Call for Abstracts

The Association of Public Health Nurses (APHN) invites you to submit an abstract for the 2021 Annual Conference,

Moving from Data to Action:
Evidence-Based 21st Century Public Health Nursing

The 2021 APHN annual conference will engage participants in dialogue and action around the next steps which are necessary to prepare and position public health nurses for 21st Century practice.

General Conference Information:

The 2021 APHN annual conference will explore next steps in preparing for emerging roles and challenges for public health nursing in a transformative public health system, aligned with principles of Inclusion. Conference participants will include individuals from the public, private and non-profit sectors, as well as health, academic and traditional and non-traditional community partners.

The conference sessions will empower attendees to:

- Increase awareness of how Inclusion works to create diverse and equitable organizations
- Engage with colleagues from many disciplines and sectors
- Explore how cross discipline and cross sector partnerships can strengthen collaborative efforts

Conference Learning Outcomes:

1. Demonstrate how public health nurses and agencies can incorporate anti-racism principles into their practice.
2. Describe strategies and emerging practices to develop nurse leaders who promote building a culture of health in their communities.
3. Discuss ways in which academic partners are integrating social determinants, equity, and culture of health concepts into nursing curricula.
4. Describe strategies for public health departments to form initiatives which utilize mobilization of multi-sector resources to create healthier communities.
5. Discuss evaluation strategies for primary prevention initiatives at the community level.
6. Discuss ways in which communities have incorporated a "health in all policies" approach at the community systems level to advance health equity.
7. Share innovative models for expanding core public health and community work.
8. Explore and share emerging practices which address the economic, environmental and human health consequences of climate change and COVID 19.

Submit an Abstract: https://aphn.memberclicks.net/call-for-abstracts-2021

Abstracts due by Friday, January 8, 2021

Complete and submit the **one submission per presentation. Please indicate your preference for an oral presentation or poster presentation.** Please assure abstract is submitted completely, indicated by a completion message and abstract submission summary email immediately following the submission.

The lead presenter will receive a confirmation of receipt. Once submitted, revisions to abstracts cannot be accepted. Late submissions will not be accepted. ***Communications will be directed to the lead presenter only.**

Required components:

1. Presentation title
2. Lead presenter and abstract contact name, credentials, job title or role (e.g., student), organization, address, phone number and email (*All communication about the abstract will be sent only to the lead presenter).
3. Additional presenters, job title or role (e.g., student), organization, address, phone number and email (up to 5 additional presenters)
4. Short biographical sketches for each presenter
5. Conflict of Interest forms completed for all presenters
6. Preferred session format (oral or poster)
7. Learning outcomes (up to 5), using ANCC's revised Bloom's Taxonomy (see table below)

8. Abstract text should include these components (500 word maximum)

   a) Background
   b) Purpose
   c) Methods
   d) Results
   e) Conclusions
   f) Implications/relevance for public health

9. Brief description of session or poster that will appeal to attendees and may be used for the conference program (no more than 50 words)
10. Target audience (what type of professional would be most interested in your session/poster)
11. Level of session/poster (beginning, intermediate, advanced)
12. Audio/visual needs (all rooms will have a screen and projector)
13. Special accommodations needed for presenters
14. Electronic signature of lead presenter. This serves as the electronic signature and signifies the intent to comply with all the requirements of the Association of Public Health Nurses.

APHN will notify you if there is any missing information in your submission.

All presenters will be assigned a time to present (30, 45 or 60 minutes). APHN will inform you of your presentation timing by February 8, 2021.

If accepted for oral presentation, APHN will request your PowerPoint a few weeks prior to the conference.

Please report in person to the APHN conference check-in area at least one hour prior to presentation time.

If your abstract is accepted for poster presentation, you will need to attend the poster sessions.

All presenters are required to register in advance for the conference.

Guidelines for Learning Outcomes

Use verbs from the list below. Do not use "understand" or "learn" or the title of the categories below (for example, "remember") as your verb.

ANCC's Revision of Boom's Taxonomy

Category: Remember	Category: Understand	Category: Apply	Category: Analyze	Category: Evaluate	Category: Create
define	translate	interpret	distinguish	compose	judge
repeat	restate	apply	analyze	plan	appraise
record	discuss	employ	differentiate	propose	evaluate
list	describe	use	appraise	design	Rate
recall	recognize	demonstrate	calculate	formulate	compare
name	explain	dramatize	experiment	arrange	value
relate	express	practice	test	assemble	revise
	identify	illustrate	compare	collect	score
		operate	contrast	construct	select
		schedule	criticize	create	choose
			diagram	set up	assess
			inspect	organize	estimate
				manage	measure

Questions

For general abstract submission questions, contact Jamie Weaver at adminasst@phnurse.org

For abstract writing questions, contact Patti Scott, DNP, RN, PNP, NCSN at pattinscott@comcast.net

Abstract Samples

**Please note that these are just examples, and your abstract does not have to be exactly like the ones shown. It offers assistance to those people that have not submitted an abstract before or needs additional guidance on the format.

Example #1
Purpose: There is a dearth of population-based data about children's mental health in Colorado. To help fill this critical data gap, questions were added to the 2012 Colorado Child Health Survey (CHS) to measure the need for mental health care, receipt of needed care, the prevalence of Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, and/or behavioral or conduct disorders, and the use of medication for these conditions.

Methods: The Colorado Child Health Survey is a call back survey from the Behavioral Risk Factor Surveillance System Survey (BRFSS). The BRFSS monitors health status, prevalence of chronic diseases, and self-reported risk behaviors of Colorado adults through a random-digit-dial telephone survey. During the BRFSS phone interview, the interviewer inquires if a child between the ages of 1-14 years lives in the household and about the respondent's willingness to complete a survey about the child. Approximately 2 to 4 days later, the parent is called to complete the CHS on a variety of health topics.

Results: Overall, 9% of children needed mental health care in 2012. Of those, 73% received the care they needed. Six percent of children had been diagnosed with ADHD and 68% of them were taking medication, 2% of children had been diagnosed with depression, 5% with anxiety, and 3% with behavioral or conduct disorders. Identified disparities will be reviewed.

Relevance: These data will be used to support health care providers, public health professionals, and policy makers in understanding the extent of mental health needs and the disparately effected groups among Colorado children through the use of a population based surveillance mechanism.

Example #2
Purpose: Health disparities in Colorado have been well documented for many years; however, the elimination of these disparities has not been a top organizational priority for the Colorado Department of Public Health and Environment (CDPHE) until recently. In 2012, CDPHE developed a strategic plan for 2012-2016. One of the cross-cutting priorities in the plan is to promote health equity and environmental justice.

Methods: In the fall of 2012, CDPHE's Health Equity and Environmental Justice Collaborative was formed. The Collaborative is comprised of representatives from each Division and Office within CDPHE and has four executive sponsors from senior leadership. The Collaborative arrived upon shared definitions of health equity and environmental justice, created vision and mission statements, and identified goal areas, objectives and activities in support of the mission. These materials will be shared with participants in this session. Work groups have been formed for each goal area.

Results or lessons learned: One activity of the Collaborative was to conduct a baseline survey to assess employee's awareness and knowledge of health equity and environmental justice issues, perception of

the climate of the department with regard to health equity and environmental justice, and related actions. The results of this survey and efforts to address identified deficits will be discussed. Efforts to include employees at all levels within the organization will also be highlighted. Progress on each goal area will be reported.

Relevance and support of theme: This session will illustrate CDPHE's actions in support of achieving health equity and environmental justice, consistent with the conference theme. Goal areas within the Collaborative's work plan are closely aligned with several of the 10 Essential Services of public health.