

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

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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

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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 problem-solving 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

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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

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.