



IMPACTool

IMPROVING MESSAGING TO PROMOTE ACTION AND CHANGE TOOL



alisa ann ruch
burn foundation



This guide was developed by the [Alisa Ann Ruch Burn Foundation \(AARBF\)](#) under a [Federal Emergency Management Agency \(FEMA\) Fire Prevention and Safety Grant](#) with the goal of helping fire, burn safety and Community Risk Reduction (CRR) professionals improve their messages.

It is a companion document to the [Improving Messaging to Promote Action and Chance Tool, \(IMPAC-Tool\) Communications Checklist](#), an online, interactive tool that allows the user to input their message and then evaluate it against recommended practices for communications.

Both the [IMPAC-Tool Communications Checklist](#) and this guide were developed by a team of multi-disciplinary subject matter experts from the fields of fire and burn safety, medical, academia, behavioral science and communications. We appreciate all of the time and effort that they contributed to this project.

If you should need any assistance in using either this Guide or the [IMPAC-Tool Communications Checklist](#), or should have any suggestions for improving them, please contact AARBF Executive Director Daniel Chacon at dchacon@aarbf.org

Subject Matter Team



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IMPAC Tool

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About this Project

This project is the result of a [FEMA Fire Prevention and Safety Grant](#) awarded to the [Alisa Ann Ruch Foundation](#), and we appreciate FEMA's support of our efforts.

Our goal is simple:

To help the fire, burn, CRR and safety education communities to create more effective messages that will influence behavioral change

This project was in response to seeing a number of fire and burn safety messages being put out that are not as effective as they could be for a number of reasons.

- There might be too much content in one message, diluting it
- There may be irrelevant information to the problem that is being addressed
- The problem to be addressed may not have been identified so the message is not addressing it
- The message was put out to "check a box"

We want to help change that by providing simple, streamlined tools and information this Message Guide and an online [IMPAC-Tool Communications Checklist](#)

To help in developing this Guide and the Checklist, a multi-disciplinary team of subject matter experts were assembled and worked closely together over two years. Members included:

- Daniel Chacon, Executive Director, AARBF
- Rebecca Coffey, Burn Program Manager, Parkland Health
- Ed Comeau, Project Coordinator, writer-tech.com
- Torine Creppy, President, Safe Kids Worldwide
- Coral Florian, Research Assistant, California State University Northridge
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- Karla Klas, Managing Director, University of Michigan Trauma Burn Center
- Eileen McDonald, Senior Scientist, Johns Hopkin Center for Injury Research and Policy
- Cliff Scheckter, Assistant Professor of Surgery, Stanford Medicine
- Tim Young, Executive Vice President, L.C. Williams & Associates

The [IMPAC-Tool Communications Checklist](#) and Guide were put through testing and evaluation, and will continue to be refined as we get feedback from users.

Not only did we rely on the collective knowledge of our project team of subject matter experts, we incorporated research from a variety of sources, but primarily from the field of health communications, public health, and behavioral science where extensive research has been done on effective communications and behavior change.

Introduction

The purpose of this Guide and Toolkit is to help you develop more effective and focused messages by giving you small, easily implemented tips.

Small changes can make big differences...

Much like Incident Management, which is designed to be scalable from a simple trash can fire to a multiple alarm fire, we developed a scalable system for you to evaluate the effectiveness of your message.

Our goal is to provide research-based suggestions that may help you reflect on the message you are putting out, and more importantly, why you are putting it out. Is it to address a real problem, or just a perceived one? The last three runs were kitchen fires, so we must have a community-wide kitchen fire problem! Or was it simply the last three runs happened to be kitchen fires and the real problem is something else...

Or, if the problem is kitchen fires, then where are they happening, what demographic do you need to tailor the message for?

This Guide and IMPAC-Tool are designed to help you identify components to incorporate within the message that you may not have thought about before. For example, do you need to modify the message for different demographics instead of blasting out a one-size-fits-all message? If so, what do you need to take into consideration? Age, culture, language, mobility, etc...

In the book [Making Data Talk: Communicating Public Health Data to the Public, Policy Makers, and the Press](#), the authors offer the OPT-In format to help you define your efforts:



Organize - get a clear understanding of what you want to communicate



Plan - developing a preliminary message and a strategy to reach your intended audience



Test - pre-test your message



INtegrate - develop a comprehensive communication strategy/campaign that is multi-focused (which is not within the scope of this Toolkit).¹

¹ [Making Data Talk: A Workbook, pg. 24](#)

You will see these themes throughout our Toolkit and Guide in various ways.

It is important to note that we are focusing on **developing messages**, not on communications campaigns. Here are a couple examples to help provide a distinction between messaging, a core message, and a campaign:

- A message is a singular piece of communication that makes up a communications campaign. This message can range from a 280-character Tweet to a longer Youtube video. It includes the core message, can include additional information, visuals, and links to additional resources.
- A **core message** is information to influence behavior change. It is the key takeaway that you want the audience to remember to keep them safe.
- A **communications campaign** is multifaceted and includes a series of messaging efforts to get information to your intended audience.



There is a wealth of information available on developing full-fledged campaigns, and one of the sources we would recommend is a publication from the National Cancer Institute, *Making Health Communications Programs Work*. There are also a number of other resources that we have listed in the [Resources](#) section of this document. We also highly recommended partnering with professionals who are skilled in developing communications, including faculty and students from local Universities and colleges and marketing and communication professionals who might work with you pro bono.

Why communication?

According to the CDC, communication can:



- Increase the intended audience's knowledge and awareness
- Influence perceptions, beliefs and attitudes
- Demonstrate skills
- Reinforce knowledge, attitudes or behaviors
- Demonstrate the benefits of behavior change



Behavioral Science

A key underpinning to all of this project was incorporating tenets of behavioral science throughout it.

Why?

Because our ultimate goal, when it comes to fire and burn safety, is to have behavioral change take place. If we have not changed someone's behavior, then we are not accomplishing what we set out to do.

What is behavioral science?

It is a field that looks at how people behave and strategies that can be employed to change this behavior in positive ways. And these strategies are not necessarily large undertakings, but small changes that result in big differences.

- By making signups for a retirement plan opt-in versus opt-out, enrollments skyrocket. The same can be said for getting people to sign up to be organ donors when they renew their driving license.
- By including the line "most people pay their taxes in full and on time" in a letter going out to taxpayers from the government, tax revenues (and timeliness) increased.
- By placing bottles of water near cash registers in a hospital cafeteria, soda consumption went down while water consumption went up.

These are called "nudges" in that it often only takes a small nudge to change someone's behavior. Governments across the globe are creating Nudge Units to look at how the practice of behavioral science can be incorporated into public policy.

This is something that has not seen widespread traction (yet!) in the fire and burn safety world, and we are hoping through this project to make more people aware of the value of behavioral science and weaving it into our everyday practices.

² [National Cancer Institute, Making Health Communication Programs Work, pg. 3](#)

The Tools

We have created two tools for you:

- Checklist
- Message Guide

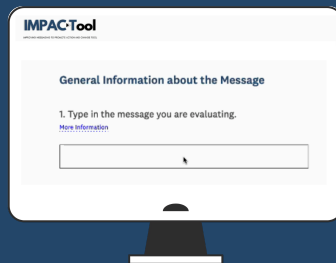
Impac-Tool



[IMPAC-Tool Communications Checklist](#) is an online tool that will guide you through a process for evaluating your message. It is designed to

1. Check your message against established criteria and
2. Encourage you to think of factors that can make your message more effective that you might not have originally considered in creating your message

Impac-Tool can be completed across any of your devices



Message Guide



This Message Guide is a document that provides you with more detail and context on crafting an effective message. The information in it is derived from established, credible sources, much of it from the world of public health communications, public health, and behavioral science. It is a living, dynamic document that will be constantly changing over time as more information becomes available

Planning

In developing your message, you may be doing it as a standalone effort or as part of a communications campaign, but in either case planning is an important step to ensure that the message, above all, works.

Putting out a message just for the sake of putting out a message creates several problems:

- It may not address the true problem in your community.
 - Have you done a Community Risk Assessment that identifies where your problems lie or are you reacting to the last six calls?
 - For example, why are you talking about “stop, drop and roll” when the number of children catching on fire is minimal but senior citizens are dying from smoking while on oxygen? This isn’t to say that “stop, drop and roll” is unimportant, but you only have so much bandwidth, where are you going to focus it?
- It clogs the communications pipeline.
 - If you are putting out messages that are not focused or relevant to addressing a true problem, you are really just creating “communications noise.” This dilutes your efforts when you need to focus on the real problems in your community.

You won’t see results, true results. Yes, you might see social media likes, shares and the media might pick up your story, but will this result in true change in your community where the true problem lies?

Don’t mistake outputs (likes and shares) for outcomes (fewer fires, injuries and fatalities)

Effective communication messages are derived from a common set of strategies:

- Define the communication goal
- Define the intended audience
- Create effective messages
- Pretest your message and revise as needed
- Implement³ your message

Planning is an important step that should not be overlooked. So often it is easy to just use one of the tried-and-true standard messages and put out a press release or social media post and check that box. However, if you want to make change, real change, and not just “check the box,” a more focused approach will help immeasurably.

