



Making Your Abstract Awesome + Getting It Accepted

Presented by the Health Equity Committee of the American Public Health Association's Medical Care Section

Dec. 15, 2017, 12-1pm



Outline and Schedule

- Introductions – 5 minutes
- What makes a great abstract? – 15 minutes
- How are abstracts evaluated and scored? – 5 minutes
- APHA Medical Care Section call for abstracts and submission process – 15 minutes
- Student abstract awards, tie-in with *Medical Care* – 5 minutes
- Questions and answers – 15 minutes



Faculty

● Co-presenters

- [Lisa M. Lines, PhD, MPH](#) – Health Services Researcher, RTI International; Chair, Health Equity Committee; Founding Co-editor, [The Medical Care Blog](#)
- Wassim Tarraf, PhD, MBA – Assistant Professor, Wayne State University; Co-chair, Medical Care Section Program Planning Committee; Treasurer, Medical Care Section

● Moderator

- Larry Warner, MPH – Strategic Initiative Officer, Rhode Island Foundation; DrPH student, Johns Hopkins Bloomberg School of Public Health

● Co-organizers/advisers

- Elham Mahmoudi, PhD, MBA, MS – Assistant Professor of Family Medicine, University of Michigan Medical School; Member, Institute for Healthcare Policy and Innovation
- Alison O. Jordan, LCSW – Senior Director, NYC Health + Hospitals, Correctional Health Services, Reentry & Continuity Services; Coordinator, Justice & Incarcerated He Committee



About Us



- Founded in 1948, APHA's **Medical Care Section** is a diverse group of professionals, scholars, and students interested in the intersections of medical care and public health.
- Benefits:
 - Free electronic access to **Medical Care**, our peer-reviewed journal
 - Get involved in **The Medical Care Blog**
 - **Awards** to professionals at all levels, including students
- **Focus areas**: climate change, drug policy and pharmaceutical practice, health services research and health economics, justice and incarcerated health, quality improvement, rural and frontier health, and veterans' health
 - We support progressive policies, programs, and research on issues including single-payer health reform, reproductive health services, and social determinants of health
- The Health Equity Committee of the APHA Medical Care Section is the home for students, scholars, and practitioners with interests in reducing disparities and achieving health equity for all



What is an abstract?

- Summary of project, study, or analysis
 - Conference abstract
 - Manuscript abstract
 - Executive summary
- Stands alone to briefly explain your work and why it matters
- Helps conference attendees decide whether to attend your presentation or poster
- Concise, complete, clear, cohesive = AWESOME



Parts of an APHA meeting abstract

- Title
- Background
- Methods
- Results
- Conclusions

Core abstract content
Max word count = 250 to 400 words

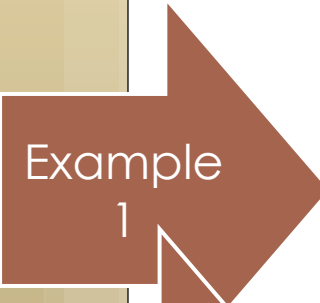
(Not necessary to label the parts, but helpful to readers/reviewers)

- Learning objectives
- Qualification statement (**BLINDED**)

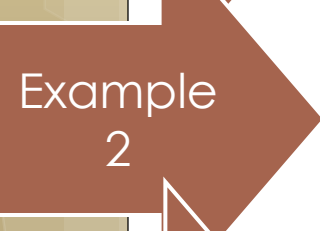


Great titles are key!

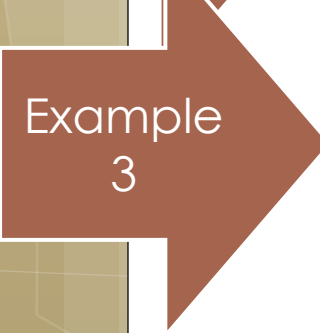
- Often the only thing people will read
- Short, descriptive, and attention grabbing!



