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- 1177** Thomas Gültzow & Filipa Teixeira
Harvesting Fresh Insights in Health Psychology: October 2024 Editorial
- 1178** Mika Omori
Health Psychology in Japan
- 1183** Chantal den Daas, Marie Johnston, Gill Hubbard, Diane Dixon, Mona Maier, Jillian Evans, Kevin Leslie, Emma Pettis, Emma Gray, Janneke de Boer, Babette Demeester & Julia Allan
One plus one equals three: Creating value and impact through sustainable partnerships
- 1187** Paschal Sheeran
Towards a Psychology of Policy Support: How Individual-Level Research Could Contribute to System-Level Change
- 1193** Sónia Dias
Public Health challenges and how to address them: the valuable contribution of the social and behavioural sciences
- 1197** Emma Norris, Tuğçe Varol, Rory Coyne, Aoife O'Mahony, James A. Green, Jo Brooks & Elaine Toomey
Reflecting on Five years of the European Health Psychology Society's Open Science Special Interest Group



Harvesting Fresh Insights in Health Psychology: October 2024 Editorial

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After basking in lazy summer days, sun-kissed skin, and for many, a sunny yet windy stay in Portugal, social media now reminds us that autumn has arrived. But that doesn't mean the season for harvesting health psychology insights is over. In this issue, you'll find a wealth of new insights, including:

Omori offers valuable insights into health psychology in Japan, a country that often remains underrepresented in the global (health) psychology literature. This paper seeks to present an overview of the current state of health psychology in Japan and explore its future trajectories.

Den Daas and colleagues received the 'Bring the Stakeholder' grant to invite Jillian Evans to the 2023 European Health Psychology Conference in Bremen. In their article, they share valuable insights on collaborating with stakeholders to address key health priorities, create direct and positive impacts on public health, and engage with equally passionate professionals.

Sheeran, one of this year's keynote speakers, shares insights on how researchers focused on the individual-level can contribute to broader, system-level change.

Another keynote speaker this year, **Dias**, highlights the crucial role of social and behavioural sciences in tackling public health challenges, offering valuable insights into their contributions.

Lastly, but certainly not least, **Norris and colleagues** offer insights into five years of the European Health Psychology Society's Open Science

Special Interest Group. Making use of this opportunity, we extend our gratitude for their dedicated work in establishing this much-needed group within our society.

Enjoy harvesting and if you would like to be featured in future issues, please feel free to contact us at ehp@ehps.net!



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Health Psychology in Japan

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Health psychology in Japan remains relatively unknown on the world map of psychology. This paper aims to provide an overview of the current status of health psychology in Japan and discuss its future directions. First, a brief overview of demographics and public health issues is presented, as these issues are strongly related to health psychology's empirical studies and practices. Second, a description of the activities of the Japanese Association of Health Psychology as a key actor in health psychology is provided. Third, the current training system of psychologists is explained, and the future development of the field is discussed.

Health-at-a-Glance in Japan

Longevity is a word that describes the overall health status of Japan. Japan has been ranked as the most long-lived country among the G-7 countries (Tsugane, 2021). According to Tsugane, life and healthy life expectancy are the longest in Japan, among the G-7 countries. While Japan enjoys longevity, it has a low birth rate of 1.3 births per woman (The World Bank, 2023). Consequently, Japanese society has been rapidly aging, with those over 65 years now accounting for 27.4% of the entire population.

Such demographic changes have a great impact on the health care system including medical service systems and expenditure (the Organization for Economic Co-operation and Development, OECD, 2021). Yamada (2017) described two pathways

through which the aging population affect the health care system. First, the increase in the proportion of the population over 65 results in the decrease in that of the working age that supports the health care system. Under the current system, 48.8% are paid by a payroll tax levied by employers and employees. Second, the elderly are more likely to experience health-related issues than younger counterparts.

Thus, there are strong demands for the Japanese government to reorganize its social security system (OECD, 2021). The government is concerned about the rapid increase in medical expenses and has enacted policies such as the Health Promotion Act announced by the Minister of Health, Labour, and Welfare in accordance with Article 7 (2012). Under the Health Promotion Act, "Healthy Japan 21" was proposed. The targets of Healthy Japan 21 include:

- the importance of primary prevention
- the creation of a healthy environment
- goal setting and assessment
- the promotion of effective, well-coordinated activities by various implementing bodies.

The nine areas of focus are as follows:

- diet and nutrition
- physical activity and exercise
- leisure and mental health
- smoking
- alcohol
- dental health
- diabetes
- cardiovascular disease
- cancer.

Hence, the targets of Healthy Japan 21 are closely related to the themes of health psychology.

As described earlier, the major health issues in

Japan are related to the aging population. For instance, glaucoma, a leading cause of vision loss is more prevalent in Japan than other countries (Fujiwara et al., 2022). Whereas treatment adherence is essential to prevent the progression of the disease, it is reported that the proportion of patients showing good adherence varied between 48.6% and 69.6% (Shirai et al., 2021). In order for healthcare providers to support good adherence for the glaucoma treatment, it is critical to explore factors contributing to good adherence. In this sense health psychology in Japan is expected to implement empirical studies and to develop programs and systems to support behaviors changes related to the disease prevention.

The Japanese Association of Health Psychology

Academic activities in health psychology have been rigorously implemented within the above context. Health psychology is a field of psychology that aims to understand how psychological factors and treatments contribute to the maintenance of health and the prevention of illness, and how they inform health education, healthcare, and healthcare policies. The Japanese Association of Health Psychology (JAHP, <https://kenkoshinri.jp/index.html>), founded in 1987, aims to promote research, disseminate empirical findings, and facilitate scholarly exchange among members. To achieve these goals, the JAHP conducts the following activities:

- hosting annual conferences to encourage research activities among members,
- publishing an academic journal and other types of research materials, such as the encyclopedia of health psychology and college textbooks,
- collaborating with both domestic and international academic organizations.

Approximately 1,500 members have joined the

association, to date. The JAHP encourages its members to pursue empirical research and clinical practice in health psychology. The major outlet of the members' research is Health Psychological Research (<https://www.jstage.jst.go.jp/browse/jhpr/-char/en>), which publishes a variety of research findings in health psychology. Manuscripts are published in either Japanese or English. Since the first conference was held in 1988, the annual JAHP conference has been held 35 times, up to 2023.

Similar to health psychology in other countries, a wide range of research topics has been studied in Japanese health psychology. There are a number of studies related to an aging society in response to the health-related issues and characteristics of Japan's aging population. Examples from recent publications include psychological well-being of older adults and caregivers, meaning in life, and problem drinking in middle-aged people. One interesting study reflecting social issues in Japan may be a qualitative study conducted by Hatanaka et al. (2021). The number of foreign nurses and carers has been increasing and many are working at elderly care facilities. Through semi-structured interviews with old adults at a care facility, Hatanaka et al. (2021) found positive attitudes towards foreign care workers.

Furthermore, Japan is characterized by natural disasters such as large earthquakes and typhoons. After the Great East Japan Earthquake in 2011, both scholars and practitioners engaged in studies on the mental health of victims and individuals involved as well as preparatory measures for disasters. For instance, at the 2019 annual conference, the International Committee organized a symposium entitled "Disaster Relief and Health Psychology: Malaysia, USA, and Japan," in which disaster relief operations and psychological health in the three countries were discussed.

The JAHP recognizes the need to translate empirical findings to practice, including behavioral changes, psychological interventions, and disease

prevention. To qualify experts in health psychology, JAHP accredits "Certified Health Psychologists" and provides continuing education programs for health psychologists by organizing the "Association of Certified Health Psychologists."

