

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 (HRSA) 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

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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) GWEP's 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

deeper reflection and conversation with a goal of improving all our programming, cultivating a new social awareness, and bringing new voices and perspectives to the table.

PARTNERING WITH AFRICAN AMERICAN FAITH-BASED COMMUNITIES TO SUPPORT DEMENTIA CAREGIVERS

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African Americans (AA) are twice as likely to develop Alzheimer's Disease as Caucasians. Historically, houses of faith have been a center of the AA community and a trusted source of information and support. Based on these facts, as well as community needs, the SHARE Network (a Geriatrics Workforce Enhancement Program on the South Side of Chicago) in partnership with faith-based community leaders, created an opportunity for community members to train to become resource experts on Alzheimer's Disease & Related Dementias (ADRD) and create sustainable caregiver support groups (CSGs). The resulting initiative, Dementia Resource Champions, is a train-the-trainer style health education initiative piloted in 2018, and subsequently expanded and modified due to COVID. Participants receive instruction on stress reduction, ADRD, and community resources. They discuss how to structure CSGs to meet community needs. Results of this initiative include development of five brand-new CSGs with faith communities on Chicago's South Side.

GWEP TAG-TEAM RESPONSE: COVID-19 HEALTH DISPARITIES IN ORANGE COUNTY, CALIFORNIA

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Health disparities follow zip codes, and in Orange County, CA, both COVID-19 cases and deaths are highly concentrated in our diverse geriatric populations in Santa Ana (44,075) and Anaheim (40,984) where our two UCI Federally Qualified Health Centers (FQHCs) are located, and Garden Grove (16,174) and Buena Park (7,581), where University of California Irvine (UCI) TAG-TEAM GWEP community partner FQHCs are located. Collectively, our FQHCs serve diverse populations, with 83-88% of patients identifying as Hispanic/Latino or Asian. As we support these clinics in becoming Age-Friendly Health Systems, UCI's GWEP pivoted to provide COVID-19 education in the form of multi-lingual materials and videos available in Spanish, Vietnamese, Korean, Mandarin, and Farsi. Additionally, through our Age-Friendly Geriatrics Tele-ECHO Series we are working to build Mental Health care competencies among these FQHC providers since the pandemic morbidity and mortality disparities have resulted in a profound mental health crisis in our communities.

MITIGATING IMPLICIT RACIAL BIAS IN THE CLINICAL SETTING: A QUALITATIVE STUDY OF FAMILY MEDICINE RESIDENTS

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Implicit racial bias (IB) in physicians contributes to racial health inequities. Health profession trainees are not consistently trained to address IB. This phenomenological study explored Family Medicine (FM) residents' experience of applying strategies to mitigate IB during home visits (HVs) to homebound older adults. FM residents completed pre-work related to IB, applied strategies to mitigate IB during HVs, then completed written reflections and commitments-to-change (CTC). A two-month survey assessed completion of targeted changes and barriers faced. Researchers completed a thematic analysis identifying five themes: Response to IAT, barriers, strategies, value of HVs and mindfulness. All residents' stated level of CTC remained the same (9/9, 100%) and 8/9 residents (89%) had partially or fully implemented their intended change at 2 months. Residents continued applying newly-learned strategies two months after training with transference to other clinical settings and bias types. These findings can facilitate development of clinically-based IB curricula with lasting impacts.

Session 1345 (Paper)

Care Transitions

ANTIPSYCHOTIC AND PSYCHOPHARMACOLOGICAL MEDICATIONS: CARE TRANSITIONS AMONG NURSING HOME RESIDENTS

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Nursing home residents are frequently prescribed anti-psychotic and other psychopharmacologic medications (AP/PPM) to manage behavioral and psychological symptoms. Residents also experience care transitions between nursing homes and other healthcare institutions. Limited research exists on the relationship between AP/PPM use and care transitions in this population. The purpose of this study is to compare odds of care transitions among those with and without AP/PPM use, controlling for resident characteristics. This cross-sectional study used data from a 5% random sample of Medicare beneficiaries between 2011-2015 who resided in a nursing home and were continuously enrolled in Medicare Parts A, B, and D. Chi-square tests compared resident characteristics and AP/PPM use between those with <2 and ≥2 transitions. Multivariate logistic regression evaluated the odds of transitions in those with and without AP/PPM use during a one-year follow-up, including