

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

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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,<sup>1</sup> Malena J. Spar,<sup>2</sup> Alicia Neumann,<sup>3</sup> Molly C. Silvestrini,<sup>2</sup> Maureen Barrientos,<sup>3</sup> and Rebecca T. Brown<sup>4</sup>, 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 Crescenzo 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 difficulty). 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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