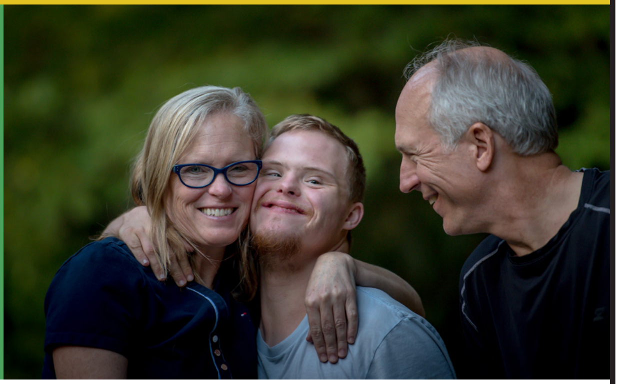

Guidance for Improving Accessibility of Public Health Communications

A reference for communicating with Snohomish County residents with intellectual or developmental disabilities

SNOHOMISH
COUNTY
HEALTH DEPARTMENT

Guidance for Improving Accessibility of Public Health Communications

A reference for communicating with Snohomish County residents with intellectual or developmental disabilities

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SECTION 1

Terminology and Wording

General Considerations

"Label jars, not people."
- Corinna, People First of Washington

Terminology and wording can be approached differently in individual or small-group interactions compared to broader communications.

- When interacting directly with people, defer to their preferences in terminology, wording, and identity.
- For broad public communications (written materials, graphics, flyers or posters, social media, news releases or blogs, etc.), refer to community-informed guidance and focus on being as inclusive as possible, with the understanding that people will have differing opinions on what language is best.

Because this guidance document is focused on public health communications for a county of roughly 850,000 people and growing, the priority is improving inclusivity and accessibility of broad communications and public-facing materials. We also have a role in encouraging inclusive language by modeling it ourselves.

Primary audiences for reaching the IDD community include the individuals as well as their loved ones and caregivers. We should consider how materials can directly share information with the recipient and support others in explaining or talking about that information.

There are differing schools of thought around the medical vs. social model when it comes to talking about disabilities. For broad communications, a social model is typically a more appropriate lens for wording and terminology. This focuses on disability as a result of barriers and unmet needs in someone's environment or society, rather than focusing on disability as a result of physical or mental limitations. For example, the medical model would see someone nonverbal as limited by being unable to speak, while the social model would see them as limited by a lack of tools to communicate without speech and/or a lack of understanding or acceptance of nonverbal communication options.

The IDD community is diverse and has a mix of interests, strengths, experiences, and needs. No wording or terminology will capture everything that should be considered, but overall we should use language that:

- Does not stigmatize
- Is easy to understand
- Encourages personal autonomy and action by the individual(s) receiving the information
- Can be read clearly verbally (by assistive technology or another individual)
- Can be translated into other languages without excessive confusion
- Does not fear-monger or cause excessive stress and anxiety.

Guidance for Communicators

Use plain language.

Keep phrases simple and fairly short. Avoid acronyms, abbreviations, and technical terminology or jargon. In public health, this often means simplifying and explaining medical jargon. Another benefit of plain language is that it translates more cleanly from English into other languages.

- **Not plain language example:** “The first case of highly pathogenic avian influenza (HPAI) detected in a human in 2024 was in Texas. Risk to the general public is low at this time and HPAI is considered primarily an animal disease. People should take precautions by limiting contact with birds or domestic livestock that are showing signs of illness.”
- **Plain language example:** “A person in Texas became sick with bird flu. It’s the first human case this year. Bird flu mostly infects birds and some other animals. Humans are unlikely to get sick with it. To be safe, do not touch birds or other animals that seem to be sick. You may also see bird flu called ‘highly pathogenic avian influenza’ or ‘HPAI’ for short.”

Break up text in a logical order.

Make sure the most important information is to-the-point and easy to find. Think about what should be in bullet points, break-out boxes, headings, etc. A wall of text is overwhelming.

- When giving directions, especially step-by-step, consider whether there are additional implied steps that need to be spelled out. You may have to add extra steps for clarity. Instead of: “Step 3: Complete the registration form. Be sure to include name and phone number.” → “Step 3: Fill out the registration form with your name and phone number under ‘Contact Information.’ Step 4: Click the blue ‘Submit’ button at the bottom of the form.”

Use short, simple materials to point to additional information.

Capture key messages and a call to action on materials such as flyers, posters, social media posts, or web banners. Provide clear direction to where people can get more information. This could be a web address and/or QR code, or a phone or email contact. If you have a website, email, and phone number, provide all of them to help meet as many technology and accessibility needs as possible.

- When possible, direct to information in additional languages, as well. **Example:** A poster about how to quit smoking could include a phone number for the Quit Line as well as a web address and QR code with information in multiple languages.

Emphasize key takeaways and calls to action.

Make sure it is clear in the message what people are being asked to do or know. Too much information without a clear takeaway can be stressful to process, especially when it's about health and safety.

Use directive, action-oriented language.

When providing health information, prioritize short, clear phrasing that captures what people should be doing. If there is no call to action, it may be appropriate to end on a "Learn More" action that directs to additional information. **For example:** Instead of "Many beaches are closed to shellfish harvesting due to toxins. Anyone who harvests shellfish should consider checking the shellfish safety map to see if their favorite beaches are closed." → "Check the shellfish safety map before you go. If your favorite beaches are red or brown on the map, don't harvest there. Most beaches are currently closed due to dangerous toxins."

Use person-first language.

For initial interactions and broad public communications, default to person-first language. Don't label people by their diagnosis. If communicating directly with or about someone who has shared a different preference with you, defer to their preference.

- Note: Generally, the deaf and autistic community prefer language that recognizes the terms as an identity ("autistic person," "deaf person" rather than "person who is autistic," "person who is deaf"). It's best to check with your target audience whenever possible.

Avoid stigmatizing language.

Be specific and straightforward. Avoid language that conveys fault or flaws based on disability. Stigma arises not only in how we communicate to and about people with disabilities, but also how we communicate to and about people who don't have disabilities.

Instead of…	Use...
Handicapped facilities	**Accessible facilities** **Example:** “Accessible parking” or “Accessible restroom”
Disabled or handicapped (about a person/ people)	**Person/people with disabilities** When possible, be specific and consider the purpose of the message. **Example:** Instead of “Disabled people may have a harder time accessing parts of the trail” → “The full trail is not accessible for people who use a wheelchair or have a hard time walking on uneven surfaces.” This also helps people who may be part of your target audience but who don’t identify as having a disability.
Able-bodied, normal, typical, etc.	**Person/people without a disability** The CDC estimates that 1 in 4 adults in the U.S. have some type of disability. Having a disability is not out of the norm or atypical. If there’s a reason to specify whether someone does or does not have a disability, do so clearly with person-first language. **Example:** Instead of “That’s loud enough for someone with normal hearing but not for someone who is hearing impaired” → “That’s loud enough for someone who doesn’t have a hard time hearing, but not loud enough for everyone.”
Birth defect	**Congenital disability or specify “from birth”** Depending on context, you may need to explain congenital as meaning “from birth” since it is not a common word in everyday use. However, “defect” harmfully implies that someone is wrong or incomplete, which makes a more technical term like “congenital” preferable.
Impaired (hearing impaired, vision impaired)	**Deaf, hard of hearing, blind, color blind, etc.**
Disorder or condition (when referring to IDD)	1) Use an alternative or abbreviated term that does not include “disorder” or “condition.” OR 2) Focus on experiences rather than diagnosis. **Example:** “autistic” or “autism” instead of “autism spectrum disorder” OR “Students receiving extra reading support” instead of “students with a reading disorder” In writing for healthcare or medical audiences, there may be times when using “disorder” or “condition” is necessary to make sure our terminology matches medical resources, training, and tools. However, for broad public communications, avoid “disorder” and “condition.”

