

## 2024 National Home Visiting Summit Call for Proposal Submission Questions

**Overview:** The following provides the list of fields and questions asked for submitting a proposal to the Summit. This document is for reference only – all submissions must be made electronically. Please email questions and comments to the conference planning team at [Events@StartEarly.org](mailto:Events@StartEarly.org).

\* Denotes required

### Section 1: Speaker Information

Submitting Author Demographic Information – this information will be used in the conference program and website.

- First Name\*
- Last Name\*
- Email Address\*
- Pronouns
- Organization\*
- Title\*
- Role within the field\* (Federal Advocate, State Advocate, Local/Community Advocate, Community/Public Health Worker, Consultant, Early Interventionist, Educator, Elected Official, Federal Funder, State Funder, Home Visitor, Home Visiting Systems/Funding Stream Administrator, Parent/Caregiver, Pediatrician, Philanthropy, Program Leader/Supervisor, Researcher, Federal Leader, State Leader, Local/Community Leader, Technical Assistance Provider, Trainer, Other)
- Biography\* (500-character Limit)
- Headshot

**Co-Author Information** (Limit 3 additional Co-Authors) – this information will be used in the conference program and website.

- First Name\*
- Last Name\*
- Email Address\*
- Pronouns
- Organization\*
- Title\*
- Role within the field\* (Federal Advocate, State Advocate, Local/Community Advocate, Community/Public Health Worker, Consultant, Early Interventionist, Educator, Elected Official, Federal Funder, State Funder, Home Visitor, Home Visiting Systems/Funding Stream Administrator, Parent/Caregiver, Pediatrician, Philanthropy, Program

Leader/Supervisor, Researcher, Federal Leader, State Leader, Local/Community Leader, Technical Assistance Provider, Trainer, Other)

- Biography\* (500-character Limit)
- Headshot

## Section 2: Presentation Modality

1. \*What type of presentation are you submitting? ([See website for session descriptions](#)). The conference organizer reserves the right to amend the presentation type and will work with presenting teams to find the best fit. *Please select one option.*
  - a. Workshop Session
  - b. Poster Presentation
  - c. On-Demand Session
  - d. Help me decide
2. \*If accepted for a workshop or poster session, are all of your speakers able to attend and present at the conference in Washington, DC? (Y/N/NA)
3. \*If accepted, do you agree to participate in a planning meeting to review best practices for your session, including the conference website? All presenters are required to participate. (Y/N)

## Section 3: Overview

1. \*Have you presented at previous Summits on this topic or another? (Y/N)
  - 1a) Sub-Question – If Yes: Please provide the topic(s), including a brief description of the session and the year(s) you presented (200-character limit).
2. \*Have you presented the proposed presentation at another conference in the field? (Y/N)
  - 2a) Sub-Question – If Yes: Please provide a brief description of the presentation, including when and where you previously presented the topic and how your presentation at the Summit will be unique/different.
3. \*If you are presenting in a live stream session, do you agree to have your session recorded and made available to Summit attendees? Select workshop sessions will be livestreamed to a virtual audience. (Y/N/NA)
4. \*Are you interested in sharing your presentation with other Networks in the field? i.e., National Home Visiting Resource Center? (Y/N) *If you answer yes, a conference team member will contact you to confirm participation.*

#### Section 4: Session Topic

1. \*Select the conference domain that best describes your presentations (select one)
  - Advocacy & Policy
  - Practice
  - Research
  
2. \*Select the Summit's areas of focus that your session applies to (please choose one):
  - The Power of Connection
  - The Art of Home Visiting: Leading with Empathy and Science
  - Innovative and Future-Forward Practices
  - Coordinating and Collaborating Across Systems
  - Funding Mechanisms to Move the Work Forward

#### Section 5: Session Details

1. \*Submission Title (please limit title to 10-words or less)
  
2. \*Does your presentation include parent and/or provider voice or representation? (Y/N)
  - 2a: (If answered yes): Please choose the extent to which parent/caregiver and/or provider voice or representation will be included in your presentation:
    - A. Impacts on parent/caregiver or provider will be referenced
    - B. Parent/caregiver or provider voice will be referenced in the presentation
    - C. Parent/caregiver or provider will be incorporated into the presentation through video/audio recordings
    - D. Parent/caregiver or provider will be a session speaker
  
3. \*Ideal Audience: Provide a short description of the ideal audience for your session. i.e., This session is ideal for home visiting advocates and/or program administrators interested in diverse and innovative ways of communicating the impact of their home visiting program. (500-character limit). Please note: This description will be used to promote your session on the conference website.
  
4. \*Session Description: Summarize your topic; state the importance, relevance, and impact for attendees. (1500-character limit – 1 to 3 paragraphs) Please note: This description will be used to promote your session on the conference website.
  
5. \*Please describe how your proposal integrates & addresses the conference's commitment to Diversity, Equity, Inclusion, and Belonging, as stated on the conference [website](#) (3,000-character limit – 2 to 4 paragraphs).

6. \*Describe the facilitation strategies you will use to engage the audience. Clearly state the strategy and the percentage of your time spent using each. e.g., breakout groups, Q&A sessions, and visual aids. **If applicable, please consider how you will engage a virtual audience.** (1500-character limit)
7. If presenting with speakers that have not already been identified in the co-author section, please enter the full name, email address and speaking role below. Be sure to indicate speakers that are parents/caregivers and those that represent provider voice. If exceeding the limit of four speakers, please explain why. Exceptions will be made on a case-by-case basis. (1800-character limit)
8. \*Please Indicate if you plan to submit the same or similar presentation to the 2024 Maternal, Infant, and Early Childhood Home Visiting Program's All-Grantee Meeting (MIECHV AGM). Start Early and the MIECHV AGM organizers will collaborate to review and select abstracts to best meet the goals of each event. (Y/N/Unsure)