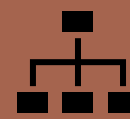
Home is where our health is: The Community Need Index as a predictor of unplanned returns to the hospital after traumatic injury



Even before they are born: Anticipating negative police-youth encounters and symptoms of depression in pregnant African American women



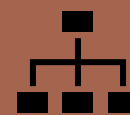
Lesbian, gay, and bisexual adults more likely to face access and affordability barriers than heterosexual adults, despite high insurance coverage and strong connections to health care system



Background (1)

- Only what's most important for the reader to know about the context, history, or policy
 - May include a concise research objective/question/hypothesis
 - Usually mixed (present/past) tense

Despite high rates of diabetes among Bangladeshi immigrants, few culturally- and linguistically-tailored health interventions have been implemented in this community. We report a Community Health Worker (CHW) intervention designed to improve diabetic management among Bangladeshis in New York City (NYC).



Background (2)

Example
2

Flu immunization is a critical preventive health service that substantially reduces the risk of hospitalization and death among people age 65 and older. While women often obtain recommended preventive health interventions at higher rates than men, flu immunization can be an exception, with women immunized at lower rates than men.

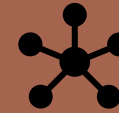
Example
3

High-deductible health plans (HDHPs) have become more prevalent among employer-sponsored health plans as well as plans offered through the Health Insurance Marketplace in the United States. This study aimed to examine how healthcare experiences—including ease of finding a provider, any delay of care seeking, time since last healthcare use, difficulty in paying the bill, and satisfaction with the coverage—are influenced by plan deductibles among Marketplace enrollees and enrollees through other sources.



Methods (1)

- Study design
- Setting
- Population
- Key analytic approaches
 - How you collected the data
 - How you analyzed the data
- Past tense



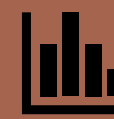
Methods (2)

Example
1

To understand and help address this disparity, we explored variation in flu immunization rates between men and women by demographic characteristics and Medicare coverage type [Medicare Advantage (MA) vs. Fee-for-Service (FFS)], controlling for general health status, income, education, and race/ethnicity among respondents to 2013-2014 Medicare Consumer Assessment of Healthcare Providers and Systems surveys aged 65 and older.

Example
2

We recruited participants from clinic-based settings and randomized to treatment or control group. Treatment participants received 5 group culturally and linguistically tailored educational seminars and 2 one-on-one visits from a CHW over a 6-month period. Control participants received an introductory seminar only. We analyzed baseline and follow-up data for individuals completing both baseline and 6-month follow-up surveys.



Results (1)

- Only the most important
- Answers the research question - concisely describes how your results pertain to your study aim or hypothesis
- Actual numbers/data/findings - statements such as “to be completed” or “will be presented/discussed” are not acceptable
 - The intervention group was more likely than the control to use condoms.
 - The intervention group was more likely than the control to use condoms ($P < .001$).
 - The intervention group ($n=144$) was more likely than the control group ($n=288$) to use condoms (45% vs. 30%, $P < .001$).
- Past tense
- Words only – no tables/figures

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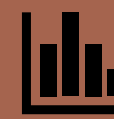
OK

A white arrow pointing left with an orange outline, containing the text "Good".

Good

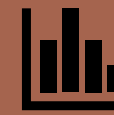
A white arrow pointing left with an orange outline, containing the text "Awesome".

Awesome



Results (2)

In the treatment group (n=144), recommended physical activity levels increased from 27% to 58% ($P<.001$), and knowledge of HbA1c increased from 12% to 75% ($P<.001$). Additionally, participants achieved significant reductions in mean weight, BMI, and systolic blood pressure (BP) ($P<.001$), as well as diastolic BP ($P<.05$). In the control group (n=127), recommended physical activity levels increased from 31% to 42% ($P<.001$), and knowledge of HbA1c increased from 11% to 28% ($P<.001$), while no changes were observed for weight, BMI, or BP. The treatment group's mean HbA1c decreased ($P=.062$), but the control group had no HbA1c changes. Retention rates were high; 77% of intervention group participants completed all intervention components.



Results (3)

The sample (n=14,488) was predominately female and white; average age was 47.8 years. Median income was \$60,000-80,000. **Average CPSS score was 7.3 (1-10 scale)**. Bivariate analyses showed that patients in the high and middle income tertiles had **significantly** higher self-efficacy ($P<.001$ and $P=.007$) than did the lowest income group. Income was still **significantly** related to self-efficacy in multivariate analyses, controlling for age, sex, race/ethnicity, location and health insurance ($P<.001$ and $P=.008$). When pain intensity was added, the relationship remained **significant** when comparing the highest income tertile to the lowest ($P=.006$).



