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An extensive body of literature documents correlates of and barriers to health service use, yet much less is known about satisfaction with home- and community-based services for persons with dementia (PwD). Daily diary data from 122 rural caregivers (CG) of PwD (814 daily diaries) were used to assess everyday service use experiences. At the last diary interview, CG identified areas where service use expectations were and were not being met. CGs reported problems with services used on fewer than 5% of study days (e.g., service provider was delayed because of car trouble). In contrast, 82% of CG identified areas where service expectations were not being met. Their most common concerns were lack of control over service availability and lack of adequate training among service providers. Recommendations for alternative ways for capturing service use satisfaction will be offered, and implications for theory and practice will be discussed.

SESSION 5845 (SYMPOSIUM)

WHY ARE INEQUALITIES IN DISABILITY-FREE LIFE EXPECTANCY BY SOCIOECONOMIC POSITION WIDENING?

Chair: Carol Jagger

Life expectancy has increased over previous decades, but several countries are seeing widening inequalities in disability-free life expectancy (DFLE) by socioeconomic position (SEP). In this symposium we address three unanswered questions. 1. Do DFLE trends differ for SEP groups, and which of the underlying transitions (incidence, recovery, death when disability-free, death when already disabled) explains the differences? 2. Do DFLE trends by SEP depend on when in the life-course SEP is measured (early life - education, mid-life - occupational status or late-life - material disadvantage)? 3. How much does multi-morbidity contribute to differing trends in DFLE by SEP, since multi-morbidity is more prevalent in low SEP groups? To answer these questions, we use unique longitudinal studies of older people across different generations in two countries: the UK (Cognitive Function and Ageing Studies - CFAS I and II) and Australia (Household, Income and Labour Dynamics in Australia - HILDA). The first presentation sets the scene with findings from a systematic review of worldwide trends in life and healthy life expectancy by SEP. Presentations two and three examine the first question using DFLE at age 65 by SEP defined by late-life disadvantage in CFAS (1991-2011), followed by HILDA (2001-2017). The fourth presentation investigates the effect of different life-course measures of SEP using HILDA. The final presentation from CFAS examines the third question. This symposium increases our understanding of how and why inequalities in DFLE by SEP are changing with the goal of achieving healthy ageing for all.

INEQUALITIES IN TRENDS IN HEALTHY AND DISABILITY-FREE LIFE EXPECTANCIES: A SYSTEMATIC REVIEW

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To update previous reviews, we searched Medline, Embase, Scopus and the Office for National Statistics (ONS) website for studies and reports published after 2016 that describe trends in healthy life expectancy, active life expectancy or disability-free life expectancy (DFLE) in the UK and other OECD high-income countries. We focus here on studies reporting inequalities by socioeconomic position (SEP) in these trends. There was mixed evidence of educational and area-level deprivation inequalities in trends in DFLE, with four studies indicating that educational inequalities were widening in European countries. No studies were identified that examined inequalities in disability-free life expectancy trends in the UK. All studies were based on cross-sectional data from multiple time points or longitudinal panel studies. We discuss the size of inequalities in DFLE between SEP groups and the limitations of previous studies.

TRENDS IN HEALTH EXPECTANCIES BY LATE-LIFE DISADVANTAGE: THE COGNITIVE FUNCTION AND AGEING STUDIES

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To understand how and why disability-free life expectancy (DFLE) trends differ by socioeconomic position (SEP) we use longitudinal data from the Cognitive Function and Ageing Studies (CFAS I: 1991; CFAS II: 2011), with two year follow up. Disability was defined as difficulty in activities of daily living, and SEP as area-level deprivation. Between 1991 and 2011, men aged 65 gained more in life expectancy (LE) than DFLE, with the greatest gain in DFLE for the most advantaged and in disability years for the most disadvantaged. The most advantaged men experienced a 60% reduction in the risk of death when disability-free, 30% reduction in incident disability, and 80% increase in recovery. The most disadvantaged experienced a 30% reduction of death but from disability. Women overall, and in the most advantaged groups, gained similar years of LE and DFLE to men but due to a 30% reduction in incident disability only.

AREA-LEVEL DISADVANTAGE AND CHANGES IN DISABILITY-FREE LIFE EXPECTANCY FOR OLDER AUSTRALIANS

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