



Health Literacy Collaborative Summit

Health Literacy: Every State, Every Way, Every Time

April 8-9, 2024

Monona Terrace Convention Center, 1 John Nolen Dr, Madison, WI 53703

Preparation

If you haven't already, create an account in UW-Madison Continuing Education Partnership's (ICEP) learning portal: <https://ce.icep.wisc.edu/login?destination=homepage>. Use the **SAME** email address you used for registration.

Questions about your UW-ICEP account or the learning portal? Contact professional.development@nursing.wisc.edu.
Questions about the summit? Contact healthliteracy@wisconsinliteracy.org.

Obtaining Continuing Education Credit

- ICEP provides a transcript of earned continuing education credits. This is valuable for many things such as providing evidence of attendance, performance reviews, and of course, documenting credit for professional licensure. Don't miss out on this opportunity. You have 45 days to claim credit following the summit.
- Once you create an ICEP account and we verify your attendance, you will receive reminders and detailed instructions for how to obtain continuing education credit and your attendance transcript. Emails will be sent from UW-Madison ICEP.
- After you claim credit, your transcript will be available in your ICEP account for you to download 24/7.

Day One Agenda - Monday, April 8th, 2024

Time (All times are CST)	Activities/ Presentations/Speakers	Learning Objectives
7:45-8:30 AM	Registration and Continental Breakfast <i>No continuing education is being offered during the Registration and Continental Breakfast</i>	
8:30-8:45 AM	Welcome <i>No continuing education is being offered during the Welcome</i>	
8:45-10:00 AM	Keynote/Plenary A Meet Me in the Middle <i>~ Silas Buchanan, CEO, Institute for eHealth Equity</i>	<ol style="list-style-type: none"> 1. Describe the importance of consistently and equitably engaging underserved communities 2. Explain tactics and strategies to successfully work with Community-based organizations to reach community members more effectively 3. Discuss real-world examples of how to shorten-the-distance between CBOs and healthcare stakeholders
10:00-10:30 AM	Break with Exhibitors <i>No continuing education is being offered during the break</i>	
10:30-11:30 AM (Chose one to attend)	Plenary B Health Literacy in Schools: Past, Present, and Future <i>~ Dr. Orkan Okan, Technical University of Munich, School of Medicine and Health, Health Literacy Unit</i>	<ol style="list-style-type: none"> 1. Summarize the evidence on health literacy in children and schools 2. Identify effective school health literacy approaches based on organizational health literacy 3. Describe effective strategies for improving child and school health literacy.
	Plenary C Informal Weather Education <i>~ Eric Salna, MS, Meteorologist and Associate Director for Education and Outreach Florida International University, Extreme Events Institute</i>	<ol style="list-style-type: none"> 1. Highlight best practices to communicate information about weather safety and health programing in a health literate way. 2. Identify key weather partners and participants in community who can share health literate weather-related communications. 3. List online resources that support using health literate strategies for weather communications
11:30 AM-1:15 PM	Lunch – Colleagues Networking and Sharing <i>No continuing education is being offered during lunch</i>	

