

review, which addressed four questions: (1) What are the effects of long-term (>3 years) osteoporosis drug treatment versus control on risks of incident fractures and harms; (2) Do effects of long-term osteoporosis drug treatment vary as a function of patient, bone, or osteoporosis drug characteristics; (3) Among individuals receiving osteoporosis drug treatment to prevent fracture, what are the benefits and harms of continuing versus discontinuing treatment (e.g., osteoporosis drug holiday); and (4) Do outcomes of drug discontinuation or drug holidays vary as a function of patient, bone, or osteoporosis drug characteristics?

#### WORKSHOP PANEL REPORT ON EVIDENCE GAPS AND RESEARCH OPPORTUNITIES

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Although varied in treatment regimens and outcomes assessment, trials show safe and effective osteoporosis drug therapies up to 5 years in reducing the incidence of vertebral fractures. Trials provide evidence mainly for white postmenopausal women, while other populations (e.g., men, spectrum of race and ethnicities, residents in facilities, and people with advanced and multiple comorbid conditions) were absent or underrepresented. Evidence for osteoporosis drug therapies is lacking for people who meet neither bone mineral density nor fracture criteria for osteoporosis but are at elevated risk due to other health, genetic, or medication use factors. Fewer studies have shown that some osteoporosis drug therapies reduce the incidence of non-vertebral, including hip fractures. Notably, the workshop participants emphasized the importance of fracture on patient morbidity and survival; however, the trial results presented no data on non-fracture patient outcomes or sequelae of fractures, such as functional status, mobility, hospitalizations, and nursing home placement.

#### THE NIH PATHWAYS TO PREVENTION PROGRAM

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The National Institutes of Health Office of Disease Prevention (ODP) Pathways to Prevention (P2P) Program identifies research gaps, methodological and scientific weaknesses in selected scientific areas; suggests research needs; and moves the field forward through an unbiased, evidence-based assessment of a complex public health issue. P2P workshops are designed for topics that have incomplete or underdeveloped research and that have a need for a synthesis and critical assessment of the published literature. This talk will explain the purpose of this P2P workshop on use of drug therapies for osteoporotic fracture prevention within the larger context of NIH efforts to promote prevention research.

#### SESSION 3460 (SYMPOSIUM)

##### PREPARATION FOR FUTURE IN OLD AGE: WHY AND WHY NOT?

Chair: Helene H. Fung, *Chinese University of Hong Kong, Hong Kong, Hong Kong*

With population aging, many people can expect to spend 30 or more years in old age. The five papers included in

this symposium aim at shedding light on whether and how to make plans for old age, using data from the “Aging as Future” Project. First, Park and Hess used data spanning across adulthood from Germany, Hong Kong and the USA to examine how changes experienced in domains of functioning and the importance attached to these domains influenced preparations for old age. Next, de Paula Couto and Rothermund, examining Germans aged 40-90 years, pointed out that prescriptive age stereotypes might be the main drive for why people make preparations for age-related changes. The remaining three papers use qualitative data to qualify the above quantitative findings. Adamson and Ekerdt interviewed older Midwest US residents. They observed that SES greatly impacted how older adults perceived and made plans for their future. The final two papers examined how rural vs. urban contexts might affect preparations for future. Liou interviewed older adults in rural Tainan and found that their ideal old age was one about no future preparation, at least not about making plans for themselves (called “tranquil life”). Ho and colleagues, in contrast, found that for older Chinese residing in urban Hong Kong, not preparing for the future (called “time freeze”) was negatively related to physical and psychological well-being. The symposium will end with an overall discussion on future research directions on whether and how to make plans for old age.

##### THE IMPACT OF PERCEIVED IMPORTANCE AND RECENT CHANGES ON PREPARATION FOR OLD AGE

Jeongsoo Park,<sup>1</sup> and Thomas M. Hess<sup>1</sup>, *1. North Carolina State University, Raleigh, North Carolina, United States*

This study focused on identifying factors that motivate individuals to make provisions for their old age. We hypothesized that the motivation to make preparations would be associated with the importance attached to a specific domain of functioning along with the extent to which the individual experienced recent change within that domain. We examined how perceived changes in five different domains of functioning (social relationships, leisure, finances, work, health) during the last four years and the importance attached to each domain affected preparation for old age. Participants aged 35 to 85 (Germany: N=811; Hong Kong: N=482; US: N=515) were part of the Aging as Future Study. Across domains, perceptions of positive change and high importance were related to more engagement in preparations, as was being older. The strength of these effects as well as moderating influences varied across domains and cultures, reflecting potential differences in values and social/cultural supports.

##### ECONOMIC INEQUALITY AND FUTURE THOUGHT AMONG OLDER ADULTS

Erin M. Adamson,<sup>1</sup> David J. Ekerdt,<sup>1</sup> and Erin M. Adamson,<sup>1</sup> *1. University of Kansas, Lawrence, Kansas, United States*

Cumulative advantage theory sees inequality extending into later life. Does inequality also extend to the imagination of one's future and desires for life yet to come? We draw from semi-structured interviews with 55 individuals residing in Midwest cities to explore differences in talk about finances and expectations for longevity, fulfillment, and “active” pursuits. Addressing personal futures,

participants' desires for longevity varied. Lower SES individuals discussed not having expected to live to their current age (or much beyond it) and not wanting to live a long time. Higher SES individuals, by contrast, expressed confidence that they could afford care no matter how long they lived. Higher SES participants often described future leisure goals whereas lower SES participants tended not to name leisure goals, or they named activities they desired but could not afford. For low SES individuals, active pursuits also were limited by diseases disproportionately affecting poor Americans, such as diabetes.

