



www.ehps.net/ehp **The European
Health Psychologist**

Bulletin of the European Health Psychology Society

- 626** Angela Rodrigues
- 628** Sebastian Potthoff
- 631** Daniella Watson &
Nikolett Warner
- 634** Dominika Kwasnicka
- 636** Irina Todorova & Efrat
Neter
- 641** Eline Smit, Katie Newby &
Laura König
- 643** Lucia Rehackova & Maria
Karekla

Editorial

**Why you should subscribe to the Practical Health
Psychology blog?**

Reflections on CREATE 2019

**The Open Digital Health initiative – Extending the
life of digital health tools**

Women's Health
A long-held symposium and a new EHPS special
Interest Group

**Digital Health and Computer-Tailoring:
Opportunities and Challenges in Moving the Field
Forward**

**Health Psychology and the Sustainable
Development Goals**



Editorial

Angela Rodrigues, Our first issue of 2020 *Northumbria University, UK* includes several articles disseminating the activities undertaken by the different subsections of the EHPS, including the Practical Health Psychology Blog, the CREATE workshop, and the newly established SIGs.

A brief overview of the articles included in this issue can be found below.

Potthoff reflects on Practical Health Psychology blog, which aims to disseminate cutting-edge Health Psychology research to healthcare practitioners who can apply it in their practice. The Blog currently has 45 National Editors who provide their expertise in translating the blog posts into their languages and distributing them among their networks (healthcare practitioners and relevant societies): www.practicalhealthpsychology.com/editorialboard/.

Watson & Warner report provides a testimony of participating in the 2019 CREATE workshop. The authors collaborated to narrate their experiences of EHPS 2019, highlighting the opportunity to gain insight and advice from other researchers, alongside helping establish promising working relationships with fellow health psychologists.

Kwasnicka describes the not-for-profit Open Digital Health initiative (www.opendigitalhealth.org), which encourages health scientists, practitioners, and technology developers to share evidence-based digital health tools. If you would like to submit any of your work to be published on the platform in the future, please email info@digitalhealth.eu or dkwasnicka@swps.edu.pl.

Todorova & Neter report on the newly

established SIG on Women's health. The authors organized in 2019 at the Dubrovnik conference symposium on the topic of Women's health issues across the lifespan that illustrated how the specific contexts, cultural norms, relationships and meanings of health and womanhood are embodied and manifested in health consequences and behaviors. Interested members can contact Efrat Neter (neter@ruppin.ac.il) to join the SIG.

The **Smit et al.** contribution informs about a call for a special issue on Digital Health and Computer-Tailoring. Authors are invited to submit an extended abstract (max. 500 words) no later than June 1st, 2020, by sending an e-mail to ehpsdigitalhealth@gmail.com.

Rehackova & Karekla introduce a call for a special issue on the application of health psychology approaches in any of the areas of the Sustainable Development Goals. The deadline for abstract submissions is September 30th, 2020. Contributions can be submitted by sending an email to Dr Lucia Rehackova and Dr. Maria Karekla.

Hope you enjoy reading this issue!

Angela Rodrigues, PhD
Editor-in-chief



Angela Rodrigues

Department of Psychology,
Northumbria University, UK

angela.rodrigues@northumbria.ac.uk

Why you should subscribe to the Practical Health Psychology blog?

Sebastian Potthoff The Practical Health Psychology blog (www.practicalhealthpsychology.com) was set up to disseminate cutting-edge Health Psychology research to healthcare practitioners who can apply it in their practice. Each month, we translate short blog posts based on peer-reviewed research and expert opinions into 27 languages and utilize a network of National Editors and a coordinated social networking strategy to ensure broad reach of these posts (by now to 38 countries). The main aim is to see more of the insights from health psychology research being applied in practice. Some examples of recent blog post topics include: Self-affirmation (Peter Harris), possible selves (Winfred Gebhardt), and n-of-1 studies (Marie Johnston). In the coming two months the blog will cover the topics coping (Nadia Garnefski and Vivian Kraaij) and health behaviour maintenance (Dominika Kwasnicka). Currently, we have 45 National Editors who work with us providing their expertise in translating the blog posts into their languages and distributing them among their networks (healthcare practitioners and relevant societies):

www.practicalhealthpsychology.com/editorial-board/

How popular is this blog?

In November 2011 we started monitoring the traffic on our website using Google Analytics. Since then we have had a total of 30,788 users from around the world visiting our website (see Figure 1). The top three countries that have accessed our

website are the Netherlands, Germany and the United States (see Figure 1). Our national editors translate each of our blog posts into 27 different languages. Figure 2 provides an overview of the ten most viewed languages. The top three viewed languages are English, Dutch and German. These are closely followed by Russian, Portuguese, Finnish and Polish. These numbers clearly demonstrate the value of the efforts of our team of national editors. We have also been monitoring the main user acquisition channels (see Figure 3). Most users have accessed the website via organic searches (72.6%) by typing in relevant search terms. We have also received a lot of users via our social media channels (7.4%) and via referrals from other websites (2.4%). Given the recent appointment of a Digital Communications lead we are expecting the number of social media acquisitions to increase steadily in the future.

What can you do to join?

