

dependent on family caregivers, Denmark presents a useful case study for the analysis of end-of-life outcomes among the “kinless.” We analyze the population of decedents aged 50 and older (N=175,755) using Danish civil registry data. Approximately 15% of those who died in Denmark had no living partner and no living child. Danish decedents’ family structures are associated with multiple end-of-life outcomes, including number of hospitalizations, ICU visits, and use of specific medical treatments—but not always in the direction hypothesized. Denmark’s highly formalized and individualized healthcare system may offer insight regarding healthcare reform in countries that have yet to complete the second demographic transition.

#### KINLESSNESS AT THE END OF LIFE IN THE UNITED STATES: IMPLICATIONS FOR PLACE OF DEATH, AND QUALITY OF LIFE AMONG OLDER ADULTS

Katherine Ornstein, Natalie Plick, and Claire Ankuda,  
*Icahn School of Medicine at Mount Sinai, New York, New York, United States*

We used the Health and Retirement Study, a large nationally representative study of U.S. older adults from 2002–2015, to identify decedents and assess quality of EOL care by availability of kin. 7.9% of participants were kinless at EOL (no adult children or spouses), reflecting national estimates of 1,027,600 older adults. Those who were kinless at EOL were more likely to be female (61.2% vs 51.5%), from the lowest wealth quartile (53.6% vs 35.6%), and less likely to be white and non-Hispanic (75.6% vs 81.8%). Among the community-dwelling population, individuals with kin received 2.4 times as much hours of help from informal caregivers per month, compared to those without kin. We did not observe differences in rates of hospital death by kin status in adjusted models. More work is needed to assess any unmet needs in the EOL period for kinless older adults, especially as healthcare moves towards increased in-home supports.

#### SOCIAL NETWORKS AND DYING AT HOME: ANALYSIS OF OUTCOMES FROM 13 COUNTRIES USING SHARE

Stipica Mudrazija,<sup>1</sup> and Katherine Ornstein,<sup>2</sup>  
*1. Urban Institute, Washington, District of Columbia, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States*

Social networks are critical for end-of-life decision-making and hands on support and may also impact end-of-life outcomes including location of death. Yet we fail to consider these factors in the context of cultural values and variation in healthcare system financing and resources, e.g., availability of palliative care. Using SHARE, we examined the following factors for 6,391 decedents across 13 countries interviewed in the last year of life: family size, living alone, and size and characteristics of social networks. We compared these characteristics cross-nationally for persons dying at home as opposed to in hospital and other formal settings. While individuals with larger social networks are more likely to die at home, we find a cross-national gradient of higher unmet healthcare needs resulting in overall more home-based deaths. Our findings suggest that individual factors such as family availability must be considered in the context

of country-level factors when examining quality end-of-life indicators.

#### KINLESSNESS, LONELINESS, AND END OF LIFE: A CROSS-NATIONAL COMPARISON OF 20 COUNTRIES

Esteban Calvo,<sup>1</sup> Christine Mair,<sup>2</sup> Katherine Ornstein,<sup>3</sup> Rosario Donoso,<sup>1</sup> and José Medina,<sup>1</sup>  
*1. Universidad Mayor, Santiago, Region Metropolitana, Chile, 2. University of Maryland, Baltimore County, Baltimore, Maryland, United States, 3. Icahn School of Medicine at Mount Sinai, New York, New York, United States*

Countries across the globe are experiencing declining rates of fertility and marriage, which present a distinct challenge for older adults’ social integration, well-being, and end-of-life care. However, older adults who are “alone” (e.g., no partner, no child) may not be lonely, and end-of-life risks faced by “kinless” older adults likely vary significantly by country context. Using harmonized, cross-national data from 20 countries (United States (HRS), England (ELSA), and European Union (SHARE)), we examine associations between family structure, loneliness, and end-of-life outcomes. Although “kinless” family structures are associated with greater loneliness in the pooled sample, the percent of “kinless” who report no signs of loneliness ranges from 7% (Greece) to 56% (Denmark). Family structure is associated with various end-of-life outcomes, and these associations vary by country—likely reflecting differences in healthcare structure. We discuss distinctions between “being alone,” “being lonely,” and “being without care” in light of cross-national variation.

#### SESSION 5665 (SYMPOSIUM)

##### MARITAL EFFECTS IN LATER LIFE: DYADIC APPROACHES AND GENDER DIFFERENCES

Chair: Jeffrey Stokes

Discussant: Deborah Carr

Marriage is a dyadic system, within which the characteristics and experiences of each partner can have implications for both. Moreover, gender of both spouses may impact these dyadic influences. The five papers comprising this symposium all take a dyadic approach to studying midlife and older couples, and how their effects on one another may vary by gender. Donnelly examines the consequences of precarious work among midlife couples, finding heightened risks for marital strain and divorce, depending on which gender spouse is exposed to precarious work. Garcia also analyzes gender differences – in this case, how the gender of a woman’s spouse may affect associations between daily marital strain and sleep quality, with only women married to men showing adverse sleep outcomes. Polenick and colleagues study the long-term repercussions of chronic condition discordance, finding that both individual-level and couple-level discordance had impacts for husbands’ and wives’ physical activity. Gallagher and Stokes focus on cognitive functioning within dyads, revealing gendered effects: Wives’ poorer cognitive functioning was associated with their own (better) marital quality, while husbands’ poorer cognitive functioning was associated with wives’ (worse) marital quality. Lastly, Stokes and Barooah examine longitudinal dyadic associations between loneliness