at the forefront of many innovative programs since it was founded in 1974, contributing to the growth of the field and the recognition of education as one pillar of the field of gerontology and geriatrics, along with research, policy and practice. This symposium highlights three ongoing initiatives that promote connections and collaborations. The first paper discusses the Age-Friendly University (AFU) network which is made of institutions around the globe who have committed themselves to becoming more age-friendly in their programs and policies. AGHE endorses the AFU principles and invites its members and affiliates to call upon their institutions become part of this pioneering initiative. The AFU initiative is one of several international activities that AGHE, global leaders in education on aging, has engaged in. The second paper describes international networking activities such as collaborations with international organizations including the World Health Organization and connecting international and US students. In the third paper, initiatives to connect disciplines and professions through competency-based education and curricula are discussed. For instance, the Gerontology Competencies for Undergraduate and Graduate Education and the Program of Merit promote competency-based gerontology education across disciplines and professions.

PERILS, PITFALLS, AND POTENTIALS OF NETWORKING IN INTERPROFESSIONAL EDUCATION: TAKING ON THE CHALLENGES

Phillip Clark[1], *1. University of Rhode Island, Kingston, Rhode Island, United States*

Gerontology and geriatrics are conceptualized as quintessential interdisciplinary fields. To understand aging and provide quality care to older adults, you need an interdisciplinary perspective and an interprofessional team. However, academic and clinical settings—with their vertical structures—require bridging strategies to connect the disciplinary dots. Implicit in this approach is the need for creating networks to support interdisciplinary education in both classroom and experiential settings. Taking on these challenges requires emphasizing the importance of key competencies for both gerontology and interprofessional practice with older adults, including foundational, interactional, and contextual dimensions. These competencies recognize the unique perspectives, contributions, and roles of different disciplines, and create the connections critical for promoting and sustaining interprofessional education. Strategies for developing and maintaining interprofessional networks include: (1) identifying forces driving and restraining change, (2) matching strategies for promoting networks to readiness for system change, and (3) enlisting external forces to make and maintain changes.

AGE-FRIENDLY UNIVERSITIES: POSSIBILITIES AND POWER IN CAMPUS CONNECTIONS

Joann M. Montepare[1], *1. Lasell College, Newton, Massachusetts, United States*

Populations are aging locally, nationally, and globally – and challenging institutions of higher education to consider how they can respond to these changing demographics through new approaches to teaching, research, and community engagement. The Age-Friendly University (AFU) initiative was recently launched by an international team convened by Dublin City University, and endorsed by the Academy for Gerontology in Higher Education (AGHE). The AFU concept and 10 guiding principles provide a guiding campus-wide framework that colleges and universities can use for distinguishing and evaluating age-friendly programs and policies, as well as identifying institutional gaps and opportunities for growth. To date, over 45 institutions have joined the AFU global network. This presentation will describe how collaborations across aging-focused programs and campus units devoted to diversity, community engagement, professional studies, and related educational efforts offer prime opportunities to build and sustain an AFU vision.

THE EVOLUTION OF AGHE AS A GLOBAL LEADER IN EDUCATION ON AGING: HOW, WHY, AND WHAT'S NEXT

Margaret A. Perkinson[1], *1. Univ. of Hawai'i at Manoa, Honolulu, Hawaii, United States*

The scope of AGHE's responsibility to gerontology and geriatrics extends worldwide, as reflected in its tag line, "Global Leaders in Education on Aging." Optimal responses to worldwide demographic transitions can only come from persons well-versed in the dimensions of aging and trained and globally situated to translate that knowledge into effective and culturally-appropriate solutions. This presentation reviews the evolution of AGHE's role in initiating and fostering global networks of educators in gerontology and geriatrics, including collaborative efforts with major international organizations (e.g., WHO, UN, IAGG) to increase the visibility and appreciation of aging-related issues among world leaders; sponsoring national and international meetings to promote exchange of ideas and refinement of teaching methodologies; initiating and adapting new models of gerontological training enhanced by advances in information and communication technology; and supporting world-wide cohorts of emerging scholars to assume leadership roles within the organization. Recommendations for next steps are considered.

SESSION 2225 (PAPER)

ELDER ABUSE AND OBSTACLES TO SUCCESSFUL AGING

BARRIERS AND OPPORTUNITIES TO HEALTHY AGING IN ANCHORAGE, ALASKA, USING CONCEPT MAPPING

Britteny M. Howell,[1] and Daniel McLinden[2], *1. University of Alaska Anchorage, Anchorage, Alaska, United States, 2. Idea Networks, LLC, Cincinnati, Ohio, United States*

Alaska currently has the fastest growing proportion of older adults than any state in the country, and seniors are choosing to age-in-place in Anchorage in record numbers. Research shows that including older adults with community-based professionals (aging advocates, researchers, service providers) in focus group activities can provide a rich and holistic model of aging that demonstrates a robust foundation for supporting aging and addressing health disparities. This paper presents the results of a project conducted with older adults (50+ years), advocates, and other stakeholders in Anchorage using Concept Mapping (CM) methodology,

a technique not often used in the gerontology literature. CM is a mixed-method, participatory approach that uses brainstorming and unstructured card-sorting combined with multivariate statistics (multi-dimensional scaling, hierarchical cluster analysis) to create a data-driven visual representation of thoughts or ideas of a community. CM is well suited to integrating perspectives from multiple points of view. Participants were prompted to address the research question: how do we think about aging in Anchorage & what are the barriers and facilitators to aging well? Results indicate services for seniors should include culturally responsive health programming, low-cost opportunities for social engagement, inclusion of older adults with intellectual/developmental disabilities, transportation considerations, navigators to locate services in Anchorage, and more. CM allowed the researchers to identify how residents view healthy aging in this urban subarctic location and brainstorm practical solutions with stakeholders and local policy-makers. This presentation will also share lessons-learned regarding the use of this participatory approach with older adults.

