and objective measures. This research investigates how the view of life as a journey might moderate the relationship between subjective age and subjective health. A view to look at life as a journey is a common metaphor to view life as an ongoing process. Prior work has suggested that people who went through difficult situations successfully tend to construe their life experience as a journey. This suggests that thinking of life as a journey might help people cope better with their negative experiences in general such as feeling older. Thus, we investigate to see if believing ‘life as a journey’ can buffer against the negative effect of feeling older on subjective health perception. To test this, we collected the data from American participants (N = 724) of various ages. The results showed that more life was viewed as a journey, smaller the detrimental effect of subjective age on subjective health. Although feeling older generally reduced subjective health, this negative effect of feeling older was smaller among those who thought life as a journey. This research suggests that thinking life as a journey might be used to reduce the negative impact of older subjective age on health perceptions.

DISENTANGLING KNOWLEDGE AND BIAS: COMBATING AGEISM WITH THE REVISED FACTS ON AGING QUIZ

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The Facts on Aging Quiz (FoAQ) was developed in 1977 as a 25-item True/False test of knowledge about older adults. Since that time, it has been utilized in hundreds of studies involving clarifying misconceptions, measuring factual knowledge across different groups, and assessing bias toward older adults. The current study examines the psychometric properties of a revision to the FoAQ created in 2015 that modified the original items and added 25 more to better reflect contemporary aging research. Participants were sampled using Qualtrics and MTurk platforms and targeted to equally represent the following four age groups: 18-34, 35-49, 50-64, and 65 and older. Exploratory factor analysis (n=956) did not support a multi-factor structure, contrary to previous theories of it having cognitive, physical, societal, and psychological health factors. A single factor model was forced which contained 28 items that only accounted for 26% of the variance in scores. The reliability reached satisfactory levels in the younger three age groups with the 28-item version but remained inadequate among those 65 and older. Small associations with the Expectations Regarding Aging-12 and Aging Semantic Differential scales were observed. In the present format, the FoAQ is not sufficient for research use but remains a useful tool in provoking discussion about age bias and areas in which people of all ages lack factual information. Researchers suggest an expansion in response options and further clarifying the use of this instrument as a measure of knowledge or bias.

BOSTON AGING TOGETHER STUDY: ATTITUDES TOWARD OWN AGING AMONG OLDEST-OLD PARENTS AND CHILDREN

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One consequence of modern longevity is the growing number of older adults with very old parents. While family members are often interdependent in their development and aging, less is known about how intergenerational relationships may influence individuals’ attitudes toward their own aging in later life. Using 70 dyads of oldest-old parents (Mage = 93) and their children (Mage = 67) from the Boston Aging Together Study, we examined the dyadic concordance in positive attitudes toward own aging, and how perceptions of giving and receiving care are associated with attitudes toward own aging for parents and children. On average, parents reported more negative attitudes toward own aging than did children. In less than half of all dyads (46%), both parents and children reported positive (i.e., score three or higher on a scale that ranged from one to five) attitudes toward own aging. T-test results showed that the dyads with positive attitudes toward own aging had more within-dyad age difference, better average self-rated health, fewer depressive symptoms and less loneliness than others. For children, higher level of caregiver’s burden was associated with more negative attitudes toward own aging. For parents, perception of received support was not associated with their attitudes toward own aging. This study sheds light on how both individual and family characteristics may influence individuals’ aging perceptions. Findings suggest the context of parent-child ties may particularly be relevant to those older adults who may have to deal with their own aging-related challenges as well as those of their parents.

AGE-BASED STEREOTYPE THREAT: A SYSTEMATIC REVIEW OF PRIMING TECHNIQUES AND THEIR EFFECTS

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Age-based stereotype threat (ABST) occurs when older adults are influenced by negative stereotypes about age-related decline and functional losses and ironically behave in disengaging and self-defeating ways that confirm the stereotype (Steele & Aronson, 1995). Aging stereotypes are found to be strong predictors of health and illness outcomes in later life, and are associated with performance in specific areas, mainly in cognitive and physical domains. The current study reviewed the experimental methods and their reported effects previously published in the literature to determine if there were different ABST methods were associated with different types of age-related outcomes. We conducted a systematic review, screening the scientific literature for papers that included experimental manipulation of age-related stereotypes as an independent variable, focusing on samples of older adults (1113 articles, most published after 2003). Through a classification of the common and distinctive characteristics of the different stereotype manipulation techniques, we were able to identify three specific types of experimental methods: by instruction, tests, and interpersonal exposure. Although the mechanism by which stereotypes are associated with functional outcomes in older adults remains unclear, our review suggests it is possible to experimentally control the activation of the stereotype by manipulating its specific characteristics and the way older participants are exposed to it. Findings also highlight the possibility that
specific experimental methods used to induce ABST in older individuals may lead to unique and different consequences on functional performance variation.

