

Disability and COVID-19: Impact on Workers, Intersectionality With Race, and Inclusion Strategies

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This article discusses the impact of the COVID-19 pandemic on workers with disabilities. Given that most employment-related literature about COVID-19 does not include people with disabilities, an in-depth exploration of the impact of COVID-19 on this population is warranted. Additionally, this article discusses the unique issues this population is facing during the pandemic, including the intersectionality of disability, race, and economic disadvantage. Suggestions for supporting people with disabilities in counseling and career-related activities, both during the COVID-19 pandemic and postpandemic, are provided.

Keywords: COVID-19, disabilities, career development, disability inclusion, intersectionality of disability and race

In the United States, the COVID-19 case count had surpassed 37.5 million, with over 625,000 deaths, at the time of writing (Centers for Disease Control and Prevention [CDC], n.d.). Most Americans have been impacted by COVID-19 in some way, and individuals with certain disabilities may be more vulnerable than individuals without disabilities to the serious effects of COVID-19. For example, Lund et al. (2020) explained that individuals who have medical conditions may be more at risk of infection and face more severe health problems from COVID-19 than individuals without any major health concerns. Furthermore, people with disabilities may be at higher risk of exposure to COVID-19 due to having proximate and regular contact with others, such as those living in residential/group care settings or those who have caregivers (Andrews et al., 2020). In employment settings, people with disabilities also face risk of exposure to people with COVID-19, such as workers in frontline positions (e.g., grocery clerks) who are in close contact with others while on the job and thus potentially exposed to COVID-19 throughout their workday (Lund et al., 2020). In fact, people with disabilities may be especially vulnerable to COVID-19 exposure in the workplace compared with those without disabilities, because people with disabilities are more likely to work in service professions (Bureau of Labor Statistics [BLS], 2021a).

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COVID-19 and Workers With Disabilities

The Americans With Disabilities Act of 1990 describes individuals with disabilities as those who experience a substantial limitation in one or more major life activities, including work, as a result of physical, emotional, or mental impairment (Tang, 2019). According to BLS, individuals with disabilities are those with at least one of the following conditions:

Is deaf or has serious difficulty hearing; is blind or has serious difficulty seeing even when wearing glasses; has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition; has serious difficulty walking or climbing stairs; has difficulty dressing or bathing; or has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (BLS, 2021b, Table A.6 note)

Furthermore, BLS data that include disability status specifically pertain to a “civilian noninstitutional population” for those ages 16 to 64 years (BLS, 2021b). With consideration for the Americans With Disabilities Act and BLS descriptions of disability, as well as the knowledge that COVID-19 has affected workers with various disabilities, we used a broad definition for the purposes of this article—with the understanding of *disability* as an inclusive term representing physical, psychological, developmental, learning, and sensory disabilities (Lund et al., 2020).

Although there is a great deal of emerging information on the impact of COVID-19 on employment and the nation's overall health and functioning, there is a paucity of information on how COVID-19 has affected people with disabilities' engagement in the workforce (Métraux & Loepky, 2020). Before the pandemic led to economic losses and a reduction in the U.S. workforce, the BLS labor force characteristic summary for persons with a disability stated that unemployment rates of people with disabilities were higher than those of people who do not have a disability (7.3% and 3.5%, respectively; BLS, 2020c). The effects of the pandemic on the labor market have amplified this concern; since March 2020, there has been a 20% decline in employment of people with disabilities compared with a 14% decline for those without a disability (BLS, 2020a). Jobless rates continue to be greater for those with disabilities compared with those without disabilities, and this margin is expanding (BLS, 2021a). Given that one in four adults in the United States—over 60 million people—has a disability that affects their life functioning (CDC, 2018), the number of workers with a disability who are affected by these disproportionate unemployment rates is substantial.

