

2027-04-26 · 80 minutes

Message draft

Your goal: Draft an evidence-based public health message tailored to a specific audience.

One product: Public health message draft with named target audience, one-sentence evidence-backed core message, specific call to action, reading-level note, and evidence citation.

Question: How can you turn a supported health fact into a clear, usable message without inventing a service or promising an outcome?

Start the work

Choose tone with the audience in mind, keep the facts honest, and distinguish a reasoned message choice from measured behavior change.

1. Define your target audience and their main concern.
2. Write a one-sentence core message backed by evidence.
3. Add a clear, specific call to action.
4. Check the reading level fits your audience.
5. Cite the evidence behind your recommendation.

Without access or a confirmed assignment, save the dated draft and mark submission and actual portfolio attachment pending.

Words you will use

audience

The specific people a message is meant to reach.

core message

The main fact or idea a reader should retain.

call to action

A clear statement of what the reader should do next.

evidence

Information that supports a claim.

evidence-backed

Supported by evidence within its stated limits.

recommendation

A proposed action with reasons supporting it.

plain language

Wording that the intended audience can understand and use.

jargon

Specialized words that may be unfamiliar to the intended reader.

reading-level note

A record of wording checks, changes, audience assumptions and limits.

readability

Features of written text that affect how easy it is to read.

health literacy

The ability to find, understand and use health information and services.

citation

A pointer that lets someone find a source.

provenance

Where information came from and how it was made.

influenza

Flu, an illness caused by influenza viruses.

transmission

The spread of an infectious agent from one host to another.

vaccine

A product that helps the immune system build protection against a disease.

vaccination

Receiving a vaccine.

immunization

The process of developing protection, commonly through vaccination.

mitigate

To reduce the severity or likelihood of a harmful effect.

risk

The chance of a specified harmful outcome under stated conditions.

complication

An additional health problem that can occur during or after illness.

eligibility

Meeting the requirements for a particular service or intervention.

precaution

A condition that requires careful professional consideration before an action.

timing

When an action occurs or is appropriate.

availability

Whether a service or product can actually be obtained.

cost

The amount someone would need to pay.

qualified claim

A statement that includes the limits needed for accuracy.

guarantee

A promise that an outcome will occur.

behavior change

A change in what someone actually does.

comprehension

Understanding the meaning of information.

prediction

A statement about an outcome not yet observed.

assumption

A condition used in reasoning that has not necessarily been verified.

uncertainty

What remains unknown or not established.

privacy

Protection and appropriate control of personal information.

usability

How readily intended users can understand and use a product.

wireframe

A rough layout showing where a product's parts will go.

peer review

A real person checking another person's work and giving feedback.

solo critique

A clearly labeled review done independently using supplied checks.

revision

A change made to improve a draft.

portfolio

An organized collection of work and evidence.

source scope

What a source supports and what it cannot establish.

H1: write your own complete message

This is original message-writing practice. You will draft the message; the supplied inputs are not a completed learner product or proof of a real campaign.

Your product includes a named audience, one evidence-backed core sentence, a specific action, a reading-level note and an evidence citation. Keep every part when you shorten the message.

Warmup: name a specific audience and its main concern. Then write one simple action it could take this week. Use D1 instead of guessing real families' worries.

Fill the prerequisite blanks: My audience is _____. The one thing I want them to do is _____. Keep the action feasible and within the evidence.

Your earlier risk-communication debate is not assumed complete. Use its main principle as a connection, and label any unfinished actual work honestly.

The task is to draft, check and revise a message. No public posting, real health survey or collection of personal information is part of this paper exercise.

D1: original adult audience profile

For this exercise, write for fictional adults aged eighteen to sixty-four who want reliable flu-vaccine information before making an appointment. They have limited time to read.

The profile stipulates two things they know: flu is an illness, and appointments may take planning. Their main concern is finding a feasible next step without unexpected cost.

They need to learn what the supplied evidence supports and what to ask before arranging a visit. The profile assumes they can read a short English message.

This is not a survey of John Hay adults or a claim about every adult's language, reading skill or preference. Real audience needs would require respectful verification.

No vaccine history, allergy, diagnosis, pregnancy, insurance record or individual clinical eligibility is supplied. Do not ask classmates for those details.

No specific clinic, opening time, appointment slot, price or free service is confirmed. An action can ask a provider or pharmacist to verify these details first.

E1: the flu evidence you may use

CDC states that seasonal flu vaccination can reduce the risk of flu illness and serious complications. Some vaccinated people still get flu. Protection varies by season and person. [CDC-FLU]

This supports a qualified benefit statement, not a promise to prevent every infection or guarantee protection for someone's children. No numerical effect estimate is needed here.

