

學術對談

科際整合與社群導向的健康傳播

對談人：Gary Kreps、陳憶寧、陳韜文

統稿：陳憶寧、陳韜文

翻譯：陳憶寧



克列普教授
(Prof. Gary Kreps)

「對傳播學門和健康傳播研究的領域而言，建構屬於自己的獨特學術認同、發展豐富的理論與研究體系，以及建立可供識別、描繪的學術文獻，是非常重要的。然而，由於傳播對社會組織的各個部分（商業、政府、健康關懷、教育、家庭生活等），是個中介的過程，因此傳播本來就是門科際整合的學科。我們還有太多東西必須和其他學科互相學習、交流。」

陳憶寧，台灣政治大學廣告系副教授。研究興趣為媒介效果（健康與風險傳播、政治傳播）、科學傳播、公共關係。電郵：kynchen@nccu.edu.tw

陳韜文，香港中文大學新聞與傳播學院教授，上海復旦大學新聞學院長江學者講座教授。研究興趣為政治傳播、文化全球化與國際傳播。電郵：josephmchan@cuhk.edu.hk

Dialogue

Interdisciplinary and Community-Based Approaches to Health Communication

Discussants: Gary KREPS, Yi-Ning Katherine CHEN, Joseph M. CHAN

Editors: Yi-Ning Katherine CHEN, Joseph M. CHAN

Translator: Yi-Ning Katherine CHEN

Abstract

This is an interview with Professor Gary Kreps, a leading scholar in health communication. Professor Kreps shares his views on his approach to studying risk and health, how to choose a good research topic, why health communication is interdisciplinary in nature, and how he sees a community-based approach valuable when studying health communication. He emphasizes the potentiality of e-health in health communication practicum nowadays. He also mentions the importance of collaborating with various research communities in doing complex health communication projects. Despite his demanding research work, he is still involved with servicing the discipline and the general community, as he has been collaborating with Chinese scholars and also providing advice to the Chinese academia.

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克列普教授簡介

克列普教授(1979年取得南加州大學博士學位)，現任美國喬治梅森大學(George Mason University)特聘教授及傳播學系系主任。他在該大學主持的健康與風險傳播中心(the Center for Health and Risk Communication)、社會科學研究中心(the Center for Social Science Research)、國家生化防衛與疾病傳染中心(the National Center for Biodefense and Infectious Disease)、健康政策與倫理中心(the Center for Health Policy and Ethics)、國際醫學政策與實踐研究中心(the Center for the Study of International Medical Policies and Practices)，以及健康資訊科技中心(the Center for Health Information Technology)等單位，皆有學術聯繫與合作。

克列普教授是國家衛生研究院(NIH)健康傳播和資訊研究處的首任主席，曾出任霍夫斯特拉大學(Hofstra University)的傳播學院院長，並曾在羅格斯(Rutgers)、印第安那(Indiana)和普度(Purdue)等大學擔任教授。

克列普教授的研究領域包含健康傳播、健康推廣、多元文化關係、社會組織，以及應用研究方法。出版著作超過350件，其中包含學術論文、專書，以及專題報告等。克列普教授的研究曾獲得美國國家衛生研究院(NIH)、美國國家衛生基金會(NSF)、疾病管制中心(CDC)、衛生資源和服務管理局(HRSA)、美國教育部(USDE)、羅勃伍特基金會(RWJF)、美國國防部(DOD)、凱瑟家庭基金會(the Kaiser Family Foundation)，和其他各大健康服務機構的經費支援。

克列普教授曾出任*the American Behavioral Scientist*、*Journal of Health Psychology*、*Journal of Health Communication*、*Patient Education and Counseling*、*Journal of Medical Internet Research*、*Communication Research Reports*、*Journal of Cancer Education*、*Social Marketing Quarterly*、*the Journal of Computer Mediated Communication*等期刊的編輯，並且為漢普頓出版社(Hampton Press)和彼得朗出版社(Peter Lang Publishing)編撰傳播類系列書籍。

