Improving Readability with Appropriate Design

Seven Critical Elements

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Part 1

Introductions
Disclosure

- I, Doug Seubert, do not have any relevant financial interest or other relationship(s) with any commercial entities producing health care related products and/or services.
Learning Objectives

- Define design readability within the context of patient centered care and education.
- Review some of the available research.
- Identify seven design elements proven to improve the readability of printed patient education materials.
- Evaluate sample materials using a “design score card.”
Part 2

Laying the Foundation
Definitions

- Patient-Centered Care

“Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.”

(IOM Crossing the Quality Chasm)
Definitions

- Patient-Centered Care

Access to understandable health information is essential to empower patients to participate in their care and patient-centered organizations take responsibility for providing access to that information.

(IOM Crossing the Quality Chasm)
Definitions

- Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.

(IOM Committee on Health Literacy)
Definitions

- Literacy

Using printed and written information to function in society, to achieve one’s goals, and to develop one’s knowledge and potential.

(National Assessment of Adult Literacy)
Definitions

- **Readability**

  The sum total (including all the interactions) of all those elements within a given piece of printed material that affect the success a group of readers have with it. The success is the extent to which they understand it, read it at an optimal speed, and find it interesting.

  (Edgar Dale and Jeanne Chall)
Definitions

- **Legibility**
  
  The ease at which textual and graphical elements of a document are recognized and understood.
Definitions

- Universal Design

Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The intent...is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost.

(Center for Universal Design North Carolina State University)
Part 3

Research Overview
Research Overview

- Verbal patient education should always be accompanied by written information, for it enhances the clients' understanding of what was taught and helps clients manage their own health care.


- Provision of both verbal and written health information significantly increased knowledge and satisfaction scores.

Research Overview

- The average adult in the United States reads at about the sixth to eighth grade reading level, even if their total number of years of education far exceeds that grade level.


- It is recommended that health education materials developed for the general public should not exceed sixth to eighth grade levels.

Research Overview

- The vast majority of health education materials are written at readability levels that are far above the average person's ability to comprehend (usually at least four grades higher than average readability).

Importance of Format and Design in Print Patient Information

Purpose: The purposes of this descriptive study were to identify characteristics of print education materials that healthcare providers report as important to patients; compare whether Physician Data Query (PDQ) information that was provided in its original form, or was redesigned in color and black and white, influenced the distribution of this information; and explore whether providing PDQ information via patient information racks would increase patients’ awareness of and use of PDQ information.

Description of Study: Forty-four oncology healthcare professionals were asked to complete a survey identifying characteristics that they believed important for effective print educational materials. PDQ statements were reformatted and placed in brochure racks for a 6-month period. The number of statements distributed before and after this time period were compared. Subsequently, PDQ statements were placed sequentially for a 5-week period in brochure racks in the following formats: original form as printed from the computer; redesigned with color print; and redesigned with black ink only.

Print education materials are frequently used as a means to provide patients with information about their disease process and its treatment. There are many well-developed brochures and computer databases that provide printed information. However, obtaining this information can be a barrier for some patients because they do not know how to access the information or they lack the stamina needed to search databases. At the Mayo Clinic, the use of patient information racks in high-traffic areas has provided an ideal way for patients and families to readily access and take information that is relevant to them.

The National Cancer Institute (NCI) provides many valuable brochures and booklets that are often used at the Mayo Clinic. However, the clinic’s healthcare professionals were infrequently using the NCI computer database, Physician Data Query (PDQ), as a resource for use with patients. The PDQ database provides statements that include infor-
The Effects of Font Type and Size on the Legibility and Reading Time of Online Text by Older Adults

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ABSTRACT
This study examined passages containing two serif and sans serif fonts at 12 and 14-point sizes for differences in legibility, reading time, and general preference when read by an older population. A significant main effect of size was found for font legibility in that 14-point fonts were more legible to read than 12-point fonts. A marginal interaction was also found for reading time in that participants read 12-point serif fonts significantly slower than 14-point serif or sans serif fonts. Moreover, participants significantly preferred the 14-point to the 12-point font size. Font recommendations are discussed.

Participants
Twenty-seven participants (12 males and 15 females) volunteered for this study. They ranged in age from 62 to 83, with a mean age of 70 (S.D. = 6 years). All participants were tested to have 20/40 or better unaided or corrected vision. Sixty-seven percent of the participants reported to have regularly read documents on computer screens.

Equipment
A Pentium II based PC computer, with a 60 Hz, 96dpi 15” monitor with a resolution setting of 800 x 600 was used.
Research Overview


Research Overview: Margins and White Space

- Simply Put: Tips for creating easy-to-read print materials (CDC) - "Leave at least 1/2 to 1 inch of white space between the margins of the page and between columns." [page 19]


- Clear & Simple: Developing Effective Print Materials for Low-Literate Readers (National Cancer Institute) - No mention of margins in their recommendations.
Research Overview: Available Tools

- Readability (SMOG, Fog, Fry, Flecsh-Kincaid)
- Design Checklists
- Suitability Assessment of Materials (SAM)
- Suitability and Comprehensibility Assessment of Materials (SAM+CAM)
- Health Information Materials Rating System (IT MATRS)
- ClearDoc (scorecard)
- **Design Readability Scorecard**
Readability Tools

Graph for Estimating Readability—Extended

<table>
<thead>
<tr>
<th>Basic Data</th>
<th>Derived Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentences</td>
<td>5</td>
</tr>
<tr>
<td>Total Words</td>
<td>63</td>
</tr>
<tr>
<td>Polysyllable Words</td>
<td>6</td>
</tr>
<tr>
<td>Letters</td>
<td>254</td>
</tr>
<tr>
<td>Digits</td>
<td>0</td>
</tr>
<tr>
<td>Characters</td>
<td>329</td>
</tr>
<tr>
<td>Lines</td>
<td>1</td>
</tr>
<tr>
<td>Words/Sentence</td>
<td>12.6</td>
</tr>
<tr>
<td>Syllables/Word</td>
<td>1.38</td>
</tr>
<tr>
<td>Syllables/Sentence</td>
<td>17.4</td>
</tr>
<tr>
<td>Letters/Syllable</td>
<td>2.92</td>
</tr>
<tr>
<td>Letters/Word</td>
<td>4.03</td>
</tr>
<tr>
<td>Letters/Sentence</td>
<td>50.8</td>
</tr>
</tbody>
</table>

SMOG Grade: 9.0

Words: 63
Polysyllable Words: 6
Numbers (off): 0
Total Tokens: 63
Syllables: 87
Sentences: 5
Overall design and page layout, organization and ease of "navigation"

9.1 Does the size, shape, and general look fit with the purpose of the material? *see page 196*

- [ ] Yes
- [ ] Needs improvement
- [ ] Not sure
- [ ] Not applicable

Comments:

9.2 Does the material look appealing at first glance (uncluttered pages with generous margins and plenty of white space; something to catch the eye but not confuse it)? *see page 197*

- [ ] Yes
- [ ] Needs improvement
- [ ] Not sure
- [ ] Not applicable

Comments:
<table>
<thead>
<tr>
<th>Graphic Material</th>
<th>Original SAM Scoring Criteria Provided in Book Chapter (Variable: Interaction Included in Text and/or Graphic)</th>
<th>Original Separate SAM Scoring Sheet (Variable: Interaction Used)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graphics</strong></td>
<td>Graphics includes both illustrations (pictures, photographs, borders) and charts, tables, maps, and graphs. Factors that make documents easier to understand include (1) limited use of graphs, tables, etc, or making them easier to comprehend with explanatory captions or “how to” instructions, and (2) use of illustrations that are familiar to viewers, are placed in context, are adjacent to related text, and have explanatory legends and other cues for better recognition.</td>
<td>12. Document Clarity 13. Illustrations</td>
</tr>
</tbody>
</table>

| Layout/typography | How text in materials is physically presented, arranged, and organized can influence the readers’ comprehension. Careful layout/typography of materials can make them easier to understand by incorporating (1) short sentences and high contrast between paper and type, (2) larger type size that employs both upper- and lower-case letters, and (3) headings, lists, bullets, and logically sequenced sentences to guide the readers from beginning to end. | 14. Layout and Organization 15. Typography 16. Subheading or Advance Organizers |

<table>
<thead>
<tr>
<th>at least 2 interaction techniques* (unless very short text-then 1 technique), like:</th>
<th>Reader Interaction</th>
<th>and memory.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions to which reader responds (quiz)</td>
<td></td>
<td>* Interaction does NOT mean people interacting in a picture.</td>
</tr>
</tbody>
</table>
ClearDoc Scorecard

Penalties (−1 for each)

1. Unexplained terms
2. Unnecessary information in text
3. All caps or underlining
4. Body text in italics
5. Reverse type
6. Low contrast
7. Distracting colours
8. Too many fonts
9. Lack of parallel structure
10. Spelling or grammatical mistakes
11. Any other detracting feature
Design Readability Scorecard

1. Font

<table>
<thead>
<tr>
<th>Positive Points</th>
<th>Negative Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Font is appropriate size for intended audience [+5]</td>
<td>□ Document uses more than 3 different fonts [-1]</td>
</tr>
<tr>
<td>□ Main body text is a serif font [+5]</td>
<td>□ Document contains script, novelty, or “fancy” fonts [-1]</td>
</tr>
<tr>
<td>□ Heading and subheadings use a sans serif font [+5]</td>
<td>□ Document contains italicized text [-1]</td>
</tr>
<tr>
<td>□ + Total (out of 15)</td>
<td>□ Document contains words or sentences in “ALL CAPS” [-1]</td>
</tr>
<tr>
<td></td>
<td>□ Low contrast between text and background [-1]</td>
</tr>
<tr>
<td></td>
<td>□ – Total (out of 5)</td>
</tr>
</tbody>
</table>
Design Readability Scorecard

Total possible “positive points” = 65

| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

Easier to read
Part 4

7 Design Elements that Affect Readability
7 Design Elements that Affect Readability

1. Font
2. Paragraphs
3. Line Length
4. Grouping
5. Graphics
6. Color
7. White Space
1. Font

- **Size**
  - Choose a font size that is comfortable for most readers
  - 12 point to 15 point

<table>
<thead>
<tr>
<th>Fonts that are too small are difficult to read.</th>
<th>Fonts that are too big are distracting</th>
</tr>
</thead>
</table>
# Point Size by Font

<table>
<thead>
<tr>
<th>Font</th>
<th>Point Size: 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times New Roman</td>
<td>Exercise for a Healthier Heart</td>
</tr>
<tr>
<td>Century</td>
<td>Exercise for a Healthier Heart</td>
</tr>
<tr>
<td>Arial</td>
<td>Exercise for a Healthier Heart</td>
</tr>
<tr>
<td>Arial Bold</td>
<td>Exercise for a Healthier Heart</td>
</tr>
<tr>
<td>Verdana</td>
<td>Exercise for a Healthier Heart</td>
</tr>
</tbody>
</table>
Point Size by Font

30 characters (5.5 cm or 2.2 in)

Exercise for a Healthier Heart  (Times New Roman, 13 point)
Exercise for a Healthier Heart  (Arial, 12 point)
Exercise for a Healthier Heart  (Verdana, 10.5 point)
1. Font

- **Type**
  - Main body text (for print documents) should be a serif font
  - Sans Serif fonts work well for titles, headings and subheadings

<table>
<thead>
<tr>
<th>Serif Fonts</th>
<th>Sans Serif Fonts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times New Roman</td>
<td>Arial</td>
</tr>
<tr>
<td>Palatino Linotype</td>
<td>Helvetica</td>
</tr>
<tr>
<td>Century Old Style</td>
<td>Verdana</td>
</tr>
</tbody>
</table>
Character Characteristics

Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
Literature Review

Which Are More Legible: Serif or Sans Serif Typefaces?

Last updated: 7 April, 2005

About this work

Back in 1998 when Times New Roman was still widely used on the web, my then boss made sure we always designed our medical web sites with Arial, as she hated the look of serif fonts on the web. Was it the case that sans serif fonts were more legible, or was it just a matter of taste?

In an effort to get at the truth, I reviewed over 50 empirical studies in typography and found a definitive answer.

Introduction

An argument has been raging for decades within the scientific and typographic communities on what seems a very insignificant issue: Do serif contribute to the legibility of typefaces, and by definition, are sans serif typefaces less legible? To date, no one has managed to provide a conclusive answer to this issue.

Part 1 provides typographical definitions.

Part 2 reviews the evidence for and against the legibility of serif and sans serif typefaces.
1. Font

- Negative impact on readability:
  - Too many different fonts in a document
We have the power to prevent diabetes.

We are American Indians and Alaska Natives, and we have the power to prevent type 2 diabetes. Science has proven that we can prevent diabetes if we lose as little as 10 pounds by walking 30 minutes 5 days a week and making healthy food choices.

“I know everyone can do it once they make up their mind. A lot of people out there know it runs in their family and they think ‘Okay, I’m going to get it.’ No, it is not so. You can prevent it. If I can do it, so can you.”

GLENDA THOMAS FIFER
GILA RIVER INDIAN COMMUNITY AND DIABETES PREVENTION PROGRAM PARTICIPANT
Here are 7 powerful steps you can take to get started today:

1. **MOVE MORE.** Get up, get out, and get moving. Walk, dance, bike ride, swim, or play ball with your friends or family. It doesn’t matter what you do as long as you enjoy it. Try different things to keep it fun.

   “I found ways to work activity into my day. I walk for 10 minutes every morning. At night, my wife and I walk with our daughter.”

   **TOM JOHN**
   **SENeca**

2. **MAKE HEALTHY FOOD CHOICES.** Focus on eating less. Eat fiber-rich fruits and vegetables each day. Choose whole grain foods such as whole wheat bread and crackers, oatmeal, brown rice, and cereals. Cut down on fatty and fried foods. You still can have foods you enjoy, just eat smaller servings. Choose water to drink.

   “I used to always go back for second helpings. Now, I leave the leftovers for another day. I think it is working.”

   **JOSEPHINE MALEMUTE, RN**
   **ATHABASCAN**

National Diabetes Education Program
www.YourDiabetesInfo.org
1. Font

- Negative impact on readability:
  - Too many different fonts in a document
  - Scripts, novelty and “fancy” fonts
Script fonts are fun to use, but often difficult to read.

It’s tempting to use fancy fonts to dress up your documents.

Novelty fonts are not a good choice for health information documents.
The normally disfluent child

1. The normally disfluent child occasionally repeats syllables or words once or twice, li-li-like this. Disfluencies may also include hesitancies and the use of fillers such as “uh,” “er,” “um.”

2. Disfluencies occur most often between ages 1 1/2 and 5 years, and they tend to come and go.

They are usually signs that a child is learning to use language in new ways. If disfluencies disappear for several weeks, then return, the child may just be going through another stage of learning.

The child with milder stuttering

1. A child with milder stuttering repeats sounds more than twice, li-li-li-li-like this. Tension and struggle may be evident in the facial muscles, especially around the mouth.

try to pause a second or so before you answer. This will help make talking less hurried, more relaxed.

- Try not to be upset or annoyed when stuttering increases. Your child is doing his best as he copes with learning many new skills all at the same time. Your patient, accepting attitude will help him.

