



# Editorial Guidelines

Consumer Health Services  
Healthdirect Australia

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[APPENDIX 4: The HONCode principles – Removed; HON is permanently discontinued in Dec 2022]

# 1. Introduction

## 1.1 Purpose

These guidelines are designed to ensure Healthdirect Australia's digital services, such as websites, tools, applications and widgets, adhere to best editorial practice, use consistent, correct and consumer-focused language and that all content is optimised for digital consumption and search engines.

Ensuring that content takes into account different levels of 'health literacy' (Section 2) is also extremely important.

This document primarily covers content produced for consumer-facing channels and should be used in conjunction with Healthdirect Australia's guidelines on search engine optimisation (SEO) and multimedia use.

Separate guidelines cover corporate writing (board papers etc), internal documents and branding use. All guidelines are available from the Healthdirect Australia Content team.

## 1.2 Who should use these guidelines?

These Editorial Guidelines apply to anyone involved in the production of content for Healthdirect Australia's digital services — both in-house staff and external service providers — such as:

- |  |                                 |
|--|---------------------------------|
| • Clinical reviewers                           | • Partner managers              |
| • Content designers                            | • Service and product managers  |
| • Content editors                              | • Sub-editors and proof-readers |
| • Digital producers                            | • Subject matter experts        |
| • Information managers and knowledge engineers | • Writers and journalists       |
| • Marketing and comms specialists              | • Visual designers              |
|  | • UX specialists and developers |

Feedback on these guidelines should be forwarded to [publishing@healthdirect.org.au](mailto:publishing@healthdirect.org.au)

This document is reviewed regularly. Please note the version number and date to ensure you are referring to the current version. If you are unsure of which version is current, please confirm via this address.

# 2. Health literacy

## 2.1 Introduction

The Healthdirect Australia audience comprises people of many different education levels, ages, and socio-economic and cultural backgrounds. What Australians know about health and health-related services — their 'health literacy' — varies dramatically across the population, while many also have a 'reading age' between 12 and 14. Healthdirect's policy is to create content accessible at every level so we make no assumptions about a consumer's health literacy.

Consider what readers might want to take away from your article — but suggest and recommend rather than prescribe. **Your article needs to help readers make decisions and take action themselves.**

## 2.2 Article structure

- Articles that have a bespoke structure (rather than a structure described in Section 8.1, Content categories) should include an intro paragraph that makes the aim of the article clear. Put the most important information first, describing concisely the basics of the condition, symptoms, treatment and/or health issue. However, avoid explicitly stating, “This article explains/describes/covers etc...”
- Use clear and meaningful headings and sub-headings.
- Ensure information is presented in a logical sequence.
- Write short, concise paragraphs.
- Use bullet points and short lists where possible (but no more than 6-7 points per list).

## 2.3 Use plain English

Long sentences, medical terminology and statistics can put off a reader with limited health literacy who may already be worried about their health. Simple and concise writing is the preferred style.

- Use short, concise sentences, generally no more than 25 words; the simple ‘subject/verb/object’ structure is especially helpful for clarity of expression.
- Use simple, layperson’s vocabulary; define any medical or technical terminology.
- Avoid jargon and unnecessary acronyms; spell out acronyms on first reference.
- Limit use of statistics and mathematical concepts such as fractions, percentages etc. (‘One in three’ is better than ‘33 per cent’.) If you must use a fraction, spell it out (‘two thirds’, not ‘2/3’ or ‘2 thirds’).
- Avoid unnecessary or distracting information.
- Avoid idioms (which users may not understand if English is their second language).
- Use numerals for the number 2 and above, although spell out when a number starts a sentence. Generally, ‘one’ should be spelled out but sometimes it may be cleaner to use ‘1’ if the text is heavy on numbers or statistics.

### Symptoms versus signs

A *symptom* can be experienced and reported but is not directly observable or measurable (e.g. pain, nausea). A *sign* can be objectively observed, tested or measured (e.g. a rash, high blood pressure). Healthdirect has historically not differentiated between symptoms and signs. While this is not clinically correct, a great many consumers won’t know the difference so it’s acceptable in most cases just to use ‘symptom’.

## 2.4 Provide specific actions

Healthdirect Australia aims to offer consumers accessible, understandable information so they can make informed decisions about their own health. Where possible, outline specific actions that readers can take to maintain or improve their health as well as deal with illness and even emergencies.

Articles should aim to:

- outline the benefits of taking action so as to motivate readers
- include specific actions, the steps involved and why these actions should be taken
- describe alternatives (e.g. contact your doctor *or* call a helpline)
- where appropriate, include tools (e.g. a check-list) to support actions

## 2.5 Design web pages for clarity

The design of a web page, as well as its written content, should engage readers and accommodate different levels of health literacy.

- Limit paragraph size (5-6 lines of on-screen text at a maximum).
- Use clear headings and sub-headings.
- Use bullet points and short lists where possible (but no more than 6-7 points in a list).
- Allow information to be shared via social media.
- Use links effectively and with a clear purpose in mind; colour and underline the anchor text for clarity.
- Design intuitive interactive graphics and tools.

## 2.6 Display content clearly

- Keep the most important content above the fold (including for mobile).
- Use a readable font; size should be at least 16 pixels (12 point).
- Use white space; avoid clutter.
- Use appropriate images and videos to help users learn.

## 2.7 Ensure navigation is clear

Clean design and clear, logical navigation is important to helping readers with limited health literacy find and understand information.

- Create a simple but engaging homepage or theme page.
- Create linear information paths via pathway pages.
- Label buttons clearly; ensure the back and 'Back to Top' buttons/arrows work.
- Provide easy access to the home and menu pages.
- Include a search function and display results clearly.

## 2.8 Make content accessible and user-friendly

Australians with lower health literacy may need support, for personal or technology-related reasons, in accessing online content. Designers and developers should ensure they:

- make web content printer-friendly
- make it accessible to people with disability
- provide an accessible text transcript of any audio or video content
- follow mobile-first design principles; design for mouse and touch devices
- consider users with slow internet connections and limited data allowance
- take advantage of any improvements that specifically target accessibility

## 3. Tone and language

### 3.1 User expectations

Research suggests that seeking healthcare information is more reactive than proactive, with accidents and acute medical or safety issues often the catalyst. Under these circumstances, the way in which consumers search, process, interpret and use information may also be affected.

Avoid overly clinical or impersonal terms such as 'health system' or 'consumer' – they lack an emotional feel, de-personalising what is likely considered a highly personal situation. Friendlier language will resonate more and help to improve communication. However, avoid subjective terms such as 'easy' and 'fair' — different people will interpret them in different ways.

To be effective, write clearly and simply. The 'Health literacy' and 'Writing for digital' sections of these guidelines have more information on how to write for the web.

#### **Tone: healthdirect versus Pregnancy, Birth and Baby:**

The tone of healthdirect should let readers feel confident they are receiving accurate, trusted information. The tone of Pregnancy, Birth and Baby (PBB) is more nuanced and reassuring — it should feel like a conversation over tea between the reader and a trusted midwife or other maternal health professional.

In both healthdirect and PBB, however, our aim is always to present content in a way that:

- enables users to access the information they need quickly and easily
- explains complex information in approachable and reassuring language
- empowers audiences to make decisions and take actions

See the check-list below for what users will likely expect from an article.

Criteria	User expectations
<b>Relevant</b>	Information reflects my needs, including where and how I access services.
<b>Actionable</b>	Information enables me to make informed choices about what to do next.
<b>Personalised</b>	Information is tailored to meet my specific needs.
<b>Digestible</b>	Information is presented using simple language in small chunks, remembering that I may have no prior knowledge of the topic.
<b>Cuurrent</b>	Information is accurate and up-to-date.
<b>Reassuring</b>	Information is presented using language that is friendly and positive.
<b>Trusted</b>	Information is consistent and credible.
<b>Visually appealing</b>	Visual media and elements, such as images, icons, infographics, video and overall aesthetic, are used to enhance my understanding of the information.

## 3.2 Active versus passive voice

Wherever possible, use active rather than passive voice. Sentences written in the active voice are more direct and easier for readers to understand quickly since they contain fewer words.

### Examples:

- ✓ *A nurse may visit you to help restore your health after an illness.* (active)
- ✗ *Help at home may be offered to you by a nurse who will visit you to help restore your health after an illness.* (passive)

Occasionally, the person or thing taking the main action in a sentence may not be what you want to emphasise. In such cases, you may choose passive voice, but these should be the exception, not the norm.

For example, you may decide the older person being assessed is the most important party in the sentence and should therefore be named first. You could use passive voice to highlight this:

- ✓ *You will be assessed by an ACAT team, which will provide information and advice.* (passive)
- ✗ *An ACAT team will assess you and provide information and advice.* (active)

Always be guided by what will make your sentences as clear and concise as possible.



