

making 101%-199% and 200%+, respectively. Results show that poor health status and need for services among persons in the 101%-199% are similar to those with incomes less than 100% FPL, and significantly higher than persons with incomes at 200%+ of the FPL.

ETHNICITY AND RACE IN ACCESS AND USAGE OF HEALTH AND SOCIAL CARE: RESULTS FROM A SCOPING REVIEW

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Scholarship on ethnicity and old age is at a crossroad now that increased diversity is a given in older populations. The same holds true for the study of the role that ethnicity and race play in access and usage of health and social care in old age. This presentation relies on a scoping review of scholarship published between 1998 and 2020 that brings attention to the ways in which ethnicity & race – as grounds for stratification and disadvantage – are made sense of in this scholarship. The presentation will describe the topics that the review divulged, whether racism has been acknowledged in this scholarship so far, and how this has been the case. In doing so, this presentation will argue that if we are to address the inequalities that older ethnic minorities face we need not only a diversity-astute research agenda but also an injustice-aware one.

CULTURAL DIFFERENCES IN OLDER IMMIGRANTS' HEALTH AND SOCIAL SERVICES USE

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Even though Germany has a mandatory health and long-term care insurance with no or only very low co-payments, immigrants and the native population differ in their health and social services use. Differences in cultural traits and a lack of knowledge about the institutional setting are frequently mentioned as contributing factors. Relying on the epidemiological approach in the economic literature, this empirical study shows that both cultural traits that prevail in older immigrants' country of origin and older immigrants' knowledge about the host country's institutional setting affect their health and social services use in Germany. We distinguish foreign-born immigrants and their descendants as both groups differ in their connection to the home and the host country. The results will be used to discuss immigrants' access and potential barriers to the use of health and social services in comparison to the native population.

HOW THE COVID-19 CRISIS AFFECTED DIVERSE OLDER ADULTS: A MIXED METHODS CASE SERIES

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The coronavirus disease (COVID-19) pandemic has magnified inevitable physical, mental and social health consequences, especially in Hispanic older adults who experience health disparities and ageism. Even though physical distancing has been adopted as a key strategy to help reduce further spread of COVID-19, prolonged periods of physical distancing may worsen existing health problems. This study aims to explore how the COVID crisis affected diverse older adults. An explanatory sequential mixed methods design was

utilized. Quantitative data were collected by questionnaires via Qualtrics survey and qualitative data were collected by individual phone interviews with four open-end questions. One in 4 older adults lives alone and one in 20 has no friend to call on. More than half of the participants were afraid of COVID and a fourth of them were afraid of losing their life to COVID. Participants identified keeping themselves busy as key to staying healthy during the pandemic.

Session 4005 (Symposium)

ACTIVE AGING FROM THEORY TO PRACTICE: NATIONAL EXPERIENCES OF POLICY MAKING IN EUROPE AND CANADA

Chair: Francesco Barbabella

Born in Europe as a concept aiming to counteract new demographic and societal challenges, active aging has progressively become a key pillar of an extended welfare state for aging populations in many high-income countries. Needs, interests, and preferences of new aging cohorts are changing, becoming more diverse and requiring a better understanding and greater attention by policy makers, beyond mere social welfare programmes for those with social, economic or health needs. Active aging policies aim at improving individuals' quality of life by optimizing opportunities for health, participation, and security (WHO 2002), hence unlocking the potential of older people as active citizens in the community and the society. Since the focus is on a multidimensional concept of quality of life, active aging works at the intersection of labour, social, educational, family, infrastructure, and many other policy areas. However, there may be gaps and discrepancies between the concept in itself and its application at the policy level. The purpose of this symposium is to present and discuss how different post-industrial societies are advancing and implementing active aging policies, in the context of overarching societal challenges and competing needs. In this respect, the symposium focuses on four countries representing different traditional welfare state models: Canada, Italy, Poland, and the United Kingdom. These four case studies bring analyses of active aging policies at national and/or regional level, providing a picture of how such policies have been designed, how they evolved and what they have achieved in recent years.

HOW ACTIVE AGING POLICIES EVOLVED IN ITALY? A SYSTEMATIC REVIEW OF NATIONAL AND REGIONAL POLICIES

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In recent years, active aging became a concept progressively considered by policy makers in Italy. A national project for creating a multilevel and co-managed coordination of active aging policies was launched in 2019 by the Italian Government and the National Institute of Health and Science on Ageing (IRCCS INRCA). A systematic review of active aging policies was conducted at both national and regional level. Results showed that national policies still reflect the