

Childhood Disability & Parental Nativity: Does an Immigrant Advantage Exist?

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Natalie A.E. Young (Social, Economic, and Housing Statistics Division, U.S. Census Bureau)

BACKGROUND AND MOTIVATION

Rates of childhood disability have been rising in the United States.¹ Concomitantly, the U.S. is increasingly diverse: the proportion of residents who are first- or second-generation immigrants has increased significantly in recent decades, affecting the demographic composition of the country. While research indicates that immigrant children have some health advantages over non-immigrants, including better birth outcomes, lower rates of obesity and asthma, and lower mortality, it is not yet known whether immigrant children are at lower risk of childhood disability, particularly in the context of rising rates. Given the diversity of immigrant groups in the U.S. today, it is also possible that an immigrant advantage in child disability exists for some racial or ethnic groups but not others.

The rising disability rate among U.S. children may be linked to changes in socioeconomic and environmental contexts, but it may also be attributed to shifts in public attitudes, awareness, and diagnosis of neurodevelopmental conditions (e.g., autism; ADHD).² As such, if differences are observed in disability rates by immigrant status and race/ethnicity, this could be indicative of group-level differences in the incidence of disability, but it could also point to differences in cultural attitudes toward and stigmatization of disability, or in access to medical diagnosis.³

RESEARCH QUESTIONS

- 1) Does an immigrant advantage exist in childhood disability?
- 2) If an immigrant advantage is observed, does it vary by race/ethnicity?
- 3) Are differences by immigrant status starker for cognitive disabilities, which may be more susceptible to stigma, than for more visible disabilities, such as sensory and ambulatory disabilities?

DATA AND METHODS

Data: 2008–2019 American Community Surveys (sample under age 18)
Dependent variables: Disability status, disability type (none; cognitive; sensory/ambulatory; other type)
Independent variables: immigrant status (first-generation, second-generation, non-immigrant [3+ gen.]); race/ethnicity; interaction b/w IVs
Control variables: Age, sex, language spoken at home, household income (logged), parental education, region, survey year
Models: logit regression (+interaction); multinomial logit regression

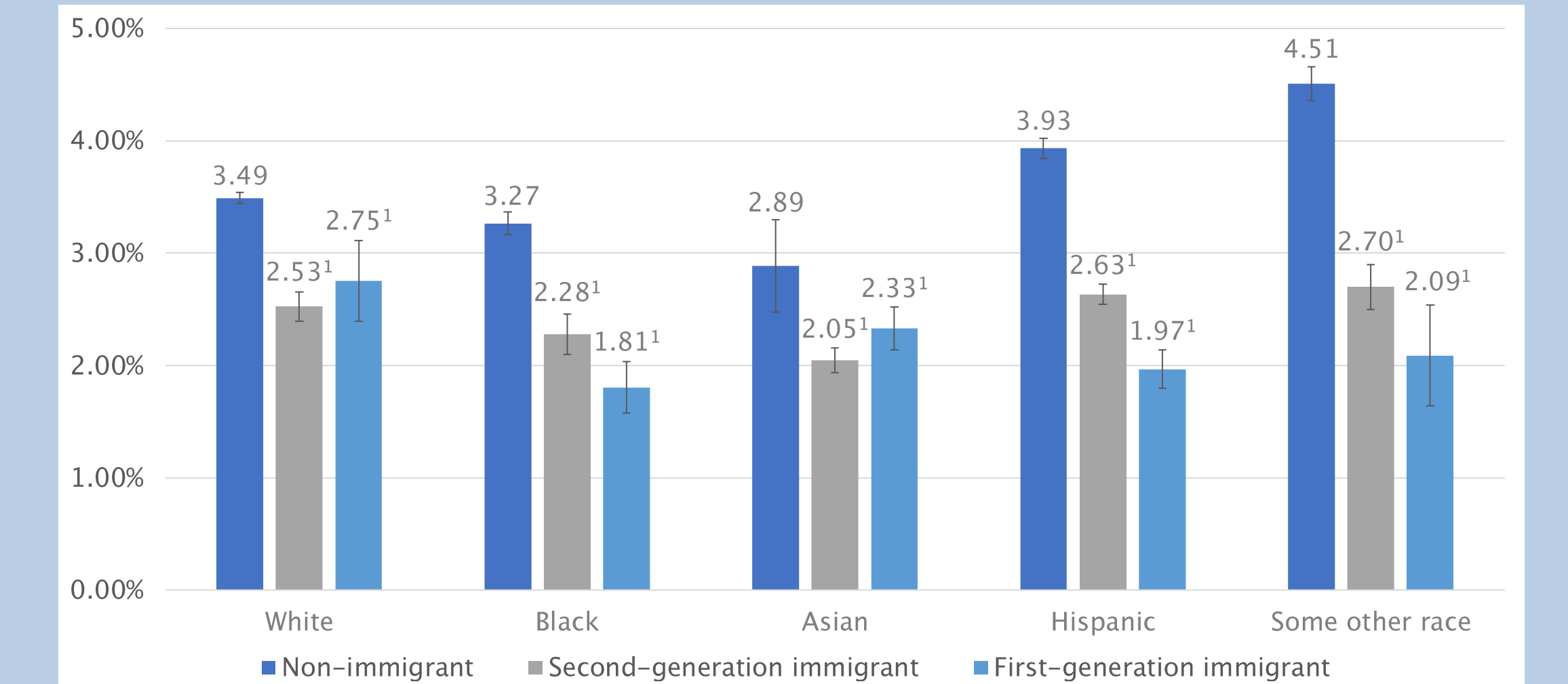
CHILD DISABILITY BY IMMIGRANT STATUS & RACE

