

known about these differences and to promote inclusion of sexual and gender minorities in research, we are developing an empirically-informed research framework for studying gender effects in aging and Alzheimer's research. In this presentation, we describe the framework informing our approach and present results from analyses of gender effects in The Health and Retirement Study that examine gender differences in the associations observed between education and cognitive measures in older adults. Our findings show gender's effects on education vary in direction and magnitude as gender norms changed over time. Although college education serves as a factor protective against cognitive decline, characteristics of who achieves a four-year college degree change over time. We discuss the implications of our results for aging and Alzheimer's disease research.

COGNITIVE FUNCTION IN SEXUAL AND GENDER MINORITY OLDER ADULTS

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Nearly 3.5 million sexual and gender minority (SGM) adults aged 60+ in the U.S. identify as lesbian, gay, bisexual, transgender, and/or queer. We recruited over 50 diverse SGM older adults from the community to better understand correlates of their cognitive function. The Telephone Interview for Cognitive Status, an 11-item screening test of global cognition was used over the phone or in-person. We will describe relationships among cognition and several sociodemographic and health variables (age, sex assigned at birth, SGM identities, race/ethnicity, and health). Past research has highlighted higher rates of perceived memory problems among lesbian, bisexual and transgender adults compared to both gay men and heterosexual men and women. These rates were also higher among those who identify as women. We highlight implications for researching gender identity and cognition in late life, such as the influence of gender roles on cognition and the assessment of gender expression and related constructs.

SEXUAL AND GENDER MINORITY CAREGIVERS OF PEOPLE WITH DEMENTIA AND THEIR CARE RECIPIENTS

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Little is known about the unique experiences of sexual and gender minority (SGM) caregivers of people with dementia or their care recipients. We used an electronic survey to assess psychosocial measures within this caregiving population, including measures related to the care recipient. The majority of caregivers (N=285) were gay men (62%). Most

respondents were white (80%), with a quarter identifying as Latinx. The majority of caregivers were a spouse/partner (59.3%) and were providing care for someone who identified as LGB (70%), with 20% caring for someone transgender. Half of care recipients did not have an advance directive. The majority of care recipients needed assistance with ≥ 5 instrumental activities of daily living (83%) and ≥ 1 basic activities of daily living (74%). This study is the first to provide data regarding the unique needs of SGM caregivers of someone with dementia and will support the development of targeted interventions for this population.

GENDER DIFFERENCES IN 30-DAY RE-HOSPITALIZATION AMONG MEDICARE BENEFICIARIES WITH ALZHEIMER'S AND DEMENTIA

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Hospitalization is associated with accelerated cognitive decline for persons with Alzheimer's disease and related dementia (ADRD), which disproportionately impacts women. Persons with ADRD are also at higher risk for 30-day rehospitalization, which may compound the impact of hospitalization-related exposures that precipitate decline. Evidence surrounding the intersections between gender and rehospitalization risk among diverse, representative populations with ADRD are lacking. This retrospective cohort study used a 100% national sample of Medicare beneficiaries with a diagnosis of ADRD and qualifying index hospitalization in 2014 (n= 1,033,144 unique beneficiaries and 1,672,238 unique stays). The primary outcome was rate of 30-day rehospitalization by gender and race. Within each racial group, men have higher rehospitalization rates than women: 2.6% higher among white men, 1.7% among African American men, and 2.6% higher among other racial/ethnic minorities. Findings highlight the importance of elucidating mechanisms underlying gender differences in hospital utilization and subsequent impact on cognitive decline.

WOMEN'S SOCIAL EMPOWERMENT AND GENDER DIFFERENCES IN ADULTS' COGNITIVE COMPETENCES

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Female social empowerment has the potential to enhance women's cognitive abilities. Our previous work investigating the role of gender equity in education and improved living conditions during early adulthood suggest that European women gain more from societal improvements over time than their male counterparts. This study extends this work by investigating the association between women's social empowerment during childhood and gender differences in adults' cognition for more than 30 OECD countries. We analyze established cognitive competence measures in literacy and numeracy with mixed effect models using the national survey data PIAAC collected within three rounds in 2011, 2014, and 2017. Our preliminary findings suggest that gender equity factors associated with women's empowerment, are more beneficial for women's cognitive key competences than men's. High cognitive competences are particularly relevant at advanced age to enable an independent life and long economic activity.