Communication for Inclusion
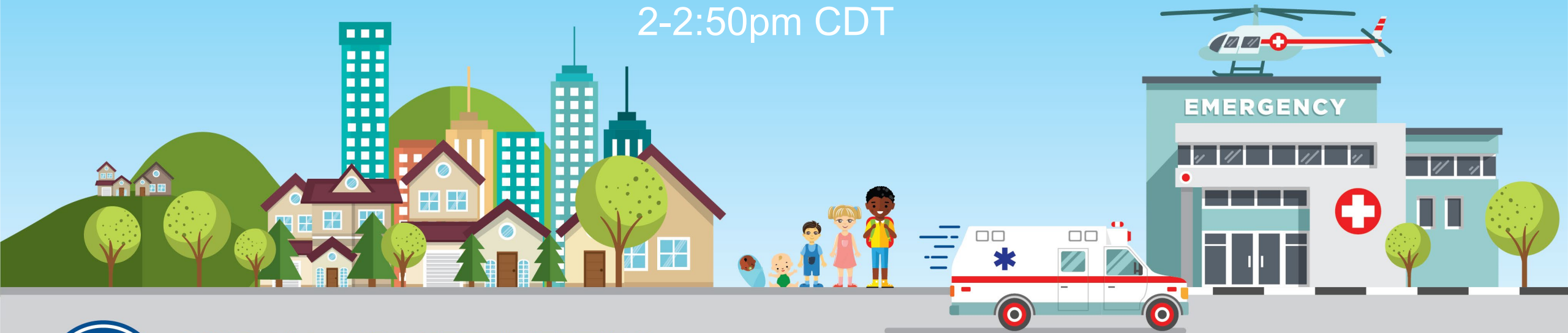
All-Grantee Meeting 2023

Tuesday, 11 September 2023

2-2:50pm CDT

2023 ALL–GRANTEE MEETING

CULTIVATING **COMMUNITY** GROWING **COLLABORATION**

Disclosures

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Agenda

- Introductions and Overview
- Verbal communication
  - Person-first language
- Written communication
  - Plain language
- Visual communication
  - Accessibility
- Practical Exercise
- Wrap-up

Facilitators

	EIIC Role	Home Institution	Email
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Introduction and background

- Healthcare inequity has a great impact on the community

- Different groups are disproportionally affected

- Recognizing vulnerable and at-risk youth for poor health outcomes is critical

- Those who care for children may benefit from specific resources for proper communication and information sharing

What is the goal of this session

- To provide sample strategies that help empower individuals to engage in meaningful and inclusive communication throughout the emergency care continuum

Expectations

- This is a safe space
- You may feel uncomfortable at various points

Person-First Language

Parris Mosley

Objective

By the end of this segment, you will be able to **define and describe the value of person-first language**.

Person-First Language:

- **Defining person-first language:** Acknowledges the complete person and understands that illness or disability does not define them

- **Intentionality and erasing stigma**

- **Golden Rule of Person-First Language:** Always ask a person how they identify. If you are unable to do this, default to using person-first language.

Person-First Language:

Do say:	Instead of:
"people with disability"	"disabled or handicapped people"
"people without disability"	"normal people"
"uses a wheelchair/mobility device"	"confined", "wheelchair-bound"
"accessible parking"	"handicapped parking"
"patient with [DISEASE]"	"Variant of disease" (e.g., diabetics, asthmatics, COPDers, depressives, schizophrenics)
"intellectual disability"	"mental retardation", "mentally retarded"
State nature of disability	"defect/birth defect", "deformed"

Types of Stigmatizing Language

- Questioning credibility

- Expressing disapproval

- Stereotyping

- Portraying patient or family as difficult

- Emphasizing clinician authority

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Plain Language

Emily Lemiska

Objective

By the end of this segment, you will able to **apply the rules of plain language** to improve engagement with and accessibility of documents.

What is plain language?

