



The Role of Plain Language in Improving Health Equity

Viki Lorraine, MS
Michigan Department of Health & Human Services

Who's here?

Why are you here?

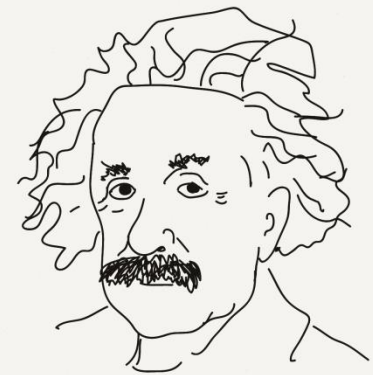
What I Hope You'll Learn

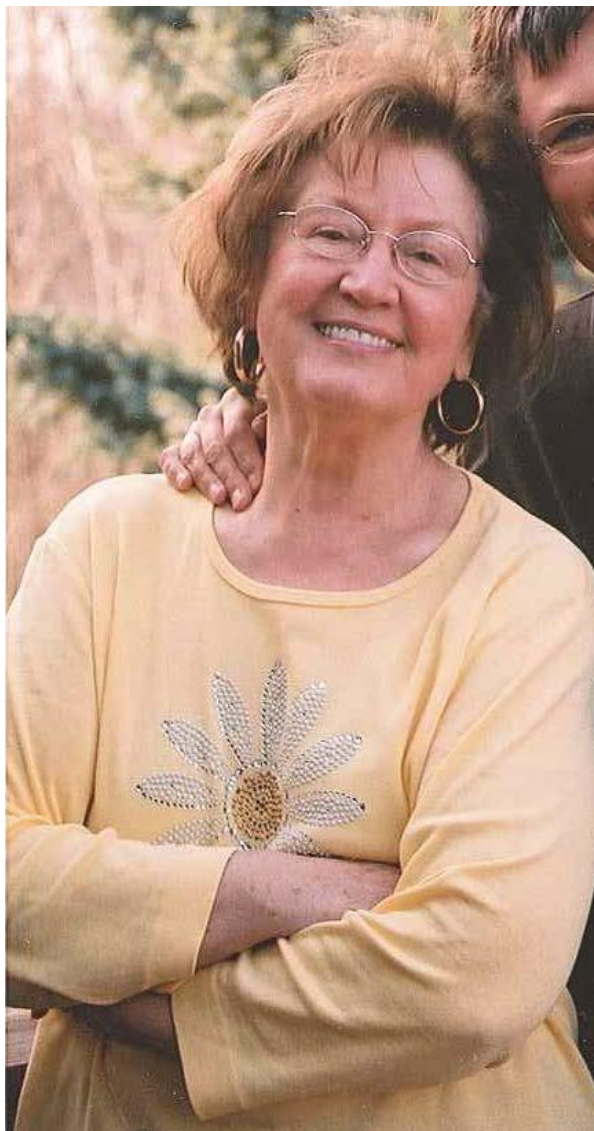
- o Identify and apply the key principles of plain language
- o Describe the types of literacy and their demands on verbal and written communication
- o Be able to revise writing examples using plain language techniques

The initial period following the contraction of HIV is called acute HIV, primary HIV or acute retroviral syndrome. Many individuals develop an influenza-like illness or a mononucleosis-like illness 2–4 weeks post exposure while others have no significant symptoms. Symptoms occur in 40–90% of cases and most commonly include fever, large tender lymph nodes, throat inflammation, a rash, headache, and/or sores of the mouth and genitals. The rash, which occurs in 20–50% of cases, presents itself on the trunk and is maculopapular, classically. Some people also develop opportunistic infections at this stage. Gastrointestinal symptoms such as nausea, vomiting or diarrhea may occur, as may neurological symptoms of peripheral neuropathy or Guillain-Barre syndrome. The duration of the symptoms varies, but is usually one or two weeks

“If you can’t explain something simply,
you don’t understand it very well.”

Albert Einstein





“That sounds real nice, baby.
Now, can you just say it again
from your heart?”

My mother

What is Plain Language?

- Communication that your audience can understand the **first time** they hear or read it.
- Language that is simple, clear, direct and uses common words.

Dinner Table Talk

Reshape your thinking.

Begin at a point of “not understanding”.

Goals of Plain Language in Writing

- Help the reader ***find*** what they need
- Help the reader ***understand*** what they find
- Help the reader ***use*** what they find to meet their needs

*If your document doesn't do all three,
it's not plain language.*

Plain Writing Act of 2010

President Obama signed the Plain Writing Act of 2010 (H.R. 946/Public Law 111-274) on October 13, 2010. The Act requires the federal government to write documents, such as tax returns, federal college aid applications, and Veterans Administration forms in simple easy-to-understand language.

Literacy Statistics

% of US adults who can't read	14%
Number of US adults who can't read	32 M
% of adults who have serious literacy limitations	36%
% of US adults who read below a 5 th grade level	21%
% of prison inmates who can't read	63%
% of high school grads who can't read	19%

Health Literacy Needs

- Patient-provider communication
- Drug labeling
- Medical instructions
- Health publications
- Informed consent
- Medical and insurance forms

Health Communication

- 40% to 80% of medical information provided by practitioners is forgotten by patients immediately.
- Of the information that is remembered, almost one-half is remembered incorrectly.

What Your Audience May Think

- You don't care
- You don't want to want take the time to find a more plain way to write
- You want to hide something not clear or not true

Unplain Language Writers Concerns

- Others will think you're not smart unless you use big words
- Think it sounds better
- Can't talk about hard, complex ideas in plain language
- Feel like you are talking down to people
- You want to fit in (it's the cultural norm, how it's always been done)

Plain Language Myths

- ✓ Imprecise
- ✓ An attempt to dumb-down information
- ✓ Stripping out necessary technical/legal information
- ✓ Just editorial “polishing” after you finish writing
- ✓ Something Management or Legislatures will never go for
- ✓ Easy

Health Literacy

- Fundamental Literacy (reading, writing, speaking)
- Marginal Literacy (difficulty obtaining, processing, understanding)
- Quantitative Literacy (basic math skills)
- Scientific Literacy (reading food labels)

Health Numeracy

Health numeracy is the ability to **access, interpret,** and **use** quantitative information to manage one's health.

- Flint water crisis – parts per billion, statistics

Nutrition Facts

Serving Size 1 ounce Servings in bag 4

Amount Per Serving

Calories 155 **Calories from Fat** 93

% Daily Value*

Total Fat 11g 16%

Saturated Fat 3g 15%

Trans Fat

Cholesterol 0mg 0%

Sodium 148mg 6%

Total Carbohydrate 14g 5%

Dietary Fiber 1g 5%

Sugars 1g

Protein 2g

Vitamin A 0% • **Vitamin C** 9%

Calcium 1% • **Iron** 3%

* Percent Daily Values are based on a 2,000 calorie diet.
Your daily values may be higher or lower depending on
your calorie needs.

The Challenge of Explaining “Discretionary Calories”

For example, assume your calorie budget is 2,000 calories per day. Of these calories, you need to spend at least 1,735 calories for essential nutrients, if you choose foods without added fat and sugar. Then you have 265 discretionary calories left.

09/23/05

783697

Prescriber

STEVEN

TIM SAMOFF

TAKE ONE TABLET BY M
FOUR TIMES A DAY FOR
DAYS, THREE TIMES A
FOR 3 DAYS, TWO TIMES
DAY FOR 2 DAYS, THEN
TABLET FOR ONE DAY

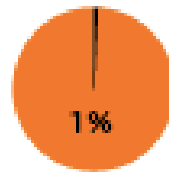
PREDNISONE 10MG TABLET

SEVERITY →



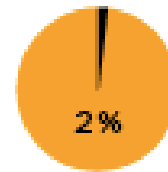
SEVERE
SKIN
DISORDER

ALL PEOPLE



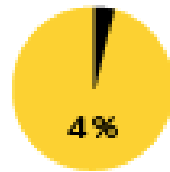
LIVER
PROBLEMS

YOUR AGE/
GENDER



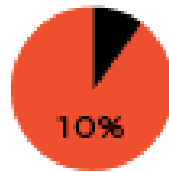
TINNITUS
(RINGING
IN EARS)

ALL PEOPLE



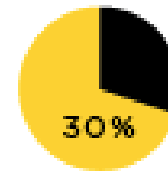
SWELLING
OF HANDS
OR FEET

ALL PEOPLE



STOMACH /
GUT
BLEEDING

YOUR AGE



NAUSEA

ALL PEOPLE

Tables, Charts and Graphs

Reading a table requires:

- Understanding rows and column headings
- Selecting the right row + column of interest
- Locating the cell at that intersection
- Scanning up and down and back and forth repeatedly

So, what can you do?

Existing Label

Allergy Tablets

INDICATIONS: Provides effective, temporary relief of sneezing, watery and itchy eyes, and runny nose due to hay fever and other upper respiratory allergies.

DIRECTIONS: Adults and children 12 years and over—1 tablet every 4 to 6 hours, not to exceed 6 tablets in 24 hours or as directed by a physician. Children 6 to 11 years—one half the adult dose (break tablet in half) every 4 to 6 hours, not to exceed 3 whole tablets in 24 hours. For children under 6 years, consult a physician.

EACH TABLET CONTAINS: Chlorpheniramine Maleate 4 mg. **May also contain** (may differ from brand): D&C Yellow No. 10, Lactose, Magnesium Stearate, Microcrystalline Cellulose, Pregelatinized Starch.

