Disconnected: The escalating challenge of loneliness among adults 45-plus

A spotlight report on loneliness among Asian American, Native Hawaiian, and Pacific Islanders 45 and older

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INTRODUCTION

AARP's most recent study on loneliness finds that nearly half (46%) of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) adults 45 and older are lonely, signaling an urgent need to evolve both our understanding of this dynamic group and our solutions.

It has been more than five years since the COVID-19 pandemic normalized discussions of isolation and broader mental and physical health concerns.[1] And it has been more than two years since U.S. Surgeon General, Dr. Vivek H. Murthy, declared loneliness an epidemic in the U.S., and the World Health Organization deemed it a global health threat.[2] Still, loneliness can strike anyone, at any age, and middle-aged and older adults are vulnerable.

Family obligation, interdependence, and social connections are our lifeline to well-being. Yet for many AANHPI adults age 45-plus in the U.S., connection is complicated by cultural and language barriers, racism, immigration challenges, and navigating spaces where they may feel like outsiders. Aggregate statistics on AANHPI economic success can mask these struggles.[3] Ensuring that experiences of exclusion or othering are minimized or eradicated is critical to combatting loneliness. We must champion greater empathy and institutional change, while advocating for multifaceted community programs and policy solutions that clear the path to belonging for all.

This research on AANHPI adults 45 and older reveals why such action is needed:

Nearly half of AANHPI adults 45-plus are lonely and seek connection, with social, economic, and lifestyle factors compounding risk.

- 46% overall are lonely, including 50% of men.
- Those who have seen their friend circles shrink are nearly three times more likely to be lonely, while those with lower incomes (less than $50K per year) are more than twice as likely to be lonely as those earning $50K to $99K annually.
- More time alone daily and solitary coping strategies further elevate vulnerability
- 47% overall wish to be more socially connected.

[1] *Julianne Holt-Lunstad, "Social Connection as a Critical Factor for Mental and Physical Health: Evidence, Trends, Challenges, and Future Implications," World Psychiatry, 23, no. 3 (2024): 312–32, https://doi.org/10.1002/wps.21224.*

[2] *Tedros Adhanom Ghebreyesus, Chido Mpemba, and Vivek Murthy, "Loneliness and Isolation — the Hidden Threat to Global Health We Can No Longer Ignore," World Health Organization, July 2025. https://www.who.int/news-room/commentaries/detail/loneliness-and-isolation-the-hidden-threat-to-global-health-we-can-no-longer-ignore.*

[3] *Paige Sonoda and Heather Hahn, "Disaggregating Data Is Critical to Dismantling the Model Minority Stereotype," Urban Institute, September 2023, https://www.urban.org/urban-wire/disaggregating-data-critical-dismantling-model-minority-stereotype#:~:text=The%20model%20minority%20myth%20doesn,Tongan.*

Lonely adults seek connection but face confidence and belonging gaps, as well as conflicted attitudes toward tech for connection.

- 57% of lonely adults seek greater social connection; their top obstacle is lack of confidence or motivation.
- Many lonely adults lack feelings of true belonging in key settings, saying they rarely or never feel they belong with their co-workers (45%, among those working) or in their neighborhoods (44%).
- Fewer than half of lonely adults rely on tech to stay in touch with family and friends (46%) or credit social media with helping them do so (38%), yet a sizable 35% are interested in AI for companionship.

Prolonged loneliness is an issue for many AANHPI adults 45 and older.

The survey identified loneliness among older U.S. adults using two direct measures: perceived and actual loneliness. The first measure, perceived loneliness, gauges frequency of feeling lonely, by asking, "Overall, how often do you feel lonely or isolated from those around you?" Looking at perceived loneliness, 1 in 3 (33%) AANHPI adults 45-plus feel lonely sometimes or always. Among these individuals, one in three (33%) say that feelings of loneliness and social isolation have persisted for six years or more, while 1 in 4 (23%) say they have persisted for more than 10 years. This translates to nearly 1 million older adults who have felt lonely for six-plus years and about 700,000 who have struggled with these feelings for over 10 years. Meanwhile, among AANHPI adults 45 and older who feel lonely sometimes or always, most say there is no specific source of their feelings of loneliness (70%), underscoring the complex and multifaceted nature of this challenge.

The second measure, actual loneliness, is determined by the UCLA Loneliness Scale[4] and reveals that a sizable 46% of older AANHPI adults are lonely, or 4.1 million in 2025. From this point forward, results in this report center on the second measure of loneliness — actual loneliness — determined by the UCLA Loneliness Scale.

[4] *See Appendix A1 for more details about the UCLA Loneliness Scale.*

The higher rates observed in the UCLA Loneliness Scale compared with the perceived loneliness measure align with research showing that people tend to under-report loneliness when asked about it directly – using the word "loneliness."[5,6]

Shifts in social ties and everyday isolation play a major role in loneliness Among AANHPI adults.

To understand what contributes most to loneliness among AANHPI adults 45 and older, a logistic regression model was developed using socio-demographic measures, health behaviors, and connections to community. The purpose of this approach was to understand the strength of the relationship between the included measures and the UCLA loneliness score.

The analysis highlights that changes in social relationships play a significant role: adults who now have fewer friends than they did five years ago face nearly triple the odds of being lonely. Economic pressures also emerge as an important factor: Those with household incomes under $50,000 are more than twice as likely to report loneliness as those in middle-income households ($50,000 to $99,999).

Daily patterns of solitude further amplify vulnerability. More hours spent alone on any typical day raises the likelihood of loneliness by roughly 75%, and relying on solitary coping strategies increases the risk of loneliness as well.

At the same time, several relationship-based resources help buffer against loneliness. Having more friends today than five years ago, or maintaining at least two close friends or relatives, reduces the odds of feeling lonely. Older age, positive coping strategies, better self-rated health, and retirement also offer meaningful protections.

