among older adults in America. Data are from the National Social Life, Health, and Aging Project, a nationally representative study of 3,005 adults aged 57-85 years at baseline (2005-2006). In a previous analysis, five social network types were derived at baseline, based on nine observed network characteristics. Functional outcomes were examined during two follow-up waves in 2010-2011 and 2015-2016. Mobility-related function was assessed as the time (in seconds) to complete a 6-meter walk. Disability was defined as experiencing any difficulty in performing one of six activities of daily living (ADLs). We estimated the effect of network types on risk of ADL disability onset using logistic regression, and on mobility using generalized linear mixed models. Social network type was associated with mobility over time, such that older adults in the “restricted” network had significantly slower walking times than those in the “diverse” network. There was no association between network types and risk of disability onset in the primary analysis. However, sensitivity analyses showed a protective effect of the “partner-centered” network on a 5-year, but not a 10-year, risk of disability onset. Network types can elucidate older adults’ varied interpersonal and caregiving networks, and identify adults at risk of being socially isolated. However, the utility of network types in predicting late-life functional health may be limited.

STRENGTHS OF GRANDPARENTING: ASSOCIATIONS WITH DAILY WELL-BEING
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Potential long-term health benefits may be afforded to grandparents in close contact with their grandchildren, although whether such benefits are visible on a day-to-day basis and among others in similar caretaking roles is unclear. We investigated how the quality and quantity of social contacts, as well as caretaker or grandparenting roles, may mediate symptom perceptions in day-to-day context in a consecutive six-year period. Older adults were recruited using an online survey service aged 59-88 years (Mage=64.8, 55.8% grandparents, 67.8% female). Participants completed a baseline survey (N=152) followed by up to six daily surveys (N=85 of 152). Measures included daily positive and negative affect, and overall frequency of physical health symptoms. Daily social contacts were rated by participants in terms of importance/closeness of the contact. Last, participants indicated the degree of regular contact and non-custodial caretaking roles of children and their grandparent status. Findings indicated that grandparents tended to report daily contacts with closer social convoy members (B=1.40 (.437); p = .002). Moreover, a trend of reduced symptom reporting across days for grandparents was observed (B=0.145 (.073), p=.048) adjusting for sex and age. Last, grandparents who regularly took care of their grandchildren and reported increased daily positive affect, reported fewer symptoms throughout the week (B=0.326 (.326), p=0.02). Although modest, results indicate potentially important health benefits of grandparenting in terms of daily physical functioning that may play out over the longer term to impact health and well-being.

INTERGENERATIONAL RELATIONSHIPS AMONG OLDER ADULTS AND GRANDCHILDREN: SUPPORTIVE AND CONFLICTUAL RELATIONSHIPS
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Objectives: To analyze how older adults conceptualize these intergenerational relationships. Methods: In this qualitative study, in-depth interviews were carried out with 316 older adults, aged 65-102, from three different nationalities who lived at home. Verbatim transcripts were examined. Results: Data analysis generated six themes representing intergenerational relationships: affection and reward; interest and integration; grandparent-grandchild interaction quality; privacy and boundaries definition; provision of support; and obligation of providing childcare, on two dimensions of ambivalence concerning their intergenerational relationships (supportive and conflictual). Conclusions: The empirical findings from this research indicate how ambivalence in intergenerational relationships is experienced by older adults and stress the contradictory expectations of older adults with grandchildren. Keywords: Ambivalence; conflict; intergenerational relationships; older adults; support.

INTERGENERATIONAL RELATIONSHIPS AMONG OLDER ADULTS AND ADULT CHILDREN: AMBIVALENT FEELINGS
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Objectives: The relationship of older adults with their adult children involves great emotional complexity and the quality of these relationships is associated with older adults’ well-being. This qualitative study aims to examine how older adults conceptualize intergenerational relationships with adult children. Methods: The present study on qualitative data collected from in-depth interviews was conducted with English and Portuguese older adults living in the community, designed to address their perspectives on intergenerational relations with adult children. 316 older adults participated in our study. The mean age of this group was 71.2 years. 65.3% were women, and a majority (54.7%) had a partner. Results: Content analysis generated four themes: affection and integration; satisfaction in the relationship; privacy and boundaries; financial support. Conclusions: Intergenerational relationships are experienced by older adults with ambivalence and stress the contradictory expectations of older adults with grandchildren.

THREE-YEAR EVALUATION OF THE DETECTION OF ELDER ABUSE THROUGH EMERGENCY CARE TECHNICIANS PROJECT
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Objectives: To develop and evaluate a system to detect and record elder abuse in the ED. Methods: A pilot study was implemented to evaluate the impact of an intervention to teach emergency care technicians how to detect elder abuse and record the information on a computerized database. Results: The majority of patients (71.8%) were women, and a majority (54.7%) had a partner. Conclusions: The intervention was effective in increasing the detection and recording of elder abuse. Keywords: Elder abuse; emergency care; technicians.

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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 (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), Kathe 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. Nedjar-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