Developing a Strong Abstract for the SPR Annual Meeting

Practical guidance for preparing a competitive submission

Your Research Matters—Connect, Collaborate, and Lead with the Society for Prevention Research

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What we will cover

1. Important NEW changes for abstract submissions to the 2027 conference
2. Reading the Call for Papers and selecting the “science/research areas” and selecting a “special theme”
3. Choosing the right submission format
4. SPR submission requirements
5. Building a clear and compelling empirical abstract
6. Understanding how abstracts are reviewed and scored
7. Common issues to avoid
8. International Committee and the International Networking Forum



35th Annual Meeting
June 1 – June 4, 2027,
Washington, DC

Prevention Science Advancing Public Health:
Translating Evidence and Expanding Reach



Call for Papers: Selecting "Science/Research Areas"& "Special themes"

It is VERY IMPORTANT to note that there is a new step in the Abstract Submission Process.

1st Step: Select one of the FIVE (5) Research/Science Areas.

- ❑ Epidemiology and Etiology
- ❑ Development and Testing of Interventions
- ❑ Dissemination and Implementation Science
- ❑ Research, Policy, and Practice
- ❑ Innovative Methods and Statistics

2nd Step: Select one of the THREE (3) Special Themes, if it is relevant to your research.

- ❑ Special Theme #1: Innovative Methods for Supporting Translation and Expanding Reach
- ❑ Special Theme #2: Strengthening the Prevention Science Workforce
- ❑ Special Theme #3: Engaging with Systems and Knowledge Users
- ❑ Not Applicable - Select this option if your abstract does not fit within any of the descriptions provided for the special themes.

Call for International Poster Abstracts

- International Drug and Alcohol Use Prevention Poster Session
- Select the Submission Format: International Poster
  - Select the "Science/Research Area" & "Special theme", If applicable.

Society for Prevention Research
35th Annual Meeting
June 1 – June 4, 2027
Pre-conference Workshops, June 1, 2027
Hyatt Regency Washington on Capitol Hill, Washington, DC

Prevention Science Advancing Public Health: Translating Evidence and Expanding Reach

Call for International Poster Abstracts

International Drug and Alcohol Use Prevention Poster Session

The International Drug and Alcohol Use Prevention Poster Session will take place in conjunction with the SPR opening reception and Poster I session, following the preconference workshops on Tuesday, June 1, 2027.

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. We seek variation in study designs, focus (e.g., formative work, outcome, implementation science), populations, and data types (e.g., quantitative, qualitative or mixed methods approach, program data, surveillance data, observational research, clinical trial data). Abstracts should include completed analyses. "Findings to be presented" abstracts will not be considered. Eligible research must have been conducted in international settings by international researchers, domestic researchers, or binational research teams.

Poster abstract submissions for the International SPR Poster Session will undergo the same peer review process as other submissions for SPR.

IMPORTANT INSTRUCTIONS: To submit your International Poster go to the online abstract submission site

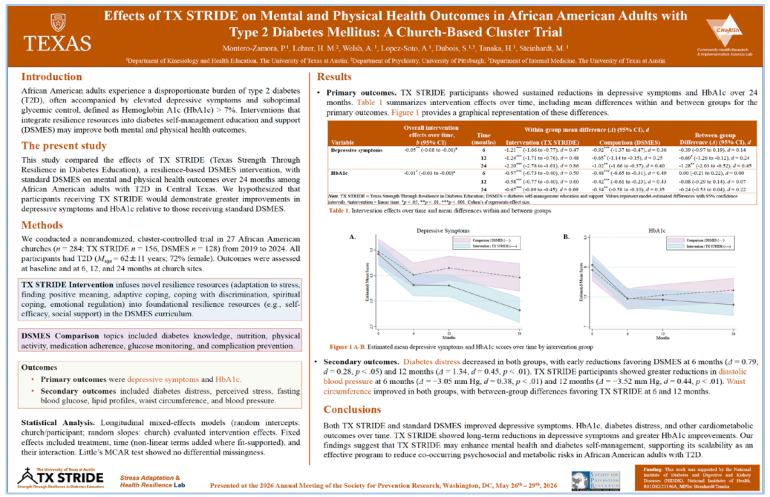
NEW FOR 2027!