Readers can subscribe via the www.practicalhealthpsychology.com >about this blog >join our blog. You can also follow us on Twitter:<https://twitter.com/PractHealthPsy> and Facebook:<https://www.facebook.com/practhealthpsy/>. If you have a suggestion for a blog post or if you are keen to write one yourself, you can submit your idea for the post here: <http://practicalhealthpsychology.com/suggestions-for-future-posts/>. We are looking forward to hearing from you in case you have any feedback or suggestions for how to best disseminate our blog.

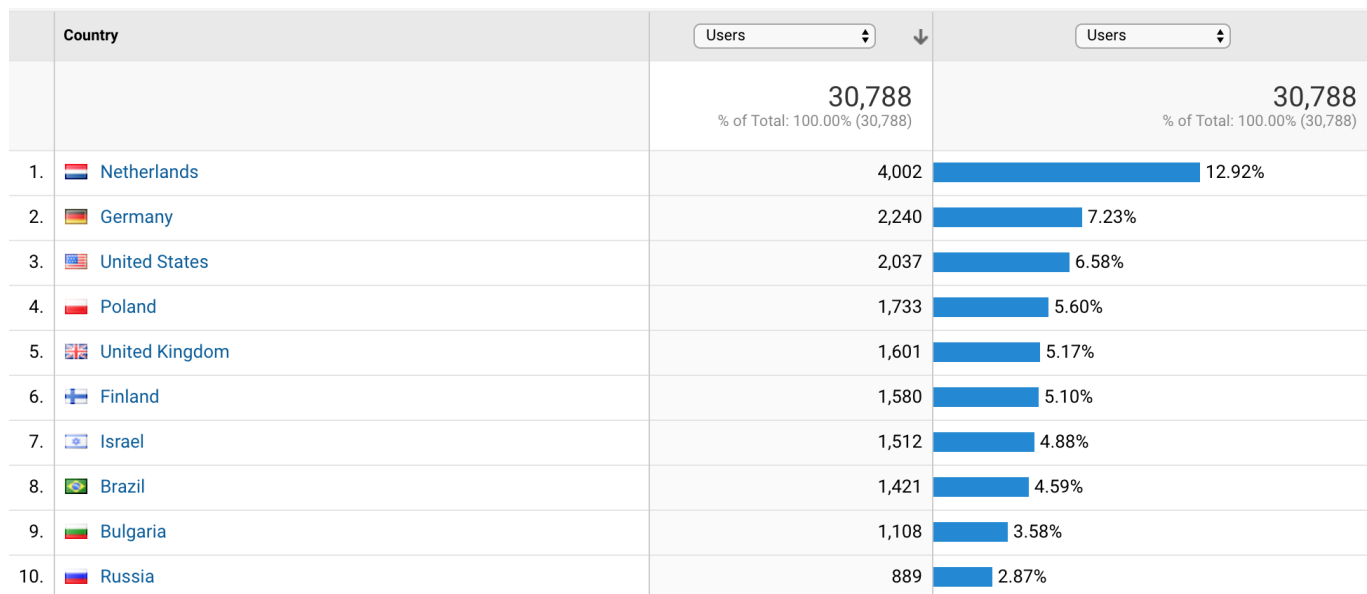


Figure 1. Total number of users per country (since November 2017)