### 3.3 First, second or third person?

Healthdirect Australia's content covers a wide variety of situations, so achieving a consistent tone can be challenging. The guidelines below will help you decide whether to use first, second or third person.

#### First person singular

First person singular (I, my, mine) can be used in headings and sub-headings, but not throughout body text.

First person is quite often appropriate in headings. Research has shown that as they scan, readers' eyes automatically pick out headings to help them decide whether content is relevant. First person is also beneficial for voice search since someone will often ask questions like 'What can I...?', 'How do I...?' etc. Below, the first-person header, 'Am I eligible?', anticipates what is likely uppermost in the consumer's mind.

The third-person header, 'Eligibility for support', while acceptable, simply describes the content of the paragraph.

Headings do not have to be written in first person – or refer to any 'person', for that matter – but for consistency, they should not be written using the second person.

#### Examples:

- ✓ *Am I eligible for support?*
- ✓ *Eligibility for support*
- ✗ *Are you eligible for support?*

#### First person plural

Never use the first person plural (we, our, ours) in articles. This risks confusion about who exactly is 'we'.

#### Second person

Second person (you, your, yours) may be used throughout body text; however, it should not be used in headings or sub-headings. Using the second person can make content more approachable, since it gives the impression that you (the writer) are communicating directly with your audience and giving them the information they need.

This is often useful for PBB articles, which have a more conversational tone than healthdirect ones.

The context must clearly identify who is associated with the 'you'. For example, don't use 'you' to refer to different audiences within a single piece of content. The second person should always refer to the primary target audience.

#### Examples:

In the following sentence, the 'you' clearly refers to an older person considering their care options:

*You will be assessed by a team of experienced nurses, doctors and social workers who will determine your eligibility to receive various services.*

However, in this sentence about respite care, the 'you' refers to the carer:

*If you get to the stage where you decide to move your family member into an aged care home, you'll be faced with many issues that may be unsettling.*

### 3.4 Inclusive language

Language is discriminatory if it:

- excludes people or makes them invisible to the reader
- focuses on a single characteristic to the exclusion of other more relevant ones
- stereotypes people, or makes an assumption about them (e.g., sexual preference or marital situation)
- insults or denigrates people
- treats some people differently from others

#### Use gender-inclusive language

Gender refers to the socially constructed features of women, men, girls and boys. Gender is not to be confused with sex.

Sex refers to the biological features of females, males and intersex people. These biological features include chromosomes, hormones and reproductive organs. Sex can be described as female, male or intersex. Many medical conditions affect the sexes in different ways, and some medical conditions affect only one sex or sex characteristic.

Address the consumer directly by using second person (e.g., 'you' or 'your') if it is clear who is being addressed.

✓ *Your risk of getting breast cancer increases with age.*

✗ *A female's risk of getting breast cancer increases with age.*

If second person is not appropriate, use sex terms (e.g., female or male) where relevant.

✓ *Males over the age of 50 and post-menopausal females should discuss their calcium and vitamin D levels with their doctor.*

✗ *Men over the age of 50 and post-menopausal women should discuss their calcium and vitamin D levels with their doctor.*

If it is clear to which sex the content is referring but second person is not appropriate and a sex term is less personable, it is acceptable to use 'person' or 'people'.

✓ *The amount of blood lost during a period differs between each person.*

✗ *The amount of blood lost during a period differs from female to female.*

Use gender-neutral language (e.g., 'people' or 'they') if gender is irrelevant and if it is not appropriate to use second person. Use 'worker' instead of 'workman'; 'chairperson' or 'chair' rather than 'chairman'. Avoid assumptions about marital status by generally using 'partner' rather than 'husband' or 'wife'; the gender-neutral 'parent' is often — but not always — better than 'mother' or 'father'. The gender-neutral principle also applies to babies and children.

✓ *Even when you don't know why they're crying, it's important to comfort your baby during this time.*

✗ *Even when you don't know why he's crying, it's important to comfort your baby during this time.*

Use gender terms (e.g., woman, man or transgender person) if appropriate and non-discriminatory, and if second person is not suitable.

✓ *Gender norms impact the health of women, men and gender-diverse people.*

✗ *Gender norms impact the health of females, males and gender diverse people.*

## Older and younger people

Refer to older people as 'older people', 'senior citizens' or 'seniors', not 'pensioners', 'old-age pensioners' or 'the aged'. When referring to people who are too old to be called children but who are not yet adults, use 'young people' rather than 'youth' or 'juveniles'. 'Kids' is acceptable, although 'children' often sounds a bit more authoritative.

## Writing about disability

- Refer to 'people with disability' (not 'with a disability').
- Similarly, use 'hearing-impaired' and 'visually-impaired'.
- 'Intellectual disability' and 'cognitive impairment' are acceptable, but not 'cognitive disability'.
- Avoid using patronising or demeaning phrases such as 'crippled' or 'wheelchair-bound'. Do not use labels or stereotypes such as 'the disabled', 'the deaf' or 'the blind'.
- Do not put people with disability on a pedestal or talk about them in patronising terms as if they are performing normal or everyday activities exceptionally.
- Refer to adults with disability in the same way you would refer to any other adult. Do not refer to them by their first name where in similar circumstances you would use a title such as Mr, Ms or Doctor.

## Culturally and linguistically diverse audiences ('CALD')

When referring to people who have come to Australia from non-English speaking countries, use 'people from culturally and linguistically diverse backgrounds' (CALD). You should recognise cultural diversity and specific needs while not stereotyping or making assumptions.

Things to consider when writing content for CALD audiences:

- values, philosophical differences and rules about sincerity and politeness
- religious affiliations
- generational differences
- gender roles
- political impacts on life events
- the effects of wars, both pre- and post-war
- differences in educational levels and systems
- perceptions of social and support concepts
- differences in socio-economic background

### 3.5 Aboriginal and/or Torres Strait Islander people

These guidelines<sup>1</sup> provide appropriate ways in which to refer to Aboriginal and/or Torres Strait Islander people and cultures. Their aim is to better equip Healthdirect Australia staff and content suppliers to work in a culturally competent manner and to contribute to improving health outcomes for these peoples.

Aboriginal and/or Torres Strait Islander audiences come from diverse backgrounds. English may be a second language, and written English may be difficult to understand, so you should be extra careful in ensuring that your writing tone and style suits the audience.

- Don't try to mirror Aboriginal English.
- When talking about (or to) an individual or a group of individuals, the preferred term is 'Aboriginal and/or Torres Strait Islander people'. The term 'Aboriginal and/or Torres Strait Islander Australians' is not preferred.
- The term 'Indigenous' should be avoided when referring to individuals who are 'Aboriginal and/or Torres Strait Islander people'.
- The terms 'Aboriginal' and 'Torres Strait Islander', if used, are written in title case.
- 'And/or' must be used instead of just 'or' to reflect the diversity of Aboriginal and Torres Strait Islander heritage. When a shorter version is needed, for example on a publication cover or online menus, this term can be abbreviated to 'Indigenous Australians'.
- Don't use 'Australian Aborigine' or the acronym 'ATSI'.
- 'Indigenous' is the preferred term when referring to a business entity or business function — for example, Indigenous Specialist Officer, Indigenous Services Branch. However, there are exceptions (such as Aboriginal Community Controlled Health Organisation).

<sup>1</sup> Australian Government Digital Transformation Office [www.dto.gov.au/standard/design-guides/online-writing/](http://www.dto.gov.au/standard/design-guides/online-writing/)

## 4. General style rules

### 4.1 ‘Doctor’ versus ‘GP’

#### Websites

The word ‘doctor’ is preferable to ‘GP’. Australia’s changing demographic landscape has meant people tend to go to ‘the doctor’ and not ‘their GP’. However, ‘GP’ may be preferable when it’s necessary to distinguish one from a health specialist.

#### Symptom Checker

Use the word ‘GP’ rather than ‘doctor’ in content designed for the healthdirect Symptom Checker.

### 4.2 Triple zero (000)

It’s important to provide medical emergency contact information in a clear and consistent manner. Use ‘triple zero (000)’ across Healthdirect Australia’s online services. When included in a call to action in a potential emergency, the entire sentence containing the words ‘triple zero (000)’ can be bolded if desired.

### 4.3 General style points

#### Acronyms

Only use an acronym when it makes something clearer, or when the acronym is better known than the full term. Spell out the acronym on first reference, placing it in brackets after the full term — for example, ‘the Therapeutic Goods Administration (TGA)’. Thereafter, you can use the acronym by itself.

#### The ampersand (&)

Avoid using ampersands (&) in text unless the ampersand is part of a company/brand name.

#### Calendar dates

Use the day (in numerals) / month / year (in full) format — for example, 1 January 2000. Avoid any superscripts, using a numeral for the month, or using forward slashes.