The JAHP has endeavored to work with both domestic and international organizations in adjacent fields. As for domestic organizations, JAHP has joined the "National Liaison Council for Promotion of Health Japan 21" and the "Tobacco Control Medical-Dental Research Network."

As part of international collaboration, the JAHP has been rigorously involved in organizing the Asian Congress of Health Psychology (ACHP), a leading federation of national health psychology associations of health psychology in Asian countries. As a forum for scholars from a wide range of scientific and clinical practices, the ACHP has assembled seven times since 2001, bringing together promising scholars and practitioners for the exchange of new ideas, findings, or research, and their applications for healthcare practice in the real world.

Beyond Asia, the JAHP has a close relationship with the European Health Psychology Society (EHPS) and sends national delegates to the society. Resonating with the idea of translating research findings into practice, the JAHP has translated the contents of the Practical Health Psychology Blog provided by EHPS (<https://practicalhealthpsychology.com>) into Japanese and disseminated them to members and non-members. Two National Editors from the JAHP are voluntarily working on this project.

Details of earlier JAHP activities have been described in an earlier issue in an article published in the *European Health Psychologist* (Igarashi, 2011).

Training System of Practitioners

Members of the JAHP include practitioners and academic scholars. Many are active in medicine and healthcare, mainly as mental health service providers and experts in welfare, education, and industry. Unfortunately, few health psychologists work in hospital departments other than psychiatry or in fields where knowledge of health psychology is applied, such as public healthcare and policymaking. Since health psychologists significantly overlapped with clinical psychologists in Japan, this section briefly introduces the training system for clinical psychologists, officially named certified public psychologists.

"The Certified Public Psychologists Act" was launched through the efforts of numerous individuals from various sectors. The Act became effective in September 2017. Article 2 of the Certified Psychologist Law defines a certified psychologist as: "In healthcare, welfare, education, and other fields, a person who engages in the following acts with specialized knowledge and skills related to psychology: 1) to assess psychological states of individuals requiring psychological support and to analyze the results of the assessment, 2) to provide psychological help and various types of interventions to those who are in need, 3) to provide psychological help and various types of interventions to informal caregivers, and 4) to provide education practices and disseminate information and knowledge about mental health."

To be a Certified Public Psychologist, individuals need to earn credits for courses in an undergraduate program in psychology and at a master's level at a graduate school. Twenty-five courses are required at the undergraduate level and ten courses at master's level. Examples of undergraduate course work include introductory courses in psychology (e.g., Introduction to Psychology, Clinical Psychology, Experimental Psychology), research methods including Statistics

and Psychological Experiments, advanced psychology (e.g., Health/Medical Psychology, Emotion/Personality Psychology, Educational/School Psychology), seminars in psychology, and practicums. The ten courses at the graduate level involve theories and interventions in healthcare, welfare, education, and other fields; theories and practices of psychological assessment; psychological interventions; and practicum. To be certified, individuals need to pass an exam after completing their coursework.

Psychologists certified as public psychologists are awaited to work in the educational, medical, forensic/criminal, and industrial/occupational areas. It is unfortunate that there are not many full-time positions psychologists in Japan. As a result, most certified psychologists work part-time at hospitals and schools. It is hoped that full-time positions of psychologists will increase in various settings in the near future, and the need for health psychologists will be more recognized in Japanese society.

Future Directions

Academic disciplines have become increasingly interdependent and “inter-disciplined.” Health psychology in Japan is expected to collaborate with other fields such as medicine and Internet of Things (IoT) technologies to resolve current health issues. Therefore, it is critical to train scholars and practitioners to be proficient in such collaborations.

The COVID-19 pandemic unexpectedly raised the awareness for the importance of behavior changes in Japan. Collective efforts of psychological scientists and practitioners are now called on to respond research questions, to translate psychological science into practice, and to inform stakeholders to enact health-related policies.

The importance of international collaborations has been recognized among Japanese health

psychologist. For those who are interested in, the Japan Society for the Promotion of Science, a national funding agency, provides various grants to facilitate international collaboration with scholars of health psychology (<https://www.jsps.go.jp/english/>).

References

- Fujiwara, K., Yasuda, M., Hata, J., Nakano, S., Hashimoto, S., Ueda, E., ... & Sonoda, K. H. (2022). Prevalence of Glaucoma and Its Systemic Risk Factors in a General Japanese Population: The Hisayama Study. *Translational Vision Science & Technology, 11*(11), 11-11. <https://doi.org/10.1167/tvst.11.11.11>
- Hatanaka, K., Yamamoto, E., & Tanaka, T. (2021). gaikoku-jin kea rodosha to kakawaru koreisha no seishinteki kenkou, ikigaikan, shukanteki-kenkokan -- Ibunka-kan kea hakoreisha no sakusesufu aijingu wo takameruka -- [Cross-cultural care and the successful aging of the elderly: The influence of relationships with foreign care workers on the psychological health, meaningful life, and perceived health status of elderly]. Japanese. *Journal of Health Psychology Research, 33* (Special issue), 241-248. <https://doi.org/10.11560/jhpr.180424096>
- Igarashi, Y. (2005). Health psychology in Japan: collective construction of a discipline. *European Health Psychologist, 7*(2), 12-13.
- Kitamura, M., Izawa, K. P., Ishihara, K., Brubaker, P. H., Matsuda, H., Okamura, S., & Fujioka, K. (2022). Differences in health-related quality of life in older people with and without sarcopenia covered by long-term care insurance. *European Journal of Investigation in Health, Psychology and Education, 12*(6), 536-548. <https://doi.org/10.3390/ejihpe12060040>
- The Minister of Health, Labour, and Welfare (2012). *Ministerial Notification No. 430 of the Ministry of Health, Labour and Welfare*.
- Organisation for Economic Co-operation and

- Development. (2021). *Health at a glance 2021:OECD indicators*. <https://www.oecd.org/japan/health-at-a-glance-Japan-EN.pdf>
- Sakurai, H. (2003). Healthy Japan 21. *Journal of the Japan Medical Association Journal*, 46(2),47-49.
- Shirai, C., Matsuoka, N. & Nakazawa, T. Comparison of adherence between fixed and unfixed topical combination glaucoma therapies using Japanese healthcare/pharmacy claims database: a retrospective non-interventional cohort study. *BMC Ophthalmol* 21, 52 (2021). <https://doi.org/10.1186/s12886-021-01813-w>
- Tsugane, S. (2021). Why has Japan become the world's most long-lived country: Insights from a food and nutrition perspective. *European Journal of Clinical Nutrition*, 75(6), 921-928. <https://doi.org/10.1038/s41430-020-0677-5>
- The World Bank. (2020). *Fertility rate, total (births per woman) - Japan*. <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=JP> (browsed on March 21, 2023).

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One plus one equals three: Creating value and impact through sustainable partnerships

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We were delighted to obtain a 'Bring the stakeholder' grant to invite Jillian Evans to the 2023 European Health Psychology conference in Bremen. Jillian is Head of Health Intelligence & Learning Health Systems for NHS Grampian in the United Kingdom. She determines how public health resources are allocated across the NHS Grampian health board based on evidence and impact and leads the NHS team with whom we have been collaborating for the past 3 years. We used this collaboration as a case study for our EHPS conference session on partnering with stakeholders (Hubbard et al., 2023).

Our alliance, which began during the COVID-19 pandemic has helped us work towards creating a sustainable partnership between academic health psychologists and NHS public health teams to develop theory and evidence based public health messaging. We had been providing data to Scottish Government on

transmission reducing behaviours but were not in a position to share this with practitioners on the ground. Consequently, we established a partnership where we (academic behavioural scientists) advised our public health colleagues on how to optimise public messaging by incorporating theory and evidence-based behaviour change content, and they (public health teams) informed us about current public health priorities and challenges, which went beyond the original focus on transmission reducing behaviours. Since October 2021 we have been meeting regularly and working on a variety of public health priority behaviours including, 'staying home with COVID' and 'vaping initiation in young people'. This partnership represents a strong reciprocal way of working that supports rapid, timely and sustainable collaboration between health psychologists and public health practitioners.