WARNINGS: May cause excitability especially in children. Do not take this product unless directed by a physician, if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma or difficulty in urination due to enlargement of the prostate gland. May cause drowsiness; alcohol, sedatives and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages, and do not take this product if you are taking sedatives or tranquilizers without first consulting your physician. Use caution when driving a motor vehicle or operating machinery. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

Store at controlled room temperature 2°-30°C (36°-86°F).

Use by expiration date printed on package.

Protect from excessive moisture.

For better identification keep tablets in carton until used.



Made in U.S.A.

Drug Facts

Active ingredient (in each tablet)

Chlorpheniramine maleate 2 mg.....Antihistamine

Purpose

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings

Ask a doctor before use if you have

- glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product

- drowsiness may occur ■ avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Drug Facts (continued)

Other information ■ store at 20-25°C (68-77°F) ■ protect from excessive moisture

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or an employee of the health care institution where you are receiving care, unless your agent is related to you, is your registered domestic partner, or is a co-worker. Your supervising health care provider can never act as your agent.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- (b) Select or discharge health care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures and programs of medication; and
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation;
- (e) Make anatomical gifts, authorize an autopsy, and direct the disposition of your remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

California Advance Health Care Directive

This form lets you have a say about how
you want to be treated if you get very sick.



 This form has 3 parts. It lets you:



Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.



Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.



Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out only the parts you want.

Always sign the form in Part 3.

Go to the next page 

Before

I give my Agent the power to exercise or perform any act, power, duty, right, or obligation whatsoever that I have or may hereafter acquire, relating to any person, matter, transaction, or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the following specifically enumerated powers. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtue of this Power of Attorney and the powers herein granted.

After

After

I give my agent the power to do anything that I have a right or duty to do, now or in the future.

Source: State Bar of Michigan Plain English Committee (Joseph Kimble)

Before

The plan covering the patient as a dependent child of a person whose date of birth occurs earlier in the calendar year shall be primary over the plan covering the patient as a dependent of a person whose date of birth occurs later in the calendar year provided.

After

What happens if my spouse and I both have health coverage for our child?

If your child is covered under more than one insurance policy, the policy of the adult whose birthday is earlier in the year pays the claim first. For example: Your birthday is in March; your spouse's birthday is in May. March comes earlier in the year than May, so your policy will pay for your child's claim first.

Important Questions to Ask

Why does the user need to read your document?

What questions might the reader ask?

In what order will they ask the questions?

What is the most important information so the reader can find it quickly?

Colorectal Cancer Screening Awareness Campaign

Dear _____,

Your Fecal Occult Blood Test results were found to be positive.

A fecal occult blood test may be used to check for colorectal cancer, but it is never used to diagnose this condition. During your routine physical examination, your doctor offered you a fecal occult blood test (FOBT) to complete at home. It is used to detect microscopic blood in the stool and is a screening tool for some intestinal conditions or colorectal cancer. Other conditions that can cause blood in the stool include:

- o Hemorrhoids. These are enlarged, swollen veins in the anus.
- o Anal fissures. These are thin tears in the tissue that lines the anus (anal sphincters) up into the anal canal.
- o Colon polyps. These growths of tissue often look like a stem or stalk with a round top that is attached to the colon.
- o Peptic ulcers. These craterlike sores develop when the digestive juices made in the stomach eat away the lining of the digestive tract.
- o Ulcerative colitis. This type of inflammatory bowel disease (IBD) causes inflammation and craterlike sores (ulcers) in the inner lining of the colon and rectum.
- o Gastro esophageal reflux disease (GERD). This is the abnormal backflow (reflux) of food, stomach acid, and other digestive juices into the esophagus.
- o Cohn's disease. This type of inflammatory bowel disease causes inflammation and ulcers that may affect the deep layers of the lining of the digestive tract.
- o Use of aspirin or non-steroidal anti-inflammatory drugs (NSAIDs).

Other tests for colorectal cancer include a barium enema, flexible sigmoidoscopy, colonoscopy, or CT scan (virtual colonoscopy).

As this is important for your health, please contact our health coordinator at 555-555-5555 or your health care provider for more information.

Your Colorectal Cancer Screening Test

Dear _____,

You recently did an at-home stool (poop) test to screen for colorectal cancer. We found blood in your stool, which is not normal. It is important to find out early why there is blood in your stool. It can be there because of cancer or because of other simple problems such as hemorrhoids.

You need to have a second test (colonoscopy) to find out why there is blood in your stool. This is the only way we can determine why you have blood in your stool. Our program will provide and pay for this second test. Our staff will help you schedule your colonoscopy.

Please contact our health coordinator at 555-555-5555 or your health care provider to schedule this important second test (colonoscopy).

Create Consumer-Friendly Materials

Write and design materials for your intended audience(s) so that information:

- **is easy to find**
- looks easy to read
- is easy to read
- is easy to understand
- seems easy to relate to

Make Information Easy to FIND

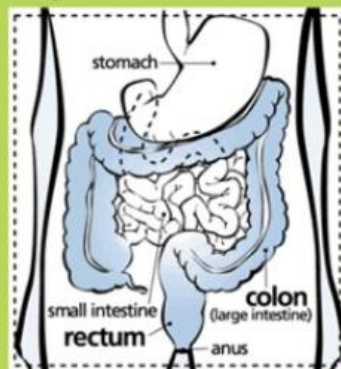
For most materials use:

- descriptive titles
- descriptive images
- descriptive headers that carry the message
- bolded headers and sub-headers

Colorectal Cancer



Map of the colon and rectum



What is colorectal cancer?

Colorectal cancer is a type of cancer that starts as a tiny growth or polyp in the colon (large intestine) and rectum. This type of cancer happens most often in men and women over the age of 50.

Should I be screened?

You should be screened for colorectal cancer if:

- You are over 50 years old.
- If you are younger than 50 years old *and* ...
 - are African American;
 - have parents, siblings, or children with colon growths (polyps) or colorectal cancer; or
 - have a digestive system disease such as ulcerative colitis or Crohn's disease.

What are the signs?

- ☐ Blood in your poop
- ☐ Soft or watery poop
- ☐ Belly pain for no clear reason
- ☐ Losing weight for no clear reason
- ☐ Hard to poop or feeling like you are "plugged up"
- ☐ No signs at all!

If you have any of these signs of colorectal cancer, are over the age of 50, or have close family members with a history of colorectal cancer – don't wait to get screened. Screening could save your life!

Turn the page to
learn more ...



**Find cancer early and survive –
Get screened for colorectal cancer!**



Brought to you by the Iowa Department of Public Health – Chronic Disease Prevention and Management Bureau by a grant from the Centers for Disease Control and Prevention. This material was adapted from the Nebraska Colon Cancer Screening Program.



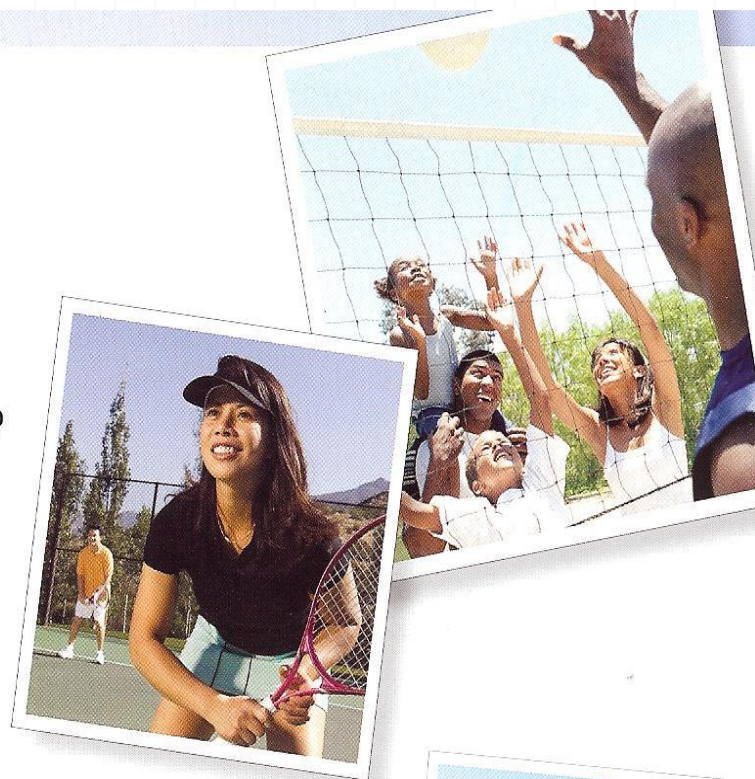
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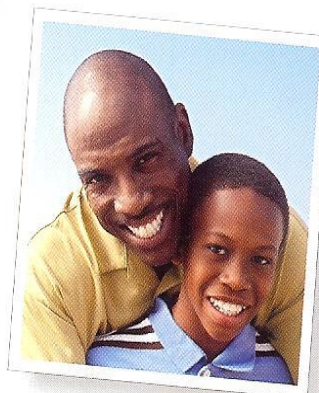
For best success

- Team up with a friend. It will keep you motivated and be more fun.
- Pick activities that you like to do.
- Track your time and progress. It helps you stay on course. Fill in the forms on pages 20 and 21 to help set your activity goals. Before you know it, you'll be able to do at least **2 hours and 30 minutes** of activities at a moderate level each week.
- Add in more strength-building activities over time. For example, you can do sit-ups or push-ups.



Shaping up

"My son and I play in a baseball league twice a week. On the days we play, I sleep much better at night. This makes me want to do more on other days. My son wants to lift weights together, and so we got some weights and work out in the basement."



Create Consumer-Friendly Materials

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Provide Information that Actually IS Easy to Read

- Use short, familiar words, when possible
- Use sentences that are short, but not choppy
- Aim for 20 words per sentence ***or fewer***
- Treat only one subject in each sentence
- Provide pronunciation guides, when appropriate.