EXISTING STRATEGIES FOR ELECTRONIC DATA COLLECTION BY ELDER ABUSE MULTI-DISCIPLINARY TEAMS

Tony Rosen,[1] David Burnes,[2] Darin Kirchin,[2] Alyssa Elman,[3] Risa Breckman,[3] and Mark Lachs[1], *1. Weill Cornell Medical College / NewYork-Presbyterian Hospital, New York, New York, United States, 2. University of Toronto, Toronto, Ontario, Canada, 3. Weill Cornell Medical College, New York, New York, United States*

Elder abuse cases often require integrated responses from social services, medicine, civil legal, and criminal justice. Multi-disciplinary teams (MDTs), which meet periodically to discuss and coordinate interventions for complex cases, have developed in many communities. Little is known about how these MDTs collect case-level data. Our objective was to describe existing strategies of case-level electronic data collection conducted by MDTs across the United States as a preliminary step in developing a comprehensive database strategy. To identify MDTs currently collecting data electronically, we used a snowball sampling approach discussing with national leaders. We also sent an e-mail to the National Center for Elder Abuse listserv inviting participation. We identified and reviewed 11 databases from MDTs. Strategies for and comprehensiveness of data collection varied widely. Databases used ranged from a simple spreadsheet to a customized Microsoft Access database to large databases designed and managed by a third-party vendor. Total data fields collected ranged from 12-338. Types of data included intake/baseline case/client information, case tracking/follow-up, and case closure/outcomes. Information tracked by many MDTs, such as type of mistreatment, was not captured in a single standard fashion. Documentation about data entry processes varied from absent to detailed. We concluded that MDTs currently use widely varied strategies to track data electronically and are not capturing data in a standardized fashion. Many MDTs collect only minimal data. Based on this, we have developed recommendations for a minimum data set and optimal data structure. If widely adopted, this would potentially improve ability to conduct large-scale comparative research.

PROTECTIVE EFFECTS OF NEIGHBORHOOD SOCIAL COHESION ON ELDER ABUSE IN INDIAN OLDER ADULTS

E-Shien Chang,[1] and Becca Levy[1], *1. Yale School of Public Health, New Haven, Connecticut, United States*

It is estimated that elder abuse impacts 16% of older persons globally. There is a need to understand factors that protect older persons. In this study, we examined whether neighborhood social cohesion, or the mutual support, trust, and interaction among neighbors, could be such a factor. As it has been found to be protective of child abuse and domestic violence, we hypothesized that higher neighborhood social cohesion would extend to reduce the risks of elder abuse. Our cohort consisted of participants aged 60 and over in the Longitudinal Aging Study in India (LASI) pilot survey. Elder abuse was measured by asking participants if they experienced ill-treatment by family members. Neighborhood social cohesion was measured by a five-item instrument that captured perceived support and trust among neighbors. The final sample consisted of 541 participants with a mean age of 69 who largely (72.9%) resided in rural area. The hypothesis was supported. Compared to older persons with low neighborhood social cohesion, older persons with high neighborhood social cohesion were significantly less likely to experience elder abuse (OR= 0.57, 95% CI=0.35-0.92), after controlling for socio-demographics, health, and neighborhood contextual covariates. This study, for the first time, suggests that neighborhood social environment may exert a protective effect on risks of elder abuse. Neighborhood resources may both prevent family members from being abusive and may help older persons stop abuse. Incorporating structural factors such as neighborhood cohesion may be critical in devising elder abuse preventions that increase the safety and well-being of older persons.

RESILIENCE THROUGH CONNECTION: SOCIAL SUPPORT AND ELDER ABUSE, DISASTER, BEREAVEMENT, AND COMBAT

Ron Acierno,[1] and Wendy Muzzy[1], *1. Medical University of South Carolina, Charleston, South Carolina, United States*

Elder abuse prevalence among community residing adults is 10%, but this prevalence is cut by more than half among those who report high levels of social connection. Relatedly, elder abuse outcomes are significant, producing increased prevalence of anxiety and depressive disorders, the prevalences of which are, again, halved when one experiences abuse in the context of high social support. Similarly, mental health effects of natural disaster on older adults are virtually eliminated in the presence of high social support. Moreover, treatment for anxiety and depressive disorders is improved when high social support is present. We will present findings from five of our major studies in the aforementioned areas that underscore this point.

UNCIVILIZED CHILDREN OR VICTIMS OF DEMENTIA: INTERPRETATIONS OF AGGRESSION IN ASSISTED LIVING

Laura M. Funk,[1] Rachel Herron,[2] and Dale Spencer[3], *1. University of Manitoba, Winnipeg, Manitoba, Canada, 2. Brandon University, Manitoba, Canada, 3. Carleton University, Ottawa, Ontario, Canada*