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# Editorial December 2020

**Angela Rodrigues** As 2020 draws to an end, a reflection seems appropriate. In a year defined by COVID-19, it is genuinely gratifying to provide an overview in this issue of some of the virtual activities organised by the EHPS: Synergy and CREATE workshops, EHPS virtual conference, and awards.

**Pamela Rackow**  
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We also want to take the opportunity to thank all our collaborators, authors and readers. Putting together these issues shows that at its heart the EHP is a collaborative effort. In no specific other we would like to thank our Associate Editors (Laura, Emma, Lucy, Nicola, Filipa, Dan and Neza), our Editorial Intern (Kelly) and our print officer (Marianna) for all their incredible work on the EHP.

Finally, we are currently working on a special issue about COVID-19 and are planning to publish this early next year. In the meantime, please get in touch with Pamela ([pamela.rackow@stir.ac.uk](mailto:pamela.rackow@stir.ac.uk)) if you would like to contribute to this issue.

This EHP issue features a reflection piece on the **2020 SYNERGY expert meeting** which revolved around Synergy's past and future, and how participation has benefited both

facilitators and attendees professionally as well as personally.

**Fredrix** and **Murphy** reflect on the **2020 CREATE** activities that this year aimed specifically at supporting early career researchers (ECRs) by organising a session dedicated to ECRs showcasing their research and highlighting the various career paths one could take within health psychology.

**Kotzur** provides a reflection on the **2020 EHPS Online Scientific Meeting**. This year, the EHPS

members had the opportunity to meet virtually. In this piece Kotzur shares her experience and reflections as a delegate and lessons learned for attending future virtual meetings.

**Karademas** as well reflects on the 2020 EHPS Online Scientific Meeting and emphasizes the long history of the EHPS in building bridges between its members and member countries. Karademas lays out plans on the forthcoming conferences, which has been informed by the members' survey.

**Akhter, Sutton and Kassavou** provide an overview of a project aimed to explore views about barriers regarding medication adherence and to generate recommendations regarding potential components of a digital intervention.

Finally, we end this issue by introducing the new **EHPS Executive Committee Members 2020-2022**, the **EHPS Award winners 2020**, and the **Fellowship Award winners**. Congratulations to all the winners and new EHPS EC members!

Hope you enjoy reading this issue and wish all our readers a wonderful festive break, and we will 'see you' in the New Year!

Angela Rodrigues and Pamela Rackow



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# Synergy: past, present, and future

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With the 34th EHPS conference going online due to the COVID-19 pandemic, it was all hands on deck to set up interesting online meetings for our EHPS members. As the annual Synergy Expert Meeting (EM) needed to be cancelled, the Synergy board decided to organise a Synergy showcase event instead. The event aimed to present Synergy to those unfamiliar with the EHPS sub-division, to reunite those who previously participated in EMs or served on the organising board, and to discuss suggestions and ideas for shaping future directions of Synergy. We had the pleasure of welcoming five amazing speakers: Prof. Marie Johnston, Prof. Martin Hagger, Prof. Anne Marie Plass, Dr Felix Naughton, and Dr Elaine Toomey, who are all previous Synergy board members, EM facilitators, and/or attendees of EMs. Their talks revolved around Synergy's past and future, and how participation has benefited both facilitators and attendees professionally as well as personally.

Synergy was founded in 2002, when CREATE members who had graduated from their PhDs felt that the EHPS lacked a platform for mid to late career researchers. The annual CREATE workshops are about learning from people, while Synergy meetings would be focussed on learning and collaborating with people, consequently moving

specific health psychology topics forward. Annual two- or three-day pre-conference EMs (called Synergy Workshops at the time) were chosen as the means to accomplish this aim. From 2002 to 2008, Synergy EMs were organised by two local organisers. Then in 2009, during the winter meeting in Utrecht, the Synergy board was founded. The board currently consists of a chair, a secretary, a treasurer, an evaluation and dissemination officer, a grant and liaison officer, an engagement officer, and a local organiser; jointly working together to ensure that annual Synergy EMs are well prepared and run smoothly.

The EM facilitators are members of the EHPS community chosen to facilitate a meeting on a topic of their expertise which is relevant to the EHPS community. The Synergy board provides the EM facilitators with insights from previous years, however, facilitators get free reign on how they want to shape the meeting, depending on the chosen topic. Assembling 10-25 experts (where expert is defined as someone who has at least some expertise and experience on the given topic) for two full days provides a unique opportunity to move the field forward by discussing key theoretical, operational, and methodological shortcomings of current and previous research, to identify salient gaps in the literature, to formulate possible guidelines for good practice, and to determine priority areas for future research. It is an opportunity for the EM participants to think outside of the box and away from silos we get so easily caught up in in our busy, daily lives. A technique often used by facilitators to structure the meeting is the nominal groups approach, which includes small-group discussions, voting and other

activities, to reach consensus. However, with all these experts involved, occasionally the only consensus possible is agreeing to disagree. Every year we aim to publish a post-EM report in the *European Health Psychologist* (i.e., Kassavou et al, 2015; Chittem, 2016; Bull, 2018; Hagger et al, 2019; Brown, 2020), and a consensus statement, guidelines, or state-of-the-art overview on the topic in the EHPS journals, i.e., *Health Psychology Review* or *Psychology & Health* (i.e., Hagger et al, 2016; Kwasnicka et al, 2020). We hope that these publications will guide future research and its application in the relevant field.

In the future, Synergy aims to additionally organise online initiatives. In the mentor scheme "Meet the Synergy Expert", Synergy will be collaborating with CREATE to match early career researchers (ECRs) with later career researchers to collaborate on topics of joint interest. Once this mentorship is initiated, these dyads can meet online and, hopefully in 2022, in-person at the EHPS conference. Moreover, Synergy has started to organise webinars which have been kicked off with Gjalt-Jorn (GJ) Peters' excellent and well-attended talk "Your COVID-19 Risk: A Story About Theory, Practice, and Collaboration", at the EHPS online conference. These webinars will fill the gap of knowledge acquisition for post-ECR academics.

During the Synergy showcase event, we also had a lively discussion on the vision for future EMs. Our field is advancing in terms of merely engaging in academic research, to also transferring our knowledge and expertise into practice and politics. More and more are we collaborating with external stakeholders, e.g., health care staff, patients, and policy makers. Consolidation of models and methods is becoming more important as health psychology will be validated externally because of involvement with policies. EMs tend to focus on the cutting-edge research, but our discipline is still not always adept at voicing its core and presenting that core externally (aptly dubbed our 'unknown knowns'). Synergy EMs may be able to help with

this consolidation process.

An open brainstorm with the audience at the showcase event on future EM topics yielded several ideas, including testing and defining construct validity, how to increase diversity in the EHPS, and interoperability of research tools (in particularly of the taxonomies and frameworks we have been involved in developing and using). To promote networking and collaboration across the EHPS community, other formats than two-day EMs were suggested. These included 'Expert Workshops', hackathons, and extended pre-conference workshops with networking opportunities (e.g., thematic lunches) for senior researchers.

At this stage, we had been chatting for over an hour and a half, and admittedly we swayed from the serious topics into Synergy and EM related anecdotes. Skiing accidents, pigeon poo, ceilidh dancing, toilet paper and the lack thereof, French food for vegetarians, and balancing swimming time with keynote presentations may or may not have been discussed.

## Conclusion

Facilitating or participating in Synergy EMs means having two full days to discuss a topic which you are passionate about and to get perspectives from international expert researchers from different career stages, not just in smaller and larger group discussions but also during lunch and dinner, and potentially over evening drinks. When facilitating and participating in an EM you get ample opportunity to form new collaborations and discuss your topic of expertise in an open-minded and friendly atmosphere. Often new friendships are formed, and occasionally even relationships. Synergy is all about finding your community, learning with and from each other, moving health psychology science forward, and having fun while doing that.

## Acknowledgements

The authors would like to sincerely thank the speakers and participants of the 2020 Synergy showcase event, all previous board members, Expert Meeting facilitators, and participants.

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# CREATE activities at the '34th EHPS Online Scientific Meeting' and in times to come.

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Collaborative REsearch And Training in the EHPS (CREATE) is a subdivision of the European Health Psychology Society (EHPS), and functions as a network for early career researchers (ECRs) working in the field of

health psychology. CREATE organises interactive workshops each year, led by prominent experts within the field. These workshops offer great opportunities for knowledge and skills enhancement. However, equally important are the opportunities to meet other ECRs. Getting to know people who are striving towards a similar goal and are faced with the same challenges can be incredibly rewarding and a great learning experience. Many collaborations and friendships have emerged from CREATE workshops. This year is different from other years. As we move through this pandemic and remain in our 'working from home bubble', networking and collaborating is not as straightforward. Getting inspired by other ECRs' work and research is thus more challenging. In these challenging times, the '34th EHPS Online Scientific Meeting' was a great boost for morale, making us feel more connected to the health psychology community. Within the online meeting, CREATE aimed to support ECRs by organising two sessions. One was dedicated to ECRs showcasing their research, and one to highlighting the various career paths one could take within health psychology.