Concurrent Breakout Session A 1:15-2:15 PM (Chose one to attend)	Digital Strategies to Build Health Literacy Skills in Patients with Chronic Conditions (DHL) ~ Patrick Dunn, PhD, MS, MBA, MSSE, FAHA and Rachael Charbonneau	1. Identify best practices in the use of digital tools and technology applied to health literacy 2. Summarize methods for building health literacy skills in patients with chronic conditions 3. Describe how digital strategies can be aligned with evidence-based practices to achieve scalability and sustainability
	Assessing Gaps in Health Literacy Skill Development: An Examination of K-12 Health Education Standards (HLIS) ~ Katherine Leath, MPH, MA and Kate-Lynn George	1. List the 7 categories of health literacy skills 2. Explain how health literacy skills are integrated into K-12 curriculum standards
	The Secrets of Using Readability Formulas the Right Way: Check your Process Against the Gold Standard (HIL) ~ Audrey Riffenburgh	1. State which formula and website are best to use 2. Explain how to correctly prepare text for electronic readability analysis 3. Apply readability analysis scores to improve a document
	Health Literacy 101 (GHL) ~ Karen Komondor	1. Describe the devastating impact of poor healthcare communication 2. Apply the 5 S.T.E.P.S. framework to improving health literacy 3. Discuss 2 health literacy interventions you can implement immediately in your daily practice
2:15-2:45 PM	Break with Exhibitors and Solar Eclipse <i>No continuing education is being offered during the break</i>	
Concurrent Breakout Session B 2:45-3:45 PM (Chose one to attend)	Algorithm-Based Community Health Worker (CHW) Public Health Emergency Preparedness Response (EPR) Increasing Health Literacy in Older Adults (DHL) ~ Teresa Wagner, DrPH, MS, CPH, RD/LD, CPPS, CHWI, DipACLM, CHWC and Denise Hernandez, PhD, CHWI	1. Describe how use of electronic medical record data can be used to identify vulnerable populations 2. Examine how utilizing health informatics can help identify gaps in health literate services of targeted vulnerable populations 3. Analyze how health informatics can enable better care delivery and outcomes when navigating public health and public health emergencies
	Improving health literacy in youth by incorporating navigation of healthcare in high school curricula (HLIS) ~ Samantha Axon and Shana Ratzburg	1. At the end of this presentation, attendees will identify strategies for effectively partnering with academia to increase health literacy among youth and their families 2. At the end of this presentation, attendees will have an understanding of how to include external partnerships in co-creation of health literacy materials and resources
	Deciphering and Directing: Redesigning Medical Billing Letters with a Health Literacy Focus (HIL) ~ Lara Miskevich and Angela Murphy	1. Participants will be able to identify at least 2 ways to improve the design of medical billing letters 2. Participants will be able to describe at least 3 benefits of providing patients with education and direct instructions to resolve medical billing issues 3. Participants will be able to articulate the importance of plain language in medical billing
	Research Meets Reality: Lessons Learned from Implementing a Digital Lupus Self-Management Program (GHL) ~ Melissa French and Katie Carpenter	1. Describe the definition of chronic disease self-management, the theoretical basis for self-management skill development, and the intersection of health literacy and disease self-management 2. Identify and assess challenges in designing, implementing, and scaling digital health literacy programs 3. Explain the value of an implementation science framework for health literacy interventions 4. Discuss ways to adapt programs to meet user needs while maintaining evaluation goals
3:45-4:00 PM	Break <i>No continuing education is being offered during the break</i>	
4:00-5:00 PM	Plenary D	1. Explain the link between health disparities among Indigenous communities and bias in healthcare delivery

	Adapting Indigenous Health Toolkit for Pediatric Populations ~ <i>Laurelle Myhra, PhD, LMFT</i>	<ol style="list-style-type: none"> Analyze key areas of training needed for health professionals working with Indigenous communities Define the steps to tailor the Indigenous Health Toolkit in tribal communities
5:15-7:00 PM	Networking Reception and Poster Presentation (Cash bar) <i>No continuing education is being offered during the break</i>	

Day Two Agenda - Tuesday, April 9th, 2024

Time (All times are CST)	Presentations/Speakers	Learning Objectives
7:15-8:00 AM	Breakfast Buffet <i>No continuing education is being offered during Breakfast</i>	
8:00-8:15 AM	Welcome <i>No continuing education is being offered during the Welcome</i>	
8:15-9:15 AM	Plenary E “Going from Why Won’t they” to “How Can We”: Changing Systems to Build More Equitable Health Access ~ <i>Saida Abid, PhD, LICSW, University of Minnesota</i>	<ol style="list-style-type: none"> Describe the experiences of refugee and immigrant populations and how it might impact their health care access Explain the need for a culturally specific approaches that overcomes barriers to health literacy among this population Share core stressors and strengths of Framework in working with refugee and immigrant student
9:15-9:30 AM	Break with Exhibitors <i>No continuing education is being offered during the break</i>	
Concurrent Breakout Session C 9:30-10:30 AM (Chose one to attend)	2024 the Year of Positive Disruption in Patient Education (DHL) ~ <i>Tom Bauer</i>	<ol style="list-style-type: none"> The learner will exit the session with the ability to name at least 5 emerging technologies that are designed to meet the varied preferred methods of learning for our patients The learner will be able to share/teach others the changing preference in learning modalities of patients The learner will be able to deliver patient education customized to the patient’s preferred learning style
	Translating Knowledge to Motivate Improved Health Literacy (HLIS) ~ <i>Liz Harrison, MPH, CHES®</i>	<ol style="list-style-type: none"> Identify a trusted community partner actively working to help improve health literacy outcomes Demonstrate methods for identifying potential or expected audiences in order to provide relevant health literacy information List at least two ways to develop, evaluate, or utilize health literacy best practices in community group education
	How to convince your legal, risk, and compliance departments to support health literacy initiatives (HIL) ~ <i>Christopher R. Trudeau</i>	<ol style="list-style-type: none"> Identify at least 3 U.S. Government agencies that have policy statements supporting clear health communication Articulate at least 3 recent regulatory changes that require healthcare organizations to clearly communicate information to patients and research participants Describe at least 2 strategies to use to help convince legal, risk, and compliance departments to embrace health literacy initiatives Doris Ravotas
	Health Literacy as a Team Sport: Building Partnerships for your Health Literacy Projects (GHL) ~ <i>Doris Ravotas</i>	<ol style="list-style-type: none"> Participants will be able to identify skills and strategies to use when working with different communities and design relevant health programs or resources Participants will be able to explain the process of building partnerships that will align with the objectives and needs of a program Participants will be able to differentiate between different types of partnerships and know where to find those partner
10:30-10:45 AM	Break with Exhibitors <i>No continuing education is being offered during the break</i>	

