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STATE *of the* STATE Survey

State
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State
Survey

*Sources and Perceived Reliability
of Health Information*

*by Larry Hembroff
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Briefing Paper No. 1998-35

MICHIGAN STATE
UNIVERSITY

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Sources and Perceived Reliability of Health Information

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The analyses and interpretations in SOSS Briefing Papers are those of the authors and do not necessarily represent the views of IPPSR or of Michigan State University.

THE SURVEY

A telephone survey of 952 adult residents of the State of Michigan was conducted by Michigan State University's Institute for Public Policy and Social Research between June 10, 1997 and July 30, 1997. This study—the 11th quarterly MSU State of the State Survey—was designed to provide information on:

- Health status,
- Utilization of health care services,
- Sources of health information,
- Confidence in professionals,
- Confusion regarding health recommendations, and
- Child care preferences.

The overall sampling error is $\pm 3.2\%$. For questions discussed in this paper that were asked of only a portion of respondents, the sampling error is slightly larger; how much larger depends on the number of people asked a question and on how their answers are distributed.

The sample was designed to provide representative information for respondents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region; also refer to a regional map). The data reported here are weighted to be representative of Michigan's adult population.

KEY FINDINGS

An important function of health care institutions is the production and dissemination of health information. The effectiveness of the information produced—however correct or important—depends heavily upon effective dissemination that enables individuals who might benefit from the information to read it, hear it, or see it, and to adjust their behavior accordingly. In spite of the hundreds of millions of dollars spent annually on health care research and findings that demonstrate the health risks or benefits of diets, medicines, behaviors, and other regimens, consumers receive health-related information from many sources other than the latest research findings. Some sources provide accurate information; some provide obsolete or unsubstantiated information; and some misrepresent, misinterpret, or misplace it.

Where do people get their health information? How reliable do they think it is? What do they regard as their most reliable source of information? Do consumers think that media reports clarify their understanding of health issues or confuse them? These questions were posed in a portion of the SOSS interview. Key findings follow.

- **Twenty-six (26% percent of Michigianians said they thought they obtained most of their health information from doctors, nurses, hospitals, or other health agencies.**
- **More than one-third (35%) said they got most of their information from the popular media.** One in five Michigianians (20%) said they obtained most of their information from family, friends, coworkers, etc., while 16% said they obtained most of their information from other institutional sources (teachers, universities, libraries, scientific journals, employers, insurance companies, etc.).
- **Roughly one in seven Michigan residents (15%) said they thought that most of the health information they received was “always reliable,” while 57% said it was “almost always reliable.”**
- **Of those who identified health professionals as their greatest source of health information, 86% said that most of the information they received was “always or almost always reliable,” compared to 71% of those who identified lay people as their greatest source, 65% of those who identified the popular media as their source, and 64% of those who identified institutional agencies as their greatest source.**
- **Males were more likely to say they get most of their health information from lay people (family and friends, coworkers, etc.) and from the popular media than were females.** Females were more likely to report health professionals or institutional agencies as the sources of most of their health information. While there were no significant differences in information sources between white and African American respondents, there were differences across age groups and levels of education and income.
- **Michigianians with college degrees were less likely than others to say they get the most information from lay people.** Along with Michigianians with at least some college, they were more likely to report getting most of their information from institutional agencies such as schools, universities, libraries, books, and research journals, and they were somewhat less likely to report getting most of their information from health professionals.