Conclusions (1)

- Top-level statement of implications
 - What does it mean?
 - Why should the reader care?
 - Is it newsworthy? If so, why?
- May include directions for future research, practice implications
- Present tense



Conclusions (2)

Example
1

The treatment group showed significant improvements in several areas relevant to the control group. Findings suggest that a CHW intervention in this community can be effective.

Example
2

While income is positively associated with self-efficacy, the relationship is moderated by pain intensity, which is negatively associated with self-efficacy. Thus, it may be important for practitioners to consider how patients' resources can limit their coping self-efficacy, and that greater pain intensity may reduce self-efficacy, regardless of patients' resources.

Example
3

Although access to a USC predicted cancer screening, and although most participants had access to a USC, disparities in cancer screening rates persist between adults in the Eastern Caribbean and the mainland US. To address this disparity, we will need to improve cancer screening within existing systems and also develop innovative ways to deliver preventative services to those without a USC.



Scoring

Cutpoints
may vary

- 41-50 – very good (maybe oral)
- 35-40 – good (probably poster)
- 34 or below – reject

Max Points	Criteria
15	Abstract Content – specific to presenting topic, must be of sound science, or evidence-based practice (promising practice) and serve to maintain, develop or increase the knowledge, skills or competence of the public health professional. Content must be objective, free from bias and promotion, no use of commercial entities, products, services, logos, or brand names.
10	Gap Addressed – Were gaps identified? Was it based on sound science, evidence-based (promising practice) that identified the change in skills, knowledge, and/or the opportunity for improvement? (10 points possible).
10	Quality of Written Abstract – Was the abstract coherent? Did the abstract clearly state the purpose and/or relevance to field of public health? (10 points possible).
5	Competency - Did the abstract address a core competency in public health, nursing, medicine or health education? (5 points possible).
5	Qualification Statement – Did the presenter clearly describe his/her qualification and areas of expertise? (5 points possible).
5	Learning Objectives – at least one measurable learning objective that reflects what the learner will be able to do as a result of participating in this educational activity (5 points possible).



Points for style!

Do use...

- Active voice
 - We defined...
 - We investigated...
- Plain English
- Editorial review (grammar, punctuation)

Don't use...

- Passive voice
 - Participants were recruited...
 - Measures were defined...
- Jargon
- Citations
- Local, undefined, or made-up ACRONYMS
- Trade or brand names

Where to start

Submission information and critical deadlines can be found at:
<https://apha.confex.com/apha/2018/oasys.epl>

Screen example:

If you have already submitted your abstract, you may... **VIEW, MODIFY, or WITHDRAW your abstract**

Online Abstract Submission

Important! Submission Deadline – Abstracts submissions have been extended for some programs to **March 3rd**. See the list of components below for specific deadlines.

APHA 2018 Annual Meeting & Expo San Diego CA | Nov. 10 – Nov. 14

The American Public Health Association is now accepting abstracts for the APHA 2018 Annual Meeting & Expo.

The theme of the meeting is *Creating the Healthiest Nation: Health Equity Now*. Authors are encouraged to submit abstracts on the theme and current and emerging public health issues.

Submission Deadline – Abstracts are due between Feb. 20-24. See the list of components below for specific deadlines.

Abstract Notification – Presenters will be notified via email of abstract status on Friday, June 1, 2018.

To Keep in Mind...RULES AND REGS

- Detailed information can be found at:
<https://apha.confex.com/apha/2018/oasys.epl>
- Membership is **NOT** required for abstract submission
 - Membership and registration required for presentation
- Accepted abstracts can not be submitted/presented at other conferences
- Limit is 3 substantially different abstracts or risk removal from program
- No duplicate submissions to different groups/sections/etc..
- Think carefully about ability to participate. Withdrawn abstracts have implications on your future chances of acceptance

What happens after you initiate the submission process?

