

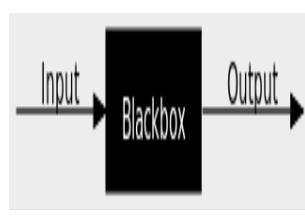
KINGDOM OF SAUDI ARABIA  
MINISTRY OF HIGHER EDUCATION  
KING SAUD UNIVERSITY \ CAMS DEPARTMENT \ HE

JohaliCHS488ConsumHE 2015\_2017 Consumer Health Education

# CONSUMER HEALTH EDUCATION

**Traditional  
Not Possible  
Satisfaction**

أسوأ مستشفى من الداخل



Move -Improve



**Perfect Satisfaction**

Best Individual Consumer Print  
Advertisement



Remember by "Promote and Help Other To ..... ?

Johali 6<sup>th</sup> Step To Holistic \_Wellness & Happiness CONSUMHE

EISA AL JOHALI

<http://faculty.ksu.edu.sa/JOHALI/New%20Academic%20Year%202015/Shared%20Documents/Forms/AllItems.aspx>

**EISA ALI JOHALI**

عيسى بن علي الجوهلي  
**A Lecturer**

- **Bachelor A. M. Sc. Heath Education, KSU 1407 /1987**
- **Short Fellowship Planning Health Professions Education, UIC, USA 199**
- **MA (Ed.) Philosophies and Sciences of Teaching, Learning and Curriculum in Nursing, UK 1995**
- **PhD Health Sciences By Accrediting Prior Experiences, Hill University Sept. 2012**

Author of Two Published Books & 4 Projected



<http://faculty.ksu.edu.sa/JOHALI/New%20Academic%20Year%202015/default.aspx>

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Facebook ..... Whp ?

MessengersJohaliCONSUMHE1st2016 ??

<http://sa.linkedin.com.....Who> ??

<https://twitter.com/TheNature2011> Eisa Johali

**NEW** <https://wiki.answers.com/Q/User:Johaliask>

# Johali T Philosophy

*My role is to promote and help to be ready and willing to have meaningful lifelong learning" But I can't think instead of you...You have to .."*

The above statement is the summary of my teaching philosophy. Based on my postgraduate education and its following experiential learning "Student Centered" is my favorite approach. However, we have no choice; we have to follow our higher national educational system and its procedures with slightly modification to achieve the above vision. As an introduction to my teaching philosophy in my teaching and learning plan, lecture, assignments instructions and student assessment feedback, I use the most related Islamic teachings and Arabic Proverbs that can motivate and promote my students be active, independent thinker, honest and creative hard workers to satisfy themselves, their relatives and patients. The most motivating statements SUCH AS:

وَمَنْ يَتَّقِ اللَّهَ يَجْعَلْ لَهُ مَخْرَجًا \* وَيَرْزُقْهُ مِنْ حَيْثُ لَا يَحْتَسِبُ = [الطلاق/2، 3]

إِنْ تَتَّقُوا اللَّهَ يَجْعَلْ لَكُمْ فُرْقَانًا = [الأنفال/29].

وقول رسوله الكريم نبينا "محمد" عليه أفضل الصلاة والسلام، عن أنس بن مالك رضي الله عنه:

( لا يؤمن أحدكم حتى يحب لأخيه ما يحب لنفسه ) أخرجه البخاري

وقوله صلى الله عليه وسلم (كان الله في عون العبد ما كان العبد في عون أخيه) رواه مسلم وأبو داود والترمذي

**These Islamic Calls are our Evidences to assure Quality of Profession; Quality of NHEPC & Quality of Life today and for the Day after.**

Meanwhile, do not forget the most common Arab Proverb:

***"Nothing Itching Your Skin like Your Nail"***

***All the Learners will success; Except the one Who DO NOT Welling to Success" – mainly absent and who don't care***

***Thus, "Be Ready and Willing to Success You Will Success "***

As I have taught you in CHS 282, I hope that you will be 'learner who have to think, discover, reflect and be independent creative note taker and health educator, not just traditional 'teacher dependent student' who may not care to listen, hear, memorize and sure forget.

تعددت الأسماء والغاية واحدة و رضا وسعادة الزبون\_المراجع\_المريض

As I did not study before 30 years, I wondered “why consumer health education!”, what is consumer !! It seems to me more for private healthcare

However by reviewing the literature, there is no way to wonder just think, reflect and go ahead *to reach the quality holistic, wellness and happiness healthy life, with more focus on “Patient Centred\_Empowerment\_Self and independent”* .

*“All multi-names and titles used to satisfy patients and make them happy”*

*Eisa Johali*

*Riyadh 7 August 2015*

<b>Course (code and NO):</b>	<b>(CHS 488)</b>	<b>Course title:</b>	<b>Social Concept of Health Education</b>
<b>Credit hours:</b>	<b>2</b>	<b>Level:</b>	<b>7_8</b>
<b>Contact hours:</b>	<b>2</b>	<b>Prerequisite:</b>	<b>CHS 282, CHS 232</b>

### ***Course Description***

Classification of consumer health education programs, national health and health related agency programs, the purpose of consumer health education, consumer education movement, industry and consumer, health consumerism, self-help/self-health movement, the health consumer and lifestyle, behavior change and disease prevention, cost effectiveness of lifestyle modification, patient's rights and consumer protection.

<http://cams.ksu.edu.sa/en/node/1057>

**Source:** Course Description Health Education Program (CHHE) , (Bachelor Degree), For AHPGS Accreditation **June 2011 Course description - Health Education program**

***At the end of this course, the students will be able to:***

- Define consumer health and related concepts.
- Think critically and creatively about health and health care, products and services at individual and societal levels.
- Explore personal, familial, social, political, historical, scientific, marketing, cultural, and environmental influences upon your health and health care decisions
- List patient rights as a consumer of health services
- Select categories of different sources between health consumer fictions and facts
- Criticize inappropriate some types of complementary and alternative medicine
  - Increase personal health literacy and decision-making skills.
  - Differentiate between quackery and legitimate health care providers, products, and services.
  - Predict the factors causing the patients' consumer self care
  - Predict the factors causing the patients' non-compliance
  - Interpret the effect of quackery and fraud on consumer health.
  - Distinguish between effective health education and health propaganda.
- Present effective and balanced health education messages \ Samrt Assignment .

**Johali ConsumHE2016**  
**CHS488 Course Description\_ Objectives & T Plan**

Date )weeks(	Topic	Lecture (hours)
1 <sup>st</sup> week	Introduction and overview of the course	2
2 <sup>nd</sup> week	Define terms & the purpose of consumer health education	2
3 <sup>rd</sup> _4 <sup>th</sup> weeks	Consumer education movement: From industry _business to health consumer, _ health consumerism, to self-help/self-health movement	4
5 <sup>th</sup> _7 <sup>th</sup> weeks	Classification of consumer health education programs, national health and health related settings-Programs <b>1<sup>st</sup> Mid Exam</b>	6
8 <sup>th</sup> _ 9 <sup>th</sup> weeks	<i>Health literacy _ Consumer health life style and behavior change to Creative Decision making process</i>	4
10 <sup>th</sup> – 11 <sup>th</sup> weeks	<i>Health education about Quackery and fraud _ Complementary and alternative medicine</i>	4
12 <sup>th</sup> – 13 <sup>th</sup> weeks	Enhancing consumer involvement in health care Engaging consumers in health care advocacy using the internet <b>2<sup>nd</sup> Mid Exam</b>	4
14 <sup>th</sup> – 15 <sup>th</sup> week	Patients' rights and consumer rights	4

**Johali ConsumHE2016**  
**CHS488 Course Description\_ Objectives & T Plan**  
**References \_ Resources**

Johali E. A ( 2016) Consumer Health Education – Johali ConsumHE: A Smart Lecture Note

Ready at My Academic Site .....



Consumer Health Education by Merlin K. Duval and James Den Boer

*Proceedings of the Academy of Political Science*

Vol. 33, No. 4, Regulating Health Care: The Struggle for Control (1980), pp. 168-181

Published by: [The Academy of Political Science](#)

DOI: [10.2307/1173865](https://doi.org/10.2307/1173865)

Stable URL: <http://www.jstor.org/stable/1173865>

Page Count: 14

Consumer health education

JSTOR

On October 12, 1976, President Ford signed into law the National Health Consumer Information and Health Promotion Act (PL 94-317). His signature marked the final step in a ...bipartisan movement, initiated through the joining of congressional forces with the

تم اقتباسها في عدد: 2 مقالات ذات صلة

Consumer health education

JSTOR

Consumer health education is sometimes considered to be an alternative to government regulation of the health care industry. The rationale is that a better-informed public would ...obviate the need for much regulatory activity. The principle expressed by such a claim is

تم اقتباسها في عدد: 2 مقالات ذات صلة

من [oxfordjournals.org](http://oxfordjournals.org)[oxfordjournals.org](http://oxfordjournals.org) [HTML]

Consumer health information seeking on the Internet: the state of the art

Oxford Univ Press **Health education** research, 2001

Abstract Increasingly, consumers engage in **health** information seeking via the Internet.

