



Abstract Book

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- The abstracts are listed in order of the presenter's last name -

Communicating about dementia risk and prevention with citizens: exploring, improving, and evaluating large-scale communication and recruitment methods

Elaine A.C. Albers (Amsterdam UMC - Netherlands), Ellen M. Smets (Amsterdam UMC - Netherlands), T.J. de Rijke (Amsterdam UMC - Netherlands), A.F. Rirash (Erasmus MC - Netherlands), N.C. Visser (Amsterdam UMC - Netherlands)

Presenter: Elaine Albers - Leiden University Medical Centre (LUMC)

Abstract

Background: Effective communication about dementia risk and prevention is crucial for high-risk citizens, including those with lower socioeconomic positions, limited health literacy, or migration background. However, these groups are often underrepresented in dementia prevention efforts. This study aimed to develop new methods to better engage with these underrepresented groups and investigate their communication needs and preferences.

Methods: First, we evaluated four engagement and recruitment strategies in the context of a survey study: In-Person (community and healthcare centers), Champion (home care nurses), Traditional passive (flyer distribution and TV, radio, and public transportation ads) and Online strategies (social media). Second, a process of expert meetings, co-design, and pilot testing was conducted to develop a new method tailored towards underrepresented groups.

Results: Ample recruitment efforts resulted in 126 completed surveys: 30% via In-Person, 19% via Champion, 33% via Traditional passive and 17% via Online strategies. In-Person and Champion strategies achieved higher representation of underrepresented groups (34% and 24% non-Dutch background, respectively) compared to Traditional passive and Online strategies (7% and 14% non-Dutch background, respectively). However, these strategies were labor and time intensive. For the new method, an accordion-style questionnaire was developed in both paper and digital formats, consisting of 13 B1 language level items on information needs and preferences about dementia risk and prevention. Pilot tests of this questionnaire are conducted.

Conclusion: Large-scale engagement with underrepresented groups is needed. Existing strategies are not effective nor efficient at reaching these groups. Therefore, new methods for large-scale engagement are being developed which can be applied in health psychology research.

Strengths and limitations: There was active involvement of target groups, ensuring relevance and cultural sensitivity of the new methods. A limitation is that the new methods are only available in Dutch and has not been adapted yet to other languages to match the target groups' preferences.

How do Adults with Lower Socio-Economic Position Perceive and Generate Implementation Intentions for Health Behavior Change? Insights from Think-Aloud Interviews

Laurens van Gestel (Leiden University - Netherlands), Jet Bussemaker (Health Campus The Hague/LUMC & Leiden University - Netherlands), Marieke Adriaanse (Health Campus The Hague/LUMC & Leiden University - Netherlands)

Presenter: Loes van den Bekerom - Health Campus The Hague/LUMC

Abstract

Background: People with lower socio-economic position (SEP) often face contextual barriers that hinder translating their healthy intentions into action. Implementation intentions may have potential to help individuals with lower SEP to navigate their behavior in a given environment. However, it remains understood whether such a micro-intervention is acceptable and feasible among lower SEP populations that deal with harsh circumstances. We therefore aimed to explore 1) how adults with lower SEP perceive (generating) implementation intentions for health behavior change, and 2) how they independently formulate such plans.

Methods: A qualitative study, using semi-structured interviews combined with a think-aloud methodology, was conducted among adults living in lower SEP neighborhoods in The Hague, the Netherlands (n = 15). During the interview, participants independently generated an implementation intention for a self-chosen health behavior while verbalizing their thoughts. Interview data were thematically analyzed using an inductive approach. The formulated plans were evaluated.

Results: Participants strongly valued their health, which translated into high motivation for behavior change. Implementation intentions were perceived as helpful and motivating, particularly because they provide structure and promote small, manageable steps and conscious reflection. Participants expressed strong intention and motivation to adopt both their formulated plans and the strategy more broadly. However, although participants expressed that formulating their plan was pleasant and easy, most participants requested or received guidance during plan formation and the formulated plans frequently lacked the correct if-then structure and concreteness.

Conclusion: Implementation intentions are acceptable and perceived as useful by adults with lower SEP, but independent formation of actionable plans appears challenging. Guided support is therefore essential for successful plan formation.

Strengths and Limitations: Strengths encompass the in-depth qualitative design including a think-aloud method in an understudied population. Limitations include potential interviewer influence, social desirability bias, and variability in literacy and educational levels among participants.

Does Message Design Matter? Testing Format and Source Effects in Health Communication for Underserved Populations

Adriana Solovei (Wageningen University - Netherlands), Bas van den Putte (University of Amsterdam - Netherlands), Toni van der Meer (University of Amsterdam - Netherlands)

Presenter: David Blanco-Herrero - University of Amsterdam

Abstract

Background: Clear and trustworthy health communication is essential for informed decision-making during health crises, particularly among underserved populations. These groups experience persistent inequities, shaped not only by literacy and language differences but also by systemic marginalization and institutional distrust (Gibson & Martin, 2019; Häfliger et al., 2023). Building on perceptual fluency theory (Reber & Schwarz, 1999) and source credibility theory (Hovland & Weiss, 1951), we seek to understand how format and source can be manipulated to reduce uncertainty, counter misinformation, and promote protective behaviors among underserved groups.

Methods: This research investigates two key dimensions of health messaging (communication format and source trust) in a large-scale, in-person experiment among underserved populations in the Netherlands (N = 1,026). Using a 3x2 between-subjects design, we manipulated message format (text, text with emojis, visual infographic) and source (government, and local doctor) to examine effects on message understandability, trust, uncertainty, misinformed beliefs, and behavioral intentions.

Results: While visual elements showed a modest, non-significant tendency toward higher understandability, format did not significantly affect trust. Similarly, messages from doctors were not perceived as more trustworthy than those from government sources. However, greater understandability consistently predicted higher trust, which in turn reduced uncertainty, enhanced the ability to identify misinformation, and increased intentions to follow recommended behaviors. Given the lack of effect of the manipulations, no serial mediation was observed.

Conclusions: These findings suggest that manipulating format or source might not be sufficient, even though increasing comprehension and trust remain essential for effective crisis communication. To achieve this, more tailored or context-sensitive communication strategies be required.

Strengths and limitations: The study contributes empirical evidence on communication strategies for marginalized groups, highlighting the limits and possibilities of standard health messaging. A limitation is that interpersonal or community-based communication strategies could not be tested, which may have yielded stronger effects.

Understanding Young People as agents of change for a healthier food environment: Piloting measurement tools in a Participatory Action Research Approach

Machteld Van Lieshout (The Hague University of Applied Sciences - Netherlands), Jessica Kiefte-de Jong (Leiden University Medical Center - Netherlands), Sanne De Vries (The Hague University of Applied Sciences & Leiden University Medical Center - Netherlands)

Presenter: Gianfranco Bocanegra - The Hague University of Applied Sciences & Leiden University Medical Center

Abstract

Unhealthy diets contributes to NCDs and environmental harm. This is particularly concerning among young people, whose engagement could shape long-term health and sustainability outcomes. However, how to engage them meaningfully remains unclear.

The CUPIDO project explores an approach through the Food Boost Challenge (FBC). The FBC, grounded in Participatory Action Research (PAR), is an intervention that intends to give young people the lead to co-create solutions with food-ecosystem organizations to incentivize healthy eating in their own environment.

In this pilot study the measurement instruments were tested and initial effects were examined of the FBC on participants (aged 11–24 years) and partners. All measurements were collected in 2025, in the province of South Holland, The Netherlands. The 9-month FBC format involved 30 participants and 30 partners, the 6-week FBC format involved 55 participants, and the 1-day FBC event involved 348 participants and 4 partners.

We examined (i) eating intentions and behaviors using pre- and post-questionnaires and (ii) skills for societal-change through focus groups. Interviews with partners of the 9 month-format assessed perceived impact on young people and in the food ecosystem.

Findings suggest positive changes in attitudes and awareness towards healthy eating, and indicate that skill development may be linked to participants' intrinsic motivation. Partners agreed the FBC gives young people a voice but noted that youth ideas have not yet influenced their organizations, calling for more support for implementation of the ideas.

A strength of this pilot is its multi-method, multi-stakeholder design. A limitation is the small qualitative sample and low questionnaire response rates, which restricted statistical analyses.

Nevertheless, the findings address a gap in public health and food-systems research, where young people are often treated as passive recipients rather than active contributors. This pilot provides early evidence that youth-led PAR can enhance attitudes, awareness, and skills for societal-change.

No cure for endometriosis – time for excellent self-management: experiences and needs of women with endometriosis

Jennifer Ross (Universiteit Twente - Netherlands), Marijke Schotanus-Dijkstra (Universiteit Twente - Netherlands)

Presenter: Christina Bode - Universiteit Twente

Abstract

Background: Endometriosis is a gynecologic condition characterized by varying pain and fatigue symptoms. While self-management strategies can be helpful in these challenges, treatment guidelines in the Netherlands lack clear recommendations although effective coping may require tailored support. Knowledge on self-managing endometriosis-related pain and fatigue is limited.

Methods: A mixed-methods design using an online survey was employed. Recruitment primarily occurred through the Endometriosis Foundation. A total of 195 women (age 18-64 years) with a self-reported diagnosis or suspicion of endometriosis were included in the analysis. Data were analyzed using descriptive statistics and thematic analysis.

Results: The results revealed that endometriosis self-management was experienced as a personal process of discovering helpful strategies. Problem-focused approaches such as physical activity, diet changes, and balancing activities with rest were commonly used and perceived as effective. Support needs were primarily reported on comprehensive and accessible information on various coping techniques, peer contact, and professional guidance (e.g., coaching), ideally delivered via mobile applications. Experiences and needs were similar for pain and fatigue.

Conclusion: Findings emphasize the importance of supporting women in effective self-management and coping approaches for endometriosis symptoms. Research should deliver reliable results on design, personalization and effectivity of various self-management tools for endometriosis symptoms.

Strengths and limitations: The results deliver a very clear picture of experiences and non-medical support needs of women with endometriosis. This picture is limited to women who were reachable via the Dutch Endometriosis Foundation.

Bringing evidence from multiple studies together: Introducing and applying Bayesian Evidence Synthesis

Irene Klugkist (Universiteit Utrecht (UU) - Netherlands), Floor Kroese (National Institute for Public Health and the Environment /Rijksinstituut voor Volksgezondheid en Milieu (RIVM) - Netherlands)

Presenter: Maartje Boer - National Institute for Public Health and the Environment / Rijksinstituut voor Volksgezondheid en Milieu (RIVM)

Abstract

Background: Evidence synthesis is key in advancing health psychology research. To that end, meta-regression is considered the gold standard, but it requires availability of many studies with designs that are sufficiently comparable. When this is not feasible, researchers often synthesize existing evidence narratively. However, narrative reviews are prone to subjective interpretation. When meta-regression cannot be used, Bayesian Evidence Synthesis (BES) offers an alternative to a narrative review. BES is a novel and flexible statistical approach that synthesizes the level of evidence for a hypothesis across studies. BES is accessible to applied researchers and its results are conveniently interpretable, making them suitable to communicate to policymakers, health professionals, and the public. This study introduces BES by applying it to educational differences in vaccination attitudes.

Methods: We combined survey data from four Dutch studies ($n = 23.174$), covering different populations and vaccinations (e.g., childhood vaccination, COVID-19 vaccination). For each study, we computed educational differences in vaccination attitudes. We evaluated the level of evidence for the hypotheses that these differences were (H1) at least moderate ($d > 0.5$ SD) or (H2) not moderate ($d < 0.5$ SD), and synthesized these findings across the studies using BES.

Results: Consistently across studies, respondents with bachelor's or master's degrees reported more positive vaccine attitudes than those with other educational backgrounds. However, synthesized BES findings indicate strong evidence for educational differences that are smaller than moderate (H2).

Conclusion: Our BES application shows that although higher education was linked to more positive vaccination attitudes, overall educational differences were smaller than moderate. BES is considered a promising tool for synthesizing findings across studies, especially when meta-regression is not possible.

Strengths and limitations: We used a novel statistical approach to synthesize results from multiple studies. However, further development of BES is desired focusing on testing sources of heterogeneity in evidence for a given hypothesis.

Individual perceived disaster preparedness: Preliminary results from scale development the Netherlands

Mart van Dijk (National Institute for Public Health and the Environment /Rijksinstituut voor Volksgezondheid en Milieu (RIVM) - Netherlands), Roos Dekker (National Institute for Public Health and the Environment /Rijksinstituut voor Volksgezondheid en Milieu (RIVM) - Netherlands), Carmen Rodriguez Blazquez (Carlos III Health Institute - Spain), Joao Forjaz (Carlos III Health Institute - Spain), María Romay Barja (Carlos III Health Institute - Spain), Saskia Euser (National Institute for Public Health and the Environment /Rijksinstituut voor Volksgezondheid en Milieu (RIVM) - Netherlands), Jet Sanders (National Institute for Public Health and the Environment /Rijksinstituut voor Volksgezondheid en Milieu (RIVM) - Netherlands)

Presenter: Maartje Boer - National Institute for Public Health and the Environment / Rijksinstituut voor Volksgezondheid en Milieu (RIVM)

Abstract

Background: Self-perceived citizen resilience and preparedness for disasters are closely linked and predictive of engaging with preparedness behavior. Existing measures of perceived disaster preparedness are limited to specific dimensions or types of disasters. A multidimensional perceived preparedness measurement could provide policymakers with more detailed insights into strengths and weaknesses regarding individuals' resilience to disasters. Based on qualitative data and existing scales on subdimensions of perceived preparedness, we developed 53 items covering multiple proposed perceived preparedness dimensions. This study aimed to (1) develop a scale with items relevant to a pandemic, natural disaster, war, and power outage, and (2) investigate individuals' level of perceived disaster preparedness for different disasters.

Methods: 1000 Dutch respondents answered questions about their perceived preparedness for one of four randomly assigned disasters. Factor analyses were used to select items and to identify subdimensions. Correlations between subdimensions and related constructs (e.g., resilience, risk perception) were tested for scale validity. Subsequently, we used regression to investigate whether levels of perceived preparedness subdimensions differed by disaster type and individual characteristics.

Results: We distilled seven dimensions of perceived preparedness based on 24 items that applied across the four disasters: home preparedness, financial preparedness, mental preparedness, physical preparedness, social preparedness, knowledge about preparedness, and motivation to prepare. Correlations between dimensions varied strongly. Motivation to prepare showed no to small correlation with other subdimensions of perceived preparedness. We highlight different demographic subgroup effects, differences between disasters, and relationships to adjacent constructs and behaviors.

Conclusion: Perceived preparedness predictably clusters into seven dimensions. Even if people say they are motivated to prepare for disasters, this does not necessarily translate into feeling prepared or preparatory behaviors.

Strengths and limitations: To use the scale to inform policy about individuals' resilience to disasters, further validation in new samples and different countries is required, which is planned in 2026.

We need to redo meta-analyses of behaviour change techniques: evidence from a large methodological systematic review of smoking cessation intervention trials

Jannis Kraiss (uTwente - Netherlands)

Presenter: Marijn de Bruin - Radboudumc

Abstract

Background: There are numerous highly-cited meta-analyses that synthesize evidence on health behaviour change (HBC) trials and identify behaviour change techniques (BCTs) driving intervention effects. The working hypothesis in the current study is that their results are highly questionable for two reasons: Current meta-analyses do not account for the underreporting of BCTs in trial reports and they use meta-regression models that are unsuitable for dealing with the highly variable support that both intervention and control groups in HBC trials tend to receive.

Methods: In this large meta-analysis, part of the IC-SMOKE programme, we compare the results of current practices in BCT meta-analyses (i.e., relying on incomplete BCT data from published trials reports using standard mixed-effects meta-analysis models) with a proposed 'gold standard' model (i.e., using complete BCT data in bivariate mixed-effects meta-regression models), using a dataset of 170 RCTs of smoking cessation trials.

Results: Current meta-analyses using standard seeking to identify behaviour change techniques associated with intervention effectiveness produce incorrect, incomplete, and severely underestimated BCT effects compared with the bivariate mixed-effects meta-analyses models.

Conclusion: We recommend authors of previous and future BCT meta-analyses to (re-) analyse their data. Using bivariate mixed-effects models analysing both intervention and control group interventions is priority, followed by ensuring that analyses are only conducted on interventions for which complete BCT data is available. We recommend journal editors to require these standards for future meta-analysis seeking to identify active components of behavioural interventions

Strengths and limitations: Key strengths of this study were the large dataset of 142 RCTs with objective outcomes and pre-registered analyses plans. A limitation was that the dataset only included smoking cessation trials.

Writing good policy briefs: How to communicate scientific advice to policy makers in an effective and compelling way

Inger Abma (Radboudumc - Netherlands), Joni Jacobs (Radboudumc - Netherlands)

Presenter: Marijn de Bruin - Radboudumc

Abstract

Insights from the social and behavioural sciences (SBS) can make public policies more acceptable and effective. However, to impact decision making, this evidence needs to be communicated in an effective and compelling way to policy makers. This is especially relevant during major public health crises in which policy makers have limited time to consider advice and make policy choices.

In this workshop, participants will be invited to critically appraise several European SBS policy briefs written during the COVID-19 pandemic with the 'Policy Brief Checklist': a checklist we developed to provide insight into the quality of policy briefs. Aspects the checklist addresses are for example: are the aim of the brief and the policy issue clearly described, and are the recommendations easy to find and sufficiently actionable? After studying the policy briefs we will discuss what you think was done well in these briefs, and what could be done better in future policy briefs.

Subsequently, we will present the results of our study on the quality of SBS policy briefs written during the COVID-19 pandemic in four European countries (the Netherlands, Belgium, the UK, and Switzerland), and share our recommendations on strategies to improve future policy briefs.

Toward consensus-based methodological guidelines in health psychology

Harm Veling (Wageningen University and Research - Netherlands), Laura Winkens (Wageningen University and Research - Netherlands), Maya Schoevers (UMCG - Netherlands)

Presenter: Marijn de Bruin - Radboud UMC

Abstract

To reach the full scientific and societal impact of behavioral and social science research, and health psychology research in particular, it is important that this research is cumulative and utilizes state-of-the-art methodologies. There are various practices for core health psychology research methods, but explicit recommendations for researchers to ensure their work is in line with state-of-the-art quality criteria are sometimes difficult to find. Moreover, continuous methodological developments make it very resource demanding for individual researchers - junior to senior - to stay up to date and implement state-of-the-art methodologies, or demonstrate in grant applications and research that they followed established.

The goal of the ARPH-methods group is to facilitate the development of expert consensus-based guidelines that allow health psychology researchers to quickly identify and adopt state-of-the-art methodologies. ARPH is well-positioned to support this effort by providing a platform and infrastructure for development, refinement, and dissemination through its conferences, website, and broader community.

We invite health psychology researchers interested in contributing to this collective effort in joining this roundtable session. During this session, we will present a first example of what a consensus guideline could look like.

