Background
The National Association of County and City Health Officials (NACCHO) works to promote the highest level of inclusion and engagement of people with disabilities within all local health department (LHD) programs, products, and services. The establishment of accessible communication practices across all LHD activities is critical in supporting this aim. Title II of the Americans with Disabilities Act (ADA) requires state and local government agencies to practice “effective communication,” stating “whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.”

This fact sheet provides five action steps for LHDs to ensure that accessibility and inclusion are agency-wide priorities when developing and delivering all forms of communication.

**STEP 1: Consult & Engage Local Disability Community**
Community-based organizations and individual advocates representing the local disability community are critical partners in fostering accessible communication. They can inform LHDs on the needs and barriers faced by people with disabilities in the context of public health-related communications.

Representatives of this group should be actively involved in improving the accessibility of health department communication over the long-term. LHDs can also use training tools that feature people with disabilities, emphasizing their voice and ask disability organizations to participate in or lead staff trainings.

**RESOURCES:**
- ADA Hospitality & Disability: At Your Service Video http://bit.ly/1LmIfPe

**STEP 2: Identify Community Resources**
LHDs can communicate effectively by identifying organizations that provide interpretation, transcription, and other communication services in their communities.

**RESOURCES:**
- National Court Reporters Association Online Sourcebook http://www.ncrasourcebook.com

**STEP 3: Practice Respectful, People-First Language**

**What is People-First Language?**
People-first language is the most neutral, respectful, and widely recommended choice for professionals. Using people-first language involves referring first to the person and then to the disability if, and only if, the disability is relevant to the conversation.

People with disabilities have valuable skills, experiences, and perspectives to contribute to public health efforts. It is important to use normal adult vocal tone, language, and mannerisms when interacting with all adults, regardless of disability.

LHD staff should assume that everyone can hear and understand what is being said to them and around them, unless told otherwise by the individual or the individual’s assistant.
LHDs should provide at least one form of communication for each type of communication disability. Communicating the same information in multiple ways will help LHDs achieve two main factors (1) ensure that everyone can access information, particularly during emergencies, and (2) reach a larger general audience.

Four key types of communication channels are presented in detail below, focusing on how to make each mechanism as inclusive as possible, when developing, distributing, and delivering the intended message.

**Use Multimodal Communication**

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**Face-to-Face Communication**

Simple solutions for in-person communication can be effective. LHD staff can exchange written notes on paper, smart phones, or computers with people who visit their health department who are deaf, hard of hearing, or have speech disabilities. For more involved interactions, like meetings, appointments, presentations, and events, other auxiliary aids and services may be needed.

LHDs should become familiar with sign language interpreting, video remote interpreting (VRI), and computer-aided real-time transcription (CART) services. VRI, in which a sign language interpreter facilitates communication over a live online video connection, can be used when a sign language interpreter is not available in person. Professionals who provide CART services transcribe communication so that a person who is deaf or hard of hearing can read what is being said in real time.

**Written Communication or Print Materials**

LHD staff can assist people with communication disabilities by reading printed forms and information out loud for people who have difficulty seeing, explaining information to people who have difficulty understanding, and filling in forms for people who have difficulty seeing or writing. LHDs should also offer alternative formats of printed materials, such as versions with large text, audio recordings, braille documents, and electronic documents that can be posted online, sent by e-mail, or provided on CDs or flash drives.

Electronic versions of print materials are highly accessible, because people with communication disabilities can use assistive technology, such as screen readers or refreshable braille displays, to access digital materials. However, PDF documents are rarely accessible to people who use screen readers, unless special steps have been taken to make this document. Text-based formats of electronic documents are preferred, such as plain text (.txt), Word document (.doc), or rich text (.rtf) formats. Finally, LHDs should keep printed, electronic, and e-mail materials simple and legible.

**Web-Based Communication**

Maintaining an accessible website is one of the best ways to reach people with disabilities in the community. The first step for improving website accessibility is to ensure that the staff member, Web developer, or team that maintains the LHD’s website is knowledgeable about accessibility guidelines and the types of assistive technology people with disabilities use to access websites.