Taking a communication perspective, this review argues why public **health** professionals

... should be concerned about the topic, considers potential benefits, synthesizes quality



## Resources

Everyone have to share

Social \_Professional \_ Research Media Sites = 20 Marks if active smart report

LinkedIn



Did You Know? 5% of US Patients = 50% of Total Cost

<https://www.linkedin.com/grp/post/2720956-6035106484881289220>



Consumer Health & Wellness Innovation Summit

<https://www.linkedin.com/grp/home?gid=4142067>

ResearchGate

<https://www.researchgate.net/signup.SignUp.html>

<https://www.facebook.com/login>

**" All the Learners will success; Except the one Who DO NOT Like  
..... Don't Be Ready & Welling to Success – Don't Attend – Be Active**

## الحد الأدنى لنشاط Guideline For Full Mark

LinkedIn\_Facebook\_Twitter

Eisa Johal

- *More connections at least 25 new \_ 50 with old*
- *Join others related groups in LinkedIn at least 5 new groups in health and education plus ' health education and promotion' Minimum 10 Groups*
- *At least 10 discussions from the course*
- *Follow at least 10 pioneers people, companies, organizations include 3 health education and promotion*
- *Like 50 at least*
- *Twitter: 50 New Twits from the course with 25 retwite with short survey*
- **Facebook:** عشر مواضيع من المقرر / المخصص بما لا يقل عن 50 متابع مشارك و معجب لكل موضوع
- الحد الأدنى تويتر\_فيس: لازم 10 منشور من المقرر، 50 مشارك \_متابع صديق نشيط معك، 50 تعليق، 50 تفضيل\_إعجاب، و 25 رتويت مع استطلاع الكتروني مصغر هنا في تويتر , وفيس سهل ومتاح)

خطة وخيارات المشاركة البحثية الذاتية الذكية  
وهناك فرص مشاركات بحثية مميزة كثيرة أهمها :

- مقال صحفي بلأي صحيفة او برسالة الجامعة وساعد من يرغب ويبدأ
- فتح حساب مجاني وطرح موضوع نقاش او سؤال أو أكثر مع متابعة للحصول على تفاعل مشاركات من الآخرين لا تقل عن عشر مشاركات وذلك في:
- بوابة البحث غالبا يطلب بريد رسمي بريدك الجامعي \*  
<https://www.researchgate.net/application.Login.html>
- قووقل \_ ياهو
- منتديات الجامعة او أي منتدى حول المقرر
- فتح قروب واطساب - تيليقرام - انستقرام .. سناپ شات...يو تيوب... مع تفاعل الجميع وصور وكل الوسائط حول المقرر
- فتح مجموعة تعلم الكتروني في مسنجر وتنسيق مراجعة وتعلم وتفاعل لا يقل عن ثلاث محاضرات مع تقارير
- فتح صفحة أو قروب فيسبوك وتويتر صفحة او هشتاق..... مع ضم الجميع ونشاط من المقرر شرط
- فتح قناة فيديو باسم المقرر في موقع يوتيوب و تسجيل واعدا فيديوهات على الأقل خمسة
- تنظم لقاءات دردشة ومراجعة للجميع لا يقل عن 3 لقاءات في أي موقع
- استطلاعات حول مفاهيم المقرر متفق عليها ... يتطلب نموذج استطلاع مصغر بالتشاور او احد نماذج المحملة في موقعي
- بحث الكتروني إحصائي حول مكانة مفاهيم المقرر في القرآن الكريم (بحث ذاتي إحصائي)
- اعداد ذاتي فيديوهات
- أخرى وفق الخطة وتعليماتها بدقة و وفق مفاهيم المقرر التي تم التركيز عليها (بالتشاور اولاً)
- **جميع المشاركات يشترط أن تكون مبتكرة وتسلم تقاريرها في الأسبوع 11 قبل التقييم 2 بأسبوع )**
- ضوابط وتعليمات تنفيذ الاستطلاعات كخيار مشاركة بحثية
- اختيار استطلاع المتفق عليه وفق عنوانه وعلاقته بالمقرر (أقصى حد لاختيار واتفاق الأسبوع الحادي عشر) بعد لا استطلاع
- ارتباط الاستطلاع بمفاهيم المقرر
- الاتفاق على كان التنفيذ عام لعامة الناس او اكايمي لجهات تعليمية هيئة تدريس فقط او هيئة تدريس و طلاب او طلاب فقط أو مهني في مرافق صحية
- تحديد عينة المجتمع المستهدف عام لاي عمر في أي مجتمع او حي او مدينة او أصدقاء ..
- ممكن عبر مواقع التواصل مثل واطساب او فيس و تويتر ولينكدان أو أي موقع تواصل مع تجديد إجمالي العدد و عدد المستهدفين وعدد النماذج المرسله والمعدة لا تقل عن 60 من الإجمالي مثال امن كان معك 100 متصل او صديق لابد تغطية 60 منهم

# **Johali Reasoning \_ Introduction** **(Why CONSUMHE ? )**

## Health Educator Job Description

**Job Title** : Health Education Specialist

**Scientific Degree** : Bachelor Degree AMS .

**Job requirements** : A Competent Graduate Bachelor in his / her Profession's **Specific Knowledge & Skills:**

- Knowledge of health and educational issues,
- Effective teaching methods and technologies
- Effective Communication and Counseling

**Reported to:** the Health Education Consultant *Master\PhD*

**Job Definition (Summary) :**

Health Education and Promotion job is a focal point for all allied health professions and health issues. Thus, HE have to work effectively with health teams, with community and organization representatives, they have to facilitate, teach and promote clients to learn how to improve and maintain healthy behaviors.

**Major Job Duties:**

As a part of the Health team and under the above "Reported" health personnel; HE will be in charge in the following "Duties and Responsibilities":

1. Assessing **patients**, school and community health education needs
2. **Managing and organizing health education activities.**
3. Participate in providing health education in the local community (Inside Health Services and outside organizations such schools and industries..);
4. Select health education methodology appropriate to the target clients taken in consideration cultural interests and needs.
5. Prepare and participate in designing, evaluation and development of health education materials
6. Supervise and participate in process of designing and implementing health education plans.
7. **Give Special Patients Counseling eg; diabetic patient education**
8. Improve his/her personal and professional knowledge and skills.

- **Because ;**
- ***Its part of my JD all duties plus duties No 1; 2 & 7***
- ***Satisfy consumers***

# : Let us start thinking

## ■ Be An Educated Health Care Consumer

<https://www.youtube.com/watch?v=jHOocK-oMiQ>

The Consumer Voice in Healthcare

<https://www.youtube.com/watch?v=FVSMh3qwml0> :

Why involve Consumers

<https://www.youtube.com/watch?v=yqPtZhlcWzM>

Consumer Education \ Rights

<https://www.youtube.com/watch?v=zT095f0HgdU>

What the Health Ruling Means for Consumers

[https://www.youtube.com/watch?v=U0X\\_60qAitM](https://www.youtube.com/watch?v=U0X_60qAitM)

Blue Button: What Lies Ahead - 2012 Consumer Health IT Summit

<https://www.youtube.com/watch?v=fUEakTEkW4A>

You have To See and Just Write Top Repeated Related Words \_ Concepts to Consumer

Consumer Health Education CHS 488\_ Johali ConsumHE2016

## Defining Terms & Purpose

Consumer Health Education CHS 488  
**Johali ConsumHE2016**  
**Defining Terms**

- **Consumer = Customer = Shopper; Buyer; User; Purchaser; Punter= Client \_Patient**

**Reorder ..... ?**

**for free healthcare and private healthcare**

**Client= Customer, Shopper, Consumer**

**For free**

***Client \_ Outpatient\_ Inpatient\_ Consumer\_ Shopper***

**Private**

**Shopper\_ Consumer\_ Client \_ Patient**

**All inside healthcare called "Patient"**

The best definitions by (<http://rmtivoli.blogspot.com/2009/11/consumer-education.html>):

- **Consumer health** refers to the *decisions you make about the purchase of product and use of health information and services that will have direct effect on your health.*
- **Consumer health education** is *the process of assisting you to acquire the correct information and understanding so that you will able to make wise decision about a certain health item*

&

- The **Health care consumer** is any actual or potential recipient of health care, such as a patient in a hospital, a client in a community mental health center, or a member of a prepaid health maintenance organization.

Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier



## Defining Terms

- See health care consumer.
- Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.
- **Patient discussion about health consumer**
- **Q. Which food should be consumed and which should be avoided.** Found some months before that my mother has very painful gout. Which food should be consumed and which should be avoided and why?
- **A.** *Changing the nutrition profile will be of help and a good medical treatment for gout is also available. High protein food should be avoided.* But lamb, pork, bacon, chicken, all fish, peas, beans and lentils can be taken in small amount, as protein is an important requirement for nutritional fulfillment, its intake should be in very small amounts. Alcohol should be reduced greatly, especially wine and beer. A good fluid intake of plain water is advised. Foods that aggravate shall be avoided.
- **Consumer Health Informatics** is the field devoted to informatics from multiple consumer or patient views. These include patient-focused informatics, health literacy and consumer education. The focus is on information structures and processes that empower consumers to manage their own health--for example health information literacy, consumer-friendly language, personal health records, and Internet-based strategies and resources. The shift in this view of informatics analyzes consumers' needs for information; studies and implements methods for making information accessible to consumers; and models and integrates consumers' preferences into health information systems. Consumer informatics stands at the crossroads of other disciplines, such as nursing informatics, public health, health promotion, health education, library science, and communication sciences.

<https://www.amia.org/applications-informatics/consumer-health-informatics>

## Distinguish Consumer\_Patients

- Daniel Bowers . Independent

May 25, 2014 *Journal of Law, Medicine & Ethics* 43(1) (2015), Forthcoming

### Abstract:

Discussions surrounding **patient engagement and empowerment** often use the terms "patient" and "consumer" **interchangeably**.

- But do the two terms hold the same meaning, or is a **"patient" a passive actor** in the health care arena and a **"consumer" an informed, rational decision-maker = Active?** Has there been a shift in our usage of the two terms that aligns with the increasing commercialization of health care in the U.S. or has the patient/consumer dynamic always been a part of the **buying and selling of health care** in the American system?
- A quick scan of the literature produces discussions of the issue in the popular press by authors such as Paul Krugman and Leana Wen, and in social media forums such as TEDMED, but no direct analyses in the academic literature of the ethical, legal, and policy ramifications of this possible shift in terminology. This paper will analyze our usage of the terms and any recent changes in the dynamic as well as discuss the ethical, legal, and policy implications of this simple terminology for the physician-patient relationship.

