

## PART 2

# COMMUNICATION BEST PRACTICES

Good communication is an essential part of any successful relationship, especially in relationships between health care providers and their patients.

The following suggestions will help your staff to provide the best communication possible to people with disabilities. Suggestions for communicating with individuals with specific types of disabilities are found in Part 3.

- Speak directly to the patient rather than through a companion.
- If you offer assistance, wait until it is accepted before touching the patient.
- Explain all procedures and exams as many times as necessary. Use verbal cues or models when necessary.
- Ask the patient what positions are most comfortable, what is the best way to transfer, and if assistance is needed.
- Remember, the patient knows their needs and preferences better than anyone else.
- Consider that individuals with disabilities are at a higher risk for abuse and neglect, which can come from the caregiver. Always give your patient with a disability a chance to speak with you alone.
- Individuals with disabilities need regular check-ups, screenings and health education. Not every visit may be related to an individual's disability.
- Seek out the newest medical information regarding the relationship between relevant health conditions and your patient's specific disability.
- Ask your patients with disabilities to give you regular feedback and suggestions to help you provide the best care possible.



Not all disabilities will impact communication. If you are not sure, ask. Once you know, usually simple accommodations can be made to achieve effective communication.

## Practical solutions

The aim is to figure out practical solutions that allow you to communicate with patients who have disabilities, fit with your type of business, and comply with the ADA. Some easy solutions work in relatively simple and straightforward situations. Other, more sophisticated solutions may be needed if the information being communicated is more extensive or complex.

### *For relatively simple transactions*

You can speak or read information to a patient who is blind or has low vision.

You can use facial or body gestures that express information, point to information, or write notes to communicate with a patient who is deaf or hard of hearing.

You can read notes written by a patient who has a speech disability, or read or listen to the words the patient selects on a “communication board.”

Patients who are blind may also need assistance in finding an item or in maneuvering through your office.

### *For more extensive or complex communications*

For people who are blind or have low vision, printed information can be provided in large print, in Braille, on a computer disk, or in an audio format (such as an audio CD or MP3 player), depending on what is usable for the particular patient. A magnifying glass can also help a person with low vision to read printed materials.

For people who are deaf or hard of hearing, spoken information can be provided using a sign language interpreter, an oral interpreter, a printed transcript of the words that are usually spoken, or a service called “real-time captioning.”

Many people who have been deaf since birth have limited literacy skills. Keep that in mind if the communication method you consider using relies on reading and/or writing.

## ***Ask. Accommodate. Communicate.***

One way to be aware of any barrier to effective communication or to delivering proper care is to routinely ask patients if they will need an accommodation during their visit. Usually the patient will be the best source of information about any accommodation needed.

Consider asking the following question when scheduling every appointment:

“Do you have any special needs related to a disability that we can assist you with during your visit?”

Examples:

- Help with dressing or undressing
- Understanding medical information
- Positioning during a procedure
- Help with completing forms
- A sign language interpreter
- Adjustable medical equipment that goes low enough for someone seated in a wheelchair

## **Respectful Language**

### ***People First Language***

Our spoken language often conveys more than the words themselves. It is important to speak appropriately and respectfully with and about an individual with a disability. When addressing people with disabilities, it is important to refer to the person first rather than their disability. People’s disabilities are only one part of them; they are not their defining characteristic. Therefore, when speaking to people with disabilities consider using what is called People First Language. Table 1 offers suggestions on how to communicate with and about people with disabilities.

Only refer to the disability if it is relevant to the conversation. Avoid using words such as “victim,” “unfortunate,” and “afflicted.” In addition, when referring to people without disabilities use “people without disabilities” as opposed to “normal” or “able-bodied.”