- APHA email confirmation sent following start of submission process
- Not necessary to complete submission in one session
- **HOWEVER** – We recommend that you develop your abstracts in a word processor before you go online and fill the submission forms

Screen example:

If you have already submitted your abstract, you may... **VIEW, MODIFY, or WITHDRAW your abstract**

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Abstract ID and Password

- Abstract ID number and password can be shared with collaborators
- Stop and start any time
- Ask for help along the way – in you need it. Program organizers or APHA staff will have access to partial submissions

Screen example:



Abstract Status Check

Abstract ID:

Password:

Abstract ID/Password Reminder

If you misplaced your abstract ID/password, please enter your email address and last name below and click Submit.

You will receive a link to the page with the link to your submission.

On that page, click the hyperlinked submission title and make notice of your abstract ID/password located at the top of the Abstract Control panel. Return to this page and enter them in the fields above to obtain your submission status.

Email address: Last Name:

Abstract Requirements

- **SELECT A Section/Caucus/etc...**

- Suggested groups are provided on the APHA submission website
 - Study the call for abstracts carefully - submission should provide a good fit to the target group
 - Requirements might vary from group to group
 - ONLY SUBMIT YOUR ABSTRACT TO ONE PROGRAM

- **PREPARE LEARNING OBJECTIVES**

- A “learner’s perspective”
- Measurable action words
- Not included in abstract word counts

- **IDENTIFY 1 PRESENTER**

- **QUALIFICATION STATEMENT(S)**

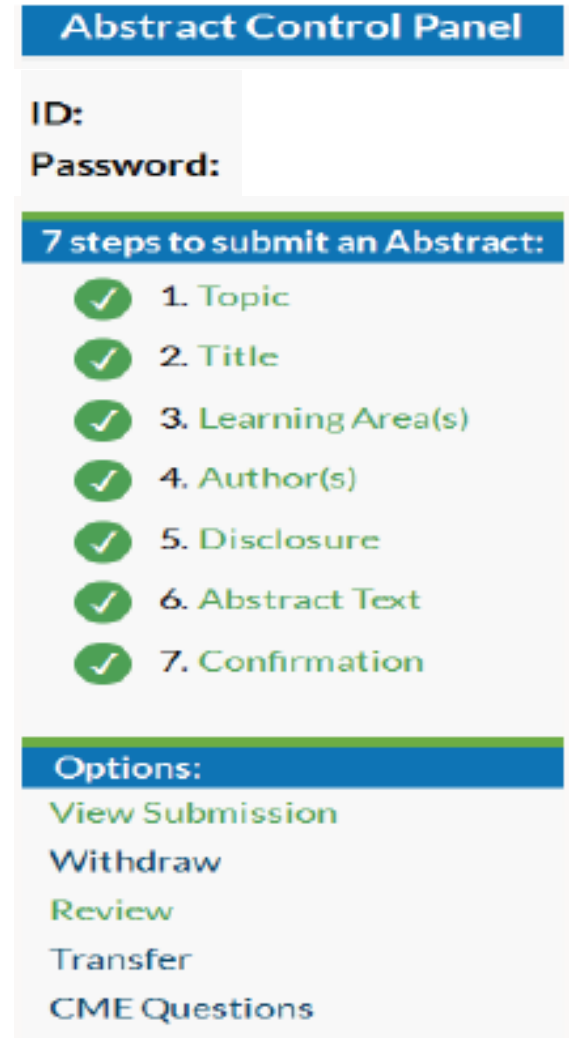
- Must relate to the abstract
- Must show expertise in the submission topic
- No trade or brand names in abstract

Submission Process:

- **Multi-steps:**

- Step 1 – Topic
- Step 2 – Title
- Step 3 - Learning Objectives and Areas
- Step 4 – Authors
- Step 5 – Disclosure
- Step 6 - Text
- Step 7 - Confirmation

Screen example*:



The screenshot shows a web interface for an abstract submission process. At the top is a blue header bar with the text "Abstract Control Panel". Below this are two input fields: "ID:" and "Password:". A green horizontal bar separates this from the next section, which is titled "7 steps to submit an Abstract:" in a blue header. This section contains a list of seven steps, each preceded by a green checkmark icon: "1. Topic", "2. Title", "3. Learning Area(s)", "4. Author(s)", "5. Disclosure", "6. Abstract Text", and "7. Confirmation". Below this list is another green horizontal bar, followed by a blue header bar labeled "Options:". Underneath, there are five text-based options: "View Submission", "Withdraw", "Review", "Transfer", and "CME Questions".

