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COMMUNICATIONS SOLUTIONS TO ACHIEVING HEALTH EQUITY WITH POPULATIONS LIVING WITH DISABILITIES
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>> Welcome to the Mountain States Regional Health Equity Webinar, Communications Solutions to Achieving Health Equity with Populations Living with Disabilities, Hosted by the Mountain States Regional Health Equity Council. Before we get started,' few housekeeping notes. This webinar is scheduled to last one hour and will include a question and answer session after the presentations are completed. You can ask questions throughout the webinar in the pod located in the bottom of your screen. If you're experiencing any trouble with your audio, you can use the Q&A pod to request an audio call in. You can also adjust the audio at the top of your screen. For now, use the chat box to tell us how and let us know where you're from. This webinar is being recorded and the link for the recording will be sent after the webinar is over. Below the presentation is the caption screen pod. The font type, size, color, and size can be customized by clicking on the dropdown boxes. Be sure auto-scroll is checked so the captioning automatically scrolls in realtime. At the end of the webinar, we'll provide a brief survey we ask you to complete. It helps us design our webinars to best serve our audience.

My name is Karl Cooper and I currently serve as public health

programs at the American Association on Health and Disability. For those unfamiliar, we're in Rockville, Maryland, which is just outside of Washington DC and it's our purpose to help promote health and wellness initiatives for children and adults with disabilities. So, we serve across the life span and across all disabilities.

So, we're really excited about today's webinar, which will be looking at how we can promote for accessibility within healthcare. And I'll be moderating today's event, which will outline the cross-cutting strategies that can support more inclusive and accessible approaches to implementing healthy communications and health information technology. Presenters will share ways to engage the disability community to meet the needs and preferences of people living with disabilities, and they will provide an overview of progress on related objectives among people with disabilities.

They also will provide an overview of tools supporting civil rights of persons with disabilities that can be used to further healthy communications and healthy information technology goals and objectives. So, without further delay, I am pleased to introduce our panel of esteemed speakers. I'll go ahead and introduce them all now so I don't need to break in between presentations. So they will just continue one after another.

Our first speaker is Ian Shipps. He's the supervisory equal opportunity specialist at the U.S. Department of Health and Human Services for civil rights. We then have Rachel Tanenhaus, ADA coordinator at Cambridge Commission for Persons with Disabilities. Following that, we'll have Meg Ann Traci and Helen Russette from University of Montana Rural Institute for Inclusive Communities, and finally, we'll have Allison Hoit Tubbs who is the project coordinator for the national center on health, physical activity and disability. With that, I'll turn it over to Ian.

>> IAN SHIPPS: Hello, everyone. Thank you for joining us today. It's an honor to be here with you. I am supervisory investigator with the Department of Health and Human Services, office for civil rights. Just to give you a little bit of background about the office for civil rights, we are the enforcement arm here at DHHS that enforces federal laws that prohibit discrimination and also enforces health information privacy regulations under HIPPA.

With respect to today's presentation, of course, I will be talking with you guys about some of the efforts that we do regarding civil rights enforcement. This slide here explains some of the jurisdiction we have and require entities to ensure effective and accessible communication for individuals with disabilities. I'm not going to go into detail about these laws but just briefly they're title 6 of the civil rights act of 1964, section 504 of the rehabilitation act, the Americans with Disabilities Act, in particular title 2 which is state and local government, and section 1557 of the Affordable Care Act so these entities governed by them

must ensure accessible and effective communication for individuals with disabilities as well as limited English proficient individuals and I'll talk briefly about them as well.

So, who are the entities that must comply with those laws on the previous slide. This is just a brief list of those types of entities. Some of that are highlighted in bold face font on this particular slide include state agencies and municipalities. Of course hospitals and health insurance providers oftentimes get overlooked, but under the Affordable Care Act, section 1557 in particular, health insurance providers must also ensure accessible and effective communication.

This slide in general just talks about the different protections that individuals with disabilities have, in particular under section 1557 of the Affordable Care Act, but these same obligations or protections are included under Section 504 of the rehabilitation act as well as Title 2 of the ADA. This last bullet on this particular side of course is what I'm going to be spending most of my time talking about with you all today and that is that entities must make all health programs and activities provided through electronic and information technology accessible to individuals with disabilities. There's a phrase in this bullet that says electronic and information technology, and that's what I'm going to focus on during my portion of the webinar.

Oftentimes, it's referred to by an acronym as EIT. Also in the enforcement community, I will point out that this acronym, like technology in general, is and has evolved. So, not only when we talk about EIT or electronic and information technology, we're also referring to what's also referred to as information and communication technology, or ICT. They're essentially one in the same. So, they're interchangeable and they may be discussed throughout the webinar as either EIT or ICT. So, what is ICT information and communication technology? This slide just gives you some brief examples of what that might mean. It includes websites. It includes mobile applications. Kiosks, electronic documents and other electronic means of communication that aren't listed here. And of course, under the laws that we enforce, entities that receive federal financial assistance from us at HHS have to ensure that those types of communications are accessible to individuals with disabilities. And how in particular those covered entities make those electronic communications accessible are through primarily -- well, it's preferred, perhaps, at this point, that they be, that they conform with accessibility guidelines. I will prefer to this web content accessibility guidelines as WCAG. Currently there's a WCAG2.0 which is sort of the standard for web accessibility. Just know from this point forward, too, when I talk about information and communication technology I will primarily focus on website accessibility even though there are other types of electronic

communications of course that must also be accessible for individuals with disabilities.