#### Collective nouns

Names of organisations, groups and teams are singular:

*The TGA **is** considering the proposal, not The TGA **are** considering the proposal.*

#### Forward slash (/)

The forward slash can be used as a substitute for the word ‘per’ in reference to hours and days. Use ‘24 hours / 7 days’ or ‘24 hours a day / 7 days a week’ for more emphasis. Do not use ‘24/7’.

## Phone numbers

Write helpline numbers in the same numerical format as the one promoted by the organisation in question. For example, Alzheimer's Australia promotes its number as 1800 100 500, while the Heart Foundation promotes its number as 1300 36 27 87.

## Quotation marks

Only use double quotation marks for direct speech (e.g. for quotes in the blogs). Use single quotation marks when introducing a strange or colloquial term, or for a quote within a quote.

## Spacing

Use one space, **not two**, between sentences. Use one space on each side of a forward slash, except in the case of 'and/or', when no space is used.

## Spelling

Use the Australian *Macquarie Dictionary* as your guide. Avoid American spellings: e.g. *centre*, *colour*, *labour* (not *center*, *color*, *labor*); — *ise*, not — *ize* (e.g. *organise*); *through* not *thru*. Spell checkers are not recommended; however, if you do use one, remember they often default to US spellings.

## States and territories of Australia

Generally, you should spell out the names of states and territories in full on first reference. Thereafter, continue to spell out **Victoria, Tasmania and Queensland** but use the following acronyms / styles for the remaining jurisdictions: **NSW / WA / SA / the ACT / the NT**.

# 4.4 References to government

## Government

Use 'Australian Government' rather than 'Federal' or 'Commonwealth' Government. The word 'Government' should be capitalised when part of a formal title or abbreviated specific title. Lower case is generally appropriate elsewhere. For example:

*The Australian Government; The government proposes*

## Commonwealth

The word is always capitalised in the context of the primary governing body and federation of Australia (for example, the *Commonwealth Parliament; Commonwealth of Australia*).

## Federal

'Federal', the broad, descriptive term given to the Australian Government, only requires capitalisation if it forms part of an official title (for example, the *Federal Court of Australia*).

## States and territories

Capitalise when used for an official title or specific state or territory. They do not require capitalisation when talking in general terms. For example:

*Australian Capital Territory; We live in a state or territory*

## Parliament

The noun 'Parliament' should always be capitalised; the adjective 'parliamentary' takes the lower case. For example:

*The Commonwealth Parliament; The parliamentary debate*

## 4.5 TGA updates to medicine ingredient names

The Therapeutic Goods Administration (TGA) has begun updating some medicine ingredient names to align with names used internationally. For consumers, the transition will be gradual and therefore the new names, where feasible, should only be inserted as synonyms. For example, 'Amphetamines (also sometimes called amfetamines)'

Healthdirect Australia will monitor consumer search behaviour and will move to internationally aligned ingredient names once search behaviour indicates consumers are becoming familiar with the new names.

# 5. Writing for digital

Writing for the web is not the same as writing for print. The following guidelines show how you can easily create web-friendly content that grabs people's attention and ranks highly in search engine results.

People read differently when online. Eye-tracking research has found that users tend to scan website text in an F-pattern, focusing on words at the top or left-hand side of the page:



www.useit.com Image: Nielsen

Norman Group, 2006, [www.nngroup.com/articles/f-shaped-pattern-reading-web-content/](http://www.nngroup.com/articles/f-shaped-pattern-reading-web-content/)



According to researcher Jakob Nielsen, users focus on the first 11 characters in a heading, paragraph or bullet point. It's therefore wise to include as much important information in the first two words as possible.

Unless readers can find the information they need quickly and easily, they will navigate away from a web page in a matter of seconds. Effective web writing adheres to simple conventions that reflect these habits.

## 5.1 Maximise readability

Remove any paragraph, sentence or word that will not contribute to readers' understanding of the information.

Organise your content into clearly labelled sections, using headings and sub-headings to divide up large chunks of information, making the total body of information easier to scan. Follow the principles below:

### Short headings that ask a question

Headings should be brief (between two and six words), concise and easy to understand. Use keywords that appear throughout the page and accurately describe the information people can expect to find there. Where possible, frame the sub-heading as a question ('How do I manage memory loss?') to make the content more personal and so it's optimised for voice search.

This approach resonated well with consumers in user research conducted in September 2019.

### Short sentences

Sentences should be no longer than 30 words (and generally, a lot less). Use strong verbs and simple language to make your sentences easier to read. (Refer to Section 2.3, 'Use plain English', for more on this subject.)

### Short paragraphs

Paragraphs should contain no more than three sentences. Each paragraph should contain only one idea.

The most important information — answering the question asked in a sub-heading — should be presented in a direct, concise manner in the first paragraph after each sub-heading. Then, expand and provide useful information that adds context and helps consumers manage their own health or seek advice, as appropriate.

Text should work both on screen and if listened to via screen readers or voice-activated devices, such as Google Home or Amazon Alexa. This is especially important for the first couple of paragraphs of each section since they will be marked up to be prioritised as 'speakable'.

### Bullet point lists

Break up longer paragraphs of text with lists, where possible. This lets users scan the information quickly (see Section 5.2, 'List items', for more on bullet points).

## 5.2 Images, video and multimedia

Multimedia resources help clarify complex information and contribute to engaging experiences online.



The use of multimedia resources (including images, video and sound) in Healthdirect Australia's content is covered by Multimedia Guidelines, which should be used in conjunction with these Editorial Guidelines. Text required for infographics, for example, should generally follow these guidelines.

The Multimedia Guidelines aim to ensure websites, social media channels, tools, applications and widgets adhere to best practice and have a consistent, correct and consumer-focused approach. In particular, multimedia content needs to be optimised for digital consumption and search engines.

The guidelines cover issues such as captioning, metadata and technical requirements, as well as health literacy and cultural sensitivity.

The Multimedia Guidelines can be obtained from Healthdirect Australia's Content team.

### 5.3 Every page is your homepage

Keep in mind that many readers will not enter the website via its homepage; a link from another website or a search engine can take them directly to *any* page within the site.

Do not assume readers are familiar with information contained elsewhere on the site; each page needs to make sense as a stand-alone page. Spell out any unusual acronyms on first reference and avoid – or at least explain – any industry jargon.

Hyperlink to additional, relevant information elsewhere within the site where this improves consumers' experience.

### 5.4 Search engine optimisation (SEO)

Search engine optimisation (SEO) comprises a variety of content production and web design techniques that maximise the chances of web pages ranking highly in search results from search engines such as Google.

#### Shareable content

Organic or word-of-mouth buzz is what helps build a site's reputation — both with users and Google alike — but it rarely comes without quality content. Users know good content when they see it and are likely to direct other users to it. This could be through blog posts, social media services, email, forums or by other means.

#### Page title and headings

HTML coding uses heading 'tags' to create structure on the page for readers. There are six sizes of heading tag. The <h1> tag — generally used for an article's main title or headline, which should include the keyword — is the largest and most important; the <h6> tag is the smallest. Most editorial items only need about three heading levels.

Best practice for creating headings includes these two principles:

##### **Use headings sparingly across the page**

Use heading tags where it makes sense, including to break up large, unwieldy blocks of text. However, too many heading tags on a page can make it hard for users to scan the content and determine where one topic ends and another begins.

##### **Imagine you're writing an outline**

Imagine you're preparing the outline of a large paper. Put some thought into what the main points and sub-points of the content will be and decide where to use heading tags appropriately.

## Keywords

Keyword matching has a crucial role in getting the best possible search engine results. The more words in a piece of web content that match the words people type into a search engine when looking for that content, the higher up the list of search results the content will appear.

Use keywords consistently across SEO and page titles, section headings and body text. Determine keywords by thinking about the natural, plain language that people might type into search engines to find the information you provide. Google and other search engines value relevance, so if an article's title suggests it will be all about a health condition, using keywords in the headings — such as 'What are the *symptoms* of X?', 'What are the *causes* of X?', 'How is X *diagnosed*?' etc — will indicate this is what the content will deliver.

Highly educated users might search using different keywords from those who are less familiar with a topic. Anticipate these differences and use keywords that reflect them (for example, if an article's primary keyword is 'pruritus', a secondary keyword should be 'itch'). This will help ensure high rankings for both search terms.

## Metadata: SEO titles and descriptions

The SEO title should be brief, accurately describe the page content and include relevant 'keywords'. This format is commonly used across Healthdirect Australia's content pages: '*Diarrhoea – symptoms, causes and treatments*'

Try to keep the length of the SEO description to around 160 characters. Include primary and secondary keywords and describe what is contained on the page, encouraging the visitor to click through to find out more.

## 5.5 Linking to other relevant content

It is important to take advantage of opportunities to link to other relevant articles, elsewhere on the site and externally. This both boosts traffic and helps consumers get more from their visit.