Research



There are three types of research that you should be doing:

1. **Conducting a Community Risk Assessment** to identify the true problem(s) in your community that you need to address through messaging (e.g., deaths from smoking while on oxygen)
2. The best **actions** that someone can take to help mitigate this (installation of a thermal inline fuse in the oxygen line)
3. The makeup of your **intended audience** (age, location, how they get their information, language differences, literacy, etc.)

³ [National Cancer Institute, Making Health Communication Programs Work, pg. 5](#)

Community Risk Assessment

Before embarking on any communications campaign, it is critically important that you have identified the root problem that you want to address. By doing so, you can tailor your message to hone in on the solutions to address the problem.

A Community Risk Assessment, or CRA, is critically important to your messaging efforts. Why?

- If you don't know what the true risk is to members of your community, your messaging may very well miss the mark and you have wasted yours and other's time.
- Putting out messages that are not addressing an identified risk is just "clogging the communications pipeline" with information. This dilutes your efforts when you may be trying to communicate truly important information.
- Putting out messages for the sake of putting out messages creates noise and dilutes your credibility. If you focus your messaging on true risks that you can concretely identify to the community, it helps to give you more credibility.

Conducting a CRA may seem like a daunting task, but it is not. Doing one is relevant for every community, large and small.

It is also important that when you do a CRA that you use data and not rely on the "I know my community" mindset.

So often, the perception that people have of their community is based on their personal, and perhaps limited, interactions with the community, what the last 10 calls may have been, etc. Data can help you to create a much more objective view of 1) the makeup of your community and 2) what the risks are in the community that you can help address.

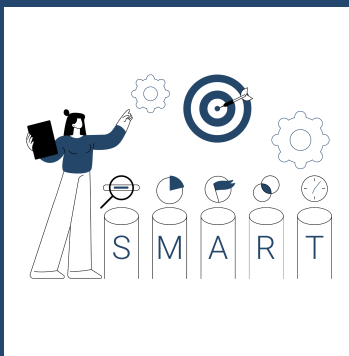
There are a number of free resources available that can help you to conduct a CRA that are available at the [United States Fire Administration](#) and the [Vision 20/20 project](#).

Goal

What is the goal of your message?

This might sound like a simple question, but it is one that is often overlooked. And keep in mind, if you want your message to be truly effective and focused you can have only one goal!

A good model to use in defining your goal is:



Specific Measurable Attainable Realistic Time-bound

In the preceding example of people smoking while on supplemental oxygen, this might be your goal:

Increase the installation of inline thermal fuses on supplemental oxygen units by 10% within 30 days.

- **Specific** - Increase the installation of inline thermal fuses on supplemental oxygen units
- **Measurable** - by 10%
- **Attainable** - this can be done by making the units available at fire stations
- **Realistic** - 10% is a realistic goal versus going for 100%
- **Time-bound** - within 30 days

If you had gone with a goal such as "Increase awareness of fire safety while using supplemental oxygen," this is a vague goal with no way of measuring its effectiveness. If just one person became more "aware," then you have met your goal - but have you truly accomplished what you set out to do with your campaign? Also, does awareness translate into action, into behavioral change?

There are three frogs sitting on the edge of a pond. Two decide to jump into the pond. How many frogs are left at the edge?

Answer: Three. Deciding is not the same as doing, just like being "aware" does not translate into action.

Audience

Identify Intended Audience

In today's world, we recommend using the term "intended audience" and avoid using the word "targeted" as in "targeted audience" or "targeted demographic." Targeting anyone as this has a negative (and violent) connotation.

Intended Audience

Identifying the intended audience may involve going to a more granular level rather than, for example, city-wide. What is a particular ward, area, neighborhood of your city like, what is its makeup? What ethnicities are there? Who are the leaders, either formal or informal? How do they get their information? Social media, news, faith-based, word-of-mouth? We go into more detail about this elsewhere in this Toolkit.

Trying answering questions such as these:

- Which intended audience are we trying to reach?
- What are the best ways of reaching this intended audience?
- What benefits would be credible and appealing to the intended audience?
- What images should be conveyed?
- What challenges will need to be overcome?
- What actions can the intended audience take? (Call to Action)⁴

This is reiterated in the [Federal Plain Language Guidelines](#)

- Who is my audience?
- What does my audience already know about the subject?
- What questions will my audience have?
- What's the best outcome for my agency? What do I need to say to get this outcome?
- What's the best outcome for our audience? What do I need to say to get this outcome?⁵

As outlined in the [Federal Plain Language Guidelines](#),

One of the most popular plain language myths is that you have to "dumb down" your content so that everyone everywhere can read it. That's not true. The first rule of plain language is: write for your audience. Use language your audience knows and feels comfortable with. Take your audience's current level of knowledge into account. Don't write for an 8th grade class if your audience is composed of PhD candidates, small business owners, working parents, or immigrants. Only write for 8th graders if your audience is, in fact, an 8th grade class.

Make sure you know who your audience is – don't guess or assume.⁶

⁴ [CDC Making Health Communications Programs Work, p. 128](#)

⁵ [Federal Plain Language Guidelines](#), p. 2

⁶ [Federal Plain Language Guidelines](#), p. 1

Multiple Audiences

It is also important to identify if you have multiple audiences that you are trying to reach. It is very rare that “one size fits all” messaging is an effective approach. Is your intended audience children or adults? Senior citizens or the caregivers of senior citizens?

To get the best return on your efforts you may consider modifying your message for the different audiences you want to reach. This can allow you to craft messages that would resonate with the different audiences in terms of language, images, etc. For example, messages in different languages and images with members of the intended audience you are trying to reach instead of having a generic picture with all of the different demographics represented.

As stated in [Federal Plain Language Guidelines](#), “Address separate audiences separately.”

Action Audience

Identify the audience that can take action to address the problem you are trying to influence.

For example, if you want to encourage smoke alarm installations, it might be more effective to focus your messages directly towards adults who are capable of purchasing and installing a smoke alarm rather than children or senior citizens. If you put a heavy emphasis on messaging children and rely on them to take a message home to their parents and hope that they, in turn, will go out, purchase and then install a smoke alarm - all of this effort might have a better outcome if you focus your message directly on the parents or adults.

The same could be said if you wanted to increase the number of smoke alarms in elderly housing. Would you have a better return if you focused on those that are taking care of elderly parents versus the elderly population itself?

If you are having a problem with cooking fires in your jurisdiction, is there a particular demographic whose cooking practices might need to be addressed?

Are there candle fires occurring that are related to religious practices?

In other words, where will your efforts have the most direct, effective impact? Identify and develop your message for your audience, and keep in mind that you might have to address each one separately rather than attempting to take the one-size-fits-all approach (and hope that it works).

Another key approach is to develop your message so that it is addressing just one person, not a group of people. Use singular nouns and verbs.

For example:

You need smoke alarms in your home to help protect you and your family.

Not...

Parents should install smoke alarms to protect their families.

This approach makes the message more personal and will resonate more with your intended audience.

Neighborhood

It is important to determine what type of setting your audience lives in - is it urban, suburban or rural?

This will matter when you are talking about, for example, two ways out. If someone lives in a high-rise, the second way out is an exit stairwell versus someone that lives in a house and could possibly use a window.

Characteristics

Once you identify your intended audience, you need to learn more about them to craft a message that will work. Who are they? What are their needs/wants/desires? What challenges might there be to either receiving the message you want to transmit, or having the ability to carry out the call-to-action in your message?

This can cover a lot of areas that include

- Chronological age
- Developmental age
- Disabilities (physical and cognitive)
- Physical capabilities
- Language
- Age
- Race
- Gender

Chronological Age

If your intended audience are very young children, then talking about not putting metal into a microwave would be beyond their understanding, or they may be too young to even be using a microwave. That type of message would be better for older children or for parents and caregivers.

Developmental Age

While it is easy to focus on a particular group (children aged 10 to 15, for example), there may be situations where their developmental age does not align with their chronological age. They may not be able to comprehend a message that is designed for children in that demographic, so you may have to fine-tune your message to be able to match their comprehension.

Disabilities

The list of potential disabilities in any demographic can be extensive, so it is important that you identify any that may serve as a challenge to communicating, comprehending or being able to carry out the actions in your message. For example, if members of your intended audience are in wheelchairs, then talking about using a window as a second exit may not be appropriate as it would not provide a benefit to this audience. Talking about areas of refuge would.

It is important to consider the full range of possible disabilities that may be applicable - physical, cognitive and sensory. In terms of how to best address their needs, your best resource would be members of that demographic itself, they can provide you with guidance as well as professionals in the field.

Physical Capabilities

Physical capabilities are not necessarily related to disabilities. For example, someone who is 86 years old, is fully cognitive and is not physically impaired may not be able to lift a fire extinguisher and use it, or may not be able to climb out a window to escape a fire. The physical capabilities of your intended audience should be taken into consideration.

Language(s)

In determining who your intended audience is, you also need to determine what language they speak so that your message can be communicated.

If you are doing a campaign that is going out to multiple audiences, you may need to have your message translated into a series of different languages.

Do not rely on online translators as they may not correctly translate your message. Have the message translated by a native speaker (and then double-checked by a different native speaker) to ensure that it is accurate and conveys your message correctly.

Race

To be added

Gender

To be added

Messages

In crafting your message, there are some very basic tenets to keep in mind.

You want to make sure your intended audience remembers it and takes some kind of action in response, but this won't work if you overload them with information or make your call to action unclear.

