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

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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 confidential 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

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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 associated with emotional distress. More than one-third of older victims experience moderate to severe emotional distress following identity theft, and those who can least afford it suffer out-of-pocket costs. Greater advocacy and psychological support are needed to help older adults recover, in addition to tools to protect their personal information from misuse.

OLDER VICTIMS OF MASS MARKETING SCAMS: AN ANALYSIS OF DATA SEIZED FROM SCAMMERS

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Mass marketing scams are some of the most common frauds in America, and include scams perpetrated through the mail. A growing body of research indicates that older adults face a greater risk of victimization due to age-related changes in cognitive functioning and social isolation, and may be more likely to fall victim repeatedly. The aim of this study is to determine the frequency of repeat mass marketing fraud (revictimization) among older adults and patterns of victimization associated with age, scam type, seasonality, and geography. We use two decades of non-public administrative data from the United States Postal Inspection Service (USPIS). These databases were seized during law enforcement investigations of mass mailing scam organizations and contain more than 2 million unique U.S. victims and their
transactions with four different fraud organizations. Victims were matched across datasets using name, address, and a change of address file. We find that revictimization rates increase with age in psychic scams. The 10,000 victims who responded the most times (between 82 and 562 times) were 78 years old on average and suffered $4,700 in total losses per person. Other significant trends emerged for lottery and sweepstakes scams. Unlike prior fraud victimization studies, inferences on victim characteristics are based on actual victim experiences with fraud rather than hypothetical scenarios or surveys where victims must self-report fraud. Findings provide valuable policy-relevant information regarding older victims and the patterns of chronic victimization.

USING VOICE AND TOUCHSCREEN TECHNOLOGY TO PROTECT VULNERABLE CLIENTS IN RESIDENTIAL CARE FACILITIES
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Due to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) issued a memorandum for long term care facilities to restrict visitation by all nonessential personnel, including guardianship case managers. To enhance caseworker access to their guardianship clients, an eastern seaboard state agency distributed Amazon Echo Show devices to clients in long term care facilities. These touchscreen and voice-activated devices have both video and audio capabilities. This study reports the results of the first phase of a comprehensive evaluation, pilot testing the devices via a group of “superuser” case managers to understand the potential challenges and benefits of using these devices. Sixteen case managers participated in two virtual focus groups before and after the installation of an Echo device with one of their guardianship clients. Participants were asked to discuss experiences in accessing clients and client engagement before and after device installation. The focus groups were audio-recorded and transcribed verbatim and two researchers independently identified themes using open and axial coding. Major themes identified included: challenges to device installation and use, strategies to overcome challenges, benefits to using Echo devices, and ethical concerns. These findings suggest that touchscreen or voice-activated devices with video capability can assist case managers in protecting vulnerable clients and ensuring their well-being when in-person access is restricted. Additionally, the devices can be used to enable isolated residents to connect to the outside world, including family, friends, and case managers through technology. Strategies for replication of this innovative program will be discussed.

Session 3245 (Paper)

GERIATRIC CARE MANAGEMENT

ADDRESSING THE NEW NORMAL IN HEALTH CARE USING AN INTERPROFESSIONAL MODEL OF CARE COORDINATION
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There has been significant discourse surrounding the widespread system failures within healthcare during COVID-19. Older, frailer, and poorer persons across the United States have been the most impacted by the pandemic. Given this, our FlourishCare team, received funding through the COVID Cares Act, as part of our Geriatric Workforce Enhancement Program (GWEP) grant, to create innovative programming for individuals that were the most impacted by the pandemic. Remote patient monitoring (RPM) is one intervention been shown as an effective way to assist persons in managing their conditions. Patients from our Optimal Aging Clinic were identified as struggling with hypertension, diabetes and/or COPD. Interprofessional teams of nursing and social work learners were assigned to work with patients. The kits contain all of the necessary technology and a virtual app platform that allows a patient to check their heart rate, blood pressure, oxygen levels, and glucose levels. This information was then disseminated to the team coordinating the patient’s care. The sample was mostly female (88%), African American (64%) and retired (70%). The mean age was 60 (SD=4), and 40% had less than a high school diploma. After 3 months in the program, we saw a significant improvement across all determinants of health, with a particular overall change in access to health services and individual health behaviors. This study showed the importance of providing patients with access to technology and the support of an interprofessional team can improve patient outcomes, lead to improvements in individual health behaviors and improve health literacy.

COMPARATIVE PERSPECTIVES ON GERIATRICS-SURGERY CO-MANAGEMENT PROGRAM BY SPECIALTY AND STAFF ROLE
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Co-management programs between geriatrics and surgical specialties have gained popularity in the last few years. Little is known about how these programs are perceived across surgical specialties and staff roles. We conducted a mixed methods study to assess perspectives on a geriatrics-surgery co-management program (GSCP) at a hospital where geriatricians co-manage patients 65 or older admitted to Orthopedic Trauma, General Trauma, and Neurosurgery. We used semi-structured interviews (n=13) and online surveys (n=45) to explore program value, facilitators, use, understanding, and impact by specialty and staff roles (physicians, advanced practice providers, nurses, case managers, social workers). Interview transcripts were analyzed using qualitative thematic analysis, and survey data were analyzed using Kruskal-Wallis, ANOVA, and Fisher’s exact tests. Interviews revealed three themes: 1) GSCP is valued because of geriatricians’ expertise in older adults, relationship with patients and families, and skill in addressing social determinants of health; 2) GSCP facilitators include consistent availability of geriatricians, clear communication, and collaboration via