- **Plain language** is communication your audience can understand the first time they read or hear it. -*plainlanguage.gov*
  - Applies to documents, reports, infographics, social media, webpages, presentations, video, etc.
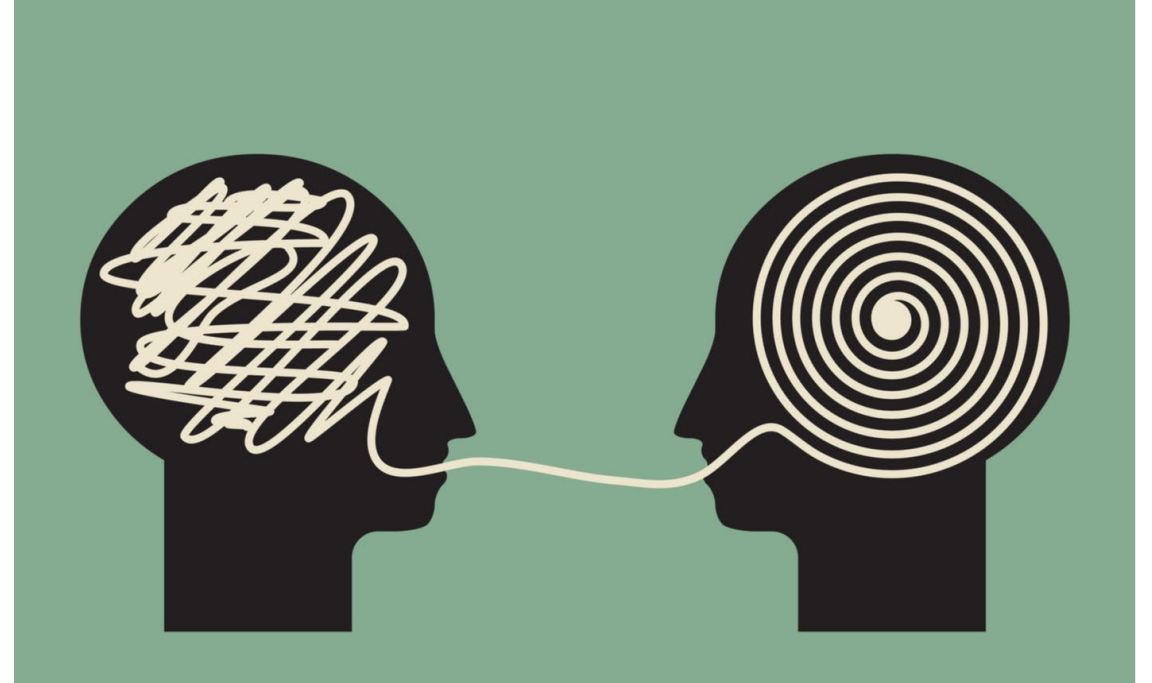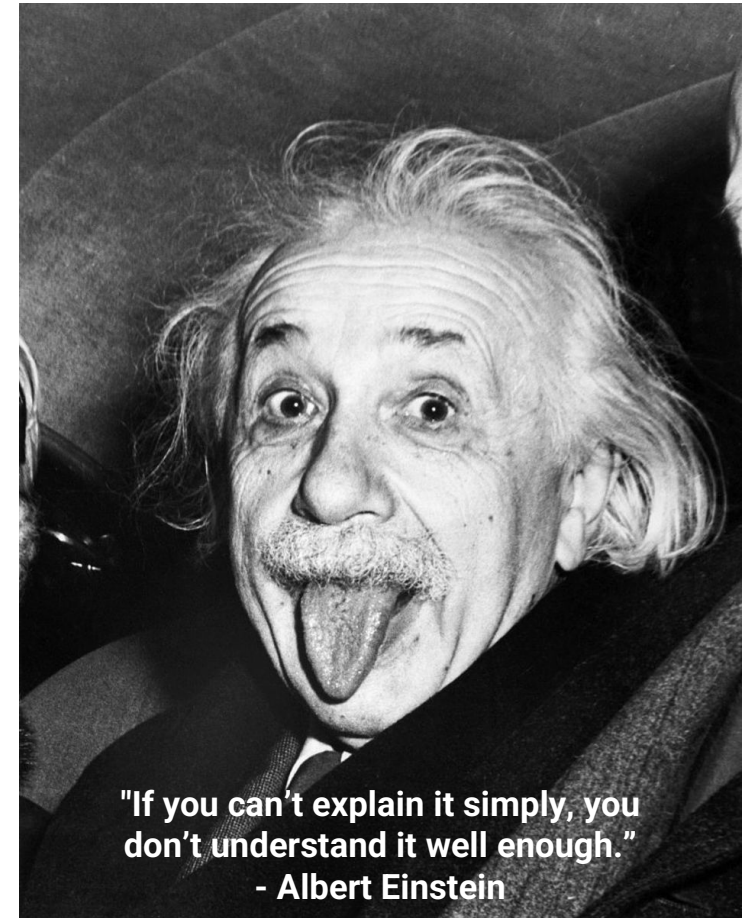
Myths about plain language

