



**HEALTH LITERACY IN
LAYOUT & DESIGN**

WHAT WE'LL DISCUSS

1. What is design?
2. Design techniques that complement plain language
3. Making tough content choices
4. Determining your social media strategy

What do we mean when we say
“DESIGN?”

A woman with brown, wavy hair is wearing a silver tiara and a dark, strapless dress. She is smiling broadly, showing her teeth, and has her arms crossed over her chest. She is holding a large bouquet of red roses with green leaves. The background is a dark red, vertically pleated curtain.

“Make it pretty?”

To use design to impress,
to polish things up, to make
them chic, is not design at all.

This is packaging.

— DIETER RAMS

“Design by Vitsoe”

New York, December 1976^a





People cannot change
their habits without
first changing their
way of thinking.

— MARIE KONDO
The Life-Changing Magic of Tidying Up



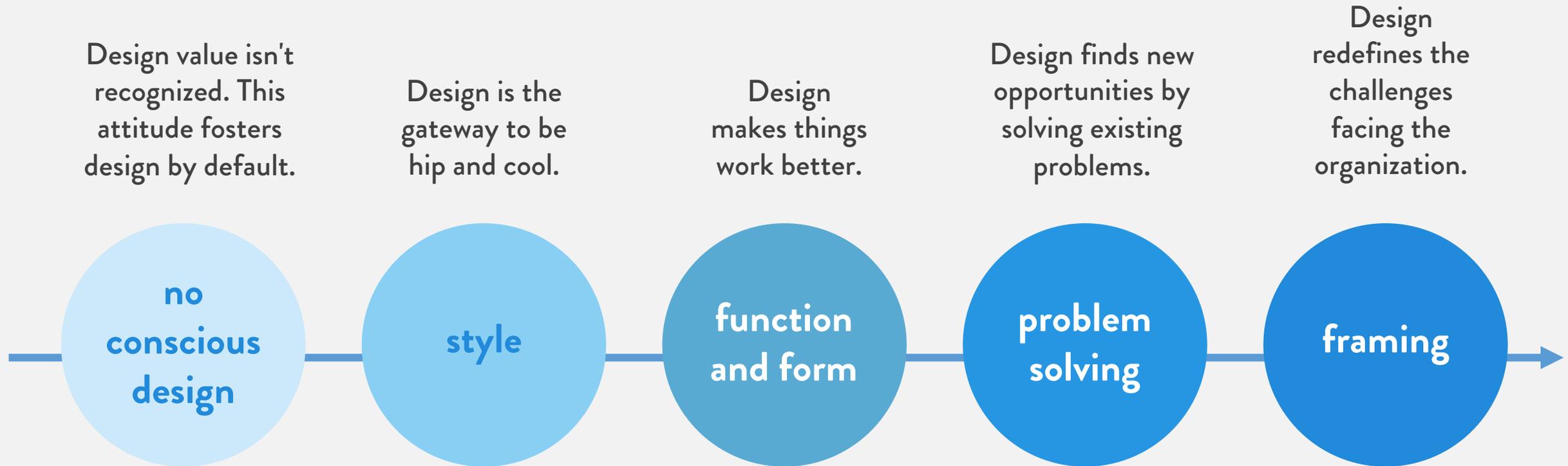
Design is a
CRITICAL EXERCISE.



Good design
is a lot like
clear thinking
made visual.

— EDWARD TUFTE

Design maturity continuum



Why is design important in
HEALTH CARE?

...the onus of interpreting the information should be shifted toward the information provider when **the skill level of the users are lower, when the common decision errors are known and can be countered, and when the stakes involved in the choices are high for individuals or society.**

— MELISSA G. FRENCH, ET AL

*Health Insurance and Insights from Health Literacy:
Helping Consumers Understand Proceedings of a Workshop*

Let's talk about

DESIGN TECHNIQUES

Start with a
GRID.

* I mean it. It's the anchor that prevents visual chaos.

When used correctly and appropriately, a grid provides **simplicity, clarity, efficiency, flexibility, economy, continuity, consistency, and unity** to any visual communication.

— RICHARD POULIN
The Language of Graphic Design



Hygiene

Hand Washing Steps

Prevent the Spread of Germs

1 Wet hands with warm running water.

2 Apply soap.



3 Rub hands together for at least twenty seconds.



4 Clean under fingernails and between fingers.

5 Rinse hands thoroughly under running water.



6 Dry hands - use towel or warm-air hand dryer.

Keep the Children in Your Care Healthy.

DEPARTMENT NAME HERE

This is where your title will go



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This is what a headline looks like

This is what a sub-headline looks like

• This is what a bullet point looks like.

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Think of this area as a call-out box, where you would have some important info stand out. Treat it as the area for lead-in messaging that will catch the viewer's eye before they dive into the main content to the left.



Lead-in text at 30pt./33pt. Lorem ipsum dolor sit amet, consectetur adipiscing elit.



Lorem ipsum dolor sit amet, consectetur adipiscing elit

Body Copy at 8pt/14pt in black. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean sit amet justo tincidunt, commodo ex et, facilisis eros. In gravida semper mollis. Proin ut elementum enim. Morbi consequat ultricies elit elementum fringilla. Quisque fermentum, ligula vitae auctor tempor, elit mi vestibulum quam, eu laculis est ipsum vitae augue. Nunc a scelerisque nibh. Integer luctus ultricies tellus in condimentum. Ut et erat leo. Vestibulum urna felis, dictum sed mollis et, pharetra ut turpis. Donec bibendum nisi nec tempor interdum. Praesent dignissim id lorem interdum laoreet luctus. Interdum et malesuada fames ac ante ipsum primis in faucibus. Proin posuere fermentum ligula eu ultricies. Lorem ipsum sit amet justo tincidunt, commodo ex et, facilisis eros.

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Sub-headline

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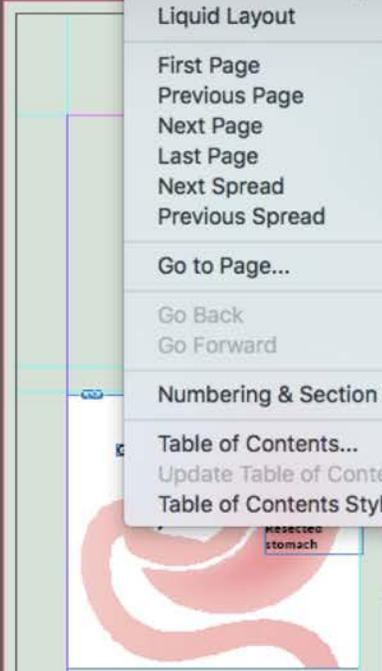
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- Pages
- Margins and Columns...
- Ruler Guides...
- Create Guides...
- Create Alternate Layout...
- Liquid Layout
- First Page
- Previous Page
- Next Page
- Last Page
- Next Spread
- Previous Spread
- Go to Page...
- Go Back
- Go Forward
- Numbering & Section Options...
- Table of Contents...
- Update Table of Contents
- Table of Contents Styles...



Gastric sleeve surgery

GASTRIC SLEEVE SURGERY

... removes about 80 percent of your stomach, leaving a banana-size pouch. This surgery is almost always done with a minimally invasive laparoscope, with small incisions. You will probably spend one night in the hospital.

... consume less food because you feel full after eating smaller meals. Your body absorbs fewer calories and nutrients. You will probably spend one or two nights in the hospital.

... eat because the removed part of your stomach sends hunger signals to the brain.

... your surgeon may recommend gastric bypass surgery. Your goals are less than what might be expected for gastric bypass.

... ty-related medical problems.

- You take certain medications, such as anti-inflammatory drugs or steroids, that might complicate other types of bariatric surgery.

Benefits:

- Gastric sleeve can improve obesity-related conditions such as diabetes, sleep apnea, high blood pressure, fatty liver disease and osteoarthritis. It reduces the risk of ulcers.
- It usually has fewer side effects than gastric bypass surgery.

Risks:

- It's not reversible.
- You must take supplements for life.
- Complications are uncommon but can include:
 - Bleeding
 - Infection
 - Heartburn
 - Hernias
 - Scarring
 - Leaking from the staple line
 - New or worse acid reflux

GASTRIC BYPASS SURGERY

What it is: Your surgeon seals off the top part of your stomach to create an egg-size pouch. The pouch is attached to your small intestine, bypassing most of your stomach and upper intestine. The rest of your stomach is attached lower on the small intestine. This surgery is almost always done with a minimally invasive laparoscope, with small incisions. You will probably spend one or two nights in the hospital.

How it works: You feel full after small meals, so you eat less. Your body absorbs fewer calories and nutrients. Your stomach sends different signals to the brain that change your metabolism, reducing your appetite.

Is it right for me? Gastric bypass may be recommended if:

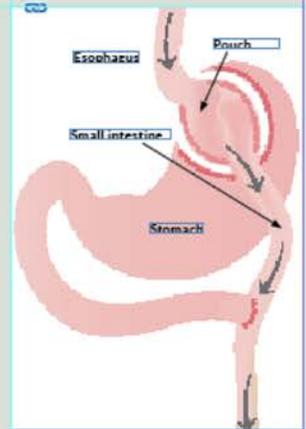
- You have a high weight-loss goal.
- You have type 2 diabetes or acid reflux disease. Many gastric bypass patients see dramatic improvement.