- If your child is frustrated or upset at times when her stuttering is worse, reassure her. Some children respond well to hearing, “I know it’s hard to talk at times…but lots of people get stuck on words…it’s okay.” Other children are most reassured by a touch or a hug when they seem frustrated.

Some factors may indicate that your child is more at risk for stuttering. Knowing these factors will help you decide whether or not your child needs to see a speech-language pathologist. See the chart, above right.
1. Font

- Negative impact on readability:
  - Too many different fonts in a document
  - Scripts, novelty and “fancy” fonts
  - Overuse of italicized and/or underlined text
What is a pressure sore?

A pressure sore is any redness or break in the skin caused by too much pressure on your skin for too long a period of time. The pressure prevents blood from getting to your skin so the skin dies. Normally the nerves send messages of pain or feelings of discomfort to your brain to let you know that you need to change position, but damage to your spinal cord keeps these messages from reaching your brain.

You may need to learn new ways to change your position to prevent too much pressure. Pressure sores can occur, for example, when you sit or lie in one position too long. Shearing is also a kind of pressure injury. It happens when the skin moves one way and the bone underneath it moves another way. An example of this is if you slouch when you sit.

Another type of injury, an abrasion, can occur when pulling yourself across a surface instead of lifting. This is an example of a friction injury. In addition, short exposure to high pressure, such as a bump or fall, may cause damage to the skin which may not show up right away.

Stages of pressure sores and how to care for them:

Stage One

How to recognize: Skin is not broken but is red or discolored. The redness or change in color does not fade within 30 minutes after pressure is removed.

What to do:
1) Keep pressure off the sore!
2) Maintain good hygiene. Wash with mild soap and

HOW DOES LEAD GET INTO WATER?

Lead enters the water ("leaches") through contact with the plumbing.

- Lead leaches into water through:
  - Corrosion* of
    - Pipes
    - Solder
    - Fixtures and Faucets (brass)
    - Fittings

*Corrosion is a dissolving or wearing away of metal caused by a chemical reaction between water and your plumbing.

The amount of lead in your water also depends on the types and amounts of minerals in the water, how long the water stays in the pipes, the amount of wear in the pipes, the water's acidity and its temperature.

HEALTH TIP

To help block the storage of lead in your child's body, serve your family meals that are low in fat and high in calcium and iron, including dairy products and green vegetables.

Labels

A label that declares a complete list of ingredients is safest. Labels must be read every time foods are purchased. Manufacturers can change ingredients at any time. As of 2006, wheat used in products will be identified on the label. You may verify ingredients by calling or writing a food manufacturer and specifying the ingredient and the lot number of the food in question. State your needs clearly - be patient, persistent and polite.

If In Doubt Go Without!

When unable to verify ingredients or the ingredient list is unavailable - DO NOT EAT IT. Regardless of the amount eaten, it is not worth triggering your immune system and the damage to the small intestine that occurs every time gluten is consumed, whether symptoms are present or not. A person with celiac disease may have additional food sensitivity not related to gluten.

Wheat Free Is Not Gluten-Free

Products labeled Wheat-Free are not necessarily gluten-free. They may still contain spelt, rye or barley-based ingredients that are not GF. Spelt is a form of wheat.
1. Font

- Negative impact on readability:
  - Too many different fonts in a document
  - Scripts, novelty and “fancy” fonts
  - Overuse of italicized and/or underlined text
  - Text in ALL CAPS
Shape is important

SHAPE IS IMPORTANT
1. Font

- Negative impact on readability:
  - Too many different fonts in a document
  - Using scripts, novelty and “fancy” fonts
  - Overuse of italicized and/or underlined text
  - Text in ALL CAPS
  - Low contrast between text and background
A Quick Look at Diabetes

Diabetes is a life-threatening condition. Risk factors include obesity, high blood pressure, elevated glucose, being age 45 or older, a family history of the disease and race/ethnicity (African American, Native American, Asian American, Hispanic/Latino and Pacific Islander). Exercise and weight loss can help avoid adult-onset diabetes (type 2). Could you be at risk? Some evidence suggests that people with mental illness are at a higher risk for diabetes than the general public, regardless of weight and other risk factors.

There has been increasing interest and concern about the connection between atypical antipsychotics and the development of sugar problems and diabetes in people who take these medicines. This is important for people to monitor, as diabetes is one of the important factors that predicts heart disease. We encourage people to follow this as the field learns more about this relationship. The Food and Drug Administration (FDA), the agency responsible for putting together information and making recommendations about the indications, risks and safety of medicine, recently issued an advisory warning about the risk on atypical antipsychotics. The easiest way to follow their work is at www.fda.gov.

Here are some common symptoms of type 2 diabetes. This list is not complete and these symptoms could also be caused by other conditions.

- Fatigue
- Thirst
- Frequent urination
- Increased appetite
- Slow healing
- Blurred vision
- Impotence

If you are concerned, ask your primary care physician or psychiatrist about how to get tested. With appropriate treatment, diabetes can be controlled.

**Nutrition Tips**

- Water is your best friend. It makes you feel “full,” which can help you eat less. Try drinking eight 8-ounce glasses a day and more during physical activity.
- If you are taking a medication that gives you “dry mouth,” some people find that hard sugarless candy works better than water.
- Calcium helps keep bones strong to avoid osteoporosis. For people who have trouble digesting dairy products (milk, yogurt, cheese), orange juice fortified with calcium is a great and easy alternative.
- Never go to the supermarket when you are hungry. You’ll end up spending extra money on impulse (often unhealthy) snacks.
- If you crave something, don’t act on it right away. Wait about 20 minutes and it will probably pass.
- Foods that claim to be “low-fat” or “fat-free” are often very high in calories, sugar or sodium. Read the label to determine if it’s really a better choice.
- If you like to snack while watching TV, keep a glass of water by your side and sip that. Substitute healthy, low-calorie fruits and vegetables for cookies or chips.
- Knitting, woodworking or crossword puzzles can help keep your hands too busy to snack.
- Find a “food buddy.” You can call one another to help stay on track, go food shopping or prepare healthy meals together!

**Additional Information:**

Read the annual report you get from your water utility to find out about how they are working to reduce levels of lead in drinking water and other information about your drinking water. Call them if you have any questions.

Contact your local public health department or talk to your doctor about reducing your family’s exposure to lead.
**Health Tips**

**After Your Heart Attack**
A heart attack damages the heart, and it can take 4-6 weeks for it to heal. Here is what you can do to help it get better and prevent another heart attack.

Talk to your doctor about:
- What medicine you should take
- What you should eat
- When you can start:
  - Climbing stairs (in ___ days)
  - Lifting things (in ___ days)
  - Driving (in ___ weeks)
  - Having sex (in ___ weeks)
  - Going back to work (in ___ weeks)
- What kind of exercise program is good for you.

If you have pain in the chest, arms, neck or jaw at any time, take an aspirin and call 911 or have someone take you to the hospital right away.

Be sure to keep your next doctor’s appointment. Date:

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**Health Tips**

**Smoking**
Smoking can make you sick and shorten your life. If you quit now, you will be healthier. Quitting is hard work, but there are ways to help you.

- Smoking is dangerous, especially if you already have heart or lung disease or if you are pregnant.
- It increases your chances of having a heart attack, stroke, lung disease and cancer. When you smoke, you can make people around you sick—even your children.
- You can quit smoking even if you have smoked for a long time.
- When you quit smoking, you will feel better, live longer and save money.

**Ask Your Doctor**
- Why it is important for you to quit
- How quitting can help you
- **Ask Your Doctor** what help you can get to stop smoking.
- Ways you can help yourself
- Treatment groups with other smokers
- Medicines to help stop the urge to smoke

After starting your program, set up times to see your doctor. Next visit date:

---

**Health Tips**

**Depression**
Depression is more than just feeling sad for hours or a few days. It's a feeling of 'the blues' or hopelessness that makes it hard to get through the day.

If you feel like hurting yourself, call 911!

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**Health Tips**

**High Cholesterol**
High cholesterol is the same as hyperlipidemia. High cholesterol is when you have too much fat in your blood.

**What Can I do to Help Lower My Cholesterol?**

**Change the Way You Eat**
- Make an appointment with a dietician.
- Eat foods that do not have much fat or grease.
- Eat 5 servings of fruits and vegetables every day.
- Eat more whole grains and less red meat.

**Set Your Goals by Knowing Your Numbers**
- How much should I weigh? __________
- How much do I weigh? __________
- What is my cholesterol goal number? __________
- What is my cholesterol number? __________

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Low contrast can also be in black and white.

Low contrast makes documents hard to read.
## 1. Font

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</tbody>
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Font Total = [ ]

(subtract negative point total from positive point total)
2. Paragraphs

- Block paragraphs
  - No indenting
  - Left justified
  - One “return” between paragraphs
  - Headings and subheadings
    - Descriptive (more than one or two words)
    - Contrasting font
What can you do if you don’t understand what your caregiver is saying?
Tell them you don’t understand. Use body language. If you don’t understand shake your head to show that “No, I don’t understand.” Ask lots of questions. By asking questions you’re helping them understand what you need.

What can you do if they explain and you still don’t understand?
Tell them you still don’t understand. Try to be as clear as possible about what you do not understand. Caregivers have a duty to help you understand. You should not leave until you understand what to do and what is happening to you.

What if the caregiver is rushed and doesn’t have time to answer your questions?
Ask them if you need to schedule another appointment when they can answer your questions.

What can you do if you speak another language?
Ask for someone who speaks your language. This person can help you talk to caregivers. This person should work for the hospital or health center. Their job is to help people who speak other languages. This person may not be in the office. He or she may be on the telephone. You have the right to get free help from someone who speaks your language. Ask if there is paper work in your language.

What can you do if you have trouble reading? Or if you cannot read?
Don’t be embarrassed. Tell your caregivers. They can help you. They can explain paper work to you. They may even have paper work that is easy to read and understand.

Your doctor’s instructions are not clear. Should you try to figure it out yourself?
No. Instructions from your doctor or others are important. Tell them what you think the instructions are. Tell them if they need to write down the instructions. Tell them if you have a family member or friend who helps you take your medicine. Ask the doctor to have someone talk to your family member or friend, too.

What if you don’t understand written instructions?
Tell your caregivers. Tell them that you need to have the instructions read to you. Tell them you need instructions that are easy to read. Or that you need instructions in your language.

What can you do if you don’t understand the instructions for your medicine?
Tell your doctor if you need help. Tell them what you think the instructions are. Tell them if you don’t understand how to take your medicine. Tell them if you don’t understand when to take your medicine. Some patients don’t understand and take too much or too little of the medicine. That can be dangerous.

How can you remember all of your medicines?
Ask for a card for your medicines. Ask your caregiver to help you write down the medicines and the amount you take. Bring the card with you every time you go to the doctor.

The doctor says I need to have a “procedure.” What does that mean?
A procedure can be an operation or a treatment. A procedure can be a test with special equipment. You might be put to sleep or a part of your body might be numbed. Ask questions about what will be done to you. If you speak another language ask for someone who speaks your language. Even if you’re in the emergency room you need to understand what will happen to you.

What is informed consent?
Informed consent means that you know how your illness or condition will be treated. It means that you agree to the operation or treatment. It means that you understand the risks. That you know about other treatments available to you. And that you know what can happen if you aren’t treated. You will be asked to sign paper work after you agree to the treatment. You need to decide if you will sign or not sign the paper work only after you understand all that was explained to you.

You don’t understand the paper work you’re given to fill out. What can you do?
Ask caregivers to explain the paper work. Ask them if they can help you fill it out.
3. **Feed Your Baby Healthy Food**
   Choose foods that do not have a lot of sugar in them. Give your child fruits and vegetables instead of candy and cookies.

4. **Prevent Baby Bottle Tooth Decay**
   Do not put your baby to bed with a bottle at night or at nap time. (If you put your baby to bed with a bottle, fill it only with water.)
   
   - Milk, formula, juices, and other sweet drinks such as soda all have sugar in them. Sucking on a bottle filled with liquids that have sugar in them can cause tooth decay. Decayed teeth can cause pain and can cost a lot to fill.
   
   - During the day, do not give your baby a bottle filled with sweet drinks to use like a pacifier.
2. Paragraphs

- Negative impact on readability:
  - Jagged left margin
What is a Pediatric Allergist/Immunologist?

If your child suffers from allergies or other problems with his immune system, a pediatric allergist/immunologist has special skills to treat your child.

Your child’s immune system fights infections. If your child has allergies, her immune system wrongly reacts to things that are usually harmless. Pet dander, pollen, dust, mold spores, insect stings, food, and medications are examples of such things. This reaction may cause her body to respond with health problems such as asthma, hay fever, hives, eczema (a rash), or a very severe and unusual reaction called anaphylaxis.

Sometimes, if your child’s immune system is not working right, he may suffer from frequent, severe, and/or uncommon infections. Examples of such infections are sinusitis (inflammation of one or more of the sinuses), pneumonia (infection of the lung), thrush (a fungus infection in the mouth), and abscesses (collections of pus surrounded by inflamed tissue) that keep coming back.

A pediatric allergist/immunologist finds and treats these allergies and immune system problems.

What kind of training do pediatric allergists/immunologists have?

Pediatric allergists/immunologists are medical doctors who have had

- At least 4 years of medical school
- Three years of primary care pediatric residency training
- At least 2 to 3 more years of study in an allergy and immunology program
- Certification from the American Board of Allergy and Immunology

may combine avoiding things that cause symptoms, immunotherapy (allergy shots), or medication. Tests and effective treatments also are available for various causes of a weakened immune system.

Where can I find a pediatric allergist/immunologist?

Pediatric allergists/immunologists practice in a variety of medical settings. These include children’s hospitals, university medical centers, large community hospitals, and private offices. Ask your pediatrician or a local children’s hospital to help you find an allergist/immunologist who works with children.

Pediatric allergists/immunologists — specialized care for children

Children are not just small adults. They cannot always tell us what is bothering them. They cannot always answer medical questions. They are not always able to be patient and cooperative during a medical examination.

Pediatric allergists/immunologists know how to examine and treat children in a way that helps them relax and cooperate. Their goal is to identify the causes of these disorders in your child, and to offer ways to decrease symptoms so that your child can live a healthier life.

If your pediatrician suggests that your child see a pediatric allergist/immunologist, you can be assured that she will get expert care. That care will include the most up-to-date treatment and therapy options to improve your child’s quality of life.
Keeping your blood glucose (sugar), blood pressure, and cholesterol under control can prevent diabetes complications. You need to know your numbers and your target goals.

There are two different tests to measure your blood glucose.

• A plasma blood glucose test you do yourself, using a drop of blood and a meter; it measures your blood glucose at the time you check it

**What should my blood glucose numbers be**

Set your goals with your health care provider and keep track of your glucose checks in a record book.

Good blood glucose levels are usually in the following range:

• 90 – 130 mg/dl on waking and before meals
• 180 or less – 2 hours after meals
• 100 – 140 at bedtime
Staying healthy

Your treatment plan includes keeping your entire body healthy. Diabetes increases the risk for other health problems such as infections or foot problems. There are many simple ways to reduce your risk.