CREATE organised a research spotlight session in

which members of the network had the opportunity to showcase their work to attendees of the scientific meeting and fellow health psychology early career researchers. We had four great talks by CREATErs Dr. Emma Norris, Maria Blöchl, Christina Derksen and Daniella Watson. During the pandemic, feelings of isolation have been high and opportunities for distraction many. The presentation session was a welcome measure of connection with other researchers and some semblance of normality. Watching well-articulated and enthusiastically presented presentations about really diverse and interesting research that other ECRs have been working on was also incredibly galvanizing – I felt my attention being drawn back to my own research and that my motivation had been refueled. One advantage of the move to a virtual event was that we were able to organize such a presentation session dedicated to our members – something we have not been able to provide previously at the in-person conferences.

CREATE dedicated another session towards helping ECRs visualise and progress their future careers. Therefore, through series of short presentations and a vibrant discussion, several health psychologists shared their career paths, the challenges they had experienced, and lessons learned along the way. We had a great line-up (including several ex-CREATErs) of Dr. Alden Lai, Dr. Laura M. König, Dr. Lisa Hynes, Dr. Silja Voolma and Dr. Keegan Knittle. It was inspiring to see the different career routes people had taken. Dr. Alden Lai and Dr. Keegan Knittle provided great insights into taking an academic route of getting to Assistant Professor in Public Health Policy and

Management (Dr. Lai) or University Researcher (Dr. Knittle). Dr. König presented insightful tips and tricks, particularly in the area post-doctoral fellowship grant writing. Several tips such as gathering international work experience, building a solid network, and applying for third party funding early on, were all useful strategies for ECRs to increase chances of successful grantsmanship. We were all intrigued by Dr. Voolman, as she discussed starting her own design consultancy company, in which she helps health technology design teams create user-centred products and coaches individuals to transition into healthier lifestyles. Dr. Voolman highlighted that the “right” path and opportunity is a combination of your motivation, where the industry is at in its development, and the circumstances of your life. Fantastic career and life advice was offered by Dr. Hynes, highlighting a need for working hard and applying for everything, but also trying to be realistic and prioritising your priorities. All our speakers highlighted the importance of approaching more senior academics to function as a mentor. The purpose of academic mentoring is to support the professional growth of the individual who is in the early stage of their career. This is a process that CREATE is aiming to support more in the coming years (keep an eye on our social media for details).

In the coming times:

#### *COVID-19 troubleshooting sessions*

Our current challenging situation continues to have an impact on our ECR community. As such, we are aiming to provide support to ECRs, by aiming to host a series of engaging COVID-19 troubleshooting sessions via active discussions on our Facebook page. CREATErs will be asked what questions they would like us to post in these sessions, via a Twitter survey. Stay tuned for more details!

#### *Upcoming webinars:*

CREATE will host a series of relevant webinars over the coming year, starting with a webinar on the Person-Based Approach to Intervention Development. This approach outlines how

developers can acquire essential insights into how a given target population experiences and implements interventions, and provides a framework to identify the key characteristics that will make an intervention more meaningful and useful to those who engage with it. This approach has been successfully applied to the development of digital health interventions. This will be organised in the coming months and will be advertised accordingly on Twitter @EHPSCreators.

#### *CREATE pre-conference workshop 2021*

Our annual pre-conference workshops are an invaluable opportunity for ECRs to enhance their knowledge, research skills and network with other ECRs. Therefore, following the decision of the EHPS to hold its annual conference online next year, CREATE began planning an online workshop for CREATErs in 2021. In line with the most frequently suggested workshop topics by CREATErs in 2019, we are aiming to deliver a workshop on ‘Writing’. This will follow a slightly different format than our traditional 2-day duration. We will likely facilitate a series 2-hour sessions, each addressing a different style of writing. For example, grant writing, writing for publication, writing for lay audiences/ social media platforms.

Participation in activities of CREATE is open to all early career researchers working in the field of health psychology. To attend the workshops/webinars organised by CREATE, participants are required to become EHPS-Members.

To keep informed about the latest CREATE activities, follow us on Twitter @EHPSCreators and on Facebook @CreateEhps.

To join the CREATE mailing list, please subscribe via <https://ehps.net/network/>



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# Being virtually at the 34th European Health Psychology Society Conference

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Since September 2019, EHPS members had been looking forward to meeting again in Bratislava in 2020, but the COVID-19 pandemic necessitated a significant change of plans and the local organising committee must be commended for shifting their focus to 2022 and agreeing to two more years of preparations. EHPS members instead had the opportunity to meet virtually at the EHPS Online Scientific Meeting. This was my first online conference experience. I would like to share my reflections as a delegate and lessons learned for attending future virtual meetings.

I was impressed by the online conference setup. The EHPS team and EasyConferences managed three virtual meeting rooms to host keynotes, parallel sessions, and roundtables, among others, and even networking sessions. A really varied programme had been put together at presumably very short notice. A big thank you and congratulations to all involved in organising and running the online conference. Comments during the closing ceremony suggested that I am not alone in my gratitude for this opportunity to connect with colleagues far and wide after travel and socialising have become health risk behaviours.

I learned, however, that attending a conference virtually differs in many ways from previous conferences, even after having become quite used to webinars and video calls by the summer.

## Managing time and space

Travelling elsewhere to a conference means being removed from the office and everyday research activities. We naturally keep our diaries clear and set automatic email replies to tell people that we are away. Being at a conference is like being at a retreat discussing research ideas and making plans with colleagues, without the distracting expectations to comment on a draft or complete administrative tasks. Equally, conferences provide meals, accommodation and hopefully we have packed enough socks to manage without having to do our laundry.

Attending the EHPS conference from home, despite the conference announcement four weeks prior, meant I was at my desk and my diary was already full of meetings, work scheduled, and deadlines agreed. It meant I had to choose carefully which conference sessions I could join. Attending from home meant my conference participation would also have to fit around everyday tasks like preparing meals, laundry, and washing the dishes.

I met this challenge by turning my days back to front. I listened to keynotes and parallel sessions while sorting the laundry or emptying the dishwasher, struggling to take notes on others' intriguing research on the health impact of the pandemic. Although the steady stream of housework kept me moving, with sessions running back-to-back I struggled for opportunities to take my eyes off the screen or make a fresh pot of tea. I realised there is a benefit to having to change meeting rooms between parallel sessions when I attend conferences in person. After the conference sessions had finished for the day, I completed

research tasks that required my full concentration, often until late in the evening to keep up with my diary. Any conference has a busy schedule, but I usually find them energising rather than exhausting. Here are some things I will try at the next virtual conference:

- Set an automatic reply and respond to emails after the conference where possible; I have already had these from colleagues attending virtual conferences now

- Keep my diary clear for the conference days as if I was travelling (after discussion with my manager) and avoid doing two things at once

- Take notes in a word processor during talks, include screenshots of presented slides

- Stock up on conference style snacks—nuts and fruit, of course, rather than biscuits

- Have healthy but quickly prepared meals, maybe a takeaway meal as a treat

- Watch some sessions in a different room in my house or standing up; there are computer programmes that can be set up to prompt mini breaks away from the desk

- Carefully select which conference sessions to join and use breaks in the schedule to move around or have networking video calls

## Keeping in touch

I think the social aspect of conferences, like chatting to groups of colleagues over lunch or having a one-to-one in the poster session, are most difficult to facilitate virtually. Whenever I had joined the networking sessions during this year's meeting, I was on my own. However, I spent a highly enjoyable evening on a social video call that came closest to the social side of previous conferences. Long ago I was advised to be proactive about networking at conferences (e.g. email people to meet in advance), this seems even more important in a virtual setting. I am definitely not going to run into my next collaborator in my own

hallway! Some things I will try next time include:

- Check who is presenting or attending, and email people I would like to talk with in advance to schedule a one-to-one call during the conference week

- Contact presenters after their talks to discuss their work further

- Set up calls with colleagues I only get to see at conferences to have a coffee break and catch up

- Engage with conference activity on Twitter; this should actually be easier being sat in front of a computer anyway

- Join any WhatsApp groups, both for social or for academic chat, to stay connected

- Have a conference dinner with local colleagues (depending on physical distancing restrictions!)

## Conclusions

We are learning this year how virtual conferences can work for us. The EHPS Online Scientific Meeting was a success in many ways. We exchanged ideas and learned about each other's research when we might not have otherwise. Even the environmental benefits of not travelling must be considered. We stayed connected, but we may not have got to see as much of each other as we would have liked. As with all changes to usual practice, to make the most of them, virtual conferences may require some behaviour change. Perhaps some of my plans for future online conferences will be helpful to others.



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# The EHPS Conference in 2021 and beyond

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Our Society has expanded over the years, but not only in terms of its membership. We take pride in our influential journals, in CREATE and Synergy and their incredible contribution in achieving the goals of our Society, in the growing number of Special Interest Groups and their amazing work, in initiatives like “The EHPS in the UN” and the Practical Health Psychology Blog, which are just some of the many activities of our Society.

One of the first actions undertaken by the EHPS was the organization of an annual conference. Since the first conferences, in the mid-1980s, with only a few participants, a lot has changed. In recent years, our conferences have evolved to big scientific (and social) events with several hundreds of participants, coming not only from Europe but also from around the world. The great success of our conferences has contributed to EHPS becoming an organization with a global reach.

Of course, our annual conference is the place where scientific knowledge, new ideas, and novel approaches can be presented, evaluated and discussed. But it is not only that. Our conferences provide to health psychologists the opportunity to gather together, meet leading figures in the field and learn from them; old friends to meet again; new colleagues to develop bonds and networks and gain experience from our senior members; new ideas and collaborations to be developed. These features are the reason why our conferences are so important for our Society and its members.

