PROGRAM QUALITY ROADMAP

This overview summarizes the elements of Root Cause's Program Quality Roadmap, a proven system for building equity and excellence in social service organizations, including descriptions of each of the Core Components of Quality below.

Core Components of Quality

PROGRAM ACCESSIBILITY: How do programs address barriers to participation to ensure community members can receive needed services regardless of zip code, race, gender, language spoken, disability, work schedule, household income, and other factors?

REFERRALS & PARTNERSHIP MANAGEMENT: How do programs give and receive referrals and manage partnerships that lead to seamless service coordination between programs?

STAFF SUPPORT & PERFORMANCE: How do programs support their staff to promote their well-being and enable them to provide the most effective services to participants?

TRAUMA-INFORMED PRACTICE: How are programs designed to identify and address the consequences of trauma?

DATA & MEASUREMENT CAPACITY: How does a program collect and use data to measure performance and progress towards goals and outcomes?

EVIDENCE-INFORMED PROGRAM DESIGN: How do providers use evidence-based models and available research to best meet the needs of participants?

FAMILY & COMMUNITY ENGAGEMENT: How are participants involved in the planning, design, leadership, feedback processes, and evaluations of programs designed to serve them?

Foundational Conditions

Organizational commitment to racial & economic equity. Structural racism and growing income and wealth disparities in the US mean that communities of color and those struggling to make ends meet are vastly overrepresented in populations receiving social services. High quality cannot be achieved, therefore, without a strong and explicit organization-wide commitment to racial and economic equity that translates into everyday practices for supporting these marginalized communities towards stability and wellbeing.

Organizational mission & vision are driven by an authentic understanding of community needs and strengths. A respectful and trusting relationship with the service pop-ulation shapes the core of the organization's purpose and intended impact.

Alignment between organizational mission & vision and Program Outcomes, such as in a theory of change or logic model, are foundational for high quality services. Organizational mission & vision are ultimately what quality services aim to achieve, and strong program outcomes are both the result of high quality services and a measure of quality improvement successes.

Organizational & leadership supports supply tangible and Intangible resources that are necessary for high quality services. These resources include funding, commitment from leaders, physical space and materials, and billing and accounting functions, among many others. These supports enable programs to serve their community, and when they are absent program quality suffers as a result.

INTRODUCTION

Barriers exist that can prevent people from accessing programs and services. These barriers tend to be more prevalent among populations that have traditionally been less able to use existing services available, for a wide variety of reasons. These barriers to services tend to be more significant in low income neighborhoods; marginalized racial/ethnic, cultural, and immigrant groups; rural and remote areas; and non-traditional family structures. As a result, these groups tend to face more challenges and be less able to get the supports and services they need.

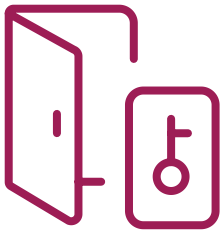
In this brief, we will discuss

1. What service accessibility is and why it is important;
2. Program best practices for strengthening service accessibility; and
3. A case study that demonstrates this discussion in practice.

WHAT IS ACCESSIBILITY?

And why is it important?

Social service programs exist to improve quality of life[1] by preventing and remedying challenges to wellbeing (e.g., food, housing, income insecurity) and working to strengthen and expand assets present in a community. Historically, both the need for and barriers to accessing program services are more prevalent for specific populations, such as people living in low-income neighborhoods; marginalized racial and ethnic groups; people living in rural and remote areas; and people living with disabilities.[2] Numerous barriers can exist at the program level, but many more are entrenched in the ways people, organizations, and cultures operate. Improving service accessibility therefore requires understanding how and why access to services is a larger challenge for specific groups within a service population.



A social service that is valuable to its service population is necessarily accessible by its service population. The **accessibility** of a program describes:

1. How **relevant** its services are to its service population; and
2. How well a program identifies and sustainably removes and reduces **barriers** in the way of service usage.

