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Topical Manuscript

Vocational Rehabilitation Services for Hispanic Individuals With Disabilities: Strengths, Challenges, and Opportunities

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Hispanics represented 18.1% of the United States population in 2017. Several factors, such as language and cultural barriers, lack of access to preventative care, and limited health resources, can impact health among Hispanics (U.S. Department of Human and Health Services Office of Minority Health, 2019). Although employment is central to physical and psychological health and well-being, unemployment rates among people with disabilities still remain lower compared to the general population (Chan et al., 2016; O'Neill et al., 2017). Regarding the unemployment rate among people with disabilities across various racial/ethnic groups, Hispanics had an unemployment rate of 8.6% compared to Blacks (11.8%), Asians (6.7%), and Whites (6.6%) in 2019 (U.S. Bureau of Labor Statistics, 2020). Hispanics with disabilities may face challenges in employment and VR associated with their dual-minority status. This scoping review addresses this population to gain a deeper insight into Hispanics with disabilities' VR experiences to guide vocational rehabilitation practitioners in improving outreach efforts and enhancing VR service provision and quality, to better serve the Hispanic disability community.

Hispanics represented 18.1% of the United States population in 2017. Several factors, such as language and cultural barriers, lack of access to preventative care, and limited health resources, can impact health among Hispanics (U.S. Department of Human and Health Services Office of Minority Health, 2019). According to the 2017 Disability Statistics Report provided by Erickson et al. (2019), the prevalence of disability of people of Hispanic origin was 8.9% compared to people of non-Hispanic origin (13.5%) across all age groups. Some health disparities were observed, where Hispanics experienced higher levels of socioeconomic disadvantage, stress, and health risks than Whites (Boen & Hummer, 2019). Research has also shown that Hispanic employees were more likely to experience a heightened risk of workplace injury that could result in a work-related disability compared to White employees, suggesting systematic disparities in economic opportunities that can lead to increased risk of work-related disability (Seabury et al., 2017). Together, this points to the importance of considering diverse determinants that can influence health and disability in the Hispanic population.

Although employment is central to physical and psychological health and well-being, unemployment rates among people with disabilities still remain lower compared to the general population (Chan et al., 2016; O'Neill et al., 2017). Regarding the unemployment rate among people with disabilities across various racial/ethnic groups, Hispanics had an unemployment rate of 8.6% compared to Blacks (11.8%), Asians (6.7%), and Whites (6.6%) in 2019 (United States Bureau of Labor Statistics, 2020).

In the United States, state-federal vocational rehabilitation (VR) programs play a critical role in helping people with disabilities achieve their employment and rehabilitation goals (Chan et al., 2016). Competitive employment is regarded as the ideal case closure and provides the greatest benefit for a host of rehabilitation outcomes in people with disabilities in the state VR system (O'Neill et al., 2017). Research has demonstrated mixed findings regarding discrepancies of employment and VR experiences across different racial/ethnic groups. On one hand, Chan et al. (2016) discussed that race/ethnicity was not found to be a substantial determinant of employment quality among those receiving services. On the other hand, other researchers have demonstrated that racial/ethnic minorities have different VR experiences than Whites with disabilities (Capella, 2002; Velcoff et al., 2010; Wilson & Senices, 2005). Quinones-Mayo et al. (2000) also highlighted the discrepancies in accessing VR services between White and racial/ethnic minorities can be improved if multicultural issues are addressed by practitioners. Therefore, continued research efforts are warranted to better understand racial/ethnic minorities' VR experiences.

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Hispanics with disabilities may face challenges in employment and VR associated with their dual-minority status. For instance, acculturation and culturally relevant variables (e.g., English proficiency, acculturative stress) have been discussed as factors that can influence employment and VR experiences among Hispanics with disabilities (Velcoff et al., 2010). Since Hispanic clients may experience different environmental, historical, and social forces, vocational rehabilitation practitioners should recognize how these factors can influence their VR service utilization (Quiñones-Mayo et al., 2000). Given that minorities may have different perceptions and experiences with VR service provision and quality, it is important to gain a better understanding of VR services experienced by Hispanics with disabilities. Gaining a deeper insight into Hispanics with disabilities' VR experiences can guide vocational rehabilitation practitioners in improving outreach efforts and enhancing VR service provision and quality, so they can better serve the Hispanic disability community.

