LIFE COURSE PATHWAYS FROM CHILDHOOD SES TO AGE-RELATED DECLINES IN KIDNEY FUNCTION ACROSS ADULTHOOD
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Age is a strong predictor of declines in kidney function across adulthood. Using data from 2,045 adults (ages 25-84) in the Midlife in the United States (MIDUS) study, we examined the life course pathways through which low parental education, through adult SES and body mass index (BMI), was associated with faster age-related declines in kidney function. Kidney function declines by 0.8 ml/min/1.73 m2 per year across adulthood. Lower parental education, through adult SES and BMI, was associated with higher kidney function among younger adults (Est = -1.61, SE = 0.62, 95%CI = -2.62, -0.60), but lower kidney function among older adults (Est = 0.93, SE = 0.51, 95%CI = 0.11, 1.79). The impact of early socioeconomic adversity on kidney function is initiated by kidney hyperfiltration in early adulthood and followed by faster declines and development into disease state in later adulthood.

RESILIENT IDENTITY: HOW AGING MATTERS IN EXPLORING RESILIENCE
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Defining resilience is complex given its multidimensional and contextualized nature within the gerontological literature. The construct has been described as a trait, state, and process, and less often, as a cultivated identity. Older adults are key in the understanding of resilience from their own point view as experts of their experiences with adversity. This presentation focuses upon the findings of qualitative research utilizing grounded theory methodology, which explores the way aging may shape “resilient identity.” Given the varying challenges across the life course, resilient identity may be highly dependent on individual and environmental context. This talk also focuses on who determines the definition of resilience as well as the nature of such an identity. Educational implications regarding key factors, management strategies, and protective practices are also discussed.

DISPARITIES IN OPIOID USE FOR PAIN CONTROL AMONG OLDER ADULTS: THE ROLE OF SOCIAL FACTORS
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Over 50% of older adults (65+ years old) suffer from pain, and an estimated 25% of older adults use prescription opioids to treat their pain. Older adults are physiologically vulnerable to the effects of opioids; yet, they are prescribed more than all other age groups. This study used the Health and Retirement Study 2016 Core dataset (N=3,916) to analyze the moderation effect of social support on the association between pain and prescription opioid use in people aged 65+ using logistical regression analysis. Results show that older adults with severe pain were more likely to use prescription opioids (OR= 4.84) after considering covariates. Higher perceived social support was associated with higher likelihood of prescription opioid use for severe pain (OR=1.53). Older adults are at greater risk of pain and social isolation compared to younger age groups, making them a vulnerable group to consider as policy makers tackle this nationwide epidemic.

SESSION 7615 (SYMPOSIUM)

SOCIOECONOMIC STATUS, HEALTH BEHAVIORS, AND ORAL HEALTH OF OLDER ADULTS IN CHINA
Chair: Yaolin Pei
Co-Chair: Xi Chen
Discussant: Michele Saunders

Many Chinese older adults suffer from oral health diseases and problems due to low oral health literacy, limited dental coverage and lack of dental care services for this segment of the population in China. However, so few studies have been conducted to examine social and behavior factors related to oral health among Chinese older adults. This symposium examines how socioeconomic status (SES) and health behaviors are associated with oral health among Chinese older adults. The first paper used the Nanjing Centenarians Study to examine the association between health behaviors and oral health among Chinese centenarians. The results showed that health behaviors were associated with self-rated oral health and edentulism. Using the Chinese Longitudinal Healthy Longevity Survey, the second one employed an “after death” approach to examine risk factors for orofacial pain symptoms at the end of life among Chinese older adults. The third paper investigated the association between SES and tooth loss among middle-aged and older adults in ten cities of China. SES played a stronger role in tooth retention for non-migrants and migrants with high education vs those migrants with low education. The last paper examined the association between health behaviors and retention of teeth among Chinese older adults using data from the Chinese 4th National Oral health Survey. This symposium provides empirical evidence on the current status of oral health and health behaviors at the national level, and also suggests that is critical to improve oral health education and access to dental care.