Demographics

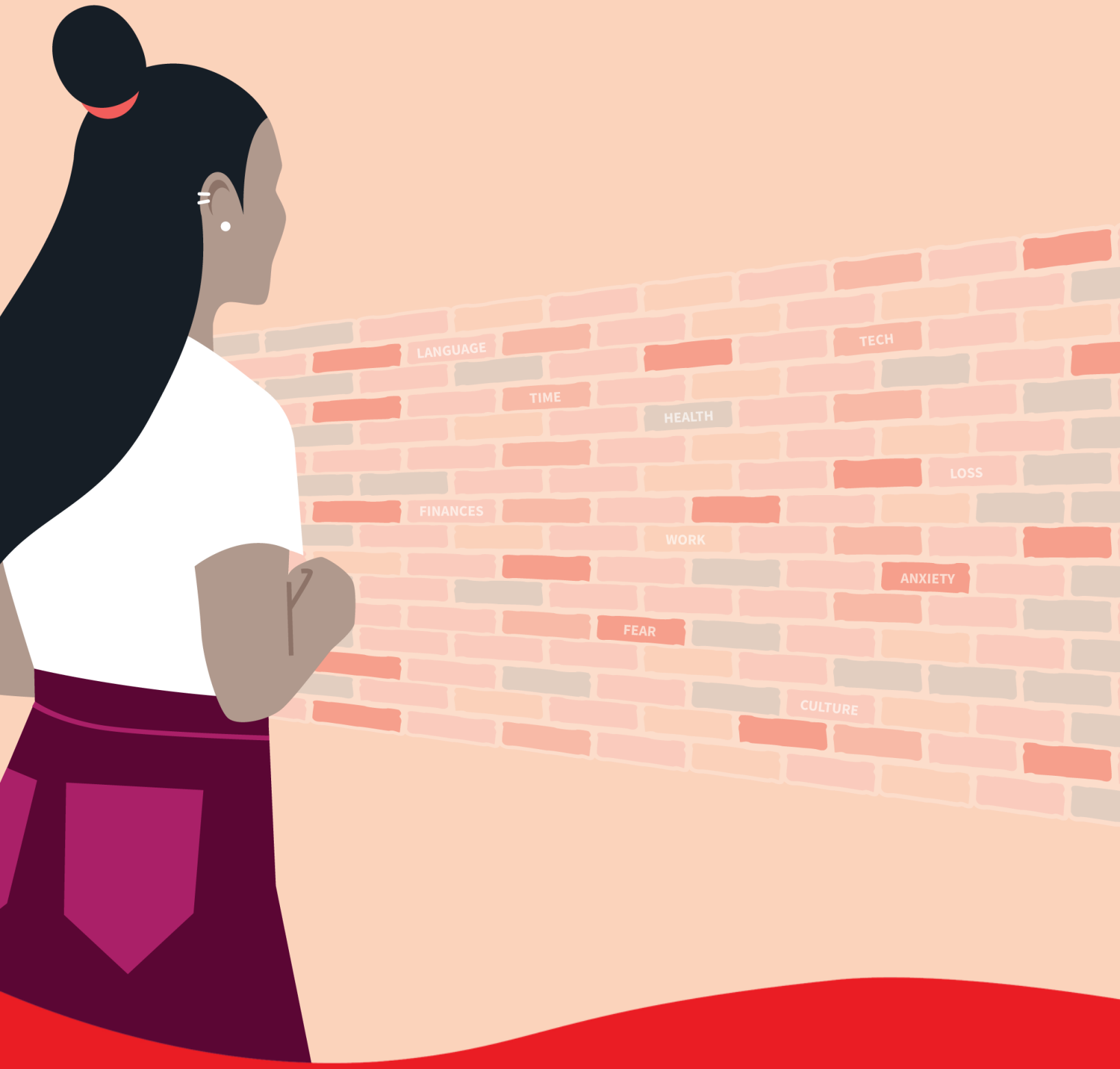
Some of the groups where loneliness tops 50% include AANHPI adults:

Age 45 – 59 **53%** **are lonely**	**Not married or living with a partner** **56%** **are lonely**
In good, fair, or poor health **52%** **are lonely**	**Living in households earning less than $75K** **52%** **are lonely**
AANHPI men age 45-plus **50%** **are lonely**	**AANHPI women age 45-plus** **41%** **are lonely**

Cultural expectations around masculinity and emotional strength may lead some AANHPI men to conceal mental health struggles, as documented among Southeast Asian communities.[6]
For context, 42% of U.S. men age 45-plus are lonely.

[5] *"D. W. Russell, W. T. Abraham, A. Austin, and J. Kim, "Measuring Loneliness Among Adults: An Evaluation of Current Models," Cambridge Handbook of Loneliness: Theory, Research, and Interventions, forthcoming.*

[6] *Connie Tan et al., "Piecing the Puzzle of AANHPI Mental Health: A Community Analysis of Mental Health Experiences of Asian Americans, Native Hawaiians, and Pacific Islanders in California," AAPI Data, UCLA Center for Health Policy Research, February 2024, https://aapidata.com/wp-content/uploads/2024/03/Piecing-the-Puzzle-of-AANHPI-Mental-Health-Report-2024.pdf*



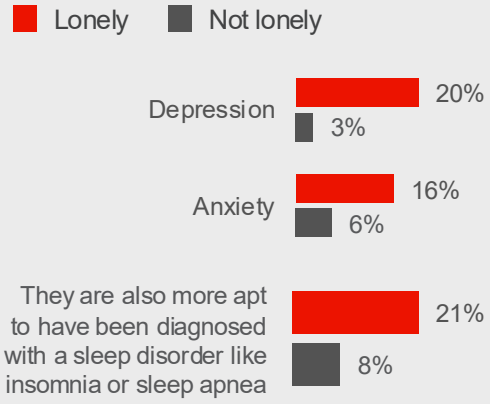
A myriad of barriers stand in the way of greater social connection

Health conditions and challenges can create a vicious cycle: fewer social interactions, declining mental and physical health, and increasing difficulty connecting. As noted above, those in good, fair, or poor health are more likely to be lonely than those in excellent or very good health (52% vs. 35%; a significant difference).

In many AANHPI cultures, emotional distress is often described through physical symptoms — such as fatigue, headaches, chronic pain, or sleep disruption — rather than with psychological terms like depression or anxiety, which may feel unfamiliar or stigmatized.[7] Linguistic isolation and anti-Asian sentiment can further compound these challenges, turning loneliness into clinical depression and anxiety.[8]

Mental Health

AANHPI older adults who are lonely are much more likely than those who are not lonely to have been diagnosed with mental health conditions, such as:

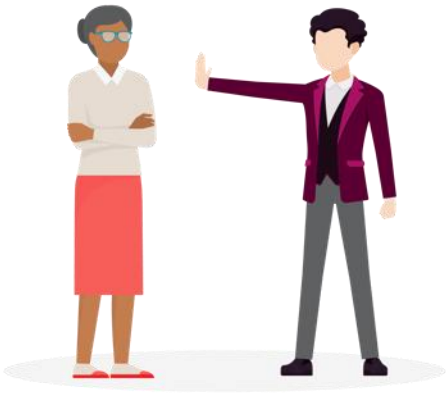


[7] *"Community & Culture: Asian American Native Hawaiian Pacific Islander," National Alliance on Mental Illness, 2026, https://www.nami.org/community-and-culture/asian-american-and-pacific-islander/*

