

1. Introduction



## Call for Presentations

The 37th Annual Oregon Epidemiologists' Meeting (OR Epi 2024) will bring together public health professionals to explore and discuss communicable diseases, current disease trends, innovative practices and effective interventions. Public health practitioners from local and Tribal health jurisdictions working in communicable disease control and prevention, assessment and epidemiology, environmental health, emergency preparedness and response, clinical preventive services and administration are invited to submit presentation proposals.

Individuals can submit multiple proposals, with up to four presenters/contributors listed with each proposal. Consideration will be given to proposals that:

- Leverage innovative techniques, tools and partnerships
- Highlight community or cross-jurisdiction collaboration
- Share evidence-based response to emerging public health events
- Describe health equity impacts

Abstracts are due **Monday December 4th, 2023**. Applicants will be notified of the status of their submissions by **January 18th, 2024**. Accepted presentations may be paired to connect complementary work across jurisdictions.

Questions? Email us at [OR.Epi@odhsoha.oregon.gov](mailto:OR.Epi@odhsoha.oregon.gov)

Thank you for your interest in OR Epi 2024!

**2. Presentation Information**

\* Presentation title:

\* Detailed description of presentation, including background and purpose:

Length of time requested:

- 30 minutes (including 10 minutes for discussion)
- 45 minutes (including 15 minutes for discussion)
- 60 minutes (including 20 minutes for discussion)
- 90 minute workshop with interactive exercises

\* Topic areas your presentation covers. Mark all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Vaccine Preventable Diseases (VPD)            | <input type="checkbox"/> Harm Reduction  | <input type="checkbox"/> Immunizations   |
| <input type="checkbox"/> Infection Control (IC) in Healthcare Settings | <input type="checkbox"/> CBO/Tribes/LPHA Peer Networking                         | <input type="checkbox"/> Tuberculosis (TB) Outbreak Management & Outbreak Response |
| <input type="checkbox"/> Foodborne Diseases                            | <input type="checkbox"/> One Health  | <input type="checkbox"/> REALD/SOGI (or Data Justice/Health Equity)                |
| <input type="checkbox"/> Vectorborne & Zoonotic                        | <input type="checkbox"/> Public Health Law                                       | <input type="checkbox"/> Health Equity   |
| <input type="checkbox"/> Respiratory                                   | <input type="checkbox"/> Carceral Settings Communicable Disease (CD)             | <input type="checkbox"/> Public Health Preparedness and Response                   |
| <input type="checkbox"/> Bloodborne                                    | <input type="checkbox"/> Congregate Settings CD                                  | <input type="checkbox"/> Public Health History                                     |
| <input type="checkbox"/> Air Quality and Fires                         | <input type="checkbox"/> Serving Populations with Unique Needs - Migrant Workers | <input type="checkbox"/> Public Health Ethics                                      |
| <input type="checkbox"/> Emerging Hazards                              | <input type="checkbox"/> Antimicrobial Resistant Pathogens (e.g., C.auris, CPO)  | <input type="checkbox"/> HIV/STD/TB  |
| <input type="checkbox"/> Travel Diseases                               | <input type="checkbox"/> Antimicrobial Stewardship                               | <input type="checkbox"/> Contract Tracing/Disease Investigation/Partner Services   |
| <input type="checkbox"/> Data Systems (Orpheus and ESSENCE)            | <input type="checkbox"/> HIV/STI Outbreak Management & Outbreak Response         | <input type="checkbox"/> Linkage to Care   |
| <input type="checkbox"/> Informatics (ELR, eCR - Reporting Standards)  | <input type="checkbox"/> Crisis and Emergency Risk Communication                 |  |

Other (please specify)

\* What method will you use?

- |   |   |
|---|---|
| <input type="checkbox"/> Workshop with individual exercise(s) | <input type="checkbox"/> Speaker panel                            |
| <input type="checkbox"/> Workshop with group exercise(s)      | <input type="checkbox"/> Lecture with slides and group discussion |
| <input type="checkbox"/> Group discussion                     |   |
| <input type="checkbox"/> Other (please specify)               |   |

\* How does this presentation inform our efforts to end health inequities in Oregon?

\* What are the learning objectives of this presentation ("Following the presentation, participants will...").

\* Please provide a 2-3 sentence summary of your presentation. If selected, this will be posted online as the session description for attendees.

Does your presentation require translation services?

Yes

No

Supplementary materials (Optional)

Choose File

Choose File

No file chosen

## OR Epi 2024 - Call for Presentations

### 3. Speaker Information

\* Speaker contact information

First Name

Last Name

Agency

Position

Email Address

Phone Number

How do you pronounce your name? (<https://www.pronouncenames.com/>)

What are your preferred pronouns?

\* Please answer **one** of the following to help the audience get to know you:

Who would you most like to interview?

What is the most memorable moment in your public health career?

\* This person will be:

- Traveling to OR Epi to present
- Listed as a contributor, but not presenting

\* Is there an additional speaker?

- Yes
- No

## OR Epi 2024 - Call for Presentations

### 4. Speaker information (continued)

Please complete this page if there are multiple speakers.

\* Speaker contact information

First Name

Last Name

Agency

Position

Email Address

Phone Number

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- No

## OR Epi 2024 - Call for Presentations

### 5. Speaker information (continued)

Please complete this page if there are multiple speakers.

\* Speaker contact information

First Name

Last Name

Agency

Position

Email Address

Phone Number

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## OR Epi 2024 - Call for Presentations

### 6. Speaker information (continued)

Please complete this page if there are multiple speakers.

\* Speaker contact information

First Name

Last Name

Agency

Position

Email Address

Phone Number

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### 7. Audio/Visual Equipment

Each room will be supplied with the following equipment:

- Podium
- Laptop (Lenovo Thinkpad T460 or T480 with Windows 10)
- LCD projector and screen
- Laser pointer, slide advancer
- Wireless microphone and speakers
- Flip chart and markers
- Wireless internet connection

The following are **not supported** by OR Epi:

- Webinars
- Apple devices
- Live streaming content
- Posting or mass-distribution of presentation content after the conference

If you would like to make a special audio/visual request, specify below:

## OR Epi 2024 - Call for Presentations

### 8. Thank you

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