Limit colloquialisms or figures of speech.

These can be useful for getting attention or illustrating a point, and a catchy play on words is a common marketing technique. However, when sharing important or time-sensitive information, make sure key messages or action items do not rely on a figure of speech. People with intellectual or developmental disabilities may be more likely to take a figure of speech literally, and these phrases often don’t translate well to other languages or cultures. **Example:** Instead of “Stay home if you are feeling under the weather” → “Stay home if you feel sick.”

Tell people’s stories, but don’t treat their daily lives as heroic.

Storytelling is a powerful way to share information. However, portraying people with disabilities as heroes for living their daily lives can be isolating or othering. The way people think and interact with the world is not inherently an obstacle they must overcome. Rather, they must overcome systems and societal structures that were not built to be inclusive. Focus on highlighting individual strengths and pointing to ways the system can improve.

Avoid, or at least approach with caution, trendy or made-up words.

Examples include “diversability” or “handicapable.” One of the more common phrases is “differently abled,” which has received a mixed reception. These terms can be appropriate to use in direct quotes from individuals or if they are being shared directly from a partner organization with expertise on the topic. However, they should not be a substitute for clear, simple language in materials created by the Health Department. **Example:** Instead of “Data show that diabetes is more common among people who are differently abled” → “Data show that diabetes is more common among people with disabilities.”

- “Neurodivergent” or “neurodiverse” are largely accepted terms. These are in wide use and have established meanings. While neurodivergent or neurodiverse can apply for people with intellectual and developmental disabilities, these terms also acknowledge that people experience the world differently for a variety of reasons. These terms may be better received by people who identify as neurodivergent but do not consider themselves disabled.
- When in doubt, go for simple, specific, well-established terminology especially in print materials. Once something is in circulation, there is limited ability to update and outdated versions may stay in use. Don’t get stuck with a “term of the week” on long-term materials.

When developing materials or programs for the IDD community, include IDD representation and voices in the decision-making process.

This is in alignment with legislative and advocacy measures such as “Nothing About Us Without Us.” For terminology and wording, this could include: asking about terminology preferences early in program development so communicators are prepared when it is time to develop materials; asking for review of key materials that have been created; when unable to do a more extensive review, ensure alignment with existing community-informed guidance.

Do not oversimplify or assume lack of comprehension.

If information needs to be provided differently, it generally needs to be in a different format (audio rather than visual, for example) rather than oversimplifying language. **Do:** Use plain language consistently for general audiences. Be prepared to provide information in different formats. **Do not:** Speak down to someone (i.e. talk to an adult like you would a child) or dramatically oversimplify wording for someone based on how they speak or look.

- For materials developed specifically for an IDD audience, consider layout, format, and how it is distributed. However, keep overall language guidance consistent. Plain language for a general audience = plain language for an IDD audience.

Proactively address misinformation and disinformation about the IDD community without repeating inaccuracies.

There is bad information out there about disabilities. Rather than being reactive, public health should consistently share proactive, accurate information. Avoid repeating false information in public-facing materials, even when correcting it. Instead, emphasize accurate information and dispel myths by stating facts. **Example:** Instead of “You may have heard that childhood vaccines cause autism. That’s not true. Vaccines are safe and effective.” → “Childhood vaccines are a safe, effective way to keep kids healthy. In-depth studies have found no link between vaccines and autism. Learn more: https://www.cdc.gov/vaccine-safety/about/autism.html”

Encourage self-advocacy.

One frequent call to action in health materials is “talk to your doctor” or “ask your healthcare provider.” If possible, provide additional tools to help people advocate for themselves. **Example:** Providing a checklist of questions people can ask their doctor or a reminder about accessibility requirements for health information.

- Address the healthcare audience, too. We don’t just write information about health that is reaching the IDD community, we also write information that reaches the healthcare community. Share community-informed IDD priorities in health-focused information. **Examples:** importance of hygiene and cleanliness in medical or homecare settings, risks of cross-contamination with food prep by caregivers, and potential for increased risks for people with disabilities in a healthcare setting.

Be mindful not only of how we talk about people, but also how we label services.

Overly specific or overly vague labels for programs and services can exclude people. Seek guidance from the target audience and from staff providing the services about what the services are and what they should be called. **Example:** The Health Department has a “Children and Youth with Special Health Care Needs” program, not a “Children with Disabilities” program (too specific and may alienate families without a diagnosis) or a “Children and Youth” program (too broad and doesn’t adequately indicate the program’s purpose or audience).

SECTION 2

Graphics and Design

General Considerations

"If it's not effective, it's not communication."
– Paul, Everett Community College

Graphics and design directly impact how:

- accessible
- understandable
- relatable and relevant
- engaging and interesting
- clear and actionable

our information is for our target audience. It also can impact the tone and feeling associated with a particular topic. Inclusivity and accessibility in graphic design helps model a more inclusive and accessible community.

The IDD community is diverse and has a mix of interests, strengths, experiences, and needs. No graphic or design will be universally beloved, but overall we should use graphics and design elements that:

- Improve accessibility and ease of understanding information
- Spark interest in engaging with the information and taking action
- Are inclusive and representative but do not stigmatize
- Emphasize key information in a way that makes it easy to find and use
- Prioritize specific, manageable bites of information that are easy to follow
- Can be used by partners and shared through their platforms
- Use visual cues to draw attention to and better explain health and safety concepts
- Can be adapted into other languages or formats as needed
- Is not overwhelming and unnecessarily stress-inducing. Though some health and safety topics are by nature stress-inducing, design elements should not be the trigger for stress.

Guidance for Communicators

Color contrast and readability.

Colors used in design should contrast adequately so that words, symbols, or images can be clearly seen against the background, even for people who do not see all colors. Contrast also should consider black-and-white versions of a design – sometimes text that shows well in color will not have enough contrast in grayscale. Contrast needs vary between print-only and web materials. For websites, Adobe has tools available at https://color.adobe.com/create/color-contrast-analyzer. Under “Tools” you can select either “Contrast Checker” or “Color Blind Safe.” You’ll need to know either the RGB or HEX code of the colors you’re using. You can also select the level of WCAG ([Web Content Accessibility Guidelines]()) you’d like to check against. AAA is higher than AA.

Image from Texas A&M University
https://esail.tamu.edu/faculty-tutorials/accessibility/accessibility-series/contrast-color/

Do not rely on color to communicate.

Color can help emphasize information – a red “stop” sign, a green “go” arrow – but it should never be relied on to communicate the full message. Use color as a piece of the design along with shapes, illustrations, symbols, and words that all work together to convey a consistent message.

