

# IANet Task Force Guidelines

## Communicating about Health Care with People Who Have Disabilities

Communication – the exchange of information – is the foundation of good health care. You have important information to share when you talk with your patients, as well as in your brochures, presentations, newsletters, and web pages. When the information you provide is easily understood, the chances for a good outcome increase.

One of every 5 Iowans has a disability, and disabilities often affect how a person “exchanges information”. This is true whether the disability is temporary or ongoing, visible or invisible. It is true whether the disability is caused by a congenital disorder, illness, injury, or aging. These IANet Communication Guidelines can help you communicate more effectively with people who have disabilities – and with others, as well.

**The IANet Communication Guidelines** offer basic strategies for:

- I.** *Communicating with people who have a range of disabilities*
- II.** *Communicating with people who have cognitive disorders or mental retardation*
- III.** *Communicating with people who have hearing impairments*
- IV.** *Communicating with people who have muscle disorders*
- V.** *Communicating with people who have vision impairments*
- VI.** *Developing web sites that are accessible and user-friendly*

**One of every  
5 Iowans has  
a disability.**

*Iowa Behavioral Risk  
Factor Surveillance  
(BRFSS), 2008*

The guidelines also provide information about how to locate such resources as sign language interpreters, materials in Braille and other formats, and Relay Iowa.

### **Healthy Iowans 2010 and the IANet Task Force**

Healthy Iowans 2010 is Iowa’s plan for improving the health and quality of life for Iowans in the first decade of the 21<sup>st</sup> century. One of the activities in “Chapter Four: Disabilities” calls for the creation of an IANet Task Force to improve health care communication for people with disabilities. To accomplish this, the Iowa Department of Public Health and the Prevention of Disabilities Policy Council brought together representatives, including people with disabilities, from a wide range of organizations that serve people with disabilities.

#### **IANet Task Force members believe that:**

- Good Communication is a key component of good health care, and can improve outcomes for people with and without disabilities.
- People with disabilities are the experts when it comes to their own health. Unless they have asked someone else to manage their health care, they want to do this themselves.
- Like any other health care consumer, people with disabilities need good information on which to base decisions.

### **Planning ahead**

The attached guidelines can help you communicate more effectively with the people you serve. Planning for more effective communication is one of the accommodations your office can provide to serve all your patients better. This planning is an important component of office policies and procedures. It needs to be included in orientation for new staff, and in yearly staff development activities as well.

For example, office staff who schedule appointments or process event registrations should routinely ask if a person has any special needs or requires specific accommodations, such as the services of a translator. Asking early, when an appointment is made or a registration is received, makes it easier to arrange these accommodations. Information about accommodation resources, such as interpreters and Braille materials, is provided in these guidelines.

#### **Additional resources** are available from:

**Iowa Commission of Persons with Disabilities**  
515-242-6334, [www.state.ia.us/government/dhr/pd/index.html](http://www.state.ia.us/government/dhr/pd/index.html)

**Deaf Services Commission of Iowa**  
800-735-2943, [www.state.ia.us/government/dhr/ds/](http://www.state.ia.us/government/dhr/ds/)

**Iowa Department for the Blind**  
800-362-2587 or 515-281-1333, [www.blind.state.ia.us/](http://www.blind.state.ia.us/)

*These guidelines were developed by the IANet Task Force to fulfill the requirements of Chapter 4 of Healthy Iowans 2010. For more information, please contact the Bureau of Disability and Violence Prevention, Iowa Department of Public Health, Lucas Building, Des Moines, IA 50319-0075; 515-242-6336; [http://www.idph.state.ia.us/bh/disability\\_health.asp](http://www.idph.state.ia.us/bh/disability_health.asp).*



## **II. IANet Guidelines: Communicating about Health Care with People Who Have Cognitive Disorders or Mental Retardation**

Cognitive disorders can affect a person's ability to learn, pay attention, read, write, remember, or understand. These disorders may be caused by congenital conditions, brain injury, stroke, medication side effects, or aging. Cognitive disabilities are usually invisible. That is, you can't look at someone and tell whether they have a cognitive disorder. For this reason, it is a good idea to ask people what communication strategies work best for them. Some general guidelines:

### **To communicate better ONE-ON-ONE**

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- appointments
  - conversations
  - private meetings
- Provide materials in print and in other formats (such as audiotape) so that the person or their care providers can refer to them later.
  - Use materials that are appropriate to the comprehension level of the person.
  - Use illustrations or pictures.
  - After providing information, check understanding. Ask the person to explain how they will act on what you have told them. For example, you have explained that a medication should be every four hours. Now ask the person, "At what times will you be taking your medicine?"