We selected systematic reviews as a first prototype, one of the core research methods within health psychology, as a first tangible example. The 75-minute session will begin with a brief introduction to workgroup and ambition for collective effort and shared responsibility followed by structured small-group and plenary discussions. These discussions will focus on the first prototype guideline, identifying key methodologies to further start building the portfolio, and on assessing the broader value of this initiative.

Exploring the Determinants of (Sustainable) Lifestyle Change in Multimorbid Individuals: Insights from Semi-Structured Interviews

Meeke Hoedjes (Tilburg University - Netherlands), Sabita Soedamah-Muthu (Tilburg University - Netherlands), Mirela Habibovic (Tilburg University - Netherlands)

Presenter: Bo Brummel - Tilburg University

Abstract

Background: Chronic diseases often co-occur as people age. Lifestyle changes have the potential to improve individual health outcomes, but existing lifestyle interventions are often disease specific. More insight into the needs of individuals with multiple chronic diseases is required to develop more effective support for sustainable lifestyle changes in this population. Therefore, the aim of this study was to identify the perceived barriers and facilitators of (sustained) lifestyle change among multimorbid individuals with type 2 diabetes mellitus, cardiovascular disease, and/or cancer.

Methods: The study was pre-registered in OSF. To ensure a heterogeneous sample with varied disease combinations, interested individuals completed a screening questionnaire after providing informed consent to determine eligibility based on their chronic diseases. Twelve, one-hour, online semi-structured interviews were conducted with purposively sampled individuals with multiple chronic diseases (8 women, 4 men; aged 56–74 years). Coding and thematic analysis of transcripts are currently conducted in Atlas.ti, and in-depth results will be presented.

Findings: Preliminary observations reveal both person-specific barriers (e.g., low motivation, limited support and feeling unheard or isolated), as well as disease-specific barriers, (e.g., insufficient individualized advice for coexisting conditions and treatment- or disease-related symptoms like fatigue). Facilitators included social and clinical support, helpful routines (e.g., walking the dog), and easy access to information, medication, or (psychological) care.

Discussion: These preliminary insights indicate that, to successfully achieve sustainable lifestyle changes in a multimorbid population, both person-specific and disease-specific determinants should be considered when developing interventions.

Strengths and Limitations: Efforts were made to recruit a diverse sample. Nevertheless, those who joined may have been more inclined to participate due to greater interest in lifestyle behaviors or a stronger desire to be heard. This may have resulted in fewer perspectives from individuals who feel more neutral about lifestyle behaviors or who are less inclined to voice their views.

Evaluation of the National Heat Plan: Practical Feasibility of Behavioral Recommendations

Floor Kroese (National Institute for Public Health and the Environment (RIVM) - Netherlands), Colene Zomer (National Institute for Public Health and the Environment (RIVM) - Netherlands)

Presenter: Anne Buitenhuis - National Institute for Public Health and the Environment (RIVM)

Abstract

Background: The Dutch National Heat Plan (NHP) provides behavioural advice during heatwaves, especially for vulnerable groups. However, it is unclear how effectively these messages reach target audiences - older adults, informal caregivers, and healthcare professionals - and to what extent the recommended behaviours are adopted in practice.

Methods: Following the activation of the NHP in June 2025, surveys were conducted among adults aged 65+ (n = 804), informal caregivers (n = 586), and healthcare professionals (n = 405), assessing awareness, attitudes, and self-reported behaviour regarding heat-related advice. In-depth interviews with healthcare professionals (n = 31) explored practical implementation of heat protocols.

Results: Around 90% of respondents had seen heat-related advice. Most considered the advice useful and easy to carry out; perceived usefulness and ease were predictors of behavioural adoption. However, less than half checked medication or offered foot baths, citing lack of relevance, time constraints, or these not being part of usual care routines. One in five older adults and two in five healthcare professionals reported difficulty keeping homes cool.

Conclusion: The NHP's advice reaches most target groups and is generally valued. To improve implementation of less common recommendations (e.g., medication checks), communication should emphasize their relevance and provide concrete guidance. Investing in climate adaptation of care settings and tailored advice for subgroups with low accessibility is recommended.

Strengths and limitations: Strengths include a large, diverse sample and timely data collection. Limitations are underrepresentation of certain vulnerable groups and reliance on self-report. The study occurred during moderate, not extreme, heat, which may affect generalizability.

Change & Grow® as a Process-Based Framework for Health Behaviour Change in Addiction Recovery

Micaela Rodrigues (VillaRamadas GGZ - Netherlands), Tânia Caetano (VillaRamadas - Portugal), Eduardo Ramadas (VillaRamadas - Portugal)

Presenter: Beatriz Caldeira - VillaRamadas GGZ

Abstract

Background: Health psychology is increasingly challenged to provide frameworks that support sustained behaviour change in complex and evolving healthcare contexts. In addiction recovery, symptom-focused protocols often fail to adequately address emotional regulation, meaning-making, and identity reconstruction, which are critical for long-term self-management. Process-based approaches have been proposed as a response to these limitations, yet few integrative frameworks have been operationalized and described in real-world treatment settings.

Methods: This presentation introduces Change & Grow®, a process-based therapeutic framework developed for residential addiction treatment. The model integrates principles from cognitive-behavioural therapy, third-wave approaches, motivational interviewing, positive psychology, and mindfulness-based interventions. Treatment is structured around five sequential psychological principles: Truth, Acceptance, Gratitude, Love, and Responsibility; each representing a core psychological process that supports adaptive health behaviour change. The framework is illustrated using a previously published interventional study conducted in a residential setting.

Results: Rather than focusing on specific outcome metrics, this contribution highlights how the Change & Grow® framework organizes therapeutic processes across treatment phases, linking emotional awareness, cognitive restructuring, self-compassion, and responsibility-taking into a coherent pathway of change. The model demonstrates how process-oriented structuring can guide clinical decision-making, intervention sequencing, and patient engagement within complex treatment environments.

Conclusion: Change & Grow® provides a practical example of how process-based psychological frameworks can be translated into routine clinical practice, supporting sustained health behaviour change during periods of societal and healthcare transition. By shifting the focus from isolated techniques to underlying psychological processes, the model aligns with contemporary health psychology perspectives emphasizing adaptability, self-regulation, and person-centred care.

Strengths and limitations: A key strength of this contribution is the articulation of a theoretically grounded yet practice-oriented framework applicable across contexts. A limitation is that the framework is illustrated using previously published data, highlighting the need for future comparative and longitudinal research.

Perceived evacuation preparedness in the Netherlands: preliminary results from a mixed methodological study

Roos Dekker (National Institute for Public Health and the Environment (RIVM) - Netherlands), Saskia Euser (National Institute for Public Health and the Environment (RIVM) - Netherlands), Jet Sanders (National Institute for Public Health and the Environment (RIVM) - Netherlands)

Presenter: Mart van Dijk - National Institute for Public Health and the Environment (RIVM)

Abstract

Background: Climate change, pandemics, and concern for disasters increasingly challenge societal resilience. In this context, a national campaign "Denk Vooruit" asks Dutch citizens to prepare for different disaster scenarios: those that require self-reliance in the home (akin to a lockdown) and those that require self-reliance in the context of dislocation (evacuation). Whereas the COVID-19 pandemic offered experience with a lockdown, for most Dutch citizens the latter scenario is unprecedented. For this reason, we investigate citizen expectations of and perceived preparedness for evacuation in the event of a disaster.

Methods: In October 2025 we examined to what extent a representative sample of citizens in the Netherlands (n=1000) feel prepared for a future evacuation in case of different disaster scenarios: war, a pandemic, a 3-day power outage, or a flood. By quantitative and qualitative measures, we identify what citizens understand preparedness to be.

Results: Approximately 1 out of 6 participants reported feeling (very) prepared to evacuate, while 4 out of 6 felt (very) unprepared. Most common reasons for feeling (un)prepared include having essential items (not) ready, feeling mentally capable of dealing with uncertainty, (not) knowing where to go or what to bring, or (a lack of) urgency. A minority expressed reluctance to leave their homes. Social support and social cohesion were rarely mentioned as factors influencing perceived preparedness.

Conclusion: Most Dutch citizens feel unprepared for evacuation in the event of a disaster, primarily due to knowledge gaps and lack of motivation. Despite documented importance of social factors, these were not reflected in citizens' perspectives. We recommend that governments communicate clearly what citizens must do and emphasize the role of social factors to strengthen evacuation preparedness.

Strengths and limitations: This study was completed prior to the "Denk Vooruit" campaign which can be seen as both a strength (pre- measure) and limitation (ecological validity).

Involving societal stakeholders in dementia risk reduction: an explorative study

Ellen Smets (Amsterdam UMC - Netherlands), Esmee Kreuk (Amsterdam UMC - Netherlands), Simone Coppelmans (Independent public partner - Netherlands), Lars Ramaker (Independent public partner - Netherlands), Moniek Schröder (Independent public partner - Netherlands), Diny Stekelenburg (Gemeente Haarlemmermeer - Netherlands), Wiebe de Vries (Hogeschool Leiden - Netherlands), Monique Verschuren (RIVM - Netherlands), Kay Deckers (Maastricht University - Netherlands), Frank Wolters (Erasmus MC - Netherlands), Leonie Visser (Amsterdam UMC - Netherlands)

Presenter: Jolanda Dobbe - Amsterdam UMC

Abstract

Background: Optimal dementia risk reduction requires a combination of individual- and population-level approaches. Societal stakeholders play a crucial role by raising awareness, supporting individual lifestyle change, and/or influencing certain risk factors through policy changes. This study aimed to identify relevant societal stakeholders for promoting dementia risk reduction, and explore perspectives regarding their role.

Methods: We used a qualitative approach with participatory research elements. An advisory panel of citizens (n=14) was installed to provide input on various study aspects (e.g., study design, interpretation of findings). Thereafter, data collection involved: Phase 1) identification of potentially relevant societal stakeholders (based on advisory panel discussions, a conference workshop, and online searches); and Phase 2) exploration of perspectives of participants from selected stakeholder domains, through 18 interviews and one focus group (total N=32). Thematic analysis was used.

Results: Phase 2 revealed that participants, such as religious leaders, labor service employees and board members of student associations, had limited knowledge and experienced little responsibility to act as a societal stakeholder in the context of dementia risk reduction. Rather, they called for policy and regulations to make dementia risk reduction efforts obligatory and a public priority. Participants recommended incorporating information on dementia and dementia risk in general health campaigns, rather than organizing dementia-specific campaigns, and stressed the need to stimulate dementia risk reduction early in life.

Conclusion: Effective dementia risk reduction could benefit from increased stakeholder involvement, as well as imposed policy-level risk reduction measures. Our findings also highlight the importance of including dementia in education and healthy lifestyle programs from an early age. Future studies are needed to validate our findings on a larger scale, and among different stakeholders.

Strengths and limitations: As a strength, our study involved stakeholders from the start. However, we might have particularly attracted individuals with an interest in dementia risk reduction.

Self-management barriers in dialysis patients: a potential target for improving health outcomes

Yvette Meuleman (Leiden University Medical Center - Netherlands), Shalina Hobo (Amsterdam University Medical Center - Netherlands), Anna Bonenkamp (Radboud University Medical Center - Netherlands), Friedo Dekker (Leiden University Medical Center - Netherlands), Alferso Abrahams (University Medical Center Utrecht - Netherlands), Brigit van Jaarsveld (Amsterdam University Medical Center - Netherlands)

Presenter: Esmee Driehuis - Amsterdam University Medical Center

Abstract

Background: Adequate self-management behaviors may improve health outcomes, but dialysis patients often struggle to adopt and maintain these behaviors. Currently, little knowledge exists on self-management barriers in these patients and how these barriers impact health outcomes. Therefore, we aimed to 1) identify self-management barriers in dialysis patients, 2) assess their relation to patient characteristics and 3) assess their effect on clinical and patient-reported outcomes.

Methods: We conducted a multicenter, longitudinal cohort study in adult incident dialysis patients who filled in the Self-Management Screening. Descriptive analyses were performed to assess the extent of self-management barriers. The relation between patient characteristics and self-management barriers was determined using Spearman's rank correlation coefficient. The impact of self-management barriers on health outcomes at 6 and 12 months was investigated using linear and Cox regression.

Results: In 1518 dialysis patients, self-management barriers were common across a wide range of domains (e.g. self-efficacy, coping, and social support). Several patient characteristics (i.e. sex, age, educational level, cohabitation, dialysis modality, and comorbidity) were associated with the extent of individual barriers and the total number of barriers. Moreover, a higher number of self-management barriers was associated with poorer mental and physical health-related quality of life and higher symptom number and burden at 6 and 12 months after dialysis initiation. These effects did not extend to most clinical outcomes, except for a lower diastolic blood pressure.

Conclusion: Dialysis patients frequently experience self-management barriers in a wide range of domains and the extent differs depending on patient characteristics. Importantly, self-management barriers negatively impact patient-reported outcomes over time. Our findings highlight the importance of systematic, personalized, multicomponent self-management support in dialysis care, as this is a potential target to improve health outcomes.

Strengths and limitations: Strengths include the large longitudinal cohort and detailed assessment of self-management barriers. Generalizability may be affected by nonrespondents.

Bolstering societal resilience in the wake of public health and safety risks: the need for cross-level analysis

Presenter: Michel Dückers - Nivel/University of Groningen

Abstract

Background: Globally, populations are confronted with threats linked to climate change, pandemics, war and conflict, and disasters. The potential public health and safety consequences encourage investments in societal resilience. A key conceptual challenge from a social and behavioural sciences perspective is to understand what this task entails across different levels of analysis.

Methods: A conceptual framework is presented that links notions of susceptibility, coping capacities, and adaptive capacities across common levels of analysis: societies, networks, communities, and individuals. The assumption is that each level has its own resilience outcomes, processes, and conditions that may contribute to resilience at other levels.

Results: Societal resilience is reflected in a society's ability to sustain: (1) its general capacity to incur damage and recover (reflected in a range of cultural and socioeconomic country characteristics); (2) critical infrastructure (including social infrastructure); (3) social cohesion; (4) the capacity of citizens and public and private organizations; and (5) governmental crisis organization. At the network level, resilience implies that actors—from local to national—are able to function jointly and ensure the availability of crucial conditions for inter-organizational collaboration across the preparedness, response, and recovery phases. Similar principles apply to communities and individuals. Communities are typically defined by shared characteristics that bind individuals (citizens and professionals) in terms of norms, values, and identities, as well as by factors that make them more or less resilient. These characteristics can be utilized, reinforced, and potentially coordinated in support of collective goals through behavioural interventions.

Conclusion: From a multilevel perspective, a range of social and behavioural sciences is required to understand the mechanisms underlying outcomes, processes, and conditions across levels, and ultimately to optimize cross-level interventions.

Strengths and limitations: Although a cross-level lens is promising for guiding public health and safety efforts, the proposed conceptual framework requires empirical validation.

If it doesn't help, it doesn't hurt? Usage and perceptions of nutritional supplements

Hidde Roovers (Leiden University - Netherlands), Hedwig Vos (Leiden University Medical Center – Netherlands), Marieke Adriaanse (Leiden University Medical Center - Netherlands)

Presenter: Laurens van Gestel - Leiden University

Abstract

Background: Medical specialists have raised concerns about misinformation surrounding nutritional supplements, which may cause health harm and increase healthcare burden. However, even though national statistics on usage exist, the actual reasons for taking supplements are currently not well documented. We therefore investigated supplement use, information sources, and reasons for consumption.

Methods: 800 participants (Mage = 49.6; 406 female), representative in terms of age, gender and education level, participated in a cross-sectional survey. The survey included questions on current supplement usage, information sources, various socio-cognitive determinants, trust, health status, health cognitions, socioeconomic and sociodemographic variables.

Results: A large majority of participants took supplements (77.5%), mostly vitamin D (36.2%), multivitamin (35.4%), and magnesium (29.5%), often without prescription by a healthcare professional. Usage was generally higher among females (82.3%; $p = .003$), higher educated individuals (83.6%; $p = .002$), and those with a chronic disease (84.0%; $p < .001$). Most reported reasons for taking supplements included health complaints, a low (perceived) resistance, and as a precaution ("just to be sure"). Supplement knowledge was generally low, and participants often did not look up information. Positive attitudes and identity positively correlated with usage ($r = .41$ and $r = .42$, respectively), while other sociocognitive variables revealed smaller or no correlations. Further analyses will regress these demographic and sociocognitive variables on usage.

Conclusion: Many participants used nutritional supplements often without prescription by a healthcare professional. Usage was not strongly related to knowledge, but rather to positive attitudes and identity.

Strengths and limitations: This survey examined a broad range of factors as possible predictors of supplement usage. The sample was representative in age, gender, and education level, though may have been subject to selection bias.

Exploring Positive Healthy Ageing among Older Men and Women with a Lower Socio-Economic Status using Photo-Elicitation Interviews

Presenter: Martine Goedendorp - University of Groningen, Faculty of Behavioural and Social Sciences, Department Psychology, Groningen,

Abstract

Background: Individuals with a low socio-economic status (SES) are more likely to experience health issues earlier in life and have an overall shorter life expectancy compared to people with a high SES, however, older adults with a low SES, especially older men, participate less in health-related studies and programs. To investigate healthy ageing in this underrepresented group, the research question was: How do older male and female adults with a low SES perceive positive healthy ageing?

Methods: A combination of participant- and research-driven photo-elicitation interviews were conducted with an equal distribution of, single and cohabiting older men and women with a low SES (n=20). Participants were asked to collect pictures and be interviewed about positive healthy ageing. Researchers added pictures about physical, mental, social domains of health, money and the neighbourhood. Interviews were transcribed, coded using Atlas.ti.

Results: Themes most frequently mentioned were physical activity (walking, cycling), family (children, grandchildren, siblings, partner), enjoying nature, leisure activities (holiday, various hobbies and passions), healthy food choices. Single males cycled and participated less in sports. Single females talked about social contacts such as friends.

Conclusion: Being physically active, their family, enjoying nature, healthy eating, holidays, and hobbies, were perceived as most important for positive healthy ageing. On most aspects of healthy ageing, there were no differences between man and women, although activities differed somewhat, and single females were socially more active.

Strengths and Limitations: Photo-elicitation interviews are an appropriate method to investigate health in this target group. For future studies, a larger sample with more diverse cultural background should be included.

Transitioning from a Health Care State to a Participating Society. Barriers and Facilitators for Local Governments, Social Care Organizations, and Citizens Initiatives of this Vital Movement

Presenter: Martine Goedendorp - University of Groningen, Faculty of Behavioural and Social Sciences, Department Psychology, Groningen,

Abstract

Background: The national Dutch government formulated the policy transition from the "Health Care State" to a "Participating Society". This transition requires a system change, needing changes on various stakeholder levels. The aim of this study was to identify barriers and facilitators of this transition among key stakeholders; local government, social care organizations and citizen initiatives.

Methods: In-depth interviews were held with four advisors covering five local governments, and three managers of social care organizations. The interviews were about 1) vision on self-management and positive health and citizen initiatives, 2) policy, themes, and actions 3) expectations of other stakeholders. Focus groups with citizen initiatives in four villages were also held.