Just for a little bit of background about WCAG. So, these standards, these guidelines were developed through the worldwide web consortium process in cooperation with individuals and/or organizations around the world with a goal of providing a single shared standard for web accessibility that meet individual, organizations, and governments internationally. So these are globally recognized standards and they're technology neutral and these guidelines actually have four specific principles that are applicable to accessible web content. So, websites, for example, -- these are the different principles. The content has to be perceivable, it has to be operable, it has to be understandable, and robust. Perceivable is exactly what it sounds like. This includes providing text alternative for non-text content. So, for example, if there are images on a website, procedural principle would require that these websites have text that would describe what those non-text images are portraying on the website. It also requires that the website include captions or other alternatives for multimedia.

The principle of operability just means that the website must be constructed so that it would help users navigate and find content on the website. Content must also be designed so that there's not cause or helps prevent seizures. The understandable principle means that the content must make the text, the content must be readable and understandable.

And then the robust principle means that the website usability has to be maximized with the compatibility of current and future tools. And real quickly, I don't have -- I'm a little remiss in not including a slide about the Federal Access Board, but if there's time during the Q&A portion, I might touch on it. But they have, they're a federal board that establishes accessibility standards and requirements, and in 2017 in January, they issued a final regulation that actually requires those entities that must, that are governed by Section 508 of the rehabilitation act to make sure that their web content is compatible with these WCAG 2.0 standards.

So in the past, the Department of Justice, not OCR, but I'm going to talk about some of these agreements that the Department of Justice has entered into with these other entities to make sure their website content is accessible in particular. On this slide, there are a couple of mentions of some of these types of entities. So, we have municipalities that entered into these agreements with the Department of Justice or DOJ. Those include buildings in Missoula, Montana, Fargo, North Dakota, fort Morgan, Colorado, and then of course Pennington County, South Dakota. These are particularly located in the Rocky mountain region, my office is in Denver, they fall under the regional office of OCR.

Also they settled on agreements with health departments. One

example provided in this slide is the Pike County Kentucky Health Department. Of course Ken is not in the Rocky Mountain West but I wanted an example for folks on the call to know that health departments also must ensure their websites are accessible. And then hospitals have also entered into agreements with the DOJ, including the Swedish Edmonds Hospital in Washington. Again, another entity that must make sure their web content is accessible.

Also, again, health insurance carriers also make sure that their websites are accessible if they must, if they are subject to the federal laws with enforce at OCR. So some of these agreements they entered into included various provisions. The ones I wanted to highlight are as far as accessibilities for websites are concerned, the entities had to develop and implement voluntary action plans so that the existing content of their websites is accessible. And the next slide will talk about what some of those action plans included or should include, perhaps. Another portion or another provision in these agreements included a requirement that web content be, that new web content be accessible, in particular pursuant to these WCAG 2.0 standards. And the agreement also required that these entities annually recruit individuals with disabilities to actually test the accessibility of their website.

And the bottom bullet there is a link for a website you can go to look for, or at these particular agreements in more detail.

So, what do those action plans consist of? This is some, perhaps, best practices or suggestions on what those voluntary action plans for accessibility would include. It would include that the entity establish a policy that web pages will be accessible. It would ensure that all new and modified web pages and content are also accessible. And it would develop a plan for making any existing content more accessible if it's not new. And it can't be made accessible immediately. It would ensure that in-house staff and contractors who are responsible for web page and content development are actually properly trained on the fact that the web content needs to be accessible and how to make it accessible, in particular with respect to the WCAG 2.0 conformance standards.

The plans also usually include a way for visitors to make sure that visitors are able to request information or services by, in the entity would post their telephone number or contact info for those individuals who need the content to be accessible to contact the entity to let them know that it's not for them. And then the last portion again is related to parts of the agreement that we mentioned earlier and that is that the entities should periodically preferably annually or even more frequently recruit disability groups to test the web pages and make sure they're actually accessible. This list is not exhaustive and there may be other best practices to include in these voluntary action plans that other presenters during the webinar might give you later on. So, real quickly just because we

know that all individuals with disabilities aren't necessarily native English speakers, I'm including a couple of slides regarding the fact that the laws that we enforce also require accessibility or effective communication for individuals who are limited English proficient or LEP. Just know that in making sure websites are accessible for individuals who do speak English the same is true for those individuals who do not speak English or who are LEP. So, these are just some general principles about ensuring effective communication for individuals who are LEP.

