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

A spotlight report on loneliness among LGBTQ+ adults 45 and older

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INTRODUCTION

AARP's most recent study on loneliness finds that more than 4 in 10 (46%) LGBTQ+ adults 45 and older are lonely, signaling an urgent and critical need to evolve both our understanding of this diverse 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.

Social connections are our lifeline to well-being. Yet for many LGBTQ+ adults in the U.S., the path to connection is complicated by family rejection, lack of affirming care, and the challenge of navigating spaces where they may not feel safe to be themselves or fear discrimination.[3] While chosen communities can offer safety and affirmation, loneliness often persists in everyday settings — neighborhoods, workplaces, and social gatherings — where fear of rejection and uncertainty about belonging are barriers. Ensuring these risk factors do not deepen loneliness requires a multifaceted response. We must champion greater empathy and institutional change, while advocating for programs that affirm LGBTQ+ identity and policies that open broader paths to belonging. After all, when we design solutions for those facing the greatest barriers, we create solutions that work for everyone.

This research among LGBTQ+ adults 45 and older reveals why such action is needed.

Nearly half of LGBTQ+ adults 45-plus are lonely, with chronic conditions and mental health challenges compounding risk:

- 46% of LGBTQ+ adults age 45-plus are lonely (compared to 40% of U.S. adults age 45-plus overall).
- 58% of LGBTQ+ adults with a chronic condition are lonely.
- Having a mental health diagnosis is one of the strongest predictors of loneliness in this community, nearly tripling the odds of feeling lonely.

[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, 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 14, 2025, https://www.who.int/news-room/commentaries/detail/loneliness-and-isolation-the-hidden-threat-to-global-health-we-can-no-longer-ignore.*

[3] *"Facts on LGBTQ+ Aging," Sage, 2025, https://www.sageusa.org/wp-content/uploads/2025/08/sage-facts-on-lgbtq-aging-2025.pdf*

“Chosen family" matters, and desire for deeper connection runs high.

- LGBTQ+ adults age 45-plus have an average of 3.4 close friends, compared to 2.4 close relatives.
- 52% wish to be more socially connected; among those who are lonely, that number climbs to 62%.

Lonely LGBTQ+ adults face heightened challenges: limited social resources, weak neighborhood ties, and mental health struggles.

- 60% fall into the low social resources group on the Social Resources Index (SRI),[4] while 44% have fewer friends today than five years ago.
- 48% rarely or never feel they truly belong in their neighborhood.
- 47% have been diagnosed with depression, while 44% have been diagnosed with anxiety.

Tech's double edge enhances connection and deepens isolation among lonely adults.

- Sizable shares of lonely LGBTQ+ adults age 45-plus say that the internet has resulted in fewer deep friendship connections (31%) and that the internet makes sharing personal/uncomfortable information (37%) easier.

[4] L. F. Berkman & 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, A. Shankar, P. Demakakos, J. Wardle, “Social Isolation, Loneliness, and All-Cause Mortality in Older Men and Women, Proceedings of the National Academy of Science, 110, no. 15 (2013): 5797–580, https://doi.org/10.1073/pnas.1219686110.

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

The survey identified loneliness among older U.S. adults using two direct measures: perceived loneliness 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, more than 4 in 10 (43%) LGBTQ+ adults age 45-plus feel lonely always or sometimes. Among these individuals, half (49%) say that feelings of loneliness and social isolation have persisted for six years or more, while 1 in 3 (32%) say they have persisted for more than 10 years. This translates to about 2 million people who have felt lonely for six-plus years and about 1.3 million who have struggled with these feelings for over 10 years. Meanwhile, among LGBTQ+ adults 45 and older who feel lonely always or sometimes, most (62%) say there is no specific source of their feelings of loneliness, highlighting how multifaceted and nuanced the challenge is.

The second measure, actual loneliness, is determined by the UCLA Loneliness Scale[5] and reveals a sizable 46% of older LGBTQ+ adults to be lonely, or 4.4 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.

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

Demographics

Some of the groups of LGBTQ+ adults age 45-plus who are most likely to be lonely include those:

Age 45 – 59

53% are lonely

Those with some college or less education

51% are lonely

Not married or living with a partner

55% are lonely

Living in households earning less than $75K

60% are lonely

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

[6] *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.*

Emotional well-being and shifts in social circles strongly influence loneliness among LGBTQ+ adults.