Did you know?

When you are **not** physically active, you are more likely to:

- Get heart disease
- Get type 2 diabetes
- Have high blood pressure
- Have high blood cholesterol
- Have a stroke



Build up over time

Start by doing what you can, and then look for ways to do more. If you have not been active for a while, start out slowly. After several weeks or months, build up your activities—do them longer and more often.

Walking is one way to add physical activity to your life. When you first start, walk 10 minutes a day on a few days during the first couple of weeks.

Add more time and days. Walk a little longer. Try 15 minutes instead of 10 minutes. Then walk on more days a week.

Pick up the pace. Once this is easy to do, try walking faster. Keep up your brisk walking for a couple of months. You might want to add biking on the weekends for variety.

Create Consumer-Friendly Materials

Write and design materials for your intended audience(s) so that information:

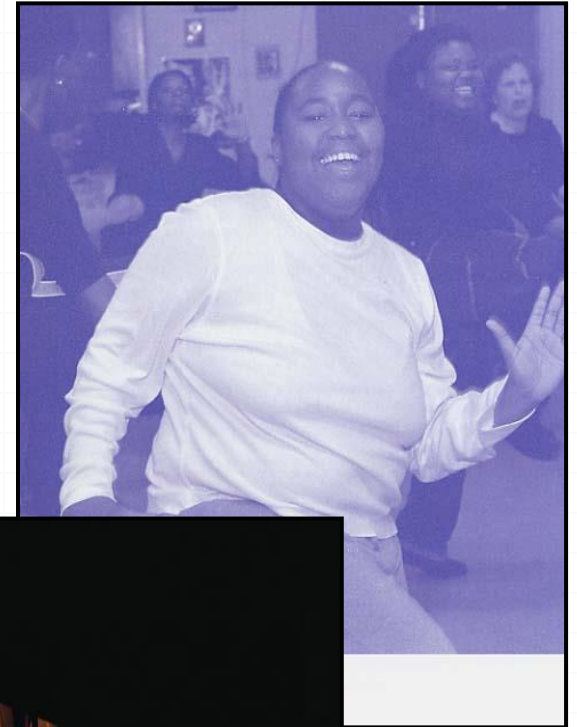
- is easy to find
- looks easy to read
- is easy to read
- is easy to understand
- **seems easy to relate to**

Provide Information that is Easy to RELATE TO

Check with intended audiences to determine if information seems to be:

- personally relevant
- acceptable and non-offensive
- believable
- persuasive, convincing
- practical and easy to respond to

Who might these messengers appeal to?



Believable & Sensitive Messages

- Address real barriers
- Offer practical choices
- If using Q&A format, use “I” in the questions and “you” in the text
- Anticipate questions a reader is likely to ask

Part 1. Getting Started



Start slowly

"The employee wellness program at my work just started a new lunchtime walking program. Some of us walk at a good clip, while others move at a slower pace. I get to be outdoors, and I feel more alert on the days I walk."

Thinking about adding physical activity to your life, but not sure how to get started? Sometimes taking the first step is the hardest part.

If you have not been active in some time, start at a comfortable level and add a little more activity as you go along. Some people find that getting active with a friend makes it easier to get started.

Is something holding you back?

Think about reasons why you have not been physically active. Then try to come up with some ways to get past what is keeping you from getting active.

Have you said to yourself . . . ?

I haven't been active in a very long time.

Solution: Choose something you like to do. Many people find walking helps them get started. Before you know it, you will be doing more each day.

I don't have the time.

Solution: Start with 10-minute chunks of time a couple of days a week. Walk during a break. Dance in the living room to your favorite music. It all adds up.

Focus Group Feedback

- What is the purpose of this document?
- What is most important information in the document?
- If you were given this document at the doctor's office, how and when would YOU actually use it in real life?
- Do you think this document would be helpful for someone with _____? the document talking about?
- What is the
- What you first saw the document, what did you notice?
How do you think the document looks?

Things to Avoid

Wordiness

Common sources of excess words:

- ✓ Passive Voice
- ✓ Redundancies
- ✓ Prepositional Phrases
- ✓ Hidden Verbs
- ✓ Unnecessary modifiers
- ✓ Failure to use pronouns

Editing Exercise

Editing is a process that removes all those unnecessary words that take up large amounts of space but add nothing of any real significance to the meaning of a message.

Editing Exercise

Editing is a process that removes all those unnecessary words that take up large amounts of space but add nothing of any real significance to the meaning of a message.

Active/Passive Voice

The sealed envelope must then be sent via express mail to the address below.

Send your sealed envelope via express mail to the address below.

Why Avoid the Passive Voice?

Passive voice

Disguises who does what:

The memo was written yesterday.

Is wordy:

The application must be completed by the applicant and received by the scheduling office at the time designated by that office.

Active voice

Makes it clear who does what:

The Director wrote the memo yesterday.

Is concise:

We must receive your completed application by the deadline.

Before

The initial evaluation may take up to one hour. During the evaluation, a therapist will provide appropriate testing and discuss various treatment strategies designed to help reach an optimal state of health and function. It is advisable to wear comfortable and loose clothing for this initial evaluation. Gym shorts are recommended if the examination includes legs and feet.

After

Your first appointment may take up to one hour. Your therapist will do some tests and talk to you about your treatment options. Please wear comfortable clothes that fit loosely. If we are looking at your legs or feet, please wear shorts.

Redundancies

During that time period

Worked jointly together

Level of coverage

Will plan in the future

At least 12 years of age
or older

At a later time

During that time or then

Worked together

Coverage

Will plan

At least 12

Later

Prepositional Phrases

For the purpose of

For, to

At this point in time

Now

In relation to

About, in, with

On the grounds that

Because

On a monthly basis

Monthly

Verbs disguised as nouns

- | | |
|-----------------------------|-----------|
| ■ Conduct an analysis | Analyze |
| ■ Present a report | Report |
| ■ Do an assessment | Assess |
| ■ Provide assistance | Assist |
| ■ Came to the conclusion of | Concluded |

Abbreviations and Acronyms

- People complain more about abbreviations and acronyms than about any other feature of bureaucratic writing or speaking.
- Using abbreviations turns your material into a research project for readers.



"The CEO KO'd our LOI with his MOU, and the SLA was BS for managing PNL, and the FDD was DOA, and now I'm on a PIP but next week I'm on ETO so WTF."

Teach Back

Explaining a new concept

- 1) Ask the client to explain back to you
- 2) Review any points the client missed
- 3) Ask the client to explain the concept back to you again

Schillinger et al., 2003

JARGON

Impactful

Drill down

Synergy

Engage

Reach out

UTILIZE

Leveraging

Use everyday words

anticipate

attempt

commence

demonstrate

implement

in the event that

submit

terminate

expect

try

begin, start

show, prove

start

if

send, give

end, cancel

Use everyday words

additional

advise

applicant

complete

ensure

in the event of

per annum

persons

prior to

regarding

extra

tell

you

fill in

make sure

if

a year

people

before

about



Plain Language Tips

Need to Know/Nice to Know

Prioritize the information you give:

- Choose 3 important points you want to cover in the message
- Prioritize need-to-know versus nice-to-know information

Example: A community member with asthma

- **Need-to-know information** is information about an action step, such as how to use an inhaler
- **Nice-to-know information** is information that the client won't act on, such as how many people have asthma in the United States

Check Boxes & Bullets

People with certain risk factors should get tested more often. If you were HIV-negative the last time you were tested and have been involved with any of the following, you should get an HIV test because these things increase your chances of getting HIV: had sex with another man, had sex (anal or vaginal) with an HIV-positive partner, had more than one sex partner since your last HIV test, injected drugs and shared needles or works (for example, water or cotton) with others, exchanged sex for drugs or money.

If you answer yes to any of these questions you should get an HIV test:

- Are you a man who has had sex with another man?
- Have you had sex—anal or vaginal—with an HIV-positive partner?
- Have you had more than one sex partner since your last HIV test?
- Have you injected drugs and shared needles or works (for example, water or cotton) with others?
- Have you exchanged sex for drugs or money?

Style Tips

- **For the body of the text, use fonts with serifs.** Serifs make the individual letters more distinctive and easier for our brains to recognize quickly. (Bookman, Cambria, Georgia, Times New Roman)
- **Use sans serif fonts in headings and subheadings.** Sans serif is more readable when your type must be small or when used on a web site.
- **Keep the following style tips in mind:**
 - *Do not use FANCY or script lettering.*
 - Use both upper and lower case letters.
- **DO NOT USE ALL CAPS**

Style Tips

- Use **bold type** to emphasize words or phrases.
- Limit the use of *italics* or underlining. They are hard to read.
- Use dark letters on a light background. Light text on a dark background is harder to read.

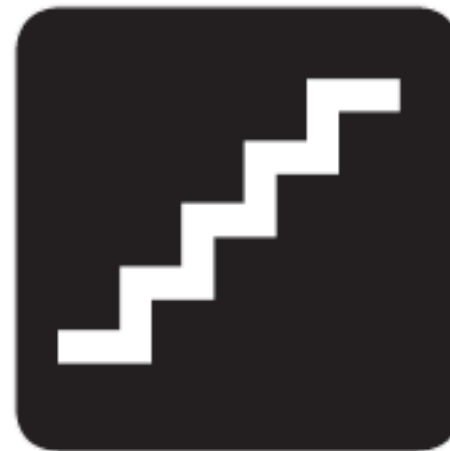


A caption can tell exactly what the visual is trying to convey. Captions should be repeated in a sentence found in the body of the document to reinforce the message.