- **It's "dumbing down"**

→Plain language does not neglect accuracy.

- **It's easy to do**

→ It requires significant knowledge of your subject **and** awareness of plain language strategies.

"If you can't explain it simply, you don't understand it well enough."
- Albert Einstein

Why does it matter?

- **Accessibility and equity**
  - **Disability:** 42.5 M Americans with disabilities
  - **Language:** 60 M Americans speak a language other than English
  - **Education:** average reading level in U.S. is 7th- to 8th-grade
- **Legality**
  - Plain Language Act
  - Americans with Disabilities Act
- **Efficacy**
  - **Microsoft study:** attention span is ~7-8 seconds
  - **Nielsen research:** internet users read ~20% of a webpage

Rules of Plain Language

- Write for your audience

- Organize the information

- Choose your words carefully

- Be concise

- Keep it conversational

- Test your assumptions

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Visual Accessibility

Jennifer Talley

Objective

By the end of this segment, you will be able to identify and improve **four key components of accessibility** for visual materials, such as flyers, graphics, webpages, etc.

1. Inclusive Imagery

- **Why it's important:**
  - To reach diverse audiences, *you must reflect diverse audiences*
  - In health care especially – counteracting marginalization is vital

- **Considerations:**
  - Don't reinforce stereotypes
  - Consider who the image centers
  - Be mindful of colorism

2. Color Choice

- **Why it's important:**
  - 14 million Americans have visual impairments
  - But even outside of impairments, color affects readability
- **Considerations:**
  - Use high-contrast colors/shades
  - Avoid red and green (for people with color blindness)
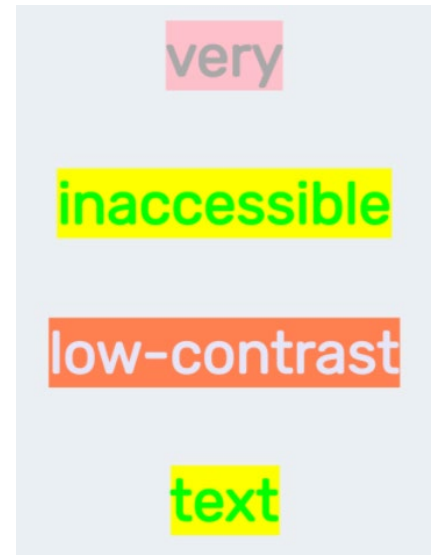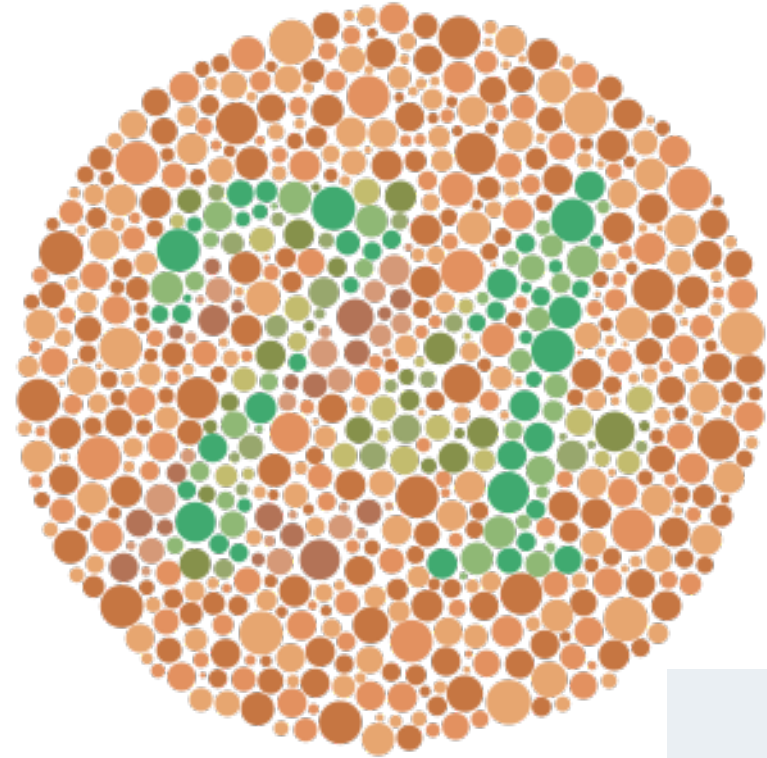
3. White or "Negative" Space