Diabetes Check Ups

- See your health care provider every 3 to 6 months.
- Have annual tests of your cholesterol and kidney function.
- Have your A1c level checked at least twice a year.
- Have a dilated eye exam every year.
- Review your healthy eating plan with your health care team.
- Bring in your blood glucose meter so it can be checked to make sure it is

Preventing Infection

- Have an annual influenza vaccination (flu shot).
- Have a pneumonia vaccination.
- Have a tetanus vaccination every 10 years.
- Do not visit with people who have contagious illnesses such as colds or influenza.
2. Paragraphs

- Negative impact on readability:
  - Jagged left margin
  - Short, non-descriptive headings and subheadings
SAFETY

In the interest of your safety, it is important that you inform your doctor, the MRI interviewer, or the technologist if you have a pacemaker, any implanted metal objects, aneurysm clips, an intrauterine device (IUD), or any implanted electronic device. It is also important to mention if you have ever been a metal worker, been wounded in military service, or suffered a gunshot or knife wound. You will be asked a series of questions before the study which are intended to insure that the exam is safe for you.

MRI has not been approved for use on pregnant females. There is no evidence at this time to suggest that short-term exposure to electromagnetic fields used in MRI imaging harms the developing fetus. However, if you are pregnant, or might be pregnant, inform your doctor or the technologist.

ADMINISTRATION

Determine site to be used. Wipe skin with alcohol swab, and squeeze the site. Pick up syringe like a pencil and push needle straight into the skin. Pull back on plunger slightly to check for blood. If none appears, push plunger down. Pull out needle and apply a slight pressure to the injection site using the alcohol swab. If blood appears, withdraw needle from the site and discard the whole syringe and medication. Start over with a new syringe and medication. Give medication into a new site. Pull out needle and apply a slight pressure to the injection site using the alcohol swab.
IMPETIGO

Cause
Impetigo is a skin infection caused by germs. It is most common in children and it is contagious. Impetigo forms round, red, oozing spots with honey-colored crusts that grow larger day-by-day. The spots can be itchy or tender. Pimples and blisters may appear. The hands and face, especially around the mouth and nose, are the favorite locations for impetigo, but it often appears on other parts of the body. While the germs causing impetigo may have been caught from someone else with impetigo or boils, impetigo usually begins without any apparent source of infection. Most often, people with impetigo otherwise feel well. Fever, diarrhea, and generalized weakness are signs of a more serious infection.

TREATMENT
Antibiotics taken by mouth usually clear up impetigo in 4 to 5 days. It is important for the antibiotic to be taken faithfully until the prescribed supply is completely used up, usually after 7 to 10 days. If an antibiotic ointment is used, it should be applied twice a day for 7 to 10 days. The ointment will work best if the crusts are soaked off with a clean, damp cloth. Most crusts can be gently wiped off after they are soaked for up to 15 minutes.

CONTAGION
Impetigo is contagious when there is crusting or oozing. While it’s contagious, take the following precautions:

• Avoid close contact with other people.
• Keep children home from school for 1 to 2 days.
• Use separate towels. Towels, pillowcases, and sheets should be changed after the first day of treatment. Clothing should be changed and laundered daily for the first 2 days.

All these measures are only needed during the contagious, crusting, or oozing stage of impetigo. Usually the contagious period ends within 2 days after treatment starts. Children can then return to school and special laundering and other precautions can be stopped.

If the impetigo does not heal in 1 week, please return for evaluation. The germ may be resistant to the antibiotic or there may be another cause for the problem.

If you have any questions or concerns, call:
Dr. __________
Telephone __________
Contamination in Food Preparation

When preparing gluten-free foods they must not come in contact with food containing gluten. Contamination can occur if foods are prepared on common surfaces, or with utensils that are not thoroughly cleaned after preparing gluten-containing foods. Using a common toaster for GF bread and regular bread is a major source of contamination. Flour sifters should not be shared with gluten-containing flours. Deep fried foods cooked in oil shared with breaded products should not be consumed. Spreadable condiments in shared containers may also be a source of contamination. When a person dips into a condiment a second time, with the knife (used for spreading), the condiment becomes contaminated with crumbs (e.g. mustard, mayonnaise, jam, peanut butter and margarine).

 Regulations, to reduce the risk of contamination in manufacturing. Let common sense be your guide.

Not all adverse reactions are due to Celiac Disease:
Lactose intolerance, food sensitivities or allergies to soy, corn, other foods or even the stomach flu, are common causes of symptoms similar to celiac disease. Newly diagnosed celiacs may have trouble digesting certain foods, especially fatty ones, until the small intestine has had a chance to heal and start absorbing normally. If necessary, keep a diary of foods eaten. Read labels, remember what you ate, and listen to your body.

Attitude is Everything

Like anything new, it takes time to adjust to the GF diet. It is natural to mourn old food habits for a short time. Stay focused on all the
2. Paragraphs

- Negative impact on readability:
  - Jagged left margin
  - Short, non-descriptive headings and subheadings
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<table>
<thead>
<tr>
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  - Awkward spacing between lines of text
  - Text that is centered, right justified, of full justified
The 2nd Leading Cancer Killer
Among cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the U.S. But if everyone age 50 or older had regular screening tests, as many as 60% of deaths from this disease could be avoided.

Screening Saves Lives
If you’re 50 or older, getting a screening test for colorectal cancer could save your life. Here’s how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn’t be there.

- Over time, some polyps can turn into cancer.

- Screening can find polyps, so they can be removed before they turn into cancer.

- Screening can also find this cancer early, when the chance of being cured is good.

To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227). For TTY call 1-877-486-2048. Or visit www.medicare.gov.

For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.

CDC publication #99-6948 Revised February 2008
Where can I find a pediatric allergist/immunologist?
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Pediatric allergists/immunologists — specialized care for children
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Pediatric allergists/immunologists know how to examine and treat children in a way that helps them relax and cooperate. Their goal is to identify the causes of these disorders in your child, and to offer ways to decrease symptoms so that your child can live a healthier life.

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**What kind of training do pediatric allergists/immunologists have?**

Pediatric allergists/immunologists are medical doctors who have had
- At least 4 years of medical school
- Three years of primary care pediatric residency
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3. Line Length

- Recommendations for line length:
  - 2.5” to 4”
  - 7 to 14 words
  - “Alphabet and a half” (39 characters)

- 2 column layouts
  - Create shorter line lengths
  - Offer variety
3. Line Length

- Negative impact on readability:
  - Lines that are too long
Understanding Heart Failure

Heart failure is a term used to describe a heart that is not working as well as it should. This may sound frightening, but it does not mean that your heart has failed. When you have heart failure, the heart does not pump enough blood and oxygen to the rest of the body. Left untreated, heart failure can lead to very serious health problems. With the right treatment, however, heart failure can be controlled.

Heart failure is a progressive condition, meaning it can get worse if it’s not treated. It is also common, affecting more than 5 million Americans. It is the only major cardiovascular disease that is on the rise, and heart failure is now the number one reason people over age 65 are admitted to the hospital.

While there is no cure, there are things you can do to take care of yourself and control heart failure. Understanding what heart failure is and how to recognize the warning signs can help you manage your symptoms. Following your treatment plan and making healthy lifestyle changes can help you live a longer, stronger life.

What is heart failure?

If you have heart failure (sometimes called congestive heart failure), it means that your heart is not pumping blood as well as it should. It doesn’t mean that your heart is ready to quit, but it does mean your heart is weakened and needs help.

With heart failure, you may not feel well and may not be able to do normal daily activities without feeling tired or having difficulty breathing. You may also notice swelling of your feet, legs and other parts of the body.

Heart failure begins when the heart cannot relax and open to fill with blood, or cannot easily pump blood through the body. The heart may speed up, beat irregularly, or grow larger. When these changes happen, you may begin feeling some of the symptoms of heart failure, and they may become more severe unless treatment is started.
Heart arrhythmias
By Mayo Clinic staff

Definition
Heart rhythm problems (heart arrhythmias) occur when the electrical impulses in your heart that coordinate your heartbeats don’t function properly, causing your heart to beat too fast, too slow or irregularly.

Heart arrhythmias (uh-RITH-mee-uhhs) are common and usually harmless. Most people have occasional, irregular heartbeats that may feel like a fluttering or racing heart. However, some heart arrhythmias may cause bothersome — sometimes even life-threatening — signs and symptoms.

Heart arrhythmia treatment can often control or eliminate irregular heartbeats. In addition, because troublesome heart arrhythmias are often made worse — or are even caused — by a weak or damaged heart, you may be able to reduce your arrhythmia risk by adopting a heart-healthy lifestyle.

Symptoms
Arrhythmias may not cause any signs or symptoms. In fact, your doctor might find you have an arrhythmia before you do, during a routine examination. Some people do have noticeable arrhythmia symptoms, which may include:

- A fluttering in your chest
- A racing heartbeat (tachycardia)
- A slow heartbeat (bradycardia)
- Chest pain
- Shortness of breath
- Lightheadedness
- Dizziness
- Fainting (syncope) or near fainting

Noticeable signs and symptoms don’t always indicate a serious problem. Some people who feel arrhythmias don’t have a serious problem, while others who have life-threatening arrhythmias have no symptoms at all.

What is heart failure?
Heart failure is a term used to describe a heart that is not working as well as it should. This may sound frightening, but it does not mean that your heart has failed. When you have heart failure, the heart does not pump enough blood and oxygen to the rest of the body. Left untreated, heart failure can lead to very serious health problems. With the right treatment, however, heart failure can be controlled.

You may hear the words systolic and diastolic used to describe heart failure. When the heart has less pumping force it is called systolic failure. When the heart cannot relax and fill with blood the way it should, it is called diastolic failure. You may have either or both types of heart failure.

Another phrase you may hear is congestive heart failure. This is caused by extra fluid building up in the body, leading to swelling in the legs and feet, and breathing problems due to fluid in the lungs.

There are things you can do to take care of yourself and control heart failure. Learn what heart failure is and how to recognize the symptoms and warning signs. Make healthy lifestyle changes and take your medicines. Doing these things can help you live a longer, stronger life.

What causes heart failure?
- High blood pressure (hypertension)
- Narrowing blood vessels of the heart muscle (coronary artery disease)
- Heart attack
- Heart valve disease and other diseases including diabetes, lung disease and thyroid disease
- Infection of the heart muscle or valves
- Irregular heart rhythm (arrhythmia)
- Defects of the heart present at birth (congenital)
- Family history of heart failure
- Smoking or using other types of tobacco, and overuse of alcohol
3. Line Length

- Negative impact on readability:
  - Lines that are too long
  - Lines that are too short
Understanding Heart Failure

Heart failure is a term used to describe a heart that is not working as well as it should. This may sound frightening, but it does not mean that your heart has failed. When you have heart failure, the heart does not pump enough blood and oxygen to the rest of the body. Left untreated, heart failure can lead to very serious health problems. With the right treatment, however, heart failure can be controlled.

Heart failure is a progressive condition, meaning it can get worse if it’s not treated. It is also common, affecting more than 5 million Americans. It is the only major cardiovascular disease that is on the rise, and heart failure is now the number one reason people over age 65 are admitted to the hospital.

While there is no cure, there are things you can do to take care of yourself and control heart failure. Understanding what heart failure is and how to recognize the warning signs can help you manage your symptoms. Following your treatment plan and making healthy lifestyle changes can help you live a longer, stronger life.

What is heart failure?

If you have heart failure (sometimes called congestive heart failure), it means that your heart is not pumping blood as well as it should. It doesn’t mean that your heart is ready to quit, but it does mean your heart is weakened and needs help.

With heart failure, you may not feel well and may not be able to do normal daily activities without feeling tired or having difficulty breathing. You may also notice swelling of your feet, legs and other parts of the body.

Heart failure begins when the heart cannot relax and open to fill with blood, or cannot easily pump blood through the body. The heart may speed up, beat irregularly, or grow larger. When these changes happen, you may begin feeling some of the symptoms of heart failure, and they may become more severe unless treatment is started.

What causes heart failure?

- High blood pressure (hypertension)
- Narrowing blood vessels of the heart muscle (coronary artery disease)
- Heart attack
- Heart valve disease and other diseases including, lung disease and thyroid disease
- Infection of the heart muscle or valves
### 3. Line Length

<table>
<thead>
<tr>
<th>Positive Points</th>
<th>Negative Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  Document uses appropriate line length [+5]</td>
<td>□  Document contains lines of text that are too long [-1]</td>
</tr>
<tr>
<td>□  + Total (out of 5)</td>
<td>□  Document contains lines of text that are too short [-1]</td>
</tr>
<tr>
<td></td>
<td>□  – Total (out of 2)</td>
</tr>
</tbody>
</table>

*Line Length Total =__*  

(subtract negative point total from positive point total)
4. Grouping

- Chunking
  - Logical sections that flow
  - Clearly defined structure

- Blocking

- Lists
  - Bullet and Numbered

- Tables
What To Know About External Beam Radiation Therapy

About the treatment:

What is external beam radiation therapy?
- It is a common cancer treatment that uses high doses of radiation to destroy cancer cells and shrink tumors.
- A large machine aims radiation at the cancer. The machine moves around you without touching you.
- It doesn’t hurt.
- It doesn’t make you radioactive.
- It can’t be seen, felt, or smelled.

How does treatment work?
- At low doses, radiation is used as an x-ray to take pictures inside your body. In cancer treatment, higher doses of radiation are used to destroy cancer cells.

The radiation that destroys cancer cells also injures nearby healthy cells. This is why you may have some side effects.

How long does treatment take?
- The length of your treatment depends on your type and stage of cancer.
- Most treatments take 2 to 10 weeks.
- Most people get treatment once a day for 5 days in a row. Treatment usually happens on Monday through Friday. Sometimes, people get treatment twice in 1 day.
- Most treatment visits last for 20 minutes to 1 hour. You will get radiation for only 1 to 5 minutes, but you may be in the treatment room for 15 to 30 minutes. Your visit may be longer if you have other tests done.

During your treatment:
- You will probably lie down on a treatment table.
- Your radiation therapist will be in the next room to control the machine. He or she will be able to see, hear, and talk with you through a speaker at all times.
- You will need to stay very still, but you won’t have to hold your breath.
- You may see lights pointed at you. They are safe and show the therapist where to aim the radiation.

When you go for treatment:
- Don’t wear powder, deodorant, Band-Aids®, or jewelry near your treatment area.
- Wear loose-fitting, comfortable clothes.

Free Services To Learn More
National Cancer Institute Cancer Information Service
Phone: 1-800-422-6237
TTY: 1-800-332-8615
Online: www.cancer.gov
Chat Online: www.cancer.gov/help

Ask your doctor or nurse about side effects from this treatment.
The side effects you may have depend on the part of your body being treated.
There are fact sheets to help you learn how to manage side effects.
Hypothyroidism

What is hypothyroidism?

Hypothyroidism is an underactive thyroid gland. Hypothyroidism means that the thyroid gland can’t make enough thyroid hormone to keep the body running normally. People are hypothyroid if they have too little thyroid hormone in the blood. Common causes are autoimmune disease, surgical removal of the thyroid, and radiation treatment.

Symptoms

What are the symptoms?

When thyroid hormone levels are too low, the body’s cells can’t get enough thyroid hormone and the body’s processes start slowing down. As the body slows, you may notice that you feel cold more often, you may notice a dry or scratchy feeling in your mouth, and you may start gaining weight. Because the symptoms are so variable, the only way to know for sure whether you have hypothyroidism is with blood tests.

