the context of driving cessation. Although some research has examined the association between driving cessation and certain kinds of social engagement activities, no research has specifically examined changes in social support, particularly among older adults most vulnerable to social isolation – those who live alone . The present study addresses this gap, using data drawn from the 2006-2014 waves of the Health and Retirement Study (HRS) to examine how social support changes in the context of driving cessation among older adults who live alone (N=412). This study specifically focuses on instrumental and emotional social support, and how different sources of the support (children, friends, and other family) are influenced by loss of driving. I use a series of ordinary least squares regression (OLS) to examine four-year changes in various forms of social support among those who live alone, comparing those who lose the ability to drive relative to their continuously driving counterparts. Preliminary results indicate that driving cessation is associated with decline in perceived instrumental support of friends (-0.984, p<01) for older adults who live alone. However, these effects did not extend to children or other family members. These results suggest that loss of driving may perpetuate vulnerabilities facing individuals who live alone by leading to lower levels of perceived support from non-family members.

INVESTIGATING SOCIAL NETWORKS OF OLDER SINGAPOREAN LEARNERS: THE MIXED-METHODS SOCIAL NETWORK APPROACH

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Lifelong learning has been regarded as an important factor of promoting active engagement in later life for researchers and policy makers. Most of the studies tend to illustrate old learners as a homogeneous and self-resilient group of people to engage in lifelong learning. Few studies address older learners' social capital in affecting their decision of engagement and in sustaining their motivation. The study documented the existing social networks of older Singaporeans in lifelong learning programs and illustrated how social networks contributed their participation in learning. The mixed methods consist of in-depth interviews and two network instruments (Name Generator and Position Generator) based on 30 older Singaporeans (between 50 and 79 years old) who attended lifelong learning courses between 2016 and 2018. Interviews are transcribed and analyzed. The network instruments of are quantified and visualized. The findings show that older learners' networks included a mixture of social ties from family and friends. Learners' closeness with network members and their living arrangement with them influenced learners' involvement in learning and future planning. Single respondents who had more non-kin members in the networks reported to be more active due to their weak ties. Overlapping networks among couple learners increase the spousal support for learning. Learners who had wider ranges of social resources are associated with their interest in learning activities. The study suggests that advocating lifelong learning needs to take older adults' networks into considerations as networks represent the social forces that influence their decisions and motivations.

IS SOCIAL ENGAGEMENT RELATED TO FEWER HOSPITALIZATIONS IN COMMUNITY-DWELLING OLDER ADULTS?

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We tested the hypothesis that more socially engaged older adults experience fewer hospitalizations. Data came from 1,153 older adults (72.4% female, mean age 80.8, 14.6 years education at baseline), enrolled in the Rush Memory and Aging Project, with survey data linked to Medicare claims records (mean 5.0 [SD=3.1] years of Medicare coverage after study baseline). Linear regression models were fit with annual rate of hospitalization as outcome with terms for age, sex, and education. Engaging in more social activities (est=-0.16, SE=0.05, p=0.002) and larger life space (est=-0.08, SE=0.03, p=0.005) were associated with a lower rate of hospitalization, while a higher level of loneliness (est=0.18, SE=0.06, p=0.002) was associated with greater rate of hospitalization; size of social networks (est=-0.01, SE=0.01, p=0.069) was not associated with hospitalization. When examined separately by admission type, the same significant associations were found for nonelective (emergency and urgent) hospitalizations, but not for elective hospitalizations. After further adjusting for marital status, baseline levels of depressive symptoms, chronic medical conditions, physical activity, and ADL disabilities, only social activities were significantly related to hospitalization rate (total and nonelective). Adjusting for disability attenuated these associations the most, indicating that functional status may confound the relationship between social engagement and hospitalization. More research is necessary to determine if social engagement in older age can proactively help to keep older adults out of the hospital, or alternatively whether level of social engagement is a marker for functional status or other health factor that is directly related to risk of hospitalization.

SOCIAL ENGAGEMENT AND DEPRESSIVE SYMPTOMS IN OLDER AFRICAN AMERICANS: A 6-YEAR CROSS-LAGGED PANEL ANALYSIS

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Although previous studies have extensively investigated the cross-sectional relationship between social engagement and depressive symptoms in late life, longitudinal studies have produced mixed results. Furthermore, studies on the associations between these two concepts among aging African Americans are few. Using a sample of 1688 older African Americans adults from waves 1 and 7 of the National Health and Aging Trends Study (60% women; Average age = 77 years), the present study investigates the longitudinal associations between social engagement (an index from scores on visiting friends and family, attending religious services, attending religious services, participating in group activities, and going out for enjoyment) and depressive symptoms across seven years. Structural equation modeling was used to test cross-lagged relationships between the variables.

