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BACKGROUNE

- Neonatal arterial ischemic stroke (AIS) represe neurologic disability.
- However, there is a paucity of literature on the infl of health on neurological outcomes and service population.
- Examining patterns of neurological outcome an neonates diagnosed with AIS is an important step neurodevelopmental and recovery trajectory.

OBJECTIVE

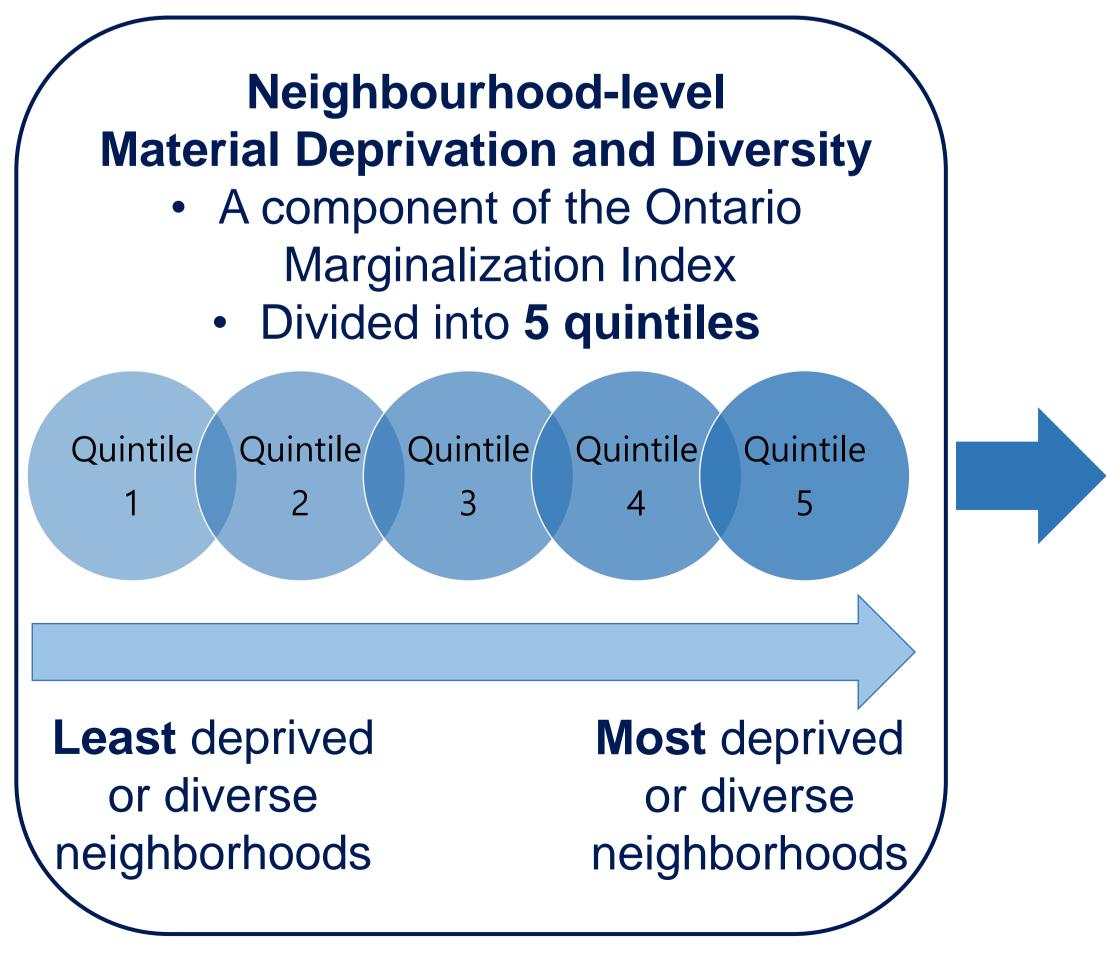
- Examined the variation in **neurological outcome** sociodemographic factors, including **neighborho** and **diversity**.
- Hypothesis: Higher neighborhood-level material associated with decreased service utilization a outcomes.

METHODS

Participants

Participants included 168 neonates diagnosed with at The Hospital for Sick Children in Toronto, Canada