Benefits:

- Gastric bypass can achieve slightly higher weight loss than gastric sleeve.
- It can be an effective treatment for type 2 diabetes and acid reflux disease.

Risks:

- It's not reversible.
- You must take supplements for life.
- Complications are uncommon but can include:
 - Intestinal connection leaks
 - Blood clots and bleeding
 - Pneumonia
 - Infections
 - Hernias
 - Ulcer
 - Narrower intestinal connections



Gastric bypass surgery

Paste Paste Special

New Slide

Layout Reset Section

B I U abc X² X₂ AV Aa A

Convert to SmartArt

Picture Shapes Text Box

Arrange Quick Styles

Shape Fill Shape Outline



5 4 3 2 1 0 1 2 3 4 5

4 3 2 1 0 1 2 3 4

We've offered the **Raleigh community** space-saving solutions for the past 10 years.

PLACE STAMP HERE

Recipient Name
Street Address
City, ST ZIP Code

4-0000

SPRING CLEANING WITH FABRIKAM

- Cut ⌘X
- Copy ⌘C
- Paste ⌘V
- Paste Special...
- New Slide ⌘N
- Duplicate Slide ⌘D
- Delete Slide
- Hide Slide
- ✓ Ruler
- Guides ▶
 - Add Vertical Guide
 - Add Horizontal Guide
 - Delete
 - ✓ Dynamic Guides
 - ✓ Guides ⌘G
- Zoom...
- Format Background...
- Slide Show ⌘S
- Snap to Grid

Change Template Options Margins Orientation Size Guides Align To Guides Objects Delete Move Rename Schemes Apex Aspect Black & ... Civic Concourse Equity Flow Foundry Median Metro Module Office Fonts Apply Image Background Master Pages Page Background

Pages



Layout Guides

Margin Guides Grid Guides Baseline Guides

Column Guides
 Columns: 3
 Spacing: 0.1"

Row Guides
 Rows: 1
 Spacing: 0.1"

Add center guide between columns and rows

Preview

OK Cancel

Home Insert Design

Margins Orientation Size

- ✓ Print Layout
- Web Layout
- Outline
- Draft
- ✓ Ribbon ⌘R
- Sidebar ▶
- Message Bar
- ✓ Ruler
- Header and Footer
- Footnotes
- Master Document
- ✓ Markup
- Reveal Formatting
- Zoom ▶
- ✓ Gridlines
- Enter Full Screen ⌘F

Mailings Review View Acrobat **Table Design** Layout

Indent Spacing

Left: 0" Before: 0 pt

Right: 0.07" After: 0 pt

Position Wrap Text Bring Forward Send Backward Selection Pane Align Group Rotate



Use **HIERARCHY** to
signal order of importance.

We're breaking ground in so many ways.

We're bringing research, healing and family well-being to one place, with each part lifting the others to new heights.

[Learn more](#)

For Patients

[Services](#) >[MyChart](#) >[Getting here](#) >

For Students

[Apply](#) >[Student Services](#) >[Library](#) >

Our Research

[Our technologies](#) >[Participate in a study](#) >[Explore more](#) >



COMMON QUESTIONS ABOUT FLUORIDE

A Resource for Parents and Caregivers



1. Why do children need fluoride?

Our mouths contain bacteria that combine with sugars in the foods we eat and the beverages we drink. This produces an acid that harms our teeth. Fluoride strengthens kids' teeth by fighting off this acid and even reversing early signs of tooth decay.



2. Is fluoridated water safe for me and my children to drink?

Yes. Decades of research, experience, and the support of the world's leading health, dental, and medical organizations have confirmed the safety of fluoride.



3. We brush our teeth with fluoride toothpaste every day. Do we still need fluoridated water?

Yes. Drinking fluoridated water throughout the day, combined with the more concentrated fluoride in dental products prevents more tooth decay than toothpaste alone.



4. Are there health risks associated with these forms of fluoride?

No. There is no credible scientific evidence that fluoridated water or dental products cause illness or disease.



5. What exactly is dental fluorosis? Should I be concerned about fluorosis from drinking fluoridated water?

Dental fluorosis is a slight change in the look of the teeth, usually in the form of very faint white markings. Most fluorosis is the result of consuming too much fluoride while permanent teeth are forming, before the age of 8. It does not affect the function or health of the teeth. In fact, teeth with mild fluorosis are more resistant to cavities.

Use **CONTRAST** to
create separation and direct attention.

You're teaching them to...

Read



Ride a Bike



And say



Make sure
you're teaching
them to brush
and floss too.



CAMPAIGN FOR
DENTAL HEALTH
life is better **WITH TEETH**

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ILikeMyTeeth.org

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician.
There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.
The Campaign for Dental Health is a program of the American Academy of Pediatrics, generously supported in part by the DentaQuest
Foundation, The Pew Charitable Trusts, and the Washington Dental Service Foundation.

Use **WHITE SPACE** to
improve comprehension, guide
attention, and let the eye rest.

[Mac](#)[iPad](#)[iPhone](#)[Watch](#)[TV](#)[Music](#)[Support](#)

iPhone X[®]

All-screen design. Longest battery life ever in an iPhone.
Fastest performance. Studio-quality photos.

[Learn more >](#) [Buy >](#)





Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum



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When your child goes home

While your child is at Doernbecher, you and your child's healthcare team will plan for the day your child goes home. The doctors and nurses will talk with you about the care your child will need at home.

If you think your child will go home soon, bring:

- Clothes for the trip home
- Booster or car seat if your child needs one
- Your insurance card if you will need to fill any prescriptions before you leave.

Please pack any personal belongings and arrange for a ride so you can leave shortly after your child's doctor says your child is ready to go home.

Before you go, your child's nurse will give you written instructions on what to do at home. This will include a phone number to call with questions or concerns. If your child will need additional services or follow up appointments after leaving Doernbecher, we will also give you that information. If you have questions about going home, please ask your child's nurse or another member of the healthcare team.

Questions to ask before leaving

- ___ Whom should I call with questions or concerns?
- ___ How will my child feel at home (acting normally, sleeping a lot, eating less than usual)?
- ___ Are there any symptoms I should be concerned about (fever, vomiting, pain or other symptoms)?
- ___ What medicines are my child going home with?
- ___ What is each medicine for?
- ___ What are the side effects?
- ___ How long should my child take the medicines?
- ___ If my child stopped taking regular medicines in the hospital, should he or she start taking them again?
- ___ When should I get refills for my child's medicines?
- ___ Does my child need any treatments at home?
- ___ What information is Doernbecher sending to my child's primary care provider (regular doctor or nurse)?
- ___ Does my child have any healthcare needs that will change our family routines?

___ What activities are OK for my child at home and at school (taking a shower or bath, playing, doing homework, doing chores, food and activity restrictions, recess, gym)?

___ When is my child's next appointment? Should my child be seen by the primary care provider before the next specialty appointment?

___ What information does my child's school need from the healthcare team?

After your child is home

You might notice changes in your child's behavior after he or she comes home from the hospital. These might include:

- Changes in sleep patterns (sleeping more or less than usual, having bad dreams or waking up at night).
- Fear of leaving you or leaving home.
- Returning to old behaviors like thumb-sucking or temper tantrums.

These changes are normal for children who have spent time in the hospital. Usually, they do not last more than a few days or weeks.

Talk with your child about fears or anxieties, and reassure your child. If behavior changes last more than a few days or weeks, talk to your child's primary care provider (regular doctor or nurse).

Your pediatric nurse care manager

If you are arranging for your child's healthcare at home, a pediatric nurse care manager can help. Nurse care managers can help you find:

- Home health care
- Community health nurses
- Home medical equipment
- Community placements
- Medical transportation

If your child will need healthcare support services or equipment at home, please ask your child's nurse or call Care Management at 503 494-2273.

We offer professional development opportunities to providers around the state so they can stay current on the latest treatment recommendations for kids.

OHSU Doernbecher is an integral part of the Oregon Clinical and Translational Research Institute (OCTRI), one of 12 NIH-funded centers in the nation to promote translational research.

Medications	
What medicine(s) does my child need to take when they leave the hospital? Does my child take the same medicines that they took before they went into the hospital?	

For each medication:	
What is the name of this medicine? Is this the generic or brand name?	
Why do does my child take this medicine?	
When and how do should I give this medicine to my child?	

How much do I give?	
What does this medicine look like?	
What are potential side effects of this medicine? What problems do I need to look out for?	
Will this medicine interfere with other medicines, foods, vitamins, or other herbal supplements my child takes?	
Where and how do I get this medicine?	
What medicines can I give my child for pain? Upset stomach? Headaches? Allergies?	

You're teaching them to...

Read



Ride a Bike



And say



Make sure
you're teaching
them to brush
and floss too.