Service relevance

Ensuring that services are—and continue to be—relevant is the first step towards ensuring that service access is easy and valuable. **Service relevance** describes how well a service matches the present strengths, needs, and cultural landscape of its service population. A service relevant to its service population learns from, leverages, and builds on assets intrinsic to the population (e.g., caregiving ideologies across cultures, information pathways in different family structures, cultural understandings of what wellbeing is and how it is achieved). [3]

Service relevance is critical because it enables organizations to make decisions centered on and driven by the service population about where and how to direct existing resources, as well as what additional resources are required to address priority needs.[4] Methods for better examining and improving the relevance of program services are outlined in "Identifying and Reducing Barriers"(page 15) . [5]

Barriers to service access

Barriers to service access can be external or internal to a program. External barriers can be structural (physical and technological infrastructure of a city or region), institutional (explicit policies and procedures of a city or region), and/or cultural (implicit assumptions and histories that govern how people interact with others and their environment).

Examples of **external barriers** to service access include:

- Racism built into in how and why systems behave the way they do (e.g., racist assumptions and intentions built into healthcare, legal, and banking systems and policies).
- Long-standing social inequalities and stigmas (e.g., income, wealth, class, gender inequality; lack of access to high-quality education, healthcare, housing, transportation; stigma associated with the need for social services).
- Poor infrastructure quality, quantity, and accessibility (e.g., the number, distribution, and accessibility of transportation routes and buildings; internet speed and availability).

- Funding structures (e.g., funder requirements that limit eligibility for services, restricted funding that prevents programs from being responsive to new needs, limits on medicaid/medicare reimbursements that prevent some services from being offered more widely).

Barriers internal to a program can be physical or organizational. Examples of **internal barriers** to service access include:

- Service location and operation (e.g., proximity to public transportation, the usability of buildings, service hours and wait times, service fees, availability of virtual options).[6]
- Organizational policies and procedures (e.g., eligibility requirements, referral practices).
- Staff and leadership makeup and skill sets (e.g., languages spoken, staff training).
- Explicit and implicit biases and practices among staff and leadership (e.g., implicit assumptions based on race, gender, age).

By identifying these barriers, a program is better able to reduce and remove challenges its clients face when accessing services. Methods for doing so are outlined below.

HOW CAN SERVICE BE MORE ACCESSIBLE?

What are program best practices for strengthening service accessibility?

In this section, best practices for improving service accessibility are grouped along the two components of service accessibility: **relevance** (pages 4-8) and **barrier reduction** (pages 8-16, which discuss internal and external barrier reduction, respectively).

Strengthening service relevance

There are two key best practices for increasing the relevance of a service: Assessing community needs and resources; and improving the cultural adaptivity of a service.

Assessing community needs and resources

To serve a community effectively, it is important to understand its needs and resources, which is often done through a community needs & resources assessment. Assessing community needs and resources should be

done in close connection with the specific community and by relying on a diverse set of community leaders and members to facilitate the ongoing process. This practice actively advances equity by including individuals receiving services in the decision making process.

When assessing community needs, the goal is to understand what and where needs are, whom they affect, and how they came to be. Understanding the needs of a community helps programs prioritize, plan, and deliver services that are relevant to their service population; improve their services as community conditions change; and identify and remove barriers to service access.[7]

Community resources are anything that can be used to improve the quality of life in a community (e.g., social services, community leaders, facilities, funding, policies, networks among community members, community experiences). Any positive aspect of a community is a resource, and can be leveraged to address the needs of its members.[8] Knowing what resources exist in a community helps determine which needs to prioritize, how community members contribute to their community's resource pool, what additional resources are required, and how to best apply resources toward needs (e.g., whom and what do community members trust? With whom and what methods are they familiar?). Examining what resources have been used successfully in other similar communities can also help identify relevant resources.