A logistic regression model was developed to better understand what distinguishes LGBTQ+ adults age 45-plus who experience loneliness.[7] The analysis incorporated socio-demographic measures, health behaviors, and community connections. The results show that emotional health carries particular weight in this community: Having a mental health diagnosis is one of the strongest predictors of loneliness, nearly tripling the odds of feeling lonely. Changes in friendship networks also play a key role; adults who report having fewer friends today than they did five years ago are about twice as likely to experience loneliness.

Patterns of daily life add further nuance. Spending more hours alone in a typical day raises the likelihood of loneliness, and relying on negative coping strategies increases vulnerability as well. At the same time, certain social resources provide meaningful protection. LGBTQ+ adults with at least two close friends or relatives have substantially lower odds of loneliness; those with higher household incomes, living in urban areas (relative to suburban), or who leverage positive coping strategies also show reduced risk. And, as age increases, the likelihood of loneliness decreases.

[7] *Results of this model are shown in Appendix A2.*

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

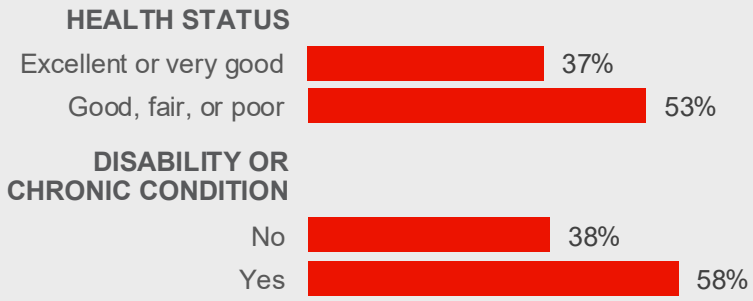
Health conditions and challenges can create a vicious cycle: fewer social interactions, declining mental and physical health, and increasing difficulty connecting. Those who are in good, fair, or poor health are more likely to be lonely than those in excellent or very good health (53% vs. 37%). A similar pattern is seen among those who identify as having a disability or chronic condition (58% vs. 38%). In the general population of U.S. adults 45-plus, half (50%) of those managing a disability or chronic condition are lonely.

"My social life was definitely different 18 months ago, *before I got onto the medications I am on now. For one, I could not stand crowds. My anxiety would go through the roof…* ***[I'm] better able to control it now, and my thoughts aren't racing like they used to,*** *so I can actually concentrate and be an active part in conversations with people."*

– Male, 59

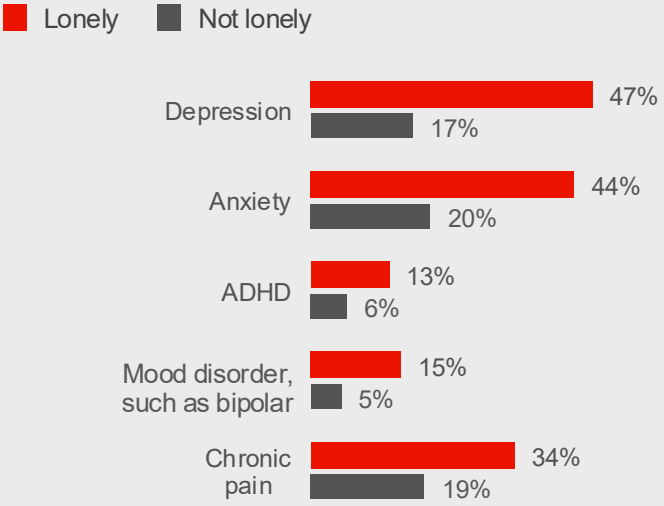
Health status and disability or chronic condition status

Among LGBTQ+ adults age 45-plus who are lonely



Mental Health

LGBTQ+ adults age 45-plus who are lonely are much more likely than those who are not lonely to have been diagnosed with a mental health condition, such as:



Meanwhile, LGBTQ+ adults 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. Fully half (52%) wish to be more socially connected (far higher than among U.S. adults 45-plus, overall, 36%). Among those who wish to be more socially connected, the top-five barriers represent a mix of psychological and logistical: fear of rejection or social anxiety (32%), lack of confidence or motivation (27%), lack of time (23%), financial constraints (22%), and differences in values (17%). One in 10 cite their health (11%) and fear of poor treatment due to discrimination (10%).

6 in 10 (62%)

lonely individuals wish to be more socially connected and cite several barriers to social connection.