A clear benefit of working with stakeholders in this way is that it focuses academic researchers on areas of need and current priorities, increasing the real-world relevance and potential impact of the research. There are benefits on both sides - public health stakeholders can access actionable, theory-informed advice to inform decision making and academics learn about current priorities and gain access to target populations.

In participatory research, solutions are often co-developed with the target population, emphasizing partnership approaches that focus primarily on these end-users (Den Daas et al., 2020; Halvorsrud et al., 2021; Noorman et al., 2023; Palmer et al.,

2018). However, this approach frequently overlooks the involvement of other stakeholders who are crucial for aspects such as implementation and co-design of the intervention. In our EHPS session, we focused on stakeholder relationships, where the stakeholders in question were professionals aiming to affect change. This led to discussion about practical logistics and challenges, for example how you find the right people to partner with, make collaboration mutually beneficial, and maintain the partnership over time?

In answering this, we suggest there are key principles to consider regardless of context. First, involve individuals with the necessary authority to make decisions and manage resources, such as leaders of departments of the people in the partnership even if they do not participate in the partnership themselves. Partnership working takes time and commitment, so it must be endorsed and facilitated by both partners. Second, there must be clear benefits to both partners. To create this win-win situation we focused our efforts on national public health priority issues that were important to the stakeholders in the partnership. We then worked with them to use our behavioural science expertise, to develop bespoke solutions that were tailored to the needs of the local population in Grampian. A significant challenge to this way of working is achieving equal investment from both partners. Our partnership was initially led by the academics, but evolved such that our practitioner colleagues became equal contributors. For example, during our work on preventing vaping, the stakeholder presented local information and suggested possible action points, and people to invite to the partnership. Key to this was the use of interpersonal and communication skills, being able to listen and translate our way of working to the needs of people with different backgrounds, interests, perspectives and crucially, responding flexibly to changing demands.

Once established, a partnership needs to consider the issue of its own sustainability -

surviving challenges such as changing contexts, staff turnover, and competing priorities. Starting with a health problem that is not acute and one which is likely to be relevant over time allows the partnership to mature and enables methods of working to be established. We initially established our collaboration during the pandemic, aiming to generate testable messages within a month. However, our NHS partners perceived this pace as slow, which was exacerbated by the urgent context of the COVID response. This situation highlighted an inherent challenge in our approach, exacerbated by academic norms, particularly the ethical approval process. By the time we secured approval, tested the messages, and prepared them for implementation, COVID-19 infection rates had subsided, rendering the messages less relevant. This experience underscores the importance of flexibility around 'normal practice' in time-critical situations. For instance, streamlining ethical approval processes, providing advice based on existing evidence when possible, and fostering real-time decision-making to mitigate delays and enhance the relevance and impact of our interventions.

Working in a successful partnership is extremely rewarding and fulfilling. It creates opportunities to work on important health priorities, to positively and directly impact public health, and to work with people that are equally passionate about their work. Ongoing collaboration build trust and relationship, that increase sustainability of partnerships and can be leveraged for future projects. Collaboration with people with different perspectives leads to innovation and produces far greater benefit than would result from each partner working alone: one plus one can and does equal three.

References

- Den Daas, C., Geerken, M., Bal, M., de Wit, J., Spijker, R., Op de Coul, E., & group, P. s. (2020). Reducing health disparities: key factors for successful implementation of social network testing with HIV self-tests among men who have sex with men with a non-western migration background in the Netherlands. *AIDS care*, 32(1), 50-56. <https://doi.org/10.1080/09540121.2019.1653440>
- Halvorsrud, K., Kucharska, J., Adlington, K., Rüdell, K., Brown Hajdukova, E., Nazroo, J., . . . Bhui, K. (2021). Identifying evidence of effectiveness in the co-creation of research: a systematic review and meta-analysis of the international healthcare literature. *Journal of public health*, 43(1), 197-208. <https://doi.org/10.1093/pubmed/fdz126>
- Hubbard, G., Allison, T., Beattie, M., Chandler, J., Dixon, D., Dryden, J., . . . den Daas, C. (2023). How fast is fast enough? Academic behavioural science impacting public health policy and practice. *Public Health*, 225, e1-e2. <https://doi.org/10.1016/j.puhe.2023.09.009>
- Noorman, M. A., de Wit, J. B., Marcos, T. A., Stutterheim, S. E., Jonas, K. J., & den Daas, C. (2023). The Importance of Social Engagement in the Development of an HIV Cure: A Systematic Review of Stakeholder Perspectives. *AIDS and Behavior*, 1-24. <https://doi.org/10.1007/s10461-023-04095-z>
- Palmer, V. J., Weavell, W., Callander, R., Piper, D., Richard, L., Maher, L., . . . Gunn, J. (2018). The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement. *Medical humanities*. <https://doi.org/10.1136/medhum-2017-011398>



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Towards a Psychology of Policy Support: How Individual-Level Research Could Contribute to System-Level Change

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Health behaviour
change interventions
predominantly target
individuals and endeavor
to increase their

motivation, capability, and opportunity for behaviours like smoking cessation, healthy eating, and regular exercise (see, e.g., Hagger et al., 2020, for a review). There is growing concern, however, that individual-level interventions are modestly effective at best (e.g., Albarracín et al., 2024; Maier et al., 2022). Chater and Loewenstein (2023) argued that researchers and policy makers should focus on system-level change rather than individual-level behavioural programs. Their argument was not only that individual-level interventions are largely ineffective, but also that focusing on individuals diverts attention from the key drivers of behaviour – systemic factors.

Chater and Loewenstein's (2023) paper is provocative and there is much with which to disagree – but also much that engenders agreement. The paper is important in stimulating discussion about systemic drivers of behaviour and the effectiveness of individual-level (*i-level*) and system-level (*s-level*) interventions for promoting behaviour change. However, the paper presents a dilemma for researchers trained in individual-level survey and experimental methods. On the one hand, the case for *s-level* interventions such as legislation (e.g., restriction, regulation) and fiscal measures (e.g., taxes, subsidies) seems compelling or, at the very least, worth pursuing. On the other hand, how can researchers working at the *i-level*

contribute to *s-level* change?

The Public's Role in Policy Change

i- and *s-level* change are not opposites. In our research, support for tobacco control policies at the individual level (e.g., education, persuasion), system-level (e.g., legislation, taxation), and nudges (e.g., visibility of tobacco products) were positively correlated ($.13 \leq r \leq .46$, $ps < .05$; Avishai & Sheeran, unpublished data), which suggests that participants may be more concerned with the extent of behaviour change than whether interventions are *i-level* or *s-level*. Chater and Loewenstein (2023) acknowledged that there is continuity between *i-* and *s-level* change, pointing out that, “[r]adical systemic change often comes from the bottom-up ... Understanding which policies gather popular support ... and how to design policies to maximize that support are key challenges” (p. 82). Thus, *i-level* research could contribute to *s-level* change by understanding and mobilizing public support for relevant legislative and fiscal policies.