Causes

Tell your family members. Because thyroid disorders in families, you should explain your hypothyroidism to your relatives and encourage them to get regular TSH tests. Tell your other doctors and your pharmacist about your hypothyroidism and let them know which is being treated. If you are seeing a new doctor, tell the doctor that you have hypothyroidism and you need your TSH tested every year. If you are seeing an endocrinologist and he reports of your TSH be sent to your primary care doctor.

What can you expect over the long term?

There is no cure for hypothyroidism, and most patients live for life. There are some cases where patients with thyroid disease have their thyroid hormone return to normal, as do patients with hypothyroidism. In some cases, it can be due to pregnancy or other medical problems that affect the thyroid.

Hypothyroidism may become more or less severe, and your dose of thyroid hormone may need to change over time. It is important to make regular check-ups, and your doctor may need to adjust your dose as needed. If your thyroid hormone changes, your body’s processes may change and you may notice changes in your weight, energy levels, or other symptoms. It is important to keep your thyroid hormone levels normal to avoid problems with your health.

3 Diagnosis

How is hypothyroidism diagnosed?

The most common test is the TSH test. A high TSH level indicates hypothyroidism. A low TSH level indicates hyperthyroidism. The TSH test is often followed by a T4 test to check for any changes in your thyroid function. The T4 test is a more sensitive test for hypothyroidism and hyperthyroidism. The TSH test is a good way to check for any changes in your thyroid function, but it is not a good way to check for any changes in your body’s processes. If your TSH is high, your thyroid is not producing enough thyroid hormone. If your TSH is low, your thyroid is producing too much thyroid hormone.

4 Treatment

How is hypothyroidism treated?

There is no cure for hypothyroidism. Hypothyroidism can be managed by taking a thyroid hormone replacement. The TSH test is used to monitor your thyroid hormone levels, but it is not a good way to check for any changes in your body’s processes. If your TSH is high, your thyroid is not producing enough thyroid hormone. If your TSH is low, your thyroid is producing too much thyroid hormone.

Follow-up

It is important to have your TSH checked every 6 to 12 weeks after a thyroid dose change. You may need to make changes to your diet or take supplements to help with your thyroid function. It is important to keep your TSH levels normal to avoid problems with your health.
Take these steps to keep your kidneys healthy

1. Manage your diabetes and keep your blood pressure below 130/80 mmHg.
   - Eat healthy and cut back on salt
   - Be active
   - Take medicines as prescribed
2. Get blood and urine tests to check for kidney disease.
3. Ask your provider about blood pressure medicines that can help slow down kidney disease.

For more information

National Kidney Disease Education Program (NKDEP)
Toll free at 1-866-4 KIDNEY (1-866-454-3639)
www.nkdep.nih.gov

National Diabetes Education Program
Toll free at 1-800-438-5383
www.ndep.nih.gov

National High Blood Pressure Education Program
1-301-592-8573
www.nhlbi.nih.gov/about/nhbpep

To order this brochure, call 1-866-4 KIDNEY (1-866-454-3639) or visit www.nkdep.nih.gov.

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Cleaning hands properly is easy and quick!

**USING SOAP AND WATER**
1. Wet hands using water that is a comfortable temperature
2. Add soap to make lather
3. Rub palms, back of hands, and between fingers
4. Rub for at least 15 seconds
5. Rinse hands thoroughly and dry well

**USING ALCOHOL HAND RUB**
(also called alcohol hand sanitizer)
1. Apply to the palm of one hand (enough to use on BOTH hands)
2. Rub palms, back of hands, and between fingers
3. Rub until hands are dry (if it does not take at least 30 seconds, you may need to add more alcohol hand rub)
<table>
<thead>
<tr>
<th>How can you tell if it’s nerve pain or muscle pain?</th>
<th><strong>Nerve pain</strong></th>
<th><strong>Muscle pain</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doesn’t seem to be caused by an event or trauma</td>
<td>Caused by a physical injury, such as a fall</td>
</tr>
<tr>
<td></td>
<td>Constant and/or recurring pain that doesn’t seem to go away</td>
<td>Pain that stops once an injury heals</td>
</tr>
<tr>
<td></td>
<td>Burning, stabbing, pins and needles; even wearing clothing is painful</td>
<td>Sore and achy muscles</td>
</tr>
<tr>
<td></td>
<td>Feel depressed, helpless; normal pain medicine like aspirin does not stop the pain</td>
<td>Feel distressed but hopeful because more pain medicine relieves the pain</td>
</tr>
</tbody>
</table>
# Medicines that Lower Your Cholesterol

<table>
<thead>
<tr>
<th>Type of Medicine</th>
<th>Generic Names</th>
<th>Brand Names</th>
<th>How it Works</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMG-CoA Reductase Inhibitors (Statins)</td>
<td>atorvastatin</td>
<td>Lipitor®</td>
<td><strong>Statins</strong> work by blocking an enzyme (chemical) in the liver which is needed to make cholesterol. This lowers the amount of LDL (bad) cholesterol the body makes. Statins also lower triglycerides and raise good cholesterol levels.</td>
</tr>
<tr>
<td></td>
<td>fluvastatin</td>
<td>Lescol®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lovastatin</td>
<td>Mervacor®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pravastatin</td>
<td>Pravachol®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>simvastatin</td>
<td>Zocor®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rosuvastatin</td>
<td>Crestor®</td>
<td></td>
</tr>
<tr>
<td>Cholesterol Absorption Inhibitors</td>
<td>ezetimibe</td>
<td>Zetia®</td>
<td><strong>Cholesterol absorption inhibitors</strong> lower the amount of cholesterol that is absorbed into the body. They are usually taken with a statin to lower LDL (bad) cholesterol.</td>
</tr>
<tr>
<td>Bile Acid Resins</td>
<td>cholestyramine</td>
<td>Questran®</td>
<td>The liver uses cholesterol to make bile acids, which help you digest food. <strong>Bile acid resins</strong> decrease the amount available for the liver to use, so the body finds and uses LDL cholesterol instead. This lowers the LDL level in the blood.</td>
</tr>
<tr>
<td></td>
<td>colestipol</td>
<td>Colestid®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>colesevelam</td>
<td>WelChol®</td>
<td></td>
</tr>
</tbody>
</table>
4. Grouping

- Negative impact on readability:
  - Information is not grouped into manageable chunks
You might realize that you nibble on chips through the day or that you overindulge when you are feeling sad or bored. Perhaps you'll find that you eat more than you should when you are with a certain friend. With that knowledge, you can decide to substitute something healthier, such as carrot or celery sticks, for the chips; plan an activity you enjoy to avoid the fridge; or engage your friend as a partner in healthier eating.

How you prepare food is almost as important as the food itself. Some healthy, easy-to-prepare recipes are included at the end of this booklet. Frying adds a lot of unnecessary fat and calories. Salt is another culprit, contributing to bloating, water retention, and, for some people, high blood pressure. Other spices can add flavor without the negative effects of salt. Instead of pouring gravy, sauces or salad dressings on your food, put a small amount on the side of the plate and dip your food into it.

Sometimes food serves as a way to cope with emotional issues. Before you pop that donut in your mouth, ask yourself if you are really hungry, or if something else is going on. Are you sad? Afraid? Under stress? Being able to identify the reason for eating can help you take more control of your weight, your health and your life.

Hitting the Supermarket
A trip to the supermarket can tempt even the most dedicated, healthy eaters. One trick to staying on track is to develop a shopping list and stick to it. A chart that you can use as a guide to write your shopping list is included at the end of this booklet. Avoiding impulse purchases can help you follow your eating program and save money. It sometimes helps to take someone with you when you shop. Not only can you help one another stick to your lists, but doing chores with someone else is more fun.

The fruit and veggie aisle is the place to start. Most of the items here are low in fat and calories, which will help you control your weight, manage your cholesterol and reduce your risk factors for diabetes and heart disease. They are also packed with vitamins that can give you more energy and are essential to good health. Although there are numerous and delicious ways to prepare these foods, often the easiest and healthiest way to eat them is raw. If your community has a farmers' market or co-op, you can save money and often get fresher produce.

Although at first it might seem that fast food or a big bag of chips is a bargain, most people end up eating more and thus spending more. They are loaded with fat and sodium, which contribute to weight gain, high cholesterol and other health risks. Junk foods also have no nutritional value, so you are not getting the vitamins you need to stay healthy when you eat them. Factor in the long-term healthcare costs of those empty calories and the "super-size" seems like less of a bargain.

Food labels on the sides of packages provide information on calories, fat, sodium, carbohydrates, vitamins and recommended portion sizes. Comparing these labels can help you choose foods that have maximum nutrition and minimum fat and calories.

"I'm lousy at structured diets so I tried to change the way I eat. I carry water with me all the time, even in the car. I eat as many fruits and veggies as I can. I found that if I deny myself chocolate and popcorn, which I love, I just end up picking out. So now I let myself have them, but in small portions.

-Amy, 45, bipolar disorder
Here are some common symptoms of type 2 diabetes. This list is not complete and these symptoms could also be caused by other conditions.

Fatigue

Thirst

Frequent urination

Increased appetite

Slow healing

Blurred vision

Impotence

If you are concerned, ask your primary-care physician or psychiatrist about how to get tested. With appropriate treatment, diabetes can be controlled.
Control Your Diabetes - It's Worth the Time
Part 3: Medication and Glucose Numbers

To control your diabetes, take the time to:
Remember your diabetes medications or insulin every day. Some people can control their diabetes with diet and exercise. Other people need to take a pill or more than one pill. Some people need to take insulin to control their blood glucose. It does not mean your diabetes is “bad” if you need pills or insulin. It means you are not making enough insulin, and your body needs some help. It is very important to take your pills or insulin every day. To keep your blood glucose under control, you will need to take it every day, even if you feel fine. If you are having problems with your medicine or insulin, be sure to tell your healthcare provider.

To control your diabetes, take the time to:
Know your blood glucose numbers.
Testing your blood glucose is a good way to find out if your diabetes is under control. You can do this at home. Your healthcare provider or nurse will show you how. At least twice a year, you should have an A1c test. This is a blood test that tells you and your healthcare provider what your blood glucose has been for the past three months. Find out what your A1c number is and what it should be. If you take pills or insulin to control your diabetes, sometimes your blood glucose can go too low. Your blood glucose might go too low if:
1. You skip a meal.
2. Exercise more than usual.
3. Take too much diabetes medication or insulin.
4. Drink too much alcohol.
If your blood glucose is too low, you might feel:
- shaky; sweaty; weak; tired; dizzy; or confused; have vision changes. To treat a low blood glucose, first, check your blood glucose if you are not feeling too sick. Your blood glucose is too low if it is less than 70.
Then, eat or drink one of these:
- 3 or 4 glucose tablets
- 1/2 cup (4 oz.) orange juice
- 1/2 cup regular soda
- 1 cup low fat milk
- 6 or 7 pieces of candy you can chew (not hard candy or chocolate)
Wait 15 minutes. Check your blood glucose again. If your blood glucose is ok, you can have a meal or snack. If it is still too low, eat or drink something again. If your blood glucose still doesn’t come up, call your healthcare provider.

Are you at Risk from the World’s Fastest Growing Disease?

Risk Factors:
1. I am over 40 years old.
2. I have (or have had) a blood relative with diabetes.
3. I have had a baby weighing more than 4 lbs (8 pounds), or have had diabetes during pregnancy.
4. I don’t exercise regularly (or exercise less than half an hour per day, three days per week).
5. My waist measurement is more than 100 cm (40 inches) for a man or more than 90 cm (35 inches) for a woman.
6. My blood pressure is higher than 140/90 or I take blood pressure medication.
7. I was born in Southern Europe, the Middle East, South East Asia, or Polynesia, or Asian Indian.
8. I have high cholesterol.
9. I am always thirsty.
10. I have just lost weight for no reason.
11. I sometimes have numbness or tingling in my feet or legs.
12. I have blurred vision.
13. I am tired.
14. I have itching skin or I often have skin infections.

If you said yes to two or more questions, you’re at high risk for developing diabetes, or you may have it already. You should see your doctor for a check-up. Many people have this disease without knowing it.

One reason why so many people around the world are dying prematurely of diabetes is because of ignorance about its dangers. When diabetes is undiagnosed or uncontrolled, there’s a high risk of complications like heart disease, stroke, kidney failure, blindness, limb amputation, and more.

Why don’t we take diabetes more seriously?
Partly because people with diabetes often look healthy. Some people with the disease also feel quite well and think they don’t need to control it. But while diabetes might be invisible on the outside, it’s silently doing damage inside.

Having diabetes means the body can’t control levels of a substance called glucose in the blood — when glucose builds up in the body, it can cause harm to many different organs. Another reason why diabetes is increasing in many countries is — ironically — increased affluence. More money to spend on fatty foods, as well as on cars and labor saving appliances, makes us fatter and less active — two things which increase the risk of diabetes. It’s time to take diabetes seriously. If you think you’re at risk, see your doctor.

If you’re not at risk now, it’s still a good idea to look at your lifestyle — should you make changes to reduce your risk in the future? Losing weight, being more active, and eating a healthy diet (with less fat) can both help prevent diabetes and control it.

If you already have diabetes, a healthy lifestyle and regular visits to your doctor can reduce the risk of complications. If you haven’t already told close relatives that you have diabetes, let them know — knowing diabetes is in the family is important information for their future health, and can help them take steps to reduce their risk.

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4. Grouping

- Negative impact on readability:
  - Information is not grouped into manageable chunks
  - Sections not clearly described or blocked
What are your family's health needs?

- How healthy are you and your family now?
- Last year, how many times did you go to the doctor or emergency room?
- Does your child have special needs, like a chronic condition, birth defects, disabilities, or speech, language and learning problem?
- Do you have a health problem that needs a lot of medical care like diabetes, asthma, or high blood pressure?

Your family's health history:

- Does your family have a history of any diseases, like high blood pressure, sickle cell anemia, asthma, diabetes, or breast cancer?

WRITE DOWN

Do you need any of these things:

- prescription drugs
- surgery
- family planning services
- substance abuse programs to quit smoking, drinking, or doing drugs
- mental health care, like counseling or treatment for depression
- home health providers
- skilled nursing

YOUR FAMILY'S HEALTH NEEDS
Carrier Testing for Cystic Fibrosis

Cystic Fibrosis is a commonly inherited disease, affecting approximately 1 in 3,900 births. It is a life-long condition that mostly affects the lungs and digestive tract. The lung problems cause individuals to have frequent, serious lung infections, and the digestive problems can lead to life-threatening weight loss in children. Early and aggressive treatment can help these children, but there is currently no cure for cystic fibrosis. The outlook for cystic fibrosis is extremely variable, but in general the life expectancy is shortened. Cystic fibrosis carrier testing is being made available to you on a voluntary basis.

Could my baby have it even if no one in my family has it? Yes, cystic fibrosis is a common condition. 1 in 29 Caucasian people, 1 in 46 Hispanic Americans, 1 in 85 African Americans and 1 in 90 Asian Americans carry an abnormal gene for cystic fibrosis. People of other ethnic backgrounds can be carriers, but the chance is lower. Carriers generally have no health problems associated with cystic fibrosis. However, if both mother and father are carriers, there is a 1 in 4 chance for them to have a child with cystic fibrosis. So, even if no one else in the family has cystic fibrosis, there is still a chance the baby could have the cystic fibrosis.

