

## **Inclusive Language in Action: Disability Engagement Communication Strategies Across Micro, Mezzo, and Macro Levels of Practice**

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\*A note on language: I have chosen to use both person-first and identity-first language throughout this article, as well as a variety of terms for employees of organizations, with the intention of being as inclusive as possible to all who might read it.

### **Abstract**

This article introduces a framework for inclusive language to support the engagement of people with disabilities and to advance work in disability advocacy across micro, mezzo, and macro levels of practice. The framework supports professionals in structuring their communication strategies to build authentic and respectful relationships with people with disabilities, emphasizing dignity, transparency, and co-production. Through individual interactions (micro level), community-informed organizational practices (mezzo level), and public communication strategies (macro level), the framework encourages flexible, evolving practices that adapt to diverse language preferences. This guidance has evolved through iterative work providing technical assistance to awardees of the *Inclusive Healthy Communities* (IHC) grant program, which addresses health and well-being disparities for people with disabilities by supporting policy, systems, and environmental changes.

### **Background: The Inclusive Healthy Communities Grant Program**

The Inclusive Healthy Communities (IHC) grant program, funded by the New Jersey Division of Disability Services, supports initiatives throughout the state working to address unjust societal systems that cause and exacerbate disparities in health and well-being among people with disabilities. By centering the expertise of people with lived experiences of disabilities, creating a cross-sectoral community of practice united toward universal inclusion, and targeting changes to policies, systems, and environments, IHC initiatives work to ensure sustainable, meaningful change toward the development of fully inclusive healthy communities throughout New Jersey and beyond.

A core component of the grant program is the provision of technical assistance to grantees, provided through administrative support staff located at the Rutgers Edward J. Bloustein School of Planning and Public Policy. In combination with quarterly individualized support and periodic training and networking opportunities, grantees also participate in publicly available IHC webinars designed to address self-identified gaps and opportunities for growth in knowledge or skills. Throughout the first three cycles of the program, which began in 2021, grantees have requested assistance with skills such as storytelling and language usage to better engage people with disabilities and other stakeholders whose buy-in is vital to the success of their initiatives and to creating sustainable embedded change to increase inclusion in their communities.

### **The Importance of Language and Engagement**

Mastery of language skills supporting advocacy work is essential in creating sustainable change, as project leads must feel comfortable engaging multiple stakeholders, be able to present concise and compelling arguments for why social change is important and be able to foster collaboration between multiple constituents.<sup>i</sup> People with disabilities have often experienced injustices in their interactions with others,<sup>ii</sup> so learning to communicate in ways that express that their dignity is being honored and they are being perceived as whole and valuable is essential to building quality relationships.

While existing media and style guides can be useful for orienting staff to generalized best practices in communication when discussing disabilities, these often do not align with the preferences of particular individuals or groups and may not be best practices within the communities organizations are attempting to engage. There are great variations in preferences regarding the terminology used, which can be impacted by the following, among other factors: (a) disability type;<sup>iii</sup> (b) disability time of onset;<sup>iv</sup> (c) whether one has adopted a disability-identity;<sup>v</sup> (d) age of the person with disabilities;<sup>vi</sup> (e) intersectional factors such as racial identities<sup>vii</sup> and LGBTQ+ identities;<sup>viii</sup> and (f) personal preferences.

Many groups and organizations continue to lean into *person-first language* (PFL), regardless of client preference, noting that it centers the humanity of the person with disabilities and is least likely to offend. However, there is also a sizable group of individuals who prefer *identity-first language* (IFL), which centers on their experience of disablement.<sup>ix</sup> Recent studies have indicated that preferences for IFL may be greater than previously understood,<sup>x</sup> and some communities generally prefer it (e.g., the Deaf and Hard of Hearing<sup>xi</sup> and Autistic communities,<sup>xii</sup> though again, individual preferences vary within these communities as well). The question then becomes, how is someone working in this space meant to confidently approach the engagement of stakeholders on disability-related work at various levels of engagement?