The current CDC page links interim guidance for the 2026–2027 season. It includes age-appropriate vaccine choices, timing and individual precautions for healthcare professionals. [CDC-INTERIM]

The guidance does not establish that a particular fictional adult needs a dose this week. It does not confirm local availability, cost or the right product for that person.

For a realistic action, direct the adult to ask a healthcare provider or pharmacist about current recommendations, timing, eligibility, availability and cost before arranging vaccination.

Name a manageable first step and time frame for asking, not a guaranteed appointment. Keep medical decisions and up-to-date local service details with qualified staff.

E2: plain language and a useful action

CDC recommends knowing the audience, putting the main message first and choosing familiar words. It advises short sentences focused on one idea. [CDC-PLAIN]

CDC also emphasizes finding, understanding and using health information, including the audience's preferred language and channels. [CDC-LITERACY]

These are communication principles. They do not supply measured clicks, appointments or behavior changes for your draft. A reading score alone cannot establish understanding or action.

Write the core message as one sentence. Keep the claim within E1. Add a separate specific action that names what the reader can do and how to start.

Use words such as flu rather than influenza when they preserve meaning. Explain a necessary term instead of deleting the evidence limit to make the sentence shorter.

Check the action for hidden assumptions: a working contact route, suitable service, eligibility, cost and timing. Unknown details stay unknown; do not invent a pharmacy offer.

R1: a complete reading-level note

Read your draft aloud or silently as if you were the stated audience. Mark unfamiliar terms and long sentences. Check whether the core and action are easy to find.

For this local note, count the words in each core/action sentence by spaces. State that method, record the counts and identify one wording change.

Explain why the change fits D1 while preserving meaning. Include the assumed language and one remaining access or understanding limit.

Example note structure: I changed [original words] to [new words]. My core has [count] words and my action has [count] words using a space-separated count.

Finish: This may help [audience need], but I have not measured [understanding or behavior]. A word count is a screen, not a grade-level score.

If you actually use a readability tool, name it and report its actual result separately. Do not invent a sixth-grade score, audience test or measured improvement.

Q1: self-check and two critique prompts

Rewrite the supplied sentence: “Individuals are encouraged to obtain seasonal immunization to mitigate influenza transmission risk.” Keep it accurate and add a feasible specific action.

Useful word options are individuals -> people, obtain -> get, and influenza -> flu. Mitigate means reduce; immunization concerns building protection. Choose wording that fits the actual claim.

Use E1’s illness-risk benefit instead of promising that every person stops transmission. Do not add a free local shot, a specific pharmacy, or guaranteed protection for children.

Recovery: reduce your draft to the essential fact and action. Then restore the audience label, reading-level note and citation; two bare sentences alone omit required parts.

Peer review: ask a partner to identify your audience, core message and action without your explanation. Keep the real comment and your revision if a partner is available.

If a partner is unavailable, apply both supplied solo prompts. Label them as authored checks, not actual peer feedback.

Solo prompt A: Can you locate the audience, one core sentence and the action? Quote each part and name anything missing or unclear.

Solo prompt B: Does any word promise complete protection, a free service or a known appointment? Compare it with E1, and flag an unsupported claim or justify agreement.

After both checks, record an original sentence, a revised sentence and why it is better. If no content change is needed, show a justified clarity improvement.

Extension: write versions for a teenager and a grandparent. Label the exact changed phrase and explain your assumed need without treating age as a reading-skill test.

P1: actual course, peer and service holds

For April 26, draft your message for Claim Evidence Reasoning. Ask your teacher which parts of Activity 5.1.2 Public Health in the News to complete alongside it.

The official activity requires an Interactive Health Map and video, disease/location/time filters, notebook trend notes and group discussion. Obtain the assigned materials; do not invent map observations.

It also requires three current articles: one local issue, one elsewhere in the United States and one outside the United States. At least one must concern a noninfectious issue.

Use the assigned Article Organizer to record each issue, the public-health response and innovative ideas. The organizer and three-article set are not supplied by this flu-message practice.

Keep the real partner comparison, two teacher-supplied national/international map flags, wall-map placement, class discussion and notebook reflection pending until performed. Local issues are discussed without a flag.

The wall map later informs the health-issue choice for the Problem 5.1.3 grant proposal. Your message does not complete that proposal or the map/article work.

Confirm the assigned conclusion questions and any extra resources. Address malaria geography and two risk-reduction strategies, disease/risk-factor distribution, vaccination barriers and a strategy, chronic/infectious patterns and a reasoned priority health concern.

