



2019 ANNUAL CAHSPR CONFERENCE

PRE-CONFERENCE DAY: MAY 28, 2019

CONFERENCE DAYS: MAY 29-31, 2019

HALIFAX CONVENTION CENTRE • HALIFAX



CAHSPR ACRSPS

Canadian Association for Health
Services and Policy Research

L'Association canadienne pour la
recherche sur les services et les
politiques de la santé

2019 CAHSPR Conference Call for Abstracts Guidelines

Join us in Halifax

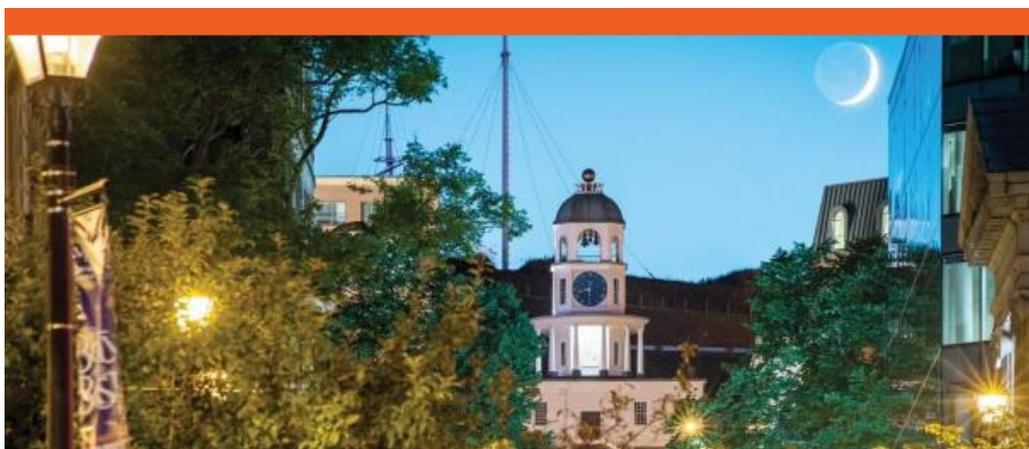
CAHSPR's annual conference is Canada's largest gathering of health care policy makers, managers, researchers, students and stakeholders. Held at a different location every year, it is attended by 600+ delegates annually. Don't miss out on the chance to feature your work. [Submit an abstract today!](#)

Important Dates

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|-----------------------------------|--|
| Abstract submission opens: | Monday, October 29 th , 2018 |
| Abstract submission due: | Friday, January 18 th , 2019 |
| Notification of decisions: | Week of February 12 th , 2019 |
| Registration Opens: | Thursday, February 14 th , 2019 |
| Submit online: | Click here! |

Questions?

If you have any questions about abstracts, please contact: Laura Brisson by email at laura@f2fe.com



Presentation Format

ORAL PRESENTATIONS: STANDARD

The majority of the CAHSPR Conference is dedicated to presentations of oral format. Abstract submissions for oral presentations should be for research that is either complete or will be complete by the conference dates. These sessions are grouped by the Scientific Program Committee into thematically related areas. Each oral presenter will be given **15 minutes** to share their work. Abstracts submitted as oral presentations can subsequently be considered for poster presentations if not accepted for the oral format.

ORAL PRESENTATIONS: EMBEDDED RESEARCH & FUTURE INITIATIVES (NEW!)

This year CAHSPR will be accepting a select number of submissions for oral presentations by managers or policymakers from Canadian health care organizations or agencies involved in innovative program or policy initiatives likely to be of high interest to the health services and policy research community. These submissions may describe new or ongoing health programs or policies, cases of 'embedded research' within organizations or agencies or describe future initiatives that would benefit from a strong involvement of researchers.

POSTER PRESENTATIONS

Poster presentations will be on display at the conference. Poster presentations can be for research that is complete or in progress, as well as for novel ideas or other things that people wish to present in order to receive feedback from their peers. The viewing times and the schedule for the posters will be confirmed after the call for abstracts is completed and presentations are selected. Posters must remain on display for the assigned presentation day. *Poster sizes should not exceed 45 inches wide (114 centimeters). Poster boards are 8ft tall (244 centimeters) and 4ft wide (122 centimeters) with a frame. Posters must be portrait style.*

PANEL PRESENTATIONS

Proposals for special thematic panels are encouraged. These panels should bring together a group of experts and add significant value over and above individual presentations. Abstract submissions for panel presentations should be for research that is either complete or will be complete by the conference dates.

Because the qualifications of individuals involved in special thematic panels are an important part of the value added, panel abstracts **will not be** "blinded" of the presenters' identities. It is expected that all panel participants will be identified and confirmed prior to abstract submission.

NOTE: Panel presentations selected from the call for abstracts will be presented during concurrent sessions at the conference. There are limited spaces available for this format.

Abstract Submission Content Guidelines

The online process will collect contact information for the presenter, sources of funding, and whether the submission represents a student's project.

ORAL PRESENTATIONS AND POSTERS

To facilitate peer review, abstracts must be submitted in a structured format comprising four sections:

- Background and objectives (75-word limit);
- Approach (100-word limit);
- Results (125-word limit);
- Conclusion (50-word limit).

The abstract submitted should not exceed 350 words. You are encouraged to submit abstract based on methods as well as content. The overall success rate for oral and poster submissions at the CAHSPR 2018 annual conference was 77%. For submissions on works in progress in which the results will not be complete by the conference dates, describe anticipated results or impacts. For submissions on innovative programs and policies by managers or policymakers, use the Approach section to describe the initiative and its innovative nature, and the Results section to describe the anticipated or observed results or impacts.

