



GPHA 85th Annual Meeting & Conference
March 10 & 11, 2014
ABSTRACT SUBMISSION FORMS

DEADLINE FOR SUBMISSION IS WEDNESDAY, OCTOBER 30TH AT 5:00PM.

Please complete all sections. Incomplete or incorrect submissions will not be considered.

Please complete one submission form for each proposed abstract. Please type directly into this form and save in Microsoft Word 97-2003 format. Follow the guidelines carefully. **The completed package should be electronically mailed to the GPHA Executive Office at gphasubmissions@gmail.com. SUBMISSIONS WILL ONLY BE ACCEPTED IN ELECTRONIC FORMAT.** You will receive notification of the status of your abstract no later than December 31, 2013. Should your abstract be accepted for presentation at the conference, you will receive additional directions at that time. Questions may be directed to erica@gapha.org. Authors are encouraged to apply now for any approvals needed for conference attendance – **all presenters will be expected to register for the meeting.**

All abstract authors must be listed in the author section below. Presenter BioData/COI Forms must be completed for **all on-site presenters ONLY, including poster presenters**. The number of on-site presenters is limited to 2 for 30-minute workshops and posters, and 4 presenters for 60-minute workshops. There is no limit on the number of co-authors who may be listed for either format.

Your abstract submission will be evaluated by a panel of public health professionals on the following criteria:

- Importance of the topic
- Originality of the work/Innovation
- Defined objectives/Purpose of the work
- Methodology
- Conclusions/Recommendations

Please ensure that your abstract addresses not only the data you have collected or your own program's experience, but also lessons learned that will be useful to other programs or communities in Georgia.

ABOUT YOUR ABSTRACT

PREFERRED FORMAT OF PRESENTATION (program planners will do their best to match your preferred format but the final format will be based on reviewer recommendations and other planning considerations):

Please indicate the type of presentation you would like to give.

Poster only

Live Workshop only (30 minutes*)

*If you are submitting a 30-minute workshop, you will be paired in an hour-long time slot with another presentation addressing a similar or related topic.

Live Workshop only (60 minutes)

Poster or 30-minute live workshop

You must complete the attached ABSTRACT SUBMISSION FORM, regardless of the format of presentation you would like to give.

AUTHOR INFORMATION

Please provide contact information for the **primary on-site presenter** (in addition to completing the BioData/COI Form) and list additional co-author information below:

Primary Presenter Contact Name:

Primary Presenter Contact Degree/Credentials:

Primary Presenter Contact Email:

Primary Presenter Contact Phone: (W) (C)

Additional Presenters/Co-Authors

Name & Degree/Credentials:

Will Present On-site

Name & Degree/Credentials:

Will Present On-site

Name & Degree/Credentials:

Will Present On-site

Name & Degree/Credentials:

Will Present On-site

Name & Degree/Credentials:

Will Present On-site

TYPE

Please identify which type of work your abstract best represents and be sure to include the appropriate information in your submission.

PRACTICE

Include background, theoretical basis, objectives, interventions, evaluation measures

POLICY

Include statement of the issue and policy resolution

RESEARCH

Include background, theoretical framework, hypotheses/research questions, methods, results, conclusion and implications for practice

SECTION INTEREST

Please indicate which GPHA section(s) would find this abstract of particular interest (choose all that are relevant).

Administration

Behavioral Health

Boards of Health

EMS & Emergency Preparedness

Environmental Health

Epidemiology

Health Education & Promotion

Health Information & Information
Technology

Laboratory

Maternal & Child Health

Medical/Dental

Nursing

Nutrition

Office Personnel

Primary Health Care



Abstract Submission Form

Please return to gphasubmissions@gmail.com by **WEDNESDAY, OCTOBER 30TH AT 5:00PM**

See attached page for details on each element of the submission.

ABSTRACT AND LEARNING OBJECTIVES			
Primary Presenter Name:		Credential:	
Workplace/Organization:			
Address::			
City, State & Zip:		Country:	
Phone:		Fax:	
Email:			
Presentation Title:			
Abstract (not more than 250 words)			
Learning Objectives (see acceptable verbs below). Objectives should complete the statement: "At the end of this presentation, learners will be able to..."			
Gap addressed	My presentation will increase public health practitioners' _____ (knowledge of or performance in) the following competency areas, _____.		

