

Why Solos Matter to Minnesota (and Elsewhere...)

A White Paper By Linda J. Camp*

January, 2023

In 2014, Minnesota Compass described Minnesota’s aging population as “a jet airplane that has just lifted off.”¹ Today, nearly a decade later, the wisdom of that statement is abundantly clear. According to the 2021 American Community Survey some 17% of Minnesota’s people are age 65 or older, with another 13% ages 55 to 64 following quickly behind.² The Minnesota Demographics Center projects that by 2030, more than 1 in 5 Minnesotans will be an older adult, including all Baby Boomers. As policy makers and stakeholders plan for the continuing demographic shift, it is important to look beyond the overall numbers. This age cohort is not a homogenous group, and it is critically important to consider the large number of older adults who can be considered “solos.”

Solos and Solo-ness

In 2017, the Bush Foundation awarded a Community Innovations grant to the Citizens League to investigate issues surrounding solos—people who, by choice or circumstance, are aging without the benefit of support historically provided by family. In the popular press, it is common to define solos in demographic terms—as individuals without children or partners because of downward trends in fertility and family size. The project task force, however, found there were other relevant factors with the potential to contribute to “solo-ness.” People can be “functionally solo” if appropriate support is not available when it is needed—even those with children.³ Figure 1 provides examples of relevant risk factors.

Figure 1. Risk Factors Contributing to Solo-ness

Demographic	Relational	Behavioral	Other
<ul style="list-style-type: none">•No Children or Disabled Child•No Spouse or Partner•Friend/Spouse/Partner is Same age or Older•No Living Blood Relatives	<ul style="list-style-type: none">•Live Alone•Children/Family Live at a Distance•Friends/Family Unreliable, Unable, Unwilling•Dysfunctional Family•Estranged From Family	<ul style="list-style-type: none">•Extreme Independence or Reclusiveness•Lack of Social and or Self Management Skills•Personality Disorder•Choose Not to Involve Family or Friends•Substance abuse•Past Trauma	<ul style="list-style-type: none">•Where Solo Lives•Lack Relevant and Culturally Appropriate Support Resources and Services•Homelessness•Vision, hearing and mobility issues

¹ Citizens League. (2019) *A Backup Plan for Solos: Health Care Decision Making for People Aging Alone*. Phase 1 Final Report. Saint Paul, Minnesota.

² US Census 2021 American Community Survey; One-year Estimates by Age and Sex in Minnesota.

³ Citizens League report. Page 16.

Because of the scope and complexity of these risk factors, it is difficult to determine the total number of solos in Minnesota—and elsewhere—at any given time. However, recent research offers clues about the potential size of the solo population.

- Carney *et al* were among the first to attempt to quantify the number of solo older adults. In 2016, using data from the University of Michigan Health and Retirement study, she estimated that **22.6%** of older adults were at risk for becoming solos. (Estimate based on marital status, number, proximity of children and siblings and degree of contact.)⁴
- A 2016 Associated Press-NORC study found that **30%** of those surveyed **would choose** non-family to provide care as they age.⁵
- A 2020 Cornell University study of family estrangement found that **27%** of those surveyed were estranged from at least one family member.⁶
- The 2019 US Census indicated that some **38.2%** of those 55 and over were widowed, divorced, separated or never married.⁷
- Other research has found that **6.6%** of those age 50 and over are kinless (without any blood relatives)⁸ and that **62%** of Boomers worry they will be a “burden” to their family.⁹

Minnesota Solos

While there is no estimate of solo older adults in Minnesota, the US Census does, however,

⁴ Maria T. Carney et al. Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population. *Current Gerontology and Geriatrics Research*. Volume 2016 (2016).

⁵ The Associated Press-NORC Center For Public Affairs Research. University of Chicago. *Long Term Care in America: Expectations and Preferences for Care and Caregiving*. (2016 poll).

⁶ Pillemer, Karl. *Fault Lines: Fractured Families and How to Mend Them*. (Avery 2020).

