

Latinos with Disabilities in the United States



Understanding & Addressing Barriers to Employment



The World Institute on Disability



The World Institute on Disability (WID) is a non-profit advocacy, training, technical assistance, and public policy center promoting the civil rights and full societal inclusion of people with disabilities.

WID staff work in four primary areas: employment and asset development; accessible health care; inclusive technology and design; and international disability and development.

Over half the Board of Directors and staff are people with disabilities, whose range of backgrounds and experiences bring a diverse perspective to WID's work to improve public policy and civil rights. They are respected leaders in the disability field as well as in industry, government, and social services, nationally and internationally. Since its founding in 1983 by Ed Roberts, Judy Heumann, and Joan Leon, WID has earned a reputation for groundbreaking research and comprehensive analyses of disability issues.

WID is located in downtown Oakland, California.



Based at WID, Proyecto Visión is the first National Technical Assistance Center established to increase employment opportunities for Latinos with disabilities.

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FOREWORD

There is increasing public awareness about “barriers to equality” that prevent many people with disabilities from securing gainful employment. Unfortunately, much of the information about workplace inclusion and independent living is not reaching many Latinos* with disabilities.

This report provides an overview of the situation of Latinos with disabilities in the United States, particularly in regard to employment and the social service delivery system, and suggests actions to empower Latinos with disabilities to increase their self-sufficiency and improve their participation in society. It is the culmination of two years of literature review and consultation with specialists and groups working with disabled Latino youth and adults. This report was prepared in response to requests from stakeholders at national Latino and disability organizations who sought information about the particular challenges facing Latinos with disabilities as well as strategies and resources that are culturally and linguistically appropriate.

Situational Analysis: Bleak Overall, project staff found an alarming combination of institutional and social factors that contribute to Latinos’ elevated rates of disability, low levels of educational achievement, and insufficient participation in disability and vocational services. These problems are compounded by the slowness of the national and state service and advocacy organizations in adopting culturally competent practices, and the population is further disadvantaged by isolation, by a cultural resistance to “asking for help,” and by a service provision system that is not yet sufficiently responsive.

Lights on the Horizon Despite these obstacles, groups committed to deep and sustainable change are emerging. On local, state and national levels they have begun to organize Latinos around disability issues; to increase networking and outreach between traditional service groups and disability organizations; to provide appropriate, accessible services; to reach out to politicians and elected officials to advocate for disabled Latinos; to utilize the media to increase awareness about disability resources and publicize the growing number of success stories of Latinos with disabilities; and to forge alliances with Latino leaders in business, academia, community organizations, and other spheres of influence.

New Leaders, New Examples In a 2004 address to the United States Hispanic Leadership Institute, Vice Admiral Richard Carmona, M.D., then the U.S. Surgeon General, described how he had risen from being a high school dropout in a poor Latino family in Harlem to become a Presidential appointee charged with reducing racial and ethnic disparities in health.

Carmona explained how, after returning from the Army with various injuries, he informed his family he wanted to become a doctor. Carmona’s uncle responded in rapid-fire Spanish,

* The U.S. Census Bureau uses the terms “Latino” and “Hispanic” interchangeably to refer to people whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or some other Hispanic origin. People of Hispanic origin may be of any race.



U.S. Surgeon General Richard Carmona emphasizes the power of high expectations. He is a model of success for Latinos around the country. Photo: Paul R. Kennedy

“What’s the matter with you?...Our people don’t do those kinds of things.” But Carmona held fast to his aspirations, becoming an honor student in college and earning his medical degree.

Dr. Carmona noted how important it is to work with Latino children to change these attitudes: “We’ve got to get to them when they’re kids, and build a passion inside of them to learn, become leaders, and come back to their communities and change the world. We will always be minorities unless we think beyond everything that holds us down.”

In summary: Strong leadership is needed from within the communities of Latinos with disabilities to demonstrate by example that progress is

possible. It is essential to convince Latino organizations to prioritize the inclusion of people with disabilities, and to influence the disability service structure to become more culturally and linguistically accessible.

MESSAGE FROM THE PROJECT DIRECTOR

As we go to press with this report, discussion about immigration policy and immigrant rights is prominent in public discourse and in the media. We have seen many stories of Latinos marching peacefully for immigrant rights in cities throughout our nation. As a Latina myself, I understand that they are proudly seeking to be recognized as people who count in this country, who came here to work and to contribute to all facets of society. I also understand the courage it takes for them to join those marches, because some come from countries where public demonstrations are strongly discouraged. The majority, especially those who are first generation, are in transition, balancing what they have learned from their culture of origin with all the new messages, expectations and demands of living in the U.S.

This report is the first of its kind—a national overview of the situation of Latinos with disabilities living in the U.S. We summarize the knowledge gained in operating Proyecto Visión—the first national technical assistance center for Latinos with disabilities, and provide information drawn from scores of studies, articles and media reports on this topic.

MULTIFACETED SITUATION

Conflicting cultural values are just one aspect of the multifaceted situation facing U.S.-based Latinos with disabilities. Significant differences exist in how Latino and U.S. cultures regard interdependence versus independence, “private” versus “public” resolution of problems, or the needs and expectations of an individual versus those of the family. In both cultures, disabled individuals face low expectations for their participation in family, economic or community life. As is the case in many cultures, Latinos will often hide a disabled family member, will not ask for help, and will try to rearrange family life so that the disabled member is taken care of—even if it means a wage earner stays home to provide this care. For many of us, this is a matter of pride—that the family can manage its own affairs—and at the same time, of shame or *verguenza* that the disability exists.

Consequently, the U.S. approach to disability—early identification through schools or health programs, and the provision of support through an array of vocational, rehabilitation, independent living and peer counseling services, toward the objective of obtaining or retaining a job—is very foreign to most Latinos. There is often a strong reluctance to seek services, as was exemplified in 2005 in a tragic incident in Washington, D.C., where a Latino family was torn apart when a mentally ill father tried to kill his 16 year old cognitively-disabled son. The media asked the mother why the family had not requested services for disabled family members; she answered that: “It is just our way not to burden others with our problems.”



Kathy Martinez,
executive director of
the World Institute on
Disability and director
of Proyecto Visión.

LOCKED OUT OF OPPORTUNITY

A cultural tendency to “take care of one’s own problems” can be obstacle enough; but when you add stereotypes and low expectations, many opportunities can be closed off. As a blind Latina who benefited from California’s earliest mainstreaming programs, I am very familiar with many of these nuances and complications. Not until I read Peggy McIntosh’s papers on white privilege, especially “White Privilege: Unpacking the Invisible Knapsack,” did I understand that the dominant culture had so many unacknowledged advantages. I also learned about what activist Jeanne Guana calls “internalized racism,” meaning that members of minority groups absorb all of society’s signals that they are second-class citizens.

For example, I never questioned why the White disabled kids were placed in offices for their first jobs while I was sent to work in a lock factory, surrounded by dangerous machinery. Why was my placement so different? I believe it was because my counselor reflected the assumptions and low expectations of the majority culture: as a Latina, my future was most likely working with my hands in unsafe or unhealthy conditions and, as a blind person, the number of occupations open to me were few. Low expectations are something we confront everyday. On almost every flight I take to attend a meeting or give a speech, someone is sure to ask me if I am going to visit my family. It never occurs to them that, like a lot of other people on that plane, I have an executive job that requires travel. Similarly, one of my disabled Latino friends who attended an Ivy League university said that in every class he had to prove two things: first, that he would not be a burden because he was Latino and, second, that he would not be a burden because he was disabled.

I was one of the lucky ones: my family expected me to do well in the world, including school and work. They had achieved a balance between both cultures—being open to accessing services and resources, while maintaining high expectations of me, and preserving our interdependence and the centrality of the family. As a result, I recognized and was prepared to take advantage of more opportunities.

PROJECT IDENTIFIES NEXT PRIORITIES

Our experiences with Proyecto Visión have confirmed what my personal story has suggested: we need a greater understanding of the role of culture in the lives of people with disabilities. We have to reach disabled Latinos with accurate messages about what is possible; we need to expose Latinos to more mentors and role models on various life paths, inside and outside of the disability community; we have to show Latino families what the alternatives are and how to find and obtain services; we have to work harder with the disability and rehabilitation service providers to extend culturally competent outreach; we have to convince Latino organizations and businesses that we are also part of the Latino community and should be included in their struggles and achievements; and overall, we have to build more and better bridges to connect Latinos with disabilities with the world of work.

Our message is a first class one: equality, opportunity and responsibility.

Kathy Martinez
Executive Director
World Institute on Disability

ABOUT PROYECTO VISIÓN

For most people in the United States, the ability to secure and retain gainful employment is an essential part of an independent life leading to self-sufficiency and full societal participation. Multiple social, cultural, political, and economic barriers make securing employment a challenge for Latinos with disabilities. Although a variety of employment and independent living programs exist to support people with disabilities in the United States, Latinos are not participating in them, or experiencing success, at the same rates as other groups.

The staff of Proyecto Visión, the nation's only national technical assistance center for Latinos with disabilities, is working to improve employment outcomes and increase self-sufficiency for Latinos with disabilities. Proyecto Visión has developed an infrastructure to help diminish the employment disparities faced by disabled Latinos. The project staff works to bridge the culture/language gap that precludes many Latinos from effectively using the disability service delivery system, and has launched culturally appropriate initiatives to respond to the population's particular needs.

Proyecto Visión offers:

- A technical assistance hotline, providing job seekers with toll-free access to a bilingual and bicultural job specialist for information and referral.
- A website, electronic newsletter, and listserv, providing online sources of news, resources, scholarship/internship/employment opportunities, and success stories about Latinos with disabilities.



Proyecto Visión staff conduct outreach at a disability pride event in Chicago, Illinois.

- “Bridges to Employment,” an annual conference and training that brings together employers, service providers and jobseekers to network and exchange ideas on best practices.
- Regional trainings for groups such as recruiters at large companies, Latino and disability service providers, and disabled student associations, among others. Trainings address a wide range of topics including disability awareness and cultural competency.

Proyecto Visión is based at the World Institute on Disability in Oakland, California. Project activities are carried out in conjunction with the following

partners: Access Living in Chicago, Illinois; Best Buddies Jobs in Miami, Florida; the Central Coast Center for Independent Living in Salinas, California; Harlem Independent Living Center, Harlem, New York; Independent Living Research Utilization in Houston, Texas; Public Health Institute in Oakland, California; Rehabilitation International in New York, NY, and the Westside Center for Independent Living in Los Angeles, California.

Since the project's inception, the Proyecto Visión staff has provided services to thousands of individuals. The project serves:

- **Latino jobseekers with disabilities** with education, employment preparation, job development, job placement, skills acquisition, information and referral to vocational rehabilitation, independent living centers and other service providers;
- **Employer representatives** (chief diversity officers and human resource executives) with training regarding recruiting, hiring, training and retaining employees with disabilities, and accommodations and disability etiquette in the workplace;
- **Social service providers** with training on how to provide culturally competent services and how to include Latinos with disabilities in their constituencies.

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EXECUTIVE SUMMARY

This report characterizes the population of Latinos with disabilities in the United States, examines the challenges they face in securing employment, highlights exemplary research and vocational projects, and makes recommendations on how to improve employment outcomes for Latinos with disabilities.

DESCRIBING A POPULATION

Latinos are the fastest growing ethnic group in the United States. Demographic information shows that compared to other groups, Latinos have lower levels of educational attainment and higher dropout rates. They are more likely to live near or below poverty level and are over-represented in dangerous manual and service occupations. Disproportionately affected by health concerns including HIV/AIDS, obesity and diabetes, Latinos' health issues often go unchecked because they have less access to medical insurance and health care. Unabated health concerns, vocational injury and disability caused by violence all contribute to Latinos acquiring disabilities at elevated rates.

THE EFFECTS OF DIFFERENCE

In the United States, Latinos with disabilities are not participating in vocational rehabilitation programs at levels proportionate to their representation in the population overall. Scholars have attributed this to a number of factors including differing attitudes and beliefs about concepts such as "disability," "independence" and "success." Researchers also have explained disabled Latinos' lower levels of successful vocational outcomes by pointing to a rehabilitation system that does not fit the realities of many people from marginalized racial and ethnic backgrounds. Language differences are a source of embarrassment for some people, acting as a disincentive to participate, while others are afraid they will compromise their legal status if they apply for government services. Immigrants are often unaccustomed to advocating for their rights and may not be comfortable with the aggressive navigation required to gain access to opportunities for education and employment.