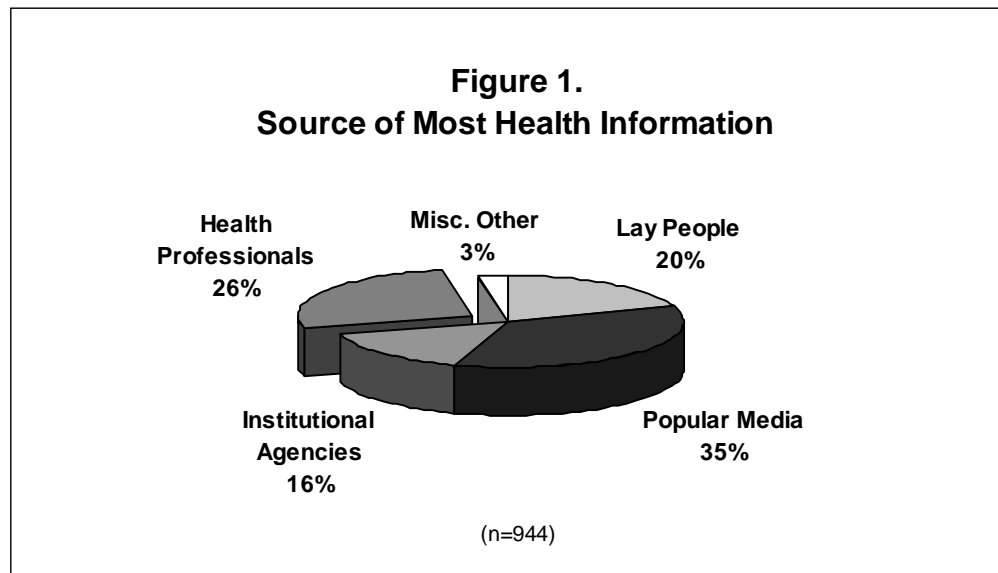
- **Roughly one-third of Michigan residents (33%) said they have received contradictory health information or differing advice “frequently” (25%), “always” or “almost always” (8%).** There were no regional, gender, or racial differences in response to this question, but there were differences based on age and levels of education and income.
- **Those who receive most of their information from the popular media and those who receive it from institutional agency sources were more likely to say they received contradictory health information “frequently,” “always,” or “almost always.”** Those who received most of their information from either health professionals or lay people were much less likely to report receiving contradictory information.
- **Overall, a majority of Michiganians (55%) said that newspaper, magazine, and television reporting helps people understand health issues.** However, 64% of those who got most of their information from the popular media said the reporting is “helpful,” compared to 52% of those who got most of their information from institutional source, and 55% of those who got most of their information from health professionals. Among those who got most of their information from lay people, the majority (51%) said they think media reporting is “mostly confusing.”

DISCUSSION

Interviewers acknowledged to respondents that individuals get information about health from friends, newspapers, magazines, television, brochures, doctors, nurses, teachers, other family members, or other sources. They then asked respondents to disregard how reliable the source was and to indicate which source they thought provided most of their health information. Respondents provided a long list (including the sources mentioned in the question) to which they collectively added: newsletters, books, employers, personal experience, library research and scientific journals, coworkers, hospitals, universities, radio, insurance companies, news media, health agencies, and the Internet. For purposes of analysis, we have combined these into five categories:

- Lay people (including family and friends),
- Popular media,
- Other institutional sources (teachers, universities, libraries, scientific journals, employers, insurance companies, etc.),
- Health professionals, and
- Miscellaneous other sources.

Figure 1 shows the distribution of responses across these categories. It indicates that only 26% of Michigianians said they thought they obtained most of their health information from doctors, nurses, hospitals, or other health agencies. More than one-third (35%) said they got most of their information from the popular media; one in five (20%) said they obtained the most information from family, friends, coworkers, etc.; and 16% said they obtained most of their information from other institutional sources.



Interviewers queried respondents about their second greatest source of health information. The results were similar to those for the greatest source, but only 21% of respondents mentioned health professionals in this case. We have combined respondents' answers to these two questions into a single multiple response item. Presented in Table 1, the results indicate that 77% of Michigianians identified the popular media as their greatest or second greatest source of health information. Health professionals were most often named the second greatest source of information, while institutional sources were mentioned the least often.

Table 1.
Percent Distribution of Mentions as First or Second Source
of Most Health Information

Information Source	Percent of Responses	Percent of Cases
Lay People	20.7%	40.7%
Popular Media	39.3%	77.2%
Institutional Sources	13.0%	25.6%
Health Professional	23.6%	46.4%

Interviewers asked respondents to indicate, in general, the reliability of most of the health information they have received. Roughly one in seven respondents (15%) said they thought most of their health information was “always reliable,” while 57% said it was “almost always reliable.” Views on the reliability of health information differed depending on how respondents identified their sources of information. Eighty-six percent (86%) of those who identified health professionals as their primary source said most of their information had “always or almost always” been reliable, compared to 71% of those who identified lay people as their primary information source, 65% of those who identified the popular media as their primary source, and 64% of those who identified institutional agencies as their primary source.