⁷ U.S. Census Bureau. Households By Type and Age of Householder: 2019. Retrieved from <https://www.census.gov/data/tables/2019/demo/families/cps-2019.html>

⁸ Rachel Margolis and Ashton M. Verdery. *Older Adults Without Close Kin in the United States*. Brief Report. The Gerontological Society of America. Oxford University Press. 2017)

⁹ AARP Research. *Long Term Care Readiness*. June 2022. Doi: <https://doi.org/1026419/res/00555.001>.

offer one reliable and meaningful yardstick with which to gage solo-ness throughout the state. That is the number of older adults living alone. Table 1 offers a summary of findings from the 2021 American Community Survey for Minnesota counties. Table 2 is based on 2023 population estimates from the Minnesota Demographic Center and the 2021 ACS data on those 65+ living alone. Results are grouped in three categories:

- Metro area counties
- Greater Minnesota counties with populations of more than 25,000 people
- Greater Minnesota counties with populations of 25,000 or fewer people

The detailed analysis is contained in Appendix A.

Table 1. Older Adults (Age 65+) Living Alone In Minnesota

Geographic Area	ACS 2021 Population (Number)	1-Person Household 65 & Older (Number)	65+ Living Alone as % of the Area Population
Metro Area	3,585,144	144,821	4
Greater MN – Most Populated Counties	1,566,869	76,698	4.9
Greater MN – Least Populated Counties	590,023	34,499	5.4

Table 2. Estimated Portion of Those Age 65+ Living Alone in Minnesota, 2023

Geographic Area	Estimated 2023 Population	Estimated 2023 65+ Population	Age 65+ As Percent of 2023 Population	Estimated Percent of 65+ Living Alone
Metro Area	3,663,685	593,526	16	24
Greater MN – Most Populated Counties	1,567,759	308,857	19	25
Greater MN – Least Populated Counties	578,672	135,669	23	26

Though the percentages in Table 1 are small, they are noteworthy because they show that the proportion of older adults living alone increases as the population in the associated counties decreases. This is also reflected in Table 2. The Table 2 percentages also help to underscore the magnitude of solo older adults in Minnesota as the percentage is calculated on just one risk factor.

Care and Support

A long standing goal for the state is to assure that Minnesotans can continue to live well and thrive as they age. Thus, at the top of the agenda is providing effective care and support for older adults. Historically most such support has been unpaid and has come from family members. A 2019 report from the AARP Public Policy Institute calculated the value of unpaid care in 2017. In Minnesota an estimated 540,000 care hours were provided at a value of \$8,600,000.¹⁰

While these data help to highlight the important role family members play, the report does not answer the question of who is providing support to older adults who cannot or choose not to rely on family. Additionally, the report does not fully examine the future consequences of many more solos, as the number of available unpaid family hours will likely decline. There are unspoken public policy and service delivery implications surrounding the AARP data. Consider a scenario that assumes there is a one-to-one relationship between support hours and dollar value. Using the AARP numbers for Minnesota, a **10% decrease** in available unpaid support hours would translate to an annual support gap valued at **\$860,000**. (This is in addition to current support gap estimates for long term care.) What if the decrease is 30% to match the estimated number of solos? How will Minnesota make up the gap?

Personal Support

It is easy to assume that solos can reach out to friends and neighbors to step in when family members are not in the picture. But will such acquaintances have the right temperament, skills and be ready, willing, and available to respond with whatever is required? In a 2017 Joint Economic Committee hearing, Harvard Professor Robert Putnam testified that those in the Boomer cohort “are entering retirement with one third less social support than their parents had at the same stage of life.”¹¹ Friends may be able to assist in small ways but are unlikely to become the same kind of safety net historically provided by an available and committed family.

Financial Dimensions

The situation is equally problematic when exploring whether solos will be able to purchase the services they need. On the one hand there are questions about affordability. Minnesota’s “Own Your Future” project suggests the following Long Term Care costs in the state:

- \$60,000 for an average of 44 hours a week of care in an individual’s home;
- \$48,000 in annual costs in an assisted living facility (not counting services and additional fees);

¹⁰ S.C. Reinhard, L.F. Feinburg, A. Houser, R. Choula, & M. Evans *Valuing the Invaluable 2019 Update: Charting a Path Forward*. AARP Public Policy Institute. (November 2019).

