

Charting New Territories in Health Psychology: A reflection on the EHPS 2022 'Digital Divide' hybrid roundtable by Chairs, Presenters, and Participants.

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This paper reflects on the roundtable session at the 36th annual conference of the European Health Psychology Society titled *'Mind the digital divide: How to reduce social inequalities in digital health promotion?'*,

chaired by Dr Laura M König and Dr Max J Western. The session was intended to present contemporary evidence on the existence of a digital divide in health behaviour promotion via two brief presentations of recent

evidence syntheses by Dr Eline Smit and Dr Max Western, followed by two short talks on potential underlying mechanisms of the digital divide by Professors Efrat Neter and Falko Sniehotta. Finally, we aimed to explore through a panel discussion and an audience workshop how we, the health psychology community, could focus our research on better understanding and addressing this phenomenon.

In the following, we will discuss how the roundtable was implemented and which aspects were perceived to be most useful from the perspectives of the organising chairs, presenters and participants, to provide input for roundtable organisers at future conferences.

Mind the digital divide

A review published [by Dr Western and colleagues] in the International Journal of Behavioural Nutrition and Physical Activity was used to set the scene for the round table session. This presented the key, consistent, finding that digital interventions targeting physical activity were of no benefit to people of low socioeconomic status (SES) but were effective for people of high SES who received the same intervention. Using these results as a catalyst, the session, we hoped, would bring expertise from within the European health psychology community to help us unpack the digital divide through proposing psychological or methodological mechanisms that might contribute to this divide, and crucially develop key research questions that health psychologists should pursue to support people of lower SES not be left behind in digital health.

The review presented by Dr Eline Smit was a first attempt at doing so, as it studied 'mHealth' interventions as one specific type of digital interventions, but moved beyond a sole focus on effectiveness to a focus also on uptake and engagement of these interventions, and on whether uptake, engagement and effectiveness differed by a range of inequality indicators, including, but not limited to, SES. The most important conclusion from the review was that evidence for a digital divide in mHealth interventions is limited and mixed, and that some inequality indicators (e.g., the 'usual suspects' of age, gender and education) were more often reported on than others (e.g.,

location). Moreover, there was only one study reporting on the uptake of mHealth interventions.

The following two presentations then focused on underlying mechanisms of the digital divide. Professor Efrat Neter introduced the audience to relevant theoretical constructs from sociology and related disciplines. Most importantly, she highlighted that the 3 digital divides: (1) disadvantaged populations lack access to digital technology including devices and internet; (2) there is a knowledge gap related to constructs such as digital and eHealth literacy (Neter & Brainin, 2012); and (3) the resulting discrepancy in engagement and effectiveness that were addressed in the previous two presentations. Health literacy thus is both one of the major culprits for a digital divide in the health domain, but also a potentially powerful intervention target to move the 'have nots' into the 'haves' side.

Finally, Professor Falko Sniehotta made a few critical remarks on the study of the digital divide. Most importantly, he reminded the audience about the important distinction between the digital divide and social inequalities in health more broadly, that arises independent of the digital context. Furthermore, he pointed out that digital interventions are no *silver bullet*, and that individual patient preferences, including those for analogue instead of digital interventions, need to be respected.

After these four brief presentations, presenters and audience engaged in a panel discussion, getting everyone warmed up for the audience workshop we had lined up, in order to generate an overview of 1) the key methodological challenges of studying the digital divide (from a health psychology perspective), and 2) what research questions should be addressed by health psychologists to better understand the reasons for/mechanisms of, and reduce social inequalities in digital health. The results of these discussions will be summarized in a white paper to stimulate further discussions and action in the field.

