U.S. Adults Living Alone at Higher Risk for Cancer Mortality, New Research Shows

Researchers from the American Cancer Society stress the need for interventions to reduce adverse effects of living alone and social isolation

ATLANTA, October 19, 2023 — In new findings from a large, nationally representative study led by researchers at the American Cancer Society (ACS), adults living alone in the United States were at a higher risk of cancer mortality in several sociodemographic groups, compared to adults living with others. The findings are published today in the journal *Cancer*.

“Previous studies have shown an association between living alone and cancer mortality, but findings by sex and race/ethnicity have generally been inconsistent, and data by socioeconomic status are sparse,” said Dr. Hyunjung Lee, principal scientist, cancer disparity research at the American Cancer Society and lead author of the study. “Findings in this study underscore the significance of addressing living alone in the general population and among cancer survivors and call for interventions to reduce adverse effects of living alone and social isolation.”

According to the report, in 2022, 38 million households lived alone in the U.S., which had increased from seven million households in 1960. Adults living alone were more likely to be older, male, non-Hispanic White or non-Hispanic Black, have incomes below the federal poverty level, have serious psychological distress, or severe obesity, smoke cigarettes, and consume alcohol.

For this study, researchers pooled data from 1998 to 2019 for 473,648 adults aged 18-64 years at enrollment from the National Health Interview Survey linked to the National Death Index. The data was followed up for up to 22 years to calculate hazard ratios (HRs) for the association between living alone and cancer mortality.

The results showed, overall, adults living alone had a 1.32 times higher risk of cancer death than adults living with others. Males living alone had a 1.38 times higher risk of cancer death compared to males living with others, while females living alone had a 1.30 times higher risk relative to females living with others. Particularly, middle-aged adults (ages 45–64) living alone had a 1.43 times higher risk than those living with others. The association between living alone and cancer mortality risk was also stronger among non-Hispanic White adults and adults with higher education levels than for racial/ethnic minorities and adults with lower education. This association persisted among non-Hispanic White adults and adults with higher education levels, not for racial/ethnic minorities and adults with lower education, after accounting for differences in a wide range of sociodemographic, behavioral, and health characteristics. These findings may suggest that stronger social support from the community among racial/ethnic minorities and people of lower socioeconomic status might have alleviated the association between living alone and cancer mortality in these groups.

“These results reflect the need for more resources and appropriate training for clinicians, integrated screening for living alone and social isolation, and more research to identify and implement interventions that could reduce adverse effects of living alone and social isolation,” added Lee. “Some examples include patient navigation programs for this population to increase uptake of and adherence to cancer screening, timely diagnosis, treatment, and attendance of medical appointments, and the inclusion of this group among high priority groups for services based on screenings for the health-related social needs.”

ACS’ advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), supports extending the reach of patient navigation services to every person who is diagnosed with cancer, which requires sustainable funding. In a separate Survivor Views survey conducted by ACS CAN over the summer, more than half of cancer patients and survivors reported experiencing greater isolation as a result of their cancer diagnosis and treatment.

“Investing in patient navigation services is critical to helping ensure a better treatment experience and better health outcomes,” said Lisa A. Lacasse, president of ACS CAN. “Funding patient navigation services can also improve health equity by increasing access to quality cancer care in communities that have been historically under-resourced.”

Other ACS authors include: Dr. Farhad Islami, senior author of the paper, and Dr. Ahmedin Jemal.

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 100 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, Twitter, and Instagram.

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