[8] *Connie Tan et al., "Piecing the Puzzle of AANHPI Mental Health: A Community Analysis of Mental Health Experiences of Asian Americans, Native Hawaiians, and Pacific Islanders in California," AAPI Data, UCLA Center for Health Policy Research, February 2024, https://aapidata.com/wp-content/uploads/2024/03/Piecing-the-Puzzle-of-AANHPI-Mental-Health-Report-2024.pdf*

PSYCHOLOGICAL AND OTHER BARRIERS

Meanwhile, AANHPI adults age 45 and older were asked if they would like to be more socially connected to others and, if so, what factors currently stand in their way. Nearly half wish to be more socially connected (47%, more than 10 points higher than U.S. adults age 45-plus overall). Among AANHPI adults who wish to be more socially connected, the greatest barrier is a lack of time (33%). Beyond time constraints, other key roadblocks include psychological and cultural factors: lack of confidence or motivation (25%), differences in values (24%), cultural or language barriers (19%), and fear of rejection or social anxiety (17%).



Lonely individuals are more than three times as likely as those who are not lonely to struggle with lack of confidence and fear of rejection:

Among total respondents

Lack of confidence/ motivation

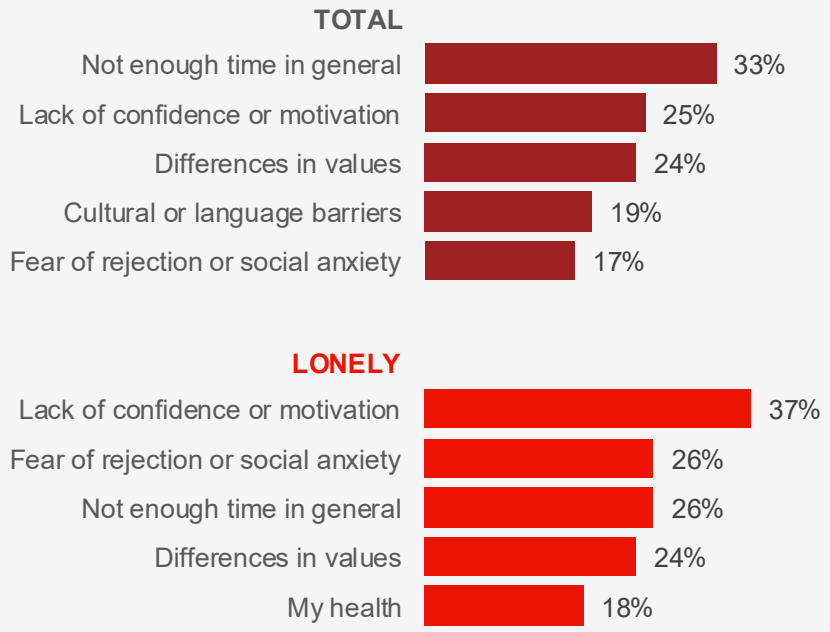
37% LONELY **vs.** **11%** NOT LONELY

Fear of rejection/ social anxiety

26% LONELY **vs.** **7%** NOT LONELY

Top barriers to being more socially connected

Among AANHPI adults ages 45-plus, total vs. lonely



Health status is a greater barrier among AANHPI older adults who are lonely, as well; "my health" is cited by 18% (vs. just 4% among those who are not lonely and 12% overall).

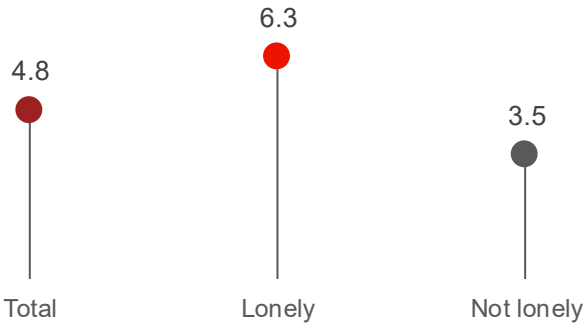
Lack of confidence often stems from experiencing microaggressions or stereotypes, while fear of rejection can be a protective response to ongoing marginalization. The pandemic amplified these dynamics, as racial prejudice and fear drove increased anxiety and social isolation among AANHPI older adults.[9]

[9] *Russell Jeung et al., "Anti-Asian Hate, Social Isolation, and Mental Health Among Asian American Elders During COVID-19," Stop AAPI Hate, in Partnership with AARP, 2022, https://stopaapihate.org/wp-content/uploads/2022/05/SAH-Elder-Report-526.pdf*

TIME ALONE

Also important is the number of hours spent alone. Lonely AANHPI adults age 45-plus spend a little over six hours a day alone, on average, compared to an average of three-and-a-half hours among those who are not lonely.

Mean number of hours spent alone each day
Among AANHPI adults ages 45-plus



LIFE TRANSITIONS

The survey explored a number of life transitions, including the passing of someone close, a loved one moving away, and retirement. Thinking about the past five years, specifically, half (50%) of AANHPI adults 45 and older report at least one close relative (36%) or good friend (23%) passing away, or that their spouse/partner passed away (4%). Three in 10 (29%) experienced a good friend (12%), an adult child (14%), or another close relative (4%) moving away in the past five years.

One in 3 (32%) AANHPI adults 45 and older are retired, typically making this transition 7 years ago, on average. Six in 10 (60%) retirees keep in touch with former colleagues — some (10%) even doing so regularly — preserving these relationships.

Lonely or not lonely, life transitions are inevitable.

Lonely AANHPI individuals are about as likely as those who are not lonely to have experienced the passing of someone close to them, or a loved one moving away, in the past five years. They are on par with non-lonely adults when it comes to retiring, as well.

With few close friendships, lonely AANHPI adults have a limited social network.

The survey incorporated a Social Resources Index (SRI),[10] a composite measure of social resources. The SRI addresses four types of social connections — marital status, number of close family and friends, participation in religious services or events, volunteering and membership in other community organizations — and allows for the categorization of AANHPI adults 45 and older into two groups: those with low social resources and those with high social resources. The study finds that 1 in 3 (35%) AANHPI adults age 45-plus fall into the low social resources group, including 42% who are lonely.

Lonely adults have a smaller network of close friends

2.2 mean number of close friends

Have no one to discuss private matters	Have fewer friends today than 5 years ago
24%	**41%**

Looking at one of the measures that underpins social resources — friends — a large majority (81%) of AANHPI adults 45 and older have at least one close friend with whom they feel at ease and can discuss private matters. In fact, they have an average of 2.8 close friends.