¹¹ United States Congress. Joint Economic Committee. Social Capital Project. SCP Brief: *A Future Without Kin?* Washington, D.C. (2018).

- \$90,000+ for care in a nursing home.

The Genworth 2022 Annual Cost of Care Survey offers another perspective, finding that Minnesota’s median annual costs were approximately:

- \$80,000 for in-home care;
- \$54,000 for assisted living (private, one-bedroom)
- \$139,000 for nursing home (semi-private room)¹²

Compare these costs with the 2021 American Community Survey of income data in Minnesota.¹³

<u>Annual Income</u>	<u>Share of Those Age 65+</u>
Under \$25,000	21%
\$25,000 to \$74,999	45%
\$75,000 and Over	33%

Most of those age 65 and older fall into the middle, low, and poverty income levels. These figures help illustrate the disconnect between costs and available financial resources of older adults. Those with family support often find this situation challenging, but it is even more so for solos.

Services

A second dilemma is the availability of services, whether offered by the private sector or non-profit organizations. Almost every day there are stories in the media about health and personal care workforce shortages along with the closing of health facilities in rural areas. The impact of these shortages can be felt across all demographic groups. The resource void is even greater when other kinds of support are factored in. Time use studies from the Bureau of Labor Statistics and AARP of those who provide unpaid care tell us that caregivers routinely handle tasks beyond activities of daily living and medical management. Many log hours on planning and coordinating support, advocating on behalf of the care recipient, paying bills, and providing transportation, to name just a few. Furthermore, these kinds of “management” activities take place all across the second half of life, not just in late life. Solos, however, cannot rely on family to address such needs. If friends and neighbors aren’t available to fill in, paid options are scarce, costly, and often difficult to locate, especially in greater Minnesota.

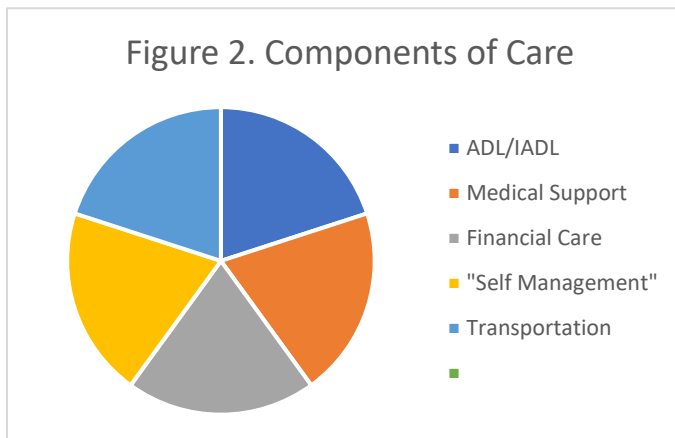
¹² *Genworth Cost of Care Survey* (Median Data Tables). Genworth Financial Inc. (January 31 2022).

¹³ 2021 American Community Survey Household Income for Minnesota Household Age 65 and Over

What Constitutes Care?

A final troublesome dimension of care and support is the narrow focus of both scope and time. There is no question that health and care needs tend to increase for most people as they age. Thus, it makes sense that services and associated funding sources revolve around “long term care.” There is, however a good reason to reframe our thinking here, to come up with a more comprehensive definition of what constitutes care and the time period when it is required.

Figure 2 reflects what shows up in the time use studies. As Minnesota plans for the future, it will be important to focus on all of the segments of the pie, not just the two most associated with late life.



Again, it is important to recognize that care and support are essential all across the second half of life, not just in late life. Even “small” and/or intermittent events, such as cataract surgery and colonoscopies matter and failure to act can be consequential. In concert with an expanded definition and timeline, financial tools, such as long term care insurance, should be applicable to all of

components reflected in Figure 2. Currently that is not the case. Using the inability to perform Activities of Daily Living as a primary trigger to access funding leaves out individuals who may have capability but still lack the resources to pay for necessary things such as non-emergency medical transportation.