Results: On the level of local government facilitating factors are including positive health, stimulating self-management of inhabitants and citizen initiatives in policy and budget. Among social care organizations, positive health and self-management can be stimulated when they can be connected to themes (loneliness or literacy) and aligned with their tasks. Citizen initiatives can be stimulated when they are embedded in the community and monitored for 'soft' outcomes. Investing in a community worker [dorpsondersteuner] is seen as facilitating to.

Conclusion: local policy makers, social care organizations, and citizen initiatives can work together to make the transition to a participating society, although good communication is vital. The fact that preventive care is not a mandatory task of local governments and the four-year election cycle restrict the transition.

Strengths and Limitations: Although in-depth interviews provide much information, local policy in the Netherlands is diverse.

Between Relief and Risk: Beliefs About Acetaminophen Use During Pregnancy

Linnea Laestadius (University of Wisconsin - Milwaukee - United States of America), Carrie Miller (Virginia Commonwealth University - United States of America), Frederic Thomas (Tilburg University - Netherlands), Ini van Weesenbeeck (Tilburg University - Netherlands), Candace Burton (York University - Canada), Paul Perrin (University of Virginia - United States of America)

Presenter: Jeanine Guidry - Tilburg University

Abstract

Background: Acetaminophen (paracetamol) is the most commonly used over-the-counter analgesic during pregnancy and is widely recommended as first-line therapy for pain and fever when used appropriately. Over the past decade, some observational studies have reported associations between prenatal acetaminophen exposure and neurodevelopmental outcomes, including autism spectrum disorder, though larger population-based analyses suggest these associations may reflect familial confounding rather than causality. Recent media coverage in the United States has heightened public concern, underscoring the need to understand how women of reproductive age perceive the benefits, risks, and appropriate use of acetaminophen during pregnancy.

Methods: Guided by the Health Belief Model (HBM), we conducted a cross-sectional survey among women of reproductive age in the United States (N=350) and the Netherlands (N=350). Measures assess perceived susceptibility to and severity of untreated pain and fever during pregnancy, perceived benefits and barriers to acetaminophen use, cues to action, self-efficacy, trust in government and healthcare professionals, and health information-seeking practices. Data collection is complete and analyses are ongoing.
Anticipated

Results: Analyses will examine cross-national similarities and differences in perceptions of acetaminophen use during pregnancy, including perceived risk, confidence in appropriate use, trust in information sources, and exposure to conflicting information. Associations between HBM constructs, trust, and perceived barriers and benefits will be assessed.

Discussion: Results are expected to inform clinical counseling and public health communication by identifying drivers of uncertainty and confidence in acetaminophen use during pregnancy. In the context of possible spreading misinformation, inaccurate risk perceptions may lead pregnant individuals to avoid recommended treatment for pain or fever, potentially increasing harm. This study will help identify which beliefs, information sources, and trust relationships may be most amenable to intervention to counter misinformation and support evidence-based decision-making.

Strength: Theory-driven, cross-national design.

Limitation: Cross-sectional data limit causal inference and assessment of behavior over time.

From Childhood Illness to Vaccine Threat: How Substack Frames Measles and the MMR Vaccine

Carrie Miller (Virginia Commonwealth University - United States of America)

Presenter: Jeanine Guidry - Tilburg University

Abstract

Background: Measles remains one of the most transmissible vaccine-preventable diseases, and recent outbreaks in Europe and North America reflect declining immunization uptake and growing distrust of public health institutions. In this context, online platforms play a central role in shaping perceptions of disease risk and vaccine safety. Substack, a newsletter-based platform with minimal editorial oversight and direct audience reach, has become a prominent venue for commentary on measles and measles vaccination, where expert analysis, personal narrative, and unverified claims circulate in parallel.

Method: Guided by the Health Belief Model (HBM), which includes perceived susceptibility and severity of measles, perceived benefits of and barriers to the measles-mumps-rubella (MMR) vaccine, cues to action, and self-efficacy, we conducted a content analysis of N = 400 Substack posts referencing measles and the MMR vaccine.

Results: More than half of posts (55%) portrayed measles as a benign childhood illness rather than a highly contagious and potentially severe infection, reducing perceived susceptibility and severity. Similarly, over half (53%) framed the measles vaccine as riskier than the disease itself, elevating perceived barriers and undermining perceived benefits of vaccination. Notably, 37% of posts linked measles or the MMR vaccine to autism, invoking a discredited causal narrative that remains durable within online anti-vaccine networks. Together, these framings functioned as cues to action that may encourage delaying or refusing vaccination.

Discussion: Substack operates not only as a space for individualized commentary but also as an influential outlet through which selective evidence and misinformation can normalize skepticism toward routine immunization during a period of renewed measles circulation.

Strength: This study provides one of the first systematic examinations of measles vaccine discourse on Substack, applying a validated behavioral framework. **Limitation:** Platform-specific sampling limits generalizability across other social media environments.

Mapping the Limits of Recovery: Dutch Long COVID Lives in Primary Care

Linnea Laestadius (University of Wisconsin-Milwaukee - United States of America), Carrie Miller (Virginia Commonwealth University - United States of America), Candace Burton (York University - Canada), Paul Perrin (University of Virginia - United States of America)

Presenter: Jeanine Guidry - Tilburg University

Abstract

Background: Long COVID patients frequently report persistent symptoms that affect quality of life (QoL). In the Dutch healthcare context, the general practitioner (GP) serves as the primary point of contact, yet patients often encounter diagnostic uncertainty, limited treatment options, and fragmented care.

Methods: A Qualtrics survey was completed by N = 530 Dutch Long COVID patients. QoL was measured using PROPr, expressed as T-scores normed to the general population (mean = 50, SD = 10). Higher T-scores indicate worse symptom burden for symptom domains (fatigue, anxiety, depression, pain) and better functioning for functioning domains (physical function, social participation).

Results: Participants showed markedly elevated fatigue, anxiety, depression, and pain interference (all > 60), alongside substantially reduced physical functioning (M = 35.17). Sleep disturbance and social participation were mildly worse than norms, while cognition was moderately better. Patient-GP trust was protective for depression ($p = .008$) and fatigue ($p < .001$), yet higher among those with poorer cognition ($p = .006$) and lower social participation ($p < .001$). Patient-GP communication was associated with better physical functioning ($p = .035$) but also with increased anxiety ($p < .001$) and depression ($p = .021$). No predictors were associated with pain outcomes.

Discussion: The symptom levels observed here mirror international Long COVID reports, indicating persistent impairment and limited recovery trajectories. The pattern in which stronger GP communication and higher trust appear among those with worse emotional and functional outcomes likely reflects responsive engagement rather than communication causing distress: individuals with heavier symptom burden require more clinical validation, monitoring, and care navigation. Despite relational support, physical functioning remained severely compromised, underscoring ongoing rehabilitation gaps within Dutch primary care.

Strength: Use of standardized PROPr norms offers comparative QoL benchmarking in a Dutch Long COVID cohort.

Limitation: Self-reported, non-random data limit generalizability and preclude causal conclusions.

On the Frontline of Long COVID Care: Experiences and Needs of Dutch General Practitioners

Linnea Laestadius (University of Wisconsin - Milwaukee - United States of America), Candace Burton (York University - Canada), Kellie Carlyle (Virginia Commonwealth University - United States of America), Carrie Miller (Virginia Commonwealth University - United States of America), Paul Perrin (University of Virginia - United States of America)

Presenter: Jeanine Guidry - Tilburg University

Abstract

Background: In the Netherlands, general practitioners (GPs) serve as the primary point of contact for Long COVID patients. However, both patients and providers report Long COVID care to be inadequate, and GPs indicate insufficient resources and training. This study explores Dutch GPs' experiences, self-efficacy, and information-seeking in treating Long COVID patients.

Methods: A cross-sectional Qualtrics survey was completed by 140 Dutch GPs who treat Long COVID patients. Measures included self-efficacy treating Long COVID, empathy, shared decision-making skills, referral experiences, and information-seeking practices.

Results: Older age was associated with higher self-efficacy in treating Long COVID ($p = .007$); gender was not a significant predictor. Higher empathy scores were strongly associated with greater self-efficacy ($p < .001$), while shared decision-making skills were not. Referral to Long COVID clinics was frequently challenging: 52.1% of GPs reported that not all referred patients were able to obtain appointments. All GPs reported seeking online information about Long COVID, most doing so regularly or frequently. Common sources included the RIVM website (72.2%), the National GP Society (65%), and Thuisarts.nl (49.3%), a patient information platform supported by the Dutch College of General Practitioners.

Discussion: Findings indicate substantial bottlenecks in access to Long COVID clinics, requiring many GPs to manage often complex cases within primary care for extended periods. The strong association between empathy and self-efficacy suggests that empathic capacity may be particularly important when clinical guidance and treatment options are limited. GPs' reliance on online information may point to both proactive information seeking and gaps in centralised guidance. Improving referral capacity, clarifying care pathways, and supporting empathic care through targeted guidance may strengthen Long COVID care.

Strength: This study provides one of the first quantitative insights into Dutch GPs' experiences with Long COVID.

Limitation: The cross-sectional, self-reported design limits causal inference and may introduce response bias.

One Size Fits No One: Integrating Intersectionality into Health Psychology Theory and Methodology

Hanne Zimmermann (Maastricht University - Netherlands), Nadine van der Waal (Tilburg University - Netherlands), Nynke van der Laan (Tilburg University - Netherlands)

Presenter: Thomas Gültzow - Open Universiteit

Abstract

Health and health behaviours are shaped by individuals' sociodemographic characteristics (included, but not limited to gender, income, sexuality), yet in health psychology these characteristics are often treated as separate, discrete categories rather than as components of complex, overlapping identities. This interconnectedness is central to the concept of intersectionality, introduced by Kimberlé Crenshaw to explain how multiple social identities combine to shape people's lived experiences.

A lack of intersectional thinking is visible across the entire research cycle in health psychology. Theories often rely on sociodemographic variables as isolated background factors, while common research methods use simplified, single-option categories and analytical approaches that treat such variables as independent predictors. As a result, the complexity of intersecting identities, and interactions between different sociodemographic variables, in relation to outcomes in health-psychology research, tends to be overlooked.

In this roundtable, we will briefly introduce the concept of intersectionality and then invite participants to reflect on how intersectionality could play a role within their own research lines. Afterwards, we will split into two subgroups focusing on: (1) theory and (2) research methodology (including measurement and analysis). Each subgroup will identify concrete examples of where intersectionality is currently neglected and collaboratively develop strategies to more effectively integrate intersectional perspectives into health-psychology research.

We will conclude with a plenary discussion in which subgroups share insights and suggestions, to jointly reflect on how the field can strengthen its intersectional foundations and methodologies. No prior knowledge of intersectionality is required. We will provide all the necessary background and guidance to ensure that everyone can actively participate.

This abstract is submitted on behalf of the Working Group Inequalities in Health Psychology Research.

Advancing Intervention – Context Fit Using the Intervention Mapping Approach

Presenter: Lisa Harms - Maastricht University

Abstract

Background: Contextual factors play a crucial role in the successful and sustainable implementation of interventions. These factors are initially considered during problem assessment (Intervention Mapping Step 1) and revisited during program production (Intervention Mapping Step 4). Adaptations are inevitable and are regularly made in response to unanticipated challenges in practice. A systematic and proactive focus on adaptation is needed to increase intervention-context fit right from the start.

Methods: This contribution will discuss the adaptation literature in the light of the Intervention Mapping framework.

Results: To increase intervention-context fit one should 1) understand and map the context (i.e., target group needs, stakeholders, and external circumstances), 2) understand and map the intervention rationale, and 3) adapt the intervention accordingly. Case studies (e.g., Up for Cooking) showed how action-oriented approaches involving co-creation, observations and trial and error enabled researchers to fully understand the context. Logic models of change, Acyclic Behavior Change Diagrams and choice of behavior change methods can add to this, providing information about the intervention rationale and insight into the causal relationships. Together they provide a starting point for adaptation that increases contextual fit. Examples will illustrate that different versions of a logic model can emerge in light of intervention-context fit, without compromising the purpose and components that play a role in the behavior change process.

Conclusion: A shift towards a more systemic and proactive view of adaptation is needed. This will ultimately help to solve the puzzle of designing and implementing interventions in complex contexts.

Feasibility and Acceptability of a Virtual Eating Disorder Prevention Program for Young Men with Type 1 Diabetes: a Multi-Method Study

Severina Haugvik (Oslo University Hospital - Norway), Elena Toschi (Joslin Diabetes Center - United States of America), Eric Stice (Stanford University - United States of America), Line Wisting (Oslo University Hospital - Norway), Maartje de Wit (Amsterdam UMC - Netherlands)

Presenter: Mareille Hennekes - Amsterdam UMC

Abstract

The Diabetes Body Project (DBP) is a cognitive dissonance-based eating disorder prevention program initially developed for young women with T1D. This study investigated the DBP intervention in a male population with minimal adaptations across 4 study sites: Oslo University Hospital (Norway), Amsterdam UMC (Netherlands), Joslin Diabetes Center (US), and Stanford University (US).

Inclusion criteria were: young men, aged 14-35, with T1D and body image concerns. In total, 24 participants took part in the intervention, which consisted of 6 weekly 1-hour virtual group sessions. Quantitative data on drop-out, attendance, eating disorder symptoms and behaviors, and psychological wellbeing were collected at pre-test and post-test.

Qualitative data were collected through an open-ended feedback questionnaire at post-test and focus groups that were held at both European sites after the intervention. Moderate drop-out rates (25%), and high attendance (73.9% attended all 6 meetings) indicate feasibility of the DBP for young men, though attention is needed to develop more effective recruitment strategies.

Meaningful improvements were found for diabetes-specific quality of life, body dissatisfaction, diabetes distress, diabetes-specific disordered eating behaviors and eating disorder symptoms, controlling for age (partial eta squared ranging from .013 to .151, indicating small to medium effects). Qualitative findings indicate that participants enjoyed and valued taking part in the study, citing a desire to alleviate feelings of isolation related to living with T1D and body image concerns. Importantly, these young men demonstrated willingness to engage, underscoring their interest in contributing to and benefiting from this type of intervention.

Limitations of this study include the small sample size and absence of a control condition. This study is strengthened by its focus on an important yet underrepresented population at heightened risk for developing eating pathology. All in all, the DBP for young men seems to be a promising and much-needed intervention, that warrants further rigorous evaluation.

Developing Shared Decision-Making Interventions in Radiation Oncology Using Participatory Intervention Mapping

Nils Keesmeekers (Maastricht University - Netherlands), Maria Jacobs (Tilburg University - Netherlands), Liesbeth Boersma (Maastricht Clinic - Netherlands), Rianne Fijten (Maastricht University - Netherlands)

Presenter: Anniek van Hienen - Maastricht Clinic/Maastricht University

Abstract

Background: Hospitals seek to implement shared decision-making (SDM) but struggle to embed it in care, especially in oncology where decisions are high-stakes and preference-sensitive. Many SDM tools exist, yet transparent reporting of intervention development and mechanisms of change is limited. We report the patient-partnered development and planned evaluation of SDM interventions in radiotherapy.

Methods: We applied Intervention Mapping and participatory methods to guide intervention development following six iterative steps: (1) needs assessment; (2) identifying intervention targets; (3) selecting behaviour-change techniques and translation into practical applications; (4) integration into a programme; (5) implementation planning ; and (6) developing an evaluation plan. A working group of seven (former) radiotherapy patients was established, with clinical stakeholder consultation incorporated to maximise relevance, feasibility, and fit.

Results: The needs assessment showed patients experienced less SDM than desired. SDM was most limited when radiation oncologists did not present options neutrally because they perceived one option as superior, or when they believed patients were unable or unwilling. Two behavioural outcomes targeting SDM were specified for patients and oncologists. Three environmental outcomes aimed to increase clinicians' perceptions of SDM opportunities, by establishing team consensus, optimising guidelines, and increasing the number of recommendations in multidisciplinary tumour boards. These were translated into performance objectives and linked to determinants: knowledge/skills, attitude, norms, and habit for radiation oncologists, and awareness, support, and norms for patients. Intervention development, implementation and adaptation is ongoing. Effectiveness will be evaluated using repeated cross-sectional consultation observations at baseline and post-intervention, and a patient survey assessing SDM and determinants over time.

Conclusion: Intervention Mapping enabled theory-driven, patient-partnered SDM development with clear reporting of intervention logic, contributing to understanding which techniques improve SDM.

Strengths and limitations: Meaningful participation strengthened programme relevance, though patient partners were highly educated. Early outcome selection enabled baseline measurement but may have limited later optimisation.

Representativeness and inclusivity in Dutch psychosocial - oncology research: A survey on researchers' experiences and perspectives

Kelly de Ligt (Netherlands Cancer Institute - Netherlands), Fabiola Muller (Amsterdam UMC location University of Amsterdam - Netherlands), Tom Bootsma (Erasmus University Medical Center - Netherlands), Saskia Duijts (Netherlands Comprehensive Cancer Organisation - Netherlands), Nicole Ezendam (Netherlands Comprehensive Cancer Organisation - Netherlands), Simone Oerlemans (Netherlands Comprehensive Cancer Organisation - Netherlands)

Presenter: Meeke Hoedjes - Tilburg University

Abstract

Background:

Research forms the basis for evidence-based care, but is not representative. Little is known about the experiences of psychosocial-oncology researchers in the Netherlands and their efforts to conducting representative research.

Methods: Researchers on the mailing list of the Psychosocial Oncology Research Consortium Netherlands (POCON) received an invitation for a survey on representativeness of their research, barriers they experience and their strategies to increase representativeness. Answers to closed questions were analyzed descriptively. Answers to open questions were coded independently by two researchers. Inconsistencies were resolved by discussion with a third researcher. Qualitative data was analyzed using thematic analysis according to the methodology of Braun and Clarke.

Results: Sixty respondents completed the questionnaire. Many participants (75%) were in some form engaged with the representativeness of their research, with 15% having aimed at conducting inclusive research. Patient characteristics that deserve more research attention according to the respondents include socioeconomic status (72%), migration background (58%), health skills (55%) and literacy (43%). Barriers were experienced across the research cycle and include difficulties in gaining funding and reaching the target group. Strategies to improve representativeness include involving stakeholders, building relationships, tailoring recruitment, methods and communication to (potential) participants.

Conclusion: Representative research requires commitment from its stakeholders. Funding bodies and ethics committees should be more open to qualitative methods, (financially) support studies among smaller populations and examine possibilities to reduce reliance on written text. Research staff should be more diverse, apply multimodal communication, and have resources to (personally) approach potential participants outside the medical context. Research institutes and societies should facilitate implementation of such strategies.

Strengths and limitations: This study provides concrete recommendations on how to improve representativeness of psychosocial oncology research. Limitations of this study include a potential participation bias and the limited representativeness of the authors themselves.

