Methods: We extracted data on all patients identified in the WA Hospital Morbidity Data Collection between 1995 and 2014, with the International Classification of Diseases (ICD) codes for RA (ICD 10 M05.00–M06.99, and the corresponding ICD 9 codes). We estimated period prevalence rates per 1000 hospital separations and annual average percentage changes, with the total number of hospital separations each year.

Results: A total of 17,125 patients were admitted to WA hospitals with a diagnostic code for RA over the study period (1995–2014). The total number of hospital separations for RA patients was 50,353, indicating an average of three hospital separations per patient over twenty years. The RA prevalence was 3.4 per 1000 separations over the study period, with a -2.89% annual average decrease since 1995.

Conclusion: These data demonstrate that hospitalisation for RA has decreased considerably in WA over the last two decades. As this decrease roughly coincides with the introduction of biological drug treatment for RA, the reduced need for hospital admission is likely due to improvements in RA management.

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Table1: Hospitalisation for rheumatoid arthritis (RA) in Western Australia (WA) (1995–2014).

Year	Total RA hospital separations	WA hospital separations	RA per 1000 separations	Average annual change per annum (RA hospital separations)	Average annual change per annum (WA hospital separations)
1995	3,518	451,195	7.8	0%	0%
1996	3,751	473,677	7.9	7%	5%
1997	3,994	506,721	7.9	6%	7%
1998	3,927	544,566	7.2	-2%	7%
1999	2,785	575,489	4.8	-29%	6%
2000	1,755	612,774	2.9	-37%	6%
2001	1,577	617,891	2.6	-10%	1%
2002	1,685	648,423	2.6	7%	5%
2003	1,908	657,439	2.9	13%	1%
2004	1,836	691,975	2.7	-4%	5%
2005	2,045	714,353	2.9	11%	3%
2006	2,215	740,059	3.0	8%	4%
2007	2,282	783,620	2.9	3%	6%
2008	2,184	829,595	2.6	-4%	6%
2009	2,682	887,209	3.0	23%	7%
2010	2,627	966,033	2.7	-2%	9%
2011	2,597	1,024,462	2.5	-1%	6%
2012	2,689	1,058,751	2.5	4%	3%
2013	2,281	1,070,399	2.1	-15%	1%
2014	2,015	1,081,463	1.9	-12%	1%
Total RA hospital separations	50,353				
Total WA hospital separations		14,936,094			
RA Period prevalence per 1000 separations (1995–2014)		3.4			
Average annual change since 1995				-2.89%	4.71%

Acknowledgements: Khalid Almutairi was supported by an Australian Government Research Training Program PhD Scholarship at the University of Western Australia.

Disclosure of Interests: Khalid Almutairi: None declared, Johannes Nossent Speakers bureau: Janssen, David Preen: None declared, Helen Keen Speakers bureau: Pfizer Australia, Abbvie Australia, Charles Inderjeeth Speakers bureau: Eli Lilly

DOI: 10.1136/annrheumdis-2021-eular.339

POS0298

UNDERSERVED POPULATIONS IDENTIFY BARRIERS AND PROPOSE SOLUTIONS FOR SELF-MANAGING ARTHRITIS AND CHRONIC CONDITIONS

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Background: Underserved populations, such as ethnic minorities, low-income adults, and Indigenous people living with arthritis are more likely to have lower health literacy, higher rates of multi-morbidity, and face challenges in accessing care¹⁻³. Self-management support (SMS) can help to mitigate the impacts of living with arthritis⁴. However, we require a more in-depth understanding of the daily barriers underserved communities face in living with arthritis in order to develop effective SMS that can meaningfully improve well-being and quality of life.

Objectives: The study objective was to bring together underserved people living with arthritis to identify common barriers they face in taking care of their conditions in daily life, and to identify their solutions to the identified challenges.

Methods: A team of researchers from several universities, nurse practitioners, physicians, policy makers, an arthritis consumer-patient leader and our

community partners (Multi-lingual Orientation Service Association for Immigrant Communities and the Portland Hotel Society Community Services Society) engaged in a Community-based Participatory and Concept Mapping (CM) study⁵⁻⁷ where participants from underserved communities identified major barriers they face in managing arthritis, agreed on key themes that emerged, and determined priorities for actions. This involved three key CM activities: 1) brainstorming ideas; 2) sorting and rating ideas; and 3) analyzing and interpreting concept maps⁸. Data was collected through face-to-face interviews and prioritized and interpreted in workshop settings.

Results: Sixty-three individuals who were ethnic minorities, immigrants, refugees, low-income, over 65, and/or housing insecure and living with arthritis identified 35 common barriers and made recommendations in the areas of financial difficulties, social services, access to health services, quality of health services, lack of knowledge, and mental health. Additional funding has been sought through Community-University Engagement Support Funding to enable our community partners to prioritize the recommendations in their communities, and to develop mechanisms for implementation using already existing community structures, processes, and services.

Conclusion: Persons living with arthritis in diverse underserved communities face significant health and social inequities, including lack of access to basic life necessities such as food, housing, employment, and safety, which creates barriers to self-managing arthritis and other chronic conditions in daily life. SMS for these communities needs to address these social and environmental barriers shaping capacity for self-management, and ultimately, quality of life and well-being.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.2211

POS0299

SOCIOECONOMIC BACKGROUND IS ASSOCIATED WITH DISCORDANCE BETWEEN HEALTH LITERACY OF PEOPLE WITH RMDs AND ASSESSMENT OF HEALTH LITERACY BY THEIR TREATING HEALTH PROFESSIONAL

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Background: Health literacy is increasingly recognised as a critical determinant of health. While care should be tailored to the health literacy needs of each patient [1], research in primary care shows that physicians often under- or over-estimate their patients' health literacy, with socioeconomic factors playing a role [2]. Evidence in a rheumatology setting is scarce.