



Western Michigan University
ScholarWorks at WMU

Honors Theses

Lee Honors College

12-15-2020

Implementing AskMe3 Approach to Adult Learning Through the Kalamazoo Literacy Council

Hailey Beyer

Western Michigan University, hsb1998@gmail.com

Follow this and additional works at: https://scholarworks.wmich.edu/honors_theses



Part of the Medicine and Health Sciences Commons

Recommended Citation

Beyer, Hailey, "Implementing AskMe3 Approach to Adult Learning Through the Kalamazoo Literacy Council" (2020). *Honors Theses*. 3332.

https://scholarworks.wmich.edu/honors_theses/3332

This Honors Thesis-Open Access is brought to you for free and open access by the Lee Honors College at ScholarWorks at WMU. It has been accepted for inclusion in Honors Theses by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Implementing Ask Me 3[®] Approach into Adult Learning through the Kalamazoo Literacy Council

Principal Investigator: Robert Bensley, School of Interdisciplinary Health Programs
Co-Principal Investigator: Cassie Lopez-Jeng, School of Interdisciplinary Health Programs
Student Investigator: Hailey Beyer

Abstract

Background: *Ask Me 3* was developed as a tool to help individuals successfully communicate with their healthcare providers (Institute for Healthcare Improvement, n.d.). This was designed to study the effectiveness of this tool in educating adult learners of Kalamazoo, MI, through the Kalamazoo Literacy Council (KLC) Virtual Learning Center.

Objective: The objective was to determine whether learners of the Kalamazoo Literacy Council gained confidence communicating with a healthcare provider through the implementation of a distance education *Ask Me 3* program.

Methods: Learners associated with the KLC were sent a pre-lesson survey asking them to assess their confidence levels with using the *Ask Me 3* tool and communicating with their healthcare provider. They were then asked to attend an *Ask Me 3* lesson presented virtually by the Kalamazoo Literacy Council, and a post-lesson survey followed asking the same questions as the initial survey. Based on the results of these surveys, we can conclude whether implementing a lesson on *Ask Me 3* into literacy classes is beneficial to the learners.

Purpose: The purpose of this study was to educate adult learners on *Ask Me 3* in order to help lower the health literacy barrier within Kalamazoo County.

Results: Results were not able to show whether learners gained confidence communicating with a healthcare provider, and no statistical analysis was conducted due to a lack of participants completing data collection.

Conclusion: *Ask Me 3* is a simple educational program that can easily be implemented within health literacy adult education, but further research is needed to determine the effect of this program on patient outcomes.

Introduction

Health Literacy

According to the National Institutes of Health, health literacy has been defined 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,” (Ratzen & Parker, 2000). Health literacy can influence how an individual protects their health such as having the ability to read product labels or online health information and how this information is interpreted like analyzing risks for medications or observing which websites are providing factual information. It can also affect how someone applies health information to life events such as choosing healthcare plans or pursuing new means of physical activity. The ability to make appropriate

health decisions and understand health information is important for navigating the complex healthcare system, especially because many patients experience difficulty filling out complex medical forms and/or finding their way through a complicated clinical environment (Institute of Medicine, 2004).

Health literacy is not only about what is read and observed, it also impacts patient-provider communication. The ability of an individual to interact with a healthcare professional is a reflection of health literacy skills. This would include asking questions for clarification, making decisions with the information discussed, and working as a team to develop the best course of action for one's health (Institute of Medicine, 2004).

The 2003 National Assessment of Adult Literacy measured the literacy levels for more than 19,000 adults throughout the United States which included a segment on health literacy (Kutner et al., 2006). This segment assessed the individual's ability to complete specific health tasks that most adults are likely to encounter. Based on the results, most adults (53%) had an *Intermediate* level of health literacy falling below the 12% of adults who had a *Proficient* level of health literacy. The greatest concern was the remaining 36% of the population having *Basic* or *Below Basic* health literacy (Kutner et al., 2006). Within the state of Michigan alone, it is estimated that 8% of the population lacks *basic* prose literacy skills (National Center for Education Statistics, 2003). The prevalence of low literacy within the United States should be of great concern and resources of education must continue to develop.

