Society for Prevention Research

Call for Papers 16th Annual Meeting

"Context and Prevention Science"

Hyatt Regency San Francisco Embarcadero Center
May 28 – May 30, 2008
Pre-conference Workshops May 27, 2008

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, child maltreatment, 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.

The theme for the 2008 conference is “Context and Prevention Science”. While most agree that “context matters”, relatively little research in prevention science has been conducted that aids understanding of the ways in which context matters in designing interventions and understanding intervention impact. In addition, as the science moves forward to better understand gene and environment interactions in development, it is clear that many questions about environment remain – questions of definition, processes, intervention targets, measurement and a myriad of methodological challenges. As outlined below, submissions that include a focus on context across all areas of prevention science from epidemiology to dissemination research are strongly encouraged. Submissions for presentations may include individual paper and poster presentations, organized paper symposia, poster forums, round-table discussions/scientific dialogue sessions, and technology demonstrations.

Special Themes

Context and Prevention. SPR strongly encourages submissions focused on understanding the role of social and physical settings – such as families, peer groups, schools, and neighborhoods – as contexts for both development and settings of interventions. For example, there has been limited investigation of the relation of neighborhood context to preventive intervention outcomes, despite increasing empirical evidence documenting community and neighborhood characteristics’ relation to psychosocial and health outcomes both directly and through the interaction with other social settings. Characteristics of neighborhood and community contexts may be important in both intervention content and understanding variation in intervention impact. Submissions that focus on the physical or structural characteristics and social processes within settings as related to the development of interventions and in modifying intervention impact, the interaction between settings, as well as multilevel measurement and analytic methods appropriate for such analyses are all strongly encouraged. Submissions focused on larger social, political, cultural or economic contexts
are also encouraged.

Research, Policy and Practice. Researchers often complain about the lack of attention to research findings to guide policy and decision making. Policymakers often complain that researchers address topics that are not policy-relevant, produce ambiguous or conflicting findings or report findings in ways that are inaccessible to policymakers. Both groups suggest that high-quality research could and should be used to inform and shape policies and practices. Submissions presenting research on how and under what conditions research is used to influence policies and practices or how policy priorities shape what researchers study are encouraged.

The Role of Culture, Ethnicity and Health Disparities in Prevention Research. SPR continues to focus on better understanding issues related to health disparities. Submissions are encouraged that articulate how prevention science can address several key factors: biological, behavioral, social environment, physical environment, and policies to reduce health disparities and to promote health and well-being.

Emerging Adulthood. Each year, SPR focuses on a different stage of development. The 2008 conference invites special attention to the developmental period of emerging adulthood, which extends roughly through the ages 18 to 29. Recent research has identified this period of development as distinct from both adolescence and young adulthood and a period of time often characterized by instability and identity exploration. This developmental stage provides a unique opportunity for intervention, as individuals move toward young adulthood and responsibilities of work, partnered relationships and parenthood. Developing a better understanding of interventions to prevent problem behaviors, the mechanisms of such preventive interventions, and promote positive development, as well as gaining better insight into this developmental period would be of substantial value for the field.

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 Areas:
- The use of community monitoring systems to affect behavioral changes in settings
- Variations by community, socioeconomic status, race and ethnicity

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:
- Interactions among genetic, environmental and developmental factors in the etiology of problem behaviors (e.g., substance use, aggression), obesity, and other health 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:
- Outcomes most relevant to the developmental concerns of emerging adulthood including, HIV, substance use, child maltreatment, obesity, suicide, violence, partner violence
**Effectiveness Trials**
The true test of a prevention program is 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 Area:**
- Studies that evaluate variation in preventive intervention impact by population or setting characteristics.

**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
- 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:**
- Integrating qualitative and quantitative methods.
- Analysis of multi-level data from community studies.
- Issues modeling cross-level interactions in community-based studies.
- Translating cutting-edge analytic methods into approaches that are accessible to both researchers and consumers of prevention science.

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

The abstract site will open Wednesday, September 5, 2007

Deadline for Submission: Monday, October 29, 2007
Acceptance decisions are expected early March 2008.