## Purpose of ConsumHE

- *The Overall Purpose of consumption is for **satisfaction** of our wants and needs to ensure our general well being*

*As a consumer health educators, we should have some background knowledge and understanding of certain key concepts of consumerism, consumer health and education.*

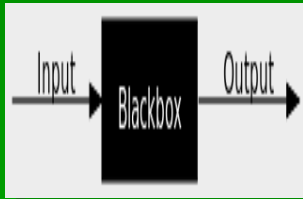
*This knowledge and understanding is our foundation base to assist us in our task of imparting consumer health education to our intended audience.*

### *Examples*

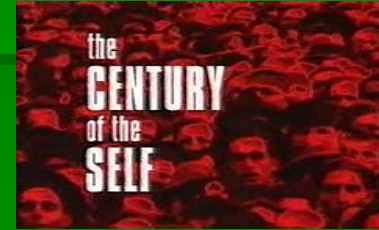
*It is not possible to satisfy patient ( T\F) correct*

*I have to satisfy health education consumers ( T\F) correct*

# Black box theory



To



# Consumer HE

## Historical Movement of Consumer Health Education

## Health Care Consumer Education - What is an Independent Medical Review?

[https://www.youtube.com/watch?v=LE6WXAKoD\\_Q](https://www.youtube.com/watch?v=LE6WXAKoD_Q)

**; As It is linked to Mental Health, let us watch**

# This is a brief history of the Mental Health Consumer Movement

<https://www.youtube.com/watch?v=7W-EDyejo54>

No division between medicine, magic and religion

Western Prehistory - Egyptian BC To Greek – 6 AC Indian \_ Islam G Age – Western Dark Age – Modern Mental Consumer

## Early criticisms of consumerism occur in 1899

The modern consumer/survivor movement arose in the wake of a radical restructuring of the U.S. mental health system between 1950 and 1970

### Ex-patients' involvement.

As of 1970, then, the claim to have special insight into mental disease by having actually experienced it was a novel assertion. It was on precisely these grounds that ex-patients, as individuals and in groups, began to assert a new entitlement to speak on their own behalf

### Organization of families.

The consumer movement became even more diverse in the late 1970s, as the families of people with mental disorders began to organize.

The principle of “**empowerment**,” defined as having the right to make one’s own health care choices

**Health advocacy Self:** A separate and identifiable field of health advocacy grew out of the patient rights movement of the 1970s.

**1982** AMA Consumer Publishing program begins with the *AMA Family Medical Guide*, published by Random House. - **Consumer-Driven Health Care 1998**



**Consumerism** is sometimes used in reference to the anthropological and biological phenomena of people purchasing goods and consuming materials in excess of their basic needs, which would make it recognizable in any society including ancient civilizations (e.g. Ancient Egypt, and Ancient Rome). However, the concept of consumerism is typically used to refer to the historically specific set of relations of production and exchange that emerge from the particular social, political, cultural and technological context of late 19th and early 20th century capitalism with more visible roots in the social transformations of **16th, 17th and 18th century Europe**.

The consumer society emerged in the late seventeenth century and intensified throughout the eighteenth century.

**Consumerism** as a social and economic order and ideology encourages the acquisition of goods and services in ever-increasing amounts. **Early criticisms of consumerism occur in 1899** in the works of Thorstein Veblen. Veblen's subject of examination, the newly emergent middle class arising at the turn of the twentieth century,<sup>[1]</sup> came to fruition by the end of the twentieth century through the process of globalization

**Patient empowerment** is the granting of patients to take an active role in the decisions made about his or her own healthcare. Patient empowerment requires a patient to take responsibility for aspects of care such as respectful communications with one's doctors and other providers, patient safety, evidence gathering, smart consumerism

The **theory of consumer choice** is the branch of **microeconomics** that relates **preferences** to consumption expenditures and to consumer demand curves. It *analyzes how consumers maximize the desirability of their consumption* as measured by their preferences subject to limitations on their expenditures, by maximizing utility subject to a consumer budget constraint.

**Preference (favorite; first choice)**

**Health advocacy** encompasses direct service to the individual or family as well as activities that promote **health** and access to **health care** in communities and the larger public. Advocates support and promote the **rights of the patient** in the health care arena, help build capacity to improve **community health** and enhance **health policy** initiatives focused on available, safe and quality care. ***Health Advocates are best suited to address the challenge of patient-centered care in our complex healthcare system.***

The Institute of Medicine (IOM) ***defines patient-centered care as: 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.***<sup>[1]</sup>

**Patient-centered care** is also ***one of the overreaching goals of health advocacy, in addition to safer medical systems, and greater patient involvement in healthcare delivery and design.***<sup>[2]</sup>

Health advocacy is one of the overreaching goals of patient centred care

**Overreaching = go too far; overact; enlarge; strengthen**



## Health literacy \_ consumer health life style and behavior change

Health literacy is **about** *how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.*

Health literacy is important because it shapes peoples health and the safety and quality of health care. Low levels of individual health literacy contribute to poorer health outcomes, increased risk of an adverse event and higher healthcare costs.

<http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>

***Health Literacy is defined in the Institute of Medicine report, Health Literacy: A Prescription to End Confusion, as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions***

<http://nnlm.gov/outreach/consumer/hlthlit.html>

Sorensen (2012) notes *health literacy may be a robust demographic predictor of health outcomes as well as how patients use the health care delivery system*. Health literacy is associated with health knowledge and health behaviors and within the past decade has received attention from prominent health care delivery organizations.

**Healthy People 2020** incorporated health literacy into its objectives and HHS released a health literacy call-to-action plan in 2010. Health literacy criteria are included in the Joint Commission's accreditation of U.S. health care facilities. In addition, there is significant international interest in health literacy research and practice.

**Low health literacy is associated with a variety of barriers to improving health such as higher rates of hospitalization, less frequent use of preventive services and increased patient costs** (Baker et al., 2002; Howard, Gazmararian, Parker, 2005; IOM, 2004).

For example, **patients with low health literacy and illness have less knowledge of illness management than those with higher health literacy** (Kalichman et al., 2000;

Schillinger et al., 2002; Williams, et al., 1998a, b).

### Who can contribute to improving health literacy?

Everyone can play a part in addressing health literacy. For example:

**Healthcare organisations** can work with consumers to make sure that the information and services they provide are easy to understand, use and act on.

Healthcare providers can use a range of communication strategies to ensure patients understand their options and share their healthcare decisions.

**Consumer organisations** can support consumers to speak up about information and services that are hard to understand.

**Health and education policy organisations** can raise awareness and embed the principles of health literacy in their work.

**People** can improve their own health literacy by speaking up, asking questions or asking for help and support if they are provided with information or services that are hard to understand.

## Use For Smart Assignments

### Resources for improving health literacy

The Commission has developed three resources to assist clinicians, consumers and healthcare executives and managers to improve their understanding of health literacy and provide advice on how to improve it.

[A summary sheet for clinicians](#)

[A summary sheet for consumers](#)

[A summary sheet for executives and managers](#)

A tip sheet is also available on how action to improve health literacy will help your organisation meet the requirements of the NSQHS Standards

[NSQHS Standard 2 – Partnering with consumers Tip Sheets](#)

These infographics have been developed for you to promote health literacy, use on social media or in your organisations training material and PowerPoint presentations:

[Health literacy for clinicians](#)

[Health literacy for consumers](#)

[Health literacy for executives and managers](#)

[Health Literacy in Australia](#)

[What is health literacy – two components](#)

[What is health literacy?](#)

[Why is health literacy important – increases risks](#)

[Why is health literacy important?](#)

**Consumer Behaviour** is the study of individuals, groups, or organizations and the processes they use to select, secure, use, and dispose of products, services, experiences, or ideas to satisfy needs and the impacts that these processes have on the consumer and society

It blends elements from **psychology**, **sociology**, **social anthropology**, marketing and **economics**. It attempts to understand the decision-making processes of buyers, both individually and in groups such as how emotions affect buying behaviour. It studies characteristics of individual consumers such as **demographics** and behavioural variables in an attempt to understand people's wants. It also tries to assess influences on the consumer from groups such as family, friends, sports, reference groups, and society in general. [2][3]

Kuester, Sabine (2012): *MKT 301: Strategic Marketing & Marketing in Specific Industry Contexts*, University of Mannheim, p. 110.

Blackwell, Miniard and Engel (2006). *Consumer Behaviour* (10th Ed.). Thomson Learning.

## Creative Consumer Problem Solving Decision Making Process

*"When a problem comes along, study it until you are completely knowledgeable. Then find that weak spot, break the problem apart, and the rest will be easy."*