The Institute of Medicine (2004) identified a vision of what a health-literate America would entail. This would include everyone having the opportunity to improve their literacy, everyone having access to reliable and understandable health information, an ample time for communication between a patient and provider, and the use of plain language with healthcare materials whenever possible (Institute of Medicine, 2004). Taking action towards a more health-literate America should include the enforcement of health literacy lessons within adult education.

Adult learners have an interest in learning health information, which can be accomplished in combination of learning language, literacy, and math skills. Incorporating health education tools is a key motivator to increase engagement in adult education programs and to promote the use of these tools to real life situations (Institute of Medicine, 2004).

Kalamazoo Literacy Council

"Thirteen percent of Kalamazoo County residents over the age of 18 read at the lowest literacy rate," according to the Kalamazoo Literacy Council (2020). This non-profit volunteer tutor organization provides free basic literacy instruction for adults and has continued to do so over the past 40 years. It aims to reduce the literacy barrier within our community and empower adults to reach their full potential (About: Kalamazoo Literacy Council, 2020).

With virtual learning becoming more prominent in times of COVID-19, the Kalamazoo Literacy Council is seeking new ways to improve their virtual program to best meet the needs of

their adult learners. Their health literacy curriculum focuses on supporting a healthy lifestyle by educating learners on healthcare services, nutrition, exercise, and mental health (About: Kalamazoo Literacy Council, 2020). Within 2020, this organization showed particular interest in implementing a program known as *Ask Me 3* into their lessons.

Ask Me 3

The educational tool of *Ask Me 3* comes from the Institute for Healthcare Improvement (n.d.) and was created by health literacy experts to encourage patients to be more involved with their healthcare team. This program consists of three simple questions that patients and their families can ask their healthcare providers in order to promote healthy patient outcomes. It also emphasizes the importance of asking these questions and that everyone needs help with health information. The questions of *Ask Me 3* are of the following:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

The *Ask Me 3* crash course was created to introduce a tool that these learners can use when conversing with their healthcare provider or other healthcare workers (e.g., pharmacist, nurse) (Institute for Healthcare Improvement, n.d.). Behaviors such as taking medications properly, following treatment plans, planning medical appointments, and managing chronic health conditions are all impacted by patient understanding of health instructions (Six-Means et al, 2012). Emphasizing this importance of “what they need to know and why they need to know it” engages patients to interact with their healthcare team (Six-Means et al, 2012).

The intervention of this study utilizes the material from the Institute for Healthcare Improvement to introduce the participants to the *Ask Me 3* program. This includes the three main questions to ask, some helpful tips when visiting a provider, and reasoning for why asking these questions is helpful (Institute for Healthcare Improvement, n.d.).

Literature review

The health literacy status of the U.S. population is threatening patient outcomes, and while multiple studies have utilized *Ask Me 3* in attempt to improve patient outcomes, little to no research has taken a virtual platform into consideration. With COVID-19 impacting the delivery of education, the need for promoting health literacy through various means is more important than ever (Sentell et al, 2020). From the various studies covering the implementation of *Ask Me 3*, the majority were centered around the implementation of this program within a clinical setting.

One study published by the *American Journal of Health Behavior* introduced *Ask Me 3* to a predominantly Hispanic pediatric practice where participants were parents of children within the clinic (Mika et al., 2007). The majority of participants were of low-income and of Hispanic

descent. The intervention of this study consisted of placing *Ask Me 3* materials (e.g., posters and flyers) around the clinic and observing the effects after a six month time frame with use of pre- and post-interviews. It's important to note that two sets of participants were used to collect data; one group of participants completed a pre-intervention survey, and another group completed a post-intervention survey. All interviews were conducted orally, in-person so no participant was required to read anything. This was a unique approach to combat possible misunderstanding within data collection. This non-aggressive strategy was found to be effective with 20% of the participants using the *Ask Me 3* tool after this six month period (Mika et al., 2007). No randomized controlled trial was conducted nor was there any indication of health literacy status. This study did support increased understanding by the parents on their child's health. At the time of this study, limited resources were available, and no other research had been published on the use of *Ask Me 3* within a clinical setting (Mika et al., 2007).

