



Washington State Health Care Authority  
**2020 Design Standards**



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**DRAFT**

# The Health Care Authority Brand

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**The Washington State Health Care Authority (HCA)** brand is more than just a logo: our brand is how we present ourselves to the people we serve, and to each other. It encompasses things we can easily see, like color and type, and things that are less obvious but even more powerful, like tone and style. Our brand embodies our values, and is one of the tools we use to achieve our vision of a healthier Washington.

The HCA brand is precise, approachable and exudes competence and openness with an authentic, upbeat tone. **We are here to help**, and we are unified in our dedication to service and our commitment to the health and well-being of the people of Washington.

The HCA brand is built around three core values: **unity, accessibility, and excellence.**

**Unity:** We are one HCA, and we speak with one voice. We are members of the communities we serve, and we are partners—with each other and the public—to achieve a healthier Washington.

**Accessibility:** Our work is available to all who need it, regardless of disability, language fluency, race, ethnicity, religion, sexual orientation, gender, or gender identity. We are transparent in our processes and we are accountable to the public we serve.

**Excellence:** We are committed to doing our best work, and we seek constantly to improve ourselves. We embrace best practices, and we use data and evidence to reflect on and improve our work. We continuously seek to be worthy stewards of the public trust.

These values help to shape all our decisions, including the standards in this guide. Use this guide to help make your communications as effective as possible, so the excellence of your work, and our agency as a whole, can shine through.

The logo for the Washington State Health Care Authority. It features the text "Washington State Health Care Authority" in a blue, sans-serif font. A green swoosh underline is positioned under the word "Authority".

Washington State  
Health Care Authority

## The Health Care Authority Brand (continued)

### How (and why) to use this guide

As an agency employee, you are an ambassador for HCA. Whether you answer questions for Apple Health clients, provide information to PEBB members, oversee building operations, or develop agency policy, you are part of HCA's story of purchasing high-quality, accessible health care for more than 3 million Washington residents.

#### With design standards, we can:

**Support** a recognizable identity for HCA.

**Ensure** we are telling the same story through our words and images.

**Connect** information about HCA's work with our mission, vision, and values.

**Align** HCA's messaging and images across programs and services, while allowing for flexibility and creativity when needed.

This guide contains the tools you'll need to do this. Here, you'll find comprehensive guidance on how to use our logo, colors, fonts, and templates to share HCA's work across multiple media and formats.

### Who should use this guide

Any HCA employee can use this guide to help create a consistent experience with the HCA brand—whether it's a meeting agenda or an 80-page report. Staff more directly involved in developing external communications and marketing materials, and planning events, will want to be familiar with the elements of the HCA brand and our visual identity tools, and keep this guide handy.

### 😊 Tone and voice

The tone we use when communicating about HCA is almost as important as what we say. Whether you are speaking directly with a customer, presenting to a legislative committee, or writing a letter or fact sheet, HCA's tone should be:

**Empathetic:** We care about the people we serve, and we believe that all Washington residents deserve access to high-quality, affordable health care.

**Open:** We have years of experience and knowledge we are eager to share, and we are open to new ideas and ways to improve.

**Customer-focused:** We always remember that we are here to serve the people of Washington.

The voice we want to use is human, not bureaucratic—and that means talking to people, not at them. Use “we” or “our” to refer to your program or HCA. Use “you” for the reader. If you are using a Q&A format, use “I” in the questions and “you” in the answers. The goal is always to speak plainly and directly to the people we serve. For more information, refer to the **HCA Style Guide (10-278)**, which has helpful writing tips and guidance on everything from Plain Talk to the Oxford comma.

### Audience awareness

Knowing your audience also helps with communication, voice, and tone. When you know your audience, you can more easily decide what to say, how to say it, and the vocabulary to use. HCA's **personas** are a resource: a written description—a portrait if you will—of a document or website's typical user. See **Resources** in this guide for links to HCA's web personas and information on Plain Talk.

### 🔑 Key messages

When telling our story, we start with the **why**. Why does HCA exist, and why do we add value to Washington? We answer those questions through our agency Key Messages Map. This map is a framework, with key words, reinforcing messages, and proof points.

They are not meant to be cut and pasted word-for-word into documents or recited verbatim in presentations. Rather, they are a tool to help us build awareness of HCA in all our communications and connect our work—what we do—with why we do it.

You can infuse key messages into the content and talking points of presentations for external audiences by choosing images visually that convey them. Look for opportunities to address “why we do this work” in publications.

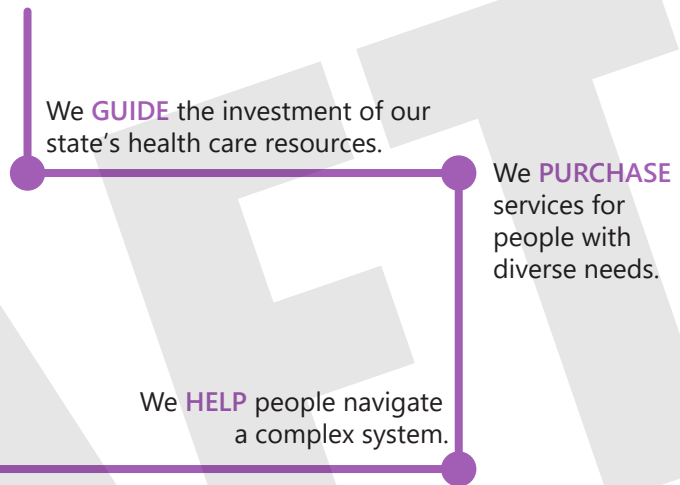
## Stewardship

Act as the trusted steward of public funds to ensure Washingtonians receive the best care.



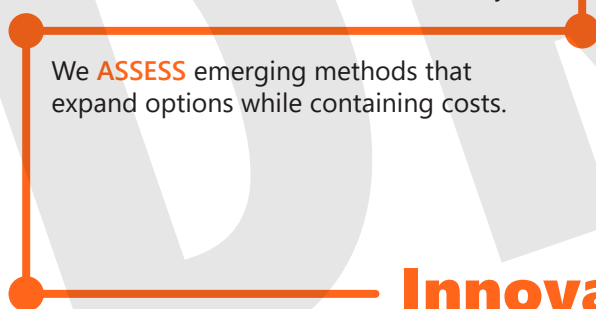
## Stability

Create reliability in today's unpredictable and complex health care environment



# HCA Key Messages Map

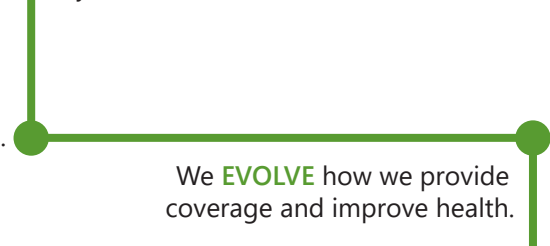
We **INTEGRATE** new ways of providing the best care into the health care system.



## Innovation

Lead our state's work to adopt new, sustainable advancements in health care.

We are creating a **SUSTAINABLE** system for the future.



## Transformation

Accelerate the modernization and efficacy of our health care system.

Washington State  
Health Care Authority



# The Health Care Authority Logo

The logo of the **Washington State Health Care Authority** is the name of the agency set in a customized version of the font Tahoma with a swash “A”. In most uses, the name of the agency is vibrant blue, and the “A” in “Authority” is bright green. The logo can also be black (on a white background) or white (on a color background).

Our logo is the most visible and universal part of our brand. It should appear on the cover and the first page of every document we produce. Where appropriate, it can also be used as an element of the header or footer of a document, or as a standalone graphic element.

There are three configurations of the logo: one with the full name of the agency; one with the full name of the agency, plus a flag underneath denoting a program of the agency (called the “**sub-identity logo**”); and one consisting of the stylized letters “HCA” for use in social media or other approved contexts (called the “**bug**”).

**Sub-identity logos** should be used sparingly. People outside of our agency are usually unconcerned with our internal bureaucratic divisions; by using the single, unified agency logo, we enhance our credibility. However, it is sometimes necessary to make a distinction between the different parts of our agency, particularly when speaking to audiences within HCA. Ask the Communications Division if a sub-identity logo is the right choice for your project.

The **bug** is a version of the logo meant for use in very low-fidelity applications, like social media posts. We only use the bug in very specific circumstances, since many members of the public do not know us by our initials. If you believe your communication might benefit from use of the bug, please contact the Communications Division.



## The Health Care Authority Logo (continued)

### ✔ How to use the logo

We use our logo on every publication, form, poster, memo, social media post, and piece of marketing collateral we produce. (We're like a five-year-old with ketchup: we put it on **everything**.) In publications and forms, the logo should appear in one of the top corners of the first page of the document and should be at least 1½" wide. On presentation slides, it should appear in one of the bottom corners of each slide and should be at least 2" wide. On other materials, it can appear wherever it works best, and must be at least 2" wide.

When placing it on a dark or colorful background, use the white version of the logo. Use the full color version of the logo on a white background. Use the black version of the logo when the document has no color other than black.

Always give the logo lots of space. It should be surrounded on all sides by enough empty space to ensure it is distinct from everything else on the page. Usually, the amount of clear space should be the same or larger than the height of the capital "A" in "Authority."

### ⊘ How not to use the logo

Our logo is like the face of our agency: it is the most visible and unique part of our identity. As such, it is important to treat the logo with respect. Do not stretch or distort the logo, do not change the colors of the logo, and do not attempt to re-create the logo.

Don't distract from the logo. Keep it away from other logos, and avoid placing it on a busy background. Making sure the logo is readable, consistent, and stands out from the surroundings is one way we clearly identify HCA as the author of a document and take responsibility for our words.



Do not distort the HCA logo by stretching it.



Do not place the HCA logo on a competing background, such as a pattern or photo that would obscure it.



