

# Abstract Application Preview

The following information will be collected as part of the 2022 Preparedness Summit Abstract Submission Site (\*indicates required field):

**ABSTRACT INFORMATION:** *Please provide the following information regarding your abstract and note the word/character limits of each section.*

**Session Title:** (25 words or less)

**Session Type** (first choice):

- **Workshop/Training (3 hours) – Maximum of 3 speakers, plus 1 moderator**
  - These three-hour sessions are designed to provide attendees learning opportunities by exploring topics through hands-on activities, live demonstrations, immersive simulations, didactic instruction or other forms of participant engagement. Abstracts must include summaries that clearly describe the focus and outcomes (i.e., enhance knowledge, build skills, shape attitudes/beliefs) of the training or workshop and how this will be accomplished. All workshops will be required to administer pre-session and post-session tests based on the submitted learning objectives. To assess the success of the session, speakers at workshops or trainings will be asked to conduct evaluations. Summit staff will provide brief questionnaires to speakers for all workshops.
  - Maximum of 3 speakers, plus 1 moderator.
- **Learning Session (90-minutes) – Maximum of 3 speakers, plus 1 moderator**
  - These sessions are 90-minutes in length and are designed to be interactive and produce identifiable outcomes.
- **Demonstration (90-minute DEMO) – Maximum of 3 speakers, plus 1 moderator**
  - These sessions are 90-minutes in length and are designed to provide attendees live, hands-on demonstrations of preparedness tools that they can use in their communities. Examples of demonstrations are immersive simulations for training; computer modeling projects; decision support dashboards; simulations/exercises to guide public health practitioners; or innovative products.
- **Quick Hit Session (45-minute session) – Maximum of 2 speakers, plus 1 moderator**
  - These 45-minute sessions are designed to deliver high-level overviews of emerging issues in preparedness, resiliency and recovery. Limited to TWO speakers.
- **Poster Session – Maximum of 2 speakers**
  - This format will be used to display innovative practices, award winning programs, share documents, exchange ideas, and ask questions. Posters will be put into two groups. Each group of posters will be displayed for one day, up to 4.5 hours, with two hours of presentation time. Presenters must be present during the presentation times to answer questions about the material displayed.

**Presentation Format Preference:** In-Person or Remote

*At this time, NACCHO is moving forward with planning a fully in-person Preparedness Summit for 2022. As we work to determine the best format for the meeting, NACCHO is considering the possibility of later adding a virtual component to the in-person meeting.*

*NACCHO will be in touch with all submitters should a virtual component become available and will provide details when confirmed. Please note: NACCHO reserves the right to alter the length of the any virtual presentations.*

Please indicate if you are only interested in presenting remotely for the possible virtual only content, if you are interested in presenting live and in-person, or if you have no preference. \*

- I am only interested in presenting remotely and not in person
- I am interested in presenting in person
- No Preference

**SESSION DETAILS:** *Please complete all required tasks below.*

**\*Please indicate a secondary abstract category:** *In the event the review committee feels your abstract would be better presented in a different format than the one you are submitting, please indicate your second preference for session format.*

- Workshop/Training (3 hours)
- Learning Session (90-minutes)
- Demonstration (90-minute DEMO)
- Quick Hit Session (45-minute session)
- Poster Session

**\*Please indicate the level of the audience this session is designed to reach. Professionals who have been in their current position:**

- 0-2 years – Introductory Awareness
- 2-5 years – Intermediate Knowledge Transfer
- More than 5 years – Advance Skill Building
- All of the above

**\*Has this abstract, or any portion of it, been submitted and approved for any other conference?**

- Yes (If 'Yes', what conference and when was the date of presentation?)
- No

**\*Session Description for Review** (limit 500 words/4,000 characters, including spaces):

**\*Session Description for Publication (web, conference program)** (limit 50 words/350 characters, including spaces):

**LEARNING OBJECTIVES & CONFERENCE TRACK:** *Please complete all required tasks below.*

**\*Learning Objective 1 – Please select the conference learning objective that best connects to your session.**

At the conclusion of this session, attendees will be able to:

1. Identify at least 2 areas in which to improve public health and healthcare preparedness response capacity in your organization.
2. Describe 2 or more methods to advance health equity, social justice policies, and practices that can be instituted to improve resilience within communities, including COVID-19.
3. Identify at least 3 key resources that will reinforce roles in planning, responding, and recovering from public health emergencies, including COVID-19.
4. Identify 2 opportunities to engage with national stakeholders on Federal guidance and policy issues that will impact state and local preparedness.
5. Describe the importance of inter-professional collaboration between public health, healthcare, and emergency management in all phases of the disaster life cycle.