## The future of EHPS conferences

In the last few years, several members of our Society have expressed their concerns about the environmental footprint of our conferences and have put forward some ideas of reducing it. For example, having a biennial conference, meeting in places where access by train is easier, supporting the organization of regional conferences, etc. These concerns have given rise to a wider debate on the future of our conferences. And in a rather unfortunate circumstance, a new pandemic struck the world this year and drastically affected the way conferences are organized. As a consequence, our regular conference this year was postponed and a much smaller online scientific meeting replaced it.

Despite the success of our online scientific meeting this year (77.5% of the participants, who completed the evaluation survey, evaluated it as “excellent” or “good”), it was not without significant limitations. For instance, 97.2% of the responders said that networking is a very or somewhat important aspect of our conferences but, at the same time, the majority of them (86.1%) reported that the online event did not provide relevant opportunities.

So, it seems that we are now at a critical juncture. Not only due to the pandemic which is still here and a second wave threatens most of the countries worldwide, but also because the need to develop more environmentally friendly policies and take relevant measures is apparent. In this regard, the Executive Committee of the EHPS decided, before making any final decisions, to ask our members’ opinion about future conferences. Our members got the opportunity to express their

thoughts, suggestions and opinions in an extraordinary Members' Meeting in late September 2020, as well as through a short survey.

## Outlook on the 2021 conference

Several ideas were presented at the Members' Meeting. As far as the conference in 2021 is concerned, most members expressed their concerns and warned against a regular, in-person meeting during the pandemic. The members focused not only on the health-related risks of travelling and not being able to keep social distancing, but also on the financial, ethical, and other aspects of the situation. We were informed that many universities across Europe (especially in UK and in Ireland) will not cover the costs for travelling and participating in conferences abroad for the entire 2021. Also, delegates from many countries in Asia and other parts of the world will not be able to travel to Europe for the next 6-12 months due to the pandemic. For these reasons, it was advocated by many that our next conference was held either online or in a hybrid way (i.e., both in-person and online). However, several members warned about

the great organizational efforts and expensive equipment needed for a hybrid conference.

As far as conferences in the future are concerned, members discussed two major options: the organization of meetings in a hybrid way, but after careful planning and preparation (e.g., with the use of hyflex equipment), and the organization of smaller, regional events with the support of the EHPS. Although the latter proposal was supported by several members, others expressed their concerns and doubts. Mainly, in terms of how much this would really promote our Society's aims (e.g., networking, bringing together people and ideas from all over the world), the multiple organizational efforts it would require, and the financial risk it would entail. Finally, several members underlined the need to closely collaborate with other international organizations in our field and discuss with them effective ways of using technology in order to more effectively promote our goals. It was a fruitful discussion which produced several ideas and suggestions to be processed by the Executive Committee.

Besides this extraordinary Members' Meeting, our members were also invited to respond to a short survey regarding future conferences. Ninety-

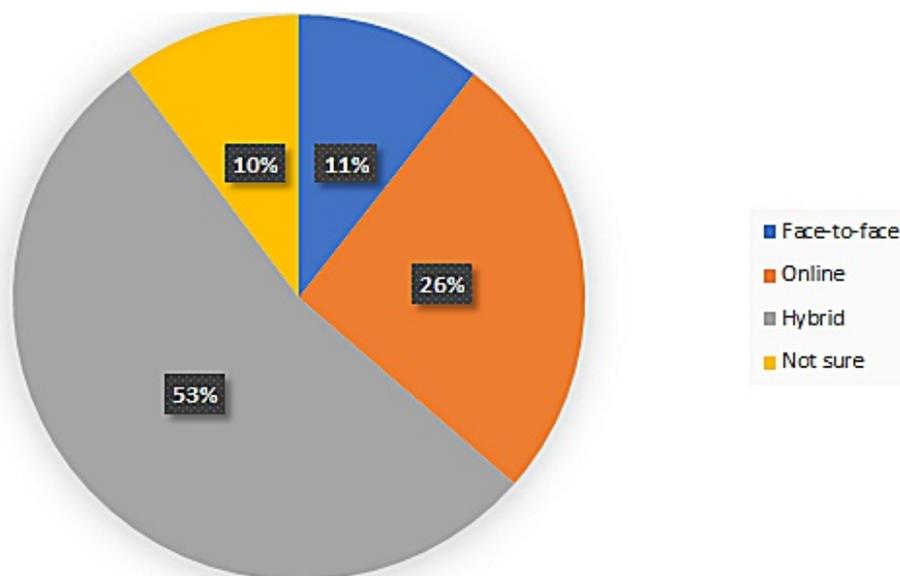


Figure 1. Participants' preferences for the type of conference for 2021.

nine members participated in this survey. Regarding the conference in 2021, more than half of the participants (51.02%) said they were not sure they would attend an in-person conference next year, even if there were no recommendations against face-to-face meetings and travelling abroad. The risk of infection during travelling or at the conference were reported as the major reasons for this reaction. Also, 10.53% stated that they would prefer an in-person only conference, 25.86% would prefer an online only conference, and 53.45% a combination of online and in-person conference (i.e., a hybrid one). In explaining their preferences, the participants offered several reasons: the potential lack of funding, risk of infection, last minute changes in travel recommendations, or the general uncertainty of the times.

The results of the survey and the suggestions and thoughts heard at the Members' Meeting were thoroughly discussed by the members of the Executive Committee, who elaborated on all potential solutions regarding the 2021 conference, their pros and cons. The decision made was to organize an online conference for this year. This decision was conveyed and discussed with Prof. Radomir Masaryk, Chair of the Bratislava Organizing Committee, Prof. Robbert Saderman, Chair of the Scientific Committee, and Mr. Petros Stratis, Easy Conferences CEO. We are currently working together with Easy Conferences so as to find out the best possible solutions that will ensure an interactive and pleasant online conference at a reasonable cost.

At this point, we would like to express our gratitude to the Organizing and the Scientific Committees of the Bratislava Conference, Easy Conferences, and especially Prof. Radomir Masaryk, for their commitment in promoting the goals of our Society and their efforts to deal with the unforeseen difficulties and the restrictions imposed by the SARS-CoV-2 pandemic. Their contribution is greatly appreciated. We sincerely hope that we will all meet again (in-person) in Bratislava in 2022.

## EHPS conferences 2022 and beyond

Regarding future conferences and the possibility of having a biennial conference and smaller regional meeting in the meantime, participants' opinions were rather divided. The proposal was not clearly rejected, but it was not widely accepted as well (see Figure 2). According to the responses, the main reasons for having a biennial conference are:

- increased sustainability and reduced environmental footprint;
- sharing more complete research compared to yearly conferences;
- reduced costs for travelling and accommodation;
- would promote health psychology at a local level.

On the other hand, the main reasons for keeping an annual conference are:

- regional conferences will not promote the diversity of the themes and topics presented;
- biennial and regional conferences will not promote networking;
- biennial conferences will reduce the opportunities for establishing bonds among colleagues coming from different parts of Europe and the world;
- annual conferences promote engagement with the Society and friendship between its members.

In addition, some more interesting ideas were offered. For example, the idea to add an online option to our regular conferences; use virtual reality in future online conferences; a warning that hybrid conferences may lead universities to the decision to cover the expenses only for online participation which will diminish actual interaction and networking and thus increase inequality between richer and poorer universities/countries in the long run. This valuable input will be taken into serious consideration by the EC which, in collaboration with the EHPS subdivisions, will come

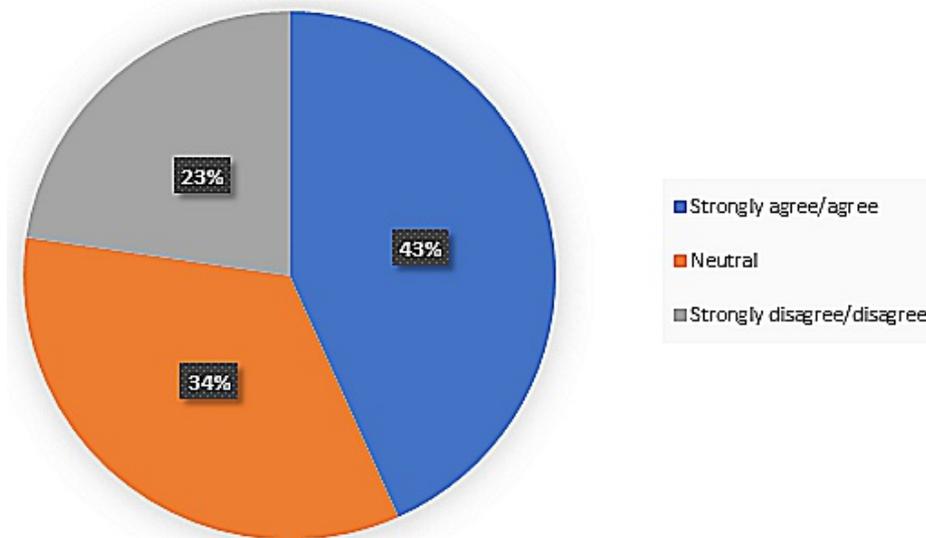


Figure 2. Participants' degree of agreement on a biennial conference.

up with specific proposals that will be submitted to the members of our Society for approval, in one of our next Members' Meeting.

Over the years, our Society has set a number of fundamental goals. That is, to encourage empirical and theoretical research in health psychology, facilitate the interchange of information related to health psychology, and promote networking. We hope that our future conferences will contribute to achieving these goals as effectively as in the past and perhaps even more so. In this respect, our members' support, your support, is invaluable and something that we definitely count on!

