Guest Editorial

Immigration and transition: Changing demographics forecast the emerging trends in spina bifida care

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Abstract. Globally, the number of immigrants, refugees, and internally displaced persons is escalating. While immigration is often a result of social determinants, including political discrimination, poverty, education, and work-related prospects, immigration itself can also be conceptualized as a social determinant of health. Through the National Spina Bifida Patient Registry (NSBPR), investigators have begun to recognize existing disparities within growing minority populations affected by spina bifida. Concurrently these individuals are also living longer, therefore, these demographic shifts in age and ethnicity give rise to the dawn of a new era in care. Thus, a call has gone out for multicenter learning collaboratives to face these newfound challenges. An example of such emergent learning collaboratives is the American Academy of Pediatrics (AAP) Spina Bifida Transition Project, sponsored by the CDC, an approach in accordance with the recently published Guidelines for the Care of People with Spina Bifida. Henceforth, it can also be trusted that related original research published in JPRM will continue to serve as a catalyst for culturally-competent investigation and comparative analysis to improve care worldwide.

Keywords: Learning collaborative, health disparities, immigrant health, minority health, Social determinants of health, globalization/immigration, quality of life, continuum of care transition

1. Introduction

Globally, the number of immigrants, refugees, and internally displaced persons is escalating [1]. The US, which is home to more than 43 million immigrants, has the largest number worldwide [2]. While immigration is often a result of social determinants including political discrimination, poverty, education, and work-related prospects, immigration itself can also be conceptualized as a social determinant of health [3]. Mexico, El Salvador, Cuba, and the Dominican Republic are among the list of countries from where most immigrants become naturalized US citizens [4]. Thus, the estimated 55 million Hispanics/Latinos living in the US are the fastest-growing demographic group [5]. Even as Hispanics/Latinos immigrate into the US, they consistently demonstrate a higher birth prevalence of neural tube defects compared with other racial/ethnic groups [6]. Through the National Spina Bifida Patient Registry (NSBPR), a registry sponsored by the Centers for Disease Control and Prevention (CDC) which has enrolled thousands of individuals across the nation, investigators have begun to recognize existing disparities within this minority population [7].

At the same time that the number of immigrants is growing, individuals affected by spina bifida (SB) in the US are also living longer [8]. It is estimated that there are now more adults than children living with SB [9]. Furthermore, the assessment of SB-related disease burden on their quality of life has become essential in culturally competent care across the lifespan. Documenting a paucity of studies and attesting that no

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As a catalyst for culturally-competent research, as well as thoughtful investigation and comparative analysis of management practices in order to improve the care among the diverse and aging community of individuals affected with SB around the world.

References


