



Called to Care: A Strong Community for Lasting Health
June 6-8, 2019 | Johns Hopkins University | Baltimore, MD

Called to Care: A Strong Community for Lasting Health

Thank you for your interest in the CCIH 2019 conference! Please read before completing the abstract submission form as incomplete forms will not be considered.

At our core, faith communities are called to care for themselves and those in need. Paul's letter to the Philippians reminds us in 2:3-4 to "do nothing from selfish ambition or conceit, but in humility count others more significant than yourselves. Let each of you look not only to his own interests, but also to the interests of others." This missive is even more important in the complex world of today.

The conference will explore questions as:

- How do we build capacity of local caring communities and organizations?
- How can faith-based organizations incorporate human-centered design? (Program design that considers the human perspective in all steps of development and problem solving.)
- Are faith-based programs themselves resilient and innovative?
- Do faith based programs promote dignity and justice within communities?
- Are we working with other faith-based organizations, churches, government agencies, NGOs, and others to ensure our communities are self-sufficient?
- How are faith-based organizations integrating faith and work on the ground/ or in the field?
- What makes faith-based organizations different?
- What opportunities do faith communities have to also care for themselves?

DEADLINE: Abstracts submitted by December 22, 2018 will be given first preference. All abstracts submitted after that date will be reviewed on a rolling basis, pending availability.

REGISTRATION FEES FOR CONFERENCE SPEAKERS:

While we greatly value the contributions of conference speakers to the program, CCIH must collect registration fees from speakers to support the conference.

SUBMITTING AN ABSTRACT OR CONFERENCE SUGGESTION: All abstracts must be submitted via this form. Please review your submission for errors before submitting. Incomplete submissions will not be considered. Abstracts have a 250-word maximum limit.

ALL ABSTRACTS SHOULD ADDRESS:

- What evidence-based approaches and best practices has your FBO learned?
- How do you measure effectiveness of your program? (If applicable)
- How does faith inform you or your organization's programmatic decision-making?
- What makes your program, your work different than other organizations' programs?
- How is your project/program addressing community-based prevention and care, health systems strengthening or the health of women and children?
- Do you have materials you can share with other organizations?

SUGGESTED TOPICS FOR ABSTRACTS RELATED TO THE CONFERENCE THEME

Over-arching themes:

- How do we build capacity of local caring communities and organizations?
- Are faith-based programs themselves resilient and innovative?
- Do faith-based programs promote dignity and justice within communities?
- Are we working with other faith-based organizations, churches, government agencies, NGOs, and others to ensure our communities are self-sufficient?
- How are faith-based organizations integrating faith and work on the ground/ or in the field?
What makes faith-based

Health system strengthening:

- Human resources for health: How does your organization strengthen health workers, within the hospital/health centers and also community health workers/village health workers?
- What does e/m-health (electronic health records and digital health tools), use of technology, doing things more efficiently in the digital age look like for faith-based organizations?
- How do you ensure a strong M & E system in your organization? Do you share it with others?

Health of Women & Children:

- What innovative programs are you using to reach women and children?
- Sexual and gender based violence: What is happening in your community and how do you address it systematically?
- How do you build capacity of the communities in which you work to care for women and children?

Community-based primary health care:

- How are communities caring for refugees and internally displaced people and people within fragile contexts? How is emergency relief and disaster response carried out? What are best practices?
- What does human-centered design look like in working with communities? Do you design with the donor in mind or the community?
- How can we ensure people are truly empowered in their own health on a personal and community level?
- How have our practices evolved 40 years after Alma-Ata?

Any questions should be directed to conference@ccih.org