

papers explore 1) how non-traditional & absent support networks impact one's ability to live alone with dementia [NIA funded], 2) social isolation and vulnerabilities of living alone with dementia [NIA-funded], 3) how bioethics can inform gerontological dementia research [NIA bioethics supplement], and 4) exploration of how law enforcement and adult protective services policies influence the precarity of living alone with dementia. Together, these papers illuminate the importance of actively including live-alone persons with dementia into research and assessing this overlooked vulnerable population from multiple research perspectives (social science, policy, bioethics).

#### ADULTS WITH NEUROCOGNITIVE DISORDERS WHO RESIDE ALONE: EXPLORATION OF NONTRADITIONAL AND ABSENT SUPPORT SYSTEMS

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Research steadily demonstrates that family functions as the central component in the provision of care for persons with neurocognitive disorders. While it is clear family plays a critical role in the lives of adults with neurocognitive disorders, overlooked is the subpopulation who reside alone, but have no identifiable family to provide care. To address this gap, data were drawn from an interview-based NIA-funded study that focused on community-dwelling live-alone persons with dementia. Subanalyses were conducted on the interviews and field notes of live-alone adults with neurocognitive disorders who had no identifiable family (N=19) and their collaterals (e.g., neighbor, N=20). Using data-derived coding in ATLAS.ti., several themes emerged including transient informal care, consequential peripheral ties, and strained/traumatic nuclear relations. Themes will be discussed in detail. The present study expands the limited information on community-dwelling persons with dementia, providing a lens for understanding the complex intersection of aging and non-traditional/absent support networks.

#### I'M VERY CAUTIOUS ABOUT WHO I LET INTO MY WORLD: SOCIAL VULNERABILITY FOR PEOPLE LIVING ALONE WITH DEMENTIA

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Living alone with Alzheimer's and related dementias (ARD) can have many risks including social vulnerability that leads to loneliness. This paper reports findings from 9 people living alone with ARD who completed in-depth, face-to-face interviews as part of a larger, NIA-sponsored study. Narrative data were analyzed using ATLAS.ti. Thematic findings revealed that although participants received supports (e.g., financial, meal preparation) from others, they lacked opportunities to participate in meaningful engagements with people of their choice (e.g., a friend who lives too far away, a son who is busy). In addition to loneliness resulting from lack of control over their social networks, many also reported that personal changes (e.g.,

difficulties eating) made them hesitant to seek social engagements. Overall, this paper underscores the need for social programs that extend beyond health-related outcomes and instead speak to subjective wellbeing and social connectivity for this population.

#### ADULT PROTECTIVE SERVICES AND LAW ENFORCEMENT: DOES IT ADD OR SUBTRACT TO THE PRECARIETY OF LIVING ALONE WITH DEMENTIA?

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In 2014, more than 12.5 million people age 65+ lived alone in the U.S. Of these, approximately one third had a cognitive impairment. Although protective services may identify risks to such individuals, they may not have a full understanding of the notion of precarity, or the looming uncertainty regarding space and place, that solo dwellers experience. This presentation explores the tension between the intentions of protective services and the experience of precarity for persons living alone. More specifically, persons living alone with dementia participating in online groups and community events report feelings of risk of loss of autonomy and rights if their status becomes known. The presenter will review these impressions against current police and adult protective services policies and standard practices.

#### WHAT THINKING LIKE A BIOETHICIST CAN BRING TO DEMENTIA RESEARCH

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Bioethics is an interdisciplinary field that uses critical and empirical tools to explore and make recommendations concerning uncertainty about duties to others, including socially marginalized populations. In the context of social science or biomedical research involving people living alone with dementia, practical challenges in conducting research with capacity-impaired participants have ethical dimensions concerning informed consent and other aspects of research conduct. The underrepresentation in dementia research of the voices and perspectives of people living at home with dementia raises normative questions. Using data from a recent National Institute on Aging bioethics supplemental grant, this paper explores how thinking like a bioethicist can strengthen gerontological research. This paper examines areas such as precarity of housing, poverty and social interactions from a bioethicist's critical analysis/perspective and provides a framework for others to apply to their own research.

#### ADULT DEVELOPMENT AND AGING IN HISTORICAL CONTEXT

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