All hyperlinked phrases and terms should be descriptive, saying as clearly as possible what information the link will direct them to. When labelling links, it is important to consider Web Content Accessibility Guidelines 2.1 (WCAG 2.1), which include provisions for visually-impaired accessibility software. This software can read out all links on a website for a visually-impaired user (although it won't include the surrounding content to provide context).

You can find the WCAG 2.1 guidelines at [www.w3.org/WAI/standards-guidelines/wcag/glance](http://www.w3.org/WAI/standards-guidelines/wcag/glance).

When linking to a third-party site you should nearly always use the name of the relevant organisation, document etc as the anchor text from which to link. Very rarely, you might want to include the URL in the article where the reader needs to know it even if they don't click through. In these rare cases, the spelled out URL should be used as the link text.

### Examples (hyperlinked text underlined):

✓ For more information, visit [beyondblue](https://www.beyondblue.org.au/). (links to <https://www.beyondblue.org.au/>)

✗ For more information, visit beyondblue at <https://www.beyondblue.org.au/>.

## Don't use 'Click here'

Linking text such as 'Click here', 'More information', or 'Further information' is inadequate since it does not indicate where the link goes and cannot be distinguished from other similarly-labelled links elsewhere on the website.

## Multiple links on one page

You can include more than one link to the same place on a page — with the same or a different linking phrase — but if you do this, the target URL must be rendered identically: one link to /AgedCare and another to /agedcare will fail on accessibility even though both will end up at the same place.

Do not use the same linking phrase on one web page for links that go to different places.

Creating accurate, descriptive anchor text is also SEO best practice since the more closely search engines can match link labels to URLs, the more relevant to a user's search terms.

### Example:

- ✓ *Read more about residential care eligibility criteria.*
- ✗ *Read more about eligibility criteria.*

## 6. Formatting

### 6.1 Headings and sub-headings

Large blocks of text without headings reduce readability. Use headings and sub-headings to organise or 'slice up' written content so that it becomes easier for readers to understand.

Use a main heading and up to two layers of sub-heading, but no more. See Section 4, Writing for digital, for more information.

Headings and sub-heads should be sentence case (i.e. the first word begins with a capital letter; the rest of the header is lower case). Avoid title case (every word or most words begin in upper case) and formatting (bolding, italics etc.) in headlines and sub-heads. Do not use a full stop after a heading or sub-heading, but use a question mark if the header is a direct question.

### 6.2 List items

#### Bullet points and other lists

Bullet points and numbered lists can give readers a quick overview of complex topics or multi-step processes.

Try to avoid more than 7 bullets in any one list. Lists can be broken up by grouping similar items together then using a sentence or two to introduce each one. For example, if an article has a 14-bullet list on healthy living with 7 items on diet and 7 on exercise, you could break the list up by creating two separate groups.

Generally, three types of list are used:

- a lead-in piece of text with bullets made up of sentence fragments (such as this one)
- a lead-in with bullets composed of complete sentences
- numbered lists

For bullet lists made up of sentence fragments, use a colon at the end of the lead-in text. **Don't begin the bullet fragment with a capital letter or use a full stop at the end of the fragment unless the fragment is followed by a complete sentence.**

**Example:**

*Assistance is available in the following forms:*

- *monetary assistance*
- *equipment or environmental modifications*
- *advisory services*

If each bullet forms a complete sentence, begin the sentence with a capital letter and end it with a full stop.

**Example:**

*The committee came to three important conclusions:*

- *Officers from the department should investigate the matter.*
- *The budget should be allocated earlier.*
- *Research should be directed into new growth areas.*

## Numbered lists

Numbered lists are only used when a sequence of events is being described, or for when you are going to be referring back to certain points. Sometimes there will be lead-in text; at other times, the list will stand alone. Use complete sentences, ending each with a full stop.

**Example:**

*Instructions*

1. *Fill in the application form using block letters.*
2. *Sign and date the form in the presence of a witness.*
3. *Attach certified copies of any documents.*
4. *Post the form and supporting documents to the address shown at the top.*
5. *If you have not received a response within 4 weeks, please contact us.*

## 6.3 Capitalisation

In a heading or sub-heading, capitalise only the first letter of the first word (sentence capitalisation). Do not capitalise any other words unless they would normally have an initial capital, such as the names of people or places.

**Examples:**

- ✓ *Wounds, cuts and grazes* (sentence capitalisation)
- ✗ *Wounds, Cuts and Grazes* (title capitalisation)

Note that medical conditions, diseases, syndromes, symptoms, bacteria and treatments should not be capitalised. There are some exceptions, such as conditions that contain a personal or geographical name (for example, Parkinson's disease).

## 6.4 Bolding

Only use bold for headings and, very rarely, to emphasise a word.

## 6.5 Italics

Use italics for the names of bacteria when they appear in Latin. The name should not be capitalised. For example, 'Leptospirosis is a bacterial infection caused by the bacteria *leptospira*'.

## 6.6 Underlining

Only underline hyperlinks. Do not underline headings since it makes them harder to read.

# 7. Sources, linking to sources and attribution

Health articles and blogs must be evidence-based, so consistent, comprehensive source referencing is crucial. Every statement of clinical and non-clinical fact — even if it seems innocuous or appears to be 'common sense' — needs to be supported by a reliable source. This source must be referenced in the final copy provided to Healthdirect Australia. This not only provides transparency; it provides easy access to the source of a statement for fact-checking purposes. 'Softer' statements (e.g. 'bedwetting can be embarrassing for older children') may not require referencing if they are *clearly* more common sense than hard fact.

## 7.1 Use the best available source material

It is important that source material is reputable. Consider the possible motives associated with the creation of the source material. Be aware of the representative beliefs of either the writer or a particular school of clinical thought.

Source material should generally be non-commercial. It is acknowledged that there are rare occasions where a commercial source may be acceptable, and these will usually be referred and linked to in the body of the article. If a commercial source is incorporated, a comment from the writer is always required to explain the rationale.

**Sources are ranked in descending order of value and preference:**

1. Clinical practice guidelines and/or position statements (with a clear preference for Australian sources)
2. Australian government department statements (bearing in mind that state, as opposed to Commonwealth, sources may not be applicable outside that particular state)
3. Reviews in peer-reviewed literature (with a clear preference for Australian sources)
4. Australian data and statistics (e.g. from the Australian Bureau of Statistics or the Australian Institute of Health and Welfare)
5. Healthdirect partner organisations found at [healthdirect.gov.au/information-partners](https://healthdirect.gov.au/information-partners)

6. Non-commercial sources are highly preferred over commercial ones. When commercial sources are used, consider first whether the source:
  - is a first-hand source (preferred option), or news (repurposed source)
  - is authoritative
  - is purposeful and relevant to the information and article
  - maintains information documentation, referencing and dating
  - maintains privacy and confidentiality
  - maintains a financial disclosure policy
  - has an advertising policy
  - is justifiable, based on the content
  - is transparent

Australian sources are always preferred over international sources of comparable quality.

Please do not use community wikis or forums.

The Healthdirect Clinical Governance and Content teams are in the process of expanding:

- more detailed lists in which sources are ranked by value, as in the section above
- lists of sources that can, or should not, be used

The latest version of these should be checked when considering article sources.

## 7.2 Media releases and similar announcements as a source

Media releases can provide highly valuable information and are often used as a source for news and events information. However, it must be remembered these materials are created with the intent to publicise or market something.

There is usually no obligation for the writer to provide both sides of the story. Releases may also be written by people not trained in journalism — and possibly by relatively junior members of an organisation.

The main exception to the above is when the release is from a federal or state government department. These sources can be used with a higher level of confidence, but all other sourcing requirements, such as accuracy and completeness, still apply.

## 7.3 Links to external sites

The same requirements and diligence used in assessing source material for an article should be applied when considering linking to an external site.

Linking to a site that might be regarded as unreliable, inaccurate or even offensive not only reflects badly on Healthdirect Australia but may also affect search engine rankings.

See Sub-section 5.5 in the Writing for Digital section above for more guidelines on linking.

## 7.4 Attribution

### Sources

Whenever reasonable, the original ('first hand') source of the material should be referenced within an article.

For instance, if a media release makes reference to a study, the name of that study and the organisation that conducted it should be clearly referenced, in addition to referencing the media release itself — preferably with links to the materials if they are available online. Other consumer health sites, such as Raising Children, might provide up-to-date, accurate information but that does not make them a primary or first-hand source.

Establishing the original source may involve making further external enquiries. If this is not possible despite making reasonable efforts, the following should be consulted on whether to include the material:

- Clinical Governance or clinical statements (as per the Healthdirect Australia Clinical Risk Matrix); or
- for non-clinical statements (e.g. in news), the Senior Product Manager at Healthdirect

### Names and institutions

Ensure abbreviated names of sources and other details are correct. For example:

- Specify whether a government is federal or state (and if state, which one).
- Use full names and titles — Dr; Professor; Associate Professor. Ensure the correct, full name of an institution is used (e.g. 'The University of Sydney', not 'Sydney University').

