



October 23 and 24, 2025

## CALL FOR PROPOSALS

Presented in partnership with the University of Vermont, Larner College of Medicine, and College of Nursing and Health Sciences, the University of Vermont Health Network invites you to its fourth Health Equity Summit.

This summit aims to provide opportunities for everyone committed to advancing equity in healthcare to share their restorative, innovative, and transformative ideas. Together, we strive to deepen our understanding of the institutional and systemic inequities affecting our community and to promote education and inspiring partnerships that advance health equity.

The Summit Planning Committee is actively seeking health system leaders, healthcare professionals, non-profit organizations, community members, medical residents and fellows, students, biomedical scientists, population health researchers, policymakers, and academic faculty and staff to deliver engaging, high-impact educational programming.

Timeline:

- Proposals Due: June 13
- Presenter Notification: July 12
- 2025 Health Equity Summit: October 23 and 24, 2025

Note: Each submission must be entered separately. If you are interested in submitting for multiple sessions, you will need to complete a new submission for each.

Before submitting, please carefully review the proposed [submission guidelines](#).

Questions? Please email [HESummit@uvmhealth.org](mailto:HESummit@uvmhealth.org)

We look forward to engaging with you all in October!

## Presenters/Authors\*

*Enter the names of all presenters (up to 4) and their affiliations or organizations here - including yourself. Please print in the order in which you wish them to appear in printed text. Names omitted here cannot be printed in the final program.*

Title (optional)

First Name\*

Middle Initial

Last Name\*

Degree (optional)

Email\*

Upload Photo (optional)

Pronouns (optional)

Point of Contact\* (yes/no)

Presenter's Experience\*

Affiliation 1

Institution (optional)

City\*

State\*

### **Title of Presentation\***

*Please limit the title to 15 words or less.*

### **Identify Up to Three Tracks Your Presentation is Focusing on\***

*Up to three choices*

- ☐ Community Engagement and Empowerment
- ☐ Policy and Advocacy
- ☐ Cultural Humility
- ☐ Innovations in Sustainable Healthcare Delivery
- ☐ Mental Health and Well-being
- ☐ Rural Health Equity
- ☐ Health Disparities and Inequities
- ☐ Health-related Socioeconomic and Environmental Needs
- ☐ Data and Measurement
- ☐ Intersectionality in Health Equity
- ☐ Climate Change and Health Equity
- ☐ Stewardship and Ethical Practices

### **Presentation Format\***

- ☐ Panel (50 min) – I will coordinate the panel with panelists of my choosing
- ☐ Lecture (50 min)
- ☐ Workshop (50 min)
- ☐ Oral Presentation (20 mins)
- ☐ Poster Presentation
- ☐ Tabling/Exhibiting

**(If Tabling/Exhibiting is marked) Showcase Details for Tabling/Exhibiting\***

*Please limit the abstract to 250 words or less.*

(If Oral Presentation or Lecture is marked) If we are unable to accommodate your presentation for a panel, lecture, workshop, or multimedia presentation, would you be open to poster presentation?

☐ Check this box to give us permission to consider your presentation for a poster session.

(For all formats except Tabling/Exhibiting) **Abstract/Purpose\***

*Please limit the abstract to 500 words or less.*

### **Please List 3 Learning Objectives\***

*By the end of this activity, the learners should be able to...  
(e.g. Identify, Review, Describe, Practice...)*

- 1.
- 2.
- 3.

**This conference will host a combination of in-person, online, and hybrid sessions. In what format would you like to present your session?**

*Please note that all hybrid and online sessions will be recorded.*

- ☐ I require a virtual option to present.
- ☐ I would like to present in-person only.
- ☐ I would like to present a hybrid session.

### **Additional Considerations**

Please share more on any support you may need for a successful participation.

**Permission to publish your abstract in HES'25 Zoom Event platform.**

☐ Check this box to give us permission to publish your submission on Zoom Events if it is accepted for presentation.

### **Presenter/Author approval\***

- ☐ I confirm that this submission has been approved by all presenters/authors.

### **Presenter/Author will attend\***

- ☐ I confirm that at least one author will register and present at the Summit.

**Press Submit!**