who have not. It has excellent psychometric properties and clinical utility to detect FE beyond demographic and neuropsychological variables. We utilized exploratory factor analysis to examine the factor structure of the FEVS and reduce the number of items. Participant data (n=243) were drawn from two samples: a community-based sample and a group of individuals who were seeking financial coaching services following a financial scam or theft. Examination of the eigenvalues yielded a unidimensional scale. An iterative process was used to remove items that did not load on the single factor or with low corrected item total correlations. The final scale contained nine items and retained its ability to detect financial exploitation (AUC=0.778) and good internal consistency (α=0.845). This short form scale (FEVS-SF) is a brief, standardized screening measure to assess contextual vulnerability for FE that is accessible to professionals who work with older adults.

ARE HOME CARE AIDES INTERESTED IN HELPING CLIENTS DO PHYSICAL ACTIVITY?
Naoko Muramatsu, Lijuan Yin, and Maria Caceres, University of Illinois at Chicago, Chicago, Illinois, United States

The current home care paradigm dictates home care aides (HCAs) provide prescribed help with activities of daily living, rather than stimulating older adults' reserves to maintain independence. Little is known about whether HCAs are interested in expanding their role to promote their clients’ health. This study examined HCAs’ interest in helping clients do physical activity among workers who care for their family members or clients assigned by home care agencies in a Medicaid-funded home care program. Data came from brief surveys completed by HCAs at state-mandated in-service training sessions (N=602; 42% caring for non-family clients only, 38% family clients only, 20% both family and non-family clients). Ordered logit analysis was conducted to examine whether HCAs caring for family clients differ from those caring for non-family clients in levels of interest in helping clients do safe physical activity as part of home care work, controlling for HCAs’ age, gender, language (English/Spanish), and years of home care experience. HCAs’ interest levels were high (62% very, 21% somewhat, 8% slightly, 9% not at all interested). Ordered logit analysis indicated that HCAs caring for family members had significantly higher interest levels than those caring for non-family clients only (83% higher among HCAs caring for both family and non-family clients, 30% higher among HCAs caring for family clients only). To reflect HCAs’ interests and to maintain clients’ independence, home care workforce training should direct its attention to empower HCAs to assume health-promoting roles.

DEVELOPING A DEMENTIA CARE TRAINING CURRICULUM FOR REGISTERED DIETITIANS
Joy Douglas,1 Christine Ferguson,1 and Beth Nolan,2
1. The University of Alabama, Tuscaloosa, Alabama, United States, 2. Positive Approach to Care, Ada, Michigan, United States

Research supports the need for healthcare providers who are trained in providing care to older adults with dementia. However, few training options exist for Registered Dietitians (RDs) seeking dementia care training that is specific to nutrition. The purpose of this project was to adapt an existing dementia care training curriculum to meet the learning needs of RDs. The development team included two experts in dementia training and two RDs with expertise in gerontological nutrition. The new training module was based on the existing Positive Approach to CareSM (PAC) curriculum, which incorporates Kolb’s Experiential Learning Theory and the Adult Experiential Learning Cycle. The development team first identified learning objectives for content that would be relevant to RDs who work with persons living with dementia, and modified components of the existing PAC curriculum to meet these objectives. After a preliminary pilot, the 2-hour program was presented to 20 RDs using a combination of lecture presentation, experiential learning, and skill-building techniques. Participants were provided written materials to reinforce the concepts presented. Participants answered five dementia-specific questions before and after the training, and overall, the average percentage of correct answers improved following the training. Two weeks following the training, participants completed an open-ended survey to provide feedback on the training. Participants responded favorably to the mixed learning formats in the training. When asked to rank their preferred learning methods, participants indicated lecture-based learning and experiential learning as their top preferences.
preferred methods. These findings indicate that the adapted curriculum may improve dementia knowledge among RDs.

ELDER FAMILY FINANCIAL EXPLOITATION: THE COMPLEXITY OF ROLES AND FAMILY CONTEXT
Athena Chung Yin Chan,1 and Marlene Sum,2
1. University of Minnesota–Twin Cities, Saint Paul, Minnesota, United States, 2. University of Minnesota, Twin Cities, Saint Paul, Minnesota, United States