### **To communicate better IN A GROUP SETTING**

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- conferences
  - focus groups
  - forums
  - meetings
  - presentations
  - workshops
- Accommodations should be arranged before the event (during the registration process, if there is one).
  - At the event, ask people if they require any additional accommodations in order to participate.
  - During presentations, only one person should speak at a time. Avoid multiple conversations.
  - Provide materials that summarize information; offer these in print as well as in other formats, such as audio or video, for people who don't read.

### **To communicate better USING PRINT MATERIALS**

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- brochures
  - fliers
  - medication routines
  - treatment plans
  - newsletters
- Use common words and short sentences. Avoid jargon and abbreviations
  - Prepare materials at an appropriate comprehension level (3<sup>rd</sup> – 4<sup>th</sup> grade level may be most easily understood). Your word processing software can tell you the reading level of your writing.
  - Provide simple pictures to illustrate the message or provide directions.
  - Use one concept per paragraph.
  - Have no more than 5 key points per handout.
  - Use 11 – 12 point type (serif type, such as Times Roman, is easiest to read).
  - Leave lots of white space.
  - When you provide information in a written format, give it directly to the person, and discuss it with them.

### **To communicate better USING WEB PAGES**

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See "IANet Communication Guidelines VI: Designing User-friendly Web Sites for People with and without Disabilities."

### **III. IANet Guidelines: Communicating about Health Care with People Who Have Hearing Impairments**

People with hearing impairments may have diminished hearing, no hearing, or disorders that affect their ability to process sounds. People may be born deaf, or develop hearing loss later on in life, due to aging, injury, disease, medication effects, or exposure to excessive noise produced by farming or industrial machinery, hunting, or military activities. Under Title III of the Americans with Disabilities Act, doctors' offices, hospitals, and educational programs are responsible for providing (at no cost to the patient) interpreters for patients who are deaf. For information about interpreters in your area, contact:

- Deaf Services Commission of Iowa, 888-221-3724; request their list of registered interpreters
- Local hospital emergency rooms, police, or your Area Education Agency

#### **To communicate better ONE-ON-ONE**

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| appointments<br>conversations<br>private meetings | <ul style="list-style-type: none"><li><input type="checkbox"/> Before the visit, learn whether the person requires an interpreter. If so, ask what type of sign language they prefer (American Sign Language, cued speech or oral interpretation).</li><li><input type="checkbox"/> Interact in a setting with little background noise to interfere with hearing or concentration.</li><li><input type="checkbox"/> Do not begin talking until the person is facing you. You may need to softly touch their shoulder or arm to get their attention.</li><li><input type="checkbox"/> To make lip reading easier, empty your mouth before talking (no gum, food, smoking materials). Keep beards and mustaches trimmed so your mouth is easy to see; keep your hands away from your mouth.</li><li><input type="checkbox"/> Use normal speaking volume unless you are asked to speak more loudly.</li><li><input type="checkbox"/> When using an interpreter, address the patient,</li></ul> | <ul style="list-style-type: none"><li>not the interpreter. Allow time after two or three sentences for the interpreter to translate the information.</li><li><input type="checkbox"/> Provide supplemental printed information so the person can follow along as you talk, and take it home to review later.</li><li><input type="checkbox"/> Use body language, hand gestures, and facial expressions to illustrate meaning.</li><li><input type="checkbox"/> Repeat concepts to be sure they are understood. Repetition is part of everyday life for people with hearing impairments.</li><li><input type="checkbox"/> A personal amplifying device may be useful; call Info Tech (800-331-3027) to learn more.</li><li><input type="checkbox"/> During a medical procedure, the patient may not be able to hear or read the lips of the medical staff. Printed materials or an interpreter may be required.</li></ul> |
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#### **To communicate better IN A GROUP SETTING**

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| conferences<br>focus groups<br>forums<br>meetings<br>presentations<br>workshops | <ul style="list-style-type: none"><li><input type="checkbox"/> Accommodations such as interpreters should be arranged before the event (during the registration process, if possible). If an interpreter is requested, ask what type of sign language is preferred.</li><li><input type="checkbox"/> For a program longer than 30 minutes, have more than one interpreter, to allow for rest periods.</li><li><input type="checkbox"/> Instruct presenters on how to work with interpreters (for information, contact Deaf Services of Iowa, 888-221-3724; or visit <a href="http://www.c-s-d.org/Services/interpreting/faqs.htm">http://www.c-s-d.org/Services/interpreting/faqs.htm</a>).</li><li><input type="checkbox"/> Use a qualified sign language interpreter who is clearly visible to all participants.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> A variety of amplification systems are available for meetings or auditoriums; contact InfoTech (1-800-331-3027) to learn more.</li><li><input type="checkbox"/> Use captioned videos. Those currently available for purchase or rent should be replaced.</li><li><input type="checkbox"/> Tell the audience when interpreters are being used.</li><li><input type="checkbox"/> Only one presenter should speak at a time.</li><li><input type="checkbox"/> Speakers should wait to be recognized.</li><li><input type="checkbox"/> Speakers should signal with a raised hand to indicate they are going to speak. Then they should begin by identifying themselves.</li></ul> |
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#### **To communicate better BY PHONE**

