

# **2025 CAHSPR CONFERENCE** MAY 26-29, 2025 OTTAWA, ONTARIO

## **Call for Abstracts**

Submission process opens	Monday, November 11 2024
Submission deadline	Wednesday, January 15, 2025
Notification of decisions	February 17, 2025

### **Presentation Format & Submission Content Guidelines**

STANDARD ORAL PRESENTATIONS	EMBEDDED RESEARCH ORAL PRESENTATIONS
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. Abstracts submitted as oral presentations can subsequently be considered for poster presentations if not accepted for the standard oral presentation format. The abstract submitted should not exceed 350 words. You are encouraged to submit abstracts based on methods as well as content. For submissions on works in progress in which the results will not be complete by the conference dates, describe anticipated results or impacts.	CAHSPR will be accepting a select number of submissions for oral presentations by embedded researchers, 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 describe future initiatives that would benefit from a strong involvement of researchers. These sessions will be grouped by the Scientific Program Committee into thematically related areas. The abstract submitted should not exceed 350 words. 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.
POSTER PRESENTATIONS	SUBMISSION CONTENT GUIDELINES
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 schedule for the posters will be confirmed in the coming months as the virtual conference program is developed and finalized. The abstract submitted should not exceed 350 words. You are encouraged to submit abstracts based on methods as well as content. For submissions on works in progress in which the results will not be complete by the conference dates, describe anticipated results or impacts.	<ul> <li>To facilitate peer review, all abstracts must be submitted in a structured format comprising of four sections:</li> <li>Background and objectives (75-word limit)</li> <li>Approach (100-word limit)</li> <li>Results (125-word limit)</li> <li>Conclusion (50-word limit)</li> </ul>

#### **IMPORTANT INFORMATION**

- Proposals for presentations of any format (oral or poster) must identify the presenting author as the main contact.
- 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 and pay the conference registration fee. In addition, if the accepted presenter invites copresenters to present with them, they must also register and pay the conference registration fee.
- Lead authors are permitted to submit no more than two (2) oral presentations each.
- ABSTRACT THEMES

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

- Cancer
- Chronic Disease Management
- Collaborative Healthcare Improvement Partnerships
- COVID-19
- Equity and Vulnerable Populations
- Health Economics/Financing/Funding (including cost and economic analysis)
- Health Human Resources
- Health Informatics
- Health Policy, Healthcare Reform (includes priority setting, politics)

- There is no limit to the number of abstracts an author may submit for poster presentations.
- For submissions related to innovative programs or policies, authors may present as a group, but the lead presenting author must be an embedded researcher, healthcare manager or policymaker and must attend the conference.
- Accepted abstracts will be published online which will be available 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, which may be different than what was submitted.
- Names of authors and organizations must not appear in the text of the abstract to allow for blind peer review.
- In an effort to be transparent and to promote learning, abstract evaluation feedback is available upon request
- Health System Performance (access, quality, safety, efficiency, leadership)
- ✤ Home Care, Long Term Care and Aging
- Indigenous Health
- Knowledge Translation & Exchange (includes KTE methods)
- Maternal and Child Health
- Mental Health and Addictions
- Patient and Public Engagement
- Pharmaceutical Policy
- Primary Healthcare

#### **METHODS**

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

- Data Mining/Big Data Analytics
- Economic Analysis or Evaluation
- Emerging Methods (i.e. 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 AND POSTER PRESENTATIONS

Using a blind review process, the Scientific Committee will review presentation using the following criteria.

#### **ORAL (STANDARD) & POSTER PRESENTATIONS**

- Importance and relevance of the topic to health services & policy research
- Clarity of the research aim(s) or question(s)
- Appropriateness of methods and 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

#### EMBEDDED RESEARCH ORAL PRESENTATIONS

- 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