When asked to identify their most reliable source of health information, Michigan residents tended to name their primary source. As illustrated in Table 2, except in the case of the popular media, the modal response regarding reliability of information was typically the correspondents' primary source.

Table 2.
Distribution of Perceived Most Reliable Health Information Source
by Respondent Source

Most Reliable Source	Source of Most Health Information				
	Lay People	Popular Media	Institutional Agencies	Health Professionals	Misc. Other
Lay People	57.3%	8.8%	3.6%	3.4%	25.9%
Popular Media	14.6%	40.2%	4.3%	4.3%	3.7%
Institutional Agencies	2.9%	6.5%	54.3%	7.7%	3.7%
Health Professionals	24.0%	41.5%	34.1%	84.3%	40.7%
Other	1.2%	2.9%	3.6%	0.4%	25.9%
N	100.0% (171)	100.0% (306)	100.0% (138)	100.0% (235)	100.0% (27)

Table 3.
Percent Distribution of Source of Most Health Information
by Demographic Background

Characteristics	Percent Who Say They Get Most of Their Health Information From...					
	Lay People	Popular Media	Institutional Agencies	Health Professionals	Misc. Others	X ²
Overall	19.8%	35.3%	15.8%	26.3%	2.9%	
Gender						
Male	24.0%	40.4%	10.9%	21.2%	3.5%	34.7%***
Female	16.1%	30.8%	20.1%	30.6%	2.4%	
Race						
White	20.0%	36.0%	15.7%	25.8%	2.5%	5.0%
African American	19.5%	31.0%	15.9%	29.2%	4.4%	
Age						
18-24	34.6%	24.8%	20.3%	18.8%	1.5%	69.9%***
25-34	23.3%	39.6%	13.2%	21.6%	2.2%	
35-44	20.6%	35.3%	14.7%	25.9%	3.5%	
45-54	18.6%	35.7%	19.4%	24.8%	1.6%	
55-64	9.6%	31.3%	18.3%	38.3%	2.6%	
65-74	12.8%	35.1%	11.7%	27.2%	3.2%	
75+	5.2%	48.3%	12.1%	25.9%	8.6%	
Education						
Less than High School	23.1%	26.2%	7.7%	38.5%	4.6%	37.8%***
High School Graduate	21.2%	37.4%	9.4%	28.8%	3.2%	
Some College	22.3%	31.8%	19.4%	24.0%	2.5%	
College Graduate +	14.3%	38.8%	22.4%	22.4%	2.0%	
Income						
<\$10,000	26.9%	26.9%	3.8%	30.8%	11.5%	39%***
\$10,000 - 19,999	24.3%	35.1%	8.1%	32.4%	0.0%	
\$20,000 - 35,000	22.7%	31.4%	13.4%	28.5%	4.1%	
\$35,001 - 50,000	20.6%	37.7%	16.6%	24.0%	1.1%	
>\$50,000	17.7%	39.9%	21.5%	19.0%	1.9%	

Who is more or less likely to use the various sources for most of the health information they receive? Table 3 illustrates the distribution of primary information sources for respondents of various demographic backgrounds. While males were more likely to say they get the most health information from lay people (family and friends, coworkers, etc.) and from the popular media, females were more likely to report health professionals or institutional agencies as their primary sources of health information. While there were no significant differences in sources for white and African American respondents, there were differences across age groups and levels of education and income.

In general, younger respondents were more likely than were their older counterparts to say they got most of their information from lay people and less likely to say they got the most from health professionals. This reflects the earlier finding (see SOSS Briefing paper No. 98-334) that younger people sought routine professional health care less frequently than did older people and thus had fewer opportunities to receive information directly from health professionals.

