stigmatized social identities (immigrant status, non-cisgender identity, sexual orientation, depression, and addiction) that may increase cumulative burden of psychological distress, contribute to poor clinical outcomes, and create disparities in health care utilization. Using survey and focus group data from the San Francisco ROAH 2.0 (Research on Older Adults with HIV) site, we explored how layered intersectional identities (minority affiliation, gender and sexual orientation), life experiences (immigration, trauma) and forms of systemic oppression (poverty, low educational attainment, and incarceration) impact the utilization of mental health supportive services. Immigrants, minority women, and heterosexual men had higher burdens of depression compared to their white counterparts. Similarly, inhabiting multiple stigmatized identities resulted in both low and variable levels of mental health care utilization, suggesting need for targeted intervention efforts.

**THE INTERSECTION OF MENTAL HEALTH, SELF-REPORTED NEUROCOGNITIVE FUNCTIONING, AND EDUCATION IN OLDER HIV+ GAY MEN**

Kristen Krause, Rutgers University, Piscataway, New Jersey, United States

Older people living with HIV/AIDS (PLWHA) face different mental and neurocognitive challenges related to their health and well-being. Using data from a cross-sectional study (n=250) on older (age 50-69) gay men living with HIV/AIDS in NYC, this study examined the multi-level associations between self-reported neurocognitive functioning, mental health, and key sociodemographics (age, race/ethnicity, financial situation, and education). Findings suggest those who have higher self-reported neurocognitive functioning have higher levels of education, better self-rated health, and lower levels of PTSD and depression (p<0.01). Differences were not observed based on race/ethnicity, financial situation, and age. The overall findings demonstrate educational differences in self-reported cognitive functioning among older HIV+ gay men and highlight the importance of enhancing interventions and policies to promote better cognitive and mental health outcomes. More research is warranted to understand the intersection of education and cognitive performance among other sub-groups of PLWHA to understand whether these findings are consistent.

**INTERSECTIONALITY AND COGNITIVE IMPAIRMENT RISK IN OLDER PERSONS WITH HIV: AGE, ETHNICITY, AND LGBT STATUS**

Monica Rivera Mindt, Micah Savin, Angela Summers, Jordan Sivier, and Alex Slaughter, Fordham University, New York, New York, United States

The Latinx population is disproportionately affected by HIV-infection and older Latinx persons living with HIV (PLWH) are at greater risk for neurocognitive impairment (NCI). However, no studies have examined whether intersectionality (including Lesbian Gay Bisexual Transgender [LGBT] status) increases NCI risk. This study investigated whether LGBT status increases NCI risk in 126 PLWH (Ages 19-73 years; 74% Male; 66% Latinx, 34% NHW) who completed a comprehensive NC battery. Domain average T-scores were based on demographically-corrected norms. Multiple regressions revealed that after accounting for covariates (cocaine use, premorbid IQ) and other dimensions of intersectionality (age, ethnicity), LGBT status significantly contributed to NCI risk in attention/working memory (B=-4.50, p=.01) and executive functioning (trend-level; B=-3.67, p=.06). LGBT status, a key dimension of intersectionality, should be considered in NC assessment of PLWH. Future research is needed to identify factors (e.g., discrimination) that may confer increased NCI risk in this population.

**SESSION 6285 (SYMPOSIUM)**

**THE IN-CARE PROJECT SOCIOECONOMIC INEQUALITIES IN CARE USE AND PROVISION ACROSS COUNTRIES AND OVER TIME**

**Chair: Marjolein Broese van Groenou**

Ageing societies and recent reforms to long-term care (LTC) in many European countries are likely to make informal care by kin and nonkin increasingly critical for fulfilling the care needs of older people. To date, it is unknown whether informal care falls disproportionately on disadvantaged populations. The IN-CARE project (a collaboration of Dutch, UK and German research teams; http://in-care.fk12.tu-dortmund.de/) examines if and how LTC reforms exacerbate existing social disparities in care use and provision in older age. To this end, this project compares the socioeconomic status (SES) gradient in formal and informal care across Europe and over time. A particular effort is made to include macro-level indicators of LTC systems in cross-level analyses across countries. The first paper presented in this symposium by the UK team studied SES-inequality in care receipt across European nations with different care systems; the second paper presented by the German team studied the same question but now among caregivers, the third paper provides the analyses for caregivers in Japan, and the fourth paper by the Dutch team studies SES-inequalities in care use within the Netherlands over time (1995-2015). The symposium will end with a short description of the IN-CARE project (2019-2022). Tine Rostgaard agreed to be our discussant.

**SOCIOECONOMIC INEQUALITIES IN CARE RECEIPT AT OLDER AGES: A COMPARATIVE EUROPEAN STUDY**

Ginevra Floridi,1 Ludovico Carrino,2 and Karen Glaser,2

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This study is among the first to investigate whether and how socioeconomic inequalities in the receipt of formal and/or informal care by disabled older adults vary across long-term care (LTC) systems. We link data from the SHARE survey with LTC system indicators for 136 regions in 12 European countries in 2015. Using multinomial multilevel models with cross-level interactions, we test whether and how income and wealth gradients in the receipt of only informal, only formal, and mixed care vary with the number of beds in residential LTC facilities across regions. We find pronounced inequalities in the receipt of formal and mixed care only in regions with low or intermediate numbers of LTC beds, and no inequalities in regions with greater availability of...
residential beds. Our findings suggest that the presence of extensive formal LTC services may lead to a fairer distribution of formal and mixed care use across socioeconomic groups.