Topic

- Select a topic from the call for abstracts of your Section/Caucus/etc... (a list will be provided on the submission site)
- Select the program to start the submission process
 - **NOTE THE DEADLINE**
 - **CAREFULLY REVIEW THE SPECIFICS OF THE CALL**

Your Title

- Abstract title should be in **SENTENCE CASE**
- Make a direct case for what your work does:
 - *Access to usual providers improves care in at risk urban populations*
- e-mail address of the person that will be involved in communication about the abstract
- Indicate preferred method of presentation – **Don't just use ORAL ONLY or NO PREFERENCE**
 - No guarantees

Screen example*:

PREFERRED PRESENTATION FORMAT

Abstracts can be presented in three formats:

1. Oral presentation – A formal panel presentation
2. Roundtable presentation – Small group discussion of a presenter's work
3. Poster presentation – A visual representation of the abstract.

There are a limited number of slots for oral presentations at the annual meeting. If you select "Oral only" your paper may be rejected if there is no room for it in an oral session. Roundtable formats are limited and not guaranteed. However, you can request a roundtable format in the "COMMENTS TO ORGANIZERS" box below.

Oral Only Oral Preferred Poster Only No Preference

Learning Objectives

- Provide **AT LEAST 1 MEASURABLE** learning objective
- Follow the guidelines specified by APHA
- Have to comply with guidelines in order to be considered for a presentation (rated by reviewers!)

Screen example*:

LEARNING OBJECTIVES

Abstracts submitted without proper learning objectives may not be accepted or jeopardize the future session's eligibility for continuing education credit.

1. Provide at least 1 measurable and concrete objectives.
2. Start each sentence with one of these objective verbs: Define, List, Describe, Discuss, Explain, Identify, Demonstrate, Differentiate, Compare, Design, Formulate, Evaluate, Assess, Name, Analyze.
3. Do not use the terms learn or understand.
4. Learning objectives must be written from the learner's perspective. What will the learner be able to do after hearing your presentation? Define what? Describe what? List what?
5. Do not start your learning objective with the number, bullet, asterisk or any other special characters!
6. Do not put your abstract text or URLs in this field. Learning Objectives will not be included in the abstract word count.

See full [instructions for writing learning objectives](#).

Screen example:

Guidelines for Writing Learning Objectives

The following guidelines are provided to assist in the development of appropriate learning objectives:

- Use one of the measurable action words below.
- Write from the perspective of what the learner will be able to do after your presentation.
- Create a single action for each objective. No compound objectives (e.g. list and discuss).

Examples of acceptable learning objectives:

List five indicators that link a healthy community to healthy economy.

Articulate the procedure for assessing the health status of a patient with Alzheimer's.

Develop a care plan for a family of six supported by an annual income of \$32,000, and caring for a child who has cystic fibrosis.

Do not start your learning objective with the number, bullet, asterisk or any other special characters!

Examples of Measurable Action Words

Explain	Demonstrate	Analyze	Formulate	Discuss
Compare	Differentiate	Describe	Name	Assess
Evaluate	Identify	Design	Define	List

IMPORTANT!! For the correct display of Learning Objectives on the on-line program you MUST follow the format shown in Example of Learning Objectives above

Optional Entries

- Use properly:
 - External funding
 - Target audiences
 - Keywords
 - Geographic Focus
 - Comments to organizers
 - Off-label products
 - Webpage related to project

Screen example*:

EXTERNAL FUNDING

If the content of your presentation received external funding, please state the funding source. Leave this box blank, if you have nothing to report

TARGET AUDIENCES

The purpose of the abstract/paper should meet the needs of a target audience. APHA's annual meeting as a whole targets public health professionals. If there is a specific audience of public health professionals that would be especially interested by the research to be presented, indicate who that population is. NOTE: Consider the target audience as a "highlighted" segment of the general public health professional population, not a limitation on it. (For example, "CHES working with teenage mothers", "physicians involved in HIV/AIDS policymaking", "social workers counseling families of cancer patients")

KEYWORDS

Click on the down arrow to see list of keywords. Select by clicking on the keyword of your choice.