Between Stigma and Support: Realist Evaluation of Support for Migrant Informal Carers of Loved Ones with Mental Illness

Paul Kocken (Erasmus University Rotterdam - Netherlands), Özgül Uysal-Bozkir (Erasmus University Rotterdam - Netherlands), Puck Buis (Erasmus University Rotterdam - Netherlands), Maria Smedts (Indigo Preventie Rijnmond - Netherlands), Semiha Denктаş (Erasmus University Rotterdam - Netherlands)

Presenter: Malin Hollaar - Erasmus University Rotterdam

Abstract

Background: Informal caregivers with a migration background supporting a loved one with a mental illness face barriers, like stigma and cultural misunderstandings. The community-based intervention They Aren't Mental?! (TANM) aims to reduce taboos, improve help-seeking, and strengthen social support. TANM consists of three peer educational sessions about mental health and informal care, facilitated by trusted community figures ("ambassadors") and optional follow-up support: either 1-on-1 sessions with a Family-Expert-By-Experience (FEE) or group-based training on coping with mental illness in the family. This realist evaluation (RE) explored through which elements the desired outcomes are achieved and under which conditions. We expected that culturally-sensitive support in a trusted setting would reduce stigma and improve help-seeking.

Methods: This RE consisted of two stages: developing an Initial Program Theory (IPT) from 12 interviews and one focus group, followed by refinement using triangulated data from 10 observations, 76 questionnaires and 27 interviews with target group, ambassadors and staff. This refined theory was validated with the coordinating organizations and used to generate evaluative insights.

Results: TANM was implemented in communities characterized by stigma on mental health and mistrust in formal institutions. We found reductions in taboo, increased awareness of available support and strengthened social support among carers. Key mechanisms included trust-building, recognition through shared personal stories and creation of safe environments. Ambassadors and FEE were central: their cultural alignment, shared language, and existing relationships enabled knowledge transfer modelling of help-seeking behaviors and referral to appropriate support. Impact varied depending on ambassadors' familiarity with participants and accessibility after TANM.

Conclusion: Findings demonstrate that culturally-sensitive, relationship-based approaches can help reduce stigma and improve help-seeking among caregivers with a migration background.

Strength & Limitation: The flexible realist design allowed alignment with both the intervention's dynamic nature and the sensitivities of the target group. However, our combined methods limit conclusions about causality.

Enhancing Vitality: Realist Insights into What Works in Sheltered Workplace Settings

Sanne Bom (Erasmus University Rotterdam - Netherlands), Paul Kocken (Erasmus University Rotterdam - Netherlands), Semiha Denктаş (Erasmus University Rotterdam - Netherlands)

Presenter: Malin Hollaar - Erasmus University Rotterdam

Abstract

Background: People in sheltered employment often face a complex mix of physical, cognitive, mental, and social challenges that affect their health. A Rotterdam sheltered workplace offers a multicomponent vitality program, including walking rounds and free fruit, aiming to increase participation and positive experiences with health-promoting activities, and, in the long-term, healthier behaviors and sustainable employability. Our realist evaluation (RE) explores the program's impact and maps the contextual factors and mechanisms that shape it. We expected social elements, like role modeling by team coaches and interactive components like games and quizzes, to enhance engagement.

Methods: A RE approach was chosen due to the program's complexity and the need to tailor methods to participants' capacities. An Initial Program Theory (IPT) was developed based on 11 stakeholder interviews and the program's logic model. The theory was refined using triangulated data from three focus groups with team coaches, 23 employee interviews, and 12 workplace observations. The refined theory was validated in two meetings with stakeholders and team coaches, and used to generate evaluative insights.

Results: Contextual factors and mechanisms influencing participation and experiences exist on three levels. For employees, interactive elements, simplified messages, alternatives for those with physical limitations, and role modeling increased engagement. Team coaches facilitated participation through motivational guidance and example-setting but required support themselves. At organizational level, well-communicated co-created vision and clear role division enabled these mechanisms. Overall, the program's outcomes varied between departments depending on physical environment and team coaches' attitudes toward the vitality program.

Conclusion: Promoting vitality in sheltered workplaces has the most impact when interventions are tailored to low-literacy contexts, include interactive and skill-building components, and foster social opportunities.

Strength & Limitation: The multi-method design provided rich and complementary insights into mechanisms and contextual influences. Using only qualitative data limits causal claims but offers a strong basis for future research.

Telling people AI was used for personalized health information: The balance between effectiveness and transparency

Gwenn Beets (Tilburg University - Netherlands), Ruben Vromans (Tilburg University - Netherlands), Mariska de Jongh (Elisabeth TweeSteden Ziekenhuis - Netherlands), Emiel Kraemer (Tilburg University - Netherlands)

Presenter: Saar Hommes - Tilburg University

Abstract

Introduction: Narratives may be powerful tools, especially when people need to be persuaded to take action. The effects of narratives may be strengthened by personalizing stories to specific readers. Yet, personalizing stories to specific readers is a labor-intensive task and AI could reduce that burden. It remains unclear, however, if telling readers that AI was used will hinder the effects of these personalized stories.

Method: A 2 (personalisation vs. depersonalization) x 2 (AI-disclosure vs. non-disclosure) between-subjects experiment was conducted with a representative sample (N = 1738, 47.2% female). Participants either read a personalized story about returning to work after injury or a depersonalized story. The story was (de-)personalized based on gender (M/F), work situation (self-employed or employed), personality (optimistic or pessimistic) and living situation (alone or with others). Additionally, half of the participants viewed an AI-disclosure in which it was explained that AI was used to generate the story, while the other half of the participants were told that they read a story based on a patient interview.

Results: Participants reading a personalized story significantly perceived this story as more relevant, supportive and trustworthy than reading a depersonalized story. AI-disclosure significantly impacted relevance, support, trustworthiness and narrative mechanisms. Participants who read the AI-disclosure perceived the story to be less personally relevant, less supportive, less trustworthy and also identified less with the main protagonist and were transported less into the narrative.

Discussion: These results show that although personalization may have positive effects on the perceived helpfulness and trustworthiness of stories, being transparent about the use of AI for the creation of these personalized narratives may undermine these positive effects. Being transparent about the use of AI in health information seems desirable or ethically responsible, yet how we can communicate about the use of AI without undermining positive effect need further exploration.

Behavioural determinants of willingness to test during a hypothetical avian influenza outbreak - An interview study

Diana Griffioen (Public Health Service (GGD) Haaglanden - Netherlands), Mariska Petrignani (Public Health Service (GGD) Haaglanden - Netherlands), Irene van der Meer (Public Health Service (GGD) Haaglanden - Netherlands), Margriet Müskens (Public Health Service (GGD) Haaglanden - Netherlands), Laura Vols (Public Health Service (GGD) Haaglanden - Netherlands), Mia Curtis (Public Health Service (GGD) Haaglanden - Netherlands), Coco Kersten (Public Health Service (GGD) Haaglanden - Netherlands), Hanneke Borgdorff (Department of Public Health and Primary Care, Leiden University Medical Centre - Netherlands), Marieke Adriaanse (Health, medical and neuropsychology unit, Leiden University and Department of Public Health and Primary Care, LUMC - Netherlands), Adriëne van der Schoor (Public Health Service (GGD) Haaglanden and Academic Collaborative Centre for Public Health Lumens - Netherlands), Laurens van Gestel (Health, medical and neuropsychology unit, Leiden University and Department of Public Health and Primary Care, LUMC - Netherlands)

Presenter: Rosa van Hoorn - Public Health Service (GGD) Haaglanden and Health, medical and neuropsychology unit, Leiden University

Abstract

Background: Avian Influenza (AI) is considered as a potential pandemic threat by the World Health Organisation, specifically when human-to-human transmission occurs. For outbreak management, testing is essential. Current knowledge on testing behaviour is mostly derived from other infectious diseases such as Covid-19. It is necessary to identify determinants of testing behaviour for AI in an early phase. This interview study aims to identify a wide range of behavioural determinants of willingness to test during a hypothetical human-to-human transmissible AI outbreak.

Methods: Semi-structured in-depth interviews, based on the Theoretical Domains Framework, were carried out between May 2024 and February 2025. A heterogeneous population in terms of age, gender, educational level and country of origin of seventeen participants (median age 44, range 20-81; 71% women) was included through purposive and convenience sampling. During the interviews an animation was shown illustrating a hypothetical AI outbreak. Verbatim transcripts were thematically analysed.

Results: We found that having the freedom to choose would make testing more acceptable, whereas a decreased sense of autonomy would discourage testing. Other reasons for testing included protecting others and/or one's own health, and gaining psychological reassurance. Low perceived usefulness of testing and lower trust in governmental authorities could hamper testing behaviour. Previous experiences from the Covid-19 pandemic may shape testing behaviour in future AI outbreaks. External conditions like being unable to go to work would encourage testing behaviour.

Conclusion: Key considerations from our study for informing communication strategies include balancing need for autonomy with external measures by work or government, rebuilding trust in institutions and acknowledging how prior experiences with testing may shape testing behaviour in future AI outbreaks.

Strengths/limitations: Conscious effort was made to include a heterogeneous sample, covering multiple subpopulations. Participants' expected willingness to test in our hypothetical scenario may differ from their actual behaviour in real-life situations.

Using the Theory of Planned Behavior to explain community-donations to improve HIV-prevention

Denise Twisk (GGD Rotterdam-Rijnmond - Netherlands), Fraukje Mevissen (GGD Rotterdam-Rijnmond - Netherlands)

Presenter: Bodine Huffels - GGD Rotterdam-Rijnmond

Abstract

Background: The Theory of Planned Behavior (TPB) is widely used to explain health-related intentions and behavior, showing an average explained variance of 40-50%. Evidence for its applicability to explain health-related financial behavior is limited. This study evaluated the explanatory capacity of an extended TPB for donation-intention to PREP2PEER: a community-based fund supporting pre-exposure prophylaxis (PrEP) access, an essential pill for HIV-prevention.

Methods: Clients visiting PrEP-consultations at the Sexual Health Service Rotterdam (mid-2025 to mid-2026) were invited to donate to PREP2PEER. Regardless of donation behavior, clients were asked to complete a pre-tested digital survey measuring TPB constructs, connectedness and outcome-efficacy, using validated Likert-scales. In total, 118 clients completed the survey. Survey responses were linked to pseudonymized client- and donation data. Hierarchical linear regression analyses, with future donation-intention as outcome, compared the baseline TPB model with extended models by stepwise adding connectedness and outcome efficacy (model 1), current donation behavior (model 2) and background characteristics (model 3). Model improvements were assessed using R2 and F-ratios.

Preliminary results: Donations occurred in 17.9% (n=167/935) of PrEP-consultations between July and November 2025 (M=€25; range: €0.50–€204). Adding connectedness ($\beta=0.07$, $p=0.28$) and outcome-efficacy ($\beta=0.21$, $p<0.01$) increased the explained variance of donation-intention ($R^2_{\text{baseline}}=0.43$, $R^2_{\text{model 1}}=0.46$) and improved model fit ($F_{\text{ratio}, 2, 104}=3.32$, $p<0.05$). Adding donation behavior and background characteristics did not further enhance model performance. In the best-fitting model 1, attitude ($\beta=0.29$, $p<0.001$), self-efficacy ($\beta=0.32$, $p<0.001$) and outcome-efficacy ($\beta=0.21$, $p<0.05$) were positively associated with donation-intentions.

Conclusion: Outcome efficacy improves the capacity of the TPB to explain donation-intention in the context of HIV-prevention. To optimize community-based donation initiatives, attitude, self-efficacy and outcome-efficacy should be targeted.

Strengths and limitations: Our study is the first to show the applicability of an extended TPB to explain HIV-prevention-related donation-intentions. However, actual future donation behavior remains unknown due to the lack of a longitudinal design.

Social factors that promote resilience in adolescents with depression

Mathilde Crone (Maastricht University - Netherlands), Jessica Kieft (LUMC - Netherlands), Robert Vermeiren (LUMC - Netherlands)

Presenter: Marsida Hysaj - LUMC

Abstract

Background: Adolescence is a critical period for depression onset. Social protective factors rooted in resilience theory play a vital role in buffering depression risk across individual, family, and socio-community levels. Despite growing evidence, no literature review has synthesized how social buffers influence depression symptoms or depression longitudinally in adolescents. Understanding these factors is crucial as they may explain why some adolescents maintain mental health despite risks for developing depression.

Methods: We included longitudinal studies that assessed social protective factors at three levels (individual, family, social-community) as moderators of depression symptoms or depression in adolescents aged 11–24 years. Risk factors are defined as those positively associated with the development of depression. Our search spanned among others PubMed, Web of Science, PsycINFO, following PRISMA-P guidelines and registered in PROSPERO (ID: CRD42024521146). Rigorous abstract and full-text screening with quality appraisal was conducted by multiple reviewers.

Results: From 1,671 records, 334 papers were full-text screened, and 50 studies met inclusion criteria. Currently we are working on data extraction. Examples of findings include evidence that peer support, perceived friendship quality, and emotional support from parents buffer the effects of negative life events and peer victimization on depressive symptoms over time. Non-parent adult support and a positive family climate protect against the impact of parental psychopathology on depressive symptoms. Additionally, positive parenting style moderates the influence of genetic risk factors on depression in young adults. Other studies reported only main effects of perceived neighborhood cohesion or school engagement.

Conclusion: This review identifies social factors that promote resilience in adolescents against depression and inform strengths-based prevention strategies and refinement of interventions.

Strengths and Limitations: A key strength is the focus on longitudinal evidence which provides insights into temporal effects of social buffers. A limitation is that heterogeneous protective factors and their measures limit comparability across studies.

Determinants of social and behavioural science advice uptake during public health crises: an interview study with COVID-19 policymakers

Inger Abma (IQ Health Science Department, Radboud Institute of Health Sciences, Radboud University Medical Center - Netherlands), Anja Schreijer (Pandemic and Disaster Preparedness Center, Erasmus University Medical Center -), Bas van den Putte (Department of Communication, Faculty of Social and Behavioural Sciences, University of Amsterdam – Netherlands), Danny de Vries (Programme Group Anthropology of Health, Faculty of Social and Behavioural Sciences, University of Amsterdam - Netherlands), Marijn de Bruin (IQ Health Science Department, Radboud Institute of Health Sciences, Radboud University Medical Center - Netherlands)

Presenter: Joni Jacobs - IQ Health Science Department, Radboud Institute of Health Sciences, Radboud University Medical Center

Abstract

Background: Social and behavioural sciences (SBS) can provide crucial insights for managing public health crises, such as pandemics. There is international recognition that the contribution of SBS advice to pandemic policies can be strengthened. This study examines key drivers and barriers for the uptake of SBS advice in policymaking during COVID-19.

Methods: We conducted in-depth interviews with eleven senior civil servants and one cabinet minister involved in COVID-19 policymaking and communication in the Netherlands. Interviews combined general reflections with detailed discussions on important policy decisions. Data were analysed inductively by two coders.

Results: Firstly, the perceived imperative of using SBS advice was relatively low, because unlike medical-epidemiological advisory bodies, SBS advisory bodies were not part of the formal crisis structure. Secondly, the policy space for implementation of SBS advice was often constrained by preexisting policy paths, competing political interests, and limited time. Thirdly, tailoring of SBS advice to policymaking mattered. Advice that was clear, actionable and aligned with policymakers needs was more readily adopted. The advisor's proximity to policymakers was crucial: providing evidence in-person at the decision-making table yielded greater impact than policy briefs.

Conclusion: While policymakers acknowledge the potential value of SBS advice during public health crises, its contribution to policymaking and public health can be improved by formally embedding SBS expertise in the crisis structure, enhancing SBS data and policy advice, and ensuring regular in-person exchanges between SBS advisors and policymakers.

Strengths and limitations: Our interviewees were all key senior civil servants at leading positions during COVID-19 policy-making, providing a rich and authoritative dataset. A limitation of our study is that it focuses on the Dutch political-administrative context, which may limit generalisability to countries with different governance structures.

Unpacking Resistance: Exploring a Socio-Ecological Understanding of Reactance, Skepticism, and Inertia to Meat Reduction

Sanne Raghoobar (Wageningen University and Research - Netherlands), Annelien van Remoortere (Wageningen University and Research - Netherlands), Sophie Boerman (Wageningen University and Research - Netherlands), Harm Veling (Wageningen University and Research - Netherlands)

Presenter: Femke Janssen - Wageningen University and Research

Abstract

Background: Understanding resistance and revealing factors that help minimize resistance are key to fostering and accelerating pro-environmental societal transitions. This research seeks to gain a deeper understanding of how resistance is grounded in the socio-ecological context, to explore similarities and differences in the resistance individuals experience toward pro-environmental transitions. Specifically, this study focuses on resistance to meat reduction, distinguishing reactance (emotion-based resistance to influence), skepticism (cognition-based resistance to the proposal), and inertia (resistance to change).

Methods: Vignette-based semi-structured interviews are planned for February 2025, during which frequent meat consumers in the Netherlands (N=20-30) will be asked to reflect on the resistance they experience to meat reduction. Using the think-aloud method, participants share their experience with diverse situations (e.g. dinner, supermarket, work canteen) visualized with immersive VR, that differ in their social, physical and macro-level environments (i.e. the socio-ecological environment). The data will be coded deductively, using resistance theory and the socio-ecological framework, while leaving room for inductive findings.

Results: Preliminary results can be presented March 2026, giving insight into the predominant source(s) of resistance experienced across the sketched situations, including how they are grounded in the socio-ecological context.

Conclusion: The current study aims to deepen fundamental understanding of the nature of resistance by uncovering its situational embeddedness. This perspective contributes to a deeper understanding of how (social) contexts can stimulate, reinforce, or weaken experienced resistance. These insights can facilitate and potentially accelerate societal transitions such as the protein transition, contributing to promising leverage points for pro-environmental and health change.

Strengths and limitations: The explorative lens adopted in the current research leaves room for new, yet unexplored findings regarding the nature of resistance. Even though the qualitative design of this study limits the generalizability of its findings, revealing socio-ecological factors that shape experienced resistance can inform confirmatory research in the future.

Bridging the Gap: What Patients with Coronary Artery Disease and Healthcare Professionals Need to Promote Physical Activity After Cardiac Rehabilitation

Renske Krijt (Universiteit Leiden - Netherlands), Linda Breeman (Universiteit Leiden - Netherlands), Bart Scheenstra (Basalt Revalidatie - Netherlands), Thijs Eijsvogels (RadboudUMC - Netherlands), Veronica Janssen (LUMC - Netherlands)

Presenter: Annemarie ten Kate - Universiteit Leiden / Hartstichting

Abstract

Background: Sustaining a physically active lifestyle following completion of cardiac rehabilitation (CR) programs remains challenging for patients with coronary artery disease (CAD), as many relapse into a sedentary lifestyle. Incentive-based interventions have proven to be effective in increasing physical activity among patients with CAD and have the potential to be cost-effective at large scale. To inform the design of such an intervention, it is essential to understand what patients with CAD and healthcare professionals consider motivating or helpful for maintaining an active lifestyle. Therefore, we explored their needs and perspectives regarding physical activity promotion.