Employment in Hispanics with Disabilities

This section discusses employment in Hispanics with disabilities compared to people of other racial/ethnic groups. In addition, the section also discusses Hispanics with disabilities' employment experiences.

Employment in Hispanics with Disabilities Compared to Other Racial/Ethnic Groups

Hispanics with disabilities may face unique challenges in employment given their dual-minority status, acculturation patterns, and environmental and social experiences (Quiñones-Mayo et al., 2000; Velcoff et al., 2010). Martin (2010) tested a structural model for Hispanics, Whites, and Blacks and found that race/ethnicity, gender, educational attainment, and public support were identified as predictors of quality of employment outcomes. Specifically, public support and significant disability had an effect on quality employment outcomes for Blacks and Whites, but not for Hispanics. Regarding gender differences, Hispanic and White females earned lower wages and were less likely to have employer-provided health insurance compared to their male counterparts. Educational attainment had an effect on quality of employment outcomes for all racial/ethnic groups.

Compared to other racial/ethnic groups, Hispanics have a smaller disability employment gap between Hispanics with and without disabilities (Sevak et al., 2015). Sevak et al. explained that the lower employment gap among Hispanics is due to Hispanics having higher employment rates among those with disabilities. This study finding provides some insight into employment gap across different racial/ethnic groups.

Employment Experiences of Hispanics with Disabilities

Some common barriers in obtaining and maintaining employment for Hispanics with disabilities include English proficiency and struggles with educational attainment. Other barriers to employment identified in the literature consist of acculturation patterns, employment opportunities, transportation limitations, and employers' attitudes (Hernandez et al., 2006; Velcoff et al., 2010). For instance, in a mixed-method study, findings demonstrated that Hispanics with disabilities who identified less with the United States cultural domain had more employment difficulties and fewer VR outcomes compared to those who had stronger identification with the United States cultural domain (Velcoff et al., 2010). In other words, Hispanics with disabilities with stronger identification with the Latino cultural domain faced barriers in English proficiency and educational attainment, struggled more to find employment post-disability, and their employment opportunities comprised mainly blue-collar positions. Those identified more with the Latino cultural domain also experienced more acculturative stress associated with their employment and legal status.

In a qualitative study, Hispanics with disabilities reported four major barriers in securing and maintaining employment, including transportation (36%), English ability (24%), lack of education (24%), and negative employer attitudes toward employees with disabilities (24%) (Hernandez et al., 2006). Participants expressed that they had limited transportation options, and the accessibility and reliability of public transportation was unpredictable. English proficiency prevented them from job opportunities, such as completing job applications, interviewing, and performing job functions. Participants also indicated that lack of education reduced their employment opportunities, as some were worried about not having a high school diploma. Finally, participants perceived that employers discriminated against them because of their disability status.

In contrast, research has demonstrated that no discrepancy in employment experience was observed between Hispanics and Whites with disabilities, and that acculturation plays a role in positive employment experiences in Hispanic with disabilities (Rumrill et al., 2021; Velcoff et al., 2010). Rumrill et al. (2021) found that Hispanics with multiple sclerosis (MS) were equally satisfied with their employment situation as Whites with MS. Compared to the matched-comparison group of Whites, Hispanics were more satisfied with their legal rights (e.g., knowledge of their employment rights, rights, disability benefits programs) and personal-environmental resources (e.g., family-oriented culture). Additionally, Hispanics with disabilities with stronger identification with the United States cultural domain expressed more positive employment experience and discussed that English proficiency, bilingualism, and education were important in seeking employment (Velcoff et al., 2010). These findings suggest some factors contributing to positive employment experiences among Hispanics with disabilities.

Vocational Rehabilitation Services in Hispanics with Disabilities

This section discusses VR experiences, VR service patterns, and successful competitive employment outcomes after receiving VR services among Hispanics with disabili-

ties. Additionally, this section provides a literature review of VR services experienced by Hispanics with various disability types.

