



Society for Prevention Research
30th Annual Meeting
May 31 – June 3, 2022
Pre-conference Workshops, May 31, 2022
Hyatt Regency, Seattle, WA

***Realizing the Power of Prevention
Through Equitable
Dissemination & Implementation Science***

Investments in prevention science have led to the development of numerous effective interventions to forestall the onset and progression of chronic disease, reduce the spread of infections, and improve the social and emotional health of individuals and families across the lifespan. While the discovery of what works is a necessary step to improving public health and well-being, research indicates that only a miniscule proportion (<15%) of evidence-based interventions (EBIs), which include, programs, practices, and policies, ever reach those they were intended to help. To realize the potential power of prevention science to improve public health on a meaningful scale, greater attention needs to be paid to the dissemination and implementation of EBIs in service delivery systems and community organizations that can adopt and sustain them over time, as well as the role of practice-based evidence in this endeavor. Dissemination and implementation (D&I) science formally emerged as a unique field of study nearly two decades ago to focus in part on the challenge of achieving complete translation of scientific advances to policy and practice. Although D&I is being and has been applied in prevention science, there remains a need for advancements in D&I theories, models, frameworks, measurement, simulation studies, research designs, and a focus on translatability

earlier in intervention development to achieve public health impact of prevention efforts. While many principles and methods are broadly applicable, the contexts that prevention scientists and prevention practitioners work in are broader and often more complex. Thus, a more specific focus on the science of prevention dissemination and implementation is critical.

This year's conference theme has intersections and complements with the last two conference themes of context (place-based prevention) and addressing racism and health disparities. Since its inception, D&I has emphasized the importance of contextual factors that help or hinder the translation of EBIs and programs to their intended setting (e.g., primary care, schools, community-based organizations) and the implementation strategies that best align with that context. More recently the field has focused on achieving *equitable dissemination and implementation*, which occurs when the culture, history, values, assets, and needs of the community are integrated into the principles, strategies, frameworks, and approaches of D&I science. Equitable D&I aims to engage diverse implementers, stakeholders, and recipients of prevention science in an effort to overcome capacity and resource deficits in underserved and under-resourced systems serving vulnerable populations. As such, presentations with community partner presenters are highly encouraged. With this conference being held amidst the backdrop of a global pandemic that has underscored and laid bare the tremendous inequities in access to prevention of all kinds, focus on equitable implementation is long overdue and critically needed.

2022 Special Conference Themes

Each year, SPR selects three special themes designed to highlight specific areas of research relevant to prevention science. The SPR Conference Committee encourages basic, applied, and

developmental research submissions with clear implications for translation across the three special themes.

Consistent with this year's conference theme, *Realizing the Power of Prevention Through Equitable Dissemination & Implementation Science*, the SPR Conference Committee encourages special conference theme submissions related to research that advances: **(1) implementation strategies to achieve equitable D&I of EBIs; (2) multi-sector, coordinated efforts to disseminate and implement prevention science; and (3) charting the future of prevention D&I science.**

We encourage submissions for all three Special Conference Themes to focus on topics including:

- stakeholder- and community-driven approaches to equitable implementation
- strategies for rigorous adaptation and ongoing tailoring of EBIs to ensure effectiveness when applied across diverse populations and settings
- novel research designs to ensure uptake by those that need prevention the most
- simulation modeling of complex implementation challenges
- measurement and evaluation approaches to capture nuanced processes and outcomes accounting for diversity and equity (e.g., the RE-AIM equity extension)
- economic evaluations of prevention implementation to inform adoption and sustainment, health policy, and funders of prevention science
- qualitative analysis of community and stakeholder input concerning D&I of EBIs
- large multisector partnerships to coordinate efforts to disseminate and implement EBIs
- failures of equitable implementation and the need to de-implement ineffective

implementation efforts or interventions that fail to reduce disparities

- translation of knowledge from global prevention implementation adapted/tailored to US-based contexts and populations and vice versa

Special theme #1 Implementation strategies to achieve equitable implementation of EBIs.

Implementation strategies are the methods or techniques used to enhance the adoption, implementation, sustainment, and scale-up of EBIs. They include delivery strategies and support systems for implementing systems to ensure that adoption leads to sustained delivery with fidelity and positive outcomes. Prevention scientists have traditionally considered the end-user and delivery system only in the development and initial testing of interventions. Implementation science focuses on delivery systems throughout (i.e., development to wide-scale dissemination), seeks to identify the contextual factors that influence the utilization of implementation strategies, and investigates ways to overcome barriers and leverage facilitating factors to adoption and scale-up.

The SPR Conference Committee seeks submissions that advance equitable implementation through the understanding of (a) contextual factors that help or hinder the implementation of prevention science in settings and contexts serving populations with health disparities, (b) the conceptual, empirical, and stakeholder-driven approaches to selecting and modifying implementation strategies to enhance their impact, (c) cultural and contextual adaptations of both EBIs and novel and effective implementation strategies, and (d) trials and evaluations of implementation strategies compared to implementation-as-usual or to other active implementation strategies using observational, randomized trial, factorial, optimization, and hybrid effectiveness-implementation designs, to name a few.