In the book, [Made to Stick](#) by Chip and Dan Heath, they coined an acronym SUCCESs

- Simple - keep your message simple, to the point, focusing on one core point
- Unexpected - do something unexpected to get attention
- Concrete -
- Credible - Fortunately, the fire and burn service communities have credibility built right in!
- Emotional - Involving emotion in a message helps to gain traction in your intended audience
- Stories - Humans are built to hear stories. Narratives are great ways to communicate information.⁷

This book has a wealth of information that can really help you in crafting your messages, we highly suggest it.

Design

In addition to the design suggestions below, there are some excellent guidelines in the section focusing on [Low-Literacy Audiences](#) that apply to any messaging effort.

Short

Keeping your messages as short as possible is important - and difficult. You have to do serious message triage and remember that if you say too much, you say nothing at all.

This is difficult when you have a lot you want to convey, and to you it is all important. However, we suffer from the [Curse of Knowledge](#) in that EVERYTHING is important (to us) and, therefore, it should be important to everyone else.

Well, it isn't, so you have to ask yourself, "what is the ONE thing I want someone to remember from this message?"

And writing short messages is not easier than writing a longer one. As Mark Twain famously said, I didn't have time to write you a short letter, so I wrote you a long one."

Complete Message

Is your message complete?

This is an easy mistake to make because, as a safety professional, you have what is called "The Curse of Knowledge."⁸ You know what you intend to say, and it is clear and obvious to you. However, this might not be the case with everyone that will be receiving your message.

⁷ [Made to Stick, Chip and Dan Heath](#)

⁸ [Made to Stick, p. 19, Chip and Dan Heath](#)

For example...

Stop, Drop and Roll

That's a message that has been used for decades and seems pretty obvious and intuitive, right?

Wait...when do I Stop, Drop and Roll? When my room is on fire? If there is a grease fire?

This might seem obvious to us, but it may not be to your intended audience, so do you need to add

When your clothes are on fire, Stop, Drop and Roll

Plain Language

It is important to make sure that your message uses plain language that the average person would be familiar with. Avoid jargon, acronyms, etc. - in other words, use the type of language you would use when talking with, perhaps, your grandparents when explaining something!

The Federal government has the document [Plain Language Guidelines](#) available online that provides a wealth of information on writing so that "users can:

- Find what they need,
- Understand what they find; and
- Use what they find to meet their needs."⁹

The concepts in this document have been integrated into other parts of this Guide, but as a standalone document it is very helpful.

Another resource is "Plain Language for Public Health" published by the Public Health Communications Collaborative. This is a concise guide to some of the basic tenets of public health communications.

Simple¹⁰

Simple does not mean dumbed down.

Simple means you are conveying your message as efficiently as possible. You are focusing on the core message and only the core message. You are removing any extraneous information that takes away from it. You are using as few words as possible.

⁹ [Federal Plain Language Guidelines p.i](#)

¹⁰ [Made to Stick, Chapter 1](#)



Focused - One main message element^{11 12}

The best way to communicate is to focus on **one message**.

Stay focused on the **CORE MESSAGE**. Do not mix concepts in your message, communicate the one thing that you want your intended audience to walk away remembering. Make sure all elements (text and graphics) support this message. If they don't - eliminate them.

If you must have more than one, absolutely do not have more than three. Research has shown that the most people will remember are three messages (if that).

We all suffer from what is called "The Curse of Knowledge." We know what people need to do to be safe, and we want to tell it all to them because it is all important. You can't, you have to do message triage and determine **what is the most important thing for them to know**. If you say too much, you say nothing.

Example of what NOT to do!

The following is an example of an actual press release that was put out following a fatal fire. It has 36 fire safety tips covering 9 topics.

It provided so much information that it provided no information...in other words, by saying too much, they said nothing because there is too much to remember.

Press Release

According to the state fire marshal's office, a significant rise in fire-related deaths was recorded across the state during the first month of 2022.

Fire-related deaths across the state are up 144% compared to the same 34 days in 2021.

The agency has recorded 18 fires resulting in 22 deaths. These fire deaths were all accidental and preventable, according to officials.

According to the agency, last year 67 percent of the 107 fire fatalities involved adults over the age of 40. Many of these residential fires occurred in the evening with a majority starting in the living room (33%) or in a bedroom (21%). The top three causes of fatal fires in 2021 were: smoking (39%); heating devices such as space heaters, wood stoves, and fireplaces (23%); and cooking (11%).

In a statement, the state fire marshal said, "It is important to talk about fire safety with our parents, grandparents, friends, and neighbors, and help them prepare their home to be more fire safe. You can start with making sure they have working smoke alarms and carbon monoxide detectors in their home.

¹¹ [CDC Clear Communication Index, pg. 5](#)

¹² [Made to Stick, Chapter 1](#)

Help develop a fire escape plan that takes into consideration any mobility issues they may have and practice the plan with them. If they smoke or if heaters are being used, make sure to discuss fire safety tips and that fire-safe practices are being used. These basic, common-sense steps will increase their ability to escape and survive a fire.”

He continues, “If I could get one message out to everyone, it would be to ‘get out and stay out as quickly as possible if a fire occurs in your home.”

According to the agency, the following talking points may also help facilitate a fire safety discussion with your parents, grandparents, friends, and neighbors.

Did you know:

- *Working smoke alarms may reduce the risk of dying in a home fire by as much as 60 percent.*
- *Last year an average of 1,700 house fires involved portable space heaters, resulting in 80 deaths and 160 injuries, according to the Consumer Product Safety Commission. They’re mostly caused when a space heater—typically an electric one—is placed too close to curtains, bedding, or upholstered furniture that ignited.*
- *The leading cause of fatal fires in the state involves smoking.*
- *Residents are encouraged to follow these simple tips from the National Fire Protection Association to increase their ability to survive or prevent a fire*

Home Safety Tips:

- *Clear snow away from all exterior doors so you can get out fast in the event of an emergency.*
- *Make sure your home has multiple smoke alarms, including smoke alarms in each sleeping area and one on each level of your home. Many new smoke alarms can interconnect smoke alarms, so when one sounds all smoke alarms sound.*
- *Install carbon monoxide (CO) detectors on each level of your home to alert you of high levels of CO.*
- *For the deaf or hard of hearing, consider installing smoke alarms that use a flashing light or a bed shaker device to alert them of a fire emergency.*
- *Make sure every smoke alarm is tested monthly and replace 9-volt batteries in smoke alarms at least once per year.*
- *Never remove or disable smoke alarms.*
- *Close your bedroom doors when you sleep to separate yourself from fire, heat, and toxic smoke.*
- *Make sure kids and the elderly in your home are familiar with the sound of the smoke alarm.*
- *Have a home fire escape plan that the entire family has practiced that includes having two ways out of every room as well as a meeting place outside the house.*
- *Make sure that you practice and can open and get out of windows and doors.*
- *Call 9-1-1 AFTER you exit your home if your smoke alarms or carbon monoxide alarms are sounding.*
- *Never use the range or oven as a source to heat for your home. The oven not only is a potential fire hazard, but it can also become a source of high levels of carbon monoxide.*

Smoking Safety Tips:

- *Smoke outside. Many things in your home can catch on fire if they touch something hot like a cigarette or ashes. It is always safer to smoke outside.*
- *Never smoke in bed. Mattresses and bedding can catch on fire easily. Do not smoke in bed because you might fall asleep with a lit cigarette.*
- *Put cigarettes out all the way. Do this every time. Don't walk away from lit cigarettes and other smoking materials.*
- *Put water on the ashes and butts to make sure they are fully extinguished before disposing of them.*
- *Extinguish cigarettes in an ashtray or bucket with sand.*
- *Use ashtrays with a wide base so they won't tip over and start a fire.*
- *Do not smoke after taking medicine that makes you tired. You may not be able to prevent or escape from a fire if you are not alert.*
- *Never smoke around medical oxygen. Medical oxygen can explode if a flame or spark is nearby. Even if the oxygen is turned off, it can still catch on fire.*

Space Heater Safety:

- *Place the heater on a hard, level, and nonflammable surface. These appliances are intended to sit on the floor, not on a table.*
- *Space heaters need to be plugged directly into an electrical outlet.*
- *Don't plug another electrical device or extension cord into the same outlet as a heater – that can cause overheating.*
- *Never use an extension cord with a space heater.*
- *Make sure your space heater has an automatic shut-off switch.*
- *Keep kids and pets three feet away from space heaters.*
- *Turn off heaters when leaving a room or going to bed.*
- *Keep furniture, blankets, and other household objects at least three feet away from a space heater.*

Methods of Heating Safety:

- *Carefully follow the manufacturer's instructions or have a professional install wood-burning stoves. All fuel-burning equipment must be vented to the outside to avoid a build-up of carbon monoxide inside the home.*
- *Clean chimneys don't catch fire. Make sure a professional chimney sweep inspects your solid fuel venting system annually and sweeps and repairs it whenever needed.*
- *Keep a glass or metal screen in front of the fireplace to prevent embers or sparks from jumping out.*
- *Put the fire out before you go to sleep or leave your home.*
- *Put ashes in a metal container with a lid, outside, at least 3 feet from your home.*
- *If you smell natural gas or propane near your furnace or your gas heater, do not try to light the appliance. Leave the home immediately, then call 9-1-1 and request the fire department and/or gas company respond to your home.*
- *If using a space heater that requires kerosene or propane, always use the correct fuel specified by the manufacturer and take the heater outside of the home to re-fuel or change tanks.*



- *Keep home furnishings, blankets, and other objects at least three feet away from fireplaces, and wood-burning stoves.*

Again, this is an example of a message in that it had a lot of information in it for the consumer to absorb. It would perhaps have been better to narrow the focus into, at most, three topics (better yet, one).

