

# Editorial Guidelines

Online Services  
Healthdirect Australia

# Editorial Guidelines

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## Editorial Guidelines

# 1. Introduction

## 1.1 Purpose

These guidelines have been produced to ensure that 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 is produced taking into account differing levels of 'health literacy' (Section 2) is also extremely important. Writing about Healthdirect Australia itself and the organisation's services is covered in Section 9.

The guidelines form part of a suite that also includes guidelines for multimedia use; brand and logo use; and corporate writing (board papers etc). They are all available from the Healthdirect Australia Content team.

## 1.2 Audience

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

- Digital producers
- Product managers
- Partner managers
- Information managers and librarians
- Marketing and HR professionals
- Clinical governance specialists
- Writers and journalists
- Reviewers, sub-editors, proofreaders
- Designers and developers
- Editor in chief

## 1.3 Document management

Ver:	Date	Author / Amended by	Details
1.0	13 Nov 2014	Camilla Svensson	First version <b>(for distribution)</b>
2.0	2 Jul 2015	Camilla Svensson	Second version: revisions to reflect updated branding, refined content templates and information architecture, and minor additions to the general guidelines (e.g. Aboriginal and Torres Strait Islander terminology) and glossary <b>(for stakeholder review)</b>
3.0	1 Sep 2015	Anthony Fallick, Josh Rodriguez	<u>Added:</u> Health literacy subsection; source and attribution section; image caption guidelines. <u>Updated:</u> News and events section (merged and updated); corresponding updates to glossary.
4.0	17 Nov 2016	Josh Rodriguez, Francis Wilkins	<u>Added:</u> Updated screenshots of new healthdirect website design; new image examples and ratios; corporate writing style and term usage; summaries of each property's purpose/approach; new Clinical Guidelines section; new Health Literacy 'check-list'. <u>Updated:</u> Health literacy section (now an expanded, stand-alone section). <u>Removed (temporarily):</u> Glossary (for recategorisation/rework); media guidelines (for inclusion elsewhere).

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4.1	20 Jan 2017	Elaine McFadden	<u>Updated:</u> references to “ad” now ‘Healthdirect Australia’; all sections in Healthdirect Australia corporate style exceptions feature new and additional points. <u>Added:</u> Re-added the brand writing guidelines table compete with logos for reference; included further style points such as acronym use.
5.0	8 Jun 2018	Francis Wilkins	<u>Deleted:</u> all mindhealthconnect and Quitline references; <u>Added:</u> flag to new Multimedia Guidelines; new guidelines for blogs, writing for the intranet and presentation of consumer testimonial pages (corporate section); Cancer Council ‘writing about cancer’ guidelines (reference only); new section on hyphens/dashes; <u>Replaced:</u> site-specific guidelines with reference to My Aged Care government guidelines.

Feedback on these guidelines should be forwarded to the email address below.

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

- [content@healthdirect.org.au](mailto:content@healthdirect.org.au)

## 2. Health literacy

### 2.1 Introduction

Your audience varies across education level, age, and socio-economic and cultural background. How much they know about health and related services – their ‘health literacy’ – will vary dramatically. Also, many Australians have a ‘reading age’ of 12 and it is Healthdirect’s policy to create content accessible at this level. We therefore make no assumptions about a consumer’s level of health literacy.

Consider what a reader might want to take away from your article, but suggest and recommend rather than prescribe. Most importantly, **your article needs to help readers make decisions and take action.**

### 2.2 Article structure

- Include an intro paragraph that makes the aim of the article clear. Put the most important information first, describing just the basics of the condition, symptoms, treatment and/or health issue – be concise.
- Ensure subsequent information follows in a logical sequence.
- Use meaningful headings and sub-headings.
- 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 and who may already be worried about a health issue. Simple and concise writing is the preferred style.

- Use short, concise sentences (generally no more than 25 words).

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- 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 have to 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. Generally, 'one' should be spelled out although sometimes it may be cleaner to use '1' if the text is heavy on numbers or statistics.

Many of the above health literacy guidelines are also broader requirements for writing for the web, regardless of the topic. For more on 'Writing for Digital' see Section 4 of these guidelines.

### 2.4 Provide specific actions

Healthdirect Australia aims to provide consumers with accessible, understandable information that will allow them to make informed decisions about their own health. Where possible, articles should outline specific actions 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 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 checklist) to support actions.

### 2.5 Design web pages for clarity

The design of a web page, as well as the written content, should engage readers and accommodate different levels of health literacy. Readers will likely come from a wide range of backgrounds and situations.

- Include an intro paragraph that makes the aim of the article clear (the what, who, why etc).
- Limit paragraph size (5-6 lines of text maximum).
- Use clear headings/sub-headings.
- Use bullet points and short lists where possible (but no more than 6-7 points).
- Allow information to be shared via social media.
- Use links effectively (colour or underline for clarity).
- Design intuitive interactive graphics and tools.

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### 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 pt).
- Use white space; avoid clutter.
- Use appropriate images to help users learn.
- Use appropriate contrast.

### 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.
- Create linear information paths via pathway pages.
- Label buttons clearly; ensure the 'Back' button/arrow works.
- Provide easy access to Home and menu pages.
- Include a Search function and display results clearly.

### 2.8 Make it accessible and user friendly

Many Australians with lower than average health literacy may also need support in accessing online content for personal or technology-related reasons. 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 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



## Editorial Guidelines

### 3. Tone and language

#### 3.1 User expectations

Seeking information about healthcare services is more reactive than proactive, research suggests, with accidents and acute medical or safety issues often the catalyst. When people are researching potentially life-changing events during stressful times, the way in which they 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 considered a highly personal situation. Friendlier language will resonate more and help to improve communication. Particular care should be taken when addressing medical conditions.

Also avoid subjective terms such as 'easy' and 'fair' – different people will interpret them in different ways.

To be effective, write clearly and simply. For example, don't clog up a sentence with 'despite the fact that' when 'although' is just as good; use 'now', not 'at this point in time'. The 'Health literacy' and 'Writing for digital' sections of these guidelines have more information on how to write clearly and successfully for the web.

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

Criteria	User expectations
<b>relevant</b>	Information relates to my needs regarding 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>current</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 information.

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### 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.

#### Example:

- ✓ *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 the party you want to emphasise. In such cases, you may choose passive voice, but these should be the exception, not the norm.

In the example below, you may decide that the older person being assessed is the most important party in the sentence, and you would therefore 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)

In the example below, using the active voice makes the sentence longer and more convoluted. Always be guided by what will make your sentences as clear and concise as possible.

- ✓ *Community care services are offered to older Australians who need help at home.* (passive)
- ✗ *The Australian Government and various service providers in different states offer community care services to older Australians who need help at home.* (active)

### 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 in your article.

#### First person singular

First person (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 determine whether the content is relevant. Below, the first person header ('Am I eligible?') anticipates what is likely uppermost in the reader's mind.

The third person header, while quite 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.

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### 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 any Healthdirect Australia communication. This risks confusion about who is behind the 'we', and is not regarded as best editorial practice in professional communication.

### 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.

You must ensure that the context clearly identifies who is associated with the 'you'. For example, don't use 'you' to refer to different audiences within a single piece of content, such as a web page. 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.*

Context is vital in ensuring audiences are clear about which 'you' a piece of content refers to, and whether the content is relevant to them.

## 3.4 Use 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
- insults or denigrates people
- treats some people differently from others

### Use gender-neutral wording

'worker' instead of 'workman'; 'chairperson' or 'chair' instead of 'chairman'

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When writing about people, including babies and children, avoid using gender to describe the actions or feelings in the context of the article; instead, try rewriting the sentence.

- ✓ *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.*

### 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'.

### 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

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### 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.

### 3.6 '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'.

#### Symptom Checker

Use the word 'GP' in preference to 'doctor'.

### 3.7 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 that refers clearly to a potential emergency, the entire sentence can be bolded if desired.

### 3.8 Healthdirect Australia service brands

These guidelines have been provided by Healthdirect Australia's Marketing team to inform the use of brand names in editorial content and corporate information.