How is the test done? This test requires a small sample of blood taken at your laboratory department. Results are usually ready in 10-14 days. Your provider will inform you of the results.

What are some reasons to consider carrier testing? For couples that are known to be carriers, other pregnancy options include sperm or egg donation, pre-conceptional genetic testing, or adoption. To have the most options available, it is best to consider testing BEFORE getting pregnant.

For couples that are already pregnant, they might wish to know that their baby is going to have cystic fibrosis before it is born so that they can be more prepared once the baby is born.

If I decide not to have carrier testing, will I find out if my baby has Cystic Fibrosis? In the state of Wisconsin all newborns are screened for cystic fibrosis. Currently, most babies born in Wisconsin with cystic fibrosis are identified shortly after birth.

How accurate is carrier testing? If no one in your family has cystic fibrosis and you are considered, the test can reduce your chance from 1 in 29 to 1 in 250 in being a carrier. The test detects common genetic mutation for cystic fibrosis, but not all of them. Therefore, the risk is not lowered to zero. If the test were positive, the next step would be to consider testing your partner.

How much does Cystic Fibrosis carrier testing cost? Testing generally costs about $50 and your insurance company may or may not cover this cost. It is considered ‘standard of care’ to offer carrier testing. Please check with your insurance company for coverage.

What if I have a family history of Cystic Fibrosis? If you have a family history of cystic fibrosis, and you are interested in carrier testing, we strongly recommend that you contact a genetic counselor. There may be better testing available and it is very important to assess each person's family history individually.

How do I find a genetic counselor? To speak with a genetic counselor at Marshfield Clinic, call toll free 877 216 8555. To find a genetic counselor in another area, check out the website for the National Society of Genetic Counselors at www.nsgc.org.
4. Grouping

- Negative impact on readability:
  - Information is not grouped into manageable chunks
  - Sections not clearly described or blocked
  - Bullet lists with more than 5 items
Avoid the Fat and Calorie Trap

You don’t have to give up your favorite foods. Here are some tricks to satisfy your hunger but help you take charge of your calorie count.

Instead of

- Snack dips
- Butter on bread
- Soda pop
- Donut
- Fried seafood or chicken
- Refried beans
- Gravy or sauces on top
- Ice cream
- Chips

Try

- Salsa
- Dipping bread in olive oil
- Water, herbal iced tea, diet soda
- Apple, banana, peach or other fruit
- Broiled or baked seafood or chicken
- Borracho beans and Spanish rice
- Dip fork in gravy, then put on food
- Frozen yogurt, frozen fruit or popsicles
- Carrot slices, celery sticks, pretzels, rice cakes, popcorn or baked chips
- Low-fat or fat-free cream cheese, all-fruit preserves or jams, low-fat ricotta cheese
- Angel food cake
- Salsa
- Low-fat cheese cubes with carrots/celery
- Dates or other fruits
- Mustard
- Turkey bacon
- Low-fat or fat-free milk
- Corn tortillas
- Marinara sauce
- Veggie pizza
- Regular size, occasionally

Wheat (einkorn, durum, faro, graham, kamut, semolina, spelt), rye, barley and triticale.

Frequently overlooked foods that may contain gluten and need to be verified:

- Brown rice syrup
- Breading & coating mixes
- Croutons
- Energy Bars
- Flour or cereal products
- Imitation bacon
- Imitation seafood
- Marinades
- Panko (Japanese bread crumbs)
- Pastas
- Processed luncheon meats
- Sauces, gravies
- Self-basting poultry
- Soy Sauce or soy sauce solids
- Soup bases
- Stuffings, Dressing
- Thickeners (Roux)
- Communion wafers
- Herbal supplements
- Drugs & Over-the-counter medications
- Nutritional supplements
- Vitamins & mineral supplements
- Play-dough: a potential problem if hands are put on or in the mouth while playing with play-dough. Hands should be washed immediately after use.
How is hypothyroidism diagnosed?

The correct diagnosis of hypothyroidism depends on the following.

- **Symptoms.** Hypothyroidism doesn’t have any characteristic symptoms. There are no symptoms that people with hypothyroidism always have and many symptoms of hypothyroidism can occur in people with other diseases. One way to help figure out whether your complaints are symptoms of hypothyroidism is to think about whether you’ve always had a symptom (hypothyroidism is less likely) or whether the symptom is a change from the way you used to feel (hypothyroidism is more likely).

- **Medical and family history.** You should tell your doctor:
  - about changes in your health that suggest that your body is slowing down;
  - if you’ve ever had thyroid surgery;
  - if you’ve ever had radiation to your neck to treat cancer;
  - if you’re taking any of the medicines that can cause hypothyroidism—amiodarone, lithium, interferon alpha, interleukin-2, and maybe thalidomide;
  - whether any of your family members have thyroid disease.

- **Physical exam.** The doctor will check your thyroid gland and look for changes such as dry skin, swelling, slower reflexes, and a slower heart rate.

- **Blood tests.** There are two blood tests that are used in the diagnosis of hypothyroidism.

**Side effects and complications.** The only dangers of thyroxine are caused by taking too little or too much. If you take too little, your hypothyroidism will continue. If you take too much, you’ll develop the symptoms of hyperthyroidism—an overactive thyroid gland. The most common symptoms of too much thyroid hormone are fatigue but inability to sleep, greater appetite, nervousness, shakiness, feeling hot when other people are cold, and trouble exercising because of weak muscles, shortness of breath, and a racing, skipping heart. Patients who have hyperthyroid symptoms should have their TSH tested. If it is low, indicating too much thyroid hormone, their dose may need to be lowered.

**Follow-up**
You’ll need to have your TSH checked about every 6 to 10 weeks after a thyroxine dose change. You may need tests more often if you’re pregnant or you’re taking a medicine that interferes with your body’s ability to use thyroxine. The goal of treatment is to get and keep your TSH in the normal range. Babies must get all their daily treatments and have their TSH levels checked as they grow, to prevent mental retardation and stunted growth. Once you’ve settled into a thyroxine dose, you can return for TSH tests only about once a year. You need to return sooner if any of the following apply to you:

- Your symptoms return or get worse.
- You want to change your thyroxine dose or brand, or change taking your pills with or without food.
- You gain or lose a lot of weight (as little as a 10-pound difference for those who weren’t overweight to begin with).
- You start or stop taking a drug that can interfere with absorbing thyroxine, or you change your dose of such a drug.
- You’re not taking all your thyroxine pills. Tell your doctor honestly how many pills you’ve missed.
4. Grouping

- Negative impact on readability:
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  - Sections not clearly described or blocked
  - Bullet lists with more than 5 items
  - Information presented as “steps” is not a numbered list
Cleaning hands properly is easy and quick!

Soap and Water
- Wet hands using water that is a comfortable temperature
- Add soap to make lather
- Rub palms, back of hands, and between fingers
- Rub for at least 15 seconds
  Rinse hands thoroughly and dry well

Alcohol Hand Rub
- Apply to the palm of one hand (enough to use on BOTH hands)
- Rub palms, back of hands, and between fingers
- Rub until hands are dry (if it does not take at least 30 seconds, you may need to add more alcohol hand rub)
Application of a Wound Pouch over an Enterocutaneous Fistula: A Step-by-Step Approach

- Cleanse the periwound skin with an appropriate product (eg, skin cleanser or sterile normal saline) as ordered by surgeon (see Figure 1).

- Make a pattern for the wound pouch by placing the wound guide or plastic covering from the wound pouch over the wound. Draw the outline of wound with a marking pen.

- Using the pattern, cut the backing of the wound pouch to the proper size of wound.

- Remove the paper backing from the wound pouch. Apply a thin coat of skin cement to the back of wound pouch. This is necessary only if obtaining a good seal or reasonable wear time is difficult. Set aside to dry (see Figure 2).

- Apply the skin protective wipe to periwound area and allow to dry.

- Apply a bead of ostomy paste to the wound edges (see Figure 3).

- Apply a thin coat of skin cement to the periwound skin. Allow this to dry 2 to 3 minutes. This will be necessary only if Step 4 was utilized (see Figure 4).

- If a crease is noted, place a wedge of a hydrocolloid skin barrier over the crease to smooth the surface. The wound may be lightly packed with normal saline-moistened gauze as needed (see Figure 5).

- Apply the wound pouch over the wound, pressing to adhere (see Figure 6).

- Create a picture frame with the waterproof tape.

- Connect the pouch to a closed drainage unit if the drainage is watery in consistency. If the drainage is thick, cut the end of the wound pouch and apply a clamp.

- Change the pouch one to two times per week or as needed.
4. Grouping

- Negative impact on readability:
  - Information is not grouped into manageable chunks
  - Sections not clearly described or blocked
  - Bullet lists with more than 5 items
  - Information presented as “steps” is not a numbered list
  - Tables lack clear headings or purpose


# Marshfield Clinic

## Children's

### Acetaminophen (Tylenol®) for Infants & Children

Do not give acetaminophen more frequently than every 4 – 6 hours. **Do not give more than 5 doses in 24 hours.** If the child is smaller or larger for their age, give the dose appropriate for their weight.

<table>
<thead>
<tr>
<th>Age</th>
<th>Less than 3 months</th>
<th>3 – 11 months</th>
<th>12 – 23 months</th>
<th>2 – 3 years</th>
<th>4 – 5 years</th>
<th>6 – 8 years</th>
<th>9 – 12 years</th>
<th>over 12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum recommended dose</td>
<td>Talk to your provider</td>
<td>80 mg</td>
<td>120 mg</td>
<td>160 mg</td>
<td>240 mg</td>
<td>320 mg</td>
<td>325 mg</td>
<td>325 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Liquids</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant’s oral concentrated suspension drops (80 mg/0.8 ml) <strong>dropper</strong></td>
</tr>
<tr>
<td>Children’s oral suspension liquid (160 mg/5 ml) <strong>small dosing cup</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tablets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chewable tablets (80 mg/tablet)</td>
</tr>
<tr>
<td>Junior strength tablets (160 mg/tablet)</td>
</tr>
<tr>
<td>Adult strength tablets (325 mg/tablet)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Rectal Suppositories</strong> (Request suppositories from pharmacist. They are refrigerated.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppositories (80 mg, 120 mg, 325 mg, 650 mg) if less than 1 suppository is needed, cut in half lengthwise</td>
</tr>
</tbody>
</table>

**Use only the measuring device that comes with your medication. Keep all medications in a safe place. Not all forms of anti-fever medications have the same concentrations. Read the labels carefully. Contact your health care provider or pharmacist if you have any questions about these medications or their dosing.**

1 teaspoon (tsp) = 5 ml

© 2010 Doug Seubert, Advantage Consulting Services
<table>
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<tr>
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</tr>
<tr>
<td>Other speech-language concerns</td>
<td>Speech sound errors, trouble being understood, difficulty following directions</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
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<tr>
<th>Positive Points</th>
<th>Negative Points</th>
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<tbody>
<tr>
<td>□  Information is “chunked” or grouped into manageable sections [+5]</td>
<td>□  Sections are not clearly described or blocked [-1]</td>
</tr>
<tr>
<td>□  Tables are used for comparative information [+5]</td>
<td>□  Navigation markers (i.e. headings) are lacking or inconsistent [-1]</td>
</tr>
<tr>
<td>□  + Total (out of 15)</td>
<td>□  Bulleted lists contain more than 5 items [-1]</td>
</tr>
</tbody>
</table>

|                        | □  Information presented as “steps” is not a numbered list [-1]                  |
|                        | □  Tables do not have clear headings [-1]                                         |
|                        | □  − Total (out of 6)                                                            |

Lists/Chunking Total = [empty box]
5. Graphics

- Graphics should help explain message
- Graphics should add meaning
- Graphics should help audience identify with the message
- Graphics are used to “show” what the text is “telling”
- Graphics break up text, add warmth and appeal
- Graphics should at least replace their weight in words
**Cleaning hands properly is easy and quick!**

**REMEmETo CLEAN YOUR HANDS:**

**Before...**
- eating or preparing food (use soap and water)
- caring for someone who is sick
- treating a cut or wound (use alcohol hand rub)
- visiting a veteran’s room

**After...**
- going to the bathroom (use soap and water)
- caring for someone sick
- blowing your nose
- coughing or sneezing
- touching garbage
- handling raw meat (use soap and water)
- touching an animal
- handling animal waste (use soap and water)
- changing diapers or assisting someone with toileting (use soap and water)
- treating a cut or wound (use alcohol hand rub)
- leaving a veteran’s room

---

**USING SOAP AND WATER**

1. Wet hands using water that is a comfortable temperature
2. Add soap to make lather
3. Rub palms, back of hands, and between fingers
4. Rub for at least 15 seconds
5. Rinse hands thoroughly and dry well

---

**USING ALCOHOL HAND RUB**

(also called alcohol hand sanitizer)

1. Apply to the palm of one hand (enough to use on BOTH hands)
2. Rub palms, back of hands, and between fingers
3. Rub until hands are dry (if it does not take at least 30 seconds, you may need to add more alcohol hand rub)

---

**Clean hands help keep germs away.**

www.publichealth.va.gov/InfectionDontPassItOn
Floss

Use floss to remove germs and food particles between teeth. Rinse.

• If your baby uses a pacifier, do not dip it in anything sweet like sugar or honey.

Near his first birthday, you should teach your child to drink from a cup instead of a bottle.

5. **Take Your Child to the Dentist**

Ask your dentist when to bring your child in for his first visit. Usually, the dentist will want to see a child by his first birthday. At this first visit, your dentist can quickly check your child’s teeth.

For additional copies contact:
National Institute of Dental and Craniofacial Research
National Oral Health Information Clearinghouse
1 NOHIC Way
Bethesda, MD 20892–3500
(301) 402–7364
www.nidcr.nih.gov
LYME DISEASE – IS IT, OR ISN’T IT

WHAT IS LYME DISEASE

Lyme disease is caused by the bacteria, *Borrelia burgdorferi*. It is passed on to humans by a deer or bear tick (*Ixodes dammini*). You get the disease by being bitten by a tick that carries the bacteria. Not all deer/bear ticks are infected – in fact, most are not. Because the tick may be very small, many people don’t even know a tick has bitten them. The tick must be attached to the person’s skin before it can pass on the bacteria. The common wood tick does not pass on the Lyme disease bacteria.

WHERE DO THESE TICKS LIVE IN WISCONSIN

Residents and visitors to the western half of Wisconsin have the highest risk of Lyme disease exposure. This area is where most deer/bear ticks live. The time of year for tick exposure is from early spring through the fall. The peak for Lyme disease occurrence among people is in June and July of each year.

WHAT SHOULD I DO IF I FIND A TICK

Observe:

1. Grasp with tweezers as close as possible to the attachment (skin) site, and pull upward and out with a steady pressure. (If you don’t have tweezers, use your fingers covered with tissue paper or rubber gloves.) Don’t handle the tick with your bare hands. Don’t squeeze, crush, or puncture the tick’s body, which may contain infectious fluids.

2. After removing the tick, clean the area with an antiseptic (alcohol, hydrogen peroxide). Wash your hands with soap and water.