### **Using the Micro, Mezzo, and Macro Framework to Create a Communication Strategy**

Given that many individuals involved in disability-inclusion initiatives have backgrounds in social services and public health, it is logical to orient their approach to engagement around a familiar framework of practice levels. Social work and public health are said to operate at three levels: micro (person-to-person) interactions, mezzo (work within groups or organizations), and macro (larger level advocacy and systems change work).<sup>xiii</sup> By deconstructing a communication

strategy for these levels, a structured approach can be developed to empower practitioners to authentically engage clients and partners, fostering confidence and competence in inclusive interactions.

Level of Engagement	When to Use This Strategy	How to Inform Your Strategy
Micro	One-on-one interactions	<ol style="list-style-type: none"> <li>1. Actively listen and use the words the individual is using to describe their experiences</li> <li>2. Express an interest in using the words that work best for the individual and ask for their preferences</li> </ol>
Mezzo	Within groups or organizations	<ol style="list-style-type: none"> <li>1. Survey your group community to learn their preferences</li> <li>2. Create intersectionally diverse advisory boards to provide ongoing feedback and direction</li> <li>3. Consult media guides on disability language to have a starting point to guide work before tailoring language to your community as recommended in points 1 and 2</li> </ol>
Macro	Messaging to external audiences	<p>Devise an organization-wide media strategy for disability language, including:</p> <ol style="list-style-type: none"> <li>1. Strategy for person-first, identity-first, or alternating language</li> <li>2. Which terms should be defined each time</li> <li>3. A glossary with definitions for how your organization will define the terms</li> <li>4. Notes on when to overtly discuss your communication strategies when engaging diverse external stakeholders</li> <li>5. Guidance regarding intersectional considerations</li> <li>6. Resources for further learning</li> </ol>

Table 1: Strategies by Level of Engagement

Table 1 highlights the recommended approach for engagement at each of these practice levels. Regardless of any guidelines an organization may provide for engagement, it is always essential when working with individuals to respect the dignity of clients and partners to use the words they use for themselves (whether relating to disability or other potentially marginalized identities). Through active listening, it is possible in one-on-one or small group interactions to ascertain how people discuss their experiences and to then use those same words when communicating with these individuals or when discussing them (as contextually appropriate). To illustrate this point, consider Jose, who mentions he is fidgeting a lot today, which he indicates is part of what he experiences “as an ADHDer.” It is possible that a worker has never heard someone with Attention Deficit/Hyperactivity Disorder (ADHD) refer to themselves using IFL. However, having noted this preference in Jose’s speech, it is most appropriate for them to

mirror that term back to him as they continue the conversation. This subtle shift in language conveys to a person that the employee is respecting the experience that is being shared with them as equally or more valid than what they have previously learned about the condition from other sources, subtly communicating that this employee sees the client through an empowered lens as an expert of their lived experience. Not only is this important because it honors the individual, but also because people with disabilities are underrepresented in fields generating knowledge used to categorize and define them,<sup>xiv</sup> which likely perpetuates bias in those clinical beliefs that drive organizations' orientation to the work they undertake with them.

At the mezzo level, there are great opportunities to engage people with disabilities in advisory roles and to employ information-gathering strategies to learn what terms work best within specific programs and organizations. An organization can administer surveys and conduct focus groups to learn more about specific language preferences among existing participants and partners. It is extremely important that any data collected anonymously asks people to disclose (a) whether they have a disability, (b) are a family member or caregiver of a person with a disability, or (c) have no disability, so it is possible to prioritize the language preferences of people with disabilities over the preferences of non-disabled people. While it may also be important to consider the language preferences of parents and caregivers of people with disabilities based on an organization's mission and clients, these opinions should be captured as distinct from the opinions of people with disabilities themselves, as distinct stakeholders within these systems. Please note that this question should be captured as a "select all that apply" because parents and caregivers may also be people with disabilities themselves.