CAMPAIGN FOR
DENTAL HEALTH
life is better **WITH TEETH**

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

ILikeMyTeeth.org

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. The Campaign for Dental Health is a program of the American Academy of Pediatrics, generously supported in part by the DentaQuest Foundation, The Pew Charitable Trusts, and the Washington Dental Service Foundation.

Working with
TYPOGRAPHY

Helvetica

Futura

Bembo

Typefaces of | the same size | look different sizes

| because they | have varying | x-heights |

Bodoni

Bernhard Modern

Times New Roman

Use the equivalent of
12 pt Times New Roman x-height
FOR MOST AUDIENCES.



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Neurology Sleep Medicine

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cell 301-272-4653
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Mail code: CR139
3181 S.W. Sam Jackson Park Rd.
Portland, OR 97239



CASEY EYE
Institute

William Campos

Surgery Scheduler
Pediatric Ophthalmology &
Adult Strabismus

tel **503-494-0874**
fax **503-494-6071**

Mailcode: CEI Pediatrics
3375 SW Terwilliger Blvd
Portland, OR 97239

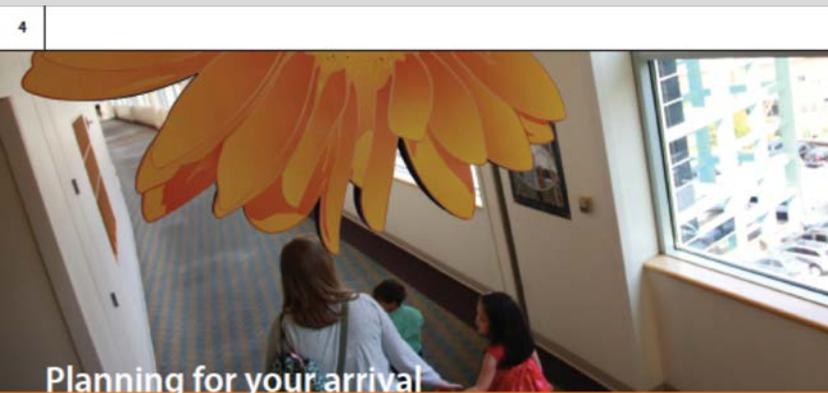
www.ohsucasey.com



There is inconclusive evidence that either *serif* or *sans serif* type is more legible.

LEARN TO SEE READABILITY

and then make decisions in context.



Planning for your arrival

You can do some planning to make your child's stay at Doernbecher easier.

- Plan to bring:**
- Personal items (toothbrush, toothpaste, lotion)
 - Robe and slippers
 - Glasses, if your child wears them
 - Payment for any insurance co-pay or deductible that your plan requires
 - Insurance billing information
- Leave at home:**
- Valuables (if your child wears jewelry or a watch, please leave them at home)
 - Electrically operated appliances
 - Medicines (unless your child's doctor tells you to bring them)

Where to check in

The doctor's office will give you instructions and information about where to check in to Doernbecher. If you do not receive this information, please call the doctor's office. If it is the night before or the same day your child is admitted to the hospital, call the operator at 503 494-8311, or DCH Admitting at 503 418-5313. Admitting will need to know why your child is coming to the hospital and your doctor's name.

Parking for families and visitors

Patients and visitors to Doernbecher may park for free in the lot directly in front of the main entrance, in marked spaces in the

lower lot and on the lower floors of the parking garage to the west of Doernbecher.

If you cannot find parking, please see the attendant at the main entrance for a permit and directions.

Staying with your child in the hospital

If you are a parent or primary caregiver, we encourage you to spend the night at Doernbecher with your child. This can make your child feel more comfortable. Each patient room is private and has space for one or two parents to sleep.

If you are a mother who is also nursing a baby, the baby may stay with you in your child's room. Other siblings may not spend the night, so please make plans for your other children.

Your child will be provided a bed according to their age and developmental level. For safety reasons, please do not share a sleeping surface with your child.

Lodging

There are many lodging options for patients who come to OHSU from out of town. Some of them offer OHSU patients a discounted rate, so please ask for the most up-to-date rate when checking on availability or making your reservation. Visit www.ohsuhealth.com/lodging for a complete list that includes hotels, motels, bed and breakfasts, and RV and Trailer Parks.

For information about the Ronald McDonald House, visit www.ohsadoernbecher.com/ronalddonald.

OHSU Doernbecher is one of only 19 clinical research groups nationwide selected to participate in the NIH's Rare Diseases Clinical Research Network (RDCRN), offering access to two major clinical trials and six pilot research studies.

We are national leaders in the diagnosis and treatment of children with neurological disorders. Each year we see more than 4,000 patients in our neurosciences program, more than anywhere else in Oregon.

Services

We provide a variety of resources to make you and your child comfortable during your stay at OHSU Doernbecher, including services that may be helpful to your visiting family and friends.

Concierge services 503-418-1818

OHSU's concierge staff are here to make your stay more comfortable and to provide information to your visitors. The concierge can assist with hospital information, directions and locations for dining and lodging.

Oregon Fresh room service 503-494-1111

Once your child settles into a room, a room service associate from OHSU's Food and Nutrition Department will meet with you to talk about meals. Our nutritional program allows your child to choose what he or she wants to eat (based on diet orders) from a restaurant-style menu and to order when hungry. Place orders over the phone and delivery is within 45 minutes. This service is available 6:30 a.m. – 8:30 p.m.

Play areas

An outdoor play structure is located outside of the Doernbecher lobby level, behind Starbucks. Use the doors just past Starbucks and look for the play structure on the right. Patients and their families can also enjoy the outdoor courtyard on the 9th floor.

Pharmacy 888-279-9211

The OHSU Doernbecher Children's Hospital Pharmacy is on the 7th floor in the Outpatients Clinics area. The pharmacy is open Monday – Friday, 9 a.m. – 5:30 p.m. www.ohsuhealth.com/pharmacy.

Lactation 503-418-4500

Doernbecher's lactation consultants help mothers and babies who are having problems with breastfeeding. A team of nurses who are Board Certified Lactation Consultants work with patients during hospital stays or for follow-up.

Spiritual care

A team of chaplains serve Doernbecher patients and families for spiritual guidance, prayer, emotional support and comfort. We provide counseling to anyone who asks. You do not need to be a member of any particular faith. Chaplains are available Monday – Friday, 9 a.m. – 5 p.m., and on an emergency basis on weekends and evenings.

Meditation room

Doernbecher has a peaceful meditation room on the 10th floor for patients and families.



Don't use more than
two typefaces unless you're
REALLY ADVANCED.*

* I mean it. That's what fonts are for!

Working with **COLOR**

Color palettes should be

LIMITED AND INTENTIONAL.




personal care


baby


household supplies


No Carts
CHILDREN ONLY



VISUAL IDENTITY GUIDELINES – COLOR

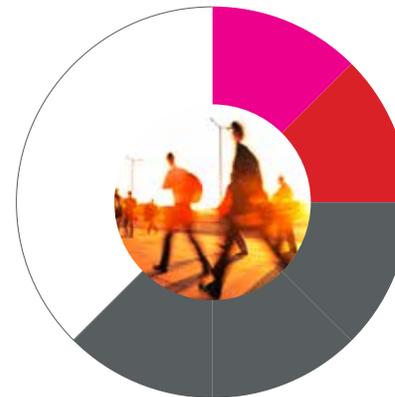
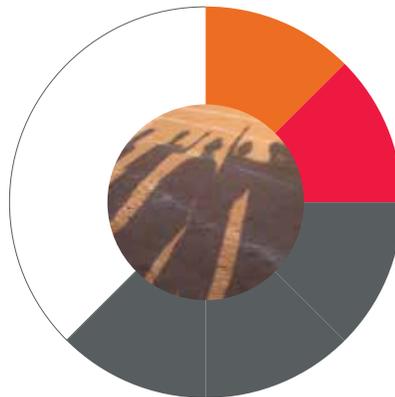
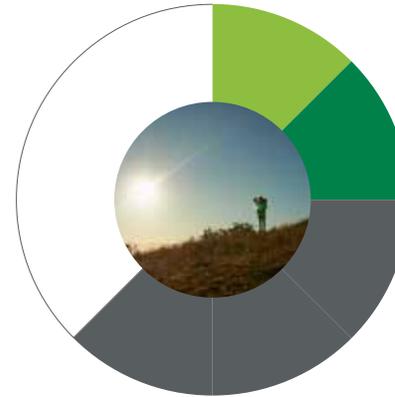
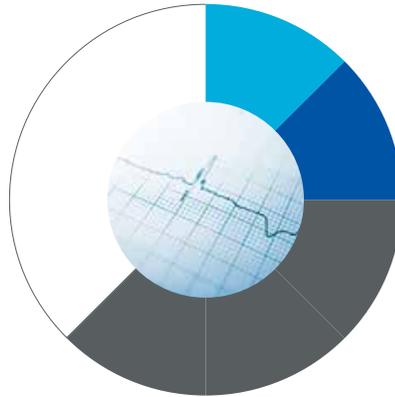
Usage Ratios

The charts at right demonstrate the general ratios in which color, photography and white space should be used in designing for the OHSU brand.