Among individuals employed at the onset of the COVID-19 pandemic in the United States, most were required to make changes in the way they work. Some of those adjustments have continued throughout the pandemic. Access to technology has allowed many in the workforce to do their jobs remotely, usually in their homes. Although it may appear advantageous for people with disabilities to work remotely and utilize assistive technologies, there are various challenges for people with certain disabilities to access technological resources, obtain training in use of new technology, and use technology effectively to complete work tasks. In addition, fewer people with disabilities, including younger adults, report being users of digital technology compared with those

without disabilities; this leaves a “digital divide” between people with disabilities and those without disabilities (Anderson & Perrin, 2017). Another challenge for workers with disabilities is that they may be skilled in specific work tasks that are not suitable for remote work or telework (Raclaw & Van Spankeren, 2020). Technology may also pose a barrier for people with disabilities who are seeking employment. For example, prospective workers with autism spectrum disorder (ASD) may face challenges when interviewing for a job over video or telephone calls. Video and telephone technology do not allow full visibility of nonverbal interactions, which has the potential to affect communication for those with ASD and, therefore, may negatively affect their interview (Raclaw & Van Spankeren, 2020).

Beyond technology, the implementation of safety measures has benefited many individuals during the COVID-19 pandemic because these measures have allowed many to return to work relatively safely. However, some of these safety measures may have created additional obstacles for people with disabilities. For example, face coverings create a visual barrier for Deaf individuals who read lips when communicating with others (Lorenzen, 2020). Face coverings have resulted in reported anxiety and emotional distress for the Deaf community within the workplace (Lorenzen, 2020). There is also potential for remote work to leave people with disabilities feeling isolated, which is noteworthy given that people with disabilities are one of the most marginalized populations in the world (World Health Organization, 2017). These are only a few of what is likely a host of examples to illustrate the ways in which the jobs and employment searches of workers with disabilities have been affected during the COVID-19 pandemic.

Intersectionality

Race and Disability

To fully grasp the impact of COVID-19 on workers with disabilities, we need to explore the intersectionality of race and disability. According to Courtney-Long et al. (2017), Native Americans have the highest rate of disability (three in 10), followed by Blacks or African Americans (one in four), Whites (one in five), Native Hawaiians/Pacific Islanders and Hispanics (one in six), and Asians (one in 10). It is particularly important to investigate the intersection of disability and race for the Black or African American population given that Black or African American adults have one of the highest rates of disability status compared with other racial groups and are more likely to have severe disabilities (Courtney-Long et al., 2017; Goyat et al., 2016). Furthermore, Blacks or African Americans with disabilities have the highest rate of obesity at 47.3% (Courtney-Long et al., 2017), which is a major risk factor for disease and various long-term health consequences (Stewart et al., 2015). Beyond disability, the Economic Policy Institute (2020) described racism and economic inequality as two of COVID-19’s most deadly preexisting conditions for Black or African American workers. Data on the effects of the pandemic on the labor market show Black or African American adults having the highest rates of unemployment compared with all other racial groups (BLS, 2020b). This intersection of factors highlights the unexamined

disparities likely experienced during the pandemic. Black or African American individuals who worked during the pandemic are less likely to hold jobs that are suitable for working from home and more likely to be essential workers who hold positions in health careers, public safety, or public/building maintenance positions, placing them at greater risk for exposure to COVID-19 (Selden & Berdahl, 2020).