Another study published by *Journal of the American Pharmacists Association* had a similar approach to determining the applicability of *Ask Me 3* within a healthcare setting. By utilizing a pre- and post-test study design, researchers aimed to determine if an *Ask Me 3* program would have an effect on patient readiness to use clear health communication when communicating with their pharmacist (Miller et al., 2008). This study took a slightly more aggressive approach to implementing *Ask Me 3* compared to the study taken place within the pediatric practice. It was hypothesized that the implementation of an *Ask Me 3* program would increase participant use of each category within the principals of clear health communication. Instead of only using a one-sample pretest-posttest design, this study combined this design with a separate sample, pretest-posttest design in order to improve validity of the data. The participants of this study were community-dwelling well-elderly from senior centers of Polk County, IA. The intervention consisted of a pretest to determine functional health literacy of the participants through the use of the reading comprehension of the Short Test of Functional Health Literacy in Adults (S-TOFHLA) as well as a questionnaire regarding the participant's health locus of control. Using the S-TOFHLA allowed this study to obtain a baseline of health literacy scores which was a demographic lacking within the pediatric practice intervention. Along with obtaining demographic information, the last requirement prior to the *Ask Me 3* presentation was a questionnaire consisting of seven questions related to the main study outcome relayed in the hypothesis. Using *Ask Me 3* materials from Partnership for Clear Health Communication, a 45 minute presentation was created to educate the participants on health communication barriers and ways to improve this communication. There were no significant differences between pre-program data and post-program data, but the most apparent shift within the data was demonstrated by the question regarding the behavior of bringing a medication list to a visit with their pharmacist. Participants were more likely to engage in this behavior after the presentation of *Ask Me 3*. As stated within the literature, a longitudinal study would allow for observation of long term effects of this program (Miller et al., 2008). Similar to the prior study, there was no control group involved. This study also faced limitations with their population considering the

majority of participants demonstrated moderate to higher levels of health literacy. Without a higher risk population, the true impact of *Ask Me 3* is not demonstrated.

Approximately two years later, another study was published on the implementation of *Ask Me 3* within a clinical setting and specifically focused on the cultural differences of patient health outcomes (Michalopoulou et al., 2010). The objective was to use *Ask Me 3* materials to improve patient satisfaction of African American adults along with their perceptions of physician cultural competency. Unlike the previous two studies, this research design included the use of a control group in order to compare the results of the intervention to standard practice. This study also took a fairly non-aggressive approach to the use of *Ask Me 3* similar to the study conducted by Mika, Wood, Weiss, and Treviño (2007). The intervention group was simply provided an *Ask Me 3* pamphlet to use when visiting their physician, and they were interviewed afterwards to discuss their use of the material. The participants of both groups were then asked to fill out the *Perceived Cultural Competency Measure* after their physician visit in order to provide a measurement of their encounter. After comparison of the two groups, the results presented no significant differences with patient satisfaction or cultural competency. A key finding was present when only accounting for the participants who visited their regular physician which was approximately half of the sample. Out of the participants that visited their regular physician, a large difference in patient satisfaction was present when comparing the use of the *Ask Me 3* pamphlet. The main limitation of this study is the lack of a sufficient sample size to obtain statistically significant results for those who visited their regular physician (Michalopoulou et al., 2010). The findings of this research bring the variable of visiting a regular physician versus visiting a new physician to the forefront of understanding the needs to obtain patient satisfaction. Further research could grow upon this variable in order to better understand the role a physician plays with patient comprehension and satisfaction.