3. An antibiotic cream or ointment may be applied to the bite area.

4. Any tick part not removed should be treated as a foreign object. Check with your doctor if you have questions.

5. If you are unsure what kind of tick you have, you can save the tick by placing it in a jar with a piece of moist tissue paper. (This is useful to identify what kind of tick it is. Ticks are not routinely tested for the bacteria.)
Grasp the tick at the head as close as possible to the skin. Pull upward and out until the tick releases its grip.

Deer ticks are very small and can range in size from a poppy seed to a sesame seed.
5. Graphics

- Negative impact on readability:
  - Graphic disrupts flow of text
What are your family’s health needs?

- How healthy are you and your family now?
- Last year, how many times did you go to the doctor or emergency room?
- Does your child have special needs, like a chronic condition, birth defects, disabilities, or speech, language and learning problem?
- Do you have a health problem that needs a lot of medical care like diabetes, asthma, or high blood pressure?

Your family’s health history:

- Does your family have a history of any diseases, like high blood pressure, sickle cell anemia, asthma, diabetes, or breast cancer?

WRITE DOWN

Do you need any of these things:

- prescription drugs
- surgery
- family planning services
- substance abuse programs to quit smoking, drinking, or doing drugs
- mental health care, like counseling or treatment for depression
- home health providers
- skilled nursing

YOUR FAMILY’S HEALTH NEEDS
Am I Eating a Healthy Diet?
Your body needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet means that you are eating:

- Fruits, vegetables, whole grains, and low-fat milk products
- Fish, poultry, lean meats, eggs, beans, and nuts

Stay away from:

- Cholesterol, sodium (salt), and added sugars
- Trans fats – trans fats may be in foods like cakes, cookies, stick margarines, and other fried foods
- Saturated fats – these fats come from animal products like cheese, fatty meats, whole milk, and butter.

There are tools on the Internet that can help you find out if you are eating a healthy diet. MyPyramid Menu Planner can help you choose healthy snacks and meals.
5. Graphics

- Negative impact on readability:
  - Graphic disrupts flow of text
  - Graphic is sized incorrectly
Am I Eating a Healthy Diet?
Your body needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet means that you are eating:

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  - Graphic is sized incorrectly
  - Graphic is decorative and/or distracting
Is It Stuttering?

If your child has difficulty speaking and tends to hesitate on or repeat certain syllables, words, or phrases, he may have a stuttering problem. Or he may simply be going through periods of normal disfluency that most children experience as they learn to speak. This pamphlet will help you understand the difference between stuttering and normal language development.

The normally disfluent child

1. The normally disfluent child occasionally repeats syllables or words once or twice, li-li-li-like this. Disfluencies may also include hesitations and the use of fillers such as “uh,” “er,” “um.”
2. Disfluencies occur most often between ages 1 1/2 and 5 years, and they tend to come and go.

They are usually signs that a child is learning to use language in new ways. If disfluencies disappear for several weeks, then return, the child may just be going through another stage of learning.

The child with milder stuttering

1. A child with milder stuttering repeats sounds more than twice, li-li-li-li-like this. Tension and struggle may be evident in the facial muscles, especially around the mouth.

2. The pitch of the voice may rise with repetitions, and occasionally the child will experience a “block”—no airflow or voice for several seconds.
3. Disfluencies may come and go but are now present more often than absent.
4. Effortless repetitions or prolongations of sounds are the healthiest form of stuttering. Anything that helps your child stutter like this instead of stuttering tensely or avoiding words is helping.

How to Help Right Away

- Try to model slow and relaxed speech when talking with your child, and encourage other family members to do the same. Don’t speak so slowly that it sounds abnormal, but keep it un hurried, with many pauses. Television’s Mr. Rogers is a good example of this style of speech.
- Slow and relaxed speech can be the most effective when combined with some time each day for the child to have one parent’s undivided attention. Set aside a few minutes at a regular time when you are doing nothing else but listening to your child talk about whatever is on his mind.
- When your child talks to you or asks you a question, try to pause a second or so before you answer. This will help make talking less hurried, more relaxed.
- Try not to be upset or annoyed when stuttering increases. Your child is doing his best as he copes with learning many new skills at the same time. Your patient, accepting attitude will help him.
- If your child is frustrated or upset at times when her stuttering is worse, reassure her. Some children respond well to hearing, “I know it’s hard to talk at times, but lots of people get stuck on words—it’s okay.” Other children are most reassured by a touch or a hug when they seem frustrated.

Some factors may indicate that your child is more at risk for stuttering. Knowing these factors will help you decide whether or not your child needs to see a speech-language pathologist. See the chart, above right.

Risk Factor Chart

<table>
<thead>
<tr>
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<td>Speech sound error; trouble being understood, difficulty following directions</td>
<td></td>
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</tbody>
</table>

The child with more severe stuttering

1. If your child stutters on more than 10% of his speech; stutters with considerable effort and tension, or avoids stuttering by changing words and using extra sounds to get started, he will profit from having therapy with a specialist in stuttering. Complete blocks of speech are more common than repetitions or prolongations now, and disfluencies tend to be present in most speaking situations.

2. The Stuttering Foundation at 800-992-9392 and www.stutteringhelp.org will provide you with the names of speech-language pathologists who specialize in stuttering, or you may contact a nearby university or hospital clinic for referral assistance. Speech pathologists should have a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

3. The suggestions for parents of a child with mild stuttering are also appropriate when the child has a severe problem. Try to remember that slowing and relaxing your own speaking style is far more helpful than telling the child to slow down.

4. Don’t be afraid to talk to your child about stuttering. Show patience and acceptance as you discuss it. Overcoming stuttering is often more a matter of losing fear of stuttering than a matter of trying harder.
Am I Eating a Healthy Diet?
Your body needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet means that you are eating:

- Fruits, vegetables, whole grains, and low-fat milk products
- Fish, poultry, lean meats, eggs, beans, and nuts

Stay away from:

- Cholesterol, sodium (salt), and added sugars
- *Trans* fats – *trans* fats may be in foods like cakes, cookies, stick margarines, and other fried foods
- Saturated fats – these fats come from animal products like cheese, fatty meats, whole milk, and butter.

There are tools on the Internet that can help you find out if you are eating a healthy diet. [MyPyramid Menu Planner](http://www.mypyramid.gov) can help you choose healthy snacks and meals.
5. Graphics

- Negative impact on readability:
  - Graphic disrupts flow of text
  - Graphic is sized incorrectly
  - Graphic is decorative and/or distracting
  - Graphic is not relevant to the topic and/or audience
Ua tej yam me me raws li ntawm no
Nqis tes ua tej yam mes li hais tamsim no los

Tiv thaiv kom txhob mob ntshav qabzib

Kuaj seb tsam kój muaj mob ntshav qabzib.
Cev Hmoob uas nws lub cev nyhav tshaj qhov
tsim nyog yuav raug kambob ntshav qabzib
hom 2 yog ib qho siab kawj nkaus li. Yuav tsum
tau nrog KOJ tus kws kho mob tham saib kój
puas yog ib tus neeg uas yuav muaj taus tus kambob no.
Xav pab ntau mtxiv, saib tej kev soj ntsuam xyuas nyob
sab nraum qab daim ntawv no.

Ua kom kój lub cev tsis txhob Hnyav
heev heev. Rog cev Hnyav yuav ua rau kój
muaj taus kamb mob ntshav qabzib hom 2.
Qhov kój Hnyav ntawd kój yuav xav tias tabtom
rau kój xwb tiansis kuj txhais tsis tau tias nws
zoo rau kój. Kuaj xyuas daim quaub sab nraum qab no saib
seb qhov kój Hnyav puas txhais tau tias køj fém muaj
taus ntshav qabzib. Yog ua tau kom kój pobo li 10 pounds
yuav pab txo tau kój txoj kev muaj taus tus kambob ntawd.
Kój muaj cuab kav ua tau los ntawm tawm dag zog thib
noj haus tej khoom kom zoo.

Sau tseg tej kój ua tau zoo. Txhua txhua
hnub sau tseg txhua yam kój tau noj
thiab haus thiab txhua feeb uas kój siv
lub cev tawm dag zaug. Sau tej no tseg
yog ib txoj kev uas yuav pab tau kój lub
cév sib thiab kom nyob li ntawd mus li.

© 2010 Doug Seubert, Advantage Consulting Services
What’s wrong with this picture?
5. Graphics

- Negative impact on readability:
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  - Graphic is sized incorrectly
  - Graphic is decorative and/or distracting
  - Graphic is not relevant to the topic and/or audience
  - Demonstration graphics do not include caption
Convertible seats (used rear-facing)

- Can be used rear-facing, then “converted” to forward-facing for older children. This means the seat can be used longer by your child. They are bulkier than infant seats, however, and do not come with carrying handles or a separate base.
- Have higher rear-facing weight and height limits than infant-only seats, which makes them ideal for bigger babies.
- Have 2 types of harnesses:
Convertible seats (used rear-facing)

- Can be used rear-facing, then “converted” to forward-facing for older children. This means the seat can be used longer by your child. They are bulkier than infant seats, however, and do not come with carrying handles or a separate base.
- Have higher rear-facing weight and height limits than infant-only seats, which makes them ideal for bigger babies.
- Have 2 types of harnesses:

  5-point harness— attach at the shoulders, at the hips, and between the legs

  Overhead shield— a padded tray-like shield that swings down over the child
### 5. Graphics

<table>
<thead>
<tr>
<th>Positive Points</th>
<th>Negative Points</th>
<th>Graphics Total =</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Document has good graphics that add meaning and help explain the text [+5]</td>
<td>□ Graphics disrupt the flow of text [-1]</td>
<td></td>
</tr>
<tr>
<td>□ Graphics are appropriate for the subject and the audience [+5]</td>
<td>□ Graphics are not sized correctly (too small or too big) [-1]</td>
<td></td>
</tr>
<tr>
<td>□ + Total (out of 10)</td>
<td>□ Graphics are decorative and/or distracting [-1]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Photos do not represent a diverse mix of cultures, gender, or ages for the intended audience [-1]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Demonstrative photos/graphics do not have captions [-1]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ – Total (out of 5)</td>
<td></td>
</tr>
</tbody>
</table>

(subtract negative point total from positive point total)
6. Color

- Adds appeal
- Adds emphasis
- Assists in scanning and navigating
- Increases identification
  - Audience identifies cultural/social significance
  - Audience identifies your organization/brand
**Have you been checked for kidney disease?**

Diabetes and high blood pressure can damage your kidneys and lead to kidney disease.

**Early kidney disease has no signs or symptoms.** The only way to know if you have kidney disease is to get checked.

Kidney disease does not go away. It may get worse over time and can lead to kidney failure. If the kidneys fail, the only options are dialysis or a kidney transplant.

Kidney disease can be treated. The sooner you know you have it, the sooner you can take steps to keep your kidneys healthy longer.

---

**Risk factors for kidney disease**

Diabetes and high blood pressure are the leading causes of kidney disease.

Diabetes and high blood pressure can damage your kidneys over time, without you knowing it. These conditions cause about 70 percent of kidney failure cases.

You are also at risk for kidney disease if you have:

- heart disease or
- a mother, father, sister, or brother with kidney disease

If you have any of these risk factors, get checked for kidney disease.

---

**Two tests for kidney disease**

1. A blood test measures your GFR, which tells you how well your kidneys are working. GFR stands for glomerular (glow-MAIR-you-lure) filtration rate.

2. A urine test measures the amount of protein in your urine. Protein can leak into the urine when the kidneys are not working well.

---

**Make sure you know:**

- your GFR
- if you have protein in your urine
- your blood pressure
- your blood glucose
How nerve pain happens...

There are millions of nerves linked to one another throughout your body. These nerves make up your central nervous system. Think of it as a series of electrical wires or telephone lines connecting your brain and body, allowing them to communicate.

For example, when you step on the beach in the summertime, nerves in your feet send a message to your brain that you are stepping on something hot. As a result, your feet may feel like they are burning. Or, if you accidentally touch a live electrical outlet, nerves in your hand will send a signal that you’re being shocked.

“I can’t do anything without pain. I can’t sleep at night. No one in my family really knows what I’m going through.”

But like wires that short circuit, nerves can become injured and stop working the way they should. If the nerve isn’t working properly, it may begin sending the wrong signals to the brain. So, injured nerves might tell your brain that your foot is burning or your hand is being shocked by electricity even when you aren’t stepping on something hot or touching an electrical socket.

Nerves can become injured or damaged in a number of ways, such as an injury to the spine or from a medical illnesses like diabetes, shingles, a stroke, HIV infection, or cancer and its treatments.

“I felt like someone was driving a burning hot spike into my feet.”

Nerve pain feels like...

Many people with nerve pain often don’t describe this feeling as “painful.” Instead, they may describe it as being pricked with pins and needles or shocked by electricity. Often, pain can be caused by something that is not painful, such as the light touch of bed sheets.

Other common symptoms include:

- Numbness
- Burning
- Tingling
- A stabbing sensation
- Pins and needles
- Electric-shock pain

Pain can interfere with your daily life...

When nerve pain is not properly managed, it can end up controlling the way you live. Simply walking to the market can be agonizing. Even wearing clothing, like socks, or the touch of a bed sheet can cause an unbearable burning pain.

Many pain sufferers cannot get a good night’s sleep or go to work because of their pain. They don’t think they will ever get relief and often begin feeling hopeless and depressed. They might stay at home more often and stop seeing their friends or family.

“Take control of your pain…

There are ways to take control and manage your nerve pain. But you need to get involved in your care and take on a share of the responsibility for your wellbeing. Half the battle is won when you take an active role and begin to help yourself.

You can do this by:

- Talking to your doctor about your pain and about how best to manage it.
- Asking about medicines that are developed specifically to treat nerve pain.
- Learning how to relax and set realistic goals.
- Exercising. Identify a moderate program you can do safely.
- Getting your family and friends involved.
- Contacting the ACPA at 1-800-533-3231. We can help you find a support group in your area or start a group with information and support from the national office.

“I felt silly going to my doctor about numbness in my feet. I wish I had known earlier it was nerve pain.”

<table>
<thead>
<tr>
<th>How can you tell if it’s nerve pain or muscle pain?</th>
<th>Nerve pain</th>
<th>Muscle pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t seem to be caused by an event or trauma</td>
<td></td>
<td>Caused by a physical injury, such as a fall</td>
</tr>
<tr>
<td>Constant and/or recurring pain that doesn’t seem to go away</td>
<td>Pain that stops once an injury heals</td>
<td></td>
</tr>
<tr>
<td>Burning, stabbing, pins and needles; even wearing clothing is painful</td>
<td>Sore and achy muscles</td>
<td></td>
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<tr>
<td>Feel depressed, helpless; normal pain medicine like aspirin does not stop the pain</td>
<td>Feel distressed but hopeful because more pain medicine relieves the pain</td>
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</table>

It Takes Nerve
We have the power to prevent diabetes

We are American Indians and Alaska Natives, and we have the power to prevent type 2 diabetes. Science has proven that we can prevent diabetes if we lose as little as 10 pounds by walking 30 minutes 5 days a week and making healthy food choices.

“I know everyone can do it once they make up their mind. A lot of people out there know it runs in their family and they think ‘Okay, I’m going to get it.’ No, it is not so. You can prevent it. If I can do it, so can you.”