- Norman Vincent Peale (1898 - 1993), American Author

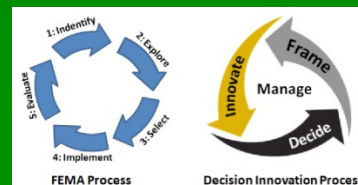
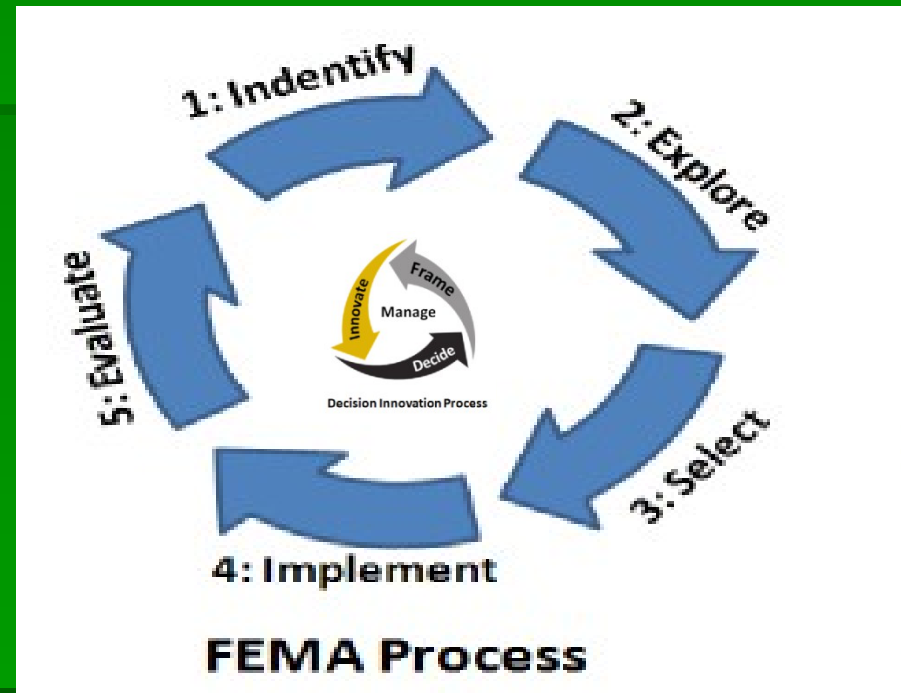
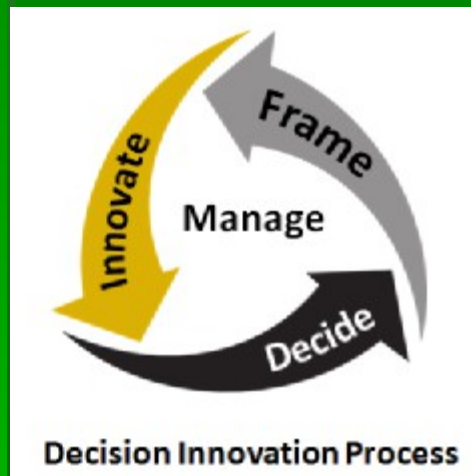
## Decision Making Process

### The Four-Five Steps Decision Making Model

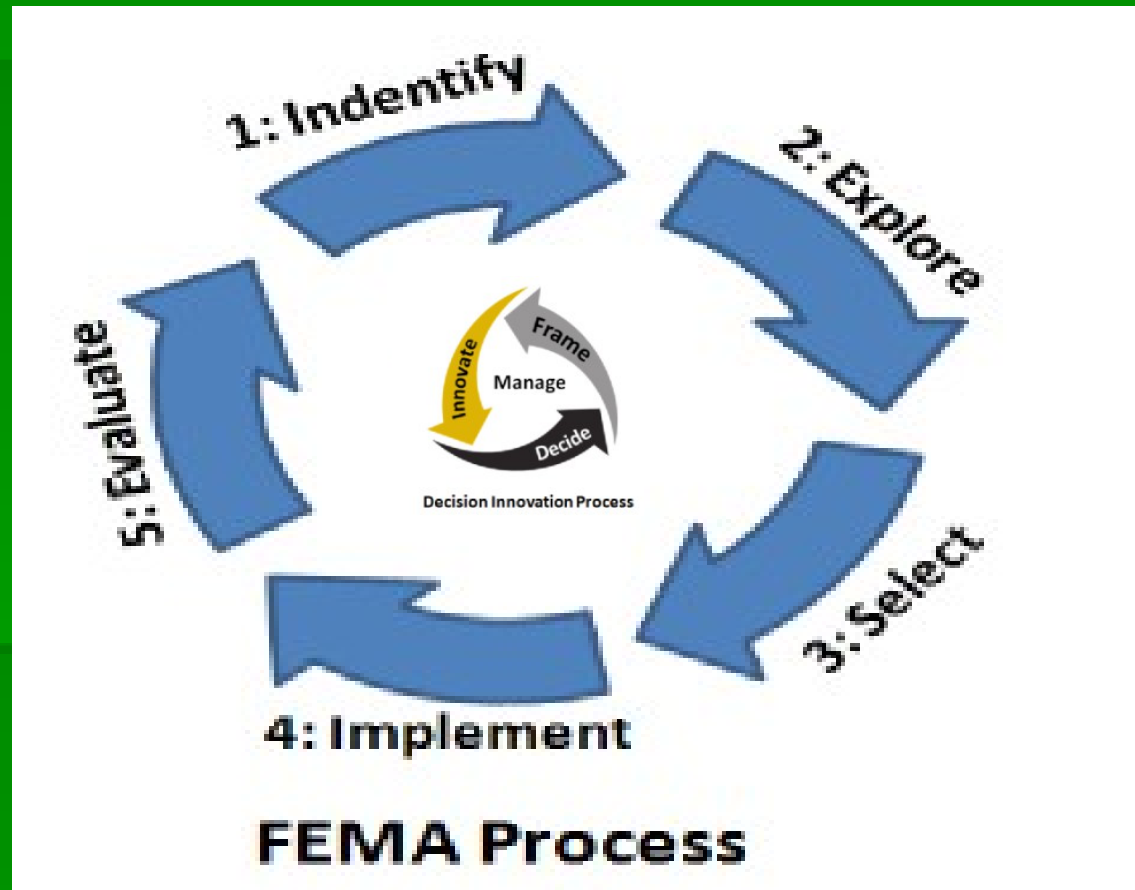
1. **State The Problem** - The first and arguably the **most important step in the decision making** model in five steps is to identifying the problem. Until you have a clear understanding of the problem or decision to be made, it is meaningless to proceed. *If the problem is stated incorrectly or unclearly then your decisions will be wrong.*
2. **Identify Alternatives** - Sometimes your only alternatives are to do it or don't do it. Most of the time you will have several feasible alternatives. It is worth doing research to ensure you have as many good alternatives as possible.
3. **Evaluate The Alternatives** - This is where the analysis begins. You must have some logical approach to **rank the alternatives**.
4. **Make A Decision** - You have evaluated your alternatives. Two or more of your high ranked alternatives may be very close in the evaluations.
5. **Implement Your Decision** - A decision has no value unless you implement it. If you are not good with implementation, then find someone that is. Part of the implementation phase is the follow up. The follow up ensures that the implementation sticks.



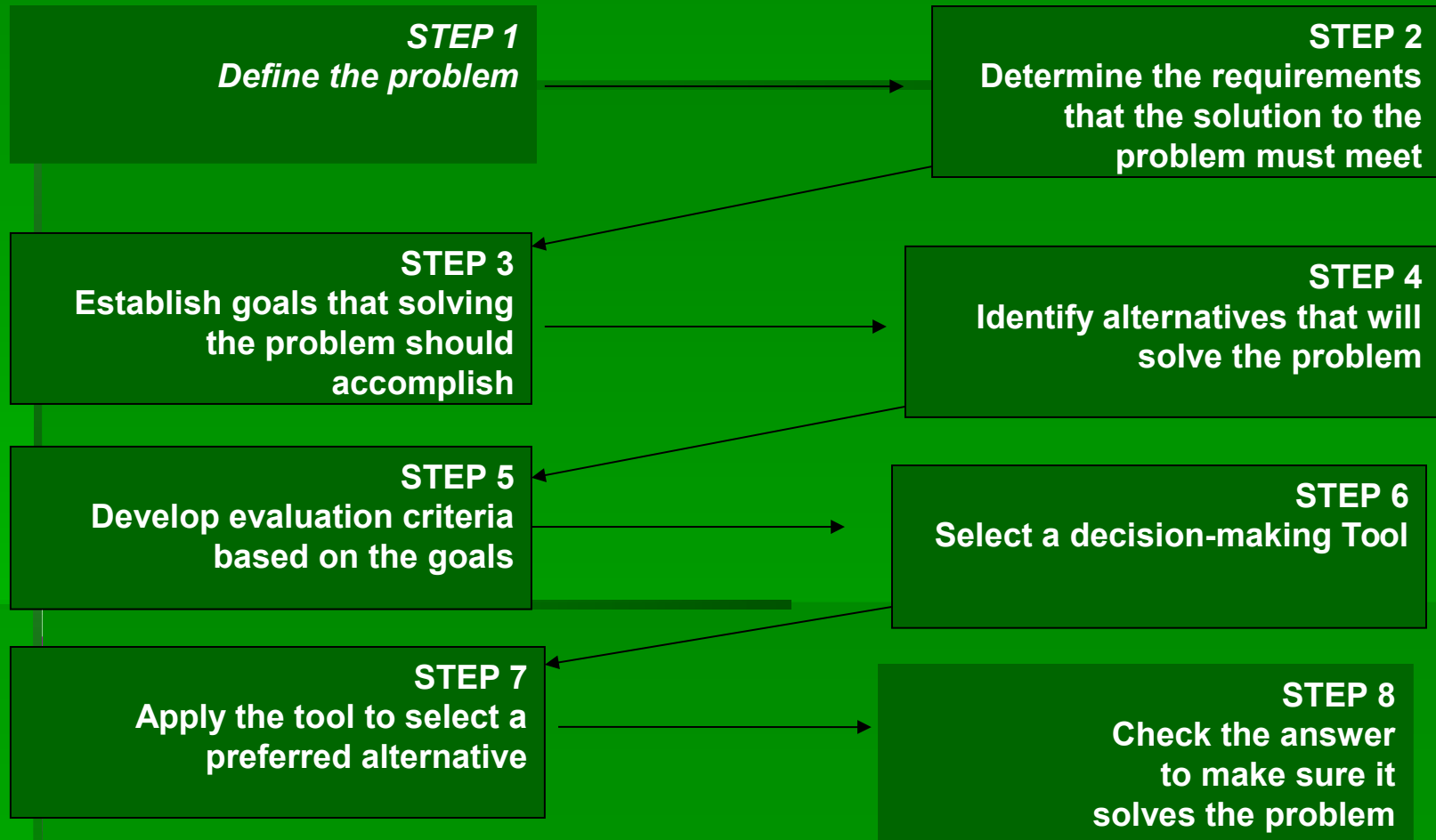
## Decision Making Process



Self Creative Model \_ DIP Centered Decision Making Process



## The 8 Step Linear Ideal Decision-making Process



The Decision-making Process (adapted from Baker et al, 2001)

## Health Education about Quackery \_Fraud & Alternative Medicine

!!Magic\_Jinn



Cartoon depicting a quack doctor using hypnotism (1780, France)

!!Eye Sickness



In Yemen



Traditional Medicine on a market t in Antananarivo, Madagascar



*The Visit to the Quack Doctor*

During the past ten years, Quranic therapy clinics increased significantly in many governorates

***Quackery is the promotion <sup>[1]</sup> of fraudulent or ignorant medical practices. A "Quack" is a "fraudulent or ignorant pretender to medical skill" or "a person who pretends, professionally or publicly, to have skill, knowledge, or qualifications he or she does not possess***

<https://en.wikipedia.org/wiki/Quackery>

In law, **fraud** is deliberate deception to secure unfair or unlawful gain.

