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. AAs 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 AAs to data on county-level health outcomes show that AAA–health care partnerships and programs reduced health care utilization and costs. AAs 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