

healthcare to older adults in primary care by training healthcare professionals in team functioning, rapid cycle QI, and evidence based geriatric practice. The program capitalizes on the role of nursing and other healthcare disciplines. To maximize sustainability, it focuses on Medicare-reimbursable visits. This program will focus on the implementation of the Annual Wellness Visit (AWV) through a collaboration between Dartmouth and 3 GWEPs: University of Florida, University of Louisville and the University of Wyoming. The model's standardized approach to implementation begins with practice assessments and two trainings. The first training focuses on team functioning & rapid cycle QI and the second is a deep dive training focused on the implementation of the AWV. After the training, practices participate in a data-driven, virtual learning collaborative with monthly data collection and learning sessions. Since 2015, the AWV, through the GITT-PC model has been implemented in 14 sites in northern New England, 10 sites in upstate New York, and nationally through five other GWEP awardees across the country.

#### **A GWEP COLLABORATION: IMPLEMENTING THE AWV IN A RURAL PRIMARY CARE CLINIC**

Christine McKibbin<sup>1</sup>, 1. *University of Wyoming, Laramie, Wyoming, United States*

This presentation will focus on the collaboration with the Dartmouth GWEP to implement the AWV in a rural primary care clinic. The challenges of practice transformation in busy primary care clinics will be discussed along with lessons learned on a successful GWEP partnership to achieve improved patient outcomes in primary care.

#### **A TEAM APPROACH TO THE IMPLEMENTATION OF THE ANNUAL WELLNESS VISIT**

Lucy Guerra<sup>1</sup>, 1. *University of Florida, Tampa, Florida, United States*

The success of any practice change initiative is dependent upon a highly effective team. This presentation will focus on the "secret sauce" of our implementation of the AWV in collaboration with the Dartmouth GWEP. Participating in both asynchronous and live virtual training enabled our team to come together to successfully implement the AWV using a team based model. Using the principles of highly effective teaming and a rapid cycle QI approach we have been able to improve patient outcomes in primary care.

#### **A UNIQUE APPROACH TO INTERPROFESSIONAL TRAINING USING THE ANNUAL WELLNESS VISIT HEALTH RISK ASSESSMENT**

Anna Faul<sup>1</sup>, 1. *University of Louisville, Louisville, Kentucky, United States*

The Kentucky (KY) Rural & Underserved Geriatric Interprofessional Education Program (KRUGIEP) participated in a unique innovative approach to the implementation of the Medicare Annual Wellness visit in collaboration with the Dartmouth GWEP. The model focused on the integration of students into the process of conducting the Health Risk Assessment through community based home visits. This talk will focus on this unique program and the participation in a multi-GWEP learning collaborative.

## **SESSION 2080 (SYMPOSIUM)**

### **INTEREST GROUP SESSION—MENTAL HEALTH PRACTICE AND AGING: INTEGRATION OF SOCIAL DETERMINANTS OF HEALTH IN DEFINING HEALTH BEHAVIORS AND OUTCOMES AMONG DIVERSE OLDER ADULTS**

Chair: Jacquelyn Minahan, *University of Kansas, Lawrence, Kansas, United States*

Discussant: Tamara A. Baker, *University of Kansas, Lawrence, Kansas, United States*

Social determinants of health (SDoH) are conditions in which individuals live, learn, work, and play. Specifically, they are influenced by the distribution of resources, money, and power, and have significant implications on health behaviors and outcomes across the life span. Existent data show the influence these indicators may have in the onset and progression of chronic illnesses. However, much of these data focus on the effect of race and health, as social determinants, but fail to adequately address the myriad other factors (e.g., health care, social and community context) that influence the social patterning across the life course. This symposium presents findings from several studies highlighting the nuanced role of SDoH across diverse populations of older adults. Scholars will present findings on the influence that identified determinants, such as social networks, lifestyle behaviors, and gender, have in defining health outcomes across the life course. Minahan presents the relationship between chronic illnesses and depression and compares depressive symptomatology according to disease cluster in a nationally-representative sample of older adults. Atakere discusses determinants of well-being among African American males with chronic illnesses and the challenges associated with this marginalized population. Booker examines spirituality as a mechanism for pain management among older African Americans and presents this as a crucial determinant of health. This symposium will expand on the existing body of literature by emphasizing social and cultural determinants, aside from race, that influence health behaviors and outcomes across the life span.

### **MULTIMORBIDITY IN OLDER ADULTS: CAN DISEASE CLUSTER PREDICT DEPRESSION SEVERITY?**

Jacquelyn Minahan<sup>1</sup>, 1. *University of Kansas, Lawrence, Kansas, United States*

Multimorbidity, defined as the co-occurrence of two or more chronic conditions, is positively correlated with depression severity among older adults. However, few studies have compared depression outcomes by disease cluster. To address this gap, secondary data analyses were performed using data from the National Social Life, Health, and Aging Project (NSHAP), Wave 2. For the purpose of this study, disease clusters are composed of conditions that implicate similar body systems (e.g., musculoskeletal system, cardiovascular system). Participants reported an average of 2.69 (+/- 1.97) chronic conditions. Multimorbidity and depressive symptom severity, as measured by the Center for Epidemiological Studies – Depression, Iowa Form (CES-D) were positively associated ( $p < 0.001$ ). Individual disease clusters, age, self-identifying as female, and lower educational attainment were predictive of depressive symptom severity ( $p < 0.001$ ). Findings support the necessary inclusion of social

determinants (health status, gender, education, age) in the conceptualization of health and health outcomes within an aging population.