Please, do not copy the HCA logo from the website for use in a document, such as a Word or Excel file. Logos taken from the web won't reproduce clearly, especially in documents that could be printed.



Do not change the HCA logo—never modify the colors, typefaces, or size of any part of the HCA logo, or add visual effects such as drop shadows.



Do not try to re-create or match the original artwork.



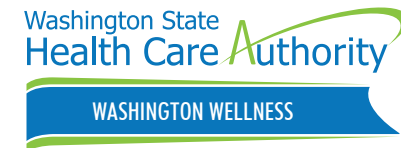
Do not add text or visuals directly below the HCA logo.

## The Health Care Authority Logo (continued)

### ✔ How to use the sub-identity logos

A sub-identity treatment of HCA's logo shows the relationship between HCA and a program within HCA. On this page you'll find the programs that have been approved for a sub-identity treatment. The banner below the HCA logo is only used with the HCA logo, not separately. We do not have sub-identity logos for divisions or units within HCA.

Use these logos sparingly. If members of your audience are unlikely to work with other programs at HCA, then the sub-identity may cause more confusion than it resolves. We always strive to think, act, and appear as a single, cohesive organization, working together to achieve our shared vision of a healthier Washington.



## The Health Care Authority Logo (continued)

### Product logos

In addition to our programs and services, HCA manages several products. An HCA product is one that we market to customers, and that merits its own logo. When we use a product logo, we also include supporting information in the footer or elsewhere in the material to help ensure it is clear that HCA offers the product. Each product listed here, except for the Athena Forum and WISe, is governed by its own branding guidelines which you can find later in this manual.

Our product logos are:

- Uniform Medical Plan and UMP Plus**
- SmartHealth**
- Apple Health**
- COFA Islander Health/Dental Care**
- ProviderOne**
- Athena Forum**
- WISe**
- Washington State Prescription Drug Program**

#### Uniform Medical Plan and UMP Plus

The **Uniform Medical Plan** logo is used on all UMP printed materials and is approved for use in the banner of the UMP section of HCA's website. The **UMP Plus** logo is used on all UMP Plus printed materials, but does not appear in the website banner. Neither the HCA logo nor the PEBB sub-identity logo appears on UMP or UMP Plus printed materials. **See Chapter X: Uniform Medical Plan for more information.**

This statement appears on all UMP and UMP Plus materials that HCA creates: *UMP is administered by Regence BlueShield and Washington State Rx Services under contract with the Washington State Health Care Authority.*

#### SmartHealth

SmartHealth is a product offered to eligible PEBB members. The SmartHealth logo is used on all SmartHealth materials. These materials do not carry the HCA logo or the PEBB sub-identity logo treatment. However, the following language needs to appear somewhere on all SmartHealth materials: *SmartHealth is administered by the Washington State Health Care Authority.* **See Chapter X: SmartHealth for more information.**



## The Health Care Authority Logo (continued)

### Washington Apple Health (Medicaid)

Use the **Washington Apple Health (Medicaid)** logo only on materials for clients. All other materials, such as provider manuals or reports about Apple Health, use the HCA logo. All Apple Health materials include the following statement: *HCA administers Washington Apple Health (Medicaid)*. **See Chapter X: Apple Health for more information.**



**COFA Islander Health Care and COFA Islander Dental Care Compact of Free Association (COFA) Islander Health Care and COFA Islander Dental Care** are sponsorship programs to help COFA islanders in Washington State pay for their insurance premiums and out-of-pocket expenses for qualified plans purchased through the Health Benefit Exchange. Only use the COFA Islander Health Care and COFA Islander Dental Care logos on materials for clients. All other materials, such as provider manuals or reports about COFA Islander Health Care, use the HCA logo.



### ProviderOne

**ProviderOne** is the information system that coordinates the health plans for us and helps us send clients information at various times. The ProviderOne logo only ever appears in context of that system, and a few limited print applications.



### Athena Forum

The **Athena Forum** is an informational resource for prevention workers across the state. The logo is used in the Athena Forum website and may be used to promote the website in other contexts. It is never used on its own outside of the website.



### WISe

**Wraparound with Intensive Services, or WISe**, is a program offering intensive mental and behavioral health care to Medicaid-eligible children, youth, and their families. The WISe logo appears on all of their publications and promotional material.



### Washington Prescription Drug Program

The Washington Prescription Drug Program (WPDP) provides prescription information and assistance for Washingtonians. The WPDP logo appears on all WPDP publications and materials.



## The Health Care Authority Logo (continued)

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### Event Logos

HCA presents or sponsors a number of conferences, symposia, classes, workshops, and other events. Each of these events can have its own logo and branding, developed in concert with the Communications Division. If you're planning an HCA-sponsored event, ask your communications contact if you need an event brand. The marketing experts in the Communications Division will work with your team to develop the most effective branding for your event.

### Old logos

Unless discussed in this brand guide, other logos used at HCA in the past are not approved for ongoing use. If you have questions, please reach out to your **communications contact**. We want to know if we've overlooked a logo you're still using and we want to discuss it with you before making any changes.

Sometimes third-party vendors use old logos or modify our logo in ways not permitted by this manual. If you come across materials in print or online using old or unapproved logos, please drop us an email at [DesignServices@hca.wa.gov](mailto:DesignServices@hca.wa.gov) so we can update or correct the materials.

### Co-branding

HCA maintains partnerships with a number of other agencies and organizations, and we regularly sponsor events and conferences. In these cases, we will **co-brand** our communications, using both our logo and the logo for the partner(s) or event. We have a few principles which guide how we co-brand our communications:

**Responsibility:** We use co-branding to indicate who is responsible for a message or event. If we are responsible for the message or event, our logo should be larger than other logos and should come first. If we are supporting the work of others, then our logo should be smaller and appear later, if at all.

**Clarity:** Would using someone else's logo in combination with ours cause confusion about who is responsible for the message? If so, only one logo should be used.

**Reputation:** Other organizations may try to use our logo to boost their credibility or imply our endorsement of their work. We should be very careful in allowing other organizations to use our logo.

Some of our product brands (e.g., UMP) have much more restrictive rules around co-branding. Whenever you're considering a co-branding opportunity, please talk with your communications contact about whether co-branding is the right choice, and how to best do it.

# Our Brand Design Elements

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The Health Care Authority brand is much more than our logo. Every decision we make about how we present ourselves—the colors we choose, the fonts we use, even the way we sign our emails—is part of our brand, because it's part of how we present ourselves to the public.

It can be helpful to think of these elements as a sort of design DNA: these are the fundamental pieces out of which our brand is grown. Individual documents will look different from each other (just like individual people!) but they will all share a certain 'family resemblance' that lets the reader know the message comes from us.

Many of our agency templates will have these design elements built into them, so you can focus on the content instead of the form. If you want to create something beyond the scope of the agency templates, reach out to your communications contact. They'll work with our design team to develop a product that meets your needs.

Our design elements fall into five broad categories: color, typography, photography, iconography, and decoration. In each of these categories, we've chosen elements that advance some aspect of our brand values, whether it's choosing type for its readability or a particular photo to emphasize our engagement with our community. Feel free to use anything you see in this guide, or to contact our design team for other options that align with our brand.

## Our Brand Design Elements (continued)

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### Color

For many people, color can have powerful emotional and cultural connotations. Color is an integral part of our brand, and is one of our best tools for telling the HCA story.

