

Reflections

A Look Back and a Look Forward: The *Journal of Health Communication* Celebrates 100 Issues

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From 1995 to 2012 wasn't just the time span for the first 100 issues of the *Journal of Health Communication*—it also was a time of many changes for the professional field that this journal covers. I think of four that especially merit mention as we look back and look forward on the field and the *Journal of Health Communication's* contribution to it.

It was a time of passing for some of the 20th century's great leaders in the field of health communication. Most especially we lost Everett M. Rogers, certainly the most influential writer and researcher about diffusion of innovations, along with other topics like agenda-setting that are key to how we see health communication from both a theoretical and a practice perspective today. The *Journal of Health Communication's* 2005 Forum collection of articles from some of his most devoted colleagues and friends, including myself, celebrated his life. And a 2004 special issue on diffusion of innovations theory showed us from Ev's remarkable work the truth of social psychologist Kurt Lewin's dictum, "Nothing is so practical as a good theory."

Second, it was a time of emerging new technology platforms for health messages. Early on in this period, e-mail and websites became indispensable parts of communication strategies, both to get messages out there and to coordinate health communication campaigns. Then came the use of cell phones to deliver messages, and laptop computers and handheld devices to make data gathering easier, particularly in rural and underdeveloped areas. More recently came smart phones, able increasingly to bring high powered, complex communications in real time. And to bring them everywhere, even to places that have no electricity or running water. Also, YouTube became a powerful option for bringing visual material like videos (professional and amateur) to a diverse audience.

Most recently, technology scored a direct bulls-eye on health communication strategy with the emergence of social media like FaceBook, LinkedIn, and many other systems for not just delivering messages but for orchestrating individual, small group, and community action. In 2011, Bernhardt, Mays, and Kreuter published in the journal an analysis of how social media and new technology platforms affect dissemination strategies, including those framing health communication activities.

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Health messages now can increasingly be delivered to micro-slices of audiences—highly targeted as to their characteristics, behavior goals, and other interests. An indication of how much attention has come to these social media approaches is shown by the program for the August 2011 CDC National Conference on Health Communication, Marketing and Media—in which more than half the sessions pertained to social media in one way or the other, a huge increase even over the previous year of this conference attended by more than 1,000 people interested in health communication from various perspectives.

Third, it was a time of needing to be more creative with relatively cheap-to-use technology like social media, as the worldwide economic downturn resulted in much greater difficulty for health communication researchers, practitioners, and advocates in seeking funds to support their work. Still, mega-funders like the Bill & Melinda Gates Foundation have entered into global health services and research, re-shaping priorities, building partnerships, and engaging in the work of change in many countries, particularly some of the poorest ones in Africa and South Asia. The investments Gates is making on a number of health fronts will continue to influence the work of all in the health communication field, as will the announcement, made by Melinda Gates and CEO Jeffrey Raikes at a November 2011 convening in Seattle, that knowledge sharing and dissemination and social behavior change have become important priorities for the Foundation. In the next several years, Gates plans to catalyze networks for supporting these priorities, and perhaps also some tools that could be used to assist those working on the theme of this convening, “Achieving Lasting Impact at Scale: Behavior Change and the Spread of Family Health Innovations in Low Income Countries.”

At the other end of the spectrum, new opportunities for change at the grassroots level is increasingly possible through the emergence of microphilanthropy as a tool for support of local innovation, including those related to health communication. Websites through which small donations can be made to fund individual and community projects are just one example of how technology-enabled philanthropic avenues increasingly are focused on the deliberately narrow goals of people at the local level. Ultimately, such micro-strategies may become just as important as the macro-strategies of Gates and other foundations, and of national and international government-financed approaches.

Finally, it was a time of great growth in the domain of research about the effectiveness of health communication interventions, and in the influence of research results on funding, policy, and practice. In particular, evidence-based practices increasingly have come to health communication—intervention strategies whose value is backed up by careful research on their impact, cost, and side effects. While research has always been a part of health communication, more and more funders and policy-makers have been demanding that scarce dollars go to support the approaches that have the best evidence of their success.

And increasingly practitioners, researchers, funders, and policy-makers are coming to understand that research also is needed on the process and outcomes of actual implementation of these evidence-based practices—that evidence-based implementation is just as important for producing real results. Without good implementation, the best-validated practices in the world will not have impact. The first-ever Global Implementation Conference, held in Washington DC in August 2011, brought together 800 people from around the world to discuss this topic. Researchers and practitioners specifically concerned with health communication were prominent in the audience of this gathering.

All four of these trends will influence what goes into the *Journal of Health Communication* in the future, and how this publication can have maximum impact on the field it covers, and on community health and the quality of people's lives. There may be impact on the journal itself. In the future, may we look to *Journal of Health Communication* articles being presented on Facebook and discussed on Twitter? To tests for media messages on YouTube? That's part of how the look back from the first 100 issues is also the look forward.

Reference

- Bernhardt, J. M., Mays, D., & Kreuter, M. W. (2011). Dissemination 2.0: Closing the gap between knowledge and practice with new media and marketing. *Journal of Health Communication, 16*(Suppl. 1), 32-44.