But does public support for health policies matter? Do changes in public support change policies? Caughey and Warshaw (2022) pointed out that Americans can change policies in two ways. The first is to change politicians by supporting candidates and parties committed to enacting their preferred policies. The second is to mobilize public support for those policies. Caughey and Warshaw argue that these routes to policy change are

independent; policies can change even without removing incumbents. Policies are responsive – they reflect public opinion – though “responsiveness can be painfully slow and halting” (p. 8). In empirical tests, they observed that “... states are highly responsive to issue-specific opinion ... the average policy in our data set matches opinion majorities about 60 per cent of the time, with proximity improving the longer policy has been on the political agenda” (p. 8). The implication is that health psychology could play a useful role in promoting policy change through research geared at forging opinion majorities on salutary health policies.

The Operating Conditions Framework and Mobilizing Public Support for Health Policies

Psychological research on support for health policies is likely to benefit from the programmatic approach offered by the Operating Conditions Framework (OCF; Rothman & Sheeran, 2021). The OCF extends the Experimental Medicine Approach (e.g., Sheeran et al., 2017) to integrate mechanisms and moderators in interventions to change cognitive, affective or behavioural responses. The OCF suggests the following agenda for research on policy support:

1. Identify policies that modeling or other evidence suggests could alter the incidence of the focal behaviour at the population level.
2. Discover the distribution of public support for respective policies to determine candidate policies that exhibit scope for opinion change.
3. Identify mechanisms of action or targets that relate to policy support and garner evidence about targets (*target validation*) and sample and other features that qualify target validity (*validity moderation*).
4. Determine the optimal intervention strategies

for modifying respective targets (*target engagement*) and sample and other features that qualify target engagement (*engagement moderation*).

5. Undertake full tests that trace the impact of interventions through targets to policy support and assess both validity and engagement moderation.

The implementation of these steps is illustrated below using US data from a new survey conducted via Qualtrics (N = 752, Mage = 44.38, SDage = 17.95; 58.5% women, 22.2% minoritized) and recent studies on policies to end combustible cigarette use (Avishai et al., 2023). Considerable research attests to the potential efficacy of these policies (e.g., MacDaniel et al., 2016).

Support for Legislative Policies

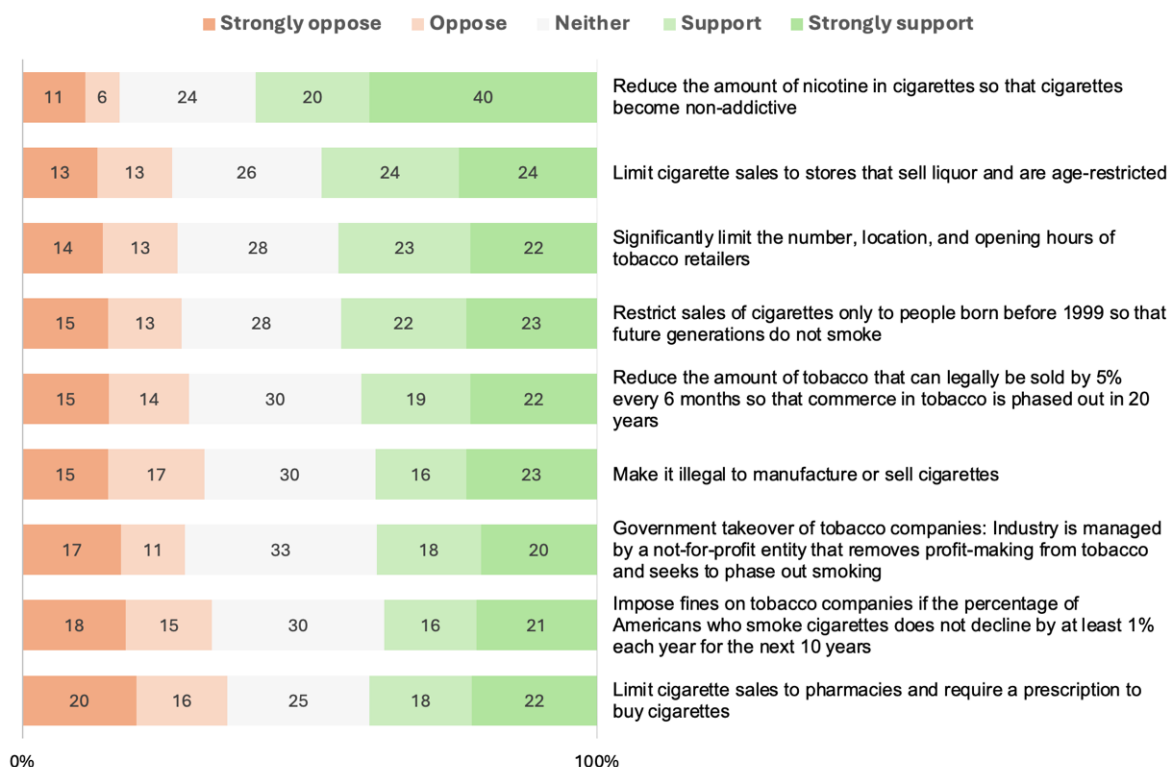
Figure 1 outlines 9 policies and the levels of public support observed for each case (Steps 1 and 2). The policies are legislative, involving legal measures focused on the product (e.g., reduce nicotine levels in cigarettes), users (e.g., require a prescription), industry (e.g., government takeover), and market supply (e.g., sales ban). Fiscal policies (taxes on cigarettes and the tobacco industry) were also examined but findings were virtually identical and are not discussed further.

The distributions of policy support indicate considerable scope for change in each case.

An opinion majority was observed for only one policy (nicotine reduction) and rates of opposition ranged from only 17% to 36%. Importantly, one-quarter to one-third of the sample neither opposed nor supported each policy.

Putative targets were identified from relevant literature (e.g., Grelle & Hofmann, 2024; Proudfoot & Kay, 2014), namely, perceptions of the policies (helpful vs. manipulative; gradual vs. radical change), issue engagement (considered vs. reactive), priority of the public health goal of 5% smoking prevalence by 2030, beliefs about the

Figure 1. Public Support for Legislative Policies to End Combustible Cigarette Use



prevalence and seriousness of the harms of smoking, and the perceived difficulty of behavior change. To validate these targets (Step 3), we combined the 9 policies into single scale that proved unifactorial and highly reliable ($\alpha = .93$) and regressed the scale on putative targets. Validity moderation was considered by undertaking separate regressions for participants who smoked or did not ($n = 246$ and 506 , respectively). Table 1 shows that, for both groups, the priority of the public health goal, estimated prevalence of harm, and policy helpfulness positively predicted support. Interestingly, for non-smoking participants the extent to which the policies represented gradual rather radical change was associated with greater support, whereas greater policy consideration was related to higher support for participants who smoked. Neither harm severity nor behavioural difficulty related to support. The implication of these analyses is that interventions

that effectively engage these targets are liable to generate change in public support for a suite of legislative tobacco control policies.

Support for Prohibition of Cigarette Sales

Avishai et al. (2023) undertook the same steps in relation to one tobacco endgame policy – banning the sale and purchase of cigarettes (Step 1). Study 1 showed that the perceived effectiveness of the ban and reactance to prohibition (disdaining curtailment of consumer choice) were key predictors of policy support (Step 2). Because most non-smokers supported a ban (61%) but only a minority of participants who smoked cigarettes were supportive (36%), subsequent studies focused on cigarette consumers. Avishai et al. (2023) combined Steps 4 and 5 and tested interventions to

Table 1. Multiple Regressions of Support for Legislative Policies on Putative Targets for Participants Who Smoke and Do Not Smoke Cigarettes

Putative target	Do not smoke	Smoke
	β	β
Policy opinions are considered (vs. initial reaction)	.03	.14*
Policy helps (vs. manipulates) people	.18***	.11*
Policy represents gradual improvement (vs. radical change)	.18***	-.07
Priority of public health goal of 5% smoking rate by 2030	.42***	.51***
Harm prevalence (% of consumers who die from smoking)	.13***	.11*
Harm severity (years of life lost from smoking)	.01	.06
Perceived difficulty in quitting cigarettes	.00	.03
Model <i>F</i>	29.42***	20.65***
Adjusted <i>R</i> ²	.37	.36

engage the specified targets and their impact on policy support. Effectively engaging the targets proved challenging. Narrative persuasion (Study 2) and paradoxical thinking (Study 3) interventions had no effect on the targets or outcome. In Study 4, a self-persuasion intervention that highlighted the tobacco industry's role in engineering addiction proved effective in engaging both reactance and perceived effectiveness, and increased support for banning the sale and purchase of cigarettes. Avishai et al. (2023) also observed that issue framing ("a ban on cigarettes" vs. "protecting Americans from avoidable harm") altered support for a ban.

