Evidence-based programs (EBPs) offer proven ways to promote health and prevent disease among older adults in their communities. EBPs are based on rigorous study of the effects of specific interventions or model programs, demonstrate consistent positive changes in important health-related and functional measures, and have tools in place to maintain program access, quality, and efficiency across diverse settings. The University of North Carolina at Chapel Hill’s Center for Health Promotion and Disease Prevention (UNC HPDP), in partnership with the Evidence-Based Leadership Collaborative (EBLC), has established a review process and Review Council to identify new community programs that meet the evidence-based program criteria established by the Administration for Community Living (ACL), one of the chief U.S. federal agencies responsible for aging programs. Approved programs are then eligible for Older Americans Act Title III-D and other discretionary funding to support organizations that deliver EBPs to improve older adult health. The review process assesses the effectiveness, outcomes, and evaluation of the program, information about program implementation, training, and other key elements for successful program dissemination. The Review Council consists of national leaders with expertise in program research, evaluation, and implementation. The review process is supported by the ACL-funded National Chronic Disease Self-Management Education and Falls Prevention Resource Centers. This session will describe the ACL evidence-based health promotion program criteria that must be met for approval; an overview of the review process; and how researchers can submit their programs for review. Time will be allowed for questions, discussion, and research to practice implications.

SESSION 815 (POSTER)

AGEISM

AGEISM IN HEALTH CARE: 72 IS NOT A DIAGNOSIS
Phyllis A. Greenberg,1 and Tarynn Johnson1, 1. St. Cloud State University, St. Cloud, Minnesota, United States

This poster examines what value, if any, there is in using age as a predictor or impetus for testing, examining and diagnosing older adults. In a cross sectional survey (Davis et al. (2011) used the Expectations Regarding Aging Scale to assess primary care clinicians perceptions of aging in the domains of physical/mental health and cognitive functioning. Sixty-four percent of respondents agreed with the statement “Having more aches and pains is an accepted part of aging while 61% agreed that the “Human body is like a car when it gets old it gets worn out. And 51% agreed that one should expect to become more forgetful with age while 17% agreed that mental slowness is impossible to escape. How might these attitudes and biases effect how older adults are diagnosed, heard, spoken to, and treated (medical treatment as well as patient/professional interaction)? Are older patients/clients underserved or over served? Is forgetting where you put your keys always or even usually a sign of dementia? How helpful then is the use of age and are there other factors that should and can take precedence? What do we know and what don’t we know if we know someone’s age? Successful and innovative tools are explored that acknowledge age biases and strategies are presented to change age biases in education, training and practice.

PERCEPTIONS OF PERPETRATORS OF AGEISM
Alison L. Chasteen,1 Michelle Horhota,2 and Jessica Crumley-Branyon2, 1. University of Toronto, Toronto, Canada, 2. Furman University, Greenville, South Carolina, United States

What are the consequences for perpetrators who engage in different types of ageism? We compared young (n=316), middle-aged (n=464), and older adults (n=273) perceptions of a perpetrator who engaged in an ageist action. Participants read a vignette about a pedestrian (the perpetrator) offering unwanted help to an older woman crossing the street. We manipulated the ageism type (benevolent or hostile), the reaction of the older target (acceptance, moderate confrontation or strong confrontation) and assessed the overall impression of the perpetrator. Main effects emerged for Ageism Type and Age Group. Overall, participants rated the perpetrator more positively in the benevolent condition compared to the hostile condition. Middle-aged and older adults rated the perpetrator more positively than young adults did. A Time x Confront interaction suggested that the perpetrator’s overall impression was not impacted when the target of the ageist act accepted the action or moderately confronted the perpetrator. In contrast, when the target confronted the perpetrator strongly, the overall impression of the perpetrator decreased. An Ageism Type x Age Group x Time interaction on overall impression also emerged. There were no age differences when the perpetrator committed a hostile act of ageism. In contrast, in the benevolent condition young and older adults perceived the perpetrator more negatively after the target’s reaction, whereas middle-aged adults did not adjust their impression. Taken together, these results suggest that young and older adults may be less accepting of benevolent ageism compared to middle-aged adults.

PERCEPTIONS OF INDIVIDUALS WHO CONFRONT AGEISM
Michelle Horhota,1 Alison L. Chasteen,2 and Jessica Crumley-Branyon2, 1. University of Toronto, Toronto, Canada, 2. Furman University, Greenville, South Carolina, United States

What are the consequences for older adults who confront ageism? We compared young (n=316), middle-aged (n=464), and older adults (n=273) perceptions of an older target who confronts the perpetrator of an ageist action. Participants read a vignette about a pedestrian offering unwanted help to an older woman crossing the street. We manipulated the type of ageism (benevolent or hostile), the reaction of the older target (acceptance, moderate confrontation or strong confrontation)
and assessed how impressions of warmth, competence and overall impression of the target changed over time. Type of Ageism x Reaction x Time interactions emerged for all three variables. In the hostile condition, a strong confrontation resulted in the target being rated as less warm, more competent, and the overall impression decreased over time. In contrast, a moderate confrontation increased perceptions of warmth, competence and overall ratings of the target. In the benevolent condition, a strong confrontation decreased perceptions of the target’s warmth, competence and overall impression. Moderate confrontation increased perceptions of target competence but did not change perceptions of warmth or overall impression. Targets that accepted the ageist act were rated lower on warmth for both hostile and benevolent conditions. Competence ratings were not affected. However, targets that accepted benevolent ageism experienced a cost to their overall impression. Taken together, these results suggest that when confronting ageism, older adults should take a moderate approach. When participants perceived the target’s reaction to be incommensurate with the offer of help, the target was viewed more negatively overall.