Special Theme # 2: Multi-sector, coordinated efforts to disseminate and implement prevention science

While some prevention implementation challenges occur at the local level, to achieve equitable implementation on a scale that improves population health outcomes, coordinated efforts between multiple sectors (e.g., researchers, government, policymakers, community-based organizations, schools, payors, healthcare and social systems), and across silos such as education, justice, child welfare, etc., must be undertaken. The scope of such efforts can be at the community, city, state, region, national, and global levels. These types of initiatives are critical to achieving widespread dissemination of the best available science and to studying the most effective implementation strategies. Understanding and addressing inherent power dynamics and negotiating ownership/co-ownership between partners in both vertically and horizontally organized structures (grassroots vs. centralized governmental efforts aligning) is critical to the success and sustainment of such efforts.

The SPR Conference Committee invites submissions under this theme that address topics such as: (a) multi-sector partnership formation and maintenance; (b) bridging factors between entities that ensure the success of larger-scale implementation efforts; (c) development and deployment of tools, resources, and the infrastructure needed to directly support prevention implementation (implementation toolkits, virtual learning) and the evaluation of implementation at scale; (d) economic and funding models to foster sustainability of these efforts, and (e) dynamic systems approaches that capture the complex interrelationships within and between systems in the goal of equitable implementation.

Special Theme # 3: Charting the future of prevention D&I science

The overall field of D&I science is advancing at a blistering pace with the proliferation of research, models and methods, and formal expansion into nearly all areas of health and healthcare delivery. Yet, it is still a young scientific field in many ways and remains a part of, but not a wholly integrated aspect, of prevention science. The 30th Annual Meeting of the Society for Prevention Research is an opportune occasion to boldly chart a path for the advancement of the science that will ultimately achieve equitable implementation of EBIs. The field needs a roadmap, a series of objectives, and a dedicated group of prevention scientists, community partners, and implementers to take on this challenge. This special theme aims to ensure that future prevention D&I science will produce a strong evidence base supporting investment and focus in this area, with an emphasis on achieving equity.

The SPR Conference Committee invites submissions under this theme that address issues such as: (a) identification of gaps in D&I models, frameworks, methods, and theory that once filled would accelerate prevention D&I science; (b) models and objectives for training academic and community partners in prevention D&I science; and (c) ways to enhance and ensure the rigor and reproducibility of prevention D&I science.

Special Theme #3 submissions will be reviewed and scored differently than other submissions as primary data will not be required for submissions to this theme. However, well-reasoned and empirically-driven positions supported by research in the field are expected. See abstract submission guidelines, abstract review criteria at <https://www.preventionresearch.org/2022-annual-meeting/7891-2/>.

General Conference Themes: Advances in
Prevention Research

Epidemiology and Etiology: Submissions under this theme are focused on describing the distribution and patterns of injury and disease (e.g., cancer, cardiovascular disease, substance use disorders, depression, and HIV/AIDS) as well as on identifying risk and protective targets of preventive interventions, especially those with a developmental and/or lifespan approach, or that include neurobiological, genetic, or contextual factors.

Development and Testing of Interventions: Prevention interventions can be tested for efficacy under conditions of high-quality assurance and strong research designs (“proof of concept”) and tested for effectiveness under real-world conditions in settings and systems. Submissions reporting the findings from efficacy or effectiveness trials (including pilot studies with preliminary outcome data) are welcomed, and those that combine the findings of such trials with one of the special conference themes are particularly encouraged.

Research, Policy, and Practice: Decision makers around the world emphasize evidence-based policy reform. New policy initiatives at the state and national levels require evidence to guide further policy change, such as changes in opioid prescribing practice guidelines and new approaches to improving the educational system. This theme encourages submissions that evaluate or estimate the outcomes of planned, new, or existing policies, that look at the impact of efficacious programs in emerging policy contexts, and that demonstrate how empirical research has been used to inform and guide new policies. In addition, research that describes and evaluates the processes by which policies have been formed, developed, and implemented are encouraged. A wide variety of content areas are welcomed, including emergent areas such as marijuana legalization or immigration policy, along with recurring areas of concern such as cancer

screening, HIV antiretroviral therapy compliance, education policy, gun safety, obesity prevention, and anti-bullying laws and policies. Submissions focused on international research or comparative research across policy contexts and submissions that combine the findings of such research with one of the special conference themes are particularly encouraged.

Innovative Methods and Statistics: “Cutting edge” studies and methodological analyses that address measurement, statistical, and design challenges to prevention science are invited. That includes studies of quantitative, qualitative, and mixed methods approaches. Studies that use advanced methods but do not directly study a novel statistical, methodological, or design question should be submitted to one of the other themes. Presentations should highlight the challenges related to prevention science that these innovative design and statistical methods can address and additional benefits gained by using these techniques.

NIDA International SPR Poster Session

The International Program and the Division of Epidemiology, Services and Prevention Research of the National Institute on Drug Abuse (NIDA) will host the annual NIDA International SPR Poster Session held in conjunction with the SPR annual meeting. Posters should highlight research on the prevention of drug use, prevention of drug use in combination with alcohol use, or prevention of HIV/AIDS in the context of drug use or drug and alcohol use. See the separate call for poster abstracts at <https://www.preventionresearch.org/2022-annual-meeting/7885-2/>.

All abstracts must be submitted online at www.preventionresearch.org.

Submission Deadline: November 15, 2021

For questions regarding online abstract submissions, the peer review process, or other details, please contact Jennifer Lewis by email at jenniferlewis@preventionresearch.org or by telephone at 703-934-4850, ext. 3.

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