COVID-19 has affected racial groups in vastly different ways, yet the United States has primarily responded to the pandemic in a uniform manner. A uniform approach inaccurately assumes that people experience COVID-19 similarly. Bowleg (2020) suggested that, because various communities are affected differently by COVID-19, the oft-used phrase “we are all in this together” may be a disservice to those who are more negatively impacted, despite the well intentions of those who may use such a phrase. Expanding on this concern, Bowleg discussed the parallels between the HIV/AIDS epidemic and the COVID-19 pandemic. Specifically, Bowleg (2020) brought attention to a phenomenon called “changing face” (p. 917), which refers to the process that occurred when HIV/AIDS pivoted from affecting predominantly White, class-privileged individuals to affecting predominantly racial minority groups and poor communities. The COVID-19 pandemic appears to have had a changing face effect as well, because the negative effects of COVID-19 have disproportionately affected the African American or Black community and other racial minority groups (Bowleg, 2020). Urban planning has not prioritized the unique needs of those with disabilities (Pineda & Corburn, 2020), and living in high-density urban environments plays a role in Black or African Americans and individuals with disabilities being more severely impacted by COVID-19. For example, Muñoz-Price et al. (2020) purported that redlining in the mortgage industry has led to lower rates of Black or African American home ownership. Subsequently, Black or African American communities are more concentrated in urban areas with larger households and greater reliance on public transportation, both of which likely make social distancing more difficult during COVID-19.

Health Care Inequities

Lund et al. (2020) suggested that “systemic health and social inequities” are examples of stressors that may put people from racial minority groups at “increased risk of COVID-19 infection or experiencing more severe illness” (p. 316). There are disparities in health care for people from underrepresented minority and disability populations. Compared with White communities, Black and Brown communities have less access to health care services, are more likely to receive lower quality care, and have poorer health outcomes (Agency for Healthcare Research and Quality, 2011; U.S. Department of Health and Human Services [HHS], Office of Minority Health, 2015, 2020), all of which may contribute to increased vulnerability to the negative outcomes associated with COVID-19 (Lund et al., 2020). People with disabilities also have greater health needs over a longer period of their life, while having less access to quality health care services (Krahn et al., 2015). Barriers to health care access may arise because of the prohibitive costs of doctor visits, hospitalizations, and prescription drugs, which may

be particularly concerning for those who are unemployed and who previously relied on insurance coverage through an employer. With the introduction of the Patient Protection and Affordable Care Act in 2010, access to health insurance for people with disabilities has improved. In 2016, nearly 88% of people with disabilities had some form of health insurance coverage (Kennedy et al., 2017). Even with greater access to health care coverage, the average cost of health care for adults of working age who have disabilities is 5 times higher than those without disabilities; prescription drug costs were 7 times higher (Kennedy et al., 2017). Another barrier to health care is the lack of professional training for health care workers on disability competency issues (World Health Organization, 2020). In addition to health care disparities and concerns about barriers to medical care, Andrews et al. (2020) noted multiple disability discrimination complaints against medical professionals during COVID-19. These complaints resulted in an acknowledgment by the HHS Office for Civil Rights that some medical providers have violated antidiscrimination laws (Andrews et al., 2020).

Trauma

Racial trauma can stem from direct experiences with racism, such as employment discrimination, as well as from indirect experiences, such as the media coverage of the killing of George Floyd (Lund et al., 2020). George Floyd's death occurred in May 2020 when much of the country was shut down because of COVID-19; this shutdown resulted in opportunities for many to spend more time watching extensive amounts of television as well as accessing other media sources for news coverage of his death. For people of color who have disabilities, indirect racial trauma may be experienced because of the disparate number of cases of Black individuals with disabilities who have been injured or killed by law enforcement (Frederick & Shifrer, 2019; Lund et al., 2020).

Exposure to racial trauma, whether direct or indirect, influences mental health and emotional well-being (Tynes et al., 2019). According to Lund et al. (2020), this means that Black and Brown communities are “holding onto the cumulative effects [of COVID-19 and racial trauma] on their broader communities” (p. 316). To understand intersectionality is to recognize that, when multiple oppressions intersect, they create new levels of marginalization (Elnaiem, 2021). Furthermore, individuals who are oppressed on multiple levels will experience crisis and trauma—such as a global pandemic—differently from those who do not experience multileveled marginalization.