Methods: Focus groups and semi-structured interviews were conducted with 18 patients with CAD (66.6 ± 8.3 years; 44% female) and 10 healthcare professionals (50% female), respectively. Reflexive thematic analysis was used to identify themes that were then mapped to theoretically driven domains using the Theoretical Domains Framework and COM-B model.

(Preliminary) results: Patients and healthcare professionals reported difficulties in the transition from CR to everyday life, as patients often experience an abrupt end of professional support. Financial costs, other obligations, anxiety, and low motivation were also identified as barriers to sustaining physical activity. Identified facilitators included support from partners or family, exercising with others, incentives such as rewards and social comparisons, perceived health benefits, and engaging in a personally preferred activity.

Conclusion: Maintaining physical activity remains challenging for patients with CAD. Patients and healthcare professionals highlight the need for additional social support during the transition to everyday life, strategies to address financial and psychological barriers, and developing opportunities for personalized engagement.

Strengths and limitations: The use of co-creation strategies involving patients is a strength of this study, with the potential limitation of selection bias, as participants interested in the study may already be more physically active.

Reduced Infant Growth Associated with High Maternal ACE Exposure: No Differences Between Preterm and Full-Term Infants

Anouk Bos (Juliana Kinderziekenhuis - Netherlands), Anne de Grauw (Juliana Kinderziekenhuis - Netherlands), Jessica Kiefte-de Jong (LUMC Health Campus Den Haag - Netherlands)

Presenter: Mark Ketelaars - Juliana Kinderziekenhuis/LUMC Health Campus Den Haag

Abstract

Background Adverse Childhood Experiences (ACEs) are linked to negative health outcomes across the lifespan and may be transmitted across generations, but their impact on early neonatal growth, however, remains limited. This study examined the association between maternal ACE exposure and infant growth (weight, length, head circumference) during the first six months of life, and whether this differed between preterm and full-term infants.

Methods A longitudinal observational study was conducted among mothers and their infants recruited at two children's hospitals and family centres in The Hague. Maternal ACEs were categorised as 0, 1–3, or ≥ 4 . Growth trajectories were analysed using linear mixed-effects models, with interaction-terms to test for differences between preterm and full-term infants.

Results Among 122 mother-infant dyads (57 preterm, 65 full-term), infants of mothers with ≥ 4 ACEs had lower adjusted mean z-scores across all outcomes compared with those of mothers with 1–3 ACEs. The strongest associations were found for head circumference (-0.66 SD; $p = 0.006$) and weight (-0.78 SD; $p = 0.003$), with a weaker but similar pattern for length (-0.53 SD; $p = 0.044$). No significant differences were observed for the 0 ACE group. Interaction analyses showed no evidence that associations differed between preterm and full-term infants.

Conclusions: Maternal exposure to ≥ 4 ACEs was associated with smaller head circumference, lower weight-for-age, and slightly reduced length-for-age in the first six months of life. These associations were consistent across preterm and full-term infants. Further research is needed to clarify mechanisms and support early intervention to break intergenerational cycles of adversity.

Strength: A key strength of this study is the longitudinal design with repeated growth measurements, allowing robust modelling of developmental trajectories.

Limitation: A main limitation is the relatively small sample size, particularly in subgroup analyses, which may reduce statistical power to detect modest effects.

Daily Goals Among People With Varying Socioeconomic Position - A Personal Projects Analysis Approach

Pam ten Broeke (Leiden University - Netherlands), Laurens van Gestel (Leiden University - Netherlands), Marieke Adriaanse (Leiden University Medical Center - Netherlands)

Presenter: Satu Koivusaari - Leiden University

Abstract

Background: Socioeconomic position (SEP) shapes people's everyday lives, influencing the daily goals they pursue. These broader goal contexts matter for understanding health behaviors, yet research on health behavior change and self-regulation has focused on single goals (e.g., increasing physical activity or improving diet). In reality, however, people navigate multiple, often competing goals that draw on limited resources, and the ways these goals interact and how they are psychologically construed may differ by SEP. In this study, we explored the daily goals of people with varying SEP, examining how they appraised these goals, and how the goals connected to health.

Method: We conducted a cross-sectional online questionnaire study examining daily goals across low (n=149), medium (n=150), and high (n=144) education groups. Following the Personal Projects Analysis, participants listed 6-15 daily goals, selected their six most important goals, and then rated these goals on several psychological appraisals derived from core motivation and self-regulation theories. The study used a multilevel design with SEP as a between-subjects factor and goals as a within-subjects factor, with six goals nested within each participant.

Results. Preliminary results show that individuals with medium and high education report more traditional health-related goals (e.g., exercising and cooking healthy meals) than those with low education. However, individuals with low education perceive a broader range of other goals to be related to health. Descriptive analyses also revealed that participants with low (versus high) SEP construe their goals differently (e.g., perceived autonomy and difficulty).

Conclusion: The findings show SEP differences in daily goal pursuit and how people attribute health to daily goals, offering insights for health interventions to align with individuals' motivations.

Strengths and limitations: A strength of this study is its focus on individuals' broader goal context, offering insight into real-world health behavior across SEP. However, the cross-sectional design prevents causal inferences.

The Burden of Blood Pressure Variability: Exploring Patient and Clinician Needs and Pathways to Tailored Support

Annemarie ten Kate (Universiteit Leiden - Netherlands), Linda Breeman (Universiteit Leiden - Netherlands), Saskia van Es (Hartstichting - Netherlands), Andrea Evers (Universiteit Leiden, Medical Delta - Netherlands), Veronica Janssen (LUMC - Netherlands)

Presenter: Renske Krijt - Universiteit Leiden, Hartstichting

Abstract

Background: Blood pressure variability (BPV) involves unpredictable swings distinct from normal fluctuations, causing substantial physical and psychological symptoms and patient burden. Despite its clear link to cardiovascular risk, BPV is frequently overlooked, lacks clear clinical definitions and has no targeted treatment beyond standard hypertension medication, leaving patients' psychological and self-management needs unaddressed. This study aims to explore clinical presentation, treatment challenges, and psychosocial and self-management needs related to BPV.

Methods: Semi-structured interviews were conducted with six patients (aged 64.5 ± 5.01 years, 83% female) and five healthcare professionals (20% female). Data were analyzed using reflexive thematic analyses, ensuring integration of patient and clinician perspectives.

(Preliminary) results: Patients reported physical symptoms, such as headaches and agitation, and psychological burden, with stress, uncertainty, and monitoring-anxiety cycles affecting symptoms and coping. Self-management of symptoms was hindered by limited guidance and medication challenges. Patients expressed a need for personalized care, psychological guidance, clear information, and peer contact. Clinicians highlighted the lack of BPV definitions, diagnostic and treatment complexity, the role of stress, and insufficient time and resources for personalized evaluation and guidance. Both patients and clinicians agreed that targeted relaxation techniques and tailored eHealth tools could support BPV management.

Conclusion: BPV is a complex condition shaped by varied physical symptoms, stress, and differing coping mechanisms. Current care lacks guidance and psychosocial support. Clear information, social support and personalized guidance could enhance understanding, reduce stress, and support self-management skills.

Strengths and limitations: Strengths include the study's citizen-science approach: it was initiated by a citizen with lived experience of BPV, who collaborated in shaping the research focus and interpreting findings. Limitations include the absence of a formal BPV definition, complicating both recruitment and recommendations. The study demonstrates the value of a citizen-science approach integrating patient and clinician perspectives to inform personalized interventions for underrecognized, complex conditions like BPV.

Considering communities of care when designing care plans: A secondary analysis of diabetes encounters in the Netherlands and the United States

Anka van Gastel (Leiden University Medical Center / Mayo Clinic - United States of America), Victor Montori V (Mayo Clinic - United States of America), Felipe Larios (Mayo Clinic - United States of America), Victor M Montori (Mayo Clinic - United States of America)

Presenter: Marleen Kunneman - Leiden University Medical Center, Health Campus the Hague

Abstract

Background: Managing diabetes requires continuous self-care, creating a substantial daily workload. Many people rely on informal “care communities” (partners, family, friends) for support. When care plans fail to consider these support networks, diabetes care becomes harder to sustain. We examined how patients’ care communities are addressed and considered in patient-clinician care planning.

Methods: We conducted a secondary analysis of recordings of routine outpatient diabetes encounters among adult patients at (1) a Dutch academic medical center, or (2) a US federally qualified health center, and their diabetes clinicians (physicians/nurses).

Using a structured coding framework – drawing on treatment burden, caregiver strain, and caregiver burden theories – we classified whether and how care community issues were addressed (absent/mentioned/discussed) across domains of roles (10 categories) and impact (10 categories). We coded conversation initiators, community agents involved, and whether these issues were explicitly integrated into care plan design. We captured illustrative quotes for each category.

Results: We included 182 recorded encounters (NL: N=45; US: N=137). Care community issues were addressed in 57 encounters (31%; NL: 28/45, 62%; US: 29/137, 21%). We identified 116 care community conversations (NL: 74/116, 64%; US: 42/116, 36%), most frequently concerning roles in lifestyle support (N=28; 24%), hypo management (N=13; 11%), and medication management (N=12; 10%). Patients initiated 68% of these conversations. Partners were the most common supporting agents (54%). Of all care community conversations, 59% were explicitly integrated into care plans.

Discussion: This study clarifies how patients and clinicians address care communities that support diabetes self-care and how these are considered in care planning. By identifying current practice patterns and opportunities for improvement, this work informs strategies for more collaborative, context-aware, and sustainable diabetes care.

Strengths/Limitations: Strengths include real-world recorded encounters and a theory-informed coding framework. Limitations include single-setting analyses and reliance on observable talk, omitting unspoken roles/impacts.

Picture living with diabetes: A photovoice study of young adults' efforts in making diabetes care fit into their lives

Anka van Gastel (Leiden University Medical Center / Mayo Clinic - Netherlands), Matthijs Graner-Baars (Stichting eendiabetes - Netherlands), Eelco de Koning (Leiden University Medical Center - Netherlands), Victor Montori (Mayo Clinic - United States of America), Viet-Thi Tran (Universite Paris Cite - France), Sean Dinneen (University of Galway - Ireland), Jessica Mesman (Maastricht University - Netherlands), Joris Swaak (Panton Medical Design Agency - Netherlands), Henk-Jan Aanstoot (Diabeter - Netherlands), Anne Stiggelbout (Leiden University Medical Center - Netherlands)

Presenter: Marleen Kunneman - Health Campus, Leiden University Medical Center/Mayo Clinic

Abstract

Background: Young adults with type 1 diabetes (w/T1D) report high treatment burden, low quality of life, and suboptimal biomedical and psychosocial outcomes, potentially reflecting the poor fit of care in their lives. This study aimed to identify 1) what young adults with type 1 diabetes (w/T1D) do to make diabetes care fit in their lives, and 2) the impact of diabetes and diabetes care on living.

Methods: Dutch young adults w/T1D (18-30 years old) used photovoice to capture real-life situations illustrating efforts to make care fit and their impact on daily life. Participant-identified themes guided focus groups, complemented by a reflective questionnaire, semi-structured interview, and iterative validation to identify participant-defined themes and summarize the data.

Results: Participants (N=18) submitted 240 photographs (median=11; range 2-34), showing a broad range of situations and emotions. Participants identified 16 themes, grouped into four categories:

- 1) My diabetes: glucose levels, workload, 24/7 present;
- 2) My life: flow of (daily) life, special/irregular circumstances, life changes, body and health;
- 3) Support: devices/technology, social networks, clinical care;
- 4) Mental aspects: emotional processes, perspective, being a patient.

Overlapping themes included eating/counting carbohydrates, activity/exercise, and using recreational substances.

Conclusion: Young adults w/T1D face the challenge of fitting their care into their ever-changing lives. Support from devices, clinicians, and social networks can help but may also create burdens. Participants emphasized the importance of mental health in their lives w/T1D. This study highlights the need for care that addresses emotional, social, and practical realities of young adults' lives.

Strengths/limitations: Strengths include the multimethod participatory design, capturing rich, lived experiences. Our relatively homogeneous sample may have influenced theme interpretation. As an unintended benefit, participants felt recognized and supported by their study participation, forming an advisory group for our ongoing research, and supporting an art exposition of collected photos to promote societal diabetes conversations.

Healthy or unhealthy by design? An indicator-based analysis of digital food choice environments of major Dutch supermarket chains

Nicola Swart (Tilburg University - Netherlands), Dore De Jong (Questionmark foundation - Netherlands), Melle Klein Goldewijk (Tilburg University - Netherlands)

Presenter: Nynke van der Laan - Tilburg University

Abstract

Background Food environments shape food choices, and the shift to digital platforms, such as supermarket and meal delivery apps, led to the need for robust indicators to assess exposure, link to health outcomes, and inform policy. While indicators exist for physical supermarkets, those for digital choice architecture are only beginning to emerge; this project therefore aimed to develop such indicators and assess how far Dutch online supermarkets support healthy food choices.

Methods Two observational substudies analyzed major online supermarkets using indicators developed from the choice architecture framework (Münscher et al., 2016). Substudy 1 applied a broad set of indicators across eight app functionalities, while substudy 2 focused in detail on search and checkout. Data collection: Nov-2024 and April/May-2025.

Results Substudy 1: unhealthy products received more emphasis than healthy products; recommended items were often unhealthy, health-related filters/tags were rare, and hedonic prevailed over healthy cues. Substudy 2: 3/4 of supermarkets recommended products at checkout. Although the top product was always healthy (66.7%) or non-food (33.3%), 52.7% of all recommended items were unhealthy, 34.7% healthy, and 12.5% non-food. In search results, healthy products appeared more often in the top half ($M=2.3$, $SD=2.2$) than the lower half ($M=1.7$, $SD=2.0$), but most returned products were still unhealthy.

Conclusion Online supermarkets generally promote unhealthy over healthy products, mirroring patterns seen in physical supermarkets. The use of tactics unique to digital environments, such as personalization, search algorithms, and just-in-time prompts, that are not possible in physical supermarkets, underscores the need for dedicated indicators for online environments.

Strengths/limitations The indicators' high reliability (α 's & ICC's > 0.9) and temporal stability suggests that they are suitable for future research. Longer-term data is required for a more representative insight into the online supermarket landscape.

Can a scratching virtual character induce itch in the observant?

Jard D.J. Mattens (Leiden University, AmsterdamUMC and Medizinische Hochschule Hannover - Netherlands), Roberta Sellaro (University of Padua - Italy), Mariska E. Kret (Leiden University - Netherlands)

Presenter: Antoinette I.M. van Laarhoven - Leiden University

Abstract

Background: Itch perception and scratching can be triggered by observing itch-related cues, such as another person scratching, even when presented via video. From an evolutionary perspective, scratching may protect against parasitic threats. Socially, it may reflect mimicked behavior, similar to yawning, potentially contributing to social bonding. In rodents, direct social interaction appears necessary for itch contagion; in humans, this remains unclear. This study examined whether scratching by virtual characters (VCs), combined with itch-related or neutral images, elicits scratching in observers and affects VC likeability.

Methods: Using a within-subjects design, the factors VC behavior (absent, scratching, or non-scratching) and picture type (itch-related vs. neutral) were manipulated. Forty-one participants (10 male, 31 female; median age 21 years, range 18–35) took part. Across all scratching-VC blocks, each VC scratched 24 times per participant. Participants' scratching behavior was videotaped for scratching analysis.

Results: Across all conditions, participants scratched a median of six times (IQR 4–14), with a median total scratching duration of 21.2 seconds (IQR 12.0–43.6 seconds). Three participants did not scratch, while the most active scratched 46 times. Scratching occurred mainly on the face (29.5%), legs (25.7%), and hands (17.9%). No significant differences between conditions were observed in VC likeability or scratching frequency and duration (all $p > .05$).

Conclusion: Scratching behavior displayed by virtual characters did not significantly increase contagious scratching compared with non-scratching behavior, which may also explain the non-significant effects on VC likeability. Further research is needed to clarify the role of social factors in contagious itch, for which a follow-up study is planned.

Strengths and limitations: Virtual reality provides a highly controlled environment to study itch contagion experimentally. However, participants' scratching frequency was low relative to VC scratching (approximately 1:4), possibly due to motion-tracker gloves restricting natural behavior. Carryover effects between conditions cannot be ruled out.

Microanalysing clinicians' efforts to tailor medical information to cancer patients

Merel Smid (Medical Psychology department, Amsterdam UMC (location AMC) - Netherlands), Julia van Weert (University of Amsterdam / Amsterdam School of Communication Research/ASCoR - Netherlands), Julia Menichetti (Health Services Research Unit (HØKH), Akershus University Hospital - Norway), Ellen Smets (Medical Psychology department, Amsterdam UMC (location AMC) - Netherlands)

Presenter: Anna-Lea van Ooijen - Medical Psychology department, Amsterdam UMC (location AMC)

Abstract

Background: Clinicians are increasingly expected to tailor information to individual patients' information needs and information-processing abilities. By tailoring information, clinicians may mitigate over- and under-informing patients; potentially improving patients' outcomes. Although previous research has explored information tailoring and clinicians' perspectives on it, no observational studies have examined how clinicians tailor information in clinical practice. Such knowledge is crucial to developing relevant training and guidelines.

Method: This qualitative study used microanalysis of clinical interactions to identify clinicians' information tailoring efforts in response to patients' information needs in oncology consultations. Four researchers analyzed 12 video-recordings of clinical consultations in the Netherlands and Norway to identify and characterize patients' information needs and clinicians' tailored responses. A coding system for information tailoring was developed as a key outcome.

Results: Patients' information needs may reflect a desire to expand current knowledge through requests for information, or a desire to process what is already known through requests for understanding. These patient needs may involve emotional undertones. Information tailoring first entails adjusting the content of the information (providing requested information) and second the delivery of information (aligning language choices, and/or matching the emotional undertone). Tailoring may additionally involve joint efforts to create a shared understanding of the patients' need and the information provided. Partial tailoring occurs when clinicians provide too little or too much information, or fail to acknowledge the patients' emotions.

Conclusion: These results provide a nuanced understanding of and coding system for information tailoring practices in clinical interactions. Further research is needed to explore clinicians' motivations for tailoring and its impact on patients.

Strengths and limitations: The study offers a systematic method for studying information tailoring, with a comprehensive coding manual as a result. The validity and reliability of the coding system needs to be evaluated in larger samples from other clinical and cultural settings.

Co-creating Remote COPD Monitoring: Translating Patient and Providers' Values into Actionable Requirements

Mirjam Biemond (LUMC - Netherlands), Hannah van Bruggen (LUMC - Netherlands), Niels Chavannes (LUMC - Netherlands), Jiska Aardoom (LUMC - Netherlands), Marise Kasteleyn (LUMC - Netherlands)

Presenter: Atena Mahboubian - LUMC

Abstract

Prevention and early diagnosis of COPD exacerbations are essential to maintain patient wellbeing and reduce healthcare burden. A non-invasive breath analysis device is being co-created with patients and healthcare professionals (HCPs) to support exacerbation prediction through remote patient monitoring (RPM). This study identified key values related to the device, its use, and COPD care, translating them into product and process requirements with patients and HCPs.