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CC: 陳憶寧、陳韜文

GK: 克列普

CC: 作為一名指標性的健康傳播學者，您如何在您個人的學術生涯中，走入風險與健康的領域？我們都知道，您曾在大學時期雙主修生物學與文學，並且過去30年間，您在健康傳播領域投身於不同的研究主題，曾參與超過40本書籍以及270篇文章的寫作。您是否能夠和我們分享，身為一名健康傳播學者，如何選擇有研究價值的主題？如果您能為我們綜述過去這些年來的學術生涯歷程，對華人研究社群而言，將非常有幫助。

GK: 我對於驗證能促進健康的健康傳播重要議題非常感興趣。我通常會在風險威脅、感染人口、看顧品質、健康推廣、疾病防治、風險評估與預防、生活品質等領域選擇研究主題，從中檢驗傳播扮演的角色。我的研究不僅止於評估關鍵性的健康傳播或推廣議題，更是發展、實踐、評估、驗證、維持傳播在健康促進與效果的角色。我處理的研究主題，常常因為正好有個特殊時機，如發現有些缺乏關照的弱勢族群，某個時間點有人開始注意重要的健康問題和疾病、社會注意到需要改善個人照護品質等。因此我在研究中接觸到的對象，通常包含相關的健康照護實務工作者、健康照護行政人員、健康照護的消費者，以及被他們所照護的人。我研究的健康傳播社群由我主導規劃、處理、施測的研究對象共同組成，我認為我是個以社區參與途徑研究健康傳播的研究者。

CC: 既然您在健康傳播研究中，強力擁護以社區參與途徑來進行研究，那麼您會如何描述健康傳播中的現狀？您對這個領域現況的評價如何？

GK: 由於健康傳播還是個年輕的研究領域(發展至今不超過50年)，在相關的學術研究或出版方面，都還非常活躍多產。現在我們已經擁有大量而豐富的健康傳播相關文獻(請參考今年度由我編輯、Sage出版的五期健康傳播參考資料庫，都是非常具有發展性的)。並且，過去整理、發展的健康傳播理論架構，至今依然持

續地在成長壯大。然而，現存大部分的健康傳播研究，不是有其框架局限，就是尚未被良好地整合、應用到當代健康系統中的主要健康傳播議題上。因此我曾提出呼籲，應該要更關注將健康傳播研究轉換至相對以證據導向的健康措施、實踐和政策面上。相關資料可以請參考以下著作：

Kreps, G.L. (in-press). Translating health communication research into practice: The importance of implementing and sustaining evidence-based health communication interventions. *Atlantic Communication Journal*.

Kreps, G.L. (2011). Translating health communication research into practice: The influence of health communication scholarship on health policy, practice, and outcomes. In T. Thompson, R. Parrott, and J. Nussbaum, (Eds.), *The Handbook of Health Communication, 2nd Ed* (pp. 595–608). New York: Routledge.

在健康傳播中，採取社區參與導向的研究途徑，有助於把對於健康傳播領域的探索，由直接涉入的利益關係人（消費者、健康照護提供者、行政人員、制定政策者等），轉換成可供規劃、執行和持久性的證據導向健康傳播計劃。

CC: 近年來，大家都在討論科際整合研究。的確，本刊期望能為傳播的跨學門研究有所貢獻。您的研究橫跨健康傳播、組織傳播、資訊處理過程、老化、種族與線上傳播。如果把傳播或是健康傳播視為獨立的學門，請問您認為合理嗎？可否請您憑藉過去的經驗，為科際整合研究提供指引？甚麼是科際整合研究最主要的障礙？如何克服這些問題？

GK: 對傳播學門和健康傳播研究的領域而言，建構屬於自己的獨特學術認同、發展豐富的理論與研究體，以及建立可供識別、描繪的學術文獻，是非常重要的。然而，由於傳播對社會組織的各個部分（商業、政府、健康關懷、教育、家庭生活等），是個中介的過程，因此傳播本來必定是科際整合的學門。我們還有太多東西必須和其他學門互相學習、交流。

