experience. Such information is critical if we are to transform our nation's homeless system, which is based largely on a male model of homelessness, to better support women at risk or experiencing homelessness. In this presentation, we therefore share findings from our qualitative study of homeless older urban women. Using a phenomenological approach, we conducted and recorded semi-structured, in depth interviews with fifteen chronically homeless women in their fifties. Our analysis process was inductive and iterative with the culminating phases being the generation and interpretation of themes. Our analysis revealed the links between place, social connection, sense of belonging, and identity. The women's narratives uncovered how the timespace discontinuity, created through homelessness, shaped the struggles they faced in trying to survive in degraded or threatening environments, altering their identities and impacting self-esteem. Also revealed was that mobility is a key factor to maintaining the place-identity connection. The women's narratives highlighted how forced mobility with constrained choice not only led to their pathways into homelessness but also dominated their daily navigation of street and shelter life. We conclude by exploring the question of how we might redesign policies and programs to disrupt homelessness for women in later life.

USING PHOTOVOICE TO EXPLORE THE SALIENCY OF NEIGHBORHOOD LANDMARKS FOR PERSONS LIVING WITH DEMENTIA

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This study demonstrates the potential of Photovoice, participatory action research method involving participant-generated photo-elicitation, to explore how persons living with dementia (PLWDs) perceive neighborhood landmarks. Previous research has highlighted the role of well-designed, stable geographical landmarks in improving the navigability of neighborhoods for PLWDs. However, the specific attributes that render landmarks salient have not yet been sufficiently explored, resulting in inadequate evidence-based environmental design guidelines for dementia-friendly communities (DFCs). To address this gap, a Photovoice study was conducted with five community-dwelling PLWDs and their care partners, as part of a dementia-friendly neighborhood walking program in the city of Seattle, USA. Photovoice facilitated the exploration of saliency of neighborhood landmarks from an emic perspective by empowering PLWDs to identify and take photos of salient landmarks during the group walk and interpret and reflect on attributes that contributed to saliency using the photos as visual aids in a focus group discussion and survey questionnaire. PLWDs associated the saliency of landmarks not only with objective physical attributes, e.g., size, shape, color, texture, but also with subjective factors linked to their past, passions, hobbies, and emotions related to having dementia. Findings suggest that the design of outdoor landmarks should satisfy universal design principles, as well as aspects of familiarity, recognizability, and memorability, to ensure that the neighborhood physical environment provides navigational support to PLWDs. The study proposes using Photovoice

to facilitate community engagement in the planning and design of DFCs and mobilize people's lived experience to generate more robust dementia-friendly environmental design guidelines.

SESSION 1015 (SYMPOSIUM)

AGING STRONG 2020: INTERVENTIONS TO IMPROVE LONELINESS AMONG OLDER ADULTS

Chair: Charlotte Yeh, AARP Services, Inc., Washington,

District of Columbia, United States

Co-Chair: Daniel Russell, Iowa State University, Ames, Iowa, United States

Discussant: James Schaeffer, Optum, Ann Arbor, Michigan, United States

Research confirms serious and concerning health implications for lonely and socially isolated older adults. Studies consistently demonstrate that older adults who are lonely or socially isolated have higher rates of depression, more health conditions, and greater mortality. AARP Services, Inc. (ASI) and UnitedHealthcare (UHC) are committed to the health and well-being of insureds in AARP® Medicare Supplement Plans insured by UnitedHealthcare Insurance Company (for New York certificate holders, UnitedHealthcare of New York), recognizing that health and wellness should be promoted on a holistic level to ensure successful aging. As part of this commitment, a research initiative entitled Aging Strong 2020 has been developed. Its purpose is to impact insureds' personal and social investments in their well-being Thus a related series of interventions are aiming to increase resilience by focusing on enhanced purpose in life, social connectedness, and optimism. This symposium will specifically discuss these efforts related to social connectedness and how they have improved well-being among lonely older adults. First discussed is the prevalence and outcomes of loneliness in a large national survey. Interventions include use of animatronic pets, a telephonic reminiscent memory program, and an online self-compassion mindfulness program. Findings from these initiatives demonstrate that interventions designed to improve loneliness and well-being among lonely older adults can contribute to the holistic model of health.

LIFEBIO: PARTICIPANTS' EXPERIENCES IN A TELEPHONIC-BASED REMINISCENCE PROGRAM

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Older adults facing age-related transitions are at increased risk for depression and loneliness. Reminiscence therapy has demonstrated positive outcomes for older adults, including improved socialization and reduced depression. A program known as LifeBio was designed as a group intervention to engage participants by capturing their life stories to positively impact wellness through reminiscence. This program was adapted to a telephonic format for the Aging Strong 2020 initiative. Semi-structured interviews eliciting feedback about participants' experiences

in the program were conducted with 24 participants. Respondent feedback indicated that those with limited mobility and fewer social connections reported the greatest benefit. Many identified the value of journaling as a form of recordkeeping for family members, but reported varying degrees of journal completion. Suggestions for improvement included future facilitation of two-way communication with other participants and opportunities for face-to-face interaction in group settings.