Evangelos Karademas  
EHPS President



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# Exploring views and recommendations from travellers and their representative officers about components of an acceptable digital medication adherence intervention: A Patient and Public Involvement exercise

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## Introduction

Gypsy Roma Travellers (GRTs) are significantly more likely to have a Long Term Health Condition (LTHC) and suffer poorer health than the general population. Their life expectancy has been estimated to be between 10 and 12 years less than the general population (Lane, Spencer & Jones, 2014). Within the UK there are officially 58,000 GRTs (Office for National Statistics, 2014), although the true figure is probably significantly higher (Rhodes, 2005), as many GRTs do not disclose their status for fear of discrimination (Heaslip, Hean & Parker, 2016). The National Institute for Health Research also highlighted the need to engage traveller communities in health improvement interventions (Carr et al., 2014).

Medication non-adherence is very common among patients with LTHCs (Kleinsinger, 2018). Adherence presumes an agreement between prescriber and patient about the prescriber's recommendations (NICE, 2009). In England, more than 15 million people have a LTHC, which is defined as *–one health condition that generally lasts a year or longer and impacts on a person's life* (NICE, 2020).

According to a World Health Organisation (WHO) report, inadequate medication adherence averaged 50% among patients with chronic diseases/LTHCs (Sabaté, 2003) and represented a significant problem that led to increased morbidity and mortality, as well as increased healthcare costs (Cramer et al, 2008; Col, Fanale & Kronholm, 1990). Increasing awareness about adherence to prescribed medications to manage LTHCs can be very important, as these conditions are by far the leading causes of morbidity and mortality (Simon et al., 2011; WHO, 2005).

To address this issue, there is increasing interest in the use of digital interventions to support medication adherence and improve self-management of treatments (Patel, Jones, Adamson, Spiteri & Kinmond, 2016; Morrison et al., 2015). Several recent reviews (Armitage, Kassavou & Sutton, 2020; Kassavou & Sutton 2018) also demonstrated positive effects of digital medication adherence interventions on patients' adherence. Various studies have also indicated that interactive voice response and SMS (Kassavou et al., 2020) foster medication adherence through telephone-delivered education and interactive reminders can improve medication adherence in patients with diabetes (Arora, Peters, Agy & Menchine 2012; Lyles et al., 2013; Williams, Lynch, Knapp & Egede, 2014). These digital health strategies provide interactive communication that is timely and

patient-centered (Conway & Kelechi, 2017). However, no literature was found related to digital interventions to support medication adherence for the GRT community.

In terms of adherence to prescribed medications in the GRT population, very little information was found. For instance, a review report (Cemlyn et al., 2009) demonstrated that literacy problems within the community greatly increase the risks of changing the dose (e.g. accidental overdose, inappropriate dosage) or not taking their prescribed medication (e.g. giving anti-depressants to others). This issue links with health literacy, which is defined as - *the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions* (Institute of Medicine, 2004).

Overall, no literature was found related to exploring views about a digital medication adherence intervention in the GRT population. Thus, to explore this area initially, a Patient and Public Involvement (PPI) project was set up with a group of travellers and their representatives from key voluntary and statutory sector agencies in the district and the County Council (hosted by the district council, for more information, please see: South Cambridgeshire District Council, 2010) in the East of England to inform future research about medication adherence in the GRT community. This project aimed to explore views about barriers regarding medication adherence and to generate recommendations regarding potential components of a digital intervention.

## Method

Face-to-face recruitment of the GRT participants (n=6, 2 males, 4 females) was conducted through word of mouth of a community nurse. These participants were provided financial incentives (i.e. a £10 voucher to each) to take part in interviews.

Interviews (10-20 min approx.) were conducted at a community hall during drop-in sessions, using a semi-structured interview guide (box 1). One of the purposes of the interview guide was to obtain views and recommendations about potential components of a mobile application which they think would suit their needs and how that will support them to adhere to their prescribed medications. The participants had various types of LTHCs, e.g. chronic pain, hypertension, diabetes and asthma. During interviews, participants were shown images related to most of the questions asked (box 2).

Five representative officers were interviewed (3 via phone call and 2 via face to face) using a semi-structured interview guide (box 3). These representatives particularly provide support to the GRT population related to reading and writing letters related to domestic/household activities, finding any required information via telephone, making and attending health care appointments, exploring job opportunities, accessing benefits as well as health care and schooling. Each interview was 20-40 minutes long. Interviews with both groups were conducted by a behavioural science researcher (KA), recorded on a digital voice recorder with participants' permission and transcribed by a trustworthy transcription service.

## Analysis

Thematic analysis, using a deductive approach to identify patterns and themes across the data set (Braun & Clarke, 2006) was applied to analyse the data emerging from the interviews. The transcripts were read through several times by the first author to obtain a good sense of the entire data followed by the co-authors, who independently noted emerging patterns in themes, on which there was a close agreement.

### Box 1 – GRT participant interview guide

1. Could you tell me what prescribed tablets you are taking nowadays?
2. Could you tell me about your current routine of taking prescribed tablets (e.g. morning, afternoon, evening)?
3. Do you sometime forget taking them, if yes what might be the reason/s?
4. Do you have smart phone, if yes, do you use an app regularly?
5. If yes, looking at page 1 - top 3 images of medication, which one image you would prefer to see in your medication reminder app and why?
6. Looking at page 1 - bottom 3 images, which one image you would prefer to see in your medication reminder app and why?
7. Looking at page 2, which reminder notification messages you would prefer to receive and why?
8. Page 3 – which monthly calendar you would prefer and why?
9. Page 4 – blank space – what other messages/information or anything else you would like to receive in your app message, please draw or write or explain (if participants cannot write, then researcher can write them down)?
10. What benefits you can think of using an app like this?
11. What concerns comes in your mind by using an app like this?
12. Would you accept a recommendation from your nurse to download an app like this?
13. If yes, what makes you think to accept these recommendations?

### Box 2- Images used with the interview guide for the GRT participants

#### Page 1: Images of medications



Box



Pill packet

Image source: <https://www.euroclinix.net/en/high-blood-pressure/lisinopril>



Box and pill packet

Image source: <https://www.tbouktd.com/products/lisinopril-tablets/>



Symbol of pill/capsule etc



Upload your own photo of medication

No image

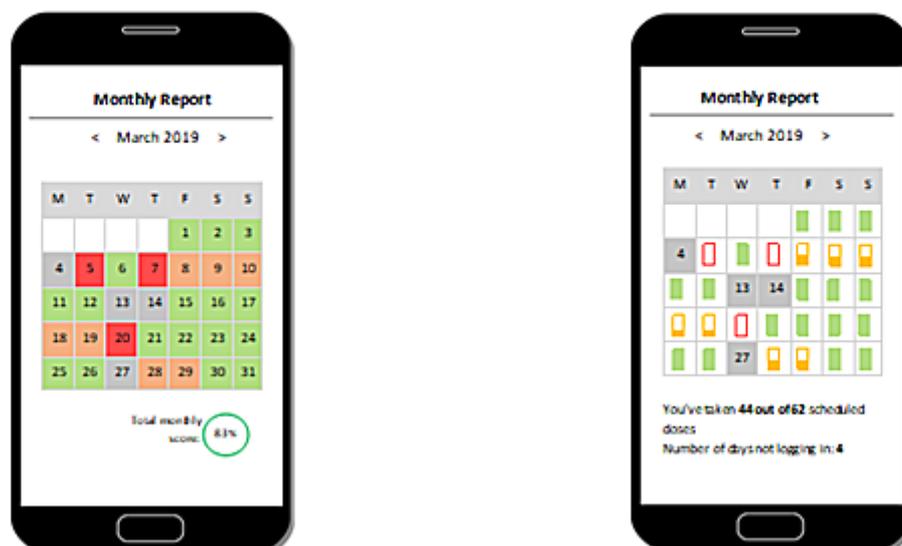
### Page 2: Reminder notification messages

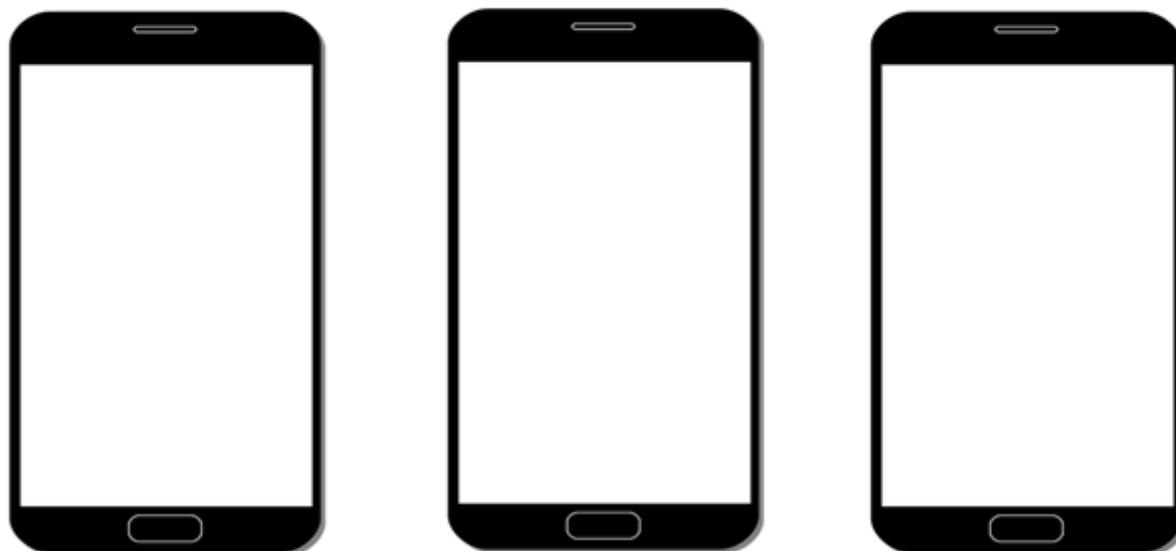


Image source: Screenshot from Mj:MedSchedule app

<https://play.google.com/store/apps/details?id=com.medactionplan.mjmedscheduleplus&hl=en>