Vocational Rehabilitation Experiences

Hispanics with disabilities may have different VR experiences and perceptions on VR services than Whites (Velcoff et al., 2010; Wilson & Senices, 2005). In a mixed-method study, those with stronger identification with the United States cultural domain perceived benefits from VR services, whereas those with stronger identification with the Latino cultural domain were less familiar with VR services (Velcoff et al., 2010). In a qualitative study, 64% of Hispanics with disabilities indicated they had previously received VR services (Hernandez et al., 2006). In terms of VR service quality, 52% reported that their VR counselors were unresponsive, 41% reported that the work plans were non-collaborative due to power dynamics, and 21% reported experiencing prejudiced attitudes from VR counselors due to their racial/ethnic background. Conversely, 21% reported they had committed VR counselors who helped them address specific and short-term needs, including transportation, computer, and home modification needs.

Vocational Rehabilitation Service Patterns

Regarding VR service acceptance, compared to non-Hispanic individuals (e.g., African Americans, White Americans, American Indians or Alaskan Natives, Asian or Pacific Islanders), Hispanic individuals had a higher chance of being accepted for VR services in the U.S. VR system (Wilson & Senices, 2005). Furthermore, Hispanics who identified as White had a higher chance of being accepted for VR services and achieving competitive employment than Hispanics who identified as Black (Wilson, 2005).

Several studies have examined differences in specific VR service patterns between Hispanic and non-Hispanic clients with various disabilities, such as spinal cord injuries (SCI), traumatic brain injuries (TBI), and deafness. For Hispanics with SCI, the average time for becoming eligible for VR services was 2.08 months, the average time in VR services was 50.14 months, the average number of services received was 4.52, and the average case expenditure was USD $8,467.20 (Arango-Lasprilla et al., 2011). Conversely, for Whites with SCI, the average time for becoming eligible for VR services was 1.50 months, the average time in VR services was 41.52 months, the average number of services received was 4.13, and the average case expenditure was USD $10,413.14. Hispanics experienced longer time to become eligible for VR services, received more services, had lower case expenditures, and spent more time in the rehabilitation process than Whites. Moreover, Whites were more likely to receive assistive technology and support services, whereas Hispanics were more likely to receive transportation, maintenance, and other basic living services. Overall, there were minimal disparities in VR service provision between Hispanic and White clients with SCI.

Similar to VR service pattern of clients with SCI, there were no overall disparities in VR services between White and Hispanic clients with TBI (da Silva Cardoso et al., 2007). Specifically, no differences were found between White and Hispanic clients with TBI regarding receiving substantial counseling, university training, job search assistance, job placement assistance, and assistive technology services. However, compared to Whites, Hispanics were 1.5 times more likely to receive vocational training, 1.6 times more likely to receive transportation services, and 1.5 times more likely to receive maintenance services. Additionally, although on-the-job services were a significant predictor of successful employment, Hispanics had a 20% reduction in their chances of receiving these services than Whites.

In another study among clients who were deaf and had less than 12 years of education, no differences were observed between Hispanic and non-Hispanic clients in receiving counseling services, but more non-Hispanic (49%) clients received job placement services compared to Hispanics (41%; Moore, 2002). Based on all these findings, there seemed to be no major differences in VR service patterns between Hispanic and non-Hispanic clients with TBI, SCI, or deafness. However, Hispanic clients were more likely to receive basic living and maintenance services, whereas White clients were more likely to receive job support services (Arango-Lasprilla et al., 2011; da Silva Cardoso et al., 2007; Moore, 2002).

Successful Competitive Employment After Receiving Vocational Rehabilitation Services

Research has demonstrated that Hispanics were more likely to achieve competitive employment than Whites after receiving VR services (Capella, 2002; O'Neill et al., 2017). Specifically, Capella found there were no biases in successful closure among different racial/ethnicity groups, and the odds of high-quality closure were 1.77 times higher for Hispanic clients than White clients. However, the results were different for Hispanics with cognitive impairments, where Hispanics with cognitive impairments were more than three times less likely to have competitive employment than non-Hispanics if they had hearing loss (O'Neill et al., 2017).