Patients (n=63) and HCPs (n=42) from primary and secondary care were involved in four research activities: 1) exploring values through 34 interviews, four focus groups, and two patient and public involvement (PPI) sessions; 2) validating values via two expert meetings and email feedback from previous participants; 3) translating values into requirements through five focus groups and; 4) prioritizing requirements through two focus groups.

Participants highlighted 38 values for both device and care process which were grouped into nine categories; 1) Patient-centered care and patient outcomes, 2) User-friendliness and inclusivity, 3) Agreements on RPM responsibilities, 4) Patient empowerment, 5) Information provision and guidance, 6) Enhanced care efficiency, 7) Implementation process, 8) HCPs care provision, 9) Safety and reliability. Patients and HCPs translated the values into 140 concrete product (e.g., easy to clean)- and process (e.g., group training before use) requirements.

Requirements were categorized at micro (individual), meso (organizational), and macro (societal) levels to support translation into practice. Lastly, prioritization with patients determined key requirements for the next development phase.

This study demonstrates the active involvement of patients and HCPs throughout all stages of product and process development. This allows RPM solutions to be tailored to their values, needs, and existing ECOPD care processes. This participatory approach offers a strong example of good practice for future co-creation projects and designing equitable health innovations. However, engaging patients with diverse characteristics remains challenging and may hinder inclusivity.

User Voices in Focus: Prioritizing Requirements During Co-Creation

Jiska Aardoom (LUMC - Netherlands), Niels Chavannes (LUMC - Netherlands), Marise Kasteleyn (LUMC - Netherlands)

Presenter: Atena Mahboubian - LUMC

Abstract

This methodological study builds on a previous co-creation phase in which patient and healthcare professionals (HCPs) values were translated into product- and process-related requirements. The current study focuses on prioritizing a subset of these requirements together with patients, using a participatory valuation approach. Specifically, the 100-dollar method was adapted into a simplified 1-euro method to support prioritization of requirements related to usability and inclusivity.

Two focus groups were conducted with a total of 14 patients with chronic obstructive pulmonary disease. Participants were asked to prioritize 32 product requirements derived from eight overarching values. All requirements related to user-friendliness and inclusivity. Per value, the number of associated requirements ranged from three to eight. Participants allocated their "play money" (1 euro) across the requirements within each value group to indicate relative importance.

Some participants experienced difficulty understanding that the maximum amount per value group was limited to one euro. Nevertheless, relative prioritization was still possible, as requirements receiving higher monetary allocations were consistently valued more highly. The total allocation per requirement fell into the following categories: less than 1 euro (n = 5), 1–2 euros (n = 3), 2–3 euros (n = 12), 3–4 euros (n = 8), and more than 4 euros (n = 4). Requirements related to ease of use and accessibility of data for HCPs received the highest prioritization.

This study demonstrates a practical and inclusive approach to involving patients throughout multiple stages of innovation co-creation. Although clear explanation of the prioritization method is essential and deviations from the original plan may occur, patients' perspectives were successfully incorporated into the prioritization of product requirements.

“Magical Relief”: The effectiveness of a video-based magic intervention on experienced distress and pain in children during HPV mass vaccinations - a cluster randomized trial

Anne Versluis (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Edmond Rings (Sophia Children's Hospital ErasmusMC, Department of Pediatrics - Netherlands), Arno Roest (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Victor Middelkoop (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Nienke Vreeken (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Andrea Evers (Leiden University, Health, Medical & Neuropsychology - Netherlands)

Presenter: Henriët van Middendorp - Leiden University, Health, Medical & Neuropsychology

Abstract

Introduction: Vaccinations often elicit high distress in children, with potential negative consequences for pain and future medical procedures. A promising stress-alleviation intervention is magic. ‘Live’ magic programs are not easily scalable for mass vaccinations and magic's working mechanisms are relatively unknown. This study examined the effects of three forms of a video-based magic intervention on self-reported distress and pain in children receiving their HPV-vaccination.

Methods: Participants were 412 9- or 10-year-old children receiving their HPV-vaccination at mass-vaccination locations in April 2024. Children were allocated to one of four groups using cluster randomization, based on vaccination date and time: 1. a 1-minute video of a magic trick by illusionist Victor Mids, during the vaccination, 2. the video including revelation of the secret behind the trick, 3. the video including explanation and a brief post-vaccination video-training to learn the trick, and 4. a regular care control group. Children filled out questionnaires before and after the first HPV-vaccination, and before the second HPV-vaccination six months later.

Results: The magic-intervention groups combined (1-3) showed significantly less distress ($p=.002$) and pain ($p=.004$) after the first vaccination compared to the control group. The most extensive magic group (group 3) showed the largest distress reduction as compared to all other groups ($p < .001$). No significant differences in distress were observed preceding the second vaccination.

Conclusion: These findings suggest a promising easily-implementable non-pharmacological intervention during mass vaccinations for children and highlight the potential of magic as a tool to alleviate immediate distress during medical procedures.

Strengths and limitations: An important strength of this study is its high generalizability, as it was conducted with a large sample of children, directly in daily practice during routine vaccinations. Limitations include the timing differences of the post-vaccination assessment between conditions and the lack of an active control condition.

Does magic do the trick? The uniqueness of magic in distracting children in stressful medical situations

Anne Versluis (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Eftychia Stamkou (University of Amsterdam, Department of Social Psychology - Netherlands), Victor Middelkoop (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Arno Roest (Willem-Alexander Children's Hospital, Department of Pediatrics - Netherlands), Andrea Evers (Leiden University, Health, Medical & Neuropsychology unit - Netherlands), Edmond Rings (Sophia Children's Hospital ErasmusMC, Department of Pediatrics - Netherlands)

Presenter: Henriët van Middendorp - Leiden University, Health, Medical & Neuropsychology unit

Abstract

Background: Within pediatric healthcare, increasing attention is paid to optimizing contextual factors (e.g., using distraction) around a treatment to prevent or reduce negative experiences. Magic may provoke something unique in addition to distraction, including surprise or awe. This study examined whether a magic video differs from other videos in elicited emotions and potential distress-relieving effects in healthy children.

Methods: An experimental study was conducted in 219 7-to-12 year old children (51% boys). All children watched four 1-minute videos in random order, containing a magic trick and three validated neutral, awe-, and joy-eliciting videos. After each video, emotions and perceived impact on vaccination distress were assessed and children ranked all videos in preferred order when in a stressful situation.

Results. The magic video elicited significantly more awe than all other videos (p -values $< .001$), whereas the joy-eliciting video elicited a significantly higher level of joy (p -values $< .001$). There was no significant difference in the expected distress-relieving effects of the magic, joy-, and awe-eliciting videos, which were significantly higher than the neutral video (p -values $< .001$). The magic video was ranked first most often, but preference did not differ significantly from the joy-eliciting video. Overlapping and differing reasons for preferring either video were mentioned.

Conclusion: The study showed the uniqueness of a brief magic-trick video in inducing the emotion of awe, which together with a joy-eliciting video was considered most distress-relieving and preferred in a stressful situation. Future research could examine individual differences predicting preferences for magic versus other videos to enable optimal tailoring of healthcare.

Strengths and limitations: This study is the first in comparing within-subjects how magic differs from other distracting videos in emotions and distress-relief potential. Limitations include the reliance on imagining a stressful situation, which may lack ecological validity. Replication in a stressful setting is required.

Behavioral immune activation, itch contagion, and stigma: insights from an experimental study

Sylvia van Beugen (Leiden University - Netherlands), Antoinette van Laarhoven (Leiden University - Netherlands)

Presenter: Anastasiia Myronenko - Leiden University

Abstract

Background: Behavioral immune activation (BIA) is an evolutionary mechanism that aids in preventing infection through emotional and behavioral processes triggered by disease-relevant cues. BIA has previously been suggested as an underlying mechanism for contagious itch (CI) and stigmatization of people with visible skin conditions, though, in this context, research on CI is limited and absent for stigmatization. This study aims to induce BIA through audiovisual materials and measure its influence on CI and stigmatization of an individual with visible psoriasis lesions, exploring potential correlates of this effect.

Methods: A sample of adult participants (target N=136) viewed a baseline neutral-topic video of a person with no visible skin lesions (V1). Then, participants were randomized into either a BIA-condition (pathogen-themed video) or a neutral condition (neutral video). Afterwards, participants viewed a video of the same person from V1: with visible psoriasis lesions, scratching, and describing intense itch (V2). Self-reported itch and stigmatizing attitudes were measured after V1 and V2. Additionally, participants filled in questionnaires measuring psychological characteristics.

Results: Preliminary results (N=112) show that CI ($p < .001$) and stigmatizing attitudes ($p = .002$) significantly increased after watching V2 compared to V1, with no added effect of BIA pathogen-themed video (both $p > .05$). Psychological factors were related to CI (neuroticism and pathogen disgust sensitivity, both $p < .05$) and stigmatizing attitudes (germ aversion and empathic concern, both $p < .05$). Ongoing data collection may further clarify these effects.

Conclusion: Skin disease cues alone appear sufficient to trigger CI and stigmatization, regardless of additional pathogen-related cues, highlighting the salience of disease cues in shaping social and sensory responses. These findings advance understanding of behavioral-immune processes in dermatological contexts.

Strengths and limitations: While the study was limited by self-report measures and short video stimuli to induce the experimental manipulations, it provides valuable novel empirical evidence on the fundamental mechanisms of CI and stigmatization.

Navigating Digital Transitions in Acute Mental Healthcare: A Compassion-Focused Approach to Integrating Wearables

Charlotte van Lotringen (University of Twente - Netherlands), Tessa Dekkers (University of Twente - Netherlands), Saskia Kelders (University of Twente - Netherlands), Gerben Westerhof (University of Twente - Netherlands)

Presenter: Matthijs Noordzij - University of Twente

Abstract

Wearable devices such as smartwatches are increasingly entering mental healthcare as part of a broader societal transition toward data-driven, technology-supported treatment. Yet despite their availability, their integration into daily practice remains limited. Professionals face tensions that are typical of technological transitions: uncertainties about data interpretation, fears of technological burden, and concerns that digital tools may disrupt the relational, value-driven foundations of care.

Compassion, central to mental healthcare and increasingly recognised as a guiding value in responsible innovation, offers a lens for navigating these shifting professional and technological landscapes. This contribution presents findings from two complementary studies examining how compassion-focused implementation strategies can support this transition.

In a first study, patients (n=9) and professionals (n=13) participated in five co-design sessions to articulate needs, concerns, and aspirations surrounding smartwatch use during acute group-based treatment. A 3x2 design (manual/infographic/card set x efficiency- vs compassion-focused framing) yielded six prototypes, culminating in a compassion-focused card set that reframes wearable data from a self-optimisation narrative toward one that fosters shared reflection, emotional safety, and interpersonal connection. A second study evaluated this card set in a mixed-methods replicated single-case design with five professionals.

While quantitative outcomes showed no consistent improvements in acceptance, compassion, or therapeutic alliance, smartwatch use increased immediately after introducing the materials. Qualitative results indicated that the card set supported professionals in navigating the transition by offering structure, fostering deeper conversations, and aligning technology use with therapeutic values. Persistent barriers, such as fluctuating patient readiness, mixed groups, and apprehension about data-driven care, highlight the complexity of technological change in healthcare settings.

Together, these studies show that compassion-focused implementation materials can help clinicians and patients negotiate the challenges of a rapidly digitalising mental healthcare system, fostering value-aligned adoption within a period of significant societal and technological transition.

Easy, Open, and Free: An Introduction to iROCK for Qualitative Determinant Studies

Jason Bryer (Data Science and Information Systems; School of Professional Studies; City University of New York - United States of America), Szilvia Zörgő (Department of Society Studies; Faculty of Arts & Social Sciences; Maastricht University - Netherlands)

Presenter: Gjalt-Jorn Peters - Theory, Methods & Statistics; Faculty of Psychology; Open University of the Netherlands

Abstract

Background: Behavior change interventions are only effective to the degree that they target the sub-determinants that cause the focal behavior. To acquire as complete an overview of these sub-determinants as possible, qualitative methods are invaluable. However, most qualitative analysis software is closed software, incompatible with open science principles.

Methods: We leveraged the Reproducible Open Coding Kit, an open standard for qualitative approaches and the {rock} R package to develop iROCK, a graphical user interface that allows qualitative research consistent with open science principles.

Results: In this contribution, we will introduce iROCK and illustrate its use for determinant studies. We also show how linking codes to specific determinants stored in a Construct Repository enables publishing Findable, Accessible, Interoperable, and Reusable (FAIR) qualitative data. This, in turn, helps knowledge syntheses and facilitates theory development based on the organized descriptive data collected in determinant studies.

Conclusion: iROCK is an easy, open, and free graphical user interface that lends itself well to coding data from determinant studies. Unlike projects in closed software for qualitative data analysis, iROCK projects are accessible to researchers, policymakers, practitioners, and other professionals and citizen scientists regardless of their funding situation and available licenses. Therefore, using iROCK facilitates collaboration, open science, and accumulation of behavior change science.

Strengths and limitations: The main limitations are that in its current version, iROCK still lacks some features that are present in other qualitative software; and that because all programs work differently, iROCK takes some getting used to. The main strengths are that iROCK is easy, open, and free; that use of the underlying ROCK standard avails a research team of all other ROCK-based software; and that iROCK facilitates on the one hand collaboration with other collaborators and stakeholders both within and without academia and on the other hand knowledge accumulation.

Where there is change, there is resistance: understanding different types of resistance to meat reduction

Leonor Barbosa Carlos (Wageningen University & Research - Netherlands), Harm Veling (Wageningen University & Research - Netherlands)

Presenter: Sanne Raghoobar - Wageningen University & Research

Abstract

Understanding why people resist recommended behavioural change is key to accelerating the adoption of less normal pro-environmental behaviours. Yet it remains unclear which types of psychological resistance are most common and whether these resistance types are associated with distinct perceptions and behaviours. This study addresses this gap by exploring three types of resistance toward meat reduction: reactance (emotion-based resistance to influence), scepticism (cognition-based resistance to the proposal), and inertia (resistance to change).

A pre-registered online cross-sectional segmentation study was conducted with 1000 UK daily meat-eaters, representative by gender and political affiliation. Participants completed the Resistance to Meat Reduction Questionnaire (RMRQ), along with measures of descriptive, injunctive, and dynamic norm perceptions toward meat avoidance, and intentions-to-change. Participants were assigned to one of the three a priori identified resistance segments based on their highest mean score on the subscale of the RMRQ.

A priori segmentation revealed that the majority of categorized participants (n=886) predominantly experienced inertia (83.2%), followed by reactance (11.6%) and scepticism (5.2%). The inertia segment reported lower intentions to reduce meat consumption than the other segments and weaker descriptive and injunctive norm perceptions compared with the scepticism segment. The scepticism segment (versus reactance and inertia) was associated with stronger dynamic norm perceptions and higher meat reduction intentions, with dynamic norms mediating this association between scepticism and meat reduction intentions (compared to inertia and reactance).

This first correlational study highlights the importance of addressing widely experienced inertia and the role of perceived dynamic norms in the association between resistance and intentions-to-change. While the psycho-behavioural segmentation approach is novel and reveals meaningful differences between population groups, the correlational design limits causal inference and a deeper understanding of resistance segments. Future experimental and qualitative research is needed to further examine these resistance profiles and inform (micro)targeted and differentiated interventions for pro-environmental behaviour.

Perceived barriers and facilitators for discussing and acting on Patient-Reported Outcome Measures (PROMs) in routine dialysis care: a qualitative study

Marc Hemmelder (Erasmus Medical Center - Netherlands), Coby Annema (University Medical Center Groningen and University of Groningen - Netherlands), Alferso Abrahams (University Medical Center Utrecht - Netherlands), Friedo Dekker (Leiden University Medical Center - Netherlands), Willem Jan Bos (Leiden University Medical Center and Sint Antonius Hospital - Netherlands), Yvette Meuleman (Leiden University Medical Center - Netherlands)

Presenter: Eline Schade van Westrum - Leiden University Medical Center

Abstract

Background: Patient-reported outcome measures (PROMs) can improve symptom-recognition, patient-professional communication, and healthcare outcomes. However, guidance is needed on how to respond and act on PROMs-results. This study aimed to acquire in-depth knowledge about stakeholders' perceived barriers and facilitators regarding PROMs discussion and management in routine nephrology care.

Methods: Individual semi-structured interviews were held with a purposively-sampled heterogeneous Dutch stakeholder-group (n=18;nephrologists/social workers/nurses/researchers/policymakers/ sleep-therapist) using an interpretive description approach. Transcripts were analyzed inductively using thematic analysis.

Results: Most stakeholders considered PROMs an important tool with potential, e.g., to ensure sufficient attention is paid to symptom-burden. However, they encountered barriers when discussing and acting on PROMs and shared how to facilitate this.

First, undefined responsibilities hamper optimal PROMs-usage. Clarification is required about different roles that (healthcare) professionals should fulfil throughout the PROMs-healthcare trajectory.

Second, PROMs are not suitable for all patients. Adaptations are required to make PROMs more inclusive, and guidance should be provided on how to support patients with lower (health) literacy-levels.

Third, healthcare professionals experience uncertainty when discussing 'less physical/medical' symptoms (e.g. sleep-, mental-, sexual problems). Guidance and training are needed on how to address these sensitive and psychosocial symptoms. A comprehensive guide containing evidence-based multidisciplinary symptom-management strategies, referral options outside the dialysis team (e.g. psychologist, sexologist), and patients' opinions on dealing with PROMs-results is required.

Conclusion: Guidance is needed on how to organize, discuss, and act on PROMs-results in routine care to ensure effective and inclusive PROMs-healthcare trajectories for all dialysis patients. Further research is needed to identify patients' needs regarding discussing and acting on PROMs.

Strengths and limitations: Incorporating this study's in-depth knowledge into designs of PROMs-healthcare trajectories will provide PROMs-users with the necessary support and will increase the likelihood of successful adoption and implementation in routine care. Future studies should include more participants with negative attitudes towards PROMs-usage.

Strengths and challenges of working with a planning group: Insights from Intervention Mapping

Presenter: Francine Schneider - Maastricht University

Abstract

Background: Meaningful participation of a wide and diverse range of stakeholders is fundamental to the successful development, implementation and evaluation of health-promoting programmes. In Intervention Mapping (IM), this is emphasised by establishing and working with a diverse and inclusive planning group (Step 1). This should ensure meaningful, respectful and equitable involvement of all members, thereby increasing programme relevance, acceptability and sustainability. Despite its central role in IM, practical challenges in forming and engaging planning groups are common and often underreported.

Methods: We reflect on experiences and recurring challenges related to stakeholder participation within IM and discuss (1) the composition of the planning group, (2) strategies to support planning group engagement, and (3) assessing the impact of working with a planning group.

Results: 1) Establishing an effective planning group requires careful consideration of stakeholder diversity, including members of the priority population, individuals with behavioural or implementation expertise, and stakeholders with authority or decision-making power. The composition should be regarded as dynamic, adapting across phases of programme development. (2) Employing participatory (research) methods strengthens both the quality of outputs and the collaborative process, fostering shared ownership and a deeper understanding of programme goals, strategies and determinants. (3) Systematic reflection and reporting on the influence of the planning group are essential.