Splashy is not always accessible.

It can be tempting, especially online, to have dramatic images, lots of clickable features, a variety of colors and decorations, moving images, etc. However, clutter makes web content less accessible. A simple webpage is more user-friendly and will interface better with assistive technology such as screen readers.

Font size and styles.

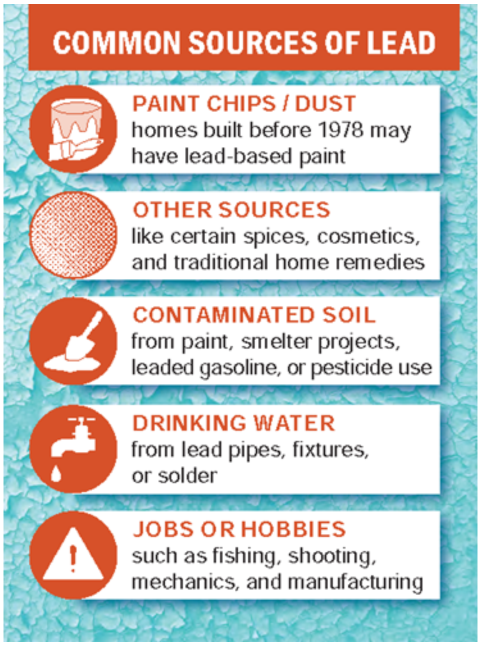
It’s important to have contrast between sizes of text to create a hierarchy of information. Font size helps people know where to look first. Avoid using more than 2 or 3 different fonts per project. There’s no consensus on whether serif or sans-serif fonts are more readable. Consider visual disabilities as well as the age of readers. The most important element of the font you choose is that it is clearly readable – elaborate fonts or script may look artistic but are harder to read. Image at right is an example of font size creating hierarchy in a poster.

Use visual cues to emphasize information.

Information can be accessed and understood more effectively when it's broken down and divided into smaller sections. Visual cues help identify important information, navigate multiple pieces of information, and illustrate or enhance understanding of information. Examples of visual cues include:

- Using icons or color to distinguish between sections
- Incorporating icons, photos, or illustrations that show key elements of the message (see example sign above with "stop" sign and icons for hand sanitizer, masks, and signing in).
- Using bullet points, arrows, borders, lines, etc. to break up text
- Using white space strategically to spread out information or emphasize major points.

Examples below show use of visual cues such as icons, shapes, shading, and space to break up information. Left is part of a print booklet about lead and children, and right is a website for food permitting with graphic buttons to navigate to specific topics.



COMMON SOURCES OF LEAD

PAINT CHIPS / DUST
homes built before 1978 may have lead-based paint

OTHER SOURCES
like certain spices, cosmetics, and traditional home remedies

CONTAMINATED SOIL
from paint, smelter projects, leaded gasoline, or pesticide use

DRINKING WATER
from lead pipes, fixtures, or solder

JOBS OR HOBBIES
such as fishing, shooting, mechanics, and manufacturing

meat/fish dealers, campground cafeterias, school cafeterias, and vending machines. **Click on the type of permit you want to get more information on.**

Use inclusive, non-stigmatizing images.

Images of people with disabilities should be used in public materials to show individuals engaging in daily life and being part of the community. Include different demographics not just in terms of disabilities, but also coloring, hair styles and textures, ages, gender identities, manner of dress, etc. That said, having diverse imagery is not best achieved by using a "checklist" approach of identities to include. It should be done thoughtfully based on content and audience. **Example:** When promoting active transportation, include an image of someone using an accessible path in a wheelchair, as well as images of families with children, older adults, and people of different races and ethnicities. Do not rely on a checklist of diverse identities for all materials without consideration of audience and content. This becomes performative and can lead to images of stereotypes, which can be harmful. Also, remember that many disabilities are invisible and would not be evident in a photo.

Examples below are a flyer and a template for community events that feature multiple images.

JOIN US
JUNE 8

STEPPING STONES FAMILY EVENT!

JUNE 8, 2024 10:00 A.M. – 2:00 P.M.
SNOHOMISH COUNTY HEALTH DEPARTMENT
3020 RUCKER AVE. EVERETT, WA 98201

Snohomish County Early Head Start, ESIT/Family ICC and the Health Department invite families with children prenatal to five to come explore Stepping Stones to . . .

Keep your Child HEALTHY

- Lead Poisoning Prevention - Bring Toys, Soil Samples or Other Household Items to Test for Lead
- Access to Dental Care

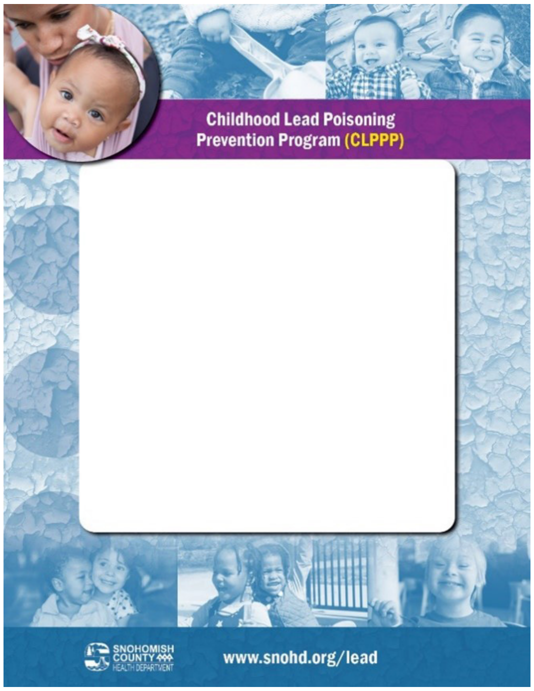
Keep your Child LEARNING

- Early Learning Supports and Resources
- Communication Supports for Young Children
- Home Visiting, Preschool and Childcare Resources
- Fun Activities for Children

Keep your Family GROWING

- Career Development - Resume Writing, Interview Prep
- Banking and Budgeting
- College, Vocational, and ESL Classes

For more information or to request an interpreter, call 425-388-7402.



Childhood Lead Poisoning Prevention Program (CLPPP)

www.snohd.org/lead

When obtaining images online, always check usage guidelines and attribution requirements, which may vary from site to site.

Some sites have paid and free options, which can be indicated in filters when first searching. A list of possible image resources is included at the end of this section under “Key Resources.”

When possible, use actual images from the community.

These could be from events or could be accumulated by inviting a diverse group of residents to model for an inclusive image library. This is more meaningful for local audiences than stock images. It’s also a way to increase inclusion.

Design materials to be versatile and adaptable for translations or new formats.

If a material will be translated into other languages, leave extra white space in the design to account for differences in word length. Leaving extra space and breaking up information into short chunks also makes it easier to adapt materials to other formats. **Example:** A flyer can be turned into a short video for social media by pulling sections from the flyer for simple video slides, or information from a poster can be pulled to easily create an event webpage.

Use visual representation (pictures or symbols) that match words for instructions.

