



## Society for Prevention Research

### Call for Papers 14th Annual Meeting

#### "Applying Prevention Science to Reduce Health Disparities"

**Hyatt Regency Hotel, San Antonio, Texas,**

**May 31 – June 2, 2006**

**Pre-conference Workshops May 30, 2006**

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 topics include, but are not limited to: reduction of health disparities, health promotion and disease prevention, maternal health, infant and child health, mental health/mental disorders, family conflict, substance abuse and addiction (alcohol, tobacco, illicit drugs), violence prevention, delinquency, crime, academic failure, dropping-out of school, cardiovascular disease, cancer, diabetes mellitus, HIV/AIDS and other sexually transmitted disease, unintended pregnancy, unemployment, occupation safety, auto accidents, unintended injury, poverty, welfare, and managed care, 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.

#### Themes

##### 2006 Special Topic Themes

- \* Health Disparities
- \* International Collaborations for Prevention Research
- \* Integrating Biological & Social Factors in Prevention Research
- \* Promoting Well-Being
- \* Early Adolescence

##### Emerging Opportunities for Prevention Research

- \* Diabetes and Obesity Prevention and Management
- \* Innovations in Development of Prevention Interventions
- \* Monitoring Systems for Youth and Children
- \* Violence Prevention
- \* Addictive Behaviors
- \* Exploring Intervention Fidelity and Adaptation

##### Basic Prevention Research Themes

- \* Epidemiology
- \* Etiology
- \* Efficacy trials
- \* Effectiveness trials
- \* Dissemination

##### Cross-cutting Themes

- \* Multivariate Model Testing
- \* Innovative Methods
- \* Cultural Competence
- \* Fetal and Childhood Origins of Adult Chronic Illnesses

All abstracts are submitted on-line at  
[www.preventionresearch.org](http://www.preventionresearch.org)

**The abstract site will open September 7. Deadline for  
Submission: October 17, 2005**

**Society for Prevention Research  
11240 Waples Mill Road, Ste 200  
Fairfax, VA 22030  
703-934-4850, 703-359-7562 fax  
[info@preventionresearch.org](mailto:info@preventionresearch.org)  
[www.preventionresearch.org](http://www.preventionresearch.org)**



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#### **2006 Special Topic Themes**

##### **Health Disparities**

This year's conference seeks to focus the field on the problem of health disparities, such as the differences among racial, ethnic, and socio-economic groups in health and well-being, the factors that influence these disparities, and the ways in which these disparities can be reduced. *What are the most promising ways in which prevention science can be applied towards advancing the Healthy People 2010 ([www.healthypeople.gov](http://www.healthypeople.gov)) objectives for improving the health of the nation?* 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.

##### **International Collaboration**

Efforts to prevent morbidity, mortality and disability constitute a universal human endeavour. Worldwide, various cultures and societies have engaged in problem solving in effort to maintain and to enhance the health and well being of their members. As various cultural groups worldwide respond to local challenges, variation exists in their strategies for promoting health and preventing disease. In addition, the globalization of information and subsequent exchange of resources, and the proliferation of disease and problem behaviors prompt the need for developing partnerships and collaborations to identify the most effective ways to address a wide variety of health issues and to reduce health disparities via the application of the best prevention interventions available.

## **Integrating Biological and Social Factors**

From a biopsychosocial perspective, as many of the major health problems are complex and exert their effects across several ecological levels, it is imperative that prevention and treatment be conceptualized and implemented across these various levels from the micro to the macro. Thus, preventive interventions will be enhanced by the integration of knowledge from these various levels of analysis.

## **Promoting Well-Being**

One approach for addressing health disparities is to prevent disease and problem behavior in high risk populations by promoting well-being among those not yet affected by disease or disability. Finding ways to motivate high risk populations to invest in their own health constitutes a major challenge. Research on ways to promote well-being actively addresses these challenges and puts to the test the best scientific approaches when applied to complex and multi-problem populations. Currently, the need exists to integrate the perspectives that emphasize the promotion of well-being with those that focus on the prevention of problems.

## **Early Adolescence**

Each year, SPR focuses on a different stage of development. The 2006 conference invites special attention to the period of early adolescence. It is a critical developmental period because of the biological, social, and cognitive changes that occur. Extending roughly from age 11 through age 14, it is the period when most psychological and behavioral problems begin to escalate. Better understanding of the developmental processes involved in this period and the ways that problem development could be prevented and successful development enhanced would be of substantial value.

## **Emerging Opportunities for Prevention Research**

### **Diabetes and Obesity Prevention and Management**

Obesity and Type 2 Diabetes now constitute emerging epidemics within American society. The best of prevention science is needed to address this emerging epidemic and to reduce current and future diseases and disabilities that are expected to emerge within the American population as a result of these disorders. Gene-environment interactive mechanisms involving sociocultural changes including: modernization, acculturation, assimilation, diminished or accelerated socioeconomic mobility, and their interaction with genetic susceptibilities offer complex but promising models for understanding these epidemics particularly when manifested among racial/ethnic and other high-risk populations. Addressing current and future health disparities induced by obesity and diabetes calls for the implementation of the best of prevention science to eliminate or reduce these health problems as effectively as possible.