GLENDA THOMAS FIFER
GILA RIVER INDIAN COMMUNITY AND DIABETES PREVENTION PROGRAM PARTICIPANT
6. Color

- Negative impact on readability:
  - Overload
WHAT IS LEAD?
- Lead is a toxic metal that is harmful if inhaled or swallowed.
- Lead can be found in air, soil, dust, food, and water.

HOW CAN I BE EXPOSED TO LEAD?
- The greatest exposure to lead is swallowing or breathing in lead paint chips and dust.
- Lead also can be found in some household plumbing materials and water service lines.

WHO IS AT RISK?
- Children ages 6 and under are at the greatest risk. Pregnant women and nursing mothers should avoid exposure to lead to protect their children.
- Exposure to lead can result in delays in physical and mental development.
Your child is also at risk if:
- your home or a home that your child spends a lot of time in was built before lead paint was banned in 1978.
- renovation work is being done in such a home.
- the adults in the home work with lead.

HOTLINES & INFORMATION
EPA Safe Drinking Water Hotline:
800-426-4791
National Lead Information Center:
800-424-LEAD
www.epa.gov/lead
NSF International:
www.nsf.org
Lead in Drinking Water Web Site:
www.epa.gov/safewater/lead

IS THERE LEAD IN MY DRINKING WATER?
You can reduce the risk of lead exposure from drinking water in your home.

Additional Information:
Read the annual report you get from your water utility to find out about how they are working to reduce levels of lead in drinking water and other information about your drinking water. Call them if you have any questions.
Contact your local public health department or talk to your doctor about reducing your family's exposure to lead.

Tips For Protecting Your Family's Health

Office of Water (4606 M)
EPA 816-F-05-001
February 2005

Printed on Recycled Paper
6. Color

- Negative impact on readability:
  - Overload
  - Low contrast
A Quick Look at Diabetes

Diabetes is a life-threatening condition. Risk factors include obesity, high blood pressure, elevated glucose, being age 45 or older, a family history of the disease and race/ethnicity (African American, Native American, Asian American, Hispanic/Latino and Pacific Islander). Exercise and weight loss can help avoid adult-onset diabetes (type 2). Could you be at risk? Some evidence suggests that people with mental illness are at a higher risk for diabetes than the general public, regardless of weight and other risk factors.

There has been increasing interest and concern about the connection between atypical antipsychotics and the development of sugar problems and diabetes in people who take these medicines. This is important for people to monitor, as diabetes is one of the important factors that predicts heart disease. We encourage people to follow this as the field learns more about this relationship. The Food and Drug Administration (FDA), the agency responsible for putting together information and making recommendations about the indications, risks and safety of medicine, recently issued an advisory warning about the risk on atypical antipsychotics. The easiest way to follow their work is at www.fda.gov.

Here are some common symptoms of type 2 diabetes. This list is not complete and these symptoms could also be caused by other conditions.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom</th>
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<tbody>
<tr>
<td>Fatigue</td>
<td>Increased appetite</td>
</tr>
<tr>
<td>Thirst</td>
<td>Slow healing</td>
</tr>
<tr>
<td>Frequent urination</td>
<td>Blurred vision</td>
</tr>
<tr>
<td></td>
<td>Impotence</td>
</tr>
</tbody>
</table>

If you are concerned, ask your primary-care physician or psychiatrist about how to get tested. With appropriate treatment, diabetes can be controlled.

NUTRITION TIPS

* Water is your best friend. It makes you feel “full,” which can help you eat less. Try drinking eight 8-ounce glasses a day and more during physical activity.

* If you are taking a medication that gives you “dry mouth,” some people find that hard sugarless candy works better than water.

* Calcium helps keep bones strong to avoid osteoporosis. For people who have trouble digesting dairy products (milk, yogurt, cheese), orange juice fortified with calcium is a great and easy alternative.

* Never go to the supermarket when you are hungry. You’ll end up spending extra money on impulse (often unhealthy) snacks.

* If you crave something, don’t act on it right away. Wait about 20 minutes and it will probably pass.

* Foods that claim to be “low-fat” or “fat-free” are often very high in calories, sugar or sodium. Read the label to determine if it’s really a better choice.

* If you like to snack while watching TV, keep a glass of water by your side and sip that. Substitute healthy, low-calorie fruits and vegetables for cookies or chips.

* Knitting, woodworking or crossword puzzles can help keep your hands too busy to snack.

* Find a “food buddy.” You can call one another to help stay on track, go food shopping or prepare healthy meals together!

Additional Information:

Read the annual report you get from your water utility to find out about how they are working to reduce levels of lead in drinking water and other information about your drinking water. Call them if you have any questions.

Contact your local public health department or talk to your doctor about reducing your family’s exposure to lead.
After Your Heart Attack

A heart attack damages the heart, and it can take 4-6 weeks for it to heal. Here is what you can do to help it get better and prevent another heart attack.

Talk to your doctor about:
- What medicine you should take
- What you should eat
- When you can start:
  - Climbing stairs (in ___ days)
  - Lifting things (in ___ days)
  - Driving (in ___ weeks)
  - Having sex (in ___ weeks)
  - Going back to work (in ___ weeks)
- What kind of exercise program is good for you

If you have pain in the chest, arms, neck or jaw at any time, take an aspirin and call 911, or have someone take you to the hospital right away.

Be sure to keep your next doctor's appointment.

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Smoking

Smoking can make you sick and shorten your life. If you quit now, you will be healthier. Quitting is hard work, but there are ways to help you.

- Smoking is dangerous, especially if you already have heart or lung disease or if you are pregnant.
- It increases your chances of having a heart attack, stroke, lung disease and cancer. When you smoke, you can make people around you sick—even your children.
- You can quit smoking even if you have smoked for a long time.
- When you quit smoking, you will feel better, live longer and save money.

Ask Your Doctor
- Why it is important for you to quit
- How quitting can help you
- What help you can get to stop smoking.
- Ways you can help yourself
- Treatment groups with other smokers
- Medicines to help stop the urge to smoke

After starting your program, set up times to see your doctor. Next visit date:

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Depression

Depression is more than just feeling sad for hours or a few days. It’s a feeling of ‘the blues’ or hopelessness that makes it hard to get through the day.

You may be depressed if you:
- Have felt sad for a long time
- Do not enjoy things that you used to
- Sleep more or less than usual
- Have a change in your appetite causing you to lose weight or gain weight
- Think about death or killing yourself

Your doctor wants to help you with your depression:
- Depression is very serious
- Your depression can be painful for your friends and family members.
- If you feel like hurting yourself, call 911!

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High Cholesterol

High cholesterol is the same as hyperlipidemia. High cholesterol is when you have too much fat in your blood.

What Can I do to Help Lower My Cholesterol?

Change the Way You Eat
- Make an appointment with a dietitian
- Eat foods that do not have much fat or grease
- Eat 5 servings of fruits and vegetables every day
- Eat more whole grains and less red meat

Change What You Do Every Day
- Exercise or walk at least 30 minutes every day
- Work hard on your diet and exercise to keep from being overweight
- Do not smoke

Set Your Goals by Knowing Your Numbers
- How much should I weigh?
- How much do I weigh?
- What is my cholesterol goal number?
- What is my cholesterol number?

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Low contrast can also be in black and white.

Low contrast makes documents hard to read.
6. Color

- Negative impact on readability:
  - Overload
  - Low contrast
  - Reverse text
Understanding your doctors and other caregivers

It can be difficult to understand what your doctors and other caregivers are telling you about your care and treatment. This brochure has questions and answers to help you understand caregivers.

Questions to ask your caregivers

- Is there someone who can help you understand your doctor, nurse, and other caregivers?
- Is there someone who can help you understand how to take your medicine?
- Is there any written information in your language?
- Is there any written information in your language that is easy to read?
- Is there someone who speaks your language who can help you talk to caregivers?
- Is there a support group for people like you? For people with your illness or condition?
- Are there other resources for you?
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  - Poor translation to black and white
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- Are there other resources for you?
Have you been checked for kidney disease?

Diabetes and high blood pressure can damage your kidneys and lead to kidney disease.

Early kidney disease has no signs or symptoms. The only way to know if you have kidney disease is to get checked.

Kidney disease does not go away. It may get worse over time and can lead to kidney failure. If the kidneys fail, the only options are dialysis or a kidney transplant.

Kidney disease can be treated. The sooner you know you have it, the sooner you can take steps to keep your kidneys healthy longer.

Risk factors for kidney disease

Diabetes and high blood pressure are the leading causes of kidney disease.

Diabetes and high blood pressure can damage your kidneys over time, without you knowing it. These conditions cause about 70 percent of kidney failure cases.

You are also at risk for kidney disease if you have:
- heart disease or
- a mother, father, sister, or brother with kidney disease

If you have any of these risk factors, get checked for kidney disease.

Two tests for kidney disease

1. A blood test measures your GFR, which tells you how well your kidneys are working. GFR stands for glomerular (glow-MAIR-you-lure) filtration rate.

2. A urine test measures the amount of protein in your urine. Protein can leak into the urine when the kidneys are not working well.

Make sure you know:
- your GFR
- if you have protein in your urine
- your blood pressure
- your blood glucose
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## 6. Color

### Positive Points
- Color* is used appropriately in the document [+5]  
- + Total (out of 5)

*If document only uses black in white as “colors” it can be given 5 positive points. Negative points regarding contrast may still apply.

### Negative Points
- More than 3 colors are used in the document [-1]  
- There is not enough contrast between the text and the background [-1]  
- There is not enough contrast between the colors (will not translate to black and white/grayscale) [-1]  
- – Total (out of 3)
7. White Space

- For a standard 8.5” x 11” page, 25-35% should be white space
  - Margins (page boarder and between columns)
  - Space around non text elements (logos, graphics, tables)
  - Space between lines of text
  - Space between paragraphs and sections
When drafting a one page document, leave 1/3 of the page blank to allow for adequate white space.
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You have two kidneys located near the center of your back. Their main job is to filter waste and extra water from the blood and make urine. When the kidneys are damaged, waste can build up in the body.

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- if you have protein in your urine
- your blood pressure
- your blood glucose

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Healthy eating

If you have been told by your health care provider that you have high blood pressure, one of the most important things you can do to lower your blood pressure—and keep it under control—is follow a healthy eating plan.

In addition to lowering your blood pressure, healthy eating will give you more energy and help you maintain your overall health. Some basic food fundamentals apply to everyone, no matter what their health condition:

- Eat a variety of foods and limit portion sizes
- Eat more fresh and whole grain foods
- Eat sweets sparingly because they are high in calories, but low in food value

Limiting how much salt (sodium) you eat is an important part of healthy eating if you have high blood pressure. Your health care provider may recommend that you meet with a dietitian to develop a healthy eating plan. A dietitian can help you learn how to limit salt in your diet. Following a healthy eating plan will also help you maintain a healthy weight.

Steps to a healthier you

The United States Department of Agriculture (USDA) released MyPyramid, an online resource to help you choose a healthy eating plan that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars

Visit [www.mypyramid.gov](http://www.mypyramid.gov) on the Internet. This Web site has a number of tools you can download and print, including a worksheet to help you keep track of what you are eating.

Communicating with your health care team

You are an important part of your health care team. Open communication between you and your health care providers is necessary.

There are several things you can do to improve communication between you and your health care team:

- Make a list of your questions and health concerns and share them with your health care provider.
- Bring your home monitoring records to every visit so your health care team can review them.
- Bring all of your medicines in their original bottles so your health care team can check them.
- Let your health care provider know if anything has changed since your last visit, including any emergency room treatment, changes in weight, sleep, energy levels, or other symptoms.

Questions to ask your health care provider

- What are my blood pressure numbers today?
- What is my blood pressure goal?
- What is a healthy weight for me?
- Are there changes in my eating habits that can help me lose weight or lower my blood pressure?
- What are the names of my medicines and are there any possible side effects?
- What should I do if I forget to take my medicines or if I miss a dose?
- What are the warning signs I need to watch for? What should I do if there is a change in my symptoms?
7. White Space

- Negative impact on readability:
  - Too much text!
Hypothyroidism

What is hypothyroidism?

Hypothyroidism is an underactive thyroid gland. Hypothyroidism means that the thyroid gland can't make enough thyroid hormone to keep the body running normally. People are hypothyroid if they have too little thyroid hormone in the blood. Common causes are autoimmune disease, surgical removal of the thyroid, and radiation treatment.

SYPHTOMS

What are the symptoms?

When thyroid hormone levels are too low, the body's cells can't get enough thyroid hormone and the body's processes start slowing down. As the body slows, you may notice that you feel colder, tire more easily, your skin is getting dry, you're becoming hopeful and depressed, and you're starting to get constipated. Because the symptoms are so variable, the only way to know for sure whether you have hypothyroidism with blood tests.

Keepers other informed

Tell your family members. Because thyroid disease runs in families, you should explain your hypothyroidism to your relatives and encourage them to get regular TSH tests. Tell your doctor, your pharmacist, and your physician or pharmacist about your hypothyroidism and the drug and dose with which it is being treated. If you start seeing a new doctor, tell the doctor that you have hypothyroidism and you need your TSH tested yearly. If you are seeing an endocrinologist, ask that copies of your reports be sent to your primary care doctor.

What can we expect over the long term?

There is no cure for hypothyroidism, and most patients have it for life. There are exceptions. Many patients with viral thyroiditis have their thyroid function return to normal, as do some patients with thyroiditis after pregnancy.

Hypothyroidism may become more or less severe, and your dose of thyroid may need to change over time. You have to make a lifetime commitment to treatment. But if you take your pills every day and work with your doctor to get and keep your TSH dose right, you should be able to keep your hypothyroidism completely controlled throughout your life. Your symptoms should disappear and the serious effects of low thyroid hormone should stop getting worse and should actually improve. If you keep your hypothyroidism well-controlled, it will not shorten your life span.

CAUSES

What causes hypothyroidism?

There are many reasons why the cells in the thyroid gland can't make enough thyroid hormone. Here are the main reasons, from the most to the least common.

- Autoimmune disease. In some people's bodies, the immune system that protects the body from invading infections can attack thyroid gland cells and their enzymes for iodine and can attack them. Then there aren't enough thyroid cells and enzymes left to make enough thyroid hormone. This is more common in women than men. Autoimmune thyroiditis can start suddenly or can develop slowly over years. The most common forms are Hashimoto's thyroiditis and Hashimoto's thyroiditis.
- Surgical removal of part or all of the thyroid gland. Some people with thyroid nodules or thyroid cancer need to have part or all of their thyroid removed. If the whole gland is removed, people will definitely become hypothyroid. If part of the gland is left, it may be able to make enough thyroid hormone to keep blood levels normal.
- Radiation treatment. Some people with Graves' disease, nodular goiter, or thyroid cancer are treated with radioactive iodine (I131) for the purpose of destroying their thyroid gland. Patients with Hodgkin's disease, lymphoma, or cancer of the lung or breast are treated with irradiation. All these patients can lose part or all of their thyroid function.
- Congenital hypothyroidism (hypothyroidism that a baby is born with). A few babies are born without thyroid or with only a very tiny thyroid. A few babies have part of their thyroid in the wrong place (ectopic thyroid). In some babies, the thyroid cells or their enzymes don't work right.
- Thyroiditis. Thyroiditis is an inflammation of the thyroid gland, usually caused by an autoimmune attack or by a viral infection. Thyroiditis can make the thyroid dump its whole supply of stored thyroid hormone into the blood at once, causing brief hyperthyroidism (too much thyroid activity); then the thyroid becomes underactive.
- Medicines. Medicines such as amiodarone, lithium, interferon alpha, and thiotard can cause the thyroid gland from being able to make hormone normally. These drugs are most likely to trigger hypothyroidism in patients who have a genetic tendency to autoimmune thyroiditis.
- Too much or too little iodine. The thyroid gland must have iodine to make thyroid hormone. Iodine comes into the body in food and

DIAGNOSIS

How is hypothyroidism diagnosed?