### Page 3: Feedback of doses taken – Monthly calendar



**Page 4: Blank images****Box 3 – Traveller representative officers' interview guide****General questions:**

1. How long have you been working with travellers?
2. What is this population's general lifestyle? Probe related to schooling in childhood, socio-economic status (e.g. jobs, education levels, source of income etc.)
3. What issues they face in day to day life based on your experiences of working with them? Probing (can you provide more information or examples about each issue in bit more detail, e.g. health inequalities etc...)
4. How many people (e.g. majority or minority) are diagnosed roughly with long term health conditions?
5. What are those conditions based on your experiences?
6. What age groups are normally diagnosed with long term health conditions?

**Specific questions:**

1. How usually people remember taking those prescribed medications?
2. Are there any barriers adhering to the prescribed medications? If yes, what are those barriers/issues/challenges you have come across from this community? Probe- any beliefs affecting taking medications....
3. How familiar this population is (who use prescribed medications for long term health conditions) in terms of using or being familiar with technology.
4. What kind of approach you would recommend to support these people to take their prescribed medications? Probe – as you mentioned that some people use app like....., what kind of app would be suitable for this population (with no/lack of reading and writing skills) and how it could be facilitated to them and by who?
5. Any other recommendations to support this population to take prescribed medications?
6. Anything you would like to add on?

## Results

The analysis of the data from all participants, revealed five themes (mentioned below). Please see all quotes related to themes in table 1 (supplementary file).

### 1-Barriers to adherence to medications

Participants mentioned various barriers to adhering to medications, including forgetfulness and literacy issues.

#### 1.1-Forgetfulness

Some participants (300081m, 300082f, Rep 2) described various reasons for not remembering to take medications. For instance, medications kept out of view, being concerned about family members' situations, confused/hectic lifestyle.

#### 1.2-Illiteracy/Low health literacy

In terms of low health literacy, one of the representatives pointed out that use of complicated words/medical terms in letters sent by healthcare services makes it very hard to understand the information by people who can only understand basic English. A similar issue exists during appointments to understand the provided information despite both parties speaking same language (Rep 3).

A major barrier to adherence seemed to be illiteracy among people with LTHCs. As mentioned by various GRT participants (300081m, 300083m, 300085f) that they are unable to read and write and images/symbols help them to understand any messages/information related to medications.

Sometimes, illiteracy can lead to life threatening and costly situations due to taking wrong medications, as described by one representative (Rep 4). Due to illiteracy some people seemed to identify their medications by the packaging colour rather than the names. They also seemed to have a lack of understanding of the reason for being prescribed medications if they had to take different types of medications for different purposes (Rep 4, Rep 5).

One of the other major barriers due to illiteracy was not understanding/knowing about the side effects, as participants seemed to be unable to read the leaflet provided with the medication. Therefore, they might start overdosing when in severe pain through thinking that taking more medications will relieve the pain quickly. Such situations can be life threatening. (Rep 5).

### 2-Facilitators to medication adherence

Younger family members often reminded the older ones (in the form of social support) because they knew the purpose and recommended timings of taking the medications (Rep1, Rep 3, Rep 5). Another strategy mentioned by a representative to remember taking prescribed medications was the 'dosette boxes', provided by the practitioners on request (Rep 4).

### 3-Suggestions for a medication adherence app

#### 3.1-Content

Participants (300081m, 300082f, 300083m, 300084f, 300085f, 300086f) provided suggestions related to the content of a medication adherence app that they would find helpful and was related to their needs (by looking at the images, box 2). All of them chose an image of a medication box (to appear in the reminder app) as it reminded them about their medications.

#### 3.2-Notification messages

Similarly, in regards to receiving notification messages, participants (300081m, 300082f, 300083m, 300084f, 300085f, 300086f) chose symbols of tablet/capsules and medication box image because such images were considered very helpful in remembering to take medications.

#### 3.3-Monthly calendar

In terms of receiving a monthly report related to medication adherence, participants were shown two images (Box 2, page 3). They chose the first image because it was colour coded (similar to a traffic light system), with green meaning doses taken and red meaning missed doses. Colour coding seemed to help them to understand the monthly report

(300081m, 300082f, 300084f, 300085f). However, one participant (300086f) preferred percentage of doses taken (rather than colour coding) as it could help her to re-order the prescribed medications based on what she required rather than ordering a full prescription.

#### 4. Benefits and concerns for using a medication adherence app

**Benefits:** A number of benefits of using a simple medication adherence app were identified by the participants (300081m, 300082f, 300083m, 300084f, 300085f), e.g. being informed to take prescribed medications at the right time regularly, useful for people with low health literacy and those who forget, save young family members' time to remind the elderly members and clicking on a symbol 'tick' on the app message (after taking medications) can be a motivational strategy for some people.

**Concerns:** Several concerns were expressed by participants (300081m, 300086f, 300084f), e.g. Wi-Fi issues, confidentiality issues, e.g. other people getting access to their information and not having knowledge/understanding about using apps.

#### 5. Other suggestions/approaches

Participants (300081m, Rep 1) also suggested that a basic medication adherence app consisting of a medication box image with time or video-based messages would be easy to understand due to low reading skills. One of the representatives (Rep 4) highlighted an important issue of disseminating the information related to a medication adherence app among this population. Increasing awareness about the medication adherence app's accessibility may help people to download it. Furthermore, it was suggested (Rep 4) that leaflets should be designed with simple instructions about how to download the medication adherence app. Such leaflets could be provided by the practitioners to take home, and family members (or other people) could help patients to download the app.

Other suggestions were a) to use a voice activated system in the app to provide responses

(as on Google) to increase engagement b) to conduct a feasibility trial in this population to test an app designed to meet the needs of this population (Rep 4). In terms of the content of the app, it was suggested to add names/pictures of medications and prescribed timings of taking such medications related to users' daily activities/tasks (Rep 5).

Similarly, another participant (300082f) suggested that a reminder message appearing on the phone in the form of a sound alarm with flashing pictures of medications would be easy for people (with low/limited reading skills) to understand. People seemed to know their medication boxes and seeing a picture of those boxes would remind those who forget to take their medications.

Furthermore, one representative (Rep 2) suggested that sending simple and short text messages could be useful for those people who only have a basic mobile phone and very limited reading skills. She emphasised the importance of demonstrating and practising the procedure in detail, so that they understand and know what to expect. Spending time to help them understand the content of the message (e.g. what it will look like) will help them understand the importance of taking prescribed medications and will more likely meet their expectations when they receive the text message.

Representatives (Rep 1, Rep 2) described various other approaches to support people taking prescribed medications. For instance, health care professionals can provide informational support tailored to patients' understanding and needs and emphasise the importance of taking medications as prescribed. In terms of sending medication reminders via text messages, it is important to check that they match participants' level of reading skills, and to ensure that they understand the messages.

An important point raised by one representative (Rep 3) was that individualised and tailored

approaches might be more effective than a generic approach. For example, for some people, setting an alarm might work due to its sound. For others, drawing pictures of the moon and sun to represent day and night time of taking medications could be helpful for those with reading difficulties (unable to read). Similar approaches were mentioned by other representatives (*Rep 4, Rep 5*), e.g. setting an alarm on mobile phones or wrist watches and using picture-based information to remind people to adhere to prescribed medications.

## Discussion

Participants' perspectives highlighted several barriers to medication adherence. Having low health literacy seemed to affect not only participants' medication adherence behaviour but also their health. Findings from previous studies show that patients' health literacy has a significant impact on patients' medication adherence (Mosher, Lund, Kripalani, & Kaboli, 2012; Osborn, Paasche-Orlow, Bailey & Wolf, 2011) and related health care utilization (Koh, Baur, Brach, Harris & Rowden 2013).

Poor health literacy increases lack of confidence and fear of being scorned for ignorance and makes it more difficult for patients to ask for clarification when explanations from practitioners are not understood. These difficulties appear to contribute to reduced compliance with prescribed treatments (Parry et al., 2004). Thus, a council report highlighted the need to consider any literacy difficulties in the GRT community (Hutton, 2011). In general, a systematic review assessed eHealth interventions targeting health literacy and found that the interventions using technology (compared to control interventions) reported significant outcomes or showed promise for future positive outcomes regarding health literacy in a variety of settings, for different diseases, and with diverse samples (Jacobs, Lou, Ownby & Caballero, 2014). In

another review (including some web-based interventions), findings demonstrated that health literacy interventions are more likely to be successful if they are theory-based, are multi-faceted and use person-centered operational components such as cultural appropriateness, tailoring, skills building, goal setting and active discussions (Stormacq, Wosinski, Boillat & Van den Broucke, 2020). In short, some of the effective components of digital interventions can be utilised to overcome health literacy in the GRT community.