Table 1. Odds Ratios from Logit Regression of Disability Status on Immigrant Status & Race/Ethnicity, 2017–2019

	Model 1: Immigrant status alone	Model 2: Immigrant status + controls	Model 3: Race alone	Model 4: Race + controls	Model 5: Immigrant status & Race + controls
Immigrant status (Ref: non-immig.)					
Second-gen. (95% CI)	0.66*** (0.65–0.68)	0.66*** (0.64–0.68)			0.67*** (0.65–0.69)
First-gen. (95% CI)	0.73*** (0.69–0.77)	0.56*** (0.53–0.60)			0.58*** (0.55–0.62)
Race/ethnicity (Ref: White)					
Black (95% CI)			1.20*** (1.17–1.23)	0.91*** (0.88–0.93)	0.93*** (0.90–0.96)
Asian (95% CI)			0.53*** (0.51–0.56)	0.75*** (0.71–0.79)	0.90*** (0.86–0.95)
Hispanic (95% CI)			1.03*** (1.01–1.05)	1.07*** (1.04–1.10)	1.11*** (1.08–1.14)
Other (95% CI)			1.24*** (1.20–1.28)	1.24*** (1.20–1.29)	1.27*** (1.23–1.32)
Survey year (95% CI)	1.01** (1.00–1.02)	1.03*** (1.02–1.04)	1.01** (1.00–1.02)	1.03*** (1.02–1.04)	1.03*** (1.02–1.04)

Source: 2017–2019 American Community Surveys, 1-year data files (pooled).
 P<.05 * P<.01 ** P<.001 ***
 Note: Weighted using replicate weights. Standard errors calculated using balanced repeated replication variance estimation.

