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**Eliminating Health Disparities Conference**

October 16-17, 2024, | Holthus Conference Center | York, NE

Hosted by the Nebraska DHHS Division of Public Health, Office of Health Disparities

**Workshop Proposal Form**

The office of Health Disparities is accepting presenters for workshops, research presenters and posters which support this years’ theme *Eliminating Health Disparities in Nebraska*. The goal of the conference is to share examples of successful programming and services which addresses and reduces health disparities in Nebraska, to include but not limited to:

* Physical and/or mental health of people, including data to advance population health strategies, direct care services, integrated care, and care management.
* Social and/or spiritual well-being, to include data, planning around social needs, direct care services, and screening to address social needs.
* Community conditions includes having common vision, concrete aims, shared theory of change or community strategy, set measures with the community, and community access to data.
* Root causes such as power sharing, growing community leadership and voice, institutional/ health department policy, public policy and context, directing fiscal and human resources, and aligning and leveraging assets.
* Organization transformation skills, such as equity prioritization, partnerships with people with lived experience, data collection and utilization methods, and community collaboration.

Our audience will include but not limited to public health personnel, administrators, community health workers, other professionals, Tribes, and local health departments who are involved or interested in eliminating health disparities.

Workshop presentations will be 45 minutes with an additional 15 minutes for questions. Transition breaks will be scheduled between session time slots.

Speaker proposals will be reviewed and selected by June 29, 2024. Selected speakers will be notified by July 12, 2024.

**Deadline to Submit: May 31, 2024**

Complete the following application and email your proposal to

to dhhs.healthdisparities@nebraska.gov

**Presentation Proposal**

**Eliminating Health Disparities Conference**

**October 16-17, 2024 | Holthus Conference Center, York NE**

**Speaker/s Names**:       **Position Title/s**

**Organization**

**Address**       **City**       **State**       **Zip Code**

**Email Address**

**Phone Number**

**Brief Biography** (to be used for introductions) of relevant experience, work history, and education that can also be included in conference materials. *If there is more than one speaker, please copy this section and fill it out for each person.*

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**Session Title**

**Description of Session**

Explain how the session reflects the conference goals and objectives for conference attendees.

What gap is being addressed by this presentation? [ ]  Data [ ]  Relationships [ ]  Policy

[ ]  Practices [ ]  Grant/Funding Opportunities [ ]  Other (list)

What time are you available to present? Select all that apply.

[ ]  Morning (10am-noon) [ ]  Afternoon (noon-4pm) [ ]  Can be presented more

 than 1 time

**Room Set Up.** Projectors and screens will be available in all rooms. If you plan to bring your own laptop, please ensure you have the correct cables to connect to the Holthus Center equipment.

**Equipment**. Please list any equipment or special room arrangements needed. Arrangements will not be made unless indicated here. Mark what items are needed as appropriate:

I need a laptop       Special room set up (describe)       Other (describe)

**What delivery techniques will be used?**

[ ]  Power Point Presentation [ ]  Digital Media [ ]  Interactive Activities

[ ]  Other (list)

**Handouts**. Please indicate if you will have handouts, and whether you will bring copies with you. If you would like us to make copies, the final version must be received by email at dhhs.healthdisparities@nebraska.gov no later than October 8, 2024.

Will you have handouts?  [ ]  Yes [ ]  No

Will you bring your own copies? [ ]  Yes [ ]  No

We would like to share resources so attendees can follow-up on items of interest to them. Please list them here so they can be included in a handout:

|  |
| --- |
| CONSENT |
| Submission of your proposal constitutes consent to allow DHHS to audiotape, photograph, quote from, report upon or videotape your presentation and to use this information in its communication with third parties at the sole discretion of the DHHS. It is expected that the proponent of a workshop has obtained the consent from other presenters participating in that session and that the submission of this proposal warrants that this consent from other presenters has been obtained by the workshop proponent. |

I consent [ ]  Yes [ ]  No

CONDUCT

The Conference will not tolerate discriminatory conduct.  Actions, words, jokes, or comments based on an individual’s sex, race, gender, gender identity, color, national origin, age, religion, disability, sexual orientation, genetic disposition or any other legally protected characteristic will not be tolerated.

I agree to adhere to the Anti-Discrimination policy.  [ ]  Yes No [ ]

**To submit the proposal (or if you have any questions), email the form to**

**the Office of Health Disparities at** **dhhs.healthdisparities@nebraska.gov**