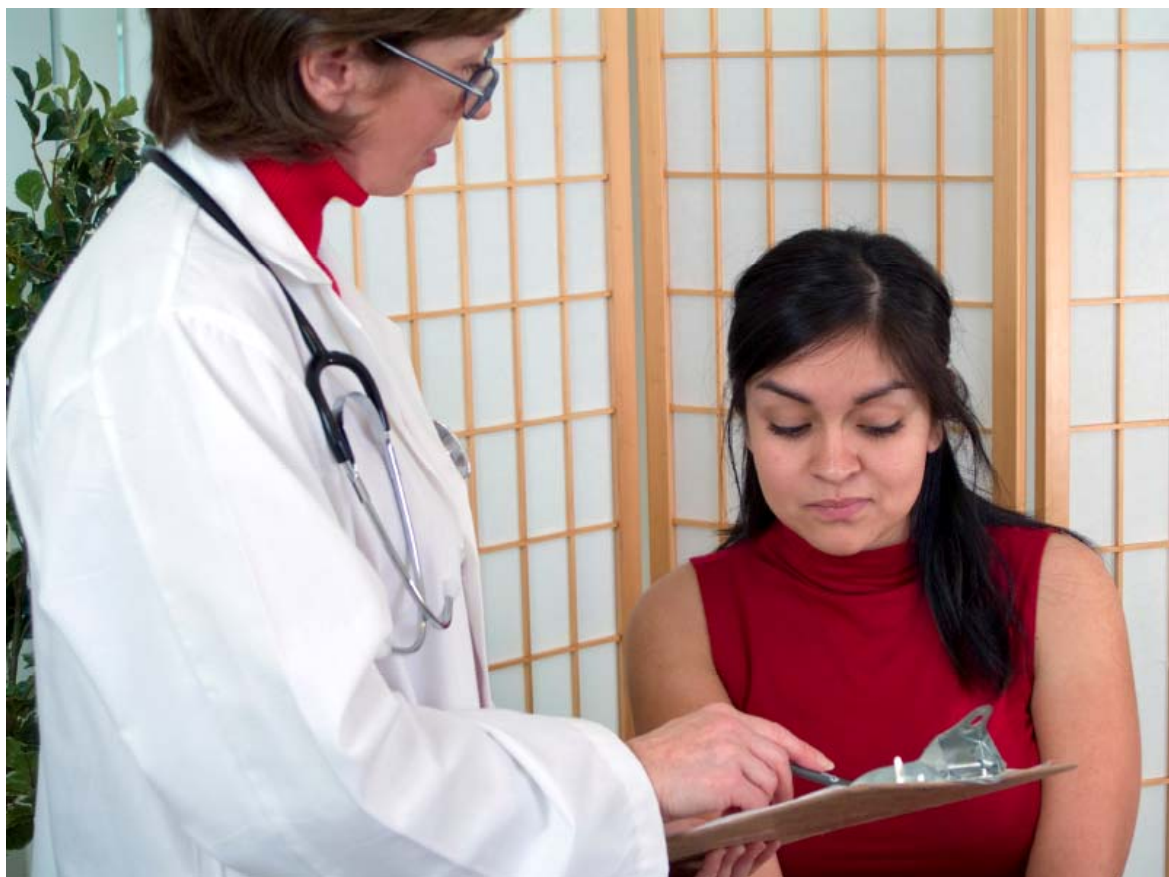


# Health Literacy Summit Survey

Marketing | Consumer Research | 03.24.10

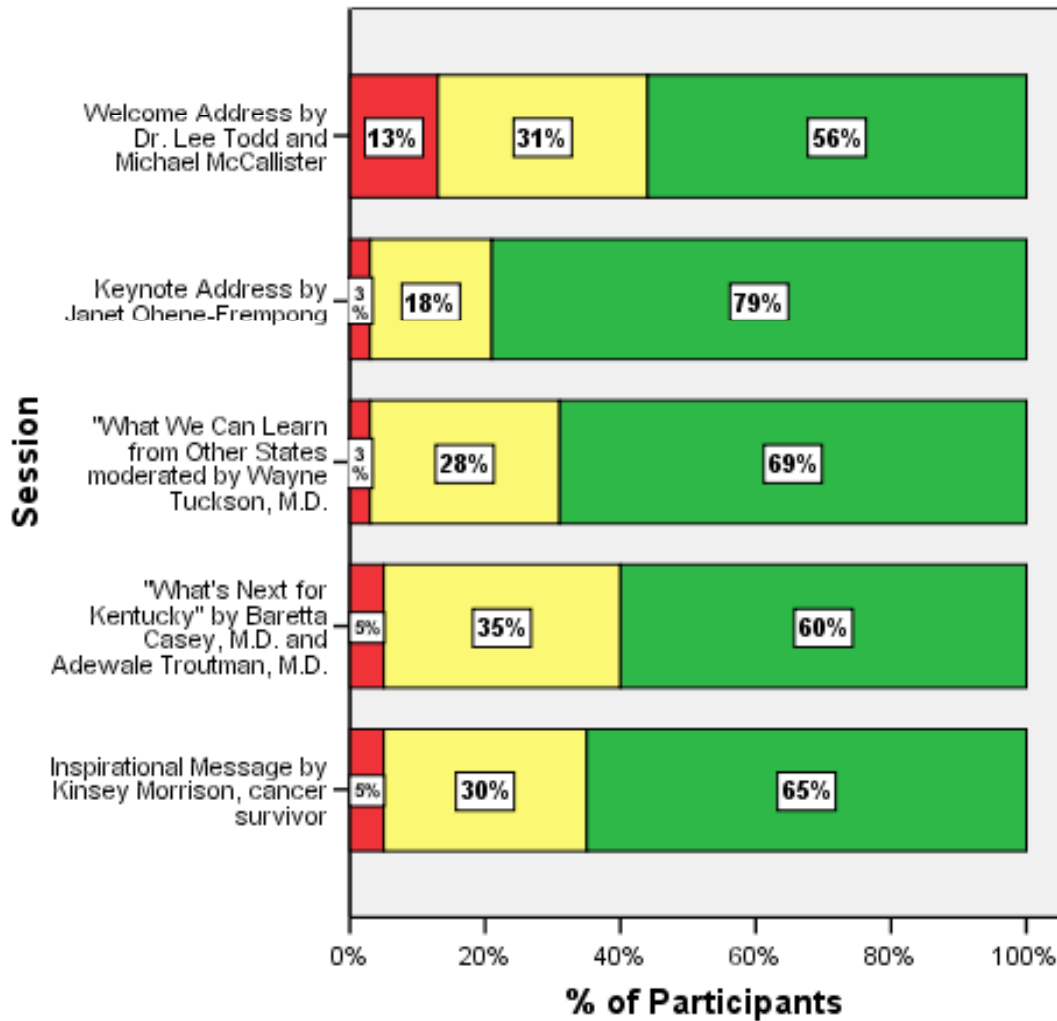


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<u>Question</u>	<u>Page(s)</u>
Q1. Sessions Evaluations.....	3
Q2. Overall Effectiveness.....	4
Q3. Comments and Questions.....	5 - 7
Q4. Future Potential Participants.....	8 - 9

**Table of Contents**

Q1. Please rate each session listed below on a 1 (not at all relevant) to 7 (very relevant) scale according to how relevant you found it to the topic of health literacy.



Response Type  
 ■ Low (1-3)  
 ■ Neutral (4-5)  
 ■ High (6-7)