Moving Forward

So what is the path forward to assure that both people with and people without family support are recognized in the landscape of older adults? Here are a few ideas about how to paint a more complete picture and to begin generating solutions.

1. Recognize that solos are not a special interest group and solo-ness is not about bad choices but, rather, another dimension of diversity. In addition to focusing on older adults of different cultures, incomes, and educational levels, etc., it is important to recognize that solo-ness may be a part of all of these. Reflect such recognition in informational materials, web sites, and planning documents by specifically referencing solos as part of the older adult audience (“we serve those with and without family support”).
2. Among the top issues for solos is a lack of affordable, relevant, and accessible resources that fill in the gaps where friends and family are missing, not able, or not available.

Common examples identified by solos include:

- People who can transport solos to medical appointments/procedures and stay with them afterwards;
- Personal representatives to administer their estates after they pass or serve as representative payees, or serve as health care agents;
- Individuals or organizations to serve as emergency contacts;
- Individuals who can advocate on behalf of solos with service providers and help resolve problems.

Here is a place where the State of Minnesota may be able to use its grant making authority to stimulate solutions. Requests for proposals could identify these and other needs and, ideally, give some priority to responses that address these gaps in the award process.

In addition, when the Older Americans Act (OAA) comes up for renewal in 2024, the state of Minnesota will likely have the opportunity to recommend changes. Such changes could include adding solo older adults as an important target for OAA funding, along with suggestions about specific resource and service gaps.

3. Factor in the needs of solos when addressing workforce issues to include workers associated with an expanded definition of care as reflected in Figure 2. Look beyond the positions associated with long term care, such as medical professionals and personal care assistants. Highlight workers who have the skills and ability to provide the kinds of decisional, advocacy, and “self management” support to assure overall well being.

One good example of professional with the desired skill set is the growing number of people who serve as independent health advocates. Many participate in the Alliance of Professional Health Advocates (APHA),¹⁴ a national professional association that helps link members to relevant training and ongoing peer support. A separate certification board helps to oversee and maintain professional standards for those in this occupation¹⁵. Given that the training and credentialing infrastructure already exists, this may be an avenue worth further exploration as part of Minnesota workforce initiatives.

4. One very important resource for older adults in Minnesota is the Senior Linkage Line. The service could be even better if those who staff the line had the opportunity to learn

¹⁴ Alliance of Professional Health Advocates (APHA). <https://ajjaadvpcates.org>

¹⁵ Patient Advocate Certification Board. www.pacboard.org

about Minnesota's solos and be able to direct them to specific resources that meet their needs.

5. The number of solo older adults is likely to continue growing in the future so it will be important to develop strategies for monitoring the size and composition of this group. One way to accumulate information is to look toward the places where data about older adults is already collected as part of existing services. For example, the Long Term Care Ombudsman's office might be able to identify calls from solos or on behalf of solos along with the regular information. Similarly, Senior Linkage Line staff might be able to document calls from solos with a simple notation. And, when special surveys are conducted, it might be possible to add a question to the demographic section to provide another element of analysis to data.

Final Thoughts

We often talk about well being support in retirement as a three-legged stool, with Social Security, Medicare, and personal savings/investments being the three legs. In reality, there are four legs, with the family as the overlooked element. For thousands of older adults, however, that fourth leg is either missing or very weak. We need to broaden the older adult framework to include solos so there will be a level playing field for all people as they age. An expanded approach should not necessarily result in a competition for resources between those who lack family support and those who do not. When we fill in the resource gaps for solos, we will also be offering resources that can help reduce the stress on family caregivers.

Linda J. Camp is an independent researcher, writer, and consultant in St. Paul, MN, focusing on solo older adults from a systems perspective. From 2017 to 2019 she coordinated the Citizens League Task Force project. She is the creator of "The Backup Plan," a new planning model and tool designed for solos. She can be reached at: thebackupplan2@gmail.com