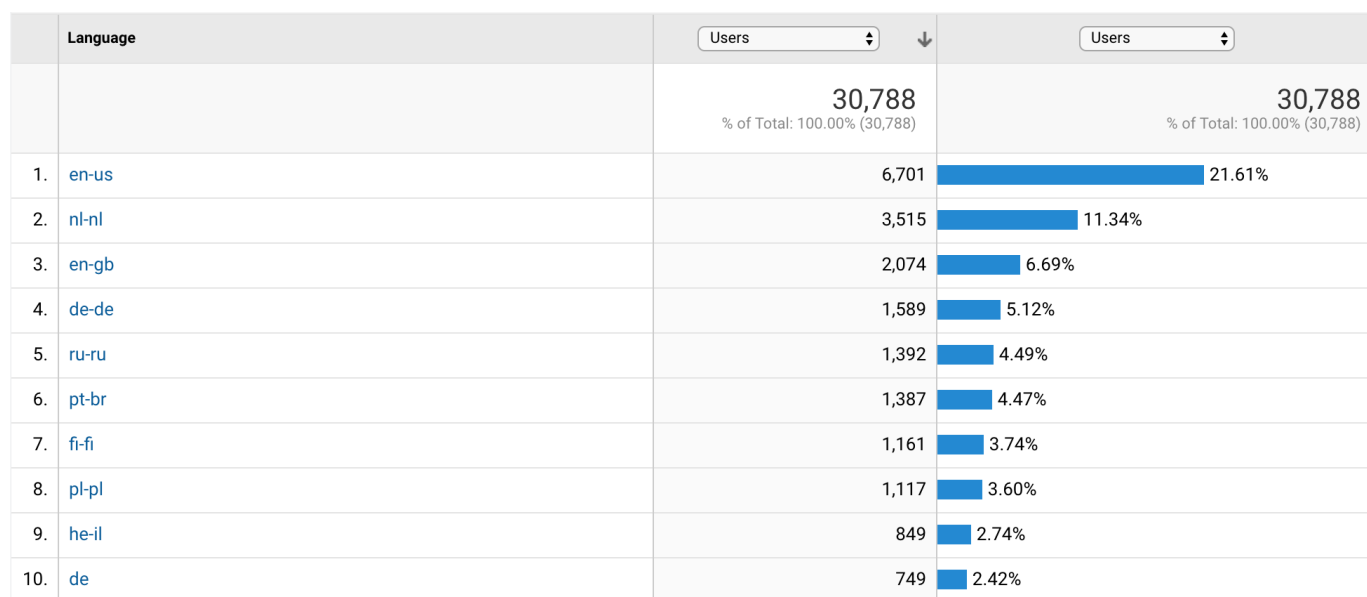


Figure 2. Total number of users per language (since November 2017). Note: en-us= English (US); nl-nl=Dutch (Netherlands); en-gb=English (UK); de-de=German (Germany); ru-ru=Russian (Russia); pt-br=Portuguese (Brazilian); fi-fi= Finnish (Finland); pl-pl=Polish (Poland); he-il=Hebrew (Israel); de=German.

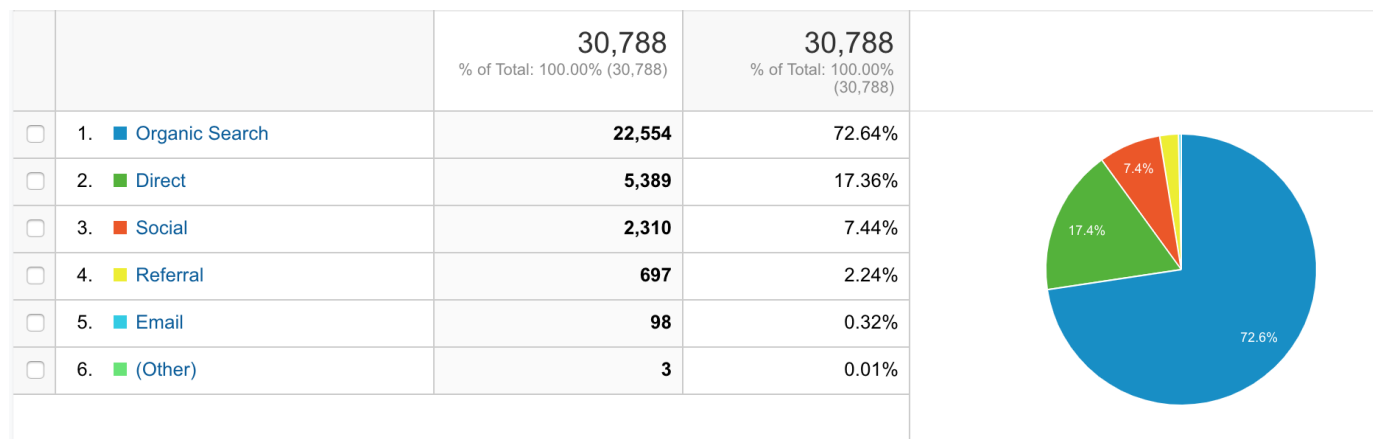


Figure 3. Acquisition numbers (since November 2017). Note: Organic Search=Traffic from search engine results; Direct=Any traffic where the referrer or source is unknown; Social=Traffic from a social network; Referral=Traffic that occurs when a user finds you through a site other than a search engine; Email=Traffic from email marketing; Other=Traffic that does not fit into another source.

We are Translating research to practice, one blog post at time.



Sebastian Potthoff

Northumbria University, Department of Social Work, Education and Community Wellbeing, Faculty of Health & Life Sciences

sebastian.potthoff@northumbria.ac.uk

Reflections on CREATE 2019

Daniella Watson, *University of Southampton*
Nikolett Warner, *National University of Ireland*

It is argued that “the best science comes from international collaborations” (Adams, 2013). International collaboration between psychology research teams have exponentially risen, including the implementation of student and scientist exchange programmes (Kliegl & Bates, 2010). Research collaboration improves research quality, scientific production, and knowledge creation (Coccia & Wang, 2016). Over the decades, EHPS executive committees have incorporated building relationships and collaborations within the conference. This includes supporting CREATE workshops for early career researchers (ERCs) before the conference, which aims to improve research skills and to connect international researchers in similar career stages. We hold testimony to this, as we collaborate to narrate our experiences of EHPS 2019.

The atmosphere on the first day of the CREATE workshop was one that fostered creative interaction through innovative icebreakers, which was organised by the executive committee. The pre-workshop networking session was spent becoming acquainted with one another’s research areas and interests. We began this in one of the conference hotels, during which the structured aspect aided the progression from there to the beautiful inner city of Dubrovnik. Here, the group took to the streets, led by a charismatic Croatian tour guide, where the rich history of the city was delved into (not forgetting the odd Game of Thrones reference).

After two hours of getting to know one another



and the shiny marble slab tiles, the 40-odd group split into a few streams, not based as much on research interest, but more so cuisine of preference at the time! There was a grand regrouping that evening, during which drinks and interests were shared amongst one another. This opportunity to get to know each other helped greatly in promoting a positive atmosphere in which to ask questions and debate during the intensive two-day workshop.

