2024 Symposium on Children and Youth with Special Health Care Needs

Better Systems of Care, Better Tommorow

Call for Presentations

The Pennsylvania Department of Health, Bureau of Family Health is excited to offer this opportunity to present a session at the annual symposium for Children and Youth with Special Health Care Needs (CYSHCN). This one-day, in-person symposium brings together public health professionals and community stakeholders providing care to CYSHCN.

SYMPOSIUM DATE: Tuesday, May 21st, 2024

LOCATION: Best Western Premier The Central Hotel & Conference Center

800 E Park Dr, Harrisburg, PA 17111

FORMAT: Symposium will be in person

DEADLINE FOR SUBMISSION: February 9, 2024

PRESENTATIONS 2 Keynotes (60 minutes each);

AVAILABLE: 10-12 Breakout sessions (70 minutes each)

SEND INQUIRIES TO: Email guestions to the attention of Katrina Harris at

kharris@bridgeconsultingcorp.com

PURPOSE

Families of CYSHCN tell us that the current system of services is not working for their children. According to the National Survey of Children's Health, 85% of CYSHCN still do not receive services via a well-functioning system. The *Blueprint for Change* is a national framework for a system of services for CYSHCN. The blueprint is to be used to take action and advocate, inform, share, train, plan, educate others, allocate resources, and coordinate activities that help build a better system of care for CYSHCN. This symposium will provide an in-depth opportunity to learn more about this framework as a change agent.

Attendees have the opportunity to earn Continuing Education Units (CEUs) at this conference. Upon notification of selection, presenters will be requested to submit additional information and complete forms to meet criteria.

SUGGESTED TOPICS

In partnership with families, professionals, and other experts in the field, the *Blueprint for Change* framework was developed to advance the vision that CYSHCN enjoy a full life, from childhood through adulthood; thrive in systems that support their families and their social, health, and emotional needs; and ensure dignity, autonomy, independence, and active participation in their communities. Advancing the system for CYSHCN requires leadership, partnership, will, opportunity, persistence, and stakeholders coming together to achieve the vision presented in the *Blueprint for Change*.

Four critical areas drive the *Blueprint for Change*: **Quality of Life & Well-being; Health Equity; Access to Services; and Financing of Services**. The Bureau is asking interested presenters to identify an area of the *Blueprint for Change* for which your presentation will highlight or focus on for this symposium. To read the *Blueprint for Change*: <u>Blueprint for Change</u> | <u>MCHB (hrsa.gov)</u>

Proposals that demonstrate one of the four areas of the *Blueprint for Change* will be given priority selection. *Submissions are encouraged to include families and self-advocates into presentations, as much as possible.*

NOTIFICATION

If your proposal is selected, notification and all subsequent correspondence will be sent to individuals listed below as presenters.

PRESENTER INFORMATION					
Primary Presenter Name		Click here to enter text.			
Title	Click here to ente	er text.	Affiliation	Click here to enter text.	
Address	Click here to enter text.				
Work Phone	Click here to ente	er text.	Cell Phone	Click here to enter text.	
Email	Click here to enter text.				
Honorarium Requested?	☐ Yes ☐ No If yes, please specify: Click here to enter text.				
Biography (or attach separately)	Click here to enter text.				
Co-Presenter: (If more than one co-presenter, please submit additional co-presenters on a separate sheet.)					
Co-Presenter Name Click here to enter text.					
Title	Click here to enter text.		Affiliation	Click here to enter text.	
Address	Click here to enter text.				
Work Phone	Click here to enter text.		Cell Phone	Click here to enter text.	
Email	Click here to enter text.				
Honorarium Requested?	☐ Yes ☐ No If yes, please specify: Click here to enter text.				
Biography (or attach separately)	Click here to enter text.				
Type: ☐ Workshop (70 minutes, including Q&A and discussion) ☐ Keynote (60 minutes)					
Format: ☐ Podium style lecture ☐ Panel Presentation (If so, how many?) >> Click here to enter text.					

	y: (please check all that apply): AM Session PM Session
	tion title, description, & objectives (Please complete as best as possible at this time; an be revised upon selection):
	e of Presentation (Session titles need to be very short - no more than eight words): k here to enter text.
abou broc	cise Description: This description helps participants make informed decisions at which sessions to attend. The concise description appears in the symposium thure and should be between 25 and 40 words in length. k here to enter text.
seled prop	ailed Description: This more in-depth description assists symposium committee ction members to make informed selections, especially if there are two or more cosals about the same topic. k here to enter text.
mea	rning Objectives: Provide at least 3 objectives below. Be sure to use specific, is usuable, and observable language. k here to enter text.
□ Q □ H	eprint for Change Topic Area: Please check all that apply. Quality of Life & Well-Being Quality Equity Commonwealth Equity
□ Fi	inancing of Services
responsible planning sta	e: If you submit a proposal based on work or research done by someone else, you are to obtain the proper permissions from the original researcher or author. Symposium aff is not responsible for verifying the originality of submissions and cannot be held for presenters' copyright infringements or other violations of ownership rights.
-	be interested in an exhibit table for attendees to visit throughout the day?
Additional	information or documentation (attach as necessary)?
Click here to e	nter text.

SUBMISSION

Email your completed electronic application or any additional questions to the attention of Event Planner - Katrina Harris at kharris@bridgeconsultingcorp.com by January 19, 2024.