Despite elder family financial exploitation (EFFE) being recognized as the most prevalent type of elder abuse, little is known about the family context in which it occurs. To-date most EFFE research has focused on understanding the profiles of one victim and one perpetrator in reported cases. Informed by Family Systems Theory, this study offers new insight into the range and complexity of EFFE victim and perpetrator roles, family structures (relationship types across generations) and living arrangements. A mixed-methods dataset from a sample of non-perpetrator/non-victim concerned family members who experienced EFFE (most unreported to authorities) was utilized to map and analyze 23 family system genograms. The findings reflect four overall profiles when organized by the number of victim(s) and perpetrator(s) in each involved family system including: Single victim, single perpetrator (n=7), Single victim, multiple perpetrators (n=12), Two victims, single perpetrator (n=1), and Two victims, multiple perpetrators (n=3). Across the 4 profiles, most primary perpetrators moved in to live with the elder victims. For Single victim, single perpetrator cases, remarried spouses, and as well as parent/child relationship types in nuclear families with 2-3 adult children emerged. For Single victim, multiple perpetrators, up to five family perpetrators from 3 different nuclear families were involved, including adult children, their in-laws, and grandchildren as a common combination of perpetrators. The findings suggest EFFE is more complex than often assumed, involving multiple perpetrators and victims, and family relationship types beyond older parent/child. Implications for reframing risk profiles, assessment tools, and family-focused intervention strategies are discussed.

FOSTERING AN UNDERSTANDING OF INTERPROFESSIONAL APPROACHES TO GERIATRICS
Anna Faul, Pamela Yankeelov, and Sam Cotton, University of Louisville, Louisville, Kentucky, United States

Serving older adults with multiple chronic conditions and variable social, emotional, or physical support effectively within the primary care setting requires an interdisciplinary approach to care, together with the integration of novel approaches to care coordination (Dorr et al, 2006). The purpose of this study is to examine the use of interprofessional learning models to educate a healthcare workforce that meets the needs of older adults by integrating geriatrics with primary care, maximizing patient engagement, and transforming the healthcare system. Specifically, the targeted learners for this curriculum were from a healthcare system in Belize that had no previous specialty training in interprofessional geriatrics care. The 4-day training took place in Belize with an interprofessional group of healthcare professionals that included social work, nursing and medicine. 100 learners participated in the trainings and including participants from social work, nursing and medicine. To evaluate the program, Kirkpatrick’s Training Evaluation Model (Kirkpatrick & Kirkpatrick, 2005) was used to determine if learners were satisfied with the content (reaction), skilled (knowledge & skill) and confident in their abilities to utilize the curriculum (application of knowledge & skills). Analysis showed that learners, irrespective of discipline, were satisfied with the program. All disciplines experienced significant differences in their self-efficacy with working on interdisciplinary teams from pre to post assessments. Specifically, there was an increase in learner’s confidence related to learning to work together cooperatively with other professions and how to communicate effectively with other members of an interprofessional team. Implications for future interprofessional curriculum will be discussed.

LONGITUDINAL IMPACT OF AN INTERDISCIPLINARY COURSE ON AGING FOR FIRST-YEAR STUDENTS
Matthew Picchiello,1 Nancy Morrow-Howell,2
Susan Stark,2 and Brian Carpenter,2 1. Washington University in St. Louis, University City, Missouri, United States, 2. Washington University in St. Louis, St. Louis, Missouri, United States

Undergraduate courses on aging have the potential to counteract negative stereotypes about older adults and to shift students’ academic plans as they learn about aging-related opportunities. For six years we have taught an interdisciplinary course on aging for first-year undergraduate students. We present longitudinal data on students’ attitudes and academic trajectories after taking the course. Students who took the course (n = 314) and comparable students who were not in the course (n = 353) were surveyed prior to and at the end of their first semester and at the end of each subsequent academic year. At each time point students rated the degree to which aging issues are relevant to their personal and professional lives. Students also reported aging-related curricular and extracurricular activities they pursued. Multivariate repeated-measures analyses revealed a significant interaction such that personal and professional relevance of aging issues were lower and remained stable for students not in the class, and were higher and increased for students in the class, F(2,226) = 13.18, F(2,226) = 14.94, p's < .01. However, for course students, relevance returned to baseline levels by the end of their first year and remained constant in subsequent years. Results from chi-square analyses revealed that students in the class reported more engagement in aging-related courses, χ2(1) = 8.3, research projects, χ2(1) = 90.1, and extracurriculars, χ2(2) = 20.6, p's < .01. Results suggest that exposing students to information about aging early has the potential to alter academic trajectories, highlighting the importance of early education.

LONG-TERM EFFECTS OF ABUSE IN LATER LIFE PERPETRATED BY FAMILY MEMBERS
Naomi Meinert,1 Pi-Ju Liu,2 and Ron Acierno,3 1. Iowa State University, Ames, Iowa, United States, 2. Purdue University, West Lafayette, Indiana, United States, 3. UT Health Sciences Houston, Houston, Texas, United States

Abuse in later life could potentially lead to lower levels of social support, especially when perpetrated by family

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