YOUNG ADULTS STEREOTYPICAL OLDER SPEAKERS WHO ADOPTED A POWER POSE AS LESS COMPETENT COMPARED TO SUBMISSIVE OR CONTROL
Jennifer R. Turner,¹ and Jennifer T. Stanley,¹, 1. University of Akron, Akron, Ohio, United States

Young adults (YA) frequently endorse age stereotypes (Levy, 2009). We examined whether older adult (OA) speakers influenced by embodied-cognition (“power posing”; Cuddy et al., 2015) would reduce YA’s stereotype-related judgments. Following the Stereotype Content Model (SCM; Fiske et al., 2002), we hypothesized that OA who held a power pose prior to giving their speech would be rated as higher in Competency, Performance, and Electability, but not Warmth. Sixty-three YA viewed and rated 9 videos of OA performing speeches after modeling a pose (power, submissive, control). Within-subjects ANOVAs revealed embodiment condition differences for Performance (F(2,124 = 207.76, ηp2 = .77). For ratings of Performance, speakers in the power condition were judged worse than either submissive or control (ps < .001). For Warmth ratings, power (M = 4.81, SD = .62) was worse than control (M = 5.07, SD = .89, p = .003, d = .34), but submissive (M = 4.97, SD = .87) was not significantly different from either group. These results suggest that YA may judge the Performance and Warmth of OA who adopted a power pose harsher because OA are not supposed to be powerful or adopt expansive postures (consistent with the SCM). In comparison, YA may be drawing upon the Representativeness Heuristic of OA in positions of power (e.g., Senators) when rating Electability and Competence.

THE IMPACT OF MORTALITY SALIENCE ON COLLEGE STUDENTS’ INTENT TO HELP OLDER ADULTS
Erika A. Fenstermacher,¹ Jessica Birg,¹ Vincent Barbieri,¹ and Nathaniel Herr¹, 1. American University, Washington, District of Columbia, United States

Terror Management Theory (TMT) states that the awareness of one’s own death causes humans to experience intense anxiety, which must be continuously managed. Much of the research on TMT has focused on negative outcomes, rather than prosocial behavior, begging the question: “Can priming individuals with the thought of their own death trigger them to behave in ways that benefit others?” Jonas et al. (2002), found that when mortality salience was primed prosocial behavior increased. In line with TMT, they hypothesized that people may behave in a more prosocial manner as it fits in with their personal values. The present study recruited 108 students who were randomly assigned to a mortality salience (MS) or control condition. Participants also completed baseline self-reports, which included measures of ageism, social desirability, personality, and empathy. After the study seemed to end, participants were given a disguised measure of helping behavior, which they believed to be an interest survey for a student volunteer group. Preliminary analyses indicate that those in the MS condition were more willing to be contacted to volunteer with kids than being contacted to volunteer with older adults. We also found that those in the MS condition were more likely to be contacted to volunteer with kids than those in the control condition. Our findings are consistent with previous work showing that individuals favor their ingroup when primed with their death. This reflects the importance of focused efforts on encouraging young people to identify with older adults and on promoting prosocial behavior.

KNOWLEDGE OF AGING, NEGATIVE AGE BIAS, AND POSITIVE AGE BIAS: AGE GROUP DIFFERENCES
Grace Caskie,¹ Anastasia E. Canell,¹ Hannah M. Bashian¹, 1. Lehigh University, Bethlehem, Pennsylvania, United States

Attitudes towards aging include both positive and negative beliefs about older adults (Iverson et al., 2017; Palmore, 1999). Palmore’s (1998) Facts on Aging Quiz, a widely used assessment of knowledge about aging, also identifies common societal misconceptions about aging. Findings regarding age group differences in attitudes toward aging are mixed (Bodner et al., 2012; Cherry & Palmore, 2008; Rupp et al., 2003). The current study compared knowledge of aging, negative age bias, and positive age bias between young adults (18-35 years, n=268) and middle-aged adults (40-55 years; n=277). Middle-aged adults reported significantly greater average knowledge of aging than young adults (p=.019), although both groups had relatively low knowledge (MA: M=13.0, YA: M=12.2). Middle-aged adults also showed significantly less negative age bias (p<.001) and significantly more positive age bias than young adults (p=.026). Although the total sample was significantly more likely to be incorrect than correct on 23 of the 25 facts (p<.001), young adults were significantly more likely than middle-aged adults (p<.001) to respond incorrectly for only 2 of 25 facts. Both facts reflected greater negative age bias among young adults than middle-aged adults. These facts concerned older adults’ ability to work as effectively as young adults (fact 9) and frequency of depression in older adults (fact 13). Results demonstrate that age bias is not limited to young adults and may continue through midlife, though negative age bias in particular may be lower for individuals approaching older adulthood, which could have implications for their psychological and physical well-being.