MODELS OF SUCCESS

Innovative research and employment projects have emerged in response to the growing need for services for disabled people from a variety of cultural/ethnic groups. Several of these initiatives are outlined in this paper, including the Center for Capacity Building on Minorities with Disabilities Research, part of a participatory action study at the University of Illinois at Chicago to develop recommendations to improve vocational rehabilitation outcomes for people with disabilities from diverse backgrounds. In Los Angeles, the Westside Center for Independent

Living operates two successful job placement programs that specialize in outreach to the Latino community, especially to disabled people who are monolingual Spanish speakers or have limited English skills. These projects are models for job developers across the country.

FOCUS ON SOLUTIONS

As staff members of Proyecto Visión—the only national technical assistance center on employment issues for Latinos with disabilities—the authors of this report have five years of experience working with jobseekers, employers, service providers and emerging disabled Latino leaders to bridge communities in support of opportunities for disabled Latinos. Four straightforward recommendations are presented for improving employment outcomes for Latinos with disabilities:

1) Improve Vocational Rehabilitation Services for Latinos

This includes encouraging multiple interpretations of independent living and definitions of success; making the service system more accessible to disabled Latino jobseekers by hiring bilingual/bicultural job developers who serve as peer role models; providing training in cultural responsiveness to all service providers; and reducing processes that might act as disincentives.

2) Re-envision the Disability Community's Approach to Latinos

This calls for disability agencies to emulate outreach methods successful among Latinos to increase impact in the community; augment public education materials to make them more culturally and linguistically palatable; and bring more Latinos with disabilities into leadership positions within the disability movement.

3) Build the Latino Community's Capacity for Including People with Disabilities

By introducing disability themes into the Latino community, they become more familiar and help to reduce the stigma and shame associated with disability. This means educating Latino community leaders on disability issues and continuing to build networks and understanding between vocational rehabilitation job developers and Latino employers.

4) Increase Disabled Latino Representation in Leadership Positions Overall

Disabled Latino leaders who are visible in the private sector, government, etc., serve as role models and mentors, encouraging young disabled Latinos to succeed. Disabled Latino leaders are needed outside the disability movement, especially as legislators, public policy advocates and in other positions where they can influence employment policy.

LATINOS WITH DISABILITIES AND EMPLOYMENT IN THE UNITED STATES

LATINOS IN THE UNITED STATES: WHO THEY ARE

Population

Latinos are a rapidly growing population. Census 2000 counted 35.3 million Latinos in the United States, comprising 12.5 percent of the total population. This represents a 61 percent increase in the Latino population since 1990. During the same period the total population of the United States grew by 13 percent (U.S. Census Bureau, 2004, *We the People*).

In June 2005, a Census Bureau news release estimated the Latino population in the United States had reached 41.3 million. Projections indicate that by 2050 there will be 125 million Latinos in the United States—almost 25 percent of the country's total population.

Among Latinos, Mexicans are the largest group, with 20.9 million (or 59 percent of Latinos). Individuals who described themselves as “Other Hispanic” (5.5 million or 16 percent of Latinos) and Puerto Ricans (3.4 million or 9.7 percent of Latinos) are second and third respectively (U.S. Census Bureau, 2004, *We the People*).

There are several indicators that the Latino population is largely young and immigrant. In 2000, the median age for Latinos was 26.0 years, compared with 35.4 years for the total population. In the same year it was determined that 40 percent of Latinos were foreign born. Approximately 7 out of every 10 Latinos residing in the United States were either native or naturalized citizens, compared to 9 out of every 10 people in the total population (U.S. Census Bureau, 2004, *We the People*).

Language

Latinos in the United States are a diverse group made up of people with varying levels of proficiency in English and Spanish. Naturally, new immigrants have different experiences with language than do Latinos who were born and/or raised in the United States. While many Latinos are bilingual, more than 75 percent speak Spanish at home (U.S. Census Bureau, 2004, *We the People*). In 2000, there were 28 million people who spoke Spanish at home, approximately half of those responded that they spoke English less than “very well.” That made Spanish, following English, the language most frequently spoken at home in the United States (U.S. Census Bureau Reports, 2003, *Language Use and English-Speaking Ability*).

Early Education

Latinos lag behind other groups in education. Enrollment rates of Latino children in pre-primary school, for example, illustrate this trend. In 1980, 43.3 percent of Latino children were enrolled in preprimary school, compared to 52.7 percent of non-Hispanic White children. In

2003, the percentage of Latino children enrolled in pre-primary school had increased to 54.2 percent, compared to 65.8 percent of non-Hispanic White children (U.S. Census Bureau, Statistical Abstract 2006, Table 223). Although overall enrollment has increased, the gap between Latinos and children in other groups has remained static. These statistics may reflect both cultural and socioeconomic factors, such as how “independence” and “interdependence” in young children are differently valued across cultures, or whether the availability of extended family members to care for young children results in later school enrollment.

Lower preprimary enrollment rates for Latino children may be one reason young Latino children have fewer school readiness skills. (The U.S. Census Bureau includes recognizing all letters, counting to 20 or higher, writing name, reading or pretending to read storybooks as “school readiness skills.”) In 1993, 22 percent of Latino children aged 3-5 years who were not yet in kindergarten had 3-4 such skills, compared to 35 percent of all children. In 2001, the percentage of Latino children who had 3-4 skills remained the same while the overall percentage increased to 39 (Census Abstract 2006, Table 224).

In their article about the effects of ethnic and racial gaps in school readiness, Magnuson and Waldfogel estimate that if all children from low-income families were enrolled in high-quality pre-primary programs, it would help narrow the Latino-White school readiness gap by as much as 36 percent (169).



Young Latino children have lower than average preprimary enrollment rates and fewer school readiness skills.

High School and Beyond

Unfortunately, Latinos also have elevated dropout rates and lower levels of educational attainment in high school and post-secondary education. A recent report on “Two-Year Hispanic-Serving Colleges” identified a number of impediments to college participation for low-income and first-generation students, as well as students of color, noting that “frequently cited barriers include lack of information for students about college opportunities, high costs of higher education, college admissions and placement test requirements, insufficient counseling and advisement in both high school and college, and course-taking patterns that include noncredit developmental/remedial courses” (Turner, Lising Antonio, Garcia, Vigil Laden, Nora & Presley, 2002, 51). U.S. Census Bureau reports *School Enrollment: 2000* and *Educational Attainment: 2000*, both released in August 2003, further illustrate these gaps with the following statistics:

- Among people aged 16 to 19 in 2000, 9.8 percent were high school dropouts. Latinos in this age group had the highest dropout level of all groups, 21.1 percent.
- In 2000, 52 percent of the Latino population aged 25 and over had at least a high school diploma, compared to 80.4 percent of the entire population.

- In the same year, 10.4 percent of Latinos had a bachelor's degree or higher, compared to 24.4 percent overall.
- 3.8 percent of Latinos aged 25 and over had completed an advanced degree, compared to 8.9 percent overall.

There is growing recognition of the devastating impact of low expectations on intellectual identity and performance, and a more concerted effort to provide culturally and linguistically appropriate curricula and support services. Educational research increasingly identifies structural and institutional barriers to educational success. Scholars cite a wide variety of factors, based on racial or disability status, that contribute to lower educational attainment of Latino youth, including:

- Systemic bias and disproportional opportunities (Gadsen, 2001; Hale, 2001; Watkins, Lewis and Chou, 2001);
- Geographic location, school size, and the impact of specific disabilities on educational practices (Meyer & Patton, 2001);
- Inadequate and inappropriate referral, assessment, and evaluation procedures in special education placement (Artiles and Trent, 1994; Patton 1998); and
- Culturally biased tests and stereotypical attitudes about culturally diverse learners (Beuboeuf-Lafontant, 1999; Hillard 2000; Samuda 1998).

According to "Racial Inequity in Special Education," a study edited by Daniel J. Losen and Gary Orfield, Latinos are generally under-identified in cognitive disability categories, which raises the question of whether their needs are being considered. However, when identified they are far more likely to be removed from a general education program and placed in a separate setting.

Despite these disheartening statistics, there have been some positive changes. For example, in 2000, 4.3 percent of the total number of doctorates conferred were awarded to Latinos. In 2003, that percentage increased to 5.1 (Census Abstract 2006, Table 783). Evidence also shows that Latino adults are participating in education other than higher education programs specifically

Fernando Botelho
International Development Consultant,
New York City

When Fernando Botelho came to the United States from Brazil in 1989 to go to college, he had already lost most of his eyesight. His parents were hesitant to let him move to a foreign country on his own, but he is glad they respected his decision to take a risk. In the U.S., Fernando had access to technology that allowed him to excel in his studies and surge to the top of his class at Georgetown University. Now, he has made a successful career for himself in the U.S. as an international development consultant with the International Trade Center, a division of the United Nations. Fernando contributes to a research initiative in Latin America on employment and disability, a project he enjoys very much, and is proud to that he has been able to recruit disabled employees. One of the individuals he hired is deaf. Fernando comments, "He is deaf and I am blind. How do you work in that situation? Well, with the help of technology, creativity, and good will, we make it work."



leading to a credential. In 2001, 42 percent of Latinos aged 17 and over were participating in an adult educational activity (U.S. Census Bureau, Statistical Abstract 2004-2005, Table 288).

Computers and Internet Usage

Research indicates that the digital divide is narrowing for all minority groups. A *New York Times* article by Michel Marriott reported on a Pew survey of computer use by people 18 and older completed in February 2006. The survey found that 80 percent of English-speaking Latinos, 74 percent of Whites, and 61 percent of African-Americans use the Internet. A similar survey in 1998 found use by 40 percent, 42 percent, and 23 percent respectively. This study shows immense gains by both the Latino and African-American groups; however, it is important to note that “the survey did not look at non-English-speaking Latinos, who some experts believe are not gaining access to the Internet in large numbers.”

The numbers of Latino children using computers and the Internet are also encouraging. At school, nearly 80 percent of Latino children and adolescents are using computers. At home, the number of Latino children using computers is lower than for other groups but still is more than 48 percent (Census Abstract 2006, Table 247).

Economic Status

While Latino purchasing power is on the rise and, in fact, is outpacing all other groups (Humphreys 62: 6), Latinos are not participating in the “ownership society” as much as individuals from other groups. Indicators such as salary levels, homeownership, and asset development demonstrate this.



**Marcos Quiñones
Farm Worker,
California**

Marcos Quiñones works alongside his family members harvesting onions and potatoes in California’s Central Valley. Marcos, who is hard of hearing, received Spanish-language services from staff at the Cal AgrAbility Project. They helped Marcos obtain a special moisture-resistant hearing aid that has allowed him to continue contributing to his family’s wellbeing.

In 2003, the median income of Latino families was \$34,272, considerably lower than the median income of all families that year (\$52,680) (Census Abstract 2006, Table 678). The median earnings of full-time, year-round Latino workers also was lower than median earnings of all workers in 1999 (Census Bureau Report, 2003 August, *Employment Status: 2000*). Although Latina women lag behind both Latino men and women of other groups in labor force participation and in annual income, they make substantial contributions to the economic well-being of their households. “According to Census data, in 2003, median incomes of married couple Hispanic families were 85 percent higher when the wife was in the paid labor force” (Elliot 2005, 1-2).

Poverty Rates

Latinos also have a higher poverty rate, 22.6 percent, than the national average of 12.4 percent (Census Bureau Report, 2003 May, *Poverty: 1999*). Some of those most affected by poverty are children, adolescents and elderly people. Among the African-American and Latino population in 2002, more than half of those under 18 years of age, as well as half of those aged 65 and over, lived near or below the poverty level (National Center for Health Statistics [NCHS], 2004, p. 7).

In 2000, Latinos were more likely than all other people who lived in houses to rent rather than own their house. Fifty-four percent of Latinos lived in renter-occupied units compared with 34 percent of all households (U.S. Census Bureau, 2004, *We the People*). The same year, the household median net worth for a non-Hispanic White householder was \$79,400, while for Latino householders it was \$9,750 (Census Bureau Report, 2003 May, *Net Worth and Asset Ownership of Households: 1998 and 2000*).

Language differences, legal status, discrimination, and a lack of culturally competent financial education and outreach are often cited to explain the gap. Remittances also are suggested, in some articles, as part of the reason Latinos' net worth is disproportionately less than others. Sending money to relatives in Latinos' countries of origin limits disposable income that could otherwise be saved to build net worth (Busch, 2005, 6-7).

Employment

Today, one of every three new workers is Latino; it is projected that by 2025, one of every two will be Latino (Arciniega, 2005). In many ways, occupational trends among this growing population are similar to those of other groups. For example, statistics indicate Latinos participate in the civilian labor force at a slightly higher rate than other groups: in 2004, 68.6 percent of Latinos 16 years old and over participated compared to 66.0 percent of the total population.