In terms of designing a simple medication adherence app, participants suggested using a picture of medication boxes and a colour-coded monthly calendar. In addition, they also provided other suggestions to address the issue of poor health literacy, e.g. sound alarms, picture of medications with sound, voice activated app and design the app tailored to people's needs. Some of these suggestions are also supported by a council report (Hutton, 2011), in which a study conducted in Scotland found that most Gypsy/Travellers would prefer information to be provided in audio/visual formats. Additionally, use of plain English is considered important to engage with this community. A report of the Department of Health (Parry et al., 2004) also suggested that materials (e.g. health service information) should be provided in the form of audiotapes or audio CDs for a population at severe educational disadvantage and with poor levels of reading skills. Similar information to tackle health literacy (via non-written formats) are provided in the policy implementation guidance for healthcare practitioners on working effectively with Gypsies and Travellers (Travelling to Better Health, 2015).

In terms of using a medication adherence app in the future, participants also mentioned various benefits (e.g. increase awareness to take medications, send reminders) and concerns (e.g. fear of other people holding information, Wi-Fi issues). These findings (as well as various components related information, e.g. content and

format) can be useful for future research to take into consideration when designing a simple medication adherence app.

The analysis has highlighted some important barriers related to medication adherence and overcoming strategies for the GRT population. The findings from this project can increase awareness among researchers, policy-makers, public health physicians and clinicians to provide support to this population related to medication adherence. No qualitative study was found in the literature search related to this area. Participants' suggestions are a valuable addition to the literature and to improving current services particularly related to medication adherence interventions for populations with poor health literacy. It is recommended that, when developing interventions, it would be helpful to consult and collaborate with those already working effectively in the GRT community, to ensure that work is carried out in a consistent and flexible manner, to provide top-down support in order to promote a consistent response to the GRTs' needs (Hutton, 2011).

Overall, the strength of this project lies in its qualitative methodology, e.g. use of interviews was potentially more beneficial in terms of maintaining the privacy of individual health issues and suggestions as well as gaining richer data in comparison to quantitative methodology. In terms of limitations, it is important to note, that representatives provided more in-depth information based on the questions asked in comparison to the GRT participants, thus results seemed to be dominated by the representatives' perspectives. GRT participants seemed to be hesitant to talk to provide in-depth information, probably due to literacy issues/lack of knowledge. This project was conducted for PPI purposes (with a small number of participants) rather than for research. Thus, it is recommended that a more comprehensive qualitative research project be undertaken in the future.

Overall, the current project provides distinctive

information related to medication adherence barriers and recommendations related to a digital intervention from the traveller PPI group, which require attention. It is important to explore these findings further via more comprehensive research followed by implementing a feasible, tailored and culturally sensitive digital intervention to support medication adherence for this population. Involving multiple agencies (e.g. healthcare, social, education and council services) in such interventions could be very useful in terms of increasing awareness about such health behaviour related issues. In terms of service improvements, there is a need to improve access and services for the GRT population as well as improving the cultural competence of health service staff.

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# Introducing the new EHPS Executive Committee Members 2020-2022



**President: Evangelos Karademas (Greece)**

I am a Professor of Clinical Health Psychology at the Department of Psychology, University of Crete, Greece. For more than a decade, I served as the Head of the Counselling Center for Students at the University of Crete. I also served as Head of the Department of Psychology, University of Crete for two years. I currently collaborate with the Foundation for Research and Technology – Hellas (FORTH), the University of Crete Medical School, and the Faculty of Nursing at the University of Athens. I am also actively involved in the activities of local associations for the support of patients suffering from cancer.

I have been a member of the European Health Psychology Society since 2002. I have helped in the organization of several EHPS conferences as a member of the Scientific Committee or as a Track Chair, and I was the Chair of the Organizing Committee of the 25th EHPS Conference in Crete. I served as a co-opted member of the EC (National Delegate Officer) for two years. In 2018, I was elected an Honorary Fellow of the Society. My research interests include patient adaptation to chronic illness, the role of stress and related factors in health and illness, individual differences in health, self-regulation and dyadic regulation.

I am deeply honoured to serve as the President of EHPS. My priorities for the next two years will be to strengthen of the international reach of the EHPS, enhance the collaboration with national and international health psychology societies/organizations, and promote the development of

new activities and actions that will bring our members closer to EHPS.

Also, I feel that I am a lucky person as there is an excellent group of members in the EC who I am sure will make every effort to promote the interests of the Society with many new ideas and lots of work and effort.



**President Elect: Wendy Hardeman (UK)**

I am Professor of Behavioural Science at the School of Health Sciences, University of East Anglia (UK). My research programme focuses on the development and evaluation of theory- and evidence-based behaviour change interventions, targeting a wide range of behaviours including physical activity, medication taking and delivery of evidence-based care. They span very brief interventions, group-based and digital interventions. I co-authored the Behaviour Change Technique Taxonomy v1 and the UK Medical Research Council guidance on process evaluation of complex interventions.

The EHPS has been a continuous and positive presence throughout my academic career. I have met many good friends and future collaborators ever since my first EHPS conference (Florence, 1999). I chaired the Scientific Committee of the EHPS/British Psychological Society Division of Health Psychology 2016 conference in Aberdeen, Scotland. I thoroughly enjoyed working with a capable and enthusiastic Scientific Committee, Organising Committee, Easy Conferences, the Executive Committee and Synergy. Being an EHPS

member has been very beneficial for my career and I'm keen to give something back.

The EHPS is a thriving society but currently faces global challenges, like all of us, in adapting to Covid-19 and future pandemics, and trying to reduce our carbon footprint. The EC is there to serve all its members; as President-Elect I am keen to build on current initiatives and work closely with the EC and our members to generate innovative and wide-ranging solutions. Covid-19 presents huge challenges for our annual conference and face-to-face activities, but also opens up exciting new opportunities to connect members and increase reach and engagement. Expansion of online activities focusing on professional practice, research and policy could increase our reach, particularly among PhD students, early career researchers and members from developing countries who often lack funding to attend conferences. I am passionate about mentoring to support career and personal development and keen to help develop an online EHPS mentoring scheme, including high-quality mentoring training. Global challenges need global responses and I would work hard to maintain a strong role of the EHPS in the UN as we have much to contribute.



**Past President: Vera Araujo-Soares (Portugal)**

I am Professor of Health Psychology & Planetary Health at the Faculty of Behavioural, Management & Social Sciences, University of Twente, The Netherlands. I have been a member of the EHPS since 1996. Being a member of this society provided me with many learning and growth opportunities, giving back seemed to be the right thing to do. I have contributed in many capacities within the EHPS (Create, Synergy) and in previous incarnations of the EHPS EC (2006-2010). I was involved in the organization of several EHPS conferences (as a liaison officer), thus shaping and

steering the field of health psychology. My commitment to the concept of One Health and Planetary Health has invigorated the activity of EHPS-UN committee leading to the incorporation of the UN-led Sustainable Development Goals into mainstream EHPS activities, and recently resulted in increased contributions of the EHPS in the Psychology Coalition UN (PCUN), an umbrella platform for psychological organizations. For the first time this year at the Psychology Day at the United Nations we had a health psychologist speaking to an UN audience of 2780 participants. I was very proud to facilitate the dissemination of our scientific field. I have now been invited to be the Vice President for Regional Affairs of the Psychological Coalition of Psychological Societies with a seat at the United Nations (PCUN).

During my EHPS presidency, that ended this past summer, and with the collaboration of all the EC, I have invested heavily in (amongst other things):

*1. Increasing our society level of professionalization and sustainability, by:*

a. Transferring all Internet domains and maintenance of our webpages and dealings with membership renewals to 'Easy Conferences';

b. Creating a savings account in order to assure preparedness for a potential conference cancellation/postponement;

c. Revising our bylaws to assure these reflect current functioning procedures and protects the society's core values and aims;

d. Adopting and disseminating a Code of Conduct for all EHPS that protects our members from harassment or bullying by other members (thanks to the UKSBM);

*2. Increasing the translational focus of the society, by:*

a. Actively attending monthly meetings in New York (remotely) with the Psychology Coalition at the United Nations (<https://psychologycoalitionun.org/>) on behalf of the EHPS UN Committee.

b. Supporting the developing and dissemination of an EHPS grant that allows members to bring a stakeholder, practice or policy partner, member of the public, to attend our EHPS conference. This also aims to start the discussion on Public Involvement in research.

c. In order to increase the visibility and legacy of our society discussions were initiated on the potential to organise local events (at book and or café shops) sponsored by the EHPS to target topics of interest for the populations.

3. *Placing the Climate Emergency in the agenda of Health Psychology, highlighting HP role on sustainability and planetary health, by:*

a. Creating a committee to investigate our society's carbon emissions. The aim is to assure that, as a society, we do all in our control to support the action for Climate Emergency by engaging with our members in generating solutions.

b. Requiring that members ascribe the scientific content of their abstract to one of the United Nations Sustainable Development Goals in order to collect data on the knowledge created. This is crucial for the EHPS UN Committee as it will allow them to identify experts in the area that can contribute to research dissemination papers to submit to the UN and its specific agencies.

As a society we face many challenges brought by climate change. I believe that our scientific field develops and produces knowledge and expertise that can be used to reach the UN Sustainable Development Goals. I plan to continue to work on placing the Climate Emergency in the agenda of Health Psychology and on disseminating the knowledge we create on behaviour, behaviour change and its maintenance, widely.