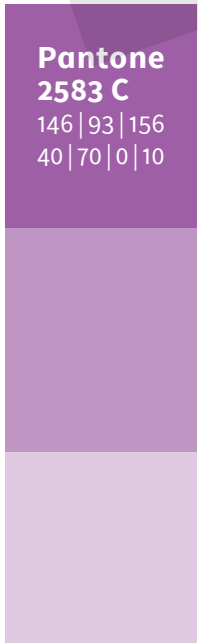
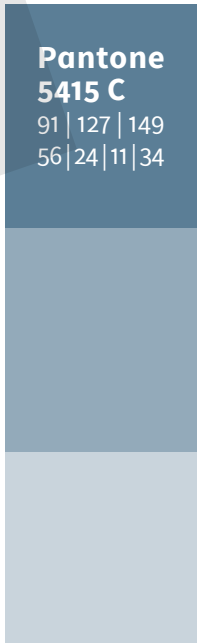
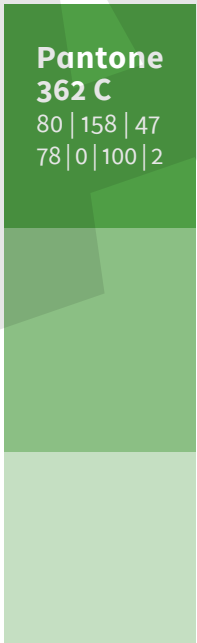
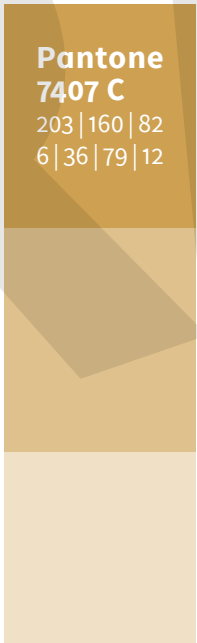
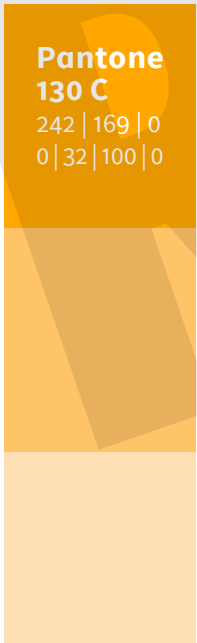
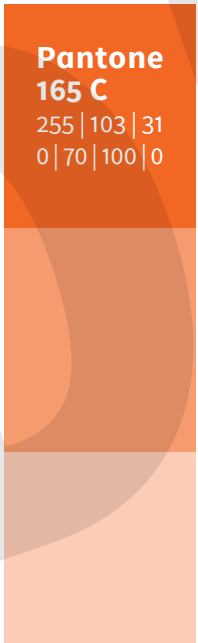
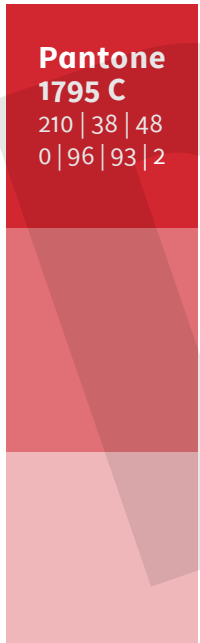
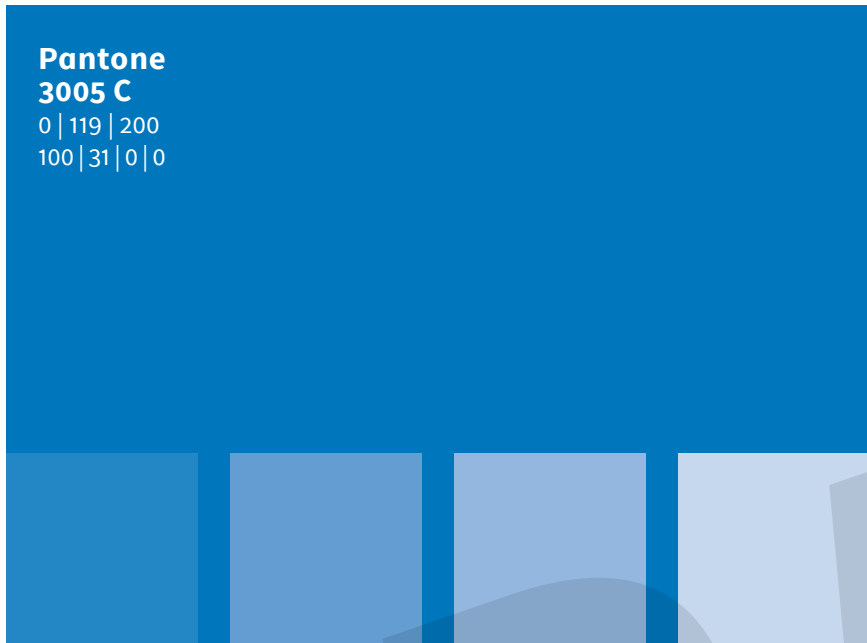
Our color palette is divided into two categories: primary and secondary colors. One or both of our primary colors—the colors in our logo—should appear on every color document we produce. Our secondary colors can be used to add emphasis or interest to our communications.

Product brands may use the same colors slightly differently than the HCA brand—for example, the prominent red in our Apple Health logo. Later in this manual we'll discuss the brand standards, including color guidance, for our different products.

To learn about making sure your color designs are accessible, see [“Accessibility” on page 25](#).







## Our Brand Design Elements (continued)

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### Colorways

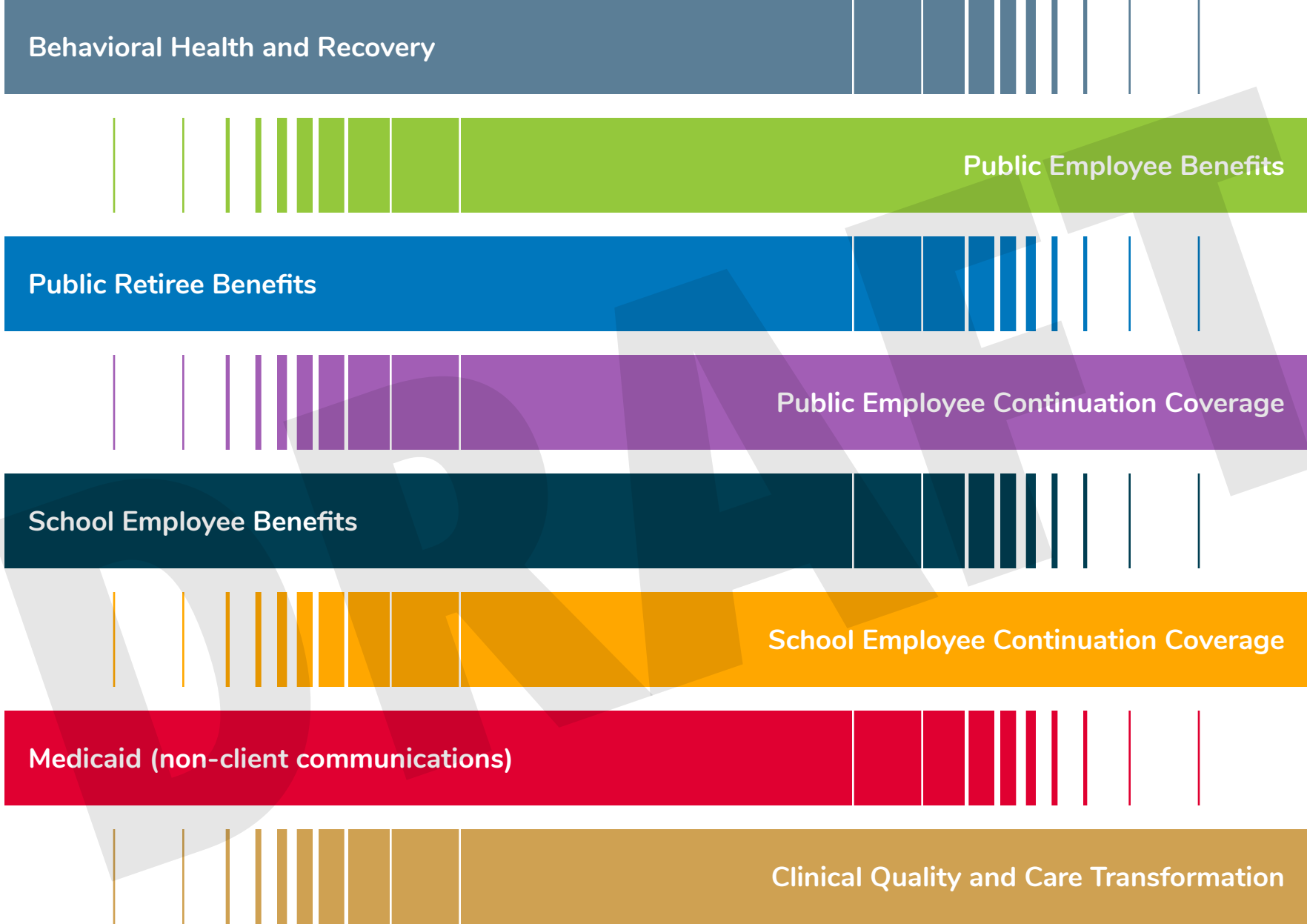
To aid our customers, colleagues, and the public in navigating the wide variety of forms and publications we create, many of our programs have their own **colorways**—a specific emphasis of one or two colors from our palette to help distinguish them from other programs.

Colorways are different from brands: they use the colors already in our brand palette to identify different programs within HCA. There are no unique logos, and no color “belongs” to any program. Instead, we emphasize one of the brand colors to help a program stand out.

For instance, a SEBB enrollment guide might use Pantone 3035 to set it apart from the PEBB enrollment guide. Or a DBHR form might use Pantone 5415 to distinguish it from an ERB form. This is helpful not only for our customers, but for our staff as well, who have a quick visual shorthand to help them sort through our forms and publications.

Not all programs have colorways, and using a colorway is always optional—all our programs can always use any of our colors. These are just a fun, creative way to enhance our work.

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## Our Brand Design Elements (continued)

### 🖨️ Typography

Type is another key element in how HCA tells our story. Using type consistently emphasizes our stability, our expertise, and our attention to detail. We use a small number of fonts across all our platforms so no matter where the reader finds us, we always look the same. We chose our brand fonts to emphasize our core brand values of unity, accessibility, and excellence.

**Unity:** Our fonts are available on all platforms, so we look the same in print, on the web, or on your mobile device.

**Accessibility:** These fonts display excellent readability characteristics, making it easier for all readers to access our work.

**Excellence:** Our fonts convey our professionalism and approachability by being clean, open, and friendly.

Some of our product brands use different fonts than our primary brand. We outline those differences in the various product brand guidelines later in this manual.

	Approved	Alternate
Headings	Nunito	Arial Rounded
Body	Source Sans Pro	Segoe UI

### What about my old fonts?

Our older documents might use Calibri, Cambria, Tahoma, Fienstar, Times New Roman, or Arial. Though not everyone can identify the differences between these fonts, the inconsistency still leaves an impression on readers. Over time, we'd like to phase out these older fonts.

As documents are regularly revised, we have an opportunity to update the appearance of them as well as the content. Updating the design of these documents, even when we've made only minor changes to the content, signals to the public that we regularly review our work.

### How to get our brand fonts

You can download these fonts from Inside HCA under Communication Tools. If you need help installing them, put in a service request with the help desk by sending an email to [ServiceDesk@hca.wa.gov](mailto:ServiceDesk@hca.wa.gov).

### Using type effectively

Sticking to a few simple guidelines can help you create documents that are easy to navigate and accessible to readers of all abilities, all while looking clean and professional.

**Headings:** Headings should always be larger and/or bolder than the body text. While most of our tools and templates can accommodate more, it's best to limit yourself to three or fewer levels of headings (heading, sub-heading, sub-sub-heading). Never rely on color alone to indicate a heading.

**Bold type:** Use bold type to **emphasize a short passage** of text or (along with blue text) to indicate a **hyperlink**. In documents destined for print, always type out the full URL of a hyperlink, e.g., **[hca.wa.gov](http://hca.wa.gov)**.

**Italics:** Use italic or oblique type to denote references, titles of published works, or words in a different language than the rest of the document ("Schools may act *in loco parentis* for youth in crisis").