When you are on the online abstract submission site, scroll down to "Begin a submission to the following:" and select **INTERNATIONAL POSTER.**

It is VERY IMPORTANT to note that there is a new step in the Abstract Submission Process. When you are submitting your abstract there is now a TWO-STEP process when selecting your Special Conference Theme and your General Research/Science Areas. To do this, after you start your abstract submission and indicate your title, you will go to the Research/Science Theme Tab. From here, do the following:

Start with the right submission format

Individual Paper	20-minute oral research presentation
Individual Poster	Interactive poster presentation
International Poster	This is new this year
Organized Paper Symposium	Three related research presentations + discussion
Organized Team Science Panel	Multiple perspectives from one project team
Roundtable / Scientific Dialogue	Discussion of an important field issue
TED-Like Talk	Engaging, concise ideas and take-home messages
Technology Demonstration	Hands-on prevention technology or materials


Effects of TX STRIDE on Mental and Physical Health Outcomes in African American Adults with Type 2 Diabetes Mellitus: A Church-Based Cluster Trial

Montero-Zamora, P.[1], Lehrer, H. M.[2], Welsh, A.[1], Lopez-Soto, A.[1], Duboos, S.[1,3], Tanaka, H.[1], Steinhardt, M.[1]

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Introduction

African American adults experience a disproportionate burden of type 2 diabetes (T2D), often accompanied by elevated depressive symptoms and suboptimal glycemic control, defined as Hemoglobin A1c (HbA1c) > 7%. Interventions that integrate resilience resources into diabetes self-management education and support (DSMES) may improve both mental and physical health outcomes.

The present study

This study compared the effects of TX STRIDE (Texas Strength Through Resilience in Diabetes Education), a resilience-based DSMES intervention, with standard DSMES on mental and physical health outcomes over 24 months among African American adults with T2D in Central Texas. We hypothesized that participants receiving TX STRIDE would demonstrate greater improvements in depressive symptoms and HbA1c relative to those receiving standard DSMES.

Methods

We conducted a nonrandomized, cluster-controlled trial in 27 African American churches (n = 284; TX STRIDE n = 156, DSMES n = 128) from 2019 to 2024. All participants had T2D (M_{age} = 62±11 years, 72% female). Outcomes were assessed at baseline and at 6, 12, and 24 months at church sites.

TX STRIDE Intervention infuses novel resilience resources (adaptation to stress, finding positive meaning, adaptive coping, coping with discrimination, spiritual coping, emotional regulation) into foundational resilience resources (e.g., self-efficacy, social support) in the DSMES curriculum.

DSMES Comparison topics included diabetes knowledge, nutrition, physical activity, medication adherence, glucose monitoring, and complication prevention.

Outcomes

- **Primary outcomes** were depressive symptoms and HbA1c.
- **Secondary outcomes** included diabetes distress, perceived stress, fasting blood glucose, lipid profiles, waist circumference, and blood pressure.

Statistical Analysis. Longitudinal mixed-effects models (random intercepts: church/participant; random slopes: church) evaluated intervention effects. Fixed effects included treatment, time (non-linear terms added where fit-supported), and their interaction. Little's MCAR test showed no differential missingness.

Results

- **Primary outcomes.** TX STRIDE participants showed sustained reductions in depressive symptoms and HbA1c over 24 months. Table 1 summarizes intervention effects over time, including mean differences within and between groups for the primary outcomes. Figure 1 provides a graphical representation of these differences.

Variable	Overall intervention effects over time, b (95% CI)	Time (months)	Within group mean difference (Δ) (95% CI), d		Between group Difference (Δ) (95% CI), d
			Intervention (TX STRIDE)	Comparison (DSMES)	
Depressive symptoms	-0.05 * (-0.08 to -0.01)*	6	-4.22*** (-5.00 to -3.37), d = 0.34	-0.92*** (-1.37 to -0.47), d = 0.16	-0.28 (-0.57 to 0.10), d = 0.14
		12	-4.24*** (-5.11 to -3.74), d = 0.48	-0.68* (-1.14 to -0.18), d = 0.25	-0.69* (-1.26 to -0.12), d = 0.24
		24	-2.28*** (-2.78 to -1.61), d = 0.66	-1.02*** (-1.66 to -0.37), d = 0.40	-1.28*** (-2.01 to -0.52), d = 0.45
HbA1c	-0.01 * (-0.01 to -0.00)*	6	-0.57*** (-0.73 to -0.40), d = 0.50	-0.46*** (-0.65 to -0.21), d = 0.40	0.00 (-0.21 to 0.22), d = 0.00
		12	-0.58*** (-0.77 to -0.40), d = 0.60	-0.42*** (-0.63 to -0.23), d = 0.43	-0.08 (-0.26 to 0.14), d = 0.07
		24	-0.47*** (-0.59 to -0.45), d = 0.69	-0.34*** (-0.51 to -0.33), d = 0.55	-0.24 (-0.51 to 0.04), d = 0.22

