Intergenerational contact is beneficial for improving attitudes toward older people, including age stereotypes (AS). To date, however, research on the topic has focused on younger adults (intergenerational contact), overlooking the possible perks for older adults themselves (contact with same-age peers). The current study investigated the association between contact with older adults and views of the self in old age (VSOA) among younger and older adults in a domain-specific way. The sample comprised younger (39-55 years, n = 1,012) and older (65-90 years, n = 1,344) adults from the Ageing as Future international study. Findings indicated that contact with older adults was related to more positive VSOA and this was partly mediated by AS. These relations were stronger for older adults, indicating that interactions with other older adults may help favorably shape how older adults view their ingroup and aging. Beneficial effects emerged mostly in the friends and leisure domains.

SELECTIVE ENGAGEMENT IN PREPARATIONS FOR OLD AGE: DETERMINANTS OF MOTIVATION

Jeongsoo Park, Ajou University, Suwon-si, Kyonggi-do, Republic of Korea

Preparations for old age in general are beneficial for one’s adjustment in later life. Using Selective Engagement Theory (SET) as a conceptual framework, we examined how the importance attached to functioning, as well as perceived control over functioning in different domains (e.g., family, social relations, finances, health, etc.) predicted engagement in preparing for old age five years later. Two-wave data was obtained from Ageing as Future Study. The sample consisted of N = 1,255 aged from 30-85 in the US (n=315), Hong Kong (n=317), and Germany (n=623). Consistent with SET, ratings of importance were strongly predictive of subsequent preparations and more predictive than perceived control, with evidence in several domains of functioning that this was particularly true for older adults. These findings highlight the interaction between personal goals and resources in determining older adults’ willingness to prepare for old age.

RELEVANT YET UNCONTROLABLE: PERCEIVED CONTROL AS A MEDIATOR OF CROSS-CULTURAL DIFFERENCES IN OLD-AGE PREPARATION

Helene Fung1, Nicole Long Ki Fung1, and Dwight Cheuk Kit Tse2, 1. The Chinese University of Hong Kong, Hong Kong, Hong Kong, 2. University of Strathclyde, Glasgow, Scotland, United Kingdom

Previous studies have shown that there are cross-cultural differences in old-age preparation rate (e.g. Kornadt et al., 2019). Drawing from the transactional stress-and-coping model (Lazarus & Folkman, 1984), we proposed that perceived control, self-relevance and responsibility for old-age preparation could mediate the cultural differences in old-age preparation. We recruited a sample aged 18 to 96 from Germany (N=366, Mage=52.63) and Hong Kong (n=252, Mage=57.47) to complete two online questionnaires across two years. Compared with German adults, Hong Kong adults prepared less (b=-2.159, p<.001), had lower perceived control (b=-0.899, p<.001) and responsibility (b=-0.713, p<.001), yet similar level of self-relevance over preparation. Preparation at time2 was related to self-relevance (b=1.004, p<.001) and control (b=0.785, p<.001) at time1. The cultural differences in preparation at time2 were only mediated by perceived control at time1 (indirect effect=0.706, p<.001). Findings highlight the importance to enhance individual perceived control over old age in promoting society-wide old-age preparation.

PREPARING FOR A GOLDEN AGE? APPROACH AND AVOIDANCE MOTIVATION IN THE CONTEXT OF OLD-AGE PREPARATION

Fiona Rupprecht, and Jana Nikitin, University of Vienna, Vienna, Wien, Austria

When it comes to old-age preparation, individuals may be motivated by positive outcomes they wish to approach (e.g., social connectedness) or by negative outcomes they wish to avoid (e.g., loneliness). We expected approach motivation to be adaptive in younger ages, when resources and possibilities for old-age preparation should be plentiful. For older adults, whose resources and time for (continued) old-age preparation are limited, the maintenance- and loss-oriented perspective of avoidance motivation may however be the more adaptive one. Using data from 2054 individuals aged 18 to 96 years and representing five cultures, we adopted a domain-specific, cross-cultural, and age-differential perspective on our research question. Results indicate that individuals tend to be both approach- and avoidance-motivated when it comes to old-age preparation and confirm the age-differential adaptivity of approach and avoidance motivation in terms of both, actual preparatory behavior and psychological well-being.