<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/)

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Name	Use	Style	Examples
<b>after hours GP helpline</b>	Refers to the after hours GP helpline.	<ul style="list-style-type: none"> <li>All in lower case except for 'GP'</li> <li>No hyphen in 'after hours'</li> <li>Do not use acronyms</li> </ul>	Call 1800 022 222 to access the after hours GP helpline.
<b>Carer Gateway</b>	Used when referring to Carer Gateway.	<ul style="list-style-type: none"> <li>Title case</li> <li>Never italicised</li> <li>No 'the'</li> <li>Do not use acronyms</li> <li>Logo is always co-branded with the crest</li> </ul>	Carer Gateway is a national online and phone service that provides practical information and resources to support carers.
<b>Get Healthy</b> or <b>Get Healthy Information &amp; Coaching Service®.</b>	Used when referring to Get Healthy.	<ul style="list-style-type: none"> <li>Never italicised</li> <li>No 'the'</li> <li>Do not use acronyms</li> <li>When writing the program name in full it should always be accompanied by an ® symbol (see right for example)</li> </ul>	Get Healthy Information & Coaching Service® is a free, confidential telephone service that helps people make lifestyle changes.
<b>Healthdirect Australia</b>	Refers to the company (this is our trading name).	<ul style="list-style-type: none"> <li>Capital H for Healthdirect</li> <li>Capital A for Australia</li> <li>Healthdirect is one word</li> <li>No italics</li> <li>Do not use acronyms (Do not shorten to HDA)</li> <li>Do not shorten to 'Healthdirect'</li> <li>'Ltd' not required</li> </ul>	Healthdirect Australia is a public company limited by shares.
<b>healthdirect</b>	Used when referring to the healthdirect service as a	<ul style="list-style-type: none"> <li>All in lower case</li> <li>'healthdirect' is one word</li> </ul>	healthdirect provides easy access to trusted quality health information and advice online and over the phone.

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	whole – helpline, website and app	<ul style="list-style-type: none"> <li>Do not use acronyms</li> </ul>	
<b>find a health service</b>	When referring to the National Health Services Directory for consumer use on Healthdirect Australia websites	<ul style="list-style-type: none"> <li>All in lower case</li> <li>Do not use acronyms</li> </ul>	Use healthdirect's find a health service tool to locate your nearest GP.
<b>healthdirect helpline or with the phone number 1800 022 222</b>	Used when referring only to the nurse triage service	<ul style="list-style-type: none"> <li>All in lower case</li> <li>'healthdirect' is one word</li> <li>Do not use acronyms</li> </ul>	The healthdirect helpline is available throughout all Australian states and territories except Victoria and Queensland.
<b>healthdirect Video Call</b>	Used when referring to Video Call for corporate use or when talking about the Video Call product.	<ul style="list-style-type: none"> <li>Always have healthdirect in front</li> <li>Do not use acronyms</li> <li>Capital 'V' and 'C'</li> <li>'Video Call' is two words</li> </ul>	All you need to access healthdirect Video Call is a Google Chrome browser.
<b>healthdirect website</b>	Used when referring only to the website	<ul style="list-style-type: none"> <li>All in lower case</li> <li>'healthdirect' is one word</li> <li>Do not use acronyms</li> </ul>	The healthdirect website provides access to trusted health information and advice.
<b>healthdirect Symptom Checker</b>	Used when referring only to the Symptom Checker	<ul style="list-style-type: none"> <li>Always have 'healthdirect' in front</li> <li>Do not use acronyms</li> <li>Capital 'S' and 'C'</li> </ul>	The healthdirect Symptom Checker guides you to the appropriate healthcare action.
<b>healthdirect Health Map</b>	Used when referring to the Health Map	<ul style="list-style-type: none"> <li>Always have 'healthdirect' in front</li> <li>Do not use acronyms</li> <li>Capital 'H' and 'M'</li> <li>'Health Map' is two words</li> </ul>	The healthdirect Health Map collates a range of national health and population data.

Name	Use	Style	Examples
<b>healthdirect app</b>	Used when referring only to the mobile application	<ul style="list-style-type: none"> <li>Always have 'healthdirect' in front</li> <li>Do not use acronyms</li> <li>'app' is lower case</li> </ul>	You can use the healthdirect app to check your symptoms, find a health service and get trusted health information.

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<b>My Aged Care</b>	Used when referring to the My Aged Care service – both phone line and website	<ul style="list-style-type: none"> <li>• Title case</li> <li>• Never italicised</li> <li>• Do not use acronyms</li> <li>• Logo is always co-branded with the crest</li> </ul>	My Aged Care is an Australian Government contact centre and website that provides information about the aged care system and how to access services.
<b>National Health Services Directory</b>	When referring to the National Health Services Directory for a health professional or government audience	<ul style="list-style-type: none"> <li>• Title case</li> <li>• Never italicised</li> <li>• Do not use acronyms</li> </ul>	The National Health Services Directory is a joint initiative of all Australian governments.
<b>The Palliative Care After Hours Helpline or with the phone number 1800 548 225</b>	Refers to the Palliative Care After Hours Helpline  *only available in NSW	<ul style="list-style-type: none"> <li>• Never italicised</li> <li>• Do not use acronyms</li> </ul>	Funded by the NSW Government, the Palliative Care After Hours Helpline is a free service providing palliative care advice and support.
<b>Pregnancy, Birth and Baby</b>	Used when referring to the Pregnancy, Birth and Baby service as a whole (helpline, website and video call)	<ul style="list-style-type: none"> <li>• Title case</li> <li>• Use 'and' instead of '&amp;'</li> <li>• Do not use acronyms</li> </ul>	Pregnancy, Birth and Baby is a national Australian Government service providing support and information for expecting parents and parents of children, from birth to 5 years of age.
<b>Pregnancy, Birth and Baby on 1800 882 436</b>	Used when referring only to the helpline	<ul style="list-style-type: none"> <li>• Title case</li> <li>• Use 'and' instead of '&amp;'</li> <li>• Do not use acronyms</li> <li>• Always use 'maternal child health nurse', not 'registered nurse' or similar, when referring to the staff.</li> </ul>	Call Pregnancy, Birth and Baby on 1800 882 436 to talk to a maternal child health nurse.

### 3.9 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.



## Editorial Guidelines

### 4. Writing for digital

Writing for the web is not the same as writing for print. This section shows 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:



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.

#### 4.1 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.

Remove or minimise instructional text, and try to start each page or paragraph with the conclusion, so that users can decide early on whether to read the whole text.

#### Short headings

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. Sometimes, framing a sub-heading as a question ('How do I manage memory loss?') can make the content more personal.

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### 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.

### Bullet point lists

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

## 4.2 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) within the digital services of Healthdirect Australia's Consumer Health Services division is governed by the Multimedia Guidelines.

They should be used in conjunction with these Editorial Guidelines. Text required for infographics, for example, should generally follow the 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 and that all multimedia content is 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.

## 4.3 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 may take them directly to any page within the site.

Do not assume that 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.

## 4.4 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 the search results from search engines such as Google.

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### Sharable content

Organic or word-of-mouth buzz is what helps build a site's reputation – 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 titles

Web page titles should be brief, accurately describe the page content and include the article 'keyword' (see below).

### 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:

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

Use heading tags where it makes sense. 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 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.

However, highly educated users might use different keywords in their search queries from those who are less familiar with a topic. Anticipate these differences and use keywords that reflect them (e.g. if an article's primary keyword is 'pruritus', a secondary keyword should be 'itch') to ensure high rankings for both search terms.

## 4.5 Linking

It is important to take advantage of opportunities to link to other relevant articles elsewhere on the site and outside it. 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 2.0 (WCAG 2.0), which include provisions for visually impaired accessibility software. This software can read out a page of all links on a website to a visually-impaired user, without the surrounding content to give context to the links.

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You should nearly always use the name of the relevant organisation, document etc as the 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.* (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

It is fine to have more than one link on a page going to the same place – 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.

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

### Example:

If a link to an article about accessing residential care is labelled 'Read more about eligibility criteria', the context would tell a sighted user that the link goes to a page about eligibility criteria for residential care. But it does not help a visually-impaired person using accessibility software, meaning the website would fail accessibility assessments.

Descriptive linking is also SEO best practice since the more closely search engines can match link labels to URLs, the more likely they are to rank a web page as relevant to a user's search terms.

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

## 5. Formatting

### 5.1 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.

Don't use more than three levels of heading (a main heading and two layers of sub-heading). 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,

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italics etc) in headlines and sub-heads. Do not use a full stop after a heading or subheading, but use a question mark if the text is a direct question.

### 5.2 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. 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.

#### Examples:

*Assistance is available in the following forms:*

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

If each bullet forms a complete sentence, use a colon at the end of the lead-in text. Begin each bullet's complete sentence with a capital letter and end it with a full stop.

*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.*

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### 5.3 Capitalisation

Capitalise only the first letter of the first word in a heading (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 across Healthdirect Australia's digital services. There are some exceptions, such as conditions that contain a personal or geographical name (for example, Parkinson's disease).

### 5.4 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.

## 6. Sources, linking and attribution

Health articles must be evidence-based, so consistent, comprehensive source referencing is crucial. Every statement of clinical and non-clinical fact – even if it seems innocuous – 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.

### 6.1 Using the best available source material

It is important that source material is reputable. Consider the motives that might have been involved in 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 required to explain the rationale.

