

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

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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

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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 start off 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

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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 pro-rich 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