Among total respondents

Fear of rejection/social anxiety

45% LONELY vs. **17%** NOT LONELY

Lack of confidence/motivation

36% LONELY vs. **16%** NOT LONELY

My health

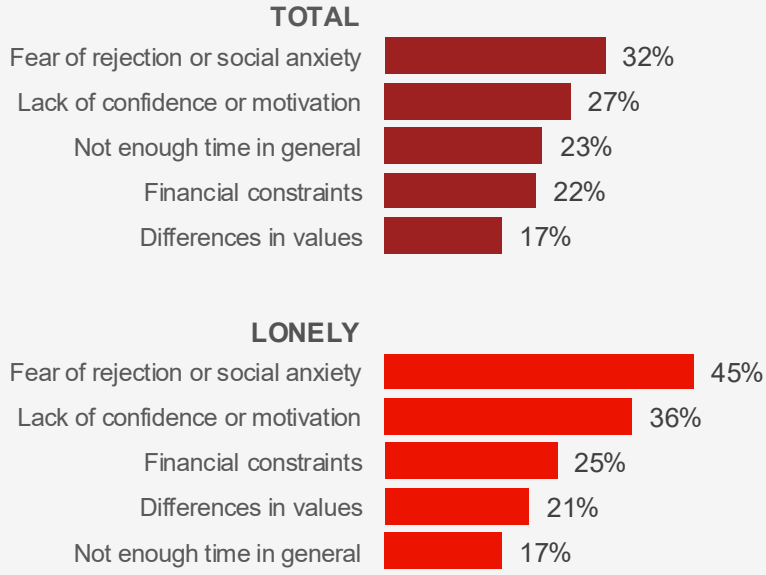
16% LONELY vs. **6%** NOT LONELY

Fear of poor treatment due to discrimination

15% LONELY vs. **4%** NOT LONELY

Top barriers to being more socially connected

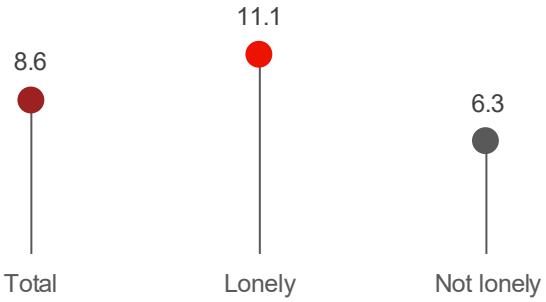
Among LGBTQ+ age 45-plus, total vs. lonely



TIME ALONE

Also important is the number of hours spent alone. Lonely LGBTQ+ adults age 45-plus spend an average of 11 hours a day alone, compared to six hours, on average, among those who are not lonely.

Mean number of hours spent alone each day
Among LGBTQ+ adults age 45-plus



LIFE TRANSITIONS

The survey explored several life transitions, including the loss of someone close, a loved one moving away, and retirement. Thinking about the past five years, specifically, 6 in 10 (60%) LGBTQ+ adults 45 and older report at least one close relative (40%) or good friend (34%) passing away, or that their spouse/partner passed away (5%). One in four (26%) have experienced a good friend (18%), an adult child (7%), or another close relative (5%) moving away in the past five years.

Three in 10 (28%) LGBTQ+ adults 45 and older are retired, typically making this transition 7.2 years ago, on average. Two in 3 (67%) retirees keep in touch with former colleagues — some (16%) even doing so regularly — preserving these relationships.

While lonely LGBTQ+ adults experience loss at similar rates, these losses may carry particular weight in a community where chosen family often plays a central role.[8] This survey found that LGBTQ+ adults age 45-plus have just 2.4 close relatives they feel at ease with — compared to 3.4 close friends — underscoring the importance of these bonds.

Lonely or not lonely, life transitions are inevitable.

Lonely LGBTQ+ individuals 45 and older **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 also roughly on par with their nonlonely counterparts in terms of retirement.

However, lonely retirees are significantly less likely to have remained in contact with former co-workers.

52% LONELY

77% NOT LONELY

[8] *Walls, Audrey, "Pride and Grief: Loss in the LGBTQ Community," Full Circle Grief Center, n.d., https://fullcirclegc.org/2025/06/25/pride-and-grief-loss-in-the-lgbtq-community/*

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

The survey incorporated a Social Resources Index (SRI),[9] 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 U.S. adults 45 and older into two groups: those with low social resources and those with high social resources. The study finds LGBTQ+ adults age 45-plus fairly evenly split between the low (46%) and high (54%) social resources groups. Among U.S. adults 45-plus overall, the gap is wider: just 33% fall into the low resources group, while 67% land in the high social resources group.

Looking at one of the measures that underpins social resources — friends — a large majority (89%) of LGBTQ+ adults 45 and older have at least one close friend with whom they feel at ease and can discuss private matters. "Chosen family" is important among this audience, with LGBTQ+ adults age 45-plus reporting more close friends, on average, than close relatives (3.4 vs. 2.4). Among the general population of U.S. adults 45-plus, the opposite is true: Close relatives are more common than close friends (3.3 vs. 2.9, on average).