Sources are ranked in descending order of value:

1. Clinical practice guidelines and/or position statements (with a preference for Australian sources)
2. Australian government department statements
3. Reviews in peer-reviewed literature (with a preference for Australian sources)

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4. Australian data and statistics (e.g. from the Australian Bureau of Statistics)
5. Healthdirect partner organisations, including NHS Choices
6. Other organisations with HON certification (Australian organisations are preferred)
7. Other organisations without HON certification (Australian are preferred). Non-commercial sources are also highly preferred over commercial ones. When 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

### Links to Australian federal and state health departments:

Australian Government

[www.australia.gov.au](http://www.australia.gov.au)

Australian Government Department of Health

[www.health.gov.au](http://www.health.gov.au)

NSW Health

<https://www.health.nsw.gov.au/>

WA Health

<https://www.health.wa.gov.au/>

Tasmanian Government Department of Health and Human Services

<https://www.dhhs.tas.gov.au/>

SA Health

<https://www.sahealth.sa.gov.au>

Northern Territory Government Department of Health

<http://www.health.nt.gov.au/>

ACT Health

<http://www.health.act.gov.au/>

Victorian Government Department of Health & Human Services

<http://www.health.vic.gov.au/>

Queensland Health

<http://www.health.qld.gov.au>

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

Please do not use community wikis or forums.

The Healthdirect Clinical Governance and Online Services 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 (including for news and events articles) that can, or should not, be used

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



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### 6.2 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.

When using media releases as a source, consider the following:

<b>Statistical statements</b>	<p>e.g. <i>100,000 people will experience condition X in any given year ...</i></p> <p>Such claims may add interest to content but should be checked with Clinical Governance, and if in doubt, should be excluded.</p>
<b>Attribution (See section 6.4 below also)</b>	<p>If the person being quoted is from the organisation providing the media release, it is generally safe to reproduce. Statements/quotes from people outside the organisation should be fact-checked with the source being quoted (or a representative from that person's organisation).</p> <p>Media release attributions are often incomplete, and may need to be clarified in the Healthdirect article.</p>
<b>Motive and transparency</b>	<p>Highly regarded organisations might still receive research funding from a pharmaceutical company, for example. This, and similar circumstances, might influence their statements in a media release.</p> <p>The publishing processes for a release from an organisation may be less transparent than, say, for a study report from the same organisation.</p>
<b>Accuracy and legal</b>	<p>Check for errors of fact and misleading or unsubstantiated claims.</p> <p>Any media release that is critical of a person or organisation should be treated <b>with extreme caution</b>, and referred to the Senior Product Manager prior to publication.</p>

### 6.3 Links to external sites

The same criteria 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 4.4 in the *Writing for Digital* section above for more guidelines on linking.



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### 6.4 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.

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 Clinical Risk Matrix); or
- for non-clinical statements (e.g. in news), the Senior Product Manager

#### Names and institutions

Ensure abbreviated sources and other possible assumptions are corrected in Healthdirect content. 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')

### 6.5 Brand names

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

e.g. 'Your doctor might recommend taking a pain reliever', NOT 'Your doctor might recommend taking Panadol.'

## 7. Punctuation and spelling

### 7.1 Punctuation

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

#### Use minimal punctuation

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.

Content produced for Healthdirect Australia's communication channels should reflect the Australian Government's trend towards minimal punctuation.

See the government's *Style manual for authors, editors and printers* for more about punctuation.

### 7.2 Apostrophes

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

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- possession
- missing letters or characters in two-word contractions

### Possession

To show possession you add an apostrophe and the letter 's' to the noun, in that order, including names and singular nouns that end with an 's'. The exception is plural common nouns ending with an 's', to which we add only an apostrophe.

#### 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> .
<b>Whose</b> is this?	<b>Who's</b> is this?	<i>Whose</i> is the possessive pronoun (belonging to whom?).

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Correct	Incorrect	Explanation
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).

### 7.3 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 it is best to 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

(However, over time, the hyphen has 'disappeared' in some words, such as 'postnatal depression' and 'antihistamine' – if in doubt, refer to the Australian *Macquarie Dictionary* for whether a word is hyphenated or not.)

### 7.4 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.

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### 7.5 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
- a million or greater in a combination of figures and words: 235 million
- “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)

Also, use numerals when the number is:

- part of a measurement, date, time or temperature: 5kg, 7 July, 50KB
- 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 %’).

We know from eye-tracking research that users ‘scan’ content on a screen rather than reading it from top to bottom, as they generally do with a printed page. It is therefore quicker for users to read a number than a word.

### 7.6 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 and so on. Australian place names can be checked at [www.ga.gov.au/place-name](http://www.ga.gov.au/place-name).

## 8. Content types

### 8.1 Health articles

#### Intro paragraph

The introductory paragraph should be conversational and friendly but brief – 50 words as an absolute maximum.

Its objective is to set the scene and 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.

#### Body copy

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Tone, language and formatting should be in line with the guidelines outlined elsewhere in this document, including sufficient use of sub-headings, bullet point lists, image captions and pull quotes when relevant to help users scan and digest the information quickly and easily.

Word count will vary between subject matters, but 350-600 words is a good rule of thumb.

### Key areas to include

Articles about conditions and symptoms should include as many of the following as possible:

Conditions	Symptoms
<p><b>Overview</b> – comprehensive summary of the condition, covering key aspects of the sub-topics listed below. Prioritise definition ('What is'). Include synonyms when relevant.</p> <p><b>Types</b> – short descriptions of common and/or critical types of the condition</p> <p><b>Causes</b> – high-level list of common and critical causes of the condition</p> <p><b>Symptoms</b> – symptoms identifiable by consumers, plus important ones that health professionals will look for</p> <p><b>Diagnosis</b> – how a health professional is likely to diagnose the condition</p> <p><b>Treatment</b> – general classes of treatments; reference national treatment guidelines where applicable</p> <p><b>Prevention</b> – include 'biopsychosocial' considerations, i.e. biological, psychological and social factors</p> <p><b>Living with</b> – practical concerns in living with the condition, such as home adjustments, equipment/devices, diet, exercise, travelling, work, and relationships/sex</p> <p><b>Statistics</b> – general interest only (e.g. how common the condition is) – avoid the overly technical</p>	<p><b>Overview</b> – comprehensive summary of the symptoms, covering key aspects of the sub-topics listed below. Prioritise definitions ('What is'). Include synonyms when relevant.</p> <p><b>Causes</b> – high-level list of common and critical causes of the symptom</p> <p><b>Signs</b> – signs and symptoms that are observable, understandable and detectable by the consumer</p> <p><b>Treatment</b> – how a health professional might diagnose the cause of and treat this symptom (consider merging this with self-care information where appropriate)</p> <p><b>Self-care</b> – cover over-the-counter medicines, lifestyle advice, alleviation, prevention, and containment (consider merging this with treatment information where appropriate).</p>

## 8.2 Blogs and blog content

### Rationale and characteristics

Blog content – typically written in-house – is subject to the same rigorous editorial and clinical governance processes (outlined in the Content Pathways document) as other copy published on the Healthdirect websites.

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

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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 (but try to maintain an acceptable health literacy level)
- easily 'digestible' – use sub-headings for greater readability, and consider structuring some blogs as a 'listicle' ('5 myths about...'; 'Top 10 ways to...' etc) since 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 'groundbreaking 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 (350-600 words, at the time of writing)
- an arresting, 'Instagram-like', colour-rich image, usually involving humans
- a punchy headline and clear 'sell', with good SEO value throughout

### 8.3 Theme pages

Theme pages are curations of editorial content. The introductory text's objective is to set the scene and the general expectations of what the content following is about. Ideally it will allow users to identify with the subject matter and, if possible, it should include a 'call to action'.

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

Promotional text for individual articles should be worded to entice users to click through – for example, by ending in 'Find out more...', 'Learn more about...', 'Here's how to...'.

### 8.4 News articles and events

**Note:** The points below outline editorial selection criteria, rather than specific guidelines for writers. Tone, language and formatting should be in line with the guidelines elsewhere in this document.

## Editorial Guidelines

### Audience

- the Australian public
- people with a given health problem or at a certain stage of life
- families and carers of people with a given condition

### Process

News and events materials must be assessed in the same way as other content considered for publication on Healthdirect's websites.

It is essential to refer to Healthdirect's:

- Clinical Risk Matrix
- policy on sources, external links and attribution – see Section 6 of this document
- more detailed lists of preferred sources, as well as exclusions

### Selection criteria

New and current information likely to be helpful and to make a difference to people, such as new resources, tools, programs and healthcare options, are worth considering. Here are some further criteria:

In scope?	Criteria or subject area	Rationale
✓	<b>Is it new or current?</b>	For <b>news</b> , this applies to information that has been released either just now or just recently.  For <b>events</b> , the information is ideally provided as soon as it is reliably available – but this is not a hard and fast rule. 'Current' means the reader still has a chance to act on the information (e.g. attend the event).
✓	<b>Does it have a consumer focus?</b>	Relevant to the Australian public, rather than just to health professionals  Events that let consumers participate, contribute, support and learn are considered before 'one-way communication'-styled events and campaigns
✓	<b>Healthcare system updates</b>	New initiatives, activities and outcomes that will make a difference to consumers and patients (as opposed to updates on individual health conditions)
✓	<b>Does it have broad relevance (geographic and subject matter)?</b>	National interest news and state alerts (as opposed to regional and local updates)  Events that raise awareness and funds for common conditions, and broad topics that have an impact on many people in Australia, are considered before events for rare diseases and niche topics and causes.