**Secretary: Noa Vilchinsky (Israel)**

My name is Noa Vilchinsky. I am an Associate Professor in the Department of Psychology at Bar-Ilan University, Israel, and the Head of the Psycho-cardiology Research Lab. I am also a certified rehabilitation psychologist and for many years I have been working with patients coping with cardiac diseases. My research focuses mainly on the following subjects: Psycho-cardiology, caregiving, and dyadic coping. I am eager to understand how patients' and caregivers' personality characteristics, spousal relationships, and cultural backgrounds contribute to patients' and partners' outcomes.

EHPS has played a major role in my career as well as in my life in general. I have attended the annual conferences since 2006, discovering a vast world of knowledge, first-rate science, and friendship. Many of my international cooperation endeavors were made possible thanks to the EHPS network. In 2014, I was fortunate to receive (together with Prof. Tracey Revenson, USA and Prof. Val Morrison, UK) the EHPS networking grant. This grant paved the way for the publication of our book: Revenson, T.A., Griva, K., Luszczynska, A., Morrison, V. Panagopoulou, E., Vilchinsky, N & Hagedoorn, M. (2016). *Caregiving in the Illness Context*. Hampshire, England: Wiley. In 2018, Prof. Morrison and I, together with two other EHPS members, Prof. Mariet Hagedoorn and Prof. Robert Sanderman, won the prestigious HORIZON 20/20 grant for our CAREGIVING project.

Wishing to "pay it forward," and to be a contributor to EHPS myself, I became more and more active in presenting, chairing, track chairing, abstract reading and participating in award committees. In 2016, I was nominated to be Israel's national delegate, and I also took on the role of Hebrew-language editor for the EHPS PHP blog. In 2017, I served as the co-chair of the Scientific Committee for the 31st EHPS annual

conference held in Padua, Italy.

I feel that it is time for me to step up and make a bigger contribution as an EC member. As secretary, I would work closely with the president and the other EC members to strengthen the EHPS and turn it into an even more important player on the global health scene. As I am also a clinician, I would like our society to become home to many more clinicians – those for whom research is not necessarily a main line of interest but who could greatly benefit from attending the EHPS conferences and learning about state-of-the-art evidence-based practice.



**Treasurer: Jutta Mata  
(Germany)**

I am a Professor of Health Psychology in the Faculty of Social Sciences at the University of Mannheim, Germany, an associated research scientist at the Max Planck Institute for Human Development, Berlin, the Mannheim Centre for European Social Research, and the University of Lisbon, Portugal. My main research topics include understanding the role of individual, social, and environmental factors for the promotion of health behaviors and the effects of health behaviors on well-being. I am also interested in the use and effects of mHealth and online social networks for health behaviors. Recently, I have started to examine health-related stigma and the health of migrant populations.

I attended my first EHPS conference in 2006 and have attended many EHPS conferences and Synergy meetings ever since, not only presenting or organizing symposia and roundtables, but also serving as conference track chair. I am a member of the Editorial Board of Social Science & Medicine and am or have been part of the scientific advisory board of several organizations, including the Network for a Healthy Start at the Federal Ministry of Nutrition and Agriculture in Germany, the German Federal Institute for Risk Assessment, and

the Family Health Study of the biggest German health insurance.

I want to contribute to the EHPS by making sure that the EHPS finances are on track, payments are correct and transferred, and writing the financial reports. Also, I would like to get more involved in the EC in general and contribute to its decisions and development concerning current issues, including but not limited to sustainability, digital health, and open science.



**Membership Officer: Julia Allan (UK)**

I am a Chartered Psychologist and an HCPC Registered Health Psychologist with 15 year's experience of working in Health Psychology. I am currently a Senior Lecturer in Health Psychology at the University of Aberdeen in Scotland. My research focuses on health behaviour and behaviour change and in particular on; (1) patterns in health behaviours over time (e.g. diet, activity, stress, fatigue, wellbeing etc.); (2) behavioural control (e.g. how people stick to diets; adhere to guidelines etc.), and (3) how systems and environments can be modified to change behavior and improve health outcomes. In addition to research, I am currently the director of the University of Aberdeen's MSc Health Psychology programme.

I am a full member of the EHPS and regularly attend and present at the annual conference. I have spent the last two years as the Chair of the British Psychological Society's Division of Health Psychology Scotland (DHPS) and remain on the committee as past chair. Over the period of my involvement with DHPS, I worked with committee members on several successful initiatives themed around the issue of obesity to raise the profile of Health Psychology with policy makers, healthcare organisations, third sector organisations and other bodies (e.g. Food Standards Scotland). I also

worked with the committee to deliver varied CPD training and to better support career development in early careers members.

I am keen to play an active role in the work of the EHPS committee and will take on responsibility for trying to increase membership of the Society and for further promoting the work that Society members do.



**Grants Officer: Sabrina Cipolletta (Italy)**

I am a Professor at the Department of General Psychology of the University of Padova, Italy. Here, I teach the social psychology of health and lead a laboratory for research and intervention in health psychology, called Psymed. My research targets illness experience and caregiving, but also online communication and support in health psychology, mainly within a constructivist perspective. I am also a psychotherapist and I am passionate, both about research and clinical practice, because I strongly believe that reciprocally one feeds the other. First as a delegate for the internationalization of my department and then as the Chair of the international Bachelor Degree in Psychological Science, I am committed to promoting international enterprises.

My first EHPS conference was in 2009 and since then I have been attending conferences almost every year. This allowed me to taste the vibrant and democratic atmosphere of the Association and I finally entered into the very core of its world by organizing the 2017 EHPS conference in Padova. I also served as a member of the Synergy Committee and since 2018 I have been an EC member and the National Delegate (ND) officer of EHPS.

As a National Delegate officer, I have contributed to enlarge the participation of other European and non-European countries to EHPS. I have worked for creating new networks and reinforcing the existing ones among EHPS members'

universities and with different scientific societies. I would like to go on in this venture of extending EHPS borders and contributing to construe a more comprehensive approach to health psychology. Openness, inclusiveness, and engagement are the key words of the vision I have shared with NDs. I would like to go on promoting collaboration among EHPS members through the active participation of each member, which also takes into account of the difficult challenges we are facing in the current situation of COVID-19 pandemic. I want to add an invitation to humanity, respect and understanding in order to promote this collaboration.



**National Delegates Officer: Dominika Kwasnicka (Poland/Australia)**

I am a Research Fellow at University of Melbourne in Australia and at SWPS University of Social Sciences and Humanities in Poland. The overarching aim of my scientific work is to advance psychological theory of behaviour-change maintenance and to design, implement, and scale behavioural interventions to improve population health. My research makes three key contributions to the field of Health Psychology, by: (1) Integrating theories of behaviour-change maintenance, investigating key predictors of maintained health behaviour-change; (2) Testing and advancing these theoretical predictors in systematically-developed studies and evidence-based interventions focusing on diet, physical activity, and weight loss maintenance; (3) Contributing to the development of novel research methods employing upcoming designs such as within-person studies using emerging technologies. Examples of novel behaviour-change studies that I co-designed and led include the PATHS study - an online intervention in frontline healthcare professionals ([www.paths.org.au](http://www.paths.org.au)), and the Aussie-FIT physical activity intervention delivered in Australian Football League clubs

([www.aussiefit.org](http://www.aussiefit.org)).

I collaborate with world leading researchers, including academic colleagues from the UK, the Netherlands, Finland, the US, Portugal, Poland, France, Germany, and Australia. I have secured funding and delivered international research projects (e.g., weight loss maintenance RCT in Poland, funded by European Union structural funds and N-of-1 study in alcohol users in Scotland, funded by Alcohol Research, UK) and co-authored several collaborative publications, presented my work at national and international presentations and invited international talks. I also teach within-person methods and provide consultancy to fitness agencies and digital health organisations (e.g., Mental Health Commission, Western Australia).

Since 2010, I am an active member of EHPS. I received the Stan Maes Early Career Researcher Award (2019) and the Herman Schaalma Award (2016) acknowledging my Health Psychology research and contribution to the EHPS. I am a Head Editor of the Practical Health Psychology Blog ([www.practicalhealthpsychology.com](http://www.practicalhealthpsychology.com)), an online international publication informing practice, translated to 28 different languages. I am also one of the leaders and creators of the new innovative initiative called Open Digital Health, affiliated with the EHPS, aiming to promote dissemination of digital health tools following the principles of openness and reuse of existing digital resources ([www.opendigitalhealth.org](http://www.opendigitalhealth.org)). I was a Liaison Officer and grant reviewer and a Chair for EHPS Synergy. Previously, I was also a member of EHPS eCourses organising committee and CREATE Organising Board. I served on editorial boards of the European Health Psychologist, and Health Psychology Bulletin. I am also an active and regular participant of EHPS conferences and Synergy meetings; I presented my work at EHPS conferences and have served as session chair for oral and poster presentations. I served as a member of EHPS Scientific Committee twice. I have co-delivered pre-conference workshops on N-of-1 design and led on

a collaborative publication which resulted from the workshop. I also serve as a reviewer for EHPS journals. I am looking forward to continuing to contribute to the dynamic work of the EHPS, providing enthusiasm and support to the Society Executive Committee activities.

