

EARLY LIFE CONDITIONS, ADULTHOOD EXPERIENCES, AND EDENTULISM AT OLDER AGES

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The role of childhood in shaping overall adult health has been well documented, especially for physical and mental health, but much less is known about the impact of early disadvantage on oral health in later life. Using data from the 2006 and 2012 Health and Retirement Study, we investigate the link between childhood financial and psychosocial adversity and edentulism over a six-year period among U.S. adults aged 51 and older. We find that those growing up with parents with fewer resources face higher risks of having lost all their tooth at baseline and during the follow-up. Adulthood socioeconomic status and health behaviors are strongly associated with the risk of edentulism, net of childhood conditions. However, the effect of low parental resources on the onset of edentulism persists when accounting for these life course factors. Part of a symposium sponsored by the Oral Health Interest Group.

ACCULTURATION AND SUBSEQUENT ORAL HEALTH PROBLEMS AMONG OLDER CHINESE AMERICANS: THE ROLE OF NEIGHBORHOOD DISORDER

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To further understand social, cultural, and personal predictors of oral health outcomes, this study addressed the relationship between acculturation and subsequent oral health problems and tested the moderating role of neighborhood disorder in such a relationship among older Chinese Americans. The working sample included 2,706 foreign-born community-dwelling older Chinese Americans aged 60 years or older who participated in the Population Study of Chinese Elderly in Chicago at the baseline and the first follow-up. Stepwise Poisson regression using lagged dependent variable was conducted. Behavioral acculturation was protective against subsequent oral health problems. Residence in Chinatown was associated with an increase in the risk of subsequent oral health problems. The relationship between behavioral acculturation and subsequent oral health problems varied by levels of neighborhood disorder. To reduce oral health-related disease burdens, it is important to consider the role of acculturation and the neighborhood on subsequent oral health problems in practice and policy. Part of a symposium sponsored by the Oral Health Interest Group.

ORAL HEALTH, IMMIGRANT STATUS, AND ADULT CHILDREN'S SUPPORT AMONG CHINESE AMERICAN OLDER ADULTS

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Adult children play an important role in older immigrants' health outcomes. Research has indicated that older adults may benefit from adult children caregivers' support for oral health. However, little is known about children's support for improving oral health for older immigrants. Using the 2018 survey of 430 Chinese older adults age 55 and older in Honolulu, Hawai'i, we examine the associations among immigrant status, adult children's support and perceived oral health for Chinese American older adults. Emotional support from adult children protects the self-rated oral health for the immigrant group, while financial support is linked to fewer oral health problems among the US-born group. Therefore, the current study underlines the importance of investigating different pathways among foreign-born and native-born Chinese older adults with regard to children's support on their oral health outcomes. Part of a symposium sponsored by the Oral Health Interest Group.

THE IMPACT OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS ON DENTAL CARE UTILIZATION AND COSTS IN OLDER ADULTS

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There is limited information on the impact of cognition function on dental care utilization and costs. This study used the Medicare current beneficiaries survey in 2016 and included 4,268 participants 65+. Dental care utilization and costs were measured by self-report and included preventive and treatment events. Negative binomial regression and generalized linear regression were used to examine the impact of Alzheimer's disease (AD) and related dementia (RD) on dental care utilization and costs. We found that AD was not associated with dental care utilization, but RD was associated with a lower number of total treatment dental care visits (IRR: 0.60; 95% CI: 0.37~0.98). RD was not associated with dental care costs, but AD was associated with higher total dental care costs (estimate: 1.08; 95% CI: 0.14~2.01) and higher out-of-pocket costs (estimate: 1.25; 95% CI: 0.17~2.32). AD and RD had different impacts on different types of dental care utilization and costs. Part of a symposium sponsored by the Oral Health Interest Group.

HOW COGNITIVE IMPAIRMENT AFFECTS MEDICATION MANAGEMENT IN DENTAL SETTINGS

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