

Saunders, L.L., Krause, J.S., & Acuna, J. (in press). Association of race, socioeconomic status, and health care access with pressure ulcers after spinal cord injury. *Archives of Physical Medicine and Rehabilitation*.

ABSTRACT

Objective: To assess the associations of race and socioeconomic status (SES) with pressure ulcers (PU) after accounting for health care access (HCA) among persons with spinal cord injury (SCI).

Design: Cross-sectional.

Setting: Large specialty hospital in the southeastern United States.

Participants: Persons with traumatic SCI who 1) had residual effects from their injury, 2) were 18 years or older at survey, and 3) were a year or more post-injury at survey (n=2,549).

Intervention: None.

Main Outcome Measures: Outcomes were measured by mail-in survey: having a current PU (yes vs. no), having a PU in the past year with or without reduced sitting time (no PU, no reduced sitting time, month or less, 5+ weeks), and having at least 1 PU surgery since SCI onset (yes vs. no).

Results: Of participants, 39.3% reported a PU in the past year, 19.9% had a current PU, and 21.9% reported having had surgery for a PU since their SCI onset. While race was preliminarily associated with each PU outcome, it became non-significant after controlling for SES and HCA. In each analysis, household income was significantly associated with PU outcomes after controlling for demographic and injury factors and remained significant after accounting for the HCA factors. Persons with lower income had higher odds of each PU outcome. HCA was not consistently related to PU outcomes.

Conclusions: Even after accounting for HCA, household income, a measure of SES, remained significantly associated with PU outcomes after SCI; however, race became non-significant.

Key Words: spinal cord injury; pressure ulcer; race; socioeconomic factors; health services accessibility