Use current evidence for those separate questions when assigned. No map data, article findings or completed conclusion answers are supplied here.

Ask whether this message draft is an accepted part or alternative for the assigned work. Keep each remaining official requirement pending; do not mark the activity complete from this draft.

After genuine assigned work, attach your message and citation to the required Problem 5 evidence portfolio. Mark the attachment pending until it is actually submitted.

Ask whether you should work with a partner. Continue this message draft unless your teacher confirms a different task.

The April 26–30 checklist requires audience, privacy, usability, revision and a public-health product. Keep the required slide/paper wireframe with that work; this draft does not replace it.

The broader unit also asks what the audience knows and needs, privacy protection and a partner usability revision. Keep those later requirements separate from today's five-part message.

Follow the April 26 assignment.

Confirm the deadline for this draft with your teacher. The next privacy check is Tuesday, April 27.

No homework is due before this class. Keep any unfinished plan, debate and actual asynchronous post/reply pending. Reading this lesson does not complete that work.

Save one PDF with the five message parts and supporting checks. In your enrolled BI section, match Message draft; the dated folder is Claim Evidence Reasoning.

Follow your teacher's filename and identity instructions. Without a confirmed assignment or access, save the draft and mark submission and portfolio attachment pending.

The public guidance was checked in September 2026. Before sharing a real message, confirm current guidance, local services and audience needs, and obtain the required approval.

M1: a different complete information-desk message

This invented public-health information desk is a separate example. Its supplied notice says: the desk opens Tuesday, 1–4 p.m., in Room 2. A printed question card is available there.

The fictional audience is adults looking for information about local health resources. They know the building has a desk but need its hours and room. No actual desk is offered.

Worked core: The health information desk is open Tuesday from 1 to 4 p.m. in Room 2.

Worked action: Read the desk notice and bring your written question when you visit.

The core uses the stated notice, not an invented service outcome. The action refers to the supplied setting; it does not claim a medical service or appointment.

Worked reading note: the core has fifteen words and the action twelve, counting space-separated words. The phrase Utilize the desk notice became Read the desk notice to reduce jargon.

The audience profile assumes English reading. No actual comprehension or attendance was tested, and the draft still needs a check of the room's access before real use.

Worked citation: M1 original information-desk notice for hours and location; CDC-PLAIN for the familiar-word principle. Original facts and public communication methods have different sources.

Worked critique: the audience, core and action are visible, but the access limit matters. Revision: add "Ask staff about room access before your visit" to the supporting information.

Use the structure, not the desk facts, for your own flu message. Do not submit this model as your response.

Try the decision

Which draft process meets the evidence and product requirements?

- Write a qualified flu fact and feasible verification action for D1, then record a reading check and supporting source.
- Promise every reader full protection and a free pharmacy visit to make the action sound easy.

- Delete the reading note and citation because two short sentences automatically prove understanding.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–5 minutes	Name the audience/concern and a simple possible action.
5–20 minutes	Read D1/E1 and write the one-sentence core.
20–40 minutes	Draft the specific action and test its real-world assumptions.
40–55 minutes	Check reading level and simplify wording with a complete note.
55–70 minutes	Add the evidence citation and complete the self-check.
70–80 minutes	Use actual peer feedback or both solo prompts; revise and record status.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Define the audience

Answer both warmups and fill the audience/action blanks. Name D1's main concern, two known points and one need.

Use the fictional adult profile or a teacher-approved de-identified profile with verified inputs. Do not guess real health worries.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Draft the core and action

Write your own one-sentence core using E1, then a specific feasible action. Check timing, eligibility, service and cost assumptions.

Ask for verified current information rather than inventing a free service or promising protection. Keep clinical choices with qualified staff.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