# EHPS Award winners 2020

## Fellowship Award winners



### **Professor Anita DeLongis (Canada)**

Anita DeLongis is a Professor of Psychology at the University of British Columbia, where she serves as coordinator of the programme in health psychology and of the graduate programme. She received her PhD from UC Berkeley under the supervision of Richard S. Lazarus. Her research focuses on stress, coping and social support, with a particular focus on daily stressors or “hassles”. She has most recently examined daily stress experiences as a precursor of sleep disturbance in emergency medical personnel and divorce in stepfamilies. She has extended her work to increase understanding of those coping with chronic illness, such as those living with rheumatoid arthritis or cancer, and those parenting a child with a life-threatening illness. She has put forth a model of relationship-focused coping that examines the role of empathic responding and support provision in responding to global pandemics, and is currently engaged in research on the impact of the COVID-19 crisis.



### **Dr. Ari Haukkala (Finland)**

Dr. Ari Haukkala has been active in health psychology research since the 1990s. As one of the leading PIs in social and health psychology in Finland, he has worked in numerous areas and trained a number of students to become active, influential scholars in the field. His research interests have spanned various areas, from smoking prevention and psychosocial factors in chronic

diseases and related behaviours such eating behaviours, to more recently to psychology of genetic testing and digital interventions for health. Dr. Haukkala has been highly influential in bringing up a new generation of health psychology researchers in Finland. He is co-director of the Behaviour Change and Wellbeing Research group ([www.bit.do/bcwb](http://www.bit.do/bcwb)) at the University of Helsinki. Currently he is Fellow (2019-21) at the Helsinki Collegium for Advanced Studies at the University of Helsinki. His current projects examine the psychosocial and behavioural outcomes of delivering polygenetic risk information for coronary artery disease and type 2 diabetes and improving home dialysis treatment with new technology among dialysis patients.



### **Associate Professor Karen Morgan (Ireland)**

Karen Morgan is currently the Deputy Dean at the Perdana University Royal College of Surgeons in Ireland School of Medicine in Kuala Lumpur, Malaysia. She has been a member of EHPS since 2004 when as a first year PhD student she attended a CREATE workshop and the EHPS conference in Helsinki. Since 2004 she has been Chair of CREATE, Chair of Synergy, EHPS Secretary and EHPS President. Her research interests include ageing, women's health and the health of vulnerable populations. Karen's work has been used to guide National policy and practice in Ireland and she has represented the Irish Department of Health on European projects. Since 2017 she has chaired the Psychology Judging Committee for the Global

Undergraduate Awards. In Malaysia she is working to build capacity in Health Psychology by facilitating the provision of training to a wide range of groups including healthcare professionals, students and members of the public. She is also working with a team who are adapting and creating methods of data collection that are culturally relevant for the Asian context.



### **Associate Professor Efrat Neter (Israel)**

Efrat is an Associate Professor at the Ruppin Academic Center in Israel. Her research focuses around examining the role of eHealth literacy in digital health and changing health behaviors on a population level. She has worked continuously on country-wide cancer prevention programs of breast and colorectal early detection, initiating large, population level effectiveness interventions to enhance screening. Moreover, the continuous translational work yielded impact in terms of increasing percentages of cancer diagnoses in early stage and cancer survival. Her work was published in leading international journals. Efrat served in the EHPS Executive Committee (2010-2016) as a National Delegates Officer and Membership Officer. She also served in Awards committees (2012-2015, 2020) and since 2014 Efrat has been a member of the United Nations Committee in the EHPS and a member of EHPS Task Force on core competencies in health psychology (2018-2019).

### **Herman Schaalma Award winner**



#### **Dr. Hannah Durand (Ireland)**

Dr. Hannah Durand received her PhD from the National University of Ireland, Galway in 2019. Her doctoral thesis, supervised by Dr Gerry Molloy and

Professor Andrew Murphy, constitutes the first body of research examining medication adherence in apparent treatment-resistant hypertension from a behavioural science perspective. This work, guided by the Common-Sense Model of Self-Regulation, utilised multiple methods, including systematic review and meta-analysis, and quantitative and qualitative approaches, to explore medication adherence behaviour for hypertensive patients with apparent treatment-resistance in primary care in Ireland. As an emerging scholar, Dr. Durand's contribution to the fields of health psychology and behavioural medicine has been recognised through numerous peer-reviewed publications, and paper presentations and symposia at international scientific meetings, including at the EHPS conference every year since 2014. She has received several prestigious awards for her work on chronic illness self-management, including the Pain Research Medal of the Irish Pain Society, a Chapter of the European Pain Federation EFIC, and the Early Career Award of the International Society of Behavioural Medicine.

### **Stan Maes Early Career Award winners**



#### **Dr. Janina Lüscher (Switzerland)**

Dr. Lüscher is a senior teaching and research associate at the University of Zurich. Janina Lüscher was awarded her PhD by the University of Bern in November 2014, and subsequently joined the research group Applied Social and Health Psychology of Prof. Scholz at the University of Zurich. Dr. Lüscher's research focus is on individual regulation and social exchange processes (i.e., social support, social control, companionship), health behavior change and well-being in romantic couples' everyday lives. She has substantially

contributed to the field of health psychology by highlighting how the involvement of a romantic partner can be a valuable resource for changing a health behavior. As one of the first researchers, Janina investigated the concept of invisible social support in a health behavior change context and was the first to introduce the concept of invisible social control.

Dr. Lüscher's research typically draws on new technologies (i.e., smartphones, accelerometers, smokerlyzer etc.) and utilizes ecological momentary assessment (EMA) methods to understand within-person and within-couple processes around social exchange processes and health behavior change in couples' everyday lives. She collaborates with renowned experts (and EHPS members themselves) in health psychology from Germany, Poland, Scotland, Canada and the USA. Janina's work has been published in several key journals within the field, including *Annals of Behavioral Medicine*, *PlosOne*, and *British Journal of Health Psychology*. She is an active member of the EHPS and for eight consecutive years now she is a regular and active participant of the EHPS conferences, serving not only as a presenter but also as a session and symposium chair. Furthermore, she contributed to several Create workshops and Synergy expert meetings. Since the beginning of 2018, Janina Lüscher is the National Editor of the "Practical Health Psychology" blog of the EHPS for Austria, Germany and Switzerland. Furthermore, since June 2018 she is associate editor for *Applied Psychology: Health and Well-Being*.



**Dr. Gill ten Hoor (The Netherlands)**

Gill ten Hoor is assistant professor at the Faculty of Psychology and Neuroscience (FPN), Maastricht University, and adjunct instructor at the University of Texas Health Science Center at Houston. Gill has an MSc in

biology (Sports and Physical Activity Interventions), an MSc in Psychology, (Health & Social Psychology), and a PhD in Behavioural science. In his training and research, Gill has actively sought to combine biological and psychological insights, especially developing interdisciplinary approaches to the prevention of obesity in youth. Within this research line, there is a specific focus on physical activity, sedentary behaviour, and body composition. Next to this, Gill is certified Intervention Mapping trainer and contributes to planned behaviour change in various topics (e.g. waste separation and Chlamydia testing), as well as behaviour change methods (e.g. threatening messages and implementation intentions). One landmark publication is the introduction of "Implementation Mapping", a protocol for applying Intervention Mapping (using insights from Implementation Science) to develop implementation strategies (Fernandez, ten Hoor, et al., 2019).

In his entire career, Gill strives for openness and transparency in science: his publications, including his entire PhD dissertation, are open-access, and all data, syntax, and output are available to guarantee scientific integrity. Gill is an active EHPS-member since 2013, Dutch National delegate since 2018, co-founder of Practical Health Psychology ([www.practicalhealthpsychology.com](http://www.practicalhealthpsychology.com)), executive editor for *Health Psychology Bulletin* and reviewer for EHPS journals. In 2018, he received the Herman Schaalma Award.



**Dr. Elaine Toomey (Ireland)**

Dr. Elaine Toomey is a Postdoctoral Research Fellow in the National University of Ireland (NUI) Galway and a member of the Health Behaviour Change Research Group directed by Prof Molly Byrne. She completed her PhD in 2016 from University College Dublin. Her research interests are in the development, evaluation and

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implementation of health behaviour change interventions, focusing on improved methodology to maximise health research impact and translation into practice. In particular, Elaine specialises in addressing intervention fidelity within health behaviour change research. She has led several international collaborations in this area, including with EHPS members from Ireland, the UK and Finland.

Elaine has received a number of international awards for her research, including a Leamer-Rosenthal Early Career Researcher Prize from the University of California, Berkeley for her PhD research in 2016, and a James M. Flaherty Early Career Research Award from the Irish Canadian University Foundation in 2017. She was also recently appointed as Associate Director of Cochrane Ireland, a senior leadership role within a €2.5million initiative focusing on maximising health research impact within policy and practice.

Since 2016 Elaine has organised and/or delivered over 35 different capacity-building events to researchers, healthcare practitioners and government agencies, including developing and delivering intervention fidelity training/workshops internationally. She also teaches, coordinates modules and supervises students on the MSc in Health Psychology in NUI Galway. Elaine is an active member of EHPS and was on the Local Organising Committee and the Synergy Committee for EHPS 2018. She has also convened and participated in several symposia, pre-conference workshops and Synergy expert meetings, as well as presenting her research at all EHPS conferences since becoming a member. She is an enthusiastic open science advocate and is Co-chair of the recently established EHPS Open Science Special Interest Group and a member of several committees including the Irish Health Research Board Open Research National Steering Committee, and the Berkeley Initiative for Transparency in the Social Sciences 'Catalyst' ambassadors

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