



Editor's Note

Vol. 4 No. 1 (2026): The Construction of Health Communication: International and Multidisciplinary Perspectives

Health communication stands at a transformative juncture, shaped by rapid technological evolution, persistent global health disparities, and a deepening recognition that effective health promotion demands more than information dissemination. This issue brings together fourteen cutting-edge contributions, including twelve research reviews each focusing on a leading scholar, and three independent research articles. This collection traces a coherent arc from theoretical innovation to pragmatic intervention, illuminating how communication can bridge the gaps between policy and practice, technology and humanity, global frameworks and local realities. Representing diverse geographical and intellectual traditions—from Singapore to South Africa, from the Netherlands to New Zealand—these contributions underscore the field's maturation into a truly global, multidisciplinary enterprise.

Across the assembled papers, four interlocking themes emerge with striking clarity. First, the digital revolution's dual character comes into sharp focus. The work of Jiang, Lwin, and Zhou demonstrates how artificial intelligence, virtual reality, and mobile platforms can personalize health interventions and expand their reach, while Dutta, Tufte, and van Weert caution against technological determinism, urging instead that tools be co-created with communities to avoid reproducing structural inequities. This theme is further deepened in the two standalone studies: Hui and colleagues, through bibliometric analysis, reveal the international divergences and localization challenges in medical AI ethics research, while Chen and colleagues, using grounded theory, dissect how media channels, language, and cultural accessibility constrain the cross-border effectiveness of health and cultural content dissemination. Second, the volume foregrounds the centrality of narrative and relational dynamics. Charon's narrative medicine as a healing bridge, Caleb's critique of narrative-as-power, Street's pathways linking clinician-patient dialogue to tangible health outcomes, and Zhou's experimental work on character identification collectively reveal storytelling as both a therapeutic instrument and a site of political contestation. Third, equity emerges not as a peripheral concern but as the organizing principle. Niederdeppe's policy-relevant research, Zhao's audience-segmented campaign designs, Kreps's empowerment frameworks, and Li's culturally grounded studies of vaccination and migrant health all demonstrate that reducing health disparities requires communication strategies attuned to vulnerability, power asymmetries, and social determinants. Chen and colleagues' research provide micro-level evidence for this, indicating that despite structural constraints, over half of the overseas-born Chinese youth show potential to transition from passive recipients to active communicators, offering hope for empowerment-oriented equity strategies.

Finally, these scholars share a methodological commitment to translational science, moving seamlessly from bibliometric analysis and grounded theory exploration to national surveys, randomized trials, and community-based participatory research, ensuring findings yield actionable guidance for practitioners, policymakers, and clinicians.