Main message

You want to have the important part of your message at the top or beginning of your material. Why?

People really don't read. (*Did you expect to see this? We used the concept of "Unexpected" here!*)

It's true. In this day and age, it has happened to all of us. The important part of an email is further down, but people didn't read it so they didn't get the most important part of the message.

You want to make sure you

- Grab people's attention
- If they don't read any further, at least they have seen the important information you want them to see

An old expression from the newspaper industry is "don't bury the lede." The lede is the most important part of the story, and you want it right up front...or at least in a prominent location

In today's vernacular it is TL;DR - too long, didn't read.

Don't fall victim to this.

Put it at the top, beginning or front of material or make it obvious so it can be easily seen. Have you ever driven down the road and seen a billboard that has too much information on it to absorb as you are driving by at 65 mph?^{13 14}

Visuals

Use visuals that reinforce the message^{15 16}

A picture really is worth a thousand words, but **only if it is a picture that reinforces your message.**

You don't want to have a picture just for the sake of having a picture, everything in your document, social media post, video, etc. must reinforce what you are trying to get across.

You also have to make sure you are using visuals that reflect the demographic of your intended audience. To make your message as universal as possible, if you can avoid having people in the images, that can help significantly. However, don't use this as a reason to not have images with people if they are needed to help convey your message.

¹³ [CDC Clear Communication Index, pg. 6](#)

¹⁴ [Made to Stick, Chapter 1](#)

¹⁵ [CDC Clear Communication Index, pg. 7](#)

¹⁶ [CDC Clear Communication Index, pg. 8](#)

And NEVER, ever, use clip art!

Why?

It looks cheesy, unprofessional and immediately discredits your communication. Yes, you can use stock photos, if necessary, but not clip art. (*Notice how we used the Reason Behind the Rules here.*)

When communicating data or numbers, charts can be a highly effective way of simply, and concisely communicating this information.

Call to Action¹⁷

Focus on the behavior you want to change instead of facts or stats. You can use brief, simple stats to set up your case, but don't make them complex, long or detailed.

Don't leave your intended audience wondering what they are **supposed** to do...be sure to **tell** them what they should do!

Positive Actions

Research has shown that it is more effective to tell or show people the action that you WANT people to emulate and do NOT tell or show them the action that you want them to avoid. When the emergency happens, you want them to only have to remember one thing - what they SHOULD do,

For example..

In the event of a fire, take the stairs (positive action)

Not...

In the event of a fire, do not take the elevators (negative action).

You also want to avoid using scare tactics as they have not been proven to be effective in communicating the positive action that you want to convey.

Behavioral Recommendations¹⁸

Ideally, you want behavioral change to occur whenever possible. As part of the call to action, you can focus on specific behaviors that need to be changed to accomplish the goal of the messaging effort.

It is important to give specific directions (but not too detailed!) on what you want people to do. An example of this was the recommendation by CDC during the pandemic on how to wash our hands:

1. *Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.*
2. *Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.*

¹⁷ [CDC Clear Communication index, pg. 10](#)

¹⁸ [CDC Clear Communication Index, pg. 19](#)



3. *Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.*
4. *Rinse your hands well under clean, running water.*
5. *Dry your hands using a clean towel or air dry them¹⁹*

Reason Behind the Rules²⁰

People are far more receptive to taking an action if they know WHY they need to take the action. In other words, they want to know the reason behind the rules.

"Stop smoking" is what you want to say, but if you give them a reason, people are more responsive. "Stop smoking so your kids won't start" might be more effective.

Framing

How you frame your message can have a significant impact on whether it is successful or not.

Research has demonstrated that it is more effective to focus on the positive (do this) versus the negative (don't do this) aspects. For example:

- *YES: Take the stairs during an emergency*
- *NO: Do not use the elevators during an emergency, take the stairs.*

The first message has only one positive action: *Take the stairs during an emergency*. If you want people to remember one thing, it is to take the stairs.

The second message has two actions, one negative (*Do not use the elevators during an emergency*) and a positive one (*take the stairs*). In the heat of the moment, someone may get confused and not remember what they are supposed to and not supposed to do. You want to avoid cognitive overload.

Another aspect of how you frame your message has to do with benefits versus losses, and this can be a difficult path to navigate.

Humans are much more sensitive to losses and will go out of their way to avoid LOSING something as opposed to GAINING an equivalent item. In other words, it hurts more to LOSE \$10.00 than the pleasure of GAINING \$10.00. Yes, that might sound irrational, but we are irrational beings, and this is called Loss Aversion.²¹

You can lose a semester's worth of work in a moment. Make sure your candles aren't near something that can catch fire.

In this message we placed it in context relevant to a student (*You can lose a semester's worth of work in a moment*), making it personal and something that they can identify with (and dread), and emphasized what they have to lose. We also provided a positive action that they can take.

¹⁹ <https://www.cdc.gov/handwashing/when-how-handwashing.html>

²⁰ [CDC Clear Communication Index pg. 20](#)

²¹ <https://www.behavioraleconomics.com/resources/mini-encyclopedia-of-be/loss-aversion/>



Active Voice²²

Always use active voice instead of passive voice.

Familiar language²³

Communicate using words and terms that your intended audience will understand.

Avoid, with a passion, acronyms, technical jargon, etc. We realize this is hard...this is the mainstay of how we in the fire service and burn communities talk with each other!

Bulleted lists²⁴

If you have a list of items, use bulleted or numbered lists to help make it easier to read. Be concise.

Chunks with headings²⁵

Breaking out the text into easily-digestible chunks with headings before each one will help when people scan your message.

This Guide is an example of that!

Accessibility

It is important to ensure that your message is accessible to as many people as possible in your community, including those with disabilities.

Videos will need either open captioning (where the captions are always “on” and are embedded in the video) or closed captioning where the viewer can turn the captioning on or off.

Images on websites will need to have alternative text. This allows screen readers for those with visual impairments to be able to hear what the image is portraying.

Websites may need to be 508 compliant, which is a Federal standard for accessibility. [You can learn more about this by clicking here.](#)

Sources^{26 27}

²² [CDC Clear Communication Index, pg. 11](#)

²³ [CDC Clear Communication Index, pg. 12](#)

²⁴ [CDC Clear Communication Index, pg. 14](#)

²⁵ [CDC Clear Communication Index, pg. 15](#)

²⁶ [CDC Clear Communication Index, pg. 18](#)

²⁷ [Made to Stick, Chapter 4](#)



Your message must reflect what is correct and accurate. It should come from a credible source, an authority that people can trust and this level of trust translates to the message. As members of the fire service or burn community, you already have a high level of trust with the public baked right in - use it!

Since you aren't going to go into the weeds with all of the details, information and statistics behind your message, having it delivered by, or at least coming from a credible source, gives your intended audience a comfort level.

A great example of this was in the 1980s when actor Chris Robinson, who portrayed a doctor in the soap opera series General Hospital said "I'm not a doctor, but I play one on TV..." and history was made.

Best Practices

You aren't going to get into details in your message because you will lose your audience by including too much detail. However, it is important to make sure that the information that you are giving is based on what is current best practices and is not based on common beliefs, myth or lore. Just because you have been saying something for a long time does not necessarily make it correct. Or, best practices might have changed, so it is important to make sure what you are communicating is based on factual information.

Context

You are going to keep seeing this word throughout this document...because context is king!

Make sure your message resonates with your intended audience by making it relevant to their living conditions. For example, don't talk about using a window as a second escape when your audience lives in a high-rise. Look at their context....This is another reason why it is so important to know your intended audience for your message.

Techniques

Stories or Narratives^{28 29}

To be added

Context in Storytelling

Throughout this document you are going to see us often referring to context because it is so important to make your message relatable and understandable.

In the case of storytelling, you want to make sure that your story matches the context of your intended audience. For example, a cooking fire safety video showing what to do when there is a grease fire was produced using a high-end range. How many people do you think have this type of stove in their kitchen and would relate to it?

²⁸ [Made to Stick, Chapter 6](#)

²⁹ [Don't be Such a Scientist](#)

Communicating with Numbers

Numbers, and data in general, should be used sparingly throughout your communications. You want to avoid cognitive overload and present your information as quickly and succinctly as possible so that people can absorb it at a glance.

If you do have some numbers or data that you need to include, consider the possibility of using charts or some other visual that will quickly present it.