## 7.5 Brand names

Editorial content needs to remain unbiased and should not reference branded products, medicines or services.

For example, use 'Your doctor might recommend taking a pain reliever', **not** 'Your doctor might recommend taking Panadol'. Very rarely, a product may have only one brand or company associated with it in which case naming it might be appropriate, but only if absolutely necessary.

# 8. Punctuation and spelling

## 8.1 Punctuation

Correct punctuation will convey meaning to a reader efficiently and clearly. Incorrect punctuation can make your writing appear ambiguous and hard to understand.

Limit punctuation to only what is needed to aid comprehension and balance ease of reading and clarity of message. It is easier for a user to read several short sentences than a long sentence broken up with punctuation.

## 8.2 Apostrophes

The punctuation mark most frequently used incorrectly is the apostrophe. Its key roles are to indicate:

- possession (e.g. David's, the story's end)
- missing letters or characters in two-word contractions (e.g. won't, you'll)

### Possession

To show possession you add an apostrophe then the letter 's' to the noun, including proper nouns and names, singular common nouns, and common nouns whose plural does not end in an 's', such as 'children'. The exceptions to this rule are nouns whose plural ends in 's' and any words that end in a double 's'. In these cases, we add only an apostrophe. See below for some examples.

#### Examples:

- *the Commissioner's column; OCTC's main role; Dickens's novels* (proper nouns, names)
- *the builder's tax return; the business line's delivery plan* (singular common nouns).
- *the people's responses to the survey; the children's applications* (plural common nouns not ending in 's').
- *field workers' particular problems; the agencies' budgets; several employers' obligations; your clients' reporting requirements* (plural common nouns ending in 's')

#### Don't use an apostrophe:

- with possessive pronouns: *the car is yours, mine, and ours*
- in expressions that are more descriptive than possessive: *directors fees, senior citizens club*
- on the plural form of an initialism: *CTPs, TFNs, CDs*
- in references to decades: *1990s, 1960s*
- in Australian place names

When two adjacent words are contracted into one, use an apostrophe to show letters have been omitted: e.g. *don't* (for 'do not').

However, you should generally avoid using contractions such as *should've*, *could've* or *would've* since these are difficult to read.

For more information, see the *UK Plain English Campaign's guide to using apostrophes*.

The following words are often incorrectly punctuated.

Correct	Incorrect	Explanation
<b>It's</b> an easy step to take.	<b>Its</b> an easy step to take.	<i>It's</i> is the contraction of <i>it is</i> .
The government launched <b>its</b> new information package.	The government launched <b>it's</b> new information package.	<i>Its</i> is the possessive pronoun (belonging to it).
<b>Who's</b> the right person?	<b>Whose</b> the right person?	<i>Who's</i> is the contraction of <i>who is</i> .



Correct	Incorrect	Explanation
<b>Whose</b> is this?	<b>Who's</b> is this?	<i>Whose</i> is the possessive pronoun (belonging to whom?).
It's <b>your</b> choice	It's <b>you're</b> choice.	<i>Your</i> is the possessive pronoun (belonging to you).
<b>You're</b> right about it.	<b>Your</b> right about it.	<i>You're</i> is the contraction of <i>you are</i> .
These are <b>their</b> words.	These are <b>they're</b> words.	<i>Their</i> is the possessive pronoun (belonging to them).

## 8.3 Hyphenated and non-hyphenated words

Whether a word is hyphenated depends on its usage and in some cases on individual style guides. As a rule of thumb, if you are uncertain about whether a word is hyphenated, use the Australian *Macquarie Dictionary* for verification.

Below are some very brief examples of hyphen use:

- The following need a hyphen because they function as compound adjectives (an adjective formed from multiple words that need to be joined together):
  - a user-friendly interface
  - 24-hour support
  - 5-year-old child
- 'Self' and 'post' don't stand alone in the following cases; rather, they function as a prefix:
  - self-care, self-aware, self-harm
  - post-exposure prophylaxis, post-traumatic stress disorder

Use your discretion with compound adjectives. While the rule is to hyphenate them, sometimes it's not really necessary, which is beneficial because over-hyphenation doesn't look good on the page. For example, 'first class work' unhyphenated could also — in theory — mean 'first classwork'. Hyphenate when there is the slightest doubt, but it's not necessary if there's no doubt at all. For example, 'regularly received complaints' could *only* mean 'regularly-received complaints' (not 'regularly received-complaints') and so the hyphen is not needed.

Over time, the hyphen has 'disappeared' in some words, such as 'postnatal depression' and 'antihistamine' – if in doubt, refer to the Australian *Macquarie Dictionary*.

## 8.4 Dashes

While hyphens connect compounded words, dashes have slightly different functions:

The en dash, which is longer than a hyphen (in HTML code, it's `&ndash;`):

- joins numbers in a range ('1993 – 1999', 'pages 32 – 37')
- joins words that describe a range (July – October 2010)

The em dash, which is longer than an en dash (in HTML code, it's `&mdash;`):

- works better than commas to set apart a unique idea from the main clause of a sentence ('sometimes writing for money — rather than for pleasure — is quite enjoyable')

Both em and en dashes should have a space on either side.

## 8.5 Commas

Don't use the serial or 'Oxford' comma (the one that's sometime used before the "and" in a list). For example, in 'Bring me a pen, pencil and piece of paper', there should be no comma after "pencil".

## 8.6 Numbers

Numbers need to be written consistently. However, to balance consistency and readability:

- write single-digit and multi-digit numbers in numerals: 2 to 9, and from 10 up to 999,999
- write a million or greater in a combination of figures and words: 235 million
- write *one* as a word (except where it's closely associated with another number, such as '1 in 3', or part of a body of text containing a large volume of figures, stats etc)
- always use a comma to delineate units of thousands (e.g. 1,000, not 1000)

Also, to improve readability, use numerals when the number is:

- part of a measurement, date, time or temperature: 5kg, 7 July
- preceded or followed by a symbol: \$2, 75%
- used as part of a numbering sequence: Step 1, Requirement 7, Rule 4

Don't leave a space between the numeral and the measurement (e.g. '5kg', not '5 kg'; '75%', not '75 %').

When quantities are referred to numerically, use 'more than' rather than 'over', and 'fewer' rather than 'less'.

Always spell out the number when it begins a sentence.

## Percentages

The preferred form for percentages is the numeral plus the % symbol. 'Percentage' can also be spelt out in full (fifteen per cent or 15 per cent). Don't spell out the number then use the symbol.

- ✓ 15% (preferred style)
- ✓ fifteen per cent or 15 per cent
- ✗ fifteen %

## 8.7 Spelling

Incorrect spelling damages the credibility of any writing. Check the current edition of the Australian *Macquarie Dictionary* if you have any doubt about the spelling of a word.

A spellchecker may be useful, but make sure it is set to Australian English and be aware that it will not pick up words spelt correctly in one context but that are incorrect in another. All copy still needs to be read by a human.

Always check the spelling of the names of people, job titles, places, departments, organisations etc.

## 9. healthdirect content types

### 9.1 Articles

#### Content categories

A vast majority of healthdirect content comprises articles, although it also includes blogs and theme pages. Some articles cover health **conditions**, while others relate to **injuries** or **symptoms** that can have several underlying causes. In addition, such topics can often be categorised as **acute**, **non-acute** or **chronic**.

In our experience, the line between symptoms, conditions and injuries can seem blurred to many healthcare consumers. It is our role to help educate them, strengthen their health literacy, and guide them to the appropriate care via relevant content structure and language.

For example, in relation to 'symptoms', health advice often depends on the underlying cause. In such instances, pages should cover any related symptoms, high-level information about possible causes, and how some of the more common types are diagnosed and treated. When useful, the treatment section may also include self-care.

Acute and emergency health situations often need a specific content structure, where triple zero (000) calls to action and subsequent information about what to do while waiting for an ambulance feature prominently.

Chronic conditions need to be handled a bit differently again, with a focus on managing the illness and living with it long term.

#### 'Key facts' box

Articles generally open with a 'Key facts' box which summarises in bullet-point form the most vital information consumers should take away from the article. This section might be used as a shortcut for users who have limited time and don't want to read the full article.

Try to keep to a maximum of 5 key facts.

Each bullet point should be no more than one sentence long and should cover a different topic.

In articles on health conditions, the key facts box should include the following types of essential information:

- *What is X? e.g. what part of the body does X affect? How (e.g. due to virus, tumour, etc.)? What are its symptoms?*
- *Who is most susceptible to X (e.g. children, those with poor immune systems)?*
- *If infectious, how is X transmitted?*
- *What are the causes of X, if known, and/or the risk factors?*
- *Can it be prevented, delayed or managed and if so, what actions are needed?*

#### 'On this page' quick links

The Healthdirect Australia Content team will add an article's sub-heads as 'anchor' links (quick links down to body text) at the top of the article. This lets people navigate from the 'On this page' table to the corresponding body text.