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Iowans with hearing impairments often use a TTY, or Text Telephone. If you are receiving their call, and don't have a TTY, they will reach you through Relay Iowa, a free phone service. Relay Iowa staff will call you and forward the message, verbally or electronically. You can also call Relay Iowa (Voice: 1-800-735-2943, or TTY: 1-800-735-2942) to communicate with someone who uses a TTY. Learn more about Relay Iowa at <http://www.relayiowa.com/>.

#### **To communicate better USING PRINT MATERIALS**

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Follow IANet Guidelines I.

#### **To communicate better USING WEB PAGES**

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Any information provided by sound at a web site should also be provided visually. See also "IANet Communication Guidelines VI: Designing User-friendly Web Sites for People with and without Disabilities."

## **IV. IANet Guidelines: Communicating about Health Care with People Who Have Muscle Disorders**

Physical disabilities that affect a person's muscle control can make it hard to speak, walk, control a computer mouse, and perform other physical activities. Such disorders may be the result of congenital disorders, injury or illness (stroke, arthritis, multiple sclerosis), or normal aging. Muscle and coordination disorders are not always highly visible, so it is a good idea to ask people what communication strategies work best for them. Some general guidelines:

### **To communicate better ONE-ON-ONE**

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| appointments<br>conversations<br>private meetings | <b>If the disorder affects movement:</b>   |   |
|   | <input type="checkbox"/> Do not speak to people while they are moving from place to place. Movement may require total concentration.                                       | <input type="checkbox"/> Address the person directly, not the attendant, unless told otherwise.   |
|   | <input type="checkbox"/> Make certain that people are stable and in a supported position before speaking to them.  | <input type="checkbox"/> Ask questions that can be answered yes or no whenever possible.  |
|   | <b>If the disorder affects speech:</b>   |   |
|   | <input type="checkbox"/> Converse in a quiet, one-on-one setting.  | <input type="checkbox"/> Ask people to repeat if you do not understand, or paraphrase what they said to be sure you have understood correctly.  |
|   | <input type="checkbox"/> Allow adequate response time, whether the person responds verbally or uses a communication system (paper-based or electronic). Clarify as needed. | <input type="checkbox"/> Sit facing and on the same level as a person in a wheel chair or scooter. This is a courtesy, and is also necessary because looking up for a long time can be uncomfortable. |
|   |  | <input type="checkbox"/> Use pictures when appropriate.   |

### **To communicate better IN A GROUP SETTING**

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| conferences<br>focus groups<br>forums<br>meetings<br>presentations<br>workshops | <input type="checkbox"/> Accommodations, such as accessible tables for people using wheelchairs, should be arranged before the event (during the registration process, if there is one). | <input type="checkbox"/> At the event, ask people if they require any additional accommodations in order to participate. For example, do they need to be seated closer to speakers? |
|   | <input type="checkbox"/> People who use wheelchairs should not be isolated, for example at the back of an auditorium.  | <input type="checkbox"/> Ask if they want additional breaks, or longer breaks, for rest or to take care of other physical needs.  |

### **To communicate better by USING PRINT MATERIALS:**

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| brochures<br>fliers<br>medication<br>routines<br>treatment plans<br>newsletter | <input type="checkbox"/> Materials should be easy to hold and to read; no smaller than 7" x 7" and no larger than 8.5" x 11". | <input type="checkbox"/> Use one concept per paragraph, and have no more than 5 key points per handout.                        |
|  | <input type="checkbox"/> Use common words and sentences. Avoid jargon and abbreviations.                                      | <input type="checkbox"/> Use 11-12 point type (serif type, such as Times Roman, is easiest to read).                           |
|  | <input type="checkbox"/> Provide simple pictures to illustrate the message or provide directions.                             | <input type="checkbox"/> Leave lots of white space.  |
|  |   | <input type="checkbox"/> Always provide information in a written format. Give directly to the person and discuss it with them. |

### **To communicate better BY PHONE**

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Iowans with muscle disorders that affect speech often use a TTY, or Text Telephone. If you are receiving their call, and don't have a TTY, they will reach you through Relay Iowa, a free phone service. Relay Iowa staff will call you and forward the message, verbally or electronically. You can also call Relay Iowa (Voice: 1-800-735-2943, or TTY: 1-800-735-2942) to communicate with someone who uses a TTY. Learn more about Relay Iowa at <http://www.relayiowa.com/>.