Implications and Future Directions

These studies suggest that the OCF could offer a systematic approach to understanding and mobilizing public support for policies that promote health. As with any new program of research, the studies have limitations (e.g., sample representativeness, length of follow-up, tests of engagement moderation) and additional work is needed to corroborate and refine this research.

The OCF is a meta-theory that is designed to enhance the programmatic development of

empirical and conceptual research. A pressing challenge is to advance a substantive theory of policy attitudes that could help researchers identify targets and potential intervention strategies. Although policy effectiveness is an important determinant of public support that has attracted research attention (e.g., Reynolds et al., 2020), the role of other policy features (e.g., reach, affordability, intrusiveness) also warrants consideration. Work with Julian Rucker and Deshira Wallace on reparations for enslavement as a policy to promote health equity suggests that public support rests on perceptions of three factors: the problem (i.e., beliefs about the scope and causes of the health issue), the policy (e.g., perceived effectiveness and fairness), and the people (i.e., cognitions and emotions concerning groups affected by the policy). The Problem-Policy-People or P3 Model may offer a useful step towards theory development and warrant empirical testing.

At present, most behavioural health research addresses the *i*-level. This is likely because training in health psychology and related disciplines focuses on this level, and researchers believe that *i*-level interventions are efficacious, or efficacy can be improved. Debating the value of *s*-level versus *i*-level interventions in mutually exclusive terms is liable to prove fruitless (Sniehoff et al., 2017). Both intervention levels are means to the larger

goal of health behavior change, and identifying synergies between *i*- and *s*-level approaches stands to be more productive. The present research discussed one such synergy – capitalizing on the expertise of *i*-level researchers to understand and mobilize public support for health policies and thereby promote *s*-level change. There is considerable scope for theoretical development and empirical work on public support for manifold health policies (e.g., universal basic income, carbon taxes). The Operating Conditions Framework offers a useful vantage point for marshalling studies on policy support and could prove useful for researchers who wish to study policy acceptance and so contribute to system-level change.

References

- Albarracín, D., Fayaz-Farkhad, F., & Granados Samayoa, J. (2024). A review of determinants of behaviors and their efficacy as targets of behavioral change interventions. *Nature Reviews Psychology*, *3*, 377–392. <https://doi.org/10.1038/s44159-024-00305-0>
- Avishai, A., Ribisl, K. M., & Sheeran, P. (2023). Realizing the Tobacco Endgame: Understanding and mobilizing public support for banning combustible cigarette sales in the United States. *Social Science & Medicine*, *3*, 115939. <https://doi.org/10.1016/j.socscimed.2023.115939>
- Caughey, D. & Warshaw, C. (2022). *Dynamic democracy: Public opinion, elections, and policy making in the United States*. Chicago, IL: University of Chicago Press.
- Chater, N., & Loewenstein, G. (2022). The *i*-frame and the *s*-frame: How focusing on individual-level solutions has led behavioral public policy astray. *Behavioral and Brain Sciences*, *46*, e147. <https://doi.org/10.1017/S0140525X22002023>
- Grelle, S., & Hofmann, W. (2024). When and why do people accept public-policy interventions? An integrative public-policy-acceptance framework. *Perspectives on Psychological Science*, *19*(1), 258–279. <https://doi.org/10.1177/1745691623118>
- Hagger, M., Cameron, L. D., Hamilton, K., Hankonen, N., Lintunen, T. (Eds.) (2020). *The handbook of behavior change*. New York: Cambridge University Press.
- Maier, M., Bartoš, F., Stanley, T. D., Shanks, D. R., Harris, A. J. L., & Wagenmakers, E.-J. (2022). No evidence for nudging after adjusting for publication bias. *Proceedings of the National Academy of Sciences*, *119*(31), e2200300119. <https://doi.org/10.1073/pnas.2200300119>
- McDaniel, P.A., Smith, E.A., Malone, R.E., 2016. The tobacco endgame: A qualitative review and synthesis. *Tobacco Control*, *25*, 594–604. <https://doi.org/10.1136/tobaccocontrol-2015-052356>
- Proudford, D., & Kay, A. C. (2014). Reactance or rationalization? Predicting public responses to government policy. *Policy Insights from the Behavioral and Brain Sciences*, *1*(1), 256–262. <https://doi.org/10.1177/2372732214550489>
- Reynolds, J. P., Stautz, K., Pilling, M., van der Linden, S., & Marteau, T. M. (2020). Communicating the effectiveness and ineffectiveness of government policies and their impact on public support: A systematic review with meta-analysis. *Royal Society Open Science*, *7*(1), 190522. <https://doi.org/10.1098/rsos.190522>
- Rothman, A. J., & Sheeran, P. (2021). The Operating Conditions Framework: Integrating mechanisms and moderators in health behavior interventions. *Health Psychology*, *40*(12), 845–857. <https://doi.org/10.1037/hea0001026>
- Sheeran, P., Klein, W. M. P., & Rothman, A. J. (2017). Health behavior change: Moving from observation to intervention. *Annual Review of Psychology*, *68*(1), 573–600. <https://doi.org/10.1146/annurev-psych-010416-044007>
- Sniehotta, F. F., Araújo-Soares, V., Brown, J., Kelly, M. P., Michie, S., & West, R. (2017). Complex systems and individual-level approaches to population health: A false dichotomy? *The Lancet Public Health*, *2*(9), e396–e397. [https://doi.org/10.1016/S2468-2667\(17\)30001-1](https://doi.org/10.1016/S2468-2667(17)30001-1)

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Public Health challenges and how to address them: the valuable contribution of the social and behavioural sciences

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Public Health is a complex, multifaceted concept with several definitions put forward. One of the most commonly cited definitions of public health dates back to the late 1980s, but is still

considered valid today, defining public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Azari & Borish, 2023). Indeed, public health is the backbone of global health, playing a vital role in disease prevention and control, promotion of health equity, and strengthening of health systems, thereby protecting and improving the well-being of populations worldwide (Kickbusch & Reddy, 2015).

Despite the global health achievements and significant improvements in the population's health status in the past decades, complex challenges represent concerns for public health today, as highlighted by the World Health Organization (WHO). Global phenomena like the climate change and its impact on health and well-being, the ageing population, the high burden of chronic diseases, loneliness, mental health needs, and increasing antimicrobial resistance, outline a new demographic and disease profile worldwide, that ultimately puts growing pressure on the health systems and compromise the vision of a healthy equitable society.

It is clear that many leading causes of illness, disability and premature death are preventable, calling for a paradigm shift in healthcare - from reactive, purely curative treatment responses,

towards efforts focused on proactively attaining and maintaining people's health. This draws the attention to the comprehensive view of health as the product of social, economic and environmental determinants that provide conditions and barriers to attain individuals and communities' health. In fact, the social, economic, political, and structural conditions and contexts in which people are born, live, learn, work and age greatly influence physical, mental, and social health throughout life.