Conclusion: Working with a planning group is an essential part of IM. Reflecting on challenges is important to further improve stakeholder engagement and assessing the impact of participatory (research) methods.

The Relationship between Stalking Experiences and Mental Health: Insights from a Dutch University Student Sample

Jana Barth (Maastricht University - Netherlands), Caro Boxnick (Maastricht University - Netherlands), Robyn Mooney (Maastricht University - Netherlands)

Presenter: Julia Schnepf - Maastricht University

Abstract

Stalking is a pervasive form of interpersonal violence that can have severe consequences for victims' psychological well-being. This study examined how stalking experiences relate to emotional distress, self-blame, rumination, and depressive symptoms among students from a Dutch university.

A total of $N = 149$ participants (129 female, 16 male, 4 non-binary, $M_{age} = 21.95$, $SD = 4.75$) completed an online survey including validated measures of stalking experiences, maladaptive coping patterns, and depression symptoms. Linear regression analyses with bootstrapped standard errors were conducted to estimate the effects of stalking experiences and stalking duration on the four mental health outcomes.

Results showed that higher levels of stalking experience were significantly associated with greater self-blame, rumination, and depressive symptoms, but not with emotional distress. The study underscores the importance of developing interventions that address maladaptive coping strategies — particularly self-blame and rumination — to mitigate the long-term mental health consequences of stalking.

Future research should employ longitudinal designs and more diverse samples to clarify causal mechanisms and enhance generalizability.

A Compassion-Based App to Support the Well-Being in Individuals with Cancer: A Multiple Baseline Intervention Study

Jun Wang (UMCG - Netherlands), Stans Drossaert (University Twente - Netherlands), Judith Austin (University Twente - Netherlands), Ernst Bohlmeijer (University Twente - Netherlands)

Presenter: Maya Schroevers - UMCG

Abstract

Background: Psychological distress is common in people with cancer, yet their access and uptake of face-to-face psychosocial care is limited. We evaluated the effects of *Compass-Y*: a self-guided compassion-based app, specifically co-designed with patients and oncological care professionals to cultivate self-compassion and reduce self-criticism.

Methods: We used a non-concurrent multiple-baseline design with a 2–3 week baseline (6–9 assessments) and a 6-week intervention phase (18 assessments). Distressed patients with cancer (N=28) completed brief ecological momentary assessments three times per week. Primary outcomes: self-compassion and self-criticism. Secondary outcomes: mindfulness, affect, and coping (i.e., acceptance, positive reappraisal, rumination, avoidance). Group-level intervention effects were tested with randomization analyses; individual-level effects with Tau-U. Associations between app use (i.e., accumulated exercise completion) and outcomes were examined using multilevel models.

Results: Compared with baseline, participants showed a large increase in self-compassion ($d=1.01$) and a moderate decrease in self-criticism ($d=0.56$). In addition, small-to-moderate improvements were observed in mindfulness ($d=0.51$), acceptance ($d=0.51$), positive affect ($d=0.43$), and reductions in rumination ($d=0.55$), avoidance ($d=0.38$), and negative affect ($d=0.38$). At the individual level, most participants showed significant increases in self-compassion (86%) and reductions in self-criticism (82%). Greater accumulated exercise completion was associated with more improvement in self-compassion and reduction in self-criticism as well as more increase in acceptance and reduction in rumination.

Conclusion: In distressed patients with cancer, a self-guided compassion-based mobile intervention can meaningfully improve compassion-related outcomes and a broader range of psychological outcomes.

Strengths and limitations: Strengths include the rigorous multiple-baseline design, intensive longitudinal measurement, and linkage of outcomes to objective in-app usage. Limitations include selective attrition (e.g., fewer men), no randomized control group, and potential assessment reactivity from repeated self-monitoring.

Unboxing Support: A Process Evaluation of the 'In the Box' Intervention to Promote a Healthy Start in Life

Ilona Stamhuis - van de Kolk (Open Universiteit - Netherlands)

Presenter: Yil Engbersen - Severijns - Open Universiteit

Abstract

Background: Socioeconomic health disparities remain a persistent challenge in the Netherlands. The city of Heerlen exemplifies these inequalities, showing below average health outcomes and high rates of low literacy. Early-life disadvantages among children are a key concern, as they reinforce long-term health and social inequities. As part of the National Programme Heerlen-Noord, the "In the Box" intervention aims to promote early childhood development and strengthen parental support. This study presents a process evaluation exploring parents' perceptions of the implementation of the intervention in Heerlen-Noord.

Methods: A longitudinal qualitative study will be conducted using semi-structured interviews with parents of a newborn who participated in the "In the Box" intervention. Participants were recruited between April and November 2025 through Stork Mothers (experts by experience). Interviews explored parents' experiences with the intervention, including the gift box, community connections, and the Sjpruut initiative.

Results: Twelve interviews were conducted at the first measurement point (preliminary results) including four with both parents and eight with mothers only (age 26-43 years). Most parents were low educated, and cohabiting or married. Parents generally valued the gift box, particularly the practical items (e.g., diapers, hydrophilic cloths, sleeping bags), and appreciated personal contact with Stork Mothers. Initial confusion about the program's origin and purpose was common but resolved after clarification. Few parents had yet visited the "Sjpruut Café", mainly due to time constraints, distance, or their infants' age.

Conclusion: The gift box serves as an accessible means of connecting with families and may facilitate early identification of needs and referral to support services. Participation in the "Sjpruut Café" remains limited but may increase over time.

Strengths and limitations: A strength is the evaluation of a practice-based developed intervention from a parental perspective. A limitation is the absence of interview recordings, but was justified to enhance participant comfort and data quality.

From scabies notification to implementation of preventive measures: A qualitative study on behavioural determinants among students

Hélène Voeten (Public Health Service Rotterdam Rijnmond, & Department of Public Health, Erasmus MC, University Medical Center Rotterdam - Netherlands), Fraukje Mevissen (Public Health Service Rotterdam Rijnmond, & Department of Public Health, Erasmus MC, University Medical Center Rotterdam - Netherlands)

Presenter: Sunia Somra - Public Health Service Rotterdam Rijnmond, & Department of Public Health, Erasmus MC, University Medical Center Rotterdam

Abstract

Introduction: Contact notification (CN) is a key strategy for reducing scabies transmission by informing exposed individuals so they can take preventive measures. However, its success depends on how effectively the contacts implement these actions, i.e. treatment and hygienic measures. To date, limited research has examined the actions contacts take after receiving CN and the determinants influencing this behaviour. To guide future interventions, this study aimed to investigate the extent to which students take preventive measures after receiving a CN and which socio-psychological determinants affect this behaviour.

Methods: In-depth semi-structured interviews were conducted with 15 Dutch students living in student houses who had recently received a scabies CN. The interview protocol was developed based on national guidelines on scabies prevention measures, literature, and health behaviour theories. It addressed experiences with CN, implemented measures, and behavioural determinants. Data were analysed thematically using Atlas-ti, with researcher triangulation to enhance validity.

Results: Most participants implemented the recommended preventive measures after receiving a CN. However, the accuracy of their implementation varied across participants. Important individual determinants that seemed to influence this behavior were knowledge and awareness, attitude, emotions, perceived transmission risk, perceived self-efficacy and skills, perceived response efficacy, and cues to action. Important environmental determinants included descriptive norms, access to treatment, social support, available information sources, and the general practitioners' response.

Conclusion: Both individual and environmental determinants influence the extent to which students implement preventive measures. Interventions should address knowledge gaps, improve risk perception, reinforce descriptive norms, and enhance access to treatment.

Strengths and limitations: A potential limitation of this study is sampling bias, as all participants appeared highly compliant with the recommended preventive measures. Despite this, the study is among the first to explore behavioural determinants after receiving a CN, in general and specifically for scabies. It provides an essential foundation for future research.

Mental Well-being and Lifestyle Behaviours: A Longitudinal Study Among Dutch Vocational Education Students (LEMBO Study)

Inge van der Wurff (Open Universiteit - Netherlands), Anke Oenema (Open Universiteit - Netherlands), Catherine Bolman (Open Universiteit - Netherlands), Lilian Lechner (Open Universiteit - Netherlands)

Presenter: Sifra Swagerman - Open Universiteit

Abstract

Background: The rising prevalence of mental health issues among young adults in the Netherlands is alarming. Unhealthy lifestyle behaviours—such as insufficient physical activity, poor diet, smoking, excessive alcohol intake, illicit drug use, high screen time, and inadequate sleep—are also widespread. Mental health and lifestyle behaviours are closely intertwined. Previous research has focused on general adult populations or university students, overlooking vocational education students, who face unique challenges and are often of low socio-economic status.

Objective: This study aims to examine longitudinal changes in mental health and lifestyle behaviours among Dutch vocational education students over one year, and to investigate bidirectional associations between lifestyle behaviours and mental health and well-being.

Method: A longitudinal cohort design with three measurement waves over one year was used. Dutch vocational education students completed questionnaires at baseline, six months, and twelve months. Mental health was assessed using the Mental Health Inventory-5, and positive mental well-being with the Warwick–Edinburgh Mental Well-being Scale. Lifestyle behaviours included diet, physical activity, sedentary behaviour, sleep, substance use, and screen time. Random Intercept Cross-Lagged Panel Models will be conducted to examine bidirectional associations between changes in lifestyle behaviours and changes in mental health and mental well-being over time.

Results: The analytical sample consisted of 1489 students at baseline. Slightly more than half were female (58.2%), with a mean age of 16 years. Most participants (76.3%) were enrolled in level-4 vocational education programmes. Preliminary results on the associations between lifestyle behaviours and mental health outcomes will be presented at the AHRP conference.

Conclusion: This study will enhance understanding of how lifestyle behaviours and mental health and well-being are related over time in vocational education students, informing preventive intervention strategies.

Strengths and limitations: Strengths include the longitudinal design. Limitations include reliance on self-reported data.

The Right Push at the Right Time: Exploring How Socioeconomic and Personal Factors Shape Nudge Effectiveness Across Different Just-in-Time Nudges

Loes Janssen (Tilburg University - Netherlands), Tessa van Leeuwen (Tilburg University - Netherlands), Sabita Soedamah-Muthu (Tilburg University - Netherlands), Nynke van der Laan (Tilburg University - Netherlands)

Presenter: Nicola Swart - Tilburg University

Abstract

Background: Poor diets disproportionately affect people with lower socioeconomic position (SEP). As grocery shopping shifts online, just-in-time (JIT) nudges, pop-up messages shown at the moment of choice, offer opportunities to promote healthier food selections. However, it remains unclear which socioeconomic and psychological factors should guide equitable personalisation. This study examines whether SEP, general decision-making styles (GDMS), and food choice motives (FCM) moderate the effectiveness of different JIT nudges, and whether reactance and ease of identifying healthier options mediate these effects.

Methods: In a preregistered online experiment (OSF.IO/TRF4V), 600 Dutch adults were recruited via PanelClix and randomly assigned to one of five conditions in a realistic mock supermarket app (MAND): (1) no nudge, (2) visibility-only, (3) descriptive nutritional label, (4) hedonic enhancement, or (5) social-norm nudge. When participants selected an unhealthy product, the app recommended a healthier alternative according to the condition. Primary outcomes were nudge effectiveness (proportion of recommendations accepted) and basket healthiness (mean nutritional score of the final basket).

Results: Data collection finished in week 52 of 2025. The sample at the time included 593 participants. The mean age was 50.6 years (range 18-84), 59.6% were women, and education levels were: 22.4% lower, 37.2% middle, and 40.4% higher. Condition sizes were approximately balanced (n=124-158), with no evidence of imbalance. Full hypothesis-testing analyses are currently underway. Based on preregistered hypotheses, JIT visibility nudges are expected to increase healthier choices compared to no nudge.

Conclusion: This study advances understanding of how socioeconomic and psychological factors interact with digital nudge design. By identifying meaningful personalisation parameters, the findings can inform the development of equitable nudging strategies that reduce SEP-related health disparities.

Strengths include preregistration, randomisation, and a realistic shopping task.

Limitations include simulated purchasing and a Dutch sample, which may limit generalisability.

How Experience similarity influences Evaluation Certainty and Evaluation Consistency Over Time

Chao Zhang (Eindhoven University of Technology - Netherlands), Sanne Raghoobar (Wageningen University & Research - Netherlands), Harm Veling (Wageningen University & Research - Netherlands)

Presenter: Bastiaan Tan - Wageningen University & Research

Abstract

Consistent behaviour is essential to achieve positive health outcomes. People choose what is evaluated as most preferable at the moment of decision. Consistent evaluations of preferability are thus important for consistent behaviour. Evaluation consistency may be related to evaluation certainty. This suggests that for consistent behaviour over time, certainty- and consistency of evaluations are pivotal. We explore whether more similar experiences lead to more certain and consistent evaluations, at increasing time intervals between experiences and evaluations.

We conducted three preregistered, within-subjects online experiment. Experiment 1 (N=71) combined an instrumental learning task with Go/Nogo-training. Participants learned values of unfamiliar objects with varying experience similarities. After learning participants estimated the objects' values and reported their estimate certainty. Experiment 2 (N=75) consisted of 2 sessions. It replicated experiment 1, and adding a second session to increase time between learning and evaluation. Experiment 3 (N=84) replicated experiment 2, except familiar snack food items were used as stimuli instead of unfamiliar objects.

Experience similarity positively determined evaluation certainty across all experiments ($p_{exp1} = .039$, $p_{exp2} = .009$, $p_{exp3} < .001$). Experience similarity also positively determined within-session evaluation consistency in all sessions of experiment 2 and 3 ($p_{exp2session1} < .001$, $p_{exp3session1} = .011$, $p_{exp3session2} = .002$), except for session 2 of experiment 2 ($p_{exp2session2} = .213$), possibly reflecting memory decay of the objects' values. We did not find compelling evidence for consistency differences between-sessions.

We show that experience similarity influences certainty and, in many situations, also within-session consistency. This points to a concrete lever through which health interventions may promote sustained behavioral change: experiences should not only be positive, but also similar.

The experiments first replicate previous findings and then build on each other, thereby systematically contributing to understanding of consistency. Our assumption that mental representations of experiences remain stable over time may constitute a limitation.

Life After Radiotherapy: Integrating Patient Narratives Into a Decision Aid for Breast Cancer Care

Simone Mingels (Department of Radiation Oncology (Maastr), GROW Research Institute for Oncology and Reproduction, Maastricht University - Netherlands), Rianne Fijten (Department of Radiation Oncology (Maastr), GROW Research Institute for Oncology and Reproduction, Maastricht University - Netherlands), Daniela Raphael (Amsterdam UMC - Netherlands), Marcel Stam (Radiotherapiegroep, Arnhem, The Netherlands - Netherlands), Desiree van den Bongard (Amsterdam UMC - Netherlands), Olga Damman (Amsterdam UMC - Netherlands), Liesbeth Boersma (Department of Radiation Oncology (Maastr), GROW Research Institute for Oncology and Reproduction, Maastricht University - Netherlands)

Presenter: Madeline Therrien - Department of Radiation Oncology (Maastr), GROW Research Institute for Oncology and Reproduction, Maastricht University

Abstract

Background: As healthcare systems increasingly prioritize patient-centered, value-based care, interest is growing in decision support tools that incorporate patients' lived experiences. After breast cancer radiotherapy (RT), many individuals face persistent physical and psychosocial challenges that affect daily functioning. The BRASA patient decision aid (PtDA) supports shared decision making (SDM) around RT, yet users report insufficient experiential content. Patient narratives may help address this gap and align the PtDA with person-centered care.

Methods: Semi-structured interviews were conducted with 14 women who completed RT 6 months to 5 years prior, exploring functional, emotional, and social consequences of treatment. Thematic analysis identified locoregional, general, and overarching quality-of-life (QoL) effects. Narratives were classified using Shaffer & Zikmund Fisher's taxonomy by content, purpose, and valence, following IPDAS guidelines for transparent, rigorous selection.

Results: Participants described ongoing locoregional effects (e.g., pain, reduced mobility, breast changes) and general effects (e.g., fatigue, cognitive difficulties) that disrupted routines, work roles, and self-identity. Three overarching themes—comparison with the pre-treatment self, adapting to limitations, and navigating work participation—captured broader QoL impacts. Narratives were largely experiential or outcome-focused and predominantly negative in valence. Thirteen balanced narratives were selected for integration into the BRASA-PtDA.

Conclusion: Incorporating patient narratives into PtDAs may enhance understanding, expectations, and engagement in SDM, offering a more psychologically informed and person-centered approach to breast cancer care. The findings illustrate how qualitative methods can inform patient-centered perspectives in decision aids and support value-congruent decision making. Future research will examine how patients interact with these narratives and how they shape understanding, preferences, and choices.

Strengths and limitations: A key strength is the systematic approach to narrative selection, providing a transparent framework for integrating patient perspectives. Limitations include the small, geographically limited sample, and potential biases in self-reported narratives.

“I look at them differently now, like: how can I connect?”: a mixed methods evaluation of an identity- and autonomy-based approach to health behavior promotion during pregnancy

Eline Meijer (Leiden University Medical Center - Netherlands), Leonieke Breunis (University Medical Center Rotterdam - Netherlands), Matty Crone (Maastricht University - Netherlands)

Presenter: Rukiye Turkeli - Leiden University Medical Center

Abstract

Background: Identity, the way individuals perceive themselves, and autonomy, referring to feeling volitional in decision making, are important determinants of health behaviors. However, interventions around pregnancy mainly focus on rational cognitions, with little attention to identity and autonomy. We co-designed a blended training program and accompanying conversation tool for midwives and youth healthcare professionals (HCPs). The training teaches HCPs to promote health behavior change in an identity- and autonomy-supportive way, taking vulnerable circumstances into account. As part of a larger study, this study assessed satisfaction with the training and the acceptability of the conversation tool.

Methods: A mixed-methods real-life pre-post intervention study among HCPs who completed an e-learning and a face-to-face group session. Quantitative data were collected through self-reported surveys at baseline, control period, and at 1-month and 3-month follow-up, and semi-structured interviews were conducted at 3-month follow-up. Data collection is planned from February 2025 to July 2026 and we aim to include 30-40 HCPs.

Results: Preliminary survey results showed that the training was rated positively and perceived usability of the training in practice was high. Participants agreed that the training provided new knowledge and skills for conducting conversations about healthy behaviors. The tool was perceived as usable in daily practice and suitable for clients in vulnerable circumstances.

Intention to use the tool in future client contacts was also high. Interviews showed that participants mainly used the tool as inspiration for conversations, and preferred single questions over elaborate exercises due to time constraints. Participants indicated that the training and tool helped them to understand pregnant women engaging in risk behaviors, and led to reduced tension and frustration during conversations about health behaviors.

Discussion: The training and tool were positively received by HCPs so far. Further analyses in a larger sample will also show effects on clients' experiences of conversations.