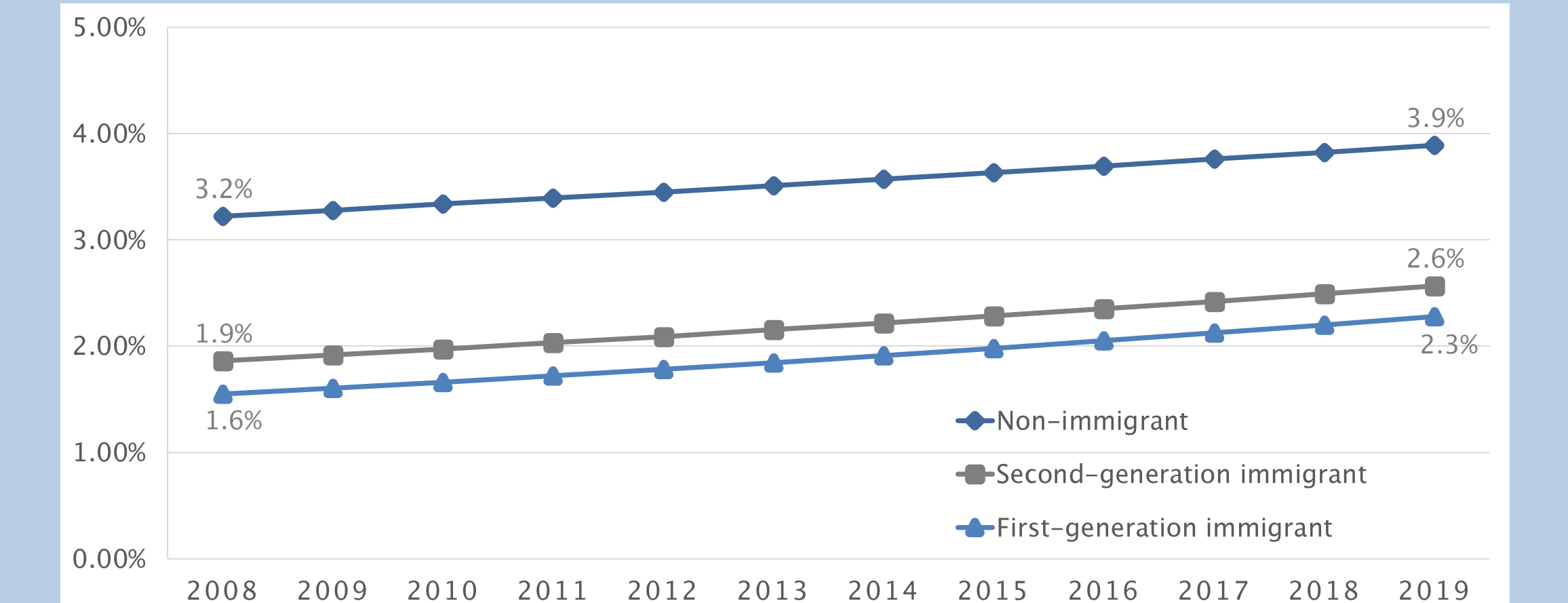
Figure 1. Predicted Probability of Having a Disability, by Race & Immigrant Status, 2017–2019^a



Source: 2017–2019 American Community Surveys, 1-year data files (pooled).
^aWhere all covariates are set to their mean values (including survey year).
¹Significantly lower than the estimate for non-immigrant children of the same race/ethnicity at the 95 percent confidence level.
 Note: Weighted using replicate weights. Standard errors calculated using balanced repeated replication variance estimation. Includes controls for age, sex, language at home, income, parental edu., region, year.