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健康傳播學者務必注意如醫學、護理學、公共衛生、心理學、流行病學、人類學、管理、經濟、資訊科學等相關領域的文獻和理論，因為這些領域共同支撐了健康傳播的研究和應用。因此當面臨複雜的健康議題研究時，健康傳播學者以科際整合的方式組成團隊，和其他學門一起分享資訊、策略和研究方法，是非常好的想法。在我過去的研究經驗中，就經常連結不同學門的傳統、從不同學門援引理論和方法，和受過不同背景訓練的學者或實務工作者合作共事。我發現這麼做有助於我的研究工作，幫助我更了解健康議題，並提高我從事健康傳播研究的品質。

- CC: 請問您認為您在大學時期雙主修生物學和文學的經歷，是否為您的傳播學術，帶來不同領域的助益？是甚麼樣的幫助呢？
- GK: 當面對來自不同領域的學者，或健康系統中的利益關係人(健康關懷提供者、消費者、健康系統行政人員、政策執行者等)時，我的跨學科學術背景，幫助我更了解他們，並能更順利的進行合作。因為健康傳播牽涉大量利益關係人，因此它一定是一個本質上非常科際整合的研究領域。我發現我這樣的背景，在必須和不同背景的人們合作時，有非常大的好處。事實上，我非常鼓勵以跨學科或學門整合的途徑進行健康傳播研究和相關應用。
- CC: 您在前面的回答中，曾多次提及合作。請問您所指的合作為何？在合作中如何分工？您認為合作中最有挑戰的狀況是甚麼？
- GK: 合作式的研究是指在複雜的健康傳播研究議題中成功的接觸不同族群，並向不同的個人挖掘資訊，和不同的人合作。我曾經留意不同類型的專家，如何在合作研究中為研究成果帶來貢獻。我經常思考應該和專家學者採取何種互動模式，才能對研究計劃最有幫助。比方我會請科學類專家進行研究設計、蒐集數據、分析數據的工作；至於其他領域的專家，則邀請他們對進行中的健康議題、健康關懷系統的政策與執行，或如何把研究發現納入健康關懷的計劃和實踐等，提供觀點和意見。有效率的研究合作，有賴互相尊重、成員間積極主動的溝通、抱持開放而互相交流的想法，以及一起分擔工作份量。對我來說，在研究合作中最大的挑戰，是放棄對研究計劃的絕對控制權、傾聽別人的想法、找時間

分享資訊，以及如何在成員間有差異的（有時候甚至是衝突的）觀念下進行工作。

CC: E-health，或健康訊息學，是您過去曾進行過的研究方向之一。即便今日的E-health發展出非常多元的定義，我們依然非常好奇您對e-health的定義是甚麼？以及，e化的概念如何為健康傳播增加價值？

GK: E-health包含藉由資訊科學的使用，去追蹤、蒐集、解釋和傳遞與健康有關的資訊，以輔助健康推廣或傳遞健康照護的決策。E-health是個在探索和應用上都急速發展的新領域，並且促發了健康資訊領域的革新。對大量新健康資訊科技的發展和使用，如健康入口 (health portals)、電子病例 (electronic health records)、互動式健康資料系統 (interactive health information systems)、客製化健康介入 (tailored health interventions)、電訊科技健康應用 (tele-health applications)、決策支持系統，和可攜式健康科技等。e-health的發展，對於消費者和供給者的健康資訊需求，在在展現了強大的支援能力。

健康傳播學者必須協助設計、實施、改善健康資訊系統，使其可以更有效率地被現代健康照護系統的廣大參與者所使用，並且確保e-health能適用於特殊狀況的個案，符合健康照護面對不同使用者或不同健康照護系統的使用需求。目前e-health技術的發展和應用，仍存有許多挑戰，而未來更進一步的健康傳播研究和策略性健康傳播管理，則有望改善現狀。

CC: 人們的日常決策多依賴資訊科技，想當然人們在健康資訊方面也會擁抱資訊科技。身為一名傳播學者，請問您認為，關於決策 (decision-making) 研究領域中，甚麼樣的E-health傳播主題是目前最有發展性的呢？此外，健康傳播除了決策 (decision-making) 研究之外，有沒有其他應該進行探索的研究方向呢？

