

among married couples in cognitive function in Mexico and the United States; 2) the importance of work histories and macro-economic policies on later life health in England and Europe; 3) gender differences in the receipt of informal care in the U.S., Korea, and China; 4) the association between sensory impairment and disability-free life expectancy in England and the U.S.; and 5) end-of-life care arrangements and health care utilization in the context of different health systems across multiple countries.

#### HEALTHCARE SYSTEMS AND VARIATION IN HEALTHCARE UTILIZATION AT THE END OF LIFE ACROSS COUNTRIES

Jennifer Ailshire,<sup>1</sup> Cristian Herrar,<sup>2</sup> and Margarita Maria Osuna,<sup>3</sup> 1. *University of Southern California, Los Angeles, California, United States*, 2. *Organisation for Economic Cooperation and Development OECD, Paris, Ile-de-France, France*, 3. *University of Southern California Leonard Davis School of Gerontology, Los Angeles, California, United States*

With rapid population ageing, providing better end-of-life care (EOLC) is becoming a source of social demand and financial pressure for public and private budgets in many countries. This paper uses data from harmonized end-of-life interviews in the HRS family of studies to assess variation in health care utilization across different income groups and how they differ across different health care systems. Hospital stay did not vary across health care systems, but nursing home stays were lower in countries with either national or statist social health insurance systems. Hospice use was low in all countries, but particularly in national and social health insurance systems. Lower income was associated with greater use of nursing homes in both the private and social health care systems. Low income was also associated with greater use of hospice in national health service, but lower use in social health service.

#### VISION AND HEARING IMPAIRMENTS IN RELATION TO DISABILITY-FREE LIFE EXPECTANCY IN PEOPLE FROM ENGLAND AND THE UNITED STATES

Paola Zaninotto,<sup>1</sup> Giorgio Di Gessa,<sup>2</sup> and Jenny Head,<sup>3</sup> 1. *University College London, London, United Kingdom*, 2. *University College London, London, England, United Kingdom*, 3. *UCL, London, England, United Kingdom*

Both hearing and vision impairments are some of the most common deficits experienced by older adults. We examined the impact of self-reported vision and hearing impairments on disability-free life expectancy (DFLE). We used harmonized data from the Gateway to Global Aging Data from the US Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). We used discrete-time multistate life table models to estimate disability-free life expectancy by sex, age and country. In both countries and at all ages either vision or hearing impairment was associated with shorter DFLE compared to those who reported no impairments. Reporting both vision and hearing impairments reduced DFLE. For example, at the age of 50, men and women with both vision and hearing impairments could expect to live up to 12 fewer years free from disability compared with men and women with no impairments, similar results were found in both countries.

#### ADVERSE EMPLOYMENT HISTORIES AND LATER HEALTH FUNCTIONING: EUROPEAN FINDINGS BASED ON LIFE HISTORIES FROM SHARE AND ELSA

Christian Deindl,<sup>1</sup> and Morten Wahrendorf,<sup>2</sup> 1. *Heinrich-Heine-Universität Düsseldorf, Duesseldorf, Nordrhein-Westfalen, Germany*, 2. *Centre for Health and Society, Institute of Medical Sociology, Medical Faculty, University of Düsseldorf, Duesseldorf, Nordrhein-Westfalen, Germany*

We investigate associations between adverse employment histories over time and health functioning in later life, and explore moderation by national labor market policies. Harmonized life history data come from two studies, SHARE and ELSA, with health beyond age 50 (men= 11,621; women= 10,999). Adverse employment histories consist of precarious, discontinued and disadvantaged careers between age 25 and 50, and we use depressive symptoms, grip strength and verbal memory as outcomes. Adverse employment histories are associated with poor health functioning later in life, especially repeated periods of unemployment, involuntary job losses, weak labor market ties and disadvantaged occupational positions. We find no variations of the associations by national labor market policies. Our study highlights the need to improve working conditions at early career stages. Despite the importance in shaping employment histories, the role of national policies in modifying the impact of employment on health is less clear.

#### GENDER MATTERS IN THE RECEIPT OF INFORMAL CARE IN LATER LIFE: A CROSS-NATIONAL COMPARISON ACROSS THE USA, KOREA, AND CHINA

Minyoung Kwak,<sup>1</sup> BoRin Kim,<sup>2</sup> hyunjoo Lee,<sup>1</sup> and Jian Zhang,<sup>2</sup> 1. *Daegu University, Gyeongsan, Republic of Korea*, 2. *University of New Hampshire, Durham, New Hampshire, United States*, 3. *Fudan University, Shanghai, China*

This study compares patterns of gender difference in the receipt of informal care among community-dwelling older adults across the United States, Korea, and China. Data came from the 2014 HRS, the 2014 KLoSA, and the 2015 CHARLS. Logistic regression models were used to predict the receipt of informal care by gender. We also examined how the effects of health and living arrangement on the receipt of informal care differ depending on gender. In the United States and China, older women were more likely to receive informal care than men. However, older Korean women were less likely to receive informal care than men. The effects of health and living arrangement on the use of informal care were moderated by gender in different ways across countries. Discussions include implications for practice and policy to reduce the gender gap in the receipt of informal care.