## Structure of healthdirect articles

Use the suggested sub-headings and content structures as far as possible and as relevant for each topic. During content maintenance, a frequent task is merging several multi-page topics with more consistently structured landing pages, as below:

<p><b>Non-acute conditions (e.g. lung cancer)</b></p> <p>Use this structure as far as possible:</p> <ul style="list-style-type: none"> <li>• What is lung cancer?</li> <li>• What are the symptoms of lung cancer?</li> <li>• What causes lung cancer?</li> <li>• When should I see my doctor?</li> <li>• How is lung cancer diagnosed?</li> <li>• How is lung cancer treated?</li> <li>• Can lung cancer be prevented?</li> <li>• Complications of lung cancer</li> <li>• Resources and support</li> </ul>	<p><b>Non-acute symptoms / injuries (e.g. headaches, objects in the ear, nosebleeds)</b></p> <p>Use this structure as far as possible:</p> <ul style="list-style-type: none"> <li>• What is a headache?</li> <li>• What symptoms are related to headaches?</li> <li>• What causes headaches?</li> <li>• When should I see my doctor?</li> <li>• How is a headache diagnosed?</li> <li>• How are headaches treated?</li> <li>• Can headaches be prevented?</li> <li>• Complications of headaches</li> <li>• Resources and support</li> </ul>
<p><b>Acute / emergency health problems (e.g. chest injuries, objects or chemicals in the eye)</b></p> <p>Use this structure as far as possible:</p> <p>Include a concise 'call triple zero (000)' CTA at the top of the article, clarifying when to do that. This message can include a link to more details further down the page if appropriate. Then use:</p> <ul style="list-style-type: none"> <li>• What is a chest injury?</li> <li>• When should I call an ambulance/go to the emergency department?</li> <li>• What should I do while waiting for the ambulance?</li> <li>• What are the warning signs / symptoms of a chest injury?</li> <li>• What causes chest injuries?</li> <li>• How is a chest injury diagnosed?</li> <li>• How is a chest injury treated?</li> <li>• Can chest injuries be prevented?</li> <li>• Complications of a chest injury</li> <li>• Resources and support</li> </ul>	<p><b>Other health topics</b></p> <p>Topics that aren't categorised as non-acute conditions, non-acute symptoms, injuries or acute / emergency problems will likely have their own, bespoke structure. Some examples include:</p> <ul style="list-style-type: none"> <li>• <b>Exercise and mental health</b></li> <li>• <b>Low cost or free mental health services</b></li> <li>• <b>Mental health recovery</b></li> <li>• <b>Difficulty reaching female orgasm</b></li> </ul>

Where a healthdirect article includes an introductory paragraph, it should be conversational and friendly but brief — 50 words at an absolute maximum. It should reflect general expectations of what the content is about. Ideally, it will allow users to identify with the subject matter and, if possible, it should include or imply a 'call to action'.

Any previously identified priority keywords should be included as early in the paragraph as possible since this will optimise search engine rankings.

## 9.2 Blogs

### Rationale and characteristics

Blog content — typically written in-house — is subject to the same rigorous editorial and clinical governance processes as all other copy published on the healthdirect website.

However, the blog is designed to share clinically accurate, up-to-date, and generally actionable information in a more conversational form and tone. However, avoid compromising health literacy principles (e.g. by excessive use of idioms or colloquialisms).

The blog also allows us to respond to breaking health-related news; support government and partner priorities; promote or reference our own services; and to anticipate or support information partner events, while at the same time providing evergreen content. Links both to local and partner content should be provided if relevant.

Quoting relevant, qualified sources (e.g. health professionals) verbatim is fine where they add value to a blog, but their role needs to be indicated clearly in the text. Attributions should be in present tense ('says', not 'said').

Blog content needs to be:

- positive — cover the good news (but if the news 'hook' is a negative story then try to include a positive spin or action)
- engaging — use a different tone and language from that used in health articles
- easily 'digestible' — use sub-headings for greater readability, and consider structuring some blogs as a 'listicle' ('5 myths about...'; 'Top 10 ways to...' etc); these are easily absorbed and are very good SEO
- timely — a water-cooler conversation, what everyone's talking about right now
- relevant — topics must appeal to a significant proportion of our consumers, and be relevant to their lives
- clickable — use headlines and topics that make users stop scrolling through social feeds
- shareable — stories should make readers want to share them on social media. (Healthdirect will also share blog posts on the Healthdirect Facebook page, and other social media where appropriate.)
- trustworthy — posts must be based on facts, research and expertise, but new studies and latest 'ground-breaking research' should generally be avoided since practical advice and actionability often takes years to emerge following the underlying research
- nimble — the blog must be able to respond to breaking news with a corresponding post
- inclusive — partner innovations and related events should be included
- clinically accurate — clinical oversight is important to reduce risk to the public and to our brand

### Production requirements

- a tight word count of between 350 and 600 words, depending on topic and scope
- an arresting, 'Instagram-like' colour-rich image, ideally with people and faces
- a punchy headline and clear 'sell', with good SEO value throughout

## 9.3 Theme pages

Theme pages are curations of editorial content. Their introductory text's objective is to set the scene and general expectations of what the content linked to is about.

Where possible, theme pages should include any previously identified priority keywords since this will help optimise the page for search engine rankings.

Promotional text for individual articles should entice users to click through — for example, by ending in ‘Find out more...’, ‘Learn more about...’, ‘Here’s how to...’.

## 10. Site-specific guidelines

### 10.1 healthdirect

The healthdirect website aims to provide access to quality health information, tools and services from Australia’s leading health organisations.

It should guide visitors to the appropriate next steps, allowing them to make informed choices about their health and healthcare.

The primary audience is the Australian public. Some visitors may be concerned about, or have been diagnosed with, a certain condition and are seeking information to educate themselves or their loved ones. Others may want to prevent an illness, or they are just looking to improve their general health.

Australian healthcare professionals who refer their clients to healthdirect as a source of reliable and unbiased health information are a secondary audience.

- More than 60% of visitors arrive at the website after a search on Google or other search engine; a large proportion land directly on a content page that relates to their search term(s).
- 70% of healthdirect’s visitors read the website content on small screens, such as their mobile phones, tablets, or the healthdirect app.

### 10.2 Pregnancy, Birth and Baby

Pregnancy, Birth and Baby’s website aims to provide reassuring support and information for expecting parents and parents of children aged up to 5 years.

It should help pregnant women and their partners when they may have questions about their pregnancy or feel apprehensive about the upcoming labour and birth. Other primary audiences include new parents who need advice on how to care for their baby, and people who are looking for parenting tips and information in general.

Australian healthcare professionals referring their clients to Pregnancy, Birth and Baby as a source of reliable and unbiased pregnancy and parenting support and information are a secondary audience.

- Around 90% of visitors arrive at the website from a search using Google or another search engine; a large proportion of them land directly on a content page relating to their search term(s).
- 90% of Pregnancy, Birth and Baby’s visitors read the website content on small screens, such as their mobile phones or tablets.

# 11. Clinical guidelines

## 11.1 Introduction

These Clinical Guidelines are designed to ensure that any materials produced for Healthdirect Australia adhere to clinical best practice, with the needs of consumers in mind. They should be used in conjunction with the broader Editorial Guidelines. The Clinical Guidelines apply to anyone involved in the production of health information for Healthdirect Australia's digital services, both in-house staff and external providers.

## 11.2 Helping consumers access quality health content

Consumers need access to high-quality, evidence-based information written with their health literacy in mind — including information about the health issues, treatment options, services and clinical decisions that affect them or their family.

The amount of information available to consumers is increasing, particularly through the internet. The quality of this information, however, remains variable.

The challenge for health content writers is to distil current, evidence-based healthcare guidelines and information into accessible content that consumers will find useful in making decisions.

However, while some consumers will wish to make their own decisions ('active'), others will make them with their doctor ('shared') or leave them entirely to their doctor ('passive'). Content should be of a high enough standard that:

- 'active' consumers, who prefer to take the lead on their own health decisions, can do so from an informed knowledge base
- those who prefer a collaborative approach can do so from a sound knowledge base with tools to assist them (questions to ask etc)
- 'passive' consumers who wish to leave decisions to their health practitioner can have a source of information that supports their understanding of what their healthcare professional has advised.