The rate of unemployment among Latinos is also similar to rates among other groups. In 2004, 7.0 percent of Latinos were unemployed (compared to 5.5 percent of the total population), down from 10.1 percent in 1980. These numbers mirror the ebb and flow of the overall unemployment rate over time (Census Abstract 2006, Table 610).

Although Latino-owned businesses account for only 1.6 million of the 23 million individually



Access to technology can increase opportunity and independence for people with disabilities. Some studies have shown that the digital divide is narrowing for Latinos and other disadvantaged groups.

owned businesses across the country, a March 2006 U.S. Census Bureau report states that Latinos are founding new businesses at three times the national rate (U.S. Census Bureau, 2003 May, *Survey of Business Owners—Hispanic-Owned Firms: 2002*). In addition, the numbers and amounts of loans the Small Business Administration awards to Latinos to start businesses have been increasing since 1990. In 2003, more than 6,000 loans totaling \$941,000,000 were awarded (Census Abstract 2004-2005, Table 736).

Occupational Representation

Compared to other groups, Latinos are over-represented among service workers and manual laborers and are underrepresented in management and professional occupations. In 2000, 26 percent of Latino men 16 years and over worked in production, transportation, and material moving occupations, compared with 20 percent of all men in the country (U.S. Census Bureau, 2004, *We the People*). The percentages of Latino men employed in construction, extraction, maintenance, and service industries exceeded the percentages for workers of any other stated ethnic background (Census Bureau Report, 2003 August, *Occupations: 2000*).

This correlates to Latino overrepresentation in low-wage jobs: some 40 percent of Latinos have low-wage jobs compared to 20 percent of non-Hispanic White workers (Fairness Initiative on Low-Wage Work).

Brain Injuries Take a Lasting Toll on Troops

Lance Cpl. Sam Reyes, 22, survived three brutal attacks in Iraq. An in-depth feature by Associated Press reporter Jordan Robertson described how Reyes received severe burns, broken ribs and took a gunshot wound in the back, but his lasting impairment is a traumatic brain injury, "when an explosion sent a powerful shock wave through his brain tissue, bursting blood vessels and smacking his brain against the inside of his skull."

Dr. Harriet Zeiner, lead neuropsychologist for the polytrauma unit at the Veterans Hospital in Palo Alto, California, said, "Your brain is not meant to handle that energy blast going through it." Estimates are that at least 1000 people have been treated for symptoms of traumatic brain injury (received in this war), including slowed thinking, severe memory

loss and coordination and impulse control problems. This injury has become so commonplace that special brain injury centers are being set up at Veterans hospitals.

Dr. Rohit Das, a Boston Medical Center neurologist who treats injured troops, said, "The most devastating effects of TBI — depression, agitation and social withdrawal — are difficult to treat with medications.

The AP article also points out that some doctors fear there are many more injured soldiers with undetected brain injuries because battlefield medics and military supervisors often miss the signs, and injured troops do not want to discuss their difficulties for fear of being sent home.

U.S. Military Targets Latino Communities

Due to intensive recruitment efforts concentrated in Latino communities across the nation, enlistment has risen from 10.4% of new recruits to 13% in 2004. For example, during Hispanic Heritage month, the Army highlights Hispanic soldiers in ad campaigns and sponsors Congressional Medal of Honor tours of high schools (Lovato).

Statistics gathered by the Department of Defense state, "Latinos made up 17.7% of the 'Infantry, Gun Crews and Seamanship'

occupations in all the service branches; in the Army 24.7% occupy such jobs, and in the Marine Corps, 19.7% (vs. 13.5% of the general population)...in other words, Latinos are overrepresented in positions directly related to combat" (Mariscal).

Writer Diego Cevallos reports that statistics gathered by the Aztec Warrior Project show that almost 15% of the casualties are now people of Latin heritage or descent.

At the same time, a mere 18.1 percent of Latinos were employed in management, professional, and related occupations, while the percentage of non-Hispanic Whites in the same occupational groups was more than twice that figure (36.6 percent). In fact, Latinos had the lowest representation of all of the major racial/ethnic groups included in this category.

An encouraging indicator in farming statistics is that while the number of Latino hired farm workers continues to rise, so does the number of Latino farm operators in the United States. In 1997, 33,000 principal farm operators were Latino. In 2002, that number jumped to 51,000 (Census Abstract 2006, Table 796). The U.S. Census Bureau defines a "principal operator" as the person primarily responsible for the on-site, day-to-day operations of the farm or ranch business. This may indicate an increasing capability of farm workers to be promoted out of manual labor to management on the farm.

Health

Key social and institutional factors contribute to disparities between Latinos and other groups in areas such as quality of health, access to health care, risk factors, and morbidity. *Health, United States, 2004*—a report about the health status of the nation produced for the President and Congress by the the Department of Health and Human Services' National Center for Health Statistics—identifies many of these factors and describes health trends among racial and ethnic groups. The report notes that "large differences in health status by race and Hispanic origin...may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination, and access to health care. Socioeconomic and cultural differences among racial and ethnic groups in the United States will likely continue to influence patterns of disease, disability, and health care use in the future."

Specific Health Issues: HIV/AIDS, Obesity and Diabetes

Some of the health issues affecting Latinos in the United States in high numbers include HIV/AIDS, obesity and diabetes.

Data shows Latinos acquiring Acquired Immunodeficiency Syndrome (AIDS) faster than all groups except for African Americans. In 2003, there were more than 80,000 Latinos in the United States living with AIDS (Kates & Carbaugh, 2006). They accounted for 20 percent of new cases, although they constituted only 14 percent of the population. Latino males are contracting AIDS more than three times as often as women (37.2 cases vs. 11.3 cases per 100,000 population) (NCHS, 2004, Table 52).

Centers for Disease Control data indicates that Latinos may be more likely to be tested late in their illness, more likely to report postponing medical care, and less likely to be insured (Kates and Leggoe 1-2). These factors increase the likelihood of acquiring impairments as a result of having HIV/AIDS.

There also is a prevalence of being overweight or obese among U.S. Latinos. One report concludes that 65 percent of Latinos 18 years and over are above a healthy weight. Of these, 39.8 percent are overweight and 25.2 percent are obese (Census Abstract 2006, Table 197).

Reggie Martinez **Schoolbus Driver, Los Angeles**

At the age of 20, Reggie enlisted in the Army to serve in the Vietnam War. Upon his return to the U.S., Reggie worked as a commercial truck driver but, after 14 years in this vocation, he suffered an on-the-job leg injury that required him to take time off work. Diabetes-related complications slowed his recovery and, when Reggie was again able to work, the company said they no longer had a job for him. The Veterans Affairs office connected Reggie to Vocational Rehabilitation (VR), where he got assistance with communication skills and learned basic computer skills. Reggie has a learning disability that makes it difficult for him to communicate. "Sometimes I feel discriminated against when I do not use the right words," he says, "but the computer helps me." The VR counselor told Reggie about Proyecto Visión. With the help of the Proyecto Visión job specialist, Reggie landed a full-time position as a school bus driver with Goodwill Industries and secured a grant to buy a personal computer. "Now it is easy for me to look for jobs online. By owning a computer I am able to do my research at home. The more I work on the computer, the more I learn," says Reggie.

According to *Health, United States, 2004*, "Diabetes, which is associated with obesity, rises sharply with age and is more common among...Mexican persons." In 1999–2000, data shows that in the United States 12 percent of Mexican people 20 years of age and over had diabetes, compared to 8.6 percent of the total population (NCHS, 2004, Table 55). A January 2006 series of articles in the *New York Times* stated that Latinos are developing diabetes in disproportionate numbers—close to twice as often as non-Hispanic Whites. In these articles, experts characterize the phenomenon as an "epidemic" that is alarming health officials and may come to overwhelm the public health system (Kleinfield).

Medical Insurance Coverage

According to Aetna U.S. Healthcare, Latinos have the highest uninsured rates in the U.S. (Garcia de Posada). Unequal access and use of healthcare and medical treatment exacerbates differences in health status. Consider the following statistics:

- 32.7 percent of people of Hispanic origin were not covered by health insurance, compared to 15.6 percent overall (Census Abstract 2006, Table 142).
- According to the 2005 National Council of La Raza Statistical Brief, “Latina workers are the least likely of all women workers to have employer-provided group health insurance, even when accounting for important factors such as size of employer” (Elliot, 2005, 1).
- In 2001–2002, 24 percent of Hispanic or Latino youth ages 6–17 had no health care visits to an office or clinic, compared to 14.8 for all children (NCHS, 2004, Table 74).
- In 2002, Hispanic persons were more likely than other groups to have had no health care visits within the past 12 months (25.7 percent compared with 15.9 percent) (NCHS, 2004, Table 71).
- In 1999–2000, Mexican adults age 65 and over were less likely to report taking a prescription drug in the past month than non-Hispanic White or non-Hispanic Black adults (69 percent compared with 85-87 percent) (NCHS, 2004, Table 86).
- Only 33 percent of Latinos with chronic conditions have coverage for prescription drugs (Labor Council for Latin American Advancement, 2006).

Emiliano Burgois-Chacon Poet and Performer, San Francisco

Emiliano Burgois-Chacon is a renowned teen slam poet who incorporates his experience with the intersection of Latino culture and disability through spoken word poetry.

He performed at the World Institute on Disability’s 2004 Ever Widening Circle performing arts event.



LATINOS WITH DISABILITIES IN THE UNITED STATES

Census 2000 counted 49.7 million people in the United States (of all racial/ethnic groups) with some type of long lasting condition or disability. This represents 19.3 percent of the total population aged 5 and older.

As a subset of Latinos and people with disabilities living in the U.S., disabled Latinos often have less income and education, poorer health, fewer jobs and less access to service networks than their disabled or ethnic peers. This can be seen throughout the lifecycle—as examples, the Latino teen with a disability who drops out of high school, the injured worker without adequate health insurance or access to rehabilitation, or the aging person whose diabetes, high blood pressure and other health concerns go unabated.

Joe Sanchez Staff Support, Texas

In 1996, Joe Sanchez acquired a spinal cord injury after being shot with a gun. In his hometown of Sugarland, Texas, Joe is surrounded by family—his parents and children are responsive to his needs. Joe has worked at Flanders Airseal, an air filtration manufacturing company, for more than 20 years, working as a computer aid drafter, sales assistant, and in engineering support. Both before and after his accident, Joe's employer has always made sure he has the tools he requires to do his job. When he was first injured, company managers made sure Joe had adequate parking, ramping, and access to the building. Joe says, "Flanders Airseal has been very accommodating to my disability," and credits his job for his continued success. "My job is great because it is rehab for me. It takes my mind off of my disability and allows me time to concentrate on other things." Joe continues, "After becoming injured, self-esteem was my biggest obstacle. Being an independent person before my injury and losing some of that after I was injured was very difficult. My job has made the difference."

In 1997, Smart and Smart identified five reasons for increased rates of disability among ethnic minorities: low income and poverty, employment in physically dangerous jobs, lack of health insurance coverage, low educational attainment and faulty and inaccurate testing and assessment.

Prevalence of Disability Among U.S. Latinos

Compared to the national average across all racial groups, non-Hispanic Whites had a lower overall disability rate (18.3 percent), despite the fact that their median age was higher than that of other racial groups. Within the Latino population, the overall disability rate was slightly higher than average, 20.9 percent (Census Bureau Report, 2003 March, *Disability Status: 2000*). However, the prevalence of disability among working age (16-64 years) Latinos is much higher than for other racial groups. Data re-

leased in the 2000 census shows that 24 percent of working age Latinos had a disability compared to 16.2 percent of working age non-Hispanic Whites and 18.6 percent for all groups (U.S. Department of Health & Human Services, 2006, Table 2). Of Latinos 65 years and over, 48.5 percent have a disability (Census Abstract 2004-2005, Table 41).

According to the executive summary of *Health, United States, 2004*, "Disparities in access to health care, risk factors, and morbidity persist among persons under 65 years of age of Hispanic origin." The lack of health care coverage among Latinos in the United States means that fewer Latinos are getting medical attention and treatment for conditions and illnesses, a factor that contributes to the development of disability.

Risk Factors

Violence

Latinos are disproportionately likely to become injured or disabled through violence. The Coalition Against Gun Violence states: "In 1997 the total firearms injury (both fatal and nonfatal) for Latinos was nearly three times higher than the rate for Whites... Many Latino youth live

in chronically violent communities, with high levels of exposure to crime, violence, poverty and poor access to health/mental health care.”

