Antecedents of Consumer Trust in Online Health Information: Findings from the Health Information National Trends Survey

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Intro

- A dramatic increase of consumer’s search for health information online
  - Pew Research Center (2005)
- Low credibility
  - Eysenbach, Powell, Kuss and Sa (2002)
- Consumer trust in online health information
Literature Review

- Trust in online health information
  - Source authority
  - Information currency
  - Easiness to read
  - Inclusion of scientific references
  - Professional site design
Predictors of Trust

- Personal capital
  - Resources: income, education, health, good look

- Social capital
  - Network ties in a person’s social relationship
  - Trust is one mail element of social capital
  - The breadth and depth of social network predicts...

- Trust transference
  - Transfer from a trusted third party to another party with which the trustor has little or no knowledge

- Information Features
Research Questions & Hypotheses

- Personal Capital
  - RQ1a: Does education predict trust in online health information?
  - RQ1b: Does income predict trust in online health information?
Social Capital

H1a: People who participate in an online support group for people with a similar health or medical issue trust online health information more than those who do not.

H1b: People who visit a social networking Web site such as MySpace or Second Life trust online health information more than those who do not.
Trust transference

RQ2a: Does trust in health information provided by doctors predict trust in online health information?

RQ2b: Does trust in health information provided by family and friends predict trust in online health information?

RQ2c: Does trust in health information provided by traditional media including radio, newspapers/magazines, and television predict trust in online health information?

RQ2d: Does trust in health information provided by government health agencies predict trust in online health information?
Research Questions & Hypotheses Continued

- Information Quality
  - H2a: The more effort to locate health information, the less trust in online health information.
  - H2b: The harder to understand health information, the less trust in online health information.
Methods

- Sample
  - 2007 HINTS mail sample, 3582 adults
  - Gender
    - 1382 (38.6%) males
    - 2191 (61.2%) females
  - 18 to 95 years old; M= 52 (SD = 16.83)
- Race
  - 2479 (69.2%) Caucasians
  - 440 (12.3%) African Americans
  - 314 (8.8%) Hispanics
  - Asians, American Indian or Alaska Natives, and Native Hawaiian or other Pacific Islanders
Methods

**Measures**

- **Trust in online health information**
- **Personal capital (RQ1a & RQ1b)**
  - Income
  - Education
- **Social capital indicators (H1a and H1b)**
  - Participation in an online support group
  - Visiting social networking Web sites
- **Trust in other sources of health information (RQ2a, b, c, and d).**
  - a doctor, family or friends, newspapers or magazines, radio, television, and government health agencies,
- **Information features (H2a & H2b)**
  - “It took a lot of effort to get the information you needed”
  - “The information you found was hard to understand.”
Methods

- Analysis
  - SAS Surveyreg procedure
  - Unadjusted
Results

- Personal Capital (RQ1a and RQ1b)
  - Income: $F(1, 3581) = 2.14, p > .05$
  - Education: $F(1, 3581) = 1.12, p > .05$.

- Social capital (H1a and H1b)
  - Participation in online support groups
    - $F(1, 3581) = 6.52, p < .05; \beta = -.13 (SE = .05)$
  - Visiting social networking Web sites
    - $F(1, 3581) = 2.28, p > .05$. 
Results

- Trust transference
  - trust in health information provided by doctors
    - $F(1, 3581) = .76, p > .05$.
  - trust in health information provided by informal interpersonal sources including family and friends
    - $F(1, 3581) = .19, p > .05$.
  - trust in health information offered by traditional media
    - newspapers and magazines: $F(1, 3581) = 19.55, p < .001, \beta = .12 (SE = .03)$,
    - TV: $F(1, 3581) = 65.47, p < .001, \beta = .18 (SE = .02)$.
    - Radio: $F(1, 3581) = 4.46, p < .05, \beta = -.05 (SE = .02)$.
  - trust in health information offered by government health agencies
    - $F(1, 3581) = 26.93, p < .001, \beta = .11 (SE = .02)$.
Results

- Info features (H2a & H2b)
  - the harder to find health information, the less trust in online health information,
    - $F(1, 3581) = 17.50, p < .05, \beta = -.07 (SE = .02)$
  - the harder to understand health information, the less trust in online health information,
    - $F(1, 3581) = 11.69, p < .01; \beta = -.06 (SE = .02)$. 
trust in online health information
- Personal capital: education and income are not significant.
  - health literacy; self-confidence
- Social capital: participation in online support groups but not visiting social network websites
  - Bonding vs. bridging social capital
- Trust transfer
  - traditional mass media and government health agencies
  - Similarity between trust targets
- Information characteristics
  - easiness to find and to understand
Limitations & Future Research

- Directionality
  - Cross-sectional

- Analyses
  - Unadjusted
  - Telephone sample and mode effects

- Only a small fraction of participants participated in online support groups (3%) or used social networking Web sites (17%)
  - Young adults were less than 25% of the surveyed respondents