

NUTRITION, ORAL HEALTH, AND CHRONIC DISEASES INEXTRICABLY LINKED

Teresa Marshall, *University of Iowa, Iowa City, Iowa, United States*

The 2020-25 Dietary Guidelines identified dental caries as a diet-related chronic disease of major importance. Preventing dental caries and other oral infectious diseases is critical to maintaining an individual's capacity to chew food, consume nutrient-rich diets, and sustain optimal nutrition status. Pain and infection from dental caries complicates consumption of adequate amounts of fruits, vegetables, dairy, and lean protein recommended in the Dietary Guidelines. Nutrition and dietary intake can affect the development and integrity of oral cavity and progression of oral diseases. Increased snacking throughout the day in place of three-meals daily raises the risk of obesity and dental caries throughout the life cycle. Older adults who make routine oral health preventive practices, such as brushing, cleaning between teeth, drinking fluoridated water, and chewing sugarfree gum to increase saliva flow can reduce dental caries and oral infectious diseases. Professionals must also consider the impact of sugar-sweetened beverages and sugar intake.

RESEARCH CONFIRMS EFFECTIVENESS OF ORAL HEALTH PREVENTIVE PRACTICES

Michael Dodds, *Mars Wrigley, Chicago, Illinois, United States*

Lack of insurance or funds for dental services, lack of access to dental offices, fear of dentists, and avoidance of dental offices during COVID can lead to oral health problems in older adults. Brushing, flossing, and drinking fluoridated water can protect teeth when dentists are unavailable. Limiting intake frequency of carbohydrates and chewing sugarfree gum after eating add protection. A recent systematic review and meta-analysis confirmed the effectiveness of sugarfree gum in reducing caries, in children and adults who chewed sugarfree gum compared with those who did not chew. Chewing sugarfree gum significantly reduced caries increment, with a prevented fraction of 28 percent, roughly equivalent to the prevented fractions for fluoride toothpastes and supplements. A follow-up systematic review provides further evidence that chewing sugarfree gum reduces the numbers of *Streptococcus mutans* in the oral cavity. Finally, chewing sugarfree gum could alleviate symptoms of xerostomia and may reduce caries.

Session 2460 (Symposium)

PRESIDENTIAL SYMPOSIUM: FROM DISRUPTION TO TRANSFORMATION: CHALLENGING AND CHANGING THE NEW NORMAL

Chair: Deborah Waldrop

Co-Chair: Philip Rozario

Discussant: Emily Greenfield

While the refrain "We're all in this together" is meant to describe a sense of universality of our exposure and adaption to the Covid-19 pandemic life, the deeply rooted racial and economic injustices and ongoing health crises continue to expose the inequities experienced by many older adults. In this symposium, we focus on existing disparities and possibilities

for transformation. The first paper discusses systemic racism as a structural driver of practices and policies that influence poverty, poor housing and neighborhood conditions, worse health profiles, relationship loss and social isolation among older Black adults. The second paper illuminates the importance of health equity and collaboration between aging and healthcare systems to improve the well-being outcomes and address disparities of older adults from racial-ly/ethnically diverse backgrounds. The third paper illustrates how the privatization of Medicare has created bureaucratic complexities that increase cost and burdens for beneficiaries. The fourth paper presents the ways that the pandemic has exposed the challenges of a nonexistent Long Term Services and Support system; specifically, in refocusing our attention on the working conditions of in-home and residential workers, such as poor compensation, and high turnover and mounting demands on families. The fifth paper addresses the importance of collaboration between nursing homes and assisted living communities with governmental emergency operations in times of disasters and public health crises. Each paper addresses pressing issues that have created the "new normal" for older adults; together the presenters explore the disruptions and offer solutions for renewed transformation.

RACISM AND THE LIFE COURSE: SOCIAL AND HEALTH EQUITY FOR OLDER BLACK AMERICANS

Linda Chatters,¹ Harry Taylor,² and Robert Taylor,³

1. *University of Michigan, ANN ARBOR, Michigan, United States*, 2. *Center for the study of Aging and Human Development, Durham, North Carolina, United States*,

3. *University of Michigan, Ann Arbor, Michigan, United States*

Racism and the Life Course: Social and Health Equity for Older Black Americans examines the impacts of systemic racism on adult development and the aging trajectories of Black Americans. Using the life course perspective (e.g., socio-historical events, linked lives), we discuss systemic racism as a structural driver of practices and policies (e.g., racial residential segregation) that have shaped the social and health circumstances of older Black Americans. These life circumstances include high rates of poverty, poor housing and neighborhood conditions, worse health profiles, and relationship loss and social isolation—conditions that, for too many older Black adults, represent the 'normal' state of affairs. Creating a 'new normal' of social and health equity for older Black Americans requires recognizing and disrupting the operation of systemic racism in our policies and practices. Selected recommendations and actions for achieving health and social equity for older Black Americans are discussed.

MAKING MEDICARE COMPLICATED: THE CONSEQUENCES OF PRIVATIZATION

Pamela Herd, *Georgetown University, Georgetown University, District of Columbia, United States*

Starting with policy changes in the 1980s, Medicare has largely become privatized, with nearly 40 percent of beneficiaries enrolled in private Medicare Advantage plans and another 30 percent with private supplemental coverage, including for prescription drug coverage. As a result, Medicare has become laden with administrative burdens and barriers. Beneficiaries are faced with a confusing array of plans and coverage options when they enroll, and are

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

Karon Phillips, *Trust for America's Health, Trust for America's Health, District of Columbia, United States*

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

Robert Applebaum,¹ Katherine Abbott,¹ and Gretchen Alkema,² 1. *Miami University, Oxford, Ohio, United States*, 2. *The SCAN Foundation, Long Beach, California, United States*

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

Debra Dobbs,¹ Joseph June,² David Dosa,³ Lindsay Peterson,⁴ and Kathryn Hyer,⁵ 1. *University of South Florida, School of Aging Studies, University of South*

Florida, Florida, United States, 2. *University of South Florida, Tampa, Florida, United States*, 3. *Brown University, Providence, Rhode Island, United States*, 4. *University of South Florida, Bradenton, Florida, United States*, 5. *University of South Florida, University of South Florida, Florida, United States*

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

Julia Nakamura,¹ Scott Delaney,² Ed Diener,³ Tyler VanderWeele,⁴ and Eric Kim,¹ 1. *University of British Columbia, Vancouver, British Columbia, Canada*, 2. *Harvard T. H. Chan School of Public Health, Boston, Massachusetts, United States*, 3. *University of Virginia, Charlottesville, Virginia, United States*, 4. *Harvard T.H. Chan School of Public Health, Boston, Massachusetts, United States*

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