Appendix A – Minnesota Detail by County

Table 1. Older Adults (Age 65+) Living Alone, by County

METRO AREA	ACS 2021 Population	One-Person HH Age 65+	% of 2021 Population
Anoka	366,888	12,863	3.5
Carver	108,891	3,060	2.8
Chisago	57,291	2,199	3.8
Dakota	443,692	17,407	3.9
Hennepin	1,289,645	57,174	4.4
Isanti	41,878	1,797	4.3
Le Sueur	28,945	1,222	4.2
Mille Lacs	26,809	1,310	4.8
Ramsey	553,229	26,689	4.8
Scott	153,199	3,852	2.5
Sherburne	98,924	2,923	2.9
Washington	270,805	9,712	3.6
Wright	144,948	4,613	5.1
Totals	3,585,144	144,821	4

Greater MN – Most Populated	ACS 2021 Population	One-Person HH Age 65+	% of 2021 Population
Becker	35,307	1,875	5.3
Beltrami	46,358	1,997	4.3
Benton	41,204	1,396	3.4
Blue Earth	69,264	2,367	3.4
Carlton	36,529	1,599	4.4
Cass	30,784	1,743	5.7
Clay	65,512	3,015	4.6
Crow Wing	67,887	3,685	5.4
Douglas	39,578	2,124	5.3
Freeborn	30,647	1,955	6.3
Goodhue	47,819	2,768	5.7
Itasca	45,193	2,909	6.4
Kandiyohi	43,809	2,020	4.6
Lyon	25,184	1,247	5
McCleod	36,958	1,917	5.2
Morrison	34,041	1,815	5.3
Mower	40,356	1,871	4.6
Nicollet	34,706	1,639	4.7
Olmstead	164,196	6,079	3.7
Otter Tail	60,194	3,434	5.7
Pine	29,108	1,694	5.8
Polk	30,835	1,618	5.2
Rice	66,964	3,092	4.6

St Louis	198,559	12,046	6
Stearns	159,301	6,407	4
Steel	37,559	1,993	5.3
Winona	49,017	2,393	4.8
Totals	1,566,869	76,698	4.9
Greater MN – Least Populated	ACS 2021 Population	One-Person HH Age 65+	% of 2021 Population
Aitkin	16,002	1,283	8
Big Stone	5,233	418	8
Brown	25,790	1,526	6
Chippewa	12,498	731	6
Clearwater	8,616	476	5.5
Cook	5,629	370	6.6
Cottonwood	11,685	753	6.4
Dodge	20,959	676	3.2
Faribault	13,765	997	7.2
Fillmore	21,405	1,131	5.3
Grant	6,152	380	6.1
Houston	18,832	1,042	5.5
Hubbard	21,909	1,142	5.2
Jackson	9,998	636	6.4
Kanabec	16,295	864	5.3
Kittson	4,157	255	6.1
Koochiching	11,946	927	7.7
Lac Qui Parle	6,679	469	7
Lake	11,016	745	6.7
Lake of the Woods	3,828	233	6
Lincoln	5,568	405	7.2
Mahnomen	5,404	262	4.8
Marshall	9,012	552	6.1
Martin	19,896	1,384	6.9
Meeker	23,499	1,180	5
Murray	8,094	587	7.2
Nobles	22,145	1,020	4.6
Norman	6,386	403	6.3
Pennington	13,757	835	6
Pipestone	9,278	653	7
Pope	11,396	803	7
Red Lake	3,944	260	6.6
Redwood	15,313	892	5.8
Renville	14,608	887	6
Rock	9,662	602	6.2
Roseau	15,268	666	4.4
Sibley	14,986	791	5.3
Stevens	9,355	430	4.6
Swift	9,972	747	7.5

Todd	25,263	1,174	4.6
Traverse	3,305	266	8
Wabasha	21,645	1,090	5
Wadena	14,081	807	5.7
Waseca	18,985	980	5.1
Watonwan	11,165	705	6.3
Wilkin	6,337	502	8
Yellow Medicine	9,305	562	6
Totals	590,023	34,499	5.4