In employment settings, mental health issues are related to reduced work productivity, unemployment, disability, and decreased work performance (Goetzel et al., 2018). Subsequently, there is reason to suggest that the mental health impact of COVID-19, in addition to the significant disability and race-related traumas one may experience, certainly affects one's work functioning and capabilities. When counseling those who have experienced trauma, career counselors need to recognize the clients' trauma and acknowledge the trauma's impact on career development, such as job loss and financial strain (Barrow et al., 2019). Career-related approaches may involve consideration of Bronfenbrenner's (1977) ecological systems model to understand the

impact of systemic factors on trauma survivors (Barrow et al., 2019). Furthermore, Barrow et al. (2019) emphasized the importance of client safety in career counseling with trauma survivors, as well as avoidance of retraumatization. In addition, social cognitive career theory (Lent et al., 1994) is noted as a career model for working with trauma survivors because of its focus on self-efficacy. Social cognitive career theory can help in identifying how the client, their environment, and their behavior may influence career goals and accomplishments (Barrow et al., 2019).

Additional Suggestions for Action and Support

The United States is currently in the throes of a global pandemic for the first time in over 100 years. Considering the growing concerns experienced by workers with disabilities during the pandemic, as well as the structural inequalities for those with intersecting racial minority identities, the ongoing effects of COVID-19 will likely persist well beyond the pandemic. With time, more relevant research will emerge on appropriate next steps in support of people with disabilities as communities move beyond the COVID-19 pandemic. For now, we provide a few suggestions for supporting people with disabilities in counseling and career-related activities, both during and after the COVID-19 pandemic.

Recognizing and Addressing Ableism

As part of the discussion on COVID-19's impact on workers with disabilities, it is important to understand the background of ableism, as well as the limited inclusion of people with disabilities within the framework of diversity (Andrews et al., 2020). *Ableism* is understood as the application of stereotypes, prejudicial attitudes, and discriminatory behavior for the purpose of oppressing people with disabilities (Nario-Redmond, 2019, cited in Andrews et al., 2020). In work environments, an example may include the assumption that workers with disabilities are unable to complete certain work tasks because of their disability without any evidence that this is the case. Barriers for people with disabilities in work environments have become more apparent during the COVID-19 pandemic, shedding light on the long history of systemic ableism (Lund et al., 2020). Part of addressing ableism in the workplace involves counselors addressing their own ethical responsibility to practice cultural humility, including disability humility. By recognizing that learning about and understanding disability will be a career-long and lifelong process, counselors need to better equip themselves to be of the most support to people with disabilities (Perrin, 2019). Furthermore, disability humility includes recognizing one's own biases and assumptions about people with disabilities and remembering that clients with disabilities are experts in their own lives (Perrin, 2019). As counselors work on their own biases and assumptions in this regard, they will likely become better positioned to fully understand their clients' needs and be able to best advocate for their clients, including advocating to their clients' employers.

There is a call for more inclusive city planning because certain factors, such as increased use of technology and inaccessibility to employment, can have a negative impact on people with disabilities who live in urban areas affected by COVID-19. With regard to technology, some people

with disabilities face barriers when smart-city technologies are not made universally accessible (Pineda & Corburn, 2020). Furthermore, access to employment and services for workers with disabilities may be limited because of inadequate street design. For example, intersections without curb cut hinder transportation and mobility for some people with disabilities such as wheelchair users (Pineda & Corburn, 2020). Pineda and Corburn (2020) described this as an example of “a limitation and failure of urban design, policy, and planning, not the person” (p. 337). Pineda and Corburn recommended the establishment of pandemic response task forces, which should include people with disabilities, to ensure that COVID-19 response policies are inclusive, account for accessibility needs, and consider risk reduction when managing the social and health impacts of COVID-19. There are also economic issues that need to be addressed, as workers with disabilities have higher levels of unemployment and incur more costs for essential services, for example, transportation needs for some people with disabilities in order to go to work (Pineda & Corburn, 2020). For counselors, there are opportunities for advocacy in this regard. In the counseling office, advocacy may involve working individually with clients, including people with disabilities, to address employment issues as well as circumstances that may contribute to financial barriers (Toporek & Daniels, 2018). Counselors may also serve as advocates at a systems level to ensure that antidiscrimination and labor laws are enforced to minimize discrimination or loss of needed services or work (Pineda & Corburn, 2020).