However, for many AANHPI adults age 45-plus, this number is shrinking. One in 4 (27%) report having fewer friends today than they did five years ago. Two in 3 (64%) say their number of friends is unchanged, while only 9% say they now have more friends.

"I did have several friends at work. And so of course, ***when I retired, I didn't have those connections anymore.****"*

– Male, 74

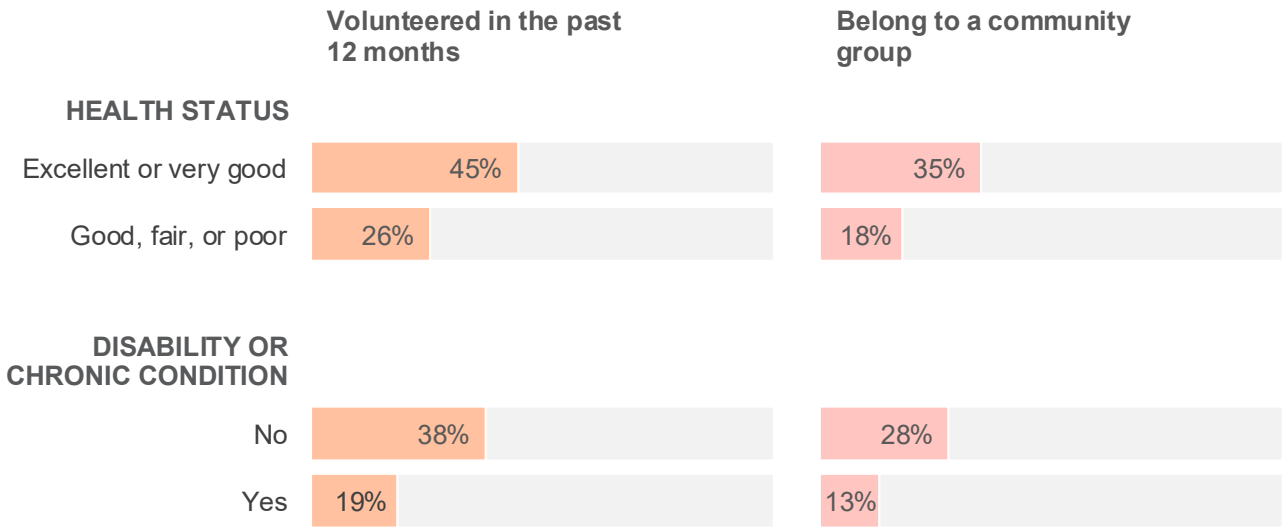
[10] *L. F. Berkman and S. L. Syme, "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-Up of Alameda County Residents," American Journal of Epidemiology, 109 (1979): 186–204, https://doi.org/10.1093/oxfordjournals.aje.a112674; E. Loucks et al., "Social Networks and Inflammatory Markers in the Framingham Heart Study," Journal of Biosocial Science, 38, no. 6 (2006): 835–42, https://doi.org/10.1017/s0021932005001203; A. Steptoe et al., "Social Isolation, Loneliness, and All-Cause Mortality in Older Men and Women," Proceedings of the National Academy of Sciences, 110, no. 15: 5797–580, https://doi.org/10.1073/pnas.1219686110.*

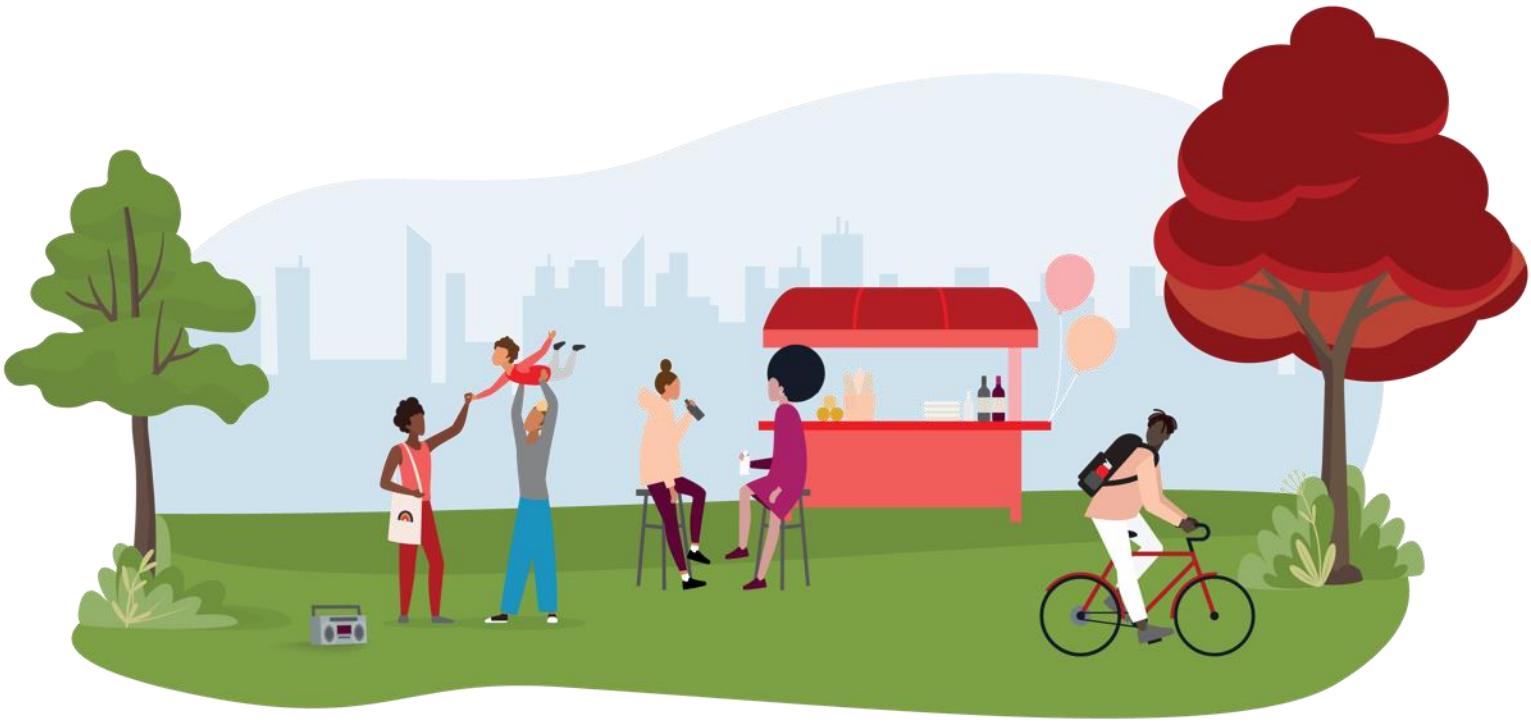
Good health and community involvement often go hand in hand.