Work Injuries & Fatalities

Occupational injury also contributes to higher rates of disability among Latinos in the United States. Manual labor presents a higher risk of injury and permanent disability due to rigorous physical tasks and/or contact with heavy machinery or chemicals. Both injury rates and fatalities on the job are higher for Latinos than for other groups (NCHS, 2004, Table 49). Occupational Health & Safety Administration (OSHA) statistics also indicate that Latinos suffer disproportionate workplace fatalities. In 2000, nearly 14 percent of fatalities were Latino workers, although they constitute less than 11 percent of the overall workforce. Further, a March 2004 article reported that occupational injuries, illnesses and fatalities among Latinos are on the rise despite a decrease in these incidents among the population overall. “Grim” work conditions, lack of safety training, and poor enforcement of regulations are all contributing factors (Krisberg).

The construction industry accounts for seven percent of all employment but for 20 percent of on-the-job fatalities (Occupational Safety & Health Administration, 2002). In 2000, one in eight employed Latinos worked in construction; of these, one in five (21 percent) worked at the

Isolation, Disability and Violence Combine to Shatter One Latino Family

In the winter of 2006, after 10 years of isolated caretaking, Oscar Paredes took a knife to the neck of his 16 year old cognitively disabled son, then turned the blade on himself. Both survived, but the family has been shattered by this act of violence that they only now see as preventable. Across the street from their Washington, D.C. area home is a mental health center that specializes in disabling conditions. Interviewed by a sympathetic *Washington Post* reporter, the mother responded to a question as to why the family hadn't reached out for services, “We do not burden others with our problems, it is not our way.”

The adult family members had combined their resources to ensure survival: the father, who had lost his job a decade ago and was apparently withdrawn and depressed, became the sole caretaker of the seriously disabled teenaged son; a daughter

delayed her marriage so as to contribute her paycheck to her nuclear family; the disabled son was taken out of school because the family could see no progress; and the mother continued a low-wage job, although she too had undergone disabling injury. Only one family member was at ease with the English language, and no one considered exploring the resources of the center across the street.

Josefina Duran, a specialist in Latino health and disability issues, summarized this tragedy: “Unfortunately, this story contains the most extreme elements of the situation of many Latino families living here and grappling with disability. They are isolated not just by language but by the culture of *verguenza* — the shame about disability that prevents asking for help. In this thankfully rare case, the pressures of the situation escalated beyond the family's capacity to cope alone” (Vargas).

“laborer” level. Tinajero reports that a wide range of work-related injuries and illnesses are associated with construction work, including “musculoskeletal disorders...various types of lung problems, diseases caused by exposure to crystalline silica in dust, tuberculosis...asthma...carbon monoxide poisoning...[and] hearing loss” (5-7).

For Spanish-speaking workers with limited fluency in English, the statistics are even more alarming. Tinajero cites OSHA statistics from 2002: “25 percent of fatal workplace incidents in the U.S. involved either workers who did not speak English or a supervisor unable to communicate with employees.” The Center to Protect Workers Rights notes that “32 percent of the Hispanic construction workforce speaks only Spanish at home” and that “immigrants make up a large segment of construction workers injured or killed on the job.”

Workforce Implications of “Multiple Jeopardy Status”

Anna M. Santiago’s report, *The Economic Consequences of Disability Status: A Comparison Between Anglo, Black and Latino Men*, discusses “economic costs attached to individuals who face double or triple jeopardy based on ascribed personal characteristics.” She found that disability status reduces participation in the workforce among all groups but especially for people of color, and even more so for people with limited English proficiency and those who are immigrants.



**Alma Almanza
Independent
Living Counselor,
Salinas, California**

Alma Almanza came to the United States when she was 16 years old. She became a quadriplegic at age 30 after undergoing surgery on her spinal cord. She learned about independent living shortly thereafter at the Central Coast Center for Independent Living in Salinas, a rural California city. Today Alma works with migrant farm workers with disabilities to help them access services, participate in education and employment opportunities, and become more involved in their communities.

Santiago states that Latino men in poor health had a 65 percent lower chance of being employed than non-disabled Latinos. When employed, Latino men with disabilities earned less money than Anglo men with disabilities and less than non-disabled Latinos. Despite reduced earnings, the study suggests that many Latinos with disabilities continue to seek out employment and to work because economic necessity means they are “unable to withdraw from the work force even when they are in poor health.”

These findings support the notion that economic deprivation leads to illness/poor health and vice versa, creating a cycle of poverty and disability.

INDEPENDENT LIVING IN THE UNITED STATES: MAKING IT ACCESSIBLE TO LATINOS

TWO VIEWS OF INDEPENDENT LIVING

A government publication describes the origins and philosophy of the Independent Living movement in the United States: Independent living “began in the late 1960s promoting a philosophy of consumerism, self-direction, self-help, peer service provision, civil rights, self-advocacy and improvement of the quality of life for people with disabilities. Independent Living (IL) programs were developed to provide services to people with significant disabilities who were not satisfied with traditional medical rehabilitation services. IL programs operate from a philosophy of consumer control and involvement in service delivery, peer counseling and the elimination of environmental, physical and social barriers” (U.S. Department of Education, 1994).

Disabled leaders of the movement themselves later defined Independent Living as “a philosophy and a movement of people with disabilities who work for self-determination, equal opportunities and self-respect. Independent Living does not mean that we want to do everything by ourselves and do not need anybody or that we want to live in isolation. Independent Living means that we demand the same choices and control in our every-day lives that our non-disabled brothers and sisters, neighbors, and friends take for granted. We want to grow up in our families, go to the neighborhood school, use the same bus as our neighbors, work in jobs that are in line with our education and interests, and start families of our own” (Independent Living Institute).

Tenets of choice, opportunity, and the removal of the medical model of disability are certainly valuable, but some of the premises and concepts that underlie the dominant independent living framework in the United States reflect an Anglo-centric set of values. Typical IL programs in the U.S. embrace the “benchmark” goal of moving out of the family home before marriage to live on one’s own. In the Latino culture, in contrast, being able to contribute to the family in a way that is respected by the community may be a preferred form of independence.

Views of rehabilitation and independent living in Mexico—and perhaps the views of people living in the United States who identify with Mexican culture—are quite different from the popular perspective in the U.S. In Mexico, as in many Latino cultures, it is the community’s and family’s role to take care of people with disabilities. A person with a disability is not pressured to be independent, but rather is valued and supported in being functional within the family (Santana and Santana-Martin, 2005, pp. 165-167). Some rehabilitation programs in Mexico emphasize a self-reliant and independent life within the family (Santana and Santana, 2001, 21).



Advocacy often entails actions which seem to oppose or challenge the government. Certain cultural groups perceive such actions as dangerous at worst and attracting too much attention at best.

LATINO CULTURE & DISABILITY: ATTITUDES, BELIEFS & CUSTOMS

There are vastly differing approaches to disability and advocacy both among and within cultures. While it is impossible to make sweeping statements about the intersection of Latino culture and disability, it is well within reason to develop an awareness of cultural factors that may be at play, to be attentive to nuances and to approach individual Latinos and families as unique. The diverse ways Latino individuals perceive and treat disability may be influenced by whether the individual was raised in the United States or abroad, their level of acculturation and assimilation, educational attainment, socio-economic status, and their religious beliefs.

Despite the heterogeneity of Latino people, a 1999 National Center for the Dissemination of Disability Research paper reported, "...within this diversity, many scholars find a number of commonalities in customs, beliefs and worldviews" (NCDDR, 1999, p. 25). Citing works by Harry (1992) and Ramirez and Castañeda (1974), this report enumerates several commonly held tenets, including the Catholic ideology, "the centrality of the concept of *familia* (family)," and "a personalized yet ritualistic respect that is based on selfhood rather than on achievement."

The authors of *Americanos: Latino Life in the United States* attest to the staying power of some of these cultural commonalities: "Latinos are not assimilating in the same manner as the European immigrants of the nineteenth century...We can see Latinos continue being Latinos even until the third generation" (Monterrey, Olmos & Ybarra, 1999, p.40). The rich interplay between tradition and acculturation, coupled with the dynamic nature of any culture, further complicate the delicate balance between building cultural awareness and falling back on stereotypes.

Distrust of Government

Among Latinos, especially those who immigrate, there may be a generalized distrust of government and its representatives, applying both to the government of their country of origin and to that of their adopted country. The array of rules, regulations, and systems immigrants have to navigate in the United States can be confusing and act as a further disincentive to action.

These factors can result in contrasting approaches to disability and advocacy: those who are

comfortable with the dominant culture assertively seek out services based on assumed entitlement, while less acculturated, less affluent individuals often retreat to the safety of the family unit.

Jorge Pineda, former advisory board member for Proyecto Visión and an immigrant from Mexico, explains how these perceptions play out: “There is a lot of assistance available [in the U.S.], a lot of services and groups that want to help, but the average Latino moving here is not used to asking for help, does not expect that there are services, and only looks for support from family members. This is even more true if the Latino has a disability — we bring along all the old attitudes of shame and it can take a long time before we discover what is possible here. Also, we must develop a high level of English to figure out what is available as most service providers and disability groups have minimal information available in Spanish. So, this is a long process.”

As resources emerge that offer culturally and linguistically appropriate alternatives, there may be an increase in the rate at which Latinos seek support and services.

Unaccustomed to Advocacy

A 1998 focus group, organized by the World Institute on Disability (WID) in Oakland, California, and made up primarily of people of color, explored the cultural components of independent living. The group noted that advocacy often entails actions which seem to oppose or challenge the government, such as participating in town meetings or demonstrations or signing petitions. To members of newly arrived immigrant groups (and vulnerable members within those groups including people with disabilities), such actions can be perceived as dangerous at worst and attracting too much attention at best. Even second- and third-generation members of marginalized groups may be uncomfortable with the idea of directly challenging authorities, particularly if their culture discourages such an approach. This is often the case in Latino cultures, and may be one reason why Latino leadership and membership in disability organizations is low and why outreach to

Eric Coronado Sporting Goods Salesclerk, Texas

Eric Coronado is 21 years old, married, and has mild mental retardation. Eric contacted the Valley Association of Independent Living (VAIL) for assistance securing employment. VAIL staff provided him with a variety of vocational training skills. Eric learned how to search for jobs, fill out applications, and dress for interviews. He also participated in several mock interviews. Eric received instruction in interpersonal communication and expression and learned how to be more assertive in dealing with people. When Eric expressed an interest in selling sporting goods, VAIL contacted various local sporting good stores to ask about job openings. Soon enough, a job interview for a sales clerk position was set up for him. Using the skills he learned at VAIL, Eric impressed the interviewers and was offered a position. As a sales clerk, Eric works with the latest sporting apparel and equipment, something he really enjoys. The opportunity has helped him become more self-confident and extroverted.

Juan Carlos Reina
Furniture Refinisher, Los Angeles

Juan Carlos Reina,* 54 years old, is living with the Human Immunodeficiency Virus (HIV). Juan Carlos originally sought out the assistance of the Latino Employment Connection (LEC) in Los Angeles to find a job as a warehouse worker. He did obtain one warehouse job but, like many such positions, it was temporary. Ultimately, his physical condition made it impossible to perform the heavy lifting and long hours required. After several meetings, the LEC job developer learned that Reina had a hobby—refinishing furniture. He takes on small projects such as making kitchen cabinets for friends and family. Juan Carlos says that refinishing furniture is a form of therapy for him as well as something he enjoys. Reina and the LEC job developer decided to look into businesses where cabinetmakers or furniture refinishers were needed. It didn't take long before a company took interest in his talent and gave him the opportunity. After more than 18 months in the position, Juan Carlos continues to be happily employed.

**name has been changed to respect the privacy of the individual*

this group must be specialized and culturally appropriate.

Family as Decision-Making Unit

Another major difference in Latinos' approach to "living independently" and partaking of services is the role of the family as the primary lens for considering options, making decisions, or taking action. The Latino approach often gives collective family needs precedence over those of its individual members. The family as a whole makes decisions about critical topics affecting any one member, including health or disability issues.

For example, the choice whether a young disabled adult will use the services of an independent living center may be made by the whole family, rather than the individual. The family may visit the center several times and consider if the

place is safe and welcoming, if the personnel seem trustworthy, or if they have similar cultural backgrounds or speak Spanish before determining if the independent living option is better than what may be available through the local church or neighborhood group.

Contrary to the "deficit model" often assumed by mainstream society in the U.S., this family bond can have a positive impact on the emotional and psychological well being of Latinos with disabilities. In *Culture and Disability: Providing Culturally Competent Services*, Santana and Santana-Martin note, for example, 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.