## Editorial Guidelines

✓	<b>Tools, apps and programs</b>	Practical, empowering and helpful initiatives and devices that support people's health and wellbeing
✓	<b>New guidelines</b>	New, or significant changes to existing health guidelines that are relevant to the Australian public
✓	<b>Partner and stakeholder updates</b>	Major news and updates from Healthdirect Australia's information partners and stakeholders (as long as they meet other news criteria)
✓	<b>Award nominations and winners</b>	Acknowledged health initiatives, organisations and products that make a difference to the Australian public or people with a specific health condition. However, consider whether there is a relevant commercial interest involved in awards and recognition programs.
✓	<b>Is it organised by a partner? (for events only)</b>	Events owned and organised by Healthdirect Australia information partners should be considered before events run by other organisations.
✗	<b>Is there a commercial interest?</b>	Avoid covering news that is only, or primarily, communicated to promote and generate revenue for for-profit organisations.
✗	<b>Are animal studies involved?</b>	Avoid covering news based on animal studies, or refer to Clinical Governance prior to publication. Animal studies can be misleading or create false hope, since they rarely progress to approved human treatments and when they do, it often takes years.

### 8.5 Partner profiles

Tone, language and formatting should be in line with the guidelines elsewhere in this document.

Partner profiles should refer to information partner organisations in the third person.

Embed a minimum of one link to the homepage of the information partner website as early as possible in the body copy.

Avoid excessively strong (and often subjective) language, clichés and marketing jargon, such as 'best of breed', 'world-leading', and 'outstanding research'.

## 9. Healthdirect Australia corporate: style exceptions

### 9.1 Overview

The following Section provides guidance on editorial style for the Healthdirect Australia 'About Us' subdomain at: **about.healthdirect.gov.au**. **This section is for the use of Healthdirect Australia staff only.**

Unless specified below, the style guidelines elsewhere in this document apply.



## Editorial Guidelines

### 9.2 Audience and tone

Corporate content is designed to provide information to stakeholders, health professionals, and current and potential clients. Therefore, exceptions to the way copy is written, laid out and formatted elsewhere can be used to differentiate corporate information from consumer-facing information about Healthdirect products.

#### Reading age and health literacy

It is assumed the audience for Healthdirect's 'About Us' pages is more health-literate, and the constraints on the consumer-based sites based on a reading age of approximately 12 years do not apply here. Content should still be easily understood, accurate and concise; however, in many cases, complex information can be conveyed with less explanatory text

Be cautious in the use of acronyms, however — especially internal ones.

#### Healthdirect Australia in the first person

The first reference to Healthdirect Australia on any page should use the full company title, 'Healthdirect Australia', to establish Healthdirect Australia as an identity. Subsequently, the words 'we' and 'our' can be used instead.

### 9.3 Content style

The following style should be adhered to in all Healthdirect Australia internal and external documentation as well as on the corporate subdomain 'About Us' pages.

#### Acronyms

Use acronyms sparingly. Only use an acronym when you refer to a particular term more than once in a document unless the acronym is better known than the full term.

Spell out an acronym when you use it for the first time and put the acronym in brackets afterwards. Thereafter in the document you may refer to the acronym only

✓ *For more details, contact the Australian Taxation Office (ATO).*

✓ *[later in document] ...Furthermore the ATO will...*

✗ *The AGPH helpline....* (see section on Healthdirect Australia brands – Writing guidelines for Healthdirect services)

#### Ampersands

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

✓ People and Development

✗ People & Development

#### Emphasis and capitalisation

## Editorial Guidelines

### i) **Bold**

Use bold for headings and to emphasise the occasional word only.

### ii) **Italics**

Use italics:

- for titles of books, films, plays and other works of art etc  
*War and Peace*
- for the full name of a parliamentary Act, including the year it was introduced; subsequent uses can be in plain text, minus the year  
*Crimes Act 1990* or Crimes Act

### iii) **Underlining**

Use underlining for hyperlinks only. Do not use underlining for headings — it makes text difficult to read.

### iv) **Capitals**

Capitalise job titles when they refer to a specific person's role, but use lower case for general positions.

- Chief Executive Officer Denise Harvey spoke at the conference.
- Consult with the company's human resources manager.

Use capitals for proper names of people, places and organisations.

- The Australian Government was quick to deny the rumour.
- Two governments lost office within a few weeks of each other.

Capitalise words of four or more letters in the titles of documents, books and songs (and each word in the case of legislation). This is known as title case.

- Privacy Policy Document
- *Insurance Contract Act 1984*

Use sentence case for other headings. With sentence case, only the first word and proper nouns have initial capitals.

## Hyperlinks

Link to a report or study if one exists. The linking, or 'anchor' text should not be formatted (e.g. avoid italics) and should be in title case. Even if it is not possible to link to the report, title case should still be used if the report's exact title is included.

If a link to another part of the website is to be provided, the inline link must be worded correctly. In the following example, the inline link points to the 'sprains and strains' page, so the link wording is precisely that:

- ✓ crepe bandages provide light support for [sprains and strains](#)
- ✗ crepe bandages provide light support for [muscle and joint injuries](#)

## Editorial Guidelines

Only highlight the first relevant occurrence of a Healthdirect service in a body of text. Use discretion to avoid emphasising links that may take people away from an important message or crucial point on the page. Ensure links to any external sites are set to open in a new window.

### Lists

The use of lists should follow the style outlined in Section 5.2 (List items).

### Numbers

Numerals — including from 2 to 9 — should be used since these are better understood/read on a screen. However, if a number is used to start a sentence it should be spelt out. Commas must be used when specifying units of thousands.

✓ *One in 9 students do not pass their exams; 1,000,000*

✗ *One in nine students do not pass their exams; 1000000*

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

✓ *More than 10,000 children were vaccinated in the state-wide program.*

✗ *Over 10,000 children were vaccinated in the state-wide program.*

#### i) Percentages

The preferred form for percentages is the numeral plus the % symbol (15%). The percentage can also be spelt out in full (fifteen per cent or 15 per cent). However, the numeral plus the words should *not* be used in Healthdirect Australia copy.

✓ 15% (preferred style)

✓ fifteen per cent / 15 per cent

✗ fifteen %

#### ii) Dates

Write dates in text using a day–month–year format with no commas and no superscript (3<sup>rd</sup>).

1 January 2011 (**not** 1<sup>st</sup> Jan, '11)

Write dates in tables using the DD/MM/YYYY format with two digits for the month.

17/01/2009

#### iii) Money and currency

Use commas with numbers that have four digits or more.

4,000; 100,000

Use *million* in text and *m* in tables and brackets.

10 million; 10m

In tables, align lists of money to the right so the dollars, decimal points and commas line up.

## Editorial Guidelines

### iv) Currency codes

Use ISO currency codes when writing about different currencies.

AUD1,500

GBP1,500

NZD1,500

### Quotation marks

Use double quotation marks for short quotations within your text. Use single quotation marks for a quote within a quote, or to emphasise a word.

### Sources and attribution

Any sources must be attributed at the footer of the page using the current function available in the Alfresco CMS. The live page layout and how it is presented is predefined by the CMS.

See the example below:

---

Source: [Deloitte Access Economics](#) (*The economic value of informal care in Australia in 2015*)

---



### 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.

✓ and/or

### States and territories of Australia

Australian states and territories are best spelt out in official publications. Abbreviations may be used if there is a shortage of space or when lengthy repetition would result. The following formats should be used:

✓ NSW      Vic      Qld      WA      SA      Tas      ACT      NT

### Use of forward slash (/)

The forward slash may be used as a substitute for the word 'per' in reference to hours and days. For example, use '24 hours / 7 days' or '24 hours a day / 7 days a week' for more emphasis. Do not use '24/7'.

## Editorial Guidelines

### 9.4 Common mistakes in grammar and punctuation

It is not possible to provide a comprehensive guide to grammar and punctuation within these guidelines. However, Sections 7.1 – 7.4 provide information on the use of apostrophes, hyphens and dashes, including some of the more common mistakes made.

Note that contractions (*we've*, *you'll* etc) should not be used on the Healthdirect Australia 'About us' pages.

#### Collective nouns

Names of organisations, groups, teams and committees are singular.