Overall, 1 in 3 (34%) AANHPI adults age 45-plus have volunteered in the past year, while 1 in 4 (25%) belong to one or more community organizations such as Kiwanis, book clubs, gardening groups, or other social groups. Those who rate their health as excellent or very good, as well as those who do not identify as having a disability or chronic condition, are more likely to report both of these community-engagement behaviors. Notably, there are no differences between lonely AANHPI adults age 45-plus and those who are not lonely on these community-related activities.

Community engagement by health status and disability or chronic condition status

Among AANHPI adults ages 45-plus who are lonely





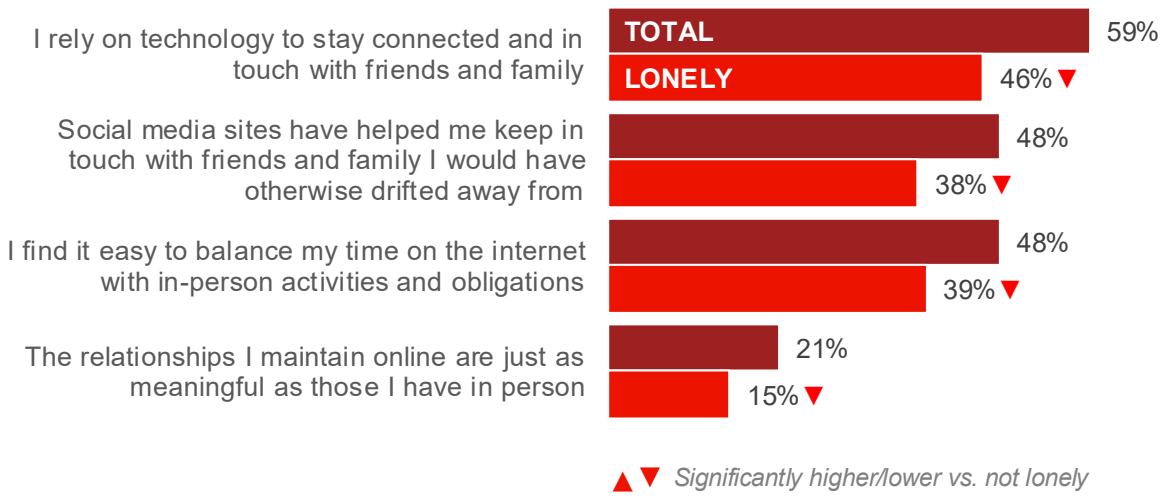
Tech's double edge: Enhancing connection and deepening isolation among AANHPI adults 45-plus.

In 2025, virtually all (98%) AANHPI adults 45 and older have some form of internet connection at home. Ownership of one or more internet-enabled personal devices like smartphones (91%), desktop/laptop computers or tablets (83%), and wearables (35%) is high as well.

Among those who own and use internet-enabled personal devices, 6 in 10 (59%) rely on technology to stay connected to family and friends. Half (48%) agree that social media sites like Facebook and Instagram help them stay in touch with friends and family with whom they might otherwise have drifted apart. Another 48% say they find it easy to balance their time on the internet with in-person activities and obligations. Fewer, though a sizable 21%, say the relationships they maintain online are just as meaningful as in-person relationships.

Attitudes toward technology

Among AANHPI adults age 45-plus, total vs. lonely



Those who are lonely are significantly less likely to agree with each of these positive feelings toward online communication

Embracing tech for connection

Lonely AANHPI adults age 45-plus are more likely to express interest in new technologies, including AI, to offer companionship, conversation, or reminders to connect with others.

35% LONELY vs. **21%** NOT LONELY vs. **27%** OVERALL

Just 15% of U.S. adults 45-plus express interest in AI for connection.

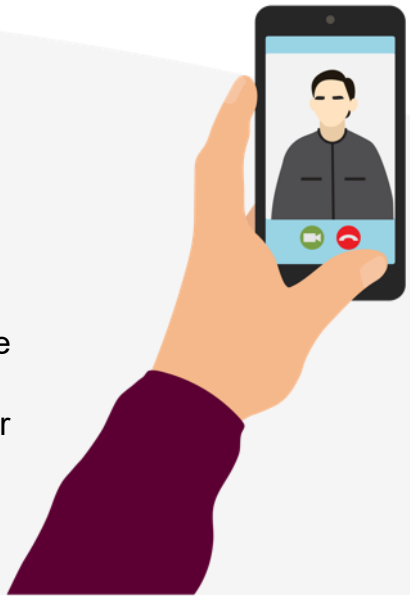
***"I do feel a certain social connection with Facebook,** partly in communicating with friends and partly in just belonging to a couple of Facebook groups for specialized interests and, you know, I'll add my 2 cents in the forum or find someone else's comments particularly interesting."*

– Male, 74

However, the picture isn't entirely positive. While online interactions enhance connection for some, some AANHPI adults age 45-plus express reservations about these interactions. One in 4 (26%) says that technology has made it more difficult to spend time with friends and family in person, while 1 in 5 believes that the internet has resulted in fewer "deep" friendship connections (22%)—both significantly higher than U.S. adults age 45-plus overall (17% and 15%, respectively). Another 1 in 5 (19%) AANHPI adults age 45-plus report that communicating online increases feelings of loneliness.

1 in 4 (20%)

