

## Guidelines for Abstract Submissions

***Thank you for your interest in the CCIH 2020 conference! Please read before completing the abstract submission form as incomplete forms will not be considered.***



### ***2020 Conference Theme: Holistic Care of Body, Mind and Spirit.***

Christian healthcare is known for its holistic nature: we care for the person as a whole, including body, mind and spirit. We are made in God's Image and moved by our love for Christ to serve others. This is the Missio Dei – the mission of God. This truth compels us to encompass best practices through skills and work in places God has set before us.

**Ephesians 2:10:** "For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do."

### **Choose which of the five overarching conference themes and questions your abstract relates to:**

1. Community-based primary care:
  - a. How do you address holistic community transformation or integrate multiple approaches to strengthening health?
  - b. How does your organization work with communities to address the social determinants of health (e.g., severe poverty, lack of education, gender/racial/ethnic discrimination and so forth)?
  - c. How do you prioritize community-level work in the face of pressing needs for financing facility-based health care?
  - d. How do you measure success and sustainability in your community-based programs?
2. Health systems:
  - a. How do you go beyond physical health in your care delivery, either inside or beyond the walls of your facilities?
  - b. HSS building blocks: How does your organization improve service delivery, strengthen your health workforce, maintain access to essential medicines and supplies, improve your health information systems (e/m-health, electronic medical records and digital health tools, M&E systems), ensure proper governance and leadership, and/or accurate financial structures?
  - c. What evidence-based approaches has your organization successfully used to address the HSS building blocks (above)? Has there been a need for adaptation? How so?
  - d. Has your organization developed best practices for implementing HSS building blocks?
  - e. How do you measure the effectiveness of your program(s)? What indicator/measures are you capturing?
3. Integration of Faith & Work:
  - a. How do you care for the person as a whole - body, mind and spirit? How do you serve to influence the systems of the communities in which you work?
  - b. How do you integrate your faith into your work? What guiding principles, tools, training modules, or methods do you utilize?

- c. How does faith inform you or your organization's programmatic decision-making? Who or what determines your priorities and practices?
4. Partnership:
  - a. How do you work with other faith-based organizations, churches, government agencies, NGOs, and others to ensure communities are self-sufficient?
  - b. Do you have materials (tools, training curriculums, etc.) you can share with other organizations?
  - c. What makes your program, your work unique/distinct from other organizations' programs?
  - d. Who did you work with to create and implement your programs and services?
  - e. How do you map and capture your partnerships and report on them?
5. The Vulnerable/Unexpected Crises:
  - a. How does your organization care for those with mental health issues and physical disabilities?
  - b. How do you prepare and care for the most vulnerable among us, including people fleeing humanitarian crises and natural disasters?
  - c. How have you prepared for disease outbreaks (i.e Ebola)?
  - d. How do you address sexual and gender based violence (SGBV) in your communities or facilities? How is The Church addressing SGBV?
  - e. How do your programs help vulnerable women and children, especially with respect to healthy timing and spacing of pregnancies, childbirth and early childhood?

**Three presentation format options (you will choose which presentation format you want your abstract considered for in the abstract form):**

- **Fishbowl discussion session (Submit an individual abstract):** This session is interactive. Each speaker will have 5 minutes of opening remarks (with a PowerPoint limited to 5 slides) followed by interactive Q & A with attendees.
- **Flash/Poster session (Submit an individual abstract):** This session is interactive. Each speaker will have 5 minutes of opening remarks (with a PowerPoint limited to 5 slides), followed by 20 minutes of standing at your poster (this requires you to create, print and bring your poster to the conference), and Q & A.
- **Panel session (Submit as individual abstract or preformed panel):** Each speaker will have 10 minutes of remarks (with a PowerPoint, limited to 10 slides), followed by Q & A with attendees.
- **\*\*\*New Plenary Session Format: Table Topics\*\*\*** This session is interactive and will have you moving from table to table to engage in discussions. This new plenary session will give participants the opportunity to rotate around three different tables for twenty minute discussions at each table. We are looking for submissions of specific table topics by proposed facilitators. Topics should be ideas not normally covered in technical abstracts and encourage participant sharing. Examples could be:
  - How have you learned from failure in your global health work?
  - How have you overcome operational challenges in project implementation?
  - How has your organization adapted to the changing donor environment?
  - What new tools do you have to share with the broader global health community?
  - What is the most important element you add to your programs to ensure you are treating the whole person?
  - What methods have you used to scale your work?

**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. Therefore, by submitting an abstract, you are acknowledging that speakers are required to register and pay.

**DEADLINE:** Abstracts submitted by December 31, 2019 will be given first preference. All abstracts submitted after that date will be reviewed on a rolling basis, pending availability.

**FORM FOR ABSTRACT SUBMISSIONS:** 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.

Questions should be directed to [conference@ccih.org](mailto:conference@ccih.org)