of the majority of people in their networks is the same as their own, and this is more pronounced among both genders in old age. Theoretical and practical implications for understanding gender and social networks across adulthood are discussed.

STRUGGLES AND REWARDS OF PILOTING A THEATER GROUP IN LOW-INCOME HOUSING OF OLDER ADULTS

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Older adults aging in place may experience social isolation. Participatory art programs can enhance social connectedness and confidence, thereby improving the health of older adults, but these programs are rarely created for low-income or marginalized older adults. A university social work department and community aging agency collaborated in establishing a professionally run theater group of older adults living in lowincome housing in an urban area. The older adults attended a 12-week acting and improvisation skills class and performed a play. The original goal was for 30 residents to join the class but only 13 were recruited through the use of gift cards, presentations by community agency staff at the residences, and active engagement by the service coordinators. While the service coordinators attempted to recruit socially isolated residents, only 1 registered. The remaining members joined from general announcements. Attendance fluctuated over the duration of the class even with weekly reminder calls and letters, intercom announcements, and in-person conversations. Attendance ranged from 4-12 sessions. Pre and post data were gathered on measures of social connectedness including social isolation, community belonging, and social exclusion. Sense of community belonging increased for the participants, while the level of social exclusion remained the same. Results show that this type of activity is beneficial to residents who participate in the group but recruiting and sustaining participants in the class offers challenges. Ideas to address enrollment barriers as well as the role of the professionally trained teaching artist instructor in the maintenance of the program will be discussed.

SUBJECTIVE COGNITIVE DECLINE AMONG CURRENT WORKERS AND FORMER WORKERS AGED ≥45 YEARS, BRFSS, 2015–2016

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Subjective cognitive decline (SCD) is one of the earliest noticeable symptoms of dementia, including Alzheimer's disease. Some studies have shown that half of older adults with subjective memory complaints go on to develop more severe cognitive decline within 7-18 years. This study estimated the prevalence of SCD among current workers and former workers aged ≥45 years. Data from the 2015-2016 Behavioral Risk Factor Surveillance System were used to examine the prevalence of SCD among US workers aged ≥ 45 years who were currently employed or were employed in the past 12 months. SCD is defined as frequent confusion or memory loss within the previous 12 months. Only states (n=28) that collected data on both industry/occupation and cognitive decline were included in this study. The overall prevalence of SCD was 5.9% among current workers and 11.2% among former workers. The prevalence of SCD was higher among current and former workers 65 years and older. Nearly 23% of current workers and 33.5% of former workers had given up on day-to-day activities due to SCD. Current and former workers with SCD were 2.31 and 2.09 times more likely to have other chronic diseases (e.g. diabetes), respectively. Both current and former workers with SCD were more likely to report mental health problems (e.g. depression). Cognitive decline is an important public health issue affecting older workers and their ability to work. Interventions to improve or maintain cognitive functioning may help retain older workers. Future studies need to examine the role of SCD in workforce attrition.

SUICIDE MORTALITY AND LIFE EXPECTANCY IN OLDER ADULTS

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As the fastest growing segment of the US population, older adults are at higher risk for suicide than any other age groups. More than 6,546 older adults in the 65-84 age group died by suicide in the US in 2016. The purpose of this study was to analyze the impact of late life suicide mortality in life expectancy in the 65+ age group. Data on suicide death counts for 17 US states came from the 2011 and 2015 National Violent Death Reporting System. Life tables were constructed based on the total population and all-cause mortality data from the National Center for Health Statistics (CDC-NCHS). Differences in life expectancies by gender and age group were calculated using Arriaga's decomposition method. The findings show that the number of suicide deaths was 5 to 6 times higher among male older adults than females in both years. When suicide as a cause of death was discounted, the life expectancy for the 65+ age group would increase by 1.75 years (2011) and 1.70 years (2015) for males, and 1.36 (2011) and 1.37 (2015) for females. The highest impact was found in the 75+ age group for both genders, with potential years of life expectancy lost due to suicide being 2.16 years (2011) and 2.07 years (2015) for males and 1.58 years (2011) and 1.53 years (2015) for females. These findings highlight the effects of late life suicide mortality in life expectancy and add to the knowledge base regarding suicide prevention strategies at the population level.

SUPPORTING CAREGIVERS AND CARE RECIPIENTS AFTER THE ONSET OF COGNITIVE IMPAIRMENT WITH HOME BASED TECHNOLOGY

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The purpose of this study was to examine how a caregiver and care recipient with dementia are supported by a home-based Voice User Interface (VUI) technology after the onset of cognitive impairment. The intent of this study was to reveal whether there were any changes in relational autonomy between caregiver and care recipient while using a VUI technology, specifically the Amazon Echo with the conversational agent Alexa. This study aimed to explore two specific aspects. First, determine the Amazon Echo's impact on relational autonomy for both caregivers and care recipients with dementia within the home setting. Specifically, explain the relationship between relational autonomy of caregiver and care recipient with an eye towards alternative design perspectives for technology deployment in the home to

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