

EMT's (medics) with determining whether or not to report a case of potential EA to APS while in the field providing medical services. In the current study, we investigate the effects of the DETECT screening tool on changes in reports of EA to APS over a period of approximately 3 years (January 2015 to March 2018). We used a differences in differences in differences (DDD) design to estimate the effect of the DETECT tool on both the number of reports for EA reports made each week as well as the probability of a report being validated by APS. After adjusting for changes in the number of EA reports non-medics and medics outside the service area, there were on average three times as many reports among medics after the implementation of the DETECT screening tool (RR=3.03, 95% CI:[2.06, 4.46]). No differences were seen in the probability of a valid report attributable to DETECT.

#### **SOCIAL NETWORK STRENGTHS: AN EXPLORATORY ANALYSIS OF A MEASURE OF TIES AMONG OLDER PEOPLE**

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**Purpose:** To explore a self-report measure of social network features among a sample of older people living with multiple chronic conditions based on the conceptual model of Social Network Influences on Health. **Design:** A cross-sectional descriptive study design using a telephone survey methodology was used. **Methods:** An exploratory principle component analysis with a varimax rotation was performed on items that measured the identified components (reciprocity, size, proximity, density, general activation, activation when sick, duration, closeness, involvement in health, interaction frequency) of social networks. All items were standardized prior to analyses. **Results:** Self-report social network data were collected from eighty-four older people living in the community and managing multiple chronic conditions. The principal components model, operationalized as tie strength, contained six items based on factorability: reciprocity, social network size, proximity, density and perception of the activation in general and when sick of close social network members. Results yielded acceptable factorability (KMO = 0.781, Bartlett p 0.70). Two components that had eigenvalues greater than 1.0, explained 61.7% of the total variance. The first factor was interpreted as total social network resources, while the second factor was identified as social network availability. **Conclusion:** Exploratory principal component analysis supports a measure of social network features, tie strength, that can be tested in future studies. Assessing these variables is useful in identifying specific relationship features critical to managing chronic conditions in older age and advances current measurement of social networks important to living well in older age.

#### **WHEN NETWORKS FAIL: ISOLATION AND INDEPENDENCE AMONG OLDER ADULTS IN PUBLIC HOUSING**

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In the coming decades, the population of adults over 65 in the US will increase dramatically. Many older adults live at or below the poverty level, and the growing lack of affordable housing combined with fixed incomes promises to increase the number of older adults facing combined housing and health challenges. Despite their vulnerability, little is known about the lived experiences of older adults aging in place in public housing. We conducted semi-structured qualitative interviews with 27 older adults at two public housing sites in Austin, Texas to gain an understanding of their thoughts on health, aging, home, community, and problem solving. We conducted interviews in Spanish (n=10) and English (n=17) with 16 female and 11 male interviewees with a mean age of 71.7 years (range 65-85 years). We systematically coded transcribed interviews and used grounded theory to analyze the data. Participants described feeling isolated due to language barriers, cultural perceptions about neighbors, and previous problematic experiences with neighbors leading to intentional isolation for safety. Some, however, spoke of how they acted as community connectors or responded to connectors in the community in ways that reduced their isolation. Participants framed individual problem-solving and personal choices as central to health and wellness. Our findings suggest a way forward for housing authorities, communities, and health systems working together to provide services to these adults. Incorporating their points of view and even co-creating interventions to enhance their health and well-being will make these interventions more successful and welcome.

#### **AGING DISPLAYED IN SELF-PORTRAITS OF ARTISTS**

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A self-portrait is a common representation of an artist with different techniques by that artist and emerged since the 15th century. Albrecht Dürer was one of the first artists who performed various self-portraits during his life. The fascinating aspect from a gerontological point of view is that artists show themselves throughout the aging process as well as sometimes with manifest signs of diseases. The poster show self-portraits over the life course from Rembrandt van Rijn (1606-69), Vincent van Gogh (1853-90), Ferdinand Hodler (1853-1918), Lovis Corinth (1858-1925), Helene Schjerfbeck (1862-1946), Edvard Munch (1863-1944), Käthe Kollwitz (1867-1945), Pablo Picasso (1881-1973), and Max Beckmann (1884-1950).

### **SESSION 1000 (SYMPOSIUM)**

#### **INTEREST GROUP SESSION—HOSPICE, PALLIATIVE AND END-OF-LIFE CARE: ADDRESSING ADVANCED ILLNESS CHALLENGES THROUGH SYNERGY,**

**PLANNING, COLLABORATION, AND ADVOCACY**  
Chair Discussant: Faith P. Hopp, *Wayne State University, Detroit, Michigan, United States*

Co-Chair: Frances R. Nedjat-Haiem, *San Diego State University, School of Social Work, San Diego, California, United States*

Advanced illness occurs when health conditions become serious, general health and functioning declines, and