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
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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
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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,1 Helene Hoi-Lam Fung,2 Vivian Hiu Ling Tsang,2 Angel Yee-lam Li,2 David J. Ekerdt,1 and Hansol Kim1, 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...
with dementia and other chronic conditions, through novel person-centered approaches. This symposium examines how the two GWEPs expanded upon a foundation of previous efforts to serve older adults with lifelong disabilities, the methods by which they built and fostered effective networks, the resulting system improvements, and suggested strategies to move from “pretty good” to best practices.

COMMON PURPOSE: NETWORKING INITIATIVES TO FOSTER DEMENTIA-CAPABLE CARE FOR LIFELONG DISABILITIES

Catherine Taylor,1 Christine Gadbois,2 Sandra L. Fournier,3 Phillip G. Clark,4 and Faith Helm4, 1. Rhode Island Geriatric Education Center, University of Rhode Island, Kingston, Rhode Island, United States, 2. CareLink, Providence, Rhode Island, United States, 3. Neighborhood Health Plan of RI, Smithfield, Rhode Island, United States, 4. Rhode Island Geriatric Education Center, Kingston, Rhode Island, United States

As individuals with I/DD live longer, Alzheimer’s disease is on the rise, particularly in individuals with Down syndrome. Practitioners have recognized that the I/DD system does not possess the expertise to provide appropriate care for this population as it ages. A series of federally funded initiatives in Rhode Island – supported by the Centers for Medicare and Medicaid Services (CMS), the Administration for Community Living (ACL), and the Health Resources and Services Administration (HRSA) – have begun to equip health care and direct care professionals to meet the needs of individuals with I/DD and AD. Using a “connector” model, the GWEP at RIGEC has woven together these efforts, aligned program goals from disparate funders, built connections between the Aging Network and the disability system, and worked with the National Task Group on Intellectual Disabilities and Dementia Practices (NTG) to create sustainable resources for the health care and direct care workforces.

COMMUNITY PARTNERSHIPS: A MODEL FOR LIFELONG DISABILITIES AND DEMENTIA CARE

Faith Helm,1 Catherine Taylor,2 and Phillip G. Clark2, 1. Rhode Island Geriatric Education Center at the University of Rhode Island, Kingston, Rhode Island, United States, 2. Rhode Island Geriatric Education Center, Kingston, Rhode Island, United States

In 2015 the Rhode Island Geriatric Education Center (RIGEC) was one of 44 organizations funded by HRSA to implement the Geriatrics Workforce Enhancement Program (GWEP). A primary objective was to develop and deliver Alzheimer’s Disease and Related Dementias (ADRD) education to patients, families, caregivers, and health professionals, with a focus on special populations. Concurrently, Seven Hills Rhode Island, a nonprofit agency that serves people with disabilities, received a grant from the Administration for Community Living (ACL) to provide education and resources to health professionals and caregivers of people with I/DD. As goals for both projects aligned closely, they worked together, fostering a strong partnership, amplifying the opportunity to offer high-quality educational programs and reach target audiences. Lessons learned from this networked approach are critical to informing sustained improvements to the I/DD and health care systems in subsequent GWEP projects.

COMMUNITY NETWORKS ADDRESSING AGING WITH LIFELONG DISABILITIES

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Adults aging with lifelong developmental disabilities (I/DD: Down syndrome and other intellectual disabilities, cerebral palsy, etc.) continue to pose a challenge to the Aging Network, developmental services, and healthcare systems. Some funded projects, model programs, and episodic initiatives have helped advance intersystem collaboration but there is still scant federal or state public policy specific to aging with lifelong disabilities. The Area Planning and Services Committee (APSC), a product of three consecutive AoA grants on building and testing intersystem cooperation/collaboration between these systems, is a partnership of community based organizations and academe operating in metro Richmond since 2003. Its successful hands on, interdisciplinary management process has implemented needs assessments, statewide training, staff development, dementia awareness, etc., and been a model for the Virginia Geriatric Education Center (VGECE) Plenary overseeing all GWEP programs. The APSC history informs VGECE GWEP’s incorporating I/DD content into faculty development programs, microlearning, ECHO, and other practitioner training.

SESSION 3470 (SYMPOSIUM)

RAISING OUR VOICES: THE BENEFITS OF AN INTERGENERATIONAL CHOIR FOR PEOPLE WITH DEMENTIA AND THEIR CARE PARTNERS

Chair: Debra J. Sheets, University of Victoria, Victoria, British Columbia, Canada
Discussant: Theresa A. Allison, University of California, San Francisco, San Francisco, California, United States

This interdisciplinary symposium focuses on the Voices in Motion (ViM) choir, a novel social intervention to address issues of stigma and social isolation among older adults with dementia and their caregivers. ViM is an intergenerational choir for community-dwelling older adults with dementia (PwD) and their caregivers. Local high school students participated in the choir and added to the lively social interactions. Two professionally directed ViM choirs were fully implemented in 2018-2019 with a public performance in the Fall and Spring seasons. This symposium brings together multiple methodologies to investigate the effects of choir participation on cognition, social connections, stigma, and quality of life for the dyads. Results in the individual papers demonstrate the positive impact of choir participation on dyads (n=26) for measures that include cognition (MacDonald), well-being and quality of life (Sheets), and social connections (Smith). Taken as a whole, the papers indicate that this social intervention offers an effective non-pharmacological alternative approach for older adults with dementia. Choir participation has important and significant impacts on psycho-social well-being and quality of life. The body of evidence presented points to the importance of