Lonely adults are more apt to be in the low social resources group . . .

. . . and have a smaller network of close friends

2.5 mean number of close friends

Have no one to discuss private matters	Have fewer friends today than 5 years ago
17%	44%

However, for many LGBTQ+ adults age 45-plus, this number is shrinking. One in 3 (32%) report having fewer friends today than they did five years ago. Six in 10 (58%) say their number of friends is unchanged, while only 10% say they now have more friends.

[9] *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, no. 2, 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 (2013): 5797–580, https://doi.org/10.1073/pnas.1219686110.*

"Social interaction has become a lot more important after I turned 45 than it was before… *I know I'll be alone here soon enough, so I'm trying to make the most of the interactions."*

– Male, 59

Strong community ties through volunteering are linked to lower levels of loneliness

3 in 10 (31%)

LGBTQ+ adults 45 and older have volunteered in the past 12 months — more prevalent among those who are not lonely

26% LONELY vs. **35%** NOT LONELY

Some of those who are most inclined to give their time or skills to their communities include:

41%	34%	39%
THOSE WITH A COLLEGE DEGREE OR HIGHER EDUCATION	THOSE LIVING IN $75K-PLUS HOUSEHOLDS	THOSE RATING THEIR HEALTH AS EXCELLENT OR VERY GOOD

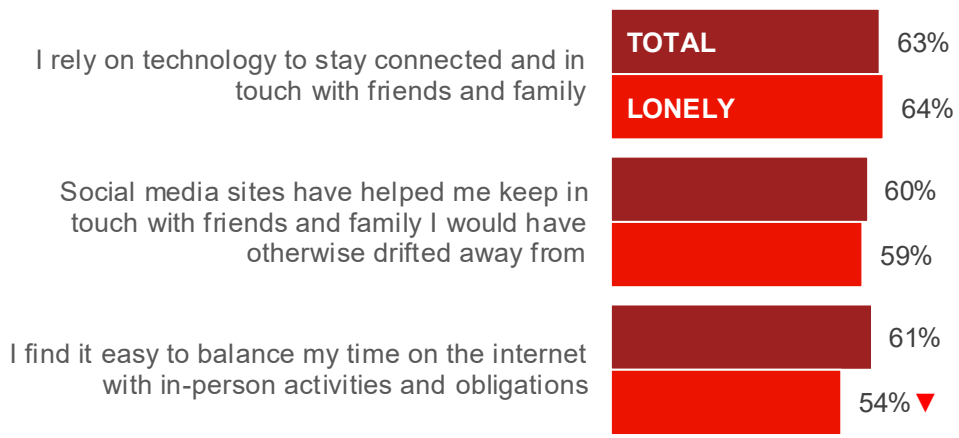
Tech's double edge: enhancing connection and deepening isolation among LGBTQ+ adults 45-plus.

In 2025, virtually all (99%) LGBTQ+ adults 45 and older have some form of internet connection at home. Ownership of one or more internet-enabled personal devices like smartphones (94%), desktop/laptop computers or tablets (88%), and wearables (38%) is high as well.

Among those who own and use internet-enabled personal devices, nearly 2 in 3 (63%) rely on technology to stay connected to family and friends. Six in 10 (60%) 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 6 in 10 (61%) say they find it easy to balance their time on the internet with in-person activities and obligations.

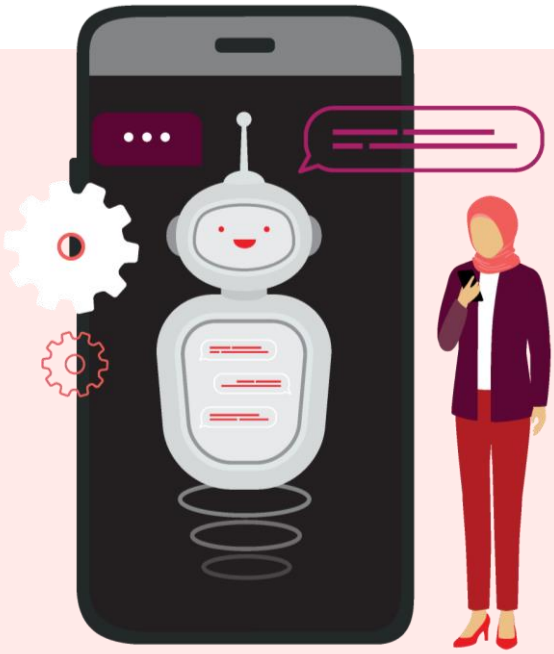
Attitudes toward technology

Among LGBTQ+ adults age 45-plus, total vs. lonely



Those who are lonely are as likely as those who are not lonely to credit tech with helping them stay connected, though they struggle a bit more with balancing online and in-person activities.

