evaluate feasibility/acceptability of a community-based brain health promotion program: Strength & Resilience Brain Health and Wellness Program. Design requirements were specified through ongoing end-user feedback via structured and open-ended surveys, group dialogue, and facilitator memoing which informed needed iterative refinements of program components. The resultant program incorporates information about brain health/dementia prevention, physical exercise, and cognitively-stimulating activities targeting attention, focus, problem solving, and communication. Integrated across components are deliberate adaptations for physical/cognitive abilities and activities to facilitate group cohesion and reduce stigma. Across two 10-week offerings, we found the program to be feasible as demonstrated through high enrollment (N=44) and retention (75%). A quarter of participants self-disclosed a dementia diagnosis in baseline surveys. Participants rated program components as acceptable, and perceived positive influences on target risk factors particularly social isolation, sense of self-worth, and cognitive stimulation. The current study provides a platform for a feasible and scalable group, community-based brain health promotion program, and suggests participant-centered outcomes extend beyond cognitive domains. More rigorous evaluation of the program is needed to evaluate fidelity across components and standardized outcomes.

DETERMINANTS OF ADHERENCE TO ADA TYPE II DIABETES MELLITUS GUIDELINES: IMPLICATIONS FOR LONGEVITY

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The aim of this study was to identify the differences in terms of demographics, socioeconomic status and overall levels of morbidity-related health burden between population strata characterized by high levels of adherence to American Diabetes Association screening guidelines and their low-adherence counterparts. Factor analysis was used to create a single continuous measure of adherence which was stratified and analyzed using the Cox proportional hazards model to identify adherence levels associated with protective effects for mortality. Based on the results, the entire population of Health and Retirement Study respondents newly diagnosed with diabetes mellitus, type II was then stratified into four levels of adherence – excellent, sufficient, insufficient, poor – based on the strength of the protective effect associated with that level of the adherence factor and compared. Mortality in the group associated with excellent adherence was 41 to 57 percentage points lower than among their counterparts. High levels of adherence were associated with White and Hispanic race, low morbidity burden, high education and economic status, and low levels of functioning limitations. Based on race-specific survival function estimates we found that the life expectancy at age 65 of an individual newly diagnosed with type II diabetes mellitus could be improved from 14.97 to 19.64 years for whites, 13.36 to 19.58 years for African Americans and 14.92 to 21.28 for Hispanics if average adherence levels are increased to the highest levels observed in our study. Finally, we found that adherence levels were improving over the 1991-2015 period suggesting successful diabetes awareness efforts.

DO CENTENARIANS WITH HIGHER LIFE SATISFACTION LIVE LONGER?

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Subjective well-being (SWB) is defined as a person's cognitive and affective evaluation of life and has been recognized as one of the main psychological factors associated with better health and longevity in different age groups. Several studies evidenced its influence on all-cause mortality, but such a relation has been scarcely explored in individuals aged 100 years and over. The aim of this study is to evaluate the role of SWB in the survival of a sample of centenarians. Two studies conducted in Portugal (PT100 Oporto and PT100 Beira Interior) followed individuals from the age of 100+ years, checking their survival every six months over the period of December 2013 until June 2019. The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used at baseline as a measure of subjective well-being. Given that this is a self-reported scale, only a subsample of centenarians with cognitive capacity were included in this study (n=82; 67 (80.7%) women; mean age at baseline 101 years (sd=1.3 years)). Results obtained through a univariate Cox proportional hazards model suggest that longer survival was associated with higher levels of life satisfaction, highlighting the importance of this psychological dimension for longevity even at very advanced ages.

EVIDENCE FOR THE EFFECTIVENESS OF HEALTH AND SOCIAL SERVICES PARTNERSHIPS

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Integration of health and social services is touted as a key method to address social needs and improve population health. We will share the latest evidence on how Area Agency on Aging (AAA) partnerships with health care entities and other organizations improve health outcomes for older adults, while reducing health care costs. AAAs are community leaders in cross-sectoral partnerships that effectively address social determinants of health for older adults, who account for a substantial share of overall health care spending. Results of a longitudinal study (2008 – 2016) which links data from four waves of the National Surveys of AAAs to data on county-level health outcomes show that AAA–health care partnerships and programs reduced health care utilization and costs. AAA partnerships with hospitals reduced Medicare spending by $136 per beneficiary. AAA involvement in evidence-based health promotion programs decreased potentially avoidable nursing home use by nearly one percentage point (representing a change of 6.5%). Finally, we will describe the prevalence and nature of contracting relationships between community-based organizations and health care entities, based on data from the 2020 CBOs and
Health Care Contracting Request for Information, the third national RFI of AAs, Centers for Independent Living, and other aging and disability community-based organizations.

