Editorial

Trends in Health Communication

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According to the US-American Center of Disease Control and Prevention, Health Communication is "[t]he study and use of communication strategies to inform and influence decisions that enhance health." (Center for Disease Control and Prevention, 2011). In the preface of his book "Health Communication" Richard K. Thomas points out that "many of the challenges facing healthcare today, in fact, reflect failures in communication" (Thomas, 2006, p. V). These citations underline two important aspects of health communication, the wide-ranging scope of the field and its importance. I believe that the articles chosen for this Special Issue on Health Communication of the *Journal of Media Psychology* reflect both features.

The studies presented in this issue certainly demonstrate the diversity of theoretical and empirical approaches and, in some cases, also reflect newer trends. For example, there is a constant expansion of social media services the new features and potentials of which should be taken into account in health communication research. This is especially true for studies that aim explicitly at exploring idiosyncratic potentials of new media for communicating health messages. Not only do the media forms develop – also the messages and health topics change over the course of time, depending on what is perceived as acute health issues in society at any given point in time.

The media forms explored in this issue range from video games (two articles) and television to info-websites, web clips, and postings on social media sites. The health issues touched upon are knowledge about hospital admission and the usage of safety gear (such as helmets and safety belts), general health (knowledge), and aspects such as "sexting", flu vaccination and obesity.

Here are the short summaries of the six articles that were included in this issue:

In the article "Ceiling Effect in Cultivation" Hetsroni investigates the presence of a cultivation effect for hospital-related beliefs triggered by TV consumption. In particular he looks into whether such a cultivation effect would be more influenced by the total time of the respective media exposure (TV viewing time) or rather by genre-specific exposure (time watching medical dramas on TV). The hospital-related beliefs that might be subjected to cultivation effects and that he investigates are beliefs regarding assumed morbidity rates in hospitals, frequency of diagnosis of injury and poisoning (as compared with less sensational, common illnesses) and the ratio of inpatients older than 65 years. His results show that for some of the items he investigated, the total viewing time was significantly linked to the cultivation effects for some of the items, however viewing time of medial dramas was not associated with "cultivated" responses. The lack of finding a genre-specific viewing effect underlines previous assumptions that cultivation does not happen through a specific part of the media program but through media exposure in general. Furthermore the author argues that ceiling effects can prevent detection of potential cultivation process in such studies for items whose distribution are prone to such an effect.

In "Depictions of Injuries and Safety" Karazsia and Muller present a content analysis of the most popular 650 video games (across 13 video games genres) looking into 1) the frequency of injuries events encountered by the characters that are controlled by the player, and 2) the presence of appropriate safety gear utilization in the games for the characters. Results show that most games lack the portrayal of safety devices (such as helmets, safety belts) that would have been appropriate for the situation at hand (e.g., the character is driving a vehicle). Furthermore the content analysis revealed that when injuries occurred to the character, he or she only used the appropriate safety gear in 21–40% of the cases, varying according to the game genre. The authors argue that the lack of safety gear portrayal in popular video games might influence the attitudes and beliefs about the need of safety devices in the players through a cultivation effect. According to their view, video game developers might have a chance to promote a culture of safety by depicting respective devices in future video games, possibly contributing to a decline of real life injuries in young people that are due to the lack of safety gear.

In their article "The Concept of eHealth Literacy and Its Measurement – German Translation of the eHEALS", the authors Soellner, Huber, and Reder evaluate the German translation of the "eHEALTH Literacy Scale". The eHealth Scale was developed in Canada to measure the self-indicated competence to find, understand, and apply health information from electronic sources. Stefan Huber has

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translated this scale from Canadian English into German and has tested the validity of the German scale as well as its factorial structure. The factor analysis confirmed a pre-assumed fit to a two-factorial model with the subscales information-seeking and information-appraisal rather; this fit was better than for a one-factorial structure. Both factors reached high reliability with a moderate correlation between both factors. Validity was measured and confirmed by correlating the factors with other scales. This study established that the German version of the eHealth Literacy Scale is therefore reliable and valid: however, the authors also point out that the factorial structure found in this study for the German version is different, with versions in other languages showing a better one-factorial fit. They argue that the structure might have changed due to the translation, but also concede that the homogenous subject pool (18-year-olds from a German secondary school which prepares for university) might have contributed to the specific factorial structure, acknowledging the possibility that other participant samples might have led to other outcomes. The authors also emphasize the importance of carrying out skill-based tests that do not only rely on self-assessment.