On the first full day of the workshop, we met our workshop facilitators, both from the National University of Ireland, Galway. What better experts to teach about systematic reviews but Dr. Jenny McSharry and Dr. Chris Noone – both distinguished in their expertise of research synthesis. We began by introducing our own research areas to our facilitators, which spanned across many different areas within health psychology. What followed was an interactive exercise whereby we established where we, as a group, stood with our understanding and knowledge of conducting systematic reviews. We got to discuss our faith in

the process as a means of synthesising research, and heard from some workshop participants that had prior exposure to this method. This diversity of know-how further bolstered the peer-to-peer learning within the workshop, whereby participants engaged in enthusiastic discussion with the workshop facilitators about different approaches to systematic reviews. These conversations spilled over into our coffee breaks, and indeed lunches, as we had ample opportunity to get invaluable guidance and feedback from the two subject experts.

The brilliance of CREATE is that it allows different stages of ECRs to gain insight and advice from other researchers, alongside helping establish promising working relationships with fellow health psychologists. In fact, this form of academic-peer support, which we were encouraged to advance throughout the workshop, is considered key in satisfaction with postgraduate study (Tompkins, Brecht, Tucker, Neander & Swift, 2016). As such, the CREATE dinner was a huge success, where we all got to delve deeper into individual and collective experiences of research at this early stage of our careers. Stories from different universities and countries were shared, and a broader dialogue of the challenges faced at both PhD and postdoctoral level were discussed – time-keeping, varied research interests, and methodological difficulties were debated, reflected upon, and worked through.

For many workshop attendees, this EHPS was their first international conference, and the veterans of CREATE assisted in allowing us to all interact in a well-planned, yet relaxed atmosphere. Throughout the week of the conference, groups of ‘CREATERS’ met up and socialised together, further promoting the networking aspect of EHPS, as new and former colleagues mixed. With new friendships formed and a wave of confidence from the workshop, we navigated our way through our first EHPS conference. It was fulfilling to attend talks by psychologists that have inspired our research, and equally exciting to listen to talks by fellow

CREATERS, who delivered with passion and intellect.

CREATE provided further excellent opportunity in the “Meet the expert” event. I was fortunate to meet keynote speaker Prof Rona Moss Morris, with a small group of four ERCs. She spoke honestly and elegantly about the sheer hard work she gives to her research, about her key career moves, and work-life balance. She gave thoughtful advice to each of us at varying stages of our career. For ECRs, meeting experts is invaluable to understand that there is no set academic career pathway and to humanise research.

We would like to thank CREATE facilitators Dr Jenny McSharry and Dr Chris Noone from the National University of Ireland, Galway for making



systematic review training encouraging, engaging, and offering extended support post workshop. The CREATE executive committee have again exceeded expectations in organising the workshop, and especially for providing ample opportunity for ECRs to meet, connect and forge collaborations and friendships. We are grateful to the EHPS executive committee for supporting ECR capacity building through CREATE. We look forward to attending the next CREATE workshop on “Digitalising Health Psychology research to enhance our science”, and reconnecting with familiar faces.

References

- Adams, J. (2013). Collaborations: The fourth age of research. *Nature*, 497(7451), 557.
- Coccia, M., & Wang, L. (2016). Evolution and convergence of the patterns of international scientific collaboration. *Proceedings of the National Academy of Sciences*, 113(8), 2057-2061.
- Kliegl, R., & Bates, D. (2010). International collaboration in psychology is on the rise. *Scientometrics*, 87(1), 149-158.
- Tompkins, K., Brecht, K., Tucker, B., Neander, L., & Swift, J. (2016). Who matters most? The contribution of faculty, student-peers, and outside support in predicting graduate student satisfaction. *Training And Education In Professional Psychology*, 10(2), 102-108. doi: 10.1037/tep0000115



Daniella Watson

University of Southampton

D.Watson@soton.ac.uk



Nikolett Warner

National University of Ireland,
Galway

n.warner1@nuigalway.ie

The Open Digital Health initiative – Extending the life of digital health tools

**Dominika
Kwasnicka**

SWPS University, Australia

The not-for-profit Open Digital Health initiative (www.opendigitalhealth.org) has started to

encourage health scientists, practitioners, and technology developers to share evidence-based digital health tools. We are creating a searchable database of descriptions of evidence-based tools, apps, websites, devices, to allow digital health to grow faster, be cheaper and more transparent across the countries. And here is why are we setting it up.

A story about evidence-based tools that die too early...

Here is a story (and you may have heard a very similar one before): A group of researchers in the UK gets a funding grant to develop an app. Their aim is to promote physical activity in older people. They outsource a company to code the app. They review literature, design the app and test it with the users. They run a study with 150 people who use the app and with 150 who do not, and they show that this app was somehow effective. After a year, they publish an article and they put the app aside. It does not get much publicity or downloads, does not get updated and it dies after the funding period. Sad times. But does this sound familiar?

An alternative ending: Open, Transparent and Shared Digital Health

And here is an alternative ending to the story you just heard: The same group of researchers is keen to share their work. They have the codes for the app, the content and all anonymised user data they've gathered. They don't have time or money to take it forward but they list the descriptions of the app, code, content and data gathered on the Open Digital Health platform where other users can see it.