▲▼ *Significantly higher/lower vs. not lonely*



Embracing tech for connection

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

29% LONELY vs. **13%** NOT LONELY vs. **21%** OVERALL

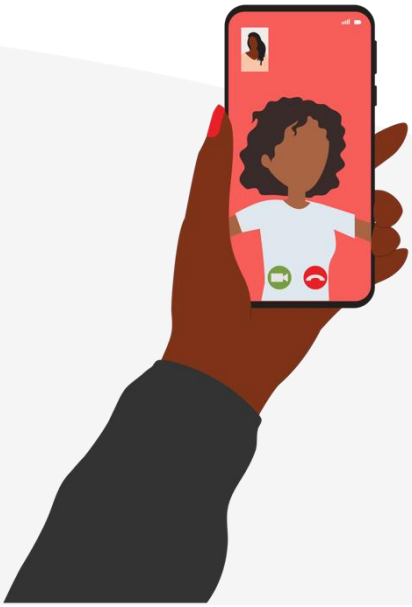
"I have made more social connections online than I have had in person . . . ***Online connections have been the hallmark of my ability to get back to a positive place.*** *Throughout the pandemic, we nerds were conducting games and such, and even the spiritual group that I belonged to was able to put together, you know, online spaces for us to come together, to congregate. So online social connections have been a saving grace for me."*

– Female, 48

However, the picture isn't entirely positive. While online interactions enhance connection for some, many LGBTQ+ adults age 45 and over express reservations about these interactions. Nearly six in 10 (57%) question the authenticity of online interactions. Fewer, though a sizable 1 in 5 each, say that the internet has resulted in fewer "deep" friendship connections (22%), that technology has made it more difficult to spend time with friends and family in person (19%), and that communicating with people online increases feelings of loneliness (18%).

4 in 10 (44%)

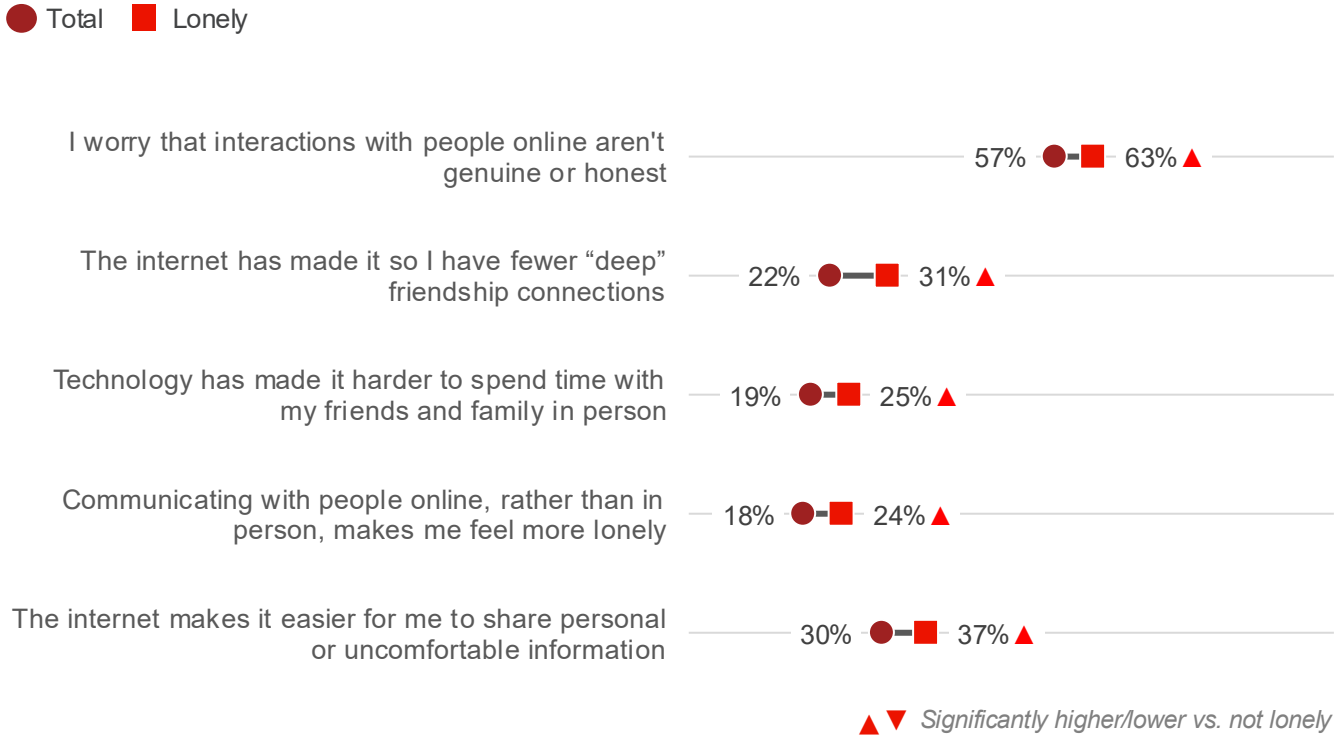
LGBTQ+ adults age 45 and older say they have met at least one person online who they didn't know before and now consider a real friend.