Note. TX STRIDE = Texas Strength Through Resilience in Diabetes Education; DSMES = diabetes self-management education and support. Values represent model-estimated differences with 95% confidence intervals. Intervention × linear time: χ^2 = 81.77, p < .001. Cohen's d represents effect size.

Table 1. Intervention effects over time and mean differences within and between groups.

Figure 1 A-B. Estimated mean depressive symptoms and HbA1c scores over time by intervention group

- **Secondary outcomes.** Diabetes distress decreased in both groups, with early reductions favoring DSMES at 6 months (d = 0.79, d = 0.28, p < .05) and 12 months (d = 1.34, d = 0.45, p < .01). TX STRIDE participants showed greater reductions in diastolic blood pressure at 6 months (d = −3.05 mm Hg, d = 0.38, p < .01) and 12 months (d = −3.52 mm Hg, d = 0.44, p < .01). Waist circumference improved in both groups, with between-group differences favoring TX STRIDE at 6 and 12 months.

Conclusions

Both TX STRIDE and standard DSMES improved depressive symptoms, HbA1c, diabetes distress, and other cardiometabolic outcomes over time. TX STRIDE showed long-term reductions in depressive symptoms and greater HbA1c improvements. Our findings suggest that TX STRIDE may enhance mental health and diabetes self-management, supporting its scalability as an effective program to reduce co-occurring psychosocial and metabolic risks in African American adults with T2D.

TX STRIDE — Stress Adaptation & Health Resilience Lab

Presented at the 2026 Annual Meeting of the Society for Prevention Research, Washington, DC, May 26th – 29th, 2026

Funding: This work was supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, R01DK115164, MPIs: Montero/Steinhardt

Choose the format that best matches what you want attendees to learn and how you want them to engage.

Before you start writing: know the requirements

- ✓ Maximum 2,800 characters, including spaces (approximately 400 words)
- ✓ No tables or figures
- ✓ References are not required
- ✓ Blind peer review: do not identify authors, chairs, or discussants in the abstract text
- ✓ Select the research/science areas and special theme that best fit the research
- ✓ Complete the Research Foci questions
- ✓ Finalize the submission by clicking Confirmation



Your Abstract Submission Has Been Received

Print this page

You have submitted the following abstract to New Horizons in Prevention Science: Multilevel Interventions for Systemic Challenges. Receipt of this notice does not guarantee that your submission was complete or free of errors.

Effects of TX Sride on Mental and Physical Health Outcomes In African American Adults with Type 2 Diabetes Mellitus: A Church-Based Cluster Trial

Abstract:

Introduction: Type 2 diabetes mellitus (T2DM) disproportionately affects African American (AA) adults, who often experience co-occurring depressive symptoms and poor glycemic control. Building resilience resources—psychosocial characteristics that support adaptation—alongside risk reduction offers an innovative approach to T2DM self-management among AAs. In response, we developed *Texas Strength Through Resilience in Diabetes Education* (TX STRIDE), a resilience-based diabetes self-management education and support program. The program integrates standard diabetes self-management education and support (DSMES) with resilience strategies (e.g., adaptive coping, emotional regulation, and positive meaning). This study compared the effects of TX STRIDE and DSMES on mental and physical health outcomes over 24 months among AA adults with T2DM.

Methods: We conducted a church-based cluster trial in 27 churches (N=284; TX STRIDE n=128, DSMES n=156). Participants (M_{age}=62±11 years; 72% female), in both groups, received 8 weekly educational sessions, 8 bimonthly support groups, and 2 booster sessions, all via videoconference. Primary outcomes were depressive symptoms and glycated hemoglobin (HbA1c). Secondary outcomes included diabetes distress, perceived stress, fasting glucose, lipid profiles, waist circumference, and blood pressure. Data were collected at baseline, 6, 12, and 24 months at churches. We used longitudinal mixed-effects models to examine intervention effects.