Growing research has examined employment outcomes across different disabilities, including deafness, hearing loss, SCI, TBI, HIV/AIDS, and substance use disorders between Hispanic and non-Hispanic clients (Arango-Lasprilla et al., 2011; Bradley et al., 2013; da Silva Cardoso et al., 2007; Diallo et al., 2017; Moore, 2002). Based on these study findings, there seemed to be mixed results on employment outcomes associated with Hispanic status. The nature of different disability types could influence employment outcomes among Hispanic clients with disabilities. For instance, non-Hispanic clients were more likely to achieve competitive employment than Hispanic clients among those who were deaf or had TBI (da Silva Cardoso et al., 2007; Moore, 2002). Among clients who were deaf with less than 12 years of education, non-Hispanic clients were two times more likely to achieve successful employment than Hispanic clients (Moore, 2002). In another study, Whites with TBI were 1.27 times more likely to achieve successful employment than Hispanics after receiving services

(da Silva Cardoso et al., 2007). Specifically, 55% of White clients were closed with competitive employment and 45% were closed with unemployment, whereas 49% of Hispanic clients were closed with competitive employment and 51% were closed with unemployment.

Conversely, a few studies found there were no major discrepancies in employment outcomes between Hispanic clients and non-Hispanic clients who had hearing loss or SCI (Arango-Lasprilla et al., 2011; Bradley et al., 2013). For instance, among clients with hearing loss, there were no differences in successful competitive employment outcomes between Hispanic and non-Hispanic individuals who identified as White by race (Bradley et al., 2013). Another study found similar findings where Hispanic status did not impact employment outcomes between Hispanic and White clients with SCI (Arango-Lasprilla et al., 2011). In their study, 59% of Hispanic clients were closed with successful employment and 41% were closed with unemployment, while 54% of White clients were closed with successful employment and 46% were closed with unemployment.

Regardless of race/ethnicity, clients who received VR services were more likely to achieve competitive employment compared to those without VR services in a sample of Hispanic, non-Hispanic White, and non-Hispanic Black clients with HIV/AIDS or substance use disorders. More specifically, Hispanics who received VR counseling services had similar likelihood of employment to non-Hispanic Whites (Diallo et al., 2017). However, the types of VR services clients received could also play a role in employment outcomes. Work disincentives, comprehensive assessment, and diagnostic and treatment services were identified as risk factors against employment in Hispanics (da Silva Cardoso et al., 2007). Conversely, technical assistance services were identified as significant predictor for successful employment in Hispanics, where Hispanics who received technical assistance services were 4.7 times more likely to achieve competitive employment (da Silva Cardoso et al., 2007).

Challenges and Needs within the Hispanic Population

The next section will discuss the challenges represented within the Hispanic population, needs that evolve, and barriers that prevent Hispanics with disabilities from securing gainful employment.

Discrimination

According to the Lopez, Gonzalez-Barrera, and Cuddington (2013), the Hispanic population in 2012 was 53 million, comprising 17% of the U.S. population. Hispanics identify as the nation's largest minority group, but also often face various types of racial discrimination. A study completed by Zhang et al. (2012) found that socio-demographic variables and discrimination showed a strong association in affecting psychological distress in Hispanics. A logistic regression analysis of 803 Hispanics identified widespread discrimination of Latinos in health care and other areas of their lives at significantly higher levels compared to a sample of 902 non-Hispanic Whites. In a 2019 study, where discrimination was identified as a major health consequence for Hispanics in the United States, Findling and colleagues found one in five Latinos (20%) reported experiencing discrimination in clinical encounters, while 17% avoided seeking health care for themselves or family members due to anticipated discrimination. The racial discrimination Hispanics often face presents in a variety of forms, including workplace discrimination, hate crimes, and racial profiling.

Employment Discrimination

In the workplace, although laws are in place to prohibit discrimination based on race, color, or national origin, many Hispanics believe they have experienced discrimination in these settings. This can take the forms of harassment, denied employment or promotion, or unfair hours and/or duties. In a study conducted by Dixon et al. (2002), 22% of Hispanic/Latino workers reported experiencing workplace discrimination, compared to only 6% of Whites. In another study, approximately 33% of Hispanics applying for employment or a promotion reported discrimination, while 31% reported it in housing and 27% in police interactions (Findling et al., 2019). Working in discriminatory conditions such as these can lead to depression, lack of self-confidence, bitterness, and withdrawal from work.

Demographic variables comparing Hispanics to Whites differ in almost all areas, including health insurance coverage, housing, crime, and political participation. These numbers evidence that Hispanics (22%) lacked health insurance at higher numbers than Whites (9%), lived in predominantly Hispanic neighborhoods (44%), and lived in the Western part of the United States (37% compared to 18% of Whites; Findling et al., 2019). Similarly, according to the Centers for Disease Control and Prevention (CDC, 2021), roughly 20% of Hispanics under the age of 65 in the U.S. lack health coverage. Housing discrimination identifies when Hispanics are met with unfair housing such as when a landlord or leasing agency refuses to rent a property to a family because of their race.

