reported social contact with people outside of their household once a week or less. Given the high prevalence of loneliness and its connection to poor health and health behaviors, research on this important issue and efforts to increase social engagement among older adults deserve increased attention.

DEVELOPING A NEW FEDERAL POLICY AGENDA TO ADDRESS SOCIAL ISOLATION AND LONELINESS

Andrew MacPherson[1], *1. Coalition to End Social Isolation & Loneliness, Washington, District of Columbia, United States*

The Coalition to End Social Isolation and Loneliness convenes a diverse group of allied stakeholders, including consumer and patient groups, health plans, community-based organizations, private sector researchers and innovators, and others, to address the epidemic of social isolation and loneliness. The Coalition is developing and advocating for bipartisan federal policy solutions to provide individuals the support they need to be socially engaged. This session will describe the role of the Coalition in engaging stakeholders, promoting innovative research, and advocating for policy changes that combat the adverse consequences of social isolation and loneliness and advance approaches and practices that improve social connectedness for all Americans.

ADDRESSING SOCIAL ISOLATION AND LONELINESS AMONG LOW-INCOME SENIORS IN SAN FRANCISCO

Catherine Spensley[1], *1. Felton Institute, San Francisco, California, United States*

Felton Institute has been working to eliminate isolation and loneliness in San Francisco since its inception as a community social service agency 130 years ago. Felton offers culturally and linguistically appropriate programs and services that foster community and social connections among socially isolated, low income older adults, including those living with serious mental illness and those residing in local long-term care facilities. Examples include workforce programs for older adults; the foster grandparent program; and the senior companion program which includes friendly visiting, senior counseling, and peer escort services. This session will highlight lessons learned from these successful programs as well as how they have led to the development of new initiatives focused on conducting outreach, providing trauma-informed services, offering wellness classes, and organizing meaningful activities including a choir, intergenerational gardening, arts and dance classes, and cultural exchange opportunities to isolated older adults living in poverty in San Francisco's Visitacion Valley.

SESSION 3140 (PAPER)

AGING IN PLACE

AGING IN PLACE: REVISITING OLD ASSUMPTIONS ABOUT WHAT PEOPLE WANT AS THEY GROW OLD

Marc A. Cohen,[1] Robyn Stone,[2] and Ruth Katz[2], *1. University of Massachusetts Boston Gerontology Institute, LeadingAge LTSS Center @UMass Boston, Boston, Massachusetts, United States, 2. LeadingAge, Washington, District of Columbia, United States*

When people are asked how and where they would like to age, they overwhelmingly indicate they want to "age in place", that is, in their own homes. To support this desire, a range of home and community-based service options have been developed accompanied with major declines in the use of nursing homes and other institutional services. However, what if we've been asking the wrong question? Or asking the wrong people? Given that upwards of 70% of people turning age 65 will have a need for long-term services and supports (LTSS) and 52% will have significant need, the more relevant question is: how might you want to age in the presence of LTSS needs? In this research we explore the attitudes and expectations of a nationally representative sample of 1,200 "late Boomers" age 60 to 72 (instead of all adults) regarding how they want their life to look should they become physically or cognitively impaired and need LTSS. The analytic sample was derived from NORC's AmeriSpeak® Panel. We found that in the presence of significant LTSS need, many people -- 40% if physically disabled and 71% if cognitively impaired -- do not want to remain at home. More than anything else they value safety and do not want to burden their families. They are also concerned about feeling alone. Clearly, late boomers understand that there are circumstances where aging in place may not be right for them and implications for the way we invest resources in the service infrastructure.

ASSESSMENT OF COMPARATIVE EFFECTIVENESS RESEARCH GAPS TO PROMOTE AGING IN PLACE: A STAKEHOLDER-DRIVEN APPROACH

Gyasi Moscou-Jackson,[1] Sindhura Gummi,[1] Steven B. Clauser,[1] and Neeraj K. Arora[1], *1. PCORI, District of Columbia, United States*

A priority for many older adults is to remain in their homes and communities. This paper describes the Patient-Centered Outcomes Research Institute's (PCORI) review of our investment in comparative effectiveness research (CER) that will advance the field of "aging in place." To inform our systematic evaluation, we first engaged our multi-stakeholder advisory panel of patients/caregivers, clinicians, health systems leaders, and payers to develop and refine a conceptual framework for research focused on aging in place among older adults. Key themes from stakeholders were: aging in place interventions should be patient-centered and align with the patients' needs and goals, studies should include individuals 55+ years who may be at risk for institutionalization, relevant interventions go beyond environmental modifications and include social support, healthcare (inclusive of palliative care), and personal care services. In addition, aging in place services should focus more on informal caregiver interventions and outcomes since informal caregivers play a major role in enabling older adults to age in place. We identified 14 PCORI-funded CER projects that will provide evidence on the most effective interventions to promote aging in place among older adults; the total investment is $113.4 million dollars. The portfolio is addressing decisional dilemmas faced by multiple stakeholders on a variety of topics including falls prevention, home-based palliative care, and community-based care models; however, several critical CER evidence gaps remain that need to be addressed in future funding investments and will be discussed during the presentation.