A community needs & resources assessment is particularly valuable during the formation of a program; when it is unclear what the priority needs are in a service population; and when a program wants to ensure its services are relevant to and have the support of its service population, funders, and other stakeholders. There are also times when this assessment is not needed, such as when there is an urgency to act; when there is absolutely no doubt what the most important needs and resources are; and when an assessment has already been done, and it is clear the most important needs and resources have not changed.[9]

There are many tools available to programs looking to conduct a needs & resources assessment, including the Conducting a Community Assessment guidebook by the National Resource Center[10] and the Community Assessment section of the Community Tool Box (University of Kansas).[11] For programs seeking to conduct an organizational capacity assessment, the Organizational Capacity Assessment Tool developed by the Corporation for National and Community Service provides more information on the domains of organizational capacity, as well as an organizational capacity assessment and scoring rubric.[12]

Improving the cultural adaptivity of a service

"Culture" refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of a group (e.g., racial, ethnic, geographic, religious, or social groups).[13] Adapting to the cultural context of a service population makes a service both more relevant and more accessible.[14] The cultures of a specific population inform what services are most valuable, and how they can be best delivered. Studies on culturally adapted interventions (e.g., culturally responsive methods for addressing mental health issues) have found they work, and when compared with non-adapted interventions, produce better outcomes.[15]

True cultural adaptivity is made possible through deliberate and meaningful community engagement. This involves co-leadership with different community member perspectives on the design, delivery, and prioritization of services and validation of assessment tools; and staff members in the community actively listening, learning, and participating. It also requires organizational focus on improving cultural adaptivity and supporting this focus through explicit values, policies, practices, resources, and training.

Culturally adaptive organizations demonstrate a set of congruent behaviors, attitudes, and policies that include:

- **Understanding**—at both the organization and individual level—the importance of actively adapting with and reflecting the cultures of the service population.
- **Continuously learning** from and constructively engaging the service population in program design, decision making, and assessment.
- **Institutionalizing** this knowledge within the practices and processes of the organization (e.g., defining a coherent set of values, policies, and structures that enable the organization and staff to work cross-culturally).
- **Demonstrating** this set of values, policies, and structures in all aspects of program work (e.g., policy-making, resource allocation, service delivery, assessment and evaluation).
- **Continuously adapting** this set as the service population changes.
- **Self-assessing** the organization and staff on their level of cultural adaptivity, including strengths and areas for improvement.

It is important to note that a culturally adaptive service will change with its service population in order to ensure its services and service delivery methods are, at any point, relevant to its clients.

There are two key levels at which a service can improve its cultural adaptivity: the organizational level, and the individual staff level. Best practices for improving **organizational cultural adaptivity** address the mission and vision, organizational culture, practices, staffing, and physical environment of a program. Key best practices include:

- Developing a mission and vision statement that recognizes the importance of being a culturally adaptive organization.
- Involving service users in regular decision making and/or collecting feedback from service users and informing them when their feedback has been used, and how.
- Providing ongoing professional development and cultural competence staff trainings, and gauging the effectiveness of these trainings.
- Implementing systems of accountability for the cultural competence standards of the organization, and assessing the organization on its level of cultural competency.
- Engaging in advocacy for the communities an organization serves.
- Following a culturally-adaptive communication style (e.g., a community's preference for in-person contact, providing materials in the languages of the service population, and at the appropriate literacy level).
- Providing translation services to all clients who need them and recruiting well-trained translators to provide translation and interpretation services.
- Using culturally-relevant screening and assessment tools that are available in the languages of the service population, that are at the appropriate literacy level, and have been validated with members of the service population.
- Recruiting, mentoring, and promoting staff who are representative of the service population, at all levels of the organization, including hiring staff from the community to help with engagement and outreach.
- Creating a familiar, welcoming physical environment (e.g., displaying photos and art by people of the same cultural background in materials and on-site; arranging meeting areas to accommodate groups of extended families).

Best practices for improving **staff cultural adaptivity** address staff awareness and self-reflection, knowledge, and skills. Key best practices include:

- Engaging in self-reflection about one's culture and potential biases, including preparedness to serve the specific population and its cultural makeup.
- Being willing to learn, ask questions, and practice active listening.
- Gaining knowledge about the cultures (values, beliefs, practices) and histories within the service population; and as appropriate, participating in and listening to the communities the organization serves (e.g., volunteering, attending cultural events).
- Guided by understanding of the culture as a whole, gaining knowledge of the individual client's values, beliefs, practices, and understanding of and desire for services.
- Staying informed on research relevant to the evaluation and treatment of children and families of the cultural group.
- Developing relationship building and communication skills, including how to address family members and using/interpreting non-verbal cues aligned with cultural norms.
- Becoming skilled at working with a translator for languages one does not speak.
- Participating in cultural competence trainings.
- Critically evaluating and determining the fit between an intervention or assessment and the cultural backgrounds of clients.

