

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

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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

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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

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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

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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

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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