**CASE DOCUMENTS: Writing Guidelines About Coherence**

You are a public-information officer recently hired by the Agency for Healthcare Research and Quality (AHRQ). One of your responsibilities is to make sure that your agency’s public information on the Web is clear and accurate. Your supervisor asked you to write a set of guidelines for physicians and other researchers who write the articles you put on your site, because researchers often take excerpts from longer, more scientific studies, and their documents can be choppy. She directs you to two AHRQ “Focus on Research” fact sheets highlighting AHRQ research projects and findings: a good sample of how to write to the general reader (the HIV disease fact sheet) and a poorer sample that doesn’t seem to flow smoothly (Healthcare for Women fact sheet).

*Your Assignment*

1. Study the two fact sheets, noting the different techniques the writer used to achieve coherence in Document 9.1 and the areas that could be improved in Document 9.2. Focus on the titles, the headings, and the paragraphs. Write a brief set of guidelines using excerpts from these samples to illustrate your advice.

2. Using your text to guide you, continue to come up with guidelines on how to revise the second document on revise the second sample. I’ve done the first one for you as a sample; finish the rest with your group.

3. Fix first and last sections of “Health Care for Women”

Using “HIV” as a guide, redo the first section: give it an appropriate h2 style and name, create a topic sentence that fits the information present, and create an unordered list with the information

Using “HIV” as a guide, redo the last section: what is going on in this paragraph? Create a topic sentence, use a list to organize material, create h3 style if necessary

Use the “Modify” tab to create new Heading 1, h2, h3 styles

Use differing sizes and spacing (and perhaps fonts)

Be prepared to say how your changes helped you organize information with styles

**Example: Guidelines for Writing Coherent Reports**

**TITLES**

**Guideline:** *Clearly identify the subject and purpose of the report.*

***Flawed Title:* AHRQ Focus on Research**

This title is flawed because it does not effectively narrow the topic of *research*.

***Effective Title:* AHRQ Focus on Research: HIV Disease**

This title is more effective because it identifies the focus of the research report.

**Guideline:**

***Flawed Title:***

***Effective Title:***

**HEADINGS  
Guideline:**

***Flawed Heading:***

***Effective Heading:***

**Guideline:**

***Flawed Heading:***

***Effective Heading:***

**PARAGRAPHS**

**Guideline:**

***Flawed:***

***Effective:***

***Guideline:***

***Flawed:***

***Effective:***

**AHRQ Focus on Research: HIV Disease**

#### Scope of the Problem

About 40,000 Americans were infected with HIV in 2000. Despite progress in treating HIV disease, the costs are high—$18,300 per year for each patient—and disparities in mortality and care of HIV patients remain:

* Four of every 10 HIV patients are black. Nearly 1 in 5 is Hispanic.
* Blacks are over 1.5 times more likely than whites to die from HIV/AIDS.
* More than $7 billion is spent each year by Medicaid, Medicare, the Department of Veterans Affairs, and the Ryan White CARE Act to treat people with HIV disease.
* Around 44 percent of HIV patients depend on Medicaid, or Medicaid combined with Medicare, to pay for HIV treatment. Six percent depend on Medicare alone.
* One in 5 HIV patients is uninsured.

#### Background

The Agency for Healthcare Research and Quality (AHRQ) supports research on improving the quality of health care, reducing cost, enhancing patient safety, and broadening access to and use of essential services. Part of AHRQ’s goal in studying HIV is to learn more about access to health care for people living with the disease as well as the benefits and risks of new treatments.

AHRQ’s mission in examining what works and what does not work in health care includes not only translating research findings into better patient care but also providing public policymakers and other health care leaders with information needed in making critical health care decisions. By disseminating the results of its research on HIV, AHRQ aims to ensure that health care needs of the diverse populations with HIV are effectively met.

#### Impact of AHRQ Research

AHRQ research informs the health care system about costs, access, and outcomes of different approaches to HIV care. The contributions of two major research studies, HIV Cost and Services Utilization Study (HCSUS) and Comprehensive Health Enhancement Support System (CHESS), are discussed below.

###### *HIV Cost and Services Utilization Study (HCSUS)*

As the first major research effort to collect information on a nationally representative sample of HIV patients, HCSUS examined many aspects of care and quality of life for HIV patients. These aspects include access and costs of care, use of services, unmet needs for medical and nonmedical services, social support, satisfaction with medical care, and knowledge of HIV therapies. The following two findings from HCSUS have informed the health care system:

* People with HIV who have case managers to help them obtain and coordinate care are more likely to be meeting their needs for income assistance, home care, and emotional counseling. HIV patients with case managers are also 1.5 times more likely than those without this support to be following at least two HIV drug regimens.
* Blacks are 65 percent less likely than whites to receive new antiretroviral drug therapies even when severity levels of HIV disease are similar.

