

Collaboratory's third core element: the EM Screening and Response Protocol (EM-SAR). Results indicated a strong support for the EM-SAR tool in general and highlighted specific considerations for refining the tool. Considerations include resistance to adding to the ED workload, need to clarify roles and responsibilities for administering the tool, hesitancy to rely on clinical judgement to assess EM, concerns over Adult Protective Services' ability to respond to increased reports, and a desire for cross-training and cooperation. These findings and implications for ongoing feasibility testing will be discussed.

ELDER MISTREATMENT FOLLOW-UP: CONNECTING EMERGENCY DEPARTMENTS AND COMMUNITIES

Alice Bonner,¹ Kristin Lees-Haggerty,² Debi Lang,³ Bree Cunningham,⁴ Jason Burnett,⁵ and Kathy Greenlee⁶,
 1. *Institute for Health Care Improvement, Boston, Massachusetts, United States*, 2. *Education Development Center, Waltham, Massachusetts, United States*, 3. *UMASS Medical School, Shrewsbury, Massachusetts, United States*, 4. *MA Executive Office of Elder Affairs, Boston, Massachusetts, United States*, 5. *UT Health, Houston, Texas, United States*, 6. *Greenlee Global, Lenexa, Kansas, United States*

To effectively address elder mistreatment (EM) in the emergency department (ED) hospitals must have mechanisms that promote and, to the extent possible, ensure patient safety post-discharge. However, the realities of working within busy hospitals--limited staff time, financial resources, and EM-specific expertise--prevent many EDs from being able to dedicate staff for patient follow up or develop EM multi-disciplinary teams. The fourth core element of the NCAEM's ED Care Model aims to address this need with a roadmap for leveraging existing community resources. The roadmap provides streamlined tools to help hospitals assess their needs, identify existing teams and resources in their community, and connect with Adult Protective Services and other organizations. In this presentation we will present these tools and share case examples from beginning stages of feasibility testing in hospitals across the US. We will discuss specific strategies for implementing the model in hospitals of differing types, sizes, and resource levels.

DISSEMINATION STRATEGIES: ALIGNMENT WITH GERI-ED

Tim Platts-Mills,¹ Tony Rosen,² Rebecca Jackson Stoeckle,³ Kim Dash,³ and Kristin Lees-Haggerty³, 1. *University of North Carolina, Chapel Hill, North Carolina, United States*, 2. *Weill Cornell Medical College, New York, New York, United States*, 3. *Education development Center, Waltham, Massachusetts, United States*

The National Collaboratory to Address Elder Mistreatment's model provides hospital emergency departments with training and tools to help recognize and respond to elder mistreatment. The Geriatric Emergency Department (GERI-ED) initiative, supported by The John A. Hartford Foundation and West Health, encourages hospitals to integrate best practices for older adults into their emergency departments by providing guidelines and options for accreditation (GED-A). Recognizing the importance of coordinating efforts to develop tools that can be shared and implemented widely, the Collaboratory has intentionally

and strategically aligned itself with the GERI-ED by inviting members of the GED-A team to join the Collaboratory. In this presentation we will describe how aligning these two initiatives has the potential to achieve greater impact than either initiative alone. We will provide a case example of how the elder mistreatment care model is implemented in GERI-EDs, highlighting factors that facilitate and hinder model implementation in such settings.

SESSION 800 (SYMPOSIUM)

THE ROLE OF GERONTOLOGISTS IN ACHIEVING THE UN'S SUSTAINABLE DEVELOPMENT GOALS

Chair: Toni C. Antonucci, *University of Michigan, Ann Arbor, Michigan, United States*

The Sustainable Development Goals (SDG's) developed by the United Nations in 2015 have as their underlying theme, the pledge that no one will be left behind. The SDGs address global poverty, inequality, climate change, the environment, peace and justice. They are intended to be global benchmarks to be reached by 2030 to ensure well-being and prosperity while protecting and promoting human rights and freedoms (UN, 2015). They envision a world without poverty, where all persons can live with dignity and security in societies free of violence and discrimination based on the foundation of universal human rights. The 17 goals and their 169 targets cover a range of social and economic development issues from poverty and gender inequality to climate change and sustainable cities. These goals are both interrelated and indivisible with each important for individual and social well-being. For example, achieving gender equality can help eradicate poverty while improved health can contribute to increased individual productivity and economic growth. Unfortunately, the needs of older people are larger ignored. In this symposium we outline how gerontologists can and have contributed to the SDG goals. We provide input from four disciplines whose work directly addresses the needs of older people. The four disciplines are: health- how do we meet the health needs of older people, psychology – what are the mental health issues facing older people, public policy – how can/has governments assist through laws and policy, and social work – how can social work address the needs of the vulnerable old.

THE ROLE OF GERONTOLOGICAL PSYCHOLOGY IN ACHIEVING THE UN'S SUSTAINABLE DEVELOPMENT GOALS

Toni C. Antonucci¹, 1. *University of Michigan, Ann Arbor, Michigan, United States*

The United Nations has identified 17 Sustainable Development Goals (SDGs) designed to improve the health and well-being of the world's most vulnerable populations. This presentation will review the potential role psychology, in particular, illustrative theories and research, in achieving the SDGs of reducing poverty and achieving gender equality and empowerment. We consider life span (individual) developmental and life course (environmental structure) theories as useful for explaining how poverty and inequality influence the individual and community at one point in time and over time. Further, we use research evidence to illustrate how naturally occurring resources can be garnered to better