Title: The Role of Ethnicity & Culture on Functional Status in Children with Spina Bifida

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Background: Spina bifida is a common cause of pediatric disability and is more prevalent in the Hispanic population due to a combination of factors. Significant health disparities exist in minority populations and culturally adapted health interventions, such as that found for pediatric asthma, have been tried with noted improvement. There is a dearth of research on multicultural differences in childhood disability and culturally sensitive approaches to caring for children with special needs. This study aimed to explore the influence of ethnicity and culture with regards to functional status and satisfaction with care.

Methods: Study participants were recruited from the Children's Hospital Colorado Spinal Defects Clinic. Chart review was used to collect demographics, past medical and surgical history. A questionnaire was used to assess ethnicity, acculturation status, self care and mobility, bowel and bladder function, and care satisfaction.

Results: A total of 70 children had spina bifida. Mean age was 12.4 years, 81% had hydrocephalous, and most lesions were in the lumbar region. 38.6% of participants were Hispanic and 61.5% were Non-Hispanic. All Non-Hispanic subjects had a full acculturation score of 6. In the Hispanic group, mean acculturation score was 2.73 and 25.6% had a full acculturation score. There was no difference in PEDI self care and mobility scores. The Non-Hispanic group had higher urinary continence rates (37% vs. 7% in Hispanic group), higher percentage who never had bladder accidents (33% vs. 7% in Hispanic group), and higher parental satisfaction with bladder management. Regarding bowel function, the Non-Hispanic group had higher satisfaction rates and a trend towards higher bowel continence.

Conclusion: Further work is needed to understand the social and cultural differences between Hispanic and Non-Hispanic children and their families which impact bowel and bladder continence and care satisfaction. Once identified, culturally sensitive interventions may be implemented that can alleviate these apparent health disparities.