One report on cultural models of transition for young people with disabilities found that Latina mothers' view of transition was "home-centered, sheltered adaptation" that emphasized the importance of the family and home (Rueda, Monzo, Shapiro, Gomez and Blacher, 406). This family-based model contrasts with the dominant view in the U.S. that holds each individual to be solely responsible for making their decisions and considers this process as a sign of maturity.

Cultural Basis for Communication


This collective decision-making also is evident in Latinos' communication styles. Several participants in WID's "Cultural Competency of Independent Living" focus group explained how the expectation that individuals will speak out forcefully and regularly on their own behalf runs counter to their customs, which often may prescribe particular communication roles for youth, elders, men and women. For example, it may be seen as rude and unacceptable for younger family members to challenge or contradict elders; when in public, the oldest member may act as the family spokesperson while others are expected to be quiet; and what is perceived as aggressive behavior by women is often discouraged.

Lack of familiarity with or respect for these cultural standards may create complications when service providers assume that each individual will freely express their needs and opinions. Language barriers can further complicate communication when younger members—often more fluent in English—translate for elders, a situation that inverts the traditional "balance of power" as the younger person now plays the dominant role in communication.

Members of the focus group explained that in their cultures (primarily Latino and Asian) "speaking out" is often perceived as unnecessarily confrontational. A more acceptable alternative is to suggest changes gradually, making small steps to alter behaviors or ideas with the family or even outside of the family, as in the case of a family member with a disability becoming more independent.

Expectations for People with Disabilities

Considerable cultural differences also exist in expectations for people who have disabilities, especially in regard to work. In the dominant culture in the United States, an adult with a disability who is financially dependent on his or her parents and who does not have a job (or the intention to get one) commonly would not be considered a "successful" person. In the Latino culture, however, it is often assumed that the disabled child or adult will be "taken care of" by the family. If this assumption is challenged by an employment counselor, it can be interpreted as doubting the ability of the family to provide for their own. One Latina woman working with Proyecto Visión who has a daughter with a disability noted, "I don't want my daughter to work—why don't you give the job to me?"



**Randy
Gonzalez
Student,
San Antonio**

Randy Gonzalez and daughter Randi Rain Gonzalez, 8, participated in the 2006 Bridges to Employment conference in San Antonio, Texas. Randy just returned to college to study creative writing and psychology. He attended the Bridges conference to find out about employment options after he graduates. Randi Rain is a baile folklórico and flamenco dancer. She has a brown belt in the martial art kuk sool won.

Family members with disabilities are not expected to seek employment outside of the home, but the value that Latino cultures place on the family provides more opportunities for “successful” contributions: assisting the family with household chores, caring for a child or an elderly relative, doing odd jobs for relatives and neighbors, or other similar responsibilities are all valued.

Cultural Beliefs on the Origins of Disability

Among Latino cultures, disability is sometimes seen as an act of God, nature, or fate. An external locus of control is introduced, assigning “fault” to a third party and conceptualizing the disability as “out of the hands” of the person with the disability. This can sometimes have the effect of increasing acceptance, and at other times have the effect of increasing shame. It is

important to avoid terms such as “fatalistic” or “superstitious” when examining the religious and healing beliefs of Latino communities.



Zully Alvarado Businesswoman, Chicago

Zully Alvarado was born in the countryside outside of Guayaquil, Ecuador. She was an active child, run-

ning and playing with her four sisters until she acquired polio at age two. When *curanderas* (folk healers) and doctors in her village could not cure her, Zully’s parents agreed to let her go to the U.S. with a missionary for medical care. For many years, Zully moved between the U.S. and Ecuador but, knowing she would not be able to live independently in her native country, Zully secured U.S. residency and settled in Chicago. She completed high school and earned two master’s degrees: one in early childhood education and another in rehabilitation administration. She worked as a schoolteacher and social service provider before starting a career as an entrepreneur. Her first small business venture was in fashion—for 11 years, she designed aesthetically pleasing orthopedic shoes for the “hard to fit.” In 1999, after taking a class in finance, Zully opened Silverado Financial Network, a financial planning and services company. Today Zully runs Silverado alongside her husband, making their business a success.

Educator Aurora Cedillo explains that the Latino “belief is that we are not in complete control of everything that happens in our lives. *Si Dios quiere* (God willing) is a typical yet simple statement of such belief....Our beliefs on destiny are based in our indigenous experience of European conquest, of genocide, of never having choice in our lives” (Diller & Moule, 2005, 196). Similarly, author D.T. Abalos questions “whether the ‘passiveness or fatalism’ often ascribed to Latinos is not more specifically an outgrowth of class dimensions. People who are poor and minimally educated may have a limited sense of options. They may have few experiences with self-empowerment as a result of economic constraints...[or] lack of political freedom” (1986, p. 194).

Latinos may also exhibit the capacity to hold more than one viewpoint about healing, such as following the recommendations of a “western” doctor, while also consulting a community *curandera* (folk healer).

The specific expressions of belief systems regarding illness and disability vary greatly within and across Latino cultures. In the Dominican Republic, for example, environmental conditions, psychological states, moral violations or supernatural forces are held to blame (López-De Fede and Haeussler-Fiore, 2005, pp. 192-193); in the Mexican culture, such conditions are often attributed to “emotional, spiritual, social and physical factors...in addition to Humoral theory, spirituality and interpersonal relationships” (Santana and Santana-Martin, 2005, pp. 165-168). Similarly, among Cubans and Puerto Ricans, disabilities may be attributed to past sins and may be realized on a child born of a sinful parent, especially the mother, (Brice, 2002, p. 18) whereas in El Salvador, the understanding of disability as disease is prevalent (Giron Batres, 2001, pp. 4-6).

Shame and Blame

Generally, Latinos from many countries 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 extreme cases, and especially when resources are scarce, the family may be inclined to keep a disabled family member shut in. This can contribute to a feeling among Latinos with disabilities of being a burden to their families.

“There are a lot of myths about disability in the Latino community,” says Elsa Quezada, executive director of the Central Coast Center for Independent Living (CCCIL) in Salinas, California. “A lot of this is how we view disability culturally. There is denial and there are feelings of shame.” One consequence of this cultural stigma may be reluctance by Latinos to identify as disabled. Stereotypes and misinformation about disabilities are certainly not unique to Latino cultures, although the realities of multiple stigmas and associated barriers may further reduce one’s willingness to claim disability identity.

A recent report on Latino mental health by the National Council of La Raza (NCLR) and the California State University Long Beach Center for Latino Community Health, Evaluation and Leadership Training cites the stigma surrounding mental health care as a factor that deters Latinos from accessing services (Rios-Ellis, 2005, p. 7). The report uses the idiom *No se lava la ropa en casa ajena* (one should not wash their dirty clothes in someone else’s house) to describe Latinos’ practice of keeping “problems” in the family. “Latinos are often reluctant to discuss mental health, but it affects our community disproportionately,” says Janet Murguia, NCLR president and CEO.

Understanding and acceptance may also be inhibited by a lack of Latino mental health providers. *Mental Health: Culture, Race, and Ethnicity*, a supplement to the Surgeon General’s 1999 report on mental health, counts only 29 Latino mental health professionals for every 100,000 Latinos in the U.S. For every 100,000 Whites, however, there are 173 White providers. The report states explicitly that “racial and ethnic minorities collectively experience a greater disability burden from mental illness than do Whites. This higher level of burden stems from minorities receiving less care and poorer quality of care, rather than from their illnesses being inherently more severe or prevalent in the community.”

Eduardo Santana
Photographer, Oklahoma City

Eduardo Santana came to the U.S. from Venezuela in search of a medical treatment. Eduardo was in an auto accident when he was seven years old and, since then, has been a wheelchair user. In Oklahoma he didn't find a miracle, but he did find a passion: photography. Eduardo spent two years adapting his dark room to suit his needs, but now it is fully accessible and all the equipment is easy for him to use. Eduardo admits his inability to move quickly to get a shot is sometimes a barrier but, he says, "in general, I've managed to resolve all the problems one way or another." He explains how camera technology helps: "Even if I can't get somewhere because it is not accessible, I can use a zoom lens to get up close." Eduardo earns a living doing photography. He sells his material to collectors, on the Internet, and participates in exhibitions. "It's like everything in life, there are highs and lows. It's not easy to survive doing photography, but little by little you go building your reputation, making a name for yourself. I've been doing photography for 15 years and it seems I'm just a beginner. Thank God I don't have to depend on anyone but me and my cameras."

Examining Challenges to Reaching Latino Consumers

Research reveals that people from minority racial and ethnic backgrounds do not have similar experiences to the normative group in the United States in seeking vocational rehabilitation services. People of color tend to experience problems in almost every step of the vocational rehabilitation process (Atkins and Wright, 1980, pp. 42-46). In 1992, an amendment to the Rehabilitation Act called for the establishment of a Rehabilitation Cultural Diversity Initiative to improve service delivery for individuals with disabilities from marginalized cultural and ethnic groups.

The success of the Initiative and subsequent efforts is difficult to assess for a number of reasons. Researchers caution against treating all Latinos as a single group, but, although this problematic

classification system does not easily fit the realities of the actual Latino population, it is still frequently done in record keeping (Wilson, 2005, pp. 4-11). For example, Latinos with darker skin tones have experiences similar to those of African Americans, while those with lighter skin have experiences similar to European Americans.

The Disability Research Institute at the University of Illinois reports that participants in focus groups on Latino perspectives on employment, vocational rehabilitation, and the Ticket-to-Work program "expressed concerns with the vocational rehabilitation system. Specifically, they reported that counselors failed to follow through with tasks discussed and were non-collaborative when developing work plans. To some extent, participants reported prejudiced attitudes on the basis of ethnic minority status among employers and vocational rehabilitation counselors" (Hernandez, Rosen, Cometa, Bailey & Luna, p. 3).

Data shows that 9.4 percent of all consumers who exited the federal vocational rehabilitation system (VR) in 2005 were Latino. Of these, 23.1 percent had positive employment outcomes—just 1.3 percent below the employment rate for non-Latino participants. Latinos who became employed through VR earned a median hourly wage of \$8.00; 95 percent made an hourly wage

of \$16.88 or less. For non-Latinos the median hourly wage was \$8.11, with 95 percent earning an hourly wage of \$20.00 or less (Rehabilitation Services Administration, 2005).

A recent study on vocational rehabilitation's success in generating the participation of Latinos with visual impairments, hearing loss, substance abuse, and mental retardation found that vocational rehabilitation is doing no more than an "ok job." Researchers believe that this is due, in large part, to inadequate outreach activities to marginalized ethnic and racial groups (Cavanaugh, Giesen & Moore, 2005, pp. 25-32).

Multiple variables influence the relationship between providers and Latinos with disabilities. Some of the factors that affect Latino participation and success in the service delivery system include:

Legal Status

Many Latino immigrants do not seek out services for fear it may affect their immigration status. Those who are permanent U.S. residents—green card holders—fear they might jeopardize their chance at citizenship by using social services. Irma Resendez, director of Familia Unida Living with Multiple Sclerosis, a community-based organization in Los Angeles, says, "Some people we serve are undocumented and resist seeking assistance for fear of deportation."

Cultural Factors

Many Latinos are unaccustomed to taking their problems outside the family, and are even less comfortable seeking assistance from the government. First-generation immigrants may not know what services exist or may feel shamed by accessing services and not make use of them. "Many Latinos are in denial when it comes to getting help," says Resendez. "They are too proud to ask for services and feel they must learn to live with their disability."

Additionally, some Latinos define disabling conditions or impairments differently than other communities do. In one study, 30 percent of Latino participants identified themselves as severely disabled, while 90 percent of the sample group would have been identified as such according to the researcher's criteria (Santiago). People who do not identify as disabled are less likely to avail themselves of services.



"Many Latinos are in denial when it comes to getting help," says Irma Resendez, director of Familia Unida Living with Multiple Sclerosis, a community-based organization in Los Angeles. "They are too proud to ask for services and feel they must learn to live with their disability."



Former gang member Randolph Garcia (above), who works at a residential substance abuse recovery program, shares his personal experiences at Proyecto Visión’s 2005 Bridges to Employment conference in Raleigh, North Carolina. Samuel Teruel-Vélez of the North Carolina



Division of Vocational Rehabilitation Services (left) suggests strategies for employment success.

