Poster 369
Informal Medical Caregiving for Children With Special Health Care Needs With Physical Disabilities.

Amy J. Houtrow, MD, MPH (UCSF, San Francisco, CA, United States); .

Disclosures: A. J. Houtrow, none.

Objective: The objectives of this study are to quantify and determine the factors associated with the medical care that parents are providing and arranging and/or coordinating for their children with special health care needs with physical disabilities.

Design: Descriptive statistics were used to describe the population. Bivariate and multivariable Poisson regression analyses were conducted to determine the relationships between child, family, and health systems level factors with both of the informal medical caregiving outcomes.

Setting: The National Survey of Children with Special Health Care Needs, 2005-2006.

Participants: The sample included 8709 children with special health care needs, aged 3-17 years and with at least 1 physical disability.

Main Outcome Measures: (1) Parental and/or caregiver time spent providing medical care, and (2) parental and/or caregiver time spent arranging or coordinating medical care.

Results: A majority of parents of children with special health care needs with physical disabilities provide medical care for their children. Over a fourth of parents provide >5 hours of medical care, and 9.4% spend 10 or more hours arranging and/or coordinating care. Parents and/or caregivers of young children spent 27% more time arranging care, and 37% spent more time providing care than parents and/or caregivers of adolescents after controlling for other child, family, and health systems factors in the multivariable model. children with special health care needs with disabilities who had 2 or more identified health conditions required 41% more hours of care than those with 1 identified health condition, and their parents and/or caregivers spent 24% more time arranging care. The factor most predictive of hours providing care was the presence of a severe health condition (IRR=2.65). Although the health systems factors of inadequate insurance and not receiving care in a medical home were predictive of the number of hours of care provided, they were more predictive of the number of hours arranging care.

Conclusions: This study identifies several factors amenable to intervention that may decrease the number of hours of informal medical caregiving that parents provide. Directly addressing health through optimum health care delivery and promoting health policies that address the needs of families may decrease informal caregiving hours.

Poster 370
Predictors of Cardiometabolic Risk Among Adults With Cerebral Palsy.

Edward A. Hurvitz, MD (University of Michigan, Ann Arbor, MI, United States); Paul Gordon, PhD, Heidi J. Haapala, MD, Heidi IglayReger, PhD, Mark Peterson, PhD.

Disclosures: E. A. Hurvitz, none.

Objective: The objective of this investigation was to examine the association between body mass index (BMI) and various standard clinical markers of cardiometabolic health risk, that is, lipid profiles in adults with cerebral palsy. Secondary measures of body anthropometrics also were examined, including waist circumference and waist-to-hip ratio.

Design: Cross-sectional study.

Setting: Tertiary medical center.

Participants: 37 adults with cerebral palsy (20 men, 17 women; age, 38.9±12.7 years).

Interventions: Body composition measurement, fasting lipid profile, assessment on a functional scale.

Main Outcome Measures: Body composition measures, including BMI, waist circumference, and waist-to-hip ratio. Lipid profiles, including fasting total cholesterol, triglycerides, high-density lipoproteins (HDL), and cholesterol-HDL ratio. Gross motor function by using the Gross Motor Function Classification System-Expanded and Revised.

Results: Mean BMI was 25.4±7.8, which is considered "overweight" for normal healthy adults. However, BMI was not significantly associated with any clinical measures of cardiometabolic risk ($P>.05$). By using Gross Motor Function Classification System categories (2 groups: GMFCS I-III and IV-V), BMI was significantly lower among GMFCS IV-V (22.1±6.2) versus GMFCS I-III (28.6±7.6). Conversely, measures of waist-to-hip ratio were significantly associated with various indices of risk, including the total cholesterol-to-HDL cholesterol ratio ($r^2=0.2$; $P<.05$), HDL ($r^2=0.28$; $P<.05$), and triglycerides ($r^2=0.25$; $P<.05$), which suggests that greater waist-to-hip ratio was indicative of significantly higher risk.

Conclusions: Because BMI is inversely correlated with GMFCS and is not associated with any markers of cardiometabolic health, it may be an insufficient indicator of adiposity and thus health risk for adults with cerebral palsy. Moreover, based on these data, it is likely that waist-to-hip circumference ratio represents a superior predictor of risk, because this measure was robustly correlated with 3 primary clinical markers of cardiometabolic health.

Poster 371
Health Care Inequities for Children With Disabilities Compared With Other Children With Special Health Care Needs.

Amy J. Houtrow, MD, MPH (UCSF, San Francisco, CA, United States); .

Disclosures: A. J. Houtrow, none.

Objective: (1) To profile children with disabilities compared with other children with special health care needs (CSHCN) in terms of sociodemographics, health status, and health services characterics, and (2) to compare rates of unmet health care needs for children with disabilities with other CSHCN after controlling for sociodemographic characteristics.

Design: Secondary data analysis in which univariate, bivariate, and logistic regression techniques were used. T-tests and χ^2 tests were used to test for statistically significant differences with α set a priori at $P<.05$.

Setting: The National Survey of Children with Special Health Care Needs, 2005-2006.

Participants: The sample included 18,740 children with disabilities and 18,828 other CSHCN aged 3-17 years. In this study, disability was identified by the presence of one or more difficulties in the following areas: vision impairment despite correction, hearing impairment despite correction, mobility and/or coordination