



Society for Prevention Research

Call for Papers 15th Annual Meeting

"Advancing Science-Based Prevention: Creating Real World Solutions"

Hyatt Regency Washington Hotel, Washington, D.C.

May 30 – June 1, 2007

Pre-conference Workshops May 29, 2007

The Program Committee of the Society for Prevention Research (SPR) invites submissions for presentations within all content areas of public health, education, human services, criminal justice, and medical science. Relevant focus areas include, but are not limited to: health disparities, health promotion and disease prevention, maternal health, suicide, infant and child health, mental health/mental disorders, family conflict, substance abuse and addiction (alcohol, tobacco, illicit drugs), violence, delinquency, crime, academic failure, dropping-out of school, obesity, cardiovascular disease, cancer, diabetes mellitus, HIV/AIDS and other sexually transmitted disease, unintended pregnancy, unemployment, occupation safety, auto crashes, unintended injury, poverty, welfare, managed care, and policy-based interventions.

Submissions for presentations may include individual paper and poster presentations, organized paper symposia, poster forums, round-table discussions/scientific dialogue sessions, and technology demonstrations. Three special interest areas will be addressed during the plenary sessions, Biology and Genetics, Advocacy and Policy, and Type II Translational Research.

Special Themes

Community-based participatory research. Models of investigation where scientific inquiry is conducted with communities in partnership with researchers is critical for creating real world solutions to health and behavior problems. The process of scientific inquiry is such that community members, persons affected by the social or health condition or issue under study, and other key stakeholders in the community have the opportunity to be full participants in each phase of the work (from conception - design - conduct - analysis - interpretation - conclusions - communication of results). Learning more about effective models of community based participatory research experiences will deepen the prevention science field.

The role of culture, ethnicity and health disparities in conduction prevention research in real world settings. SPR continues to focus on better understanding issues related to health disparities. Submissions are welcomed that articulate how prevention science can address several key factors: biological, behavioral, social environment, physical environment, policies, to reduce health disparities and to promote health and well-being.

Late Adolescence--Each year, SPR focuses on a different stage of development. The 2007 conference invites special attention to the period of late adolescence. Extending roughly from age 15 through age 18, this developmental stage provides an optimal intervention time point on the cusp of the transition to early adulthood. Developing a better understanding of interventions to prevent problem behaviors, the mechanisms of such preventive interventions, as well as gaining better insight into this developmental period would be of substantial value for the field.

Special Interest Areas:

- Preventive interventions to address substance abuse and addiction (alcohol, tobacco, illicit drugs), violence, delinquency, crime, academic failure, dropping-out of school, obesity, diabetes mellitus, HIV/AIDS and other sexually transmitted disease, unintended pregnancy, auto crashes, unintended injury, during this developmental stage are of particular interest.

Advances across the Stages of the Prevention Research Cycle

Epidemiology

Knowing the prevalence of specific problems or disorders, the distribution of risk factors in the population, shifts in risk factors and the distribution of problems over time are critical prerequisites to designing effective prevention programs. An emphasis on basic behavioral science and epidemiology will remain the basis of strong intervention and prevention programs. Epidemiological studies typically reflect phase 1 and 2 trials in a biomedical model of intervention development.

Special Interest Area:

- The use of community monitoring systems to affect behavioral changes in settings, especially settings related to late adolescence (e.g. high school, after school programming, etc.).

Etiology

Prevention science includes research that has a high probability of yielding results that will likely be applicable to disease prevention. Basic research efforts generate knowledge that contributes to the development of future preventive efforts. Etiological studies typically reflect Phase 1 trials in a biomedical model.

Special Interest Area:

- Biological and psychosocial perspectives on the development of behavior problems.

Efficacy Trials

Efficacy trials demonstrate the “proof of concept” with a specified population under conditions of high quality assurance and strong research designs (typically randomized controlled designs). Efficacy trials answer the basic question of whether there are benefits from a proposed innovation. In a biomedical model of intervention development, these are Phase 3 trials.

Special Interest Areas:

- Promoting healthy development and mental health and reaching those at greatest risk during late adolescence,
- obesity prevention,
- suicide prevention,
- antisocial behavior,
- school and classroom programs that have been tested at the high school level to reduce academic failure and high school drop out.

Effectiveness Trials

The true test of a prevention program is not the efficacy in the research setting but the effectiveness in the real-life setting with the community in charge of the program. Effectiveness trials involve replicating an efficacious intervention under real world conditions in community settings. There is less quality assurance on an ongoing basis and the outcomes demonstrate the likely impact of an intervention when delivered without the original research team. In a biomedical model, these are Phase 4 trials.

Special Interest Areas:

- Implementation of programs that have been shown to promote healthy development and mental health and reach those at greatest risk during late adolescence.
- Implementation of school and classroom programs that have been tested at the high school level to reduce academic failure and high school drop out.

Dissemination

Careful trials to assess which programs would be particularly well suited for dissemination, which individuals would be most likely to benefit, and which disorders are prevented are important steps in program development. Dissemination research identifies strategies for taking interventions to scale and identifies potential barriers to dissemination.

Special Interest Areas:

- Type II translational research, including effectiveness and dissemination research directed toward scaling up efficacious interventions —especially evidence based programs that focus on late adolescence.
- Examples of effective strategies for the advocacy and promotion of evidence-based programs and policies at the federal, state and local levels.

Innovative Methods

Prevention science owes much of its progress to the development of new measures, designs, and statistical analyses. Continued contributions to the development of innovations in prevention science methods are vital to our progress. For example, mixed-methods approaches that integrate qualitative and quantitative methodologies within a unified research design may offer more informative research results, although this approach still lacks robustness and scientific rigor. "Cutting edge" studies and methodological analyses are welcomed that address measurement, statistical, methodological and practical challenges to prevention science, as well as the benefits offered by various innovative methods.

Special Interest Areas:

- Innovative methods for the collection and analysis of data from developmental studies.
- Analysis of multi-level data from community studies.
- Integrating qualitative and quantitative methods.

All abstracts are submitted on-line at www.preventionresearch.org

The abstract site will open Wednesday, September 6, 2006.

Deadline for Submission: Monday, October 23, 2006.

Acceptance decisions are expected mid-February, 2007.

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