surgery will be presented. Batsis will discuss the controversies and challenges in body composition assessment focusing on sarcopenic obesity. Data highlighting the different diagnostic criteria of sarcopenic obesity and diagnostic accuracy will be presented. The link between overall nutrition status and physical function on health outcomes is emerging in older adults. Bales will discuss the types of physical function assessment tools used in studies of older adults and discuss her findings on the impact of higher protein intake on functional outcomes. The symposium will conclude with a discussion led by Locher on practical implications of integrating best assessment techniques into clinical practice.

NUTRITION ASSESSMENT PROTOCOLS IN COMMUNITY-DWELLING OLDER ADULTS WITH CHRONIC WOUNDS
Rose Ann DiMaria-Ghalili,† Sarah Charbonneau,† Keyanna Bynum,‡ Michael Neidrauer,‡ Michael S. Weingarten,† and Peter A. Lewin,† 1. Drexel University, Philadelphia, Pennsylvania, United States

Older adults are at risk for altered nutritional status and functional impairment due to physiological (e.g., age-related changes, acute and chronic co-morbid conditions) and psychosocial factors (e.g., depression, loneliness, cognitive impairment). Those with alterations in nutritional and/or functional status are at risk for poor health outcomes—including delayed healing of chronic wounds. We will discuss our lessons learned when devising nutrition assessment protocols from our ongoing double-blind randomized control clinical trial testing the effectiveness of ultrasound treatment on healing chronic leg wounds. The discussion will focus on the following measures: the Mini-Nutritional Assessment, handgrip strength assessment, and inflammatory biomarkers.

NUTRITION ASSESSMENT IN HIGH-RISK PATIENTS: NRS-2002, PG-SGA, AND NFPE IN OLDER ADULTS PREPARING FOR ELECTIVE SURGERY
Kathryn N. Porter Starr,† Kenlyn Young,† Shelley R. McDonald,† Nancy Loyack,‡ Sandhya Sandhya Lagoo-Deenadayalan,‡ Mitchell T. Hefflin,† Carl F. Pieper,‡ and Connie W. Bales,‡ 1. Duke University School of Medicine, Durham, North Carolina, United States, 2. Durham VA Medical Center, Durham, North Carolina, United States, 3. Duke University Medical Center, Durham, North Carolina, United States

Post-surgical complications are most common in older adults. While a number of factors contribute, one key determinant is malnutrition. Malnutrition is seen in up to 86% of older adults at hospital admission. Malnutrition and postsurgical complications are linked through two critical observations: 1) malnutrition dramatically reduces the ability of older adults to overcome postsurgical health stressors, and 2) nutritional status is likely to deteriorate further during hospitalization and after discharge. Despite convincing evidence that perioperative nutrition intervention can improve surgical outcomes, nutrition screening and assessment in the preoperative period is not required or standardized. We will review issues surrounding screening and assessment of malnutrition in older adults preparing for elective surgery and present data on screening (NRS-2002) and assessment tools (Nutrition Focused Physical Exam and PG-SGA) used in this high-risk population. Finally, we will discuss best practices for identifying and intervening with malnourished older adults in the preoperative setting.

PHYSICAL FUNCTION AND BODY COMPOSITION AS NUTRITIONAL OUTCOMES: ASSESSMENT APPROACHES
Connie W. Bales,† Kathryn N. Porter Starr,† and Marshall Miller,† 1. Duke University, Durham, North Carolina, United States

Nutritional status is a strong determinant of both body composition and physical function (PF), parameters that are closely interrelated but rarely evaluated in the clinical setting due to cost, access, and lack of agreement on best approaches in older adults. Recent evidence that changes in muscle mass do not closely correspond to changes in muscle function will be reviewed in the context of our studies of higher protein obesity interventions. PF assessments, including indices for older adults (Short Physical Performance Battery and Physical Performance Test), as well as specific tests like gait speed and handgrip strength, will be explained as nutrition outcomes and in relation to body composition from air displacement (BodPod) and dual energy x-ray absorptiometry (DXA). These results, along with new studies of muscle quality, will bring a better understanding of the complexity of responses to nutritional interventions designed to optimize body mass and composition in older adults.

CONTROVERSIES AND CHALLENGES IN DEFINING SARCOPENIC OBESITY
John A. Batsis†, 1. Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, United States

Sarcopenia is defined as the loss of muscle mass, strength and physical function with aging and in conjunction with obesity, leads to incrementally adverse outcomes. There is no current consensus for defining this disease entity, making an accurate evaluation challenging in both the research and clinical settings. We will review the definitions put forth by the Sarcopenia Definition and Outcomes Consortium and the European Working Group for the Study of Sarcopenia. We will present data highlighting the different diagnostic criteria of sarcopenic obesity and the diagnostic accuracy of common anthropometric measures in measuring adiposity using data from the National Health and Nutrition Examination surveys. The advantages and disadvantages of the different modalities of assessing body composition will be discussed, including body impedance analysis, dual energy x-ray absorptiometry, computer tomography and magnetic resonance imaging in addition to simple, novel clinical screening tools for obesity sarcopenia will be presented.

SESSION 2075 (SYMPOSIUM)
IMPLEMENTING THE MEDICARE ANNUAL WELLNESS VISIT: A GWEP COLLABORATION
Chair: Ellen Flaherty, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, United States
Discussant: Nina Tumosa, Health Resources and Services Administration, Rockville, Maryland, United States

The Geriatric Interprofessional Team Transformation in Primary Care (GITT-PC) model improves delivery of
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 McKibbin1, 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 Guerra1, 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 Faul1, 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: Jacqueline 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 Minahan1, 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