

FRĀNC

Inclusion & Accessibility



Why did we create this document?

In animated content, we create worlds that reflect both our reality, and ideas of how the world should look. However, our medium as a whole has not been equitable in our depictions of this. We as creatives are committed to holding ourselves accountable to going above and beyond expectations of inclusion. We don't do this to commodify marginalized identities — instead, we know that our creative choices should speak to our highest ideals of representation.

Because the ideals which we strive to emulate represent a dynamic and evolving field, the following guideline is meant to be perpetually edited. It is in no way complete or finalized, nor exhaustive. There is no formula or end-goal of meeting quotas for diversity's sake. If we are ever doubtful of either the intent or impact of our content, we are committed to take the time to research, consult with experts, and pivot our work. People are complex, and individuals may feel differently about certain terms and depictions. We try to use the terminology and language that is currently widely accepted by those who identify with the groups in the following sections. Language may change, so we must also be mindful of how accepted terms may evolve over time.

This is particularly important in healthcare, as the reality for people in marginalized bodies have been primarily spoken about, not listened to. We never want to be the arbiters of how someone views themselves and their community, and in turn, choose how to represent them visually. We know the privilege our platform has afforded us, as creatives, to often pick and choose what is

considered the “default,” and we do not take that lightly. We are compelled to actively interrogate our own unconscious biases, not only within our projects, but in the field of medicine and healthcare.

The double-edged sword of both a lack of access to healthcare, while also having to over-advocate for one's self in medicine, is far too common. Lower quality health outcomes amongst people of color are influenced by many socioeconomic factors, including income, education, residential segregation, stress, social and physical environments, and employment.¹ We wholly recognize this and aim to address these disparities in our projects with our healthcare industry clients. Even something as simple as rash identification in patients of color is not always accurately portrayed in medical textbooks and educational training.² For example, we know that to most accurately animate scenes that include dermatology treatments, we cannot simply rely on images of what has been done on primarily white skin.

The following guidelines are, again, not in their fullness, as we can never come to a finished conclusion on absolute best practices. We do not write this guidance to “cover our bases,” nor to be seen as free of prejudices. We know that as creatives, and as people, uncovering our own biases is a lifelong pursuit, so the following is meant to be augmented.

¹ Institute of Medicine (US) Committee on a National Surveillance System for Cardiovascular and Select Chronic Diseases. “A Nationwide Framework for Surveillance of Cardiovascular and Chronic Lung Diseases.” Washington (DC): National Academies Press (US); 2011. 4, Health Disparities. <https://www.ncbi.nlm.nih.gov/books/NBK83168/>

² Ebede, T., & Papier, A. (2006). “Disparities in dermatology educational resources.” Journal of the American Academy of Dermatology, 55(4), 687–690. <https://doi.org/10.1016/j.jaad.2005.10.068>

Race

To ensure our content speaks to the widest audience possible, we want to create characters in the most respectful & inclusive ways we can. It is vital that when showing characters of different skin tones & physical features, we don't rely on stereotypes or monoliths. Instead, we find ways to depict characters that feel authentic and unique.

Our aim is not to have a certain percentage of races represented within our animations. Instead, we are committed to viewing our work through the guiding lens of, "Who is represented here, and who is not?" It is not a hardline organizational objective, something to be checked off. Rather, intentionally creating characters of all races is paramount within our creative process to reflect the array of people we see within real life.

Gender Identity and Expression

We affirm that gender is not binary, and we cannot simply characterize someone as a certain gender by looking at them. When referring to or addressing specific characters, we use forms of address and pronouns that are consistent with varied gender identities. Obviously, animated characters are not real, living people — and cannot self-identify if desired. We take the responsibility of producing diverse gendered characters seriously, and know that varied representation is deeply needed in mainstream animation.

Similarly, gender expression is not tied to traditional means that have been used within animated content. Behavior and outward appearance such as dress, hair, make-up, body language, and voice are considered when creating characters — not simply for the technical aspects on our end. We strive to vary the multifaceted expressions that people of various genders exhibit.

Religious Expression

Religious and cultural dress is another component in animation that is often overlooked. Many religions have certain attire (i.e., hijabs, kippahs, turbans, veils, robes, etc.) that are worn during specific holidays or year round. We are mindful of religious traditions that may impact how a character looks, dresses, or acts. It's important to have language that specifies religious dress for a character, and how that fits into the narrative of the project.

Size Inclusivity

The visual default for animated characters are typically white, able-bodied, and straight-sized. We know that larger-bodied people deserve both representation and dignity, and are often overlooked at best, or demonized at worst. Larger-bodied people face specific hurdles within the medical system, in housing, and with job retention (to only name a few). Wellness and health do not look a certain way or weigh under a certain amount. We are committed to investigating our own anti-fat biases within our content, and helping to undo long-held stigmas of anti-fatness within media as a whole.

Disability and Accessibility

Disability is often seen through such a narrow lens, and the default is typically able-bodied animated characters. We recognize 1 in 4 people in the United States are disabled and seek to show appropriate representation that is not a stereotype or trope.³ There is no one specific way that disabled people look. Some people with disabilities may use assistive devices which can be visually represented through animation. We know there are a multitude of assistive devices people may use, both high and/or low tech, and being specific for characters' needs is a priority.

A few of the tools that can be visually represented are:

Mobility aids (walking sticks, crutches, canes, walkers, leg braces, wheelchairs [manual and motorized], scooters), prosthetics, guide dogs, auditory aids (in-ear, behind ear, cochlear implants), augmentative and alternative communication (voice amplification systems, stuttering aids, communication boards, speech output software), use of sign language (in various languages), etc.

We know that there are disabilities we cannot see as well. Neurodiversity, while often hard to represent visually, is not an afterthought. As such, we reject the idea that neurological conditions are considered something to be “fixed” or glossed over. Those who are neurodivergent should be able to live their lives in fullness, rather than being constrained or obligated to adopt cursory ideas of normalcy.

Religious Expression

We are committed to providing our clients with the guidance and resources to make their content as accessible as possible. We want to enable our clients to meet ADA and WCAG standards, in line with good practice and inclusivity.

Creating accessible content can, and should, begin in the initial design stages as well as throughout production. When possible, we integrate visual descriptions of key information into the main dialogue. This can reduce or even eliminate the need for audio descriptions altogether. During the production phase, our team can create the proper levels of text contrast and size, as well as built-in pauses to allow the audience to process information. If required, separate audio description tracks and alternate edits of the video can be produced. Once production is concluded, our team can provide the additional files like SRT, VTT, and transcripts for closed captions, auto generated visual descriptions, and braille displays.

Different standards and solutions can be applied to video content based on its intended use and final delivery format. For important medical information, we try to err on the side of maximum level of accessibility throughout production.

A big part of accessibility is providing content in the native language of potential viewers. We

Conclusion

While this document serves as overarching guidance for our team internally, we hope it instills in our clients that we take these matters seriously. We hope to share it with other animation creatives who have the like-minded goal of equitable representation — not only within art production, but within their own studios and agencies as well.

We are open to thoughtful criticism, and perpetually welcome it from the groups who we have specifically named above (and earnestly from those we may have missed). We hope that by creating images of underrepresented groups in our animations, we do so with empathy, deference, and authenticity.