*Healthdirect is considering the proposal.* (singular)

*The committee is considering the proposal.* (singular)

#### Spelling




Use the *Macquarie Dictionary* as your guide. Always check for Australian spelling versions, not US, and remember that spellcheckers are often set to US English:

*centre* (not *center*)





*-ise*, not *-ize* (e.g. *organise*)

*colour*, *labour* (not *color*, *labor* – but *Australian Labor Party*; the Labour Party is in the UK)








### 9.5 Healthdirect Australia brands – writing guidelines for services

Name	Use	Style	Examples	Logo
after hours GP helpline	Refers to the after hours GP helpline	<ul style="list-style-type: none"> <li>All in lower case except for GP</li> <li>No hyphen in 'after hours'</li> <li>Do not use acronyms</li> </ul>	Call 1800 022 222 to access the after hours GP helpline.	
Carer Gateway	Used when referring to Carer Gateway	<ul style="list-style-type: none"> <li>Sentence case</li> <li>Never italicised</li> <li>No 'the'</li> <li>Do not use acronyms</li> <li>Logo is always co-branded with the crest</li> </ul>	Carer Gateway is a national online and phone service that provides practical information and resources to support carers.	
Get Healthy or Get Healthy Information &	Used when referring to Get Healthy	<ul style="list-style-type: none"> <li>Never italicised</li> <li>No 'the'</li> <li>Do not use acronyms</li> <li>When writing the program name in full it should</li> </ul>	Get Healthy Information & Coaching Service® is a free, confidential telephone service which helps people make lifestyle changes.	


## Editorial Guidelines

Name	Use	Style	Examples	Logo
Coaching Service®		always be accompanied by an ® symbol		
Healthdirect Australia	Refers to the company; this is our trading name	<ul style="list-style-type: none"> <li>Capital H for Healthdirect</li> <li>Capital A for Australia</li> <li>Healthdirect is one word</li> <li>No italics</li> <li>Do not use acronyms</li> <li>Do not shorten to 'Healthdirect' or HDA</li> </ul>	Healthdirect Australia is a public company limited by shares.	
healthdirect	Used when referring to the healthdirect service as a whole, helpline, website and app	<ul style="list-style-type: none"> <li>All in lower case</li> <li>healthdirect is one word</li> <li>Do not use acronyms</li> </ul>	healthdirect provides easy access to trusted quality health information and advice online and over the phone.	
healthdirect find a health service	When referring to the National Health Services Directory for consumer use as part of the healthdirect website	<ul style="list-style-type: none"> <li>All in lower case</li> <li>healthdirect is one word</li> <li>Do not use acronyms</li> </ul>	Use healthdirect's find a health service tool to locate your nearest GP	
healthdirect helpline, or with the phone number 1800 022 222	Used when referring only to the nurse triage service	<ul style="list-style-type: none"> <li>All in lower case</li> <li>healthdirect is one word</li> <li>Do not use acronyms</li> </ul>	The healthdirect helpline is available throughout all Australian states and territories except Victoria and Queensland.	
healthdirect Video Call	Used when referring to Video Call for corporate use or when talking about the Video Call product	<ul style="list-style-type: none"> <li>Always have healthdirect in front</li> <li>Do not use acronyms</li> <li>Capital 'V' and 'C'</li> <li>Video Call is two words</li> </ul>	All you need to access healthdirect Video Call is a Google Chrome browser.	
healthdirect website	Used when referring only to the website	<ul style="list-style-type: none"> <li>All in lower case</li> <li>healthdirect is one word</li> <li>Do not use acronyms</li> </ul>	The healthdirect website provides access to trusted health information and advice.	

## Editorial Guidelines

Name	Use	Style	Examples	Logo
healthdirect Symptom Checker	Used when referring only to the Symptom Checker	<ul style="list-style-type: none"> <li>Always have healthdirect in front</li> <li>Do not use acronyms</li> <li>Capital 'S' and 'C'</li> </ul>	The healthdirect Symptom Checker guides you to the appropriate healthcare action.	
healthdirect Health Map	Used when referring to the healthdirect Health Map	<ul style="list-style-type: none"> <li>Always have healthdirect in front</li> <li>Do not use acronyms</li> <li>Capital 'H' and 'M'</li> <li>Health Map is two words</li> </ul>	The healthdirect Health Map collates a range of national health and population data and presents it in a geospatial interface.	
healthdirect app	Used when referring only to the mobile application	<ul style="list-style-type: none"> <li>Always have healthdirect in front</li> <li>Do not use acronyms</li> <li>'app' is lower case</li> </ul>	You can use the healthdirect app to check your symptoms, find a health service and get trusted health information.	
My Aged Care	Used when referring to the My Aged Care service – phone line and website	<ul style="list-style-type: none"> <li>Sentence case</li> <li>Never italicised</li> <li>Do not use acronyms</li> <li>Logo is always co-branded with the crest</li> </ul>	My Aged Care is an Australian Government contact centre and website that provides information about the aged care system and how to access services.	
National Health Services Directory	When referring to the National Health Services Directory for a health professional or government audience	<ul style="list-style-type: none"> <li>Title case</li> <li>Never italicised</li> <li>Do not use acronyms</li> </ul>	The National Health Services Directory is a joint initiative of all Australian Governments.	
The NSW Palliative Care After Hours Helpline or with the phone number 1800 548 225	Refers to the NSW Palliative Care After Hours Helpline  *only available in NSW	<ul style="list-style-type: none"> <li>Never italicised</li> <li>Do not use acronyms</li> </ul>	Funded by the NSW Government, the Palliative Care After Hours Helpline is a free service providing palliative care advice and support.	
Pregnancy, Birth and Baby	Used when referring to the Pregnancy,	<ul style="list-style-type: none"> <li>Title case</li> <li>Do not use an ampersand (i.e. 'and', not '&amp;')</li> </ul>	Pregnancy, Birth and Baby is a national Australian Government service providing support and	

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Name	Use	Style	Examples	Logo
	Birth and Baby service as a whole (helpline, website and video call)	<ul style="list-style-type: none"> <li>Do not use acronyms</li> </ul>	information for expecting parents and parents of children, from birth to 5 years of age.	
Pregnancy, Birth and Baby helpline  or with the phone number 1800 882 436	Used when referring only to the Pregnancy, Birth and Baby helpline	<ul style="list-style-type: none"> <li>Title case</li> <li>Do not use an ampersand (i.e. 'and' instead of '&amp;')</li> <li>Do not use acronyms</li> </ul>	The Pregnancy, Birth and Baby helpline is staffed by maternal child and health nurses.	

### 9.6 Service one-liners

The following one-liners can be used to succinctly describe Healthdirect Australia's services.

**healthdirect:** trusted health information and advice online and over the phone (1800 022 222), available 24 hours a day, 7 days a week. Funded by the governments of Australia.

**Pregnancy, Birth and Baby:** information, advice and counselling about pregnancy, childbirth and baby's first year online, over the phone (1800 882 436) and by video call. Funded by the Australian Government.

**My Aged Care:** information and support, online and over the phone (1800 200 422), about aged care services and how to access them. Funded by the Australian Government.

**after hours GP helpline:** an extension of the healthdirect helpline (1800 022 222) providing medical advice and support at night, on weekends and during public holidays. Funded by the Australian Government.

**Carer Gateway:** provides practical information and resources to support carers via phone (1800 422 737) and through a website and a service finder. Funded by the Australian Government.

### 9.7 Corporate terminology

The following guidelines cover corporate style.

#### Terms associated with government

Term	Usage
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## Editorial Guidelines

Government	<p>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.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• The Australian Government</li> <li>• The government proposes</li> </ul>
Commonwealth	<p>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).</p>
Federal	<p>'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).</p>
States and territories	<p>These words are only capitalised when they form part of an official title. They do not require capitalisation for general use.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>• The Australian Capital Territory</li> <li>• We live in a state or territory</li> </ul>
Parliament	<p>The noun 'Parliament' should always be capitalised; the adjective, 'parliamentary', takes the lower case</p> <p>Example:</p> <ul style="list-style-type: none"> <li>• The Commonwealth Parliament (the official title)</li> <li>• The parliamentary debate</li> </ul>

## Terms associated with our company, services and work

Term	Usage
Information partners	<p>'Leading Australian health organisations' is the preferred term. 'Information partners' in sentence case can also be used informally.</p>
people vs consumer vs user	<p>The term 'Australians' or 'people' is preferred to 'users'. 'Consumer' is used where specifically referring to a non-commercial group of people, e.g. a consumer audience.</p>
telehealth and digital health services	<p>Use 'digital health' wherever possible. 'Telehealth' is also acceptable, but never 'e-health'.</p>
gateway vs portal	<p>We refer to some of our services as gateway services, not portals. Don't use the term portal when referring to our services.</p>

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health and related services	'Health and related services' is preferred to 'health and <i>health-related</i> services'.
Aboriginal and/or Torres Strait Islander people	This is the preferred term (do not use 'ATSI')
product helplines	The full name of the telephone helpline service must be mentioned in the first instance. Subsequent mentions can simply follow: [site name] helpline. The word 'helpline' must always be in lower case.
triple zero (000)	Use this style consistently across all sites.
healthcare	Always one word

## 9.8 Consumer testimonial articles

### Branding

In testimonial articles, consumers describe their experience using a healthdirect service. They have a very different function from our health articles and need to be branded as such. Always use the 'My healthdirect story' branding, which is overlaid on the hero image, for testimonials.