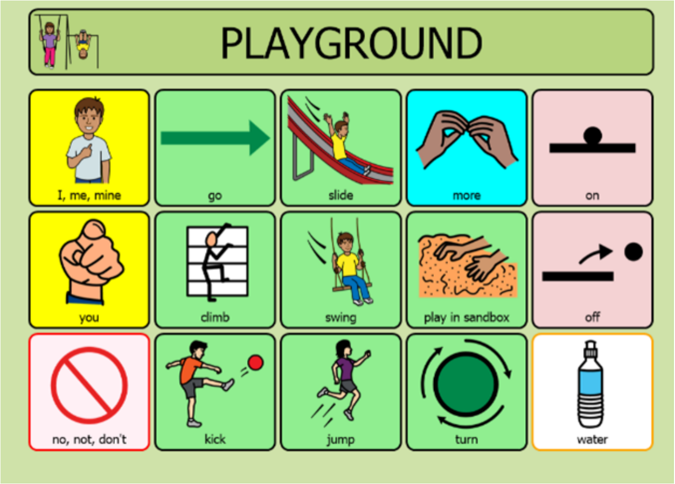
This can help with comprehension, especially for instructional information. Break things down to one image/symbol per word or phrase. Symbols or illustrations usually work better than photographs, but it depends on topic and audience. Example below for handwashing.

Incorporate simple words into image-heavy designs.

Don’t rely only on images to convey a message since they can be interpreted differently by individuals. Include simple words paired with images to be as clear as possible.

Aim for consistency and recognizable illustrations or symbols.

This can be done by using existing resources from local, state, or national partners, as well as by referring to existing items created by or used in the community, such as communication boards (Augmentative and Alternative Communication or AAC Boards). Resources for existing symbols and illustrations may include the Washington State Department of Health, the Department of Social and Health Services, and local organizations working with the IDD community. Example board below is [free download from the Arkansas Down Syndrome Association](#).



Consider purpose and venue.

The format should make sense with the purpose of the material and the audience. Ask:

- Will this be displayed in print, digital, or both?
- Where will be this be displayed?
- Who will be looking at the material?
- What do we want them to do or remember most from the material?

Example: A rack card about heat and smoke safety that goes out to senior centers is a different venue and audience than a poster about heat safety for child care facilities. While the information is similar, the size, colors, designs, images, etc. are likely to vary.

Ensure that online content can interface with assistive technology.

One of the most important aspects of making sure assistive technology can interface with materials is having a website/digital platform provider that incorporates accessibility requirements and best practices into the platform itself. When considering new web platforms or updates to existing platforms, a discussion of accessibility should be a priority. Once a platform is in place, communications staff or others who create or post content should be trained on key accessibility features and steps. This includes:

- Using headings, subheadings, bullet points, and other features as provided by the platform. Example: Do not just **bold** text and call it a heading on a webpage – web platforms built for accessibility have specific heading options that are set up to read as a heading when a screen reader scans the page.
- Do not use "click here" for hyperlinks. If someone is using assistive technology, "click here" does not give any context for a link. Example: Instead of "For more information about temperature control, click here" → "For more information about temperature control, download this Safe Temperature Zones poster."
- When uploading documents or images online, check that the file names, alternate text, and image description are completed. Example: When uploading a graphic button that says "Temporary Food Booths," make sure the file name in the online system and the alternate text says "Temporary Food Booths." Otherwise, if the image doesn't load or if someone is using assistive technology, it might read as a clunky file name ("TempFoodIcon1").

Accessibility checkers or website scans are available from trusted resources and may be part of your organization's contract with a web vendor. Because many issues flagged in accessibility checks involve how a site is built or nuances in the code, it is essential to have the web provider on board to address concerns

If you think an image doesn't need a description online, reconsider whether to include it at all.

Legally, an image that is purely cosmetic/decorative (does not add to the message) does not require an image description online. However, if the image does not add anything to the message, it is likely unnecessary for the material.

Make use of built-in accessibility review features.

Most major software programs that allow you to create documents have a feature to help check accessibility. Microsoft Word, Excel, OneNote, and PowerPoint offer “Check Accessibility” in the “Review” tools. Adobe also offers tools like Prepare for Accessibility, Accessibility Check, Accessibility Report, Reading Options, and Reading Order for PDFs. Use these to check newly designed documents before publishing.

Keep smaller screens in mind.

Most digital readers use phones to access information online. Web content should be optimized for use on a mobile device. Can the document still be navigated on a smaller screen? Do you need a “click to enlarge” option for an image?

Maintain clarity, aspect ratios, and readability.

When digitizing a print document or resizing a file, make sure the aspect ratio stays the same so images and words do not stretch or distort.

Make sure forms are accessible.

Fillable PDFs are best for accessibility – they can be done digitally or can be printed and filled out. Do not rely 100% on a web form because some people need alternative ways to submit information. On any fillable form (print and/or digital), include contact information near the top where it is easy to find: “If you need assistance filling out this form, please contact …” Keep forms simple, plain language, and easy to read so people can have a friend or family member help them complete it, too.

When developing materials or programs for the IDD community, include IDD representation and voices in the decision-making process.

For graphics and design, seek input from someone who has an intellectual or developmental disability, an experienced peer who works with the IDD community, or a trusted community voice such as a service organization who specializes in IDD. When not possible to get community review on a material, ensure alignment with community-informed guidance.

Pursue web testing that includes users with accessibility needs.

A webpage that checks all the boxes for ADA requirements still has room for improvement. When there is an opportunity to do an accessibility review of your website, make sure the review incorporates user feedback from people with accessibility needs.

Review accessibility requirements and ensure alignment with legal requirements for web and mobile content.

These have been updated and the rules apply to government agencies like public health. More info: https://www.ada.gov/resources/2024-03-08-web-rule/

When sharing data, spell out statistics and use clear visuals.

Numbers can be particularly overwhelming or confusing. Look for comparisons you can make to help put numbers in perspective or write them out in a descriptive way rather than as a ratio or percentage. **For example:** Instead of saying “75% of high school students say they’ve never smoked,” say “Three out of every four high school students say they’ve never smoked.”

Use CamelCase for social media posting.

Hashtags string words together with no spaces. Camel case is a style of writing that has no spaces or punctuation but capitalizes each separate word. The capitalization helps with clarity and ease of separating words. **For example:** Instead of #getoutsideandplay → #GetOutsideAndPlay

Image resources

Many of these include free/public domain images, but always be sure to check attribution and usage guidelines before using any service you are not paying for when it comes to stock photos.

- https://disabilityisbeautiful.com/
- https://www.cpsc.gov/Newsroom/Multimedia/Americans-with-Disabilities-Home-Safety-Best-Practices
- https://affecttheverb.com/collection/ (see https://affecttheverb.com/usage/)
- https://disabilityin.org/resource/disability-stock-photography/
- https://unsplash.com
- https://pixabay.com
- https://www.pexels.com
- https://www.openpeeps.com/

SECTION 3

Tools and Methods of Communication

General Considerations

> *"Community partners are crucial for us. They can help provide more individualized supports."*
> *– Trisa, Snohomish County Human Services, Developmental Disabilities and Early Learning*

People with intellectual and developmental disabilities experience health disparities that can impact quality and length of life. Failure to share information in a helpful, understandable, and actionable way can contribute to these. Many health-related processes, public services, and communications tools are designed for a wide audience and are not enough, on their own, to adequately convey information to individuals with different communications needs.