### **To communicate better USING WEB PAGES**

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- Make sure that people can use your pages regardless of whether they use a keyboard, mouse, joystick, voice, or other input devices to interact with the page.
- Avoid page elements that require a timed or rapid response.
- For form fields and menus, set the tab order for the most logical sequence.

## V. IANet Guidelines: Communicating about Health Care with People Who Have Vision Impairments

Vision impairments can include low or no vision, color blindness, and disorders that affect the ability to process visual information. They may be the result of congenital disorder, illness or injury, or aging. Often, you can't tell by looking whether a person has impaired vision. For this reason, it is a good idea to ask people which communication strategies work best for them. Some general guidelines:

### To communicate better ONE-ON-ONE

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|------------------|--------------------------|---|--------------------------|--|
| appointments     | <input type="checkbox"/> | Arrange accommodations, such as Braille or large print materials, before an appointment or meeting. | <input type="checkbox"/> | Speak clearly.   |
| conversations    | <input type="checkbox"/> | Do not rely on gestures or facial expressions to relay important content or emotions.               | <input type="checkbox"/> | Verbally describe any visual information, such as printed instructions, equipment. |
| private meetings |                          |   |                          |  |

### To communicate better IN A GROUP SETTING

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|---------------|--------------------------|---|--------------------------|---|
| conferences   | <input type="checkbox"/> | Accommodations, such as Braille or large print (14 point serif type) handouts, should be arranged before the event (during the registration process, if possible).                  | <input type="checkbox"/> | During discussions, the facilitator should call upon the person or let them know the order: "I will let Susan respond first, and then you, Tom."                                      |
| focus groups  | <input type="checkbox"/> | Instruct presenters to provide detailed descriptions of all visual information such as charts or photos; and to rely on verbal communication rather than gestures or body language. | <input type="checkbox"/> | Only one presenter should speak at a time. Speakers should signal with a raised hand to indicate they are going to speak, wait to be recognized, and begin by identifying themselves. |
| forums        |                          |   |                          |   |
| meetings      |                          |   |                          |   |
| presentations |                          |   |                          |   |
| workshops     |                          |   |                          |   |

### To communicate better by USING PRINT MATERIALS

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|---------------------|--------------------------|---|--------------------------|---|
| brochures           | <input type="checkbox"/> | Use at least 14-point serif type in printed materials that will be used by people with impaired vision.                         | <input type="checkbox"/> | computer to scan the text for access. Routinely provide print materials in alternative formats that are developed at the same time as print materials. For example, prepare and mail a Braille version of a newsletter at the same time as a print version. |
| fliers              | <input type="checkbox"/> | Avoid using color to convey key information. People with color blindness see certain colors (especially red and green) as gray. | <input type="checkbox"/> | Contact the Iowa Department for the Blind (800-362-2587 or 515-281-1333) about Braille and large print materials, audiocassettes, and text on disc.   |
| medication routines | <input type="checkbox"/> | Include a narrative description of information displayed in illustrations, graphs, charts, and tables.                          |                          |   |
| treatment plans     | <input type="checkbox"/> | Avoid using columns if the person will be using a   |                          |   |
| newsletter          |                          |   |                          |   |

### To communicate better USING WEB PAGES

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| <input type="checkbox"/> | Make sure that your site works well regardless of whether people use keyboard, mouse, joystick, voice, or other input device to interact with the page.   | <input type="checkbox"/> | Avoid page elements that require a timed or rapid response. People with vision, muscle, or cognitive disorders may not be able to respond quickly.   |
| <input type="checkbox"/> | Create high contrast pages. Use a neutral, light, plain background and dark print. Avoid background images behind text.   | <input type="checkbox"/> | Use proportional markup (+1, -2) for fonts rather than specifying font size, so that when people set their browser default for larger fonts, your page will still look good.   |
| <input type="checkbox"/> | Do not use color to communicate key information.  | <input type="checkbox"/> | Code frames and tables for easy reading by a screen reader.  |
| <input type="checkbox"/> | Avoid animation, moving text, auto refresh elements, and flashing elements. If they must be used, provide the user the option not to see the movement.  | <input type="checkbox"/> | Provide ALT text (narrative describing what each visual is or does) for all non-text elements – sound clips, movies, graphics, photos, image map regions, icons. Use a description (D) link for longer descriptions. |
| <input type="checkbox"/> | Underline <u>links</u> so they are easy to see. Clearly identify the target of each link in text or ALT tag. Make link buttons fairly large.  | <input type="checkbox"/> | Provide a written narrative through a D link for audio and video elements.   |
| <input type="checkbox"/> | Separate a series of links with unlinked markers, such as a vertical bar or text such as <i>hyperlink / hyperlink</i> , so a text reader sees them as separate items. These strategies make it easier for a text-reader to read the page. | <input type="checkbox"/> | Use accessible design for image maps (see W3C guidelines).   |
|                          |   | <input type="checkbox"/> | Test your site to make sure it works well when viewed with graphics disabled or with a text browser.   |