### **Innovation in the Development of Preventive Interventions**

Inspection of the effect sizes of existing preventive interventions indicates that there is much room for improving their efficacy. The development of a new generation of more efficacious preventive interventions will require innovation. Therefore, SPR seeks to foster discussion of the ways in which preventive interventions are developed and the implications of developments in other areas of the behavioral sciences and technology that might serve as sources of innovation.

### **Monitoring Systems for Youth and Children**

Progress in improving the health and well-being of children in various communities requires the development and implementation of well functioning local and regional systems of surveillance and evaluation. Conference submissions that describe such systems, their use, or the processes involved in getting them established would contribute to prevention scientists' ability to foster the widespread development of such systems.

## **Violence Prevention**

Violent actions occurring within couples and families, and within societies serve as sources of death, disability and psychological impairment that impose on society immeasurable costs in terms of losses and suffering. A major challenge in prevention science involves developing a more accurate prediction of future violent behavior, as well as the development of more effective violence prevention interventions.

## **Addictive Behaviors**

Addictive behaviors include high frequency and quantity in the consumption of various substances: illicit drugs (cocaine, heroin, marijuana), and other pharmacologically active substances (caffeine, alcohol, tobacco, prescription drugs), as well as high consumerism (gambling, overeating, compulsive buying, etc.). Moreover, emerging and more advanced models of addictive behavior involve the integration of biological, psychological, social, and other factors. As addictive behaviors are resistant to treatment and typically involve multiple episodes of relapse, they pose a special challenge to the application of the best prevention science to prevent their occurrence, and to provide more effective treatments.

## **Exploring Intervention Fidelity and Adaptation**

A contemporary challenge in prevention science involves addressing concurrently the competing imperatives of administering a tested and effective prevention program with fidelity, while also having sensitivity to the unique and complex issues faced within the applied setting, issues that require adjustments for sensitivity and responsiveness to the unique needs of particular clients and settings. Finding ways to address both issues simultaneously while also enhancing and not diminishing program effectiveness requires better approaches to prevention program design and implementation.

## **Basic Prevention Research Themes**

### **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 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.

### **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.

### **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.

### **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.

## **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. Almost no interventions have been taken to scale nationally or internationally; dissemination research identifies strategies for taking interventions to scale and identifies potential barriers to dissemination.

## **Cross-Cutting Themes**

### **Multivariate Model Testing**

The development of prevention science is being greatly facilitated by the use of sophisticated multivariate models of person-environment interactions, including the impact of interventions, and the effects of variables at multiple levels, such as the individual, family, and school. Presentations that extend prevention scientists' understanding of the use of multivariate models can contribute to developments across the entire range of substantive issues addressed by prevention scientists.

### **Innovation in 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.

### **Cultural Competence**

Growing diversity within the American population increases the need for competence in developing and evaluating preventive interventions that will be appropriate and effective with diverse groups and special populations, including African Americans, Hispanics/Latinos, Asian Americans, and American Indians/Native Americans. Moreover, with world globalization, the need exists for a more in-depth understanding of diverse cultures, their values, beliefs, attitudes and behaviors, as these relate to prevention and treatment, and to the reduction of health disparities. Although the cultural competence movement emerged from the health services arena, a stronger scientific foundation is needed for the design of culturally competent and scientifically rigorous research and interventions. Presentations that contribute to the cultural competence of prevention scientists or to the empirical understanding of cultural competence would therefore be valuable.

### **Fetal and Childhood Origins of Adult Chronic Illness**

A major approach to the reduction in health disparities involves the application of an effective preventive intervention at the earliest possible stage within the lifecycle. By obtaining new knowledge on the earliest childhood origins of chronic disease, the aim is to intervene at a point in the developmental course of disease that will confer the strongest preventive effects. Thus, presentations on factors that perturb fetal development and interventions that can prevent such perturbations are called for.

### **Abstract Submissions**

The Community of Science (COS) Web site will be managing our abstract submissions this year. The COS site will be available for submissions beginning Wednesday, September 7, 2006. To facilitate reviews and scheduling, all abstracts will be submitted via the Web site. Special arrangements may be worked out through the SPR administrative office for those unable to access the Internet. Visit the SPR Web site at [www.preventionresearch.org](http://www.preventionresearch.org) for general information, author instructions, and a link to the SPR/COS website, or go to

**Deadline for Submission**

In order to review all submitted work, we ask that all abstracts be submitted no later than midnight, Eastern Standard Time, Friday, October, 14, 2006.

Please don't hesitate to contact the administrative office with ANY questions:

Society for Prevention Research

11240 Waples Mill Road, Suite 200

Fairfax, VA 22030

703-934-4850

703-359-7562 fax

E-mail: [info@preventionresearch.org](mailto:info@preventionresearch.org)

Web site: [www.preventionresearch.org](http://www.preventionresearch.org)