"Tools and methods of communication" is a broad topic. For this guidance document, we are talking about the "how" of disseminating information. Once we have a clear message (see "Terminology and Wording" section) and a well-designed format (see "Graphics and Design" section), what tools and methods are we using to distribute that message, and does it interface well with tools the IDD community uses to access information?

Tools can include popular platforms like YouTube or Instagram, or common document types like fillable PDFs or printed posters. They can also be specific tools for individuals with disabilities, such as Augmentative and Alternative Communication (AAC) Boards or interpreter/translation contracts that include American Sign Language (ASL) for video briefings.

Perhaps the most important method of communication is through partners. Despite all the features and technology at our fingertips, nothing has replaced trusted community voices.

The IDD community is diverse and has a mix of interests, strengths, experiences, and needs. It is unlikely we'll ever have a perfect set of tools to anticipate every need that may arise, but overall we should prioritize tools and methods of communication that:

- Are well-established and are used by the IDD community
- Are reliable and have support for technical issues or emerging needs
- Are versatile and allow multiple ways to engage with information
- Are low barrier (no cost to the public to access, available throughout Snohomish County, etc.)
- Meet accessibility requirements and regulations
- Encourage easy navigation to additional information and resources
- Allow for easy sharing to community partners, and for those partners to easily share with their networks

Guidance for Communicators

Offer options.

Share key information in multiple formats and using multiple tools. This is especially important if you are asking people to respond or take action. When possible, provide options for people to engage with the information physically (printed materials or in-person interactions), online, and a phone number and/or email to contact for assistance. This can be as simple as having an informational flyer with both print and digital versions that includes a contact number, or as complex as a multi-platform communications campaign. The key is that there are options for engaging in different ways and using different tools or devices. For example: When promoting an annual resource fair, have paper flyers to put up and send to partners, an event information page online, and send a news release to print, TV, and radio outlets so there is as much variety as possible.

Consider barriers created by electronic security or authentication requirements.

Security is important, and any changes that involve electronic security should be made in coordination with information technology (IT) staff for your organization. However, security should be handled with accessibility in mind. Requiring several points of log-in, multi-factor authentication, or alternatives like facial recognition or fingerprints can create barriers. People may not have multiple email addresses or phone numbers to use for authentication, they may have specific accessibility settings on their electronic device, or they may not be able to hold a device steady to scan a face or fingerprint. If someone is overwhelmed gaining access to a system, it's hard for them to successfully navigate the system to get what they need. Look for human options to provide technical support for security measures that cannot be simplified.

Include a digitally accessible version of information, even for traditionally print materials.

Font size, colors, fading or smudging, and other factors can make a printed item harder to read than a digital version, while digital options give people the ability to zoom in and out or use a text-to-audio tool. For example, a poster or flyer could have a QR code and a link to the same information in a digital format so someone can open it on their own device.

Use established and versatile platforms.

It is important to use platforms that interface well on a variety of devices and browsers, and that have been established long enough to be familiar to users. One strength of social media is that it is interactive and neurodiverse users have tried, tested, and established ways to share content that work for them. It is best to consult with the community about preferred platforms. There may be new, more accessible options worth exploring while maintaining a presence on the big-name platforms.

Stay updated on, and make use of, the accessibility features on your key platforms.

This includes alternative text for images, captions and/or transcripts for audio content, video subtitles, and clear sound on audio/visual files. Stanford University IT has a simple guide on key accessibility features for Facebook, Instagram, YouTube, and X (formerly Twitter) available online: https://uit.stanford.edu/accessibility/accessible-social-media. Check back periodically on guidelines or tutorials from the specific platforms. Accessibility features or posting tools can change over time.

Build awareness with public-facing staff about accessibility tools for direct communications.

This should include awareness of no-cost, low-barrier resources such as 711 for TTY-Based Telecommunications Relay Service: https://www.fcc.gov/consumers/guides/711-telecommunications-relay-service. It should also include specific information for your organization, such as what interpretation options are available or where to direct clients for help getting reasonable accommodations. Consider a "cheat sheet" for key resources that can be provided to new hires. A cheat sheet should be reviewed on a regular cadence, such as an annual review in coordination with partners.

Do your best to make reasonable accommodations when unexpected needs surface.

On websites and key materials, make sure there is a point of contact and/or a statement on how to address accessibility needs. **Example:** "To request the file in a different format or for other accessibility needs, contact SHD-Info@snoco.org."

Find ways to incorporate nonverbal and non-text communication as an option for interactions.

Work with public-facing programs that interact directly with visitors on incorporating nonverbal/non-text communication support. Visuals help even the playing field for people who struggle with words. They can help explain topics, clarify misunderstandings, or illustrate details like size or scale. **For example:** Public health nurses may want to have a communication board available with images/symbols to help people indicate things like pain level, symptoms, how long they've felt unwell, etc.

Offer large-text format for text-heavy materials.

Some documents, forms, or other products are text-heavy and cannot be simplified in-house because they have legally required language or were provided by a federal or state authority. Make sure large-text versions are available by request, particularly for any document that goes over personal or clinical care and/or requires someone to review, sign off, or otherwise make a decision based on the content.

Offer hybrid formats for meetings or presentations.

Getting to and from a public meeting can be a barrier to participation, especially for people with specific transportation, mobility, or communication needs. Offering a hybrid format for public meetings, presentations, or workshops increases accessibility. An in-person option removes barriers for people who are less comfortable with technology, and a virtual option (such as a Zoom meeting) removes barriers for people who cannot be there in person or who communicate using technology. Make sure there is a dial-in option for people who only have phone access.

Include "how to" instructions for required tools or platforms.

Sometimes, specific platforms or tools must be used. For example, health information for clients may need to be entered or accessed through a specific system to ensure compliance with privacy rules. Or businesses may be required to submit permit information using a particular tool. If there is a system that people must rely on, make sure there are instructions available in multiple, simple formats. **For example:** A printable instruction sheet with text and illustrations, an online version of the instruction sheet, and a how-to video.

Lean on partners to help distribute information and identify gaps.

People in the IDD community and organizations working directly with the community know how to share information effectively. The most important "tool" for communication often isn't a tool at all – it's a network of people and organizations. Identify existing resources to plug into for planning, reviewing, and sharing information. Provide a clear and consistent option for how these partners can share feedback for continued improvement of Health Department communications.

Streamline information packets.

One common form of communication in customer service or clinical care settings is the “packet” or “binder” of important information and documents that someone leaves an appointment with or is expected to bring – completed – to an appointment. Too many documents make information hard to find and processes hard to navigate. Options to simplify these leave-behind or take-home materials include:

- reviewing what is in the packet and removing items that duplicate information
- finding ways to combine similar materials into a single user-friendly version
- organizing information in a way that puts the most important tasks, instructions, or need-to-know items at the front in an easy-to-digest format
- verbally reviewing with the client or offering digital options (such as a video tutorial) to help navigate complex packets
- leave adequate white space on printed informational materials so they are less visually overwhelming and people can make their own notes in the white space
- periodically audit essential information packets by having clients use the packet and provide feedback.