**Fraud is both a civil wrong (i.e., a fraud victim may sue the fraud perpetrator to avoid the fraud and/or recover monetary compensation) and a criminal wrong (i.e., a fraud perpetrator may be prosecuted and imprisoned by governmental authorities). The purpose of fraud may be monetary gain or other benefits, such as obtaining a drivers license by way of false statements.<sup>[1]</sup>**

**A hoax is a *distinct concept that involves deception without the intention of gain or of materially damaging or depriving the victim***

The remedies for fraud may include rescission (i.e., reversal) of a fraudulently obtained agreement or transaction, the recovery of a monetary award to compensate for the harm caused, punitive damages to punish or deter the misconduct, and possibly others.<sup>[4]</sup>

In cases of a fraudulently induced contract, fraud may serve as a defense in a civil action for breach of contract or specific performance of contract.

**Health care fraud** includes health insurance fraud, drug fraud, and medical fraud. Health insurance fraud occurs when a company or an individual defrauds an insurer or government health care program, such as Medicare (United States) or equivalent State programs. The manner in which this is done varies, and persons engaging in fraud are always seeking new ways to circumvent the law. *Damages from fraud can be recovered by use of the False Claims Act, most commonly under the quitam provisions which rewards an individual for being a "whistle blower", or relator (law).*<sup>1</sup>

### Consumer Health Fraud Awareness

<https://www.youtube.com/watch?v=csvWI0SHZU8>

Modern medicine Vs Quackery (Malayalam) By Dr Augustus Morris but poor talk

<https://www.youtube.com/watch?v=DY0XqJx4CsU>

*The science based medicine community has criticized the infiltration of alternative medicine into mainstream academic medicine, education, and publications, accusing institutions of "diverting research time, money, and other resources from more fruitful lines of investigation in order to pursue a theory that has no basis in biology*

**Traditional medicine** (also known as **indigenous or folk medicine**) comprises knowledge systems that developed over generations within various societies before the era of modern medicine. The World Health Organization (WHO) defines traditional medicine as "*the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.*"<sup>[1]</sup>

Muslims believe that the Quran was sent not only as a revelation, but as a medicine. It is believed that the Quran heals any physical and spiritual ailments. Some common practices and sites are:

- Reciting the Quran over water or olive oil and drinking, bathing or anointing oneself with it. ***Satan is the cause of all our medical problems !! (F\T)***
- <https://smma59.wordpress.com/2009/05/03/holy-quran-and-cure-of-diseases/>

**Programme 1: Jinn Busters Treatment...**(<http://www.beatsihr.com/ruqyah-treatment-programmes.html> )

Theses methods are referred to as ***ruqyah***.<sup>[46]</sup>. So **I have to Ask Religious Medical Scientists before doing any cure** ( انا لا اثق انما اطلب فتوى علمية طبية )

**\*\* "It is true; However; We have to be careful, it is not to trust anyone not to relay on "**



## Be Wary of "Alternative" Health Methods

Stephen Barrett, M.D.

"Alternative medicine" has become the politically correct term for questionable practices **formerly labeled quack and fraudulent**. Most media reports on this topic contain *no critical evaluation and feature the views of proponents and their satisfied clients*.

### Loose Definitions Cause Confusion

To avoid **confusion**, "alternative" methods should be classified as *genuine, experimental, or questionable*.

**Genuine** alternatives are comparable methods that have **met science-based criteria for safety and effectiveness**.

**Experimental** alternatives are *unproven* but *have a plausible rationale* and are undergoing responsible investigation. *The most noteworthy is use of a **10%-fat diet for treating coronary heart disease***.

**Questionable** alternatives are *groundless and lack a scientifically plausible rationale*. The archetype is homeopathy, which claims that "remedies" so dilute that they contain no active ingredient can exert powerful therapeutic effects.

Some methods fit into more than one category, depending on the claims made for them. Blurring these distinctions enables promoters of quackery to argue that because some practices labeled "alternative" have merit, the rest deserve equal consideration and respect. Enough is known, however, to conclude *that most questionable "alternatives" are worthless*.



## Be Wary of "Alternative" Health Methods

An even better way to avoid **confusion** is to sort methods into three groups: (1) those that **work**, (2) those that **don't work**, and (3) those we are **not sure** about. ***Most methods described as "alternative" fall into the second group.*** A 1998 editorial in the *Journal of the American Medical Association* made the same point in another way:

**There is no alternative medicine.** There is only ***scientifically proven, evidence-based medicine supported by solid data*** or unproven medicine, for which scientific evidence is lacking. Whether a therapeutic practice is "Eastern" or "Western," .....

Arnold Relman, M.D. former editor of *The New England Journal of Medicine*, has expressed similar thoughts about the term "**integrative medicine**":

***There are not two kinds of medicine, one conventional and the other unconventional,*** that can be practiced jointly in a new kind of "**integrative medicine.**" Nor, as Andrew Weil and his friends also would have us believe, are there two kinds of thinking, or two ways to find out which treatments work and which do not. ***In the best kind of medical practice, all proposed treatments must be tested objectively.***

***In the end, there will only be treatments that pass that test and those that do not, those that are proven worthwhile and those that are not***

## Enhancing\_ Engaging consumers in health care advocacy using the internet



## Consumer Roles in Healthcare

Perhaps the biggest change in roles will take place with the individual health care consumer. Gone are the days of \$10 copays and an entitlement expectation that ***“the system will take care of us.” It hasn’t, and it won’t.***

***Most consumers don’t understand the complexities of how health care work, and low percentages 15-20% participate in the programs that are made available through health plans or their employers (remember, we have a trust/branding issue here). Consumers are footing more of the bill and instead of the “followers” , health care wanted them to be in the past- they are now expected to be “active participants” in a system they don’t know- and don’t necessarily trust***

<http://www.collaborationhealthcare.com/library-and-resources/the-world-of-health-care/our-focus/consumer-roles.php>

- **Patient Involvement**

- Get more involved with your health care by asking questions, talking to your clinician, and understanding your condition. *Patients and families who engage with health care providers ask good questions and help reduce the risk of errors and hospital admissions.*

### **Consumer involvement in the development of healthcare**

The importance of consumer involvement at *all levels of the health services is widely recognised*. This **review** shows that *little research has been done to find the best ways of involving consumers in healthcare decisions at the population level*.

Most of the included **trials** compared consultations with consumers with no consultations with consumers.

There is moderate quality evidence from two trials that involving consumers in the development of patient information material results in material that is more relevant, readable and understandable, without affecting anxiety. This 'consumer-informed' material can also improve knowledge. Two trials, which compared using consumer interviewers with staff interviewers as data collectors for patient satisfaction surveys, found small differences in satisfaction survey results, with less favourable results obtained when consumers were the interviewers. One trial comparing two informed consent documents, one developed with consumer input and the other developed by the trial investigators, showed that consumer input may have little if any impact on understanding of the trial described in the consent document. ***One trial, comparing two different methods for involving the public (telephone discussion and a face-to-face group meeting), showed that a face-to-face meeting is most likely to engage consumers and may result in different community health priorities.***

## Ways of helping children with cancer to take part in decisions about their health care

Cancer is a serious illness that involves complex treatments with unpleasant side effects. *Children with cancer generally prefer to be involved in some way in decisions about their care and treatment.*

**Involving** children in decisions about their health care **can help** their understanding of the disease and treatment, reduce their fears, help them feel more prepared and help them cope better with their cancer.

*The review of trials did not find any studies that helped children to participate in decision-making with parents and healthcare staff.*

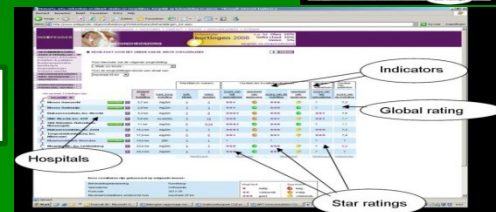
[http://www.cochrane.org/search/site?f%5B0%5D=im\\_field\\_terms\\_cochrane\\_library%3A50123](http://www.cochrane.org/search/site?f%5B0%5D=im_field_terms_cochrane_library%3A50123)

The role of the health care consumer has expanded. **Instead of just selecting the benefit levels at open enrollment each year, consumers will also take on the following 6 responsibilities (read the link):**

(<http://www.collaborationhealthcare.com/library-and-resources/the-world-of-health-care/our-focus/consumer-roles.php>)

