



Health of Parents with and without Disabilities

Introduction and Background

Approximately 4.1 million parents (6.2%) in the United States have a disability. Understanding the relationship between parenting and disability will prove useful when shaping policy and research decisions.

In order to understand these relationships, we examined two sources of nationally representative data, the National Health Interview Survey and the Medical Expenditure Panel Survey. Included in these surveys was information on access to health care, service use, the quality of health care, and the level of spending for adults in the United States living outside institutions. These surveys allowed us to identify disparities in health outcomes for parents with and without disabilities.

Results

We found that there were statistically significant differences between the demographic characteristics and health outcomes of parents with and without disabilities. Compared to parents without disabilities, parents with disabilities were

- more likely to be low-income
- more likely to be women
- more likely to receive Medicare or Medicaid services
- less likely to have postsecondary education
- less likely to live in urban areas
- less likely to be Hispanic or Latino
- less likely to have private insurance
- less likely to be married

We found that parents with disabilities have a higher chance of experiencing adverse health outcomes compared to parents without disabilities. They are also more likely to have multiple co-existing health conditions than are parents without disabilities. Some of these adverse

health outcomes include hypertension, arthritis, heart disease, stroke, emphysema, diabetes and cancer. They are also more likely to have obesity than are parents without disabilities.

Implications and Recommendations

We believe that systemic discrimination against parents with disabilities is a major contributor to the poorer health outcomes they experience. This discrimination can arise through interpersonal interactions, inaccessible health care settings, hostile government policies, or restrictive laws that devalue the lives and experiences of people with disabilities. Though more research is needed to fully understand the reasons why parents with disabilities are more susceptible to poor health outcomes, we know enough to recommend that stakeholders ensure that parents with disabilities are able to access appropriate health care and fulfill their health needs.

In order to address these disparities, we recommend policies that improve the quality of life for parents with disabilities. For example, providing personal assistance services, assistive technology, and communication support can help parents with disabilities improve their own health outcomes and raise their children.

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