

in facilitating Young people and their families to self-manage and/or had sufficient health coaching awareness to facilitate behaviour change. The course was delivered over 2 separate days, one week apart, and included educational material, presentations, group discussion and skills development delivered in a coaching style. A post course survey (11/12 responses) demonstrated 100% of participants were satisfied with the course content, delivery, facilitation and opportunities to work and learn with colleagues, and felt that the skills were applicable to their work. They reported that the skills learned could be applied beyond healthcare, for example, with colleagues or in leadership roles, the course helped to raise self-awareness of behaviours that can negatively and positively impact patient and family engagement in their care, and that using some techniques and small changes to practice could potentially have a big impact on quality of care and outcomes as well as patient and staff experience.

Conclusion: Health coaching skills were considered as a useful tool by all AYAD team members. Skills gained on the course were considered useful in managing young people and applicable in settings beyond clinical care. The next stage of this project will include embedding the techniques learned into clinical practice and measuring qualitative and quantitative outcomes over time

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HPR Interdisciplinary research

AB1567-HPR

SOCIAL WORKERS: DESCRIBING SOCIOECONOMIC CHARACTERISTICS DURING PRENATAL CARE IN PATIENTS FROM A PREGNANCY AND AUTOIMMUNE RHEUMATIC DISEASES CLINIC.

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Background: Social workers (SW) interventions are fundamental in health care; the main objective is to identify and mitigate social determinants of the patient's health. The socioeconomic study (SES) is the core assessment of SW; it analyzes the demographic structure and population dynamics.

Objectives: Describe the sociodemographic and social security characteristics in pregnant patients with autoimmune rheumatic diseases.

Methods: A cross-sectional and retrospective study was conducted in a pregnancy and rheumatic diseases outpatient clinic from the university hospital in Monterrey, México. The data from the SES database was collected. The sociodemographic information, family's monthly income and expenses, expenditures related to healthcare, type of social security, family nucleus (FN) and socioeconomic level (SL) were analyzed. The rheumatic diagnosis was retrieved from the medical records. The SL is classified in 7 levels (according to the score obtained in the SES); each level represents a percentage of the total cost of the healthcare received. Level 1 to 3 correspond to 0 - 28% percentage while levels 4 to 7 go from 53 to 100% of total payment that is due. To evaluate the health expenditure, the monthly limit expenditure per Mexican family is 98.39 dollars (the limit expenditure was taken from the Organization for Economic Co-operation and Development "OECD" 2019 report). For statistical analysis, the sociodemographic and clinical characteristics of the sample are presented as frequencies and percentages.

Results: From 2019 to 2021, 54 patients were interviewed. The mean age was 28.46 years(SD=6.69). The rheumatic diagnoses can be found in Table 1. The most common occupation was unemployment(n=34, 62.96%) and only completed basic levels of education(n=37,68.51%).

Table 1. Sociodemographic characteristics

	n=54
Demographic Data	
Age, mean(SD)	28.46(6.69)
Occupation, n(%)	
Unemployed	34(62.96)
Employed	17(31.48)
Self-Employed	3(5.55)
Marital Status, n(%)	
Married/Cohabiting	38(70.37)
Single	16(29.62)
Level of Education, n(%)	
Basic education	37(68.51)
Higher education	17(31.48)
Family Structure	
Family members, n(%)	
0-5	36(66.66)
6-11	18(33.32)
Number of children, n(%)	
1	36(66.66)
2	13(24.07)
3	5(9.25)
Family Nucleus, n(%)	
Nuclear	27(50)
Multi-nuclear	26(48.14)
Extended	1(1.85)
Rheumatic Disease, n (%)	
Rheumatoid arthritis	29(53.7)
Lupus	9(16.66)
Antiphospholipid syndrome	8(14.81)
Sjögren syndrome	1(1.85)
Health Expenditure, n(%)	
Active health insurance	
None	39(72.22)
Public health services (governmental and state workers)	8(14.81)
Private health insurance	7(12.96)
Average monthly family income (USD)	\$614.23
Average monthly health expenditure (USD)	\$105.71
Percentage of expenses in patient's health	16.21%

SD:Standard deviation

The most frequent SL was level 3 (46.29%) and the predominant FN was the nuclear family (50%) (couple and their dependent children). Most of them were not under any health coverage(n=39, 72.22%). The average family income was \$614.23 USD and the average health expenditure was 105.71 USD; which represents 16.21% of the family income (per month).

Conclusion: SW play a key role understanding basic needs and identifying health determinants that decreases the odds of access of healthcare. Women with autoimmune rheumatic diseases have an important burden of the main determinants of health like low income, unemployment, basic education, and poor health coverage. In addition, the average health expenditure is higher than the recommended by OECD. Different strategies are needed for childbearing age patients with rheumatic diseases to decrease the impact of health determinants.

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Patient information and education

AB1568-PARE

LIVED EXPERIENCES OF POSTMENOPAUSAL OMANI WOMEN WITH OSTEOPOROSIS

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Background: Osteoporosis is a globally significant clinical public health problem associated with age-related fractures [1,2]. Most research on the impact of the disease has been based on quantitative survey data. There are relatively few qualitative studies exploring women's lived experience with osteoporosis. Furthermore, most data are from Western countries, with no data from the Middle