Visuals

When you have numbers or data to convey, a pie chart, graph or other visual can be a very effective way of doing this quickly and concisely. For an excellent overview on this, see the following graphics from [Making Data Talk: A Workbook, National Cancer Institute](#)

Table 4.1 Basics of Visual Symbols


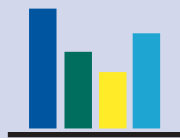
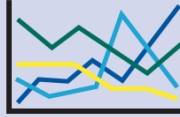



<p>Pie Charts</p> 	<p>The basics</p> <ul style="list-style-type: none"> Show proportions/percentages, especially their comparison, for a total of 100% Display a "whole" with smaller parts and how they relate to each other Good for highlighting the largest or smallest piece of something <p>Do</p> <ul style="list-style-type: none"> Make sure the largest slice is pointed at 12 o'clock Display slices clockwise in descending order Use short labels and position them horizontally and outside the pie <p>Do not</p> <ul style="list-style-type: none"> Show more than six slices
<p>Bar Charts</p> 	<p>The basics</p> <ul style="list-style-type: none"> Bars represent a group of data with heights/lengths measured using percentages, dollars, etc. Axes allow the display of two or more individual numeric values Good for displaying magnitude or comparative magnitude between groups of data Can show relative differences or patterns between/across groups Horizontal orientations allow text labels to be placed in an easy-to-read position Vertical orientations are best for showing a comparative rise or fall in counts over levels of one or more variables <p>Do</p> <ul style="list-style-type: none"> Use six or fewer bars per chart Use color/shading with strong contrast Use a bar or line to show a baseline value Use short and easy-to-understand titles, labels, key messages Select beginning and ending values and interval widths for axes that represent patterns in the data without distortion <p>Do not</p> <ul style="list-style-type: none"> Use segmented or stacked bar charts to demonstrate how proportions compare to the whole Overlay line representation on top of the bars to indicate variance estimates or confidence intervals
<p>Line Graphs</p> 	<p>The basics</p> <p>Good for showing:</p> <ul style="list-style-type: none"> A connected sequence of data, such as trends over time Before and after differences If numbers are going up, down, or remaining stable <p>Do</p> <ul style="list-style-type: none"> Use arrows or text to highlight key events or data Place labels close to their lines Include baseline data for comparison purposes Use short and easy-to-understand titles, labels, key messages Select beginning and ending values and interval widths for axes that faithfully and ethically represent patterns in the data without distortion <p>Do not</p> <ul style="list-style-type: none"> Add unnecessary labels or symbols Use more than four trend lines

Table 4.1 Basics of Visual Symbols continued

<p>Icons/Arrays</p> 	<p>The basics</p> <ul style="list-style-type: none"> • Individual graphical elements, such as circles, human figures, etc., are used to represent quantitative data • Good for showing rankings or ratings in tabular display • Good for displaying probability data representing absolute risk <p>Do</p> <ul style="list-style-type: none"> • Use body-shaped figures to represent humans when it seems fitting • Place icons representing numerator values contiguously • Use common denominators between two arrays • Highlight numerator icons <p>Do not</p> <ul style="list-style-type: none"> • Randomly place icons representing numerator values unless the sole goal of the array is to demonstrate randomness • Distort data; make sure to carefully increase the height and width of icons when showing change in magnitude
<p>Visual Scales</p> 	<p>The basics</p> <ul style="list-style-type: none"> • Use where numbers are ordered and there are equal distances between intervals; or where numbers are ordered but the intervals between values may be uneven • Use scales that are familiar, such as thermometers and meters with meaningful colors and arrows or lines showing a range of values • Use scales to visually represent risk (probability) data, and absolute risk data and comparisons <p>Do</p> <ul style="list-style-type: none"> • Provide anchoring information (lines or arrows) to give contextual cues and orient the audience to baseline data • Include short titles and key messages • Follow conventional approaches for data presentation (e.g., red to indicate higher levels of threat in the United States) <p>Do not</p> <ul style="list-style-type: none"> • Underestimate the role of emotion and perceived inequity if scales are used in involuntary exposure situations • Include too much information
<p>Data Maps</p> 	<p>The basics</p> <ul style="list-style-type: none"> • Help illustrate how frequencies are distributed geographically • Support interpretive tasks, such as comparisons • Use colors or shading to show data ranges <p>Do</p> <ul style="list-style-type: none"> • Use lines to demarcate discrete entities (geographic borders) • Write clear titles and make labels short and to-the-point but complete • Use callouts to highlight some regions when necessary • Use color to enhance attractiveness and illustrate variation in data • Use a sequential progression of colors from light to dark <p>Do not</p> <ul style="list-style-type: none"> • Place red and green side by side • Use more than three to four colors or assume that color schemes displayed on computer monitors will look the same in print

Doing Math^{30 31 32}

People are not good at doing math in their heads, and to get your message easily understood, don't make them (especially if they might do it wrong).

³⁰ [Making Numbers Count, pp. 17 - 25](#)

³¹ [CDC Clear Communication Index, pg. 22](#)

³² [CDC Clear Communication Index, pg. 24](#)

Present numbers in an easily-understood format and with consistency throughout your message.

Don't mix "80%" and then "4 out of 5" in the same message. Stick with one or the other, and preferably "4 out of 5" because that is far more relatable to people.

Numbers in Context

Numbers can be an abstract concept if not communicated with context.

659,000 people die from cardiac disease each year across the United States.

That sounds bad, but how bad is it?

- It is the leading cause of death
- 1 of 4 deaths are from cardiac disease
- 1 person dies every 36 seconds
- This is close to the population of Boston
- This is the same as almost four 747's crashing every day

For this reason, whenever possible, give your numbers context so that they are more relatable to your intended audience.

Metaphors can be an effective way of communicating numbers in context to your intended audience. You can relate them to something that is known in the community by your audience, such as the size of a school, the height of a building, the population of the community, etc.³³

Communicating Risk

People have a hard time understanding risk and may mistakenly perceive a risk of 1 in 200 as worse than 1 in 20 just because of the bigger number.

Much of what you might be trying to communicate is the risk that your intended audience may face. Keep this in context, however, and try to avoid making broad generalizations regarding risk. What may be a risk to one group or demographic is not a risk to another.³⁴

Furthermore, we suggest you avoid using national statistics in defining risk (and communications programs) for your community. Something that is a high risk at a national level (for example, smoking-related fires or Christmas tree fires) may not be the case at a local level and not need a strong messaging campaign, wasting resources that could, instead, be used in focusing on the true problem.

In other words, don't create a communications campaign that focuses on a solution seeking a problem...address the problem to be solved through your communications campaign.

You want to be sure to communicate the cause and effect connection.

³³ [Making Data Talk: A Workbook pg. 37](#)

³⁴ [CDC Clear Communications Index pg. 25](#)

Low-Literacy Audiences

In regards to developing messages for a low-literacy audience, the document “Making Health Communication Programs Work” [LINK](#) has the following observation which may be different from what you may have heard about how to create a message that would appeal to this demographic.

While these are guidelines for low-literacy, as noted at the end, these are guidelines that would apply to **any** message!

“A common misperception is that low-literacy materials are synonymous with low-reading level materials. That is, if you avoid polysyllabic words and long sentences, you’ve met the need. In fact, low literacy encompasses more than reading level, and meeting this need requires that you complete the same planning and research steps and adhere to the same fundamental communication principles that you would use for any other health communication material. The difference is that certain aspects of the process must be done with particular rigor. The following list includes pointers for designing materials for low-literacy intended audiences:

- Include only the information needed to convey the behavioral objective and support the intended audience in attaining it. Strictly limit content because poor readers struggle with every word, often reading letter by letter. Keep the piece short and focused, and let the communication strategy statement guide in answering the question, “From the many possible information points, which ones will predispose and enable the reader to take the desired action?” The biggest challenge will be excluding concepts and content points that fall outside of the category of “information the reader must know.” Do not include information just because it may interest the reader or because you are trying to promote your organization’s work.
- Organize topics in the order the reader will use them. Less skilled readers have particular difficulty connecting topics and process the flow of an argument.
- Present the most important points first and last. Studies show that indeed audiences with limited literacy skills remember these best.
- Group information into chunks with a clear, ordered format. Use steps (1, 2, 3), chronology (by time of day), or topical arrangement (main heading, subheadings), depending on how the person will use the information.
- Respect the intended audience. This is especially critical when designing low-literacy materials. Examples abound of well-intentioned materials that talk down to readers or have childlike or simple cartoon illustrations. The low-literacy population encompasses people of different ages, genders, cultures, and socioeconomic status, including highly intelligent adults with significant life experience who just cannot read very skillfully.
- Follow these guidelines:
 - Use short sentences and paragraphs
 - Write in the active voice
 - Clarify concepts with examples.
 - Avoid jargon, technical terms, abbreviations and acronyms
 - Include a glossary if necessary (but define key words within the sentence).
 - Give the reader an action step he or she can take right away (e.g., call your clinic, send in a request); this tends to improve retention of information and encourages the reader to begin practicing the desired behaviors immediately.
 - Use graphics and design to make the reader’s job easier and to increase comprehension and recall; make sure they support, rather compete with, the text.

- Don't assume that pictorial signs, symbols and charts are more effective than words for low-literacy intended audiences. Some experts suggest that "universal" symbols, such as a stop sign, an arrow, or a big black "X," usually test well. Don't confuse your intended audience with large, busy matrices - for example, functionally illiterate individuals have trouble using a bus schedule.
- Avoid using all capital letters; they are more difficult for everyone to read, particularly so for less skilled readers.
- Use captioned illustrations that are relevant to the subject matter and model the desired behavior.
- Use bullets and other graphic devices to highlight key messages and to avoid large blocks of print.
- Avoid right-justified margins.
- Pretest all materials with the intended audience. This is absolutely crucial with low-literacy intended audiences. Writers and communication specialists are highly literate by definition. It is impossible for a person who reads well and has a good vocabulary to guess what people without those skills will understand. For example, an FDA brochure on food safety used the key message, "Keep hot foods hot, keep cold foods cold." Pretesting showed that low-literacy readers had no idea what they were supposed to do based on this message, nor did they understand what foods fell into the hot and cold categories.