GK: E-health在健康照護和健康推廣面向的應用（傳播科技），無論是在提升健康資訊和健康支援，或者協助消費者和供給者了解健康資訊以及進行決策，都是前景可期。我認為極具潛力的研究方向之一，是發展不受時間與空間的限制的可攜式E-health技術。這

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種技術對處於健康照護系統中的人們，提供即時資訊和支持。新的行動健康技術，譬如經過特殊設計的智慧型手機，可以傳遞針對使用者的相關資訊，透過蒐集資訊分析、追蹤使用者健康、提供即時的專家建議。還可以聯繫健康照護協助人員，以積極傳遞即時治療方法和支援。

CC: 儘管您已做過大量且費時耗力的研究，您似乎也很熱衷於投入學門以及社區服務工作，您是許多健康傳播機構的創立者，如喬治梅森大學的健康與風險傳播中心、國家衛生研究院的健康傳播與資訊研究處。您如何看待這些服務？

GK: 我在各種不同類型的健康相關的機構(政府、學術單位、社會服務機構和公司)工作過，是目前還持續工作着，這些經驗幫助了我從事的健康傳播研究和實踐。某些機構提供了我接觸不同人群及健康照護系統的機會，某些機構給予我資金去支持學術研究，某些機構則是促進各學門的學者、健康照護消費者、健康照護系統代表，以及政策制定者的合作網絡。我工作過的不同機構分別扮演了協調、促進健康傳播研究及應用面的角色。

CC: 近年來華人學者似乎開始活躍於全球的健康傳播研究圈，而且中國研究也成為國際學術的熱門話題。您認為現行的健康傳播原理是否也同樣適用於中國？如果有的話，您是否可以評估以中國為情境的研究會對健康傳播研究造成甚麼樣的衝擊？此時此刻，您對於中國的哪一個研究問題最感興趣？

GK: 由於中國龐大規模的人口、對於現代世界日益壯大的經濟影響，以及中華民族所要面對的眾多健康挑戰，中國勢必是健康傳播研究的重要部分。健康問題是無國界的，傳染病會跨國傳播，因此需要國際共同合作，制訂促進全球健康的政策及實踐計劃。中國是主要的全球健康促進政策參與與制訂國家，正因其巨大的人口規模，中國需要的是更強而有力的健康促進資訊，及政策執行方針的發展。

目前，我與中國學者們正在進行一個有關調查中國人口的健康資訊需求及實踐的合作計劃。中國地區不同的人口組成如何得到健康資訊？這些資訊是否正確？他們如何使用這些資訊？中國不同

族群的消費者中存在着何種知溝及需求落差？中國人比較偏好從哪些管道獲取健康資訊，以及他們認為哪些資訊來源是較具可信度的？上述問題是基於過去我在美國國家癌症研究所 (National Cancer Institute) 參與開發的全國健康資訊趨勢調查 (Health Information National Trends Survey) 所獲致的健康資訊趨勢問題，現在我也希望可以從中國的全國性調查回答相關的健康傳播問題。我對於比較中國國人及華裔美國人的健康資訊調查結果也很有興趣。

- CC: 健康傳播研究領域於中國才剛剛興起，請問您對於中國此領域的年輕學者有何建議？
- GK: 我對於剛踏入健康傳播領域的中國學者最中肯的建議在先仔細地檢視與學習既有的健康傳播文獻，或許即可適用於當今中國的健康傳播議題。比起完全從零開始，從過去的健康傳播既有基礎轉化到中國的新情境應該是比較理想的做法。同時我也鼓勵中國學者與世界各地的健康傳播學者合作。例如我自己也正着手設計與中國學者合作比較中美現行健康傳播的實踐狀況的研究計劃。