**Learning Objective 2** – At the conclusion of this session, attendees will be able to: (limit 40 words)

**Learning Objective 3** – At the conclusion of this session, attendees will be able to: (limit 40 words)

**\*Conference Track:** *The conference tracks are designed to support learning objectives. Please identify which conference track your proposed session best fits within.*

- Track 1: Building and Sustaining Resilient Communities.
- Track 2: Enhancing Use of Medical Countermeasures and Non-Pharmaceutical Interventions.
- Track 3: Ensuring Situational Awareness to Support Decision-Making.
- Track 4: Enhancing Public Health, Healthcare, and Emergency Management Systems.
- Track 5: Strengthening Global Health Security.

**SESSION AVAILABILITY:** *Please provide your availability to present at the Preparedness Summit. The planning committee will do our best to accommodate your requested availability but cannot guarantee a session date.*

Please indicate all dates in which you are available to speak.

- Monday, April 4, 2022
- Tuesday, April 5, 2022
- Wednesday, April 6, 2022
- Thursday, April 7, 2022

**\*KEYWORDS:** *Select three key words that describe your proposed session.*

- |                     |                   |                 |
|---------------------|-------------------|-----------------|
| • Capacity Building | • Medical Reserve | • Response      |
| • Contract Tracing  | • Corps           | • Functions     |
| • COVID-19          | • Mental Health   | • Risk          |
| • Health Equity     | • Partnerships    | • Communication |
| • Medical           | • Radiation       | • Vaccine       |
| • Countermeasure    |                   | • Workforce     |

**SPEAKER/MODERATOR INFORMATION:** *Please identify the presenter(s) and moderator (if applicable) for your session. All presenters MUST be in attendance at the session. See the list of speaker maximums for your selected session type. Additionally, we recommend each session have a moderator. You may choose your own independent moderator, or forgo a moderator for your session. NACCHO may assign moderators to sessions without moderators listed.*

*Please provide the information below for all presenters. If there are no other presenters, please enter your information and proceed to the next page. The Preparedness Summit will be applying for Continuing Education Units (CEUs) through the Centers for Disease Control and Prevention (CDC) for those who attend the Summit. It is a requirement by the CDC that the information in the fields below are provided and accurate to ensure each session qualifies for CEUs.*

### **Speaker #1-3 and Moderator (if applicable)**

#### **Personal Details**

- \*First Name
- \*Last Name:
- \*Address:
- \*City:
- \*State:
- \*Zip Code:
- \*Cell Phone Number (xxx)-xxx-xxxx:
- \*Email Address:

#### **Professional Information (as it will appear on conference materials)**

- \*Position (100 characters max)
- \*Organization Affiliation (Note: If affiliated with a federal agency, include division and agency name only: e.g. CDC/COTPER):
- \*Credentials
- Presentation role (Speaker or Moderator)

**Qualifications relevant to this educational activity:** What qualifies you to present, contribute content, or be a planner for this educational activity. Briefly describe only the relevant expertise and publications.

#### **Disclosure Information (CDC COI Form):**

#### **Unlabeled Use**

Will your presentation(s), or the content you contributed, include any discussion of unlabeled use of commercial products or products for investigational use? \*

**Federal employees:** For the past 12 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

- Yes

- No
- I am not a federal employee

**Non-federal employees:**

The Centers for Disease Control and Prevention (CDC) is committed to presenting continuing education activities that maintain independence, and are not controlled by commercial interests. Commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.

Commercial support is defined as financial or in-kind contributions given by a commercial interest that are used to pay all or part of the costs of a continuing education activity.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner within the last 12 months?

- Yes
- No
- I am a federal employee

**Education:** List highest degree held first. If no post-secondary education has been completed, please enter relevant independent classes or certifications. If there is no education to be listed, please print "None" in each box.

- **\*Degree (highest):**  
**\*Year:**  
**\*Institution, City, State:**  
**\*Major Area of Study:**
- **Degree (second highest):**  
**Year:**  
**Institution, City, State:**  
**Major Area of Study:**
- **Degree (third highest):**  
**Year:**  
**Institution, City, State:**  
**Major Area of Study:**

**WORKSHOP SESSIONS:** *Please answer the questions below, only if you have selected a submission type of "3-Hour Workshop/Training"*

- What is the minimum number of attendees needed to successfully conduct this workshop?
- What is the maximum number of attendees your workshop/training can accommodate?
- Does your workshop require attendees to use their laptops to participate?