**TABLE 1 COMMUNICATING WITH AND ABOUT PEOPLE WITH DISABILITIES**

PEOPLE FIRST LANGUAGE	LANGUAGE TO AVOID
Person with a disability	The disabled, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective, afflicted, special person
Person with an emotional or behavioral disability, or a mental health or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing impaired, suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who is blind or has vision loss	The blind
Person who has a communication disorder, is unable to speak or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound; a cripple
Person with a physical disability, physically disabled	Crippled, lame, deformed, invalid, spastic
Person with autism	Autistic
Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Accessible parking or bathrooms	Handicapped parking or bathroom
Person of short stature	Midget
Person with a congenital disability	Birth defect
Person with Down syndrome	Mongoloid
Person who is successful, productive	Has overcome his/her disability, is courageous

Source: "Communicating With and About People with Disabilities," National Center on Birth Defects and Developmental Disabilities, [http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/DisabilityPoster\\_Photos.pdf](http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/DisabilityPoster_Photos.pdf)

## *Describing accessible features*

When speaking about services or features designed to accommodate the needs of individuals with disabilities, such as parking spaces, bathroom stalls, or vehicles with lifts, use the word “accessible” instead of “handicapped.”

## Telecommunication Services for Patients with Hearing Loss

Individuals who are deaf or hard of hearing have a range of services available to provide accommodation. Accommodations may include the use of paper and pencil, cell phone text messaging, the use of assistive technology or the services of a sign language interpreter.

### **RELAY SERVICES**

#### *Delaware Relay*

Delaware Relay is a free service that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind, or have speech or communication difficulties. Relay service is available 24 hours a day, seven days a week and 365 days a year. Using this service, the operator voices everything you type and types everything you say. Free equipment is available for eligible parties. The operator is available by dialing 7-1-1 on any phone or cellphone.



#### *Sprint Video Relay Service*

Video Relay Service (VRS) allows natural telephone communication for individuals who use American Sign Language (ASL). Service is easily accessible from nearly anywhere. Communication flows through a qualified video interpreter via a stand-alone videophone appliance or desktop or laptop with video conference capability. This service requires high speed internet service. Learn more about this service at [www.sprintvrs.com](http://www.sprintvrs.com).

#### *Voice Carry Over*

Voice Carry Over allows users who are hard of hearing to speak directly to people with hearing. When a person with hearing speaks to a caller with hearing loss, an operator serves as the “ears” and types everything said to the caller’s TTY or VCO phone.

*Hearing Carry Over*

Hearing Carry Over (HCO) allows hearing users with a speech disorder to listen to the person they are calling. The HCO user types his/her conversation for the operator to voice the conversation to the party on the line.

*TTY*

A person who is deaf, hard of hearing, deaf-blind or has a speech disorder uses a text telephone, or TTY, to type his/her conversation to an operator. The operator then reads the typed conversation to a hearing person. Then the operator relays the hearing person's spoken words by typing them back to the TTY user. Dial 711 or 800-232-5460.

*Sprint IP Relay*

You can place a relay call from any internet connection with a computer or wireless device that has AOL Instant Messenger (AIM) access. Visit [www.sprintip.com](http://www.sprintip.com) for more information.

*Spanish Relay*

TTY users can type in Spanish and the conversation will be relayed in Spanish. TTY users can also request Spanish to English or English to Spanish translation via relay. To make a Spanish relay call, dial 877-335-7595 and instruct the operator how you want your call translated. For more information on any of these services, visit the Delaware Relay Services website at: <http://www.delawarerelay.com/about/what.php>.

## Sign Language Interpreters

Some individuals with hearing loss use sign language to communicate. They may request a sign language interpreter as their preferred accommodation during a health care visit. In most cases, it is the provider's duty to secure and pay for these services.

Interpretation is the process of translating spoken English into sign language and/or gestures for communication between deaf and hearing individuals. Interpreters are trained professionals who are fluent in both languages, understand the process and cultural issues, and who are bound by a professional code of conduct.

To locate a certified sign language interpreter, you can ask the patient if they have a suggestion for an interpreter they have used before, or you can visit the Registry for Interpreters for the Deaf at [www.rid.org](http://www.rid.org). This website hosts a searchable database for finding a certified sign language interpreter in your area.

