

FACTORS IMPACTING TREATMENT DECISION MAKING IN OLDER ADULTS WITH INDOLENT NON-HODGKIN LYMPHOMA

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Indolent non-Hodgkin lymphomas (NHL) are among the most common lymphomas and up to two-thirds of diagnoses are made in older adults (age \geq 65 years). Initial treatment options include cancer-directed therapy or active monitoring by the oncologist for disease progression. Despite the disparate nature of these treatments, the factors impacting older adults' treatment decisions are unknown. This study examines the reasons older adults chose their initial treatment, factors influencing this decision, shared decision-making preferences, and differences in these factors relative to younger adults (age $<$ 65 years). Adult patients (\geq 21 years) with a new diagnosis of indolent NHL in the past six months completed electronic self-report measures. The final sample consisted of 86 patients; 43.0% (n=37) were older adults. Over two-thirds of older adults (n=25, 67.6%) were being monitored by their oncologist with no age differences in current treatment (p=.55). Most older adults chose their treatment plan to "maximize my long-term health" (n=24, 64.9%) which did not differ from younger adults (p=.77). The primary factors impacting older adults' treatment decisions were their doctor's recommendation (M=3.92, SD=.28, Range=0-4) and their personal preference (M=2.88, SD=1.68, Range=0-4). Factors impacting treatment decisions did not differ by age (all p's $>$.05). Most older adults (n=25, 69.4%) expressed a preference for shared decision-making with their oncologist which did not differ from younger adults (p=.17). Treatment planning for older adults should consider long-term health, consistent with older adults' values. Older adults may view treatment decision-making similarly to younger adults; assumptions about patients' values and decision-making preferences based on age are likely inappropriate.

HEART FAILURE AND HOSPITAL UTILIZATION TRAJECTORIES BEFORE AND AFTER HIP FRACTURE SURGERY

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Long-term hospital utilization trajectories in the context of surgery are understudied. Heart Failure (HF) is associated with an increased risk for rehospitalization after hip fracture surgery. This study aimed to examine whether older adults (\geq 65 years old) have distinct patterns of long-term hospital utilization trajectories and whether HF influences these trajectories before and after hip fracture surgery. An initial cohort of 1,172 older adults hospitalized for hip fracture surgery between October 2015 and December 2018 was extracted from electronic health records. To adjust selection bias in baseline characteristics, we used propensity score 1:1

ratio matching to identify a final cohort of older adults with (n = 288) and without (n = 288) HF. Monthly frequencies of emergency department (ED) and inpatient encounters 1-year before and after the hip fracture surgery were used to identify distinct utilization trajectories from group-based trajectory analysis. Logistic regression models were used to compare the differences in ED and inpatient trajectories among patients with and without HF. High ED users (9.5%) had constant high ED use, and high inpatient users (20.1%) had significantly higher inpatient usage around the index hip fracture surgery hospitalization. Both low ED (90.5%) and inpatient (79.9%) users had low but slightly increased use around the index hospitalization. Compared with older adults without HF, older adults with HF were more likely to be long-term high inpatient user (OR = 1.94, 95% CI 1.25-3.01, p = 0.003), but not significantly different in long-term ED utilization (OR=1.87, 95% CI 0.97-3.59, p = 0.62).

PSYCHOMETRIC PROPERTIES OF THE HEALTH LITERACY SURVEY EUROPEAN QUESTIONNAIRE-12

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The importance of health literacy has increased as the public awareness of health has increased. Health Literacy Survey European Questionnaire-47 (HLS-EU-Q47) is a representative assessment tool for evaluating health literacy, and its psychometric properties have been examined in various countries. This study analyzed the item-level psychometric properties of a short version of the HLS-EU-Q47 using a Rasch measurement model. We collected 254 Korean adults who completed the 12 items of the HLS-EU-Q47 in hospital settings. We used confirmation factor analysis (CFA) to examine the unidimensionality assumption of the HLS-EU-Q12. We analyzed item fit, precision, and differential item functioning (DIF) across sex, age and education groups. The CFA model confirmed that HLS-EU-Q12 satisfies the unidimensionality assumption (CFI = 0.96, TLI = 0.96, RMSEA = 0.09) and no local independence in the 12 test items (residual correlations ranged from -0.16 to 0.19). The HLS-EU-Q12 demonstrated high reliability (Cronbach's α = 0.90) and no DIF across sex, age and education groups (p > 0.05). The person strata by the instrument were 3.80, which is equivalent to a traditional reliability value of 0.87. In short, the study findings indicate that the HLS-EU-Q12 has good psychometric properties with the 254 Korean adults. Since the HLS-EU-Q12 can accurately and precisely evaluate the health literacy of Korean adults, this instrument could be used in clinical settings.

THE OCCUPATIONAL NARRATIVES OF OLDER ADULTS PARTICIPATING IN MUSIC-BASED OCCUPATIONS

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The purpose of this study was to implement an occupational therapy intervention that could be used for telehealth services with an emphasis on participants learning ways to independently choose and sustain engagement in meaningful