EMOTIONAL WELL-BEING HUMAN STUDIES
Feng Lin, Stanford University, California, United States

Early evidence indicates an association between EWB and underlying brain processes, and that those processes change with both normal and pathological brain aging. However, the nature of these associations, the mechanisms by which EWB and its component domains change with brain aging, and how those changes may be associated with common neuropathologies in ADRD, are largely unexplored. We propose an appraisal-adaptation model in understanding relationships between EWB and ADRD. For human models, we encourage the use of well-established measures that directly assess eudaimonic and hedonic EWB, including abnormal scenarios (e.g., neuropsychiatric symptoms, anhedonia, loneliness, etc.), as well as older adults with exceptional cognition (i.e., superagers or supernormals). Dr. Lin will review premises associated with the appraisal-adaptation model in conducting human research on EWB, aging, and ADRD.

ACTIVITIES OF NEW BRAIN AGING
Yeates Conwell, University of Rochester Medical Center, Rochester, New York, United States

The Network for Emotional Well-being and Brain Aging (NEW Brain Aging) was funded by NIA with the goal of forming a national, transdisciplinary collaborative that includes investigators with research expertise in emotional well-being (EWB), Alzheimer’s disease and related dementias (ADRD), human and animal neuroimaging, stress regulation, and computational/quantitative methods. Our objective is to stimulate mechanistic research identifying and testing mechanisms by which brain aging influences EWB and how EWB may impact risk for and progression of ADRD. This presentation will explain the structure and functions of the network that serve as a resource for investigators interested in EWB and aging research, and how to access them: a transdisciplinary community of scholars interested in brain, aging, and EWB research from both human and animal fields; webinars; workgroups to establish priorities for NEW Brain Aging activities; a resource repository; and pilot project funding opportunities to which network members can apply.

EMOTIONAL WELL-BEING ANIMAL MODELS
Kuan Wang, University of Rochester, Rochester, New York, United States

Clinical studies suggest an association between EWB and the risk or progression of AD. However, the mechanistic link and causal relationship between EWB and AD remain unknown, due to limited experimental access and control of the underlying human brain processes. Animal models offer genetic control of AD mutations and neural circuit analysis tools, but subjective feelings of EWB cannot be assessed through self-report. To study EWB across species, we adopt a theoretical framework that views emotions as central brain states that respond to exteroceptive or interoceptive stimuli and cause multiple cognitive, somatic and behavioral changes. Recent neuroanatomical and functional imaging studies have identified evolutionarily related brain circuits in the encoding and regulation of central emotional states in animals. Dr. Wang will review progress in elucidating the functional activities of these circuits and discuss the challenges and opportunities to link these neural representations to EWB and AD related pathological progression.

OVERVIEW OF EWB AND AGING
Robert Kaplan, Stanford University, Stanford University, California, United States

The accumulation of scientific knowledge has been hampered by inconsistent usage of terms and categories. Ontology is the study of categories, their properties, and the relations between them. This presentation considers the definition and measurement of emotional well-being (EWB), a term that has been used inconsistently in research and clinical practice. The category contains eudaimonic and hedonic well-being that represent interrelated but conceptually distinct aspects of mental health. This presentation will review the definition and measurement of EWB and evidence for the validity of the construct. Evidence suggests EWB increases after age 50 and is important for maintenance of cognitive function in old age. Further, low in EWB may be a risk factor for incident ADRD, and is likely to impair cognitive functioning.

NIA PRIORITIES ON EMOTIONAL WELL-BEING
Janine Simmons, NIA, Bethesda, Maryland, United States

In 2021, NIH funded six high-priority research networks designed to develop resources to support and advance the study of emotional well-being (EWB) and its core components. These research networks aim to advance the field by facilitating transdisciplinary research in the social, behavioral, psychological, biological, and neurobiological sciences. The National Institute on Aging (NIA) co-sponsored the RFA, and provided funding for NEW Brain Aging, because of the central importance of EWB to health trajectories across the adult lifespan. In this presentation, Dr. Simmons, Chief of the Individual Behavioral Processes Branch within the NIA Division of Behavioral and Social Research (BSR), will discuss how EWB research fits within NIA priorities. She will then facilitate open discussion about NIA and BSR’s vision for the EWB ‘network of networks,’ the synergy of NEW Brain Aging with other members of the larger network, and the opportunities these networks will provide for investigators interested in EWB.

Session 2275 (Symposium)

NOVEL STRATEGIES TO REACH AND ENGAGE OLDER VETERANS DURING COVID-19
Chair: Amanda Peeples
Discussant: Kim Van Orden

The COVID-19 pandemic and associated public health measures to prevent its spread have important implications for the health and wellbeing of older Veterans. Prior to the pandemic, social isolation was already recognized as a risk for older adults, contributing to increased risk of depression, physical inactivity, and mortality. Stay-at-home orders, social distancing, and transitions to new ways of delivering care have meant that many of the ways in which older Veterans connect with VA and others have changed. Older Veterans and Veterans with serious mental illness (SMI) are
especially vulnerable to experience negative impacts from social isolation and loneliness. This symposium will present on four novel and adapted strategies for engaging with older Veterans during the COVID-19 pandemic and beyond: 1) VA Connection Plans, a whole health intervention to promote social connections for older Veterans with and without SMI (Peeples); 2) telehealth adaptations to PEER, an in-person, peer-delivered exercise intervention for older Veterans with SMI (Muralidharan); 3) VA Compassionate Contact Corps, a VA Voluntary Service program to connect older Veterans with friendly volunteers via telephone (Sullivan); and 4) group telehealth interventions to foster social connection among older Veterans and their families (Weiskittle). Kim Van Orden, geropsychologist and director of the Hope Lab (Helping Older People Engage) at the University of Rochester Medical Center, will serve as discussant.