- **Why it's important:**
  - Visual "breathing room"
  - Too much text is overwhelming

- **Considerations:**
  - Avoid single-spacing
  - Use bullets, numbered lists, charts
  - When in doubt: 25% *minimum*

4. Font Choice

- **Why it's important:**
  - Visibility & readability
  - People tend to scan, not read
    - Example: on web, people read 20% of text
- **Considerations:**
  - Use size 12 font *at a minimum*
  - Use sans serif fonts
  - Avoid all caps

And you will read this last

You will read this first

And then you will read this

Then this one

Exercise: Application

Review the sample flier with your small group and consider person-first language, plain language, and visual accessibility in mind.

- What would you change about this flier? Why? How would you change it?

Actual Flyer

PEDIATRIC READINESS

EIIC
EMSC Innovation and Improvement Center

Be ready next time a child comes through your ED's doors.

Pediatric readiness is ensuring that every emergency department (ED) is prepared to provide high-quality care for children. Pediatric readiness is measured through the National Pediatric Readiness Project, a multiphase quality improvement initiative.

High pediatric readiness at EDs is associated with a **four-fold lower rate** of mortality in ill and injured children.[1]

83 percent of children seek emergency care at general EDs versus specialized EDs[2] and **30 percent** of children are not within 30 minutes of an ED with high pediatric readiness.[3]

The seven domains of pediatric readiness are:
1. The Pediatric Emergency Care Coordinator
2. Patient Safety & Family-Centered Care
3. Equipment, Supplies, & Medications
4. Policies & Procedures
5. Care Team Competencies
6. Communication & Collaboration Across Systems of Care
7. Quality Improvement

What is a PECC?
Identifying an individual to serve as a **Pediatric Emergency Care Coordinator** or PECC within your ED correlates with enhanced pediatric readiness, independent of other factors. The purpose of a PECC is to coordinate all pediatric-specific activities.

