Abstract citation ID: igad104.3382

HEALTH RELATED SOCIAL NEEDS AND TREATMENT PREFERENCES OF OLDER ADULTS WITH SERIOUS ILLNESS

Amy Jackson, and Joan Carpenter, 1. University of Maryland, College Park, Maryland, United States, 2. University of Maryland School of Nursing, Baltimore, Maryland, United States

The Centers for Medicare & Medicaid Services’ (CMS) health related social needs (HRSNs) include housing instability, food insecurity, transportation, utility difficulties, and interpersonal violence. HRSNs shape the experiences and outcomes of seriously ill older adults, influencing their access and ability to choose preferred treatments—from the time of diagnosis until the end of life. Little research has explored disparities in healthcare experiences related to unmet HRSNs and treatment choices, including palliative and end of life care. The purpose of this integrative review is to explore the literature regarding unmet HRSNs and provide research, practice, and policy considerations for investigators, clinicians, and payers regarding HRSNs and their impact on palliative and end of life treatment decisions. We searched PubMed, Embase, CINAHL, PsycINFO, Scopus, and Google Scholar using keywords related to HRSNs and palliative and end of life care. We identified 38 articles between 1998 and 2023 within the United States. Of the 38 articles, housing instability was the most often addressed (n=36), followed by transportation (n=1) and interpersonal violence (n=1). None of the articles explored food insecurity and utility difficulties related to serious illness and treatment preferences. Many of the articles describe the perspectives of people experiencing homelessness at the end of life (n=16). The current literature does not comprehensively address unmet HRSNs in relation to palliative and end of life care treatment choices. Future work must address HRSNs of seriously ill older adults to ensure equitable access to compassionate and person-centered palliative and end of life care.
PRELIMINARY FINDINGS IN THE UTILIZATION OF HEALTHCARE SERVICES AMONG ELDERS IN A PERUVIAN COMMUNITY IN 2022

Nelson Luis Cárdenas, Diego Runzer-Colmenares, Kamyla M. JuYoung, Olivia Fields, Emily Moo, Hung JuYoung, Yong Hong, Yong Hong, Lillian Park, Noelle Stringfellow, Kevin Anderson, and Hui Zhao

Abstract citation ID: igad104.3384

It is estimated that approximately one out of every three adult residents in Peru does not utilize healthcare services when facing ailments, despite having access to them. Peruvian healthcare services are provided by public and private systems, with the role of ensuring accessibility and coverage. Yet, it is notable that Peruvians are more inclined to seek alternative medicine practices such as traditional medicine, and 13.2% practice self-medication. Among the elderly, 28.3% practice traditional medicine, and 65.4% reported being beneficiaries of a social program for economic support. We found that 28.3% of the elderly were cohabiting or married, 82.3% had not completed primary education, and 65.4% reported being beneficiaries of a social program for economic support. We evaluated 272 elderly adults with an average age of 72 years, of which 40% are females. The aim was to estimate the prevalence of non-utilization of healthcare services among elderly residents of the Peruvian highland community. We conducted qualitative interviews with 10 participants (40% female) using a snowball sampling method. This study was conducted in the community of Totos (average altitude of 3286 meters above sea level) in Lima, Peru. We consider the method of geographically diverse, retired hospital, regional, institutional, and home-based care to implement strategies to increase healthcare service utilization, as well as to encourage elderly residents to engage in regular health check-ups with healthcare providers. The study highlights that influence must work on multiple levels to ensure care for older adults, and trust amongst partners across facilities and offices is critical for change in prioritization of care for older adults. The study suggests that incentives to encourage utilization of healthcare services among elderly residents can be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities. Incentives to encourage utilization of healthcare services among elderly residents can also be provided to health system leaders to determine their priorities.