Reflections on organising and participating in a hybrid roundtable

Chairs of the roundtable, Dr Laura M König and Dr Max Western:

“The idea for this roundtable arose when we discovered at the virtual EHPS conference in 2021 that we had both embarked upon similar projects reviewing evidence on the equality of benefit from digital interventions targeting weight loss and physical activity (Szinay et al., 2022; Western et al., 2021). Our motives for these respective projects stemmed from our own interest in the growing field of *digital health psychology* and a recognition that digital technologies were rapidly infiltrating many aspects of health promotion and care. There had also been an apparent favourable portrayal of the benefits of digital technologies in this context, both in evaluations of technologies' efficacy and cost-effectiveness for supporting efforts to change health behaviours and as a means to reduce health inequalities given the ubiquitous access to computers, the internet, smartphones etc. - even in rural areas. Knowing what we know about publication and selection bias in research, our respective projects sought to determine if this projected reduction in health inequalities that digital interventions may afford, was supported by the published literature.”

Reflecting on the session, we were extremely buoyed by the attendance of over 50 delegates who so willingly engaged in the small group discussions that took place following the presenter talks. We were also delighted to receive such thought-provoking questions from delegates during the panel discussion section of the session, which suggested that our presenters had sufficiently inflamed the imagination of our 'eHealth'

researching contemporaries. Indeed, such eager participation left us longing for more time for discussion. As chairs we took delight that the session closed with a collective determination to ensure the inquiry did not stop in the room, and that the future would bring opportunities to tackle the digital divide head on."

Presenter at the roundtable, Dr Eline Smit:

"After the talks and initial Q&A, all four presenters were asked to facilitate a break-out discussion, in which a smaller group of attendees aimed to provide an answer to these two questions. As someone that facilitated one such break-out discussion, I was excited to learn how knowledgeable, how willing to share their ideas and experiences, and how motivated attendees were to further understand, but even more so to reduce, the digital divide.

Our discussion was very focussed, and with a wonderful note-taker by my side, it was not difficult for me to summarize our discussion and present that summary to the audience at the end of the session. With the research agenda taking form, I am myself even more motivated than before to continue to pay attention to digital inequalities in my research, and to focus some of my research explicitly on further understanding - and ultimately reducing - this phenomenon."

Participants Dr Heide Busse (online) and Dr Ben Ainsworth (in person)

"With clear instructions from the session chairs, the group discussions had little of the tentative discussion that often typifies academics from different areas searching for common ground.

Instead, both in-person and online groups were quickly engaged, drawing on examples from their own research in health interventions and reflecting on whether the speakers had highlighted opportunities to critique and improve our work.

In most of the other talks throughout the conference it had been hard to connect with other participants and speakers, both online and in person. However, this was not the case in this session, with its specific design to facilitate discussion and interaction. From both of our perspectives, online [Heide Busse] and in person [Ben Ainsworth], we enjoyed hugely the opportunity for a structured discussion with other participants - and for the online participants, it was actually the only chance throughout the whole conference to actively speak with other online participants beyond the (very limited) Zoom chat.

Despite being entirely separate - one spanning an entire continent, the other based in a small circle of chairs in a hotel room in Bratislava - the online and in-person discussions had almost identical perspectives. After initial introductions and reflections on how our own work might have been impacted by the digital divide, we shared concerns about using digital interventions as a definitive solution for a whole range of topics and populations, considering that we felt that 'one size does not fit all' and that further research is needed to understand when digital interventions should be supported by face-to-face elements.

Of course, there were some practical differences between the on-line and in-person groups. Whilst the speakers were able to join the in-person talk, their ability to touch base with virtual attendees was limited. Future roundtables might consider a hybrid panel, with online facilitators to match the in-person experience. Nevertheless, both of us left the roundtable session feeling well connected to both in-person and online delegates, and motivated to further our own research armed with the knowledge generated from the discussions."

Next steps

Following on from the session, the chairs, presenters and participants who have elected to stay involved are working on a White Paper that will summarise the key session content along with a narrative review of extent literature. A principal aim of this paper will be to translate the insightful discussions into an agenda of essential directions and research questions for health psychologists and behavioural scientists to investigate - and so hopefully also provide input for EHPS conferences in the future and a starting point for future collaborations among the society's attendees.

References

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