Background
- Patients from communities of low socioeconomic status (SES) are known to present with larger kidney stones.
- It remains unclear how low SES contributes to disparate kidney stone burden.
- It is possible that patients of low SES face obstacles to purchasing healthy, stone preventative diets.
- We sought to investigate how income and food insecurity influence stone burden.

Materials and Methods
- Review of prospectively collected data from the UCSF ReSKU (Registry of Stones of the Kidney and Ureter) database.
- Inclusion criteria: patients who underwent one or more interventions for a single stone episode with preoperative imaging prior to surgical intervention.
- Patient data was linked to publicly available USDA census tract food insecurity and income data.
- Food insecure areas: census tracts >1 mile from a supermarket in urban communities, >10 miles in rural communities.

Results
- 332 patients had imaging and USDA data available for review.
- Lower census tract median family income as a linear variable was a significant predictor of increased stone burden at presentation.
- Patients from food insecure areas (37mm vs 47mm, p = 0.066), low income areas (37mm vs 42mm, p = 0.190), and areas that were both food insecure and low income (38mm vs 61mm, p = 0.103) all had higher stone burden at presentation.

Discussion
- These data confirm previous findings that lower household income predicts stone burden at presentation.
- Patients from low access and low income areas had greater stone burden compared to patients not from these areas, although these differences were not statistically significant.

Conclusions
- Household income may have a greater impact on stone burden than neighborhood food security.
- Future research with larger cohorts is needed to better elucidate the relationship between income, food security, and stone burden.