Concurrent Breakout Session D 10:45-11:45 AM (Chose one to attend)	Every State, Every Way, Every Time... Every Prescription (DHL) ~ <i>Sharla Glass</i>	<ol style="list-style-type: none"> 1. Explain the federal and state regulations that support or mandate provision of translated or accessible prescription label formats 2. Describe what alternative prescription label formats are available and which patients would be served best by them 3. Name several steps one could take to facilitate incorporating alternative label formats into existing systems
	Helping Teens Get the Health Care They Need and Deserve (HLIS) ~ <i>James Woods</i>	<ol style="list-style-type: none"> 1. Participants will describe the concerns, preferences, and realities of young people in health care settings 2. Participants will express the value of diversity among teens and recognize the challenges and opportunities this poses in health care settings 3. Participants will explain ways to provide high-quality, youth-friendly health care services 4. Participants will develop confidence and skills to build positive relationships and communicate effectively with teens 5. Participants will advocate for and effectively communicate about appropriate youth-friendly health care services within the care team
	Increasing Health Insurance Literacy in Young Adults with Online Learning (HIL) ~ <i>Anna-Kate Bogaards and Katherine Leath</i>	<ol style="list-style-type: none"> 1. Describe a process for developing online health insurance literacy content using health literacy best practice 2. List practices for community dissemination of health education programming
	When Refugee Status and Language Complicates Treatment: Case Studies on the Intersections of Social Determinants of Health and Health Literacy to Improve Health (GHL) ~ <i>Kajua Lor</i>	<ol style="list-style-type: none"> 1. Describe the historical, political, and sociocultural factors that impact refugee communities 2. Explain the intersections of language, culture, and health literacy and the impact on clinical practice when working with refugee communities 3. Examine strategies and community-engaged approaches to support a culture of health with refugee communities
12:00-12:45 PM	Lunch – Colleagues Networking and Sharing <i>No continuing education is being offered during lunch</i>	
Concurrent Breakout Session E 1:00-2:00 PM (Chose one to attend)	Digital health literacy: Assessments and training tools to help adult learners gain digital skills necessary in accessing healthcare (DHL) ~ <i>Theresa Sladek</i>	<ol style="list-style-type: none"> 1. Identify digital health skills necessary when working with populations outlined in the Digital Equity Act to promote patient equity in access healthcare and healthcare information 2. Apply free digital literacy assessments to determine consumer readiness for online related health care features and information used to manage their health 3. Envision implementation of digital skills assessment and education with different communities of different digital skill levels
	Skills & Strategies for Working with Deaf, Sign Language Using Patients (GHL) ~ <i>Amy A. Free</i>	<ol style="list-style-type: none"> 1. Participants will be able to list broad generalizations of Deaf patienthood and factors of lower health literacy in sign language users 2. Participants will identify the 'pinch points' in a given scenario where health literacy may be unobtainable to Deaf sign language users 3. Participants will discuss and develop actionable ways to mitigate barriers to health literacy for Deaf sign language users
	Trauma-Informed Care: Creating Welcoming Practices And Safe Spaces Across An Organization (GHL) ~ <i>Melanie Sampson and Sarah Glazer</i>	<ol style="list-style-type: none"> 1. Identify elements of a trauma informed practice and examples of this in everyday healthcare settings and communication 2. Critically analyze communications and case studies to identify opportunities to make improvements 3. Imagine opportunities to make spaces they are a part of more trauma informed
	Boosting CHWs' Impact and Cross-Cultural Reach through Clear Communication Skills (GHL) ~ <i>Leah Richey and Apichaya (Miu) Stieve</i>	<ol style="list-style-type: none"> 1. Identify 2 characteristics, beyond cultural and linguistic background, that may affect how a CHW communicates with community members 2. Describe 2 health literacy communication practices that can enhance cross-cultural communication 3. Explain how building a community profile can help inform both health interventions and communication strategies
2:00-2:15 PM	Break <i>No continuing education is being offered during the break</i>	

2:15-3:30 PM	<p style="text-align: center;">Plenary F Understanding the Vital Conditions Framework for Well-being ~ Komal Razvi and Jason Schulist</p>	<ol style="list-style-type: none"> 1. Explain the significance of adopting a holistic approach to well-being through the Vital Conditions framework. 2. Analyze how societal factors such as equity and inclusion intersect with the Vital Conditions for Well-being. 3. Provide tools and strategies for integrating the Vital Conditions framework into existing policies, programs, or interventions aimed at enhancing well-being.
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Credit Information

The Health Literacy Collaborative Summit brings together professionals from diverse fields to discuss health literacy challenges and share practices and strategies to support individuals, families, and communities. It creates unique learning and networking opportunities for those that are new to health literacy. Experts in the field will appreciate being able to build on perspectives from academic research, clinical practice, and adult education.