Officer helps a child put on his bicycle helmet correctly

Images and Symbols

Not all cultures understand universal symbols



Stairs

Photos are best for showing life events



Illustrations

- • **Simple illustrations or line drawings may work best in some instances.**
 - Simplifies complexities and highlight key components of an idea.
- • **Drawings work best for:**
 - showing a procedure (drawing blood)
 - showing socially sensitive issues (drug addiction)
 - explaining an invisible or hard-to-see event (airborne transmission of tuberculosis).



1. Palm to palm



2. Right palm over left dorsum and left palm over right dorsum



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

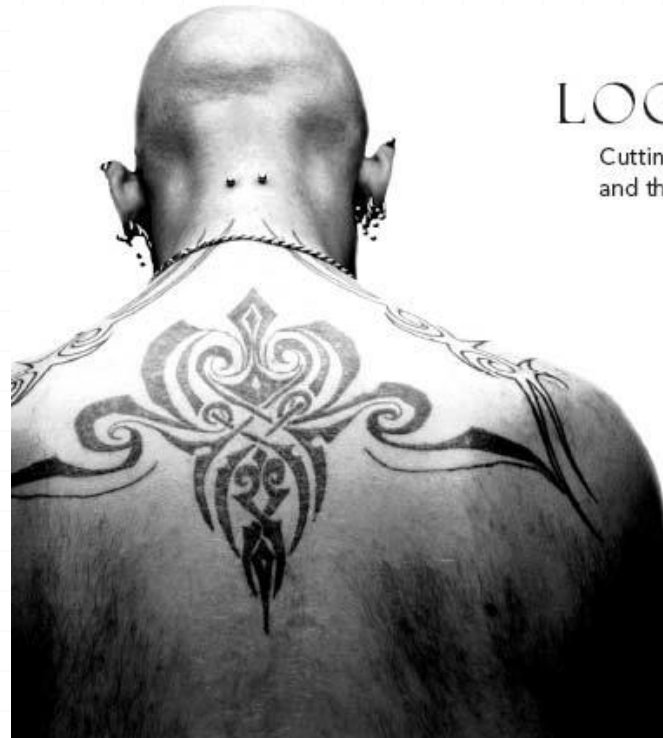
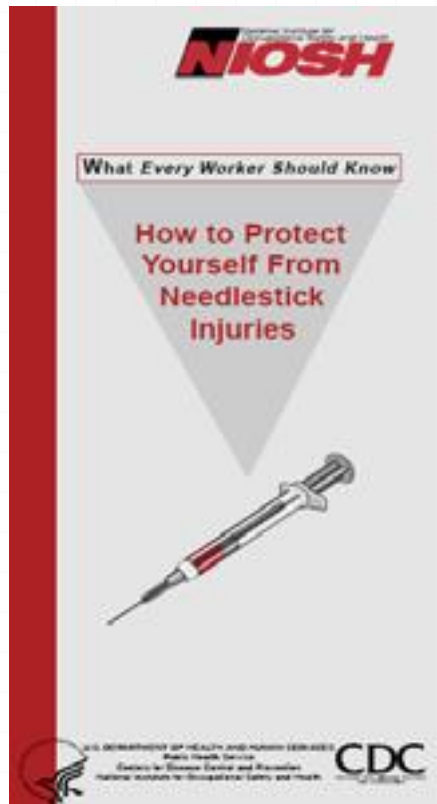
**Number
images in
sequence**



© 1997 USPC

Focus on a specific action.
Do thorough pre-testing to make sure it works.

A picture is worth.....



LOOK SHARP

Cutting edge shops protect themselves
and their clients from bloodborne diseases



If you are telling people to choose healthy snacks, such as fruit, the image on the left is effective because it shows them what to eat. It reinforces your message.

Showing them only what they should not eat (image on the right) gives them no visual link to what they should eat.

Arrow highlighting most important



Image B provides context to more effectively show plaque build-up within the heart blood vessel. This may not be as clear with Image A.

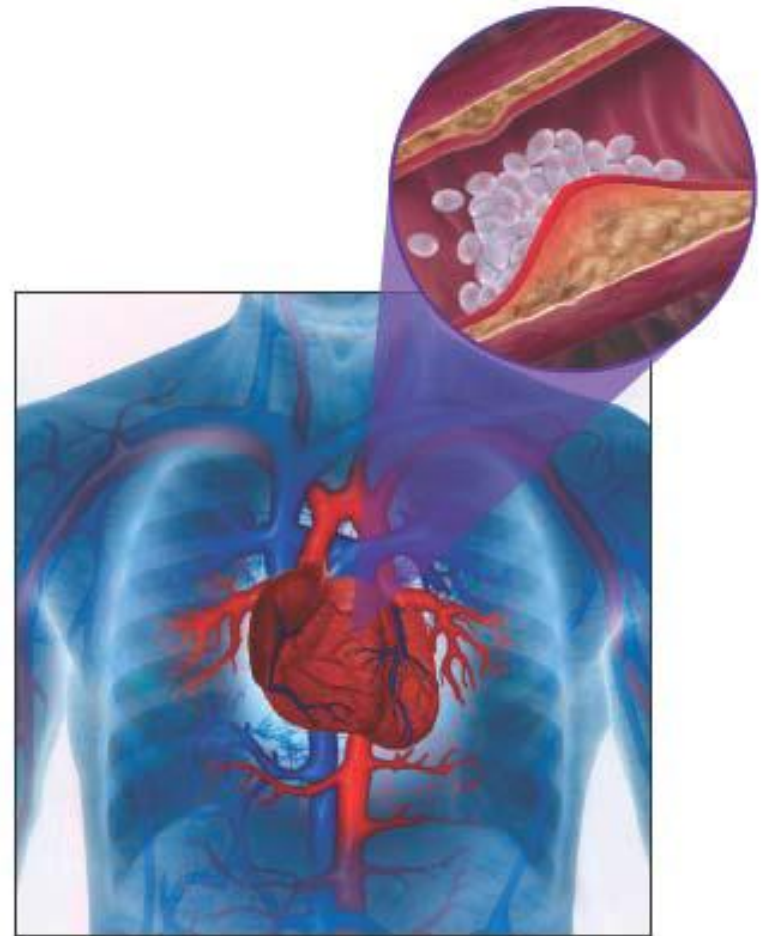


Image B

Showing Scale



Reinforcements

Videos

Demonstrations

Multiple Senses

Graphics



Plain Language in Action

Screening Questionnaire for Injectable Influenza Vaccination

(Please fill out one form for each person receiving a vaccination today)

For adults patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask the Medical Screener to explain it.

You will be asked the following questions. Please have your answers ready.

1. Is the person to be vaccinated sick today?
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

Patient Name (Printed): _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Patient Signature: _____ Date: _____

Where did patient hear about clinic: ☐ Internet ☐ Ad ☐ Flyer ☐ Other: _____

Screening Questionnaire for Injectable Influenza Vaccination

(Please fill out one form for each person receiving a vaccination today)

For adults patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask the Medical Screener to explain it.

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4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

Patient Name (Printed): _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Patient Signature: _____ Date: _____

Where did patient hear about clinic: ☐ Internet ☐ Ad ☐ Flyer ☐ Other: _____

Before you get the Flu vaccine today...

Please fill out **one form** for each person in your family who wants a Flu vaccine today.
Parents: Please answer for your child.



Name: _____ Date of birth: _____

- | | | |
|---|------------------------------|---|
| 1. Are you sick today? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you allergic to eggs or any other ingredient in the flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 3. Have you ever had a serious reaction to a flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 4. Have you ever had Guillain-Barré Syndrome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |

If you answer Yes, we will ask you more questions
before you get a Flu vaccine.

Sign here: _____ Today's date: _____

Before you get the Flu vaccine today...

Please fill out **one form** for each person in your family who wants a Flu vaccine today.
Parents: Please answer for your child.

Name: _____ Date of birth: _____

- | | | |
|---|------------------------------|---|
| 1. Are you sick today? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you allergic to eggs or any other ingredient in the flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 3. Have you ever had a serious reaction to a flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 4. Have you ever had Guillain-Barré Syndrome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |

If you answer Yes, we will ask you more questions
before you get a Flu vaccine.

Sign here: _____ Today's date: _____

Before you get the Flu vaccine today...

Please fill out **one form** for each person in your family who wants a Flu vaccine today.
Parents: Please answer for your child.

Name: _____ Date of birth: _____

- | | | |
|---|------------------------------|---|
| 1. Are you sick today? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you allergic to eggs or any other ingredient in the flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 3. Have you ever had a serious reaction to a flu vaccine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 4. Have you ever had Guillain-Barré Syndrome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Don't know |

If you answer Yes, we will ask you more questions
before you get a Flu vaccine.

Sign here: _____ Today's date: _____

What is “e-waste”?

E-waste is a popular, informal name for electronic products nearing the end of their “useful life.” Computers, televisions, VCRs, stereos, copiers, and fax machines are common electronic products. Many of these products can be reused, refurbished or recycled. Unfortunately, electronic discards make up one of the fastest growing segments of our nation’s waste stream. In addition, some researchers estimate that nearly 75 percent of old electronics are in storage, in part because of the uncertainty of how to manage the materials. Combine this with increasing advances in technology and new products headed towards the market and it is no wonder that “e-waste” is a popular topic.

Why should e-waste be recycled?

Most electronic devices contain a variety of heavy materials, including precious metals that can be recovered for recycling. Recycling your ewaste saves resources and protects the environment because new, virgin metals don’t have to be mined. In addition, some electronic products contain high enough levels of certain toxic materials, such as lead, that render them hazardous waste when disposed. For instance, California law designates waste televisions and monitors as hazardous. Hazardous wastes cannot be disposed with municipal trash.

