ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT 2020 NATIONAL CONFERENCE

June 15-17, 2020 | Cleveland, Ohio

Collaboration and connection to advance health equity are the focus at the ACHI 2020 National Conference. Population and community health leaders are coming together to look at community, community health, and health equity through one lens, sharing innovative strategies and new tools to tackle tough challenges — and boldly transform how communities and populations experience health and care.

By working together, the goal of becoming a society of healthy communities where all individuals reach their highest potential for health is possible. We can focus on strategies to redesign health care with a better understanding of the social and structural factors that impact health and are the root cause of many illnesses. We can more seamlessly connect that care with community resources via enhanced partnerships to support individuals and families in the manner that is most meaningful to them and produces the highest quality of care. And we can improve the well-being of our communities via place-based strategies to support a healthy ecosystem by addressing the fundamental inequities that continue to translate into dramatic differences in outcomes.

Join us June 15–17, 2020, for **CONNECTING CARE WITH COMMUNITY TO ADVANCE HEALTH EQUITY** and be part of the conversation and collaboration to boldly transform how communities and populations experience health and care.

The call for proposals is now open for breakout sessions and poster presentations!
Proposals are due by **October 4, 2019**.

Apply here!

Contents

Contact us with questions at ACHIconference@aha.org.

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CONTENT AREAS (Choose one)

The ACHI 2020 National Conference welcomes proposals that feature leading-edge projects and experts in the field for the conference's breakout and poster sessions, particularly in the content areas listed below.

- ### Improving Equity: Structural Issues and Access to Health Care Services

  Lack of access to affordable, consistent care contributes to health disparities for individuals and communities. Issues of access include a shortage of health care providers or services in some communities, social needs that make it difficult for individuals to stay healthy or recover from illness, and financial barriers resulting from being uninsured or underinsured. To eliminate disparities and improve population health, we need multipronged strategies that increase the availability and affordability of health and health care services for all individuals and tackle the more fundamental factors that impact health outside the walls of the delivery system.

- ### Behavioral Health: Integrating and Improving Care and Support Services

  The value of integrating physical and behavioral health is increasingly acknowledged and being acted upon in various parts of the United States. However, integration is complex, calling for a cultural change of inpatient, community-based, and health plan perspectives, as well as an evolution of the workforce to accommodate our growing understanding of how to support individuals and communities to improve outcomes. In addition, true community collaborative partnerships are essential to provide supportive environments to those living with mental health issues or substance use disorders.

- ### Eradicating Disparities in Maternal and Infant Health

  Disparities in both maternal and infant mortality rates have persisted across the U.S., particularly for women of color and their babies. Solutions include implementing screening and early clinical intervention for complications, stratifying data to examine disparities, improving health literacy, proactively engaging mothers and families, and partnering with community stakeholders. In addition, we need better strategies to tackle the root causes of poor maternal and infant health outcomes, including structural racism and unconscious bias.

- ### Addressing Issues of Aging and Chronic or Complex Disease

  While Americans in general are living longer, significant differences in life expectancy and quality of life remain, based on a person's race, ethnicity, gender and zip code. As rates of chronic disease continue to increase, health care organizations, health plans and community partners are working together to implement new care models focused on chronic illness, including diabetes, heart failure, asthma and COPD. Together partners are testing new methods for primary, secondary and tertiary intervention, including how to reach individuals living in historically underserved communities and regions, and addressing social and structural factors that cause some populations to be more vulnerable to the development and progression of chronic disease.

- ### Moving from Collaboration to Alignment to Drive Health Equity

  True structural change is necessary to drive health equity. Hospitals and health systems have long partnered with public health organizations, community service providers and health plans on initiatives to improve the quality of care and the health status of their communities, including

the health status of at-risk populations. While much has been achieved by collaborating on specific initiatives, such as periodic community health assessments or focused programming, tackling structural determinants of health to drive health equity requires sustained alignment of all partners, as well as new definitions and measures of quality. This alignment calls for cross-sector, shared strategic vision and governance, supported by integration of data and resources, and meaningful and consistent engagement of community members at all stages.

⚫ Other Emerging Topics

Connecting care and community to advance health equity touches upon myriad topics and corresponding challenges. Communities are working together to address the differential impact of climate change, consider the unique needs of immigrant populations and focus on reducing and preventing acts of violence. Innovative models to develop and test new measures of health and outcomes at the community and population levels (including return on investment) are a key focus for understanding success. Choose this content area if your innovative idea, project or collaboration is relevant to the conference theme but does not fall into one of the above, specified content areas.