> *The U.S. Department of Health & Human Services' Office of Planning, Research & Evaluation has developed a research brief with more guidance on how social service programs can improve their level of cultural adaptivity. service programs can improve their level of cultural adaptivity.*[16]

Identifying and reducing internal barriers

Internal barriers to service access fall under a few key categories: site location, site transportation, site space, service hours and time requirements, service fees, service marketing, screening and referral policies, and data and technological systems.

Site location

Accessible services are available within reasonable and safe reach of anyone who needs them, when needed, in spaces designed for all ages and physical disabilities.[17] They are located:

- Where clients feel safe.
- In an area clients frequent and/or can easily access via public transit.
- Where the service is needed.

In practice, this requires understanding where members of the service population live, work, and spend time (e.g., libraries, schools, community and health centers); and locating the service in areas that are easily accessible via public transport. It is also important to understand the local social service landscape to ensure services are not duplicated in an area, and instead are located where demand for the service is unmet or is much greater than what other providers can address.

Site transportation

When considering how clients reach a service site, it is important to ensure transportation options exist and that its components are client-accessible, particularly for groups who face greater challenges traveling (e.g., pregnant mothers, older clients, young children, and those with mobility aids). Key considerations include:

- The usability and safety of any transit vehicles and transit waiting areas.[18]
- The minimization, safety, and usability of any walking distances.

This requires ensuring any client without private transportation and/or who has difficulty accessing public transit options has usable alternatives (e.g., an accessible shuttle that travels between service sites and clients' homes or other client-accessible locations); clients are safe and comfortable when waiting for transit options (e.g., people with mobility aids can easily find and enter transportation waiting areas/shelters); and that any distances requiring clients to travel on foot or by wheelchair are minimized and accessible (e.g., ensuring there are pedestrian routes, and that they are smoothly paved and have ramps wherever the ground is not level; and that any crosswalks have audio cues).

Site space

It is important to ensure physical spaces where services are delivered are accessible to those who need them, regardless of age or ability. Key factors to consider include:

- Ensuring all clients are able to easily navigate the physical service space.
- Ensuring relevant on-site information delivery systems (e.g., pamphlets and forms, announcement systems, signs and labels) exist for all clients.

In practice, this entails periodically assessing the accessibility of buildings to determine related problems and solutions (e.g., an accessibility expert auditing a building every three years); equipping sites with accessibility of buildings to determine related problems and solutions (e.g., an accessibility expert auditing a building every three years); equipping sites with accessibility supports (e.g., ramps and lifts; wide doors that are easy to open and keep open; visual contrast and moderate lighting to aid visual navigation); and ensuring information for clients is available in formats relevant to those with difficulty receiving visual information, audio information, or complicated language or jargon.

The National Disability Authority provides a comprehensive set of resources anyone can use to improve the accessibility of their buildings[19] and services[20], and to adopt a universal design approach to designing, building, and managing buildings and spaces.[21]

Service hours and time requirements

When determining service hours and time requirements, accessible services account for client schedules and opportunity costs to ensure they do not pose a barrier to service access. For example, clients may not be able to affordably take time off work or access childcare during service hours, especially if wait times on-site are uncertain and/or long. Key factors to consider when determining service hours and time requirements include:

- Identifying what hours and weekdays work best for clients and ensuring there are services available during those times.[22]
- Ensuring scheduling, walk-in, and other entry processes are easy for members of the service population to understand and use (e.g., using a mix of platforms—phone, email, text, online appointment systems—that reflects data on what clients most frequently and comfortably use).
- Minimizing the amount of time required for providers to effectively deliver services.
- Minimizing, clarifying, and offloading administrative tasks and paperwork for both staff and clients.
- Minimizing wait times on-site, and ensuring clients can meaningfully use what wait time is unavoidable (e.g., providing children's books and toys in the waiting room).
- Effectively managing waitlist statuses, prioritization, referrals, and expectations.
- Reducing opportunity costs (e.g., providing child care while parent clients engage with service providers[23]).