Results: Both groups showed significant reductions in depressive symptoms, with TX STRIDE exhibiting larger within-group effects (Δ6 months = -1.21, d = .47; Δ12 months = -1.51, d = .63; Δ24 months = -2.20, d = .86) compared with DSMES (Δ6 months = -0.92, d = .36; Δ12 months = -1.02, d = .40; Δ24 months = -1.02, d = .40). The between-group comparison for depressive symptoms showed a significant difference at 24 months (Δ = -1.28, d = .45, p < .01), suggesting that TX STRIDE had significantly more sustained effects. For HbA1c, both groups showed significant within-group improvements (TX STRIDE: Δ = -0.57, -0.58, -0.67; DSMES: Δ = -0.48, -0.42, -0.34 at 6, 12, and 24 months, respectively; d_{range} = .35–.69), with no significant between-group differences. However, TX STRIDE trended toward greater 24-month reductions (Δ = -0.24, d = .22), but this difference was not statistically significant (p = .09). Both groups showed significant within-group reductions in diabetes distress and waist circumference at all time points (d_{range} = .25–1.26). Additionally, TX STRIDE resulted in greater between-group reductions in diabetes distress and diastolic blood pressure at 6 months (d_{range} = .28–.38) and 12 months (d_{range} = .44–.45).

Conclusion: TX STRIDE significantly improved mental and physical health outcomes over time among AA adults with T2DM. Improvements in depressive symptoms were sustained at 24 months, whereas glycemic control was maintained only through 12 months. This culturally tailored, church-based intervention shows strong potential to address mental health and diabetes disparities in AA communities. Future research should assess TX STRIDE's long-term effectiveness and explore strategies for broader implementation and dissemination.

Abstract Title
Effects of TX Sride on Mental and Physical Health Outcomes In African American Adults with Type 2 Diabetes Mellitus: A Church-Based Cluster Trial

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ECPN Student Poster Contest
No

How did you hear about SPR?
SPR member

Equipment Agreement
I have read and agree to the above

Theme:
Development and Testing of Interventions

Research Foci
Depression
Diabetes
Health Literacy
Minority Health and Health Disparities
Public Health

A strong abstract can still be disadvantaged by not following the submission requirements.

A practical structure for an empirical abstract

Introduction

WHY?

Problem / gap

WHAT?

Objective / question

Methods

HOW?

Design, sample, measures, analysis

Results

FIND?

Principal results

Conclusions

SO WHAT?

Contribution to prevention science

Make every sentence earn its space.

Think like an SPR reviewer

Seven criteria are scored on a 5-point scale and then weighted.

Criterion	Weight	Maximum points
Interest	×2	10
Significance	×2	10
Innovation	×3	15
Rigor	×3	15
Bias-free language	×2	10
Health Equity	×2	10
Overall Rank	**×6**	**30**

Total Maximum Points: 100. Overall Rank contributes 30% of the total score; Innovation and Rigor are also heavily weighted.

Interest + Significance + Innovation



INTEREST

Why will SPR attendees care?

SIGNIFICANCE

What important prevention-science problem does this address, and how could the findings advance knowledge?

INNOVATION

What is genuinely new—the question, context, theory, method, analysis, intervention, or application?

Demonstrating rigor in limited space

- ✓ Study design
- ✓ Sample and sample size
- ✓ Key measures
- ✓ Analytic approach
- ✓ Relevant sampling procedures and potential biases
- ✓ Missing data, when relevant
- ✓ Race/ethnicity/biological sex diversity, when relevant



Do not sacrifice essential methodological information to make room for a long introduction.

Bias-free language + Health Equity

Bias-free communication

- ✓ Use respectful, precise language
- ✓ Avoid stigmatizing or deficit-oriented descriptions
- ✓ Describe populations with appropriate specificity

Health Equity

- ✓ Make relevant equity dimensions visible when genuinely part of the work
- ✓ Explain how findings may inform equity-focused prevention approaches
- ✓ Integrate equity meaningfully rather than adding a token sentence