SECTION 4

Language access needs, cultural responsiveness, and equity considerations

General Considerations

> *"People don't always want to have to ask for something different*
> *or acknowledge that they have a disability."*
> *-John, Northwest ADA Center*

While this document is focused primarily on better communicating with individuals with intellectual and developmental disabilities (IDD), we know there is intersectionality to consider in our communications, as well. Someone who is part of the IDD community has many other aspects to their identity and experience. This could include (but is not limited to) primary language, culture, race and ethnicity, age, gender identity, faith, or socioeconomic factors such as education, income, and employment.

There are layers to accessible communications, and many points explored earlier in this document tie in with equity considerations. For example, by using plain language and effective graphic design, materials are easier to understand for people whose first language is not English, and the information also is easier to translate and lay out in additional languages.

The IDD community is diverse and has a mix of interests, strengths, experiences, and needs. It is unlikely we'll ever meet every possible need in a single communication, but overall we should prioritize communications that:

- Use simple language and can be easily translated or interpreted
- Are designed to be easy to read visually and easily understood if read aloud
- Offer multiple options to access the information, including easy digital access so people can use their preferred technology
- Can be easily used and adapted by community partners
- When translated, use professional resources and human review (not relying on auto-translate for health and safety information)
- Incorporate community input whenever possible, such as community-informed guidance, community involvement in planning, co-creation of materials, and/or review of materials by community members.

Guidance for Communicators

Key reminders from previous sections:

The following bullet points are an abbreviated list of some guidance from previous sections that also applies for language access, cultural considerations, and equity. Please refer to those sections for more in-depth discussion.

- Simplify materials and use plain language.
- Break up text into manageable pieces of information and use design elements to emphasize critical information.
- Use visuals that illustrate and explain the message.
- Offer options and share key health information in multiple formats and using multiple tools or platforms.
- Work with community partners to create, review, and share health information with diverse communities.

Language access is more than direct translation.

Professional translation of text for materials is an important piece of language access, but not the end point. Language access also should include cultural considerations and review. Straight word-for-word translation can miss nuances that are important for making a message clear in languages other than English.

Include sign language interpretation.

Staff who interact regularly with the public should be provided easy-to-access information on their options for requesting a sign language interpreter when needed. For broad public communications, an ASL interpreter should be brought in when possible for video or in-person events (such as press conferences, public forums, town halls, community trainings, etc.) When relaying urgent health information (for example, a press conference about an outbreak and the safety precautions people should take), bringing in an ASL interpreter should be a high priority. If an interpreter cannot be arranged, it is crucial that subtitles and/or a transcript are made available along with the recording of the presentation. Urgent health information should never rely only on audio or only on visual presentation.

- Note: American Sign Language (ASL) is only one variety of sign language. Even sign language in the same spoken language (such as English) has variations – British or Australian sign language is not the same as American. While it is not realistic to guarantee every spoken and every signed language will have an interpreter available on short notice, it’s important to be aware that ASL is not the only language the deaf community relies on and that other variations should be made available when possible.

- There has been a shortage of sign language interpreters, particularly in specialized fields such as health and medicine. It is beneficial to work with partner agencies or regional authorities to make the best use of a limited resource. **For example:** If there is a public health announcement about an outbreak impacting three counties, work with the other two counties to coordinate a single interpreter for a public briefing.

Clearly state when language assistance is available.

When sharing information on public services, be clear up-front about availability of translation and interpretation. Include a clear, plain-language message in promotional materials stating that language services are available. This also applies when directing people to partner services, such as the 988 crisis line or Washington Recovery Help Line. When possible, direct people straight to the language resource they need. **Example:** the 988 crisis line has information specifically for people who are deaf or hard of hearing that is linked at the top of their webpage (https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/).

Ensure continuity of language access when pointing people to resources or events.

One struggle with translating information (particularly for webpages) is that some information points to external partners, and those partner resources may not be available in all languages. When providing information in multiple languages, ensure that key health and safety points have all been translated. Remove links in translated materials that point to pages that are not available in that language. **Example:** If you translate a webpage about foodborne illness and say: “Download the CDC flyer for a full list of symptoms,” it is important to ensure the flyer is available in that language OR, if not, remove that link and provide a translated list of symptoms.

Provide interpreters at public events when appropriate and possible (such as bringing in a Spanish interpreter for a community training in a neighborhood with a high number of Spanish-speaking families). When interpreters will be available, promote the event in that language and clearly state that interpretation is available. Avoid promoting events in other languages if there will not be language services at the event. **Example:** If you are hosting a forum on dental access and want to promote it in the Spanish-speaking community, make sure there will be Spanish interpretation at the forum. If the event will be only in English, don’t pass out flyers in Spanish; it is misleading to people who could assume that since a flyer is in their language, the event would be provided in their language, as well.

Be mindful of cultural barriers to understanding IDD.

There are differences in how cultures and faiths view disabilities. There can be negative stereotypes, assumptions, and sometimes shame and fear. When communicating with specific populations about IDD, it is helpful to understand potential assumptions or beliefs that may be prevalent. The best way to do this is through community conversations and trusted partners so that misinformation about disabilities can be addressed in a way that is culturally appropriate.

As much as possible, provide accessible materials up front so people don’t need to ask for it.

Individuals may not see themselves as having a disability, may be unwilling to ask for information in a different format, or may be reluctant to explain that the provided information is not usable for them. By ensuring that key information is provided in accessible ways, we reduce the need for people to request a different version or ask for help navigating a material. **For example:** Include a link to an online resource where people can access multiple languages or formats of a material without having to go out of their way to request the information in that language or format.

Promote resources, activities, and health tips that are no- or low-cost.

Cost is a barrier for many individuals and families to access healthy resources. There are some great free resources that promote health that are no cost for individuals with IDD and their family, such as Special Olympics. High-priced resources are not appropriate for public health to promote as they are not available to most community members. When sharing health information, focus on how anyone – regardless of income – can participate in your call to action.

Monitor the fast-changing technology landscape for opportunities to improve access.

Artificial Intelligence (AI) is rapidly changing technology and in some areas bringing improvements, such as accuracy and cultural responsiveness of online translation tools. Professional interpreters and translators should remain the gold standard, but the increasing availability of better online translation tools can help bridge gaps in language access. **Example:** Technology could be used to generate a draft translation of a product that is then vetted by a community partner who is fluent in the language, giving an alternative for when a professional translation service is prohibitive due to availability, cost, or timeline.

Respect individual preferences on identity and terminology.

If you are sharing someone’s personal story as part of a communications campaign, use terminology they are comfortable with, even if you need to explain it to the broader audience in the context of the story. **Example:** Living “under the double rainbow” can describe people who identify as LGBTQ+ and autistic. This may not resonate or be familiar with a broad audience, but in blogs or online posts where individuals have shared their double rainbow experience, it is an important part of the dialogue. While this terminology is not ideal for general informational materials, it can be an important part of authentic storytelling.

Use welcoming language and visuals.

Many people who are part of the IDD community also have other aspects of their identity that have been stigmatized at some time, making them feel unwelcome. Be proactive by having inclusive visuals and wording in your materials and in public spaces *(see sections 1 and 2 of this document for more on wording and design.)*.

Reduce physical barriers to access.