# Consumer Health Education \_ Internet

## Micromedex Patient Connect Suite



### Enhance Community Health and Your Brand

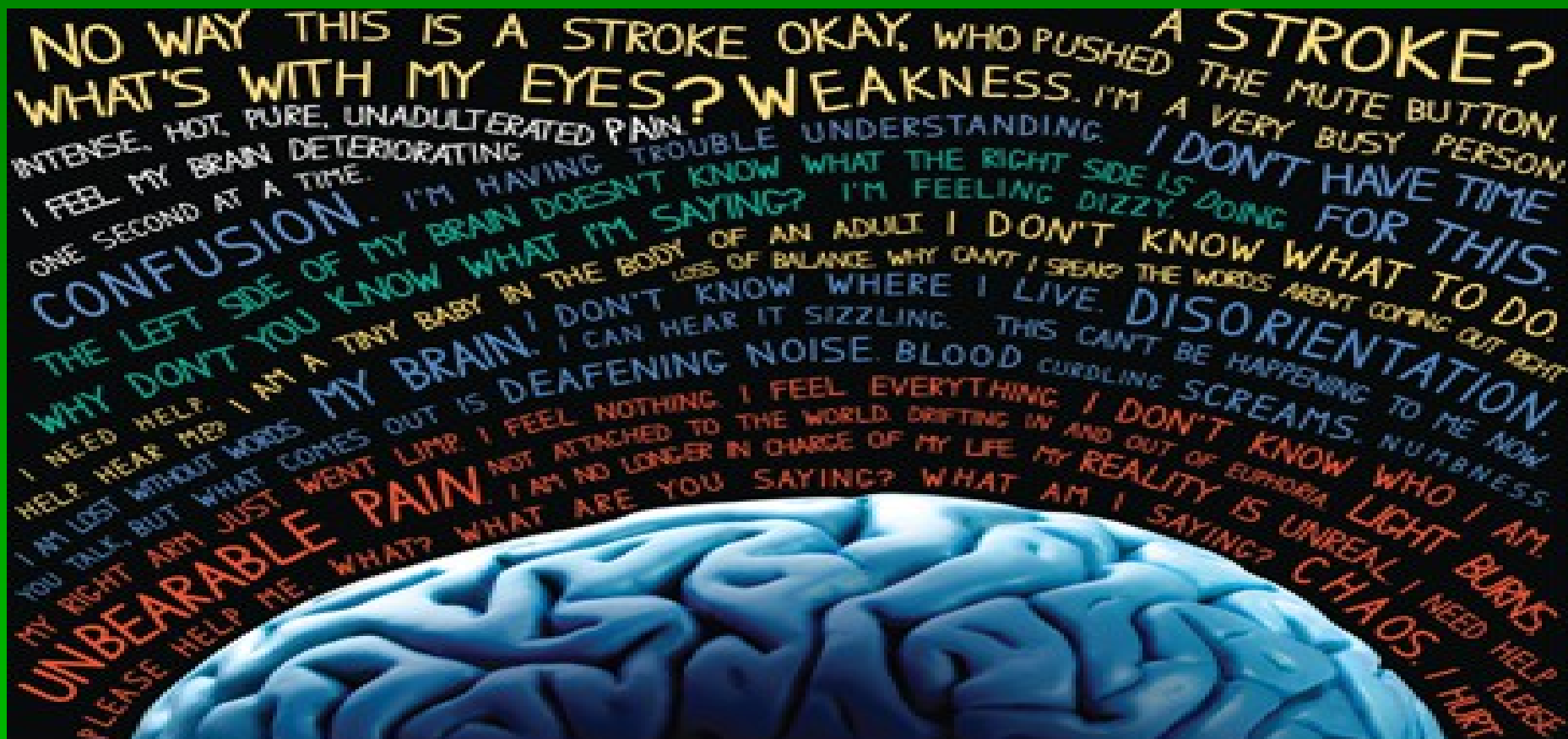
As a reliable community resource, this is an opportunity to enhance your credibility and reputation. By providing answers to important healthcare concerns to consumers through your website or portal, you can help to increase patient satisfaction, improve compliance, and provide your patients with consistent health information in any care setting.

In addition, the Consumer Health Education solution provides valuable tools to strengthen your institutional brand, including actionable consumer multimedia content, customizable text inside the health information content, and tools to promote your strategic service lines on the web.

The Consumer Health Education solution allows you to leverage your consumer health content on your website, your patient portal, within your marketing materials, and with tablet and smart phone applications designed for consumers.







**MCGHealth**  
System  
Primary Stroke Center

**Seconds count.** A team of internationally recognized experts in stroke, Vascular neurologists, Cerebrovascular neurosurgeons, Specially trained neuro-nurses. The cutting-edge technology and procedures of one of the nation's premier neurosciences programs. Diagnostic and interventional expertise. Unprecedented door-to-treatment times. For the care you need, you need to be here — and nowhere else. MCG Primary Stroke Center.

The one to count on when seconds count.

[mcghealth.org/neuro](http://mcghealth.org/neuro)





# Consumers \_ Patients Rights

## Consumer Rights and Responsibilities

<https://www.youtube.com/watch?v=-T3vWwQEPL4>



Over time, the consumer movement has developed this **vision** into a set of **eight basic consumer rights** that now define and inspire much of the work CI and its members do (around areas such as financial services and communications):

**The right to satisfaction of basic needs** - To have access to basic, essential goods and services: adequate food, clothing, shelter, health care, education, public utilities, water and sanitation.

**The right to safety** - To be protected against products, production processes and services that are hazardous to health or life.

**The right to be informed** - To be given the facts needed to make an informed choice, and to be protected against dishonest or misleading advertising and labelling.

**The right to choose** - To be able to select from a range of products and services, offered at competitive prices with an assurance of satisfactory quality.



**The right to be heard** - To have consumer interests represented in the making and execution of government policy, and in the development of products and services.

**The right to redress** - To receive a fair settlement of just claims, including compensation for misrepresentation, shoddy goods or unsatisfactory services.

**The right to consumer education** - To acquire knowledge and skills needed to make informed, confident choices about goods and services, while being aware of basic consumer rights and responsibilities and how to act on them.

**The right to a healthy environment** - To live and work in an environment that is non-threatening to the well-being of present and future generations.



## Consumer responsibilities

In the 1980s, CI's then president, Anwar Fazal (left), led the call to ***also introduce a set of consumer responsibilities to compliment consumer rights.***

These remain crucial principles for many consumer rights organisations today:

**Critical awareness** - consumers must be awakened to be more questioning about the provision of the quality of goods and services.

**Involvement or action** - consumers must assert themselves and act to ensure that they get a fair deal.

**Social responsibility** - consumers must act with social responsibility, with concern and sensitivity to the impact of their actions on other citizens, in particular, in relation to disadvantaged groups in the community and in relation to the economic and social realities prevailing.

**Ecological responsibility** - there must be a heightened sensitivity to the impact of consumer decisions on the physical environment, which must be developed to a harmonious way, promoting conservation as the most critical factor in improving the real quality of life for the present and the future.

**Solidarity** - the best and most effective action is through cooperative efforts through the formation of consumer/citizen groups who together can have the strength and influence to ensure that adequate attention is given to the consumer interest.



## SUMMARY

### CONSUMER RIGHTS AND RESPONSIBILITIES:

**Being good consumer means *knowing what to look out for and what to avoid.***

It means ***know where and how to get the best value for money, where to go if things go wrong.*** Your role as a consumer has both **right and responsibilities:**

1. The right to safety- To be protected against products, production, processes and services that are hazardous to health or life
2. The right to be informed- To be given facts needed to make an informed choice and protected against dishonest or misleading advertising and labeling.
3. The right to choose- to be able to select from a range of products and services and competitive prices with an assurance satisfactory quality

# Happy Healthcare\_ HE Produce Happy Patients \_Health Happiness s



Explore Make Smart Summary & Present



**BRIAN SECEMSKY, M.D.** [Become a fan](#)

MEDICAL WRITING FOR PATIENTS, STUDENTS AND PRACTITIONERS.

•**Health Care 101: Three Easy Ways to Keep Your Patients Happy**

[http://www.huffingtonpost.com/brian-secemsky/doctor-patient-relationship-\\_b\\_4257154.htm](http://www.huffingtonpost.com/brian-secemsky/doctor-patient-relationship-_b_4257154.htm)

## 7 Ways to Make Your Patients Smile

February 01, 2010 | [Front Desk](#), [Operations](#) By [Abigail Beckel](#) and [Sara Michael](#)  
**We Learn Live**

<http://www.physicianspractice.com/articles/7-ways-make-your-patients-smile>

# Happy Healthcare\_ HE Produce Happy Patients \_Health Happiness s

<http://shetoldme.com/Health/How-to-Make-an-Elderly-Patient-Happy>

- 1) Must be patient,
- 2) Have to listen
- 3) Must help the elderly maintain some independence
- 4) Able to find out how to determine what an elderly patient wants

[http://www.ehow.com/video\\_4753796\\_taking-care-elderly.html](http://www.ehow.com/video_4753796_taking-care-elderly.html)

## Elder care in Quran

My Lord! Have mercy on them both as they did *care* for me when I was little ( Isrra 17: 24)

### Top Happiness

واخفض لهما جناح الذل من الرحمة وقل رب ارحمهما كما رباني صغيرا (17:24) (الإسراء )

## Expectancy Theory of Motivation DEMO Top Online

<http://www.managementstudyguide.com/expectancy-theory-motivation.htm>

**All Are Invited To Be Creative Health Education Researchers \_  
Read-Explore and Do**



<http://www.biomedcentral.com/1471-2458/9/423>

Research article **How do healthcare consumers process and evaluate comparative healthcare information? A qualitative study using cognitive interviews**  
**Olga C Damman<sup>1\*</sup>, Michelle Hendriks<sup>1</sup>, Jany Rademakers<sup>1</sup>, Diana MJ Delnoij<sup>23</sup> and Peter P Groenewegen<sup>14</sup>**



# Today \_ Future Happy Consumers

## HealthCare Consumerism: Shifting to a Patient-Centered Organization

<https://www.youtube.com/watch?v=JuiUfzrVNiQ>

Learn about the **five developing generations of consumerism**. Find out how to optimize your products and services by becoming a "Patient-Centered Organization." Discover the realities of where this megatrend is and where it is going. As expressed by the Deloitte Center for Health Solutions: "... health policy experts

## Patient-centric healthcare

<https://www.youtube.com/watch?v=yTOMRwHhed4>

*Personal-centred health will be the dominant framework driving new models of care: improving patient outcomes by educating and activating patients and populations; delivering clinical solutions tailored around the needs of the individual; and building new, disruptive clinical and commercial models through*

## Patient-Centered Outcomes Research: New Directions, Major Challenges, Transformative Potential

<https://www.youtube.com/watch?v=60LKWMOMqm4> Model

**Focus Write Summary and Draw Figure** \*\* رکز واکتبوارسم للاختبار 7

## Key Principles

The fundamental objective of a patient-centered health care system is to maximize value for individuals and families so that they receive more benefit and better results for their health care dollars, both as patients and as consumers buying health insurance.