Common trends were noticed between these three articles regarding key findings, demographics, and methods. The first to be noted was the inability to determine whether *Ask Me 3* has the capability of improving patient outcomes. While this is ultimately the main goal these studies hoped to achieve, other similarities could explain why this is the case.

For instance, all of these studies utilized a convenience sample thereby limiting the generalizability of their findings. While a fully randomized sample is ideal, having a convenience sample made implementing an *Ask Me 3* intervention much more feasible and allowed researchers to observe potential variables within a specific location. All of these studies also took place in urban areas which may have helped obtain a sufficiently sized convenience sample.

Another trend to be acknowledged was the gender ratio within each sample of participants. The predominant gender within each study was female making up 89% and 87.8% of the Mika et al., samples (2007), 67% of the Miller et al., sample (2008), and 59.4% of the Michalopoulou et al., intervention group (2010). This may be due to the idea that more women

tend to seek and utilize healthcare services more than men (Bertakis, 2000). A more balanced ratio of gender may allow for greater generalizability.

All three studies also made use of mixed-methods research in order to quantify their findings and observe human behaviors on *Ask Me 3* implementation. The qualitative data stemmed mostly from interviews and/or focus groups while quantitative data came from assessments and surveys. The only study to utilize a control group was Michalopoulou et al., 2010, which allowed for direct observation between participants that received an *Ask Me 3* intervention versus those who did not.

Overall, these three studies do support the potential this program has to better patient outcomes. Considering they have mainly focused on implementing *Ask Me 3* within a clinical setting, this research will attempt to bridge the gap between the *Ask Me 3* program and adult literacy distance education.

Benefits

This research may benefit the participants by allowing them to recognize the progress (if any) made by their efforts in participating in a lesson on *Ask Me 3*. The results of this study may also benefit the Kalamazoo Literacy Council by providing concrete evidence on whether the continuation of implementing *Ask Me 3* makes a positive impact on their health literacy services.

Objective

The objective of this study was to determine whether learners of the Kalamazoo Literacy Council gained confidence communicating with a healthcare provider through the implementation of a distance education *Ask Me 3* program.

Methods

Participants and Consent

Participants were recruited through the Kalamazoo Literacy Council by email invitation and advocacy within their health literacy class and bi-weekly tutor check-in meetings. The participants completed an initial survey that was within the email invitation. This initial survey included subject consent and was created using the website SurveyMonkey. The first page asked the participants to fill out their responses to the questions and submit their answers only if they consented to the use of their answers for research purposes. Participants were asked to identify their date of birth in order to be able to link pre- and post-survey data. Each participant was de-identified and assigned as learner 1, learner 2, learner 3, ... The consent form also indicated to not submit the survey if the learner did not wish to participate in the study. These individuals had low literacy levels, and many of them only spoke English as a second language so the consent form made use of plain language whenever possible. They also had access to a tutor to guide them through the consent process if necessary.

Intervention

The intervention of this study was a slideshow presentation of *Ask Me 3* material from the Institute of Healthcare Improvement that was integrated within the Kalamazoo Literacy Council's Virtual Learning Center. After participants gave consent and submitted the pre-survey, they were presented the *Ask Me 3* material which lasted approximately ten minutes. It began by introducing the program and the set of *Ask Me 3* questions: (1) What is my main problem? (2) What do I need to do? (3) Why is it important for me to do this?

The next part of the presentation provided helpful tips when communicating with a physician as well as what these questions help us understand. The presentation ended with a review slide of *fill in the blank* that learners were asked to help fill in specifically covering the three questions. A slide of encouragement that stated, "Try using *Ask Me 3* at your next doctor visit!" was also included.

After the lesson was concluded, participants were sent an email with a web link to the post-survey. The post survey also had the consent form and consisted of the same questions as the pre-survey.

Data were collected from the surveys and used to measure the change in confidence levels of talking to a doctor and utilizing the *Ask Me 3* content before and after a lesson on the program. These data were collected between November 23, 2020, and December 7, 2020, on SurveyMonkey and were then stored within the student investigator's© secure WMU drive.