What should I do with my electronic discards?

The mantra of “Reduce, Reuse, Recycle” applies here. Reduce your generation of e-waste through smart procurement and good maintenance. Reuse still functioning electronic equipment by donating or selling it to someone who can still use it. Recycle those components that cannot be repaired. To find an organization that reuses or recycles electronics, search the database of electronics recycling opportunities located at <http://www.ecycle.org>

What is e-waste?

E-waste means electronic products that their owners no longer want, including:

- Computers,
- TVs,
- VCRs,
- Copiers, and
- Fax machines.

Often these products get stored or thrown out with the trash.

Can e-waste be recycled?

Yes! Many electronic products can be:

- Reused,
- Repaired, or
- Recycled.

What can I do with my e-waste?

Reduce, Reuse, and Recycle! Here’s how:

Reduce: Choose your electronics carefully, and take good care of them.

Reuse: Donate or sell equipment that still works.

Recycle: Find an organization that reuses or recycles parts from broken electronics. Go to: www.ecycle.org

Does recycling e-waste make a difference?

Yes! Recycling e-waste:

- **Saves resources.** Most electronics contain precious metals, like copper. The metals can be removed and recycled instead of mining new metals.
- **Protects our environment.** Some electronics, such as TVs and monitors, contain toxic materials, like lead and mercury. See below to find out how to get rid of them without hurting the environment.

Before525 words
9.9 grade reading level**Original Text**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Department of Health Services

STATEMENT OF INFORMED CONSENT/REFUSAL FOR AMNIOCENTESIS

1. I have been informed that the purpose of amniocentesis is to detect fetal chromosomal disorders, neural tube defects, and other specific disorders of the fetus.
2. I have been informed that before the amniocentesis is performed I will have an ultrasound examination to help locate the placenta and fetus. Ultrasound may also detect twins, incorrect dating of the pregnancy, and some other conditions.
3. I have been informed that amniocentesis involves inserting a needle through the woman's abdomen into the fluid in her uterus which surrounds the fetus. A small amount of fluid (less than one ounce) is taken out and tested. There may be some discomfort when the needle is inserted.
4. I have been informed that there are serious complications in less than 1% of amniocenteses performed, based on currently available information. These include miscarriage, hemorrhage, infection, premature rupture of the membranes, or injury to the fetus or fetal death. Minor complications include cramping, vaginal spotting or slight leakage of amniotic fluid, and soreness where the needle was inserted.

_____ I have requested early amniocentesis (13 weeks 0 days to 14 weeks 6 days gestation). I have been informed that early amniocentesis may be associated with a higher risk than standard amniocentesis (at or after 15 weeks gestation) for pregnancy loss, amniotic fluid leakage, and/or club foot deformity.

5. I have been informed that fewer than 1 in 100 amniocenteses need to be repeated because not enough fluid is obtained the first time. Occasionally, even though fluid is obtained, a diagnosis cannot be made.
6. I have been informed that amniocentesis can identify over 99 percent of all chromosomal disorders and over 90 percent of all open neural tube defects. However, a complete and correct diagnosis of the condition of the fetus cannot be guaranteed.
7. I have been informed that not all birth defects can be detected by amniocentesis or ultrasonography.
8. I have been informed that in the case of twins or triplets, the results may pertain to only one of the fetuses.
9. I have been informed that all abnormal findings will be explained to me. Treatment alternatives will be discussed. The decision to continue or to have the pregnancy terminated is entirely mine.
10. I have been informed that my participation in this procedure is entirely voluntary. Refusing this procedure will not make me ineligible for any services supported by State funding.
11. My signature below indicates that:

I have read, or had read to me, the above information and I understand it. I have had an opportunity to discuss it, including the purpose and possible risks of amniocentesis, with my doctor or the doctor performing the procedure. I have received all of the information I want. My questions all have been answered.

Yes	I REQUEST that Dr. _____ and/or associates perform amniocentesis. I understand and accept the consequences of this decision. Signed _____ Date _____ Witnessed by _____ Date _____
-----	--

No	I DECLINE to have amniocentesis. I understand and accept the consequences of this decision. Signed _____ Date _____ Witnessed by _____ Date _____
----	---

After533 words
5.9 grade reading level**Transcend
Plain Language - DRAFT****Amniocentesis — Consent or Refusal**

This paper is to ask you if you want to have a test called amniocentesis.

What is amniocentesis?

Amniocentesis is a test that can tell us if the fetus has certain health problems. The test can identify over 99% of all chromosomal disorders and over 90% of all open neural tube defects.

To do this test, a health professional puts a needle in your belly. When the needle reaches the fluid that surrounds the fetus. The health professional takes out about an ounce of fluid and sends it for testing.

Before this test, you will have an ultrasound exam. This helps us locate the placenta and fetus.

Is the test 100% reliable?

The test cannot identify all birth defects. And it is impossible to guarantee a complete or correct diagnosis.

If you are carrying twins or triplets, the results may tell us about only one of the fetuses. The ultrasound you have before the test can tell us if you are carrying more than one baby and how long you have been pregnant. Ultrasound cannot identify all birth defects.

In some cases (fewer than 1%), we need to do the test again because we did not get enough fluid on the first test. Sometimes, we may get enough fluid, but we are not able to make a diagnosis. If that happens, we may ask you to do the test again.

Are there risks?

You may feel some discomfort when the needle is inserted. Some women have minor complications, like cramping, vaginal spotting, or loss of a small amount of amniotic fluid. Some women feel soreness where the needle was inserted.

In very few cases (less than 1%), there may be serious complications, including:

- miscarriage,
- heavy bleeding,
- infection,
- premature rupture of the membranes (your water "breaks"), or
- death or injury to the fetus.

If you do the test early (when the fetus is from 13 weeks to 14 weeks 6 days old), the risks for pregnancy loss, amniotic fluid leakage, or clubfoot may be higher.

What if the test shows there is a problem?

If you have abnormal results, we will talk to you and explain your treatment options. Only you can decide whether to continue or end the pregnancy.

Do I have to do this test?

No. This test is voluntary. That means you do it if you want to. Or you can decide not to do the test. If you decide not to do the test, your decision will not affect the services you can get from the state.

Please answer these questions:

1. Have you read the information on this paper (or has someone read it to you)? ☐ Yes ☐ No
2. Did you have a chance to discuss the risks and purpose of this test with your doctor or the doctor who will do the test? ☐ Yes ☐ No
3. Have you received all the information you wanted to get? ☐ Yes ☐ No
4. Were all your questions answered? ☐ Yes ☐ No
5. Do you want Dr. _____ to do the test? ☐ Yes ☐ No
6. Do you understand and accept the consequences of your decision? ☐ Yes ☐ No

Date: _____ *Print your name* _____ *Sign your name* _____

Date: _____ *Witness name* _____ *Witness signs here* _____

PROVISIONAL BALLOT INFORMATION

(Election Code 14310)

YOU HAVE A RIGHT TO VOTE A PROVISIONAL BALLOT if you are a voter claiming to be properly registered but whose qualifications or entitlement to vote cannot be immediately established upon examination of the index of registration for this precinct.

All Provisional Ballots are reviewed at the Registrar of Voters for validity.

You have been asked to vote a provisional ballot today due to one of the following reasons.

1. **Your name is not on the Roster of Voters** at this precinct, therefore, your voting eligibility cannot be verified by the poll officer today. The Registrar of Voters will check the records, and if you are eligible to vote, your ballot will be counted. EC 14310
2. **You have chosen not to vote in your precinct.** Since your name is not on the Roster of Voters at this precinct, your voting eligibility cannot be verified by the poll officer today. The Registrar of Voters will check the records, and if you are eligible to vote, your ballot will be counted. EC 14310
NOTE: If your ballot at this precinct contains candidates or measures on which you would not have been entitled to vote in your precinct, the elections official shall count only the candidates or measures on which you were entitled to vote. EC 14310
3. **Registrar of Voters records indicate that you have requested an absentee/mail ballot,** which you cannot surrender to the poll worker. The Registrar of Voters will check the records and if you did not cast an absentee/mail ballot, your ballot will be counted. EC 3016
4. **You have not been able to provide identification** as required under the Help America Vote Act of 2002 for a voter indicated on the Roster of Voters as a first time registrant. This requirement applies only to elections that include a federal office. HAVA 303(b)

For Primary Elections Only:

5. **Registrar of Voters records show your registration with a different political party** than you now claim. The Registrar of Voters will check your original affidavit of voter registration to verify your party affiliation. If an error has been made, we will correct our records and your ballot will be counted. EC 2151

**YOU HAVE THE RIGHT TO A FREE ACCESS SYSTEM
TO DETERMINE IF YOUR PROVISIONAL BALLOT WAS COUNTED.**

Following completion of the Official Election Canvass (approximately 30 days following the election) you may telephone the Registrar of Voters at 1-800-123-4567.

You will need to have your Voter Receipt number available to be able to determine if your ballot was counted and if not, the reason why. EC 14310

Your Voter Receipt number is printed on the envelope flap receipt you received at the polls.

Can I vote?

Yes! You have the right to vote here today. Even if a pollworker thinks you are not properly registered, the pollworker must give you a "provisional" ballot.

After the polls close, the Registrar of Voters will check your eligibility to vote. If you are eligible, your vote will be counted.

How do I know if my vote got counted?

Call the Registrar of Voters 30 days or more after the election when all votes are counted. Give them the number on your receipt.

Questions?