Multiple Demands on Time and Resources

Latinos with disabilities also may be less available to participate in the service system due to competing priorities, including work and childcare. Getting time off work to take care of children, arrange for transportation or tend to other family matters may present early barriers to services. The rewards gained through services may not be perceived as worth the time and effort required to research and apply for them. Other life issues take priority and, as a result, fewer Latinos contact service providers (National Council on Disability, 1999, pp. 5-19).

Further barriers to successful access to and use of the VR system include low expectations for job placement, by both the consumer and the job counselor; lack of access to computers and the Internet; and differing concepts of time, such as a consumer’s lack of experience with the time demands of typical hourly jobs in the U.S. labor market (Holloway, Leung, Menz & Mueller Reed, 2005, pp. 33-41).

No Se Habla Español

Service providers who do not have information and literature available in Spanish or who have no Spanish-speaking staff present a huge obstacle to Latinos with disabilities who wish to access services (National Council on Disability, 1999, pp. 5-19). Jobseekers may be discouraged from seeking services out of embarrassment about their level of English proficiency or with having to bring someone to translate for them. At Familia Unida, Resendez notes, “approximately 85 percent of the people we serve never completed grammar school. They can’t read or write in Spanish or English, so they depend on their children to translate.” This statistic is not unusual. The bottom line is that language differences and illiteracy reduce people’s likelihood of seeking out services.

LATINOS AND DISABILITY SERVICES: EXAMPLES OF INNOVATION

When working with the disability service delivery system, there is no one-size-fits-all answer on how to improve the outcomes for Latinos with disabilities. New research and projects have been initiated around the country to meet the need for culturally responsive services for Latinos with disabilities, as well as for disabled members of other cultural/ethnic groups. The common denominator of these programs is that they all have a keen awareness of current trends and issues and strong ties to the constituencies they serve.

While the emergence of new programs that address multiple dimensions of identity (i.e., race, disability, gender, etc.) are strengthening outreach and improving service delivery, it is also necessary to strengthen awareness of these dimensions in generic programs. A Latino with a disability, for example, should be able to access appropriate services at both “Latino-focused” and “disability-focused” agencies. Modifying existing agencies and practices to reflect the realities of all consumers will significantly strengthen and expand service delivery.

NEW MEXICO MIGRANT ASSISTANCE PROGRAM

The New Mexico Migrant Assistance Program (MAP) provides job skills training and employment support services along with peer counseling for migrant and seasonal farm workers and their families. Program staff train selected vocational rehabilitation participants to act as Peer Business Associates (PBAs), who then conduct outreach and encourage other farm workers to participate in the program. This unique peer-counseling element exemplifies the philosophy of self-help to foster independence and makes the program stand out from other vocational rehabilitation approaches.

“Many times migrants do not know what is available to them and their families. Many times language can be a barrier in seeking the help they need,” one participant wrote in a letter to program administrators. “As a PBA, I have helped in providing support to our consumers seeking some of these services. MAP has opened many doors for me personally. I am getting experience for my degree in Human Services and getting paid for it. Because of this opportunity, I want to continue my education with a master’s in vocational counseling to enhance my skills and better serve the people.”

LATINO EMPLOYMENT CONNECTION & VIVA EMPLOYMENT LOS ANGELES

Job developers at the Westside Center for Independent Living (WCIL) provide skills training and individualized job placement for monolingual Spanish-speakers or people who have limited English skills. WCIL operates two programs: The Latino Employment Connection assists jobseekers with any disability type and Viva Employment Los Angeles specializes in services to those who have mental health disabilities.

Alfredo Sampaz
Musician, Chicago, Illinois

Alfredo Sampaz entertained attendees at the first annual conference of the Committee for the Integration of Latinos with Disabilities (CILD) in 2005. The event informed disabled Latino jobseekers about options and services available to them. Program topics included housing rights and resources; employment programs and supports; pathways to post-secondary education; personal care services; how to start a small business; and how to create a positive image during a job interview. More than 200 people attended the event. Many of them took advantage of the opportunity to have direct contact with Spanish-speaking employment specialists. Attendees took new information back



with them to their communities and families to help them live independently.

“Often, jobseekers are not confident of their English skills,” says Sandra Brizuela, former job developer at WCIL. “They do not access services because they can’t express themselves and won’t understand providers’ suggestions.” Many jobseekers come to her after receiving vocational rehabilitation instruction in English, Brizuela explains. Some clients tell her that they didn’t understand anything, but just nodded and smiled so as not to reveal that they didn’t know English.

The bilingual, bicultural job developers at WCIL specialize in placing monolingual Spanish-speaking consumers in jobs at Latino supermarkets and other places that do not require English. They build relationships and trust with jobseekers, helping many of them with pre-employment preparation and counseling on personal issues.

**PROYECTO MEJORANDO (PROJECT ENHANCE):
SUPPORTING LATINOS IN HIGHER EDUCATION**

Proyecto Mejorando was established to improve the recruitment, retention, and graduation rates of students with disabilities. Based at the University of Texas-Pan American—one of the largest Latino-serving institutions in the nation, with approximately 90 percent Latino enrollment—Proyecto Mejorando has provided technical assistance and professional development to more than 1,100 administrators, faculty, staff, and students at university and college campuses across the nation, especially those with large Latino student populations. The staff of Proyecto Mejorando employs bilingual Latinos with disabilities to conduct trainings. Training topics include accommodation strategies; assistive technology; best practices and standards (for disabled student services offices); disability awareness; eligibility, documentation and confidentiality; legal issues; rights and responsibilities of students with disabilities; universal design, and accessibility to improve postsecondary educational services to students with disabilities.

COMMITTEE FOR THE INTEGRATION OF LATINOS WITH DISABILITIES

The Committee for the Integration of Latinos with Disabilities (CILD) is a grassroots community partnership that promotes independence and full societal integration of Latinos with disabilities by educating and building coalitions among Latinos with disabilities, private businesses, non-profits, and government agencies. Made up of representatives from independent living centers and disability advocacy organizations, technical assistance offices, public schools and universities, agencies serving the Latino population, and government and medical services throughout the greater Chicago metropolitan area, CILD is a close-knit group, forming a comprehensive network to provide effective, coordinated services for Latinos with disabilities.

“When one service provider calls a colleague at another agency with a personal referral on behalf of a consumer, that individual is more likely to get faster, better-quality service at the other end,” explains René Luna, disability rights project coordinator at Access Living. “People referred to agencies within the CILD do not fall between the cracks. They get intimate service from providers who feel personally accountable to their CILD colleagues for providing the best service they can.”

CILD takes other steps to tailor their services to the needs of many Latinos, such as scheduling trainings and conferences on weekends so as not to conflict with weekday work schedules, as well as providing childcare, meals, and transportation at events. It also means forming relationships with jobseekers: calling to remind them about events and following up with those who are not good about calling back.



Dr. Robert Davila
Deaf Community
Leader, New York

Dr. Robert Davila's parents were migrant farm workers. As a boy, Davila moved from farm to farm with his family, following the crops. Davila did not begin to receive an education until he became deaf at age eight. At the time he only knew Spanish, and was challenged with learning English and American Sign Language simultaneously. “If anything, becoming deaf was actually an advantage,” he says, “because otherwise I might have continued to grow up without an education.” A long-time advocate for people with disabilities, Davila credits the love of his tight-knit family and the support of teachers for his success. During his career, Davila was chief executive officer of the National Technical Institute for the Deaf and vice president of the Rochester Institute of Technology. In retirement, Davila continues to be an active leader in the Deaf community. He serves on the National Council on Disability at the pleasure of President George H.W. Bush and continues working in support of the Deaf Latino community.

NATIONAL YOUTH LEADERSHIP NETWORK

The National Youth Leadership Network (NYLN) promotes leadership development, education, employment, independent living, and health and wellness among the next generation of disability leaders. NYLN fosters the inclusion of young leaders with disabilities into all aspects of society at national, state, and local levels and communicates about issues important to youth with disabilities, including the policies and practices that affect their lives. Activities include youth retreats, peer trainings led by youth advocates who are working in their communities, an e-mentoring program that links seasoned professionals with emerging leaders, topic forum discussions, and more.

The NYLN is made up of emerging leaders from a variety of racial, ethnic, cultural, and disability backgrounds to reflect the diverse youth in the United States. According to executive director and youth Betsy Valnes, NYLN actively recruits a wide range of applicants through a variety of organizations. They consider gender, race/ethnicity, and geographic location when scoring applications in order to help ensure a multicultural membership. Currently NYLN has 400 youth members, 40 percent of whom are people of color. Valnes says Latinos participate in NYLN leadership as staff members, on the organization's governing board, and in other capacities.

THE PRINCIPLE OF UNIVERSAL ACCESS

In researching this publication, WID could not identify any Latino leadership programs specifically for people with disabilities. However, we encourage all organizations wishing to be more inclusive to consider the principle of universal access. This approach assumes that individuals of all backgrounds—including those with any disability—will be utilizing the resource or space, and to design it from the ground up with maximum access in mind. Ultimately, universal access in any organization is ideal, allowing all applicants consideration by removing external barriers so that the focus can be on qualifications rather than disability. Ensuring that staff has a general understanding of disability issues is another important component of universal access.

RESEARCH

Much of the research about disability in the U.S. has been built on the values and experiences of White middle-class individuals, but there is a growing awareness of the need for research about the experiences of Latinos with disabilities and people from other diverse groups. As more culturally relevant programs emerge, a growing number of innovative research projects related to Latinos with disabilities are being implemented around the country.

CENTER FOR CAPACITY BUILDING ON MINORITIES WITH DISABILITIES RESEARCH

Dr. Fabricio E. Balcazar of the Department of Disability and Human Development at the University of Illinois at Chicago is the principal investigator of a five-year participatory action study—including the establishment of the Center for Capacity Building on Minorities with Disabilities Research (CCBMDR)—that may affect the provision of services for Latinos with disabilities in the future.

The CCBMDR mission is “to increase the capacity of state vocational rehabilitation agencies and community-based organizations (CBOs like centers for independent living and/or other agencies serving minorities with disabilities) to document the impact of their programs and develop culturally competent services. This effort is conducted in order to promote positive rehabilitation outcomes for minority individuals with disabilities.”

The multi-faceted study includes at least six research projects, such as “Investigating the Intersection of Disability and Race in Self Views of Latinos and African Americans with Disabilities,” “Is Disability Identity a White Preoccupation?” and others examining the effects of racial and cultural issues in rehabilitation services.

The staff is examining existing research methods for studying underrepresented individuals; conducting new participatory research, and creating reports/recommendations for dissemination. Additionally, the staff provides training and technical assistance to vocational rehabilitation agencies, CBOs, independent living centers, and other service providers and researchers about issues of disability and cultural identity, cultural mistrust among individuals with disabilities from underrepresented groups, and other related topics.

HELPING ALL LATINAS ACHIEVE: UNDERSTANDING THE EDUCATIONAL EXPERIENCES AND TRANSITION NEEDS OF LATINA GIRLS WITH DISABILITIES

Helping All Latinas Achieve (HALA) is a three-year research project based at the Regional Research Institute for Human Services at Portland State University to investigate the transition experiences of Latina youth with disabilities, including their goals, barriers, and factors contributing to successful transition, among other topics.

Project director Eleanor Gil-Kashiwabara, herself a Latina with a disability, has conducted a survey of Latina youth with disabilities (and their parents) to gather information on goals related to post-secondary education, careers, family and relationships, experiences in school and in Individualized Education Program meetings, discrimination, stereotypes, gender roles, disability accommodations, mentoring, and the definition of disability. The survey included a mechanism to measure the respondent's level of acculturation. Focus groups and other specialized methods are being used to investigate culturally appropriate transition planning practices.

The study's findings will be used to develop a manual of guidelines for addressing the transition needs of young Latinas. The research team also will develop a set of recommendations for culturally appropriate planning practices that are meaningful to Latinas with disabilities.



**Eleanor
Gil-Kashiwabara
Researcher,
Portland, Oregon**

As a Latina, a woman, and a person with a disability, Eleanor Gil-Kashiwabara has overcome many barriers to get where she is today: a researcher at a major university. She grew up in New Jersey in a Puerto Rican/Cuban family. Gil-Kashiwabara lost all the hearing in her right ear after a bout of German measles when she was an infant, but it wasn't until she went to college that she became aware of the impact her disability was having on her life and began to contemplate issues such as cultural interpretations of disability and the impact on the individual of how disability is addressed in the family. Academic and professional mentors encouraged Gil-Kashiwabara to complete her post-graduate education, and she earned a doctorate in psychology. Today she works at Portland State University's Regional Research Institute in Oregon on research involving Latinos and disability. Gil-Kashiwabara attributes her achievements to family support at crucial points in her life and role models for success.