Design

This study utilized a quantitative survey research design in order to determine if the adult learners benefited from the health literacy lesson on the *Ask Me 3* tool. The surveys were used to evaluate the change in confidence levels of the participants before and after the lesson was presented. Questions from the surveys consisted of *Yes* or *No* responses or were answered on a scale of 1 to 5, 1 indicating *Not Confident* and 5 indicating *Very Confident*. The questions asked by both surveys were of the following:

- How confident are you with talking to your doctor?
- How confident do you feel asking questions to your doctor?
- Would you ask your doctor questions if you didn't understand?
- Do you know how to use *Ask Me 3*?
- How confident do you feel asking "what is my main problem?" to your doctor?
- How confident do you feel asking "what do I need to do?" to your doctor?
- How confident do you feel asking "why is it important for me to do this?" to your doctor?

Protocols and procedures for this study were approved by the Western Michigan University Human Subjects Institutional Review Board.

Analysis

This study intended to use statistical analysis to observe the change in subject confidence levels based on the results from the pre/post surveys. The qualitative data consisted of identifying patterns in the learners responses to the surveys and the quantitative data was intended to be used to compare the mean and analyze the difference in confidence levels from pre- to post-survey answers.

Results

Five learners participated in the pre-survey and three learners participated in the post-survey. Out of these collected responses, only two sets of surveys were linkable. Out of the two learners who completed both surveys, only one had indicated their year of birth. The average age of all participants was 46 years which was calculated by finding the mean.

Table 1 Pre-Survey Data

Responses collected from survey prior to implementation of *Ask Me 3* lesson
 Each number indicates how many participants chose each specific response.
 Scale of 1-5: 1 indicating *Not Confident* to 5 indicating *Very Confident*

Questions	1	2	3	4	5	Yes	No
How confident do you feel talking to a doctor?	1		1	1	2		
How confident do you feel asking questions to a doctor?	1		2		2		
Would you ask your doctor questions if you didn't understand?						3	2
Do you know how to use Ask Me 3?						3	2
How confident do you feel asking "What is my main problem?" to your doctor?	1		1	1	2		
How confident do you feel asking "What do I need to do?" to your doctor?	1			2	2		
How confident do you feel asking "Why is it important for me to do this?" to your doctor?	1			2	2		

Table 2 Post-Survey Data

Responses collected from survey after implementation of *Ask Me 3* lesson.
 Each number indicates how many participants chose each specific response.
 Scale of 1-5: 1 indicating *Not Confident* to 5 indicating *Very Confident*

Questions	1	2	3	4	5	Yes	No
How confident do you feel talking to a doctor?		1	1		1		
How confident do you feel asking questions to a doctor?		1	1		1		
Would you ask your doctor questions if you didn't understand?						2	
Do you know how to use Ask Me 3?							3
How confident do you feel asking "What is my main problem?" to your doctor?		1	1		1		
How confident do you feel asking "What do I need to do?" to your doctor?		1	1		1		
How confident do you feel asking "Why is it important for me to do this?" to your doctor?	1		1		1		

Table 3 Participant Demographic

The average age was determined by calculating the mean from the ages of every participant.

Characteristic	All Participants
Age, mean years	46

Table 4 Linkable Survey Data

Responses from pre-survey and post-survey of Learner 1 and Learner 2
 Scale of 1-5: 1 indicating *Not Confident* and 5 indicating *Very Confident*

Questions	Pre-Survey		Post-Survey	
	Learner 1	Learner 2	Learner 1	Learner 2
How confident do you feel talking to a doctor?	5	1	5	2
How confident do you feel asking questions to a doctor?	5	1	5	2
Would you ask your doctor questions if you didn't understand?	Yes	Yes	Yes	N/A

Do you know how to use Ask Me 3?	No	No	No	No
How confident do you feel asking "What is my main problem?" to your doctor?	5	1	5	2
How confident do you feel asking "What do I need to do?" to your doctor?	5	1	5	2
How confident do you feel asking "Why is it important for me to do this?" to your doctor?	5	1	5	1