At the macro level, an organization should provide a framework for employees regarding how to publicly communicate about disability (e.g., in the media or with external partners). Internal media guides should be created and frequently updated to provide clear guidance on how to approach language usage and explanations regarding why these approaches have been selected. An important element often missing in macro-level communications is an indication of how an organization defines key terms they are using and which terms should always be defined in materials provided to the public. Lack of clarity on the meaning of terms like *special needs* and *neurodivergence* can cause confusion among stakeholders and ultimately negatively affect an organization's reputation and credibility among the people it is hoping to engage.

As an illustration, consider a program that advertises that it supports *neurodivergent* middle-school students through study skill development. This program specifically targets the needs of people with ADHD and Autism Spectrum Disorder but does not employ experts who are adept at strategies for those with specific learning disabilities. Adesola has Dyscalculia and is disappointed to be turned away from the program because they do not meet its criteria. Adesola rightly understands that Dyslexia, Dyscalculia, Dysgraphia, Tourettes Syndrome, and many other conditions are also examples of neurodivergence. The miscommunication caused by the organization's failure to define a key term it uses has now caused Adesola to doubt the organization's efficacy and will keep them from joining programs advertised in the future. Perhaps more significantly, Adesola leaves the interaction feeling othered because even in a place they felt they belong, a program for neurodivergent youth, they have been excluded. This could have been avoided if the organization had used greater specificity in their language choices.

## **Transparency and Accountability**

The framework presented above is meant to be used as a tool to guide the development and performance of a communication strategy at multiple levels. However, it is equally important when attempting inclusive communication with people who have experienced marginalization due to disablement or intersectional differences to employ processes of transparency and accountability regarding the decisions informing these strategies and how they are enacted.

Organizations must consider people with disabilities to be thought leaders and equal partners in communication. When truly conceptualizing disabled people in this way, it becomes clear that the ways in which staff communicate should not be a result of an organizational strategy alone but should be co-produced with people with disabilities. When thinking of people with disabilities as partners, transparency relating to communication and decision-making becomes an obvious outcome. The end goal is no longer about performing a communication strategy to an audience but instead participating in a communication interaction, where staff can explain any choices that have been made about language to individuals in groups who may not align with the direction selected and can receive feedback which should be integrated into future decisions, as an iterative process. People with disabilities often appreciate sincerity and intentionality even if the communication strategy employed does not fully align with their personal preferences.

Professionals in this field must also cultivate the courage to make and learn from mistakes. In American culture, ableist language is deeply embedded, making it almost inevitable to sometimes use words or phrases that inadvertently convey bias. When these missteps occur, especially in public or visible contexts, there can be a strong impulse to gloss over them without acknowledging the error. However, a vital component of engaging authentically with people with disabilities, as well as those marginalized by intersecting identities, is to recognize that mistakes are a natural part of growth. Embracing these moments by offering sincere apologies and reaffirming a commitment to improving fosters trust and demonstrates a genuine dedication to inclusive, respectful communication.

## **Conclusion**

Communication strategies should be understood as iterative and evolving processes rather than tasks that will be completed with the finalization of a document or conversation. Using the framework provided with strategies for engagement at the micro, mezzo, and macro levels, an organization can develop behavioral practices that will allow employees to best meet their constituents' communication needs today while nimbly adjusting to changes in communication preferences that arise in the future. For more on this topic, please view the [IHC Language Matters Webinar](#).

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<sup>i</sup>Hancher-Rauch and Brookins-Fisher, “Advocacy Terminology.”

<sup>ii</sup>Chapman et al., “Dignity and the Importance of Acknowledgement of Personhood for People with Disability.”

<sup>iii</sup>National Institutes of Health, “Person-First and Destigmatizing Language”; Dunn and Andrews, “Person-First and Identity-First Language.”

<sup>iv</sup>Leahy, “Disability Identity in Older Age? Exploring Social Processes That Influence Disability Identification with Ageing.”

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<sup>xiii</sup>Allen and Spitzer, *Social Work Practice in Healthcare*.

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