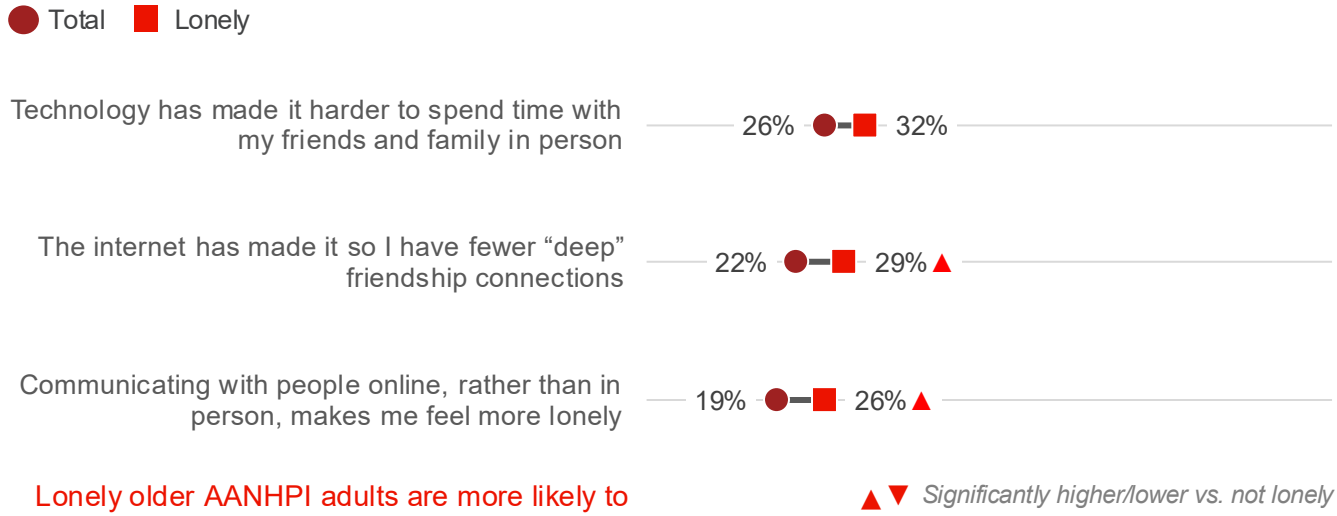
AANHPI adults 45 and older say they have met at least one person online who they didn't know before and now consider a real friend.



Few (9%) who own/use internet-enabled personal devices seek online relationships to avoid feeling lonely, though this is higher among men (13% vs. 5% of women) and among those who are lonely (16% vs. 3% of those who are not lonely).

Attitudes toward technology

Among AANHPI adults age 45-plus, total vs. lonely



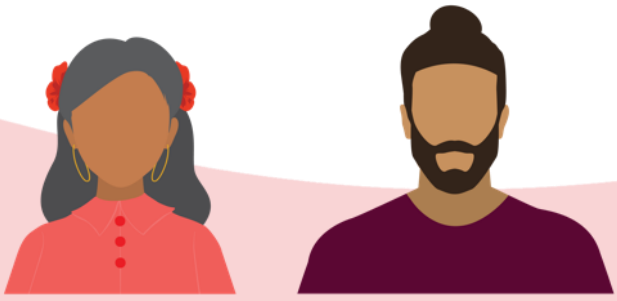
Lonely older AANHPI adults are more likely to blame online communication for hindering deep friendships and increasing feeling of loneliness.

Factors such as language accessibility, digital literacy, and privacy concerns shape trust in technology — particularly for immigrants with past experiences of surveillance or government mistrust. These factors also influence perceptions of technology and whether it helps ease loneliness or deepens it.[11]

AANHPI adults 45 and older leverage a variety of coping strategies. Lonely adults gravitate toward the solitary.

Individuals often use different coping strategies to deal with loneliness. Overall, the top strategies among AANHPI adults 45 and older are a mix of social and solitary. On the social side, majorities opt to talk to a friend or relative in person (63%) or via phone, text, email, or the internet (67%). Some examples of more solitary coping mechanisms include watching television (74%) and surfing the internet (65%).

AANHPI **women age 45 and older are far more likely** than men to talk with a friend via email, phone, text, or online.



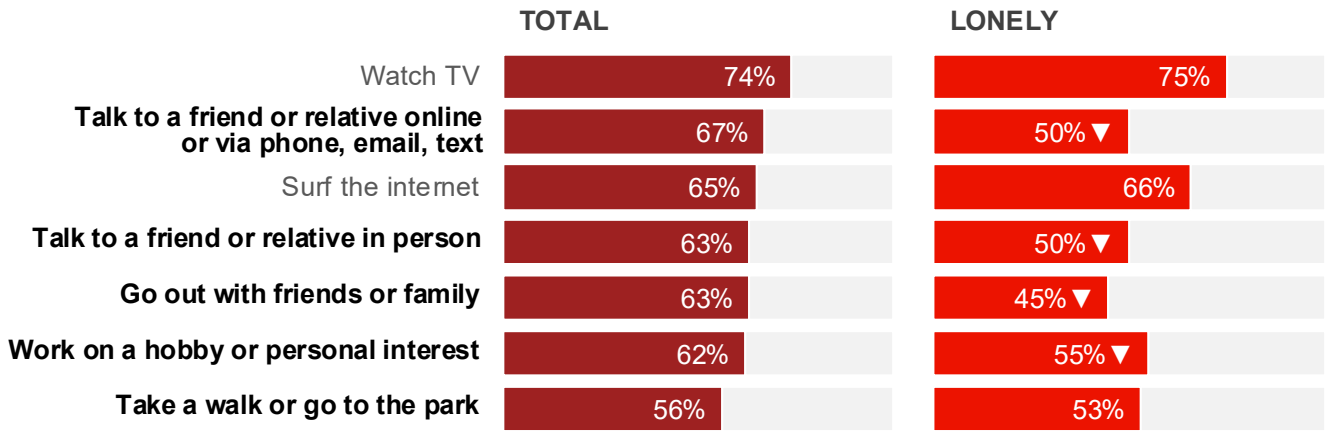
78% Women

56% Men

[11] *Amanda Alencar, "Technology Can Be Transformative for Refugees, but It Can Also Hold Them Back," Migration Policy Institute, July 27, 2023, https://www.migrationpolicy.org/article/digital-technology-refugees.*

Behaviors to cope with feelings of loneliness or isolation

Among AANHPI adults age 45-plus, total vs. lonely



Social coping strategies are in bold black type. ▲▼ *Significantly higher/lower vs. not lonely*