A final note: You will find that most intended audiences of any reading level prefer well-produced materials that follow these guidelines. (Emphasis added)

As noted, these are strong, general guidelines for any message!

Readability Testing

There is a wealth of information on conducting readability testing on your message in the CDC publication [Making Health Communications Programs Work](#) (pp 162-167) that may serve to guide you in crafting your message.

Testing Your Messages

A number of sources emphasize the importance of testing your messages before launching them widely to make sure that they are effective. However, this is a practice that is rarely done in the fire and burn communities because of the perception that it is difficult to do, time consuming, and resources to test them are difficult to access.

“Developing and pretesting messages and materials are important because they allow you to learn early in the program which messages will be most effective with the intended audiences. Knowing this will save your program time and money by ensuring that you do not go through the entire development process with an ineffective message. Positive results from pretesting can also give you early buy-in from your organization.”³⁵

Pre-Testing

The second stage, *Developing and Pretesting Concepts, Messages and Materials*, outlined in the publication [Making Health Communication Programs Work](#) from CDC, goes into extensive detail about how you can pretest your message, including:

- Steps in developing and pretesting messages and materials
- How to develop and test message concepts, including working with creative professionals, developing culturally appropriate communications, choosing the type of appeal and concept testing. In regards to working with creative professionals, this might be an opportunity to partner with a company or a program at a college or university in your community to get expertise in marketing and communications.
- Deciding what materials to develop, whether it is print, online, multimedia and to decide what channels to distribute it through.
- Develop messages and materials, including ensuring that your message is accurate, that you are being consistent, clear, including a call to action, making it relevant to your intended audience, creating an appealing message, ensuring it meets the literacy level of your intended audience and more.

While you may be tempted to skip the pre-testing process on your messages, this can be invaluable in helping you to identify:

- Content mistakes in your messages
- That your message will not resonate with your intended audience

As explained in [Making Health Communications Programs Work](#), “It is always better to conduct research with the intended audience members than to do without it, especially with audiences that you do not know well (e.g., cultural groups other than your own) or whose education or skill levels are different from yours (e.g., audiences with limited literacy skills).”

It goes on to outline what specific benefits you may gain from pretesting:

- Assess comprehensibility
- Identify strong and weak points
- Determine personal relevance

³⁵ [Making Health Communications Programs Work, pg. 54](#)

- Gauge confusing, sensitive or controversial elements³⁶

There is no doubt about it – pretesting your messages takes time and resources, but the return can be well worth the investment. [Making Communications Programs Work](#) has recommendations on how to conduct effective pretesting (pages 77 – 86), but they also recognize that this may not be feasible for all organizations and offer some specific tips for keeping pretest costs down:

- Borrow questions from other pretests when possible
- Work with partner organizations to recruit participants and conduct tests (e.g., an African-American church, patient educators, a clinic).
- Pay for and use transcripts when you conduct focus groups so that you can review the results and make your own decisions rather than paying an analyst to do so.
- When testing with a large number of respondents:
 - Keep the questions short and to the point
 - Use as many closed-ended or multiple choice questions as possible (for easier tabulation analysis).
 - Develop codes in advance for quantifying responses to open-ended questions.
- Avoid overtesting (test to answer questions, not to gather the view of a large number of respondents).³⁷

In [Making Data Talk: A Workbook](#), it suggests two types of testing for your messages:

- Formative Testing, which means getting feedback from your intended audience while developing your messages. This can be done through surveys, interviews or focus groups to help you in designing effective messages that will work with your intended audience.
- Usability Testing, which is done after you have developed a message to see if it actually works, if it effectively communicates the information you want and meets your goal.³⁸

[Making Health Communications Programs Work](#) outlines some of the common myths about pre-testing.

Myth: I dont have the time or money.

Fact: Pretesting needs to be planned as an integral step in the materials development process from the beginning. Include time and resources for pretesting and for any changes you might need to make as a result in the project budget and timeline. Otherwise, your program may not have the funds, and your boss may see the time for pretesting and alterations in materials as a delay in production rather than evidence of careful planning and development.

Myth: My boss won't support pretesting.

Fact: Use the information in this guide and in the Selected Readings to convince your boss that you need to pretest. Beautiful materials and an elegant design can't guarantee that the intended audience will pay attention to, understand, or relate to the messages. It's cheaper to find out whether the materials might work before they are produced than to have to start over later or, worse, to have an unsuccessful program. Once you have pretested, be sure to explain to your superiors (in a report) how it worked and what resulted. Build a case for their acceptance of future pretesting. Using quotes from the intended audience or anecdotes to illustrate the findings can make the report more interesting and memorable.

³⁶ [Making Health Communications Programs Work, pg. 77](#)

³⁷ [Making Health Communications Programs Work, pg. 85](#)

³⁸ [Making Data Talk: A Workbook, pg. 25](#)



Myth: I can tell the difference between good and bad materials, so I don't need to pretest.

Fact: Many people have said this, only to find out they can be wrong. Your training and experience are essential credentials, but are you sure you can react objectively to materials you have created or are responsible for? Can you really assume the role of someone who is different from you (if you are not representative of the intended audience) and see your materials through his or her eyes? Can you defend your decision, without objective evidence, to those who may disagree?

Myth: Our artist/producer says that pretesting can't be used to judge creativity.

Fact: Graphics staff, artists, and creative writers may be sensitive to criticism from "nonprofessionals," including the intended audience. Explaining the purpose of pretesting and involving them in the pretesting may help them understand and appreciate the process. Explain that you are testing all elements of the communication and not just their work. By testing alternative concepts or executions, you can provide the creative staff with direction without telling them their work "failed."³⁹

³⁹ [Making Health Communications Programs Work, pg. 86](#)

Delivery

Timing

The Teachable Moment is an incredibly powerful opportunity to convey information. Unfortunately, it is often a tragic one in our business such as following a fire where someone is injured or killed. People's attention are focused on the event and are often very receptive to information that will change their behavior.

To make the most of a Teachable Moment:

- Have a library of prepared messages that you can tap into
- Get them out as quickly as possible, but still being sensitive to the events that have occurred
- Focus on the ONE thing (or at most THREE) that the public can do right away to avoid this happening to them. Don't throw a laundry list out there, hoping something will stick.
 - Actions such as *Install a smoke alarm today* or *Make sure your cigarettes are completely out* versus *Install a residential sprinkler system*
- And include specific steps
 - *Install a smoke alarm today. Need help? Call us at 555-1212.*

Channels

How you can most effectively deliver your message is very dependent on where your intended audience is, which is why [pre-delivery research](#) is so critically important. You may have the best message in the world, but if your intended audience doesn't hear it, what good is it? You have wasted a lot of time, money and personnel resources in creating something that just didn't work.

Social Media

Social media is the "go to" solution for many of today's communications because it is inexpensive and easy to do.

However, just because you may have posted something on Facebook or Twitter doesn't mean that it is 1) reaching your intended audience or 2) accomplishing your communications goals. If you are really looking to effect change, then make social media part of a larger communications plan and don't rely on it solely.

Using social media is very much tied into where your intended audience is, so pre-delivery research is vital.

We're not going to get into how to use the different channels effectively (Twitter, Facebook, Instagram, etc.) because there is a wealth of resources available on how to do this and the landscape is changing on a regular basis!



Traditional Media

The use of traditional media channels of newspaper, radio and television has been totally rewritten. Newspaper readership has seen a significant decline as has television news and radio. While these are not to be ignored, their impact in today's digital age has been dramatically altered. While almost all of these channels now have a digital presence, and would probably be very likely to publish your press release (check that box), your communication may very well get lost in the volume of digital information and never reach its intended audience.

Events

In person interaction is a very effective way of reaching your intended audience and potentially effecting change. However, the downside of these is it can be very labor intensive and the number of people reached per event could be relatively low.

Non-traditional Channels

Non-traditional channels - this is where researching where your intended audience is, where they can be reached, can make all of the difference. These could include faith-based organizations, neighborhood centers, senior centers, social outreach programs such as Meals on Wheels or Visiting Nurses.

By not only doing research and identifying these non-traditional channels you can also develop partnerships where you can amplify your outreach by having these organizations carry your messages for you or in their own communications.

Communication Research Methods

To make your communications as effective as possible, conducting research into your audience is invaluable. The argument may be made that “we don’t have the time/money to do this,” but is it worth the time/effort/money to put out a message that simply won’t work?

There are two types of methods that can be used in conducting this research: Qualitative and Quantitative.⁴⁰

Qualitative Methods

- Provides depth of understanding
- Asks “Why”
- Studies motivations
- Is subjective; probes individual reactions to discover underlying motivations
- Enables discovery
- Is exploratory
- Allows insights into behavior and trends
- Interprets

Quantitative Methods

- Measures level of occurrence
- Asks “How many?” and “How often?”
- Studies actions
- Is objective; asks questions without revealing a point of view
- Provides proof
- Is definitive
- Measures levels of actions and trends
- Describes

Stages⁴¹

There are four stages to the planning process where you can use qualitative research methods to help you refine your message.