Call the Registrar of Voters at:
800-876-5432

**PLEASE RETURN THIS FORM TO THE POLL WORKER
FOR USE BY OTHER VOTERS**

YOUR TESTIMONY

During the preliminary hearing, evidence suppression hearings, or during the trial, you should be questioned by the prosecutor and the defense attorney. The prosecutor may discuss courtroom rules and testimony with you before court appearances.

The following are some pointers for testifying in court:

- Be truthful. Never exaggerate or shade your testimony. Just tell the facts, simply and concisely, as you know them.
- Be attentive. Listen carefully to the questions. If you do not understand a question, ask that it be repeated or explained. Answer only the question asked.
- Do not try to say everything at once or volunteer information that is not requested.
- Explain your answer, if necessary. If a question cannot be answered truthfully and fully with a "yes" or "no," you have the right to ask the judge to permit you to explain after first answering "yes" or "no."
- Do not guess. If you do not know an answer, do not be afraid to say so. Do not try to figure out whether your testimony will help or hurt the prosecution or the defense. Just answer questions to the best of your knowledge.
- Be patient. Wait until the attorney finishes the question before answering.
- Be prepared. Do not try to memorize what you are going to say; try to recall relevant facts.
- While in trial, do not talk to jurors, prospective jurors or anyone who may be a juror.
- If asked, "Have you talked to anyone about the case?"— do not forget your conversations with the prosecutor, defense attorney, and staff members such as paralegals, investigators or victim advocates.
- When an attorney objects to a question, do not answer the question until the judge rules on the objection and instructs you to answer the question. If the judge agrees with the grounds for an objection, the objection will be "sustained." When the judge does not

believe the objection has merit, the objection will be "overruled." If you are confused, ask the judge for direction.

- Remain calm and courteous. Do not lose your temper or become angry, as it may diminish the impact of your testimony.
- Speak clearly and loudly. Always face the person questioning you, and speak clearly enough to be heard by the jury. Do not simply nod for a "yes" or shake your head for a "no" or say "uh huh" or "uh uh." The court reporter must be able to clearly understand your responses and record them for the official court records.
- Dress neatly. Do not wear shorts, tank tops or hats. Always show respect for the court. For example, chewing gum and disruptive behavior are acceptable in court. Be yourself. The judge, jurors and attorneys are human also and appreciate sincerity.

RELATIVES AND FRIENDS IN COURT

Relatives and friends may elect to attend court proceedings. The deputy district attorney or the victim advocate will instruct friends and relatives on the rules of the court pertaining to them. The following are suggestions on courtroom behavior for visitors:

- Dress neatly. Take hats off. Remember to show respect for the court.
- Leave drinks and food, including gum, outside of the courtroom.
- Smoke only in designated areas and never in the courtroom.
- Stand when instructed to do so by the judge or bailiff. This will usually only occur when either the judge or the jury enter or leave the court.
- Never talk loudly or for a prolonged period of time. Save conversation for breaks. Keep gestures, facial expressions and head shaking to a minimum.
- NEVER attempt to talk with a member of the jury.
- Wait until the jury exits before leaving when the court recesses.

Excerpt from Department of Justice Handbook

When Witnesses and Victims Go to Court

**Be prepared:**

- Get to Court 30 minutes early and find your courtroom.
- When the courtroom opens, go in and tell the clerk or officer you are present. They may ask you to wait in the hallway until it's time for you to testify.
- Most courtrooms do not allow children.

When you are in court:

- Dress neatly. Do not wear shorts, tank tops or hats. Do not chew gum.
- Do not talk to jurors, the judge or the defendant.
- Be calm and polite to everyone. Stay calm. Avoid gestures and facial expressions.
- If friends or relatives come to court with you, ask them to follow these rules, too.

**You will raise your right hand and swear to tell the truth.**

- The judge or lawyers will ask you questions. Wait until they finish the question before you start to answer.
- Tell the truth and don't exaggerate.
- Give complete answers.
- Speak slowly and speak loud enough so the people in court can hear you.
- Be yourself and just say what happened. (Do not try to memorize what you are going to say.)
- Always look at the person who is asking you questions.
- Say "Yes" or "No" out loud. A court reporter will write down everything you say. So, you must use words. It's not enough to nod or shake your head.
- If one of the lawyers objects, do not answer until the judge says you can.
- Only answer the question asked. If they want more information, they will ask you more questions.
- If you do not understand a question, say, "I don't understand".
- If you do not know an answer, say, "I don't know".
- If they ask you "Have you talked to anyone about the case?" you must mention your conversations with the D.A., defense lawyer, investigators and/or victim advocates.

CONTRA COSTA COUNTY ELECTION DEPARTMENT**Election Officer Informational Data**

Thank you for your interest in serving at the Polls! Please review the information below and then complete the enclosed Availability Request and return it to us. We need you as a volunteer! Tell your friends. We have room for many!

ELECTION OFFICER / (POLL WORKER)**INSPECTOR (the person in charge at the precinct level)**

Pay: \$95 basic, \$20 for class and \$10 for picking up the supply box.
Hours: From 6:30 A.M. until the closing procedures are finished after 8:00 P.M.
Duties: a. Responsibility of the Ballot/Supply Box (you pick it up - inspect contents - call for missing items - take it to Polls election morning.)
 b. Calling and getting access to facilities for election morning.
 c. Calling Board members to make sure they'll be there.
 d. Ensuring the smooth process of the election at the precinct level.
 e. Ensuring the supply box and ballots are delivered to the Depot at the close of the election.
Training: You must attend an Election Officer Training Class that is 1½ hours long. Classes are set throughout the County at various times & locations during the two weeks before the election. You may attend any class you choose from the schedule that accompanies your appointment letter. You must serve Election Day to receive a class stipend.

CLERK

Pay: \$75 basic pay.
Hours: 6:30 A.M. through closing procedures after 8:00 P.M.
Duties: Assist the Inspector in all aspects of the election process at the precinct level.

AM Clerk:

Pay: \$37.50 basic pay.
Hours: 6:30 A. M. through 1:30 P.M.
Duties: Assist the Inspector with opening & election procedures through 1:30 P.M.

PM Clerk:

Pay: \$37.50 basic pay.
Hours: 1:30 P.M. through closing procedures after 8:00 P.M.
Duties: Assist the Inspector with election procedures from 1:30 P.M. through closing after 8:00 P.M..

DEPOT DUTIES

Two Board Members will be responsible for taking the ballots to the Depot after the Polls close. The Inspector should be one of the two, but he or she may assign two Clerks to this duty.

The Driver will receive \$10 and the Rider will receive \$5.00.

ELECTION OFFICER TRAINING

All Clerks are encouraged to attend a 1 hour long class during the two weeks before the election, for which an additional \$10 will be paid if you serve on Election Day. Classes are set throughout the County at various times & locations during the two weeks before the election. You may attend any class you choose from the schedule that accompanies your appointment letter. You don't need to pre-register.

Cellular Telephones

We will be experimenting with using personal cellular telephones at the precinct level, to make calls to the department on Election Day. We will pay the Election Officer whose phone we select for use, a differential of \$10.

Notification

If you are selected to serve, you will receive an appointment letter by mail about one month before the election. Appointments must be made 29 days before the election. We then make appointments to replace those who cancel. Cancellations can only be made by verbal contact with the Elections Department, Election Officer/Polling Place Division. 925 646-4163

Absentee Ballots

If you are serving outside of your own precinct, it would be advisable for you to write for and request your Absentee Ballot. We must have your signature to issue the ballot.

Please note

Many of our polls are located in fire stations and residence garages, so dressing warmly & taking a lunch is recommended.

Please complete and return your Availability Request today!

THANK YOU FOR YOUR SUPPORT!

Work at the Polls on Election Day!

November 2, 2010 

Who can be a poll worker?

You must be:

- ❖ a U.S. citizen,
- ❖ able to work on Election Day, and
- ❖ registered to vote in California or a high school student in good standing and at least 16 years old

Do poll workers get paid?

Yes. The pay depends on your schedule and duties.
It is from \$130 – \$155.

What is the schedule?

Full day: 6 a.m. – 10 p.m.

Half day: 6 a.m. – 2 p.m. or 2 p.m. – 10 p.m.

Can I be a poll worker near where I live?

Yes. Or you can work in another part of the county.

Will I be able to vote on Election Day?

If you work at a poll that is not near your precinct, it's best to vote an Absentee Ballot before Election Day.

How do I become a poll worker?

- ❖ Fill out the application at: www.yoloelections.org/poll_worker_app/
Or call us, and we will mail you an application.
- ❖ Go to a training class. You can choose a time and date that works for you. We will pay you \$20 to go to the class.

Staying in school

This section provides information about:

- Your legal rights to stay in school while pregnant or parenting
- Things to consider if you are thinking of changing schools
- Services available to help you stay in school and be a parent

Will I be able to stay in school while I am pregnant?

Yes. The law protects your right to stay in school whether or not you are pregnant or have a child. You also have the right to continue in your same school if you wish.

The school district may have schools that are specifically for pregnant and parenting minors or other alternative schools. You may want to visit these schools to see if they would be a good option for you, because they may offer services to assist you in pregnancy or parenting. But, the school district cannot require you to go to a special school. You get to choose. No one should pressure you to stay in a particular school or go to another.

In addition to a right to stay in your school, you have the right to participate in all school activities, including sports, extracurricular activities, school clubs, prom, and graduation. Your school cannot require a note from your doctor saying that you are able to participate in school and/or various activities unless it requires this from all students with medical conditions.

If you are told that you cannot stay in school or participate in activities because you are pregnant or have a baby, you can contact a lawyer. The California Women's Law Center defends the rights of pregnant and parenting students to stay in school and participate in school activities. The Center's staff can be reached at 1-323-951-1041 or www.cwlc.org.

