adults (ages 18-89) were recruited to complete a 60-minute survey and interview at Purdue University in Indiana (n1=97) and Scripps College in California (n2=98). Risk factors assessed included cognitive tasks (overall cognition, memory, and executive decision), socio-emotional questionnaires (depression, resilience, ostracism, and social integration), financial measures (numeracy, objective financial knowledge, retirement worries, and financial well-being), physical and demographic factors (age, gender, education level, marital status, ethnicity). In addition, participants reported experiences of FE and scam, (1) the 11-item short-form Older Adult Financial Exploitation Measure, (2) seven questions on scam from the Health and Retirement Study, and (3) likelihood to contact a scammer after reviewing lottery scam materials. The three dependent variables were log-transformed before OLS regression models were built. Each dependent variable was associated with different risk factors. Lower standard of living (p = .02) and ostracism (p < .05) independently predicted FE. Lower physical health (b = -.02, p = .003) was the strongest predictor of scam, with lower level of financial well-being (p = .02) serving as an independent predictor. For lottery scams contact likelihood, ostracism (b = .04, p = .005) and being male (b = .23, p = .04) were the strongest predictors. Since risk factors differed between FE and scam, prevention and intervention programs should target the unique profiles of risk factors for each.

**STRUCTURAL AND INDIVIDUAL AGEISM PREDICTS ELDER ABUSE PROCLIVITY AND PERPETRATION**

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Considering that elder abuse affects one in six older persons worldwide, a need exists to identify factors that predict this abuse. Previous studies have found that ageism operates at both structural (i.e., societal-level stigmatizing views toward older persons) and individual levels (i.e., negative age beliefs) to affect health. However, it was not known whether and if so, how these two levels 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)**

**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 Awards (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 multi-dimensional 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...