These bullets are particularly more concerned with verbal correspondence or interaction between a provider and patient or individual. We usually refer to that sort of communication using an interpreter as an interpretive service as opposed to translation which is probably more appropriate to web content and accessibility to make sure that websites themselves are actually translated into the language that the individuals who have the disability may need if they don't speak or read English. And this is a slide where I just try to capture a little bit of a screen shot from the Fargo municipality website where I tried to circle in yellow a portion at the top of their screen that does allow for individuals to select a language other than English for the website to be translated into and there's also another portion that allows the individual to select a larger sized font, perhaps for individuals who need that. So, this is how we do our work, basically from getting complaints from the public.

Please know there are eight regional offices that OCR has across the country. This is information about how to file a complaint with the office of civil rights should you encounter websites or other information that's not accessible to individuals with disabilities attending the call today. We also have little tips here for how to make sure your complaint is as detailed as possible and also please note that we do require in general that we are only allowed to investigate complaints that we get where the alleged adverse action has happened within the past 180 days. And this is just some more contact information for me in my office here in the Denver regional office. But, it's been a pleasure. Sorry if this seemed to be pretty quick. We have limited time and I want to let the other folks present information to you, and if you have questions during Q&A, I'm happy to answer. Thank you.

>> RACHEL TANENHAUS: Okay. I guess that makes it my turn. Hi, I am Rachel Tanenhaus and I am the Executive Director of the Cambridge Commission for Persons with Disabilities. In Cambridge, Massachusetts. I'm also the ADA coordinator here, and I'm very excited to be here. Thank you so much for having me. Next slide, please. Okay. So I guess when we're talking about making communications accessible, and again, I am also mostly going to be talking about electronic and information technology. And that,

those sorts of communications. We have to sort of talk about, what is accessibility? Because people use the phrase, the term, but they don't necessarily -- it's sort of broad so it's important to note that it is a moving target and an ongoing obligation. So the fact that you made something accessible once or on one occasion does not automatically mean that that obligation stops there, especially with things like A, technology, which tends to change a lot and very rapidly, and B, with communications, which are, by nature, really, really dynamic.

So, when you're saying that something is accessible, the important questions here are, two whom and under what circumstances? Because nothing is accessible to everybody 100 percent of the time even though that is the ideal and we would like that to be the way things are. Even legally binding accessibility standards don't work for everyone necessarily. For example, if we're looking at things like building standards, under the ADA, a lot of the building standards were created based on the assumption that folks using wheelchairs are using a standard 30 by 48-inch wheelchair and if you've got a larger chair than that or use a scooter, sometimes something can be completely up to code and not accessible to you.

So, you know, somebody still may not be able to use it. So, it's important to note that even if something is up to a particular standard, there may be folks who can't use it and you may have to work with them on that. Technology evolves, and like I said, evolves really quickly. Remember a dozen years ago, there was no iPhone phones and look at how technology has changed since their advent. So, when requirements for accessible technology are created, like Ian said, they're technology neutral. They are often function-bade rather than product-based because you don't want to have to revise them like in three weeks and you, and you don't know what's going to be invented. Next slide, please.

So when we're talking about accessibility in electronic and information technology, we're talking about access to information for folks with disabilities that is comparable to the access available for people without disabilities and people with a variety of disabilities may have trouble accessing information technology. Folks with visual, hearing, mobility, cognitive disabilities, all different kinds of disabilities who interact with information in different ways may have difficulty accessing electronic and information technology that is not made accessible to them. And when we're talking, Ian already talked about, we're talking about websites, apps, software, information kiosks, equipment, electronic communications, all different cations of electronic and information technology. Next slide please. Now, I know that there are folks from all different kinds of entities on the line and so people have all different kinds of obligations. I am not an attorney, and I am not giving legal advice but, for example, if you are a state or local

government agency, you have obligations under title 2 of the Americans with Disabilities Act which applies to state and local government agencies and section 504 of the rehabilitation act because you receive federal funds, as least theoretically. And any state and local policies that might apply.

State electronic and information technology policies usually, primarily they talk about web pages and electronic documents and there are as many different varieties war there are states. Probably more. Also, state enforcement and how it happens varies very widely. Public accommodations like business and things like that may have ADA obligations, but that's currently in analytics. It's being worked out in the courts and it's probably best to act like you do have obligations if you are a public accommodation. The department of justice had at some point been leaning towards the possibility of saying that public accommodations have ADA obligations and they were at one point considering -- excuse me. One moment. At one point were looking at some web accessibility standards and electronic and information technology accessibility standards but those have been taken off the docket so we're sort of in limbo here and remember people often ask when they're talking about websites or technology if something is 508 compliant, as in is it compliant with section 508 with the Rehab Act but people don't necessarily know what it means. Very much like ADA compliant, it's kind of a phrase people use in place of the word accessible in situations where it doesn't necessarily apply. So 508 compliant talks about very specific standards that apply to very specific types -- that apply to very specific entities. In other words, federal ones.