RISK FACTORS OF OROFACIAL PAIN SYMPTOMS AMONG OLDER ADULTS AT THE END OF LIFE
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The aims of this study were to examine the prevalence of orofacial pain symptoms in Chinese older adults at the end of life, and to investigate risk factors related to orofacial pain. The sample derived from the Chinese Longitudinal Healthy Longevity Survey (CLHLS), a national representative sample
of the oldest-old. The results showed that the 6-month prevalence of pain when chewing or biting at the end of life was 11.1%, and the rate was 5% for jaw joint pain/facial pain. Lower SES, smokers, and having chronic diseases were associated with having orofacial symptoms. Unexpectedly, the results revealed that dentate older adults (retain at least one natural tooth) who brushed their teeth more often were more likely to have orofacial symptoms. Older adults have poor oral health, particularly at the end of their life. This study highlights the importance of improving oral health for vulnerable older adults.

HEALTH BEHAVIORS AND ORAL HEALTH AMONG CENTENARIANS IN NANJING, CHINA: A CROSS-SECTIONAL STUDY

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The aim of this study was to examine the association between health behaviors and oral health among Chinese centenarians. Data from the Nanjing Centenarians Study (NCS) in China was used (N=185, Mean age = 102). Oral health status was measured by self-reported oral health and edentulous status. Results from ordinal regression and logistic regression models indicated that centenarians who were male, smoking, normal weight (18.5-24.9kg/m2), participated in more activities, and brushed teeth more frequently were more likely to report better oral health. Those who ate fruits daily and brushed teeth more frequently were more likely to be dentate. The association between frequent toothbrushing and oral health was stronger for those who had some formal education and were living with family members. Our study demonstrated the significance of health behaviors on oral health in very old age, and the importance of lifestyle on healthy aging.

SOCIAL STRATIFICATION AND TOOTH LOSS AMONG MIGRANT AND NON-MIGRANT MIDDLE-AGED AND OLDER ADULTS IN CHINA

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This study investigated the association between socioeconomic status (SES) and tooth loss in middle-aged and older adults by migrant status. The sample included 2,390 participants aged 43-65 from the 2017 Urbanization and New Migrant Survey conducted from 10 cities in China. Results from the negative binomial regression and the marginal effect analysis showed that education, income, and residence in a developed city were negatively associated with tooth loss for non-migrants and migrants with high levels of education. These associations were not found to be significant for migrants with low education levels. The findings suggest that SES plays a more significant role in tooth retention for migrants with higher education levels compared to those with lower education levels. These results may largely be due to different levels of health literacy and unequal access to dental care services. Tailored intervention needs to be target migrant populations with low SES.

TOOTH RETENTION AND HEALTH BEHAVIORS: FINDINGS FROM THE 4TH CHINESE NATIONAL ORAL HEALTH SURVEY

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This study aimed to investigate the association between tooth retention and health behaviors among Chinese older adults. Data was used from the Chinese 4th National Oral Health Survey, a national representative sample. The sample included 9054 older adults age 55-74. The control variables included age, gender, residence, region, education level, occupation, periodontal health, self-reported oral health, and self-reported general health. Logistic regression models shows that older adults who used toothpicks (OR=3.37, 95% CI: 2.94-3.85), dental floss (OR=1.93, 95% CI: 1.05-3.53), and toothpaste (OR=3.89, 95% CI: 3.14-4.83), and never smoked (OR=1.43 95%CI: 1.20-1.70) were more likely to retain more than 20 natural teeth; while having dental visit had the opposite association (OR=0.45, 95% CI: 0.39-0.52). Unexpectedly, this study did not find frequency of toothbrushing was associated with tooth retention. This study suggest that improving oral hygiene and prevention dental care are key for good oral health.

SESSION 7620 (SYMPOSIUM)

BRIDGING THE PAST AND THE FUTURE: WHY AGE MATTERS IN BEHAVIORAL HEALTH TRAINING

Chair: Rebecca Allen
Co-Chair: Keisha Carden

This symposium presents data from three applied clinical research projects that involve intergenerational interaction as one component of effective treatment. The first paper describes learner outcomes in an intergenerational art therapy and reminiscence program provided in an adult day service facility. Results show that, in comparison with students in a didactic psychology of aging course, learners in the experiential learning course demonstrated increased empathy, as well as better attitudes toward and increased interest in working with persons with dementia (PWD). The second paper focuses on observed outcomes for older PWD participants in this art therapy and reminiscence program, showing that intergenerational communication engagements exceed engagements with art. Mixed method data across time indicated that PWD benefitted from the treatment, facilitated by undergraduate student learners. The third paper focuses on cultural humility and the importance of racial diversity in providers conducting behavioral health screening in an integrated geriatric primary care clinic. Training issues and behavioral health outcomes regarding assessment of cognitive status, cultural mistrust, and test