Testimonials should be conversational, but not too flowery – as though the subject is telling their story to a friend.

### Use the lead to flag the service

The lead paragraph – which uses a slightly larger font than the body text – should both set the scene and stimulate interest so the reader will want to continue. However, it also needs to:

- indicate the benefits obtained from using a healthdirect service ('saved a trip' and 'reassured' in the example of a lead paragraph below)
- specifically mention the service involved (after hours GP), including an inline link to the relevant landing page ([www.healthdirect.gov.au/after-hours-gp-helpline](http://www.healthdirect.gov.au/after-hours-gp-helpline))

*Gary lives in Bunbury with his partner Shanae and their one-year-old son, Ruben. Late one Sunday night, Gary was struck down with a bad case of food poisoning. By speaking to the [after hours GP helpline](http://www.healthdirect.gov.au/after-hours-gp-helpline), Gary was saved a trip to the emergency department and reassured his issue was manageable at home.*

### Break up the story using sub-headings and a pull quote

A large block of text will not encourage a site visitor to read and engage with it. Use at least 3 sub-headings to make it more manageable (e.g. by dividing the story up into chronological stages). See more on maximising readability in Section 4.1.

Wherever possible, a pull quote of 30-35 words that captures the essence of the story and the benefit received should be included.

## Editorial Guidelines

# 10. Healthdirect Australia corporate: image use

## 10.1 Overview

The 'About us' subdomain is primarily aimed at the following audiences:

- government — these are our shareholders and customers and are the priority audience
- business — health organisations and health professionals, service delivery partners, academic and research bodies, peak bodies, information partners and media
- potential employees of Healthdirect Australia — we have a diverse range of staff working for us and need to appeal to a wide range of skills

### General image considerations:

- We are a not-for-profit organisation, funded entirely by governments — our images should not make us look like a commercial organisation.
- Our services cover health and related services — they help a broad range of different population groups and our images should show diversity in culture, age and location to express this.
- Our services are about people — our imagery should focus on the human element of what we do, so people need to be included wherever possible.
- Our services do not directly deliver care, diagnosis or treatment to people, so it's not relevant to have images of health facilities or equipment. Health professionals are relevant only in specific contexts, e.g. pages about the National Health Services Directory (NHSD), or pages specifically talking about nurses or GPs taking calls through helplines.
- Our vision is to help people manage their own health and provide them with access to the services they may need by leveraging technology — images can show people using technology to communicate this.
- Our voice is human and should be accessible — images should not be overly stylised, or look like they are from a magazine. People should look natural rather than posed.

## 10.2 Image guidelines for specific sections

### i) Who we are

This section is about our purpose, vision and strategy. Imagery should represent the broad aims of what we do by incorporating themes that represent us — people using technology; rural and remote Australian environments etc. For some pages about our staff, more corporate imagery is appropriate — the Board, executive, leadership etc.

#### Examples:



Above, from top left: Who we are; Our history; Our Board

### ii) What we do

Content in this section is about the services we deliver and our areas of expertise. Images chosen to represent services should align with the aim and brand of each service: for example, Carer Gateway is about supporting

## Editorial Guidelines

carers; My Aged Care is about supporting older people in navigating the aged care system. Images chosen to represent our expertise should communicate collaborative teams and specific capabilities.

### Examples:

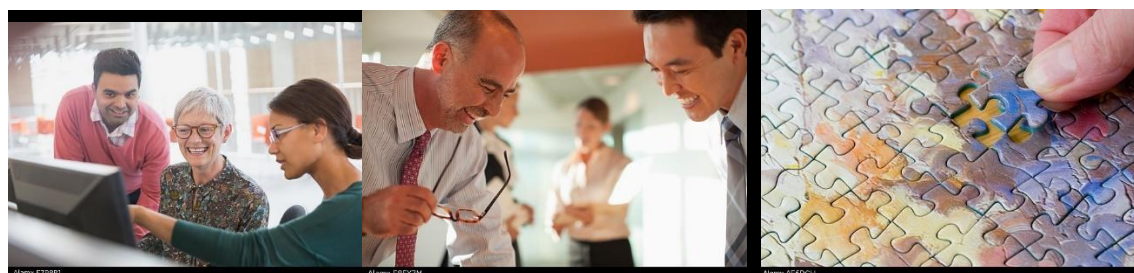


Above, from top left: What we do - the breadth of our service offerings ('from cradle to grave'); Pregnancy, Birth and Baby; after hours GP helpline; My Aged Care; general service websites; case studies; our expertise

### iii) Collaborate

Content in this section is about building partnerships with other organisations to improve access to health information and advice. We want to encourage people and organisations to partner with us in different areas: for example, become an information partner; register for the NHSD. Images should show collaboration, partnership, and connections. Images specific to services such as the NHSD can be more specific in demonstrating what the service does and can include health professionals.

### Examples:



Above from left: Collaborate; NHSD; information partnerships

### iv) Careers

Content in this section aims to encourage a diverse range of people to come and work with us. Images should show people who are engaged, collaborative, and enjoying their work. Images of staff, images of people engaged in team activities, and images of people in an office environment are appropriate. Avoid overly corporate images and images which are obviously not from our industry.

### Examples:



## Editorial Guidelines



Above from left: opportunities; join our team; benefits and rewards/culture

### v) News

Content in this section is about encouraging people to keep up to date with the latest news from Healthdirect Australia, our events, and to view our corporate publications. Imagery should represent news and engaged audiences. Be judicious when using conference images — these can be effective when shot well, but many conference images have a ‘generic’ feel. Always ask: is this an interesting, engaging shot?

#### Examples:



Above from top left: news; our news; events

## 11. Site-specific guidelines: healthdirect

### 11.1 Introduction

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

The aim is to 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.

- 82% 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).

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- 68% of healthdirect's visitors read the website content on small screens, such as their mobile phones, tablets, or the healthdirect app.

### 11.2 Introduction paragraphs for healthdirect articles

Healthdirect articles contain a Read More function ('fade' – see image below), therefore it is important to capture the reader's interest as soon as they begin reading the copy. The introduction should allow users to identify with the subject matter and create a general expectation of what the rest of the content is about. This will allow readers to decide whether they should read on.

The fade allows for approximately 10 lines of text before the copy fades into the Read More function. So it is imperative that any key information relating to the article is captured before the fade starts.



## Whooping cough

Whooping cough (also known as 'pertussis') is a highly contagious bacterial infection of the lungs and airways.

The disease is highly infectious and most serious in babies under the age of 12 months.

Babies are at greatest risk of infection until they can have at least two doses of the vaccine (minimum 4 months old) as the mother's antibodies do not provide reliable protection.

It's very rare for children who have been immunised against whooping cough to get the disease – and if they do, it's usually not as serious.

The condition usually begins with a persistent dry and irritating cough that progresses to intense bouts of coughing. These are followed by a distinctive 'whooping' noise, which is how the condition gets its name.

[READ FULL ARTICLE ↓](#)

A A+ A++

SHARE



[PRINT FACT SHEET](#)

### Related Pages

- [Whooping cough causes and diagnosis](#)
- [Whooping cough symptoms](#)
- [Whooping cough treatments](#)
- [Whooping cough prevention](#)

## 12. Site-specific guidelines: Carer Gateway

### 12.1 Introduction

Carer Gateway is an information service and provides clear, consistent and reliable information that will help carers navigate the system of support and services available. It does not undertake registration of carers, assessment of needs or referral for services.

## Editorial Guidelines

### 12.2 Understanding carers

There are an estimated 2.7 million people in Australia looking after someone with disability, a medical condition, mental illness or who are frail aged. Of these, 769,800 are primary carers.

Carers include family members, friends, relatives, siblings and neighbours. Those carers who are grandparents or foster carers of a child with disability, a medical condition (including terminal or chronic illness) or mental illness are also included as carers. All are defined as carers regardless of the amount of care, support and assistance they provide. Many people who are carers may not identify themselves as such and therefore remain 'hidden'.

Many carers report positive experiences, such as a sense of satisfaction and relief knowing that their loved ones (the majority of care recipients are parents, partners, or children) are being cared for appropriately. However, caregiving has its challenges. These include:

- difficulty watching the care recipient deteriorate and in pain;
- stress placed on the carer and care recipient's relationship;
- carers' confidence in their own skills and ability to meet the needs of the person or persons they care for;
- time spent caring leaves some carers with little personal time;
- their caring responsibilities can lead to social isolation, even from family and friends;
- difficulty navigating and accessing government services;
- impacts on their own health and wellbeing;
- for those carers living outside of capital cities, access to services can be difficult;
- inability to participate in religious and cultural events, and being involved more generally in their community;
- stress from juggling multiple responsibilities such as employment and education;
- grief where activities or hobbies are no longer possible due to caring responsibilities; and
- a greater propensity to experience financial hardship.