Table 2. Estimated Portion of Those Age 65+ Living Alone by County in 2023

METRO AREA	Estimated 2023 Population	Estimated 2023 65+	% 65+ of 2023 Population	Estimated % of 65+ Living Alone
Anoka	367,961	61,713	17	20
Carver	112,000	16,805	15	18
Chisago	56,525	10,211	18	21
Dakota	442,029	75,063	17	23
Hennepin	1,332,323	212,898	16	27
Isanti	46,678	7,656	16	23
Le Sueur	28,481	5,515	19	21
Mille Lacs	25,749	5,185	20	25
Ramsey	578,579	93,299	16	28
Scott	159,303	21,213	13	18
Sherburne	99,885	14,413	14	20
Washington	271,293	48,518	18	20
Wright	142,879	21,037	15	22
Totals	3,663,685	593,526	16	24

Greater MN – Most Populated	Estimated 2023 Population	Estimated 2023 65+	% 65+ of 2023 Population	Estimated % of 65+ Living Alone
Becker	35,364	8,030	23	23
Beltrami	47,980	8,662	18	23
Benton	41,592	6,418	15	22
Blue Earth	69,161	10,674	15	22
Carlton	35,787	6,789	19	23
Cass	29,926	8,515	32	20
Clay	67,379	9,389	14	32
Crow Wing	65,763	16,457	25	22
Douglas	38,939	9,813	25	21
Freeborn	29,770	7,070	24	27
Goodhue	46,401	10,268	22	27
Itasca	45,167	12,053	26	24
Kandiyohi	43,031	9,171	21	22
Lyon	25,757	4,726	18	26

McCleod	35,160	7,364	21	26
Morrison	32,802	7,498	23	24
Mower	40,146	7,702	19	24
Nicollet	35,034	6,497	18	25
Olmstead	163,634	29,198	18	21
Otter Tail	59,248	7,490	12	45
Pine	28,774	7,018	24	24
Polk	31,657	6,258	20	26
Rice	67,862	12,103	18	25
St Louis	199,162	44,156	22	27
Stearns	164,931	28,376	17	22
Steel	36,999	7,309	20	27
Winona	50,333	9,853	19	24
Totals	1,567,759	308,857	19	25

Greater MN – Least Populated	Estimated 2023 Population	Estimated 2023 65+	% 65+ of 2023 Population	Estimated % of 65+ Living Alone
Aitkin	15,481	5,557	36	23
Big Stone	4,765	1,345	28	31
Brown	24,618	5,648	23	27
Chippewa	11,576	2,654	23	27
Clearwater	8,936	1,926	21	24
Cook	5,506	1,785	32	20
Cottonwood	10,925	2,620	24	28
Dodge	21,198	3,590	17	19
Faribault	13,999	3,311	23	30
Fillmore	21,847	4,780	22	23
Grant	5,919	1,549	26	24
Houston	18,325	4,538	25	23
Hubbard	21,547	5,768	26	19
Jackson	9,676	2,476	25	25
Kanabec	15,911	3,775	23	23
Kittson	4,035	1,055	26	24
Koochiching	11,818	3,645	31	25
Lac Qui Parle	6,218	1,911	31	24
Lake	10,307	3,050	29	24
Lake of the Woods	3,527	980	27	23
Lincoln	5,527	1,413	25	28
Mahnomen	5,574	1,000	18	26
Marshall	9,295	2,207	23	25
Martin	19,027	4,981	26	27
Meeker	22,048	5,198	23	22
Murray	7,971	2,195	27	26
Nobles	22,109	3,889	17	26
Norman	6,277	1,354	21	29

Pennington	14,323	2,983	21	28
Pipestone	8,691	1,937	22	33
Pope	11,079	2,997	27	26
Red Lake	3,928	501	13	52
Redwood	14,485	3,223	22	27
Renville	13,743	3,121	20	28
Rock	9,202	1,935	21	31
Roseau	19,150	3,137	16	21
Sibley	14,636	3,004	21	26
Stevens	9,799	1,789	18	24
Swift	9,035	2,135	23	35
Todd	24,088	5,872	24	20
Traverse	3,130	839	27	31
Wabasha	21,437	5,403	25	20
Wadena	13,606	2,956	21	27
Waseca	18,313	3,841	21	25
Watonwan	10,739	2,342	22	30
Wilkin	6,001	1,345	22	37
Yellow Medicine	9,325	2,109	22	26
Totals	578,672	135,699	23	26