Intended Audience

Healthcare professionals, insurers, adult education providers, pharmacy staff, community-based organizations, patient advocates, researchers, and public health officials will find value in attending the Summit.

Statement of Need and Purpose

This educational event enables participants to learn and share new and relevant information about health literacy. Although publishing literacy initiatives remains an important dissemination method, faster methods such as this Summit create learning opportunities for participants to rapidly apply and affect meaningful change.

Lack of formal training for members of the healthcare team, and organizations that are not designed to meet the needs of all patients can prevent the use of best practices, increasing the importance of health literacy professional development activities. The Summit will focus on best practices to help better meet the needs of patients and community members from a variety of backgrounds, and different levels of knowledge and skills.

Elements of Competence

This educational activity is designed to change learner competence and focuses on the following competency areas:

- ACGME/Nursing: Interpersonal and Communication Skills and Patient/Person-Centered Care
- Interprofessional: Interprofessional Communication
- Diversity, Equity, and Inclusion: Address Health Disparities

Global Learning Objectives

By the end of the Summit, participants as members of the interprofessional healthcare team will be able to:

1. Discuss ways the interprofessional healthcare team communicates about and integrates health literacy into prevention or management of disease and health promotion.
2. Explain how to use health literacy practices and principles in different contexts.
3. Identify skills and strategies to use when working with different communities and/or design relevant health programs or resources.
4. Describe factors to consider when helping consumers find, understand, and use health information and manage their health.

Accreditation Statement



In support of improving patient care, this activity has been planned and implemented by the University of Wisconsin–Madison ICEP and Wisconsin Health Literacy. The University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of **10.50 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of **10.50 ANCC contact hours**.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of **10.50** hours (**1.05** CEUs) of CPE credit. Credit can be earned by documented attendance and by successfully completing the activity evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion. Universal Activity Number (UAN): **JA0000358-9999-24-042-L99-P**

ASWB Approved Continuing Education (ACE) – Social Work Credit



As a Jointly Accredited Organization, the University of Wisconsin–Madison ICEP is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Wisconsin–Madison ICEP maintains responsibility for this course. Social workers completing this course receive **10.50** in person, live continuing education credits.

Continuing Education Units (CEUs)

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this Virtual Live activity for **1.05** continuing education units (CEUs) or **10.50** hours.

Certified Health Education Specialists (CHES)

Sponsored by University of Wisconsin–Madison ICEP, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to **10.50** total Category I continuing education contact hours. Maximum advanced-level CECH available are **4.00**.

Certified in Public Health (CPH)? Up to 10 CPH Recertification Credits may be earned at this event. Make sure to track and report your credits at [CPH Central](https://www.nbphe.org/stay-certified/). For more information: <https://www.nbphe.org/stay-certified/>.

Policy on Faculty and Sponsor Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, committee members, planners, and other persons who may influence the content of this accredited continuing education (CE). In addition, speakers/presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation.

This accredited continuing education activity is focused on the non-clinical topic of healthcare communications. As such, no one who is able to control the content of this activity has relevant financial relationships with ineligible companies to disclose.

**Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by, or on, patients. The ACCME does not consider providers of clinical services directly to patients to be ineligible companies.*

Planning Committee Members				
Brian Abel, MPH	Stan Hudson, MA (former)	Katherine Leath, MPH, MA	Doris Ravotas, PhD	Teresa Wagner, DrPH, CPPS, RD/LD, CPH, CHWI
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The University of Wisconsin provides equal opportunities in employment and programming, including Title IX requirements. The University of Wisconsin fully complies with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity needs accommodation, please contact help@icep.wisc.edu.

The University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) and Wisconsin Health Literacy gratefully acknowledge(s) financial support from the following companies/organizations:

Advancing a Healthier Wisconsin Endowment, CareSource, Coalition on Adult Basic Education, Dean Health Plan by Medica, Exact Sciences, Group Health Cooperative of South Central Wisconsin, Gundersen Health, Health Literacy Connections, Health Literacy Media, the Institute for Healthcare Advancement, MetaStar, Network of the National Library of Medicine Region 6, ProLiteracy America, SSM Health, TASC, The Alliance, UnityPoint Health – Meriter, Wisconsin Association of Health Plans, the Wisconsin Hospital Association Foundation, and the Wisconsin Medical Society.



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