## Accessible Materials

When not speaking face to face with patients, providers often rely on printed materials, voice recordings and websites to convey critical information about practice procedures or guidelines for seeking emergency treatment. These messages should be accessible and take into account the needs of people with disabilities. Although it is nearly impossible to create documents that consider each person's unique abilities, you can increase access to education and information by designing materials with the broadest range of user abilities in mind. Try to present the same content in multiple formats.



### PRINT

The following guidelines will increase usability of your print materials for many patients.

- Use simple and direct language. Keep the reading level at an elementary level. There are simple ways to check reading level, including a feature in Microsoft Word.
- Use large font, at least 12-point with extra space between the lines.
- Use clean, simple fonts. Avoid fancy fonts and italics **LIKE THIS** or *LIKE THIS*.
- Do not clutter text with shading, overlays, or use pictures behind text in documents.
- Avoid glossy white paper; instead use matte, off-white paper.
- Make sure there is sufficient contrast between text and background colors. It is generally better when there is a dark font on a light background, as opposed to the alternative.
- Include photos of individuals with disabilities in your publications.

See illustrations of these principles developed by Lighthouse International at <http://lighthouse.org/accessibility/design/accessible-print-design/making-text-legible>.

WebAim has an online tool to assist with assessing if your color choices provide sufficient contrast. Try it at <http://webaim.org/resources/contrastchecker>.

## WEBSITES

Designing accessible websites with understandable language and clear, easy-to-read text is an important part of removing barriers to communication. The internet is now a widely used tool for gaining information, and can be made accessible to people with different disabilities through assistive technology. Reference the resources below to ensure that your website material is accessible to all viewers.

Web Content Accessibility Guidelines have been developed to assist web developers in the features that will improve accessibility. The Web Content Accessibility Guidelines Work Group has identified four design principles to include when designing your web content. It should be:

### *Perceivable*

- Provide text alternatives for non-text content.
- Provide captions and other alternatives for multimedia.
- Create content that can be presented in different ways, including by assistive technologies, without losing meaning.
- Make it easier for users to see and hear content.

### *Operable*

- Make all functionality available from a keyboard.
- Give users enough time to read and use content.
- Do not use visual features that could trigger seizures.
- Help users navigate and find content.

### *Understandable*

- Make text readable and understandable.
- Make content appear and operate in predictable ways.
- Help users avoid and correct mistakes.

### *Robust*

- Maximize compatibility with current and future user tools.

For more information on how to evaluate your website, you can visit: [www.webaim.org](http://www.webaim.org) and use the WAVE evaluation tool at <http://wave.webaim.org/>.

The ADA Best Practices Tool Kit for State and Local Governments provides an easy to understand overview of the elements of accessibility. See the section titled, "Website Accessibility" Under Title II of the ADA at <http://www.ada.gov/pcatoolkit/chap5toolkit.htm>.

## POSTERS

Posters are often used to promote healthy behaviors or special events. They should be created with accessibility guidelines in mind to maximize access and allow for effective communication. Posters should generally have:

- Large font that is legible from a distance of 3 to 6 feet
- Sans serif fonts like Arial or Verdana
- High contrast between poster text and poster background
- Properly spaced text characters
- Vertical line spacing should be anywhere between 1.2 and 2.0 to allow for easier focus
- Horizontal line spacing, or “tracking,” adjusted to +3 so that characters are not overcrowded.

### ***Using Images or Graphics on Posters***

Place images or graphics with consideration to where in the sequence of text they belong.

- Do not place text over images
- Refer to image or graphic titles in the text
- Clearly explain any data charts (i.e. pie charts) with text on the poster.