In this regard, the social and behavioural sciences have played a fundamental role in informing the development of policies, programs, and interventions that create health-promoting environments, ensuring equitable access to healthy options, promoting the adoption of healthy behaviours and reduce exposure to risk factors, ultimately leading to improved health and well-being. Behavioural science is an interdisciplinary approach that embraces the study of human behaviour and its determinants to understand the way people think, act, make decisions and the design of strategies to change it. Social sciences expand the analysis of individual human behaviour to the broader social and cultural context (Adhikari, 2016; Altieri et al, 2021; Glanz, Rimer & Viswanath, 2015). These scientific fields are key to comprehensively understand human actions, their determinants and dynamics, to address the root causes of behaviours that impact health outcomes, to design interventions that consider behaviours, cultural norms and socioeconomic factors and to identify implementation barriers and facilitators. Ultimately, social and behavioural sciences can

help address the questions ‘How best to promote health and well-being at all ages?’ and ‘How to effectively tackle social determinants and reduce health inequities?’. But, while employing social and behavioural insights into public health policies and interventions is gaining momentum, challenges to effectively address populations’ health needs and improve health remain.

It is known that disease is not distributed equally across the population. Individuals experience differences in exposure and vulnerability that contribute to variations in health and risks for disease development. Still, policy and practice efforts to improve populations’ health are based on the available evidence, which is commonly drawn from health surveillance mechanisms and studies involving representative samples of the general population but that fail to reach all segments of the population. Indeed, a critical issue has been to gather information from populations who frequently are underrepresented in traditional research – paradoxically, understudied populations are the ones who tend to experience more vulnerabilities and be underserved. As a result, the policies and actions developed based on the evidence produced may not reach or benefit those for whom they are intended. So, relevant questions arise for public health policymakers, professionals and researchers: Are we reaching the population subgroups who are most in need? Are we able to study the health needs of different population subgroups? Public health research can help understand and address health inequalities, informing the design of more effective policies that promote inclusion and equity, and improve outcomes for groups experiencing disadvantage.

It is important to place people at the centre of the efforts to identify and meet their priorities, health needs and resources, especially of the most disadvantaged and socially excluded populations. In this context, participatory and co-creation approaches have been valuable to support this

process and unveil the real needs of most vulnerable, understudied and underserved subgroups and the contexts that increase their vulnerability, along with ensuring communities’ engagement and local ownership in addressing public health challenges. Identifying health needs and generating health-promoting solutions collaboratively, as well as having the active participation of populations in implementing these solutions, ensures more context-appropriate and acceptable interventions for the target populations, with a positive impact on health outcomes and sustainability. Evaluating strategies and interventions with the involvement of key stakeholders is also crucial. It is increasingly recognised that we need to bridge the gap between knowledge, action, and its impacts in populations health. In this context, it is necessary to understand which interventions work, how, why, and for whom, and develop strategies to improve their implementation process to increase effectiveness and sustainability. Incorporating the perspectives of end-users and other relevant stakeholders into solution design and improvement is vital. But this is not exempt from difficulties. It implies new “ways of knowing” through renewed power dynamics (i.e., ensuring meaningful participation of communities along with researchers in the research process, where knowledge sharing and co-learning become key elements to generate new insights and work together for collective action). This is particularly important in research on the most vulnerable populations’ health. A recent article published in the *Lancet Regional Health Europe* highlights the relevance of normalising participatory health research approaches for communities regarded as vulnerable or disadvantaged, like refugee and migrant populations (MacFarlane et al., 2024). The relevance of undertaking a participatory approach in efforts to understand and address current public health challenges has also been acknowledged by international agencies such as the WHO. At the

latest WHO World Health Assembly, Member States endorsed an unprecedented resolution to implement, strengthen and sustain regular and meaningful social participation, including of people, communities and civil society, in decision-making processes that affect health, across the policy cycle and at all levels of the system.

To design more effective public health policies and interventions it is also essential to take a holistic and systemic perspective, beyond an individualistic one. As an example, health literacy is often seen as a solely individual resource for empowering people to make informed and positive health choices, navigate the health system effectively, be active partners in their care, and act as health promoters in their communities. But developing health literacy implies going beyond the individual sphere and strengthening the responsiveness of professionals, services, systems, and policies across multiple sectors to create environments that optimise equitable access to and use of health information and services, and enable people to improve their health literacy skills, considering the context and demands of individuals' daily lives.

Within this perspective, employing social and behavioural insights into public health efforts can boost the creation of health-promoting environments and empower people, communities and organizations to take action and engage in the implementation of effective and sustained interventions, thus contributing to "leaving no one behind", which is the motto to achieve the global goals for sustainable development integrated in the 2030 Agenda. Nevertheless, public health practice requires constant adaptation and refinement based on context and continuous generation of evidence for translating behavioural insights across contexts. This implies a multidisciplinary and multi-method evidence-based approach, which is often resource-intensive and lacks support from funders.

In conclusion, the role of Public Health in the global health achievements so far is indisputable.

Throughout history, the evolution of Public Health has always involved paradigm shifts - in the conception of health, its relationship with several multilevel factors, and the role of various actors in health protection - seeking to overcome the numerous emerging societal challenges. The sociobehavioural science has gaining ground and playing a central role in the evolution of Public Health by contributing to enhance the social impact and health gains resulting from evidence-based policies, programs, and interventions. However, reinforcing the sociobehavioural perspective requires more research, investment, capacity building, and experimentation. It demands the adoption of a transdisciplinary approach, rather than focusing on individual disciplines, calling upon professionals with diverse backgrounds and experiences to collaborate in addressing the complex and dynamic challenges of global public health of the present and future.

References

- Adhikari, D. (2016). Exploring the differences between social and behavioral science. *Behavioral Development Bulletin*, 21(2), 128–135. <https://doi.org/10.1037/bdb0000029>
- Altieri, E., Grove, J., Davies, O. L., Habersaat, K. B., Okeibunor, J., Samhour, D., & Bezbaruah, S. (2021). Harnessing the power of behavioural science to improve health. *Bulletin of the World Health Organization*, 99(11), 754–754A. <https://doi.org/10.2471/BLT.21.287375>
- Azari, R., & Borisch, B. (2023). What is public health? a scoping review. *Archives of Public Health*, 81(1), 86. <https://doi.org/10.1186/s13690-023-01091-6>
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.
- Kickbusch, I., & Reddy, K. S. (2015). Global health

governance - the next political revolution.

Public health, 129(7), 838–842. <https://doi.org/10.1016/j.puhe.2015.04.014>

MacFarlane, A., Huschke, S., Marques, M. J., Gama, A., Kinaan, W., Hassan, A., Pappan, A., Phelan, H., Severoni, S., Kumar, B., & Dias, S. (2024).

Normalising participatory health research approaches in the WHO European region for refugee and migrant health: a paradigm shift.

The Lancet regional health. Europe, 41, 100837. <https://doi.org/10.1016/j.lanepe.2024.100837>



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Reflecting on Five years of the European Health Psychology Society's Open Science Special Interest Group

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Since the establishment of the European Health Psychology Society (EHPS) Open Science Special Interest Group (SIG) in 2019 (Norris & Toomey, 2020), we have been working hard to improve the awareness and uptake of Open Science practices within the European Health Psychology community. When we started, our aims were to 1) bring together health psychologists interested in Open Science behaviours, 2) share best practices/innovations in Open Science to health psychologists, 3) provide guidance and/or training on Open Science, 4) promote the role of health psychology for improving Open Science across disciplines, 5) liaise with organisations which promote Open Science and 6) encourage and reward replication and reproducibility within health psychology. Having now been established for five years and arriving back from successful SIG activities at the EHPS 2024 Conference in Cascais, Portugal, we wanted to reflect on our progress in recent years and share some of these developments.

