Race, Class, and Disability: Implications for Families

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Approximately twenty percent of the US population has a disability, but disability is not a unitary concept. When disability intersects with race and class, it is experienced differently. The session sought to review the research on intersectionality with particular attention to education, health, and impact on the family. Some highlights of that research literature are as follows:

**Educational Disparities**

Critical disparities exist in the educational experiences of students with disabilities around race and class. African-American students have not benefited from the Individuals with Disabilities in Education Act in a way that is proportional to their white peers. Graduation rates for African American students with disabilities are substantially lower than rates for white or Asian/Pacific Islander students (Boone & King-Berry, 2007). African-American students are also much more likely to be tracked into segregated special education schools and classrooms (Boone & King-Berry). Disparities also exist around parents’ ability to be involved in special education decisions. A study by Fitzgerald and Watkins (2006) indicated that most materials provided by schools on parent rights in special education are presented at too high a reading level to be accessible to parents without a higher education. Other studies have noted that families from culturally diverse backgrounds struggle more with accessing the IEP process (Jung, 2011; Kalyanpur, Harry, & Skrtic, 2000), particulary parents who do not speak English (Lasky & Karge, 2011).

**Health Disparities**

Race, class, disability, and health are co-dependent constructs; one cannot be discussed without the others. For example, disability status impacts access to health insurance. People without disabilities have more access to private forms of insurance. Since private insurance reimburses for medical services at higher rates than Medicaid and Medicare, people with disabilities may have less access to health care (Axelrod, Millman, & Abecassis, 2010). Prevalence rates of disability and co-morbid health conditions also vary across race and class. For example, African-Americans are over-represented among people who have cognitive or physical disabilities and people with these disabilities are also more likely to experience the following health conditions: arthritis, asthma, cardiovascular disease, diabetes, high blood pressure, high cholesterol, and stroke (Reichard, Stolzle, & Fox, 2011).

**Impact on Family**

Race and class impact how families of children with a disability conceptualize and experience disability. Smith & Alston (2009) found that race in conjunction with disability results in differential experiences of life satisfaction. While factors such as health, learning opportunities and jobs are significant for a satisfied life, they are experienced at different levels for diverse members of society. On the other hand, Trute, Benzies, Worthington, Reddon & Moore (2010) discovered that family adjustment to disability in childhood is linked to how strong the mother’s coping is from a psychological perspective. If mothers have the capability to visualize outcomes that are positive related to the disability, including higher levels of emotions that are positive, they have better adjustment. In their research on racially diverse families raising children with autism, Manning, Wainwright, & Bennett (2011) concluded that while families proclaimed large amount of stress, their family functioning was with in normal limits.

In many of the families, single females head the household and they are faced with difficult challenges. In most cultures of the world mothers, rather than fathers, seems to bear a larger direct role in caring for children, which subjects them to more stress related to problems with child behaviors (Heykyung & Lee, 2009). Single mothers have to balance the roles of meeting both the emotional and the fiscal needs of the family (Davis & Gavida-Payne, 2009).

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