Practicing Inclusive Employment

Disability-inclusive work environments produce greater employee morale, job satisfaction, and retention for all employees, regardless of disability status (Job Accommodation Network, 2020). According to the *Employing Abilities @Work: 2019 Research Report*, approximately 13% of workplaces in the United States report having a disability-specific inclusion initiative (Society for Human Resources Management [SHRM], 2019). An explanation for the lack of these initiatives is the ableist belief that “the nature of the work is such that it cannot be done by individuals with disabilities” (SHRM, 2019, p. 12). Training for human resources personnel, managers, and employees can be improved at several levels. First, it is recommended that workplaces provide basic disability awareness on definitions, person-first language, and etiquette for interacting with people with disabilities to create a foundation for building inclusion practices (Bonaccio et al., 2020). Second, training is needed on select aspects of disability, best practice, and creative approaches for accommodations, social integration, and policies and practices that maximize safety, performance, and productivity (Bonaccio et al., 2020). Finally, training is needed on how to create inclusive practices throughout the employment relationship to develop a climate of inclusion. For example, training could be provided on how an organization can use structured interviews that are void of questions biased against people with disabilities and have alternative formats for completing tasks required as part of the interview for all applicants (Bonaccio et al., 2020). Counselors can consult with human resources personnel to educate “managers and employees about compliance matters related to disability and disability inclusion”

(SHRM, 2019, p. 21), as well as connect them to existing resources. The Employer Assistance and Resource Network on Disability Inclusion provides trainings on strategies for recruiting people with disabilities and building inclusive work environments by creating and communicating diversity and inclusion statements that specifically address disability (Bonaccio et al., 2020). State and national counseling associations can also reinforce to their membership the importance of advocacy, as well as provide tools for effective advocacy related to disability rights and inclusion in the workplace.

Although it is critical to address ableism at the system and organizational level, it is also important to support workers with disabilities and acknowledge ableism at the individual level. As workers with disabilities face the economic, social, and emotional impacts of COVID-19, with many also feeling the multiplicative effects of the intersectionality of disability and race, the need for competent, culturally informed counseling services is essential. Outside of the rehabilitation counseling field, most counselors have had minimal education and training on counseling people with disabilities. Olkin (2017) suggested disability-affirmative therapy as a valuable therapeutic intervention for clinicians, including elements that are designed to be incorporated within any approach, such as career-related interventions. One component of this approach involves developing a full understanding of clients, with emphasis on neither overestimating nor underestimating the role that one's disability plays in their lives (Olkin, 2017). Also emphasized in disability-affirmative therapy is the understanding of disability as a social construct—something that will always be present (Olkin, 2017). Within this framework, the emphasis placed on the disability may vary, from very little focus to a central element of therapy. Disability-affirmative therapy is individualized to best understand clients in the context of their unique experiences and develop interventions to fit the needs of each client, with a focus on working and “living well with a disability” (Olkin, 2017, p. 6).

Recommending Advocacy and Intervention in Education Settings

Advocacy for equity and inclusion in education for students with disabilities is ongoing and is especially critical during the pandemic because of the decreased access to academic supports and employment opportunities. Many schools, at all levels, moved to virtual instruction in response to COVID-19, a move that disproportionately affected students with disabilities (Sutton, 2021; U.S. Department of Education, Office for Civil Rights, 2021). Nagle et al. (2016) found that high school students with disabilities took fewer rigorous academic courses and were less prepared for college and work compared with their peers who did not have a disability. Furthermore, a disproportionate number of Black or African American children or youth live in poverty and receive special education services (Gordan, 2017). As the COVID-19 pandemic magnifies these imbalances, social justice advocacy may help close the gap in college and career readiness (CCR) of students with disabilities (Cook, 2017).

