

Society for Prevention Research

“Prevention Science to Public Health:
Promoting Well-Being in the Population”
13th Annual Meeting
Washington, D.C., Hyatt Regency
May 25–27, 2005
Pre-conference Workshops May 24, 2005

CALL FOR PAPERS

Please note that the abstract submission deadline has been extended to Wednesday, October 13, 2004.

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 to submit proposals. Relevant topics include, but are not limited to, health promotion, maternal health, 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, cardiovascular disease, cancer, HIV/AIDS and other sexually transmitted disease, unintended pregnancy, unemployment, occupation safety, auto accidents, unintended injury, poverty, welfare, and managed care.

Prevention researchers across international regions, including developed and developing countries, are encouraged to submit. Submissions for presentations may include individual paper and poster presentations, organized paper symposia, organized poster symposia, round-table discussions/scientific dialogue sessions, or technology demonstrations.

Dates and Venue

The meeting will take place from May 25 to May 27, 2005 at the Hyatt Regency Washington. The hotel is located on Capitol Hill at 400 New Jersey Avenue, NW, in the heart of Washington, D.C. and within a short walk to all major attractions, shopping and commerce areas, including the U.S. Capitol, National Mall, Smithsonian Museums, Union Station, and Congressional offices.

Themes

The conference theme, “Prevention Science to Public Health, Promoting Well-Being in the Population,” is meant to be comprehensive.

Special Topic Themes for 2005

Economic & Cost-Utility Analysis

Studies that include short and long-term costs and economic benefits of prevention interventions are rare, yet extremely important to policymakers. Thus, SPR encourages research submissions that include economic analyses and discussions of implications for public policy.

Integrating Biological & Social Factors in Prevention Research

The last decade has seen major breakthroughs in understanding the biological bases of behaviour, especially in behavioural genetics, imaging, and neuroscience. Increasingly, biobehavioral research paradigms must be employed to understand the expression of basic biological processes in everyday life. Prevention researchers must be at the forefront of leading the initiatives for this research.

Promoting Well-Being

Health promotion is not driven by an emphasis on illness, but rather by a focus on the enhancement of well-being. It is provided to individuals, groups, or large populations to enhance competence and self-esteem rather than to intervene to prevent psychological or social problems or mental disorders.

Middle Childhood Development

Research on effective factors and programs for promoting healthy childhood development and well-being and preventing serious social, emotional, physical and cognitive programs in school age children in elementary and middle grades.

Emerging Opportunities for Prevention Research

In addition to emphasizing the conference theme, SPR continues its interest and commitment to the following topic areas of emerging importance that are shaping children and families daily routines, risk factors for behavioral problems, and well-being:

- Monitoring Systems for Youth and Children
- Faith-Based Interventions
- Obesity
- Gambling
- The Internet

Cross-Cutting Thematic Papers

Methods

Using the best available scientific methods, researchers must evaluate the efficacy and effectiveness of preventive methods, thus providing more information for community

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practitioners. Both treatment and prevention research continue to try to recruit competent scientists to their respective fields in the face of inadequately funded training programs.

Cultural Sensitivity

Cultural sensitivity is the awareness of a body of important information relevant to the populations of interest, which should inform the entire research process, from defining the sampling frame, through negotiating access, to actual intervention and dissemination of results. Cultural differences and similarities exist and have an effect on values, learning, and behavior. Research must be sensitive to the health beliefs and behaviors, epidemiology, and treatment efficacy of different population groups. Recognizing health care disparities, functioning within a multicultural framework, and meeting the demands of an increasingly diverse society are priorities for all research .

Epidemiology

Knowing the prevalence of specific problems or disorders, the distribution of risk factors in the population, and shifts in risk factors and the distribution of problems over time is key to designing any effective prevention program. An emphasis on basic behavioural 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

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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.

Information for Authors

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 1, 2004 at

<http://ams.cos.com/cgi-bin/login?institutionId=32607&meetingId=187>

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.

Deadline for Submission

In order to review all submitted work, we ask that all abstracts be submitted no later than **11:59 pm, Eastern Time, Wednesday, October 13, 2004.**

Author Instructions

Abstracts to SPR should focus on the theme of the SPR Annual Meeting and the mission of SPR and may consist of reports of empirical findings, discussions of theoretical, conceptual or methodological issues, and presentations of innovative work in the field of prevention science. Research conducted at all phases of the prevention research cycle are welcomed, including studies of epidemiology, etiology, preventive intervention trials, demonstration projects, policy research, natural experiments, program evaluations, clinical trials, prevention-related basic research, pre-intervention studies, efficacy and effectiveness trials, population trials, and studies of the diffusion/dissemination of science-based prevention.

Researchers, practitioners, and advocates within all content areas of public health, education, human services, criminal justice, and medical science that focus on preventive behavioral interventions, prophylactics, or health policy strategies are welcome to submit on relevant topics, including, but not limited to health promotion, maternal health, 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, cardiovascular disease, cancer, HIV/AIDS and other sexually transmitted disease, unintended pregnancy, unemployment, occupation safety, auto accidents, unintended injury, poverty, welfare, and managed care.

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Further, SPR strongly encourages submissions by early career prevention scientists, including graduate students, post-doctoral fellows, and researchers who have recently begun to work independently.

One of SPR's missions is to facilitate the development of more junior prevention scientists. We encourage senior researchers to collaborate with early career researchers and submit linked abstracts for presentations on specific themes or individual projects. These need not be limited to organized paper or poster symposia presentations.

Given the limited time and rooms for oral presentations, we are especially interested in organized paper and poster symposia that include authors from a variety of research groups and from more than one project. The Program Committee also encourages organized paper and poster symposia consisting of several authors from single research studies, such as multi-site and/or longitudinal studies.