Are there other laws that protect me at school?

Yes. You cannot be treated unfairly (discriminated against) because you are pregnant or a parent. Other laws protect you from discrimination or harassment based on characteristics including your race, gender, sexual identity, and sexual orientation. Talk to your school counselor if you are being harassed or discriminated against for any reason. If you cannot resolve the problem to your satisfaction, you should contact a legal aid lawyer. You can find free legal help at <http://www.lawhelpcalifornia.org/CA/index.cfm/index.cfm>.

Staying in School

This part of the guide explains

- your right to stay in your same school if you are pregnant or have a child,
- how to choose another school, if you want, and
- Cal-SAFE and Cal-Learn, government programs to help you keep going to school.

Can I stay in school if I am pregnant or have a child?

Yes. The law says you have the right to stay in your same school, if you want to. You also have the right to

- change schools, and
- take part in all school activities, including sports, after-school activities, clubs, proms, and graduation.

If your school tells you that you cannot stay in school or take part in school activities because you are pregnant or have a baby, you may be able to get free legal help from the California Women's Law Center:

- call 1-323-951-1041, or
- visit www.cwlc.org.

Can the school treat me differently because I am pregnant or have a child?

No. It is illegal for the school to treat you unfairly or harass you because you are pregnant or have a child. It is also against the law for you to be treated unfairly because of your

- race,
- gender,
- sexual identity, or
- sexual orientation.

Talk to your school counselor or another adult if you are being treated unfairly for any reason.

If the problem does not go away, call a lawyer. The lawyer will help you no matter how old you are. You can get free legal help at www.lawhelpcalifornia.org/CA/index.cfm/index.cfm.



Before:

“Managed care is coordinated care provided by a network of providers.”

After:

“When you join a health plan, doctors, nurses, and hospitals who work for the plan will give you the medical care you need. You can choose one doctor or clinic to go to every time you are sick or want a checkup.”

Fluoride Mouth Rinse Program Information and Consent

Dear Parent/Guardian:

Mott Children's Health Center has provided oral health services to Genesee County students for many years. The current Flint water crisis also has an impact on children's oral health. Children who drink only bottled water do not receive optimal levels of fluoride to help protect their teeth. This puts children at greater risk for developing tooth decay. Tooth decay causes poor overall health, pain, and the loss of time from school. We want to help prevent tooth decay!

Together, with the Michigan Department of Health and Human Services and Delta Dental, a preventive dental program is being planned at your child's school. Topical application of fluoride is one way to help reduce the amount of tooth decay. This means that fluoride is applied directly to the **outside** of teeth to strengthen tooth surfaces. One method of topical application is for children to rinse with a fluoride solution **once a week, for one minute**. Fluoride mouth rinse has been tested, and is safe and effective in preventing tooth decay.

Fill out the form below to let us know if you want your child to participate. A dental hygienist will help your child with the fluoride rinse. This is a free program. There is no cost to you or your child's school. Please sign and return this form to your child's teacher right away. Thank you for letting us help your child prevent tooth decay.

If you have any questions about this program, please contact our oral health program coordinator, Leigh Ann Albro or Carol Lutey at (810)768-7583.

Permission for Fluoride Mouth Rinse Program

- ☐ Yes, I want my child to participate in this preventive dental program. I understand that I can withdraw my child from participation in the program at any time by notifying the school in writing.
- ☐ No, I do not want my child to participate in this preventive dental program.

Signature of Parent/Guardian: _____ Date: ____ Name of Child: _____

_____ Age: _____ School: _____ Teacher: _____

_____ Grade: _____

TO KEEP YOUR CHILDREN'S TEETH HEALTHY DURING THE WATER CRISIS:

FLUORIDE RINSE IS COMING TO YOUR SCHOOL!

Genesee County Public Schools are now providing all students with a **free fluoride mouth rinse program** to help prevent cavities.

How does the free fluoride mouth rinse program work?

At school, a Dental Hygienist will give a weekly fluoride mouth rinse to your child, which is used like mouthwash.

When your child swishes the mouth rinse over their teeth, the fluoride in the rinse will attach to the outside of the teeth to make them stronger.

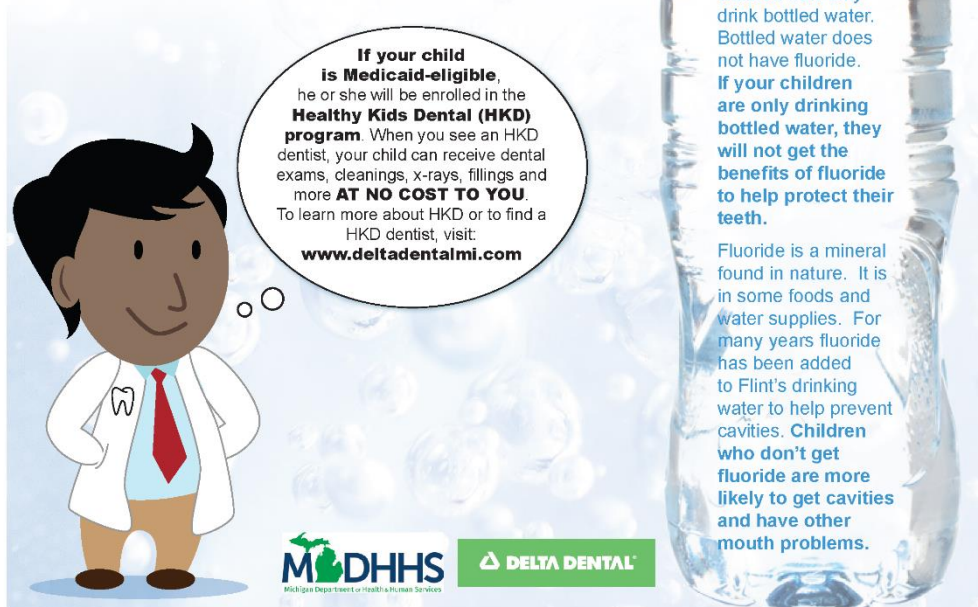
The mouth rinse will also lower the chances of getting a cavity. Your child will use the rinse once a week for one minute, at school.

Are fluoride mouth rinses safe for my child?

Yes! They are safe and have been approved by the American Dental Association, the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

What if I have questions about the Fluoride Program?

Call the Program Coordinator Leigh Ann Albro or Carol Lutey at 810-768-7583



If your child is Medicaid-eligible, he or she will be enrolled in the **Healthy Kids Dental (HKD) program.** When you see an HKD dentist, your child can receive dental exams, cleanings, x-rays, fillings and more **AT NO COST TO YOU.** To learn more about HKD or to find a HKD dentist, visit: **www.deltadentalmi.com**

ONE MINUTE, ONCE A WEEK CAN SAVE TEETH!

What is fluoride and why is it important?
Because of the Flint water crisis, many children now only drink bottled water. Bottled water does not have fluoride. **If your children are only drinking bottled water, they will not get the benefits of fluoride to help protect their teeth.**

Fluoride is a mineral found in nature. It is in some foods and water supplies. For many years fluoride has been added to Flint's drinking water to help prevent cavities. **Children who don't get fluoride are more likely to get cavities and have other mouth problems.**

MDHHS
Michigan Department of Health & Human Services

DELTA DENTAL

PERMISSION FOR THE FLUORIDE MOUTH RINSE PROGRAM

What do I need to do if I want my child to participate in the fluoride program?

1. FILL OUT THE FORM BELOW
2. SIGN THE FORM
3. RETURN THE FORM TO YOUR CHILD'S TEACHER TOMORROW

___ **Yes**, I want my child to participate in this fluoride mouth rinse program. I understand that I can withdraw my child from participation in the program at any time by notifying the school in writing.

___ **No**, I do not want my child to participate in this fluoride mouth rinse program.

Signature of Parent/Guardian: _____ Date: _____

Name of Child: _____ Age: _____

School: _____ Teacher: _____

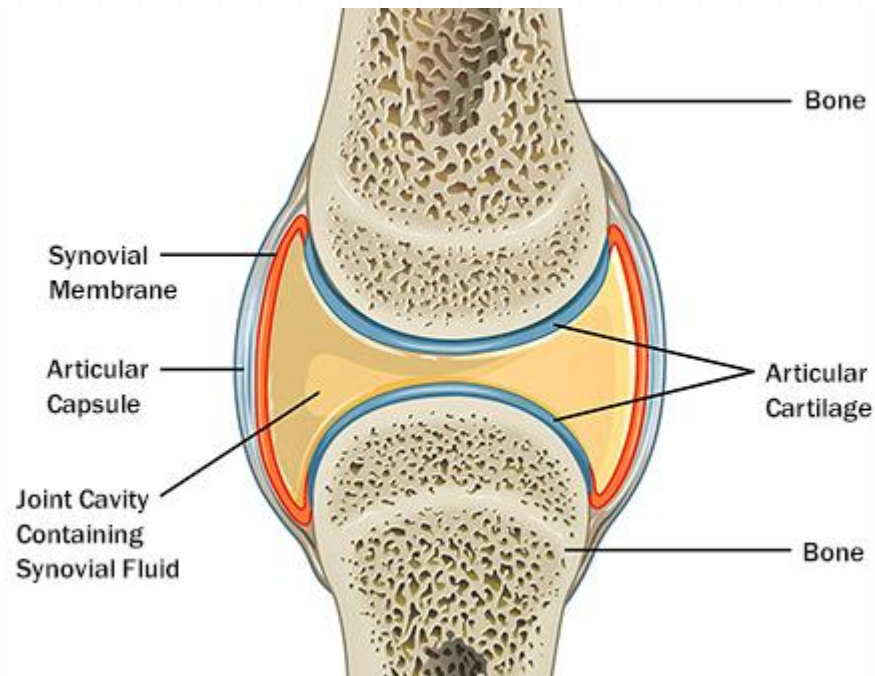
Grade: _____

**This program is provided by Mott Children's Health Center, Delta Dental and the Michigan Department of Health and Human Services.*

HEALTHY TEETH HELP CHILDREN :

- DO BETTER IN SCHOOL
- STAY HEALTHIER AND HAVE LESS SICK DAYS
- HAVE SHINY SMILES, WHICH MAKE FRIENDS





As you age, your cartilage -- the spongy material that protects the ends of your bones -- begins to dry out and stiffen. Your body also makes less synovial fluid, the stuff that acts like oil to keep your joints moving smoothly. The result: Your joints may not move as freely as they used to. It sounds a little crazy, but the best thing you can do is keep on trucking. Synovial fluid requires movement to keep your joints loose.