SOCIOECONOMIC INEQUALITIES IN INFORMAL CARE PROVISION AND ITS CONSEQUENCES FOR WELL-BEING ACROSS EUROPE

Nekehia Quashie,1 Judith Kaschowitz,2 Christian Deindl,3 and Martina Brandt,2 1. TU Dortmund, Dortmund, Germany, 2. TU Dortmund, Dortmund, Nordrhein-Westfalen, Germany, 3. Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Nordrhein-Westfalen, Germany

We assess socioeconomic inequalities in informal care provision and its consequences for the wellbeing of informal caregivers. The literature states that a lower socio economic status (SES) is linked to a higher probability to give care (at higher intensities) which then leads to a higher caregiving burden. People with lower SES additionally have fewer resources to alleviate caregiving pressures. Thus, they are likely to experience decreased wellbeing compared to those with higher SES. Our analyses based on data from SHARE and ELSA confirm, that individuals with lower SES are indeed more likely to provide care all over Europe. They also report a lower wellbeing than people with higher SES, even if controlling for further important influences. In the next step we investigate longitudinally, if taking over care responsibilities leads to a wellbeing decline and if this decline is more pronounced for people with lower SES.

SOCIOECONOMIC STATUS AND LONG-TERM CARE PROVISION TO PARENTS IN JAPAN

Yoko Ibuka,1 and Yui Ohtsu,2 1. Keio University, Tokyo, Japan, 2. National Institute of Population and Social Security Research, Tokyo, Tokyo, Japan

Socioeconomic status (SES) is generating considerable interest in terms of health of individuals, but how it is associated with long-term care has not been established yet. We study the relationship between SES and long-term care provision to parents among the Japanese adults using JSTAR. We use the following six measures of SES for the analysis: income, asset, expenditure, living condition, housing condition and education. We find a greater probability of care provision to parents among those in higher SES categories for some SES measures, compared to the lowest category. However, after considering the survival probability of parents, the relationship is reversed and the probability of care provision is found to be greater among lower SES individuals. The association is more pronounced among males. The association is likely to be partly mediated by care needs of parents. These results suggest a higher burden of care disproportionately falls in low SES individuals.

SOCIOECONOMIC INEQUALITY IN LONG-TERM CARE: A COMPARISON OF THREE TIME PERIODS IN THE NETHERLANDS

Jens Abbing,1 Bianca Suanet,2 and Marjolein Broese van Groenou,3 1. Vrije Universiteit, Amsterdam, Netherlands, 2. Vrije Universiteit Amsterdam, Amsterdam, Noord-Holland, Netherlands, 3. VU University, Amsterdam, Noord-Holland, Netherlands

This study aims at investigating to what extent inequalities in the use of formal, informal and privately paid care have changed over time. Data from the Longitudinal Aging Study Amsterdam (LASA) was used from three points in time (1995, 2005 and 2015) that capture distinct periods in the recent development of the Dutch long-term care system. In particular, the reforms of 2007 and 2015 might have impacted care uses. All participants (N = 1810) were living at home and between the age of 75 and 85 at measurement. The results indicate that, adjusted for health and partner status, formal, informal and privately paid care have decreased over time. Socioeconomic differences in informal care use have increased over time, but no change was found for privately paid or formal care use. These findings suggest that changes in the LTC system and long-term care resources in particular benefit lower socioeconomic groups.

SESSION 6290 (SYMPOSIUM)

POLICY SERIES: THE OLDER AMERICANS ACT REAUTHORIZATION: MAJOR SUCCESSES AND SHORTCOMINGS

Chair: Brian Lindberg

This session provides an update on the 2020 Older Americans Act (OAA) reauthorization process and passage of the new law “Supporting Older Americans Act of 2020.” Presenters will provide insights on both the content of the new law and the process that led to the bicameral, bipartisan legislation. Speakers will include representatives of the aging network and other stakeholders, who will discuss key changes to the OAA and how they may be implemented over the next five years.

FRAMING THE ISSUE

Brian Lindberg, GSA, Washington, District of Columbia, United States

The GSA Public Policy Advisor will facilitate a discussion about the 2020 reauthorization of the Older Americans Act with key stakeholders from Washington, DC. Also, the presentation will include perspective on GSA’s active role in policy development and the legislative process.

THE AGING NETWORK AND THE OLDER AMERICANS ACT REAUTHORIZATION

Amy Gotwals, National Association of Area Agencies on Aging, Washington, District of Columbia, United States

This presentation will cover a range of OAA reauthorization proposals - successes and what was not possible this year. As a leader in the aging network, n4a played a major role in the legislative process, and the discussion will include top priorities for improving the ability of the network to serve older adults with community-based supports and services.

ADVANCING STATES THROUGH THE OAA REAUTHORIZATION

Damon Terzaghi, ADvancing States, Arlington, Virginia, United States

States are major policymakers and funders of community-based services for older Americans and ADvancing States.