The hours of care provided by carers are not evenly distributed, mostly because some care recipients require a high number of sustained care hours while other care recipients require minimal hours of care, or there is a fluctuation in the hours of care required due to the episodic nature of their condition. Approximately one fifth (21%) of carers were caring for two or more people.

More than one third of carers also have a health condition, which in some cases is the same condition as the care recipient's:

- 23% of those caring for someone with disability also have a disability
- 26% of those caring for someone with mental illness also have a mental illness
- 22% of those caring for someone with a chronic illness also have a chronic illness

A key theme is that caregiving can have negative effects on carers' physical and emotional health, financial situation, social networks and ability to participate in the labour market.

Some of the most common mental health problems reported by carers include depression, anxiety, and stress. In addition, many report high rates of guilt, sadness, dread, worry, and other negative experiences, as well as distress from witnessing the suffering of their relatives. Health-related concerns include fatigue, sleep disturbances, and risk of illness and injury. Secondary strains are work-related productivity loss, financial strains, relationship stress, loss of time for self-care, and overall reduced quality of life.

## Editorial Guidelines

### 12.3 Tone and language

People who access the Carer Gateway website generally require information to support them or the person they care for at a time of need. They may become stressed at these times, lack adequate time or resources and may be unaware of available services.

Content should be consumer friendly, focusing specifically on the perspective and needs of the carer – *not the person cared for*.

The guidelines laid out elsewhere in this document – including those in Part 3 on *Tone and language* – apply to the Carer Gateway site. In particular, avoid the use of jargon, use plain English principles and exclude programme- or government-specific language. Rather, consider what information will support and be of value to the carer.

#### Language to use

The information displayed on the Carer Gateway website should recognise the emotional and physical challenges carers face on a daily basis. Language should be empathetic but not overly negative.

Use language that highlights the impact of caregiving on the carer, noting that:

- caring can be rewarding
- it can be challenging and stressful
- it is often seen as a family responsibility or obligation
- caring is valued

Focus on supporting the carer:

- they need to be looking after themselves, not just the person they care for
- the health and wellbeing of the carer is important
- taking a break is important
- support and services are available
- supporting the carer can help sustain the caring role

Focus on normalising the situation:

- show them they are not alone
- other carers have similar experiences
- there are others dealing with the same situation (health condition, challenging behaviour etc)

#### Language to avoid

Avoid overly optimistic or aspirational statements that are not supported by evidence:

- 'counselling may help' – rather than 'counselling will help'
- 'services may be available' – rather than 'services are available'

While the content should use plain English and be conversational in style, it should not be overly informal. Use of slang or informal phrases will lessen the professional reputation of Carer Gateway.

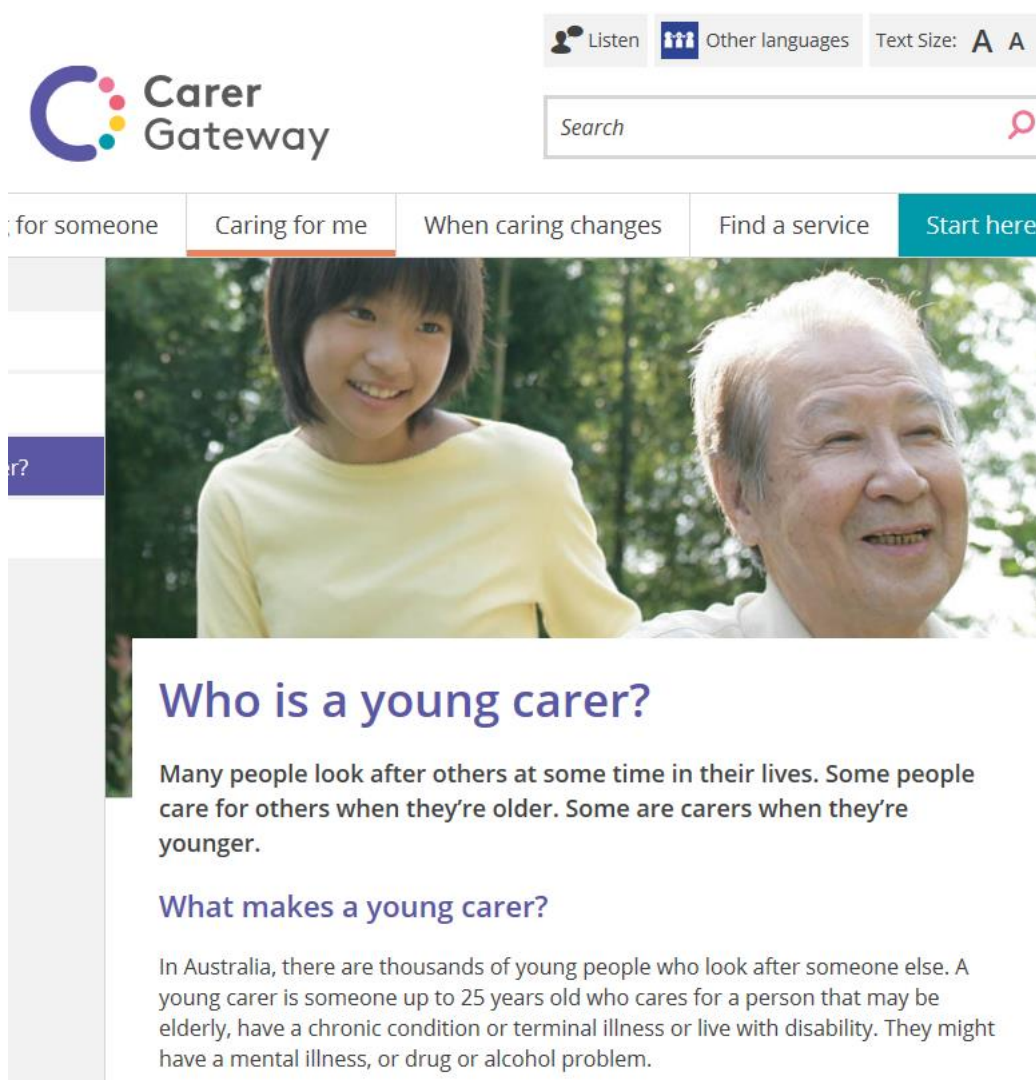


## Editorial Guidelines

### 12.4 Style

Carer Gateway must follow the Australian Government approach to style. Useful information can be found on the Digital Transformation Agency (DTA) website, particularly regarding [online writing](#). The DTA is currently working on a more detailed government editorial standard.

### 12.5 Page structure



The screenshot shows the Carer Gateway website interface. At the top right, there are links for 'Listen', 'Other languages', and 'Text Size: A A'. Below these is a search bar with the placeholder text 'Search'. The main navigation menu includes links for 'for someone', 'Caring for me' (which is highlighted), 'When caring changes', 'Find a service', and 'Start here'. The main content area features a large image of a young woman and an elderly man smiling. Below the image, the heading 'Who is a young carer?' is displayed in a large, bold font. The text below the heading reads: 'Many people look after others at some time in their lives. Some people care for others when they're older. Some are carers when they're younger.' Below this, the heading 'What makes a young carer?' is displayed in a bold font. The text below this heading reads: 'In Australia, there are thousands of young people who look after someone else. A young carer is someone up to 25 years old who cares for a person that may be elderly, have a chronic condition or terminal illness or live with disability. They might have a mental illness, or drug or alcohol problem.'

Content on the Carer Gateway website is to align with the page structure. The page structure gives consistency and a logical flow to the content. The various page types used on the website also serve different purposes:

## Editorial Guidelines

- All article hub pages and sub-hub pages assist with navigation and provide a high-level overview of a particular topic.
- Some pages are tailored to achieve a particular purpose, such as the homepage, 'Service finder' and 'Other languages' pages.
- Article pages (see example above and guidelines below) provide detailed content on a specific topic. They form the majority of pages on the Carer Gateway website and provide the detailed content carers are looking for. Additional features on the page, like 'Related pages' and 'Tools' allow users to link to further information.

### Article pages

- **Page title:** All article pages feature a page title, which should concisely reflect the page's topic.
- **Page outline:** Following the page title is a short page outline which appears in bold. The page outline should be a few sentences long and provide a high-level introduction and overview of the page content. It should not simply repeat the content as a whole.
- **Introduction:** Depending on the topic, a longer introduction may follow the page outline. This will not appear in bold. This additional introduction gives further context to the content to be covered on the page. While optional, the introduction is useful when addressing more complex subject matter.
- **Sections:** The page will then be structured in a series of sections, each featuring a heading followed by a number of paragraphs of content. Additional sub-headings can be added to break up large amounts of content. Headings and sub-headings make the content easier to read because they break up the text and draw the reader's eye. This can also be achieved through the use of dot points.
- **First section:** Sections should follow a logical flow, starting with more general information and then flowing into more specific details such as services and support. If a longer introduction is not used, the first section in the page should be general and provide the context to the page. In the example above, the first section is about 'What makes a young carer?' and provides an overview of how many young carers there are, what is a young carer and the issues they may face. This section then leads into the more detailed sections.
- **More information:** Depending on the topic, the content may include a 'Further information' or 'More information' section. This is to be located at the end and include additional links not covered in the other sections. This section does not have to be just a list of links; instead, several short paragraphs featuring links within the text can be used. Avoid duplicating links already provided in earlier sections.

