

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. While our approach to LTSS has improved, costs and quality challenges still dominate the landscape. We are at juncture when we need to reimagine the LTSS system, one that genuinely puts the care recipients and their caregivers at the heart of the system. The pandemic has provided some lessons about how to think differently about what long-term services can look like. Now is the time to embrace innovative opportunities building on this adversity.

THE DIFFERENCE LTC CORPORATE OWNERSHIP MAKES IN COLLABORATIONS WITH EMERGENCY OPERATION CENTERS DURING DISASTERS

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Collaboration between nursing homes (NHs) and assisted living communities (ALCs) with state and local entities (e.g., emergency operation centers (EOCs)) is critical during a disaster. The corporate structure of NHs and ALCs can make a difference in their ability to collaborate with these entities during a disaster. This mixed-method study examines differences in satisfaction with collaboration with state and local entities during Hurricane Irma in Florida in 2017 between corporate-owned NHs (N=24), larger (25+ beds) ALCs (N=38) and smaller ALCs (N=30). We also explore collaboration in Florida NHs (N=35) and ALCs (N=123) specific to COVID19. Scaled 1-5 survey data results indicate that small ALCs are the least satisfied (M=2.90) with EOC collaboration, compared to NHs (M=3.04) and larger ALCs (M=3.33) during Irma. Smaller ALCs were more dissatisfied with COVID19 mandates compared to larger ALCs and NHs. 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 ($\beta=0.22$, 95% CI:0.16,0.27) was more than twice as large as the association between satisfaction with