#### **DETERMINANTS OF GENERAL WELL-BEING IN BLACK MALES WITH CHRONIC ILLNESS**

Darlington Atakere<sup>1</sup>, *1. University of Kansas, Lawrence, Kansas, United States*

Over the last decades, considerable attention has been directed towards examining the well-being of people living with chronic illness. The presence of one or more chronic illnesses challenges their quality of life and general well-being, thus, impacting their abilities to function physically, psychologically, and socially. I investigated reports of general well-being in Black males with chronic illness(es) in a sample of N=242 participants. The males were aged 35–63 and identified as Black/African American males. The participants responded to items assessing general well-being; ethnic identity; self-esteem; active coping; the presence of chronic illness(es); and additional demographic, social and ecological characteristics. Analyses of responses indicated that marital status, ethnic identity, self-esteem are significant determinants of general well-being in Black males with chronic illness(es). Data further showed active coping to be negatively correlated with well-being. I discuss the implications of results for the understanding of health outcomes among this marginalized population.

#### **SPIRITUALITY IN CHRONIC PAIN SELF-MANAGEMENT: LOWER USE BUT EQUAL IMPORTANCE IN OLDER AFRICAN AMERICANS**

Staja Booker<sup>1</sup>, *1. The University of Florida, Gainesville, Florida, United States*

Spirituality is a key social determinant of health for African Americans (AAs) and strongly impacts management of chronic pain. Older AAs (average age 68± 12.37) from urban and rural communities completed questionnaires (N= 110) and audio-recorded, semi-structured individual interviews (N= 18) describing osteoarthritis pain self-management. Prayer was used by 42% of AAs, with substantially fewer attending church (23.6%), watching religious television or reading the Bible/Christian literature (20.9%), listening to gospel music (18.2%), and laying of hands (8.2%). Interestingly, prayer and church attendance were the only pain strategies rated by more participants as very helpful. Regardless of religiosity, most AAs believed that spirituality was “an important aspect, whether we realize it always or not”. Specifically, prayer was considered “number one... ‘cause I know it’s gonna be all right once I do pray...prayer help heal the pain”. Spiritual strategies remain integral for chronic pain self-management despite lower than expected use among AAs.

### **SESSION 2085 (SYMPOSIUM)**

#### **POLICY SERIES: INTERDISCIPLINARY PUBLIC POLICY DISCUSSION SESSION**

Chair: Linda K. Harootyan, *Wilmington, North Carolina, United States*

Discussant: Brian W. Lindberg, *The Gerontological Society of America, Washington, District of Columbia, United States*

This session, organized by the GSA Public Policy Committee, will provide both GSA section leadership and attendees an opportunity to have an open dialogue on important public policy issues of significance to the aging population. Section leaders will discuss key policy issues of particular relevance to their section’s mission and purpose. They also will comment on improving physical and mental health to illustrate how their different disciplines and perspectives inform and apply to public policy on that issue. This will be an interactive session with plenty of opportunity for audience feedback and input.

#### **PUBLIC POLICY ISSUES OF SIGNIFICANCE TO THE BIOLOGICAL SCIENCES**

Scott Leiser<sup>1</sup>, *1. University of Michigan, Ann Arbor, Michigan, United States*

This presentation will cover public policy issues of significance to the aging population, focusing on the perspective of the biological sciences and on policies that may improve physical and mental health.

#### **PUBLIC POLICY ISSUES OF SIGNIFICANCE IN SOCIAL RESEARCH, POLICY, AND PRACTICE**

Robert Harootyan<sup>1</sup>, *1. Senior Service America Inc., Silver Spring, Maryland, United States*

This presentation will cover public policy issues of significance to the aging population, focusing on the perspective of the social research, policy and practice community and on policies that may improve physical and mental health.

#### **POLICY PRIORITIES: PERSPECTIVES FROM THE BEHAVIORAL AND SOCIAL SCIENCES**

Karl Pillemer<sup>1</sup>, *1. Cornell University, Ithaca, New York, United States*

This presentation will cover public policy issues of significance to the aging population, focusing on the perspective of the behavioral and social sciences and on policies that may improve physical and mental health.

#### **SIGNIFICANT PUBLIC POLICY ISSUES IN THE HEALTH SCIENCES**

Stephen Kritchevsky<sup>1</sup>, *1. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*

This presentation will cover public policy issues of significance to the aging population, focusing on the perspective of the health sciences and on policies that may improve physical and mental health.

### **SESSION 2090 (SYMPOSIUM)**

#### **IS AGING AN ACQUIRED MITOCHONDRIAL DISEASE?**

Chair: Alessandro Bitto, *University of Washington, Seattle, Washington, United States*

Mitochondrial dysfunction is a hallmark of aging, but severe mitochondrial dysfunction leads to rare childhood