So, if you are not a federal entity, you are not covered under section 508 even though you may be required for one reason or another to have your technology meet the standards laid out under section 508. Next slide, please. So why are these things important? Why are you spending your lovely morning, afternoon, whatever time it is, listening to this? Because folks get all of their information and do a lot of their activities through electronic and information technology these days and if you don't have access to it, you miss out on a lot of things including limit, health information, news, social interaction, commerce, emergencies, in emergencies, people use electronic and information technology to get information that can save their lives. Transportation, a lot of people's independence is dependent on having access to this sort of information, and all kinds of communication. And all of these things, we have pretty good data that state that all of these different factors impact health and health disparities and participation in society.

Some of these things are social determinate -- determinates of health. Employment, if you don't have employment, it will impact your health. So a few things to keep in mind. A lot of people use

the internet and print materials, but all kinds of information technology to gather information on their healthcare or on their resources. When you hear about some condition that you haven't heard of before, or when your doctor tells you, you have thing X or might want to look into thing Y, probably one of the first things you do is hit the internet. Which can be good or bad. But in any case, if you aren't able to access that information, you may not be able to do what you need to do to be able to address your healthcare or even find out where to get healthcare.

These days, social media are a huge component of, and online media are a huge component of health information campaigns and so the complete ones use electronic communication, social media, print media, broadcast media, all kinds of things and if you don't have access to these things, you will not have potentially life-saving information about your health and if you are menu who is carrying out these -- someone who is carrying out these campaigns and not making sure people can access them through at least one media, your campaign is falling down in a particular way. There are people you're not reaching that you could be reaching.

Health disparities between people with and without disabilities are endemic. In just about every population, people with disabilities lag behind people without them and it's not necessarily because of the disability itself. It's generally due to social and environmental factors so anything you can do to try to mitigate that is really important and can contribute to getting rid of those health disparities and it's also important to keep in mind that public health serves the whole public, and if you're not serving the whole public, I don't know what it's called, but it's probably not public health. So, it's important to keep in mind that the whole public includes people with disabilities and that is, so when you are carrying out public health, you're also carrying it out to people with disabilities. Next slide, please.

Thank you. So, how do we, as people with disabilities, use accessible health information? The same way everybody else does, pretty much. We are looking for healthcare providers and services. We're finding information on prevention, so, information on safer sex, fall prevention, smoking abuse, everything from looking up where the nearest AA meeting is to, you know, finding out about different kinds of birth control, diabetes control, all kinds of things. Whatever everybody else is using it for, that's what we're using it for, too. People may use it in danger, in a crisis. If they're looking for a rape shelter, STI testing, if they are suicidal and need to talk to a prevention hotline, they need to be able to get the information to find those resources and if they don't, they can die. It's that simple. Just like anybody else.

People, like I said, research health and routine health matters. Some may be trying to learn about prenatal health and child rearing

because people with disabilities have children, too. Like I said, same as everybody else does. Next slide, please.

So, basically the point of what I'm trying to say is that everybody sees themselves as just another person looking for information. You have always been giving information to people with disabilities. You've always been doing it whenever you put information out. You just may not have known about it at the time. We've always been there so whether or not someone has a disability. Like, I don't sit down and say, I am a person with a disability sitting down and looking up albinism. I say, I'd like to know some more about Albinism because I'm just another person looking for information. And that's true of anybody, whether or not they have a disability and people are going to expect to be treated like everyone else because they are like everyone else. Next slide, please.

Okay. So I work for a municipality, and so, this is something that we are starting to take on in Cambridge. This is a process. It is a long process. It will not happen all at once. And if you try to make it happen all at once, you're going to miss something so remember that this is an ongoing thing. We are looking at information accessibility internally and externally, both electronic information and print information for folks in the community, for businesses, and for folks who work here. You need to be able to sign up for your own benefits. You need to be able to know when there's a meeting going on. You need to be able to, if you're promoting something that the city is doing through social media, everybody needs to be able to access that social media.

Also, it is really good to come up with policies around accessible information technology, but they only work if you implement them because if you -- and I've done this before, where I wrote a policy, and we got, it got, you know, passed or whatever, they said yes, this is our official policy and thin nobody knew about it and anybody got trained about it and those people who did eventually, you know, there was turnover in the agency so it's really important to keep in mind that you have to look at more than just, do we have a policy? Is the policy made available to everybody, and yes, in accessible formats? And are folks trained on it repeatedly? And are we making it possible and easy for folks to carry it out. So, do you have the accessibility features on, say, creating PDFs set as on as your default? If not, ask your IT folks to make that happen as part of our they install these things and make it part of your ADA transition plan. Every municipality, every time 2 entity, every state and local government entity was supposed to do an ADA transition plan and self-evaluation by 1993. So if you have not done yours yet and you are a title 2 entity, you might be a little bit behind.