The correct diagnosis of hypothyroidism depends on the following:

- Symptoms. Hypothyroidism doesn't have any characteristic symptoms. There are no symptoms that people with hypothyroidism have and many symptoms of hypothyroidism can occur in people with other diseases. Use the way to figure out whether your complaints are symptoms of hypothyroidism is to think about whether you've always had a symptom. Hypothyroidism is a very slow progression, and you may not have noticed that something is wrong.
- TSH level. Your TSH level is a good way to check whether you have hypothyroidism. The most common symptoms of too much thyroid hormone are fatigue and depression. The most common symptoms of too much thyroid hormone are fatigue and depression. The most common symptoms of too much thyroid hormone are fatigue and depression. The most common symptoms of too much thyroid hormone are fatigue and depression.

TREATMENT

How is hypothyroidism treated?

Thyroid (T4) replacement

Hypothyroidism can't be cured. But in almost every patient, hypothyroidism can be completely controlled. It is treated by replacing the amount of hormone that your own thyroid can no longer make, bringing your TSH and T4 back to normal levels. So even if your thyroid gland can't make enough hormone, replacement can return your body's thyroid hormone levels and your body's function. Synthetic thyroid replacement contains hormone exactly like the T4 but the thyroid gland itself makes it. All hypothyroid patients except those with severe hypothyroidism cannot be treated at outpatient, not having to be admitted to the hospital. Side effects and complications. The only dependable symptoms are caused by taking too little or too much. If you take too little, your hypothyroidism will continue. If you take too much, you'll develop the symptoms of hyperthyroidism—rapid heart rate, irritability, heat intolerance, rapid weight loss. But if you are not taking your thyroid replacement, your TSH will not respond to your treatment.
What is a pressure sore?
A pressure sore is any redness or break in the skin caused by too much pressure on your skin for too long a period of time. The pressure prevents blood from getting to your skin so the skin dies. Normally the nerves send messages of pain or feelings of discomfort to your brain to let you know that you need to change position, but damage to your spinal cord keeps these messages from reaching your brain.

You may need to learn new ways to change your position to prevent too much pressure. Pressure sores can occur, for example, when you sit or lie in one position too long. Shearing is also a kind of pressure injury. It happens when the skin moves one way and the bone underneath it moves another way. An example of this is if you slouch when you sit.

Another type of injury, an abrasion, can occur when pulling yourself across a surface instead of lifting. This is an example of a friction injury. In addition, short exposure to high pressure, such as a bump or fall, may cause damage to the skin which may not show up right away.

Stages of pressure sores and how to care for them:

Stage One

How to recognize: Skin is not broken but is red or discolored. The redness or change in color does not fade within 30 minutes after pressure is removed.

What to do:
1) Keep pressure off the sore!
2) Maintain good hygiene. Wash with mild soap and water, rinse well, pat dry carefully (but gently). Do not rub vigorously directly over the wound.
3) Evaluate your diet — are you getting enough protein, calories, vitamins A and C, zinc and iron? All of these are necessary for healthy skin.
4) Review your mattress, wheelchair cushion, transfer, pressure releases, and turning techniques for possible cause of the problem.
5) If the sore seems to be caused by friction, sometimes a protective transparent dressing such as Op-Site or Tegaderm may help protect the area by allowing the skin to slide easily.
6) If the sore does not heal in a few days or recurs, consult your health care provider.

Stage Two

How to recognize: The epidermis or topmost layer of the skin is broken, creating a shallow open sore. Drainage may or may not be present.

What to do: Follow steps 1-4 under Stage One. Consult your health care provider for further treatment which may include the following:
5) Cleanse the wound with water or saline solution and dry carefully. Apply either a thin foam dressing (such as Allevyn), a hydrocolloid dressing (such as DuoDERM), or saline dampened gauze. The first two types of dressing can be left on until they wrinkle or loosen (up to 5 days). If using gauze, it should be changed twice a day and should remain damp between dressing changes.
6) Check for signs of wound healing with each dressing change.

Stage Three

How to recognize: The break in the skin extends through the dermis (second skin layer) into the subcutaneous fat tissue. The wound is deeper than in Stage Two.

What to do: Follow steps 1-4 under Stage One and steps 5-7 under Stage Two. Always consult your health care provider. Wounds in this stage frequently need additional wound care with special cleaning or debriding agents. Different packing agents and, occasionally, antibiotics (creams or oral pills) may be required. You may also qualify for a special bed or pressure-relieving mattress that can be ordered by your health care provider.

Stage Four

How to recognize: The breakdown extends into the muscle and can extend as far down as the bone. Usually lots of dead tissue and drainage are present.

What to do: Consult your health care provider right away. Surgery is frequently required for this type of wound.
What can you do if you don’t understand what your caregiver is saying?
Tell them you don’t understand. Use body language. If you don’t understand shake your head to show that “No, I don’t understand.” Ask lots of questions. By asking questions you’re helping them understand what you need.

What can you do if they explain and you still don’t understand?
Tell them you still don’t understand. Try to be as clear as possible about what you do not understand. Caregivers have a duty to help you understand. You should not leave until you understand what to do and what is happening to you.

What if the caregiver is rushed and doesn’t have time to answer your questions?
Ask them if you need to schedule another appointment when they can answer your questions.

What can you do if you speak another language?
Ask for someone who speaks your language. This person can help you talk to caregivers. This person should work for the hospital or health center. Their job is to help people who speak other languages. This person may not be in the office. He or she may be on the telephone. You have the right to get free help from someone who speaks your language. Ask if there is paper work in your language.

What can you do if you have trouble reading? Or if you cannot read?
Don’t be embarrassed. Tell your caregivers. They can help you. They can explain paper work to you. They may even have paper work that is easy to read and understand.

Your doctor’s instructions are not clear. Should you try to figure it out yourself?
No. Instructions from your doctor or others are important. Tell them what you think the instructions are. Tell them if they need to write down the instructions. Tell them if you have a family member or friend who helps you take your medicine. Ask the doctor to have someone talk to your family member or friend, too.

What if you don’t understand written instructions?
Tell your caregivers. Tell them that you need to have the instructions read to you. Tell them you need instructions that are easy to read. Or that you need instructions in your language.

What can you do if you don’t understand the instructions for your medicine?
Tell your doctor if you need help. Tell them what you think the instructions are. Tell them if you don’t understand how to take your medicine. Tell them if you don’t understand when to take your medicine. Some patients don’t understand and take too much or too little of the medicine. That can be dangerous.

How can you remember all of your medicines?
Ask for a card for your medicines. Ask your caregiver to help you write down the medicines and the amount you take. Bring the card with you every time you go to the doctor.

The doctor says I need to have a “procedure.” What does that mean?
A procedure can be an operation or a treatment. A procedure can be a test with special equipment. You might be put to sleep or a part of your body might be numbed. Ask questions about what will be done to you. If you speak another language ask for someone who speaks your language. Even if you’re in the emergency room you need to understand what will happen to you.

What is informed consent?
Informed consent means that you know how your illness or condition will be treated. It means that you agree to the operation or treatment. It means that you understand the risks. That you know about other treatments available to you. And that you know what can happen if you aren’t treated. You will be asked to sign paper work after you agree to the treatment. You need to decide if you will sign or not sign the paper work only after you understand all that was explained to you.

You don’t understand the paper work you’re given to fill out. What can you do?
Ask caregivers to explain the paper work. Ask them if they can help you fill it out.
Control Your Diabetes. It's Worth the Time. Part 3: Medication and Glucose Numbers

To control your diabetes, take the time to: Remember your diabetes medications or insulin every day. Some people can control their diabetes with diet and exercise. Other people need to take a pill or more than one pill. Some people need to take insulin to control their blood glucose. It does not mean your diabetes is "bad" if you need pills or insulin. It means you are not making enough insulin, and your body needs some help. It is very important to take your pills or insulin every day. To keep your blood glucose under control, you will need to take it every day, even when you feel fine. If you are having problems with your medicine or insulin, be sure to tell your healthcare provider.

To control your diabetes, take the time to: Know your blood glucose numbers. Testing your blood glucose is a good way to find out if your diabetes is under control. You can do this at home. Your healthcare provider or nurse will show you how. At least two times a year, you should have an A1c test. This is a blood test that tells you and your healthcare provider what your blood glucose has been for the past three months. Find out what your A1c number is and what it should be. If you take pills or insulin to control your diabetes, sometimes your blood glucose can go too low. Your blood glucose might go too low if:
1. You skip a meal.
2. Exercise more than usual.
3. Take too much diabetes medication or insulin.
If your blood glucose is too low, you might feel: shaky; sweaty; weak; tired, dizzy; crabby or confused; have vision changes. To treat a low blood glucose: First, check your blood glucose if you are not feeling too sick. Your blood glucose is too low if it is less than 70.

Then, eat or drink one of these:
- 3 or 4 glucose tablets
- ½ cup (4 oz.) orange juice
- ½ cup regular soda
- 1 cup low fat milk
- 6 or 7 pieces of candy you can chew (not hard candy or chocolate)
Wait 15 minutes. Check your blood glucose again. If your blood glucose is ok, have a meal or snack. If it is still low, eat or drink something again. If your blood glucose still doesn't come up, call your healthcare provider.
If your blood glucose gets too low before you eat or drink something, you could pass out. Know what to do if you have a low blood glucose, and always wear a health alert bracelet or necklace that says you have diabetes.
It is very important to take your pills or insulin every day. To keep your blood glucose under control, you will need to take it every day, even when you feel fine. If you are having problems with your medicine or insulin, be sure to tell your healthcare provider.
It's not always easy to have diabetes. Talk to your family about your feelings. Tell them what they can do to help you. It might help to talk to other people who have diabetes. Your healthcare team understands what you are going through. Stay in close contact with your healthcare provider. There are many people who can help you live a healthy life with diabetes. But the most important person is you. Children go to school so that they can have a good life when they grow up. They are preparing for the future. Prepare for your future by controlling your diabetes now.

Take the time every day to eat a healthy diet, exercise, take your medication or insulin, and know your blood glucose numbers. You can live a long, healthy life with diabetes. It takes time, but it’s worth it.

A Healthy Roads Media project
www.healthyroadsmedia.org
Control Your Diabetes - Ph3. Medication and Glucose Numbers - English last reviewed 11/2009

Carrier Testing for Cystic Fibrosis

Cystic Fibrosis is a commonly inherited disease, affecting approximately 1 in 3,900 births. It is a life-long condition that mostly affects the lungs and digestive tract. The lung problems cause individuals to have frequent, serious lung infections, and the digestive problems can lead to life-threatening weight loss in children. Early and aggressive treatment can help these children, but there is currently no cure for cystic fibrosis. The outcome for cystic fibrosis is extremely variable, but in general the life expectancy is shortened. Cystic fibrosis carrier testing is being made available to you on a voluntary basis.

Could my baby have it even if no one in my family has it? Yes, cystic fibrosis is a common condition: 1 in 29 Caucasian people, 1 in 46 Hispanic Americans, 1 in 65 African Americans and 1 in 90 Asian Americans carry an abnormal gene for cystic fibrosis. People of other ethnic backgrounds can carry it, but the chance is lower. Carriers generally have no health problems associated with cystic fibrosis. However, if both mother and the father are carriers, there is a 1 in 4 chance for them to have a child with cystic fibrosis. So, even if no one else in the family has cystic fibrosis, there is still a chance the baby could have the cystic fibrosis.

How is the test done? This test requires a small sample of blood taken at our laboratory department. Results are usually ready in 10-14 days. Your provider will inform you of the results.

What are some reasons to consider carrier testing? For couples that are known to be carriers, other pregnancy options include sperm or egg donation, pre-conceptual genetic testing, or adoption. To have the most options available, it is best to consider testing BEFORE getting pregnant.

For couples that are already pregnant, they might wish to know that their baby is going to have cystic fibrosis before it is born so that they can be more prepared once the baby is born.

What if my partner and I are both carriers? If carrier screening finds that both you and your partner are carriers, then your chance of having a child with cystic fibrosis is 1 in 4 for each pregnancy. Knowing that both parents are cystic fibrosis carriers would allow us to offer prenatal testing, such as amniocentesis (test where some of the fluid around the baby is tested). This test may allow a couple to know before the child is born whether it is affected with cystic Fibrosis. However, there are risks associated with prenatal testing that should be discussed with your provider or genetic counselor.

Moutainl Classic Medical Center of Genetic Services, October, 2004

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What is a Pediatric Allergist/Immunologist?

If your child suffers from allergies or other problems with his immune system, a pediatric allergist/immunologist has special skills to treat your child.

Your child's immune system fights infections. If your child has allergies, her immune system wrongly reacts to things that are usually harmless. Pet dander, pollen, dust, mold spores, insect stings, food, and medications are examples of such things. This reaction may cause her body to respond with health problems such as asthma, hay fever, hives, eczema (a rash), or a very severe and unusual reaction called anaphylaxis.

Sometimes, if your child's immune system is not working right, he may suffer from frequent, severe, and/or uncommon infections. Examples of such infections are sinusitis (inflammation of one or more of the sinuses), pneumonia (infection of the lung), thrush (a fungus infection in the mouth), and abscesses (collections of pus surrounded by inflamed tissue) that keep coming back.

A pediatric allergist/immunologist finds and treats these allergies and immune system problems.

What kind of training do pediatric allergists/immunologists have?

Pediatric allergists/immunologists are medical doctors who have had

- At least 4 years of medical school
- Three years of primary care pediatric residency training
- At least 2 to 3 more years of study in an allergy and immunology program
- Certification from the American Board of Allergy and Immunology

may combine avoiding things that cause symptoms, immunotherapy (allergy shots), or medication. Tests and effective treatments also are available for various causes of a weakened immune system.

Where can I find a pediatric allergist/immunologist?

Pediatric allergists/immunologists practice in a variety of medical settings. These include children's hospitals, university medical centers, large community hospitals, and private offices. Ask your pediatrician or a local children's hospital to help you find an allergist/immunologist who works with children.

Pediatric allergists/immunologists — specialized care for children

Children are not just small adults. They cannot always tell us what is bothering them. They cannot always answer medical questions. They are not always able to be patient and cooperative during a medical examination.

Pediatric allergists/immunologists know how to examine and treat children in a way that helps them relax and cooperate. Their goal is to identify the causes of these disorders in your child, and to offer ways to decrease symptoms so that your child can live a healthier life.

If your pediatrician suggests that your child see a pediatric allergist/immunologist, you can be assured that she will get expert care. That care will include the most up-to-date treatment and therapy options to improve your child's quality of life.
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White Space Total =
Total Score =

(add each box in this column)

Total possible “positive points” = 65

Easier to read
Part 5

Putting It Into Practice
(Hands-on Exercise)
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