If policymakers are serious about real patient-centered, consumer-driven health care reform, they should ensure that their legislative proposals embody **Six key principles:**

**Individuals are the key decision makers** on the health care system. This would be a major departure from conventional third-party payment arrangements that dominate today's health care financing in both the public and the private sectors.

**Individuals buy and own their own health insurance coverage.** In a normal market, when individuals exchange money for a good or service, they acquire a property right in that good or service, but in today's system, individuals and families rarely have property rights in their health insurance coverage.

**Individuals choose their own health insurance coverage.** Individuals, not employers or government officials, would choose the health care coverage and level of coverage that they think best..

**Individuals have a wide range of coverage choices.** Suppliers of medical goods and services, including health plans, could freely enter and exit the health care market.

**Prices are transparent.** As in a normal market, individuals as consumers would actually know the prices of the health insurance plan or the medical goods and services

**Individuals have the periodic opportunity to change health coverage** .In a consumer-driven health insurance market, individuals would have the ability to pick a new health plan on predictable terms. They would not be locked into past decisions and deprived of the opportunity to make future choices

Today's consumers need more from health plans and employers than ever before – more access, education, transparency, support, urgency.. more . by which we are entering the era of engagement.

**Awareness:** Health care is full of the unexpected, which makes consumers even more apprehensive about their new responsibility.

While consumers of decades past primarily entrusted employers to make sound health care coverage/spending decisions, today's consumers are realizing that they need more educational tools to make sure they understand their benefits.

**Accountability:** As consumers become more financially accountable, health plans and employers must help them optimize health care spend. **Effective engagement** happens at the moment when consumers **are ready to take action and need advice most** – picking a doctor, buying a prescription or selecting a payment option. Getting consumers to participate in a two-way conversation and embrace their role in the next era of health care will lead to smarter health care decisions, lifestyle choices and spending/payment habits.

**Active Involvement:** While instilling confidence is a critical component of the new consumer engagement imperative, employers and health plans must also meet higher expectations for exemplary service and continuous support. Consumers want to make sure that they have what they need to make informed decisions, but to do so they need easy-to-use financial tools, educational resources and full visibility into spending and reimbursement. Education cannot be a once-and-done activity or a quick item to check off the list every year during the enrollment period; consumers need ongoing guidance as they try to shoulder this new responsibility and make continuous smart decisions.

رضا المستهلك غاية تدرك ؟ \_ Do WE ? Future Happy Consumers = Full Satisfaction



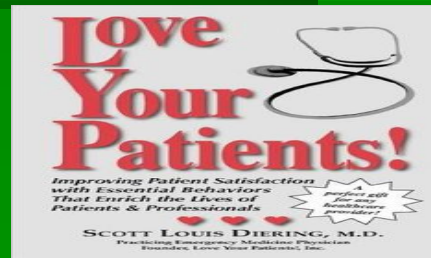
*Walter Cronkite. America's health care system is neither healthy, caring, nor a system “*



*“In my opinion, our health care system has failed when a doctor fails to treat an illness that is treatable.” Kevin Alan Lee, The Split Mind: Schizophrenia from an Insider's Point of View*

**!” The road to health is paved with good intestines**

Sherry A. Rogers—



**So how about Saudi Healthcare ???!  
Prove By Conducting Live Survey**

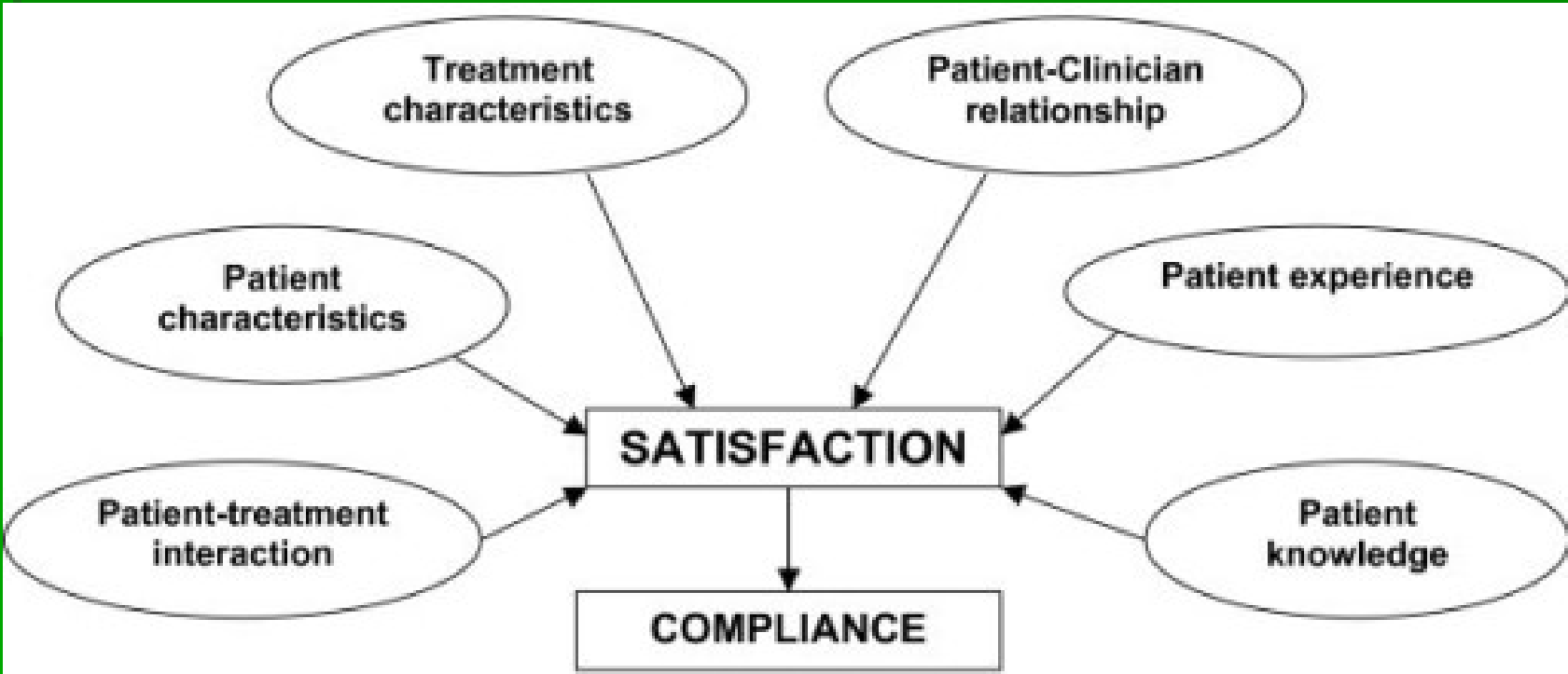
**Tyler Newton**  
*Employment Specialist*  
Sonora Regional Medical Center



 #HRExcellence

## Thumb Model

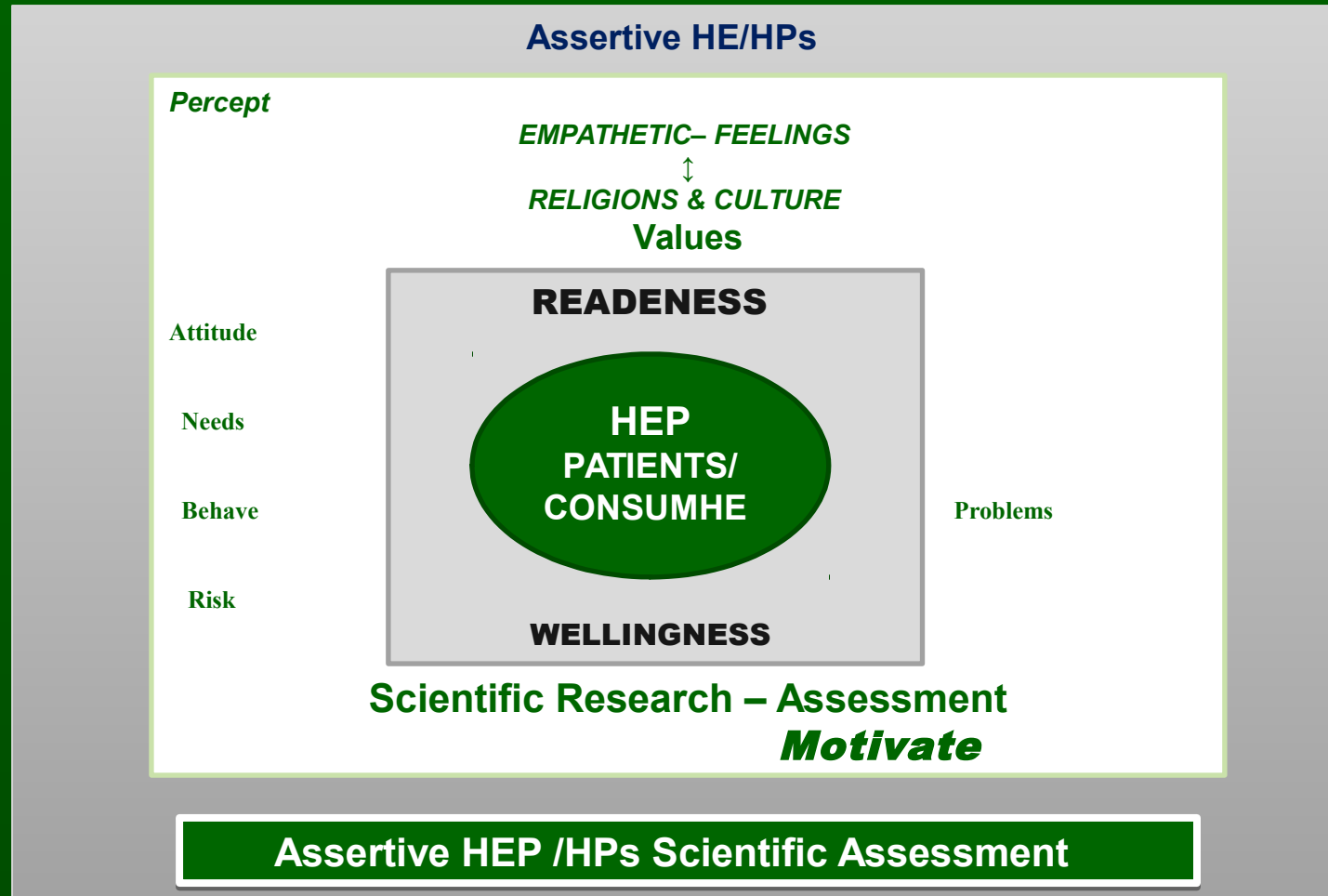
## Satisfy \_ Comply Model





## Johali APCHER Quality Full Patient Satisfy MODEL

Health Care & Cost effective ↔ QUALITY ↔ Patient–People–Community–the whole Nation



