expected to choose a new plan every year. The choice they make has large implications for their health care costs, as well as their actual access to health care. While we typically think that targeted policies are burdensome and social insurance programs are accessible, Medicare contradicts this easy categorization. Instead, it demonstrates how private sector involvement in public programs can increase complexity and increase burdens for beneficiaries.

**PROMOTING HEALTH EQUITY THROUGH PARTNERSHIPS**

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Funded by The John A. Hartford Foundation, Trust for America’s Health’s (TFAH) Healthy Aging initiative has supported states as they develop Age-Friendly Public Health Systems (AFPHS). The goal of this national initiative is to make healthy aging a core function of state and local public health departments. Through this initiative, TFAH is working directly with states as they work to improve the health of older adults, with a particular focus on health equity. Given the increased prevalence of health disparities, prioritizing health equity has become important for many organizations. Through new partnerships and collaboration with aging services providers and health care systems, public health departments have developed innovative ways to improve the health and well-being of older adults from racial/ethnically diverse backgrounds. Areas of collaboration between the public health and aging sectors include sharing data on older adult health and working together to address social isolation.

**REIMAGINING LONG-TERM SERVICES AND SUPPORTS IN A POST-PANDEMIC WORLD**

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Prior to the global pandemic, the United States struggled to coordinate, deliver, and finance quality, person-centered long-term services and supports (LTSS) through the default primary payer, Medicaid. The pandemic highlights the challenges of not having a LTSS system. LTSS workers are underpaid, overworked, and turning over at alarming rates. Families face mounting pressures of caring for a growing number of loved ones, some with very complex care. Costs continue to climb, and quality indicators are not improving. We also explore collaboration during a disaster, Ways to improve collaboration during a disaster, especially for smaller ALCs, will be discussed.

**Session 2465 (Paper)**

**Psychosocial Well-Being**

ARE ALL DOMAINS OF LIFE SATISFACTION EQUAL? DIFFERENTIAL ASSOCIATIONS WITH HEALTH AND WELL-BEING IN OLDER ADULTS

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Growing evidence documents strong associations between overall life satisfaction and favorable health and well-being outcomes. However, because most previous studies have assessed satisfaction with one’s life as a whole, we know little about whether specific domains of life satisfaction (e.g., satisfaction with income) might be driving better health and well-being outcomes. Data were from 13,752 participants in the Health and Retirement Study—a nationally representative cohort of US adults aged > =50. We evaluated if positive changes in seven domains of life satisfaction (between t0;2008/2010 and t1;2012/2014) were associated with 35 indicators of physical, behavioral, and psychosocial health and well-being (at t2;2016/2018). Satisfaction with family life and non-work activities showed the largest associations with subsequent psychological factors, followed by satisfaction with financial situation and income. Effect estimates were double in magnitude for certain domains of life satisfaction (e.g., the association between satisfaction with family life and purpose in life (β=0.22, 95% CI:0.16,0.27) was more than twice as large as the association between satisfaction with family life and purpose in life (β=0.22, 95% CI:0.16,0.27) was more than twice as large as the association between satisfaction with family life and purpose in life (β=0.22, 95% CI:0.16,0.27) was more than twice as large as...
happiness and purpose in life ($\beta=0.09$, 95% CI:0.02,0.16). Further, some domains showed associations with physical health outcomes (e.g., participants with the highest satisfaction with health had a 21% decreased mortality risk (95% CI: 0.66,0.95)), health behaviors (e.g., higher satisfaction with income decreased risk of sleep problems by 11% (95% CI:0.80,0.99)), and social factors (e.g., loneliness ($\beta=-0.16$ to -0.42)). Individual domains of life satisfaction might be novel targets for interventions and policies seeking to enhance specific facets of health and well-being in our rapidly aging population.