The neutral color, OHSU Charcoal, provides a strong and sophisticated background against which accent colors — and carefully selected photography — can appear to their best advantage.

As much as possible, look for photography that works with the color palette in terms of tonality. Choose photos that complement and work aesthetically with the temperature of the design. Consider incorporating a duotone image into the design as well.

Additionally, think of white space as a “color” and incorporate ample amounts into the design as much as possible.



Your design should work well
in black and white first.

That's a signal you've thought about
hierarchy and contrast.

Protect yourself from **shingles**...

Get vaccinated!

What is shingles?

Shingles is a painful disease caused by the same virus that causes chickenpox. It is also called zoster.

Shingles usually includes a painful rash with blisters that can occur anywhere on your body, even the face and eyes.

The main symptom of shingles is severe pain. Some people have compared it with the pain of childbirth or kidney stones.

Is it serious?

Yes. For about 1 out of 5 people with shingles, severe pain can continue for months, or even years.

This long-lasting pain can be so bad that it interferes with eating and sleeping. Some people with severe pain from shingles have even committed suicide.

Although some medicines can help treat shingles, there is no cure.



Get vaccinated against shingles if you're 50 or older!

Am I at risk?

Anyone who has ever had chickenpox can get shingles. You are more likely to develop shingles as you get older.

How can I protect myself from shingles?



The best way to prevent shingles and its serious complications is to get vaccinated. Two shingles vaccines are available in the U.S. – Shingrix and Zostavax.

You should get the shingles vaccine (Shingrix) if you are age 50 years or older, even if you've already had shingles or already received the older shingles vaccine (Zostavax). It is possible to get shingles more than once.

► For more information, visit www.vaccineinformation.org

Summary of Recommendations for Adult Immunization (Age 19 years and older)

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccination administration (any vaccine can be given with another unless otherwise noted)	Contraindications and precautions (mild illness is not a contraindication)
<p>Influenza Inactivated Influenza vaccine (IIV*) Give IM</p> <p>* includes recombinant influenza vaccine (RIV)</p> <p>Live attenuated influenza vaccine (LAIV) Give NAS (intranasally)</p>	<p>For people through age 18yrs, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> Vaccination is recommended for all adults. Adults age 18 through 64yrs may be given any intramuscular IIV product (Fluzone, Fluvirin, Afluria, Flucelvax, Fluairix, FluLaval), or RIV3/RIV4 (FluBlok). Adults age 18 through 64yrs may be given intramuscular IIV (Afluria) with a needle and syringe or using a jet injector (Stratis). Adults age 65yrs and older may be given any standard-dose IIV referenced in the second bullet above, Flud, or high-dose IIV (Fluzone High-Dose), or RIV3/RIV4. <p>Note: Healthcare personnel who care for severely immunocompromised persons (i.e., those who require care in a protective environment) should receive IIV rather than LAIV. For information on other contraindications and precautions to LAIV, see far right column.</p>	<ul style="list-style-type: none"> Give 1 dose every year in the fall or winter. Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. If 2 or more of the following live virus vaccines are to be given – LAIV, MMR, Var, ZVL, and/or yellow fever – they should be given on the same day. If they are not given on the same day, space them by at least 28d. May use as post-exposure prophylaxis if given within 3d of exposure. 	<p>Contraindications</p> <ul style="list-style-type: none"> History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or after a previous dose of any influenza vaccine. For LAIV only: pregnancy; immunosuppression; receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, oseltamivir, or peramivir) within the previous 48hrs. Avoid use of these antiviral drugs for 14d after vaccination. <p>NOTE: People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for their health status. People having had a previous severe reaction to eggs involving symptoms other than hives should be administered vaccine in a medical setting (e.g., a health department or physician office) and should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness with or without fever. History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. For LAIV only: Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV).
<p>Td, Tdap (Tetanus, diphtheria, pertussis) Give IM</p>	<p>For people through age 18yrs, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.¹ <p>For Tdap only</p> <ul style="list-style-type: none"> Adults who have not already received Tdap or whose Tdap history is not known. Healthcare personnel of all ages. Give Tdap to pregnant women during each pregnancy (preferred during the early part of gestational weeks 27 through 36), regardless of the interval since prior Td or Tdap. 	<ul style="list-style-type: none"> For people who are unvaccinated or behind, complete the primary Td series (3 doses with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. Give Td booster every 10yrs after the primary series has been completed. Tdap should be given regardless of interval since previous Td. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7d following DTP/DTaP, or Tdap. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness with or without fever. History of Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine. History of Arthus-type reaction following a prior dose of tetanus- or diphtheria-toxoid-containing vaccine (including MenACWY); defer vaccination until at least 10yrs have elapsed since the last tetanus toxoid-containing vaccine. For pertussis-containing vaccines only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.

This document was adapted from the vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP) and also *Best Practices Guidance of the ACIP*. To view the full vaccine recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/ACIP-recs/index.html or, for the complete guidance document, visit www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

This table is revised periodically. Visit IAC's website at www.immunize.org/adultrules to make sure you have the most current version.

For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.

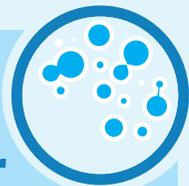
A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Use color to

DRAW ATTENTION.

WHY DO CHILDREN NEED FLUORIDE?

Our mouths contain **BACTERIA**



That bacteria combines with sugars in the foods we eat and the beverages we drink and produces...

= **ACID**



The acid that is produced harms tooth enamel and damages teeth



FLUORIDE
PROTECTS TEETH BY
MAKING THEM MORE
RESISTANT TO ACID

Get Your Fluoride Here!

- Drink fluoridated water
- Brush with the right amount of fluoridated toothpaste
- Talk to your dentist or doctor about fluoride treatments

CAMPAIGN FOR
DENTAL HEALTH
life is better **WITH TEETH**
ILikeMyTeeth.org

Fluoride is an important mineral for all children. Talk to your doctor or dentist to learn more.



Use color to

DIFFERENTIATE.



Bedside Reporting Tips

Decide which family members or visitors should be present with you during the meeting. We want to protect your privacy and will only talk about your health with others when you say it is okay.

Think about any concerns and questions you have and write them down. This is the perfect time to speak up.

Let us know if something is confusing. If the nurses use any words or share information that you don't understand, ask them to explain it.

Communicating with your team

Good communication is critical to ensure we provide the best care possible. Please ask questions and tell us about any special needs you may have so that we can help you recover as quickly as possible.

Family spokesperson

We recommend that you designate a trusted relative or friend as your family spokesperson — a person who can help with communications and keep other family and friends informed while you're in the hospital.

Healthcare agent or proxy

Tell us who you would want to speak for you in the event you are unable to speak for yourself. This may include loved ones not legally related to you, such as a non-registered domestic partner, significant other or foster parent.

Bedside reporting

When your nurse is about to go off duty and transition your care to a new nurse, they will meet at your bedside to talk about your care before a shift change. This gives you a chance to meet the nurse taking over your care, ask questions and share important information. During a bedside report, the nurses will:

Introduce your new nurse to you and anyone with you.

Talk with you about your health.

Check the medicines you are taking.

Ask what could have gone better during the last shift.

Answer any questions you may have.

Bedside reporting gives you and your family the chance to be more involved in your care.

Patient and family rounding

In addition to bedside reporting, on some units in the hospital, the care team performs rounds. Rounds are a structured time for doctors, nurses and representatives from other departments to discuss your health, results from labs and procedures, goals for the day and recommendations for next steps. The care team generally gathers in front of your room with a computer to discuss your health and care plan. You and your family spokesperson are encouraged to participate in rounds. Your questions and input help the team make the best decisions for you.



Medication Safety Tip

When you are brought medicines or IV fluids in the hospital, **make sure your care provider checks your ID bracelet** and asks for your name and other identifiers such as your date of birth. This ensures that you are receiving the right medicines.

Medications in the hospital

The proper use of medications is important for your health and safety. The key is communication.

ALLERGIES AND REACTIONS



Make sure your healthcare team knows any allergies or side-effects you have had to any medications in the past, including reactions to anesthesia, foods, latex products or other environmental allergens.

MEDICATIONS BEFORE YOUR HOSPITAL STAY



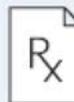
Tell your healthcare providers about all prescription and over-the-counter medicines, herbal vitamin supplements, natural remedies and recreational drugs that you were taking before you came to the hospital. It may be helpful to keep a list of these with you at all times.

MEDICINE FROM HOME



While you are in the hospital, **DO NOT** take any of your medications from home unless those medications **AND** the correct dose have been approved by your doctor. Make sure to tell your nurse if you do take your own medication.

HOSPITAL MEDICATION



Don't be afraid to ask questions regarding your medications, especially during your hospital stay. It is important that you and your caregiver know details regarding your medication plan. You should always ask:

- What is the name of the medication?
- Why do I need to take it?
- How much should I take and at what times?
- What are the possible side effects?

Working with
IMAGERY

Imagery should be
PATIENT-CENTERED.





Imagery should be
INCLUSIVE.