But if you make it part of what you are looking at in your self-evaluation and you include it in your transition plan of how

you're going to fix these things then it becomes part of how you're doing business. It becomes part of how you are complying with the law and it's just as important as what you're doing with your buildings and programs. Next slide, please. So here's what it does when you do it right. Electronic and information technology, accessibility, means that folks with disabilities are able to participate in your programs and services and you can hire folk and therefore you are reflecting your community. Nothing about us without us is a really important slogan from the disability rights movement and it served me pretty well. And beyond that can you make sure that folks are able to be included and participate in society and that usually has pretty good effects on folks' health so this can help with lessening disparity. Also, the more usable by more people technology S the more flexible and innovative it is. Things that work very well for people with disabilities tend to work very well for people without disabilities as well.

Mind people had computers talking to us before your car or your car GPS was talking to you.

We've been reading electronic books for a really long time, but now it's cool. So like more people are able to do it. And these are thing that's were originally developed for us but actually turned out to work well for lots of people. Also, and again, I'm not an attorney, I'm not going to harp on this, but if you do these things, you are less likely to be sued. There is not a magic thing I can tell you that will make it so that you can never get sued because the world doesn't work like that, but you are a lot less likely to be sued if you are actually complying with civil rights laws. Next slide, please.

So, like I said, accessibility features help everybody. It's the curb cut principle. Curb cuts were originally invented so that people using wheelchairs and other mobility devices were able to, you know, cross the street, get off the sidewalk, that sort of thing and it turns out that folks using baby carriages love them. And if you are wheeling luggage then curb cuts are a godsend and there are lots of really good reasons why curb cuts help lots people even though they were originally created for people with disabilities. Something doesn't have to extreme disability for it to be accessible for people with disabilities and helpful to people without. So, again, accessibility features help drivers. They help people in dark or noisy situations. Folks using older technology. Folks who cannot afford their own technology and therefore don't have a say in what they get to use. If you are tired or distracted because you were up with a sick kid all night, then things that make things easier for folks with cognitive disabilities are really not going to be so bad for you either.

And like I said, we're using a lot of technology. I don't want to be that person, but we were using a lot of technology before it

was cool. Next slide, please. So just some quick tips. Automated accessibility tests save time but there are some things only humans can check for. For example, an automated test can tell you if the alt text that you included with an image exists, but a human can tell you if it makes any sense. People with disabilities know how we experience products and web pages so please ask us because we're the ones who live our lives every day and now how we use our technology. Even if a document or web page is internal or not for public use, accessibility still matters. Some of you us do work and one of the reasons why unemployment is so endemic among people with disabilities is because allot of times we get to the workplace and things are not accessible. I have had people say to my face, oh, that wasn't made accessible because it was for professionals oath. And I am not a volunteer, so that didn't go over real well with me. Remember the redundancy is helpful. And what I mean is that if you have something that you say that is information that is given visually, and with sound, then people who learn in different ways and people who are blind or deaf can often get that information. And it's pretty easy to do, and it helps lots of people. Next slide, please. Simplicity is not always boring and can be helpful. Often simplicity is what makes things the most usable by the most people. If you make accessibility part of the original design and planning, then you will make your life much easier and much less expensive. It is much like building a building.

If you have to go in and retrofit stuff, it's a lot harder, it's a lot more of a pain and it costs you a lot more but if you do it from the beginning, then it's just simple part of the way it gets done. Separate is not equal and probably not very initial either. Sometimes people pup you the separate websites for people with disabilities that have accessibility features. Those are often not updated at the same times the other websites are, so the information is often not current. Some assistive technology has a linear experience. People are not going to be looking at the whole document or page at once. People will be looking at it one element at a time. That's how screen readers work, for example. So remember that sometimes people will be experiencing your information one section at a time.

Next slide, please. Okay. I have some quick resources here and I am going to skip this page because you're going to have access to these later. You do not have to memorize these. Can you go look at all these fabulous resources yourself, but they are great and I recommend them. Next slide, please. And that's me. Feel free to get in touch with me. I am happy to answer any questions and also during our Q&A section, I can do that, too. Thank you so much.

>> MEG ANN TRACI: Thanks, Rachel, that was great. And thanks, Ian. Just going to try and build on those two presentations with my colleague, Helen Russette and give you some space to think about

how you're going to apply that information locally. So, this is a story of what we've been doing in Montana and, let's see, I can do the slide. Can I?

So we started in 2002, started at the training center at disability in rural communities and that meant any time we have communications, we had them available in accessible alt format. 2002 was the last time we updated it and we worked on using that policy for a language time. Today, almost 28 years after the Americans with Disabilities Act, we're at a point where so much of the alternative formats are baked into our ability to create health communications. Our primary source of the health communication is usually fairly accessible if we follow some of the guidelines Ian and Rachel mentioned. So what's left if we're really building inclusive health communications? Are things like maybe British sign language, maybe somebody who doesn't use American Sign Language, or somebody in our, we still treat braille as an accessible alternative format and so sometimes we need to braille for individuals. But, really, we're trying to bake it in so that anybody can join the conversation without having to identify as a person with a disability, just as Rachel said. They should be able to come in like anybody else and have access to the information. I would say that, when we started using this approach, it really built our capacity to do participatory action research through the RTC rural and to do some of our training and then in 2002 when Montana was funded by CDC to implement the Montana Disability and Health program, we took that capacity to

(audio cutting out).