As a rule, health content written for consumers should be:

- focused on an outcome or change in health status, adequately covering the topic and providing consumers with next steps
- evaluated for validity and usefulness
- based on the best-available evidence and updated regularly
- developed to consider the perspectives of the consumer
- relevant to an Australian audience and reflect healthcare practice in Australia
- unbiased with a consumer-centred and choice focus
- appropriate to meet health literacy standard

Healthdirect Australia's websites let consumers access information in several ways — including via the healthdirect telephone services, the healthdirect website or app, and the Pregnancy Birth and Baby website and service. Providing consistent information for consumers across these platforms is important for maintaining consumer confidence in its authority.



## 11.3 What consumers want to know

Health content should always be written with the audience in mind. Assume no accurate prior knowledge of the health issue involved — a consumer's understanding may be outdated and anecdotal.

Common healthcare questions, among others, include:

- What is the health issue or problem I have? What do I need to know or have more information about?
- What is causing the health issue or problem? Is there an underlying cause or influencing factors?
- Am I alone? How does my experience compare with that of other people?
- Can I do anything myself to ameliorate the problem or prevent its recurrence? What can I do to improve my health or this situation?
- What tests and investigations might be involved and what are their purpose?
- What are the different treatment/care options — and their benefits, risks and side effects? How do I decide if they are right for me?
- How long will it take to improve or recover?
- How can I prevent future illness?
- Where can I get more information about the article topic?

## 11.4 Depth and accuracy

### Clinical accuracy

For information to be clinically accurate it must:

- be up to date
- be complete
- be neutral and balanced
- minimise harm
- be relevant to Australian consumers

Information published should be consistent with the current best practice guidelines in Australia — that is, if guidelines refer to a form of treatment or medication, they should be included in the content.

If new treatments or medication are available for a specific health condition but are not included in the current clinical guidelines — reference should still be made to the availability of these products/treatments for completeness.

Content should be comprehensive enough to enable a health consumer to take an active role in the management of their own health and have a discussion with their healthcare practitioner about treatment options available to them.

### Depth of content

Providing health information within a restricted word limit creates a tension between brevity and completeness. While covering every conceivable treatment and outcome in detail is attractive, often this is impossible. Alternatively, omitting key treatments or strategies in favour of other selected options has been cited as a common flaw in consumer publications.

There are, however, ways to meet these challenges, as described in the examples below.

Topic examples	Challenge	Remedy
Jaundice	Jaundice in newborns is distinct from jaundice in adults. How do we inform consumers looking for information on either topic?	Focus the topic on the age group relevant to the website involved or as indicated in the content brief.
Diagnosis of a terminal illness	The topic is both broad and sensitive. The consumer may be at a crisis point and unable to absorb complex information.	Use a checklist of questions for the consumer to ask their doctor.
Treatment of brain cancer	The topic is highly complex: there are many types of brain cancer; treatment decisions are complex and may involve surgical and radiological options. It's impossible to educate the consumer comprehensively in a short article.	Explain the complexity. Briefly describe some of the principles of brain cancer treatment, including some details of the most common treatments available. Then explain to the consumer how they can get further information, providing links and references to appropriate content and services.

To ensure an article provides the consumer with the most accurate, up-to-date information, include:

- a balanced viewpoint that is objective and inclusive — avoid giving an optimistic view of treatments, minimising the risks and side effects
- high quality, and where possible, evidence-based Australian sources
- healthcare options with appropriate links to further information and next steps
- risk information, in context and not misleading — note that numbers and percentages can sometimes be misinterpreted or not understood
- links to other relevant sources, where possible

Health information about conditions and treatments should be based on the best available evidence. This means looking into a range of different types of evidence and other information for preparing health information, from medical research to the advice and experiences of health professionals.

The following are examples of sources of evidence, particularly systematic reviews, and clinical guidance:

- The National Health and Medical Research Council's [Australian Clinical Practice Guidelines](#) include a portal to guidelines as well as a register to lodge details of any guideline you develop.
- The [Cochrane Library](#) contains up-to-date systematic reviews of the effects of all types of interventions relevant to healthcare.
- The [PDQ-Evidence](#) database of systematic reviews can inform your decisions about health systems or services.
- [Epistemonikos](#) describes itself as 'a collaborative, multilingual database of health evidence'. It is the largest source of systematic reviews relevant for health-related decision making and a large source of other types of scientific evidence.

- [Health Systems Evidence](#), which provides quality-assessed information, describes itself as a site to 'support policy makers, stakeholders and researchers interested in how to strengthen or reform health systems or in how to get cost-effective programs, services and drugs to those who need them'.
- UK-based [Clinical Knowledge Summaries](#) has evidence-based summaries of the evidence for primary care

Apart from the sites listed above, many professional colleges and networks have clinical guidelines that can help you, while some non-government health organisations have developed clinical guidelines or evidence summaries.

Whenever possible, Australian sources should be used in preference to those from overseas.

## 11.5 Content should be actionable

Consumer health content should allow people to take action and make decisions, otherwise it is much less relevant and useful.

Actionable content options:

- a checklist of questions that consumers can use as a starting point for discussions with their healthcare provider
  - a list of websites containing further information with direct links to the relevant pages
  - a summary of relevant health services, with information about what they provide, who would be providing it and practical details such as phone numbers, opening hours, etc
  - a list of commonly asked questions with answers
  - suggestions for appropriate next steps and things to do
- information free of highly complex medical terminology and jargon

## 11.6 Healthdirect Australia's Clinical Governance and Quality Framework

Healthdirect Australia is responsible for the clinical integrity of all services governed by it and has an established Clinical Governance and Quality Framework, including structures and processes to enable the provision of high-quality digital services and content.

The Framework aims to ensure that Healthdirect's services are consumer-focused, accessible, safe, effective, efficient, and equitable. These elements should be kept in mind when developing health content. (They are adapted from the World Health Organization's dimensions of health service quality.)

**Consumer-focused** – delivering health services which are designed to reflect the preferences, needs and values of service users

**Accessible** – delivering health services that are timely, and can be easily accessed by service users

**Safe** – delivering health services that minimise risks and harm to service users

**Effective** – providing health services that are based on evidence, appropriate for the context and result in improved health outcomes for individuals and communities

**Efficient** – delivering healthcare in a manner that maximises resource use and avoids waste

**Equitable** – providing services that do not vary in quality because of service users' personal characteristics such as age, gender, sexual orientation, cultural background, geographic location, socio-economic status and health literacy

# APPENDIX 1: Health literacy check-list for content creators and designers

Australians who use Healthdirect Australia’s online and other services come from a wide variety of backgrounds and demographics. They also vary in their ability to access health-related information, and to understand and make decisions about their own health — their ‘health literacy’. It is important to consider this when preparing content for publication and the check-list below summarises the key points.

Refer to ‘Health Literacy’ (Section 2) and ‘Writing for digital’ (Section 5) earlier in these guidelines for further information.

## For writers

### Write so readers can take action

- ☐ Identify readers’ goals and motivation for visiting the site
- ☐ Consider your audience’s likely characteristics and situation
- ☐ Include an intro paragraph that makes the aim of the article clear
- ☐ Put the most important information first
- ☐ Describe just the basics of the health condition, symptoms, treatment, etc
- ☐ Provide specific actions the reader can take
- ☐ Stay positive — describe the benefits of taking action
- ☐ Suggest and recommend rather than prescribe

### Structure content for clarity

- ☐ Write in plain English, (but don’t ‘dumb down’ text)
- ☐ Assume a reading age of around 12 to 14
- ☐ Divide up text using meaningful headings and subheadings
- ☐ Limit sentences to no more than 25-30 words
- ☐ Use short, concise paragraphs
- ☐ Include bullet points and lists where appropriate
- ☐ Avoid highly complex medical terminology and jargon
- ☐ Avoid unnecessary or distracting information
- ☐ Check content is accurate and up to date

## Development, design and production

### Display all content clearly

- ☐ Keep most important content above the fold (including for mobile)
- ☐ Use an easily readable font
- ☐ Use white space effectively to avoid clutter
- ☐ Select images that will help readers learn
- ☐ Include lists and bullet points where these have been provided

### Aim to engage consumers

- ☐ Tailor pages to specific groups where relevant
- ☐ Look for opportunities to share via social media and multimedia
- ☐ Consider using infographics to engage readers
- ☐ Point readers to relevant tools and resources

### Navigation

- ☐ Ensure navigation is clear and simple
- ☐ Create linear information paths via pathway pages
- ☐ Use links effectively — both internal and external
- ☐ Colour or underline links and ensure all clickable elements are clear
- ☐ Label any buttons clearly
- ☐ Include a Search function and ensure results display clearly

### Make the page accessible and user-friendly

- ☐ Sites should be accessible to people living with disability (e.g. a screen-reader for the hearing-impaired)
- ☐ Provide an accessible text transcript for audio content
- ☐ Consider users with slow internet connections and limited data allowances
- ☐ Make web content printer-friendly — consider PDF options

## APPENDIX 2: Glossary

The following are words for which there is a preferred healthdirect style. Please note that this glossary is far from exhaustive; these are simply some of the ones that appear most frequently or about which there are queries.