Please select at least one.

PRIMARY GEOGRAPHIC FOCUS OF THE PROGRAM OR STUDY (if appropriate)

State/Province

Country

N/A = Not Applicable

COMMENTS TO ORGANIZERS

Use this section to leave a message to the organizers such as nonstandard keywords, special needs, round table requests, "group with other paper", related reading/reference (include the abstract ID of the other paper)

OFF-LABEL/INVESTIGATIONAL PRODUCT USE

If your presentation includes any discussion of unlabeled use of a product or of a product under investigational use, please describe that use in the box below.

Leave this box blank, if you have nothing to report.

RELATED WEB PAGE

You may enter here the URL of a web page related to the work described in this abstract

Learning Areas

- Different than **LEARNING OBJECTIVES**
- Important for APHA for continuing Education purposes
- Up to 6 learning areas that apply to your submission

Screen example*:

YOU MAY SELECT UP TO 6 LEARNING AREAS

All continuing education learning content must be of sound science or professional practice and serve to maintain, develop or increase the knowledge, skills and professional competence of the health professional. Learning content should be evidence-based if available.

Important! If you have any questions about the Learning Area(s) selection in **this particular step only**, please contact [Mighty Fine](#), but we strongly recommend you to select at least one Learning Area and continue with your submission while waiting for the reply. You can access your abstract submission and modify the selection at anytime before the deadline.


- | | |
|---|--|
| <input type="checkbox"/> Administer health education strategies, interventions and programs | <input type="checkbox"/> Other professions or practice related to public health |
| <input type="checkbox"/> Administration, management, leadership | <input type="checkbox"/> Planning of health education strategies, interventions, and programs |
| <input type="checkbox"/> Advocacy for health and health education | <input type="checkbox"/> Program planning |
| <input type="checkbox"/> Assessment of individual and community needs for health education | <input type="checkbox"/> Protection of the public in relation to communicable diseases including prevention or control |
| <input type="checkbox"/> Basic medical science applied in public health | <input type="checkbox"/> Provision of health care to the public |
| <input type="checkbox"/> Biostatistics, economics | <input type="checkbox"/> Public health administration or related administration |
| <input type="checkbox"/> Chronic disease management and prevention | <input type="checkbox"/> Public health biology |

Authors

- Option to use pre-populated information (e.g. from previous submissions)
- Prompts for required information before you can move to next step
- DOUBLE CHECK VALIDITY of information!
- ONE PRESENTER, but list all authors

Screen example*:

Add/Edit People

Role	Presenter	Person	Edit	Delete	
Presenter	<input type="radio"/>	<input type="text"/>			

Add new person

COI Disclosure Form

- **REQUIRED INFORMATION!** completed by the presenting author
- APHA Conflict of Interest Policy: <https://www.apha.org/about-apha/governance/conflict-of-interest-policy>
- APHA Continuing Education Policies: <https://www.apha.org/about-apha/centers-and-programs/center-for-professional-development/apha-continuing-education-policies>

Screen example*:

Step 5 - Disclosure

APHA CONFLICT OF INTEREST DISCLOSURE FORM

To ensure that all APHA sessions and APHA-LI faculty are capable of delivering content in a manner that will provide attendees/learners with an educational experience of the highest caliber, all Presenters, Organizers, Moderators, Discussants and faculty members must complete the APHA Conflict of Interest Disclosure Form which includes a Biographical Qualification Statement. **Failure to submit this form by the deadline will result in automatic withdrawal of your submission.** Click on the hyperlink in the "Relationships" column to add or edit a form.

Person	Role	Relationships?
	Presenter	Completed



American Public Health Association
Learning and Professional Development Programs Unit
Biographical and Conflict of Interest Disclosure Form

Please read the [APHA Conflict of Interest Policy](#); the [Continuing Education Content Integrity Standard](#); and, the [Commercial and Sponsorship Support Standards](#) before filling out this form.

Instructions: A biographical and conflict of interest disclosure form is required for each presenter, speaker, discussant, respondent, faculty and session moderator. Please complete the form below and provide a typed signature and date, and [email back to your session organizer in a word document \(do not scan\)](#). Please do not submit curriculum vitae or resumes.