LONELINESS AND ASSOCIATED OUTCOMES IN A LARGE SURVEY OF OLDER ADULTS

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Loneliness and social isolation are major risk factors for poor physical and mental health among older adults. Studies demonstrate that loneliness is associated with depression, impaired cognitive performance, increased chronic disease, and mortality. However, the impact on other psychosocial constructs and healthcare outcomes remain understudied. The purpose of this study was to estimate the prevalence of loneliness and examine associations with socio-demographic, medical, and psychosocial characteristics in a large national survey of older adults (N=4,525). Overall, 43% of participants reported either moderate or severe loneliness. Older age, female gender, income, depression, hearing difficulty, and poorer health were all associated with loneliness. Purpose of life, resilience, optimism, and a diverse social network were associated with low loneliness. On average, lonely participants had a higher rate of emergency department visits, inpatient admissions, and medical costs. Based on findings, interventions should aim to alleviate loneliness among older adults.

ONLINE MINDFULNESS PROGRAM FOR LONELY OLDER ADULTS

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Mindfulness meditation is a cognitive state of self-awareness that promotes emotional regulation and change in self-perspective. Mindfulness has been applied to address loneliness, stress, and anxiety, demonstrating consistent health benefits. The purpose of this study was to test the feasibility of an online mindfulness program and to measure its impact on well-being among lonely older adults. The intervention consisted of seven one-hour weekly online modules led by a trained facilitator via WebEx. Engagement was high with 63% of participants attending four or more sessions. Pre/post survey data (N=42) found decreased anxiety, stress, and improvement in mindfulness, purpose in life, and resilience. This program demonstrates that online mindfulness programs may be of great benefit for lonely older adults. Future research will include larger samples to investigate further impacts.

REDUCING LONELINESS AMONG OLDER ADULTS WITH ANIMATRONIC PETS

Rifky Tkatch,¹ Lizi Wu,¹ Laurie Albright,² James Murphy,² James Schaeffer,¹ Ellen Wicker,³ and Charlotte S. Yeh³, 1. Optum, Ann Arbor, Michigan, United States, 2. UnitedHealthcare, Minneapolis, Minnesota, United States, 3. AARP Services, Inc., Washington, District of Columbia, United States

Pet ownership has been examined as a solution for loneliness. However, multiple challenges of pet ownership exist for older adults. Therefore, research efforts are considering the use of animatronic pets to reduce loneliness. The purpose of this study was to determine if ownership of animatronic pets would decrease loneliness and improve well-being among lonely older adults. Individuals were identified as lonely through a prior survey. Participants were provided with their choice of either an animatronic cat or dog and completed T1, T2, and T3 surveys. Response rates were high; 167 (63%) completed T1 and T2, and 125 (48%) also completed T3. T2 data indicated that loneliness decreased, while mental well-being, resilience, purpose in life, and optimism improved. At T3 mental well-being and purpose and life continued to improve. Animatronic pets appear to provide significant benefits for the well-being of lonely older adults.

SESSION 1020 (SYMPOSIUM)

BUILDING NETWORKS TO ADDRESS AT-RISK OLDER ADULTS

Chair: Max Zubatsky, Saint Louis University, Saint Louis, United States

Discussant: Nina Tumosa, Health Resources and Services Administration, Rockville, Maryland, United States

With the rise of older adults and the number of chronic health issues in this population, comes the need for greater collaboration across organizations and health care settings. Age-friendly health systems offer the benefits of providing the best care possible to individuals and families, connect people to specific community resources, and optimize the best access to services and programs. The Gateway Geriatric Workforce Enhancement Program (GWEP) has combined the efforts of Saint Louis University and a rural, critical access hospital to establish a care network across Missouri. Together, this partnership has created a number of services, initiatives, and projects to help older adults maintain independence and offer families ways to take of their loved ones in more effective ways. In this symposium, presenters from Social Work, Marriage and Family Therapy, Geriatric Medicine, Psychology and Nursing disciplines will introduce several areas of this age-friendly network. The four abstracts for this symposium include: 1.) Assessing At-Risk Older Adults through the Rapid Geriatric Assessment, 2.) Cognitive Stimulation Therapy for Individuals with Memory Loss, 3.) Predictors of Falls in Older Adults Across Partner Settings, and 4.) Development of program initiatives such as the Rapid Geriatric Assessment screening, Cognitive Stimulation Therapy, Falls Assessment in Seniors, and Care for Persons with Dementia in their Environments will be covered in detail. At the end of the four presentations, the presenters will highlight the importance of