###### *Comprehensive Health Enhancement Support System (CHESS)*

CHESS is a computer-based system developed with AHRQ support that gives people with HIV access to information, expert advice, and support from other patients. Using CHESS not only helps HIV patients keep track of their condition and alert their doctors when they are having problems, but it also has helped lower their average treatment costs by $400 a month.

#### Current Projects

AHRQ is currently funding two major projects:

* ***HIV Research Network.*** AHRQ and three other agencies in the Department of Health and Human Services are sponsors of this network that collects information on persons with HIV disease from providers who specialize in HIV care. The purpose of the data is to provide policymakers and others with timely information about the cost, quality, and access to care for persons with HIV.
* ***Medication Errors in HIV Patients.*** Researchers at the University of Illinois at Chicago are designing and testing a computerized system that integrates genotype resistance test results with patients’ medication data. The goal is to reduce antiretroviral prescribing errors and improve doctors’ selection of drugs.

**AHRQ Focus on Research: Health Care for Women**

In 1900, the leading causes of death among U.S. women included infectious diseases and complications of pregnancy and childbirth. Today, other health problems and chronic conditions face women. Heart disease is the number one killer of women in the United States. Approximately 185,000 new cases of breast cancer are diagnosed among U.S. women each year, and nearly 45,000 women die from the disease. Each year, about 600,000 women have a hysterectomy. By age 60, more than one-third of U.S. women have had a hysterectomy. Costs associated with hysterectomy are estimated at $5 billion per year. An estimated 4 million women a year are victims of domestic violence.

Finally, by age 65, half of all women have two or more chronic diseases. These illnesses occur most often in minority and low-income women.

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#### AHRQ Research

The Agency for Healthcare Research and Quality (AHRQ) supports research on all aspects of women’s health care, including quality, access, cost, and outcomes. A priority is given to identify and reduce disparities in the health care of minority women, address the health needs of women living in rural areas, and care for women with chronic illness and disabilities.

This important information is brought to the attention of policymakers, health care providers, and consumers who can make a difference in the quality of health care women receive. This agency serves as a catalyst for change by promoting the results of research findings and incorporating those findings into improvements in the delivery and financing of health care.

#### Impact

AHRQ funded the development of two software tools, now standard features on hospital electrocardiograph machines, that have improved diagnostic accuracy and dramatically increased the timely use of “clot-busting” medications in women having heart attack. Women treated in emergency rooms (ERs) are less likely to receive life-saving medication for heart attack.

Older black women are least likely to be referred for cardiac catheterization. A survey of physician referral practices found that blacks and women, particularly older black women, were much less likely to be referred for cardiac catheterization than whites and men. This stimulated new research to examine why these disparities in health care occur and to evaluate interventions to reduce them.

Poor and minority women have fewer mammograms than other women. AHRQ-funded researchers have used less traditional approaches, such as providing information through churches, to increase mammography screenings. Over the past two decades, AHRQ has been a co-sponsor of research that supported mobile mammography screening vans. This intervention has also increased access to mammography for poor and minority women.

Outpatient mastectomies have increased over the last decade. Several key factors influence whether a woman gets a complete mastectomy in the hospital or in an outpatient setting: the State where she lives and who is paying for it. According to an AHRQ study, women in New York were more than twice as likely, and in Colorado nearly nine times as likely, as women in New Jersey to have an outpatient complete mastectomy.

Most patients are satisfied with the results of hysterectomy. According to a Maryland study, 96 percent of women interviewed at 1 and 2 years after hysterectomy surgery said the problems or symptoms they experienced before the surgery were completely or mostly resolved.

Fibroid tumors are the most common reason for hysterectomy for women. AHRQ studies have found that black women at any age who have uterine fibroids are more likely to have them surgically removed than are white or Hispanic women with fibroids. To date, only limited evidence shows that drugs and other nonsurgical treatments are effective in avoiding or postponing the need for a hysterectomy.

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#### Initiatives

Clinical preventive services are the focus of the U.S. Preventive Services Task Force (USPSTF), an independent panel of experts in primary care and prevention whose work is supported by AHRQ. They are updating its recommendations for preventive interventions on many conditions affecting women. For example, the USPSTF recently recommended screening mammography, with or without clinical breast examination, every 1 to 2 years for women ages 40 or older. Second, heart disease is the subject of an unprecedented long-term public-private sector collaboration to clarify which diagnostic and therapeutic interventions are most effective for women, as well as evaluate strategies to improve outcomes for older women. Finally, domestic violence is the second leading cause of death among women of child bearing age. A new 5-year effort supported by AHRQ will assess and compare health care intervention models for screening and treatment of domestic violence victims.