Consider an interesting
ANGLE OR VIEWPOINT.







Avoid shots that looks too
POSED OR STAGED.





AGE GROUP AND GENDER



HEART ANALYSIS



25 mm/sec 10 mm/mV BWF On MAF On Line On 40Hz



SCALE MATTERS

One large image can have more visual impact than several small images.

Idaho Cavity Free Kids Training



Saturday, October 20th: Pocatello, Idaho | 8:00AM-12:30PM

Registration: [Click here to register](#)

Children need healthy teeth to chew nutritious foods and form words. Come and learn how you can help prevent the most common chronic disease in children.

Cavity Free Kids is designed for use in early childhood education settings and home visiting programs. The training will include activities and materials to make it easy for you to teach about oral health and nutrition. It will also have a focus on learning how to implement the 5 Basics of Oral Health:

- 1 Baby Teeth Are Important!
- 2 Water for Thirst
- 3 Tooth Healthy Foods
- 4 Brush, Floss, Swish
- 5 Going to the Dentist

Benefits of Attending:

- FREE
- Travel scholarships available
- Certificate for 3.5 hours of professional development that is IdahoSTARS approved
- Availability of trainers via webinars for post-training consultation/questions
- Breakfast and snacks provided

Attendees will take home a Tooth Healthy Toolbox containing the below items:



August 2018

Kidding Around



Small Bites

-  **DO** supervise your child's brushing until age 8 and flossing until age 10.
-  **DO** take your child to the orthodontist by age 7.
-  **DO** discuss sealants with your child's dentist as the permanent molars come in.
-  **DON'T** forget that healthy meals and snacks are the key to good oral health.
-  **DON'T** ignore dental fears. Try a few tricks to help calm anxiety.

Scarlett is your typical 7-year-old – going a million miles a minute with no time for keeping her room clean, brushing her teeth, combing her hair or going to bed. (You know, those boring things parents always want kids to do.) Even when she's at her busiest, Scarlett's parents always make sure she has time for oral hygiene. Good oral habits at this age – especially as her permanent teeth are coming in – will set her up for a lifetime of healthy smiles.

Getting the Basics Down

Scarlett has been brushing her own teeth for years now. She started **using a pea-sized amount of fluoride toothpaste** sometime between the ages of 2 and 3 – as soon as she understood that she needed to spit toothpaste out instead of swallowing it. Now, at 7, Scarlett does a pretty good job of brushing her teeth. Her mom and dad have kept an eye on her oral health routine up until this point to make sure that she brushes for at least two minutes twice a day. By the time she's 8, Scarlett probably won't need brushing supervision at all, though she'll likely still need help flossing daily until she's 10.

Healthy Eats for Healthy Teeth

Scarlett's parents have played a big part in keeping her teeth healthy by making sure she has **tooth-friendly meals and snacks like cheese, yogurt, lean meats, veggies and fruits**. When she does have sweets, Scarlett has them with meals since eating other foods helps stimulate saliva, which helps wash away food particles and reduces the chance for cavities. For most children, cavities are nearly 90 percent preventable, so establishing good oral health habits and watching what Scarlett eats is very important.



Oregon Health & Science University (OHSU)

February 21 at 4:00 PM · 🌐

What is the No. 1 way to increase lean body mass and reduce sarcopenia (loss of muscle mass and VO2Max)? Resistance exercise and strength training.



NEWS.OHSU.EDU

Prescription for aging: Resistance exercise and strength training

👍❤️ 17

1 Comment 9 Shares



Like



Comment



Share



Oregon Health & Science University (OHSU)

February 20 at 9:53 AM · 🌐

"My number one goal is to deliver the highest quality and safest possible care to all Oregonians," said John Ma, M.D., F.A.C.E.P., professor and chair of emergency medicine in the [OHSU School of Medicine](#). "People walking into any of the emergency departments we staff should have the same outstanding service and quality of care. We are making that a reality through our regional partnerships."

Clinicians joining the OHSU health system today could be stationed anywhere from The Dalles to Portland to Astoria, and emergency medicine is a prime example of the growing OHSU campus.



NEWS.OHSU.EDU

Staffing emergency departments across Oregon

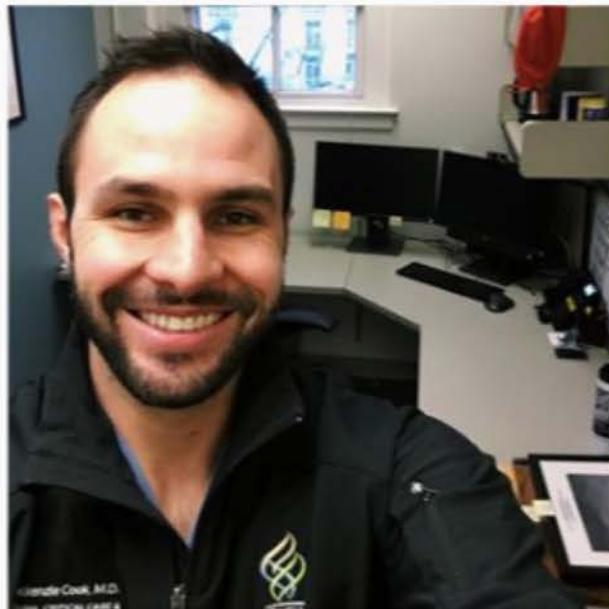
OHSU sends board-certified emergency medicine physicians to staff...

👍❤️ 102

5 Comments 8 Shares



Search



SCALE MATTERS

Consider how many pieces of visual information (shapes) make up your image.





Children's Oral Health

Overview

Cavities (also known as caries or tooth decay) are one of the most common chronic diseases of childhood in the United States. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often [miss more school and receive lower grades than children who don't](#).

- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.¹
- 1 of 7 (13%) adolescents aged 12 to 19 years have at least one untreated decayed tooth.¹
- Children aged 5 to 19 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%).¹

The good news is that cavities are preventable. Fluoride varnish can prevent about one-third (33%) of cavities in the primary (baby) teeth.² Children living in communities with fluoridated tap water have fewer cavities than children whose water is not fluoridated.³ Similarly, children who brush daily with fluoride toothpaste will have fewer cavities.⁴

Dental sealants can also prevent cavities for many years. Applying dental sealants to the chewing surfaces of the back teeth prevent 80% of cavities.⁵



CONSISTENT VISUAL STYLE

Whether using illustrations or photography, your images should feel like they came from the same artist.

Four important steps!

The best ways to make sure your loved ones and other residents don't get sick is to:

- Stay home when you're sick – this is the most important one!
- Cover your coughs and sneezes – completely!
- Wash your hands well – especially after going to the bathroom, and before eating
- Get your flu shot – it protects you and those around you.

Can I visit if I'm only a little bit sick?

If we get a cold or flu-like virus, we're usually sick for a couple days, maybe a week if it's the flu – and then we're okay again.

Seniors do not have as good immune systems as we do, so if they catch the flu or another virus, it can lead to serious health problems, and in some cases, death.

That's why it's so important not to visit when you're sick – even if you think you're "just a little bit" sick. A minor sickness to you may be a very dangerous one to them!



With influenza (the flu), it's possible to spread the flu virus for an entire day before you even feel sick. That's why we recommend getting the flu vaccination – you'll protect yourself, your family, and your loved ones.

VISITORS – REMEMBER:

Please do not visit if you have a fever, cough, diarrhea, nausea, and/or vomiting, or are feeling unwell. Help keep those germs away!

Also:

- Follow instructions on signs.
- Ask about any special visiting instructions.
- Be understanding – the person you are visiting may be in good health, but others here may be in poor health, so it's important to keep germs away from everyone.

By following the simple steps in this brochure, you can help prevent the spread of germs to residents, staff, volunteers, and visitors. Thank you!

The four steps:



For more information, visit

Infection Control Information for Visitors

to residential care facilities

Simple ways to protect your loved ones from influenza, norovirus, and other common infections



Cover your cough – it's how germs travel!

Many infections, such as the common cold and the flu, are spread when people don't cover their cough or sneeze.



When a sick person coughs or sneezes, droplets spray out of their nose and mouth, and these droplets are full of germs. If another person breathes in these droplets, they can get sick. Some of the droplets land on surfaces, and if people touch these surfaces and then touch their mouth, nose, or eyes, the germs have found another way to get in. That's why you must cover your cough or sneeze when you're sick!



You can cover your cough or sneeze with a tissue or use your sleeve. You should never cough or sneeze into your hand, but if you do, make sure you clean your hands with soap and water or sanitizer immediately after.

If you cough or sneeze into a tissue, throw the tissue into the garbage right away, and clean your hands after – because germs can get through the tissue to your hands.

Wash your hands so germs can't hitch a ride!

Another way germs like to travel is by hitching a ride on our hands. As we go through our day, we touch all kinds of things that other people have touched: door handles, bus seats, coins, elevator buttons... which means that we are constantly getting germs on our hands.



Every time you wash your hands or clean them with hand sanitizer, you remove or kill those germs. Washing your hands regularly is the best form of infection prevention.

