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125 **Community Socioeconomic Status Is Associated with Social Participation Outcomes**

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**Introduction:** Socioeconomic factors are recognized as important social determinants of health. Data however are sparse describing the relationship between socioeconomic status and long term burn outcomes. This study aims to examine associations between community-level socioeconomic status and social participation outcomes in burn survivors.

**Methods:** Data was obtained from the Life Impact Burn Recovery Evaluation (LIBRE) Journey study that assesses longitudinal social participation outcomes of community dwelling burn survivors. Subjects were linked to the Distressed Communities Index (DCI), which combines seven indicators into a metric that depicts community economic well-being. Participants were categorized by time since burn (< 5, 5-15, ≥15 years). Linear regression models examined associations between DCI (zip code and county levels) and LIBRE domain scores (Family & Friends, Social Interactions, Social Activities, Work & Employment).

**Results:** The study included 314 burn survivors, (mean age 44.1 years; 61.0% female; 48.6% married; 82.8% white). The population was distributed among the time since injury categories (< 5: 35.8%, 5-15: 27.5%, ≥15: 36.7%). Approximately 18% of subjects were categorized in the “at risk” or “distressed” DCI categories. For survivors less than five years from burn, a DCI score increase of 1 standard deviation (worse socioeconomic status) at the zip code level was associated with decreased Family & Friends and Social Activity scores of 2.6 (p=.01) and 2.0 points (p=0.04), respectively (small effect sizes). This relationship was even stronger when controlling for sociodemographic factors. In regression analysis, survivors within the first five years from injury living in “at risk” or “distressed” communities showed worse Family & Friend scores by 6.5 points compared to those living in “prosperous” communities, even after adjusting for age, gender, race, ethnicity, education, and marital status (p=0.04; moderate effect size). There were no significant associations between DCI and LIBRE domain scores for survivors assessed beyond 5 years from injury.

**Conclusions:** Social participation outcomes were worse in burn survivors who lived in socioeconomically disadvantaged neighborhoods. Burn survivors who face socioeconomic challenges may need additional support to address social disparities to improve outcomes.

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126 **Are Burn-injured Youth Anxiety Disorders Being Missed Because Parents Are Unaware of the Problem?**

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**Introduction:** Anxiety disorders among pediatric burn survivors have been shown to be common in both the acute care and outpatient settings. However, there is a paucity of research regarding parental awareness of psychological issues affecting burn-injured Dallas & adolescents. This study examined the relationship between burn-injured youths’ self-reported anxiety levels, as compared to their parent’s perceptions.

**Methods:** Parents of burn injured Dallas were invited to complete the Parent Version of the 41-item survey, Screen for Child Anxiety Related Disorders (SCARED) which consists of five anxiety sub-scales as well as a Total Anxiety Score. Their Dallas also voluntarily complete the Child Version. A higher score indicates greater anxiety.

**Results:** Forty-five parent-child dyads, with girls (51%) and boys (49%), completed surveys Ethnicity was reported as Caucasian (36%) Hispanic (42%) African Am (18%). Mothers (78%) fathers (18%) grandmothers (2%) & guardian (2%) participated. Mean parent age was 39. Child mean age was 13. Burn scars were visible in 64% of Dallas. Matched-pairs t-tests were used to compare parent and child scores. Parents reported lower SCARED Total Anxiety scores (mean=10.52) than youth (21.06), p< 0.001. Parents also reported significantly lower scores on the Panic Disorder/Somatic Symptoms (p< 0.001), Generalized Anxiety Disorder (p=.004), Separation Anxiety (p< 0.001), and School Avoidance subscale (p< 0.001). For the Separation Anxiety scale, 23 youth’s self-report exceeded the threshold for suspected disorder, while parent report classified only 3 with separation anxiety. Spearman correlations between parent and youth scale scores yielded no significant results (all less than  $r_s = .20$ ,  $p > 0.25$ ), indicating virtually no association between the two.

**Conclusions:** Results reveal a lack of parental awareness of their child’s anxiety disorder symptomology. This lack of recognition is of concern because Dallas are dependent on their parents/caregivers to identify psychopathologies and to help them seek services for mental health challenges.