premature death and more. Using survey data from the National Adult Protective Services Association (NAPSA), we analyzed 99 nurses' responses on their role in working in/ with APS to help abused, neglect, and exploited adults. Out of the 99 nurses, 65 were direct employees of APS, and 61 did not report directly to a nurse supervisor. Forty-nine nurses carry a caseload like social workers, and 27 carry a caseload in conjunction with social workers. The most common services nurses provide are home visits, evaluations of clients and their medications, and client education. Qualitative data revealed the benefits of having nurses on staff, including assessing medical needs, preventing medical emergencies, providing holistic care, and navigating the healthcare system. Part of a symposium sponsored by Abuse, Neglect and Exploitation of Elderly People Interest Group.

A DIRECT REPORTING PLATFORM FOR FINANCIAL EXPLOITATION: FROM BANKS TO APS

Jason Burnett,¹ Sally Reisch,² and Geoffrey Rogers,²
1. McGovern Medical School at UTHealth, Houston, Texas,
United States, 2. Hunter College, New York, New York,
United States

Despite encouraging changes in regulations and practices, opportunities remain to strengthen the collaboration between Financial Services Institutions (FSI) and Financial Exploitation (FE) investigative agencies such as Adult Protective Services (APS). A major barrier to these collaborations is timely and effective information exchange, between the agencies, for maximizing client protection. Often times, the need for more information from the agencies involved delays or mitigates the provision of financial protection to the client/victim. Through the U.S. Office for Victims of Crime, funding has been provided to develop a single reporting platform for enhancing communication and collaboration between FSI and APS. The helpful platform provides an innovative conduit for providing timely and effective information exchange between FSI and APS agencies to better serve and protect older adults against FE. This presentation will discuss the platform development, the lessons learned, preliminary data and future research. Part of a symposium sponsored by Abuse, Neglect and Exploitation of Elderly People Interest Group.

ELDER ABUSE MULTIDISCIPLINARY TEAMS: DESCRIBING AND CLASSIFYING A KEY COLLABORATIVE RESOURCE FOR APS WORKERS

Zachary Gassoumis, Gerson Galdamez, Julia Rowan, and Kathleen Wilber, *University of Southern California*, Los Angeles, California, United States

Elder abuse multidisciplinary teams (MDTs) are a key resource when APS workers address their most complex cases. MDTs promote coordination and information sharing, and provide access to highly specialized input and problemsolving from legal, health, social service, and financial fields. This paper characterizes the range of elder abuse MDTs across the U.S. We identified 324 MDTs in the U.S., which most frequently addressed cases of financial exploitation (90.8%), physical abuse (83.6%) and neglect (81.6%). Based on a follow-up survey, latent class analysis was used

to determine closeness of a subset (n=91) to the elder abuse forensic center model, which has received much evaluation and policy attention. Twenty-six showed strong similarity to forensic centers, with 24 others showing partial similarity. Coupled with observations from site visits to 4 teams, findings can guide the development and evaluation of elder abuse MDTs to foster better interdisciplinary collaboration for APS workers. Part of a symposium sponsored by Abuse, Neglect and Exploitation of Elderly People Interest Group.

SESSION 6150 (SYMPOSIUM)

INTERSECTIONS OF GENDER AND COGNITION IN OLDER ADULTS

Chair: Shana Stites Co-Chair: Jason Flatt Discussant: Carol Derby

The National Institutes of Health (NIH) is committed to supporting rigorous science that advances what is understood about the influences of sex and gender in health and disease in order to inform the development of prevention strategies and treatment interventions. In research on aging and Alzheimer's disease, sex/gender disparities in key outcomes are common. But, much of this research hinges on asking a single question: Is the patient or research participant male or female, man or woman? This practice offers few options for disambiguating sociocultural effects associated with gender from those related to biologic sex. It also assumes that self-reports are a suitable proxy for social phenotypes and that a dichotomous variable adequately captures the wide-range of sociocultural effects attributable to gender. The premise of this symposium is to evaluate how gender interacts with cognitive outcomes in order to advance measurement. This symposium will review evidence from five distinct lines of research on associations between gender and cognition for individuals and for individual's interactions with their family members: (1) effects of normative shifts in American education on cognition in older adults; (2) hospitalization as a risk factor for cognitive decline in racially diverse American men and women; (3) caregivers who identify as sexual and gender minorities (SGM or LGBTQ+) and care for persons with dementia; (4) correlates of cognitive function in SGM older adults; and (5) differences in adults' cognition based on childhood exposure to women's social empowerment in 30+ Organisation for Economic Co-operation and Development (OECD) countries.

THE COGENT3 STUDY: EXAMINING GENDER'S IMPACT ON EDUCATION AND COGNITION TRENDS IN THREE AMERICAN GENERATIONS

Shana Stites,¹ Hannah Cao,¹ Jeanine Gill,¹ Kristin Harkins,¹ Jonathan Rubright,² and Jason Flatt,³ 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. National Board of Medical Examiners, Philadelphia, South Carolina, United States, 3. University of Nevada, Las Vegas, School of Public Health, Las Vegas, California, United States

How older adults protect their cognitive health, reduce their risk for cognitive decline, and manage cognitive changes vary for men and women. To advance what is