

# Call for Papers

**European Conference on Health Communication (EHC) 2023**

**Joint Annual Conference of the  
Health Communication Divisions of the  
German Communication Association (DGPK)  
&  
the European Communication Research and Education Association (ECREA)**

15 - 17 November 2023  
University of Klagenfurt  
Austria

## **Conference theme**

### **Health communication for/with vulnerable groups in society**

The EHC and DGPK conference 2023 focuses on vulnerability and health communication. Health communication for/with vulnerable groups or individuals has become increasingly important. Vulnerability encompasses at least two strands that are noted in this call: on the one hand, individuals and groups are described as “vulnerable” based on group membership, and the group is thereby labelled as vulnerable due to specific characteristics. On the other hand, vulnerability is described as contextual, thus, the context influences the vulnerability of individuals and social groups. While various circumstances may threaten the group’s existence and result in the dissolution of relationships, social support could possibly strengthen the group and group ties respectively. In this sense, vulnerability may change for an individual if the context changes (Kwek, 2017; Wisner et al., 2004). Vulnerable groups may include, for example, children and adolescents, older adults, people with disabilities, people with cognitive impairments, people in emergency or extreme situations, persons in dependency relationships, minorities, stigmatized people, or people discriminated against on the basis of gender, sexual orientation, or health status, and so on. Vulnerable groups/individuals are at higher risk for poor physical, psychological, or social health (Schiavo, 2013).

For vulnerable individuals and groups as well as regarding contextual vulnerability, health communication may serve different purposes and is thus directed differently at individuals and groups. Referring to vulnerable groups/individuals may serve exemplary purpose to enhance awareness of historical, social or other disadvantages of social groups. Referring to

contextual vulnerability shows that specifics of vulnerability have to be considered and how it can be assessed (Kwek, 2017).

In this call, we would like to specifically highlight gender-based violence and particularly domestic violence which creates vulnerability on a contextual as well as on a group-based and an individual-based level. For example, women, girls (Johnson, 2006) as well as LGBTQI+ (lesbian, gay, bisexual, trans, queer, intersex) and gender non-conforming persons (Wirtz et al., 2020) are affected more often by such violence. Also, crises (such as the COVID-19 pandemic) may increase gender-based violence (John et al., 2020) and thus increase contextual vulnerability. Preventing the experience of violence and discrimination positively affects health and well-being. Health (risk) communication can play an important role in this regard (Schiavo, 2013; Koval et al, 2021).

Possible topics within the conference theme include, but are not limited to:

- Construction and stigmatization of vulnerable groups
- Raising awareness for vulnerable groups/individuals via health communication
- Communication of and in vulnerable groups: How do vulnerable groups communicate to organize and promote exchange (in-group and out-group communication)?
- Protecting vulnerable groups/individuals from harm: How can health communication be applied to support the protection of people from vulnerable groups from psychological or physical harm?
- Challenges in health communication for/with vulnerable groups: How can health communication cater to the needs and interests of vulnerable groups and/or improve their situation? How can research and policy/organizations reach vulnerable groups?
- Empowering vulnerable groups/individuals: How can health communication empower people from vulnerable groups?
- Equity and inclusion: How can communication be used to support the inclusion of vulnerable and stigmatized populations within the civil society?
- Innovation in communication: How can innovative health communication techniques (e.g., gamification, communication design) become a tool for vulnerable groups?
- Opportunities and challenges for communicating for/with vulnerable groups/individuals in the digital space

- eHealth and mHealth tools and vulnerable groups/individuals: How do vulnerable groups use (health-related) digital media (e.g., for social support, self-empowerment, voicing activism)? (How) can digital health tools foster the health of vulnerable groups?
- Vulnerable consumers in the marketplace: How can vulnerable consumers be supported in their consumption of goods and health services to ultimately increase their well-being?
- Health communication for/with vulnerable groups in crisis situations (e.g., disasters, pandemics etc.)
- Vulnerability and resilience research: How can we strengthen the resilience of vulnerable groups through (health) communication?
- Methodological approaches in health communication for/with vulnerable groups
- Other topics (not specified above)

## **Submission formats**

We welcome theoretical, empirical – qualitative, quantitative or mixed-methods-methodological or reflective submissions. We also welcome submissions about work in progress. Proposals can be submitted as presentation, poster or panel proposals.