CENTER FOR INTERNATIONAL REHABILITATION RESEARCH INFORMATION AND EXCHANGE

The Center for International Rehabilitation Research Information and Exchange (CIRRIE) facilitates the sharing of information and expertise between rehabilitation researchers in the U.S. and those in other countries. The staff at CIRRIE has produced a variety of publications and curricula to help disability service providers better serve underrepresented groups, including Latinos. Of special interest are:

- "The Rehabilitation Provider's Guide to Cultures of the Foreign-Born," an 11-volume series of monographs that provides specific information on cultural perspectives about disability from foreign-born people in the United States, including those hailing from Cuba, El Salvador, and the Dominican Republic;
- *Culture and Disability: Providing Culturally Competent Services*, a book based on the monograph series; and

- “Cultural Brokering—Bridging the Gap Between the Foreign-Born Consumer and the Rehabilitation Services,” a workshop and online tutorial that helps service providers identify the unique cultural characteristics of foreign-born consumers and their families and understand the role that culture plays in the perception of disability and its potential impact on accessing services.

CIRRIE is based at the University at Buffalo, State University of New York, is funded by the National Institute on Disability and Rehabilitation Research.

REHABILITATION RESEARCH INITIATIVE

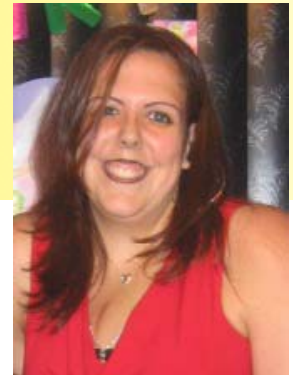
The recently concluded Rehabilitation Research Initiative was the first project funded by the Rehabilitation Services Administration to focus on capacity building for community rehabilitation programs (CRPs).

The initiative, a partnership between the Department of Rehabilitation at the University of Texas-Pan American and the Department of Rehabilitation, Social Work and Addictions at the University of North Texas, had as its goal to increase the capacity of CRPs to serve individuals with disabilities from diverse racial and ethnic backgrounds. They set out to identify barriers to access and to identify new and innovative strategies to circumvent these barriers.

Major products resulting from this project include a Diversity Training Toolkit, an online course on Diversity Training for CRPs, and a briefing entitled “Why Diversity Matters to Community Rehabilitation Programs.”

Taina Rodriguez Congressional Staff Assistant, Chicago

When Taina Rodriguez was six months old, doctors discovered she had Marfan Syndrome. Taina’s grandparents raised her. They were very protective, only allowing her to leave the house to go to school. But Taina disliked the special treatment from her family members and wanted to be like any other teenager. As soon as she finished high school, Taina bought a car so she could move around more easily on her own. She got a job at a local Center for Independent Living, where she helped start a support group about sexuality for young women who have disabilities. Today Taina is a staff assistant to Congresswoman Jan Schakowsky, where she works on issues including immigration and Social Security, among others. Taina, who lives on her own, is currently attending St. Augustine College. After graduation, Taina plans to become a social worker in the Illinois corrections system.



PRIORITIES FOR CHANGE

The staff of Proyecto Visión, the nation's only national technical assistance center for Latinos with disabilities, is working to improve employment outcomes and increase self-sufficiency for Latinos with disabilities. Proyecto Visión has developed an infrastructure to help diminish the employment disparities faced by disabled Latinos. The project staff works to bridge the culture/language gap that precludes many Latinos from effectively using the disability service delivery system, and nurtures the development of culturally appropriate initiatives to respond to the group's particular needs. Through its experience, the staff of Proyecto Visión believes that the employment situation for Latinos with disabilities would significantly improve if the following efforts were realized.

A. IMPROVE VOCATIONAL REHABILITATION SERVICES FOR LATINOS

As the nation's main provider of employment services and support to individuals with disabilities, vocational rehabilitation plays a major role in increasing opportunities and reducing barriers for disabled Latinos. It is an effective program overall; however, several changes could be instituted to make it more useful to Latino jobseekers.

Encourage Diverse Interpretations of Independent Living

"Under the traditional model of rehabilitation, there was a core belief that the individual had to learn to be independent, to separate from his or her family and become the one in charge of his or her life," says Fred Schroeder, former Commissioner of the Rehabilitation Services Administration. "In minority cultures, there is much less a sense of separating from the family as a signal of independence. One aspect (of change within vocational rehabilitation) would be to have a different definition of independence that does not include separation from the family."

If consumers are supported in achieving versions of independent living according to their background, experience, and cultural values, they will likely have more ease developing and attaining goals to reach independence.

Increase the Number of Bilingual/Bicultural Job Developers

A key strategy for enhancing service provision is to diversify the staff, particularly by hiring individuals who are members of the constituency they serve. This approach often leads to greater cultural understanding and linguistically appropriate service provision. Bicultural, bilingual staff may be better suited to reach out to jobseekers and develop a rapport with them, making vocational rehabilitation more accessible to Latinos.

"There are not a lot of rehabilitation counselors that speak Spanish," says Laura Echegaray of the Independent Living Resource Center San Francisco (ILRCSF). "I had to search hard to find [a counselor who] spoke Spanish. Even if you do find someone who speaks Spanish, it is still hard to get services. Even when counselors are well meaning, they don't know what to do."



Fred Schroeder, above, says the vocational rehabilitation system needs to recruit and promote Latinos within the organization to provide role models and raise expectations of consumers.

Peer Providers as Role Models

Hiring Latinos with disabilities as vocational rehabilitation counselors provides Latino jobseekers with peer mentors who model professional success.

Former Commissioner Schroeder believes that the presence of role models in the vocational rehabilitation system increases expectations of Latino jobseekers. “If consumers who come into the rehabilitation system are to have high expectations, they need role models,” he says. “The system itself needs to recruit and promote Latino people within the rehabilitation field, not just to have a minority person to do the minority outreach, but actually to have Latinos reflected throughout the organization.”

Provide Training in Cultural Responsiveness

Cultural proficiency in vocational rehabilitation service delivery is critical to improving the success of Latino consumers. Agencies that provide all employees – no matter what culture they’re from or who they’re serving – with cultural responsiveness training are better equipped to address challenges that hinder jobseekers’ success. Research has shown that competence of counselors can be improved through courses in cross-cultural counseling, fieldwork and internships with professionals from diverse groups.

Research has shown that competence of counselors can be improved through courses in cross-cultural counseling, fieldwork and internships with professionals from diverse groups.

One model calls for a self-reflexive examination of providers’ values, motivations, and goals; asks providers to build an understanding of these same issues from the perspective of consumers from other cultures; and for provider and client, in partnership, to find common ground (Kalyanpur and Harry, pp. 118-123). A second model defines the provider as a “cultural broker” who mediates “between persons of differing cultural backgrounds for the purpose of reducing conflict or producing change...The cultural broker acts as a go-between, one who advocates or intervenes on behalf of another individual” (Jezewski and Sotnik, 2005, p. 37).

Service providers can increase their effectiveness when they approach difference as a strength rather than a deficit to be overcome. Knowledge of one’s biases and assumptions, and a willingness to reexamine them, is critical to cultivating broader and more effective cultural responsiveness. Groups such as the National Association of Multicultural Rehabilitation Concerns (NAMRC) are helping increase quality services to diverse groups by training providers on topics including how to engage Latinos with psychiatric disabilities in rehabilitation, and best practices in developing multicultural counselors.

Reduce Systems That Might Act as Disincentives

Some vocational rehabilitation processes may work against Latinos having successful outcomes. For example, during the first phase of counseling the consumer is qualified for services. Getting time off from work and finding bilingual counselors for the evaluation (if none are regularly available) presents the first barrier. The traditional office setting may inhibit response from Latinos with disabilities and their families. Also, Anglo-centric psychological testing can put Latinos at a disadvantage. Increasing the number of bilingual evaluators and standardizing testing materials into Spanish norms may help make this initial phase more accessible.

B. RE-ENVISION DISABILITY COMMUNITY'S APPROACH TO LATINOS

Disability organizations can expand their outreach and enhance their provision of employment services to Latinos by modifying their approach to the Latino community.

Adopt Effective Outreach Methods

Disability organizations can increase impact in the Latino community by borrowing successful outreach methods from Latino advocacy organizations, as appropriate. This may include going into Latino neighborhoods and conducting one-on-one visits in individuals' homes; participating in community events; obtaining coverage in the Spanish-language media; and partnering with Latino advocacy groups on public education campaigns.

Physically integrating disability service centers into the Latino neighborhoods also is imperative. Fred Schroeder, former RSA Commissioner, said, "We need to target high minority population centers for new independent living centers. Clients need to be networked with people in the community who share their cultural experience, values, and ethnicity who have made it and who can be guides for them, as well as being an inspiration or source of hope."

Integrate Culturally Appealing Messages

Designing materials that appeal to Latinos, including stories of Latinos utilizing services to become employed, is one strategy to increase the effectiveness of communicating information. Translating literature into Spanish is a good start, but in itself is insufficient for ensuring that the material resonates with readers.

"We would love to get some good training material in written, visual and audio formats that is bilingual and that has the cultural perspective," says Irene Martinez, executive director of Fiesta Educativa, a non-profit organization that assists Latino families in obtaining services for their disabled children and educating them about their rights. "If we go to a family and say that their 22-year-old son has to get a job and move out on his own, they are going to think that we're crazy. It is never going to happen."

Bring More Latinos with Disabilities into Leadership Positions

It is critical to increase Latino representation and voice in the ranks of leadership at all levels of the disability movement. This integration must be reflected in the philosophy and strategies of the movement in order for real and effective change to occur.

One way to bring more Latinos with disabilities into leadership positions is to expand training opportunities within organizations such as the National Council on Independent Living (NCIL). In California, the State Independent Living Council has laid the groundwork for extensive outreach to diverse communities, an effective start to attracting a wide variety of emerging leaders. Similar state-level initiatives are underway through the efforts of the Committee for the Integration of Latinos with Disabilities in Illinois and New Jersey's Division of Disability Services. Staff at the Center for Hispanic Resources in Rehabilitation is working to develop more rehabilitation professionals from underrepresented populations. They provide technical assistance to Hispanic-serving institutions of higher education to develop academic undergraduate and graduate programs in rehabilitation nationwide.

C. BUILD THE LATINO COMMUNITY'S CAPACITY FOR INCLUDING PEOPLE WITH DISABILITIES

As the disability community refashions its approach to Latinos, the Latino community must also work from within to build its capacity for including people with disabilities.

Introduce Disability Topics into the Latino Community

Latinos primarily use services within their own communities. When Latino groups integrate disability issues into their mission, they educate the community at large and legitimize those issues. In turn, people with disabilities can receive culturally appropriate services in a familiar context, receive needed information and resources for self-sufficiency, and Latino organizations are more inclined to employ people with disabilities.

Educate Latino Community Leaders About Disability Issues

Disability advocates should provide trainings to raise awareness of disability issues among Latino leaders. Jorge Hinojosa, formerly of the National Center of La Raza (NCLR) says, "Part of why I'm not an expert on disability is because I don't have anybody educating me on it."

Raquel Donoso, deputy director at the Latino Issues Forum, a public policy and advocacy institute, commented on the lack of understanding among Latino organizations regarding disability issues: "The problem is that service providers don't know what resources are available. They don't know how to navigate the system or how to represent their disabled consumers."

Hilda Crespo, vice-president of public policy and federal relations at ASPIRA Youth Leadership Development Program, sees the need for disability training in her program: “Our staff needs to know how to meet the needs of students with disabilities and how to advocate for them, and more information about accommodations, both in the workplace and in the classroom.”

Build Networks Between Job Developers and Latino Business Entities

Andy Winnegar, deputy director of program development and support at the New Mexico Division of Vocational Rehabilitation, works with the local Business Leadership Network and Latino business associations to reach out to local businesses and improve employment outcomes for VR clients. “We are using the Hispanic Chamber of Commerce as our employer link,” he says. “Their members are introduced to diversity hiring and disability and getting involved in the whole outreach and recruitment process. Businesses are supposed to increase their hiring capacity and businesses that excel in that area are rewarded with positive publicity about their efforts.”

Marco Rodriguez, managing director of a private finance group in California, says, “Disabled professionals have to push their way into the business world by communicating how they will add to the employers’ bottom line and demonstrating their competence. Our presence dispels myths among employers and broadens the possibilities for other disabled jobseekers. Any individual in a key position becomes a role model for others to follow.” Rodriguez emphasizes how one disabled person can provide great influence: “As immediate past chairman of the board of the Sacramento Hispanic Chamber of Commerce who has a disability, I was a liaison between the two communities: a point of entry for disabled Latino jobseekers, and an advisor to business colleagues...the beginnings of a network.”

