



GPHA 86<sup>th</sup> Annual Meeting & Conference  
April 13 & 14, 2015  
**ABSTRACT SUBMISSION FORMS**

**DEADLINE FOR SUBMISSION IS FRIDAY, OCTOBER 31<sup>st</sup> AT 5:00PM.**

Please complete all sections, including:

- About Your Abstract* Form
- Abstract Submission* Form
- Presenter Biographic Data and Conflict of Interest* Form (required for each on-site & poster presenter(s))

***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 [director@gapha.org](mailto:director@gapha.org). SUBMISSIONS WILL ONLY BE ACCEPTED IN ELECTRONIC FORMAT.** You will receive notification of the status of your abstract no later than December 15, 2014. Should your abstract be accepted for presentation at the conference, you will receive additional directions at that time. Questions may be directed to [regina@gapha.org](mailto:regina@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 to multiple sectors/disciplines/areas or public health issues:**
  - Does the abstract present information about an important public health issue or evidence of an emerging public health issue?
  - Will the presentation contribute to improving public health practice?
  - Is the topic compelling?
  - Does the abstract address one or more of the 10 Essential Public Health Services?
- **Originality of the work/Innovation:** Does the abstract add new information (research/program/policy) to the field? Does the abstract describe a new approach, or new application to the topic? Or, does the abstract cover a new topic in the field? Does the abstract present a fresh perspective on existing knowledge?
- **Defined objectives/Purpose of the work:** Is the purpose of the study, policy, or program clearly described? Are the presentation objectives appropriate and feasible in the time permitted?
- **Methodology:**
  - Research Abstract: Is the approach and/or methodology described? Is the methodological framework consistent with the study questions of concern? Is the study design sound? Are the methods appropriate? Does the abstract provide any supporting data?
  - Practice/Policy/Program Abstract: Is the underlying philosophy or conceptual model sound? Is the program or policy consistent with the practical questions of concern? Are new scientifically grounded issues raised for debate?
- **Conclusions/Recommendations:** Are the findings and conclusion presented? Are they understandable and consistent with the objectives, design and findings of the study? Are the results presented measurable? Does the abstract offer scope for debate or discussion? For practice workshops, are the teaching objectives likely to provide useful recommendations to practitioners?

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. For more information on Review Criteria, please see the 2015 GPHA Annual Conference Website.

## 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 give.

- Poster** only
  
- Student** Poster Presentations (primary author and presenter must be a currently enrolled student)
  
- 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 [director@gapha.org](mailto:director@gapha.org) by **FRIDAY, OCTOBER 31<sup>st</sup> AT 5:00PM**

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

ABSTRACT AND LEARNING OBJECTIVES	
<b>Primary Presenter Name:</b>	<b>Credential:</b>
<b>Are you Currently a Student?</b>	YES      NO
<b>Workplace, Organization or School:</b>	
<b>Address::</b>	
<b>City, State &amp; Zip:</b>	<b>Country:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Presentation Title:</b>	
<b>Abstract (not more than 250 words)</b>	
<b>Learning Objectives (see acceptable verbs below). Objectives should complete the statement: "At the end of this presentation, learners will be able to..."</b>	
<b>Gap addressed</b>	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 words that explains/describes the presentation or poster 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 measurable. 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Basic medical science applied in public health   | <input type="checkbox"/> Provision of health care to the public   |
| <input type="checkbox"/> Biostatistics, economics   | <input type="checkbox"/> Public health administration or related administration   |
| <input type="checkbox"/> Chronic disease management and prevention  | <input type="checkbox"/> Public health biology  |
| <input type="checkbox"/> Clinical medicine applied in public health   | <input type="checkbox"/> Public health or related education   |
| <input type="checkbox"/> Communication and informatics  | <input type="checkbox"/> Public health or related laws, regulations, standards, or guidelines                               |
| <input type="checkbox"/> Conduct evaluation related to programs, research, and other areas of practice              | <input type="checkbox"/> Public health or related nursing   |
| <input type="checkbox"/> Diversity and culture  | <input type="checkbox"/> Public health or related organizational policy, standards, or other guidelines                     |
| <input type="checkbox"/> Environmental health sciences  | <input type="checkbox"/> Public health or related public policy   |
| <input type="checkbox"/> Epidemiology   | <input type="checkbox"/> Public health or related research  |
| <input type="checkbox"/> Ethics, professional and legal requirements  | <input type="checkbox"/> Social and behavioral sciences   |
| <input type="checkbox"/> Implementation of health education strategies, interventions and programs                  | <input type="checkbox"/> Systems thinking models (conceptual and theoretical models), applications related to public health |
| <input type="checkbox"/> Occupational health and safety   | <input type="checkbox"/> Other (explain) _____  |
| <input type="checkbox"/> Other professions or practice related to public health                                     |   |
| <input type="checkbox"/> Planning of health education strategies, interventions, and programs                       |   |
| <input type="checkbox"/> Program planning   |   |
| <input type="checkbox"/> Protection of the public, related to communicable diseases including prevention or control |   |



**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 [director@gapha.org](mailto:director@gapha.org). Please do not submit curriculum vitae or resumes. Each on-site presenter must submit a form. Attach multiple copies as needed.

**Contact Information**

<b>Meeting:</b>		<b>Abstract Title</b>	
<b>Name:</b>		<b>Degree:</b>	
<b>Are you currently a student?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Address:</b>	
<b>Affiliation:</b>		<b>City/State/Zip:</b>	
<b>Department:</b>		<b>Email:</b>	
<b>Phone:</b>			

**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