Hate Crimes

Looking at disparities in safety, approximately 52% of Hispanics reported experiencing racial discrimination or being treated unfairly because of their race or ethnicity and may be victims of hate crimes (Pew Research Center, 2016). Such crimes may increase based on political sentiments; some may believe a polarized political climate give them passive permission to be violent toward the targeted group. Additionally, individuals may lash out against all minority groups because either they do not know the difference between races or due to racial motivations against anyone of color.

Racial Profiling

Racial profiling can occur when law enforcement suspects a person of committing a crime based on his or her race. Hispanics may be victims of racial profiling and may

not seek out services for fear it may affect their immigration status (Ayón & Becerra, 2013; Rhodes et al., 2015). Those who are legal immigrants may also fear they might jeopardize their chance at citizenship by using social services and could be deported (Ruiz, 2002).

Education

Educational research has increasingly identified institutional barriers to educational success in the Hispanic population. Educational achievement is not necessarily of high importance in Hispanic families and a wide variety of factors, based on racial or disability status, can contribute to lower educational attainment of Hispanics. Often, finding employment to provide family support is a higher priority than education. As well, many Hispanic immigrants work at jobs that do not require high education levels such, as farming and manual labor. This appears to be a big factor for employment if an individual becomes injured and can no longer perform their physically demanding activities. In reference to education, de la Plata (2007) found that only 15% of Hispanics had a college degree compared to 34% of Whites, and were more likely to live in lower income households. In addition, those individuals without Social Security cards were not able to access VR services, leaving many injured immigrants unable to use the system. Other issues that influenced return to-work and serve as potential obstacles to successful vocational rehabilitation completion include: mistrust, transportation problems, discrimination, attitudes and beliefs regarding rehabilitation, lack of insurance, low income, lack of culturally competent service provision, lack of information about where and how to access services and resources available in the community, locus of control, language barriers, low expectations of job placement, technological barriers, and differing concepts of time (Arango-Lasprilla et al., 2011).

Cultural and language barriers, as well as low general literacy levels, can exacerbate the problem of effective communication between patients and the health care system (Smith, 2009); the same can be seen as a barrier to accessing other community and social services. Many times, Spanish-speaking jobseekers are not confident of their English skills and will not access services because they cannot express themselves or are afraid they will not understand suggestions. Although most Latinos speak English well, data indicate that over 18% speak English less than very well, with foreign-born Latinos struggle within this area (Pew Research Center, 2016). Concerning Latinos with disabilities and employment, Hernandez et al. (2006) found that limited English proficiency was an employment barrier when interviewing for positions and performing the essential functions of jobs. Hispanics have reported a lower rate of ongoing care and feeling understood, and a higher rate of difficulty understanding information than their English-speaking Hispanic counterparts. These disparities suggest communication barriers among individuals with limited English proficiency may contribute to healthcare disparities. The study was carried out to determine whether race, ethnicity, and proficiency with the English language influenced access to rehabilitation services, and ultimately outcomes after TBI; the results indicated that higher rates of severe disability were found among Hispanics and Spanish speakers than non-Hispanic Whites and non-Hispanic English speakers (de la Plata et al., 2007).

Stigma and Culture

There is also some disconnect between society and Hispanic cultural beliefs. Although most Hispanics understand the importance of education, other cultural beliefs contribute to a disassociation with obtaining an education. Some will abandon education as it allows for immediate earnings; others feel obligation and responsibility to help take care of the family. Often these two goals are in conflict, and families will choose jobs over education. Individuals with limited English can become wary they are being victimized or stigmatized as a result of their difficulties with language and communication, or worry about interpersonal discomfort and embarrassment that could lead to social isolation, undermine self-worth, and eventually cause negative psychological consequences (Mui et al., 2007). The effects of self-stigma on self-esteem, psychological well-being, and self-efficacy also impact behavioral goals (Corrigan et al., 2006). One consequence of cultural stigma may be reluctance by Latinos to identify as having disabilities. Families often consider disability an embarrassment, a feeling that can stem from the disability itself or from the family's inability to provide for the disabled person.

