assessing ageist attitudes, loneliness, well-being, and other individual differences. One week after completing a baseline survey, 17 email pen pal pairs began the six-week e-mail intervention. Participants repeated the survey one week after the completion of the intervention (which was eight weeks after the baseline for the control participants). Analyses showed that at baseline, younger adults (M=2.41, SD=.76) reported higher levels of loneliness compared to older adults (M=1.65, SD=.77), t(59) = 3.85, p < .001. Repeated measures ANOVAs showed that the intervention did not have a significant effect on ageism or loneliness in either younger or older adults. However, the effect size of the intervention for loneliness among older adults was moderate to large (ηg = .07). Descriptive statistics indicated that older adults in both the intervention and control groups experienced an increase of loneliness during the post-test. However, the older adults in the intervention group experienced less of an increase compared to older adults in the control group. This suggests that the intervention may have buffered the increase in loneliness that older adults may experience during the winter months and during the onset of the COVID-19 pandemic.

Session 2175 (Symposium)

AGING STRONG: PROMOTING RESILIENCE THROUGH OPTIMISM, PURPOSE, AND SOCIAL CONNECTIONS
Chair: Ellen Wicker Co-Chair: James Schaeffer

Resilience is defined as the ability to adapt and cope with circumstances in a way that empowers one to emerge stronger, thrive, and incorporate lessons learned. Resilience as a trait can be learned and modified and have a significant impact on healthy aging. UnitedHealthcare (UHC) and AARP Services, Inc. (ASI) are committed to the health and well-being of participants in UHC’s Medicare Supplement insurance plans, recognizing that health and wellness need to be promoted on a holistic level to ensure successful aging. In this effort, an initiative titled Aging Strong 2020 was developed to promote health, well-being, and increase resilience by focusing on the key individual pillars of enhanced purpose in life, social connectedness, and optimism. To accomplish this goal, a series of eight interventions over three years were created and delivered, with a focus on the key pillars in order to improve clinical and psychological health outcomes and participants’ satisfaction with health care. This symposium will specifically discuss efforts related to the Aging Strong 2020 program. First, we will describe the prevalence and outcomes of the pillars in a large national survey. Next, key challenges and successes in recruitment and retention for the various interventions will be highlighted, followed by overall findings from the eight interventions targeting the pillars. Finally, qualitative findings on participant experience as a result of participation will be discussed. Results from these initiatives demonstrate that interventions designed to improve well-being among older adults contribute to the holistic model of health.

RECRUITING OLDER ADULTS IN A MEDICARE SUPPLEMENT POPULATION FOR WELLNESS INTERVENTION PILOT STUDIES
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Older adults are often underrepresented in the health promotion literature, in part due to challenges in recruiting older adults for such studies. Aging Strong 2020 was specifically designed to address the health needs of older adults. A subset of adults aged 65 and older with an AARP Medicare Supplement plan insured by UnitedHealthcare were recruited for participation in one of eight interventions. Recruitment lists for each program were drawn from a pool previously screened for loneliness, purpose in life, optimism, and resilience, administered by an interactive voice response (IVR) telephone survey. Recruitment efforts were multifaceted and included emails, direct mailers, and phone calls. Incentives ranging from $25-$100 for completing surveys did not correspond with higher recruitment rates. Overall, recruitment phone calls reached 28,058 (32%) individuals on the recruitment lists; a total of 1,766 participated, demonstrating that targeted efforts to recruit older adults for research opportunities can be successful.

IMPROVING RESILIENCE, OPTIMISM, PURPOSE, AND LONELINESS AMONG OLDER ADULTS
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Resilience, purpose in life (PIL), and loneliness have been linked, and used to characterize the health and well-being of older adults. Studies demonstrate that higher resilience, PIL, and minimal loneliness are associated with better late-life outcomes. However, research on how these constructs negatively impact medical costs is limited. Using survey and claims data from a large sample of older adults age 65+ (N=4,496), resilience, PIL, and loneliness were examined to determine associations with medical costs. Among study participants, 11% exhibited low resilience, 19% severe loneliness, and 35% low PIL. Low resilience was associated with 24% higher medical costs compared to participants with high resilience, severe loneliness with 20% higher costs compared to participants with no loneliness, and low PIL marginally associated with 12% higher costs compared to participants with high PIL. Interventions targeting resilience, PIL, and loneliness could be beneficial to promoting successful aging and lowering medical costs.