Sanitizer kills germs

Cleaning your hands is easy! The fastest way is with hand sanitizer.

- Apply a loonie-sized amount to your hands
- Rub all areas of your hands: palms, fingers, fingernails, thumbs, in between the fingers, and the backs of your hands.
- It should take about 15 seconds of rubbing for the sanitizer to dry; if it takes less time, you need to use more sanitizer.



Remember, sanitizer is safe and effective, and it does not build resistance in germs. It's a quick, easy, way to kill those germs – and you can carry a bottle of it in your pocket or handbag, which you can't do with a sink!

Use soap and water when hands are dirty

If your hands are visibly dirty, then you need to wash with soap and water, because sanitizer won't remove dirt. To wash your hands:



Hand cleaning stops the spread of germs!

Clean your hands often, especially after using the bathroom, before eating, and before visiting.

When you visit, you can also help your loved ones to wash their hands.



all about CLEANING

CLEANING AND DISINFECTING IS IMPORTANT

CLEANING AND DISINFECTING ARE THE BUILDING BLOCKS FOR PROPER INFECTION CONTROL PRACTICES IN YOUR BUSINESS. THEY ELIMINATE DISEASE CAUSING MICRO-ORGANISMS ON YOUR INSTRUMENTS, EQUIPMENT, AND SURFACES. CLEANING AND DISINFECTING HELPS STOP THE SPREAD OF DISEASE CAUSING MICRO-ORGANISMS THAT CAUSE INFECTIONS.

Your instruments and equipment may not look dirty but they are still a source of disease causing micro-organisms. That's why you must clean and disinfect them after each use. **Protect you and your clients.**

ALL ABOUT CLEANING

Cleaning is a very simple, yet important step. It removes visible dirt and some micro-organisms from instruments, equipment and surfaces.

Always clean from the least soiled areas to the heaviest soiled areas, paying particular attention to doorknobs, sink taps, washrooms and workstations.

Utility gloves are suitable for cleaning and may be reused, but must be replaced if torn, cracked or showing signs of wear and tear.

Remember – do not soak dirty instruments in the disinfectant before cleaning as this can cause the disinfectant to corrode or damage your instruments.

To clean properly, you need detergent, warm water and scrubbing action. Scrubbing helps remove visible dirt and debris and allows the disinfectant to work properly and kill disease causing micro-organisms.



detergent



warm water



friction

= clean

CLEANING TOOLS

Ultrasonic cleaner: A cleaning device that uses high frequency sound waves and an appropriate cleaning solution to agitate and loosen dirt and debris from soiled instruments.

These devices are used to clean delicate instruments instead of cleaning instruments by hand. Do not allow instruments to rest on the bottom of the device as it will prevent proper cleaning. Always follow the manufacturer's instructions and use the recommended cleaning detergent because others may limit the effectiveness of the ultrasonic cleaner. Ultrasonic cleaners only clean instruments, they do not disinfect or sterilize instruments.

Always ensure the ultrasonic cleaner lid is down when in use to prevent the aerosolization of micro-organisms.

Mops: Used to clean large surfaces such as floors. Make sure you wash and dry mop heads on a regular basis and replace when they are in poor condition. Any items used in the cleaning process should be cleaned and low level disinfected after each use.

Brushes: Used in the cleaning process to remove dirt and debris out of the cracks and crevices of the instruments. Choose the right size of brush for the size of the instruments you are cleaning. Clean and low level disinfect the brushes or other items that are used in the cleaning process after each use.

Paper towels and cloths: Used for surface cleaning such as workstations, countertops, phones and doorknobs. Paper towels are to be used once and discarded. However, cloths can be reused if you clean and dry them after each use. Remember to have multiple cloths on-site because you do not want to use the same cloth for all surfaces.

One cloth for one surface



REMEMBER:

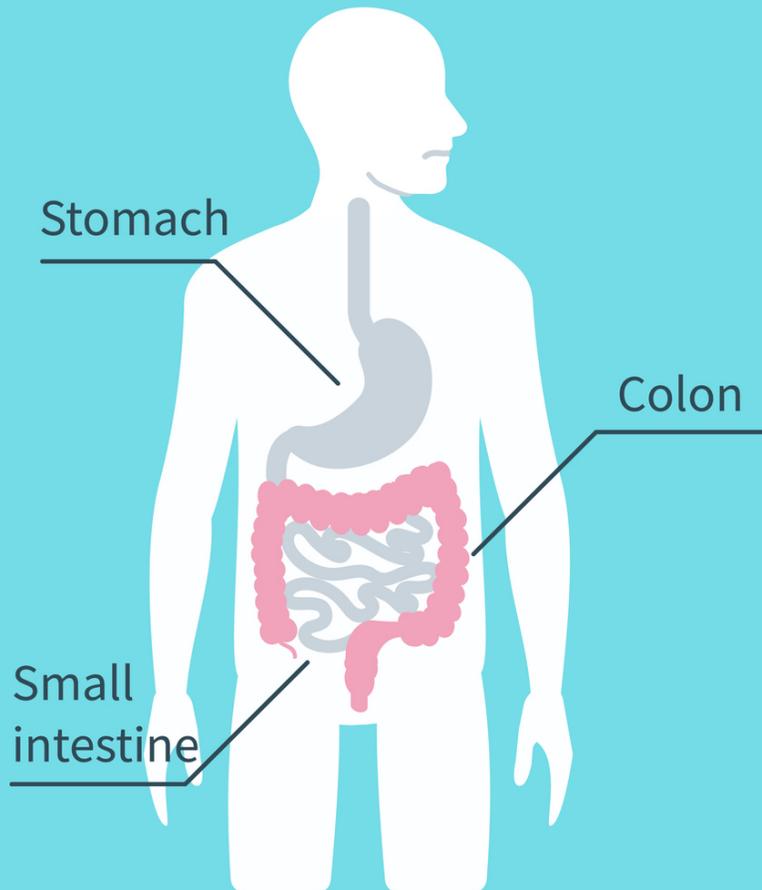
WEAR UTILITY GLOVES, A MASK AND GOGGLES TO PROTECT YOURSELF FROM SPLASHES TO THE FACE

ALL ABOUT CLEANING

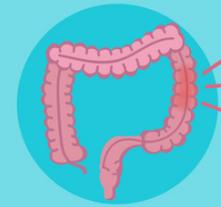
IBS

SIGNS AND SYMPTOMS

Irritable Bowel Syndrome



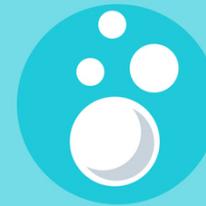
Constipation and Diarrhea



Colon pain



Mucus in the stool



Bloating



Helicobacter pylori



Microflora

Making tough
CONTENT CHOICES

Design is for
THE USER.*

* I mean it. Don't get attached.

A health literate organization makes it easier for people to **navigate, understand, and use** information and services to take care of their health.

— BRACH C. ANDRULIS

*“Integrating literacy, culture, and language to improve health care quality for diverse populations.”
American Journal of Health Behavior*

User-oriented design is
EMPATHIC.



The limits of
EMPATHY

When trying to empathize, it's generally better **to talk with people about their experiences** than to imagine how they might be feeling....

— ADAM WAYTZ

“The Limits of Empathy.” Harvard Business Review

OHSU SURGICAL SERVICES

Preparing for your surgery



Your surgery information

Date of surgery: _____ Do not eat or drink after: _____

Surgeon: _____

Location:

OHSU Hospital

Admitting: 9th floor hospital lobby
3181 S.W. Sam Jackson Park Road
Portland, OR 97239

Center for Health & Healing, Building 2

Admitting: 1st floor lobby
3303 S.W. Bond Ave.
Portland, OR 97239

Take these medications as directed with a sip of water the morning of surgery:

Stop taking these medications:

Other appointments:

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Tests and follow-up:

EKG: _____ X-ray: _____

Lab: _____ Occupational therapy: _____

MRI: _____ Physical therapy: _____

An EKG, also written ECG, is a heart test called an “electrocardiogram.” This test measures your heart’s electrical activity. It is done before surgery to learn if your heart’s activity is normal.

An MRI is a picture of the inside of the body. MRI stands for “magnetic resonance imaging.” You might have one before surgery to show the area that needs treatment.

We focus on users and what
THEY WANT TO KNOW,
not on what we want to tell them.

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[OHSU Near You](#)

[For Patients and Visitors](#)

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Brintha Enestvedt, M.D., M.B.A.