**FACILITATORS AND BARRIERS TO ENGAGING STAKEHOLDERS IN USE-INSPIRED AGING RESEARCH**

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The Cell2Society Aging Research Network at Drexel University is a university-wide, novel ecosystem for the pursuit of use-inspired aging research focused on topics from cellular to societal level. Our goals include: 1) Engaging stakeholders to jointly participate in age-related research; 2) Collaborating to build an infrastructure for age-related research through team science; 3) Develop and implement person-centered research that matters to older adults. We apply interdisciplinary, use-inspired approaches in three areas of relevance to older individuals, their families, healthcare and payment systems, communities and policy makers: (a) preventing and managing chronic conditions, (b) enhancing active and purposeful living, and (c) enabling aging in place in home and communities. Our initial qualitative study described facilitators and barriers experienced by community-based service providers (N=9) and payers/providers (N=5) in the greater Philadelphia area when engaging with academic investigators. We conducted three focus groups. Participants were mostly female (64%), white (64%) and were at their organization between 1-10 years (79%). Conventional content analysis revealed that successful research partnerships were facilitated by: 1) trusted investigators and academic institutions and 2) demonstrated collaborative qualities of investigators (e.g., good communication; provides staff education). Negative experiences engaging with academic-led research were related to: 1) research leaving the community (e.g., results never being shared) and 2) organizational limitations (e.g., lack of internal resources to complete projects). These findings will inform the development of stakeholder-academic partnerships from 2020 onward to design use-inspired aging research initiatives.

**GENDERED ASSOCIATION BETWEEN EMPLOYMENT STATUS AND UNMET HEALTH CARE NEEDS AMONG MIDDLE-AGED KOREANS**

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Previous studies show that working people are less likely to experience unmet health care needs than non-workers. Also, employment and health are located in gendered social contexts. The present study aims to examine the moderating effect of gender on the association between employment status and unmet health care needs among middle-aged Koreans. We conducted logistic regression using the Korean Health Panel data (in 2016 and 2017; N=2,573, age range=45-64). Having experiences unmet health care needs in 2017 was the binary dependent variable. Employment status in 2016 was the binary independent variable and gender was the moderating variable. Age, education level, marital status, annual income, household type, type of medical security, disability, self-rated health, the number of chronic diseases, and stress level in 2016 were also in the analytic model based on the Andersen’s health behavioral model. The percentages of middle-aged people experiencing unmet health care needs were 18% for working men, 11% for non-working men, 13% for working women, and 16% for non-working women. The result showed there was significant moderating effect of gender (B=.72, p<.05). Specifically, working men were less likely to experience unmet health care needs than non-working men. On the contrary, there was not the significant difference in experiencing unmet health care needs between working and non-working women. It indicates that it is necessary to supplement medical services for especially for middle-aged men who are not employed because they might experience considerable amounts of unmet health care needs.

**HEALTH BEHAVIORS AND EHEALTH LITERACY AMONG OLDER ADULTS, HINTS 2019**

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With rapid shifts in how health information is reported and consumed, providers and patients must consider their electronic or “eHealth” literacy. The purpose of this study was to analyze how older adults (age 60+) seek health information in the context of online and offline resources and how eHealth literacy correlates with health behaviors. We performed a cross-sectional analysis of a nationally representative sample of 2,587 U.S. older adults drawn from the Health Information National Trends Survey (HINTS) Iteration 5 Cycle 3. Weighted descriptive analyses were conducted to examine the association between CDC-recommended health behavior guidelines on produce consumption and exercise, eHealth literacy, and sociodemographics. Weighted logistic regression analyses were conducted with STATA 16.0 to assess the relationship between healthy behaviors and eHealth literacy controlling for sociodemographics. The weighted sample reported the following demographic characteristics: average age 71 years (range 60-98), 53.6% female, 73.8% White, 9.7% Black and 8.6% Hispanic. Of older adults, 26.7% performed 2 or more health behaviors regularly. Among older adults, those who have looked up medical information using electronics are 1.79 (95% confidence interval: 1.24, 2.58) times more likely to meet 2 or more CDC-recommended health behavior guidelines than those that have not, after controlling for survey group, education, race/ethnicity and gender. Access and utilization of online resources among older adults may influence their health behaviors and health outcomes. Providers should consider the eHealth literacy of their older adult patients and direct them to appropriate and reliable online resources.

**IMPACT OF ORAL HEALTH ON QUALITY OF LIFE AND SUBJECTIVE WELL-BEING IN COMMUNITY-DWELLING OLDER ADULTS IN MEXICO**

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