In a qualitative study, Caplan (2019) identified that most families would deny the existence of depression and mental illness, unless symptoms greatly interfered with daily functioning or were life-threatening. Results of this study indicated stigma toward persons with serious mental illness was pervasive in one's upbringing. Participants were taught to fear people with serious mental illness, as they were perceived to be out of control and dangerous. With the exception of beliefs about suicide, stigmatizing attitudes were predominantly derived from socialization in participants' countries of origins.

Opportunities to Improve VR Services

Successful employment is associated with better health, greater longevity, higher levels of participation and life satisfaction, and better quality of life (Anderson et al., 2002; Vornholt et al., 2018). Improving vocational rehabilitation services for Hispanics would require a focus on changes geared towards the Hispanic population. A rehabilitation system would need to fit the realities of many people from marginalized racial and ethnic Hispanic backgrounds. Solutions would include developing strong models of success to improve employment outcomes for Hispanics with disabilities and language barriers, building strong community and family approaches, and increasing the number of culturally diverse counselors.

Models of Success

Improving VR services for Hispanics would require developing a strong model for agencies, providers, and

schools. This would include making the service system more accessible to Hispanics with disabilities and providing adequate providers who are trained and culturally sensitive to the population. Velcoff et al. (2010) stated that, with the influx of Latino immigrants entering the U.S. and increasing racial and ethnic disparities across a number of life dimensions, it is essential to examine factors that contribute to inequalities. Models could include outreach methods designed to increase community education, participation, and advocacy, and instill trust in the VR system. Furthermore, organizations providing employment and vocational services may benefit from enhancing the cultural competence of their workforce. The VR system is the largest and often the only source of support for re-training and employment assistance for minority individuals with injuries (Arango-Lasprilla et al., 2011). Greater likelihood of severe disability among Spanish speakers may be encountered because they may not get rehabilitation in their language, as 42% of Hispanics preferred speaking Spanish to English (Santana & Santana, 2001). This is in line with previous studies suggesting healthcare services are most effective when provided in the patients' native language. With successful models in place, Hispanics would have confidence and assurance about the services provided to them.

Community and Family

By introducing disability themes into the Hispanic community, communities become familiar and help reduce the stigma and shame associated with disability. Santana and Santana (2001) noted that Mexicans who experience illness show more active coping skills, as well as quicker recoveries and reintegration into their family units than do people with illness from other groups. If professionals incorporate the family throughout the rehabilitation process from inception to completion, then there will be a greater probability of achieving improvement in the condition of the client. For example, having supportive families and community could encourage open communication, which can facilitate disability acceptance. Family bonds can have a positive impact on the emotional and psychological well-being of Hispanics with disabilities. By normalizing disability and openly acknowledging it, communities can build adequate support and provide better understanding and acceptance, thus making it easier for individuals to proactively search for help and receive effective services. Normalizing and non-stigmatizing beliefs would include the understanding that anyone can experience and live with disability.

Culturally Competent Counselors

Cultural proficiency in vocational rehabilitation service delivery is critical to improving the success of Hispanic consumers. Agencies that provide all employees with cultural responsiveness training are better equipped to address challenges that hinder jobseekers' success. Research has shown that the competence of counselors can be improved through courses in cross-cultural counseling, fieldwork, and internships with professionals from diverse groups (Santana & Santana, 2001). Knowledge of one's biases and assumptions, and a willingness to reexamine them, is one component and can be critical to cultivating broader and more effective cultural responsiveness. By increasing quality services and best practices in multicultural counselors, clients will feel recognized and engaged in the rehabilitation process. By expanding training opportunities within organizations, providing specific related trainings, learning Spanish or basic medical and cultural terms in Spanish, and education on Hispanic culture and beliefs are some of the few ways to become culturally diverse.

Conclusion

To summarize, there are many obstacles that impose challenges to Hispanics with disabilities. Among those, limited English, lack of cultural awareness, and stigma and discrimination can account for them. Based on research focused on the Hispanic population and the information collected, a need for education and training would be beneficial within the Hispanic culture. Agencies and providers that work closely with this population could also benefit from additional trainings. Having culturally competent counselors would help consumers feel more inclined to trust the VR system and the services they provide.

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