CHANGE IN CHILD DISABILITY RATE: 2008–2019

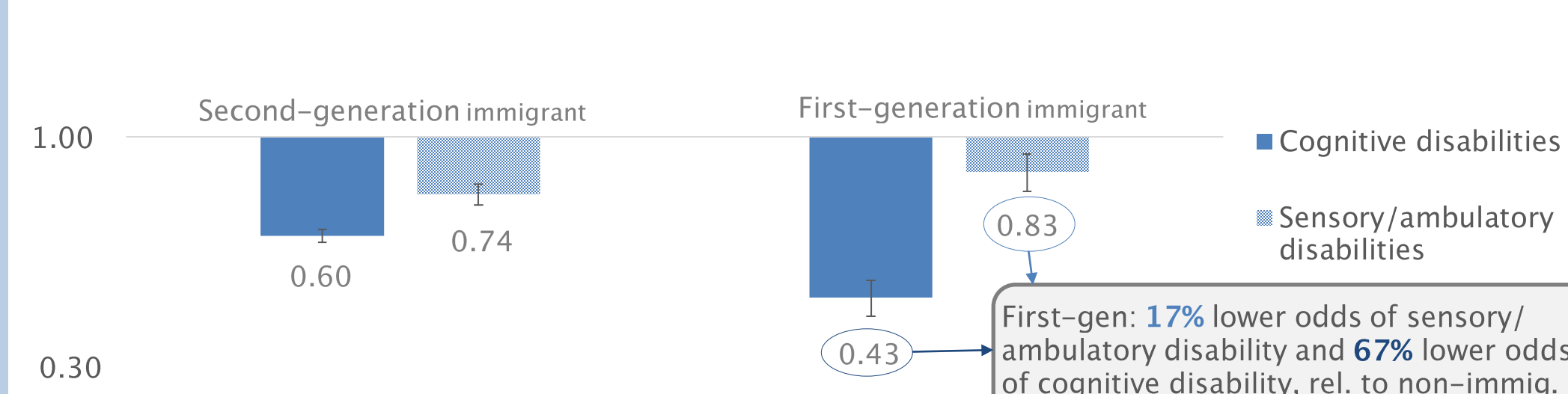
Figure 2. Predicted Probability of Having a Disability, by Year & Immigrant Status^b



Source: 2008–2019 American Community Surveys, 1-year data files (pooled).
^bWhere all covariates are set to their mean values.
 Note: Weighted using replicate weights. Standard errors calculated using balanced repeated replication variance estimation. Includes controls for age, sex, language at home, income, parental edu., region, year.

IMMIGRANT ADVANTAGE BY DISABILITY TYPE

Figure 3. Comparing Odds of Immigrant Child Having Disability (Relative to Non-Immigrant), by Disability Type, 2017–2019



Source: 2017–2019 American Community Surveys, 1-year data files (pooled).
 Note: Weighted using replicate weights. Standard errors calculated using balanced repeated replication variance estimation. Includes controls for age, sex, lang. at home, income, parental edu., region, year.

CONCLUSIONS

- There is evidence of an immigrant advantage in childhood disability. The advantage is observed for both first- and second-generation immigrant children.
- The immigrant advantage in childhood disability is strongest for Hispanic children and children of “some other race.”
- The probability of experiencing disability increased for all children between 2008–2019, regardless of immigrant status.
- The difference between immigrant and non-immigrant children in the odds of having a disability is significantly larger for cognitive disabilities, compared to sensory/ambulatory disabilities.
- Given the relative visibility of sensory/ambulatory disabilities and stigma associated with cognitive disabilities in other cultures, this last finding points toward the possibility that cultural attitudes and beliefs about disability may contribute to lower disability rates among immigrant children. Additional research is needed.

References:
 1. Young, Natalie A.E. 2021. “Childhood Disability in the United States: 2019.” *American Community Survey Briefs* (ACSBR-006). Washington, DC: U.S. Census Bureau.
 2. Halfon, N., A. Houtrow, K. Larson, and P.W. Newacheck. 2012. “The Changing Landscape of Disability in Childhood.” *The Future of Children* 22(1): 13–42.
 3. Someki, F., M. Torii, P.J. Brooks, T. Koeda and K. Gillespie-Lynch. 2018. “Stigma Associated with Autism among College Students in Japan and the United States: An Online Training Study.” *Research in Developmental Disabilities* 76: 88–98.

Source: 2008–2019 American Community Surveys, 1-year data files.
 The data used are subject to error arising from a variety of sources. For more information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html>
 All comparative statements in this report, unless otherwise noted, are statistically significant at the 95 percent confidence level.
 This poster is released to inform interested parties of ongoing research and to encourage discussion. Any views expressed are those of the author and not necessarily those of the U.S. Census Bureau. The Census Bureau reviewed this data product for unauthorized disclosure of confidential information and has approved the disclosure avoidance practices applied to this release. CBDRB-FY21-POP001-0102.