Faculty profile

Assistant professor of medicine, Division of Gastroenterology and Hepatology

Assistant Professor of Medicine, Division of Gastroenterology and Hepatology, School of Medicine

Accepting new patients



4.6 out of 5 (149 Ratings, 49 Comments)

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Physician Referrals

503 494-8311

Expertise

Cancer, Digestive Health

Special focus on Colorectal Cancer, Esophageal Cancer, Gastroenterology, Gastrointestinal Cancer, Liver Cancer, Pancreatic Cancer

I see patients at

Multidisciplinary Liver Tumor Program

[Directions](#)

Gastroenterology

[Directions](#)

Digestive Health Center

[Directions](#)

Pancreatic cancer

Portland

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Esophageal cancer

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Pancreatic Diseases

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Colorectal cancer

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Education

M.D., Northwestern University Feinberg School of Medicine, Chicago Illinois 2005

M.B.A., Northwestern University Kellogg School of Management, Evanston Illinois 2005

Residency:

Internal medicine, Oregon Health & Science University, Portland, OR, 2005-2008

Fellowship:

Gastroenterology, Oregon Health & Science University, Portland, OR, 2008-2011

Certifications:

Internal medicine, 2008; gastroenterology, 2011

Biography

Dr. Enestvedt emigrated from Malaysia at a very early age to New Jersey. Her medical education brought her steadily west to Portland, Oregon after completing medical and business school in Chicago at Northwestern University. After her internal medicine residency and gastroenterology fellowship at OHSU, she completed an advanced endoscopy fellowship at the University of Pennsylvania, focusing on ERCP, endoscopic ultrasound, double balloon enteroscopy, luminal stents and esophageal and colonic endoscopic mucosal resection. She served as gastroenterology faculty at Temple University Philadelphia prior to joining the OHSU faculty.



Tomasz M. Beer

M.D., F.A.C.P.

- Professor of Medicine, Division of Hematology/Medical Oncology School of Medicine
- Deputy Director, OHSU Knight Cancer Institute, School of Medicine
- Grover C. Bagby Endowed Chair for Prostate Cancer Research, Division of Hematology/Medical Oncology, School of Medicine
- Cancer Biology Graduate Program, School of Medicine

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★★★★★ 4.7 out of 5

(100 Ratings, 8 Comments)

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Expertise

Cancer and Blood Disorders
Special focus on Oncology Prostate Cancer

I see patients at

OHSU Primary Care, Gabriel Park

Office

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Physician referrals

503-494-8311

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Portland, OR 97219

Next available appointment:

Today at 8:00 a.m., 9:15 a.m., 9:45 a.m., & more...

[Schedule online](#)



Insurance

OHSU contracts with most major health insurance carriers and transplant networks, including the ones listed below. Before scheduling your appointment, we strongly recommend you contact your insurance company to verify that the OHSU location or provider you plan to visit is included in your network. Your insurance company will also be able to inform you of any co-payments, co-insurances, or deductibles that will be your responsibility. If you proceed in scheduling an appointment and your health insurance benefits do not participate with OHSU, your out of pocket liability may be higher. We will contact you regarding your coverage and patient liability. If you are uninsured, learn more about our [financial assistance policy](#).

[Click to see a list of accepted insurance plans](#)

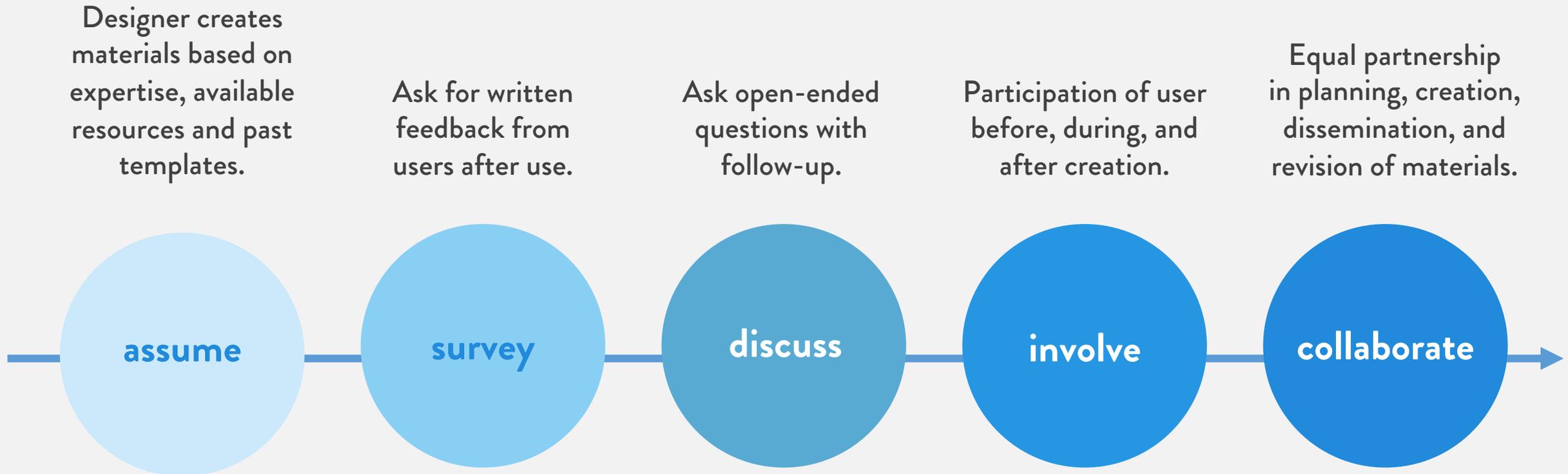
User-centered design calls for
USER PARTICIPATION.

A deeper question is: How do researchers and practitioners even know what questions to ask? In my view, **the lack of intensive participation of the users** has been a major impediment to designing, implementing, and evaluating more powerful health literacy interventions.

— LINDA NEUHAUSER

“Integrating Participatory Design and Health Literacy to Improve Research and Interventions”

User participation continuum



Focus on
ONE AUDIENCE

Midlife Matters



Small Bites



Do remember to take care of yourself even when you're busy taking care of others.



Do be aware of your oral cancer risk and get regular screenings.



Do know that people with diabetes or heart disease are more likely to have gum disease.



Don't forget that you need extra calcium to keep your teeth and bones strong.



Don't stand for stains if they undermine your self-confidence.

Peggy is "somewhere in her 40s." Not only is she taking care of her parents, she's also raising teenagers. Even though she has her hands full, it's important for Peggy to take steps now to ensure that her mouth and teeth stay healthy as she ages.

Keep Calcium and Vitamin D Close

Peggy keeps a lot of dairy products on hand. Yogurt, milk and low-fat cheese are her favorites (along with the occasional bowl of ice cream). She likes how all of those foods taste, but the real reason she snacks on them is for the calcium boost. **Second only to adolescents, women ages 51 and older need the most calcium** – 1200 mg per day. Peggy's mother suffers from osteoporosis, which causes bones to weaken. This includes the jaw bone, which can lead to tooth loss. To try to prevent this from happening to her, Peggy eats salmon and leafy greens, two other great calcium sources. To help keep her bones strong, she does weight-bearing exercises like walking and weight training most days. Your body also needs vitamin D to absorb calcium. Peggy isn't sure she gets enough sun or dietary vitamin D, so she takes a daily vitamin D supplement.

Know Oral Cancer Risks

Oral cancer is another medical risk that becomes more prevalent as people age. **The number of people suffering from the disease increases after the age of 35** and half of all cases occur in people older than age 68. Oral cancer affects twice as many men as women.

Focus on
ONE MESSAGE

When you are trying to drive a piece of information into your brain's memory systems, make sure you understand exactly what that information means. If you are trying to drive information into someone else's brain, **make sure they know what it means.**

— JOHN MEDINA
Brain Rules

WATER WITH FLUORIDE BUILDS A FOUNDATION FOR HEALTHY TEETH



Brush with fluoride toothpaste.

Visit the dentist regularly.

Drink water with fluoride.

In fact, drinking water with fluoride can reduce cavities by about 25 percent, saving you and your family time and money in dental visits and costs. Adding fluoride to drinking water has been shown to be safe for 70 years.

Be sure you and your family drink water with fluoride to build a strong foundation for your teeth.

Visit www.CDC.gov/Fluoridation



We remember more when involving

EMOTION

REPETITION

MULTIPLE SENSES

NOVELTY





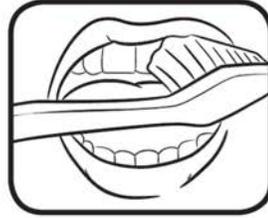

personal care


baby

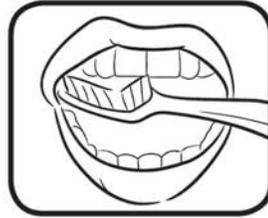

household supplies


No Carts
CHILDREN ONLY

How to Brush



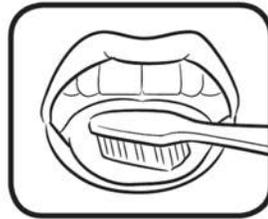
- Place the toothbrush at a 45-degree angle to the gums.



- Move the brush back and forth gently in short strokes.
- Brush the outer surfaces, the inside surfaces and the chewing surfaces of all teeth.



- To clean the inside surface of the front teeth, tilt the brush vertically and make several up-and-down strokes.



- Brush your tongue to remove bacteria and keep your breath fresh.



If in doubt,
LEAVE IT OUT.*

* I mean it. Then give sources for more information.

Determining your
SOCIAL MEDIA STRATEGY

Create content pillars and use
SMALL PIECES FOR SOCIAL.