Joyce and Harwood explore in their article ''Context and Identification in Persuasive Mass Communication'' whether the context of a persuasive message (namely an anti-sexting video clip) had an impact on how it was evaluated. The authors presented the video and manipulated the context: A short text either introduced the video as being part of a government sponsored public service campaign or a user-generated video that had gone viral. The direct influence of message context on the impact of the clip (as measured through attitude changes towards sexting) was not significant. However, through a pathway analysis the authors show that the perceived quality of the video was influenced by the context as well as identification with the message creators, which sequentially mediated the effect of message context on the attitude towards sexting.

In their paper ''Roles of Direct and Indirect Social Information in Conveying Health Messages Through Social Network Sites'' Peter, Rossmann, and Keyling investigate whether social information on a Facebook posting of an online article about flu vaccination would impact on the participants' opinion about the posting's topic. On a social websites like Facebook, a posting can be ''liked'' which is indicated by clicking the respective ''like''-button; a reaction that can be seen by other users. Furthermore comments on a posting can be left by users which in return can be ''liked'' by other users. All these ''reactions'' are visible to everybody who can assess the posting. The authors varied all three indicators of social information: valence of the comments (changing the number of positive and negative comments), the distribution of the ''likes'' for the comments that represented different opinions about the postings (exemplars), and also the number of likes for the original posting. Furthermore, the authors split the sample into two groups for the analysis: those who evaluated the Facebook conversation positively and those who evaluated the conversation negatively. Results showed that it were mainly those who with a positive evaluation who were influenced by the social information. In this group, user comments (direct social information) impacted on the perception of risk from vaccination, increased attitude and increased intention to get a vaccination. However indirect social information like the ''like'' of comments of the original posting did not influence the impact of the posting.

Scharrer and Zeller look in their article ''Active and Sedentary Video Game Time – Testing Associations With Adolescents' BMI'' into a possible link between the type of video game played by adolescents and their obesity. The authors distinguish two types of video games here: active and sedentary games. Sedentary games are the „classical'' video games in which the players use a console for their game without any intensive whole body movements being required. Active games, such as Wii, however, are played with greater physical activity (such as whole body movements or limb movements) in which motion controllers record the movements and translate them into activity in the video game. The authors predicted that participants who tend to play active video games have a smaller BMI than those who prefer to play sedentary video games. The 176 13- to 15-year-old participants were asked to indicate their weight and height from which the BMI index was inferred. Furthermore the participants indicated their video gaming customs and attitude (playing frequency, duration, and type of games, opinion about the impact of gaming on health). Against their prediction, the authors did not find an association between preferred game-type and BMI nor did they find an association between the amount of playing video games in general and the BMI.

Due to the spectrum of the topics covered, it is hard to outline all developments reflected in the studies, but it seems worthwhile to mention one trend. A development that is exemplified in the article by Peter, Rossmann, and Keyling is that the format of the new media allows recipients of health information to rise beyond their role as pure receiver. The features of social network sites allow readers of health messages to comment, and thereby impact on how health messages are perceived by others. Also, Joyce and Harwood touch on the fact that with new technology, people who are not professionally involved with the production of health messages are still able to produce respective messages and distribute them on a large scale. Thereby the amount of peer-produced information rises constantly, presenting an additional source of health information. This would not just constitute more of the same, but could change what used to be more of a top-down process in health communication into a ''horizontal'' approach. The power of distributing and commenting health messages could further shift from a few experts to the public.

The study of health communication therefore might develop into a more interactionistic direction. The recipient is not just an active agent in the sense that he or she construes his and her own understanding of the health message, but he or she is likely to be more and more in the position to determine and alter (through sharing, commenting, and approving) in which form health messages might reach other recipients.

The developments in health communication and health communication research remain exciting as they will remain to mirror 1) developments in the media sector,

2) changes of priority of different (and sometimes competing) health topics, and 3) developments in research methodology.

I hope and believe that this Special Issue can make a contribution to the scientific discourse in health communication research and its advancement.

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