Preface

The Third European Games for Health Conference 2013 (GFHEU 2013) brings together researchers, medical professionals and game developers to share information about the impact of games, playful interaction and game technologies on health, health care and health policy. Over two days, more than 400 attendees will participate, here in Amsterdam, in over 60 sessions provided by an international array of 80+ speakers, cutting across a wide range of activities in health and well-being. Conference topics include exergaming, physical therapy, disease management, health behaviour change, biofeedback, scientific validation, rehab, epidemiology, training, cognitive health, nutrition and education.

As we are aiming for innovation and further integration of Research and Game development in Health Care, this year we decided to add an extra Academic Track to the conference. These proceedings are the outcome of that integration and contain 26 full papers presented at the conference in the form of oral presentations or posters and structured around 12 major themes, which are reflected in the program of the conference. The Academic Track is interwoven into the conference’s broader structure to further promote dialog between academics and practitioners working within the fields of Game & Play Studies, Design Research, Game development and the Medical Community, exploring and innovating within the greater area of Health. This track is labelled (A) in you’re conference program.

Games have been played in many settings and in all times. No matter if the subject was jousting in medieval times by knights, or in the local playground by children playing football, it was always a combination of joy, skill mastery and social setting. With the new digital games this remains the same as they can be played in many contexts, being autotelic or applied. However, one thing should be noted, as the digital variant of games has grown to present even stronger possibilities due to the large groups that can share them and the ‘always on’ quality of mobile devices and networked game consoles. Moreover, digital games allow players to use advanced computational power, (haptic) devices, consoles, wearables, visualization, persuasive technology, social design and crowd computing, among many others, to empower the (cognitive) skills of the player. It is this power that makes contemporary games and play so successful especially in Health Care. Or as Jane McGonigal phrases it: “Gaming can make a better world.”

The talks and presentations in this third conference are subdivided into several tracks such as: Game Design, Gamification & Behaviour Change, Business, Validation, Public Health, Medicine Adherence, and Professional Education. These proceedings follow the same subdivision as the conference. The major trends in
contemporary game development are reflected in these tracks: the attention for public health for instance underlines the further wide spread adoption of medical apps and games in areas such as cancer prevention and HIV. Another recurring topic is the battle against Chronic Diseases (such as Obesity or Alzheimer) being the subject for new games, where patients and practitioners join together (in many cases, literally, in imaginary or hybrid game worlds). We see games for rehabilitation as part of a therapy shift from the hospital to a more natural (home) environment for the patient. Many games aim at prevention and participation of patients and as such contribute to effective cost reduction of health care.

Off the shelf consoles and controllers (like the iPad or Kinect) utilized in health games allow for further integration in existing e-health applications and will drive the industry to new solutions. From silver games (for the elderly) to toddler-apps, these applications allow further integration into daily life as well as in health care settings. In the future, games will integrate improved models of the human body and new advanced feedback mechanisms (e.g. interactive mirrors or spoken feedback).

The theory of games for health and the validation of games in health care settings is also gaining traction, which is important for commercial adoption and the implementation of new and alternative business models. Games such as ‘Re-Mission’ aiming to help battle cancer are now thoroughly validated in larger trials. Furthermore games are not only regarded as products (applications) but also as services for a longstanding relationship between patients, doctors, relatives and care providers or between medical doctors and students, to learn the practice of medicine.

In view of this all, the GFHEU 2013 proceedings can be considered as a timely document that provides many new results and insights in the new field of Games for Health. We would like to thank all members of the Program Committee for their most valuable and highly appreciated contribution to the conference by reading submissions, writing reviews, and participating in the discussion phase. We hope to provide you with many pleasant and fruitful reading hours.

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