PANEL ABSTRACTS

Abstracts must be submitted in a structured format comprising four sections:

- Importance and Relevance of the topic (100-word limit);
- Objectives (100-word limit);
- Approach (150-word limit);
- Invited Experts (150-word limit).

Panel abstracts will comprise a maximum of 500 words. Each submission should communicate the unique contribution made by grouping the (maximum of five) presenters together. **Please note:** Panel abstracts must not be “blinded” of the presenters’ identities.

Instructions, Guidelines & Important Information

(Please read the information below carefully)

- Each abstract is to be submitted for one of three (3) formats:
 - Oral Presentations
 - Poster Presentations
 - Panel Presentations
- Proposals for presentations of any format (oral, poster, or panel) must identify the presenting author as the main contact. The presenting author information should not be included in the content of the abstract itself.
- Abstract submissions should be for research that is either complete or will be complete by the conference dates.
- There will be selected opportunities in the abstract competition for oral presentations by researcher and or partners given our desire to encourage health services and policy research relevant for Indigenous peoples. We would encourage researcher/decision maker/Indigenous partners to co-present posters, where applicable.
- All abstracts must be submitted using CAHSPR’s online abstract submission process.
- The text should appeal to CAHSPR’s interprofessional membership of decision makers, managers, researchers, trainees and patients.
- Avoid specialized jargon and undefined abbreviations. Do not include tables, figures, diagrams, footnotes, references, or acknowledgements in the text of the abstract.
- All presenters accepted through the abstract submission process and/or presenting at the conference must register for and pay to attend the conference and are responsible for their own related expenses. In addition, if the accepted presenter invites additional speakers to present with them at the conference, they must also register for and pay to attend the conference. Anyone only attending the conference to present their abstract must register for the conference (one day rate available). Travel and accommodation costs will not be covered. **All presenters must be registered by the early bird deadline for registration.** More details regarding registration as an abstract presenter will be provided upon acceptance of the abstracts for the conference.
- There is no limit to the number of abstracts an author may submit; however, **no lead authors will be allowed to present more than two oral and/or panel presentations.** Groups of authors are therefore encouraged to share presenting responsibilities.

- For submissions related to innovative programs or policies, authors may present as a group, but the lead presenting author must be a healthcare manager or policymaker and must attend the conference.
- Accepted abstracts will be published in the conference program which will be distributed to the conference delegates and will be made available electronically on the CAHSPR site following the conference.
- French submissions are encouraged! Presenters are permitted to submit in the language of their choice and to present in the language of their choice.
- Abstracts are to be presented in the format for which they have been accepted.
- Names of authors and organizations must not appear in the text of the abstract (for orals and poster presentations only) to allow for blind peer review. (**Note:** you do not need to “blind” abstracts for panels that would bring together uniquely qualified leaders/experts to discuss a related topic).
- The conference office will aim to meet all reasonable requests for audio-visual equipment, based on the type and duration of the presentation. Upon acceptance, the conference secretariat will confirm audio visual details for your presentation.
- Please be sure to note specific requirements or considerations when submitting your abstract online.
- In an effort to be transparent and to promote learning, abstract evaluation feedback is available upon request.
- Funding supports will be made available to some students to facilitate their participation in the conference. Funding supports through CAHSPR are limited so students are encouraged to consider all available opportunities. More information regarding student funding supports will be made available shortly.

Abstract Areas of Focus

Abstracts submitted for the conference should identify which of the areas of focus below best describe the abstract being submitted.

- Access & Equity
(including Indigenous peoples, immigrant and other priority populations)
- Cancer
- Chronic Disease Management
- Collaborative Healthcare Improvement Partnerships
- Health Economics/Financing/Funding
(including cost and economic analysis)
- Health Human Resources
- Health Policy, Healthcare Reform, and Health Accord
(includes priority setting, politics)
- Primary Health Care
- Health System Performance
(including quality, safety, efficiency, leadership)
- Home Care, Long Term Care and Aging
- Knowledge Translation & Exchange
(includes KTE methods)
- Maternal and Child Health
- Mental Health
- Patient Engagement
- Pharmaceutical Policy

Methods

Abstracts submitted for the conference should identify which of the methods below best describe the abstract being submitted. When submitting you will also have the ability to identify whether your preference would be for grouping by area of focus or method.

- Data Mining/Big Data Analytics
- Economic Analysis or Evaluation
- Emerging Methods (e.g. new developments in observational study design)
- Experimental or Quasi-experimental Methods
- Healthcare Service or Policy Initiative
- Knowledge Synthesis
- Knowledge Translation and Exchange (KTE) Methods
- Mixed Methods
- Participatory or Action Research Methods
- Policy Case Study
- Program or Policy Evaluation
- Qualitative Research Methods
- Statistics/ Econometrics
- Survey Research Methods

Evaluation Criteria for Oral Presentations and Posters

Using a blind review process, the Scientific Committee will review oral presentation and poster abstracts using the following criteria:

- Importance and relevance of the topic to health services and policy research
- Clarity of the research aim(s) or question(s)
- Appropriateness of methods
- Robustness of results
- Appropriateness of conclusions, consistent with the methods and results
- Importance of implications for health outcomes, practice, programs and/or policy
- Quality of writing

Presentations by healthcare managers or policymakers will be evaluated using the following criteria:

- Importance and relevance of the topic to health services and policy
- Clarity of the initiative
- Innovative nature of the initiative
- Likely interest to conference delegates
- Quality of writing

Evaluation Criteria for Panels

The Scientific Committee will review panel abstracts using the following criteria:

- Importance of the topic
- Relevance to the conference theme
- Clarity of the objectives
- Quality of the invited experts
- Quality of the proposed approach

[Click here](#) to submit your abstract!