Osteoarthritis (OA)

A joint is the place where two bones meet. The end of each bone is covered in a layer of rubbery stuff called cartilage. This keeps them from rubbing together. But cartilage can wear away over time or after an injury. When it's gone, the bones hit one another, and sometimes, tiny pieces break off. The result is a stiff, swollen, painful joint.

What's Not Working?

OPPORTUNISTIC DISEASES

People with advanced HIV disease or AIDS are vulnerable to infections and cancers called 'opportunistic infections' because they occur when one's immune system is weakened. Examples include bacterial pneumonia, tuberculosis, cervical cancer, Kaposi's sarcoma, candidiasis (thrush), mycobacterial infections, toxoplasmosis, and cryptosporidiosis to name a few.

However, recent antiretroviral therapies are keeping one's immune system healthier and help prevent opportunistic infections from occurring. Measures to treat these infections directly become essential if antiretrovirals stop working due to poor adherence, drug resistance or other factors.

Managing and preventing opportunistic infections not only helps HIV-positive people to live longer, healthier lives, but can also help prevent transmissible opportunistic infections from spreading to others.

TREATMENT

Currently, there are no drugs or vaccines available to cure AIDS or prevent HIV infection, although the search for such a drug or vaccine is being pursued vigorously. Some drugs have been found that inhibit HIV replication in the body.

Although no treatment has yet been successful in fully restoring the immune system of an AIDS patient, doctors have had some success in using combinations of therapies to combat the virus and restore the immune system to a healthier level. The earlier a patient gets tested and treated, the more effective these treatments become.

HIV TESTING AND COUNSELING

As with many other diseases there is no single test for diagnosing AIDS. There is a test for detecting antibody (substances produced in the blood to fight disease organisms) to HIV, the virus that causes AIDS. Presence of antibody means that a person is infected with HIV and is capable of spreading HIV to others.

For people who think they are infected with HIV, the HIV antibody test is available through private physicians, family planning clinics, STD clinics, or at HIV counseling and testing sites. These publicly funded sites provide free, confidential counseling and HIV antibody testing. Clinic staff are trained to answer questions about AIDS and to provide medical and mental health referrals to knowledgeable and concerned providers.

- **Crown Medical Center**
Minneapolis, (612) 871-4354
- **Hennepin County Public Health Clinic - Red Door Services**
Minneapolis, (612) 543-5555
- **North Memorial Broadway Family Medicine**
Minneapolis, (612) 302-8200
- **Room 111 Clinic, St. Paul-Ramsey County Department of Public Health**
St. Paul, (651) 266-1352
- **West Side Community Health Services**
St. Paul, (651) 602-7570

There are over 30 other HIV testing sites throughout Minnesota. Contact the Minnesota AIDS Project (MAP) AIDSLine (number listed on next panel) for the nearest location to you.

FOR MORE INFORMATION

Minnesota AIDS Project AIDSLine

Metro Area
(612) 373-AIDS
(612) 373-2465 TTY

Statewide
(800) 248-AIDS
(888) 820-2437 TTY
<http://www.mnaidsproject.org>

Infectious Disease Epidemiology, Prevention
and Control Division

STD and HIV Section
(651) 201-5414

<http://www.health.state.mn.us>

For more information about Sexually
Transmitted Diseases (STDs), call the
**Minnesota Family Planning and STD
Hotline:**

1-800-78-FACTS voice/TTY
(Telecommunications devices for the deaf)
(651) 645-9360 (Metro area)
<http://www.stdhotline.state.mn.us>



Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and
Control Division
STD and HIV Section
Freeman Office Building
Post Office Box 64975
St. Paul, MN 55164-0975

**To order brochures in another format,
such as large print, Braille, or cassette
tape, call (651) 201-5414;
(651) 201-5797 TTY**

07/09

AIDSfacts

Acquired Immunodeficiency Syndrome, or AIDS, was first reported in the United States in mid-1981. Since that time, the Centers for Disease Control and Prevention (CDC) estimates that one million Americans are living with HIV and about one fourth are unaware of their HIV infection.

Through 2008 in Minnesota, 8,819 HIV and AIDS cases have been reported including 2,976 that have died. There are an estimated 6,220 people who are aware of their HIV status and currently living in Minnesota.

This brochure provides accurate information about AIDS, the risk of getting HIV infection and ways to prevent the infection from occurring.



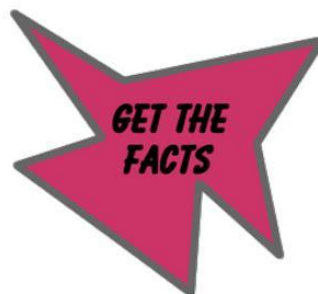
Infectious Disease Epidemiology, Prevention and Control Division
STD and HIV Section

If *HIV* isn't the cause of AIDS then what is?

Immune deficiency or AIDS can be acquired by several risk factors that are not infectious or transmitted through blood or blood products. Chronic, habitual and multiple exposures to these risks can cause the group of symptoms called AIDS.

These risks include prolonged ill health, opportunistic infections, malnutrition and chronic lack of sleep. People who make habitual and prolonged use of certain drugs like methamphetamines, heroin and crack cocaine often suffer from malnutrition and chronic lack of sleep and risk AIDS.

Hunger and infectious diseases are common in countries such as Africa where Aids is said to



In the early years of HIV/AIDS, AIDS related diseases were mainly those of pneumocystis carinii pneumonia (PCP) and Kaposi's Sarcoma.

However today a person is diagnosed with AIDS if they have one or more of the 29 AIDS-defining conditions and if they also test positive for antibodies associated with HIV.

This means that pneumonia in a person who tests HIV positive is AIDS, while the same pneumonia in a person testing HIV negative is pneumonia.



www.informyourself.com.au

What is HIV?

HIV (Human immunodeficiency virus) is a virus that causes AIDS. It destroys important blood cells that help the body fight diseases (CD4 and T-cells). People with HIV positive blood tests have the HIV infection.

How is HIV spread?

Transmission can occur through blood, semen, vaginal fluid or breast milk:

- Through sexual intercourse (anal, vaginal oral sex) with an HIV-infected person without using condom or dental dam
- By sharing needles or injection equipment with an HIV-infected person
- From an HIV-infected woman to her baby before or during birth, or through breastfeeding



***Not all HIV infected individuals will develop AIDS.



What is AIDS?

AIDS (acquired immune deficiency syndrome) is a disease caused by the HIV infection. It is a severe disease that alters body functions to make it more susceptible to all other illnesses, diseases and infections.

Who is more susceptible?

HIV/AIDS has become a disease of inequality and opportunity. In addition to sexually active individuals, intravenous drug users and children with HIV positive mothers, marginalized populations are most at risk. Other groups include:

1. Persons in Developing countries more than in Developed countries
2. Women more than Men
3. Youth more vulnerable than other populations

Did you know?

- HIV is the world's leading infectious killer
- 82% of AIDS cases are from unwanted sexual contact
- 35.3 million people live with HIV, worldwide; 2.3 million people were newly infected last year in 2012
- HIV is the strongest risk factor for TB
- In Canada, the cost of treatment for one person with HIV is \$1.3 million

Prevention:

1. Abstinence
2. Get tested*** (Ask family doctor)
3. Stay with uninfected partners (minimize number of sexual partners), have open dialogues
4. Use condoms and safe sex practices
5. Learn about HIV/AIDS
6. Ask Questions

Treatment:

Anti-retroviral drug treatment (ART) is the main type of treatment that does not cure the disease but keeps HIV in body at low amounts, so people can live healthier. A combination of two or three ARTs **Highly Active Antiretroviral Therapy (HAART)** lessens the chance of resistance from the virus and is more effective. There are more than 20 ARTs approved for treatment.

Early treatment and a healthy lifestyle can help also HIV-positive individuals live well. Pregnant women who are HIV-positive can take **medications** to lessen the risk of her baby becoming infected.



Plain Language Resources

National Institutes of Health – Health Literacy Initiative

<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language/plain-language-getting-started-or-brushing>

Plainlanguage.gov

Center for Plain Language – www.centerforplainlanguage.org

CDC Clear Communication Index

<http://www.cdc.gov/ccindex/>

Plain Language Resources

Everyday Words for Public Health Communication

http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication_final_11-5-15.pdf

Health Care Enrollment Glossary

<https://careacttarget.org/library/plain-language-glossary-health-care-enrollment-terms>

National Institute of Minority Health & Health Disparities

Portal with resource to organizations who work with health disparity populations with limited English proficiency (LEP) to help improve language access to health information.

<https://nimhd.nih.gov/programs/edu-training/language-access/index.html>

Questions?

Viki Lorraine

517-335-9966

lorrainev@michigan.gov