A group of researchers in Spain wants to promote physical activity in older people. They browse the Open Digital Health platform and locate the app created by the first group. They get in touch with the authors and ask for the permission to adapt the app considering appropriate licensing (<https://osf.io/t3kp2/wiki/Licenses/>). They get it granted, translate the app to Spanish, use it with 300 people, get feedback, modify it, test it, and then show that the new app is even more effective than the original version. They publish the results, acknowledge the original authors and list the information about the app back on the Open Digital Health platform together with more information about new translated content. Then a group of researchers in Chile finds the app on the platform and the story goes on...

Tell us what you think!

We are passionate about digital health and we aim to make it more accessible for all. Sharing

digital health tools will provide cost-effective opportunities for faster breakthroughs. Please email us if you have any comments/suggestions or if you would like to submit any of your work to be published on the platform in the future. Keep in touch if you have any comments/questions: info@digitalhealth.eu or dkwasnicka@swps.edu.pl. The Creators Team of the Open Digital Health initiative is led by Robbert Sanderman, Dominika Kwasnicka, Rik Crutzen, Gjalt Jorn Peters and Gill ten Hoor.

**Dominika Kwasnicka**

SWPS University of Social Sciences
and Humanities, Australia

dkwasnicka@swps.edu.pl

Dominika Kwasnicka

On behalf of the Open Digital Health Team

*This article was previously published elsewhere.

Women's Health

A long-held symposium and a new EHPS special Interest Group

Irina Todorova
Northeastern University,
Boston US

Efrat Neter
Ruppin Academic Center,
Israel

Women's health topics transpire in most domains of health psychology and hence in many European Health Psychology Society's (EHPS) conferences issues related

to women's health are presented. The topics span health and illness, physical and psychological well-being of women and their determinants - be they sociocultural, lifestyle, or environmental; the implications span prevention, early detection and treatment, coping, limitation of disability, and rehabilitation.

A long-held symposium on Women's Health

Sessions focused specifically on women's health have been organized in many EHPS conferences starting at Lisbon in 2002. In the past five years, we have been convening an annual symposium, with the aim of highlighting unique questions relevant to women and their health in the local social contexts in which they live. This is because of the unique ways in which gender, womanhood, motherhood and similar concepts are entwined with women's rights and choices as related to their bodies and life decisions, and with how women are positioned within the healthcare system.

The striking theme that emerges most years of the symposium is women's health as anchored in their relationships across the lifespan - as would-be mothers, as mothers and grandmothers, as

partners and friends, as caregivers to their parents, children, and spouses. The roles themselves are shaped by cultural expectations, thus the roles and the relationships can show similarities, as well as differences across cultures and countries.

At the 33rd EHPS Conference 2019, in Dubrovnik, Croatia, we organized a symposium on the topic of *Women's health issues across the lifespan: Identifying risks and opportunities for change*. Presentations came from Israel, Romania, Poland, and the United States (Baban, Ciuc, Moldovan, & Pinteia, 2019; Benyamini & Abramov, 2019; Boberska et al., 2019; Neter & Baganz, 2019; Rini, Lewis, Butterfield, Souris, & Powell, 2019). The symposium was chaired by Efrat Neter and the discussant was Irina Todorova.

Some common themes that can be identified across these talks, which are also key to discussions on women's health more broadly, have to do with:

-The importance of relationships and the specific meaning and role they have in women's lives and health.

-The medicalization of women's bodies, including the increasing role of technological innovations/interventions and how these intersect with gender, as well as their ethical considerations.

-The importance of hearing women and understanding the perspectives and logic behind their choices and behaviors. Although in some cases their choices and behaviors might increase health risk, they can also make sense when we consider them in women's local contexts.

The importance of relationships was addressed

explicitly or implicitly in all the presentations. These play a key role in supporting health-promoting behaviors and avoiding health risk behaviors. Boberska et al. (2019) in their presentation *Sedentary behaviors and behavior-specific social support in mother-child and female partner-patient dyads*, highlighted the role of social support as well as its source and type in supporting physical activity, as well as the distinction between social support and collaborative social control. Their analysis brought forth the importance of family environment for behavior change. Their sophisticated analysis delineated dyadic dynamics – between the female partner of patients making health behavior changes; and those in mother-child dyads. The presentation underscored not only the key role of such dyadic interactions, but also the uniqueness of the two types of relationships that were explored. For mothers and child there were no dyadic effects and received social support as perceived by children predicted their active breaks; on the other hand, received social support as perceived by the woman was related to more active breaks for the partner/patient she was caring for and at the same time, a higher level of patients' sedentary behaviors (Boberska et al., 2019).

A key role for relationships was also identified by Baban et al. (2019) for preventive behaviors for Romanian women. For example, colonoscopy can be an effective screening approach which allows early detection and can save lives. Our discussion revealed that national policies differ in terms of colonoscopy guidelines and recommendations (Ebell, Thai, & Royalty, 2018). In some countries, such guidelines do not exist (Romania) while in others, colonoscopies are recommended only when fecal occult blood testing (FOBT) has indicated a need. In any case, colonoscopy is often avoided by women and local national policies, as well as cultural meanings are relevant to colonoscopy attitudes and uptake.

It was surprising to see the absence of a

predictive effect of 'barriers' toward screening, since in other studies in Romania and Bulgaria on cervical cancer screening structural barriers were particularly central (mediated by SES)(Todorova, Baban, Alexandrova-Karamanova, & Bradley, 2009). The limited impact of barriers highlights even more the importance of relational dimensions, particularly with the provider – the predictive relational variables were *discussion probability*, *discussion confidence*, *previous recommendations by the provider* (Baban et al., 2019); we can assume these are also related to trust and the quality of the relationship with provider.