What I'm going to describe today is just how we've organized to be inclusive in our health communications through MTDH. I'm trying to advance the slide, and there it is. So, what is a participatory approach in public health. We were doing everything so we're including the community that lives with disabilities in turning the ship on chronic disease in our state and helping, that community was helping us to develop the solutions to do that. See that chronic diseases are articulated in the guidelines for disability inclusion, available in the link I provided there. And basically, the participatory approach means, as Rachel said, nothing about us without us as illustrated by this iconic photo from the disability rights movement featuring leaders like Justin Wright and a banner saying, injustice anywhere is a threat to justice everybody, one of Justin's favorite quotes by Martin Luther King junior. So, just to check in with the audience. Just trying to model that when you're presenting and doing it in an inclusive way, it makes us think about. Maybe don't include it, and if you are going to include it.

A participatory approach can build capacity to all levels of decision making to promote community solutions for ending health disparities. That's what we're about with our help. We're looking at the national action plans for health disparities and this approach

helps us to include people who have communication disabilities because the environment doesn't necessarily give them access to communications so people who are blind, people who are deaf or hard-of-hearing, how do we include them in building up solutions to achieve health equity?

We, by using accessible alternative formats, we are able to intentionally engage persons with disabilities at all levels of our program. We have people who have, who are blind or low vision or deaf and hard-of-hearing in our administrators of the program, among our staff. They are members of our community planning and action groups. They're members of a program of disability advisers that represent disability and a variety of committees and our accessibility ambassadors who bring materials and information out to our health sectors across the state.

They are members of our primary community partners, Executive Directors of our centers for independent living, and they are also program and public planning participants. So, if we're offering a class, they show up and we've got an approach that lets them participate in an equitable way with other participants. So here's that space I want to give you. This is a photo of Lis Ann Crizna, one of our disability advisers to the active community in Montana. These on her hand cycle, it's to illustrate that idiom, where the rubber meets the road. How is this really going to happen? And this is just some of how what we've done in Montana, I hope it gives you some ideas of what you might do. All of our staff, including students, are trained during orientation on the basics. We use modules at the University of Montana. They also know about the details of purchasing procurement that we have an expectation of our vendors to give us back products that are accessible. Nothing we need to retrofit.

(audio fading in and out)

We've got a graphic designer who also has that role, and we also make sure that those individuals are training our contractors on our expectations. So if we have a vendor, and they don't necessarily have that capacity, then we build that training and testing in for them before they move forward with producing whatever we've asked them to produce.

We expand capacity with state, local, and individual partners on our team by engaging our state assistive technology program, our telecommunications access program, blind and low vision services, the school for the deaf and blind, and disability advisers. These are just some ideas for organizations to get back to that tip that we can provide is, how do you pilot and test your materials with the disability communities. These are some organizations that can give you some of that access.

And then, we compliment continuous quality improvement. We train all relevant staff. We establish the lead staff, we include

explicit contract language on training requirements with our companies. We're converting existing materials to alternative formats. We're monitoring progress and addressing challenges. And my recommendation is to start with your epidemiologist and chronic disease health program. If you can make a program accessible and you have epidemiologists who are very competent people. That give us content that the brochure can also be available in accessible format. And our bureau, in Montana, our chronic disease bureau has a standard operating procedure that helps us to expand our capacity and expectations across our public health division.

And let's see, we're also, one of the things -- and I don't want to go into this too much because we're short on time, but it's really important for things to be evaluated and they can be evaluated on these accessibility criteria so the populations communications that your program has, do you know, and what your timeline is for 100 percent. These next slides, I'm just going to go through them because we don't have a lot of time, but this is how we've approached that basically to improve our communications to that hundred percent. We want all of our communications to be accessible.

I'm just going to go quickly because we're running low on time. And if you need help, here are some resources. The National Center on Health Physical Activity who you're going to hear from has them as well as some that Rachel listed, and again, this is just noting that we're -- this is a moving target. We have to address challenges as the community raises the, the disability community raises their expectations, we have to also raise our expectations.

Planning for -- we want an industry that can make products that are easier for us to use to promote accessible and universal design. I'm going to turn it over to Helen with just this brief note, along those lines, s we're looking at captioning on today's webinar. And it's not too far out for us to imagine moving these captions into Google Translate and having the content of webinars available in multiple languages so if we're all moving, we can all start to leverage our ability to communicate about health about health in more inclusive ways so I'll just stop there. Helen?