# VI. IANet Guidelines: Designing User-friendly Web Sites for People with and without Disabilities

**Access**  Be sure that your site works well regardless of whether people use keyboard, mouse, joystick, voice, or other input device to interact with the page.

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**Appearance**  Maintain a simple, consistent page layout through-out your web site. Do not fill the screen with text. Leave plenty of white space.

Create high contrast pages. Use a neutral, light, plain background and dark print. Avoid back-ground images behind text.

Aim for a page that can be read in 3 “page downs.”

Do not use color to communicate key information.

Avoid animation, moving text, auto refresh elements, and flashing elements. If they must be used, provide the user the option not to see the movement. People with epilepsy may have sei-zures triggered by page elements that flicker or move at certain rates.

Titles should be flush left or centered. Use header tags (H1, H2, etc.) rather than styles (bold, larger font) to logically structure your information.

Underline links so they are easy to see. Clearly identify the target of each link in text or ALT tag. Make link buttons fairly large.

Separate a series of links with unlinked markers, such as a vertical bar (for example, hyperlink | hyperlink) so a text reader sees them as separate items.

Avoid page elements that require a timed or rapid response. People with vision, muscle, or cognitive disorders may not be able to respond quickly.

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**Content**  Write all web content at a 6<sup>th</sup> – 8<sup>th</sup> grade reading level.

Provide contact information, including an e-mail link to webmaster on each web page.

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**Fonts**  Use default type size that is equivalent onscreen to 11-12 point type.

A sans serif typeface such as Arial or Helvetica is easier to read on-screen than a serif typeface like Times New Roman.

Use proportional markup (+1, -2) for fonts rather than specifying font size, so that when people set their browser default for larger fonts, your page will still look good.

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**Forms, frames, tables**  For form fields and menus, set the tab order for the most logical sequence.

Avoid frames. If you use frames, give each frame a title describing content or function.

If you use a table of contents frame, every page should have a link to return to that frame.

Code frames and tables for easy reading by a screen reader.

For tables, identify row and column headers.

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**Mark up**  Use standard HTML (hypertext markup language) to create your website.

Organize your pages so they can function without their associated style sheets.

If you must use PDF format, also include that information in a non-PDF format. Include links to download Acrobat Reader and Adobe System’s Access page.

Code your pages to use 80% of the screen or to be 760 pixels wide (on standard 800 x 600 monitor). This will stabilize the design on many browsers, and pages will print out better.

End sentences, headers, and list items with a period (can be made same color as background to be invisible) or other suitable punctuation.

Provide ALT text (narrative describing what each visual is or does) for all non-text elements – sound clips, movies, graphics, photos, image map regions, icons. Use a description (D) link for longer descriptions.

Provide a written narrative through a D link for audio and video elements.

Use accessible design for image maps (see W3C guidelines).

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**Navigation**  Design your site for easy navigation. Link every page to your home page.

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## Test your web site to make sure it functions well and looks good when:

- Viewed in black and white
  - Used with all Java scripts, apples, etc. turned off.
  - Viewed with graphics disabled.
  - Viewed using a text browser like Lynx.
  - Check site accessibility with **Bobby** ([www.cast.org/bobby/](http://www.cast.org/bobby/)) or **Wave** ([www.temple.edu/inst\\_disabilities/piat/wave](http://www.temple.edu/inst_disabilities/piat/wave)) for a free, fast, detailed critique and specific, detailed recommendations for increasing accessibility.
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**Resources**  Definitive guide to web site accessibility ([www.w3.org](http://www.w3.org))

Research on effective page design ([www.useit.com/](http://www.useit.com/))

Iowa Department for the Blind Communication Tips ([www.blind.state.ia.us/ACCESS/tips.htm](http://www.blind.state.ia.us/ACCESS/tips.htm))