Misusing and overusing **ANTIBIOTICS** puts us all at risk



Taking antibiotics when they are not needed accelerates emergence of antibiotic resistance, **one of the biggest threats to global health**



Antibiotic resistant infections can lead to **longer hospital stays, higher medical costs and more deaths**



Overuse of antibiotics can cause bacteria to become resistant, meaning current treatments will no longer work



Always follow the advice of a qualified health care professional when taking antibiotics



Antibiotic resistant infections can affect anyone, of any age, in any country

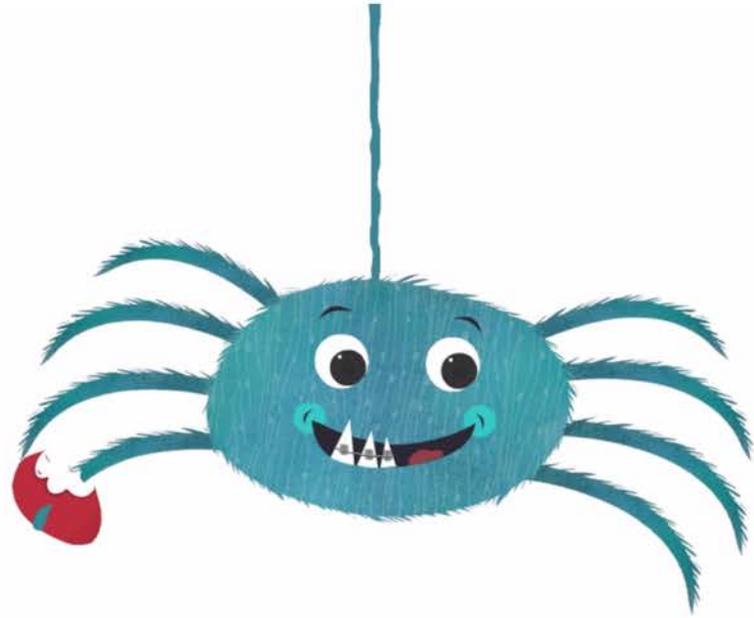


It is the bacteria itself not the person or the animal – that becomes resistant to antibiotics



When bacteria become resistant to antibiotics, **common infections will no longer be treatable**





0:09 / 1:40



Remember

ONE AUDIENCE

ONE MESSAGE

You can't show your audience *everything*,
so consider carefully what you want attendees
to learn from and more importantly, do with
your findings.

— KATE HARRISON

"4 Simple Ways to Make Data Easier to Understand"

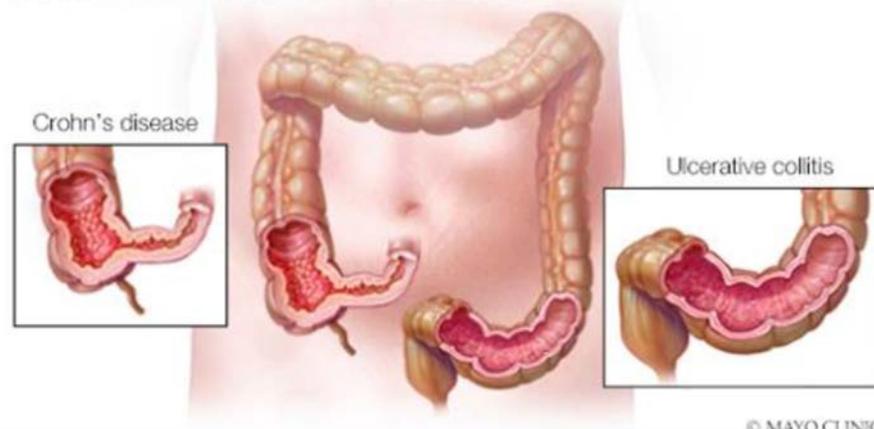


Mayo Clinic

14 hrs · 🌐

If you have inflammatory bowel disease, including Crohn's disease and ulcerative colitis, you may be worried about the connection between IBD and colon cancer. Here's what you need to know.

INFLAMMATORY BOWEL DISEASE



[NEWSNETWORK.MAYOCLINIC.ORG](https://newsnetwork.mayoclinic.org)

Living With Cancer: Inflammatory bowel disease and colon cancer -- understanding the connection

👍🥰👀 124

7 Comments 54 Shares

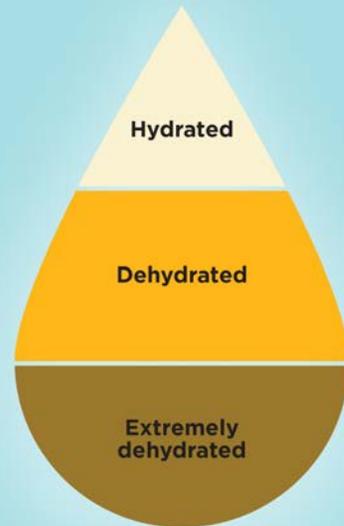
👍 Like

💬 Comment

➦ Share

In the know about H2O

Are you drinking enough H2O? Find out when you go. The color of your urine can help you determine if you need to drink more water.



Hydrated

Drink water as normal.

Dehydrated

Drink about 8 oz. of water within the hour. More if sweating or outside.

Extremely dehydrated

Drink about 16 oz. of water right now. More if sweating or outside.

Consult a physician if darker or red. If dehydration continues, it can cause kidney stones, urinary tract infections and more.

Tip

Up to 100 pounds, drink about half your weight in ounces of water daily.

80lb = 40oz of water

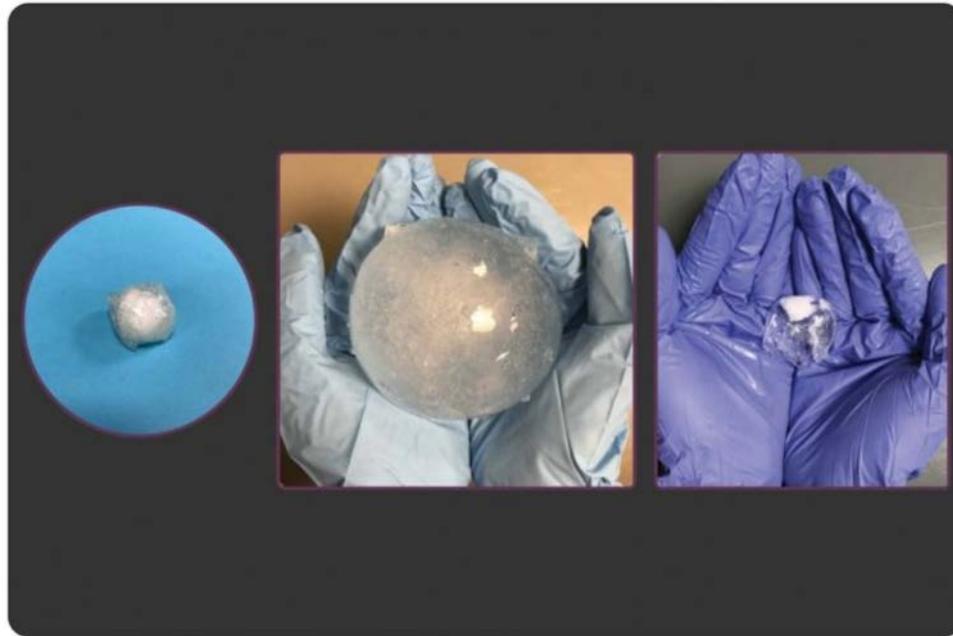
Use

EVERYDAY LANGUAGE



Massachusetts Institute of Technology (MIT)  @MIT · Mar 13

Soft, squishy device could potentially track ulcers, cancers, and other GI conditions over the long term. mitsha.re/ObRM30nvNhm



 20

 62



Harvard Health  @HarvardHealth · 7h

Blue light has a dark side. bit.ly/2FdGwni #HarvardHealth



 1

 39

 67



Harvard Health  @HarvardHealth · Mar 14

Two types of drugs you may want to avoid for the sake of your brain.
bit.ly/2TmLW8l #HarvardHealth



 5  134  191

Tell a
STORY



Mayo Clinic

Yesterday at 12:00 PM · 🌐

When Bruce McVety's prostate cancer returned after a seven-year remission, his doctor suggested he go to Mayo Clinic to receive a test that wasn't available locally. Bruce listened. Today, after comprehensive treatment, the cancer is undetectable, and Bruce is grateful for his renewed health. <https://mayocl.in/2VQsf5E>



SHARING.MAYOCLINIC.ORG

Innovative Imaging Charts Course to Successful Cancer Treatment

👍❤️👏 632

11 Comments 143 Shares

👍 Like

💬 Comment

➦ Share



Mayo Clinic

44 mins · 🌐

Snow and ice cause cars to stall out on the road to their destination. In patients with chronic lymphocytic leukemia, it's their stem cells that stall out and researchers want to know why. Read more at Advancing the Science: <https://mayocl.in/2VWthwY>



ADVANCINGTHESCIENCE.MAYO.EDU

Bone Marrow Stem Cells Stall Out in Chronic Lymphocytic Leukemia

👍🥰👀 63

3 Comments 15 Shares



Thank You