**Underlining:** Avoid underlining. Use bold or italics instead, depending on the context.

	Approved	Alternate
Headings	<b>Nunito</b>	<b>Arial Rounded</b>
Body	Source Sans Pro	Segoe UI

# Fonts

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## 24-point Nunito 300 Heading 1

10-point Source Sans Pro 400 for body text. Nam quam quibus. Modit dem. Sed ent.

## 14-point Nunito 800 Heading 2

10-point Source Sans Pro 400 for body text. Harum restem id et arume volut ipsanduntius mos voluptatur a coriatur aliscusam, se litae consequosim eturibu stissit, veliquibus magnihi llaborum sitin repelit aquatur aliquis et eos sinus rae con eatur, quia aut ipsanderum lab ipiciet illaborenis alis et late consernam, con consequame perio magni sundelic tem explaut et eum et min coratumqui repe consedi psuntias comniss imincipid molleni maiorio iusam, vendandunt que voles aut lanto et volutae volo doluptat aut entusae ritatii ssuscias ex esequam et, cullore stempero volessunt magnimi, abor sitatur, simus, numquam fugiae vel expeles tiatem abo.

## 12-point Nunito 600 Heading 3

10-point Source Sans Pro 400 for body text. Nam quatem intorrum deriste exerore audiasimaxim conem quis et labor remoluptas expliti numetur? Qui repre sum dita que is nectotas entia quat venitiis re, ad qui optatur sum quis mod molor aut iur sequo molupiendis elictatem simusdae nos essequias andersperia verferum, te esendeliqui ipsa venitusae re veri consequae in cus minciis qui a dent iumque molupti orecaepudit quis miliquis vellupici illabores cus ulpa nia nient id etus, quodis asperae viditas ellabore corepti nversped molorum faccus eaquo volo totatecae. Ovid ut lacerem acerspi ciendeles atur?

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200 Extrali

300 Light

400 Regul

600 Semik

700 Bold

800 Extra

900 Black

## Our Brand Design Elements (continued)

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### Photography

Photography is one of our most powerful tools for connecting to our audience and telling the HCA story. In ways that words alone cannot, photography allows people to see themselves—in all their diversity—in our work. It's an easy way to bring color, vibrance, and life to our communication.

It's also easy to use photography in ways that diminish our connection to our audience or undermine our credibility. Consider this list of **Photography Dos and Don'ts** when choosing photos:

#### Do:

- ✔ **Be natural and spontaneous.** Choose pictures of real people doing actual things. Images that are spontaneous will resonate with your audience.
- ✔ **Keep it clear.** Pick photos that focus on just one or a few subjects doing a single thing. Pay close attention to what the subjects are wearing or holding.
- ✔ **Embrace diversity.** The people we serve are amazingly diverse across any axis one can imagine, be it race, gender, religion, orientation, age, language, ability, income, or geography. When you choose an image, consider the identities of the people in the last picture you used, and pick something different. It will go a long way toward making people feel seen and included.

#### Don't:

- ✘ **Be static or staged.** Avoid images that seem posed or unnatural. We all intuitively know that photogenic people in lab coats don't hold clipboards while smiling blankly at us.
- ✘ **Clutter your image or confuse your message.** Images that are busy—that have too many people or things in them—can distract and even confuse the reader.
- ✘ **Rely on clichés.** As a rule, women don't sit alone in their kitchens laughing at salad, and groups of demographically representative teenagers don't run in a line across mountain meadows. When you choose a picture, always ask yourself if you've seen something like it before, and consider whether something more unique (and authentic) might do the trick.








## Our Brand Design Elements (continued)

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### Iconography

At HCA, we use icons in our publications and on our website to indicate different processes and categories of information. Think of them like road signs: icons make it easier for people to quickly and easily find the information they need. Together, the icons we use form a sort of simple visual language meant to help people navigate the sometimes complex information we give them.

**Icons** are different from other types of symbols. **Logos** represent organizations or products—proper nouns; icons only represent common nouns, like objects, processes, or ideas. **Map symbols** usually need a key to decode; the meaning of an icon should be implicit in its form.

It's important that we use icons consistently at HCA: each icon should mean the same thing every time we use it. This helps our audience better understand the information they're receiving. For instance,  always means *medical care*, while  always means *health care provider*. It's also important for us to use icons consistently with the wider world: for example,  means *accessibility* everywhere you see it.

On the next page you'll see some of the icons we use at HCA along with their meanings. If you'd like to use iconography in your document or presentation, please let your communications contact know. They'll be happy to provide you with artwork and instructions for using icons at HCA.

**Important note:** Many icons use a symbol known as the “Greek cross” () which is used widely to connote medical treatment. **This symbol must never appear in red.** The American Red Cross asserts that doing so is a violation of US trademark laws and the Geneva Convention.





## Our Brand Design Elements (continued)

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### Decoration

You may have noticed that this manual is pretty sparsely decorated: a color line here, an icon there, but otherwise, not a lot of ornamentation on the pages. That's intentional.

Because much of what people find appealing is a matter of taste, we've chosen to focus on design elements that do a specific job: the color bars at the beginning of each chapter tell readers when a new subject is under discussion while also making a visual connection to other HCA documents; a grid of color tiles communicates the brand palette while also demonstrating the relationships the colors have to each other. And so on.

There are some things we want to see included on every document: the color bars, for example, or our logo, which help reinforce our brand. Otherwise, the best way to decorate a document is to **remove** anything that doesn't have a specific job to do. Is that clip art saying something you already said in the text? Get rid of it. Is that photo there just because you had some extra space? Delete it.

But what can I keep, you ask? Charts, graphs, and tables, when thoughtfully designed, both convey vital information and create visual interest. Cover photos can set the tone for a book. Pictograms can demonstrate behavior or ideas. That's all work that needs doing, and can be done beautifully.

The most important thing to remember is the public comes to us looking for reliable, understandable information about some of the most important decisions they will ever make. Anything that furthers that goal is good, and anything that doesn't, we can do without.

For example, there is sometimes a temptation to include a picture just to fill up space. It may seem, at first, like such a thing doesn't do much, but the truth is it pulls the reader out of the information, and potentially contradictory information. If you're using a photo or clip art, consider whether there is enough depth and context to the point you're making, or if it should be omitted altogether.



**DRAFT**



# Accessibility

Accessibility is a core value that we embrace as an agency, as a brand, and as people who care. Everything in this guide, from our font choices to our brand colors to the size of the margins, is shaped by our desire to be accessible to the people we serve.

Accessibility, put plainly, means that our work can be read, understood, and used by anyone who needs it. Disability, language fluency, education, and income shouldn't prevent anyone from getting the health care services to which they're entitled.

As we do this work, remember that accessibility is a **value**, not an **achievement**: there's no point at which we will be done; we will always strive to be more accessible than we were before.

One of the most remarkable things we've learned is that when we make our work more accessible to people with specific barriers, we also make it easier for everyone to use. This is why we've chosen an "accessibility-first" approach to all our materials.

Some of this information is about principles and best practices; some of it is about technical tools and standards we use. Not everyone needs to know everything in this chapter, but being familiar with it will help everyone whose work is seen or used by other people—basically, everyone at HCA.

## Principles of accessibility

A handful of principles guide our efforts to make our work more accessible:

**Every Washingtonian has the right to read and understand our work.** We work for the people of Washington and are accountable to them.

**We have a positive obligation to make our work accessible.** It is not the responsibility of a disadvantaged person to ask for access to our work. We must "meet people where they are" and do our best to be accessible to everyone.

**Reducing barriers to access benefits everyone.** When we improve access to our publications, they are easier for everyone to read and understand, even those without significant barriers to access.

## 🚫 Barriers to access

A lot of things can prevent a person from getting access to the information they need: physical, sensory, and cognitive disabilities; limited fluency in English; limited access to education; behavioral disorders and trauma; and lived experience of discrimination can all interfere with a person's ability to read, understand, and use the information we provide.

We are directed by principle, policy, and law to lower those barriers wherever we can. The **Americans with Disabilities Act of 1990 (ADA)** protects people with disabilities from discrimination and guarantees them equal access to all public accommodations. The **Civil Rights Act of 1964** protects people from discrimination on the basis of race, color, religion, sex, or national origin, and guarantees them equal access to all public accommodations. These rights are mirrored and expanded by the 1995 Washington state **Law Against Discrimination**, which also prohibits discrimination on the basis of sexual orientation, marital status, age, whether a family has children, and veteran or military status. HCA is committed to providing equal access to all of our services.

In our publications and documents, barriers to access can take many forms: documents that are only available in English, that are only available online, or that are incompatible with tools used to assist reading, are all barriers that we can, and are required to, alleviate.

## Accessibility (continued)

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### Accessibility first

Publications and forms that were not designed with accessibility in mind can be very difficult to alter or reorganize so they are accessible to all readers (a process called *remediation*): it can involve hours of coding and adjustment using specialized tools, and even then the document may not be fully accessible. It's better to think about accessibility when you begin developing a publication or form; it'll save you a lot of time down the road.

Whenever you start work on any document that will be shared outside of your team, whether it's publicly or just inside the agency, reach out to your communications contact and ask about making sure your publication is accessible. Always start your project by downloading the latest document templates from Inside HCA. These will always be as accessible as possible. If you're revising an existing document, consider transferring it to a new template—this will make it easier to remediate now and into the future.

### Accessibility starts with content

Washingtonians access our documents in a wide variety of ways: in addition to reading them in print or online, many may need our publications in a different format (braille, for example, or large print) or a different language. Some may use assistive technology, like a screen reader, to help them navigate our publications.

When we think about using our publications in a different format—say, read aloud by screen-reading software—it's clear that it's much easier to use a document that's written simply in plain language. For many people, a difficult reading experience is the first and highest barrier to access.