IMPLEMENTATION STRATEGIES (Select all that apply)

Hospitals, health systems, health plans and community partners come together and implement various strategies to improve the health of communities and populations. Please check the strategies your proposal features.

☐ Redesigning the Health Care Delivery System

Innovative care delivery and payment models are creating conditions for more integrated approaches that foster healthy populations. As part of this transformation, hospitals, health systems, community providers and health plans are continuing to break down silos within and across sites of care, while using data and technology to better understand the needs of individuals and provide more person-centered care.

☐ Clinical-Community Alignment for Action

Partnerships among hospitals and health systems, public health departments, community agencies and organizations, health plans, law enforcement, housing and transit organizations and agencies, businesses and community members are essential to improving health. All population and community health stakeholders are learning to work together better and differently to achieve and sustain trust and functionality, leading to improved health, higher quality of care, and health equity.

☐ "Anchor" or Place-based Strategies

As significant economic engines in their communities, hospitals and health systems can leverage their assets and work in partnership with others to improve residents' health and well-being. As anchor institutions, hospitals and health systems are linking workforce development, purchasing, and investment and real estate strategies to drive economic development and improve overall health in their communities.

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☐ ## Workforce Development

Taking a structural, population approach to health — which recognizes and meets the needs of individuals and their communities and provides a more integrated, person-centered approach — requires an evolving workforce. Current workforce development needs include incorporating new ways to understand health (and illness), recognizing unconscious bias and cultural sensitivity, and developing more team-based and better-coordinated care across all settings, including the community. In addition, our better understanding of community needs and resources is illuminating areas that require hiring professionals with new expertise or training current professionals.

☐ ## Leading-Edge Use of Technology and Data

Technology and data have the power to support care delivery to populations and improve the health of individuals and communities. Advances in this area can help improve care coordination; provide screening for social needs, such as food and housing; connect people with social services; identify community or structural issues; provide more comprehensive measures of quality; and spread messaging about healthy behaviors.

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PRESENTATION FORMATS

Breakout sessions and poster presentations are the primary formats for sharing content at this conference, as described below. However, ACHI reserves the right to ask that your proposal be combined with another relevant submission and/or shared through another, more applicable format not listed below.

Breakout Sessions

Concurrent breakout sessions provide an opportunity to share successful strategies with a broad audience. Each session will last up to 60 minutes with **at least** 15 minutes reserved for attendee interaction.

ACHI is committed to highlighting content of the highest caliber that builds the knowledge of conference attendees and fosters peer learning. We are seeking experienced presenters to convey their knowledge, demonstrate actionable tools for community and population health improvement and engage conference participants in discussion. Successful proposals will:

- Address practice needs of attendees from diverse professional backgrounds and organizations
- Highlight key takeaways and how-tos for advancing health and health equity
- Focus on replicable models
- Demonstrate value and measurable impact
- Encourage engagement and interaction from participants

Poster Presentations

ACHI is seeking original content about your organization's community and population health improvement initiatives. Posters may present case studies unique to your community or organization, or novel tools for health improvement. The networking poster session will take place during the Welcome Reception on **Monday, June 15,** giving conference attendees the opportunity to view and discuss posters with presenters. The lead presenter is expected to attend the conference and engage attendees about their poster during the Welcome Reception.

SELECTION CRITERIA

Submitted proposals will be evaluated by a panel of experts according to criteria that include:

- **Relevance**: Extent to which the proposal addresses the conference theme and selected content area.
- **Clarity**: Extent to which the proposal offers a clear description of the proposed session and practice-oriented learning objectives.
- **Innovative:** Extent to which the proposal displays innovation or originality.
- **Application to Practice:** Extent to which participants will be able to adapt information or tools presented to their own hospital, organization or community setting.
- **Sustainability:** Extent to which the proposal highlights sustainable and measurable practices.
- **Collaborative:** Extent to which the proposal showcases effectiveness of working with different organizations to reach a common goal.
- **Demonstrated Impact:** Extent to which the proposal shows the outcomes or impact on population health, both successes and failures.

Note: To preserve the integrity of the conference experience, ACHI has a policy of **not selling** services, products or future consulting assignments during presentations. All accepted breakout session presenters will be asked to sign a faculty agreement that includes this policy.

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SUBMISSION INSTRUCTIONS

Proposals must be submitted electronically. Proposals that are incomplete or do not follow the submission guidelines will not be considered for selection.

Step 1 – Presenter Information

You will first need to find (or create) your profile.

Full contact information (name, title, organization, city, state, phone, email).

Brief biography (up to 250 words) for *each* presenter. Please do not submit resumes or CVs.