Discussion

Findings

The first main finding was that a 10 minute presentation was not long enough to establish comprehension of *Ask Me 3* nor was the sample size sufficient to observe any significant impact of the intervention. From the pre-survey responses that were collected, three out of the five participants indicated they knew how to use *Ask Me 3* prior to the intervention while no participants indicated the ability to use *Ask Me 3* in the post-survey. Of the two linkable surveys, the first learner showed no change between responses from the pre- and post-survey. For the second learner, the post-survey indicated a slight increase in confidence for most scenarios except for asking “Why is it important for me to do this?” to their doctor.

During the presentation of *Ask Me 3*, learners appeared engaged and willing to learn the material. Most partook in discussion, especially within the *fill in the blank* portion of the presentation.

Challenges

During the conduction of this study, a plethora of challenges were faced; some were anticipated, while others came up unexpectedly. The anticipated, all-encompassing challenge was conducting the study completely virtual due to the COVID-19 restrictions put in place.

One challenge that stemmed from the use of a virtual platform was the recruitment of participants. While efforts were made to recruit through the use of email, advocacy in virtual adult tutor program meetings and tutor check-ins, and during health literacy lessons; minimal response was obtained. Many showed initial interest, but unforeseen circumstances with learners were occurring. 6 participants in total participated within the *Ask Me 3* lesson.

Another challenge came from data collection with the use of pre- and post-surveys. Out of the total amount of responses collected, only 2 surveys were able to be linked. This was due to some participants only filling out the pre-survey and some only filling out the post-survey. The

delivery of the surveys consisted of web links through email which may have contributed to some confusion when partaking in the study. Due to the virtual setting and the need to maintain participant confidentiality, the only method of linkage between the pre- and post-survey was the participant's date of birth. Because the survey responses didn't identify the individual, there was no way to remind participants to complete the post-survey except through various email reminders sent to the entire population of learners.

In addition to the minimal amount of survey responses, the responses to the actual questions did pose some complications. Because participants were provided the survey to complete on their own time, some answers were left with no response and some were answered with multiple responses. For example, one learner had responded both *Yes* and *No* to the question, "Would you ask your doctor questions if you didn't understand?," within the post-survey.

Another unforeseen challenge was the need to create a new weblink to attend the health literacy class five minutes before the class was starting due to technical issues with the previously emailed link. This may have caused a lack in attendance for the health literacy session when the *Ask Me 3* presentation was instructed.

Limitations

A limitation of this study falls within the acquirement of participant demographics. While the age of the participants was accounted for, no other characteristics were identified. Additional demographic information would have allowed for further understanding of participant backgrounds and potential trends identified within the data. This study also lacked a baseline assessment of functional health literacy from a valid and reliable measurement tool. Because of the small sample size and lack of demographics, no statistical significance was produced from the data and there was no potential for generalizability.

Potential bias could have occurred from participant responses themselves as they completed the surveys independently. Because the population these participants were collected from was of lower literacy, the need for assistance may have impacted the responses. This became apparent when a participant typed the city they were born in when the survey asked them to type in their birth year.

This study also made use of a convenience sample as all participants were learners of the Kalamazoo Literacy Council. Because of the convenience of the sample obtained, findings cannot account for the entire population of virtual adult learners. The semester time frame that this study was conducted may have also contributed to the limited number of participants and observations.

Future Research

While findings of this study cannot be used to determine whether the *Ask Me 3* program improved patient confidence levels with communicating with their provider, *Ask Me 3* has demonstrated its potential through multiple studies. Future research should continue to focus on the gap of a digital divide within *Ask Me 3* implementation and adult education.