How do I improve pediatric readiness at my ED?
- Participate in the National Pediatric Readiness Project! Take the assessment, use the checklist, and explore resources in the toolkit. Learn more at https://bit.ly/pedsreadyproject.
- Join a Quality Improvement Collaborative. Learn more at https://bit.ly/EIICcollaboratives.
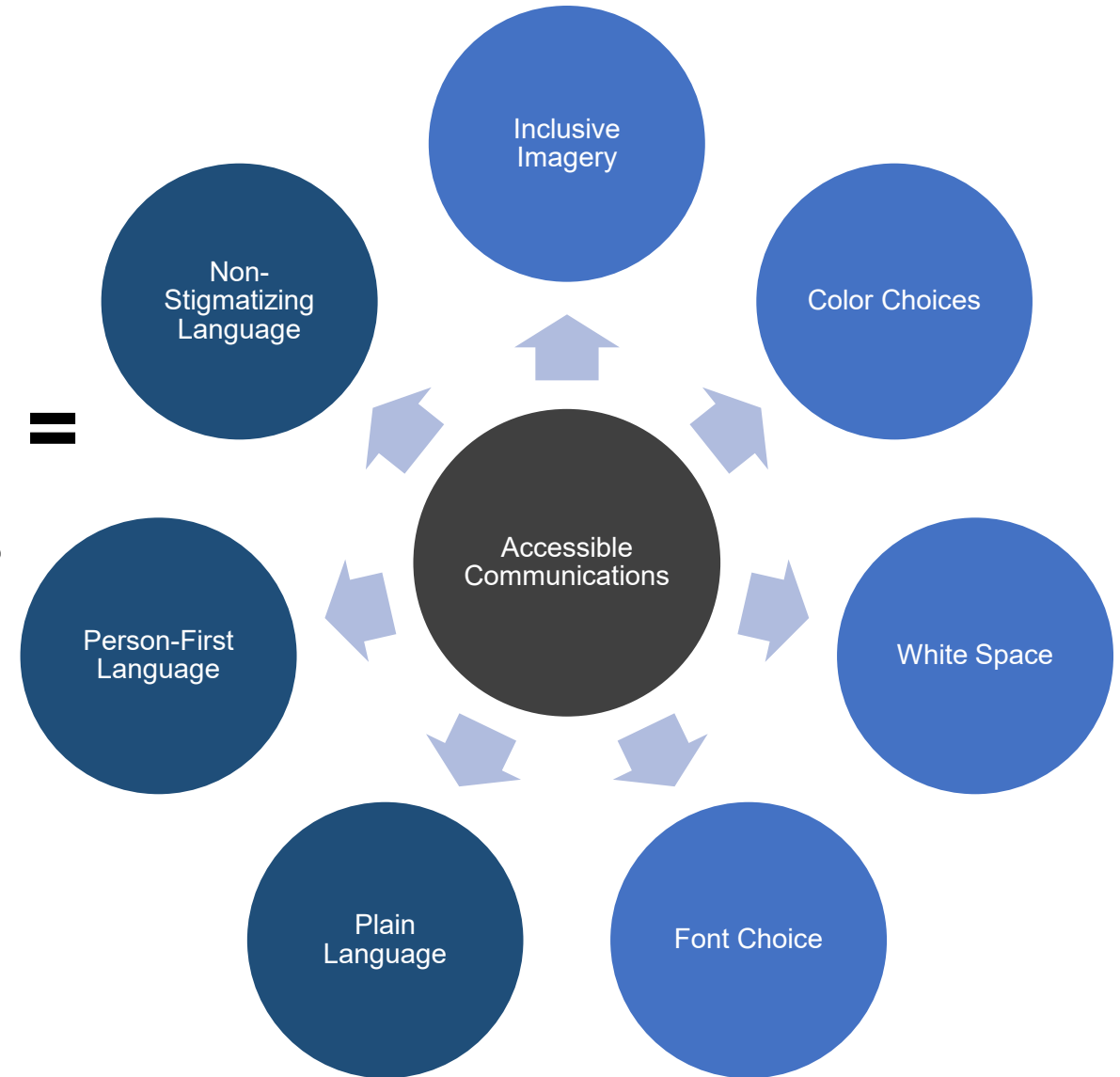
Work with the Experts!

- Enlist graphic designers and communications specialists
- Collaborate with diverse groups and the audiences you're trying to reach to develop and review

Conclusion

Accessible communications = impactful communications

Accessible Communications

- Inclusive Imagery
- Color Choices
- White Space
- Font Choice
- Plain Language
- Person-First Language
- Non-Stigmatizing Language

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Questions?

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