Headshot is not needed to submit an abstract, but will be required for accepted presenters.

Step 2 – Session Information

1. **Session title** (10 words or fewer).
2. **Short description** (up to 500 words) of the proposed presentation, including the take-home value and impact of the presentation. You are encouraged to relate your proposal to the conference theme, ***Connecting Care and Community to Advance Health Equity***.
3. **Learning objectives** (3) for the presentation. These objectives should emphasize the information or tools that the attendees will be able to apply to their work.
4. **Preferred presentation type**: breakout session only, breakout session preferred, poster only, or no preference.
5. **Content area** to which the presentation best relates (choose **one**):
   - ☐ Improving Equity: Structural Issues and Access to Health Care Services
   - ☐ Behavioral Health: Integrating and Improving Care and Support Services
   - ☐ Eradicating Disparities in Maternal and Infant Health
   - ☐ Addressing Issues of Aging and Chronic or Complex Disease
   - ☐ Moving from Collaboration to Alignment to Drive Health Equity
   - ☐ Other Emerging Topics

6. **Implementation strategies** (select all that apply):
   - ☐ Redesigning the Health Care Delivery System
   - ☐ Clinical-Community Alignment for Action
   - ☐ "Anchor" or Place-based Strategies
   - ☐ Workforce Development
   - ☐ Leading Edge Use of Technology and Data
7. **Hospital types** represented in session (check all that apply):
   - ☐ Academic medical center or teaching hospital
   - ☐ Children/pediatric
   - ☐ Community
   - ☐ Critical access
   - ☐ Rural
   - ☐ Faith-based
   - ☐ Safety net
   - ☐ Health system
   - ☐ Other: _____

8. **Fields/partners** represented in session (check all that apply):
   - ☐ Patients and families

- ☐ Public health departments
- ☐ Social service organizations
- ☐ Other health care organizations (e.g., FQHCs, community health centers, ACOs, etc.)
- ☐ Faith communities
- ☐ Government or civic organizations
- ☐ Educational organizations
- ☐ Businesses
- ☐ Foundations/philanthropies
- ☐ National/local research organizations
- ☐ National/local associations
- ☐ Other: _____

9. **Geographic environment:**
    - ☐ Urban
    - ☐ Rural
    - ☐ Suburban
    - ☐ Multiple

Step 3 – Adding Co-Presenters

If you plan to include any co-presenters, please have their contact information ready as you will need to include them in the proposal. They will be notified upon submission that they need to log in to complete their profile information and confirm agreement to the terms/conditions. At a minimum, you will need their name (first/last), title, organization and email address to add them to your session.

Please notify co-presenters that they will be receiving an email with instructions to log in, view the submission and complete their profile. Proposals are not considered complete until all co-presenters finish this process.

Step 4 – Review and Submit

You have the option to save and edit later. Edits can be made until the deadline. Please be sure to submit again if you make any edits. The submitter and any co-presenters will receive a confirmation email once submitted.

Notification

All submissions will be evaluated by ACHI, and presenters will be notified of their acceptance status by early December. If selected, your name, biography, presentation title and session details will be made available on the ACHI website and conference mobile app. Conference attendees will receive your presentation via the mobile app. ACHI membership is **not** required in order to be a presenter.

We anticipate receiving more high-quality proposals than we can include in the conference agenda. We may contact you about featuring the proposed content through another component of the conference. Additionally, if you are interested in presenting on an ACHI webinar or being featured as a case study in the ACHI newsletter, please indicate your preference on the submission form.

CONFERENCE FEES

Presenters are responsible for their own travel and accommodation expenses but are invited to register for the conference at the *special reduced rate* of $525. Confirmed presenters will receive a discount code at the time of registration.

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TIMELINE

PRESENTER TIMELINE	
PROPOSAL SUBMISSIONS DUE All proposals must be submitted electronically.	**October 4, 2019**
NOTIFICATIONS SENT ACHI will notify all applicants of their application status via email.	Early December 2019
FACULTY AGREEMENT DUE All presenters of accepted sessions will be required to fill out the faculty agreement form to confirm participation in the conference.	December 20, 2019
PRESENTATION MATERIALS DUE Breakout session and poster presenters must submit final slides and other materials. Presentations will be available to conference attendees via the conference mobile app.	May 15, 2020
ACHI CONFERENCE	June 15–17, 2020

Please note that this document is only meant to prepare you for the online application process.

The actual application must be submitted via the online platform by October 4, 2019, 2019, at 11:59 p.m. Central.

Version: 8/26/2019