Contact Information		
Meeting:	APHA 2016 Annual Meeting & Exposition	Abstract/Session #
Name:		Degree:
Affiliation:		Address:
Department:		City/State/Zip:
Phone:		Email:

Presenter, Speaker, Discussant, Respondent, Faculty, etc.

Biographical Qualification Statement: *(I have been the principal or co-principal of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug use disorders. Among my scientific interests has been the development of strategies for preventing HIV and STDs in out-of-treatment drug users.)*

I am qualified to give this presentation on this material because:
(Bio statement must state content expertise. Please submit your biographical qualification statement in the box below and limit to no more than 75 words).

Conflict of Interest (COI) Disclosure - Resolution

A CE worthy educational activity/session must be developed and presented with independence, objectivity and scientific rigor, free from promotion of specific goods or services, or bias.

A Conflict of Interest (COI) is present if any relationship of a financial, professional, or personal nature exists that would potentially bias the planner, program reviewer presenter, speaker, discussant, respondent, faculty because they may have an impact on the content of an educational activity.

Such a relationship may be:

- with a commercial entity, or entity controlled/owned by an entity that produces, markets, re-sells, or distributes healthcare goods or services that are consumed by, or used on, patients/clients. Pharmaceutical or biomedical device entities whose goods or services are related to therapeutic areas are such commercial entities.
- A salary; consulting fee; honoraria; ownership interest except diversified mutual funds; private research or program contracts or grants; publications; royalties; membership on advisory or top level boards or panels that give remuneration.

Exempt entities that are not considered commercial entities for CE purposes are non-profits, governments, and non-healthcare related companies.

To award CE credits, a COI must be identified, disclosed and resolved before presentation. Each presenter, speaker, discussant, respondent, faculty must agree not to promote the sale of goods or services, or insert bias when planning or presenting the activity/session.

Required Disclosure: During the past 12 months have you, or your spouse or partner had a financial, professional or personal relationship that might potentially bias and/or impact content of the educational activity/session: Yes No.

If yes, list company (s) with relationship:

Relationship	Name of Commercial Company

Resolution: *I agree not to promote any products, goods or services or to bias the educational, planning and selection of presenters and to protect the integrity of the content according to the APHA Conflict of Interest Policy; the Continuing Education Content Integrity Standard; and the Commercial and Sponsorship Support Standards.*

Confirmation

- Keep for your record

Screen example*:

Receipt of this notice does not guarantee that your submission is free of errors.

If necessary, you can make changes to your abstract submission before the deadline of **Thursday, February 23, 2017.**

- Click an appropriate step link in the Abstract Control Panel.
- Edit the information and click the Save button. Saved changes that you make will be reflected instantly. You do not need to go through all of the submission steps in order to change one thing.

To access your submission in the future, use the direct link to your abstract submission from one of the automatic confirmation emails that were sent to you during the submission.

Or point your browser to [/apha/reminder.cgi](#) to have that URL mailed to you again. Your username/password are **370966/571898.**

When you have completed your submission, you may close this browser window.

Print this page

Consideration for Student Award

- Ongoing for many years – Aims to honor outstanding student abstracts and presentations (last year 4 awardees)
- Carefully follow instructions on Call for abstract specific to student awards
- Review, selection, and decision by MC student award committee with consultation with MC leadership
- Benefits:
 - Small monetary award
 - Mentoring by senior faculty interested in Medical Care
 - Significant exposure and publicity for awardees and their work
 - Possibility of publishing in the flagship journal of the Medical Care section: **Medical Care**
- **Contact:**
 - Katherine Virgo, Julie Zito, Linda D Green

How to modify after submission

- Use: <https://apha.confex.com/apha/2018/login.htm>

Program Committee Contacts

- Rosa Rodriguez-Monguio, rmonguio@gmail.com
- Wassim Tarraf, Institute of Gerontology and Department of Healthcare Sciences, Wayne State University, wassim.tarraf@wayne.edu
- Elham Mahmoudi, Family Medicine, University of Michigan in Ann Arbor, mahmoudi@med.umich.edu

References & Resources

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 - Screen examples are what you see on the submission site. *Several of the screen examples were borrowed and manipulated from the above reference.