Stage 1 Planning and Strategy Development

- Type of Research/Evaluation
 - Consumer and Market Research.
 - Provide information on the problem on intended audience and barriers to and opportunities for change
 - Benefits
 - Answers questions such as:
 - What dimensions of the (health) problem do we need to address?
 - How should the population be segmented and which intended audience should be focused on?

⁴⁰ CDC [Making Health Communications Programs Work](#) p 126

⁴¹ CDC [Making Health Communications Programs Work](#) pp 128 - 129

- What are the best ways or racing the intended audience
- What benefits would be credible and appealing to the intended audience?
- What images should be conveyed?
- What barriers need to be overcome?
- What actions can the intended audience take?

Stage 2 Developing and Pretesting Concepts, Messages, and Materials

- Pretesting
 - Assesses reactions to proposed messages or materials
 - Benefits
 - Tests and refines messages and materials prior to production
- Pilot or Field Testing
 - Assesses program activities in limited areas and/or time periods
 - Benefits
 - Tests and refines activities prior to full-scale implementation

Stage 3 Implementing the Program

- Process Evaluation
 - Documents and assesses implementation
 - Quantifies what was done
 - When, where, how it was done, who was reached
 - Benefits
 - Identifies areas for improvement as implementation proceeds
 - Documents progress of implementation

Stage 4 Assessing Effectiveness and Making Refinements

- Outcome Evaluation
 - Measures whether, and to what extent, a program or activity had the planned effects
 - Benefits
 - Documents the extent of the campaign's success or failure
 - Documents success to support replication
 - Determines any need to improve the existing program or future efforts
- Impact Evaluation
 - Measures whether, and to what extent, a program contributed to long-term goals
 - Benefits
 - Is not often used for health communication activities (improving health status usually requires multifaceted approaches - e.g., communication plus changes in health care service delivery and relevant policies - and its generally not possible to isolate a particular communication program's contribution to achieving longer-term goals)



Focus Groups and Surveys

The CDC publication "[Making Health Communication Programs Work](#)" has a lengthy section that discusses the use of focus groups and surveys (pages 130 - 167).

Conducting a formal focus group or an extensive survey may be beyond the capabilities (or budget) of many fire departments or organizations. Doing more informal ones may yield a wealth of information on how to more effectively reach your intended audiences and the information in the CDC publication may serve as a useful guide.

Informal focus groups and surveys can also help in defining the problem that you are trying to address or even validating whether it is, indeed, a problem that does need addressing (which can also be done through data analysis as part of your Community Risk Assessment).



Campaigns

Partnerships

Fire departments have more responsibilities being placed upon them today than ever before, well beyond the “all hazards” approach. A fire department cannot possibly be simply a reactionary force responding to every emergency that occurs, it must be proactive in identifying risks through a Community Risk Assessment and then determining how to best eliminate, minimize or mitigate a risk.

Often, this may be more effectively done in partnership with, or by, another organization in the community. In other words, the risk may be more in their wheelhouse than the fire department’s and they may be in a position to more effectively address the issue.

A good example was the opioid epidemic which caught many communities by surprise. Fire departments were responding to numerous overdose calls, and while these were saving lives, they were doing nothing to mitigate the problem. By being proactive and working with other community organizations were departments able to get a handle on the problem.



Communications Checklist

A major part of this project is the online [IMAPC-Tool Communications Checklist](#) that will take you through a series of questions about your proposed message.

It is designed to help you think about areas that you may not have considered in developing your message and provides helpful suggestions as to how you may improve your message to have a greater impact.

Once you have completed answering all of the questions, it will provide you with a summary of these areas for potential improvement. If you make these changes, you can then run your improved message through the checklist again to see how it will then score.

Resources

Area	Organization	Resource Title	Type	Synopsis	Link	PDF
Behavioral Science	behavioraleconomics.com	Behavioral Science Concepts	Website	This is a compilation of the concepts and biases often referenced in Behavioral Science.	Website	
Behavioral Science	Cialdini, Robert; Goldstein, Noah; Martin, Steve	The Small Big	Literature	A book on how small changes can result in significant changes of outcome	Website	
Behavioral Science	Freakonomics Radio	Hacking the World Bank	Podcast	Podcast on how the World Bank employed behavioral science on improving health and living conditions in third world countries.	Website	
Behavioral Science	Freakonomics Radio	The Maddest Men of All	Podcast	Podcast featuring Rory Sutherland, an advertising executive from the UK who has an incredibly different perspective on applying behavioral science	Website	
Behavioral Science	National Cancer Institute	Improving Theories of Health Behavior and Theories at a Glance	Website	The literature on health behavior is large, but progress in understanding health behaviors and in learning how to encourage such actions is not always apparent. Among the activities that may be considered are training in theory development and testing for health behavior researchers, recruiting scientists with strong theory orientations to cancer behavior research, development of state-of-the-art summaries of	Website	

				theory-relevant topics, and better communication of opportunities for theory-focused research.		
Behavioral Science	Sunstein, Cass; Thaler, Richard	Nudge - the Final Edition	Literature	Book written by Nobel laureate Richard Thaler on employing behavioral science on implementing nudges	Website	
Behavioral Science	The Nudge Unit	Behavioural Government	Website	Governments are increasingly using behavioral insights to design, enhance and reassess their policies and services. Applying these insights means governments adopt a more realistic view of human behavior than they have done in the past - and may achieve better outcomes as a result.	Website	PDF
Behavioral Science	The Nudge Unit	Mindspace, Influencing behaviour through public policy	Website	Today's policy makers are in the business of influencing behavior - they need to understand the effects their policies may be having. The aim of MINDSPACE is to help them do this, and in doing so get better outcomes for the public and society.	Website	PDF
Behavioral Science	The Nudge Unit		Website	The Nudge Unit was established in the Cabinet Office in 2010 by David Cameron's government to apply behavioral science to public policy. Now owned partly by the Cabinet Office, by Nesta and by employees, it has operations across the world.	Website	
Checklists	Gawande, Atul	Checklist Manifesto	Literature	An easy read on how checklists can be used in a wide variety of applications with a strong focus on medicine and surgery	Website	



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Communications	CDC	CDC Health Communication Gateway	Website	This is a one-stop shop for health communicators. Whether you work in public health at a federal level, a state or local level, or in the healthcare arena, we will ensure you have the best we have to offer. Subscribe to our listserv to receive new ideas shared by thought leaders.	Website	
Communications	CDC	CDCynergy	Website		Website	
Communications	CDC	CDCynergy Lite	Website	<p>Welcome to this “lighter” version of the Social Marketing Edition of CDCynergy. This tool is intended for those who have previous social marketing experience and, in particular, those who are familiar with the full edition. This CDCynergy tool is based on best practice social marketing principles, and will assist you in developing, implementing, and evaluating an effective social marketing plan.</p> <p>CDCynergy Lite is an updated version based on the original Social Marketing Edition of CDCynergy. The original was developed jointly by CDC, the Academy for Educational Development and the Social Marketing National Excellence Collaborative, a component of the Turning Point Initiative supported by the Robert Wood Johnson Foundation. We received feedback about how to improve the original tool from many of its users, took their suggestions, and made the revisions for this version. Be sure to check out other</p>	Website	PDF



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				<p>versions of CDCynergy.</p> <p>The tool takes you step-by-step through the process, giving you instructions on “What It Is” and “How It Is Done” with tools and templates for each step. Appendices contain useful charts, forms, and questions to help one move through the planning process.</p>		
Communications	CDC	CDCynergy Lite	Website	This is an online tool...needs more evaluation. It looks dated, but could be a potential model.	Website	
Communications	CDC	Clear Communication Index	Website	The CDC Clear Communication Index (Index) is a research-based tool to help you develop and assess public communication materials.	Website	PDF
Communications	CDC	Clear Communication Index - Full Index Score Sheet	PDF	Score sheet to be used in conjunction with the CDC Clear Communication Index		PDF
Communications	CDC	Clear Communication Index - Modified Index Score Sheet	PDF	Score sheet to be used in conjunction with the CDC Clear Communication Index		PDF
Communications	CDC	Crisis and Emergency Risk Communication	Website	The right message at the right time from the right person can save lives. CDC’s Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication. CDC’s CERC program provides trainings, tools, and resources to help health communicators,	Website	



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				emergency responders, and leaders of organizations communicate effectively during emergencies.		
Communications	CDC	Crisis and Emergency Risk Communication Manual	Website and PDF	CDC's Crisis and Emergency Risk Communication (CERC) manual is based on psychological and communication sciences, studies in issues management, and practical lessons learned from emergency responses. The CERC manual is intended for public health response officials and communicators who have a basic knowledge of public health communication, working with the media and social media, and local and national response structures.	Website	PDF
Communications	CDC	Guide to Writing for Social Media	Website and PDF	<p><i>NOTE: THIS GUIDE IS OUT OF DATE, HAVING BEEN WRITTEN IN 2012. WE ARE INCLUDING IT HERE IN CASE THERE IS SOMETHING OF VALUE, OR IF SOMEONE ELSE SHOULD COME ACROSS IT.</i></p> <p>This toolkit was developed by the Electronic Media Branch, Division of News and Electronic Media, Office of the Associate Director of Communication at the Centers for Disease Control and Prevention (CDC). It was designed to provide guidance and to share the lessons learned in more than three years of integrating social media into CDC health communication campaigns, activities and emergency response efforts. In this guide, you will find information to help</p>	Website	PDF