This is why **Executive Order 05-03** requires us to use plain language when communicating with citizens and businesses. Signed by Governor Christine Gregoire in 2005, the order requires us to use:

- clear, common language;
- short sentences written in active voice; and
- layouts that help the reader understand on the first try.

Readers need plain language even more when we talk about health care and health care coverage. Technical language, jargon, and complicated writing can prevent people of any background from accessing our services, and disproportionately affect people with other barriers to access. When we use plain talk, we improve people's lives.

### Accessible Templates

The easiest way to make sure your documents are accessible is to take the **Accessibility for Word and PowerPoint** training and use the agency's templates, available on Inside HCA. These templates have the most important accessibility features built into them, and using them correctly will help you create fully accessible documents. No template can create a perfectly accessible document, but using our templates will minimize the amount of work (and time) it takes to make your document ready for the public.

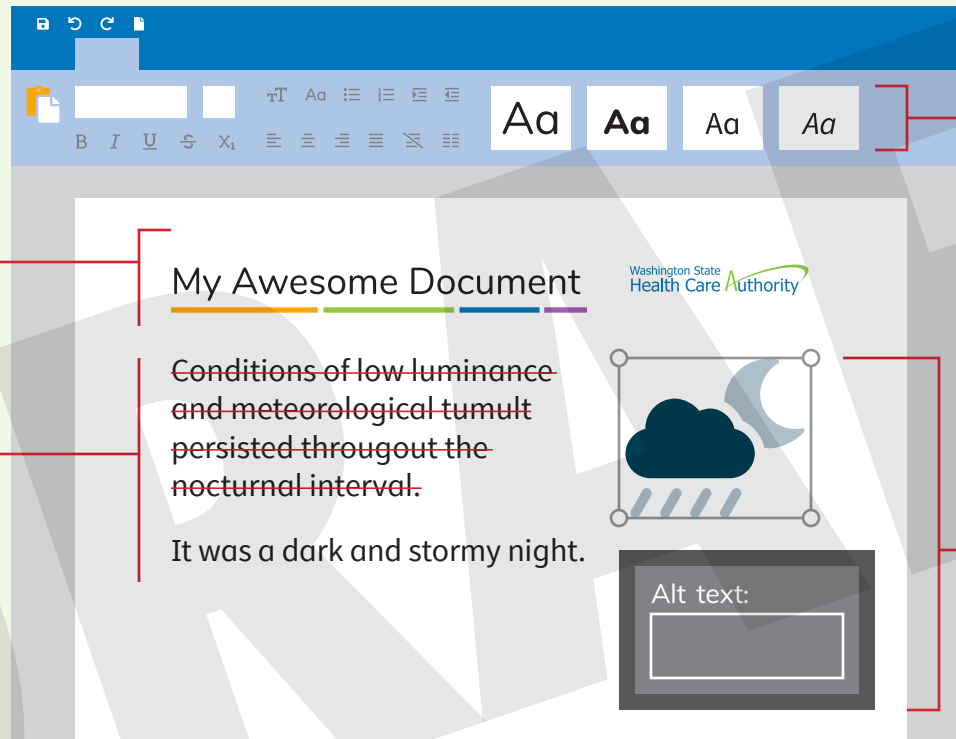
We crafted these templates according to agency brand standards, and made them to take full advantage of assistive technology for reading. The fonts, styles, and layouts have all been chosen based on the best available research regarding reading and accessibility. Some of Word's features are turned off in the templates because they do not work well with screen readers—for example, we've turned off the "bold" and "italic" buttons. Don't worry, you'll still be able to achieve those effects in an accessible way using the template's built-in styles.

# Start with accessibility

Start with an agency-approved template.

If you're revising an old document, move it over to a new template.

Write plainly and directly to your audience.



Use the paragraph styles and character styles to ensure your text will make sense when read with assistive technology.

Add alt text to your images and tables.

Send your file to your **communications contact** for remediation, transcription, and translation.

### Making print documents accessible

There are a number of reasons a person might have difficulty reading a printed document: they may have a visual disability, like color blindness, or they may have a reading disability, like dyslexia. Or they may have simply mislaid their glasses. We employ a number of strategies to ensure that everyone who needs to read our work, can.

#### Fonts

We chose our approved fonts because they are excellent for readers with low vision or reading disabilities. The lower-case letters are big and open, and the letter shapes are simple and distinctive. Many common fonts, like Times New Roman and Calibri, can be much more difficult to read. Font style can also make text more difficult to read: italic or oblique text, for example, can be very challenging, and should be used sparingly. For more about fonts, see [“Typography” on page 16](#).

#### Layouts

Open, logical layouts with lots of white space are generally easier for people to read. Research has repeatedly demonstrated that a column of text is easiest to read when it's about 35-55 characters wide, or about 3½" to 5½" wide. That's why all of our accessible templates have wide margins and text columns about 4½" wide.

When laying out your document, avoid clutter. Omit unnecessary illustrations and try to maintain a clear left-to-right, top-to-bottom reading order. The reader should never have to search for the information they need.

#### Tables

Tables work best when used for comparing complex information sets, like statistical information or benefit comparisons. Embrace the use of tables for conveying numerical information, and avoid using them to organize information that's just text.

Border lines are often unnecessary in tables; the spaces between columns and rows can guide the reader's eye without the need for additional marks. Lightly shading alternate rows can add clarity to a table without distracting a reader, as can using bold or color text to highlight specific data points.

#### Color

Color influences the accessibility of a document in two ways: color choice and contrast. About one in twelve people experience some form of color blindness, and for all people the ability to perceive color decreases with age. Color blindness typically takes one of three forms: red-green color blindness, blue-yellow color blindness, or a total inability to perceive color. People experiencing color blindness are able to perceive the relative lightness or darkness of a color, but have difficulty distinguishing particular hues.

For this reason, avoid using red to contrast with green, or blue to contrast with yellow, and never use color as the sole signifier of meaning. For example, if you have a chart comparing things that are good with things that are bad, mark them in blue and red, respectively, rather than green and red, and use different shapes to distinguish them. (See [“Photography” on page 18](#) for an example of this.)

Only ever put dark text on a light background, and vice-versa; when in doubt, black text on a white background always works. If you're unsure about a particular color combination, the visual communication team has tools to measure contrast and help you make effective choices.

#### Large print

For some readers, it will still be necessary to use larger-than-standard print. Such documents fall into two categories: **enhanced print**, which uses 14-17 point type; and **large print**, which uses 18 point type and larger. Enhanced print typically doubles the page count of a document; large print typically triples it.

Because of the complexities around laying out enhanced and large print documents, these should always be handled by our visual communication team. If you need enhanced or large print versions of your publication, talk to your communications consultant.

#### Braille

While our use of braille has decreased in the digital era, we still routinely send letters in braille and will make any document available in braille on request. Braille documents typically have four or five times as many pages as print documents, so if you expect your document to be transcribed into braille, try to keep your writing short and to-the-point. Braille printing is handled by your communications consultant.



## Accessibility (continued)

### Making digital documents accessible

Nearly every publication and form we produce is available online, and assistive technology has made it easier than ever before for individuals with disabilities to access our work. While there are many types of assistive technology, we're primarily concerned with how our publications interact with one of the most common kinds: the **screen reader**.

Screen readers read aloud the text in a file, like a web page or a PDF. They may be built into the operating system, or they may be software that the user has installed. For a screen reader to be useful, it must read **all** of the text on the screen, including menus, page information, document numbers, footnotes, and directories—things that a sighted user will usually ignore—in a logical order. It must also describe any images, charts, or graphs, to ensure the user of the screen reader gets the same information a sighted reader would.

#### 📁 Styles & Tags

Of course, most of us don't need all of the information on a page: we might want to skip to a certain section, or just scan the document for information. To ensure the user of a screen reader isn't mired in a bunch of information they don't need, we need to organize the text on the page using **styles**.

Most word processing software, like Microsoft Word, uses ready-made sets of formatting instructions called styles. You can see them up at the top of the application window, next to the controls for the font, type size, etc. You would use the "Heading 1" style for your main headings, the "Body Text" style for your paragraphs, and so on. The real power of styles is that, invisibly to the user, they apply **tags** to the text in the underlying code of the document.

Tags are little snippets of metadata (information about information) that a computer can use to organize and search a document. In this context, a tag can distinguish between a heading and body text, or identify a list or a hyperlink. They are invisible to the sighted reader, but invaluable to a computer-assisted reader. Tags also enable a bunch of software features, like automatic tables of contents, that are useful to anyone creating documents.

Tagging is why our accessible Word templates disable features like the "bold" button (called "local formatting"): while screen readers can detect the formatting, they can't determine the context. Was that text bold because it was a heading, or because it was emphasized? Were those words italicized because they were a title, or because they were French? Styles and tags help the screen reader make meaningful inferences about the structure of the text.

#### 📄 Alt text

The other type of metadata that requires special attention is **alt text**. When there is something on a page that isn't just letters or numbers, like a picture or a form field, alt text describes that page element. For a picture, it might be a description of the image; for a form field, it might be instructions for the user on what information to enter. We must enter alt text for every image, chart, graph, table, and form field in a document.

We also have to apply alt text to any hyperlinks in a document. When a screen reader comes across something like <https://bit.ly/3hvlEsN>, it just sounds like nonsense. When a link is paired with meaningful text and appropriate alt text, it becomes much easier for the reader to, say, visit our website at [hca.wa.gov](https://hca.wa.gov).

#### 🔄 Compatibility

Not all files can be read by all screen readers. For example, most screen readers cannot navigate a form built in Microsoft Word, because they cannot read the locked portion. The accessibility experts in the Communications Division will help you choose the right file format for the job.

#### 🔧 Remediation

So, you've finished working on your document: you used an agency template, so everything is correctly styled and tagged, and you went through and added alt text to every picture and hyperlink. Is it done and ready to distribute?

Well yes, but actually no.