VIEWS ON AGING ALTER THE IMPACT OF DEATH FEARS ON GENERALIZED ANXIETY
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This study looks at the relationship between fear of death, views on aging, and generalized anxiety. We theorize that positive views on aging (such as disagreeing that old age is a time of loss and decline) will buffer anxieties related to the unavoidable event of death. To test an implication of this theory, we ran a model looking at whether scores from a five-item views of aging scale altered the relationship between a fear of death measure (i.e., Collet-Lester’s “Your death” subscale) and generalized anxiety as measured on the GAD-7. Covariates related to religious beliefs, history with depression and anxiety, stress, social desirability reporting, and routine behaviors were included. An online probability sample of American adults age 18 and older (fielded January 2019) yielded results consistent with a “views-on-aging-as-an-anxiety-buffer” theory. Specifically, visualizations indicate that in a high fear of death condition, those with positive views of aging have significantly lower anxiety levels than those who do not. As such, this research suggests that positive views on aging may console those harboring fears about death.

PLANNING FOR FUTURE CARE NEEDS: THE IMPORTANCE OF PERCEIVED NEED
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Despite the demonstrated need to plan for future care needs, many individuals fail to engage in planning, often with negative consequences for their future health and well-being (Lee, Mason, & Cotlear, 2010). Theoretically, the propensity to utilize planning resources may be related to the perceived need for care in the future, a demonstrable predictor of the utilization of health and mental health services (Andersen, 1995; Karlin, Duffy, & Greaves, 2008). The purpose of this study was to examine perceptions of need for future care in combination with predisposing (age, financial security, attitudes towards planning) and enabling (anticipated support, satisfaction with family discussions about future care needs) variables in predicting planning behavior. The sample was comprised of 385 adults, aged 50 years and older (M=66.5, SD=9.3, range=50-92). Hierarchical regression analyses entered two well-established predictors, age and financial security in step 1, and attitudes towards planning, anticipated support, satisfaction with family discussions, and perception of need in step 2. Age and financial security explained 17% of the variance in planning; the addition of step 2 variables explained 33% of the variance and R-squared was significant (p<.001). All predictors were significant at p<.001, with the exception of anticipatory support (p=.05). These results support both the individual (i.e. positive attitudes, perceived need) and contextual nature of planning, in particular the belief that support will be available when you need it and the benefits of family discussions in facilitating planning.

Recommendations for enhancing successful planning among individuals and their families will be presented.

COGNITIVE HEALTH STATUS AND GENDER DIFFERENCES IN ATTITUDES AND EMOTIONS TOWARD OLDER ADULTS
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The health and gender of older adults can elicit differing attitudes and emotions within young and middle-aged adults (Bergman & Bodner, 2015); one’s own gender may also influence these differences (Bergman & Cohen-Fridel, 2012). In this study, 287 participants (173 males, 114 females), aged 19-55 years (M=32.8), were randomly assigned to read one description of an older adult that varied cognitive health status (healthy/Alzheimer’s) and gender (male/female). Factorial MANOVAs examined differences by gender, health, and participant gender for participants’ (a) emotions about the older adult (compassion and emotional distance) and (b) negative perceptions about aging (ageist attitudes and aging anxiety). The first MANOVA found a significant main effect for health status; participants expressed more compassion (p=.013) and less emotional distance (p=.001) for the older adult with Alzheimer’s than for the healthy older adult. Also, the Target Gender X Participant Gender interaction was significant for emotional distance (p=.032), but not for compassion (p=.616); men reported more emotional distance than women for the female older adult, regardless of target health status, but men and women’s emotional distance were very similar for the male older adult. The second MANOVA showed only a significant health status main effect; ageist attitudes (p=.021), but not aging anxiety (p=.062), differed by health status of the older adult, with more ageist attitudes expressed for the healthy older adult than the older adult with Alzheimer’s. Overall, these results show that individual factors can influence young and middle-aged adults’ negative attitudes and emotions towards older adults. Implications will be discussed.

INTERRELATIONSHIPS AMONG COLLECTIVE PERSONALITY, ATTITUDES TOWARD INTERGENERATIONAL SUPPORT, AND CO-RESIDENCE
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This study investigates if collective personality influences positive attitude towards family caregiving and support for elderly parents, which, in turn, engenders positive attitude toward intergenerational coresidence. To test the hypothesis, the author examines the interconnections among collective personality; attitude towards family caregiving, and attitude towards support for aged parents; and attitude towards intergenerational coresidence in the U.S. The survey data is collected from total 67 undergraduate students in classroom environment. Particular attention is given to their attitude towards family caregiving and aged parents support. Results show that those three predictors are positively correlated with the attitude towards intergenerational coresidence i.e. respondents with more positive attitude towards family caregiving and aged parents support and with collective