>> HELEN RUSSETTE: Hi. I hope you can hear me. My name is Helen Russette and I'm here to share a Montana success story with our local health department and to give background, our local health department had previously participated in a deaf and hard-of-hearing training with staff that actually led to them purchasing an assistive hearing device called Contigo and they also received technical assistance on how to use this device from a local entity that provides technology support and services that include the quality of life for Montanans with disabilities. And also part of this is that the department wanted to ensure the use of this device and develop policy for its use. Preparing data on health disparities to inform the child meetings. We provided inclusive approach to the CHA meetings and

also inclusive collection process for the -- I'll just. For secondary and primary data collections we were able to look at health outcomes for people with disability and poverty status and Native American status, and then I wanted to make the case that having marginalized groups such as people with disabilities that live in poverty have been historically absent in community decision-making efforts, so our local health department really wanted to improve access and relevance of their community-wide activities and priorities so this was the outcome of this work.

And part of the primary data collection, which is more important right now, is that we were able to conduct key informant interviews with members of the disability population and so, ensuring we had that training, that technical assistance, we were able to apply when necessary the assistive hearing device. What this led to was the fact that we collected rich data on what were community priorities by the service user population which tended to consist of people with disabilities living in poverty.

So, next steps involve developing a community health improvement plan for five years, and across all of our priority areas, health equity will be included and because of the developmental policies that the local health department has in terms of health equity and insuring assistive hearing devices are used with consumers, we anticipate full participation among the disability population that is deaf and hard-of-hearing. And I understand we're strapped for time, so the notes will be in the slide, and thank you.

>> ALLISON HOIT TUBBS: Hi. Good afternoon. My name is Allison Tubbs and I'm the project coordinator with the national center for health and disability. We just have a few minutes left so I'm going to quickly run through my presentation and hit on the high points but talking with you today about some inclusive communication strategies and tools that you can use in your outreach. So, NCHPAD, we are one of the two funded national centers on disability through the CDC national centers on birth defects and developmental disabilities. Our motto is around building inclusive healthy communities. We've been around since 1989 and offer as a regional source of information for physical activity all for people with disabilities, we serve cross disability and across the spectrum of age so you can find our information and resources at our website at NCHPAD.org.

So I like to always start with what we mean by inclusion. We throw around term accessibility quite a bit and inclusion. This is a definition that we utilize in our work and I won't read it in the interest of time but you will have the slides available but really like the previous presenters mentioned, this is not about separate but equal programming. Inclusion happens when we don't have to talk about it. Inclusion is when we are providing resources and services that meet a large variety of the population and by doing so, we impact

more people than just one segment of the population. We've kind of already touched on different barriers to inclusion but those primarily go into three categories of architectural, which is also the built environment. Physical spaces, travel, unsafe environment, programatic, which include actual elements of a program. Might include transportation, trained and knowledgeable staff, and then our effective communication and outreach would fit within that barrier category. And then the last one is attitudinal. This could include complicit bias, I would like to note that this is the most experienced and largest barrier reported by people with disabilities. So something as simple as changing the way we speak and changing our attitudes towards people with disabilities can really go a long way. Meg mentioned these briefly in her presentation but the picture on the slide here shows the front cover for guidelines on physical activity and nutrition, and obesity programs and policies and this is the implementation manual. So, on my slides I have the nine guidelines pointed out and then you can utilize the implementation manual which really provides the reasons why you should do this, how to do it, how to do it, and it gives you examples and resources. And also note that the nine guidelines for disability inclusion are the backbone of a commit to inclusion international campaign that invites organizations to actually make a commitment to how they're going to be inclusive in their programs, policies, and services.

And you can find that at Committoinclusion.org. So, these are the nine guidelines for disability inclusion. I will not go into them because we don't have much time left but the first one is just that you should explicitly state that the target population includes people with a wide range of disabilities. Number 2 is extremely important, you should involve people with disabilities at the development phase, at the implementation phase, and evaluation phase in your programming and services. You should make sure your services and programs are accessible to people. This includes social accessibility, behavioral, programatic, communication, and then physical environment. Make sure that you're providing accommodations which needed, so examples of effective communication might be someone requests a sign language interpreter or alternative formats.

These are the guidelines continued. We want to look at cost considerations and feasibility, affordability. So, a sliding scale fee might be appropriate to implement, and then process and outcomes evaluation. So, digging a little bit deeper into outreach and communication tips, since that's our topic today. First, you should utilize a variety of accessible methods and formats which communicating your information. So, the, a lot on the electronic communication has been discussed. Also a combination of print, digital advertising, social media, videography, large print,

braille, pictograms, email and snail mail marketing, all of those communications can be used. It's really dependent on who you're trying to reach and picking that method that's going to most effectively reach them and then using a variety of them.

Secondly, we want to show inclusion. What this means, we can show inclusion by using language so incorporating person-first terminology in our communication and outreach. Using words like inclusion, disability or limitation, for example, and it's important to note that different words really reach different people based on different people self-identification. And we can also show inclusion by making sure that we have an actual inclusive image or an image of a person with a disability on our marketing materials.