Common issues to avoid

- ✓ **Highlight that there must be results. Results cannot be "promises."**
- ✓ Too much background and too little results
- ✓ Vague objectives or research questions
- ✓ Methods that do not allow reviewers to assess rigor
- ✓ Calling something innovative without showing what is new
- ✓ Reporting only that findings were "significant" rather than communicating substantive results
- ✓ Conclusions that go beyond the findings
- ✓ Poor "research/science" area selection
- ✓ Identifying authors or institutions in a blind abstract
- ✓ Ignoring the character limit
- ✓ Treating health equity as an add-on rather than integrating it where relevant



A final 60-second reviewer check

Interest	Will SPR attendees care?
Significance	Is the contribution clear?
Innovation	What is new?
Rigor	Can the reviewer judge the science?
Language	Is it precise and bias-free?
Health Equity	Is equity appropriately addressed?
Overall Impact	Will the reviewer remember why the work matters?



Diversity Network Committee (DNC)

- What is the DNC?
  - " The DNC was formed to advocate, support, and promote diversity initiatives within SPR on behalf of underrepresented racial and ethnic groups, and encourage the conduct of prevention research and the design of culturally-relevant interventions that address the various needs of racially and ethnically diverse populations."
- Why get involved?
  - Advocate for recruiting & retaining a diverse prevention science workforce
  - Provide a save space for all from underrepresented identities
  - Promote the conduct of research w/marginalized and underrepresented populations
  - Increase the diversity of SPR membership & leadership
- Who can participate?
  - All who support the DNC objectives.
- DNC involvement at SPR conference
  - DNC themed sessions
  - DNC Annual Reception
  - DNC Special Interest Group Meeting



Early Career Preventionist Network (ECPN)

- What is the ECPN?
  - "ECPN connects individuals interested in prevention science and fosters the development of early career preventionists through networking, professional development, service, and leadership opportunities."
- Why get involved?
  - Connect with early career preventionists across disciplines
  - Exchange research ideas and meet potential collaborators
  - Build professional service and leadership experience
  - Participate in ECPN and SPR committees, activities, and events
- Who can participate?
  - Undergraduate/graduate students, postdoctoral researchers and fellows, new faculty members, practitioners, and professionals (within 10 years of completing final degree)
- ECPN involvement at SPR
  - Early-career themed sessions
  - ECPN poster session
  - SPR Cup
  - Early-career networking

Society of Prevention Research

ECPN

International Committee (IC)

- What is the IC
  - The IC connects prevention researchers around the globe to foster world-wide participation in SPR by encouraging and facilitating collaborations for prevention science and research, and by encouraging and promoting the implementation of science-based practice and policy

- Opportunities for international researchers and collaborators and ways to become involved
  - Workgroups: Research Collaboration, Outreach, Communications, International Networking Forum, Special Initiatives, e.g. special issue in the journal *Prevention Science and the International Climate Change Workgroup*

- Conference Events
  - International Poster Session
  - International Networking Forum

- Partner Organizations
  - European SPR (EUSPR)
  - Brazilian Association for Research in Health Prevention and Promotion (BRAPEP)
  - Asia-Pacific Society for Prevention Research (APSPR)

Mid-Career Task Force (MCTF)

- What is the Mid-Career Task Force?
  - The mid-career task force supports the professional development and leadership of mid-career prevention scientists and practitioners within SPR.
- Why get involved?
  - Connect with mid-career prevention scientists across disciplines
  - Exchange research ideas and meet potential collaborators
  - Build professional service and leadership experience
  - Participate in SPR committees, activities, and events
- Who can participate?
  - Mid-career includes individuals who have 11 years of working experience or who are 11 years post-graduation from their terminal degree or, if more relevant in a given field, are 11 years from the end of their specialized postgraduate training (e.g., postdoctoral fellowship, residency, subspecialty training) until 20 years post-graduation from the terminal degree or specialized training in prevention science or related fields.
- Mid-Career involvement at SPR
  - Mid-Career themed session
  - Mid-Career Special Interest Group Mtg
  - Mid-Career networking

Resources + discussion

SPR Abstract Submission Guidelines

SPR Abstract Review Criteria for Blind, Peer Review

SPR model abstracts and prior Abstracts of Distinction

APA guidance on bias-free language

SPR health equity resources

Questions and discussion

Goal: leave participants with a practical framework they can use immediately on their own abstract.

Relevant Links

Call for Papers

Call for International Posters

Abstract Submission Guidelines

Call for Preconference Workshop Proposals – [Pending]

Call for Special Interest Group Meetings