For more information on poster accessibility, please see the source document, *Guidelines for Creating Accessible Printed Posters*, Gilson, Stephen F. Ph.D. and Robert M. Kitchin Jr., MSW (2007). [http://www.aucd.org/docs/annual\\_mtg\\_2008/accessibility\\_posters\\_gilson2007.pdf](http://www.aucd.org/docs/annual_mtg_2008/accessibility_posters_gilson2007.pdf)

## SLIDE PRESENTATIONS

PowerPoint slides are commonly used in presentations as an effective way to display ideas and data. Because PowerPoint is a visual medium, presenters should be sure to make presentations accessible to all audience members.

### ***Text content***

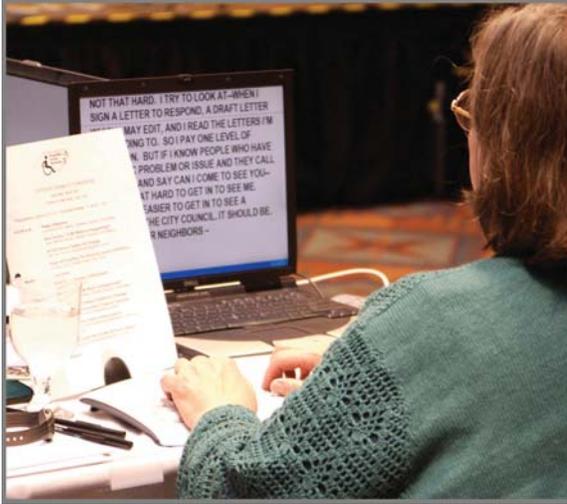
Keep the text on your slides clear and simple.

- Title fonts should be 44 point or greater. Text fonts should be 36 point or greater.
- Don't try to cram too many slides into your presentation. Allow your audience time to read slides.
- Place no more than 6 lines of text on a slide.

## Graphic content

Note that graphics often cannot be read with screen readers and other text-based devices.

- Replace graphics with text whenever possible.
- If graphics are used, include a detailed explanation of the



meaning of the chart or graphic in a descriptive text-only slide included immediately after the graphic slide. Note that the meaning of the graphic is needed, not a description.

An example that doesn't illustrate the meaning of the graphic would be: "Chart with blue and red bars." An example that conveys the content would be: "Data from this chart illustrates that people with disabilities report spending more time in the emergency room than people without disabilities."

### Avoid:

- Slide transitions
- Busy slide backgrounds and chart filler patterns
- Over-crowding text
- Color schemes providing low contrast
- Charts without text descriptions
- Videos that are not captioned.

For more information on creating accessible PowerPoint presentations, including an accessible template, please view the source document from the Association of University Centers on Disability at [http://www.aucd.org/docs/annual\\_mtg\\_2008/accessibility\\_ppt\\_apha2007.ppt](http://www.aucd.org/docs/annual_mtg_2008/accessibility_ppt_apha2007.ppt)

## Alternate formats

Even when print materials are designed for maximum usability, not everyone will be able to access information in the same way. Providers need to be prepared to provide information in alternative formats. Examples of alternate formats include: Braille, audio recording, and electronic pdf or text file.

## LARGE PRINT

Individuals who have low vision may not be able to read standard sized print on your handouts.

Large print should be printed on single-sided 8.5" by 11" paper and stapled at the top left corner.

Use "portrait" or "letter" orientation, unless a visual element requires "landscape," to achieve maximum visibility.

Left justify all paragraphs and do not use columns.

Keep a one-inch margin on all sides.

Use 18-point font for all text. Larger fonts may be used for headings. Individual users may request fonts larger than 18-point as an accommodation.



Use a bold serif font (such as Times New Roman) for body text and a bold simple sans-serif font (such as Arial) for headings and other information that is set apart from body text. Do not use any compressed or condensed fonts.

Use a minimum of 1.5 line spacing; use double spacing when possible.

Do not use small caps, italics, or all caps for text. Use initial caps and lower case for titles and text.

Use underlining for emphasis instead of italics.

Delete decorative graphics that do not contribute to the meaning of the information being presented.