We are continuing to accept submissions for organized poster symposia which was a new format introduced at the 2004 annual meeting. The organized poster symposium combines the individual interactions of a poster presentation and the extended group discussion opportunities of an organized symposium.

We encourage authors to consider submitting an individual poster presentation. We seek broad participation in the conference, and many individual poster presentations can be accommodated. We will again combine the two evening poster sessions with receptions to enhance camaraderie.

Please note that all submissions must be in English as all presentations will be in English.

ABSTRACT TYPES

Individual Paper Presentation

Abstracts of individual research papers may be submitted for a 15-minute oral presentation. A maximum of three individual papers will be grouped together based on a theme within a 90-minute concurrent session. A volunteer chair will facilitate an extended period of open discussion following the three oral paper presentations.

Individual Poster Presentation

Poster displays allow presenters to discuss their research with interested colleagues during a two-hour block of time. The poster sessions will be held in the early evening along with a reception, and will not compete with any other sessions.

Organized Paper Symposium

An organized paper symposium provides for multiple oral research presentations to be made on a single theme involving a brief introduction by the chair, 3 (maximum) presenters, with one discussant (encouraged, though optional) and open discussion from

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the floor. Presenters have 15 minutes to present the core content and the discussant has 15 minutes to comment upon the presentations with 30 minutes reserved for interactive discussion, facilitated by the chair, between the presenters and the session audience. An abstract should be submitted that describes the overall symposium, and separate abstracts should be submitted for each proposed presentation (that is, 4 abstracts should be submitted for a symposium with 3 presenters).

Organized Poster Symposium

An organized poster symposium provides for multiple, 4-8 (maximum), poster research presentations to be made on a single theme. Posters will be displayed for a 45-minute period allowing time for presenters to individually discuss their research with the session audience as they move through the posters. 15 minutes is allocated for comments from a discussant (encouraged, though optional) and 30 to 45 minutes (if no discussant) of general discussion, moderated by the chair, between the presenters and the session audience.

Roundtable Discussion/Scientific Dialogue

A roundtable discussion/scientific dialogue (RD/SD) does not present research findings, but rather addresses an area or issue of fundamental importance to the field, in a format that encourages a lively exchange of different points of views. Examples include training and funding opportunities in prevention, priorities in prevention, and advocacy for the use of scientific approaches to prevention. The RD/SD chair and the panel of 3-6 discussants often include members/people outside the research community. The 90-minute RD/SD should include a brief introduction clearly outlining the issues presented by the chair followed by each of the discussants elaborating on their different viewpoints and perspectives on the issue. Then the chair facilitates extended open discussion with the session audience and the discussants. The RD/SD abstract submission should include only one abstract (unlike an organized symposium), which should include the names of the chair and the discussants, an outline of the issue and varying viewpoints and indicate which discussant will be elaborating on each viewpoint.

Technology Demonstration

Abstracts are encouraged that describe prevention-related technology and science-based prevention program materials. A technology demonstration session will be presented during the conference for "hands-on" presentations of technology, such as statistical analysis programs, data collection instruments and techniques, literature search techniques, or science-based prevention curricula. The technology demonstration session will be held in the early evening along with a reception concurrently with the poster sessions.

AUTHOR ROLES

All persons associated with an abstract submission shall be included in the abstract author information. Please select author roles carefully. To maximize participation in oral

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presentations a limit on a Presenting Author's abstract submissions has been instituted. Oral presentations are limited to TWO per person, therefore when inviting your presenters for an organized symposium, confirm that they have not already committed to more than one other organized symposium presentation or an individual oral presentation. Chairing a symposium or being a discussant does not count as an oral presentation.

Entered By – This individual is responsible for accurate entering of all abstract information and may or may not be an author or presenter. There is a minimum and maximum of one “Entered By.”

Primary Author – This individual is the primary author of the abstract and/or research paper. The primary author may or may not be a presenting author and may or may not attend the meeting. There is a minimum and maximum of one “Primary Author.”

Presenting Author – This individual is the presenter for oral (both individual papers or within an organized symposium) and poster presentations and technology demonstrations. This individual must attend the meeting. There is a minimum and maximum of one “Presenting Author.” A presenting author is limited to TWO oral presentations in the meeting.

Co-Author – This individual(s) is a co-author on the abstract and/or research paper. Co-authors may or may not attend the meeting. There is no minimum or maximum requirement for “Co-Authors.”

Chair – This individual organizes the symposium, roundtable/scientific discussion or poster symposium. The chair is responsible for coordinating the presenters' abstracts, selecting the theme for the submission and that the presenters and discussant attend the meeting. The Chair acts as moderator to ensure presenters keep to the 15-minute time limit and to facilitate the open discussion segment of the session. The Chair must attend the meeting. There is a minimum and maximum of one Chair for an organized symposium, roundtable/scientific dialogue and poster symposium.

Discussant – This is an optional role in organized symposia and a role in roundtable discussions/scientific dialogues. Discussants are not expected to give presentations. In an organized symposium a discussant's role/goal is to identify common themes among the presentations, clarify the “big-picture,” and integrate the research presentations. In a roundtable/scientific discussion a discussant's role is to elaborate on varying perspectives within the specified area or issue. Discussants are not limited to the number of organized symposia or roundtable/scientific dialogues in which they participate.

Note to all Presenting Authors, Chairs and Discussants – If your abstract(s) and session(s) are accepted you are required to register for the meeting.

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Questions

Please don't hesitate to contact the administrative office with submission questions. Jennifer Lewis will gladly walk you through any of the submission steps. In particular you may benefit from a few minutes of explanation as to how to start the organized symposia submission process.

Society for Prevention Research
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