Building the community...who are we?

As of September 2024, the EHPS Open Science SIG has fourteen committee members across five countries who meet up to four times a year, with 656 Twitter/X followers and 66 mailing list members. We aim to 'practice what we preach' as much as possible; as such we have created a publicly-accessible Open Science Framework (OSF) page which houses the minutes from all of our committee meetings, as well as previous SIG conference and Annual Meeting presentations and materials from training events. We have recently established a SIG webpage, which showcases a selection of Open Science resources useful in the context of health psychology. We plan to continue to maintain, expand and update this going forward. We disseminate a regular newsletter sent to mailing list members which shares training, updates and research related to Open Science in health psychology. To date we have sent 13 newsletters which can be accessed here. Not a member of our mailing list? Please sign up here.

Building the supports...our key activities

Training events and Webinars

We are passionate about providing training tailored to health psychologists on the principles and practices of Open Science. Since our launch in 2019, we have run five webinars, in addition to hosting annual sessions at the EHPS conference.

Recordings of our webinars are all available via our dedicated [YouTube channel](#) and webinar materials (e.g. slides and accompanying resources) are on our [OSF page](#). Webinars have addressed a wide range of topics, across Open Data, Open Educational Resources, Copyright considerations and more: see Table 1. We are always keen to hear what webinar topics are needed from our community, so please get in touch if you have any ideas.

Student Open Science Award

Since 2021, we have run an Annual Award to celebrate and incentivise Open Science practices in early career/student members of the EHPS. Previous winners include Dr Charlotte Pennington (2021: Aston University, UK), Rory Coyne (2022: University of Galway, Ireland) and Dr Andriana

Theodoropoulou (2023: University of Essex, UK). Over the years the applications have gone from strength to strength, with a record number of submissions in 2024. At EHPS 2024, we were delighted to announce our 2024 winner: Christopher M. Jones (PhD student at Heidelberg University, Germany)! Christopher's PhD research focuses on why users believe and share health-related misinformation on social media (Link to Christopher's [OSF page](#)). We were hugely impressed by Christopher's creation of a new open-source browser extension which can be used by others to conduct experimental studies on social media, alongside his routine preregistration of studies and open data and material practices. We were delighted that Christopher's Award was presented at the 2024 EHPS Conference Opening Ceremony and were also happy to have Christopher's expertise

Table 1. Webinars run by the EHPS Open Science SIG to-date

Webinar title	Speakers / Associated projects	YouTube link
Open Data in Health Psychology Research	Dr James Green (University of Limerick, Ireland) Dr Gjalt-Jorn Peters (Open University of the Netherlands)	Here
Open Educational Resources about Open Science	Dr Karen Matvienko-Sikar (University College Cork, Ireland): PaPOR Trail: Principles and Practices of Open Research (Egan et al., 2020) Dr Aswathi Surendran (University of Galway, Ireland): AGAPE: An Introductory Course to Open Science for Early Career Researchers Dr Flavio Azevedo (Utrecht University, the Netherlands): FORRT: Framework for Open and Reproducible Research Training (Azevedo et al., 2022).	Here
Copyright and Copywrogn	Dr Gjalt-Jorn Peters (Open University of the Netherlands)	Here
Qualitative Data Sharing: the QualSHARE project	Megan McCarthy (University of Galway, Ireland) Dr Catherine Houghton (University of Galway, Ireland)	Here
Meaningful change definitions: a power-up for sample size calculation	Dr Gjalt-Jorn Peters (Open University of the Netherlands) Dr Stefan Gruijters (Open University of the Netherlands)	Here

as part of our Hackathon team (more on this below). We are also highly encouraged by the growing number of applications each year, and the exceptional quality demonstrated in all applications. The future of Open Science is bright!

Research in open science and health psychology

We are keen to apply our research skills within behavioural science to facilitate behaviour change towards Open Science: across countries and career stages. This includes conducting meta-science projects: studying science itself with the aim to describe, explain, evaluate and improve scientific practices (Parsons et al. 2022). Our first piece of meta-research in 2022 was a Delphi study to understand what the research priorities should be for Open Science in Health Psychology going forward (Norris et al., 2022). From this, we identified that the top five ranked research question priorities were: 1. 'To what extent are Open Science behaviours currently practised in Health Psychology?', 2. 'How can we maximise the usefulness of Open Data and Open Code resources?', 3. 'How can Open Data be increased within Health Psychology?', 4. 'What interventions are effective for increasing the adoption of Open Science in Health Psychology?' and 5. 'How can we increase free Open Access publishing in Health Psychology?'. We thank the EHPS community for their support and participation in this work: receiving 90 responses across the three phases of the Delphi study. As you will read in the remainder of this article, our research work and ongoing plans are very much driven to address these priorities as best as possible. However, these questions are also very much open for the community to address, as we work towards the same aim of maximising Open Science uptake within health psychology.

A key research priority identified in this work was the need to assess where health psychology currently stands in terms of Open Science uptake

by researchers. Accordingly, we are currently establishing a study to assess Open Science awareness and behaviours in the health psychology community. This Registered Report, led by Rory Coyne (University of Galway, Ireland), is currently under Stage 1 peer review. We look forward to inviting health psychology researchers across EHPS and globally to participate in this shortly. Sign up to our mailing list to be alerted when the study launches.

Promoting Open Science in health psychology and behavioural medicine journals

SIG Co-Chairs Dr Elaine Toomey and Dr Emma Norris were invited to join the editorial board of the EHPS journal *Health Psychology and Behavioral Medicine* to support the introduction of Registered Reports and Data Notes as new paper formats. You can find more information on what differentiates Registered Reports and Data Notes from other paper formats in our associated paper: *Demystifying Open Science in health psychology and behavioral medicine: a practical guide to Registered Reports and Data Notes* (Norris et al., 2024). Working with the journal's Co-Editors Professor Efrat Neter (Ruppin Academic Centre, Israel) and Professor Karen Morgan (Royal College of Surgeons, Malaysia), we have also launched an ongoing Article Collection hosting Registered Reports and Data Notes within the journal. Please contact Elaine or Emma with any queries or submission ideas.

Spurred on by this move from a key EHPS journal towards more Open Science practices, we ran our first-ever Hackathon at EHPS 2024. This event aimed to evaluate the extent to which health psychology and behavioural medicine journals currently implement Open Science principles within their policies. Led by Dr Elaine Toomey, our day-long Hackathon took place as a pre-conference

event: with a team of nine attempting to code the practices of nineteen health psychology and behavioural medicine journals. Journals were assessed according to the Transparency and Openness Promotion (TOP) guidelines (Center for Open Science, 2024; Nosek et al., 2016) which provides recommendations for journal policies regarding standards of Data Citation, Data, Materials and Code Transparency, Study Design and Analysis, Preregistration, Replication and Open Science badges. Previous evaluations have been conducted in related disciplines such as pain research (Cashin et al., 2021) and sport science (Hansford et al., 2022). The preregistration for this study is available here. We are currently analysing the results of this study and look forward to reporting these soon and to working with EHPS journals to explore our findings and how to feasibly incorporate Open Science practices going forwards. Our Co-Chair Dr Elaine Toomey has also joined the TOP Advisory Board and has contributed towards the upcoming update of TOP guidelines (Grant et al., 2023), which will be a beneficial collaboration for our SIG going forwards.

Future activities...what's next?

We are exceptionally proud of what we have achieved in the last five years. In 2021, our work was recognised by the Young European Research Universities Network (YERUN) who awarded us their Open Science Initiative award worth €5000 which we are using to further support our training and research activities (YERUN, 2022).