The talk *Persevering in fertility treatments despite repeated failures* is in a way an illustration of the impact of an absent relationship with a child and the suffering it could entail for some women. However, we also see how women's social context more broadly is key to understanding women's experiences and the phenomenon of "the never-ending-cycle" of infertility treatment. Benyamini and Abramov (2019) illustrated how perseverance in fertility treatment manifests in the local context of Israel and Israeli national pronatalist policies. They emphasized the communication with health care providers, and what information they give women about the odds of treatment success (which is interpreted by the women with unrealistic optimism), as well as the importance of including in the future the relationship with the partner. The unrealistic optimism allows women to maintain hope and well-being; the authors conclude that "In light of the illegitimacy of childlessness in Israel, [women's] seemingly irrational ways of coping with their situation are logical and rational" (Benyamini & Abramov, 2019). Other work in a similarly pronatalist context has shown the role of the community of women created in on-line forums. We observed the duality of these relationships between women - the supportive interactions, as well as the way in which these same interactions in a way "forbid" women to discontinue treatment with encouragements to go on (Kotzeva, Todorova, &

Panayotova, 2018).

Dualities were evident in other dimensions of women's health topics covered. We see the complexity of both empowering and potentially controlling meanings of treatments and behaviors, entwined with the image of "the good woman/mother" and what she is expected to be doing. The presented studies touched on the theme of the medicalization (and monitoring) of women's (and their children's) health and bodies and the role of new technologies.

Coming back to the topic of infertility treatment, it brings us to other dualities – those embodied by the medical/technological procedures employed. The access to in-vitro technologies is empowering, since it increases options for women; on the other hand, Benyamini and Abramov's (2019) study shows that in reality, choice barely exists. Through the ever-evolving IVF technologies, women are swept up by the motherhood mandate and its expectations for endless in-vitro attempts at pregnancy. Consideration of discontinuing treatment (or choosing other forms of motherhood) were low, (unrealistic) optimism for success was high. While the stigmatization of women who are not mothers is evident in many societies, the Israeli context is interesting example due to its strong pronatalist social beliefs as well as policies which eliminate any financial barriers to infertility treatments with IVF. Clearly such stigmatization and expectations from women can have consequences for women's health through not understanding their distress, as well as through driving them (directly or indirectly) to undergo multiple cycles of fertility treatments which we now know have diminishing success rates and could ultimately endanger their health.

Further illuminating the complex role of new medical technologies, Rini et al. (2019) presented *Women's decisions about next-generation sequencing for newborn screening*, starting with the question of whether we should offer this type of screening. Genomic sequencing for newborns is now being

conducted for many medical conditions. Rini et al. (2019) discussed potential benefits and risks of offering this sequencing – particularly the risk of increasing maternal pregnancy-specific anxiety when it is offered to women during pregnancy to give them time to make an informed decision. The investigators did observe that pregnancy-related anxiety increased in a substantial minority of women; increased anxiety was not related to knowledge about genetic screening but to higher perceived risk of a genetic problem for the child. Aspects of medicalization could be noted in the sense that a version of this screening panel may someday be more widely available, although recommendations about what to do with the screening findings are limited. Rini and colleagues bring up the issue of inequalities in health risks of new technologies – in this case, of lower education associated with higher probability of increasing pregnancy-specific anxiety. These are nuances in the impact of new technologies that studies in women's health need to further identify and understand, given indications that introducing new medical technologies can actually increase health disparities (Glied & Lleras-Muney, 2008).

Neter and Baganz in *Compensatory health beliefs on breastfeeding varying by breastfeeding status* (Neter & Baganz, 2019) discussed the current prevalent discourse of "exclusive breastfeeding" and the exclusively positive framing of breastfeeding for the health of the child and mother. They also draw attention to the duality of breastfeeding – as both empowering and potentially controlling. While undoubtedly beneficial to health, breastfeeding has taken on a mandate similar to the motherhood mandate and integrated into the definition of "the good mother". Clearly, breastfeeding is not a smooth experience for all women, and barriers (such as pain, illness, time limitations) are often overlooked by this mandate. Structural conditions and inequalities add to the dilemmas and the ambivalence experienced by some women – single

mothers who have limited childcare and breastfeeding options, women who must go back to work at one or two jobs soon after giving birth, absent spaces for breastfeeding in the workplace. National policies greatly vary in terms of paid maternal (or paternal) leave after the birth of a child – ranging from 86 weeks in Estonia to no federal legislated requirement for employers to offer paid maternity leave in the United States (it provides only for 12 weeks unpaid leave)¹. There is another duality women face – evident health benefits of breastfeeding on one side, contributing to the idealization of breastfeeding and to viewing it as the “right” of the child, and on the other hand the stigmatization/sexualization of breastfeeding, particularly in public. Neter and Baganz illustrate the role of compensatory health beliefs (CHBs) (higher in those who were not breastfeeding) to make sense of these dilemmas. CHBs allow people to maintain unhealthy behaviors (in this case, not breastfeeding) through reducing the negative feelings associated with knowing it is highly recommended to breastfeed. Neter and Baganz also make the important point that all women’s voices need to be heard and understood, as their positions (even if seemingly illogical) can make sense in the local and personal contexts in which they are situated.