Few (12%) of those who own/use internet-enabled personal devices seek online relationships to avoid feeling lonely, though this is about two times higher among those who are lonely (23%).

Attitudes toward technology

Among LGBTQ+ adults age 45-plus, total vs. lonely



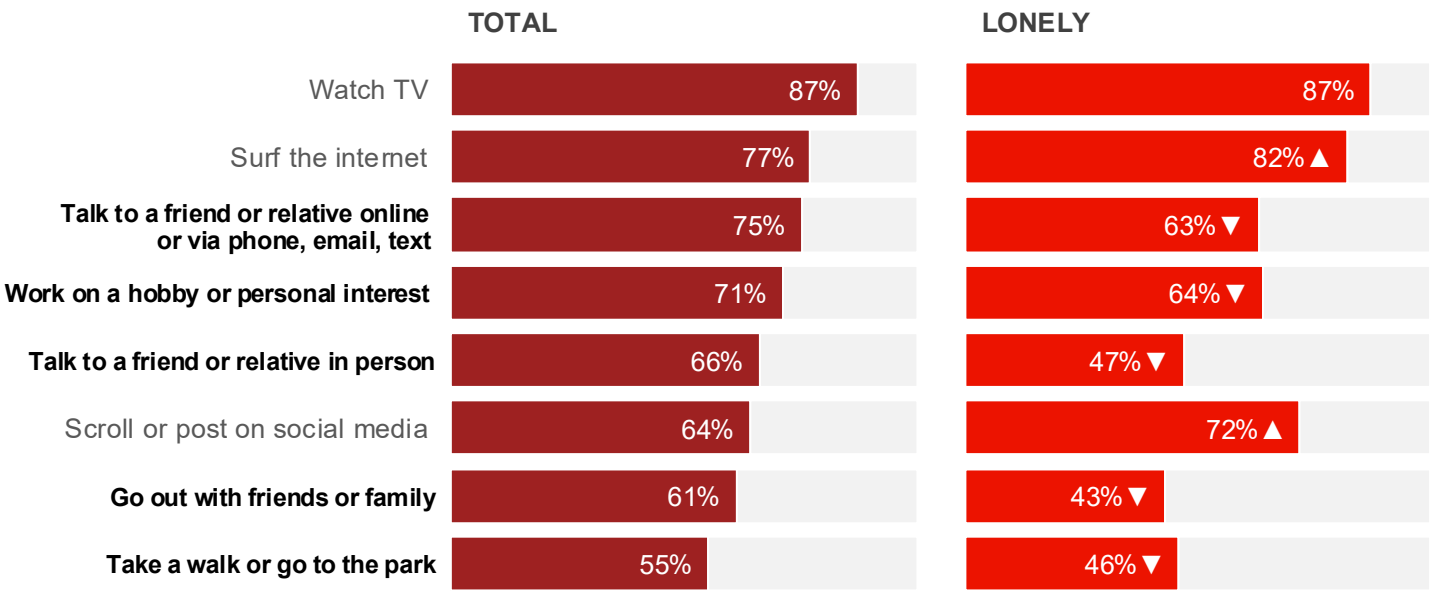
Lonely older LGBTQ+ adults are more likely to hold a number of negative views of online communication, but also credit the internet for making it easier to share personal or uncomfortable information.

Notably, LGBTQ+ adults age 45-plus are more apt than U.S. adults age 45-plus to see the internet as making it easier to find people like them (50% vs. 31%), whether that be those with shared interests, experiences, values, or identity.

LGBTQ+ adults age 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 LGBTQ+ adults age 45 and older are a mix of social and solitary. On the social side, healthy majorities opt to talk to a friend or relative in person (66%) or via phone, text, email, or the internet (75%). Some examples of more solitary coping mechanisms include activities such as watching television (87%) or surfing the internet (77%).