INSTRUCTIONS for completing the ABSTRACT SUBMISSION FORM

A) Abstract – Abstract of at least 2 sentences BUT NO MORE THAN 250 that explains/describes the presentation to be given. It must be objective, free from bias and promotion, and must not include the names of commercial entities, products or services. Using generic names of drugs and devices is acceptable. **Refer to notes below for items that should be included in the text of the abstract, according to the type of work represented.**

PRACTICE

Include background, theoretical basis, objectives, interventions, evaluation measures

POLICY

Include statement of the issue and policy resolution

RESEARCH

Include background, theoretical framework, hypotheses/research questions, methods, results, conclusion and implications for practice

B) Learning Objective(s) – There must be at least one measurable learning objective. This objective must have only one action verb. Begin each sentence with one of these objective verbs (**Define, List, Describe, Discuss, Explain, Identify, Demonstrate, Differentiate, Compare, Design, Formulate, Evaluate, Assess, Name, Analyze**). Do not use the terms learn or understand—they are not measureable. Learning objectives must be written from the learner’s perspective. What will the learner be able to do after hearing your presentation? Define what? Describe what? List what?

C) Gaps in knowledge, skill or practice. All continuing education learning content must be of sound science, evidence-based practice and serve to maintain, develop or increase the knowledge, skills and competence of the health professional. Learning content should be evidence-based if available. What gap(s) does your presentation address?

Gaps below are based on core public health competencies for public health professionals, nursing, medicine, and health education. Choose from the list below (source: NBPHE, ANCC, ACCME and NCHEC)

- Basic medical science applied in public health
- Biostatistics, economics
- Chronic disease management and prevention
- Clinical medicine applied in public health
- Communication and informatics
- Conduct evaluation related to programs, research, and other areas of practice
- Diversity and culture
- Environmental health sciences
- Epidemiology
- Ethics, professional and legal requirements
- Implementation of health education strategies, interventions and programs
- Occupational health and safety
- Other professions or practice related to public health
- Planning of health education strategies, interventions, and programs
- Program planning

- Protection of the public in relation to communicable diseases including prevention or control
- Provision of health care to the public
- Public health administration or related administration
- Public health biology
- Public health or related education
- Public health or related laws, regulations, standards, or guidelines
- Public health or related nursing
- Public health or related organizational policy, standards, or other guidelines
- Public health or related public policy
- Public health or related research
- Social and behavioral sciences
- Systems thinking models (conceptual and theoretical models), applications related to public health
- Other (explain)_____



Presenter Conflict of Interest Biodata/COI Form
All on-site presenters, including those presenting posters, must complete this form.

Instructions: Fill out the form below, sign electronically; date and email with your abstract submission to gphasubmissions@gmail.com. Please do not submit curriculum vitae or resumes. Each presenter must submit a form. Attach multiple copies as needed.

Contact Information

Meeting:		Abstract Title	
Name:		Degree:	
Affiliation		Address:	
Department:		City/State/Zip:	
Phone:		Email:	

Presenter, Speaker, Discussant, Respondent, Faculty, etc.

Qualification Statement: *(Example: I am qualified to present because I oversee programs such as disease prevention, environmental and consumer safety and substance abuse prevention and treatment programs).* Please submit your qualification statement below:

I am qualified to give this presentation on this material because:

If the content of your presentation received external funding, please state the funding source. Note NA is appropriate, if you have nothing to report: _____.

Conflict of Interest (COI) Disclosure - Resolution

A CE worthy educational activity/session must be developed and presented with independence, objectivity and scientific rigor, free from promotion of specific goods or services, or bias.

A Conflict of Interest (COI) is present if any relationship of a financial nature exists that would potentially bias the presenter, speaker, discussant, respondent, faculty because they may have an impact on the content of an educational activity.

Such a relationship may be:

- with a commercial entity, or entity controlled/owned by an entity that produces, markets, re-sells, or distributes healthcare goods or services that are consumed by, or used on, patients/clients. Pharmaceutical or biomedical device entities whose goods or services are related to therapeutic areas are such commercial entities.
- A salary; consulting fee; honoraria; ownership interest except diversified mutual funds; private research or program contracts or grants; publications; royalties; membership on advisory or top level boards or panels that give remuneration.

Exempt entities that are not considered commercial entities for CE purposes are non-profits, governments, and non-healthcare related companies.

To award CE credits, a COI must be identified, disclosed and resolved before presentation. Each presenter, speaker, discussant, respondent, faculty must agree not to promote the sale of goods or services, or insert bias.

Required Disclosure: During the past 12 months have you, or your spouse or partner had a financial relationship that might potentially bias and/or impact content of the educational activity/session:

Yes No.

If yes, list company (s) with relationship:

Relationship	Name of Commercial Company

Resolution: *I agree not to promote any products, goods or services or to bias the educational content and to comply with the American Public Health Association Conflict of Interest Policy, Commercial Support Standards, and the Off-Label and Experimental Drug Use, as they become applicable to me.*

Signature

Date