ABSTRACT CITATION ID: NOAE064.152
DEI-05. ASSESSING HOUSEHOLD MATERIAL HARDSHIP IN CHILDREN WITH CENTRAL NERVOUS SYSTEM (CNS) TUMORS

Scott L. Coven[1], Yvette H. Tran[2], Seho Park[3], Eneida A. Mendonça[4]; [1]Pediatric Hematology/Oncology/Stem Cell Transplant; Indiana University School of Medicine and Riley Hospital for Children at IU Health, Indianapolis, IN, USA, [2]Department of Health Policy & Management, Indiana University Fairbanks School of Public Health, Indianapolis, IN, USA, [3]Department of Biostatistics & Health Data Sciences, Indianapolis, IN, USA, [4]Division of Biomedical Informatics, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA

BACKGROUND: Household material hardship (HMH) is defined as unmet basic needs including food, heat, housing, or transportation. Researchers have documented higher rates of poor nutrition, injury, infectious disease, and hospitalization in healthy children living in families with household material hardship. Furthermore, targeted interventions exist to modify these health outcomes. However, little is known regarding the relationship between social determinants of health and their impact on overall and quality of survival for children with brain or spinal cord tumors. The current available information is based upon retrospective and secondary data sources, often limited to basic socioeconomic factors such as race and ethnicity. The objective was to describe the change in household material hardship through patient reported outcome measures from baseline to six-months and explore the association between social determinants of health, including prospective household material hardship data, and clinical outcomes among children with brain and spinal cord tumors. METHODS: We aimed to enroll 150 patients with a brain or spinal cord tumors who were followed by the Pediatric Neuro-Oncology Program at Riley Hospital for Children at IU Health. These participants were approached during their routinely scheduled clinic visits by a member of the study team. Written or verbal consent/assent was obtained, and their data was transcribed into a REDCap™ database. RESULTS: To date, we have enrolled 118 children onto this study, with 35/76 participants completing their six-month follow-up survey. In line with Kira Bona's previous work, we have found that around 30% acknowledged one positive domain of household material hardship. Additionally, we have found that almost 40% of our cohort fall below the 200% Federal Poverty Level, which is often considered a cutpoint for lower socioeconomic status. CONCLUSIONS: We have shown that collecting prospective patient reported sociodemographic information is feasible in a busy clinical setting.