We have lots of training, advocacy and research plans in the pipeline to extend our work even further in the next five years. We have big ambitions for meta-science research into Open Science inspired by our training in behavioural science related fields. In Spring 2024, we submitted an application to the Einstein Foundation Award for Promoting Quality in Research – Early Career Research Award (led by Dr Elaine Toomey). This

€100,000 would fund a large study assessing the extent that behavioural science is implemented within Open Science interventions globally. We await the outcome of this in Winter 2024. Meta-science research funding is still relatively scarce, so we are keen to give these opportunities a go when they arise!

We are also particularly keen to grow our membership and to involve our members more. With this in mind we plan to hold open online meetings going forward, in addition to our committee meetings, for all to attend and help shape the future of our SIG. We also want to hear from you - please get in touch if you have ideas for how we can involve you more! In particular, helping us think about ways we could do more collaborative research together would be very welcome. We are keen to extend our advocacy work to further support journals in health psychology areas. For example, health psychology does not currently have a journal represented within Peer Community In (PCI) Registered Reports (PCI Registered Reports, 2024): a non-profit, non-commercial platform that receives, reviews and recommends Registered Reports. Following the completion of peer review, authors of Registered Reports (RRs) that are positively recommended have the option to publish their articles in the growing list of PCI RR-friendly journals that have committed to accepting PCI RR recommendations without further peer review. Journals in other related fields such as addiction (Pennington & Heim, 2022) have signed up to this innovative scheme to facilitate Registered Reports, however the representation of health psychology is currently absent. We intend to continue to work closely with EHPS journal editors to support open science practices within their policies. We also intend to increase our collaborations with other related organisations.

Thank you to the EHPS for being such supporters of the Open Science SIG in our first five years. As always, we are keen that the training and

support area of our work is guided by the EHPS community. If you have areas of Open Science that you would like us to cover in webinars, writing or any other methods, please get in touch. We are always OPEN to suggestions!

By Emma Norris, Tugce Varol, Rory Coyne, Aoife O'Mahony, James A. Green, Jo Brooks & Elaine Toomey

On behalf of the SIG Committee: Alex Dima, James Reynolds, Keegan Knittle, Krishna Talsania, Matti Heino, Sean P. Grant & Sian Calvert. Also thanks to our Advisory Group: Professor Daryl O'Connor, Dr Gjalt-Jorn Peters, Professor Martin Hagger, Professor Nelli Hankonen & Professor Susan Michie.

Contact us: @EHPS_OS_SIG on Twitter / X or open-science-sig@ehps.net.

References

- Azevedo, F., Liu, M., Pennington, C. R., Pownall, M., Evans, T. R., Parsons, S., Elsherif, M. M., Micheli, L., Westwood, S. J., & Framework for Open, R. R. T. (FORRT). (2022). Towards a culture of open scholarship: The role of pedagogical communities. *BMC Research Notes*, *15*(1), 75. <https://doi.org/10.1186/s13104-022-05944-1>
- Cashin, A. G., Bagg, M. K., Richards, G. C., Toomey, E., McAuley, J. H., & Lee, H. (2021). Limited engagement with transparent and open science standards in the policies of pain journals: A cross-sectional evaluation. *BMJ Evidence-Based Medicine*, *26*(6), 313–319. <https://doi.org/10.1136/bmjebm-2019-111296>
- Center for Open Science. (2024). *TOP Guidelines*. <https://www.cos.io/initiatives/top-guidelines>
- Egan, S., Tobin, M., Palmer, B., Coffey, A., Dahly, D., Houghton, C., Ó Carragáin, E., Toomey, E., Dockray, S., & Matvienko-Sikar, K. (2020). Developing an open educational resource for open research: Protocol for the PaPOR TRAIL project. *HRB Open Research*, *3*, 84. <https://doi.org/10.12688/hrbopenres.13171.1>
- Grant, S., Mayo-Wilson, E., Kianersi, S., Naaman, K., & Henschel, B. (2023). Open Science Standards at Journals that Inform Evidence-Based Policy. *Prevention Science*, *24*(7), 1275–1291. <https://doi.org/10.1007/s11121-023-01543-z>
- Hansford, H. J., Cashin, A. G., Bagg, M. K., Wewege, M. A., Ferraro, M. C., Kianersi, S., Mayo-Wilson, E., Grant, S. P., Toomey, E., Skinner, I. W., McAuley, J. H., Lee, H., & Jones, M. D. (2022). Feasibility of an Audit and Feedback Intervention to Facilitate Journal Policy Change Towards Greater Promotion of Transparency and Openness in Sports Science Research. *Sports Medicine - Open*, *8*(1), 101. <https://doi.org/10.1186/s40798-022-00496-x>
- Mayo-Wilson, E., Grant, S., Supplee, L., Kianersi, S., Amin, A., DeHaven, A., & Mellor, D. (2021). Evaluating implementation of the Transparency and Openness Promotion (TOP) guidelines: The TRUST process for rating journal policies, procedures, and practices. *Research Integrity and Peer Review*, *6*(1), 9. <https://doi.org/10.1186/s41073-021-00112-8>
- Norris, E., O'Mahony, A., Coyne, R., Varol, T., Green, J. A., Reynolds, J., & Toomey, E. (2024). Demystifying Open Science in health psychology and behavioral medicine: A practical guide to Registered Reports and Data Notes. *Health Psychology and Behavioral Medicine*. <https://www.tandfonline.com/doi/abs/10.1080/21642850.2024.2351939>
- Norris, E., Prescott, A., Noone, C., Green, J. A., Reynolds, J., Grant, S. P., & Toomey, E. (2022). Establishing open science research priorities in health psychology: A research prioritisation Delphi exercise. *Psychology & Health*, *0*(0), 1–25. <https://doi.org/10.1080/08870446.2022.2139830>
- Norris, E., & Toomey, E. (2020). Open Science in Health Psychology: Launching the EHPS Open Science SIG. *European Health Psychologist*,

21(5), 679–682.

Nosek, B. A., Alter, G., Banks, G. C., Borsboom, D., Bowman, S., Breckler, S., Buck, S., Chambers, C., Chin, G., Christensen, G., Contestabile, M., Dafoe, A., Eich, E., Freese, J., Glennerster, R., Goroff, D., Green, D., Hesse, B., Humphreys, M., ... DeHaven, A. C. (2016). Transparency and Openness Promotion (TOP) Guidelines. *OSF Preprints*. <https://doi.org/10.31219/osf.io/vj54c>

Parsons, S., Azevedo, F., Elsherif, M. M., Guay, S., Shahim, O. N., Govaart, G. H., Norris, E., O'Mahony, A., Parker, A. J., Todorovic, A., Pennington, C. R., Garcia-Pelegrin, E., Lazi, A., Robertson, O., Middleton, S. L., Valentini, B., McCuaig, J., Baker, B. J., Collins, E., ... Aczel, B. (2022). A community-sourced glossary of open scholarship terms. *Nature Human Behaviour*, 6(3), 312–318. <https://doi.org/10.1038/s41562-021-01269-4>

PCI Registered Reports. (2024). *PCI Registered Reports*. <https://rr.peercommunityin.org/>

Pennington, C. R., & Heim, D. (2022). Reshaping the publication process: Addiction Research and Theory joins Peer Community In Registered Reports. *Addiction Research & Theory*. <https://www.tandfonline.com/doi/abs/10.1080/16066359.2021.1931142>

YERUN. (2022). *YERUN Open Science Awards 2021: Congratulations to the winners! Yerun*. <https://yerun.eu/2022/02/yerun-open-science-awards-2021-congratulations-to-the-winners/>



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