Public spaces where people access services or get information should be physically accessible. This includes for people with limited mobility, limited means for transportation, or who need the assistance of a caretaker or a service animal. When distributing printed copies of information (flyers, posters, informational booklets, etc.) in the community, prioritize visibility in accessible public spaces – first floors of libraries near a ramped entrance, well-lit bulletin boards in facilities that allow services animals, in windows facing accessible sidewalks or paths, in clinic waiting rooms that serve a diverse patient population, etc.

SECTION 5

Resources and Partners

General Considerations

"Once you get community buy-in, it's a force-multiplier."
- Todd, Center for Independence

A recurring theme has been the value and impact of community partners and the benefits of sharing resources. This way, we are sharing consistent information, providing it in a way that is helpful for the community, and making the best use of limited resources. Proactively working with partners is more effective and efficient than responding to reactive feedback.

Washington State has requirements to include people with lived experience in a meaningful way on policy decisions that impact them per the Nothing About Us Without Us Act. Beyond policy decisions and state requirements, there are many opportunities to include voices from the community in public health work.

Some potential partners may have distrust of government and/or healthcare agencies based on historical injustices or past personal experiences. Genuinely striving to ensure their voices are reflected in our work and being up-front about potential challenges can help establish or rebuild trust.

Every community is different, so local connections are crucial to make sure communications are relevant not only for the IDD community, but for Snohomish County's IDD community. General accessibility guidance is important to adhere to – particularly federal and state requirements – but the nuances of accessible communication happen at the community level.

The IDD community is diverse and has a mix of interests, strengths, experiences, and needs. Partnerships are one of the most important ways to build trust and increase accessibility in communication efforts. Things to consider around partnerships and resources include:

- Approach partners respectfully, honestly, with actionable requests
- Compensate partners for their time when possible
- Don't overload partners. Value their time by making the most of it.
- Check back on potential gaps in representation.
- Seek spaces to be one of the partners rather than the lead.
- Ensure that partnerships go both ways – we don't just make an ask of partners, we also help respond to their asks.

Guidance for Communicators

Approach new partners through someone they trust.

A government agency approaching out of the blue can be, at best, impersonal and, at worst, alarming and upsetting. Some community members have bad experiences with government and/or healthcare. When possible, invite new partners to engage by reaching out through a trusted individual. Common examples would be another partner with a shared connection or an individual staff member who has worked with the community and can make a warm introduction.

Put in the time.

Just like a new friendship, a new partnership is not built instantly. It can take months or years to establish trust. Continue to build relationships with people who have expertise and lived experience. Keep an open dialogue. Workloads and projects can ebb and flow, but periodic outreach just to stay connected helps maintain relationships as well as identify needs in the community we may otherwise not hear about.

Help partners navigate the government process.

It's no secret that government processes can be layered and challenging. There are good reasons for many of these layers – often, they were put in place to prevent misuse of public resources and ensure accountability or security. However, external partners who have not dealt with these processes are likely to experience them as roadblocks rather than protections. Work with community partners to explain how processes work and how we can navigate them together.

Seek opportunities to compensate community partners.

When asking non-staff to work with you on a project, it is important to value their time and expertise. Compensation is a good way to do this. Compensation can take the form of monetary payment, such as stipends. However, not all projects, funding sources, or agencies allow for this. Funding availability also is likely to fluctuate over time. If monetary compensation is not possible, look for ways to offer a value exchange. This could be in the form of work or service experience, connections and networking, public acknowledgements, or opportunities to elevate their goals and priorities. **Example:** People may be motivated to participate in partnership opportunities to gain experience and professional references or to meet service requirements.

Be honest about mistakes, apologize, and explain what is being done to correct them.

Let's face it – we're going to mess up. Part of building trust in the community and working successfully with partners is transparency and a willingness to apologize and improve. When mistakes are made, our partners have advised us to:

- Be honest and own the mistake
- Just say sorry
- Explain how we are working to do better.

Assume good intentions.

Partners come with personal or organizational histories, sometimes friendly and sometimes challenging. When entering any new partnership or project, it's best to assume good intentions. We're all human, and we'll make mistakes. It's easier to recognize and move past mistakes when the underpinnings of the group include good intentions.

Set realistic expectations.

It can be easy to overload community partners with requests. When asking for help, presenting a new project, or recruiting participants, be up-front with yourself and with the partners about what you are asking and how they can be involved. If what you need is feedback, give options for how to provide it. If what you need is someone to be present for a community event or to help with a training or outreach effort, be clear about the time commitment and logistics before they commit.

Be clear that setting boundaries does not impact a partner's standing with the agency.

If a partner needs to decline a request or if the Health Department cannot currently fulfill a request, make sure partners know that stepping back from a single project does not impact opportunities to collaborate in the future.

Present something actionable.

The IDD community has many priorities and often an outsized responsibility for self-advocacy. A new partner or project request is likely competing for precious time, and it isn't always easy for individuals with lived experience to make their schedules, transportation, technology, etc. all line up to participate. It's important that any request to partners is something with a clear purpose that they can actively contribute to and make a difference. **Examples:** participating in a specific project, providing input on long-term planning and strategies, helping develop and/or review materials, or providing advice and assistance in directly reaching the IDD community with important information.

Be the partner when others lead.

While projects typically need a lead agency, it doesn't have to be us. Often, bringing partners together is talked about in terms of making sure everyone has "a seat at the table." Along with looking for opportunities to invite people to join us around our table, we should continually seek out tables in the community where we can pull up a seat and contribute. Sometimes, a more appropriate role for public health staff is to be one of the participants rather than the convener.

Recognize "no" as a fair answer, and don't close the door permanently.

If a person or organization declines a request to collaborate, be willing to walk away without judgment. Let them know that the door remains open. Consider checking back respectfully in the future if there is a different opportunity that might be a better fit. Try sharing participation requests or informational materials via community hubs (libraries, community centers, etc.).

Sometimes, a “no” is not because of the project or topic, but rather the venue or how the request was initiated or received. Don’t let one “no” or one rocky interaction get in the way of a potential future partnership.

Listen.

People tend to get tired of repeating the same information. When you hear recurring themes from community partners, make note of those themes. Instead of asking partners to repeat themselves when you work with them, ask them to elaborate more on what you don’t already know or to weigh in on next steps.

Listen with all of yourself, not just your ears.

Words are not everyone’s strength. This can be especially true for people with intellectual and developmental disabilities. Don’t just listen to what is said or read what is written. Ask yourself: Where and when are people showing up? When are they not? How are they engaging with the organization? What is their body language and tone when they do engage in in-person interactions? Are they looking at materials, and how much time are they spending with the information? Seek ways to gather feedback that don’t rely entirely on verbal or written communication.

Work with partners to get qualitative data.

Stories and experiences are the context needed to better understand the quantitative (numerical) data that is already integral to public health work. Partners can help gather, share, and elevate that qualitative data in communications work as well as overlapping areas such as policy and health education.

Real partnerships require buy-in at the organizational and individual level.

Many successes happen not because two agencies or organizations were involved, but because a few individuals with a combination of skills and experience moved the project forward. Make sure the individuals you are connecting with see value in the partnership. If there is hesitancy, try to identify what changes to the conversation or to the project itself could help engage the people you need.

Remember: no single system or effort can do it all.