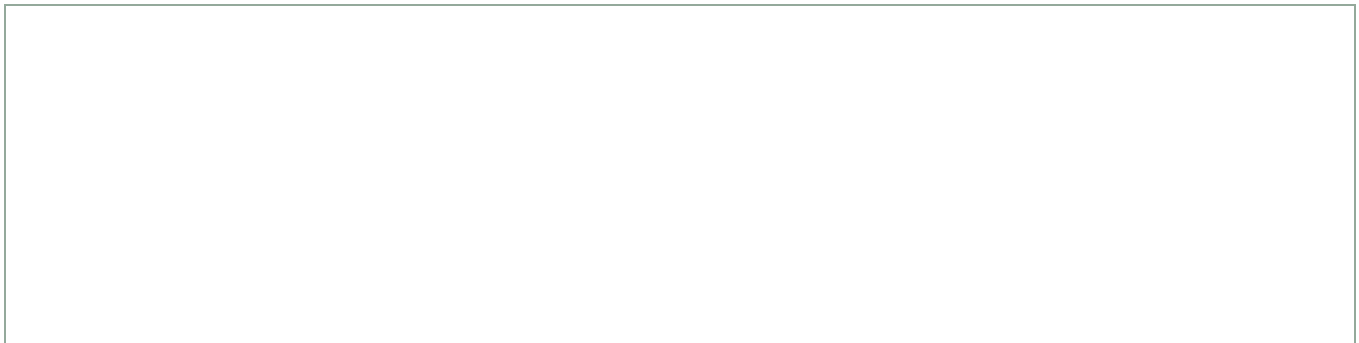


Check reading level

Read the draft, count words in each sentence using R1, and replace or explain one unfamiliar term. Write the full reading-level note.

Record exact before-and-after wording, the audience assumption and a limit. A count is not a validated grade or behavior result.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Cite and test the draft

Cite the exact source behind the core and recommendation. Complete Q1, then use actual peer feedback or both supplied solo prompts and revise.

Keep the original sentence, revision and reason. Separate original audience facts from public science and communication sources.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

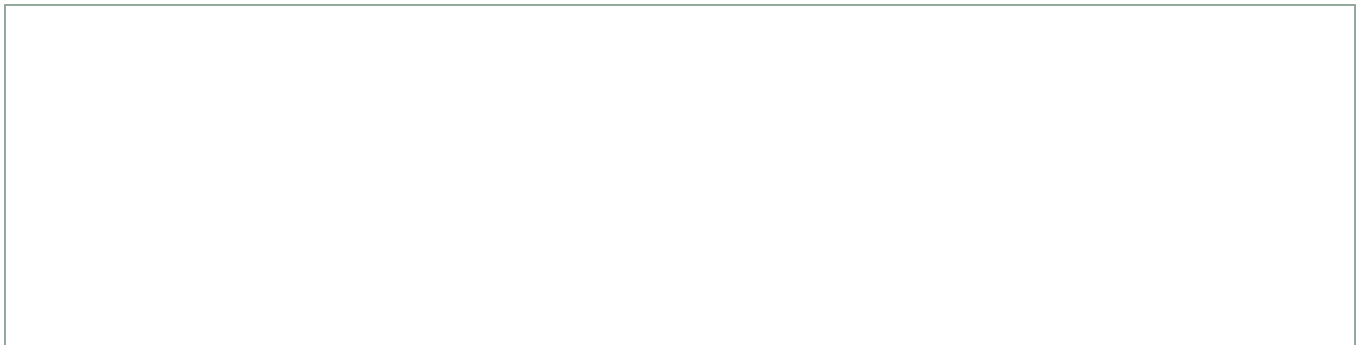


Save the complete product

Check all five product parts and record genuine course, peer, wireframe, service and submission status. Complete the two-audience extension if ready.

The concise fact/action recovery still needs the audience, reading note and citation. Pending official work remains pending.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Check your product

- The specific audience and its main concern are named.
- A single core sentence stays within the evidence and a separate action is feasible.
- The reading-level note shows exact wording checks and limits.
- The source citation, peer or solo revision and genuine-status record are complete.

Keep the limit: Original message practice and public guidance support a bounded draft. They cannot establish any individual clinical eligibility, local service, behavior change, actual peer feedback, official completion or submission.

Turn in your work

Save one PDF containing the named audience, one-sentence core, action, reading-level note, citation and supporting checks. Match Message draft in the confirmed enrolled BI assignment; the dated folder is Claim Evidence Reasoning.

Without access or a confirmed assignment, save the dated draft and mark submission and actual portfolio attachment pending.

[Open this assignment in Schoology.](#)

Carry forward

A usable message names its audience, preserves the evidence and gives a realistic action; plain wording alone does not prove behavior change.

Carry the draft, source and actual feedback status into the April 27 privacy check and later wireframe revision. What information could identify someone in the draft you plan to share?

Sources and resources

[Open today's page](#)

CDC-FLU · Key Facts About Seasonal Flu Vaccine

CDC

<https://www.cdc.gov/flu/vaccines/keyfacts.html>

CDC-INTERIM · Interim Clinical Considerations for the Use of Seasonal Influenza Vaccines in the United States

CDC

<https://www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.html>

CDC-PLAIN · Plain Language Materials & Resources

CDC

<https://www.cdc.gov/health-literacy/php/develop-materials/plain-language.html>

CDC-LITERACY · What Is Health Literacy?

CDC

<https://www.cdc.gov/health-literacy/php/about/index.html>