n Welcome Address = 62

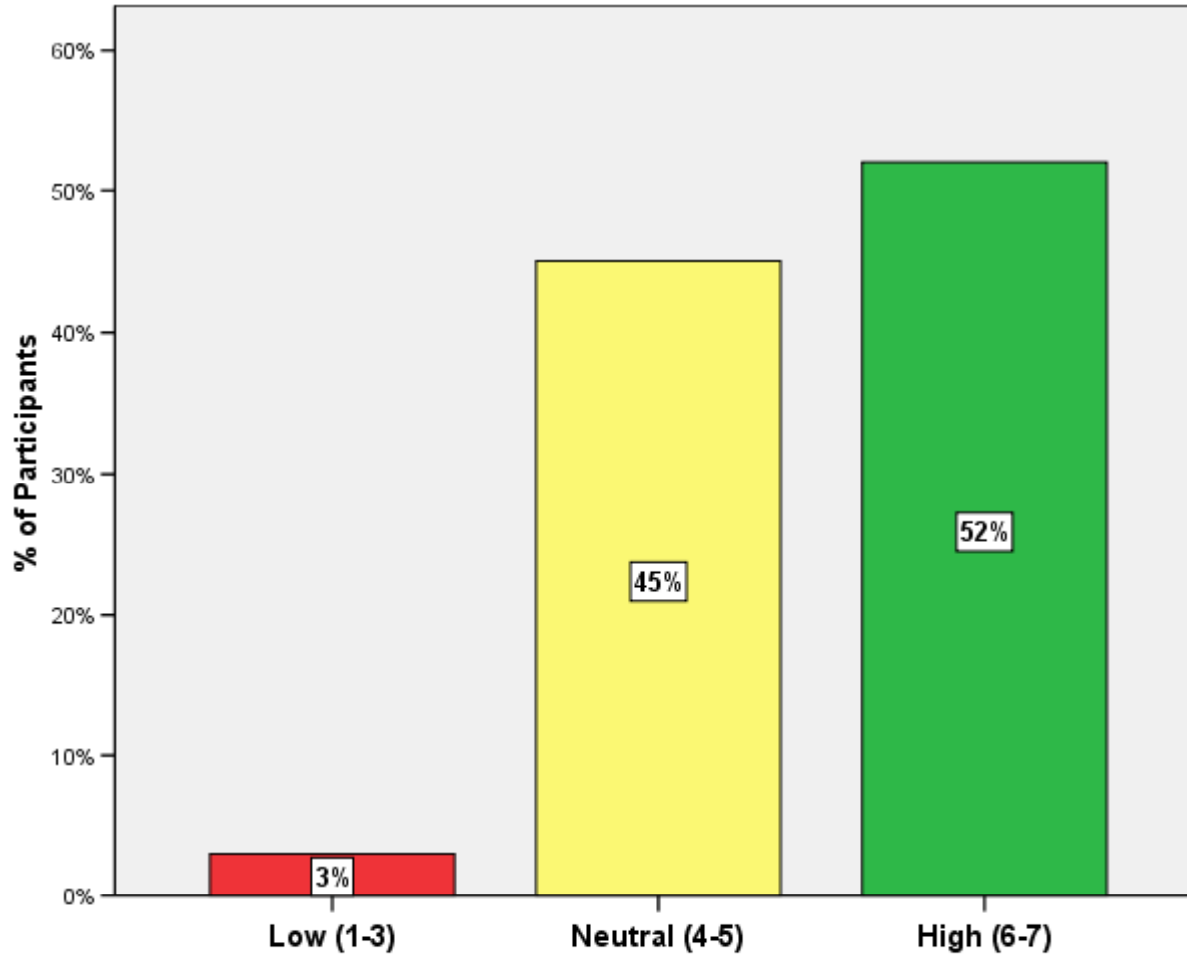
n Keynote Address = 66

n What We Can Learn From Other States = 67

n What's Next for Kentucky = 63

n Inspirational Message = 60

Q2. On a scale from 1 (not at all effective) to 7 (very effective), how effective or ineffective do you feel that the Summit was in advancing the cause of health literacy in Kentucky?



n = 67

### Q3. Do you have any comments or questions about the 2010 Kentucky Health Literacy Summit?

1. A good start for a State that is far behind versus other States on this subject and the information of how to tackle it. So badly needed in Kentucky
2. Break Out sessions and reports were unorganized and the facilitators appeared at sea or untrained--not focused and not able to corral all the information received into a useable or reportable format.
3. Dr. Todd talked too long. Speakers should observe a short time limit.
4. Excellent event to raise awareness among a variety of stakeholders
5. Excellent start. Perhaps future sessions could include topics on health literacy relating to public health prevention messages
6. Facilitators should be more open to diverse opinions. The lack of open-mindedness contributes to the stifling of progress.
7. Great event and I appreciated being in attendance.
8. Informative sessions and presentations. This is a worthy and needed cause and I hope the initiative continues to grow and expand.
9. Great start. Overall, Summit was well-executed.
10. Great Summit.
11. I did not find the break-out session particularly useful. I had hoped to have more of a discussion as to how we can create statewide collaboration.
12. I did not get to see the last session. The day as a whole made me want more information. I thought that important as I left the conference.
13. I felt completely out of place in my break out session. It did not pertain to me at all. I'm not how to fix it because I do not know what steps were taken to divide the group at large.
14. I found the attendance to heavily UK involved and many stakeholders not present. More balanced in needed in planning a state-wide effort.
15. I really feel like the afternoon sessions would have been more helpful if participants had simply been able to introduce themselves and share what they or their workplaces are doing about Health Literacy--successes they've had and challenges they've faced. It would have provided some nice facilitated networking and discussion that would have benefited participants. Then the discussion could have broadened into which of those projects already out there could easily be expanded for a statewide coalition, etc...

### Q3. Do you have any comments or questions about the 2010 Kentucky Health Literacy Summit?

16. I support the effort to bring folks together to collaborate on health literacy issues in Kentucky and a coalition could be the right vehicle for this, but I think the summit should have occurred without the conference planning committee assuming that they would be forming a coalition. Having a vision statement presented at the summit was very premature. Rather than letting something develop from the ground up, it seemed like UK and Humana had a plan they were trying to fit the rest of us into. I did appreciate the speakers and meeting some other health literacy folks, but I left feeling uncertain about how the summit was planned.

17. I think the Summit was a huge success and hope that this isn't a one time initiative. I look forward to keeping the momentum going!

18. I think this was an opportunity to bring several individuals together for networking, sharing of common interests and for discussing challenges.

19. I was hoping for more content and less planning from the ground up in the afternoon break-out sessions. There are some efforts already going on in Kentucky and it would be better to build on those instead of reinventing the wheel.