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克列普教授著作選

- Finney Rutten, L, Hesse, B., Moser, R., & Kreps, G.L. (Eds.) (2011). *Building the Evidence Base in Cancer Communication*. Cresskill, NJ: Hampton Press.
- O' Hair, H.D., Kreps, G.L., & Sparks, L. (Eds.) (2007). *Handbook of communication and cancer care*. Cresskill, NJ: Hampton Press.
- Kreps, G. L. (2011). Translating health communication research into practice: The influence of health communication scholarship on health policy, practice, and outcomes. In T. Thompson, R. Parrott, and J. Nussbaum, (Eds.), *The Handbook of Health Communication, 2nd Ed* (pp. 595–608). New York: Routledge.
- Kreps, G. L. (2011). Methodological diversity and integration in health communication inquiry. *Patient Education and Counseling*, 82, 285–291.
- Kreps, G. L., & Neuhauser, L. (2010). New directions in ehealth communication: Opportunities and challenges. *Patient Education and Counseling*, 78, 329–336.
- Kreps, G. L., & Maibach, E.W. (2008). Transdisciplinary science: The nexus between communication and public health. *Journal of Communication*, 58(4), 732–748.
- Kreps, G. L., & Sivaram, R. (2008). The central role of strategic health communication in enhancing breast cancer outcomes across the continuum of care in limited-resource countries. *Cancer*, 113(S8), 2331–2337.
- Kreps, G. L., Gustafson, D., Salovey, P., Perocchia, R.S., Wilbright, W., Bright, M.A., & Muha, C. (2007). The NCI Digital Divide Pilot Projects: Implications for cancer education. *Journal of Cancer Education*, 22 (Supplement 1), S56–S60.
- Kreps, G. L. (2006). Communication and racial inequities in health care. *American Behavioral Scientist*, 49(6), 760–774.
- Kreps, G. L. (2003). The impact of communication on cancer risk, incidence, morbidity, mortality, and quality of life. *Health Communication*, 15(2), 161–169.

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Academic Dialogue with Prof. Gary KREPS

Interdisciplinary and Community-Based Approaches to Health Communication

GK: Prof. Gary Kreps

CC: Yi-Ning Katherine Chen and Joseph M. Chan

CC: As a leading health communication scholar, how did you find your personal journey into the studies of risk and health? We noticed that you did a double major in biology and literature in college, and over the past three decades have been engaged in health communication research and published more than 40 books and over 270 articles. You have also engaged yourself in different research topics at various times. Could you tell us, as a health communication scholar, how you choose a topic worthy of studying? It would be a great service to the Chinese research community if you could summarize your own intellectual journey throughout these years.

GK: I am most interested in examining important health communication issues that improve health outcomes. I select research topics that examine the role of communication in enhancing access to care for at-risk and vulnerable populations, quality of care, equity of care, health promotion and disease prevention, risk assessment and avoidance, and quality of life. I am drawn to studies that not only evaluate critical communication issues in health care and health promotion, but also develop, implement, assess, and sustain communication interventions for improving health outcomes.

Often the studies I conduct are based upon unique opportunities that arise to help under-served and vulnerable groups of consumers, address important health problems and diseases, and improve the quality of personal support and care for people in need. I often collaborate with health care practitioners, health care system representatives, as well as health care consumers and their caregivers in the studies I conduct. I am a strong proponent of community-participative approaches to health communication research, where I work in collaboration with representatives of the populations I am studying to design, conduct, and implement my research.

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CC: Since you are a strong proponent of community-participative approaches to health communication research, how do you characterize the state of research in health communication? What is your assessment of the field?

GK: While health communication is a young field of study (less than 50 years old) it is a very active and productive area for scholarly research and publication. There is now a large and vibrant body of relevant health communication literature (see the five volumes of the Health Communication reference set published by Sage on the seminal published work in the field that I edited earlier this year). There is also a growing body of health communication theories that have been developed. However, much of the research and publications in health communication are fragmented and not well integrated or applied toward addressing major health communication issues within the modern health system. I have called for a greater focus on translating health communication research into relevant evidence-based interventions, practices, and policies (see: Kreps, G.L. [in-press]). Translating health communication research into practice: The importance of implementing and sustaining evidence-based health communication interventions. *Atlantic Communication Journal*.