At this point, no single tool available to the agency can make all of our documents 100% accessible. Using styles, tags, and alt text in your Word document will get it most of the way there, but it will still need help.

The Communications Division has special software tools that allow us to adjust the underlying structure of the document so that it's easier to navigate with a screen reader. If you have a document you plan to share with audiences beyond your team, talk to your communications consultant about the best way to make it accessible to all readers.

#### ☰ Technical standards

All websites, web pages, and web apps should be remediated according to the Web Content Accessibility Guidelines (WCAG) 2.0 (ISO/IEC 40500:2012). All PDF documents should be remediated according to the PDF/UA (ISO 14289-1) standard.

## Accessibility (continued)

### Making documents in multiple languages

HCA translates our publications and forms into more than 25 languages, depending on the program and the audience. Your communications consultant works with translators, vendors, community members and other agencies to ensure that language is never a barrier to receiving care.

We want our publications to look, feel, and work just as well in Spanish or Korean as they do in English. To do that, we need to prepare the document for translation as soon as we start writing it.

When creating a document destined for translation, follow all of the steps you normally would to create an accessible document. Pay particular attention to using plain talk, since jargon and technical language can be very difficult to translate accurately.

### Translation

For our purposes, **translation** describes turning **text** from one language to another. (**Interpretation** is the same thing for speech and sign language.) Our translation services are governed by a contract negotiated on behalf of several agencies by DES. Translation services typically take at least two weeks.

While we welcome community input on our translated materials, we rarely use community members to translate our communications. We never use ‘machine translation’ services like Google Translate.

If you have a publication or form you expect to translate, your communications consultant will work with the language access coordinator and the visual communication team to prepare and translate your document. If you need to translate a letter, email, social media message, or web page, work directly with the language access coordinator.

### Disability access for non-English documents

Just like any other document HCA produces, all of our translated communications must be accessible to readers using assistive technology. In addition to the standards outlined earlier in this chapter, translated documents must also adhere to certain international standards for how the text is handled. These include using ISO language tags and Unicode fonts. Your communications consultant will make sure your document meets these standards.

It’s important to note that any document translated before 2017 probably doesn’t meet these standards and cannot be made accessible. Prioritize these publications for re-translation at the earliest opportunity.

### Text expansion

If you’re creating a document where space and layout matter, like a newsletter or an enrollment form, be sure to leave lots of extra space on the page. This is because a passage of text will often become longer when translated into another language (linguists call this process *foisonnement*). For example, when we translate a typical passage of non-technical English into Spanish, the word count will increase by 20-30%. Using large margins and leaving lots of blank space on the page not only makes a document more accessible for English-fluent readers, it also ensures readers in other languages don’t have to navigate unreadably small or crowded text.

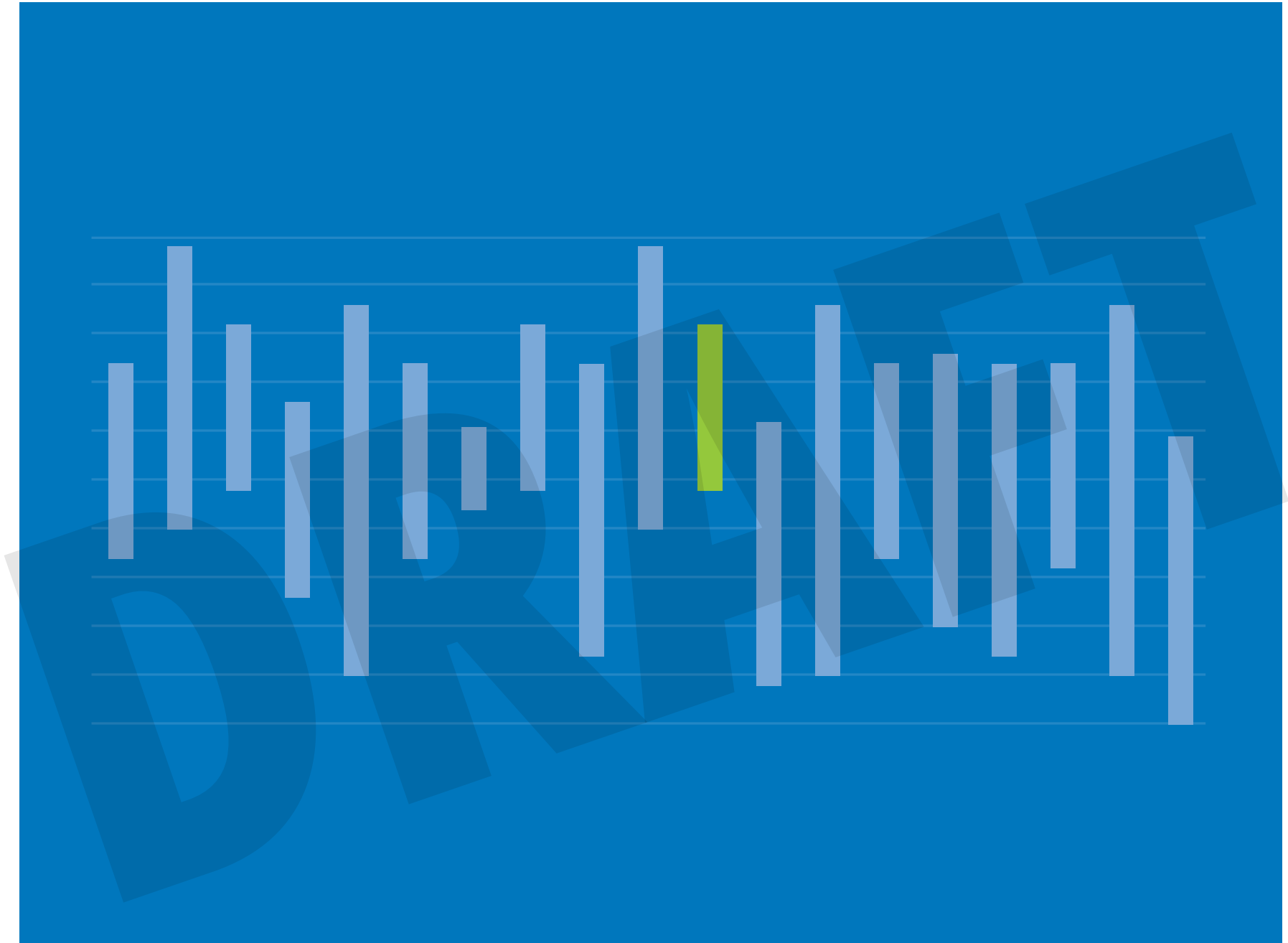
The table below shows how much a passage of text might expand (or contract!) when it’s translated outside of English:

Language	Expansion	Language	Expansion
Arabic	+20% to +25%	Romanian	+15%
Amharic	+10%	Russian	+20%
Burmese	+15%	Somali	+15%
Chinese	varies	Spanish	+15% to +30%
Khmer (Cambodian)	+15%	Swahili	+10%
Korean	-10% to -15%	Tagalog	+25%
Lao	+15%	Tigrigna	+20%
Oromo	+20%	Ukrainian	+15%
Persian	+20%	Vietnamese	+20%
Punjabi	+10%		

### Design standards for translated documents

All of HCA’s design standards apply to our translated documents, with one addendum: for languages using non-Latin alphabets, our brand font is **Noto Sans**.





# Infographics and Data Visualization

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Data is a big part of our work at HCA: we use it to inform our policy decisions, our care decisions, and our process improvement work. We even used data to help us choose our brand colors! We are a data-driven organization. And because data is so important to our work, we must take special care when we communicate that data to the public.

We work with two kinds of data: quantitative and qualitative. **Quantitative data** is information that can be represented in numbers: how many procedures were performed, how much did each of them cost, etc. **Qualitative data** is information that can be described but not necessarily counted: how did having access to health care improve a person's life? Both types of data are an important part of how we tell the HCA story.

Quantitative data is usually presented using tables, charts, and graphs, collectively called **data visualizations**. These can be very effective tools for presenting a large amount of information in a small space. Because of the density of information in them, these tools can be difficult to read and even unintentionally deceptive, so it's important to adhere to the industry best practices when presenting this kind of data.

Qualitative data is usually shared by telling a story. It may be a story about one person's experience, or a story about how a system or process works. We usually use words alone to tell these stories, but illustrations and diagrams can help us bring clarity and even joy to complex and confusing information. This type of story is called an **infographic**.

This chapter covers tips and best practices for creating appealing and on-brand data visualizations and infographics.

## Infographics and Data Visualization (continued)

### Data visualization

How to accurately and effectively convey large sets of data is a huge and complex topic. People spend their entire careers studying just this question. We won't ask that of you (but if you're into that, we support it).

Instead, let's look at the different kinds of charts and graphs you might use, and how you might use them well.

### Remove to improve

Like we mentioned in the section about decoration, the easiest way to improve a chart or a graph is to remove everything that doesn't have a specific job to do.

For example, a bar chart might have axis labels, grid lines, and data labels, all of which are trying to do the same thing: show the reader the values of the bars. Since data labels do that most effectively, you can just get rid of the other two.

Sometimes, people will add textures or 3-d effects to their charts, usually out of a fear that the data looks "boring." These things can distract from your data, and even distort it. Remember that your work is interesting, and the people reading it sought it out—it doesn't need any decoration, it just needs to be itself.