The Individuals With Disabilities Education Act of 1990 and Every Student Succeeds Act of 1965 (amended 2015) mandate that K–12 students receive support for planning future educational opportunities

and employment. To that end, school counselors advocate for students with disabilities, collaborate with stakeholders, and assist students in career exploration and preparation for the transition to postsecondary education and the workforce by delivering a school counseling program for all students (American School Counselor Association, 2016). However, for students with disabilities who may not be considering college or all career options available to them (Grigal & Papay, 2018), school counselors may consider starting this exploration process in middle school, using interactive and responsive technology and developing inclusive curriculum designed to meet the CCR needs of these students (Grigal et al., 2019). Web-based programming has allowed students with disabilities continued access to and engagement in CCR activities during the pandemic when many middle and high schools are delivering education virtually. For students with disabilities who choose to pursue higher education, school counselors can help these students by connecting them with institutions of higher education or organizations that offer continued support after they transition from high school to college. For example, Marquette University in Milwaukee, Wisconsin, has a campus organization that supports individuals with ASD by offering weekly seminars, peer mentors, one-on-one coaching, and mental health support (Raclaw & Van Spankeren, 2020).

Career counselors in higher education can support and advocate for current students and alumni who work and live with a disability. For example, 85% of individuals with ASD who have college degrees remain unemployed (Smith et al., 2012). These individuals may be able to complete all the tasks noted in a job description but may not get hired because they are seen as socially different (Raclaw & Van Spankeren, 2020). Career counselors can educate prospective employers about the value of hiring on the basis of skills instead of fit. Additionally, support for people with disabilities postcollege is a critical need. Looking for a job during a pandemic is challenging, especially for people with disabilities. One way that universities can assist graduates with their job search postpandemic is by offering alumni-based services for students (Raclaw & Van Spankeren, 2020). Such services could allow students to receive job coaching or initial support in adjusting to a new work culture.

Furthering Research

Another valuable way to support workers with disabilities is to conduct more research, as emerging research that focuses on this population might provide guidance on how to progress after the COVID-19 pandemic. Within this research realm, there appears to be a need to complete in-depth analysis of disability in the workforce using more comprehensive, standardized definitions of work and disability. With regard to inclusivity, future studies might explore the following research questions: What factors have contributed to employment during COVID-19 for workers with disabilities, such as disability-inclusive interventions in school and employment settings? Of the programs that are in place, which ones appear to most effectively address and promote inclusivity within the workforce? What are the needs of students with disabilities and their parents with regard to school programs and career development services, and how might counselors best address such needs with this population?

In terms of intersectionality, the following research questions may be worth exploring: What are the assumptions, stereotypes, biases, and prejudices that need to be deconstructed? What culturally responsive career and rehabilitation practices may reduce unemployment or underemployment, particularly for Black or African American workers with disabilities? What strategies and interventions are counselors currently implementing during the COVID-19 pandemic in terms of advocacy for people with disabilities and advocacy interventions with employers?

Conclusion

“Inclusion and social justice have been thrown into sharp relief during the global pandemic, from the Black Lives Matter movement to the unequal impact of the [COVID-19] crisis spanning general support, financial impact, and a host of healthcare issues” (Casey, 2020, para. 1). There are glimpses of hope on the horizon with regard to COVID-19, especially with the emerging availability of vaccines. However, the impact of and subsequent recovery from the pandemic, particularly for workers with disabilities, will likely be long-lasting. Career, vocational, and other counseling professionals are best positioned to support people with disabilities in managing the employment, mental health, and physical health impacts of COVID-19 when they recognize intersectionality. By understanding that workers with disabilities hold multiple identities and likely face multifaceted stressors, counselors can individualize their approach to support their clients’ unique work needs and goals.

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