

This Just In... reports are a quick summary of new health marketing and communication research and trends. These brief “nuggets” spotlight new findings with communication practice implications for CDC and its public health partners.

Brought to you by the Marketing and Communication Strategy Branch in the Division of Health Communication and Marketing, National Center for Health Marketing, Centers for Disease Control and Prevention (CDC).

New study reveals that negative consequences for healthcare adherence behavior resulting from use of internet health information appear substantial.

Research objective: To distinguish internet users who report healthcare non-adherence behavior from other internet users based on personal and environmental factors. Personal factors examined were overall health status, physical and mental health, body mass index (BMI), health related quality of life, and self-perceptions of depression and personality (extraversion, neuroticism, psychoticism). Four aspects of environmental determinants—social support, overall internet use, perceptions of mass media health information, and use of internet health information (IHI) content—were examined.

Methods: A self-administered internet-accessed survey was conducted in summer 2006 among a sample of adults living in the Seattle-Tacoma area. The sample was drawn from a research panel of more than 60,000 participants at least 19 years old maintained by e-Rewards Marketing Research. A stratified invitation process was used to maximize sample representativeness across respondent gender. This process, which satisfied the survey quota in approximately 48 hours, yielded a final sample size of 562 individuals.

Findings: All respondents indicated that they used mass media health information with the majority (74.9%) rating health information as “moderately to extremely important.” Essentially all respondents (96.4%) reported using the internet during a typical week with an average internet usage time of 7.4 hours, accounting for about 13.7% of overall weekly media use behavior. Going online to find health information was reported by 51.4% of respondents as a typical weekly activity. More importantly, negative consequences for healthcare adherence behavior resulting from use of internet health information appear substantial. Over 11% of the respondents, predominantly women, reported that they had refused or discontinued treatment recommended by a physician or dentist because of health information obtained from the internet.

The data also revealed that personal determinants such as neuroticism (reflects anxiety and emotionality) and health-related poorer quality of life differentiated internet-instigated non-adherent respondents from their counterparts. An individual evidencing neuroticism may be drawn to the internet (Amiel & Sargent, 2004), in general, and HISB, in particular, because they have trouble engaging in interpersonal interactions (Weaver, 2005). In addition, individuals reporting non-adherence appeared more deeply immersed in the internet health information environment. Specifically, non-adherent respondents devoted significantly more time during a typical week to seeking internet health information about medications, illness or disease, treatments, and insurance and they conferred greater importance to mass media health information than their counterparts.

Practice implications for health marketers and communication professionals:

The data at hand show that internet users who decided not to adhere to a practitioner’s medical advice also devoted significantly more time to internet health information seeking behavior, experienced a poorer health-condition originated quality of life, self-reported higher generalized anxiety and self-efficacy, conveyed greater importance to mass media health information, and were more reliant upon and invested in the internet social community. These findings have several implications for health marketers, communication professionals and those working in public health. Program planners should consider the context and tone of the messaging, avoid fear appeals, and avoid message styles that stimulate psychological reactance. Messaging should also reinforce typical recommendations of doctors. For example, “This is what your doctor has probably recommended...” and explain why.

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Also see: Amiel, T. & Sargent, S. L. (2004). Individual differences in Internet usage motives. *Computers in Human Behavior*, 20, 711-726.

Weaver, J. B., III (2005). Mapping the links between personality and communicator style. *Individual Differences Research*, 3, 59-70.

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