whereas having negative profiles intensified negative effects of husbands’ job exit and loss of wealth on the depressive symptoms for both spouses.

**MARITAL QUALITY AND MENTAL HEALTH AMONG CAREGIVING DYADS**

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We examined whether the associations between marital quality and mental health were equally strong among dyads in which one spouse was providing care to a spouse (n = 155), parent (n = 61), or another adult (n = 176). Using Wave 2 of the NSHAP and actor-partner interdependence (APIM) models, we found significant differences (p≤.004) among groups. Marital quality was negatively associated with one’s own depressive symptoms (b=-1.29) for husbands in the spousal caregiver group, whereas marital quality was negatively associated with one’s own depressive symptoms for wives in both the parental (b=-1.27) and other adult (b=-1.96) caregiver groups. The only partner effect was the negative association between wives’ marital quality and husbands’ depressive symptoms (b=-2.59) among dyads in which one spouse was a parental caregiver. These results point to the importance of understanding the context of caregiving when examining the protective effect of spouses’ marital quality on mental health.

**COUPLES’ JOINT HEALTH BEHAVIORS PREDICT BETTER HEALTH AND STRONGER RESEMBLANCE BETWEEN PARTNERS**

Stephanie Wilson,¹ and Joshua Novak,² 1. Southern Methodist University, Dallas, Texas, United States, 2. Auburn University, Auburn, Alabama, United States

Satisfying marriages pose benefits and possible risks to health. Indeed, high-quality relationships boost emotional resources and encourage healthy behaviors. However, stress and its adverse health effects also spread more easily in close relationships. To examine the relevance of joint health behaviors for health indicators and partners’ health similarity, 227 couples age 23–84 reported their frequency of co-sleeping, exercising together, and sharing meals; relationship satisfaction; health satisfaction; recent medical visits; and health problems. Happier couples shared more joint health behaviors than unhappier counterparts. In turn, joint health behaviors predicted greater health satisfaction and more similar rates of health problems between partners. In particular, exercising together predicted greater health satisfaction, fewer health problems, and greater health similarity. Controlling for diet, sedentariness, and sleep, findings revealed that joint health behaviors—a characteristic of happy relationships—are linked to not only better health and greater health satisfaction, but also greater health similarity between partners.

**ACCULTURATION AND HEALTHCARE UTILIZATION AMONG OLDER KOREAN IMMIGRANTS: A DYADIC STUDY OF MARRIED COUPLES**

Kyungmin Kim,¹ Yuri Jang,¹ Nan Sook Park,¹ and David Chiriboga,² 1. University of Massachusetts Boston, Boston, Massachusetts, United States, 2. University of Southern California, Los Angeles, California, United States

Examining how each spousal acculturation levels (e.g., English proficiency, familiarity with American culture) are associated with healthcare utilization (e.g., usual source of care, medical checkup) and difficulty in using health services, controlling for sociodemographic characteristics. Overall, husbands showed higher levels of acculturation than their wives, but there was also substantial similarity between spouses (ICC = .58). For healthcare utilization, one’s own acculturation (actor effect) was significant only for wives, but spouse’s acculturation (partner effect) was significant only for husbands. For difficulty in health service use, one’s own acculturation was significant for both spouses, but spouse’s acculturation was significant only for husbands.

**SESSION 5555 (SYMPOSIUM)**

**EAST MEETS WEST: DEVELOPING SUPPORT SYSTEMS TO MEET THE DIVERSE NEEDS OF OLDER ADULTS IN THE UNITED STATES AND IN CHINA**

Chair: Bei Wu
Co-Chair: Jiehua Lu

With the rapid growth of the aging population around the world, developing support systems for older adults has become increasingly important. It is crucial for researchers, educators, policy makers to share their experience and knowledge to initiate innovative and supportive programs and services that will meet the challenges of the aging population. The East meets West Forum is a platform that researchers from the Gerontological Society of America and the Chinese Association for Gerontology and Geriatrics established in 2017. Previously, the East meets West Forum focused on the issues of the long-term care (LTC) workforce, LTC services, and programs for older adults in the U.S. and in China. In this session, we include four presentations (two from the U.S. and two from China) that focus on a broader area of support systems, beyond LTC, that would meet the diverse needs of older adults from housing, wellness visits, family caregiving system, to end of life care. More specifically, it includes: 1) expand housing services for low-income older adults; 2) strengthen family support systems and promote intergenerational support; 3) develop a comprehensive program for early detection and treatment of dementia at primary care settings; and 4) examine diversity in the family care patterns for the oldest old. This session provides opportunities for aging researchers/educators from two countries to share their knowledge and experience on developing supportive systems for older adults and their families. It also provides policy discussions on improving health and family caregiver support services in these two countries.