SESSION 2490 (SYMPOSIUM)

A PUBLIC HEALTH APPROACH TO ALZHEIMER’S DISEASE RISK REDUCTION: WHERE WE ARE AND WHERE WE’RE HEADED

Chair: John Omura Co-Chair: Eva Jackson Discussant: Kelly O’Brien

A growing body of evidence has identified potential modifiable risk factors for Alzheimer’s disease and related dementias (ADRD). In 2021, the National Plan to Address Alzheimer’s Disease (National Plan) included a new goal to promote healthy aging and address risk factors to help delay onset or slow progression of ADRD. Applying a robust public health approach to ADRD risk reduction can help achieve meaningful progress at the population level. The activities outlined in the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act (P.L. 115-406) are designed to create a uniform national public health infrastructure with a focus on various issues including risk reduction. The purpose of this session is to illustrate a public health approach to ADRD risk reduction and data highlighting the current burden of key modifiable risk factors in the United States along with important disparities (Omura) will be presented. Holt will describe how ADRD risk reduction is integrated into the work of BOLD funding recipients, and Head will present experiences implementing public health activities that support ADRD risk reduction in the field along with successes and lessons learned. Finally, priorities and future directions for
a public health approach to ADRD risk reduction will be presented from the perspective of the CDC’s Building Our Largest Dementia Infrastructure Public Health Center of Excellence on Dementia Risk Reduction (Baumgart).

THE EVOLUTION OF A PUBLIC HEALTH APPROACH TO ADRD AND THE ROLE OF RISK REDUCTION
Lisa McGuire¹, and Eva Jackson², 1. CDC, Atlanta, Georgia, United States, 2. Alzheimer’s Association, Chicago, Illinois, United States

CDC, through the Healthy Brain Initiative (HBI) and Building Our Largest Dementia (BOLD) Infrastructure Act, is working to advance cognitive and brain health as integral components of public health practice, to keep older Americans healthy and independent as long as possible. HBI promotes brain health as part of public health practice and BOLD strives to build a uniform public health infrastructure. Both HBI and BOLD focus not only on people with cognitive decline or dementia but also their health care providers and caregivers. Recently, the 2021 Alzheimer’s Disease National Plan added Goal 6, Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for Alzheimer’s Disease and Related Dementias. This presentation will describe the evolution of public health’s role with respect to brain health and caregiving and how the national priority on risk reduction and healthy aging can be beneficial to the health and well-being of older adults.

MODIFIABLE RISK FACTORS FOR ALZHEIMER’S DISEASE: CURRENT STATUS AND OPPORTUNITIES FOR ACTION
John Omura, CDC, Atlanta, Georgia, United States

In 2021, the National Plan to Address Alzheimer’s Disease included a new goal to address risk factors for ADRD. The Behavioral Risk Factor Surveillance System (BRFSS) assesses several modifiable risk factors in its core survey and subjective cognitive decline (SCD), which may be an early indicator of developing ADRD, in the optional Cognitive Decline module. To assess the current status of modifiable risk factors in the US and identify opportunities for public health action, data from the 2019 BRFSS were examined. Prevalence of eight modifiable risk factors for ADRD and proportion of respondents with total number examined. Prevalence of eight modifiable risk factors in the US and identify opportunities for persons living with dementia and their caregivers. Recipients of the BOLD Public Health Programs funds are expanding jurisdiction Dementia coalitions, updating, or creating Dementia Strategic Plans, and implementing strategies from those plans that address a wide variety of life-course strategies for brain health and dementia, including risk reduction. This presentation will explain how risk reduction is integrated and provide examples of several activities being planned and implemented by recipients.

GETTING TO BOLD USING SYSTEMIC EDUCATION, EVIDENCE, AND NETWORKS: HELPING GEORGIANS B-SEEN
Elizabeth Head, Georgia Department of Public Health, Atlanta, Georgia, United States

The complex nature of Alzheimer’s disease and related dementias (ADRD) demands a comprehensive public health approach. Georgia is Building Our Largest Dementia infrastructure using Systemic Education, Evidence, and Networks (B-SEEN), with a vision for every Georgian – professional, patient, and care partner – to B-SEEN. The strength of Georgia’s B-SEEN project is the existing infrastructure. Leveraging this established network, Georgia has engaged in population-based efforts to increase impact in the dementia risk reduction, early diagnosis of ADRD, prevention and management of comorbidities and avoid hospitalizations, and caregiving. These outcomes are being achieved by stakeholders disseminating evidence-based programs personalized to their community needs and the B-SEEN team leading coordinated activities that address dementia and support the promotion of brain health. This presentation will describe how ADRD risk reduction is integrated into a 159 county, de-centralized state and provides examples of several activities being implemented via Georgia extension, faith-based organizations, and dedicated partners.

PUBLIC HEALTH PRIORITIES AND FUTURE DIRECTIONS FOR ALZHEIMER’S DISEASE RISK REDUCTION
Matthew Baumgart, Alzheimer’s Association, New York, New York, United States

Reducing risk for diseases and chronic conditions is a fundamental priority of public health. Since 2007, the Alzheimer’s Association has partnered with the CDC on the development of a series of Public Health Road Maps to guide the public health community in addressing cognitive health. In addition, the Alzheimer’s Association’s Public Health Center of Excellence on Dementia Risk Reduction, funded by the CDC, provides guidance on how public health can address the risk factors for cognitive decline and dementia. With recent advancements in the science on dementia risk factors, we can now identify targets for public health action. The addition of a national goal to address...