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| **Unequal dying? Exploring equity in end of life experience in Aotearoa, New Zealand** |
| **Background/Objectives**In response to the growing need for palliative care globally, there is an increasing need for new models of care which move beyond traditional health service focused approaches. The value of applying a public health lens to the development of supports to improve end of life experience is being increasingly recognised. In particular, this approach is helping to shed new light on a neglected topic, namely the social determinants of end of life experience. In this presentation we will draw on a number of projects undertaken by the bicultural Te Arai Palliative Care and End of Life Research Group to present evidence of inequity in end of life experience relating to factors including age, gender, ethnic and cultural identity, and deprivation in Aotearoa New Zealand.**Methods**We will collate quantitative and qualitative data collected across projects undertaken by Te Arai within the last five years including:1. The VOICEs survey of over 700 bereaved family carers undertaken in collaboration with one District Health Board to explore service user experience of services in the last three months of life;
2. Te Pakeketanga – an in-depth qualitative study exploring the end of life circumstances of 52 Māori and non-Māori who died aged >80 years;
3. Analysis of service use in the last 12 months of life for 4,500 people within Auckland.

**Results**Our findings support international evidence that social factors are a key determinant of end of life experience. For example, VOICEs data illuminated the gendered nature of caring at the end of life, with the majority of carers being female and providing up to 40 hours of unpaid caring a week. In Te Pakeketanga we identified specific social and cultural factors which structure both expectations, and experiences, of end of life - for example, relating to age, gender and experience of poverty. Finally, the service use project confirmed differences in health service use for people living in areas of deprivation (higher levels of hospital use) and women (higher levels of Aged Residential Care use).**Discussion**There has been very little attention internationally on the social determinants of end of life experience. Our findings support the existence of inequities in service access and end of life experiences for people with life limiting illness and their family and whānau in Aotearoa, New Zealand. Implications for policy and practice, and priority areas for further research, will be discussed.**Keywords**Palliative care, end of life care, inequities, deprivation, gender, older people |