



PRIMARY CARE ASSOCIATION  
HEALTH CENTER CONTROLLED NETWORK

November 18-20  
The Westin Seattle  
Seattle, WA

## PCA & HCCN Conference Submission Form

**Proposed Title (maximum 20 words)**

**Program Description (maximum 250 words)**

**Submission Type:**

Workshop

Education Session

**Knowledge Level: (choose one)**

Basic

Intermediate

Advanced

**Prerequisite (required for knowledge levels of Intermediate and Advanced):**

**Topic:**

- **Data Strategy/Health Information Technology**
  - Data/Informatics
  - Data Governance
  - Public Health Informatics
  - UDS+
  - Cybersecurity
  - Artificial Intelligence (AI)
  - Research

- **Strategic Planning and Financial Sustainability**
  - Partnerships/Community Engagement
  - Innovations
  - Policy (Federal/State/Regulatory)
  - Advocacy
  - Value-Based Care and Payment
  - Medicaid Unwinding
  - Leadership/Succession Planning
  
- **Service Delivery/Operations**
  - Association Management
  - Operations/Quality
  - Workforce/HPET
    - Nurse Leadership
    - Telehealth
  
- **Emerging Topics**
  - National Emergency – Children’s Mental Health
  - Maternal Health
  - Violence (domestic, PTSD, trauma)
  - Substance abuse and addiction
  - Health Literacy and Education
  - Mental Health and Wellness
  
- **Health Equity**
  - JEDI within an Organization
  - Addressing Social Drivers of Health (SDoH)
  - Environmental Health/Solar Power

**Target Audience: (choose all that apply)**

- |               |            |
|---------------|------------|
| Board Members | Operations |
| C-Suite       | Policy     |
| Clinical      | Workforce  |
| Finance       | Other      |
| HIT           |            |

**Which [NACHC Strategic Pillar\(s\)](#) will your session align with? (check all that apply)**

Pillar 1: Equity and Social Justice

Pillar 4: Reliable and Sustainable Funding

Pillar 2: Empowered Infrastructure

Pillar 5: Improved Care Models

Pillar 3: Skilled and Mission-driven  
Workforce

Pillar 6: Supportive Partnerships

**Describe how your session will help position health centers as the Partner, Employer, and/or Provider of Choice for primary care and advancing health equity. (maximum 250 words)**

**Learning Objectives (3 required)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is your abstract submission part of a grant and/or workplan deliverable?      Yes      No

If yes, please provide further details including how the deliverable relates to this conference.

Is this session being proposed in coordination with a member of NACHC's staff?

Yes      No

If yes, what is the name of the NACHC staff member you are working with?

**Speakers/Moderators: (need the following information for each)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role: Moderator Speaker

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role: Moderator Speaker

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role: Moderator Speaker

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role: Moderator Speaker

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role:     Moderator             Speaker

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Credentials (if any): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Role:     Moderator             Speaker