Conclusion: *The symposium on Women’s Health at the 33rd Conference of EHPS* illustrated how the specific contexts, cultural norms, relationships and meanings of health and womanhood are embodied and manifested in health consequences and behaviors. For the future, we can continue to expand the health topics and diversity of social roles of women in their personal, family and professional lives, which are addressed in research and presented at EHPS forums. We would also highlight the social and health disparities that different contexts could produce and reproduce.

¹<https://www.bbc.com/worklife/article/20190615-parental-leave-how-rich-countries-compare>

The establishment of a Special Interest Group at the EHPS on Women’s health would support the further development of these research directions.

A Special Interest Group has been established

Presenters in the symposium and colleagues applied to the EHPS call for Special Interests Groups, and recently were informed that the SIG on Women’s Health has been approved. We would like to invite the attendants of previous symposia and all EHPS members interested in the topic to join the proposed SIG. We envision holding more than one symposium on the topic in the coming years, anchored in preferences for additional activities elicited from prospective SIG members. Interested members not identified through the attendance lists can contact Efrat Neter (neter@ruppin.ac.il) for joining the SIG.

References

- Baban, A., Ciuc , A., Moldovan, R., & Pinteia, S. (2019). *The role of health literacy and health beliefs in colonoscopy screening among Romanian women*. Paper presented at the 33rd Annual Conference of the European Health Psychology Society, Dubrovnik, Croatia.
- Benyamini, Y., & Abramov, M. (2019). *Persevering in fertility treatments despite repeated failures: unrealistic-optimism and the reality of a pro-natalist culture*. Paper presented at the 33rd Annual Conference of the European Health Psychology Society, Dubrovnik, Croatia.
- Boberska, M., Horodyska, K., Banik, A., Kruk, M., Kulis, E., Szczuk, Z., . . . Luszczynska, A. (2019). *Sedentary behaviors and behavior-specific social support in mother-child and female partner-*

- patient dyads*. Paper presented at the 33rd Annual Conference of the European Health Psychology Society, Dubrovnik, Croatia.
- Ebell, M. H., Thai, T. N., & Royalty, K. J. (2018). Cancer screening recommendations: an international comparison of high income countries. *Public Health Rev*, 39, 7. doi: 10.1186/s40985-018-0080-0
- Glied, S., & Lleras-Muney, A. (2008). Technological innovation and inequality in health. *Demography*, 45(3), 741-761. doi: 10.1353/dem.0.0017
- Kotzeva, T., Todorova, I., & Panayotova, Y. (2018).



Irina Todorova

Health Psychology Research Center,
Sofia, Bulgaria and Northeastern
University, Boston US
Irina.todorova@comcast.net



Efrat Neter

Behavioral Sciences Department,
Ruppin Academic Center, Emeq
Hefer, Israel
neter@ruppin.ac.il

(Labyrinths of desire: Nature,
technology and gender in the discourses of
assisted reproduction (In Bulgarian).

(Sociological

Problems), 2, 537-565.

- Neter, E., & Baganz, L. (2019). *Compensatory health beliefs on breastfeeding varying by breastfeeding status*. Paper presented at the 33rd Annual Conference of the European Health Psychology Society, Dubrovnik, Croatia.
- Rini, C., Lewis, M. A., Butterfield, R., Souris, K., & Powell, C. M. (2019). *Women's decisions about next-generation sequencing for newborn screening: psychological mediators of increases in pregnancy anxiety*. Paper presented at the 33rd Annual Conference of the European Health Psychology Society, Dubrovnik, Croatia.
- Todorova, I., Baban, A., Alexandrova-Karamanova, A., & Bradley, J. (2009). Inequalities in cervical cancer screening in Eastern Europe: perspectives from Bulgaria and Romania. *International Journal of Public Health*, 54(4), 222-232. doi: 10.1007/s00038-009-8040-6

Digital Health and Computer-Tailoring: Opportunities and Challenges in Moving the Field Forward

Eline Smit,

University of Amsterdam

Katie Newby,

Coventry University

Laura König,

University of Konstanz

Background:

During the last EHPS conference, held in Dubrovnik (Croatia), a new Special Interest Group (SIG) on the topic of Digital Health and Computer-Tailoring was launched. The mission of this SIG is to advance digital health and computer-tailoring research and to provide a forum for EHPS members to discuss new evidence, underlying mechanisms and specific components of digital health interventions that may lead to enhanced behavioural outcomes. The guest-editing of a special issue in the *European Health Psychologist* on this subject, is one of the first steps we take to provide such a forum.

Aim(s):

We would like to encourage EHPS members interested in the subject of digital health and/or computer-tailoring to contribute to the SIG's mission by submitting their work for publication in this special issue. We solicit original contributions that relate the opportunities and challenges that come with moving the field of digital health and computer-tailoring forward. This includes but is not limited to discussions of new technologies, innovative evaluation methods, usage and implementation issues, as well as policy and ethical considerations, related to digital health and/or computer-tailoring.

How to Submit:

Submissions can be of different formats, including but not limited to position papers, research letters and interviews. See for a full overview, the journal's [author guidelines](#).

