

This update is for members of the European Society for Prevention Research, founded November 2009 in Rome

FROM THE PRESIDENT: *Dear members of the EUSPR*

Here comes the March update from the Board of the EUSPR. First of all, a reminder of our coming meeting in Lisbon. From my current perspective (a three-day full immersion in tobacco control at the 14th European Conference Tobacco or Health) it appears the theme we chose (synergies in prevention) is really a crucial issue for the future, an issue that will involve challenges in both the conduction and the evaluation of complex interventions. In tobacco control, combining environmental and individual approaches is probably the most promising way to reach the populations in most need for prevention and decrease the gap in the burden of ill health (a link to the theme of our past meeting). The two highlights in the newsletter are very good nurture for starting a reflection on these complex synergies. I hope you enjoy this reading as much as I did. Finally, information on the building of the SPAN network: an outstanding formal step forward to development of the core mission of the EUSPR!

Rosaria Galanti, Interim President of the EUSPR Board of Directors

KEEP THE DATE: *EUSPR 2011 Conference, Lisbon*

Synergy in prevention and health promotion: individual, community, and environmental approaches

2nd International Conference
and Members' Meeting,
8th & 9th December 2011,
Lisbon

At this meeting keynote speakers will explore environmental approaches to prevention, comparing with individual and community level approaches. Also covered will be pathways to prevention, and the methodological challenges in undertaking prevention research at these different levels. There will also be an opportunity for members to talk about their own work through structured poster sessions. Put the date in your diary, and keep watch for further announcements and abstract deadlines.

We look forward to seeing you in Lisbon!

FOCUS on...*Preventing Teenage Pregnancy*

Contributed by

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Teenage pregnancy is an important public health concern in Europe and the US. In England, current under-18 conception rates are the highest in Western Europe and half of pregnancies to teenage women end in abortion. The costs of teenage pregnancy are considerable to the health of the mother and child and to their longer-term social and economic prospects. Therefore, teenage pregnancy contributes to widening and perpetuating health inequalities.

Although teenage women report that they do not intend to become pregnant, pregnancy rates suggest that these intentions often do not get translated into practice and that contraceptive use is inconsistent. An optimal intervention to increase reliability of contraceptive use in adolescents has not yet been developed. The only review of randomised controlled trials concluded that there was no evidence that interventions to reduce unintended pregnancies were effective in increasing contraceptive use, regardless of the intensity and duration of the intervention, or the length of follow-up (DiCenso et al., 2002).

We conducted a small randomised controlled trial testing a simple and brief behaviour change technique, based on psychological principles, to change individual contraceptive behaviour (Martin et al., 2009; Martin et al., in press). Participants were 261 deprived young women visiting a UK family planning clinic. Participants in the study were prompted to form implementation intentions (or “if-then plans”) to help them improve the reliability of their contraceptive use. This type of planning involves specifying in advance the when, where and how of behaviours involved in contraceptive use (e.g., “If I am in the bathroom after brushing my teeth, then I will take my contraceptive pill!”), and identifying and planning solutions for barriers to effective use. This method is brief and simple (achieved via a self-completion questionnaire) but is not currently formally used in contraceptive services.

Our findings showed implementation intentions were effective in reducing rates of consultation among teenage women for emergency contraception and pregnancy testing. Notably, rates of (clinically-verified) pregnancy in those who had formed implementation intentions were reduced by over 40% compared to controls over a 2-year period (12% vs. 7%). An encouraging aspect was that participants with the most risky behaviour at baseline showed the most change. This study is unique in demonstrating success in preventing pregnancy using a simple behaviour change intervention, and is the first to establish the impact of if-then planning on contraceptive use and pregnancy outcomes.

[DiCenso, A., Guyatt, G., Willan, A., & Griffith, L. (2002). Interventions to reduce unintended pregnancies among adolescents: Systematic review of randomised controlled trials. *BM*, 324, 1426-1435.

Martin, J., Sheeran, P., Slade, P., Wright, A., & Dibble, T. (2009). Implementation Intention Formation Reduces Consultations for Emergency Contraception and Pregnancy Testing Among Teenage Women. *Health Psychology*; 28(9): 762-769.

Martin, J., Sheeran, P., Slade, P., Wright, A., & Dibble, T. (In Press). Durable Effects of Implementation Intentions: Reduced Rates of Confirmed Pregnancy at Two Years. In press, *Health Psychology*]

FOCUS on...*Implicit Association and Dual Process models*

There is a great quote from Buckminster Fuller (American architect, author, designer and inventor), used at the beginning of Ivo Vlaev and Paul Dolan’s paper on changing the context to bring about health behaviour change:

“I made up my mind . . . that I would never try to reform man—that’s much too difficult. What I would do was to try to modify the environment in such a way as to get man moving in preferred directions.” (The New Yorker, 1966)

Vlaev and Dolan make a very clear distinction, stating that “Two very general paradigms for population-wide behaviour change have emerged in recent years – models and interventions that aim to change cognitions (e.g., beliefs and goals), and models that change the context (environment or situation) within which the person acts. Most traditional interventions, in some way or another, prompt changes in cognitions to bring about behaviour change. In contrast, the second route relies mostly on contextual changes to bring about behaviour change without change in cognitions.” (p.3). Vlaev and Dolan go on to discuss their own contribution to the prevention field, focusing on contextual change brought about through four processes: salience, norms, affect and priming.