LHDs can use widely available testing protocols, checklists, and online accessibility evaluators to assess the accessibility of their websites. People with diverse disabilities should also be asked to give feedback on website accessibility.

After completing a website assessment, LHDs can increase website accessibility over time by making sure that all new content added to the website is accessible and by incorporating accessibility improvements into routine website updates.

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**People-First Language in Use**

**CORRECT USE**
- Person with a disability
- Person with schizophrenia
- Person who uses a wheelchair
- Person without a disability

**INCORRECT USE**
- Disabled Person
- Schizophrenic
- Wheelchair-bound person
- Normal or able-bodied person

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Fact Sheet: Five Steps for Inclusive Communication: Engaging People with Disabilities

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LHDs should become comfortable with using teletypewriters (TTYs), telephone relay services, and video relay services for telephone communication. TTYs allow parties to communicate by typing and receiving text messages. Relay services are available in every state and allow people who use a standard telephone to receive calls from people who use TTYs or communicate using sign language. An operator facilitates communication between the two parties by using both a standard telephone and a TTY or a live video connection with a person who communicates with sign language. LHD staff who handle standard voice telephone calls should also be trained to handle TTY and relay calls.

Multimedia-Based Communication

To make videos, images, and audio recordings more accessible to people who are deaf, hard of hearing, or have visual disabilities, LHDs should provide the following:

- Accurate closed captioning for videos and audio recordings;
- Written transcripts for videos, audio recordings, and live pre-scripted presentations;
- Audio descriptions, in which a voice describes visual images and text that appears on screen, for videos;
- Alternate text descriptions of all images, including pictures, charts, graphs, and maps.

IF UNSURE WHAT TO DO, JUST ASK

Not everyone with a disability has difficulty communicating, and not all modes of communication work for everyone with a certain type of disability. LHDs should make a habit of asking everyone if they need assistance, and if so, what type of assistance they need, rather than asking if they have a disability. The choice to self-identify as a person who has a disability is up to each individual and can feel threatening to those who have encountered stigma and discrimination in the past. The best way to find out how to communicate effectively with each individual is to ask. People with disabilities know their individual needs and preferences best.

Additional Resources

- General Effective Communication Requirements
  http://1.usa.gov/28a9HPv
- Title II Checklist: General Effective Communication
  http://1.usa.gov/1Xqk6U7
- Accessible Technology in the Workplace
  http://accessibletech.org
- Effective Communication for Health Care Providers: A Guide to Caring for People with Disabilities
- Effective Communications for People with Disabilities: Before, During, and After Emergencies
  http://1.usa.gov/1XXCKkC
- Effective Communications Tool Kit
  http://bit.ly/1t7yvru
- Emergency Shelter Communications Toolkit
  http://bit.ly/1sUhm4L
- NACCHO Health and Disability Toolkit
  http://toolbox.naccho.org
- Show Me: A Communication Tool for Emergency Shelters
  http://www.mass.gov/dph/showme
- Producing Accessible Word and PDF Documents
  http://1.usa.gov/1WzLm1E
- Accessible Print Materials
  http://1.usa.gov/1PsTT45
- Website Accessibility Under Title II of the ADA
  http://1.usa.gov/25NrWcr
- Title II Checklist: Website Accessibility
  http://1.usa.gov/1Pb0CKu
- Accessibility of State and Local Government Websites to People with Disabilities
  http://1.usa.gov/1VCKhoj
References


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FOR MORE INFORMATION

To learn more about demonstration and technical assistance sites, visit http://www.naccho.org/programs/community-health/disability. For additional resources about NACCHO’s disability fellowship and initiatives, contact Sara Lyons, MPH, Program Analyst for Health and Disability at slyons@naccho.org or Jennifer Li, MHS, Senior Director for Environmental Health and Disability at jli@naccho.org.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

1100 17th St, NW, 7th Floor Washington, DC 20036
P 202-783-5550 F 202-783-1583
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www.naccho.org