–Health Care - Cost effective ↔ QUALITY ↔ Consumer\_ Patient – People

CHS488

Johali ConsumHE 2015\_2017

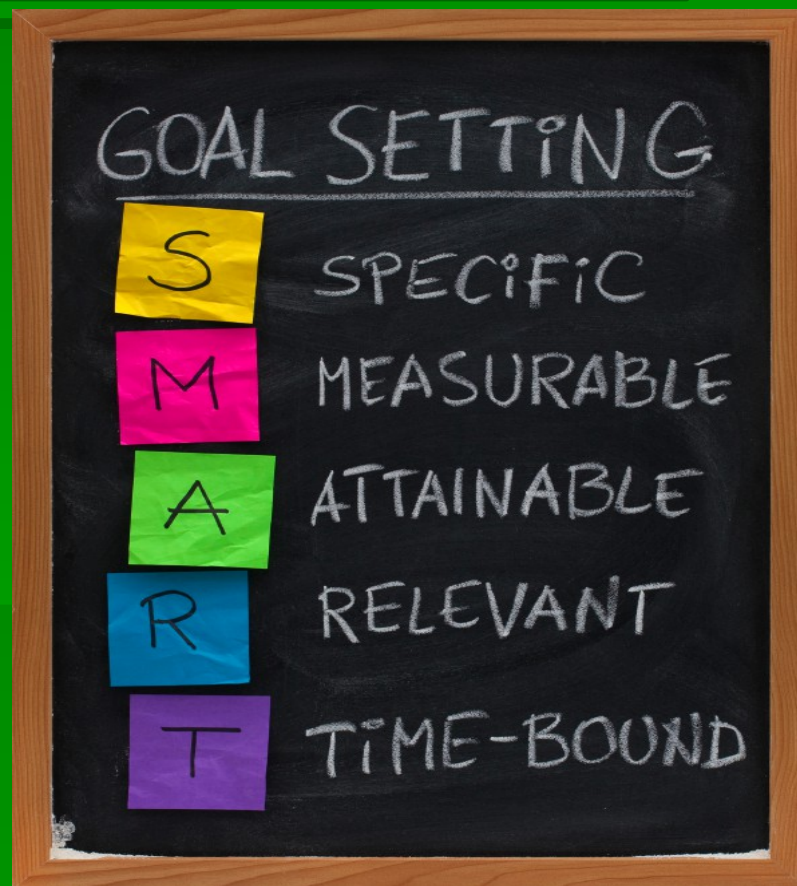


# SMART the Goal Settings for Decision Making

## General Steps:

- Identify stage, and move patient along the continuum
- Not every patient will enter every stage
- Not every stage is the same length

- Listen . . choose **ONE** behavior & reasonable goal
- Patient should rate confidence of completing the goal at **7/10**



Everything Here With You



## 7 Ways to Make Your Patients Smile ( We Learn Live)

### 1. Be on time.

*Nothing makes patients feel more frustrated than still being in your waiting room 30 minutes after their appointment time or spending.*

### 2. Enter the exam room prepared.

It is comforting for patients to feel like they are not a number, they will be heard and cared for. Their comfort is lost when you come into the exam room and have to look in the chart or laptop for the patient's name and reason for the visit.

### 3. Follow-up and communicate

If your patient has had lab work or testing, was referred to a specialist, or presented with significant symptoms, make time to call her to follow up. See how she's doing and report on any lab or test results. This helps patients feel secure that your practice is concerned about their health and didn't forget them as soon as they left the office. Your staff can help with follow-up calls as well.

### 4. Offer a little reassurance.

Perhaps your patient has just received her diagnosis and is armed with a slew of questions and confusions about her condition. It can feel lonely and overwhelming. *Take a minute to acknowledge that and reassure her that she's not alone. Remind her that you and she are a team, and together you can work to find the right treatment options.*

## 7 Ways to Make Your Patients Smile ( We Learn Live)

### 5. Don't forget the small talk.

If you're running behind schedule, you may be tempted to rush through a visit, but don't telegraph that desire to your patients. Take a few minutes to chat with each patient. Try breaking the ice with chitchat about the weather, the holidays, his family — something other than the information in the chart. The exchange will put your patient at ease, and he will surely appreciate the friendly — and human — approach.

### 6. Give your waiting room some TLC.

Ever taken a good hard look at your waiting room? It might be worth adding a few extra touches to bring a smile to your patients' faces. Consider adding a kids' corner stocked with games, toys, and books. Update your magazines. Add a live plant or two. It's also a nice gesture to have a couple dispensers of anti-bacterial gel available, especially around flu season.

### 7. Set a friendly tone.

Treating your staff with kindness will encourage them to do the same with each other and with patients. Dole out the smiles and friendly gestures to set a tone for the office. Have front desk staff greet patients upon arrival, as well as maintain politeness and patience over the phone. Smiles from you and your staff will reap smiles from your patients and keep them coming back

See more at:

<http://www.physicianspractice.com/articles/>

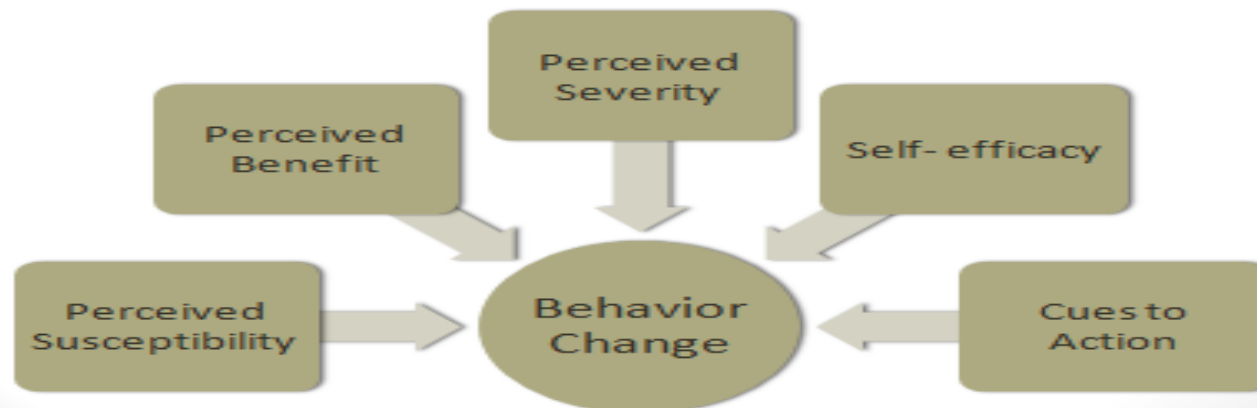
<http://www.physicianspractice.com/articles/7-ways-make-your-patients-smile>

## What works...Stages of Change that we have studied before



## What Works to Improve Health Behaviors

Create sense of self-efficacy, address barriers



# Furthers

## **Suggested Measures**

Health literacy primarily has been measured via three assessment tools: Rapid Estimate of Adult Literacy (REALM), Test of Functional Health Literacy in Adults (TOFHLA), and a subset of health items within the National Assessment of Adult Literacy Survey (NAALS). A missing consensus on a single measure of health literacy is unsurprising given the term's conceptual expansion. The REALM, TOFHLA, and several derivations are discussed here. In addition, the NAALS, Newest Vital Sign (NVS), eHealth Literacy Scale (eHEALS), and a recently developed single index of health knowledge are provided.

### **REALM/ REALM-R**

The Rapid Estimate of Adult Literacy in Medicine (REALM; Davis et al., 1991; Davis et al., 1993) consists of a 66-item word recognition and pronunciation test (e.g., cancer, caffeine, attack, kidney, hormones, herpes, seizure) that measures vocabulary abilities. The test administrator compiles a score based on the success with which a participant correctly pronounces words. The time it takes for a respondent to complete the REALM ranges from 2 to 3 minutes Davis et al. (1998) to 5 to 6 minutes (Bass, Wilson, & Griffith, 2003).

### **REALM-R**

The REALM-R is a revised, shorter version of the REALM that uses only eight words designed to rapidly screen patients for health literacy problems (Bass et al., 2003). The words in the REALM-R are: osteoporosis, allergic, jaundice, anemia, fatigue, directed, colitis, and constipation ( $\alpha = 0.91$ ). In the Bass et al. (2003) study, 157 patients at the University of Kentucky completed the instrument. The REALM-R correlated 0.64 with the WRAT-R (Wide Range Achievement Test-Revised; Jastak & Wilkinson, 1993).

## Further REFERENCES



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**My Best Wishes to be:**

***Positive Smart “Real Muslim” ConsumHE***

***Eisa Ali Johali***

***the lecturer; Riyadh August 2016***