[Vlaev I, Dolan P, From changing cognitions to changing the context: a dual-route model of behaviour change, From changing cognitions to changing the context: a dual-route model of behaviour change, 2009/04, Imperial College Business School, 2009 ([publication](#))]

Others are also looking at how behaviour change might be brought about by focusing not only on changing cognition, but also on changing implicit, or unconscious attitudes, reflecting a *dual process* perspective on behaviour with both cognitive, thoughtful, reasoned and implicit, unconscious, automatic aspects. In a series of innovative papers, Reinout Weirs (Univ. Amsterdam) and colleagues focus on identifying via implicit association testing, and then manipulating, automatic processes to bring about behaviour change. The papers below report on implicit attitude modification as a way of bringing about behaviour change:

[Houben, K., Havermans, R. C., & Wiers, R. W. (2010). Learning to dislike alcohol: Conditioning negative implicit attitudes towards alcohol and its effect on drinking behavior. *Psychopharmacology*, 211, 79-86.
Wiers, R.W., Rinck, M., Kordts, R., Houben, K., Strack, F., 2010. Retraining automatic action-tendencies to approach alcohol in hazardous drinkers. *Addiction* 105, 279–287.]

FOCUS on...*Nudges and Health Behaviour*

Vlaev and Dolan have also been influential in the development of UK thinking on how to change health behaviour through “nudges” (see the MINDSPACE [report](#)) . Leading researchers in France are also pursuing the importance of going beyond the rational decision making model to bring about effective prevention. The French Centre for Strategic Analysis have issued a report (available from: [this link](#)) that highlights how behavioural, cognitive and neuroscience perspectives are all relevant for improving public health prevention.

NEW DEVELOPMENT: *Science for Prevention Academic Network (SPAN)*

Isolation and lack of methodological development are contributory factors to the low priority given to prevention research and teaching in many European countries. Consequently, Europe is trailing North America in prevention research, policy, and practice. We aim to develop a “Science for Prevention Academic Network” (SPAN) that will bring together European academics and students to develop the multi-disciplinary field of prevention science. The development of SPAN is an important early step to increase human and technological capacity and capability in Europe to advance the science base of environmental, universal, selective and indicated prevention aimed at improving human health and well-being and addressing health inequalities and costs.

In a meeting of the EUSPR held in Amsterdam in 2010 three workshops were held. These workshops focused on (i) research and evaluation methodology; (ii) dissemination; and (iii) education and training, for prevention science in Europe. A key conclusion from the workshops was that further academic development was needed in Europe, to develop academic consensus between European countries for research methods, to develop and promote extensive dissemination channels in European countries, surrounding regions and further afield, and to map education and training in prevention science throughout Europe as a step toward developing prevention science curricula.

It is proposed that, following these workshops, the development of SPAN will support the development of the field of prevention science at a European level via the following innovations:

- Networking and meetings to develop consensus for high quality research methods for prevention science across Europe (NB this aspect is also being taken forward as a separate application to the EU, the COST proposal led by Dr Harry Sumnall)
- Development of European and International dissemination channels for prevention science, including education and training opportunities and also latest research evidence
- Profiling existing prevention science education and training via a mapping exercise of higher education and continuous professional development in European countries
- Networking and meetings to agree core and additional competencies for prevention science at undergraduate, graduate and Phd Levels; and within existing disciplines and through new multi-disciplinary academic programmes, e.g. European Masters in Prevention
- Sharing of ideas and expertise for academics (including doctoral students) through annual SPAN meetings, workshops and regular communications
- Development of the SPAN website as a resource and forum for dialogue and exchange on prevention science knowledge, methods and issues in different European countries, and at a European level (for example in dealing with EC programmes and initiatives)

We currently have lead collaborators from academic organisations in these countries: Austria, Belgium, Czech Republic, Denmark, Finland, Germany, Ireland, Italy, Latvia, Lithuania, Poland, Slovakia, Slovenia, Spain, Sweden, Turkey, United Kingdom. If your country is not listed and you are interested in finding out more (and if you are from an academic organisation, e.g. University, Research Institute) then please contact david.foxcroft@brookes.ac.uk for more information. *Please can you also suggest colleagues in other EU countries.*

Membership

EU-SPR Membership is open for researchers and practitioners in all areas of prevention, in particular those that target social and behavioural determinants of health. Specialists are welcome irrespective of whether their interest lays in the promotion of mental health, in cardio-vascular disease prevention, in prevention of violence and bullying, or of drug and alcohol misuse, or of domestic accidents and injuries. Visit www.euspr.org for details.

The E-Newsletter

The EU-SPR Newsletter is sent several times a year. If you have information that you would like to feature for the next issue please email david.foxcroft@brookes.ac.uk