When Human Services providers talk about charting the life course for someone, they can look at quality of life as a star with multiple points: community supports, technology, personal strengths, need-based services, and relationships. The systems and services we offer as governmental public health can contribute to some points on the star, but not all of them. Focus on the points we can improve.

Use successes as templates.

Success stories can paint a vivid picture of what inclusion really looks like and can inspire others to realize they can achieve their vision, too. Lessons learned on both sides (government and non-governmental partners) from completed efforts can pave the way for improved processes and/or better explanations of processes. **Example:** If a local business permitted by the Health Department opens a successful, accessible endeavor that improves employment and community access for people in the IDD community, learn more about how they made it work and what went well on the government end of the process, then use that to build a template or how-to resource to help others.

Connect with young people.

The voices of children, teens, and young adults often are not prioritized in high level government spaces, but they bring energy, advocacy, and a unique understanding of emerging needs, new ways of talking about things, and technology advances. Look for opportunities to engage young people working through trusted avenues such as schools, colleges, youth organizations, etc.

Key IDD Resources and Partners In or Serving Snohomish County

- Snohomish County Developmental Disabilities Advisory Board
  https://snohomishcountywa.gov/144/Developmental-Disabilities-Advisory-Boar
- ARC of Snohomish County
  https://www.arcsno.org/
- Center for Independence
  https://www.cfi-wa.org/
- Sherwood Community Services
  https://www.sherwoodcs.org/
- Everett Community College Disability Services
  https://www.everettcc.edu/students/cds/
- Edmonds College Services for Students with Disabilities
  https://www.edmonds.edu/student-services/services-for-students-with-disabilities/
- Special Olympics
  https://specialolympicswashington.org/
- Village Community Services
  https://villagecommunitysvcs.org/
- Informing Families
  https://informingfamilies.org/
- People First of Washington
  https://www.peoplefirstofwashington.org/
- Department of Social and Health Services – Division of Vocational Rehab
  https://www.dshs.wa.gov/dvr
- University of Washington Do-IT
  https://www.washington.edu/doit/

- Developmental Disabilities Administration
  https://www.dshs.wa.gov/dda
- Tulalip Tribes Family Haven Disability Support Program
  https://www.tulaliptribes-nsn.gov/Dept/FamilyHaven
- Bridge Ministries
  https://bridgemin.org/
- Providence Children’s Center
  https://www.providence.org/locations/wa/providence-regional-medical-center-everett/pavilion-for-women-and-children/childrens-center
- ChildStrive
  https://childstrive.org/
- PROVAIL (Adaptive Library and Telecommunication Distribution)
  https://provail.org/mobility-communication/
- Northwest ADA Center
  https://nwadacenter.org/about-us
- Allies in Advocacy
  https://www.alliesinadvocacy.com/

Note: There also are incredible self-advocates in the community, and these organizations may be able to help connect you with them, or self-advocates may know of others who are not part of these organizations who want to be involved in projects of interest to them.

References and Additional Resources

Section 1: Terminology and Wording

- PHSKC Equitable Language Guide (kingcounty.gov)
  https://cdn.kingcounty.gov/-/media/king-county/depts/dph/documents/about-public-health/equity-community-partnerships/phskc-equitable-language-guide.pdf
- Communicating With and About People with Disabilities | CDC
  https://www.cdc.gov/ncbddd/disabilityandhealth/materials/factsheets/fs-communicating-with-people.html
- Disability Language Style Guide | National Center on Disability and Journalism
  https://ncdj.org/style-guide/
- Disability Impacts All of Us Infographic | CDC
  https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html
- Guidelines for Writing About People With Disabilities | ADA National Network
  https://adata.org/factsheet/ADANN-writing
- Home (plainlanguage.gov)
  https://www.plainlanguage.gov/
- Effective Communication: Disability Awareness & Etiquette Guide (leadcenter.org)
  https://leadcenter.org/wp-content/uploads/2021/07/CIL-LEAD-JAN-Effective-Communication-Guide-WIOA.pdf
- Respectful Language (youtube.com) (People First of Washington)
  https://www.youtube.com/watch?v=sv6NarEHK-o&t=94s
  - More from People First of Washington
    https://peoplefirstofwashington.org/index.html
- Accessible-Social.com Glossary
  https://www.accessible-social.com/glossary

Section 2: Graphics and Design

- AccessAbility: A Practical Handbook on Accessible Graphic Design (ncdj.org)
  https://ncdj.org/wp-content/uploads/2019/01/RGD_AccessAbility_Handbook1.pdf
- Inclusive Images | Gateway to Health Communication | CDC
  https://www.cdc.gov/healthcommunication/Inclusive_Images.html
- Disability Design: Summary Report from a Field Scan (arts.gov)
  https://www.arts.gov/impact/accessibility/disability-design-report
- Data visualization: Understanding Data Accessibility for People with Intellectual and Developmental Disabilities (acm.org)
  https://dl.acm.org/doi/10.1145/3411764.3445743
- Dos and don’ts on designing for accessibility – Accessibility in government (blog.gov.uk) (several good posters/examples)
  https://accessibility.blog.gov.uk/
- Guides To Read Before Designing For Autism (designmantic.com)
  https://www.designmantic.com/community/designing-for-autistic.php
- Creating Accessible Powerpoint Presentations - Disability Awareness Training
  https://disabilityawareness.training/creating-accessible-powerpoint-presentations/
- Top tips for making your social media accessible - Disability Awareness Training
  https://disabilityawareness.training/top-tips-for-making-your-social-media-accessible/
- How FEMA communicates with caregivers: FEMA Disaster Preparedness Guide for Caregivers (ready.gov)
  https://www.ready.gov/sites/default/files/2024-02/ready-gov_caregivers-preparedness-guide.pdf

Section 3: Tools and Methods of Communication

- Communicating with People with Disabilities | National League for Nursing
  https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-d/additional-resources/communicating-with-people-with-disabilities-e030c45c-7836-6c70-9642-ff00005f0421
- Accessible Social Media | Stanford University IT
  https://uit.stanford.edu/accessibility/accessible-social-media
- Accessible Virtual Meetings | Stanford University IT
  https://uit.stanford.edu/accessibility/virtual-meetings
- A Guide to Social Media Accessibility | World Institute on Disability
  https://wid.org/a-guide-to-social-media-accessibility/
- ADA Requirements: Effective Communication | ADA.gov
  https://www.ada.gov/resources/effective-communication/
- A Guide to Interacting with People who have Disabilities | DHS.gov
  https://www.dhs.gov/sites/default/files/publications/guide-interacting-with-people-who-have-disabilties_09-26-13.pdf

Section 4: Language access needs, cultural responsiveness, and equity considerations

- IDD & Cultural Diversity
  https://www.aaidd.org/intellectual-disability/intersectionality/idd-cultural-diversity
- HHS Language Access Plan
  https://www.hhs.gov/sites/default/files/language-access-plan-2023.pdf
- Disability & Intersectionality Summit (see videos from past summits)
  https://www.disabilityintersectionalitysummit.com/
- Intersectionality : Resources : The Arc - Jefferson, Clear Creek & Gilpin Counties
  https://www.arcjc.org/resources/intersectionality.html
- Race, Ethnicity and Disability (nationaldisabilityinstitute.org)
  https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/08/race-ethnicity-and-disability-financial-impact.pdf