

psychological factors that motivate abuse in the first place. The current study will be the first to address these gaps by examining whether family caregivers' dehumanization of older persons, or the denial of humanness to older persons as one of the most hateful age stereotypes, could explain elder abuse proclivity. Implicit dehumanization of older persons was measured by a novel implicit-association-test developed for this study. Explicit dehumanization was measured by a semantic differential question widely used in the literature. We used the reliable and validated 8-item Caregiver Abuse Screen to measure elder abuse proclivity. In the final survey of 585 caregivers, dehumanization was found to be prevalent with 51% of the caregivers implicitly and 31% explicitly dehumanizing older persons. As predicted, implicit and explicit dehumanization uniquely contributed to elder abuse proclivity (OR=1.23, 95% CI=1.02-1.50, $p=.03$) and (OR=1.26, 95% CI=1.05-1.51, $p=.01$), respectively, after adjusting for relevant covariates including caregiver burden, and caregivers' and care-recipients' health. Also as predicted, implicit dehumanization improved the prediction of abuse proclivity above and beyond the explicit dehumanization of older persons and caregiver burden. Socio-etiological models of elder abuse perpetration and corresponding prevention design should consider the inclusion of dehumanization as a key risk factor for abuse proclivity in family caregivers.

DURATION OF FAMILY CAREGIVING AND ITS EFFECTS ON INFLAMMATION IN THE CAREGIVING TRANSITIONS STUDY

David Roth, *Johns Hopkins University, Baltimore, Maryland, United States*

Sustained caregiving for older adult family members with disabilities can be a chronically stressful experience that may adversely affect the health of caregivers. Systemic inflammation is thought to be one mechanism by which caregiving stress might impact health, but previous studies of inflammation in caregivers have generally found inconsistent or very small effects with questionable clinical significance when comparing caregiving and non-caregiving control samples. The Caregiving Transitions Study (CTS) enrolled 283 family caregivers and 283 carefully-matched controls from an ongoing national epidemiologic study. This population-based sample of caregivers included an unusual subsample of 32 long-term caregivers who had been providing care to the same care recipients for over 9 consecutive years. Analyses of covariance indicated that these 32 long-term caregivers had statistically significant ($p < 0.05$) elevations on three circulating biomarkers of inflammation – C-reactive protein, Interleukin-6, and D-dimer – compared 1) to their 32 individually-matched non-caregiving controls, and 2) to the 248 caregivers who had been providing care for less than 9 years. Covariates in the analytic models included age, sex, race, and body mass index. Similar effects were observed for caregivers of persons with or without dementia. Polynomial regression models across all caregivers revealed significant curvilinear associations of inflammation with caregiving duration. Inflammation was not markedly elevated throughout the first several years of caregiving but then begin to increase more dramatically at around 10 years of caregiving. These findings suggest that long-term caregiving, in particular, may be associated with specific physical health risks through chronically elevated systemic inflammation.

PREVALENCE AND CHARACTERISTICS OF SUBJECTIVE COGNITIVE DECLINE AMONG CAREGIVERS, 2015-2019

Eva Jeffers,¹ Roshni Patel,² Erin Bouldin,³ Kenneth Knapp,⁴ Dana Guglielmo,¹ Christopher Taylor,¹ and Lisa McGuire,⁵
 1. *Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, United States*, 2. *Center for Disease Control and Prevention, Atlanta, Georgia, United States*, 3. *Appalachian State University, Boone, North Carolina, United States*, 4. *New York Medical College, Valhalla, New York, United States*, 5. *CDC, Atlanta, Georgia, United States*

Approximately 20% of U.S. adults provide unpaid care to family members and friends with a health condition or disability, and 20% of caregivers reported being in fair or poor health themselves. Much of the assistance caregivers provide have cognitive components, such as medication or financial management, yet little is known about caregivers' cognitive functioning. Subjective cognitive decline (SCD), or self-reported worsening of memory over the past year, among caregivers could impact the quality of care they provide. This study assessed prevalence of SCD by caregiving status and, among caregivers, the distribution of sociodemographic and other characteristics by SCD status. The study included 93,851 community-dwelling adults aged ≥ 45 years in 22 states who completed both the Behavioral Risk Factor Surveillance System Cognitive Decline and Caregiving modules during 2015-2019. All data were weighted; comparisons are based on modified Rao-Scott chi-square tests ($\alpha=0.05$). Among caregivers ($n=21,238$), 12.6% (95% CI:11.7-13.5) reported SCD, compared with 10.2% (95% CI:9.7-10.7) of non-caregivers ($p<0.0001$). Caregivers with SCD had more chronic health conditions, lower educational attainment, and were less likely to be married or employed than caregivers without SCD, despite a similar age distribution. Caregivers with SCD were also more likely than caregivers without SCD to report fair or poor health, frequent mental distress, a history of depression, and frequent activity limitations. SCD may negatively impact caregivers' health, function, and ability to provide care. With the anticipated increases in the need for caregiving, it is critical to understand the cognitive health of caregivers to better support caregivers and care recipients.

