or clients aging alone and what, if any, resources you have in your practice or in your community to understand solo agers and their primary concerns.

Thank you for helping us by filling out this brief survey. It should only take you five minutes! Your and your organization's identity will be kept confidential.



What state do you work in?

What sector best describes your paid or volunteer work?

- Age-friendly or Livable Community Initiative
- Behavioral or Mental Health
- Emergency Management or Response
- Faith organization
- Government or Public Institutions (local, state, federal)
- Healthcare
- Higher Education or Research
- Housing
- Law
- Public Health
- Social or Human Services
- Transportation
- Other

What is your position or role at your organization?

Have you heard of the term *solo ager*?

- Yes

- No
 Unsure

The definition of solo aging is evolving, but many agree that solos are individuals aging without reliable or consistent partner or family support for decision-making, social connection, hands-on help or care, and/or financial support. These circumstances may result from geographic or emotional distance, limited social or familial networks, death or disability of partner or family, or from life choices.

With this definition in mind, does your organization ask about or assess risks related to living alone or the circumstances surrounding it?

- Yes, we ask specifically about solo aging or living alone
 Yes, we ask general questions that tell us something about living alone
 No
 Unsure
 Other (please specify)

Tell us more about the questions you ask about aging alone.

Even if you do not ask about solo aging or living alone, do you hear about the concerns of living alone from your patients or clients?

- Yes
- No
- Unsure

What kind of concerns about living alone do you hear from your patients or clients?

Key Informant Interviews

Do your patients or clients ever raise the topic of aging alone - for example, by expressing concerns about aging without family support?

- Yes
- No

Unsure

What kind of concerns do they raise?

Does your organization offer materials or resources to your patients or clients related to any aspect of solo aging?

- Yes
 No
 Unsure

Tell us more about the materials or resources you offer. If you answered "Unsure" in the previous question, tell us about the materials that might be relevant for solo agers.

Does your organization offer services relevant for solo agers?

- Yes, definitely

- Yes, probably
- Unsure
- No, probably not
- No, definitely not

Tell us more about the services your organization offers for solo agers. If you answered "Unsure" in the previous question, tell us about the services that might be relevant for solo agers.

How interested would you be in resources focused on supporting solo agers?

- Not at all interested
- Slightly interested
- Moderately interested
- Very interested
- Extremely interested

What resource and training topics related to solo aging would be most useful for your organization? (select all that apply)

- How to identify solo agers
- How to discuss solo aging
- Communication and trust-building
- Risk assessment

- Resource navigation and referral
- Legal and decision-making for solo agers
- Other (please specify)

What types of resources would be most helpful? Check all that apply.

- 1- page information sheet about solo aging
- Checklist to identify solo agers
- Conversation guide for patients/clients aging alone
- Short video on solo aging definitions and concerns
- Online repository of resources (e.g., news articles, links to support groups)
- ECHO series on solo aging
- Webinar
- Formal training with CEU credits
- Other (please specify)

Share any other thoughts you have on solo aging.

To better understand the current landscape of solo aging services and inform our work, we are conducting key informant interviews with organizational leaders. These informal, one-on-one interviews will last approximately 30 minutes and will be held over Zoom. **If you are willing to participate, let us know in the next survey question and provide your contact information.** A team member from the University of Maine Center on Aging will reach out for next steps.

Would you be willing to participate in a 30 minute interview?

- Yes, I would like to participate
- Maybe, I would like more information
- No, I do not want to participate

Please provide your name (first and last)

What is your email address?