relationship, yet no study has examined longitudinal associations between these factors. The current study examined the role of negative affect reactivity to daily stressors as a mediating pathway between personality and physical health outcomes using three waves of data spanning 20-years from a nationwide probability sample of 1,176 adults. Results indicate that Wave 1 neuroticism was associated with greater negative affect reactivity at Wave 2, which then predicted the development of chronic conditions and functional limitations at Wave 3. Higher conscientiousness was associated with less negative affect reactivity, which in turn predicted better physical health at Wave 3. Negative affect reactivity partially mediated both personality traits and physical. These findings highlight the usefulness of using a daily stress framework for understanding how personality impacts health over time, which has important implications for disease prevention.

Session 2455 (Symposium)

ORAL HEALTH’S TRANSFORMATIVE IMPACT ON DIET AND SYSTEMIC HEALTH OUTCOMES
Chair: Michèle Saunders

The 2020-25 Dietary Guidelines for Americans identified dental caries as a major diet-related chronic disease of public health concern and suggested in the section for adults over 60, “Good dental health is critical to overall health, as well as the ability to chew foods properly.” Poor oral health can lead to chronic diseases and impede one’s ability to chew fruits, vegetables, whole grains, and other nutrient-rich foods across the life span. Almost 90 percent of adults ages 20 to 64 years and 96 percent of those over 65 years of age have dental caries. The overall prevalence of complete tooth loss is 2.2 percent among adults ages 20 to 64 years and jumps to 17.3 percent for those over age 65. As a result of COVID-19, some seniors are not seeking regular oral health services, which increases the need for preventive oral health practices and consuming a healthy dietary pattern recommended in the new Dietary Guidelines. Recent research will underscore the importance of saliva and oral health in cancer patients on radiation and in other chronic diseases. Saliva has also been shown to reduce specific infections that are related to influenza and HIV. Participants in this session will gain understanding of factors linking poor oral health and nutrition practices to chronic diseases and guidance on critical preventive oral health practices to increase saliva flow and decrease dental caries through all stages of the life cycle. Promoting oral health is the responsibility of the interdisciplinary team overseeing older adults.

MINIMIZING COMPLICATIONS OF AGING THAT LEAD TO DRY MOUTH AND POOR ORAL HEALTH
Athena Papas, Tufts University School of Dental Medicine, Boston, Massachusetts, United States

Poor oral health causes severe pain and untreated infections to spread throughout the body. For older adults, the prevalence of root decay exceeds that of any other medical condition. Our research shows tooth loss and edentulousness were associated with increased mortality and inversely associated with BMI, waist circumference, blood pressure, and fasting blood glucose. Our Stop-it study found people who lost bone density had fewer teeth, problems chewing, and involuntary weight loss and frailty. 88% of the elderly take medications that cause loss of saliva. Sjögren’s and radiation therapy for head and neck cancer patients heighten risk. Without saliva, patients have increased tooth decay, periodontal disease and fungal infections, salivary gland blockage, and problems swallowing and speaking. Dry mouth leads people to suck on candy that further increase caries. Substituting sugarfree gum for candy increases salivary flow and reduces dental caries. Brushing, flossing, and limiting sugar also lessen tooth decay.

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 adaptation 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
Harry Taylor,1 Robert Taylor,2 and Linda Chatters,3
1. Center for the study of Aging and Human Development, Durham, North Carolina, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. University of Michigan, ANN ARBOR, Michi gan, 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 (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
Katherine Abbott,1 Gretchen Alkema,2 and Robert Applebaum,3 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.