work together to impact perpetrators committing elder abuse. Thus, examining the mechanism between ageism and elder abuse was the aim of the current study. We hypothesized that structural and individual ageism would simultaneously predict elder abuse. In addition, following Stereotype Embodiment Theory, the impact of structural ageism on elder abuse would be mediated by individual ageism. In Sample 1, participants described their proclivity to abuse older people if they could do so without punishment (n=1,580). In Sample 2, family caregivers described actual abuse of their older care recipients (n=400). Overall, elder abuse proclivity (33% in Sample 1) and perpetration (56% in Sample 2) were prevalent. As hypothesized, structural ageism and individual ageism simultaneously predicted elder abuse proclivity and perpetration. Also as predicted, individual ageism significantly mediated the association between structural ageism and elder abuse in both samples. This the first study that examined the mechanistic pathways between structural and individual levels of ageism in the context of elder abuse. Effective solutions to prevent elder abuse should incorporate upstream interventions to mitigate the adverse effects of ageism.

Session 1340 (Symposium)

POLICY SERIES: BUILDING MOMENTUM FOR DIVERSITY, EQUITY, AND INCLUSION IN GERIATRICS AND GERONTOLOGY EDUCATION

Chair: Jennifer Severance
Co-Chair: Barbara Gordon
Discussant: Brian Lindberg

With an increasingly multicultural and diverse older adult population, health care professionals must be prepared to serve older adults from varied backgrounds and marginalized communities; address health determinants and disparities; and promote diversity, equity, inclusion, and empathy within systems of care. The National Association for Geriatrics Education (NAGE) is a non-profit organization representing geriatric and gerontology education and training programs, including Health Services and Resource Administration funded Geriatric Workforce Enhancement Programs (GWEPs), and Geriatric Academic Career Awardees (GACAs). The 44 GWEPs focus on improving health outcomes for older adults by enhancing geriatrics and primary care training of the healthcare workforce. The 26 GACA awards support leaders in Age-Friendly health care transformation and interprofessional clinical geriatrics training. This symposium examines the role both programs have in reducing racial health disparities in older adults by promoting increased diversity of the geriatrics/gerontology workforce and advancing public policies for racial equity and inclusion. First, presenters will introduce the NAGE Diversity and Racial Equity Workgroup that supports a broader and unified effort across GWEPs and GACAs for equity and inclusion in geriatrics and gerontology education. Presenters will then share strategies to mobilize system-level changes within their institutions. Finally, examples of progress showcase individual GWEP and GACA projects and partnerships aimed at reducing racial health disparities within a multidimensional and local context. Presenters discuss strategies and opportunities to disrupt and transform health professions education at multiple levels and implications for policies supporting optimal aging for all older adults.

ANSWERING THE CALL FOR DIVERSITY AND RACIAL EQUITY: THE NATIONAL ASSOCIATION FOR GERIATRIC EDUCATION

Katherine Bennett,1 Rosellen Rosich,2 Linda Edelman,3 Barbara Gordon,4 Anna Goroncy,5 and Jennifer Severance,6
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The National Association for Geriatric Education (NAGE) is a non-profit organization representing geriatric and gerontology programs, including Health Services and Resource Administration funded Geriatric Workforce Enhancement Programs (GWEPs), and Geriatric Academic Career Awardees (GACAs). NAGE responded to the renewed call to address systemic racism and racial inequities by forming a Diversity and Racial Equity Workgroup. The Workgroup explored ways to disseminate educational resources, support members to address racial inequities among older adults, promote increased diversity of the geriatrics/gerontology workforce, and support public policy initiatives that address racism and health disparities. Initial outputs include creating a Diversity and Racial Equity resource page, identifying liaisons to the Workgroup from each NAGE Committee to ensure impact across the organization, and organizing collaborations across GWEPs and GACAs to share successful initiatives. Future plans include education and advocacy with members and collaborating organizations to address systemic racism and racial health inequities impacting older adults.

REFLECTION LEADING TO ACTION ON DIVERSITY, EQUITY, AND INCLUSION AT THE VIRGINIA GWEP

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Last year’s Black Lives Matter protests inspired the Virginia Geriatric Education Center (VGEC) GWEPs plenary to engage in reflection and discussion on diversity, equity, and inclusion (DEI) in our work together. During each bi-monthly meeting, we dedicate time to generate ideas to improve our programming, how we work together, and how we partner and recruit for our programs. Champions for DEI on our plenary led an effort to develop a DEI newsletter clarifying DEI concepts and introducing resources thematically related to the monthly VGEC faculty development program curriculum. By incorporating these resources into our monthly curriculum, facilitators have a new access point to incorporate content on health equity and policy into our curriculum. The intentional focus on DEI is opening the door to