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No difference for healthcare and employment factors in urban vs. rural SCI/D populations--except for pressure injury treatment.



Gaps in access to healthcare and employment exist compared with individuals without paralysis.



Gaps between urban and rural areas may be mitigated in high income countries due to economic strength and resources.

Background

Between January 2023 and June 2024, the second wave of the International SCI (InSCI) Community Survey was conducted in 32 countries.

Objective: Assess employment and access to medical care among InSCI community survey participants in the United States who self-reported as living in an urban or rural environment.

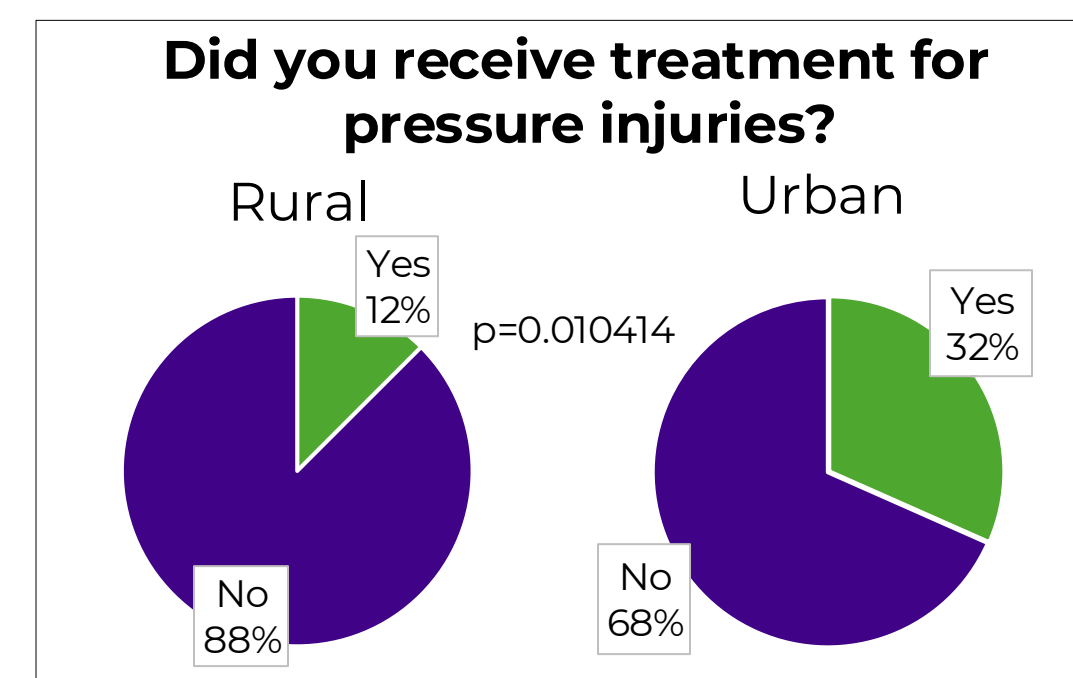
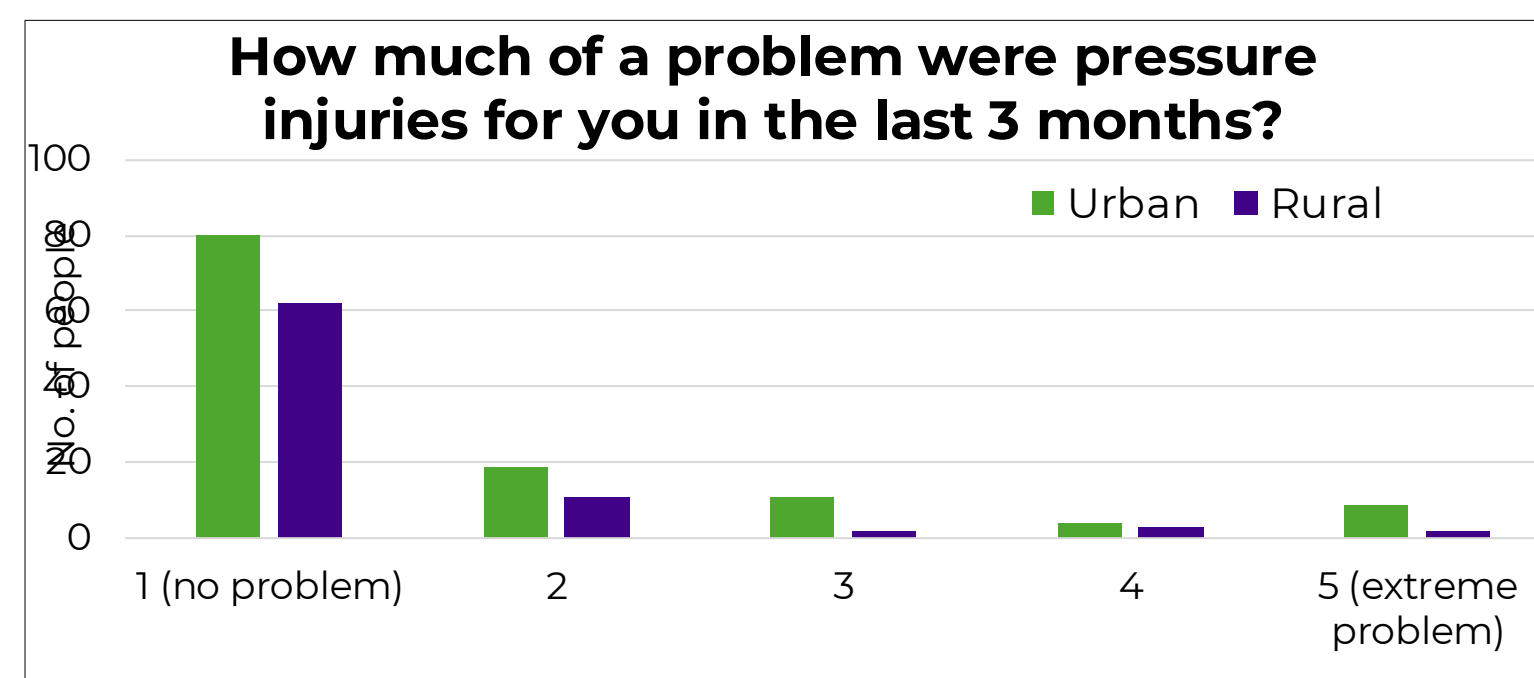
Study Design: U.S. data from InSCI, a cross-sectional self-reported, survey. 209 adults diagnosed with SCI/D comparing urban vs. rural results.

