

insufficient sleep or insomnia and health care utilization. The Joanna Briggs Institute, Methodology for JBI Scoping Reviews was used to guide the review. Searches were conducted in PubMed, HINARI, Google Scholar and Cochrane databases. Twenty nine studies were included. Overall, the review indicates that reduced sleep is associated with a greater odds of difficulties in daily activities, higher rates of health care utilization and costs, and poly pharmacy. Findings also reveal sociodemographic and geographic variations in prevalence of healthy sleep duration. Although the majority of studies focused on the causes and consequences of insomnia and recommended clinical and behavioral health promotion interventions, there is a gap in studies related to the public health or economic impact of insufficient sleep. Research in this area will provide perspectives on the need to raise awareness of the importance of sleep and to incorporate the awareness into policies that improve sleep health.

OLDER NONMEDICAL AND MEDICAL CANNABIS USERS: HEALTH CHARACTERISTICS, CANNABIS USE PATTERNS, AND CANNABIS SOURCES

Namkee Choi,¹ and Diana DiNitto,² 1. *University of Texas, Austin, Texas, United States*, 2. *University of Texas at Austin, Austin, Texas, United States*

Despite rapidly growing number of older medical cannabis users, research on them is scant. In this study, we examined medical and nonmedical cannabis users aged 50+ on health-related characteristics and cannabis use patterns and sources. Hypotheses were that compared to nonmedical users, medical users are more likely to have physical and mental health problems, use healthcare services, discuss their drug use with a healthcare professional, use cannabis more frequently, and purchase cannabis from a medical dispensary and other sources rather than obtain it as a gift, share someone else's, or use other means. We used the 2018 and 2019 National Survey on Drug Use and Health data (N=17,685 aged 50+; male=8,030; female=9,655) and multivariable logistic regression analysis to test hypotheses. Of the sample, 8.9% reported past-year cannabis use. Of past-year users, 18.5% reported any medical use. Of medical users, 70.9% reported exclusive medical use and 29.1% reported using medically and nonmedically. A large proportion obtained cannabis from private/informal sources. Any medical use, compared to nonmedical use, was associated with lower odds of alcohol use disorder but higher odds of discussing drug use with a healthcare professional (AOR=4.18, 95% CI=2.53-6.89), more days of use (AOR=2.56, 95% CI=1.35-4.86 for 200-365 days), and purchase at a medical cannabis dispensary (AOR=4.38, 95% CI=2.47-7.76). Medical and nonmedical users did not differ on physical health, and both had high behavioral health problem rates. However, only a small portion discussed their drug use with a healthcare professional. More healthcare professional attention to older cannabis users is needed.

SOCIAL WORKERS IN PRIMARY CARE INCREASE ACCESS TO PALLIATIVE CARE

Portia Cornell,¹ Christopher Halladay,¹ Pedro Gozalo,² Anna-Rae Montano,¹ Caitlin Celardo,³ and James Rudolph,¹ 1. *Providence VA Medical Center, Providence, Rhode Island, United States*, 2. *Brown University, Providence, Rhode Island, United States*,

3. *Northport VA Medical Center, Northport VA Medical Center, New York, United States*

Clinical trials show that palliative care improves patient experiences and reduces costs, and use of palliative care and hospice care have been increasing over the past three decades. In the Veterans Administration health care system (VA), Veterans may receive palliative care concurrently with other treatments. However, many barriers exist to the use of palliative care, such as patients' misperceptions. Social workers in primary care teams may increase use of this valuable service by establishing trust between patient and care team, educating patients and caregivers, and coordinating services. Leveraging a national social-work-staffing program as a natural experiment, we evaluated the effect of hiring one or more social workers to the primary-care team on use of palliative or hospice care among Veterans with a recent hospital stay. Our data included 91,675 episodes of care between 2016 and 2018. 1.45 percent of episodes were followed by use of palliative care or hospice within 30 days. The addition of one or more social workers through the staffing program was associated with an increase of 0.53 percentage points ($p<0.001$) in the probability of any palliative or hospice care, i.e., a more than 30% increase relative to the mean. Policy makers and health system leaders who seek to improve patient experience and reduce costs through increased access to palliative and hospice care could consider social work staffing as a policy tool to achieve those aims.

TALKING ABOUT COMPLIMENTARY AND ALTERNATIVE MEDICINE: A CONVERSATION ANALYSIS STUDY

Sean Halpin,¹ Kathleen Len,² and Michael Konomos,³ 1. *University of Georgia, Decatur, Georgia, United States*, 2. *University of California Los Angeles, University of California, Los Angeles, California, United States*, 3. *Emory University, Atlanta, Georgia, United States*

Multiple Myeloma (MM) is a clonal plasma cell malignancy characterized by low blood counts and increased risk of infection, and primarily afflicts older adults. Although MM is incurable, advances in treatment, including autologous stem cell transplant (ASCT) has improved the lifespan of patients. MM patients commonly use over-the-counter complementary and alternative medicines (CAM) alongside conventional cancer therapies which, often without recognition by health care practitioners, may impact their treatment. Using data from an 18-month ethnographic study, we applied conversation analysis to examine 1180 minutes of audio-recordings to describe how patients and nurses interacted about CAM during ASCT education visits. Patients (n=12) had a median age of 62 years (IQR= 54-73), were mostly white (n=12, 75%), male (n=9, 56%), and had a moderate score on the FACT-G7 of 15 (IQR= 10-20). All patients had a caregiver present during their visit. Nurses (n=3) were aged 39 (IQR= 29-49) all with at least five years providing care to patients with blood cancers. Results suggested that nurses rarely provided direct feedback about CAM modalities, instead providing brief responses, and moving on to other topics. Excerpts were categorized into three groups, (1) demonstration of implicit epistemic authority, (2) demonstration of deferred epistemic authority in patient-initiated conversations, and (3) demonstration of deferred epistemic