Client opportunity costs—i.e., time with family, education, and other opportunities clients forgo in order to engage with services—often pose a less visible barrier to service access. On this front, the first area programs can tackle is understanding the amount of time required for service delivery, and how that time can be used more effectively. The second area involves understanding the causes of on-site wait times in order to reduce them.

Wait times are an important factor to consider given long wait times reduce the number of clients a service can engage, reduce the number of service hours a service can effectively use, increase client psychological distress (e.g., anxiety brought on by long wait times with uncertain end points), and run high real and opportunity costs for clients and service providers alike.[24] To reduce wait times, it is important to understand how client volume varies throughout service hours in order to better determine when staff is most needed. It is also important to identify where wait times exist, their causes, and how best to address them (e.g., staff walking through a mock client visit to calculate where and how much time clients lose between value-add activities, and identifying causes and solutions for delays). However, given some amount of wait time is usually unavoidable, it is important to ensure clients can wait comfortably and make use of this time—for example, playing with their children or reading books and magazines.

To maximize the amount of time spent engaging clients, it is also important to minimize the administrative tasks and paperwork required of staff and clients. Example methods to do so include: providing electronic "file-ahead" forms to allow providers more time to understand client backgrounds before meeting, and to allow clients to understand and complete forms when their time allows; ensuring form instructions are easily understood by all service users, and that form content is limited to what is absolutely necessary; and reducing the presence of paperwork during client sessions in order to make room for conversation and engagement between provider and client.[25]

Accessible services also consider how they manage waitlists, given long waitlists prevent clients from accessing services when they are most needed, and waiting itself can adversely affect client circumstances.[26] Best practices for managing waitlists include clearly communicating expectations around waitlist times; identifying a few other services to which clients can be confidently referred; closely supervising the waitlist to ensure it is up-to-date (e.g., who no longer needs services, waitlist prioritization) and to answer questions clients on the waitlist may have; and using waitlist data to better predict future wait times and provider capacity needs.[27]

Service fees

It is important to account for both out-of-pocket fees (e.g., service fees, copays) and indirect fees (e.g., cost of transportation, childcare) to ensure finances do not prevent clients from accessing the service when needed. This requires:

- Adjusting any out-of-pocket client fees to fit clients' abilities to pay.
- Minimizing program operating costs and/or identifying alternative funding sources to replace or subsize out-of-pocket costs for clients.
- Identifying, then either avoiding or reimbursing, indirect costs clients incur when accessing the service.

The need to provide low-cost services is always balanced against the financial requirements of running an organization; to create this balance, social service programs aim to minimize program costs. (See footnote for example methods of designing, implementing, and continuously improving a low-cost program model.[28]) It is also important to consider the indirect fees clients incur when accessing a service (e.g., cost of transportation, cost of childcare, lost wages) and avoid or reimburse these fees when possible (e.g., providing transportation to/from a service, reimbursing public transportation fees, providing childcare on-site, providing services outside of typical working hours to avoid lost wages).

Service marketing

To ensure a service population is aware of a service, it is important to design and locate marketing materials that are relevant to the lives, abilities, and needs of the service population. In practice, this requires:

- Understanding how past and current clients found the service.
- Understanding how information travels among service population constituents.
- Providing marketing materials in languages the service population speaks, and in language that is as clear and concise as possible (e.g., clearly describing the services provided and what prospective clients can do to learn more, or set up an appointment).
- Locating marketing materials in physical and virtual locations where clients frequent, and where clients feel safe interacting with the material.

One common marketing method is word-of-mouth, which continues to be the most client-trusted form of marketing.[29] Best practices for creating an effective word-of-mouth strategy include providing a reason for clients to share information about the service (e.g., clients valuing their experience with the service and wanting to share their experience with their social circle; outstanding staff behavior) and relevant, easily shareable materials for doing so (e.g., social media posts and events, flyers).[30]

Screening and referral policies

When considering how to identify, intake, and refer clients, it is important to ensure both explicit program policies and client perceptions of policies are not a barrier to service access. This requires:

- Using screening systems that effectively identify and capture relevant information about people needing services
- Participating in an interconnected, interdisciplinary system of referrals with other local service providers.