20. I would have liked more time for question-and-answer during panel discussion and KY rural/urban health. People seemed to be eager to participate during the break-out session.

21. It was a great opportunity to network and make connections within the state.

22. It was an inspired and inspiring beginning!

23. It was very well done. I appreciate the effort it took to pull it all together.

24. Janet Ohene-Frempong should have been allowed much more time. This would have been an effective opportunity to fill in the gaps of education around health literacy issues. I think this was a usual first meeting to gather individuals and identify an interest. However the purpose of the summit was unclear and could have been better defined.

25. Please do include representation from as many of the public/private universities so that the emphasis is not on one school only. Many of us have been doing work in this area for many years. Thanks

26. The conference needed a better discussion of what health literacy is. It seemed people in my workgroup were too focused how to provide health information, while ignoring the challenge of helping people acquire the skills needed to be able to understand and use the health information.

27. The group break-out session did not seem to have very coordinated or effective. One of the group moderators treated participants like school children

28. The Keynote Address was fantastic and gave me a better idea about how health literacy affects everyone. I also greatly appreciated the educational information we were able to bring back to our staff (zip drives, etc.).

### Q3. Do you have any comments or questions about the 2010 Kentucky Health Literacy Summit?

29. The summit was a huge success and has created a lot enthusiasm and energy that should not be lost. It would be important to not let a lot of time pass before communicating with the participants about next steps to keep them engaged so they will also feel some ownership in the future of the health literacy coalition.
30. The workshop on education was very effective.
31. This is a community issue that needs to remain in the forefront of health care and the coalition needs to stay alive and active.
32. This type of meeting needs to become an annual or even semi-annual occurrence. More contact among the group is needed to create a critical mass of community, clinical and research input
33. This was a great first step in identifying what can be done to improve health literacy - challenging and we hope stakeholders can be involved in the process going forward.
34. This was an excellent Summit. I am looking forward to being involved in future offerings.
35. Very effective assuming we follow through with plans made.
36. very engaging and thought provoking
37. What are the next steps?
38. You have to start somewhere. :-)
39. Marketing could have been better. The initial exclusivity was probably a barrier. Find out why Louisville Public Libraries and other public libraries and U of L School of Dentistry were not represented.

## Q4. Are you aware of anyone who did not attend the 2010 Kentucky Health Literacy Summit who should be involved as we build a Kentucky Coalition?

1. All Kentucky Adult Education providers. There is an adult education program in every county in the state of Kentucky.
2. Call me and I would be pleased to explain in detail 813 766 0858 Jeff Knott-I have a meeting with the Secretary of Health for Kentucky in April on this subject I am speaking all over the country on this subject and at this summit-well organized extremely basic and didn't hit the true focus needed and very naive approaches. I am here to help and this is where Humana can really be an amazing conduit!
3. Camille Watson, Community Action Council, Lexington Ky. 859-233-4600.
4. Carmen Combs - Carmenc@kcp.uky.edu
5. Deans at all KY universities regardless of discipline (e.g., education, health, science, law, etc..).
6. Inclusion of minority groups and religious organizations.
7. Glad to see Louisville Public Health Dept and Center for Health Equity represented. However, do not recall meeting representation from U o fL.
8. Greater Louisville Medical Society - Lelan Woodmansee, lelan.woodmansee@glms.org
9. Kentucky Academy of Family Physicians - Gerry Stover, gerry.stover@kafp.org
10. What about KY Dept of Public Health folks -- Reach Out and Read?
11. Hospital Chaplains.
12. Need to include the Kentucky Injury Prevention and Research Center at the University of Kentucky.
13. The director as of April 1 will be Dr. Terry Bunn tlbunn2@uky.edu
14. Members from the Safe Aging Coalition should also be included.
15. Contacts are Gwen Cobb gwen.cobb@uky.edu and Steve Sparrow cssp224@uky.edu
16. There are many others that need to be included as the coalition takes foot. There should be a statewide leadership committee appointed to include some of the participants from the summit as well other key people (state leaders). The leadership committee should be composed of representation from all geographic regions and should also have representation from education, healthcare providers, healthcare insurers, non-profits, state government and other appropriate sectors. One of the tasks of the committee would be to identify other stakeholders. More important, the leadership committee should commit to both short-term and long-term goals (strategic plan/business plan)for the KY Health Literacy Coalition to ensure its future and sustainability.

Q4. Are you aware of anyone who did not attend the 2010 Kentucky Health Literacy Summit who should be involved as we build a Kentucky Coalition?

17. Theresa Mayfield, DMD 502/852-2474; Wendy Hupp, DMD 502/852-6353--both U of L School of Dentistry

18. U of L --Passport--Metro Health Dept--major hospitals

19. We need to include all the CNO's from the KY hospitals at the next summit. This is information that is vital for what hospitals are doing in regards to readmissions.

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