



RESEARCH BRIEF #45

April 20, 2021

Racial-Ethnic Disparities in Educational Attainment Among Adults with Intellectual Disability

Erin Bisesti

Although federal compulsory schooling laws began in the late 19th century, laws mandating fair and equal access to education for those with disabilities in the United States did not begin until the Education for All Handicapped Children Act was enacted in 1975.¹ In addition, the introduction of the No Child Left Behind Act in 2002 and updated Individuals with Disabilities Education Act in 2004 helped to increase educational attainment among adults with intellectual disability (ID) from an average of 5.3 years in the early 1900s to a peak of 9.7 years in the 1970s and 1980s.² Despite these legislative efforts, individuals with ID have attained lower levels of education compared to those without ID.² Moreover, racial/ethnic disparities in educational attainment have persisted for at least the last decade among both those with and without ID. High school graduation rates remain higher for White compared to Black and Hispanic students.^{3,4}

Because of longstanding racial-ethnic differences in educational attainment in the U.S., racial/ethnic minorities with ID experience compound disadvantage because of the intersection of their disability and racial minority group status. In addition, because important education-related legislation was not enacted until the mid 20th century, recent cohorts have been better able to take advantage of a more accessible education system.

This brief summarizes the findings from our recently published peer-reviewed [study](#)⁵ that examined whether birth cohort trends in educational attainment among adults with ID differed among non-Hispanic Whites (“Whites”), non-Hispanic Blacks (“Blacks”), and Hispanics.

KEY FINDINGS

- Educational attainment among all adults with intellectual disability (ID) has increased but increases have varied by racial-ethnic group.
- The earliest increases in educational attainment among adults with ID were among Whites.
- Across all birth cohorts, Black adults with ID had the lowest probability of attaining a high school degree or more.
- In the most recent birth cohort (1980-1999), Hispanic adults with ID had the highest probability of attaining a high school degree or more.

Educational Attainment among Adults with Intellectual Disability Varies Over Time and by Racial/Ethnic Group

Educational attainment has improved dramatically over time across all racial/ethnic groups in the U.S. Figure 1 presents predicted probabilities of attaining each level of education (none, grades 1-8, high school but no degree, and high school degree or more) by birth cohort among White, Black, and Hispanic adults with intellectual disability. Birth cohorts begin with the 1901-1939 cohort and end with the 1980-1999 cohort.

Among White adults born between 1901 and 1939, 76% had less than a high school degree (the sum of the light blue, dark blue, and yellow color blocks), and 24% had a high school degree or more (represented by the dark orange color block). After the 1950 birth cohort, educational attainment among Whites consistently improved. For the most recent birth cohort, 68% of Whites had a high school degree or more, and 23% had less than a high school degree.

Among Black adults born between 1901 and 1939, 84% had less than a high school degree, and 16% had a high school degree or more. Educational attainment began to consistently improve after the 1960 birth cohort, one cohort later than for Whites. Among the most recent birth cohort (1980-1999), 56% of Black adults had a high school degree or more, and 44% had less than a high school degree. Compared to Whites, Black adults were less likely to attain a high school degree or more.

Among Hispanic adults born between 1901 and 1939, 89% had less than a high school degree, and 11% had a high school degree or more. The largest increase in educational attainment did not occur until after the 1970 birth cohort. Among the most recent birth cohort (1980-1999), 73% had a high school degree or more, and 27% had less than a high school degree. Despite starting with the lowest levels of education, Hispanic adults were ultimately able to catch up to and surpass their White and Black counterparts, in the most recent birth cohort.

Strategies to Achieve Equity

Our findings reveal that although all racial-ethnic groups saw a substantial increase in the probability of attaining a high school degree or more, the timing and amount of education attained varied across racial-ethnic groups. White adults with