Behaviors to cope with feelings of loneliness or isolation
Among LGBTQ+ adults age 45-plus, total vs. lonely



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

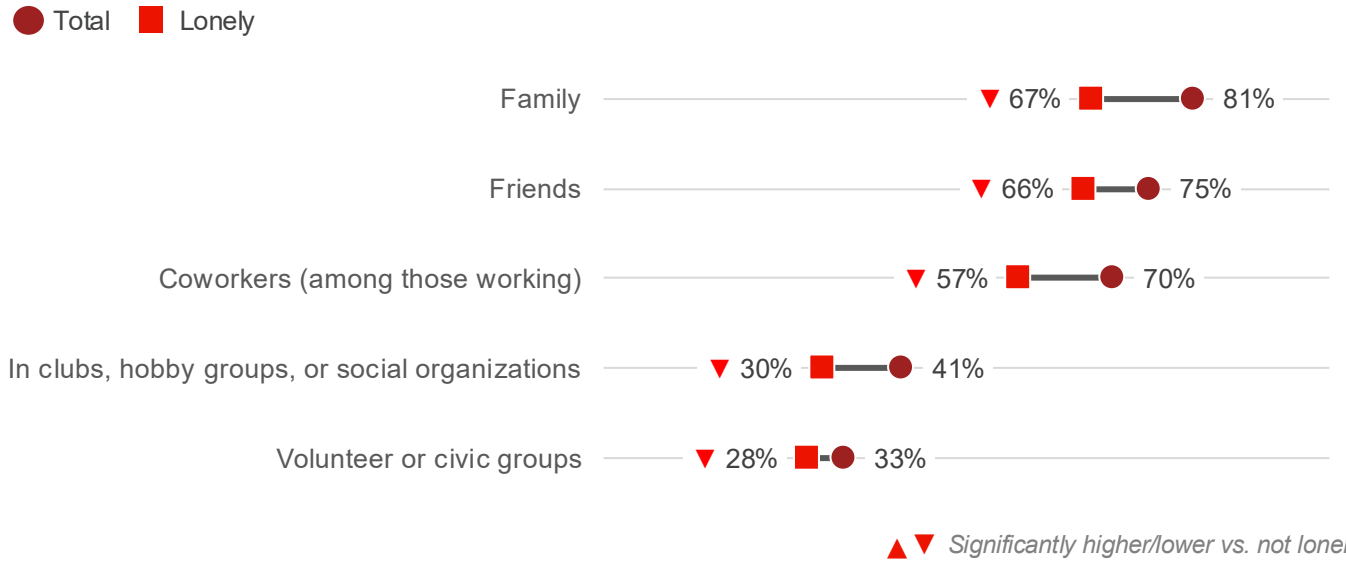
Along with gravitating more towards the internet and social media, lonely LGBTQ+ older adults are more inclined to sleep (63% vs. 48% of those who are not lonely and 55% overall).

Feelings of true belonging with family and friends provide a foundation for connection.

In spite of the many disparities observed between LGBTQ+ adults who are lonely and those who are not lonely, the notion of truly belonging is one that resonates across the board and has the potential to move the needle. The majority of LGBTQ+ 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 friends (81%), family (75%), and co-workers (70% among those working). Sizable shares feel a sense of true belonging in the clubs (41%) or volunteer groups (33%) they participate in. In each case, far fewer say they rarely or never feel they truly belong with these groups.

Sometimes or always feel like they "truly belong" with...

Among LGBTQ+ adults age 45-plus, total vs. lonely



While lonely adults are less likely to feel they truly belong with these individuals, a similar pattern is seen (i.e., the share who feel true belonging "always" or "sometimes" is higher than those who feel this way "rarely" or "never" (neighborhood is the exception).)

It's critical to highlight the lack of belonging that many LGBTQ+ adults feel in the neighborhoods in which they live. Isolation in these communities is often driven by structural bias rather than personal effort. Anti-LGBTQ+ policies, in particular, can significantly undermine feelings of safety and security, especially among transgender older adults.[10]

"A lot of people my age in Cheyenne all have kids . . . ***I don't necessarily fit in real well with that because I don't have kids . . .*** *I very much feel kind of outcast from most of Cheyenne in that way ."*

– Female, 48

Lack of Belonging In Neighborhood

Sizable shares of LGBTQ+ older adults overall — and especially those who are lonely — rarely or never feel they truly belong in their neighborhoods.