Kreps, G.L. (in-press). Translating health communication research into practice: The importance of implementing and sustaining evidence-based health communication interventions. *Atlantic Communication Journal*.

Kreps, G.L. (2011). Translating health communication research into practice: The influence of health communication scholarship on health policy, practice, and outcomes. In T. Thompson, R. Parrott, and J. Nussbaum, (Eds.), *The Handbook of Health Communication, 2nd Ed* (pp. 595–608). New York: Routledge.

The use of a community-based participative research approach in health communication helps to promote translation of health communication inquiry by directly involving stakeholders (consumers, providers, administrators, policy makers, etc.) in designing, implementing, and sustaining evidence-based health communication programs.

CC: Everyone is talking about interdisciplinary research these days. Indeed, this journal aspires to contribute to the interdisciplinary study of communication. Your studies appear to have straddled

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health communication, organizational communication, information processing, aging, race, and communication online. Do you think that it makes sense to treat communication and health communication, in particular, as a discipline by itself? Can you draw on your research experience to shed light on the real promise of interdisciplinary research? What are the main obstacles of interdisciplinary research? How can we overcome them?

GK: It is important for the communication discipline and the field of health communication to build its own unique scholarly identity, develop a rich body of theory and research, and establish identifiable scholarly literature to draw upon. However, the study of communication is inherently interdisciplinary, since communication is a central process in all social organizations (business, government, health care, education, family life, etc.). We have much to learn from other disciplines and much to offer those other disciplines too.

It is important for health communication scholars to be aware of relevant literature and theories from related fields, such as medicine, nursing, public health, psychology, epidemiology, anthropology, management, economics, information technology, and more, since these fields can inform health communication research and applications. It is a good idea for health communication scholars to work on interdisciplinary research teams to share information, strategies, and methods in the study of complex health issues. In my own research, I often bridge different disciplinary traditions, adopt theories and methods from different fields, and collaborate with scholars and practitioners from different backgrounds and training. I find that this enhances my work, increases my understanding of health issues, and improves the quality of my health communication research and interventions.

CC: Do you think that completing a double major in biology and literature has helped you in communicating with scholars from different fields? How did it help you?

GK: My interdisciplinary academic background has helped me to understand and collaborate with scholars from different disciplines, as well as with other major stakeholders in the modern health system (health care providers, consumers, health system administrators, regulators, etc.). Health communication is a very interdisciplinary

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field of study that involves many different stakeholders. I have found it very useful to be able to work collaboratively with many different people from different backgrounds. In fact, I encourage a transdisciplinary and translational approach to health communication research and applications.

CC: You mentioned the word ‘collaboration’ in your previous responses many times. What do you mean by collaboration? How is division of labor generally achieved in collaboration? What do you find most challenging in terms of collaboration?

GK: Collaboration is essential in health communication research to get access to different populations, elicit information from these diverse individuals, and encourage them to work with you to address complex health issues. I try to recognize the different forms of expertise that each collaborator brings to research efforts and leverage that expertise to enhance research programs. I will often provide scientific expertise in the design of research efforts, the collection of data, and the analysis of the data. Other collaborators often provide insight into the nature of the health issues being examined, the policies and practices of the health care systems where they are conducting the research, as well as the best ways to implement research findings into health care programs and practices. Effective collaboration depends on mutual respect, active communication among members of the research team, an open exchange of ideas, and sharing of the workload. The greatest challenges for me in collaborative research is giving up absolute control of the research project, deferring to others, finding the time to share information, and working through different (sometimes conflicting) perspectives between research team members.

CC: One line of research that you have undertaken in the past few years is e-health, or health-informatics. Since there are a wide range of definitions of e-health, we would like to know what your definition of e-health is and how does the e-concept add value to health communication?