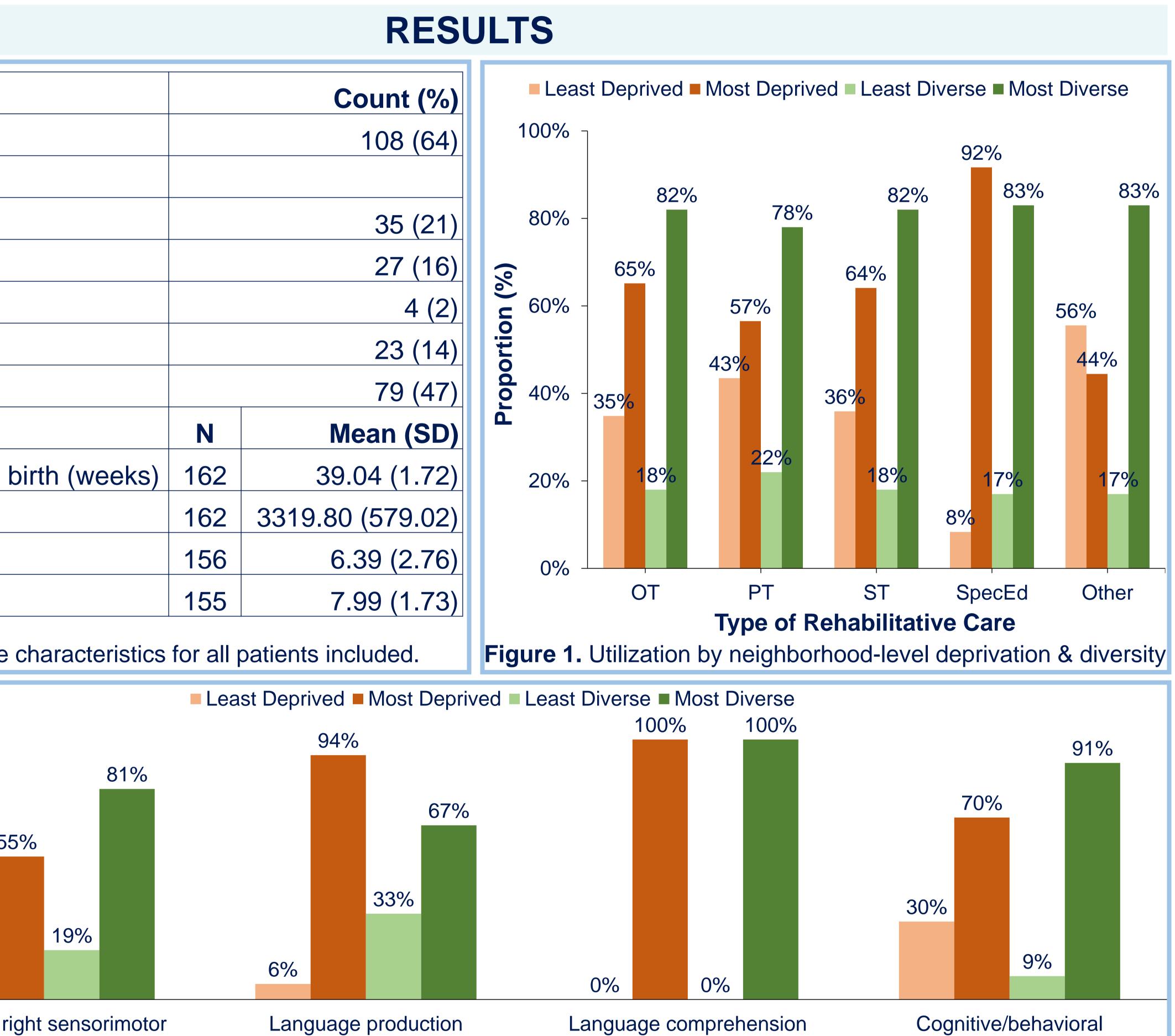
Measures



Healthcare Utilization and Neonatal Stroke Outcomes: **A Neighborhood-based Study**

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ID	
ents an important cause of	Characteristic
fluence of social determinants utilization within the neonatal AIS	Male sex Infant race
	White
nd service utilization in p towards understanding the	Asian
	Black
	Other
- es and service utilization by	Not specified
ood-level material deprivation I deprivation and diversity is and worse neurological	Gestational age at b Birth weight (g) 1 min Apgar score 5 min Apgar score
	Table 1. Baseline
th AIS between 2004 and 2019 a. Pediatric Stroke Outcome	100% - 80% - 60% - 45%
Measure Severity Classification Scale (PSOM-SCS)	No 40% - 20% -
Composite of 5 subscales : right sensorimotor, left sensorimotor, expressive language,	0% Left and rig
comprehension, and cognition/behavior	
 Recovery and Recurrence Questionnaire (RRQ) Completed by caregiver 	 Neurological outcomajority utilized a A significantly high in the most deprivation
 Includes service utilization data such as occupational therapy (OT), physical therapy (PT), speech therapy (ST), special education services (SpecED), and Other 	from the most dep therapy, physical the In future studies , Id sociodemograph between neighborh care service utiliza



right sensorimotor

Type of Deficit

IRE 2. Proportion of patients with poor outcome by neighborhood-level deprivation & diversity.

DISCUSSION

comes were favorable in most patients at latest follow-up and the at least one service over the study period.

ther proportion of patients with **poor language production** lived ived neighborhoods. A significantly higher proportion of patients prived and most diverse neighborhoods received occupational therapy, speech therapy, or special education services.

longer duration of follow-up and collection of individual-level hic data is needed to better elucidate the complex relationship rhood-based indicators, neurological outcomes, and rehabilitative ation for neonates with AIS.





REFERENCES

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