Attempting a more qualitative approach to this research may present new findings that past quantitative research has yet to discover. This could include the use of a case study methodology to observe the participants' ability to utilize *Ask Me 3* with their physicians after having a virtual lesson on *Ask Me 3* through the Kalamazoo Literacy Council. This would allow for a better understanding of whether the *Ask Me 3* program was influential to the participants' confidence levels when communicating with a physician as well as develop a greater depth of insight with the use of a smaller sample of individuals. A case study published by the *Journal of Clinical Nursing* examined a telephone-based health coaching intervention for adults with Type 2 diabetes and found it to be a cost-effective approach to supporting healthy behaviors (McGloin et al., 2015). While the intervention of a 12-week telephone coaching program was the only part of this research that indicated the use of digital methods of communication, findings did present the ability of telephone coaching to improve psychological and physiological variables of the participants (McGloin et al., 2015). This case study gives rise to the possibility of using digital communication to improve patient health outcomes. Another key finding from this research came from the benefits of utilizing a coaching strategy that focused on encouragement, empathy, and goal setting to support positive patient outcomes (McGloin et al., 2015). Perhaps including the elements of coaching within the *Ask Me 3* intervention would support learner involvement and improved comprehension.

Another possibility would be to conduct a new experiment but include a longitudinal design that would follow up with participants after they've had a visit with a healthcare professional to document whether or not they utilized *Ask Me 3*. Qualitative data would also be collected for patient satisfaction with an appointment similar to that of the research conducted by Michalopoulou et al. (2010). Based on the findings of Michalopoulou et al. (2010), it would seem appropriate to also account for individuals who see their regular physician versus those who may find a new physician and/or visiting a physician for the first time. If enough participants can be obtained, the use of a control group would also greatly improve the validity of the data collected.

Considering the lack of participant demographics within this study, a factor that would provide important baseline data of the participants would include a baseline assessment to measure functional health literacy. The S-TOFHLA is a reliable and valid screening test that would take approximately ten minutes to administer (Baker et al., 1999). The S-TOFHLA consists of two reading comprehension passages and five numeracy items which would test the participants' ability to read and comprehend healthcare materials they would commonly encounter. It is important to note that this screening assessment does not account for the ability to understand oral communication in regard to health information (Baker et al., 1999). In

addition to functional health literacy measurements, participant characteristics such as gender, race, and education should be collected in order to recognize other potential trends and patterns within the data.

Future research should also develop a more effective way to administer surveys virtually to a population who may not have the skills to complete them independently. One possibility would be to conduct all surveys over a video meeting to ensure participant understanding and survey completion. Participant confidentiality would be maintained by assigning them an identification number; however, this video conference platform must have a way to not display any identifying information of the participant. For instance, when utilizing a platform such as Zoom, participants would be informed of an identification code (e.g., birth year followed by last three digits of their phone number) they would type into the *name* box to maintain anonymity. This code would also be used for the post-data collection methods. Another option would be to implement interviews that would be conducted orally over a virtual meeting in addition to or in place of the survey design.

Within the *Ask Me 3* program presentation, some adjustments should be made to improve its effectiveness on the audience. While the presentation did include the three questions and an explanation as to why they should be utilized when communicating with a physician (or any healthcare worker), increasing the lesson to last at least 30 minutes could help to improve learner retention of the material. It would also seem appropriate to include a demonstration on how to utilize an *Ask Me 3* pamphlet. Based on the work written by the Committee on Health Literacy for the Institute of Medicine (2004), adult learners show more interest when learning through real life examples and materials, so it may seem fitting to include a segment on an *Ask Me 3* demonstration within the presentation. This could consist of creating a narrative of an actual patient with an identified chronic disease and then walking through the patient's experience visiting their doctor using the *Ask Me 3* questions and materials.

In order to address the greatest limitation of this study, the sample size, future research should implement new strategies in order to acquire enough participants to conduct a statistical analysis. This could include taking more aggressive measures such as calling learners of the organization since there is no face-to-face interaction and/or providing an incentive to obtain a greater amount interest.