### More information

These organisations and services offer information and support for young carers:

- [Carers Australia's Young Carers](#) - visit the [website](#), or call 1800 242 636.
- [Kids Helpline](#) - visit the website, or call 1800 55 1800.
- [ReachOut.com](#) has lots of information for young people.
- [The Children of Parents with a Mental Illness \(COPMI\)](#) website features helpful information and videos for children and teenagers who have a parent with a mental illness.
- [We Care](#) is a great online booklet for young carers.

Features at the base of article pages are not included in the content drafted by copywriters but should be considered when drafting the content. Some of these features are optional and will be tailored to suit the page.

## Editorial Guidelines

- **Find a service** – This feature allows users to search for a service from the article page. The service options presented are tailored to reflect the page topic.

### Find a service

Find:






Near:

Find More
Search

Sources: Carers UK - (Rebuilding your life) [↗](#), Carers NSW - (Former carers) [↗](#), Department of Human Services - (What to do following death) [↗](#)

Last reviewed: December 2015

ID: C10277

- **Related pages** – This feature allows related Carer Gateway pages to be listed. Links already provided in the body can be included here, but excessive duplication is best avoided.



### Related Pages

Need to know more? You might find these pages useful:

- [Support for young carers](#)
- [Connecting with young carers](#)
- [High school and caring](#)
- [Keeping your social networks](#)
- [Payments for young carers](#)
- [Talking with your school](#)
- [University study and caring](#)

- **Tools** – This feature allows online resources to be incorporated. These include apps, audio files or online interactive tools. Links to general website pages are not to be included here.



### Tools:

Additional resources that may be helpful for you:

- ['Who Cares?' - the young carer mobile app](#) [↗](#)

## Editorial Guidelines

- **Trusted links** – This is a list of links to relevant pages of Healthdirect Australia's trusted Information partners. The list is pre-populated based on search criteria.



### Trusted links:

Pages from our content partners on this topic:

→ [Young Carers - caresearch.com.au](https://www.caresearch.com.au/young-carers) 



A young carer is a child or young person up to the age of 25 years whose life is affected by the need to provide care for a family or household member who has an illness or ...

→ [Young Carers - caresearch.com.au](https://www.caresearch.com.au/young-carers) 



A young carer is a child or young person who provides care when a parent or other family member becomes ill. Caring for a parent who is ill and dying is very psychologically ...

## 13. Site-specific guidelines: Pregnancy, Birth and Baby

The purpose of the Pregnancy, Birth and Baby website is to provide reassuring support and information for expecting parents and parents of children aged up to 5 years.

The aim is to 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 is a secondary audience.

77% 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).

83% of Pregnancy, Birth and Baby's visitors read the website content on small screens, such as their mobile phones or tablets.

## 14. Site-specific guidelines: My Aged Care

The My Aged Care website aims to provide reliable information and access to aged care services throughout Australia. My Aged Care has its own Editorial style guide, approved by the Department of Health. While much of the guide closely resembles the Healthdirect Australia Editorial Guidelines, where there is a conflict between the two, the Department of Health guide applies.

The My Aged Care Editorial style guide is available from the Healthdirect Australia Content team.

## Editorial Guidelines

# 15. Clinical guidelines

## 15.1 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.

## 15.2 Helping consumers access quality health content

Consumers need access to high quality, evidence-based information – including information about treatment options, services and clinical decisions that affect them – if they are to have a voice in their own healthcare.

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 rather 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 wisely and safely
- those who prefer a collaborative approach can do so from a sound knowledge base
- 'passive' consumers who wish to leave decisions to their health practitioner can evaluate the wisdom of that decision

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

- focused on an outcome
- evaluated for validity and usefulness
- based on the best-available evidence and updated regularly
- developed to consider both the perspectives of the consumer and the healthcare professional
- relevant to an Australian audience

## 15.3 What consumers want to know

Clinical content should always be written with the audience in mind. Assume no accurate prior knowledge of the clinical issue involved – a consumer may even have opinions based on myth.

Common healthcare questions, among others, include:

- What is causing the problem?
- 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?

## Editorial Guidelines

- What is the purpose of these tests and investigations?
- What are the different treatment options – and their benefits, risks and side effects?
- How long will it take to recover?
- What procedures will be followed if I go to hospital?
- How can I prevent a future recurrence of the illness?
- Where can I get more information about the problem, its symptoms and treatment?

### 15.4 Depth and accuracy

Providing health information within a restricted word limit creates a tension between brevity and comprehensiveness. 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	Challenge	Remedy
Jaundice	Jaundice in newborns is distinct from jaundice in adults. How do we inform consumers looking for information on either topic?	Focus on jaundice in adults and refer consumers looking for information on newborns to a separate article on Healthdirect Australia's Pregnancy, Birth and Baby site.
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 check-list of questions for the consumer to ask their doctor.
Treatment of brain cancer	The topic is highly complex: there are many types of brain cancers; 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, 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 – it is common to give an optimistic view of treatments, while minimising the risks and side effects
- high quality sources
- risk information, in context and not misleading – note that numbers and percentages can sometimes be misinterpreted
- links to other relevant sources, where possible

## Editorial Guidelines

### 15.5 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 might include:

- a check-list 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 common questions and answers

### 15.6 Healthdirect Australia's clinical governance framework

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

The essence of the clinical governance framework comprises six 'dimensions of quality', described below, which should be kept in mind when developing health content.

Dimension of quality	Definition
Safety	Mitigate the risk of harm to the Australian public from misleading or inaccurate information.
Effectiveness	Ensure the quality of all health content and tools used in any Healthdirect Australia channels.
Appropriateness	All health content is linked to relevant internal and external content, which facilitates the right person getting the right information at the right time.
Efficiency	Health content is produced in an efficient manner and takes into account the relative costs and benefits (or outcomes) of healthcare interventions.
Access	Healthcare options, including eligibility requirements and funding, are presented accurately with appropriate links to further information and next steps.
Consumer acceptability	Ensure the Australian public has access to high-quality health information that can help inform healthcare decisions and health behaviour.



## Editorial Guidelines

# 16. Health literacy: a check-list for content creators

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 by Healthdirect and the check-list below summarises the key points.

Refer to 'Health Literacy' (Section 2) and 'Writing for digital' (Section 4) 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
- ☐ 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



## Editorial Guidelines

### 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 it accessible and user friendly

- ☐ Sites should be accessible to people living with disability
- ☐ 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

## Editorial Guidelines

### 17. 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.

**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 itals but *not* caps in body text; Roman in headlines/sub-heads

**birth / born** – do not use ‘delivery’

**body mass index (BMI)** – don’t use title case

**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)

**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’)

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

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

**like** – avoid when referring to an example; use ‘such as’ instead (e.g. ‘painkillers such as aspirin’ rather than ‘painkillers like aspirin’).

**seizure** – do not use **fit**

**x-ray** – lower case ‘x’

**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)

## Editorial Guidelines

# 18. Appendix 1: 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 (published 19 December 2017) 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.

## 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:

## Editorial Guidelines

- 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.

## Editorial Guidelines

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](http://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.

## 19. Appendix 2: Writing for the intranet / Pulse

The preceding guidelines are primarily for use by writers preparing web content for consumers. However, certain sections – such as Section 4 ('Digital writing') – will also help Healthdirect Australia staff writing for our intranet / *Pulse*. Section 4 should be adhered to for readability and formatting.

An intranet should be a welcoming hub of useful documents and information relating to people's roles and the workplace. As such, the tone of content should be informal, respectful and inclusive, and the following points should be noted:

- We are a big organisation, with many roles and people from many different professional backgrounds, so don't assume any prior knowledge of particular subject matter.
- Announcements to the organisation need to be timely.
- Keep content short and to the point – people are busy and don't have a lot of time to read news.
- Keep stories on topic and, generally, limit each story to just one topic.
- Where possible, include the names of people involved in activities, projects etc – congratulate people and keep positive.
- Use images of staff or relevant images where possible to catch people's attention.
- Link to other areas of the intranet where possible to encourage further reading/exploration.
- Relate content back to the company values where appropriate.
- Double check name spellings and who worked on a project/activity so people aren't left out.
- Spell out acronyms – not everyone will be familiar with the ones you use every day.