PSYCHOMETRIC TESTING OF THE BRI UNMET NEED INSTRUMENT: A COMPREHENSIVE MEASURE OF DEMENTIA CAREGIVERS' NEEDS

Morgan Minyo,¹ David Bass,² Kate McCarthy,³ and Katherine Judge,¹
 1. *Cleveland State University, Cleveland, Ohio, United States*, 2. *Benjamin Rose Institute on Aging, Cleveland, Ohio, United States*, 3. *Benjamin Rose Institute on Aging, Benjamin Rose Institute on Aging, Ohio, United States*

Compared to non-dementia caregivers, family/friend caregivers of individuals with dementia experience more negative caregiving consequences. One reason is the myriad of negatively impacted life domains including: managing symptoms; family communication; financial and legal matters; and finding and coordinating services. Few psychometrically tested measures exist for assessing the range of potential unmet needs of dementia caregivers. Such a measure would describe the frequency and correlates of unmet needs and provide a key outcome for intervention research. This study tested the psychometric properties of a comprehensive

measure of unmet needs, the BRI Unmet Need Instrument. Data from 192 family/friend dementia caregivers was used to test reliability and four validity types. Results showed total unmet needs, as well as its nine subscales, had good reliability (Cronbach's alpha .70 - .95). Discriminant validity was confirmed through factor analyses of the 45 unmet needs and items in measures of depression and care-related strain. Unmet need items loaded on separate factors that were deemed acceptable (.72-.38). Predictive validity was assessed by the association with depression, which was significant and an acceptable range ($r = .22, p < .01$). Convergent validity was confirmed by significant associations with three caregiver strain measures, mastery ($r = .40, p < .01$), emotional strain ($r = .19, p < .01$), and relationship strain ($r = .15, p < .05$). Good structural validity for nine predetermined unmet needs subscales was found using principal component analysis (loadings = .82-.39). Results suggest the BRI Unmet Needs Instrument is a ready-to-use, reliable and valid comprehensive measure.

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Financial Exploitation and Adult Protection

A SCOPING REVIEW OF FINANCIAL ELDER EXPLOITATION INTERVENTIONS

Stephanie Skees, *Washington University in St. Louis, Saint Louis, Missouri, United States*

Elder financial exploitation (EFE), defined by the National Center for Elder Abuse (2021) as “the misappropriation of an older person’s money or property,” is a continuing public health crisis shown to cost individuals at least \$2.9 billion a year (MetLife Mature Market Institute, 2011). Many believe this impact will increase exponentially due to the effects of COVID-19. In fact, a recent study conducted by Chang & Levy (2021) found that the prevalence of elder abuse as a whole increased from 1 in 10 older adults to 1 in 5 in the past year. Although increased collaboration between state attorneys general, Adult Protective Services, and financial institutions has driven progress in the field; there is still little known regarding EFE interventions. To address this issue, this study conducts a scoping review of the EFE intervention literature. This approach was chosen over a systematic review primarily due to the lack of a universal definition of EFE, as well as the limited number of studies available delineating between EFE and elder abuse as a whole. The main findings of the review reveal that current EFE intervention practices are focused on preventing abuse before it occurs by addressing risk factors for abuse in older adults; and are largely reliant on Adult Protective Services and the legal system. This finding is significant because state policies differ in their qualifications of EFE, thus leaving many older adults vulnerable and unprotected. Further interventions that address EFE while it is occurring and alignment across governing bodies are needed.

I MIND MY OWN BUSINESS AND EXPECT OTHERS TO DO THE SAME: CONVERSATIONS ABOUT DECLINING FINANCIAL CAPACITY

Mingyang Zheng,¹ and Marguerite DeLiema,² *1. Radford University, Minneapolis, Minnesota, United States,*

2. University of Minnesota, Twin Cities, SAINT PAUL, Minnesota, United States

Introduction: One of the smartest ways to prepare for declines in financial decision making capacity is to appoint an agent under power of attorney for finances and to share important financial information and preferences with trusted family or friends. Yet only 12% of older Americans with children think that they’ll need help with their finances as they age, and more than half are uncomfortable talking about their finances with children. Method: We conducted four in-depth interviews with older adults and four focus groups with Black, Latino, low income, and low-middle income adults aged 65 and older. An average of 9 participants were in each 2-hour focus group. Results: Barriers included lack of awareness, denial of future changes in capacity, lack of trustworthy surrogate decision-makers, shame about one’s financial situation, desire for privacy, fear of being a burden, and resistance to overtures by children. Barriers differed by ethnicity and socioeconomic status, with lower income older adults having less knowledge of advance planning and Powers of Attorney. Implications: Significant education is needed around Powers of Attorney and how to begin the advance planning process. Study findings informed the Thinking Ahead Roadmap, a guide to facilitate planning and communication around future money management. The Roadmap uses an empowerment framework to motivate individuals to appoint trusted financial advocates and prepare them for a smooth transition in money management, thereby reducing risk of exploitation, costly mistakes, and family conflict.

IDENTITY THEFT AND OLDER ADULTS: HOW MINORITIES AND THE POOR SUFFER THE WORST CONSEQUENCES

David Burnes,¹ Marguerite DeLiema,² and Lynn Langton,³

1. University of Toronto, Toronto, Ontario, Canada, 2.

University of Minnesota, Twin Cities, SAINT PAUL,

Minnesota, United States, 3. RTI International, RTI International, District of Columbia, United States

Society’s growing reliance on technology to transfer and store private information has created more opportunities for identity thieves to access personal data. Prior work using data from the National Crime Victimization Survey (NCVS) Identity Theft Supplement (ITS) showed that baby boomers were significantly more likely than Millennials to be victims of identity theft and that older people and minorities experience more severe economic and psychological consequences. This study examines how socioeconomic status, demographic characteristics, and incident-specific factors relate to how much money is stolen during identity theft, the likelihood of experiencing out-of-pocket costs, and emotional distress among identity theft victims age 65 and older. Using combined data from the 2014 and 2016 NCVS-ITS, this study examines the correlates of financial and psychological consequences of identity theft among 2,307 victims age 65 and older. Older Black victims are more likely to have greater amounts of money stolen and are more likely feel distressed than older non-Latino white identity theft victims. The most disadvantaged older adults living at or below the federal poverty level are nearly five times as likely to suffer out-of-pocket costs. The length of time information is misused and the hours spent resolving identity theft are significantly