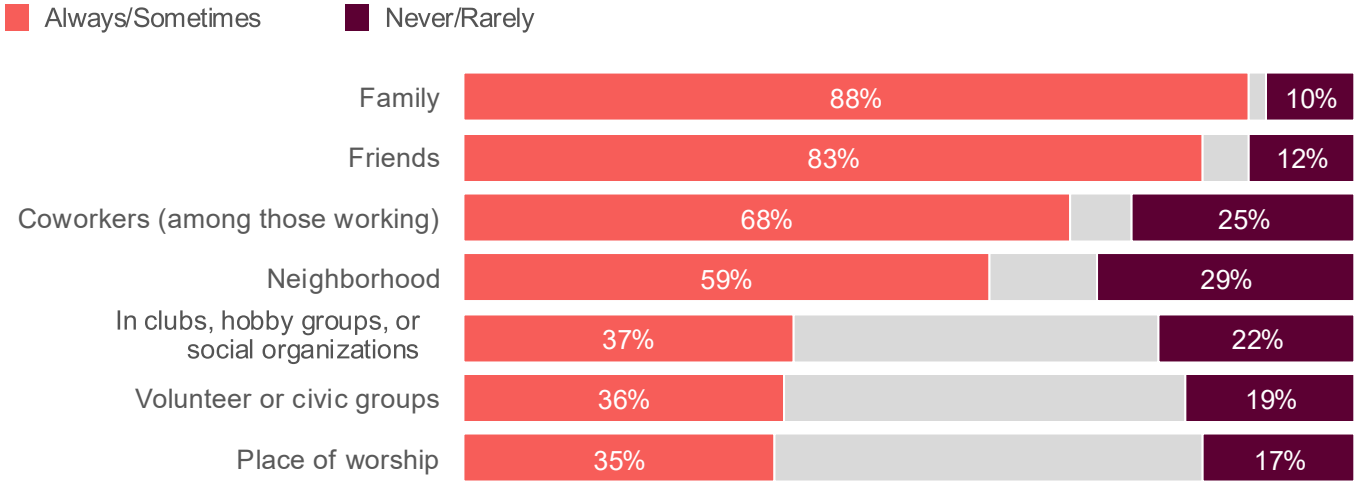
Along with being less inclined to work on a personal hobby/interest, lonely AANHPI adults ages 45-plus are less likely to do something artistic or creative (25% vs. 33% overall). They are more inclined to turn to food (52% vs. 45% overall).

Feelings of true belonging provide a foundation for connection.

Despite the many disparities observed between AANHPI adults who are lonely and those who are not, the notion of truly belonging resonates across the board and has the potential to move the needle. The majority of AANHPI adults age 45-plus say they always or sometimes feel as though they truly belong when they are with important people in their lives, such as family (88%) and friends (83%). Smaller majorities feel they truly belong among their co-workers (68%, among those working) and neighbors (59%). Meanwhile, sizable shares feel a sense of true belonging in the clubs (37%) or volunteer groups (36%) they participate in. In each case, far fewer say they rarely or never feel they truly belong with these groups.

Feel like they "truly belong" with...

Among AANHPI adults age 45-plus



For lonely individuals, sense of belonging is weaker outside of close personal networks.

Feelings of true belonging fade as AANHPI lonely adults venture outside of their "inner circle" of family (77%) and friends (71%). With many individuals, lonely adults are about as likely to say they "rarely" or "never" feel as though they truly belong as they are to say they "always" or "sometimes" feel this way.

Feel they truly belong with:

Co-workers

52% "ALWAYS/ SOMETIMES" vs. **45%** "RARELY/ NEVER"

Neighborhood

45% "ALWAYS/ SOMETIMES" vs. **44%** "RARELY/ NEVER"

Clubs

29% "ALWAYS/ SOMETIMES" vs. **33%** "RARELY/ NEVER"

Volunteer groups

28% "ALWAYS/ SOMETIMES" vs. **29%** "RARELY/ NEVER"

*"**I go to my tai chi classes in person** at the community center. That class takes place once a week, and although there's a rotating cast of characters, **there's a few of us that have been attending the class for several years, so it's always nice to see them.**"*

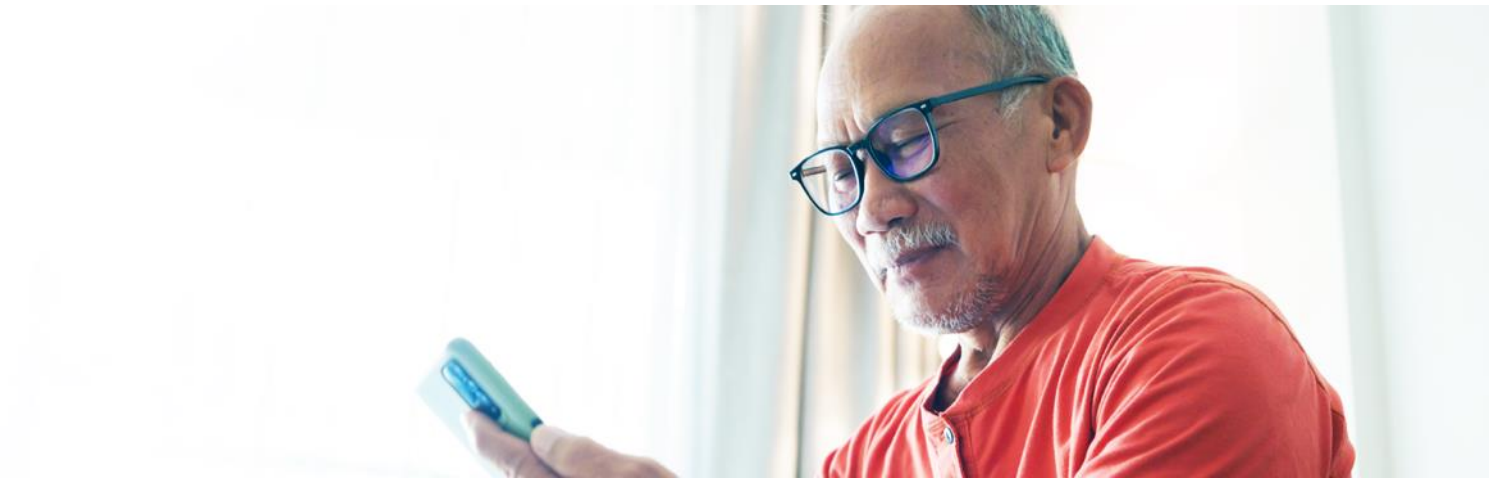
– Male, 74

Implications

Today, many Asian American, Native Hawaiian, and Pacific Islander adults 45 and older are quietly struggling with feelings of loneliness, and many have been for years. In communities where family obligation, interdependence, and collectivist values are central, loneliness may be experienced and expressed differently, often quietly or with reluctance to seek help. The consequences of inaction can be dire: increased risk of heart disease, anxiety and depression, and dementia, to name a few. Yet there is reason for hope. AANHPI communities encompass incredible diversity — spanning dozens of ethnicities, languages, and immigration experiences — and this rich tapestry of cultures offers unique foundations for connection. Culturally affirming spaces, peer support networks, and programs designed with AANHPI communities in mind can go a long way in helping people feel less alone.

Effective solutions to loneliness, particularly for AANHPI adults age 45-plus, must be as nuanced and complex as the challenge itself, requiring action at every level. At the individual level, we should all feel empowered to reach out to a friend we've lost touch with and take steps to form new connections (e.g., by learning about and participating in AANHPI cultural events). Organizations must design programs that anticipate the full range of AANHPI experiences, including language barriers, intergenerational dynamics, and varying levels of acculturation. Programs should be offered in multiple languages and delivered with cultural competency, ideally through trusted messengers — such as community elders, faith leaders, ethnic media, and bicultural peer navigators — who are critical for reducing stigma, increasing program uptake, and sustaining engagement. Most importantly, they must create inclusive spaces that welcome AANHPI individuals from all national backgrounds, income levels, generations, and immigration journeys.