Co-creating behavior change interventions to reduce child wasting and stunting in Afghanistan

Sarah E. Stutterheim (Maastricht University - Netherlands)

Presenter: Tugce Varol - Maastricht University

Abstract

Background: Child malnutrition in Afghanistan poses serious threats to health, society, and economy. Despite ongoing efforts, malnutrition rates remain among the highest globally, indicating the need for systematic approaches. This project collaborates with UNICEF Afghanistan to develop and evaluate behavior change interventions for preventing child wasting and stunting through co-creation sessions.

Methods: The Intervention Mapping (IM) approach was used to conduct a needs assessment, support UNICEF in designing a behavior change program, draft an implementation plan, and plan a collaborative evaluation. For IM Step 1, we conducted semi-structured online interviews with UNICEF staff and implementing partners in Afghanistan (N=10) to explore behavioral and environmental drivers of wasting and stunting, key social actors, existing resources, and implementation barriers and facilitators. Interviews were transcribed verbatim and analyzed thematically. Intervention design was guided by IM Steps 2 and 3.

Results: The needs and asset assessment highlighted key influences on caregivers' feeding, hygiene, and healthcare-seeking behaviors (e.g., awareness, social norms). Broader issues like food insecurity, limited healthcare, and socio-political constraints further worsen child malnutrition. In IM Steps 2 and 3, we supported UNICEF Afghanistan in designing a social and behavior change program for child wasting and stunting. Co-creation sessions helped define outcomes and performance objectives, select determinants, formulate change objectives, choose behavior change methods, and translate them into practical applications.

Conclusion: Child malnutrition in Afghanistan is driven by social, economic, and environmental factors. This project presents the co-creation of behavior change interventions with UNICEF and insights from the process.

Strengths and limitations: Using IM with co-creation sessions enabled a systematic and participatory development of intervention components and ensured that field experience and cultural context informed each step. Although the needs-assessment interviews did not include the target population (a limitation), the stakeholders contributed substantial field knowledge to the understanding of the problem.

Associations between psychological and contextual factors and sexual health behavior: A systematic review of ecological momentary assessment studies.

Hanne Zimmermann (Maastricht University - Netherlands), Dimitra Kale (University College London - United Kingdom), Daniel Powell (University of Aberdeen - United Kingdom), Chantal den Daas (University of Aberdeen - United Kingdom), Jan Keller (Freie Universität Berlin & Heidelberg University - Germany), Dominika Kwasnicka (University of Melbourne - Australia), Olga Perski (Stockholm University - Sweden), Felix Naughton (University of East Anglia - United Kingdom), Verena Schneider (University College London - United Kingdom), Daphne van Wees (National Institute for Public Health and the Environment (RIVM) - Netherlands), Bernard Kwadwo Yeboah Asiamah-Asare (Deakin University - Australia), Gill ten Hoor (Maastricht University - Netherlands)

Presenter: Iris de Visser - Maastricht University

Abstract

Background: Sexual health behaviors, such as the use of STI/HIV prevention methods (condoms or pre-exposure prophylaxis (PrEP)) or engaging in intercourse, are influenced by moment-to-moment fluctuations in psychological and contextual factors. While ecological momentary assessment (EMA) studies can capture these dynamics, there is currently no comprehensive overview of EMA studies investigating the within-person psychological and contextual associations across different sexual health behaviors.

Methods: EMA studies that measured the relationship between psychological and contextual factors and sexual health behavior were searched for via several databases. Narrative synthesis was conducted on study characteristics (e.g., study design), EMA characteristics (e.g., duration, incentive schedule), measured sexual health behaviors, and measured predictors coded as categories based on the Theoretical Domains Framework (e.g., positive feeling states).

Results: Among 44 included studies, condom use was measured 34 times, PrEP use three times, and other sexual behaviors such as engaging in any sexual activity (e.g., intercourse) was measured 11 times. EMA study duration across all studies ranged from 10-547 days. Many different psychological predictors were measured across all studies. Most predictors were related to partner characteristics, such as partner familiarity or partner type. In line with other measured predictors, the association with sexual behaviors were highly variable, with some studies showing positive, negative, or non-significant associations.

Conclusions: Despite variability in the direction of associations between psychological or contextual determinants and sexual behavior, they consistently highlight the complexity and individualized nature of sexual behavior. To promote sexual health, all real-time influencing factors should be taken into account.

Strengths and limitations: The comprehensive scope of the study in terms of sexual health outcomes and psychological and contextual determinants is a strength of our study. Heterogeneity between studies restricted the possibility to conduct a meta-analysis and therefore limited the opportunity to provide pooled effect size estimates.

Fostering hope: identifying facilitators for green behaviour change in GP consultations

Evelyn Brakema (LUMC - Netherlands), Irene Slootweg (LUMC - Netherlands), Rianne van der Kleij (LUMC - Netherlands), Hedwig Vos (LUMC - Netherlands), Marieke Adriaanse (LUMC - Netherlands)

Presenter: Eva Visser - LUMC

Abstract

Background: As knowledge of primary care's ecological impact grows, it is concerning that the adoption of sustainable healthcare during consultations is lagging behind. The primary way general practitioners (GPs) could shift consultations to more sustainable is by changing their behaviour. In an urgent topic such as ecological crises, hope is our most important ally; as such, it may be more important to focus on how this change can be effected, than on the barriers. Therefore, we aimed to identify the key facilitators for this green behaviour change.

Methods: This study amongst champions, i.e. Dutch green GPs, consisted of three parts: 1) A questionnaire to identify green target behaviours, 2) Semi-structured qualitative interviews to identify facilitators for green behaviour change, and 3) Focus groups to prioritize the facilitators on importance and feasibility. Data collection took place from March until June 2025 and is coded according to the Theoretical Domains Framework (TDF).

Results: We obtained 24 questionnaires, conducted 12 interviews and two focus groups. Analysis showed 29 actionable facilitators across ten TDF domains. Prioritized based on importance and feasibility, we saw a cluster of highly important and feasible scored facilitators (all scores > 2,3; 1-4 Likert scale). The highest score regarding feasibility (3.9) was for 'starting low, going slow', while the highest scores (4.0) regarding importance were for professional identity, adoption in guidelines, knowledge, and patient information materials.

Conclusion: Our findings suggest 29 facilitators that can help GPs transition to greener practices, all scoring high in feasibility and importance. These facilitators could guide other GPs in adopting more sustainable behaviours.

Strengths and limitations: A strength of our study is the focus on facilitators, with potential to offer tools to GPs. A limitation may be that we used champions, i.e. Green GPs, which may hinder the generalizability to other GPs.

How do health care professionals support sexual decision-making among men who have sex with men?

Femke Bell (Maastricht University - Netherlands), Gill ten Hoor (Maastricht University - Netherlands), Rob Ruiter (Maastricht University - Netherlands), Udi Davidovich (GGD Amsterdam & University of Amsterdam - Netherlands), Hanne Zimmermann (Maastricht University & GGD Amsterdam - Netherlands)

Presenter: Iris de Visser - Maastricht University & GGD Amsterdam

Abstract

Background: Men who have sex with men (MSM) can choose from a range of HIV prevention options, including the use of condoms, pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP), or relying on the HIV medication or PrEP use of one's sex partner. As these strategies are about equally effective, there are also other factors that determine the best personal choice. Therefore, healthcare providers (HCPs) can play an important role in supporting MSM in making well-informed decisions that aligns with personal needs and preferences. Our study explored how HCPs currently support MSM in navigating HIV prevention options. We specifically focused on principles of shared and informed decision-making.

Methods: Thematic saturation was reached after eleven semi-structured interviews with general practitioners, sexual health nurses/physicians of STI clinics and online sexual health care providers in the region of Amsterdam. Interviews were thematically analyzed to describe HCPs' perspectives and experiences in supporting MSM in their decision-making.

Results: HCPs emphasized that support is multifaceted, taking into account various factors, including sexual practices, personal preferences, and risk perception. They highlighted the importance of open, non-judgmental communication, building trust, and creating a safe environment. Support was also described in terms of respecting personal autonomy, avoiding pressure, and ensuring MSM are well-informed. HCPs underscored the importance of engaging with MSM to tailor support to their knowledge, perceived HIV risk, needs, and preferences.

Conclusions: HCPs played an active role in supporting MSM in their HIV/STI decision making. They combined aspects of shared decision-making, open dialogue, and personalized guidance to facilitate informed decision-making.

Strengths & Limitations: Including different types of HCPs provided varied perspectives that enhance the relevance of our findings. However, the self-selection of participants and the current focus of Amsterdam limits the generalizability of our results. Therefore, expansion of our study to additional regions is a planned next step.

Mind in (e)Motion: Examining Cognitive and Affective Mechanisms in the Exercise-Emotions Relationship

Tera S. van de Veen (Universiteit Leiden - Netherlands), Krisztina Csoh (Universiteit Leiden - Netherlands), Kaya J. Peerdeman (Universiteit Leiden - Netherlands), Pam ten Broeke (Universiteit Leiden - Netherlands), Keri A. Pekaar (Universiteit Tilburg - Netherlands)

Presenter: Juriëna D. de Vries - Universiteit Leiden

Abstract

Background: Negative events are unavoidable, so regulating the emotions they trigger is essential for sustaining health and well-being. Exercise is well-known to improve emotional recovery, yet its implementation as a mental health intervention remains limited due to incomplete knowledge of the underlying mechanisms. These mechanisms can be specific (e.g., cognitive functioning) and non-specific (e.g., placebo effect). Clarifying their role in the acute exercise–emotions relationship is essential for advancing evidence-based applications of exercise for mental health. This study investigates the impact of acute exercise on emotions following a recalled recent negative event, the role of emotion regulation and executive functioning (specific mechanisms) and positive outcome expectations (non-specific mechanism).

Methods: We employ an experimental between-subjects design with three conditions. Participants first recall a negative event from the past week, then are randomly assigned to 45 minutes of 1) moderate-intensity exercise, 2) moderate-intensity exercise preceded by a positive outcome expectation manipulation, or 3) seated rest. The expectation manipulation involves psychoeducation about possible emotional benefits of exercise, presenting testimonies from fictitious participants, and prompting personal reflection on exercise’s benefits. Emotions are measured before and after, and mechanisms during the 45-minute task. Analyses include ANCOVAs and mediation analyses. The data collection is ongoing, with a target sample of 150 participants.

Results: During the conference (preliminary) results will be presented.

Conclusion: This study advances knowledge of both specific and non-specific mechanisms underlying the acute exercise–emotions relationship. In particular, the expectation-manipulation offers novel insight into how emotional benefits of exercise may be optimized through communication. These findings contribute to the refinement and implementation of exercise-based interventions for mental health.

Strengths and limitations: The study has strong internal validity and introduces an innovative approach to examining placebo effects in exercise research. However, external validity is limited, and alternative mechanisms underlying exercise are not addressed.

Behavioural science policy advice-making during crisis: COVID-19 lessons from four northern European countries

Marijn Stok (Utrecht University - Netherlands), Pete Lunn (The Economic and Social Research Institute - Ireland), Jonas Sivelä (Finnish Institute for Health and Welfare - Finland), Susan Michie (University College London - United Kingdom), Marijn de Bruin (Radboud University Medical Center - Netherlands)

Presenter: Daniel de Vries - University of Amsterdam

Abstract

Effective pandemic responses require large-scale behavioural change among citizens and institutions. As senior behavioural science advisers during the COVID-19 pandemic, we sought to explore and compare how behavioural science organised itself across Northwestern Europe in order to draw lessons for integrating behavioural insights into policy during future crises.

Using the evidence-based public health framework, we conducted interviews with 21 senior stakeholders — civil servants, epidemiologists, public health managers and behavioural science advisers — from Ireland, the UK, Finland and the Netherlands. All participants were actively involved in their countries' pandemic responses. The interviews were followed by a facilitated look-back meeting with a subset of participants.

Our findings indicate that producing actionable and relevant behavioural science advice during crises benefits from: (1) drawing on a wide mix of research methodologies; (2) sustaining continuous dialogue with, and access to, policy and decision-makers; (3) ensuring clear packaging and delivery of advice, including additional efforts to support comprehension; (4) creating functional structures for interdisciplinarity; and (5) maintaining institutional memory of the competencies and relationships developed during crisis response.

The findings illustrate the conceptual utility of the evidence-based public health framework. Their novelty lies in the comparative, empirical examination of the organisational politics and lifecycle of behavioural science integration across four established national systems. The insights offered can inform the organisation of behavioural science advice for public health policy and future health emergencies.

This mixed method study involved key actors in the countries, but the sample is not representative of all COVID-19 response experts.

Beyond Translation: Culturally Responsive Research With Migrant Communities

Malin Hollaar (Erasmus University Rotterdam - Netherlands), Paul Kocken (Erasmus University Rotterdam - Netherlands), Yasmin Sebaihi (Erasmus University Rotterdam - Netherlands), Steve van Pelt (Erasmus University Rotterdam - Netherlands), Shakib Sana (Erasmus University Rotterdam - Netherlands), Inge Merkelbach (Erasmus University Rotterdam - Netherlands), Özgül Uysal - Bozkir (Erasmus University Rotterdam - Netherlands), Semiha Denktas (Erasmus University Rotterdam - Netherlands)

Presenter: Else de Vries - Erasmus University Rotterdam

Abstract

Background: Meaningful societal transitions depend on research that engages everyone, particularly underrepresented groups. These communities are often labelled “hard-to-reach”, yet the real challenges do not stem from the communities themselves, but from systemic and methodological barriers like cultural miscommunication, limited trust, and research fatigue. This presentation integrates insights from two multi-method projects within Healthy'R, a research–policy–practice collaboration in Rotterdam, involving migrant caregivers and migrant residents in socioeconomically deprived neighbourhoods. We share anticipated barriers, strategies to address them, and reflections on how these unfolded during fieldwork.

Methods: Our findings synthesize two multi-method studies that used different designs, but were both guided by equity-oriented, culturally responsive principles. Reflections are presented as overarching strategies for meaningful engagement rather than step-by-step protocols.

Results: Anticipated barriers included language and literacy constraints; limited institutional trust; cultural distance; research fatigue and emotional burden; stigma-related concerns; and practical constraints (e.g., time, mobility). Strategies included flexible data collection in familiar settings, culturally and linguistically matched procedures, involvement of trusted intermediaries, reciprocal research practices, and simplified plain-language materials. Traditional designs (e.g., pre–post measures) and strict procedures were frequently unfeasible, requiring creative approaches such as realist evaluation and multi-perspective triangulation, plus greater procedural flexibility. Some challenges persisted, particularly limits to cultural/linguistic matching and restricted opportunities for relationship-building in observational work. Several solutions demanded substantial time and resources, underscoring the need to plan for inclusivity from the grant-writing stage onward.

Conclusion: Inclusive research is feasible but requires intentional design, relational work, and methodological flexibility. By sharing our experiences, we aim to support collective learning on how to better engage and value communities too often described as “hard-to-reach”.

Strength & Limitations: Including underserved groups yields more contextually grounded and population relevant insights. Adaptations for accessibility may limit causal inference and increase reliance on triangulation and reflective validity assessment.

Unpacking socioeconomic influences on healthy food choices: exploring multiple pathways in a digital environment

Barbara Deleersnyder (Tilburg University - Netherlands), Nynke van der Laan (Tilburg University - Netherlands)

Presenter: Nadine van der Waal - Tilburg University

Abstract

Socioeconomic disparities in health remain a pressing public health concern, with lower socioeconomic position (SEP) related to heightened risks of premature mortality, obesity, and chronic diseases. A key behavioral determinant of these health disparities is diet, as lower-SEP individuals tend to have poorer dietary habits. While SEP-related differences in dietary intake are well-documented, the underlying mechanisms remain unclear, partly due to inconsistent measurement of SEP. SEP encompasses multiple dimensions, such as education, income, occupation, and subjective social status, each potentially influencing health behaviors through different pathways.

This study aimed to examine how various indicators of objective and subjective SEP relate to the healthiness of food choices, and to identify mechanisms mediating these relationships, including nutrition knowledge, perceived stress, and decision-making styles. Data were collected from a representative sample of 1,245 Dutch adults (≥ 18 years) using the LISS panel, with stratified sampling based on education. Participants completed an online food-choice task, selecting products across five categories (breakfast cereals, savory snacks, beverages, desserts, and bread) with varying Nutri-Scores (A–E).

Results indicated that nutrition knowledge was a consistent mediator across all SEP indicators. Emphasis on immediate consequences also mediated the SEP–food choice relationship, while consideration of future consequences did not. Two decision-making styles (rational and dependent) partially mediated relationships, with patterns differing across SEP indicators. Different SEP dimensions were associated with distinct food choice motives, highlighting the importance of multi-dimensional SEP assessment.

These findings underscore that both objective and subjective SEP shape dietary behavior via multiple pathways. Strengths of the study include the representative sample, stratified design, and the integration of multiple SEP indicators. Limitations include the cross-sectional design, and reliance on hypothetical rather than real-world food choices. Overall, the study provides nuanced insight into socioeconomic disparities in healthy food choices and identifies potential targets for interventions to promote equitable food choices.

Cocreating a vaping prevention intervention with students and teachers in prevocational secondary education

Anke Versluis (Leiden University Medical Centre (LUMC) - Netherlands), Eline Meijer (Leiden University Medical Centre (LUMC) - Netherlands), Jessica C. Kieft- de Jong (Leiden University Medical Centre (LUMC) - Netherlands), Jiska J. Aardoom (Leiden University Medical Centre (LUMC) - Netherlands)

Presenter: Anne Zijp - Leiden University Medical Centre (LUMC)

Abstract

Background: Vaping is more prevalent among students in prevocational secondary education than in higher educational tracks. Existing prevention programs appear to be less effective for this group or do not specifically address vaping. This study aims to develop a school-based vaping prevention intervention through co-creation with students and teachers.

Methods: Two co-creation sessions with the same group of nine students (vaping and non-vaping) were conducted. Iterative refinements were made after each session. A third session with eight to ten students from a different school is planned to further refine the intervention. Following the student development phase, one co-creation session with six teachers will focus on the implementation of the intervention and the development of a teacher flyer, providing information about vaping and guidance for classroom implementation of the intervention.

Results: Co-creation so far has resulted in an in-classroom escape game - 'Escape the Vape' - addressing student-identified important themes, including coping with peer pressure and stress, consequences of vaping, facts and myths, and peer experiences. Students complete interactive tasks and then create a short video applying their knowledge and skills to persuade peers not to start vaping. Final student and teacher results are forthcoming.

Conclusion: Through co-creation, students shaped the content and format of the intervention, while teachers provide input on essential information and practical adjustments, ultimately enhancing the interventions' relevance, feasibility, and uptake in classrooms. So far, students prefer interactive, engaging activities that allow active processing of information and support autonomous decision-making regarding vaping.

Strengths and limitations: A key strength is the iterative process integrating co-creation and the scientific literature. A potential limitation is that participating students may have been more open to prevention activities. Although grounded in evidence, a future evaluation study is needed to assess the interventions' feasibility and potential effects on determinants of vaping behavior.