Source: *AUCD Accessibility Guidelines* <http://www.aucd.org/conference/template/page.cfm?id=50041#handouts>

## ELECTRONIC FILES

These files may be available for email or delivered on a CD or a flash drive. Individuals who are blind or have low vision may prefer to have text files of your materials and have their screen readers or other computer software convert the materials. When converting documents to an electronic file:

- Use simple, standard page layout.
- Keep background simple and seek high visual contrast between text and background.
- Use captions or “alt text” to describe any graphics.
- Use a simple font; no italics or compressed fonts.
- A text file format will be a good choice for many documents.

Note that PDF files are often not readable by screen reader technology. When posting documents on the web, it is a good idea to make them available in more than one format, such as PDF, HTML and a text version.

## AUDIO RECORDING

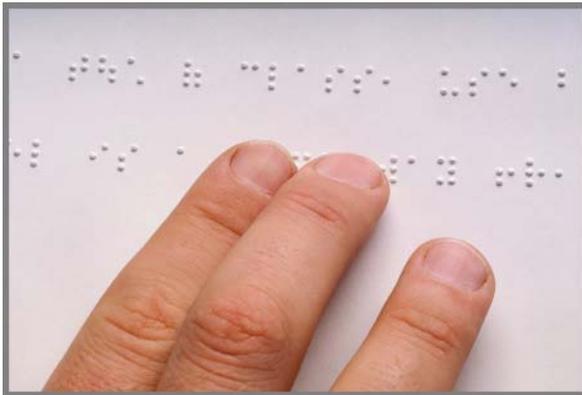
Providing an audio recording is one way to deliver information to patients who cannot see or read your printed materials. For documents with several chapters, double beep the beginning of each chapter

before you say the title and single beep each page so readers can find their place in the document as they follow along.

Make sure the CD presents clear, high-quality sound.

Label the cassette with both Braille and print labels.

Include an option of a text version with an audio recording.



## BRAILLE

Put page numbers at the top right-hand corner.

Margins should be wider on the left side.

If using a Braille printer, have someone check for accuracy as misprints can occur.

## Accessible Meetings

Any person hosting a meeting should consider the needs of all meeting participants. It is important to host meetings in a usable and comfortable environment for everyone. When planning a meeting, there are some basic considerations to ensure that the meeting is accessible to people with disabilities.

Consider the following:

The facility should meet basic accessibility standards (ADA requirements) so that people with a variety of disabilities are able to move around without physical barriers. This includes parking, pathways and restrooms.

The meeting room itself, including seating, should be accessible to allow access for participants with sensory, physical, and communication disabilities.

All meeting activities such as breaks, off-site tours, social activities, etc. should be accessible to ensure that everyone is an active participant.

Information should be presented in such a way that it is easily understood by individuals with a variety of abilities.



### **DETERMINING WHAT THE AUDIENCE NEEDS**

It is easy to include a simple question to determine accommodation needs through the registration or RSVP process. Create a standard question to ask each meeting participant or have a list of accommodations that the participant can check off.

Make alternate formats of handouts available. See section above for information on alternate formats. Participants can be given the opportunity to request accommodations (e.g., large print, assistive listening devices, interpreters) that they might need to participate in the meeting and planners should make every effort to fulfill those requests.

## GUIDELINES FOR SPEAKERS

- Use a microphone during the presentation. This is important for persons who may be using assistive listening devices that rely on a sound system.
- Before answering any questions, repeat the question into the microphone.
- Provide verbal descriptions of any overheads, slides, or charts, reading all text on the visual aids.
- Present key points in multiple ways, including visual, auditory and tactile approaches.
- Handout materials should be made available to meeting planners in advance so alternate formats can be produced if requested, or the speakers should bring their own copies in alternate formats.

Excerpted from: Planning Meetings That Are Accessible To All Participants, created by the North Carolina Office on Disability and Health. See the source document at <http://www.fpg.unc.edu/~ncodh/pdfs/rbmeetingguide.pdf>