"ALWAYS/ SOMETIMES"		"RARELY/ NEVER"
57% OVERALL	vs.	33% OVERALL
41% LONELY	vs.	48% LONELY

[10] "Facts on LGBTQ+ Aging," Sage, 2025, https://www.sageusa.org/wp-content/uploads/2025/08/sage-facts-on-lgbtq-aging-2025.pdf

Implications

Today, many LGBTQ+ adults 45 and older are quietly struggling with feelings of loneliness, and many have been for years. The consequences of inaction can be dire: increased risk of heart disease, anxiety and depression, and dementia, to name a few. However, there is hope. LGBTQ+ communities have long built resilience through chosen families, affirming spaces, and shared experiences, and these bonds offer powerful foundations for connection. LGBTQ+-affirming spaces, peer support networks, and programs designed for this community can go a long way toward helping people feel less alone.

Effective loneliness solutions, particularly for LGBTQ+ 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., engaging with LGBTQ+ community groups as a participant or ally). Organizations must design programs that anticipate the full range of LGBTQ+ experiences, including different comfort levels with visibility, the legacy of historical stigma, and varying access to chosen family networks — all delivered with LGBTQ+ cultural competency. Most importantly, they must create affirming spaces that welcome LGBTQ+ individuals across orientations and gender identities, generations, and relationship structures.

At a broader level, robust awareness campaigns and policy solutions, such as the Improving Measurements for Loneliness and Isolation Act,[11] are essential for enacting change. Ultimately, all solutions — whether personal, organizational, or policy-driven — must address exclusion and marginalization to be effective for everyone.

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

Methodology

Ipsos collected data for this study through the KnowledgePanel®, an online research panel that is representative of the entire U.S. 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, the size of the social network, frequency and methods of communication with individuals in that network, participation in religious services, feelings of loneliness and coping strategies, connections 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 comprised 4,561 U.S. residents 45 and older. Of those sampled, 3,358 completed the survey and 3,276 qualified, yielding a 74% completion rate and 97% qualification rate. All differences noted throughout the report are at the 95% confidence level unless otherwise stated.

In addition to the main sample, a number of oversamples were conducted among respondents 45 and older, including LGBTQ+ (n=711) — the subject of this report — as well as, non-Hispanic African American/Black (n=550), non-Hispanic AANHPI (n=547), Hispanic (n=618), 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 0 = not being 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 +/-**
Mental health diagnosis	Those diagnosed with a mood disorder are nearly three times as likely to report being lonely.	1.013	2.755
Have fewer friends than five years ago	Having fewer friends now than five years ago increases the odds of being lonely by about two times (relative to having the same number of friends).	0.77	2.16
Number of hours spent alone	As the number of hours increases, the likelihood of being lonely increases.	0.373	1.452
Leverages negative coping strategies	For each reported negative coping behavior (nine total), the likelihood of being lonely increases by 15%.	0.143	1.153

Factors significantly *decreasing* the likelihood of being lonely			
Demographic / Characteristic	**Additional context**	**B**	**Exp (B) Odd +/-**
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 3 in 10 (alternatively, the odds of being lonely are reduced from "equal odds" by about 70% [i.e., 1 - 0.29] for those with this social resource).	-1.208	0.299
Household income of $100,000 or more	Household income of $100,000 or more. Those with incomes of $100K or more are less likely than those earning $50K–99K to report being lonely.	-0.572	0.565
Urban	Relative to Suburban	-0.431	0.65
Age (in 10-year increments)	As age increases, the likelihood of being lonely decreases.	-0.39	0.677
Leverages positive coping strategies	For each reported positive coping behavior (nine total), the likelihood of being lonely decreases by about 30%.	-0.35	0.705

Control variables and relevant, but not significant, predictors of loneliness			
Demographic / Characteristic	**Additional context**	**B**	**Exp (B) Odd +/-**
Female	Women are no more or less likely than men to report being lonely.	-0.213	0.808
Self-reported health status	As health status improves, the likelihood of being lonely is unaffected.	-0.028	0.972
Working	Those who are working are no more or less likely to be lonely than those who are not working (but in the workforce).	0.333	1.395
Rural	Relative to Suburban	0.273	1.314
Household income of less than $50,000	The odds of being lonely are no greater for those earning less than $50K than for those earning $50K–99K.	0.268	1.307
Retired	Those who are retired are no more or less likely to be lonely than those who are not working (but in the workforce).	0.181	1.199
Group engagement, volunteering (a component of the Social Resource Index)		0.166	1.18
Attend worship services at least once per month (a component of the Social Resource Index)		0.107	1.113
Have more friends today than five years ago	Relative to having the same number of friends.	0.077	1.08
Married or living with partner (a component of the Social Resource Index)		0.047	1.048

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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