At the broader level, robust awareness campaigns and policy solutions like the Improving Measurements for Loneliness and Isolation Act[12] are essential to enacting change. Ultimately, all solutions — whether personal, organizational, or policy-driven — must be expansive in their reach and acknowledge the exclusion and marginalization that AANHPI adults in the U.S. navigate. Only then can they be truly designed to work for everyone.



[12] *Improving Measurements for Loneliness and Isolation Act of 2025, HR 1305, 2025,* https://www.congress.gov/bill/119th-congress/house-bill/1305.

Methodology

Data for this study were collected by Ipsos through the KnowledgePanel®, an online research panel that is representative of the entire US population. KnowledgePanel® panelists are randomly recruited by probability-based sampling, and households are provided access to the internet and hardware if needed.

The survey included questions about health, health behaviors, current relationships, size of social network, frequency and methods of communication with individuals in that network, participation in religious services, feelings of loneliness and coping strategies, connection with neighbors, and use of social communication technology.

The survey was fielded from August 4 to 19, 2025. Surveys were completed in both English and Spanish, according to panelists' language preference. The sample for the main study consisted of 4,561 US residents 45 and older. Of those sampled, 3,358 completed the survey and 3,276 qualified, resulting in a 74% completion rate and a 97% qualification rate. All differences noted throughout the report are at the 95% confidence level unless stated otherwise.

In addition to the main sample, a number of oversamples were conducted among respondents 45 and older, including non-Hispanic AANHPI (n=547) — the subject of this report — as well as non-Hispanic African American/Black (n=550), Hispanic (n=618), LGBTQ+ (n=711), and veterans (n=614).

Appendix

Appendix A1 — UCLA Loneliness Scale

Respondents were asked how often they feel the way described in the 20 statements below — always, sometimes, rarely, or never. Items 1, 5, 6, 9, 10, 15, 16, 19, 20 were reverse scored. Respondents with a score of under 44 are considered "not lonely," while those with a score of 44 or higher are considered "lonely."

1. How often do you feel that you are "in tune" with the people around you?
2. How often do you feel that you lack companionship?
3. How often do you feel that there is no one you can turn to?
4. How often do you feel alone?
5. How often do you feel part of a group of friends?
6. How often do you feel that you have a lot in common with the people around you?
7. How often do you feel that you are no longer close to anyone?
8. How often do you feel that your interests and ideas are not shared by those around you?
9. How often do you feel outgoing and friendly?
10. How often do you feel close to people?
11. How often do you feel left out?
12. How often do you feel that your relationships with others are not meaningful?
13. How often do you feel that no one really knows you well?
14. How often do you feel isolated from others?
15. How often do you feel you can find companionship when you want it?
16. How often do you feel that there are people who really understand you?
17. How often do you feel shy?
18. How often do you feel that people are around you but not with you?
19. How often do you feel that there are people you can talk to?
20. How often do you feel that there are people you can turn to?

Appendix A2 — Predictors of Loneliness

Logit Probability Model: Likelihood of being 0 = not lonely or 1 = lonely, using the UCLA Loneliness Scale cut point. Positive figures indicate a greater likelihood of being lonely, while negative figures indicate a greater likelihood of not being lonely.

Factors significantly increasing the likelihood of being lonely			
Demographic / Characteristic	**Additional context**	**B**	**Exp (B) Odd +/-**
Have fewer friends than five years ago	Having fewer friends now than five years ago nearly triples the likelihood of being lonely (i.e., a 2.80 odds ratio of being lonely relative to the even odds [i.e., 1.0] of being lonely among those having the same number of friends).	1.03	2.802
Household income of less than $50,000	The odds of being lonely are more than two times greater for those earning less than $50K than for those earning $50K–99K.	0.7	2.014
Number of hours spent alone	As the number of hours increases, the likelihood of being lonely increases by about 75%.	0.56	1.75
Leverages negative coping strategies	For each reported negative coping behavior (nine total), the likelihood of being lonely increases by 27%.	0.241	1.272

Factors significantly decreasing the likelihood of being lonely			
Demographic / Characteristic	**Additional context**	**B**	**Exp (B) Odd +/-**
Have more friends today than five years ago	Have more friends today than five years ago Currently having more friends (relative to having the same number of friends over the past five years) reduces the odds of being lonely to less than 4 in 10 (alternatively, the odds of being lonely are reduced from equal odds by about 63% [i.e., 1 - 0.37] for those without this social resource).	-1.002	0.367
Number of close friends and relatives (note: a component of Social Resource Index)	Having at least two close relatives or two close friends reduces the odds of being lonely to about 4 in 10 (alternatively, the odds of being lonely are reduced from equal odd' by about 60% [i.e., 1 - 0.40] for those with this social resource).	-0.921	0.398
Retired	Those who are retired were less likely to be lonely than those who are not working (but in the workforce).	-0.467	0.627
Self-reported health status		-0.277	0.758
Leverages positive coping strategies	For each reported positive coping behavior (nine total), the likelihood of being lonely decreases by 23% (i.e., 1-.77).	-0.268	0.765
Age (in 10-year increments)	As age increases, the likelihood of being lonely decreases.	-0.245	0.783

Control variables and relevant, but not significant, predictors of loneliness			
Demographic / Characteristic	**Additional context**	**B**	**Exp (B) Odd +/-**
Married or living with partner (a component of the Social Resource Index)		0.519	1.681
Mental health diagnosis		0.491	1.634
Urban	Relative to Suburban	0.458	1.58
Rural	Relative to Suburban	-0.445	0.641
Group engagement, volunteering (a component of the Social Resource Index)		0.417	1.518
Attend worship services at least once per month (a component of the Social Resource Index)		0.337	1.4
Female	Women are no more likely than men to report being lonely.	-0.268	0.765
Household income of $100,000 or more	Those with incomes of $100K or more are no more or less likely than those earning $50K–99K to report being lonely.	-0.137	0.872

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence, AARP strengthens communities and advocates for what matters most to the 125 million Americans 50-plus and their families: health and financial security, and personal fulfillment. AARP also produces the nation's largest-circulation publications: AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org/about-aarp/, www.aarp.org/español or follow @AARP, @AARPLatino and @AARPadvocates on social media.

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