**Isela Luévano
Radio News Reporter, California**

Born and raised in Downey, California, Isela Luévano says cerebral palsy “pushes me to work harder and do more to show people who I am and what I am capable of.” At the end of high school Isela took an interest in radio. She wanted to work as a disc jockey, playing music and doing interviews. A career counselor at a Los Angeles trade school helped her find her first job in radio—as a production assistant at KDIF-AM 1440, “La Diferencia,” in Riverside. When the news director unexpectedly left, Isela was asked to take over all the newscast responsibilities. Isela later left KDIF to work part time as a reporter at Inland Empire News Radio, a radio news service. She also was selected to participate in a prestigious internship at National Public Radio in Washington, D.C. Ultimately, Isela wants to be in front of the camera. She aspires to work as an anchor at a Spanish-speaking television station reporting on immigration, civil and human rights, and other issues affecting Latinos that are important to her.



D. INCREASE DISABLED LATINO REPRESENTATION IN LEADERSHIP POSITIONS OVERALL

Profound systemic change requires disabled Latino representation at all levels of the government, private, and nonprofit sectors, not just within the disability movement. Currently, 18 percent of Latinos work as managers and professionals compared to an average of 33 percent for other racial groups (Census Bureau Report, 2003 August, *Occupations: 2000*). Diverse leadership increases the probability that programs and policies will reflect the needs and priorities of the Latino community. Latino representation helps young people to aspire to the positions of their role models and to set high expectations for their futures.

Grow the Number of Public Policy Advocates Who Are Latinos with Disabilities

“The Latino disability movement is very, very small,” says Andy Winnegar of vocational rehabilitation in New Mexico. “Making that more visible and providing leadership and networking with other groups—that would make a big impact. It would have to pick up on what the Latino leadership is interested in as well...a bridge between people with disabilities and the country as a whole.”

Jorge Hinojosa concurred on the importance of developing leaders in the policy area: “You need strong advocates. You develop a strong advocacy network focused on defining the policy issues and on organizing behind the issues. That gets the information out there.”

Increase Participation of Youth in Leadership and Mentoring Programs

If more Latino youth with disabilities participate in preparatory programs, more of them will grow into community leaders. One of the most common approaches to leadership development is through mentoring, where participants connect with successful Latinos in various sectors who act as role models. Mentor programs often occur on a one-on-one basis, through a

speaker’s series, or publication of success stories. Leadership development programs also incorporate after-school activities, act as a conduit for group affiliation, and prepare students for college, careers, advocacy, and more.

Javier Montañez, National Vice President for Youth at the League of United Latin American Citizens (LULAC), shared an anecdote about



“Including young people with disabilities in LULAC’s Youth Leadership Program not only plays the crucial role of developing the potential of disabled Latino leaders, but also exposes non-disabled emerging leaders to disability issues—experience that will help them develop inclusive leadership practices,” says Mickie Luna, former state director of California LULAC.

an emerging LULAC leader with a disability who recently joined the Youth Leadership Program. “We weren’t sure how her speech impairment was going to affect her ability to contribute, but she met with youth officers and they learned how to communicate effectively. Now she is an active participant who brings a lot to the table.” He continued, “We are a human organization, ultimately about developing leadership in people, disabled or not.”

Mickie Luna, immediate past state director of California LULAC, reiterated the benefits of integrated programs: “There are probably youth with disabilities in LULAC’s leadership program who don’t identify as disabled persons. We’d like to invite more youth with disabilities to participate. Including young people with disabilities in LULAC’s Youth Leadership Program not only plays the crucial role of developing the potential of disabled Latino leaders, but also exposes non-disabled emerging leaders to disability issues and people with disabilities in a natural setting—experience that will help them develop inclusive leadership practices.”

There are numerous Latino leadership programs across the nation including: ASPIRA Youth Leadership Development Program, Center for the Advancement of Hispanics in Science and Engineering Leadership Programs (CAHSEE), League of United Latin American Citizens (LULAC) Youth Leadership Program, Congressional Hispanic Caucus Institute (CHCI), National Association of Latino Elected and Appointed Officials Leadership Program (NALEO), and the Mexican-American Legal Defense and Educational Fund (MALDEF) Leadership Program.

IN CONCLUSION

This paper characterizes the situation of Latinos with disabilities in the United States, with an emphasis on factors affecting employment. Demographic trends, including education, occupation, economic status and health reveal how disabled Latinos' life circumstances and cultural differences affect their interaction with the service delivery system, especially vocational programs. Drawing from their five years of experience managing Proyecto Visión, the nation's first technical assistance center on employment for Latinos with disabilities, and by discovering best practices in effective research and direct services across the country, the staff developed recommendations to increase employment outcomes for this growing population.

This report also identifies distinct barriers to employment for Latinos with disabilities, as voiced by jobseekers, service providers and employers. High on the list were limited outreach to marginalized groups, prejudice, concerns about legal status, transportation/technology, and low expectations for job placement and language. These challenges are often compounded when individuals' views of "independent living" differ significantly from the assumptions of the dominant independent living framework in the United States.

Profiles of individuals with disabilities and their families convey the diversity of experiences among this heterogeneous group. Success stories show the positive outcomes of Latinos who have been able to effectively navigate the service delivery system. Other stories of struggle illustrate what can happen to those who the system is not serving, and the need for the priorities outlined in this paper. Four recommendations to improve employment outcomes for Latinos with disabilities are presented: improve vocational rehabilitation services for Latinos; re-envision the disability community's approach to Latinos; build the Latino community's capacity for including people with disabilities; and, increase disabled Latino representation in leadership positions overall.

The common threads throughout these priorities are empowerment, cultural awareness, cultural and linguistic relevance, shared resources, partnerships and personal connection. Creating employment opportunities for Latinos with disabilities requires not only understanding and addressing the barriers, but also the cultural resources that employers, jobseekers, and service providers bring to this process. Positive, sustainable change at the personal, interpersonal, cultural, and institutional levels will most effectively be brought about by recognizing and valuing our differences and employing their complementary strengths to build strategies together.

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Appendix II: Contact Information for Organizations Cited

Access Living of Metropolitan Chicago

614 West Roosevelt Road
Chicago, IL 60607
Voice: 312.253.7000
TTY: 312.253.7002
Fax: 312.253.7001
<http://www.accessliving.org>

ASPIRA Youth Leadership Development Program

1444 Eye Street, NW, Suite 800
Washington, D.C. 20005
Voice: 202.835.3600
Fax: 202.835.3613
<http://www.aspira.org>

Business Leadership Network

<http://www.usbln.com/>

Central Coast Center for Independent Living

234 Capitol Street, Suites A & B
Salinas, CA 93901
Voice: 831.757.2968
TTY: 831.757.3949
Fax: 831.757.5549
<http://www.cccil.org/>

Center for the Advancement of Hispanics in Science and Engineering Education

8100 Corporate Drive, Suite 401
Landover, MD 20785
Voice: 301.918.1014
Fax: 301.918.1087
<http://www.cahsee.org>

Center for Capacity Building on Minorities with Disabilities Research

Institute on Disability & Human Development
Dept. of Disability & Human Development
University of Illinois at Chicago
1640 W. Roosevelt Road, MC 626
Chicago, IL 60608
Voice: 312.413.1806
TTY: 312.413.0453
Fax: 312.413.1804
<http://www.uic.edu/orgs/empower/Center%20web%20page/ccbmdr.htm>

Center for Hispanic Resources in Rehabilitation

University of Texas Pan-American
1201 W. University Drive
Edinburg, TX 78539
Voice: 877.474.2477
Fax: 956.318.5379
<http://www.panam.edu/dept/rehabser/chrr/>

Center for International Rehabilitation Research Information and Exchange

University at Buffalo, State University of New York
515 Kimball Tower
Buffalo, New York 14214
Voice: 716.829.3141 ext.168
Fax: 716.829.3217
<http://cirrie.buffalo.edu/>

Committee for the Integration of Latinos with Disabilities (CILD)

Contact Antonia Tobias at
CALOR: A Division of Anixter Center
3220 W. Armitage Avenue
Chicago, IL 60647
Voice: (773) 235-4039
Fax: (773) 772-0484
<http://www.calor.org/>

Congressional Hispanic Caucus Institute

911 2nd Street, NE
Washington, DC 20002
Voice: 202.543.1771
Fax: 202.546.2143
<http://www.chci.org>

Familia Unida

Living with Multiple Sclerosis
4716 Cesar Chavez Ave. Building A
Los Angeles, CA 90022
Voice: 323.261.5565
Fax: 323.261.5999
<http://www.msfamiliaunida.org/>

Fiesta Educativa, Inc.

3839 Selig Place
Los Angeles, CA 90031
Voice: 323.221.6696
Fax: 323.221.6699
<http://www.fiestaeducativa.org>

Helping All Latinas Achieve Project

Regional Research Institute for Human Services
Portland State University
1600 SW 4th Avenue, Suite 900
Portland, OR 97201
Voice: 503.725.4040
<http://www.rri.pdx.edu/index.php>

**Independent Living Resource Center
in San Francisco**

649 Mission Street, 3rd Floor
San Francisco, CA 94105
Voice: 415.543.6222
TTY: 415.543.6698
Fax: 415.543.6318
<http://www.ilrcsf.org/>

Latino Issues Forum

160 Pine Street, Suite 700
San Francisco, CA 94111
Voice: 415.284.7220
Fax: 415-284-7222
<http://www.lif.org/>

League of United Latin American Citizens

2000 L Street, NW, Suite 610
Washington, D.C. 20036
Voice: 202.833.6130
Fax: 202.833.6135
<http://www.lulac.org>

**Mexican-American Legal Defense and
Educational Fund**

National Headquarters
634 S. Spring Street
Los Angeles, CA 90014
Voice: 213.629.2512
<http://www.maldef.org>

**National Association of Latino Elected
and Appointed Officials**

1122 West Washington Blvd., 3rd Floor
Los Angeles, CA 90015
Voice: 213.747.7606
Fax: 213.747.7664
<http://www.naleo.org>

Miami-Dade (Community) College

Voice: 305.237.8888
<http://www.mdc.edu>

**National Association of Multicultural
Rehabilitation Concerns**

[http://www.rcepv.siu.edu/namrc/
namrcfront.htm](http://www.rcepv.siu.edu/namrc/namrcfront.htm)

**National Alliance for Migrant and Seasonal
Farmworker Vocational Rehabilitation
(NAMSFVR)**

Attn: Noemi Ortega
105-B S. 6th Street
Sunnyside, WA 98944
Phone: (800) 478.2219
Local: 509.736.4062
Fax: (509) 736.4069
<http://www.ccer.org>

National Council of La Raza

1126 16th Street, NW
Washington, DC 20036
Voice: 202.785.1670
Fax: 202.776.1792
<http://www.nclr.org>

National Council on Independent Living

1916 Wilson Blvd., Suite 209
Arlington, VA 22201
Voice: 703.525.3406
TTY: 703.525.4153
Fax: 703.525.3409
<http://www.ncil.org/>

National Youth Leadership Network

<http://nyln.org/>

New Mexico Migrant Assistance Program

Voice: 505.524.6190 or 505.877.0525
<http://www.dvrgetsjobs.com/DVRInternet/PDS/PDSMap.aspx>

New Mexico Technology Assistance Program

435 St. Michael's Dr., Bldg. D
Santa Fe, NM 87505
Voice: 800.866.2253
TTY: 800.659.4915
Fax: 505.954.8608
<http://www.nmtap.com/>

Proyecto Mejorando

University of Texas Pan-American
1201 W. University Drive, Rehab Annex, 108
Edinburg, TX 78541
Voice: 956.292.7408
Fax: 956.292.7405
<http://www.panam.edu/dept/rehabser/Enhance/>

Public Health Institute

555 12th Street, 10th Floor
Oakland, CA 94607
Voice: 510.285.5500
Fax: 510.285.5501
<http://www.phi.org/>

Rehabilitation Research Initiative

University of Texas Pan-American
(& University of North Texas)
1201 W. University Drive, Rehab Annex 103
Edinburg, TX 78541
Voice: 956.292.7404
Fax: 866.444.1126
<http://www.panam.edu/dept/rehabri/>

Westside Center for Independent Living

12901 Venice Blvd.
Los Angeles, CA 90066
Voice: 310.390.3611
TTY: 310.398.9204
Fax: 310.390.4906
<http://www.wcil.org/>