Findings suggest that social engagement at baseline significantly predicted subsequent depressive symptoms and social engagement. Depressive symptoms at baseline, however, were not significantly associated with subsequent social engagement. These findings suggest that low social engagement in older African Americans is directly associated with increased depressive symptoms over time, but not vice versa. The implications of these findings are discussed in relation to the barriers of social engagement for older African Americans and its effects on their mental health.

WHEN CLOSE TIES LIVE FAR AWAY: PATTERNS AND PREDICTORS OF GEOGRAPHIC NETWORK RANGE AMONG OLDER EUROPEANS

Haosen Sun,[1] and Markus H. Schafer[1], *1. University of Toronto, Toronto, Ontario, Canada*

Using the Survey of Health, Ageing and Retirement in Europe (SHARE, Wave 6 in 2015), this paper examines the structure of older adults' core discussion networks in terms of their geographical outreach. We also examine how far respondents live from their friends, and how such a connection is conditioned by the presence of a proximate child in the network. Findings suggest that older adults in Northern Europe are more likely to have a confidant at mid- and long-range (5-25km and >25km, respectively) than seniors in Central Europe, while their counterparts from Eastern and Southern Europe are less likely to identify a discussant out of their 5km radius. This pattern persists when focusing only on non-kin members of one's network. However, having a nearby child confidant does not affect the probability of being connected to friends at variant distances in North Europe, while it does predict a lower likelihood of having close-by (0-5km) and long-distance (>25km) friends in Eastern and Southern regions. Other significant predictors of one's geographical network reach, such as education, financial standing, cognitive ability, computer skills, and car ownership are also discussed and compared across European regions.

SESSION 3485 (SYMPOSIUM)

STAKEHOLDER PERSPECTIVES ON DESIGN, IMPLEMENTATION, AND SUSTAINMENT OF SERVICES FOR OLDER VETERANS

Chair: Samantha Solimeo, *Center for Access and Delivery Research and Evaluation Primary Care Analytics Team Iowa City VA Health Care System, Iowa City, Iowa, United States*

Co-Chair: Bret Hicken, *Veterans Rural Health Resource Center-SLC, Salt Lake City, Utah, United States*

A majority of United States Veterans are older adults, compelling healthcare systems such as Veterans Health Administration to attend to their unique needs when designing and implementing programs for workforce development and service delivery. In this symposium authors will present findings from four studies examining how older Veterans' needs and preferences affect implementation and sustainment in a variety of settings. Presenters demonstrate how: 1) understanding Veterans' perspectives and preferences for measuring functional status may inform the improvement of care coordination in the primary care setting; 2) the role of population characteristics in implementation of geriatric patient centered medical home teams (i.e., GeriPACTs); 3) the interaction of patient, provider, and delivery system information needs in limiting sustainment of diverse initiatives to improve osteoporosis screening and management for Veterans; and 4) the factors affecting transferability and sustainment of rural and geriatrics-focused quality improvement initiatives beyond local settings. Beyond their focus on how older adults' needs are reflected or shape implementation, the studies illustrate the application of qualitative data to clinical practice and workforce development.

OLDER VETERANS' PERSPECTIVES ON MEASURING FUNCTIONAL STATUS IN VA PRIMARY CARE CLINICS

Francesca Nicosia,[1] Malena J. Spar,[2] Alicia Neumann,[3] Molly C. Silvestrini,[2] Maureen Barrientos,[3] and Rebecca T. Brown[4], *1. San Francisco VA Health Care System, San Francisco, California, United States, 2. San Francisco VA Medical Center Division of Geriatrics; San Francisco, California, United States, 3. Division of Geriatrics, San Francisco, California, United States, 4. Corporal Crescenz VA Medical Center Division of Geriatric Medicine, Philadelphia, Pennsylvania, United States*

Little is known about older adults' perspectives on measuring functional status (i.e., ability to perform basic and instrumental activities of daily living). This study used a qualitative design to understand older Veterans' perspectives on measuring function in primary care settings. Thematic analysis of interviews conducted with 28 Veterans ≥65 years and 5 caregivers from one VA Medical Center identified several themes including: 1) importance and relevance of discussing function; 2) preferences for assessment method (e.g., provider- or self-assessment;) and 3) wording of questions (i.e., needing help vs. having difficultly). These findings suggest that effective approaches to measuring function must consider patient preferences on content and format and ensure that measurement is used to inform care. We applied these findings to develop an interprofessional intervention to improve functional status measurement for older Veterans in primary care.

WE ARE NOT CURING A LOT OF THINGS, BUT WE ARE CARING: GERIPACT PATIENT NEEDS SHAPE TEAM NEEDS

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