### Ask an expert

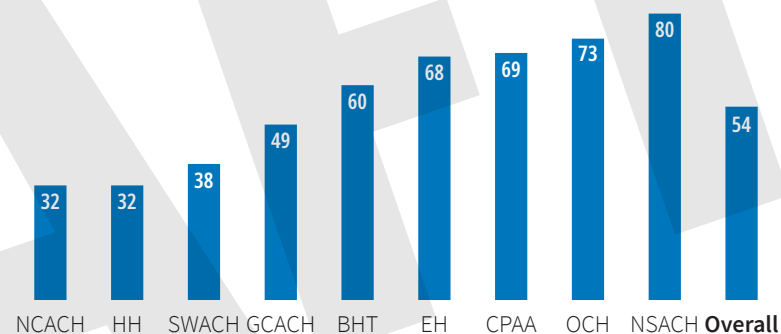
At HCA, we're very lucky to have a team of data experts we can consult for our work. If the data set you're working with is large, or if it needs to show specialized kinds of statistical information—like error ranges or mean values—your communications consultant can work with the data and design teams to create beautiful and effective data visualizations for you.

### Bar charts

Bar charts are probably the most common type of chart we use. They are best used to compare **categorical data** (data points that are not in a series): for example, enrollment rates in different counties, or member preferences for different services.

Bar charts work best when they use data labels and omit the y-axis labels and grid lines. Use only a single color for the bars in your chart, unless you need to highlight a particular data point.

Percentage of incentive funds distributed, by ACH



Percent distribution by use category, overall





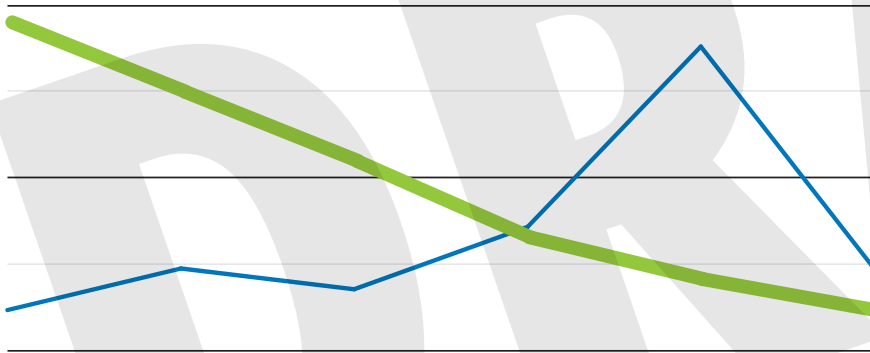
## Infographics and Data Visualization (continued)

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### Line charts

We use line charts to compare data points in a series, usually over time. Line charts are great for showing and comparing trends. Avoid using them for data that aren't compared over time, or for data with inconsistent reporting periods.

Line charts can use y-axis labels and grid lines, or direct data labels, whichever provides the clearer result. Avoid showing more than two or three trends in a single chart. If you have multiple trend lines in a single chart, make sure the lines contrast with each other in at least a couple ways: color and lightness/darkness, say, or dashed lines versus solid lines. Never rely on color as the sole signifier of meaning.



### Pie charts

Pie charts are used for showing proportion: for example, how much of a budget is used for a particular activity. Because of the odd shapes used in pie charts, it can be difficult for readers to make meaningful distinctions between different “slices” of the pie. (This led one data visualization theorist to declare, “Every pie chart is a lie.”) If your pie chart has more than three or four slices, or if those slices are similar in size, consider using a different chart that may be easier to read.

One trick that can make a pie chart more readable is to make it a “donut!” By knocking out the center of the chart, all of those almost-triangles become almost-rectangles, which are much easier for readers to understand.



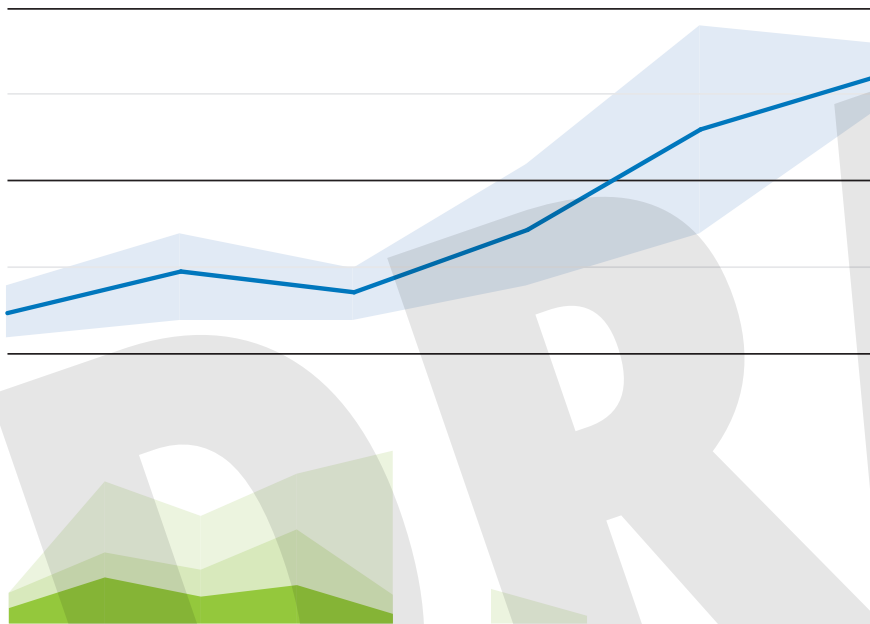
## Infographics and Data Visualization (continued)

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### Other data graphics

There are hundreds of other kinds of charts we might use: histograms, area charts, scatter plots, bubble charts, box plots, and more, each designed to convey certain kinds of data. While complicated to create, these can be powerful tools to tell the story of your work.

Talk to your communications consultant about developing the right data visualizations to tell your story.





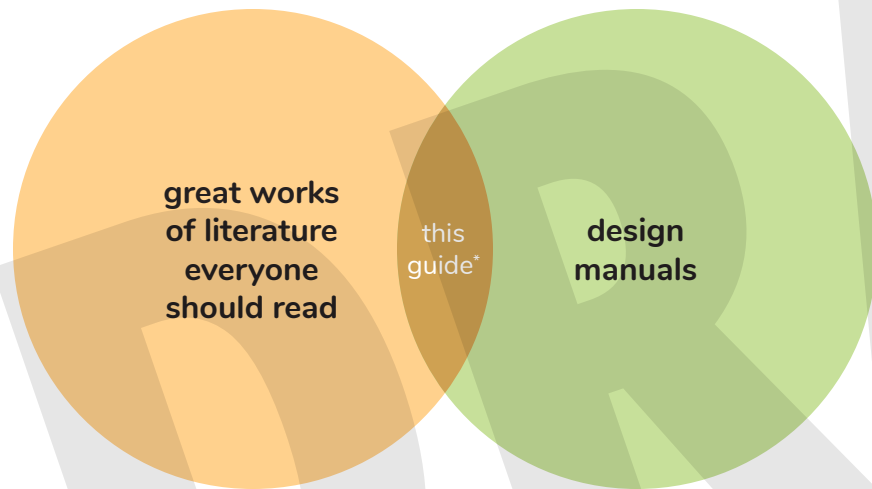
## Infographics and Data Visualization (continued)

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### Infographics

Infographics use charts, graphs, icons and other visual tools to convey knowledge. Where a chart can only convey quantitative information, infographics can also convey qualitative information, like relationships, processes, and even personal stories. Many of the illustrations in this manual could be considered infographics.

Where data visualizations aim to convey facts, infographics contextualize those facts to prompt understanding. They may or may not include charts and graphs; they might also use pictograms (to demonstrate behavior), icons (to connect abstract concepts), and even text. Infographics always tell a story, even if it's a very simple one:



Infographics work best when they use a consistent visual language: we use a library of icons and pictograms along with a carefully curated palette in our designs. Because each infographic poses unique design and accessibility challenges, they should always be created in concert with your communications contact and the visual communication team.

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\*and maybe one or two others.

## Infographics and Data Visualization (continued)

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### Maps

Maps represent a special category of infographic, both because we use them frequently, and because they are capable of conveying a wide range of information. We use them to display network adequacy, plan availability, service utilization, among many other topics.

Our maps are unusual in that they are never meant for navigation: people have many more accurate resources for that information than us. Instead, we use maps to contextualize information, allowing us to use a greater variety of maps than we otherwise might.

#### Choropleth maps

Choropleth maps, sometimes called “heat maps,” use geography and color to convey information. We use them frequently to display regional variation in a single variable, like network adequacy by county. Choropleth maps are most effective when they use shades of a single color (for gradient data), or two or three closely coordinated colors (for making distinctions between a small number of values).

#### Tile grid maps

Using maps to convey some kinds of data can actually distort the information: because large counties can have small populations and vice versa, conventional maps can over- or understate data.

Tile grid maps address the potential distortions of geography by dispensing with it altogether: areas (in this case, counties) are replaced by identical shapes arranged roughly according to their real-world placement. This allows the map to convey other types of data without distortion. The trade-off, of course, is that the resulting map doesn’t look much like the real thing. It’s not the right solution for every problem, but for some kinds of data visualization, it’s just the thing.

### **Small multiples**

Because most graphs and charts can be read even at very small sizes, repeating a graphic several times can allow you to show variation of an additional variable. This allows an at-a-glance presentation of complex data sets. Plus, it just looks pretty cool.

DRAFT



# Templates & Specifications

So far, this guide has contained a lot of ideas and context, but not a lot of direction. We believe that knowing the principles behind our brand standards will help you design beautiful documents, presentations, and web pages, while allowing you to express your creativity. But we recognize that doesn't offer a lot of clarity. You might say to yourself, "This is all well and good, but what am I supposed to **do**? What am I not allowed to do?"

This chapter contains all of that information: it's a quick run-down of minimum standards for all our documents, as well as examples of how to use them. If you have an idea not covered by these examples, bring it to your communications consultant. They'll help you figure out how to make it work, while staying accessible and on-brand.

These templates and specifications are for HCA-branded documents. Documents for Apple Health, UMP, or our other product brands will follow their independent branding standards. Regardless of branding, all of our documents adhere to our accessibility standards.