GK: E-health includes the use of information technologies to track, collect, interpret, and deliver relevant health information to support decision making about health promotion and health care delivery. E-health is a burgeoning new field of inquiry and application that is spurring a health information revolution. The development and use of

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a myriad of important new health information technologies, such as health portals, electronic health records, interactive health information systems, tailored health interventions, tele-health applications, decision support systems, and mobile health technologies, show great promise for supporting the health information needs of health care consumers and providers. Health communication scholars need to help design, implement, and refine e-health information systems that can be effectively used by a broad range of participants within the modern health care system and to ensure that e-health applications are adaptive to the unique personal and health care needs of different users and health care systems. There are many challenges to the development and application of e-health technologies that can be addressed by careful health communication research and strategic health communication interventions.

CC: People do rely on information technology for making everyday decisions, so it seems quite understandable that people will embrace information technology for health information. As a communication scholar, what particular e-health communication topic is most promising from a decision-making perspective? Besides decision making, what other directions should health communication research take?

GK: E-health applications (the use of communication technologies) in health care and health promotion are showing tremendous promise for increasing access to relevant health information and support, and to help consumers and providers make informed health decisions. One area of e-health that I find most promising is the development of mobile e-health technologies to provide information and support to participants in the health care system when in need wherever they are. New mobile health technologies, such as specially designed smart-phones, can not only deliver relevant and targeted information, they can also collect information to track health, analyze collected information, provide expert recommendations based on real-time analysis, connect people so they can provide help and support, and proactively deliver interventions to provide timely care and support.

CC: Despite your many and demanding research lines, you appear to have heavily involved yourself in servicing the discipline and the general community. You are the founder of various institutions in health communication, such as the Center for Health and Risk

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Communication at George Mason University and Health Communication and Informatics Research Branch at the National Institute of Health (NIH). How do you see these services?

GK: I have worked (and continue to work) with a wide variety of different health-related organizations (government, academic, social services, and corporate) to support health communication research and interventions. Some of these organizations provide me with access to different research populations and health care systems. Other organizations have provided me with funding to support my research efforts. Other organizations help facilitate collaborations with an interdisciplinary network of scholars, health care consumers, representatives of health care systems, and policy-makers. The different organizations I have worked with serve as important coordinating systems to facilitate health communication research and applications.

CC: **It appears that more Chinese scholars are getting active in the health communication circle worldwide, and China is also a hot topic in the international academia. Do you expect that the principles of health communication will apply to the Chinese setting as well? What kind of impact, if any, do you expect from the rise of China as a context for the study of health communication? At this moment, what research questions interest you the most about China?**

GK: China is an important context for health communication research and intervention because of the tremendous size of the Chinese population, the growing economic influence of China in the modern world, and the many health challenges faced by the Chinese people. Health problems know no borders. Infectious diseases travel from one country to another and there is a tremendous need for international collaboration in the development and implementation of global health promotion policies and practices. China is a major international participant for developing and implementing global health promotion policies. The enormous size of the Chinese population demands the development of strategic communication strategies for disseminating influential health promotion information to guide health practices.

Currently, I am planning a research program in collaboration with Chinese communication scholars to survey the health information

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needs and practices of the Chinese population. Where do different members of the Chinese population get health information? How accurate is that information? How do they use that information? What information gap or needs exist for different groups of Chinese consumers? Where do different groups of Chinese people prefer to get health information (channels) and what sources of health information do they find most credible? These are health communication surveillance questions I hope to answer with a national survey in China based on the Health Information National Trends Survey that I helped to develop at the National Cancer Institute for studying health information trends in the US. I am also interested in comparing the health information survey information gathered from Chinese nationals with the health information trends exhibited by Chinese Americans.

CC: Health communication is just an emerging field in China. Do you have any advice for young Chinese scholars entering the field?

GK: My best advice for Chinese scholars who are just beginning to work in health communication is to carefully review the existing health communication literature so you can use what has already been learned to address health issues in China. Rather than starting from the very beginning, it may be a better idea to build upon current research, adapting research findings to new situations. I also encourage active collaborations between Chinese scholars and health communication scholars from other parts of the world. I am already designing some collaborative health communication research projects with scholars from China where we plan to compare health communication practices in China and the US.

Selected works by Gary Kreps

Please refer to the end of the Chinese version of the dialogue for Gary Kreps' selected works.