

**2019 Wisconsin Health Literacy Summit**

**Poster Presentation Application**

The 2019 Wisconsin Health Literacy Summit: “A sharper view through the lens of health literacy” will be held April 2-3, 2019, in Madison, Wisconsin. We are inviting you to submit proposals for a poster presentation. The poster presentation reception will be held on the evening of April 2nd from 5:15 pm – 7:00 pm.

Priority will be given to proposals which demonstrate the value of using health literacy to improve varied aspects of health and the health care experience, including patient safety, readmissions, health equity, cost, public health messaging, patient/member experience and satisfaction, health outcomes, engagement and using health insurance. Topics may include:

* Integrating health literacy into health prevention, public health or oral health initiatives
* Assisting consumers in accessing, understanding and using health insurance
* Integrating health literacy practices and/or programs into adult literacy curricula
* Cultural competency, including populations served in designing, implementing and evaluating health information
* Measuring and evaluating the impact of health literacy interventions
* Building support for and/or implementing health literacy initiatives in a health care or health insurance organization

Other relevant and timely topics will also be considered.

To apply to present a poster, **complete and submit the following application as a Word document to**: kari@wisconsinliteracy.org. The deadline to submit a poster presentation application is Monday, February 25th. Poster presenters must register for the Summit and up to two presenters may take advantage of the reduced presenter rate of $150.

For any questions, please contact:

Kari LaScala

Project Manager

kari@wisconsinliteracy.org

**Summit Poster Presentation Proposal**

(Note: Boxes will expand as you enter content)

**Presentation Title:**

**Lead Presenter Description:**

(Name, title, organization, maximum 100-word biography, education, including institution, major area of study, degree, year awarded. Attach CV/resume (PDF or Word document only).

**Lead Presenter Contact information:**

(Include mailing address, email, work phone, mobile phone)

 **Co-presenter (if any) Description:**(Name, title, organization, maximum 100-word biography, education, including institution, major area of study, degree, year awarded. Attach CV/resume (PDF or Word document only)

**Co-presenters (if any) Contact information:**

(Include name, title, organization, email address, phone for each)

**Abstract/Proposal Description:**

(300 word limit)

**Intended Primary Audience (select only one):**

[ ]  Health care providers (physicians, nurses, and other clinical staff)

[ ]  Health system administrators

[ ]  Health insurers

[ ]  Health educators or communicators

[ ]  Pharmacists

[ ]  Adult literacy providers

[ ]  Public health professionals & policymakers

[ ]  Academic researchers

[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intended Secondary Audience (select only one):**

[ ]  Health care providers (physicians, nurses, and other clinical staff)

[ ]  Health system administrators

[ ]  Health insurers

[ ]  Health educators or communicators

[ ]  Pharmacists

[ ]  Adult literacy providers

[ ]  Public health professionals and/or policymakers

[ ]  Academic researchers

[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  This presentation does not apply to any secondary audiences

**Three Learning objectives (complete below):**

Learning Objective 1:

Participant will be able to…

Learning Objective 2:

Participant will be able to…

Learning Objective 3:

Participant will be able to…

**Presenter Release:**

Presenter agrees that Wisconsin Health Literacy and its agents may:

* Use, for advertising, the presenter’s name, photo (if applicable), presentation title, presentation description and/or biographical data on connection with the presentation.
* Include speaker’s presentation in conference material distribution to all participants; however, presenter reserves the right to withhold handouts which he/she does not want distributed.
* Post video recording of presentation for educational and promotional purposes.
* Post copies of handouts on the website.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Completing Form (if completed by someone other than Lead Presenter)**

(Provide name and contact information.)