**VA CONNECTION PLANS: A WHOLE HEALTH INTERVENTION TO PROMOTE SOCIAL CONNECTIONS FOR OLDER VETERANS**

Amanda Peeples, Samantha Hack, and Anjana Muralidharan, 1 VA Providence Medical Center LTSS COIN and Brown University, Providence, Rhode Island, United States, 2 VA, Syracuse, New York, United States, 3 Department of Veterans Affairs, St. Louis, Missouri, United States, 4 Iowa City VA Healthcare System; University of Iowa Carver College of Medicine, Iowa City, Iowa, United States, 5 CHOIR, VA Boston healthcare System, Boston, Massachusetts, United States, 6 Department of Veterans Affairs, Washington, District of Columbia, United States

The Connection Plan intervention was created as a brief intervention to assist older adults experiencing social isolation during COVID-19. Based in Cognitive Behavioral Therapy (CBT), it is designed to help older adults create a “Connection Plan” to cope with distress related to social isolation. In 1-2 sessions, interventionists work with the older adult to create a Connection Plan with three parts: Mind (ways to change negative thoughts), Body (ways to change unpleasant body sensations), and Connections (ways to increase social engagement). Through soliciting feedback from key stakeholders (Veterans and VA clinicians), the Connection Plan intervention was adapted for the VA context. This paper will present this process of creating the VA Connection Plans manual, as well as associated efforts to disseminate the intervention to 900 VA staff and deliver it to 600 older Veterans with (age 50+) and without (age 65+) serious mental illness.

**ENGAGING OLDER VETERANS WITH SERIOUS MENTAL ILLNESS IN PHYSICAL ACTIVITY: IN-PERSON, REMOTE, AND HYBRID MODELS**

Anjana Muralidharan, Sera Havrilla, Alicia Lucksted, Deborah Medoff, Karen Fortuna, and Amanda Peeples, 1 Veterans Affairs Capitol Healthcare Network, Baltimore, Maryland, United States, 2 VISN 5 MIRECC, Baltimore, Maryland, United States, 3 University of Maryland School of Medicine, Baltimore, Maryland, United States, 4 Dartmouth College, Lebanon, New Hampshire, United States

Older adults with serious mental illness (SMI) have complex care needs across medical, psychiatric, cognitive, and social domains. This growing population exhibits high levels of medical comorbidity and sedentariness. Innovative interventions that promote holistic recovery for this group are needed, especially in the context of the COVID-19 pandemic. Peer Education on Exercise for Recovery (PEER) is a peer coaching intervention, delivered by VA Peer Specialists (Veterans with lived experience of mental illness), to promote exercise and physical activity among older adults with SMI. This paper will present on three different models of PEER: fully in-person, fully remote, and a hybrid model with both in-person and remote elements. Preliminary data indicates that PEER is (1) engaging and well-liked, (2) associated with greater sustained increases in physical activity compared to an active control, and (3) can lead to sustained physical activity increases that are resilient to situational constraints such as physical distancing.

**VA COMPASSIONATE CONTACT CORPS: A PHONE-BASED INTERVENTION FOR VETERANS INTERESTED IN SPEAKING WITH PEERS**

Jennifer Sullivan, Lisa Gualtieri, Maura Campbell, Heather Davila, Jacquelyn Pendergast, and Prince Taylor, 1 VA Providence Medical Center LTSS COIN and Brown University, Providence, Rhode Island, United States, 2 VA, Syracuse, New York, United States, 3 Department of Veterans Affairs, St. Louis, Missouri, United States, 4 Iowa City VA Healthcare System; University of Iowa Carver College of Medicine, Iowa City, Iowa, United States, 5 CHOIR, VA Boston healthcare System, Boston, Massachusetts, United States, 6 Department of Veterans Affairs, Washington, District of Columbia, United States

The VA Voluntary Service has developed and implemented a new social prescription program called Compassionate Contact Corps which was created during the COVID-19 pandemic when in-home volunteers could no longer enter Veterans’ homes. The program targets Veterans who are lonely, socially isolated or seeking additional social connection. Volunteers and Veterans are matched based on common interests. Trained volunteers provide support by making periodic phone calls. Program referrals are made from VA providers in several clinical programs (e.g. Home-based Primary Care). To date, CCC has been implemented in more than 80 sites in the VA, with 310 volunteers, 3,320 visits, and 4,737 hours spend with Veterans.

**GROUP TELEHEALTH INTERVENTIONS FOSTERING SOCIAL CONNECTION AMONG OLDER VETERANS AND THEIR FAMILIES**

Rachel Weiskittle, and Michelle Mlinac, 1 University of Colorado Colorado Springs, Colorado Springs, Colorado, United States, 2 VA Boston Healthcare System, Boston, Massachusetts, United States

During the early months of the COVID-19 pandemic, virtual and telephone visits rapidly replaced most in-person care within the Veterans Health Administration (VA) to reduce virus spread. To address the emerging mental health needs of older Veterans (e.g., isolation, loneliness), we developed an 8-week group treatment manual, deliverable over telephone or videoconference, to foster social connection and address pandemic anxieties. The manual was disseminated in March 2020 as a rapid response to emergent COVID-19 pandemic realities, during which many locations in the United States called for immediate self-quarantine measures for unknown durations. This talk will present the user-centered design of the manual, preliminary feasibility and acceptability findings from provider surveys, and introduce versions of the manual targeting specific populations (e.g., caregivers, Spanish speakers) currently in development or in pilot testing.