In practice, the most accessible screening and referral systems are often ones that use a centralized client intake system.[31] Centralized intake creates a single point of contact for clients (e.g., with a community-based organization, hospital, or a toll-free phone number) through which screening and referral processes occur for relevant services in an area. The selection of the single point of client contact is important; for example, a community wanting to assess and screen every family with a newborn may identify the local hospital as the single point of entry.

Ideally, centralized intake allows a single provider to refer clients to the most relevant services based on client strengths and needs; information necessary for referrals; as well as the availability and requirements of local services.

The Central Intake Best Practice Guide developed by Early Childhood Iowa provides a comprehensive overview of the purpose of a centralized intake system, its benefits and challenges, and ways to overcome common barriers to adopting central intake.[32] The Social Needs Screening Toolkit developed by Health Leads provides information on developing an effective screening tool, as well as examples.[33] More specific best practices around referral and partnership systems are detailed in the Referrals and Partnership Management Research Brief.

Data and technological systems

When designing the data and technological systems of a service (e.g., data privacy policies, websites, virtual forms of service delivery), it is important to ensure the systems are usable by and useful to the service population. This entails:

- Ensuring any technological platforms the program employs are relevant and accessible to all users of the platform (e.g., websites that are easily accessible by those using mobile devices, screen readers or keyboard-only navigation; using font styles, type, and colors that follow web accessibility standards).
- Improving the search engine optimization of service websites in order to increase the likelihood that a person searching for the specific or similar service sees the website early on in the search results list.
- Understanding where virtual forms of service delivery are of value to clients.
- Ensuring the data privacy policies of a program are communicated clearly to staff and the service population.

The data and technological systems a program uses (e.g., telehealth platforms, client databases, websites) can be very useful, but only if the intended users are able to use them with ease. The first step in the design process is to understand for and with whom, and for what purpose the system is designed. Understanding how and why clients access virtual service delivery options is critical when considering what virtual service delivery options may be valuable in conjunction with, or instead of, specific in-person services (e.g., virtual options that are more accessible to clients who live far away from service sites, or are accessing services during bad weather or seasonal illnesses).

Empathy mapping is a widely used technique in design communities that helps designers understand what user needs and priorities are in order to aid decision making in the design process; the Nielsen Norman Group has compiled resources on what empathy mapping is and how to do/use it. [34]

For information on how to then design an accessible web experience centered on client needs, see the Web Accessibility Initiative by W3C, which has compiled strategies, standards, and resources that help make online experiences more accessible to all[35]*; as well as specific resources on accessible website design, including a checklist that can help gauge the accessibility level of a site.*[36]

How clearly data privacy policies are communicated with clients and staff also factors into service accessibility. Among minority and undocumented communities in particular, clients may be wary of or avoid services if they are uncertain if the personal information they share with providers will remain private, or how it may be shared with other parties.[37] Section 1.07 of the National Association of Social Workers Code of Ethics outlines standards for client privacy and confidentiality.[38]

Identifying and reducing external barriers

Many clients face external barriers to improving quality of life and accessing services when needed. These barriers include racial inequity and implicit or explicit racism embedded in the systems—e.g., healthcare, housing, legal, banking, employment, and education—through which institutions and people operate. It also includes social inequalities and stigmas, such as wealth, class, and gender inequality, and the social stigma associated with needing social services; as well as infrastructural barriers, such as poor city planning, internet speed and availability, and inaccessible public transportation systems.

External barriers are often historically and widely built into a society, which can make timely, large-scale change difficult. Continually moving against these barriers is a tenet of all social service work. As defined in the Code of Ethics of the National Association of Social Workers, a core value of the social service sector is social justice: challenging social injustice and pursuing social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people.[39] The accompanying standard through which groups and individuals challenge social injustice is **advocacy**—for the needs and interests of clients and client support systems, and for the promotion of system-level change to improve outcomes, access to care, and delivery of services, particularly for marginalized or disadvantaged populations.[40] Social workers serve as client advocates by:

- Continually learning and updating one's own understanding of social injustice.
- Promoting client access to services.
- Promoting clients' self-advocacy skills.
- Supporting the capacity of communities to support clients' quality of life.
- Embedding advocacy into program values, policies, and procedures.