Results

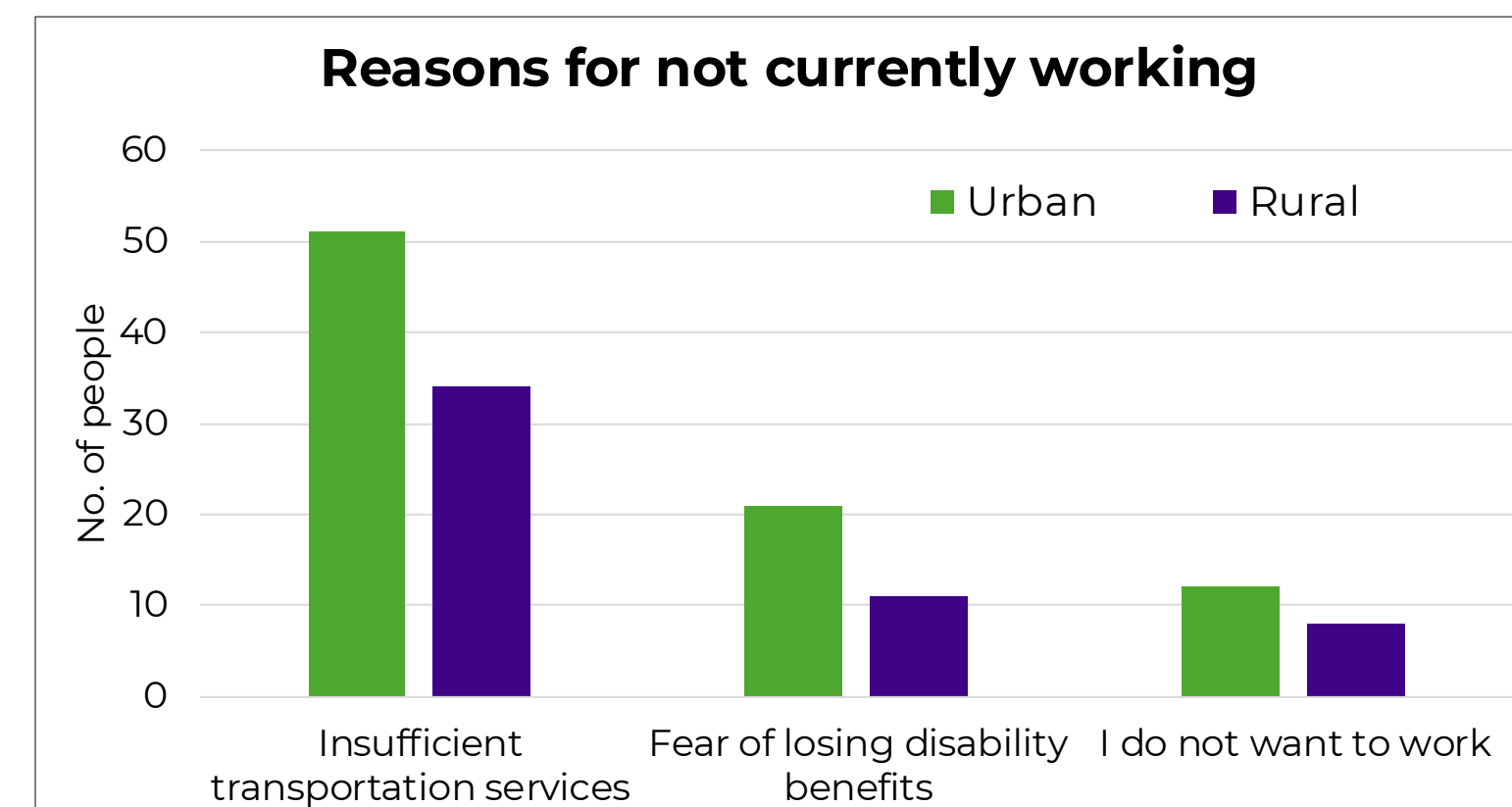
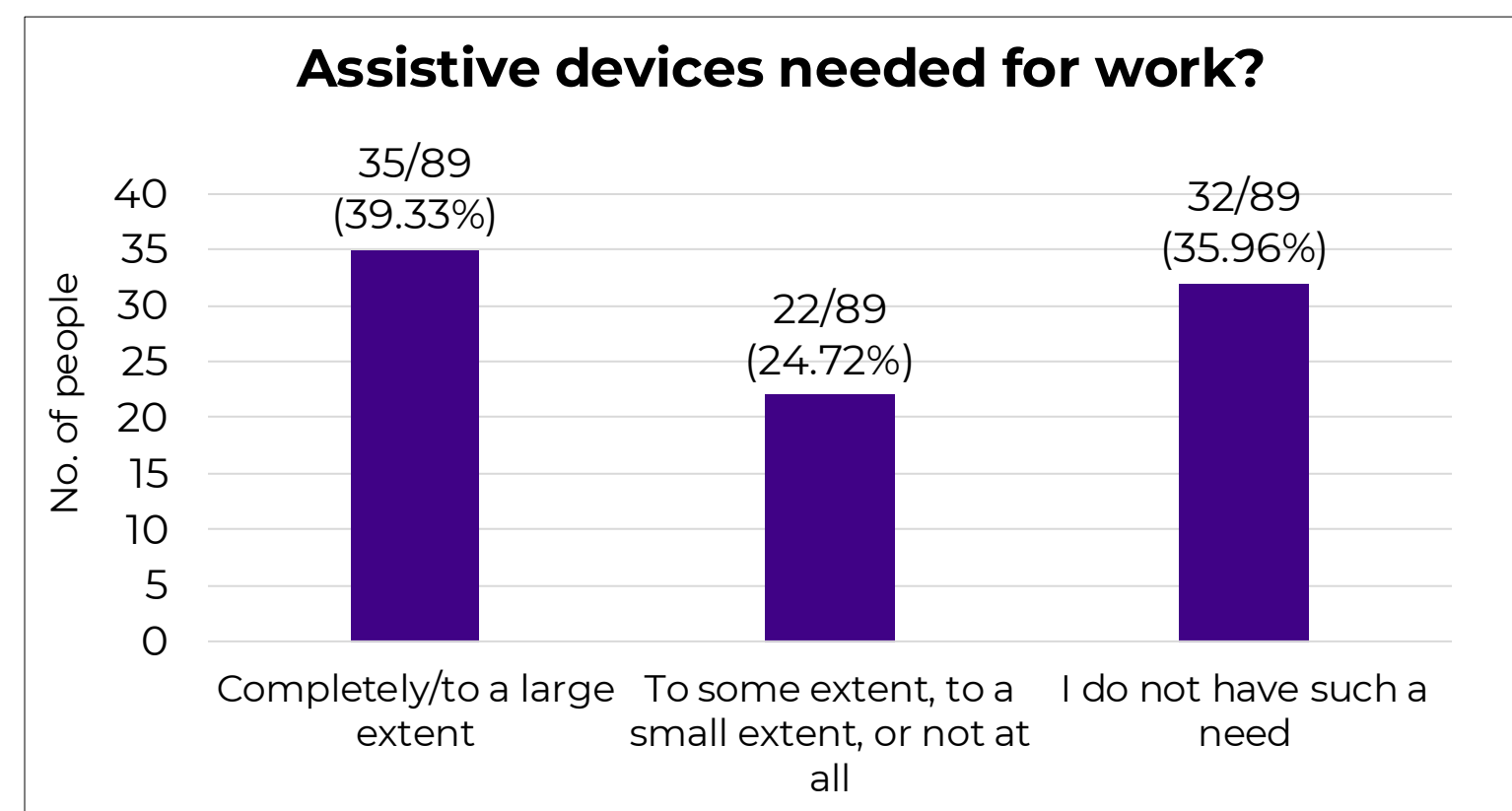
Urban = 128 participants (61%); Rural = 81 participants (39%)

| General Health | |
|--|---------------------|
| Patient in hospital, rehab facility, or other care facility at least one night in past 12 months | 61/190 (32%) |
| Needed healthcare in last 12 months, did not receive it | 30/193 (16%) |

| Employment | | |
|------------------------------------|---------------------|-------------------------------|
| | Urban | Rural |
| Employed | 54/118 (46%) | 35/78 (45%) p=0.902 |
| Received vocational rehab services | 41/117 (35%) | 25/78 (32%) p=0.665 |



Note: Other comorbidities assessed were sleep, bowel, urinary tract, bladder, sexual, contractures, muscle spasms, respiratory, and more. No differences found for these comorbidities or treatment of these comorbidities in urban vs. rural areas (all p>0.05).



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