#### SOCIAL ENGAGEMENT AND COGNITIVE FUNCTION OF OLDER ADULTS IN MEXICO AND THE UNITED STATES

Bret Howrey, Jaqueline Avila, Brian Downer, and Rebeca Wong, *The University of Texas Medical Branch at Galveston, Galveston, Texas, United States*

Social engagement is linked to better cognition, but it is unclear if the social engagement of husbands and wives influences their own cognition as well as each other's cognition in two

very different country contexts. Data on married couples come from the 2001 Mexican Health and Aging Study (MHAS) and the 2000 Health and Retirement Study (HRS), with follow-up cognition measured in 2012. Structural equation models (SEM) were used to test the actor-partner interdependence model on the association of social engagement with cognition. In Mexico wives' social engagement benefited their own cognition as well as their husbands', but husband's social engagement was unrelated to cognition. In the U.S. both wives' and husbands' social engagement benefited their own cognition, but not each other's. Results suggest asymmetric patterns of actor-partner interdependence in Mexico, possibly reflecting more traditional social roles of women and co-dependence within couples, but more independence within U.S. couples.

## SESSION 5330 (SYMPOSIUM)

### AGING IN CONTEXT: THE IMPORTANCE OF COMPARATIVE STUDIES FOR UNDERSTANDING THE LIVES OF OLDER ADULTS

Chair: Allen Glicksman

Co-Chair: Lauren Ring

Discussant: Norah Keating

Access and use patterns of both formal and informal services for older migrants are often examined in a dyadic framework where one group of older persons (or their caregivers) is studied in relation to their use of a program or service. A comparative approach, that might also examine the reasons that some persons may (or may not) use a service, may yield important findings that place the dyadic studies within a larger social and policy context. By using a comparative approach, we can also consider influences of the culture of origin for older adults and their caregivers, as well as the policies and programs offered in the destination country. The four papers on this panel explore these issues. The first paper will frame the discussion, and the remaining three will focus on informal care, formal care, and the point of contact between aging services professionals and older immigrants. The first paper (Torres) takes a broad look at social exclusion mechanisms that bar access to services due to racism in the host societies. The second presentation (Diederich, et. al.) examines how place of origin can influence caregiving behavior. The third paper, (Thiamwong) examines a single program that is used to serve multiple ethnic minority/immigrant groups. Finally, (Ring et. al.,) will examine trust or its absence in the attitudes of older migrants toward use of formal aging services in two migrant populations. The four papers also demonstrate how different research methods (qualitative, quantitative, scoping review) can be used to illuminate these issues. International Aging and Migration Interest Group Sponsored Symposium.

### TRUST AND LANGUAGE AS PREDICTORS OF SERVICE USE

Lauren Ring,<sup>1</sup> Allen Glicksman,<sup>1</sup> Michael Liebman,<sup>2</sup> and Misha Rodriguez,<sup>3</sup> 1. *Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, United States*, 2. *IPQ Analytics, LLC, Kennett Square, Pennsylvania, United States*, 3. *Asociación Puertorriqueños en Marcha, Philadelphia, Pennsylvania, United States*

Research on older migrants often starts with a set of assumptions- including the importance of language as a barrier to care. A comparative approach allows us to examine these assumptions as they impact access to services for older migrants. Our study compared two groups of older migrants – Mandarin speaking Chinese and Spanish speakers from Puerto Rico. Through a series of focus groups we learned that although language can be a barrier to service access, the more important element in reducing disparities for older migrants is the level of trust between older adult and provider. For the older Chinese participants, the presence of a native speaker whom they trust is contrasted with a lack of trusted native Spanish speakers available to Puerto Rican elders, who must often rely on translators from various providers. We will use this example to help explain the differences in service use by these two communities. Part of a symposium sponsored by the International Aging and Migration Interest Group.

### SOCIAL EXCLUSION IN HEALTH AND SOCIAL SERVICES OFFERED TO MINORITY PATIENTS: DO RACIALIZATION AND RACISM PLAY ROLES?

Sandra Torres, *Uppsala University, Uppsala, Sweden*

Cultural and ethnic differences stemming from migration are a source of social exclusion in old age. This topic is of concern in part because an increased migration flow coupled with growing anti-immigrants sentiments in much of the Western world can ignite social exclusion mechanisms even when unintended. Given these trends, we ask whether racism figures in research on ethno-cultural and racial older minorities. Thus, based on a scoping review of peer-reviewed articles published between 1998-2017 (n=336), this presentation asks if, and how, racialization and racism inform this research. In answering these questions, this presentation will argue that the role that racism plays as a social exclusion mechanism that affects older ethnic and racial minorities needs to be studied in a systematic fashion. Part of a symposium sponsored by the International Aging and Migration Interest Group.

### THE IMPORTANCE OF CULTURAL TRAITS IN CHILDREN'S WILLINGNESS TO PROVIDE INFORMAL CARE TO A PARENT

Freya Diederich,<sup>1</sup> Hans-Helmut König,<sup>2</sup> and Christian Brettschneider,<sup>3</sup> 1. *University Medical Center Hamburg-Eppendorf, Hamburg Center for Health Economics, Hamburg, Germany*, 2. *University Medical Center Hamburg-Eppendorf, Hamburg Center for Health Economics, Hamburg, Hamburg, Germany*, 3. *University Medical Center Hamburg-Eppendorf, Hamburg, Hamburg, Germany*

The likelihood that a child will provide informal care to a parent varies across countries and between social groups within countries. We highlight the importance of cultural traits in children's value of informal care and their willingness to provide informal care to a parent. We initially construct a cultural measure of the strength of family ties at the country level using data from the World Values Survey. Then, we use a sample of second-generation immigrants from the German Family Panel (N=1,041) and regress their value of informal care on the strength of family ties that prevails in