This is such a simple way to let that target audience know that they're welcomed and included in the program or whatever we're communicating about so on the slide, I have an example of a diabetes prevention program marketing flyer that's geared towards people with disabilities and it shows an image of a woman in a wheelchair getting food out of a pantry. It also includes inclusive terminology as an example.

So, we can do all of these things that are previously mentioned, but if we fail to have tailored outreach to the population that we're trying to reach, we're not going to be as successful as we can be. So, first, we need to create that explicit goal in our communications strategy to attract people with disabilities in our outreach efforts and we can do that by referring back to those nine guidelines for disability inclusion. Second, we want to make sure that we involve people with disabilities in development implementation and evaluation, and we want to be able to find where our target audience is, and we can do that by developing partnerships. And those partnerships can be with organizations that serve people with disabilities such as independent living centers, vocational rehab services, we want to always include people with disabilities when it's appropriate. Maybe family members or caregivers and then disability experts in the field that you're working in. It may be healthcare or education, for example, and once you have those core groups of partners, that can make up what we refer to as your inclusive health coalition.

And that's a group of individuals and organizations that you can use to help drive your inclusion efforts. So the image on the right is a group of individuals with a Smiles Independent kept living center in Minnesota. They utilize an inclusive walking communication campaign called how I walk and it was utilized to influence policy in their city. So, some successful elements of inclusion are just utilizing that inclusive terminology, that inclusive campaign, and then utilizing people with disabilities throughout the experience and sharing those personal stories because that really helps to get the point across.

All right another strategy to help just you effectively reach your audience and communications is to segment and understand your audience so segmentation involves identifying people who behave in similar ways or have similar needs and identify target populations through their identities so this is looking beyond demographic data, which we might have traditionally used to segment our audiences and looking at what's called psycho graphic data, and what people's cultural values are, what their interests are, what their needs and designing services for who we think they are by their demographic data. This is an example of who they are. We have five public sector groups, public health professionals, healthcare providers, educators, individual caregivers and fitness professionals that we create tailored packages and resources for that tailored audience group.

Another tip is to utilize the insights of social marketing so there's a lot we can learn from the social marketing world, commercial marketing world in relation to public health. So traditionally, if you think about public health campaigns, we're pushing a topic and we're pushing either to eat smart, to get more physical activity, to make sure you get your prevention checks in. And all those messages are great, but they don't, they're not as specific as we need them to be if we want to talk about behavior change. So, if we want to get people to really resonate with the message, we've got to create that message around the people and not the topic that we're trying to promote. So, I mentioned it before, the How I Walk campaign that we created is an inclusive communication campaign to rebrand the word walking and it's an example of having a promotional package and materials available, key messages, different pieces that support your campaign such as inclusive graphics and videos and having all of that in one package for somebody to utilize.

Social media is a large part of the communication, so it's important we look at addressing inclusion. These are examples here to always include descriptive text. This is built into Facebook, but you can go in, like Rachel said. Automated is great but humans tell you it makes sense so you can go in and edit your captions to make sure that descriptive text makes sense. For Twitter you have to go and turn on alternative text for images. On Instagram, the best practice is to utilize the post description area to provide an appropriate caption for that image. Always utilize closed captioning on videos, avoid acronyms in your post, URL shorteners are great and then hashtags are becoming more popular. So if we use a hashtag that has more than one word, we want to be sure we capitalize the first letter of each word. That just helps with readability and understanding.

Last couple sides here. I want to share some resources that we have available through our center. The first one is called the ARTship or the inclusive community health implementation package and this

is a set of interactive implementation tools to help community health professionals, organizations and coalitions incorporate, enhance, and promote inclusion across all different aspects of community health efforts. The resources are organized into six essential elements of inclusion that we have found through our work to be effective and they are leadership, communication, policy, assessment, and training.

You can get this information on our website as well. The first tool is- excuse me, I'm missing a slide here- the inclusive health communications score card. This is a self-scoring assessment that you can run your communications strategies, your individual messages, or your campaign through at our website and it will give you instructions on how to improve to have a higher level of inclusion. And that is it! Thank you so much. I had a slide about my contact information but I'll make sure that's included in the follow up. But we have a free technical assistance and training service so you can reach out and we can help you with any of your inclusive communication strategies. We also have an image library that we are more than happy to share inclusive images for your marketing and outreach. Thank you again.

Thank you, Allison. Thank you to all of the presenters. We do recognize we realize we went over and that also unfortunately means that we lost our captioner. She could not stay on so we are going to deal with the question and answer by anyone that has submitted a question. We'll make sure that we follow up with you and we'll have the appropriate presenter answer your question. We would like to remind you, please complete the webinar assessment. It is going to remain open for ten minutes after the webinar concludes. This webinar has also been recorded and will be posted to the Mountain State Regional Health Equity Counsel website at the address shown on the screen, you will also be able to find future webinar announcements on the website which we would encourage your attendance to do. We want to thank all of our presenters again for their enlightening presentations and we'd like to thank you for participating in today's webinar. With that we will conclude the webinar. Thank you.

(captioning ended at 2:05 PM CT)