Conclusion

Ask Me 3 is a simple educational program that can easily be implemented within health literacy adult education. The digital divide caused by the State of Michigan's stay-at-home orders did lead to challenges within the research, but more research should seek to implement an *Ask Me 3* intervention through a virtual platform and observe the results of this intervention on a group of adult participants with lower literacy status.

References

1. About: Kalamazoo Literacy Council (KLC). (2020, November 10). Retrieved December 12, 2020, from <https://kalamazooliteracy.org/about/>
2. Amy Six-Means , Thomas K. Bauer , Reba Teeter , Denise Segraves , Lisa Cutshaw & Louann High. (2012). Building a foundation of health literacy with Ask Me 3™. *Journal of Consumer Health on the Internet*, 16:2, 180-191, DOI: 10.1080/15398285.2012.673461
3. Baker, D. W., Williams, M. V., Parker, R. M., Gazmararian, J. A., & Nurss, J. (1999). Development of a brief test to measure functional health literacy. *Patient education and counseling*, 38(1), 33–42. [https://doi-org.libproxy.library.wmich.edu/10.1016/s0738-3991\(98\)00116-5](https://doi-org.libproxy.library.wmich.edu/10.1016/s0738-3991(98)00116-5)
4. Bertakis, K. D., Azari, R., Helms, L. J., Callahan, E. J., & Robbins, J. A. (2000). Gender differences in the utilization of health care services. *The Journal of family practice*, 49(2), 147–152.
5. Institute for Healthcare Improvement. (n.d.). Ask Me 3: Good Questions for Your Good Health: IHI. Retrieved December 10, 2020, from <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>
6. Institute of Medicine (US) Committee on Health Literacy, Nielsen-Bohlman, L., Panzer, A. M., & Kindig, D. A. (Eds.). (2004). *Health Literacy: A Prescription to End Confusion*. National Academies Press (US).
7. Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy* (NCES 2006–483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.
8. McGloin, H., Timmins, F., Coates, V., & Boore, J. (2015). A case study approach to the examination of a telephone-based health coaching intervention in facilitating behavior change for adults with Type 2 diabetes. *Journal of clinical nursing*, 24(9-10), 1246–1257. <https://doi-org.libproxy.library.wmich.edu/10.1111/jocn.12692>
9. Michalopoulou, G., Falzarano, P., Arfken, C., & Rosenberg, D. (2010). Implementing Ask Me 3 to improve African American patient satisfaction and perceptions of physician cultural competency. *Journal of cultural diversity*, 17(2), 62–67.
10. Mika, V. S., Wood, P. R., Weiss, B. D., & Treviño, L. (2007). Ask Me 3: improving communication in a Hispanic pediatric outpatient practice. *American journal of health behavior*, 31 Suppl 1, S115–S121. <https://doi-org.libproxy.library.wmich.edu/10.5555/ajhb.2007.31.suppl.S115>
11. Miller, M. J., Abrams, M. A., McClintock, B., Cantrell, M. A., Dossett, C. D., McCleary, E. M., McGee, M. J., O'Keefe, K. J., & Sager, E. R. (2008). Promoting health communication between the community-dwelling well-elderly and pharmacists: the Ask Me 3 program. *Journal of the American Pharmacists Association : JAPhA*, 48(6), 784–792. <https://doi-org.libproxy.library.wmich.edu/10.1331/JAPhA.2008.07073>
12. National Center for Education Statistics. (2003). State and County Estimates of Low Literacy. Retrieved December 10, 2020, from <https://nces.ed.gov/naal/estimates/StateEstimates.aspx>

13. Ratzen, S. C., & Parker, R. M. (2000). *Introduction. In: National library of medicine current bibliographies in medicine: Health literacy*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.
14. Sentell, T., Vamos, S., & Okan, O. (2020). Interdisciplinary perspectives on health literacy research around the world: More important than ever in a time of COVID-19. *International Journal of Environmental Research and Public Health*, 17(9), 3010. <https://doi-org.libproxy.library.wmich.edu/10.3390/ijerph17093010>