#### DO NOT BECOME A BURDEN: ACTIVATION AND DISENGAGEMENT PRESCRIPTIVE AGE STEREOTYPES

Clara de Paula Couto,<sup>1</sup> and Klaus Rothermund<sup>1</sup>,  
1. *Friedrich-Schiller University Jena, Jena, Thuringen, Germany*

Prescriptive age stereotypes encompass activation (active-aging) and disengagement expectations (succession-consumption-identity). We investigated whether activation and disengagement represent opposite stereotypes or whether they exemplify the overarching norm that older adults should not become a burden to other people and society. Based on data of the Ageing-as-Future project (N=743 German participants, 40-90 years old) our findings support the idea that activation and disengagement represent a single superordinate prescriptive age stereotype: (a) items assessing prescriptive age stereotypes form a single factor comprising activation and disengagement, (b) activation and disengagement show an increase in the strength of personal endorsement over the lifespan, demonstrating an internalization of these stereotypes as people become older, and (c) relations to reference variables show that internalized prescriptive stereotypes are more strongly associated with preparation for age-related changes, reflecting an internalization of the norm that one should take individual responsibility for their age rather than enjoying life in old age.

#### BESIDES ACTIVE AGING? A TRANQUIL LIFE AFTER RETIREMENT

Shyngan Liou<sup>1</sup>, 1. *National Cheng Kung University, Tainan, Taiwan, Taiwan*

This research explores how people think of the time plan after their retirement in rural area in Taiwan. fifty-nine participants in rural communities were interviewed. The findings show patterns of a tranquil life after retirement in three aspects which represent the philosophy mixing in Taiwan (Taoism, Buddhism, and Confucianism). 1). Taking things as they are and following the mandate of heaven (Taoism). 2). the retirement life will not be affected by social changes, and feeling that the pace of life in the society has not changed (Buddhism). 3) When talking about "Future aspirations" and "Future ideal life", they show concern to their children and posterity. (Confucianism). The findings of tranquil life contribute an alternative way of active ageing with considering the culture. The implications of tranquil life are discussed in the design of elderly education program, technology development to enhance social interaction, and culturally motivated ageing and wisdom.

#### A FREEZE IN TIME: PERCEPTION AND EXPERIENCE OF AMERICAN AND HONG KONG CHINESE OLDER ADULTS

Tinky Oi Ting Ho,<sup>1</sup> Helene Hoi-Lam Fung,<sup>2</sup>  
Vivian Hiu Ling Tsang,<sup>2</sup> Angel Yee-lam Li,<sup>2</sup>  
David J. Ekerdt,<sup>3</sup> and Hansol Kim<sup>3</sup>, 1. *The Chinese University of Hong Kong, Hong Kong, Hong Kong*, 2. *The University of Hong Kong, Hong Kong, Not Applicable, Hong Kong*, 3. *The University of Kansas, Lawrence, Kansas, United States*

According to self-continuity model, older adults are less likely to distinguish between the present and future, relative to younger adults. This mixed method design study aims at examining whether older adults perceive future as an infinite extension of present (i.e. "time freeze") and investigating whether it is associated with life satisfaction, perceived control and perceived changes in future. 30 older adults from the US (aged 60-85, M = 78.4) and Hong Kong (aged 60-85, M = 71.4) completed a structured interview and a survey. Findings revealed that 43% of Americans and 83% of Hong Kongers were experiencing 'time freeze'. Individuals with a lower level of time freeze held more vivid and positive images of the future, and were achieving life goals actively, whereas individuals with a higher level of time freeze had comparatively more vague and neutral future views, and focused more on maintaining the current lifestyle.

#### SESSION 3465 (SYMPOSIUM)

##### PRETTY GOOD PRACTICES: GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS AND LIFELONG DISABILITIES

Chair: Catherine Taylor, *Rhode Island Geriatric Education Center, University of Rhode Island, Kingston, Rhode Island, United States*

Discussant: Kelly Munly, *Penn State Altoona, Altoona, Pennsylvania, United States*

Growing old with lifelong disabilities is a recent reality that is catching healthcare providers unprepared. While there's little extant federal or state public policy on aging with lifelong disabilities, and aging, disability, and healthcare systems lack a history of intersystem collaboration, Geriatrics Workforce Enhancement Programs (GWEPs) can lead the way in developing curricula, training, policy, and standards to respond. The GWEPs can intervene to create meaningful intersystem knowledge and skills and better prepare providers. Two GWEPs are filling the best practices void, operationalizing de facto public policy and "pretty good" practices to improve care for individuals with lifelong disabilities. In metro Richmond, VA, the GWEP at the Virginia Geriatric Education Center (VGEC) has built on the successful Area Planning and Services Committee on Lifelong Disabilities (APSC) intersystem partnership to provide this expertise. In Rhode Island, the RI Geriatric Education Center (RIGEC) has aligned its GWEP Alzheimer's disease supplemental funding with other federally funded programs to build dementia capability into the systems that support adults with intellectual or developmental disabilities (I/DD). RIGEC incorporated expertise previously gained through the University of Rhode Island's CMS-funded LivingRite Innovation, which established pilot centers to support individuals with I/DD living