The publication process will take a two-step approach.

-First, authors are invited to submit an extended abstract (max. 500 words) no later than **June 1st, 2020**, by sending an e-mail to ehpsdigitalhealth@gmail.com.

-Second, when considered suitable for inclusion in the special issue – with notifications being sent to authors no later than September 1st, 2020 – authors are invited to submit their full text submission by **March 1st, 2021**. This full submission will be peer-reviewed.

Please do not hesitate to contact us if you have any questions about this special issue. We look forward to receiving your submission.

Sincerely,

On behalf of the Special Interest Group on Digital Health & Computer-Tailoring,

The guest editors,

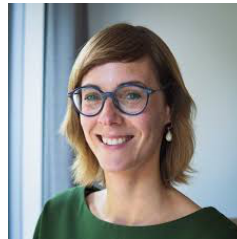
Eline Smit, University of Amsterdam

Katie Newby, Coventry University

Laura König, University of Konstanz

Want to become a member of the Digital Health and Computer-Tailoring SIG? Please send an e-mail to our membership officer Dr. Ann DeSmet: ann.desmet@ulb.be.

To stay tuned in to any news related to Digital Health and Computer-Tailoring and be informed about SIG activities, please follow us on Twitter: [@EHPSDigiHealth](https://twitter.com/EHPSDigiHealth)

**Eline Smit**

University of Amsterdam,
Department of Communication
Science

E.S.Smit@uva.nl

**Katie Newby**

University of Hertfordshire

k.newby@herts.ac.uk

**Laura König**

University of Konstanz

laura.koenig@uni-konstanz.de

Health Psychology and the Sustainable Development Goals

Lucia Rehackova

Newcastle University

Maria Karekla

University of Cyprus

Background:

The EHPS has a formal affiliation with the United Nations and works to support sustainable development through the implementation of health psychology research and practice to improve health around the globe.

This year, we asked everyone submitting an abstract to the EHPS annual conference in Dubrovnik to, if appropriate, map their work onto the Sustainable Development Goals (SDGs). The seventeen SDGs define the agenda of the member states of the United Nations until 2030. They address the global challenges of Sustainable Cities and Communities; Poverty; Hunger; Health and Wellbeing; Quality Education; Gender Equality; Clean Water And Sanitation; Affordable And Clean Energy; Decent Work and Economic Growth; Industry, Innovation and Infrastructure; Reduced Inequalities; Responsible Consumption and Production; Climate Action; Life Below Water; Life on Land; Peace, Justice and Strong Institutions; and Partnerships.

Unsurprisingly, the vast majority of the submitted abstracts this year were mapped onto the SDG “Good Health and Wellbeing”, followed by “Reduced Inequality” and “Quality Education”. However, there were many abstracts that addressed many other SDG, showing the potential Health Psychology as a discipline may have in contributing to the development of SDGs.

Aim(s):

In line with EHPS’s mission to support achievement of these SDG through the work of health psychology research and practice, we would like to invite submissions of papers focusing on the application of health psychology approaches in any of the areas of the Sustainable Development Goals for publication in a special issue of the *European Health Psychologist*.

How to Submit:

The general guidelines for submissions are available [here](#).

We are looking for submissions of abstracts of up to 300 words. The full paper will have a word limit between 1,500 – 2,000 words. The submissions can be position papers, reports, reflections on using health psychology approaches in addressing SDGs, methodological issues, best practice ideas, ways of working, concept and others.

The deadline for abstract submissions is September 30th, 2020. All submissions will be assessed before November 15th, and invitations for full submissions will be sent out before November 30th.

The special issue will also be announced at the EHPS conference in Bratislava and we are hoping that relevant discussions at roundtables, at the meeting of the Special Interest Group “Equity, global health, sustainability”, or relevant presentations will encourage submissions after the conference.

Contributions can be submitted by sending an e-

mail to Dr. Lucia Rehackova and Dr. Maria Karekla.

For more information contact Lucia Rehackova at lucia.rehackova@newcastle.ac.uk or Maria Karekla at mkarekla@ucy.ac.cy .



Lucia Rehackova

Newcastle University, UK

lucia.rehackova@newcastle.ac.uk



Maria Karekla

University of Cyprus

mkarekla@ucy.ac.cy

EHP Editorial Board

Editors

Angela Rodrigues

Northumbria University, UK

Pamela Rackow

University of Stirling, UK

Editorial Manager

Marianna Dalkou

Ionian University, Greece

EHPS Executive Committee (2018-2020)

President

Vera Araújo-Soares

Newcastle University, UK

Treasurer

Gudrun Sproesser

University of Konstanz, Germany

EHPS Administrator

Sharon Cahill

President Elect

**Evangelos (Vangelis)
Karademas**

University of Crete, Greece

National Delegate Officer

Sabrina Cipolletta

University of Padova, Italy

Past President

Karen Morgan

Perdana University, Malaysia

Membership Officer

Marta Marques

University of Lisbon, Portugal

Secretary

Benjamin Schuez

Universität Bremen, Germany

Grant Officer

Val Morrison

Bangor University, UK

Disclaimer: The views expressed within the European Health Psychologist are those of the authors and do not necessarily represent those of the European Health Psychology Society (EHPS) or the European Health Psychologist's (EHP) editorial board.