

**ADD PATIENTS AND STIR:  
IT'S SAFE TO ASK AND OTHER  
CANADIAN EXAMPLES**

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**ADD PATIENTS AND STIR**

- Patient
- ?
- ?
- ?

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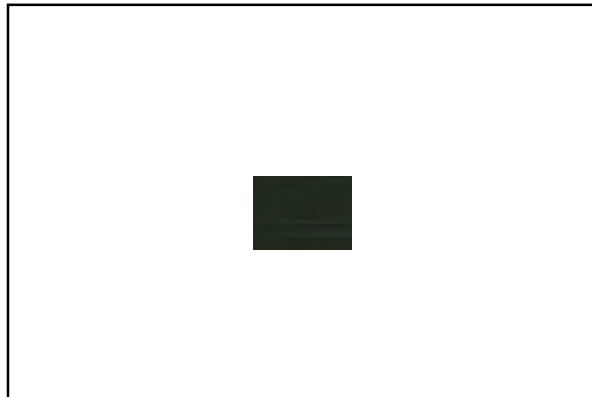
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## Results

Providers – “effective”

Patients

- 17% aware (posters best)
- 77+% used tips
- N = 15 - 47% said communication changed

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**Good Questions for Your Good Health**

# Ask Me3™

Keep time you talk with your doctor, nurse, or pharmacist, ask these questions

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

These questions are available in many languages.

**Good Questions for Your Good Health**

Every time you talk with a doctor, nurse, or pharmacist, use the Ask Me3 questions to better understand your health.

1 What is my main problem?

2 What do I need to do?

3 Why is it important for me to do this?

**When to Ask Questions**

**What If I Ask and Still Don't Understand?**

**Why Think to Ask?**

[www.npsf.org/askme3](http://www.npsf.org/askme3)

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**It's Safe to Ask**

ਇਹ ਪੁਛਣ ਦਾ ਚੱਕ ਹੈ  
من حقك ان تسال  
Karapatan Mo Ang  
Es ist Ihr Recht zu fragen  
Вы имеете право спросить  
Ka ki achi kamon

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**It's Safe to Ask**

Ask your doctor, nurse or pharmacist...

- 1 What is my health problem?
- 2 What do I need to do?
- 3 Why do I need to do this?

**Vous a droit de demander**

**你有權利查問健康**

**Ka ki achi kamon**

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[www.safetoask.ca](http://www.safetoask.ca)

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### Evaluation objectives

- Public awareness
- Environmental scan
- Patient use and perceptions
- Provider experiences

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### Methods

- Population based random digit telephone interview
- Convenience sample survey
- Unannounced site visits
- Patient and provider surveys

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## Telephone

- N = 802
- 86% English 1<sup>st</sup> language
- 9% (68) aware
- 83%+ questions NB
- 16% - discomfort asking
- 23% - never or sometimes understand

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## Telephone

- N = 802
- 86% English 1<sup>st</sup> language
- 9% (68) aware
- 83%+ questions NB
- 16% - discomfort asking
- 23% - never or sometimes understand

## Convenience

- N = 63
- 68% English 1<sup>st</sup> language
- 12% (13) aware
- 71%+ questions NB
- 25% - discomfort asking
- 42% - never or sometimes understand

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## VISIBILITY at SITE VISITS

51 health facilities and 19 pharmacies  
(rural/urban)

	Posters	Brochures
<b>Facilities</b>	78%	84%
<b>Pharmacies</b>	56%	78%

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## Unannounced site visits

- No process to introduce - 34% of sites.
- 50%– 60% of managers - interest level neutral, low or very low.
- Manager perceptions on provider using
  - 38% physicians
  - 83% nurses
  - 83% of pharmacists.

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## Providers

- 16 health facilities, 11 pharmacies
- N = 33
- 12% (4) aware
- 79% - 88% - three questions very important

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## Patient surveys **N = 62**

- 20% (13) used the brochure
- Found it useful
    - 46% somewhat
    - 54% extremely
  - very comfortable asking
    - 77% (10/13)
  - improved communication
    - 83% (10/12)

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## Key Points

- low general public awareness
- questions important
- material visible
- low awareness by healthcare providers
- portion of people - leave not understanding information, not comfortable discussing health issues

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## Observations

- Three questions important
- Problems with not understanding and discomfort asking
- What about advocates and family members?
- ?Different approach

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## Mika et al (2007)

- “Ask me three” at clinic serving a lower income Hispanic community in Texas.
- Orientation, posters
- 41.5% (163) aware
  - 50% (82) used questions
- Questions helped them get information, serve as reminders

Am J Health Behav. 2007; 31(Suppl 1): S115 – S121

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## Miller et al (2008)

- Readiness to use principles with a pharmacist
- English speaking well elderly, functional health literacy score of adequate
- No identified impact on planned or active behaviour
- Positively influenced bringing med list

J. A. Ph. A. 48:6 Nov/Dec 2008, 784 - 792

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## Gallier, J.M. et al (in press)

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## ADD PATIENTS AND STIR

- Patient
- Intervention
- Learning style
- Population
- Behaviour change concepts

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## Schwappach (2009)

Consider:

- Self efficacy
- Perceived behavioral control
- Perceived effectiveness
- Moderated by multiple characteristics
- Based on patient perspectives, promote specific actions, patient centred and trusting environment

Med Care Res Rev Accessed online August 2009

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## Patient Advocacy in the Community

1. Catalyst
2. Existing social networks
3. Education
  - patient rights
  - personal health information,
  - communicating effectively
  - designating personal advocate
  - tips on asking questions and expressing concerns

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