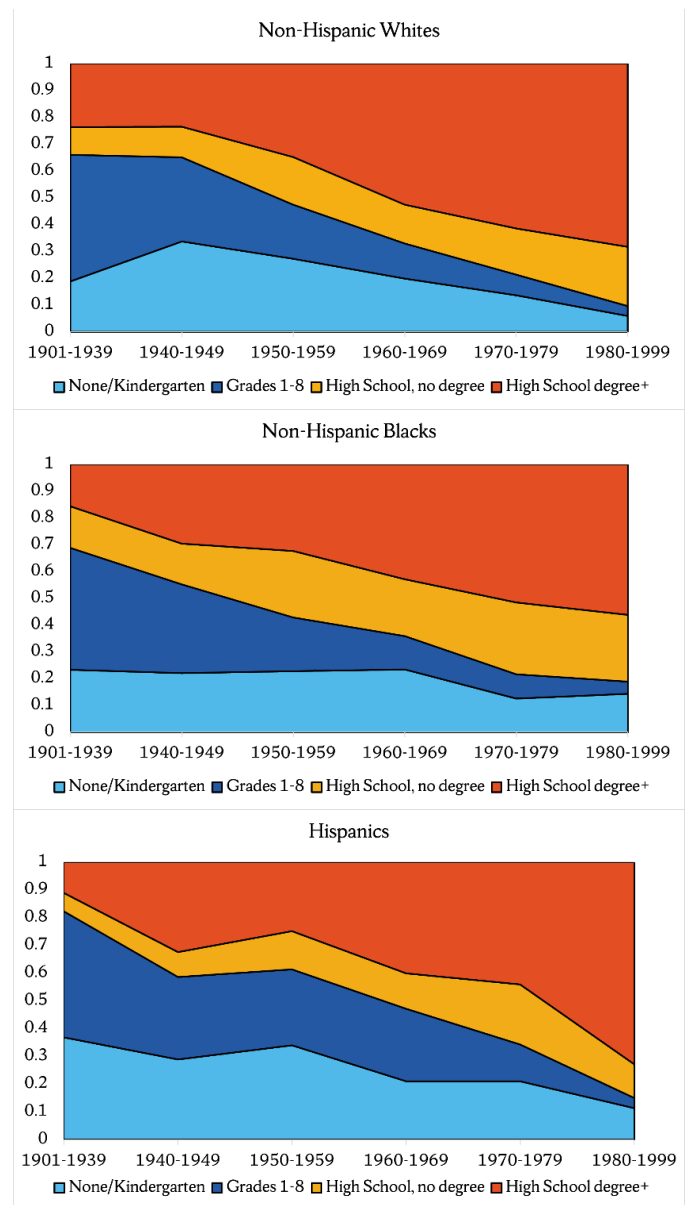


Figure 1: Educational Attainment by Birth Cohort among Non-Hispanic White, Non-Black, and Hispanic Adults with Intellectual Disability
 Data Source: 1986-2017 National Health Interview Survey (N=4,610). Predicted probabilities are from "[Racial-ethnic differences in educational trajectories for individuals with intellectual disability.](#)"

ID experienced marked improvement in educational attainment in 1950, whereas Black and Hispanic adults did not see similar improvements until after the 1960 and 1970 birth cohorts, respectively. Black adults also had the lowest probability of attaining a high school degree or more. This suggests that racial-ethnic minorities with ID in the U.S. face a double jeopardy in educational attainment: not only do they attain lower levels of education compared to Whites, they are also delayed in attainment. The one exception is Hispanics. Hispanic adults with ID were able to surpass their White and Black counterparts by the 1980-1999 cohort.

The delay in attainment among Blacks and Hispanics was likely due to racial segregation and discrimination. The timing of the increases in educational attainment for Black and Hispanic adults coincided with the Civil Rights legislation of the 1960s and 1970s. Policies that aimed to remove institutional barriers to full participation in the education system likely helped increased attainment for these groups. Therefore, identifying the current barriers to full access to higher education and designing policies to address these barriers is imperative to ensuring equal access for all groups.

Education has been identified as a “fundamental cause” of health⁶ because those with more education are able to use the increased economic and social resources that come with education to protect their health and avoid risk of premature death. Just as with adults without ID, educational attainment reduces premature mortality risk among adults with ID.¹ Therefore, efforts to expand educational opportunities and improve employment opportunities post-education are key strategies for continuing to improve the health of this population.

Data and Methods

This study used data from the 1986-2017 National Health Interview Survey (NHIS). It included all adults with intellectual disability aged 24-85 who reported their race-ethnicity, education level, and year of birth (N=4,610). Full methodological details can be found in the published paper.

References

1. Gould, Heller, and Harris. 2012. “Chronology of Critical Events.” In: *Disability Through the Life Course* (eds T. Heller, S.P. Harris and G. Albrecht), pp. 103-26. SAGE:Thousand Oaks, CA.
2. Landes, 2017. “The association between education and mortality for adults with intellectual disability.” *Journal of Health and Social Behavior* 58:70-85.
3. Musu et al. 2019. “Status and Trends in the Education of Racial and Ethnic Groups 2018 (NCES 2019-038).” US Department of Education. Washington, DC:National Center for Education Statistics. Available at: <https://nces.ed.gov/pubsearch/>
4. Pew Research, 2012. “Section 2: Bachelor’s degree completion among young adults.” Available at: <https://www.pewresearch.org/social-trends/2012/11/05/section-2-bachelors-degree-completion-among-young-adults/>
5. Bisesti and Landes 2021. “Racial-ethnic differences in educational trajectories for individuals with intellectual disability.” *Journal of Intellectual Disability* <https://doi.org/10.1111/jir.12830>.
6. Phelan, Link, & Tehranifar. 2010. “Social Conditions as Fundamental Causes of Health Inequalities Theory, Evidence, and Policy Implications.” *Journal of Health and Social Behavior* 51(1):S28-S40.

Acknowledgments

Erin Bisesti is an affiliate of the Center for Aging and Policy Studies, which receives funding from the National Institute on Aging (grant # 1P30AG066583). The author would like to thank Janet Wilmoth and Shannon Monnat for their edits on an earlier version of this brief.

About the Author

Erin Bisesti (embisest@syr.edu) is a PhD student in the Department of Sociology and an Affiliate in the Policy, Place, and Population Health Lab and Center for Aging and Policy Studies in the Maxwell School of Citizenship and Public Affairs at Syracuse University.