

# CALL FOR PAPERS

65th Annual
Caribbean Public Health Agency
Health Research Conference
16-19 June, 2021

Theme:

Pandemic, NCDs and Climate Change - The Caribbean's Triple Threat

**EXTENDED** 

Deadline for Submission of Papers: March 1st, 2021

# **CALL FOR PAPERS**

The 65<sup>th</sup> Annual CARPHA Health Research Conference will be held virtually in June 2021.

The theme for 2021 is 'Pandemic, NCDs and Climate Change – The Caribbean's Triple Threat". However, we will also accept high-quality research papers on Regional Health Priority areas including:

- ✓ Climate Change and health
- ✓ Communicable Diseases
- ✓ Family Health
- ✓ Health Economics
- ✓ Health Policy

- ✓ Health Systems
- ✓ Implementation Studies
- ✓ Non-communicable Diseases
- ✓ Nutrition

## **DEADLINE FOR RECEIPT OF PAPERS**

The deadline for receipt of papers has been extended to March 1, 2021.

#### **SELECTION OF PAPERS**

Papers are selected based on scientific merit and relevance to the health priorities areas of the Caribbean. Submitting Authors may request oral or poster presentation but the final assignment of accepted papers will be made by the scientific review committee.

Authors whose papers are accepted, but who do not present **will not** have their papers considered for the next two years unless they have a good reason, such as:

- acute illness
- loss or bereavement
- hardship or trauma

## **PRIZES**

**1. The David Picou Young Researcher Prize** is awarded for the best paper presented by a Caribbean investigator who is not yet an established researcher.

The criteria for being considered is as follows:

- Age: 40 years or less
- Qualifications: At least a 1<sup>st</sup> degree, including a medical degree
- Work experience: Working in a health-related environment in a position considered junior; e.g. below senior lecturer/consultant grade
- Nationality: must be a Caribbean national; may be based in an institution abroad

Persons who wish to be considered for the David Picou prize are to send a letter providing the information listed above.

- 2. Student Prize will be awarded to the best paper presented by a student/student group.

  Persons who wish to be considered for the Student prizes should indicate such in the transmittal letter
- **3. Poster Prize** is awarded for the best poster.

#### **INSTRUCTIONS TO AUTHORS**

#### 1. THE MANUSCRIPT

## a) LENGTH

The length of the manuscript should be 6 Pages Maximum, inclusive of Introduction, Methods, Results, Discussion, References and any Tables and/or Figures.

# b) LAYOUT

Letter size, Portrait orientation, Single columned, Black font colour, 12 pts font, single line spacing

Papers that exceed these limits will not be considered.

#### 2. THE ABSTRACT

Your abstract (from Objectives to Conclusion) must be no more than 250 WORDS and must be formatted as follows:

a) **Title:** In bold type. No abbreviations.

b) Authors: Begin on a new line two spaces below title. Use italics. List

a. initials of first names followed by surnames. Do not use full stops after initials. Omit degrees, titles and numbers.

c) Institution: Begin on a new line below Authors. Use italics. List

a. institute(s) where work originated, city and country.

d) **Email Address:** Include in the next line.

e) **Text:** Arrange under the following sub-headings:

## i. Objective:

State the main objective/research question/hypothesis of the study.

# ii. Design and Methods:

Briefly describe the design of the study and how it was conducted indicating study population, sampling, procedures, measurements.

## iii. Results:

Present only the main results with an indication of variability (e.g. SD) and precision of comparisons (e.g. 95% confidence intervals), where appropriate.

## iv. Conclusions:

Limit to only those directly supported by the results. Be as clear and specific as possible about the "take home" messages.

Abstracts alone will not be considered. Strict adherence to the above criteria was put into effect November 2016. Abstracts that do not meet the above format will not be considered.

## 3. TRANSMITTAL LETTER

This implies that all authors have approved the publication of the abstract, edited if necessary, in a Supplement of the West Indian Medical Journal. All authors must sign the transmittal letter. Manuscripts will not be published in the West Indian Medical Journal. The email, mailing address and contact number of the corresponding author MUST be included. All submissions must include a transmittal letter.

## 4. SUBMISSION

Email Manuscript, Abstract and Transmittal letter to: <a href="mailto:conference@carpha.org">conference@carpha.org</a>

Receipt of submissions will be acknowledged. If you do not receive acknowledgement within three (3) days of submission, please contact the Conference Secretariat at <a href="mailto:conference@carpha.org">conference@carpha.org</a>.

#### 5. CONTACT INFORMATION

If you need additional information or any clarification, please contact us at:

# **CARPHA Conference Secretariat**

16 – 18 Jamaica Blvd Federation Park Port of Spain, Trinidad & Tobago

Tel: (868) 622-4261-2 or (868) 299-0895

Email: conference@carpha.org

Website: www.conference.carpha.org

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#### SAMPLE ABSTRACT

#### Risk behaviours and adolescent depression in Jamaica

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**Objective**: To assess the prevalence of depression and the associated risk factors in Jamaican youth 15-19 years.

**Design and Methods**: A nationally represented sample of 1317 youth aged 15-19 years was surveyed using multistage cluster sampling. Risk behaviours such as sexual activity, alcohol and marijuana use were obtained by interviewer administered questionnaire; depression was assessed using the Ministry of Health screening tool. Multivariate logistic regression was used to obtain the odds of depression for any given risk factor.

**Results:** Data on 1312 respondents was used for analysis (M 596, F 716), 15.5% of the youth recruited were classified as depressed (M 9.7%, F 21.3%, p<0.001). Approximately 12.5% had planned, considered or attempted suicide in the past year. More than half of youth had unsafe sexual practices (M 68.2%, F 48.7%, P<0.001). One fifth was involved in violent acts (M 27.2%, F 12.5% P<0.001) or substance abuse (M 22.6%, F 17.4%, p=0.008). Unsafe sexual practices and substance abuse doubled the likelihood of being depressed (OR 1.76 (95%CI 1.21, 2.54) and 2.31(95%CI 1.67, 3.21) respectively). Youth who were involved in violence were three times more likely to be depressed (OR 2.77 (95%CI 1.90, 4.04)). Gender specific multivariable models showed that pregnancy and violence increased the likelihood for depression in males whilst violence, drunkenness, smoking and more than one sexual partner were significant for females.

**Conclusion**: Youth who engage in high risk behaviours are at increased odds for depression. Programmes to involve youth in positive behaviours should be given priority to reduce the prevalence of depression.