ATTACHMENT, EMOTION, AND PHYSIOLOGICAL COREGULATION AMONG ELDERLY MOTHERS AND THEIR ADULT DAUGHTERS
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Examination of physiological coregulation among marital partners suggests a dynamic interplay between partner physiology. Further, attachment dimensions of anxiety and avoidance mediate this coregulation during conflict. This study examined the role of attachment and race in predicting physiological coregulation for mothers and their adult daughters during emotional discussions. A sample of 23 African American and 17 Caucasian mother-daughter pairs (aged 26 to 83) completed interview sessions and Relationships Questionnaires. Pairs engaged in discussions (neutral, conflict, happy), while monitoring heart rate. HR difference scores were computed between pairs (bps; 0 meant no difference). Multiple Regressions revealed attachment anxiety and avoidance predicted HR variation between pairs for the neutral and happy discussions, differently by racial group ($F(7,33)=3.297$, $p < 0.01$). For African American women, increased anxiety predicted increased HR variation during neutral and happy discussions, whereas for Caucasian women, increased avoidance predicted increased HR variation. However, during conflict anxiety singularly predicted increased HR covariation ($b = 5.03$, $p = 0.01$), for both groups. Low anxiety and low avoidance predicted physiological coregulation (lower HR variance between pairs). Increased anxious attachment predicted partner dysregulation (increased HR variation between pairs) across all 3 discussions, moderated by avoidance for the Caucasian women. Results suggest attachment plays a role in regulating physiology under emotional stress, and that there may be important cultural differences in this relationship. Further examination will explore the dynamic interplay between attachment and physiological coregulation across adulthood and later life.

LONGITUDINAL AND AGE-RELATED IMPLICATIONS OF PRIMARY AND SECONDARY CONTROL FOR HAPPINESS
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While previous research addressed two distinct types of happiness, including hedonia and eudaimonia, the longitudinal associations of primary and secondary control with these happiness constructs had not been fully studied. The present study aimed to contribute to the literature by examining these associations and their age differences. Using data from the second and third waves of the Midlife in the United States (MIDUS; N = 4,963, aged 28 to 84 at baseline), the present study conducted structural equation modeling analyses to examine whether primary and secondary control predicted residualized changes over around a decade in the latent constructs of hedonia and eudaimonia and whether there were age differences in these associations. The results indicate that while only primary control predicted change in eudaimonia overall, the associations of primary and secondary control with changes in hedonia and eudaimonia differed by age. Particularly, in comparing these effects for younger and older individuals, primary control predicted increases in eudaimonia only for younger individuals, whereas secondary control predicted decreases in hedonia for younger individuals but predicted increases in eudaimonia for older individuals. Considering these findings, the importance of primary and secondary control for happiness may vary between adults of different ages, which is possibly due to their life priorities that may change with age. The present study suggested potential directions of future research further examining the role of primary and secondary control for happiness and exploring potential interventions to promote happiness, for example, by modifying primary and/or secondary control for adults of different ages.

POSITIVE ASPECTS OF CAREGIVING IN INCIDENT AND LONG-TERM CAREGIVERS: ROLE OF SOCIAL ENGAGEMENT AND DISTRESS
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Positive aspects of caregiving (PAC) are positive appraisals that caregivers report about their role such as feeling appreciated or important, and may increase with caregiver adaptation over time. We aimed to examine differences in PAC by caregiving duration and social engagement, controlling for measures of distress. A total of 283 African American or White caregivers from the Caregiving Transitions Study with a wide range of caregiving durations were included in our analysis. We used multivariable linear regressions to model total PAC score on years of caregiving and social engagement, controlling for sex, race, marital status, relationship to care recipient, dementia status of care recipient and measures of distress (depressive symptoms, perceived stress, caregiving strain). Caregivers with higher social engagement reported significantly higher PAC while caregivers with longer duration of care reported marginally higher PAC in most analytic models. African American caregivers reported higher PAC compared to White caregivers. Dementia caregivers reported lower PAC than non-dementia caregivers in models that adjusted for demographic variables and social network size, but the association was attenuated with the addition of caregiving strain. In summary, higher social engagement...