**Aboriginal and/or Torres Strait Islander people** — this is the preferred style (do not use the 'ATSI' acronym)

**active ingredients** — use lower case where not a brand name (e.g. *minoxidil*, *not* *Minoxidil*) but upper case for *Regaine*, a brand name that contains minoxidil

**anti-** — refer to the *Macquarie Dictionary* for whether a word with the prefix 'anti' includes a hyphen or not

**as** — not a synonym for 'since' or 'because'; e.g. *Drink plenty of fluids, because [not as] you have fever.*

**a or an?** — use 'an' if the *sound* of the beginning of the following word is a vowel sound, whether or not the first letter is actually a vowel (e.g. 'an NICU')

**bacteria** — Latin bacterium names (e.g. *shigella*) should be italics (but not capitalised) in body text; Roman in headlines/sub-heads

**birth / born** — do not use 'delivery'

**body mass index (BMI)** — don't use title case

**botox** — don't capitalise the 'b'

**breast milk** — 2 words (as per the *Macquarie Dictionary*)

**consumers** — avoid using this term in consumer-facing copy

**Consumer Medicines Information (CMI)** — not **Medicine**

**contractions** — avoid excessive use of 'he'll', 'it'll', etc (use 'he will', 'it will', especially in more formal/serious cases)

**COVID-19** — COVID-19 is the illness caused by *one type* of coronavirus (specifically **SARS-CoV-2**), so use **the COVID-19 coronavirus** or if appropriate, **the coronavirus that causes COVID-19**. Best to avoid **SARS-CoV-2** since this may confuse consumers. 'Novel coronavirus' is now outdated.

**drugs** — only use when referring to illicit drugs; generally, you should use 'medicines'

**e.g. / i.e. and etc** — always use lower case and 2 full stops for the first two abbreviations (but no full stop after 'etc')

**glycaemic index (GI)** — spell out on first reference, using lower case 'g' and lower case 'i' capitalise acronym

**google** — lower case when used as a verb

**healthcare** — always one word, not *health care*

**helpline** — all lower case, not 'Helpline'

**Healthdirect Australia's information partners** — 'Leading Australian health organisations' is preferred over 'information partners' (which is primarily for use within Healthdirect)

**intellectual disability, cognitive impairment** — but *not* **cognitive disability**

**LGBTIQA+** — when referring to the same-sex and sexually diverse community, use **sexually and gender-diverse**; if you intend to use the acronym, spell out on first reference or use **sexually and gender-diverse (LGBTIQA+)**;

**like** — avoid when referring to an example; use 'such as' instead (e.g. 'pain relief such as aspirin' rather than 'pain relief like aspirin').

**pain relief** — do not use **painkillers**

**people vs consumer vs user** — The terms 'Australians' or 'people' are preferred over 'users'. 'Consumer' is used when specifically referring to a non-commercial group of people, e.g. 'a consumer audience'.

**seizure** — do not use **fit**

**telehealth and digital health services** — *digital health* is preferred

**time / operating hours etc**

Abbreviate days of the week to the first 3 letters for a range of days but spell out single days; for times/time periods use numerals plus 'am' or 'pm'.

Use the en dash (HTML code is &ndash;) where indicating a range of times/days (e.g. Mon–Fri, 9am–5pm; Saturdays, 9:30am–3:30pm; Wednesday and Thursday; Saturdays only)

**triple zero (000)** — always use this style

**x-ray** — lower case 'x'

## APPENDIX 3: Writing about cancer guidelines

Cancer is widespread across Australia and is therefore frequently written about in the media and elsewhere. The Cancer Institute NSW has developed guidelines to assist people who write about cancer. These guidelines incorporate feedback from people with cancer, their families, and from NSW health professionals.

You can find the guidelines on the Cancer Institute NSW website at [www.cancerinstitute.org.au/about-us/Media](http://www.cancerinstitute.org.au/about-us/Media). An edited version is included below.

Please note that while the information provided here may well inform your writing and approach, please refer to the official Healthdirect Australia guidelines on matters of general style and all other editorial questions etc.

### Writing about cancer guidelines (Cancer Institute NSW)

The following guidelines have been developed to assist the media and other people writing about cancer to use language that is both sensitive and supportive of people living with the disease. They also suggest where media can assist in improving cancer outcomes by linking to cancer screening or cancer prevention support programs.

#### Cancer language

Being diagnosed with cancer is a confronting time for any person, as well as for their family and friends.

Much of the current language surrounding cancer can be equally confronting. It may inadvertently label, stigmatise or misinform audiences about living with cancer. As a result, the Cancer Institute NSW has changed how it uses certain terminology and encourages people writing about cancer to do the same.

#### ‘Cancer patients’ vs ‘people with cancer’

Cancer is a personal experience. Each diagnosis is different and every course of treatment and outcome is as unique as the individual affected.

#### A cancer diagnosis does not transform a ‘person’ to a ‘patient’.

Many people with cancer are surviving and living productive lives, while having occasional treatment. The use of the term ‘cancer patient’ is only appropriate in relation to treatment that they are currently undergoing. Otherwise, ‘people/person with cancer’ is the preferred descriptor.

#### Avoid battle language

Most reporting of people (or a person) with cancer refers to their ‘fight’ with cancer. We often read or hear how someone has ‘won their fight against cancer’ or they have ‘lost a long battle with cancer’.

This has been a common way to report on cancer since US President Nixon declared “war on cancer” in 1971. However, cancer is not a win/lose situation. To imply there is a loser, or a fight to be won or lost, is not an accurate or fair analogy.

Cancer is something people live with – deal with, manage, experience – and sometimes people die from the disease. Using ‘battle’ language to emphasise someone’s experience with cancer can be misleading and insensitive.



To avoid this 'battle' language, the following could be used:

- a person's cancer diagnosis
- a person's cancer experience
- a person's current treatment
- that a person has died from a certain cancer

## Cancer vs cancers

Each of these diseases or cancers is unique in terms of cause, presentation, incidence rates, treatment and outcomes. Some cancers take the form of chronic diseases, which people live with and get ongoing treatment for, rather than something they die from. There are other cancers that continue to have higher mortality rates.

It is recommended that 'cancer' be used as a general term for issues that relate to all cancers. For example:

- *Cancer begins from an abnormal cell.*
- *Funding for cancer research has been increasing in Australia.*

The plural 'cancers' should be used when referring to a number of various diseases. For example:

- *Some cancers can be detected through a screening program.*
- *Many cancers have better outcomes if detected early.*

## Some suggestions

### Don't use:

- ✗ *patients* (unless you're talking about a hospital or clinical situation)
- ✗ *cancer victims* or *sufferers*
- ✗ People *battling* or *struggling with* cancer
- ✗ Died following a *long battle* or *struggle with* cancer
- ✗ '*All clear*' (since each cancer is different and each person's recovery time will vary, it is best to avoid this phrase)

### Try using terms such as:

- ✓ People *with* / *living with* / *affected by* / *after* / *beyond* cancer
- ✓ People *getting on with* life despite cancer
- ✓ People with a *cancer experience*
- ✓ People whose lives have been *changed or touched by* cancer
- ✓ Carers / people who look after *someone with* cancer

## Complex terminology

Much of the language around cancer, cancer research and cancer treatment consists of complex terminology. This includes statistical terms and concepts related to cancer rates and risk factors.

To assist in providing clear information to your audience, please refer to the Cancer Institute NSW's [Glossary](#).

## Positive messaging\*

When writing about the following cancers, please note that by including the linked information, media have the opportunity to help improve outcomes for people by offering a positive course of action for their readers / viewers / listeners to take.

- **Bowel cancer:** *People over 50 years of age should screen for bowel cancer every 2 years. Ask your GP or pharmacist about bowel screening.*
- **Breast cancer:** *It is recommended women aged 50 to 74 have a free screening mammogram every 2 years for the early detection of breast cancer. Call 13 20 50 to book an appointment through the BreastScreen NSW program ([breastscreen.nsw.gov.au](https://breastscreen.nsw.gov.au) external).*
- **Lung cancer:** *People who have a cough that lasts longer than 3 weeks, a cough that changes over time, or those who cough up blood should ask their GP for a chest x-ray.*

## Lifestyle / risk factors\*

- **Sun protection:** When reporting on high temperatures or outdoor events, we encourage media to reinforce the need to protect from ultraviolet radiation (UVR) through shade, sunscreen and protective clothing.

### \*Note to Healthdirect Australia staff and contractors

*It is important to provide a positive course of action for consumers (as the Cancer Institute NSW guidelines indicate) in a great many of Healthdirect Australia's articles and other information. However, the specific actions, information and contact details provided should take into account, primarily, the needs of the article / audience and should always comply with Healthdirect Australia's own Editorial Guidelines.*