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				<p>you get started using social media—from developing governance to determining which channels best meet your communication objectives to creating a social media strategy. You will also learn about popular channels you can incorporate into your plan, such as blogs, video-sharing sites, mobile applications and RSS feeds. This toolkit is intended for a beginner audience, although some viewers with an intermediate level may find parts of the toolkit useful.</p>		
Communications	CDC	Health Communication Strategies and Resources	Website	<p>Behavior change at individual and community levels can be complex to affect and measure. Using evidence-based health communication strategies and best practices can streamline and often improve behavior change initiatives for public health. Here you'll find resources that can support your ongoing or upcoming health communication planning, research activities, disease prevention efforts, and program development and evaluation.</p>	Website	
Communications	CDC	Health Equity Guiding Principles for Inclusive Communications Fact Sheet	PDF	<p>CDC's Health Equity Guiding Principles for Inclusive Communication are intended to help public health professionals ensure their communication work, including communication of public health science, meets the specific needs and priorities of the populations they serve and addresses all people inclusively, accurately, and respectfully. These principles are designed to adapt</p>		PDF



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				and change as both language and cultural norms change.		
Communications	CDC	MessageWorks				
Communications	CDC	Social Media Tools, Guidelines and Best Practices	Website	OUT OF DATE.	Website	
Communications	Center for Community Health and Development at the University of Kansas	Implementing Social Marketing	Website	This toolkit assists in developing a social marketing effort to promote adoption and use of innovations.	Website	
Communications	Center for Rural Health, University of North Dakota School of Medicine and Health Sciences	Managing Messages: A Toolkit for Your Organization's Communication	Website	Welcome to the UND Center for Rural Health's (CRH) online Communication Toolkit. The toolkit is designed to help rural healthcare facilities and organizations tell your story through the media and other means.	Website	
Communications	Heath, Chip and Dan	Made to Stick	Literature	A book on how to craft sticky messages. An excellent, and easy, read.	Website	
Communications	Heath, Chip and Starr, Karla	Making Numbers Count	Literature	Understanding numbers is essential—but humans aren't built to understand them. Until very recently, most languages had no words for numbers greater than five—anything from six to infinity was known as "lots." While the numbers in our world have gotten increasingly complex, our brains are stuck in the past. How can we translate millions and billions and milliseconds	Website	



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				and nanometers into things we can comprehend and use?		
Communications	National Institutes of Health, National Cancer Institute	Making Data Talk: A Workbook	PDF	This workbook provides an overview of the main points contained in the book Making Data Talk: Communicating Public Health Data to the Public, Policy Makers, and the Press, as well as practical exercises for applying the book's concepts and communication principles to your unique situation.		PDF
Communications	National Institutes of Health, National Cancer Institute	Making Data Talk: Communicating Public Health Data to the Public, Policy Makers, and the Press	Website	This is the book that the workbook, Making Data Talk: A Workbook is drawn from. The link to the right is the Amazon listing for the book.	Website	
Communications	National Institutes of Health, National Cancer Institute	Making Health Communication Programs Work	PDF	This book is a revision of the original Making Health Communication Programs Work, first printed in 1989, which the Office of Cancer Communications (OCC, now the Office of Communications) of the National Cancer Institute (NCI) developed to guide communication program planning. During the 25 years that NCI has been involved in health communication, ongoing evaluation of our communication programs has affirmed the value of using specific communication strategies to promote health and prevent disease. Research and practice continue to expand our understanding of the principles, theories, and techniques that provide a sound		PDF



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				<p>foundation for successful health communication programs. The purpose of this revision is to update communication planning guidelines to account for the advances in knowledge and technology that have occurred during the past decade.</p>		
Communications	National Institutes of Health, National Cancer Institute	Theory at a Glance - A Guide for Health Promotion Practice	PDF	<p>This monograph, Theory at a Glance: Application to Health Promotion and Health Behavior (Second Edition), describes influential theories of health-related behaviors, processes of shaping behavior, and the effects of community and environmental factors on behavior. It complements existing resources that offer tools, techniques, and model programs for practice, such as Making Health Communication Programs Work: A Planner's Guide,ⁱ and the Web portal, Cancer Control PLANET (Plan, Link, Act, Network with Evidence-based Tools).ⁱⁱ Theory at a Glance makes health behavior theory accessible and provides tools to solve problems and assess the effectiveness of health promotion programs. (For the purposes of this monograph, health promotion is broadly defined as the process of enabling people to increase control over, and to improve, their health. Thus, the focus goes beyond traditional primary and secondary prevention programs.)</p>		PDF



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Communications	Olson, Randy	Don't be Such a Scientist	Literature	Don't Be Such a Scientist, Second Edition is a cutting and irreverent manual to making your voice heard in an age of attacks on science. Invaluable for anyone looking to break out of the boxes of academia or research, Olson's writing will inspire readers to "make science human"—and to enjoy the ride along the way.	Website	
Communications	Rural Health Information Hub	Health Communication	Website	Health communication includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices. Health communication often integrates components of multiple theories and models to promote positive changes in attitudes and behaviors. Health communication is related to social marketing, which involves the development of activities and interventions designed to positively change behaviors.	Website	
Communications	Tulane University School of Public Health and Tropical Medicine	10 Strategies for Effective Health Communication (9/25/20)	Website	Effective communication helps people learn protective measures to limit exposure to disease, busts myths such as hair dryers being able to kill the coronavirus, and allows administrations to advise healthcare workers about their rights, roles, and responsibilities. However, public health does not rely on effective communication only during emergencies. Health communication can also promote behaviors and choices	Website	



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				<p>that can positively impact people’s general well-being and everyday lives.</p> <p>No matter how important the message, without expert communicators in public health, it may not reach the individuals and communities who need it. Developing a clear understanding of what health communication is can help public health professionals looking to promote healthy behavior on a local or global scale.</p>		
Communications	U.S. Government	Plainlanguage.gov	Website	The Plain Language Action and Information Network (PLAIN) is a community of federal employees dedicated to the idea that citizens deserve clear communication from government. We believe that using plain language saves federal agencies time and money and provides better service to the American public.	Website	
Communications	U.S. Government	Plainlanguage.gov Guidelines	Website	The guidelines are organized into sections, but many of the topics fit within more than one section. We start with a discussion of your audience because you should think about them before you start writing or planning to write. From there we move to organization, because developing a good organization is important during your planning stage. Next, we discuss writing principles, starting at the word level and moving up through paragraphs and sections. This is the most extensive topic. We	Website	PDF



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				follow principles of writing documents with principles of writing for the web. We conclude with a short discussion of testing techniques.		
Communications	Unite for Sight	Health Communication Online Course	Website	Health communication is a health discipline that facilitates the delivery of high quality healthcare by disseminating vital health information to the public. The mass media, particularly the internet, play a primary role in this regard. Moreover, health communications is concerned with fostering strong links between health professionals and patients. By enhancing health professional-patient communication, patients can make informed decisions regarding their health, and healthcare providers can ensure that their patients adhere to clinical recommendations and treatment regimens.(2) Effective communication guides the public, the news media, healthcare providers, and patients to respond appropriately to disease outbreaks.	Website	
Communications	US Department of Health and Human Services	Health Literacy Online	Website and PDF	The U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion (ODPHP) has written a research-based how-to guide for creating health Web sites and Web content for the millions of Americans with limited literacy skills and limited experience using the Web. The	Website	PDF



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				strategies in this guide complement accepted principles of good Web design and thus have the potential to improve the online experience for all users, regardless of literacy skills.		
Communications	US Department of Health and Human Services	Health Literacy Online	Website	<p>Updated version of the 2010 publication</p> <p>This research-based guide will help you develop intuitive health websites and digital tools that can be easily accessed and understood by all users – including the millions of Americans who struggle to find, process, and use online health information.</p>	Website	
Community Risk Reduction	National Fire Academy	National Fire Academy Introduction to Community Risk Assessment online course	Website	<p>Introduction to Community Risk Assessment (ICRA)(Q0843) is a new online self-study course that empowers the learner with a foundational understanding of the components, benefits, and processes of conducting risk assessments. As a prerequisite to the National Fire Academy (NFA) risk reduction program pathway, this course brings all students to the same level of understanding about risk assessments as they progress into more advanced courses. This course uses realistic scenarios to expose students to real-life situations. Students can expect to receive a foundation in vocabulary, working with demographic and community data, and interacting with stakeholders.</p>	Website	
Community Risk Reduction	NEPA	CRR Fact Sheet	PDF			PDF



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Community Risk Reduction	NFPA	CRR website	Website	The CRA is a comprehensive evaluation that identifies, prioritizes, and defines the risks that pertain to the overall community. It is a critical first step in the CRR process and results in a full understanding of the community's unique risks, capabilities, and characteristics. For more information on CRR and CRA view the full standard or download our free CRR fact sheet. (PDF)	Website	PDF
Community Risk Reduction	Vision 20/20	Vision 20/20 Community Risk Assessment Guide	PDF			PDF
Messaging	NFPA	Educational Messages Advisory Committee (EMAC)	PDF	The EMAC public education messages are used throughout NFPA's educational programs, curricula, and handouts, and provide fire and life safety educators with accurate and consistent language for use when offering safety information to the public. Each topic area is self-contained, written so that all the information needed on a certain subject is provided within that category.	Website	