Based Primary Care (HBPC) providers to learn about the best practices discovered to ensure COVID-19 vaccination uptake by some of the most vulnerable older veterans. Results from each of these studies will shed light on policies and practices needed to ensure the best physical and mental health outcomes for older military veterans.

MORTALITY RISK AMONG OLDER VETERANS AND NONVETERANS: THE IMPORTANCE OF COMBAT STATUS
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Over 17.4 million Americans have served in the U.S. armed forces. Although long-term mortality risk is reported to be higher among older veterans than nonveterans, research does differentiate whether there is variation by combat status. This study examined later-life mortality rates among nonveterans, noncombat veterans, and combat veterans. Data were from Wave 2 of the Midlife Development in the United States Survey (N = 4,633). Participants included 3832 nonveterans, 584 noncombat veterans, and 217 combat veterans. Mortality rates did not differ when comparing nonveterans and noncombat veterans. Combat veterans, however, had a higher risk of mortality than did than nonveterans. Combat experience is a determinant of long-term mortality risk among veterans. Future studies should account for combat status when comparing health and mortality between veterans and nonveterans. Because of their heightened mortality risk, combat veterans should be provided with additional services during and after their time in the armed forces.

EXPLORING MULTIDIMENSIONAL RESILIENCE IN OLDER VETERANS WITH PTSD DURING THE PANDEMIC
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The COVID-19 pandemic and restrictions for physical and social distancing has affected all older adults, but one segment that has unique needs and experiences is older veterans with PTSD. This presentation will explore how PTSD symptomology, and psychosocial functioning in this population have changed compared to pre-pandemic findings. The impact of the pandemic on daily life activities and functional impairment will also be explored. Participants recruited to a wellness clinical trial for older veterans with PTSD at two different timepoints (pre-pandemic, n=54; post-pandemic, n=28) completed PTSD and mental health assessments, and a physical performance battery testing strength, mobility, balance, and aerobic endurance. PTSD symptoms, specifically avoidance and hypervigilance were markedly lower in the post-pandemic sample. Higher levels of physical impairments were observed in the post-pandemic sample, suggesting a need for targeted outreach and health promotion programs among older adults with PTSD symptoms during the pandemic.

MARITAL QUALITY AND LONELINESS AMONG AGING COMBAT VETERANS: THE MODERATING ROLE OF PTSD SYMPTOMS
Christina Marini1, Jeremy Yorgason2, and Anica Pless Kaiser3, 1. Adelphi University, Garden City, New York, United States, 2. Brigham Young University, Provo, Utah, United States, 3. VA Boston Medical Center, Jamaica Plain, Massachusetts, United States

Loneliness is a robust predictor of aging veterans’ health. Even married older adults may experience loneliness if their relationships are of poor quality. We therefore examined facets of marital quality as predictors of loneliness within a sample of aging veterans: (1) companionship (relationship promotes connection to spouse) and (2) sociability (relationship promotes connection to others). We further evaluated whether veterans’ PTSD symptoms moderated these associations. We utilized two waves of data from 269 Vietnam-era combat veterans (M age = 60.5, SD = .73) collected in 2010 and 2016. Upon controlling for baseline loneliness, demographics, and chronic conditions, higher companionship and sociability each predicted lower subsequent loneliness. We detected interactions between companionship and PTSD subclusters. For example, companionship protected against loneliness only for veterans with low and moderate (but not high) avoidance. Findings highlight nuances in how marital quality predicts aging veterans’ loneliness, some of which are dependent on PTSD symptoms.

DISCUSSING AND DELIVERING THE COVID-19 VACCINE: EXPERIENCES IN VA’S HOME BASED PRIMARY CARE PROGRAM
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COVID-19 vaccines represented a new type of vaccination with specific logistical challenges for distribution and administration. As the Department of Veterans Affairs (VA) embarked on a campaign to vaccinate its Veterans, homebound Veterans presented unique challenges. Therefore, we studied how VA’s Home Based Primary Care (HBPC) teams vaccinated Veterans to inform best practices for future vaccination efforts for similar vulnerable populations. From March-May 2021, we fielded a survey to HBPC staff at 145 VA programs nationwide, gathering insights from 73 teams. Findings highlighted the importance of vaccine communication and education; the need to prioritize HBPC Veterans receiving vaccines; ironing out vaccine distribution and administration logistics; and that internal and external structures were required to safely vaccinate Veterans in-home.

ADDRESSING TRAUMA IN OLDER VETERANS IN HOME-BASED PRIMARY CARE
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1. Adelphi University, Garden City, New York, United States, 2. California State University, Fullerton, Fullerton, California, United States, 3. Syracuse University, Syracuse, New York, United States, 4. VA Finger Lakes Health Care System, Canandaigua, New York, United States, 5. VA Eastern Colorado Health Care System, Rocky Mountain Regional VA Medical Center, Denver, Colorado, United States

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