## File format

For accessibility reasons, HCA only distributes documents to the public in PDF format. Word documents (.doc, .docx), Excel spreadsheets (.xls, .xlsx), and other formats are not fully accessible. The Web Content Coordinator will approve any exceptions to our accessibility standards.

## Branding

All external communications created by the agency must have the agency logo on the first page and the cover. The logo must be no smaller than 1½" wide. All external communications, except for letters, emails, web pages, and one-time products like event posters, must have an agency document number. The document number must appear in the lower left-hand corner of the first page and the cover, and can be no smaller than 9 points.

The Washington State Health Care Authority is the author of all documents produced by the agency, and must be identified as such in the document metadata and in the indicia. Except for letters and emails, individual employees of HCA are not identified as authors of any of our communications.

## Type

Documents in English or other languages that use the Roman alphabet will use Source Sans Pro for body text and Nunito for headings. If those typefaces are unavailable, you may use Segoe UI for body text and Arial Rounded for headings. Documents in non-Roman alphabets will use Noto Sans for body text and headings. No other fonts may be used in our publications.

## Type sizes

Normal documents will use 10-point type for body text, and sizes ranging from 12 to 24 points for headings. Large-print documents will use 18-point type for body text, and sizes ranging from 20 points to 32 points for headings.

All publications will be single-spaced. Each paragraph after the first in a section should be indented. Do not double-space between paragraphs.

## General Document Layouts

Most printable documents will be designed for 8½" × 11" paper; any other sizes must be approved by your communications consultant. Text columns must be no wider than 6½", and whenever possible should be 4½". Top and bottom margins on any printable document should be 1" (minimum ¾"). Avoid side margins of less than 1". Documents may be either portrait or landscape orientation.

## Footnotes and endnotes

Footnotes and endnotes will be set in 9-point type in normal documents and 14-point type in large-print documents. Footnotes may appear at the bottom of the page or in the right-hand margin if the margin is larger than 2½". Endnotes appear after the primary content of the chapter or document, but before any succeeding chapters or appendices.

Footnotes and endnotes both use numerical references; do not use asterisks, hashes, or other symbols to indicate footnotes. For accessibility, no numerical reference may appear more than once in the body of a page; if multiple references must refer to the same note, they should be "stacked" before the note. See page XX for an example.

## Templates & Specifications (continued)

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### Tables of contents, indexes, and glossaries

All publications longer than 10 pages must have a table of contents after the title page or cover and before the beginning of the primary content. Tables of contents should use the appropriate styles from the template; all other standards apply. For any publication posted to the web, the table of contents must be interactive.

Indexes are never required but may be useful in documents longer than 80 pages. Indexes of less than one page should use 10-point type; indexes of more than one page may use 9-point type. For any publication posted to the web, indexes must be interactive.

Glossaries are never required but may be useful for in reports intended for non-professional audiences, including legislative audiences and the general public. Glossaries must adhere to all type and layout standards.

Tables of contents, indexes, and glossaries may all use narrower column widths to allow for two or three columns on a page.

### Covers

Document covers must have the HCA logo and the correct publication number with the date of the latest revision. Covers may only use our brand fonts. Cover images may use photography or illustrations; cover designs must be approved by the visual communication team.

If a publication has a back cover, the HCA logo or the HCA bug must appear somewhere on the back cover.

### Page numbers

Documents of more than four pages must have numbered pages. In printed documents, page numbers should appear on the bottom corner of the page away from the binding. In web documents, page numbers should appear in the bottom right-hand corner. Page numbers should be set in 9-point type.

### Tables

Tables should not use internal or external borders, except where absolutely necessary. If white space is insufficient to distinguish between table rows or columns, alternating fills may be used. Table text should be no smaller than 9 points.

Tables must use consistent precision: dollar figures should either be in whole

dollars (\$96) or dollars and cents (\$96.14), but never both. Numerical information is always right-aligned in tables, and textual information is always left aligned. Align column headings to match data. Tables may have up to three column headings and up to three row headings.

### Lists

Use ordered lists for any list in which sequence matters; use bullet lists when sequence doesn't matter. Lists always have at least two items. No list item should be longer than one or two sentences. Indent each list level consistently from the level before it. Do not hyphenate or justify list items.

### Image use

We must have the express permission of the copyright holder to use an image in any document or presentation. So-called "fair use" exemptions to copyright law are extremely rare; assume that you cannot use any image you find online unless the owner tells you that you may. When re-using images from other publications or presentations, check with the visual communications team: the agency's license to use that image may have expired.

Do not stretch, distort, or manipulate any images in your documents or presentations. Do not use low-resolution or pixellated images. Image resolution should be at least 96 ppi for presentations and 300 ppi for print documents.

### Logo use

The agency logo must appear on all external communications, with the following exceptions:

- Correspondence bearing the state seal.
- Social media posts bearing the agency social media icon.
- Communications from one of our product brands: Apple Health, UMP, UMP Plus, WPDP, COFA Islander Health and Dental Care, and ProviderOne. Other product brands should always be co-branded with HCA.

Logos of other Washington State executive branch agencies may only be used with the written permission of that agency. Logos for judicial agencies, legislative agencies, agencies of other states or the federal government, nonprofit organizations, businesses, or other groups may only be used with permission from the Visual Communication Manager.

## Templates & Specifications (continued)

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### Short publication standards

Example:

**Logo:** The agency logo will appear in the top right or top left corner of the first page of all publications.

**Title:** Put the full title of the document at the top of the first page of the document.

**Color bars:** The color bars should always appear on the first page of the document under the title.

**Publication number and date:** The publication number and date of the most recent revision will appear in the bottom left corner of the first page or cover of all publications in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.

**Page numbers:** Where required, page numbers should appear on the bottom right-hand corner (web only documents) or the bottom outside corner (printed documents).

**Margins:** Document margins should be no less than 1" on all sides. Wherever possible, to achieve optimal column width use 2" side margins or asymmetrical 1"/3" side margins. Document and page numbers may appear in the margins, at least 3/8" from the nearest edge.

**Headings:** Headings should follow typographical conventions set out earlier in this guide. Headings must be nested in a logical sequence: a level 3 heading may follow a level 2 heading, but may not follow a level 1 heading.

**Body text:** Text should follow typographical conventions set out earlier in this guide.

## Templates & Specifications (continued)

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### Long publication standards (cover)

Example:

**Note:** These standards apply only to HCA publications. Documents developed in collaboration with outside partners should be designed according to the standards of the lead agency, or according to the relevant cobranding agreement.

**Title:** The full title of the publication must appear on the cover, and must be the largest text on the cover.

**Logo:** The agency logo should appear on the cover of the document and be no smaller than 1½".

**Publication number and date:** The publication number and date of the most recent revision will appear in the bottom left corner of the first page or cover of all publications in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.

**Imagery:** Covers may use either photographic or abstract imagery. A single strong image is preferable to a collage. All covers for numbered publications must be approved by your communications consultant.

**Colorway:** Whenever possible, the left 2½" of the cover should be a color rectangle in the appropriate program colorway. Any document navigation information should appear here.



## Templates & Specifications (continued)

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### Long publication standards (interior)

**Note:** These standards apply only to HCA publications of 20 pages or longer. Documents developed in collaboration with outside partners should be designed according to the standards of the lead agency, or according to the relevant cobranding agreement.

**Margins:** Top and bottom margins should be at least 1". Side margins should be at least  $\frac{3}{4}$ ".

**Headings:** Section headings should begin the page on which they appear. All headings, regardless of level, should be larger and bolder than the body text.

**Layout:** Text should be arranged in two columns with a minimum  $\frac{1}{4}$ " gap or gutter between them. Text may have a ragged or justified right margin.

**Color:** Color elements, like table shading, callout boxes, and hyperlink and URL text should appear in the appropriate colorway for that program. Tints of only one color should be used in a publication.

**Footnotes:** Footnotes are marked with superscript numbers. Footnote text appears at the bottom of the page under a 1" rule. Any footnote marker may appear only once in the body text of that page.

**Page numbers:** Page numbers appear on the outside bottom corner of each page.

## Templates & Specifications (continued)

### Icons

Please only use icons from this list, and only for the meaning specified. For other icons or uses, contact the visual communication team.

Concept	Icon	Category
accessibility		accessibility, technology
alert		information, warnings
ambulance services		services
ASL interpreting		contact, accessibility
audio descriptive service		accessibility, technology
bad/no/don't		actions
behavioral health		services
braille		accessibility
call center/phone support		contact
checklist		actions
choice		actions
closed captioning		accessibility, technology
color		communications
commute		operations, wellness
contact		contact
contract		documents
COVID-19		wellness
data		information, technology
dental care		services
dependent		members
disability		accessibility

Concept	Icon	Category
diversity		accessibility, wellness, operations
emergency services		services
equity		accessibility, wellness, operations
external link		technology
fax		contact
form		documents
good/yes/do		actions
health care provider		services
help		information
hospitals/clinics		services
housing supports		services, wellness
iconography		communications
information		information
in-person support		contact
insurance		services
invoice		documents, money
language interpreting		contact, accessibility
large type		accessibility
law & courts		governance
legislature/government		governance
location		information
medical care		services
medical record		documents
member		members

## Templates & Specifications (continued)

Concept	Icon	Category
member group		members
mobile		contact, technology
nutrition		wellness
photography		communications
prescription services		services
privacy/security		information, technology
publication		documents
publication search		actions, technology
quick start		information
refusal/waiver		information, warnings
report		documents
retirement services		services
savings/investment		information, money
search		actions, technology
service animals		accessibility
signature		actions, documents
SmartHealth		services, wellness
social media		contact
table		information
telemedicine		technology, services, wellness
telephone		contact
telework		operations
time-limited		information, warnings
training		operations, wellness

Concept	Icon	Category
transaction/finance/billing		information, money
translation		contact, accessibility
transportation		services
TTY		contact, accessibility
typography		communications
vision care		services
website/online		technology
welcome		information

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