In practice, this includes educating colleagues, allied professionals, decision makers and policymakers, and other community stakeholders on the impact of social injustice and unequal access to services; and engaging in

social and political action to make just change possible. It also involves helping clients navigate among complex health and social service systems; playing an active role in community education efforts (e.g., access to care, empowerment and leadership development, increasing the community responsiveness of local institutions); and supporting staff advocacy efforts through organizational values and structures (e.g., trainings, time and resource allocation).

CASE STUDY: DIGITAL ACCESSIBILITY

How can an organization strengthen the accessibility of its digital services?

Digital accessibility is an area of growing importance among social services given the prevalence of digital service delivery, access, and client engagement. For example, many government services are now offered online; however, they are not always accessible to those who need them most. We look to Digital Services Georgia for an example of the web accessibility improvement efforts of one government agency.[41]

What is the challenge?

In Georgia, 8.7% of residents under the age of 65 live with a disability, with the percentage increasing for older age groups. At the same time, people over 65 are the fastest growing group of internet users. This is often the population that benefits most from virtual services—but only when those services are accessible to them.

Digital Services Georgia (DSG) was tasked with improving the accessibility of state government websites and virtual services, in partnership with Georgia Institute of Technology's AMAC Accessibility Solutions & Research Center and the State ADA (Americans with Disabilities Act) Coordinator's Office. Questions that arose during the planning phase included: What makes a web service accessible? Why might someone have difficulty accessing online services? How web-accessible are state government services at present?

How was the challenge addressed?

The team defined what success looked like for the initiative using the Web Content Accessibility Guidelines (WCAG) developed by the U.S. Department of Justice. To understand the reasons why users may have difficulty accessing online services and review the web accessibility level of different agencies, the team conducted user tests, web code inspection, and tested changes to agency web platforms between June 2015 and January 2016.

Research into the current challenges and their root causes led the team to make the following changes to increase the web accessibility of online government services:

- **Increased color contrast.** Text needs to contrast with its background enough for users with low vision and color blindness to be able to read it. DSG used WebAIM's Contrast Checker[42] to select only accessible combinations for text and background colors for all online content.
- **Better font legibility.** Certain fonts are easier to read than others. The team reviewed the fonts used on agency websites and changed them to accessible fonts where needed.
- **Improved the web searchability of services.** Many people use keywords to search for services they need online. The team found that searching for relevant keywords in online search engines produced search results where agency websites did not appear near the top of the result list. To increase the web accessibility of agency services, the team revised the code for agency websites to make them easier to search for when users entered relevant search terms.
- **Improved keyboard-only navigation.** Some users navigate the web with a keyboard only, rather than with a mouse or touch-screen. The team adjusted websites to make content more accessible to those navigating solely with a keyboard (e.g., adding a visible border around all links when users land on them, making menus easier to tab through).
- **Improved screen reader functionality.** Screen readers are a form of assistive technology that renders text and image content as audio or braille output. For example, to let a visually impaired user know where to click to exit a window, developers can edit the 'x' button code to include a label that describes the purpose of the button.[43] To increase accessibility for those using screen readers, the team added labels to buttons/links on agency websites.

By the end of January 2016, all websites on DSG's platform met both baseline federal and higher WCAG web accessibility standards, making it one of the first states to achieve compliance across all services, and awarding it the 2016 National IT Award for Accessibility Initiatives.[44] Other improvements DSG continues to make include providing captions, transcripts, and audio descriptions for multimedia content; editing language to be as clear and simple as possible; and continuing to add screen reader- and search engine-friendly labels to websites.

ENDNOTES

[1] National Organization for Human Services. (accessed 2021, October 21). *What is Human Services?* https://www.nationalhumanservices.org/what-is-human-services

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