### **a) Individual presentations (Submission type: Extended abstracts)**

Presentations should be submitted in the form of extended abstracts with a maximum length of 750 words (excl. references, tables and figures). For proposals involving empirical research, work in progress is welcome, provided the authors can confirm that the data will be collected by the time of presentation and that first results can be presented.

When submitting you will be asked if the proposal is to be presented as full presentation (15-20 minutes) or high-density presentation (short presentations of 3-5 minutes plus poster), or if both options are equally suitable for your proposal.

### **b) Panels (Submission type: Structured abstracts)**

Panels should include 3-4 presenters with an overarching theme. Panels should be submitted in the form of a structured abstract, with a rationale that describes the scope of the panel (maximum length of 400 words) plus a short description of all presentations (maximum length of 250 words each; excl. references, tables and figures).

Abstracts must be written in English and have to be submitted via the Indico submission platform. All submissions are peer-reviewed. Criteria for peer-review evaluations include credibility, theoretical foundation, scientific and procedural rigor, and contribution to field of research. Another criterion in the review process is the contributions' ability to stimulate for further discussion.

## Conference

The conference will start on Wednesday, November 15, 2023, in the evening with a get-together and ends on Friday, November 17, 2023, early afternoon. The conference will take place at the main campus of the University of Klagenfurt. Further information on the conference venues, accommodation possibilities, and the program will be announced on the conference website in due time.

## Timeline

Submission system opens: 1 March 2023

Submission deadline: 15 June 2023

Notification of acceptance: 1 August 2023

Registration opens: 1 August 2023

Early bird registration: 1 August to 15 September 2023

Regular registration: 16 September to 1 November 2023

Conference: 15 to 17 November 2023

## Contact and links

[Submission Page](#)

E-mail: [echc2023@aau.at](mailto:echc2023@aau.at)

[Conference Website](#)

## Literature

- John, N., Casey, S. E., Carino, G., & McGovern, T. (2020). Lessons never learned: crisis and gender-based violence. *Developing world bioethics*, 20(2), 65-68.
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence against women*, 12(11), 1003-1018.
- Koval, O., Engen, O. A., Kringen, J., & Wiig, S. (2021). Strategies of communicating health-related risks to vulnerable groups of immigrants during a pandemic: a scoping review of qualitative and quantitative evidence. *International Journal of Health Governance*
- Kuran, C. H. A., Morsut, C., Kruke, B. I., Kruger, M., Segnestam, L., Orru, K., . . . Torpan, S. (2020). Vulnerability and vulnerable groups from an intersectionality perspective. *International Journal of Disaster Risk Reduction*, 50, Article 101826.  
<https://doi.org/10.1016/j.ijdrr.2020.101826>
- Kwek, A. (2017). The indispensability of labelled groups to vulnerability in bioethics. *Bioethics*, 31(9), 674-682. <https://doi.org/10.1111/bioe.12379>
- Schiavo, R. (2013). *Health communication: From theory to practice*. Vol. 217. John Wiley & Sons.
- Wirtz, A. L., Poteat, T. C., Malik, M., & Glass, N. (2020). Gender-Based Violence Against Transgender People in the United States: A Call for Research and Programming. *Trauma Violence & Abuse*, 21(2), 227-241. <https://doi.org/10.1177/1524838018757749>
- Wisner, B., Blaikie, P., Cannon, T., & Davis, I. (2004). *At Risk: Natural hazards, people's vulnerability and disasters* (2nd ed.). Routledge. <https://doi.org/https://doi.org/10.4324/9780203714775>