**SCREENING FOR COGNITIVE FUNCTION IN PRIMARY CARE**

Tara Cortes,¹ and Liz Seidel,² 1. New York University, New York, New York, United States, 2. NYU Rory Meyers College of Nursing, New York, New York, United States

A comprehensive program for early detection and treatment of Alzheimer’s and related dementias requires a
systematic process for provider education, assessment of cognitive function and referral to appropriate resources when indicated. This discussion will focus on the implementation of cognitive screening into primary care. Over 200 staff across 11 primary care sites were trained on screening for dementia in the annual wellness visit. In the following 6 months nearly 2000 annual wellness visits were conducted. The annual wellness visit was designed to include a cognitive screen. 83% of the patients were asked the cognitive screen questions and 13% responded “yes” to the question. Further testing was offered to that group and 71% of those who had responded “yes” agreed to be tested with a picture memory screen. 32% scored less than 5 on that screen and were referred to geropsychiatry, geriatricians and community based organizations for caregiver support services.

EXPANDING HOUSING WITH SERVICES IN THE UNITED STATES: THE CASE OF THE RIGHT CARE, RIGHT PLACE, RIGHT TIME PROGRAM
Edward Miller, Pamela Nadash, Elizabeth Simpson, and Marc Cohen, University of Massachusetts Boston, Boston, Massachusetts, United States

Older people living in congregate environments are obvious beneficiaries of supportive services. The potential for prevention is clear, particularly among low-income elders living in subsidized housing; it is this group that is at high risk for significant healthcare and other costs, and it is this group that suffers considerably from a fragmented healthcare system. The purpose of this presentation is to illustrate the potential of housing with services, drawing from evaluation of The Right Care, Right Place, Right Time (R3) initiative (R3) located in the Greater Boston area. The R3 program consists of two on-site wellness teams, including a wellness nurse and wellness coordinator. Each team is responsible for about 200 participants across two housing sites. Evaluation findings highlight the potential of housing with services for improving the health, quality of life, and access to health-related services and supports among seniors living independently in affordable housing, while reducing healthcare costs.

A CHALLENGE FROM LONGEVITY: STUDY ON THE CARE PROVIDER OF THE CHINESE OLDEST-OLD AT THE END OF LIFE
Wenjuan Zhang, Renmin University of China, Beijing, China

The study aimed to investigate the changing pattern of care for the oldest-old at the end of life in China. Data were used from the Chinese Longitudinal Longevity survey from 1998 to 2018. The results indicate significant changes in the care providers of older adults at the end of life from 1998 to 2018: grandchildren played an increasing important role in providing care to the oldest-old in China. The study highlights an important role of grandchildren who replace children as main caregivers. Longevity changes the traditional pattern of end-of-life care, and increase the diversity in the pattern of care for the Oldest-old, due to different life course of families compared with general aging families, and the limited role of formal social support system in providing end-of-life care for the oldest-old. We discuss implications in the context of increasing population of the oldest-old, and its challenges to formal social support system.

FAMILY CHANGES AND CHINA'S ELDERLY SUPPORT SYSTEM
Zhan Hu, and Ke Shen, 1. Fudan University, Shanghai, China

Population aging has become the norm in China. Improving or reconstructing the elderly support system is therefore essential. While the government and institutional support has been improving and enhancing in China, family remains the most important source of elderly support for a long period in the future. Based on data from censuses and national surveys (1982-2015), we examine recent changes in household size and structure across ages from an individual life course perspective, to reveal the complexities and ambiguities behind the nationwide household change. Our findings suggest that multi-generational co-residence is a major vehicle to accommodate the needs of family members at critical stages of life. These salient features of family change in China call for new family-oriented policies, including pragmatic incentives to strengthen intergenerational solidarity, essential support for family caregivers, and diversified community services to care for frail elders.

SESSION 5560 (SYMPOSIUM)

ECONOMIC AND SOCIAL INFLUENCES ON LATER-LIFE WELL-BEING: NEW EVIDENCE FROM THE NLSY79
Chair: Deborah Carr
Discussant: Stephanie Burge

The National Longitudinal Survey of Youth 1979 (NLSY79) provides unprecedented opportunities for understanding how work, family, and socioeconomic characteristics over a 40-year period shape the well-being of older adults. The large sample enables explorations of race, gender, and socioeconomic differences in these processes. The five papers in this symposium exploit the rich life course data of NLSY79 to understand two key outcomes: health, and work/economic arrangements as adults approach their retirement years. Harrati and Heburn document the impacts of unemployment trajectories on physical and mental health, highlighting gender differences in these processes. Wolfe investigates the long-term health consequences of significant economic setbacks over the life course (shocks), taking into account those risk factors (selection) that render one vulnerable to such shocks. Jang and Tang document the negative impacts of informal caregiving on later-life physical health, yet their subgroup analyses detect positive impacts for African-Americans. Aughinbaugh delineates women’s time spent in paid work, unpaid work (caregiving), and later-life coresidential caregiving. Walsemann, Fisk and Ailshire examine the role that parents and grandparents play in paying for their offspring’s college education, with careful attention to gender and socioeconomic differences in these patterns. Taken together, these papers underscore the importance of adopting an intersectional approach to understanding later-life well-being, and reveal the complex ways that paid work, unpaid work (caregiving), and inter-transfers (via tuition payment) bear on the health and financial stability of adults transitioning into their retirement years.