Michiganians with college degrees were less likely than others to say they get most of their health information from lay people. Those with college degrees or at least some college were more likely than others to report getting most of their health information from institutional agencies (teachers, universities, libraries, books, and research journals), and somewhat less likely to report that they got most of their information from health professionals.

Differences among individuals of various income levels largely mirrored the differences across education levels. Again, those with higher incomes were less likely to report that they got most of their information from lay people or from health professionals, and they were somewhat more likely to report getting the most information from institutional agencies and, to a much lesser extent, from the popular media.

For the most part, this is consistent with what one would expect due to the relationship between education and income. Furthermore, one would expect that those with more education would be more comfortable with printed information, more likely to self-initiate learning, and more likely to collect health information through college experiences.

Did these individuals become better health care consumers as a result of better access to health information from this source? Did obtaining clear, consistent information that was useful in guiding their health practices optimize the health decisions of these individuals? The next section of this report will examine these questions.

We anticipated that many respondents would report receiving most of their health information through the popular media. Newspapers and electronic news sources frequently report the results or conclusions of new health studies, but they do not always present such information within its appropriate context (by recognizing larger bodies of research). Due to the media's rush to present "breaking news," the public may sometimes perceive contradictions in study findings. This may transpire because conditions giving rise to a particular study's outcomes are not clearly specified or differentiated from other research findings in the area, or because not all scientific studies are equally rigorous, valid, or reliable. However, through the accumulation of an ever-increasing body of scientific knowledge within a given field, a consistent pattern typically arises out of which clear guidelines and health implications emerge. Until that point is reached, is the general public aided or confused by the reporting of health "news?"

Interviewers asked all respondents how often it seemed that one piece of health information or advice contradicted some other new piece of health information they received. Roughly one-third of Michiganians (33%) said this happened "frequently" (25%), "always," or "almost always" (8%). Interestingly, there were no regional, gender, or racial differences in response to this question, but there were differences based on age and on levels of education and income. The relationship between each of these and how often respondents perceived contradictions in the health information they received was independent of the correlations among age, income, and education, each of which had independent effects. Generally, older respondents, more educated respondents, and those with higher incomes tended to see more

Table 4.
Percent Distribution of Responses Regarding How Frequently Health Information is Contradictory by Source of Most Health Information

How Frequently Health Information Is Contradictory	Source of Most Health Information				
	Lay People	Popular Media	Institutional Agencies	Health Professionals	Misc. Other
Never or Almost Never	9.8%	7.4%	2.0%	9.2%	7.7%
Seldom	29.5%	18.8%	12.9%	20.6%	30.8%
Occasionally	32.9%	40.1%	39.5%	41.6%	26.9%
Frequently	19.1%	25.6%	42.2%	19.7%	23.1%
Always or Almost Always	8.7%	8.0%	3.4%	8.8%	11.5%
	100.0%	100.0%	100.0%	100.0%	100.0%
(N)	(173)	(324)	(147)	(238)	(26)
X ² = 50.45 p < .001					

frequent contradictions in their health information. But we have already seen that these groups differ somewhat in their sources of most health information.

Table 4 shows the distribution of responses regarding the frequency of contradictory health information provided by the respondents' primary sources. The table indicates that those who received the most information from the popular media and those who received it from institutional agency sources were more likely than others to say that health information "frequently," "always," or "almost always" was contradicted by other health information. The table indicates that those who received the most information from either health professionals or lay people were much less likely to report receiving contradictory information.

If we examine the relationship between age, education, and income and views regarding the frequency of receiving contradictory information, controlling for the source of most information, we find that the relationships largely persist, except where the source of most information is health professionals. In this set of cases, the pattern actually reverses. That is, among those who said that they get the most health information from health professionals, the proportion who say their information is "frequently" or "almost always" contradicted by other information **decreases** with increasing age and education (but not income).

This suggests that, ***for individuals who obtained most of their information from health professionals, those professionals provided a valuable screening, evaluating, and synthesizing service regarding new health information.*** Those who obtained most of their health information from popular media and from institutional agency sources were more likely to claim that the information they received was contradictory, perhaps because they consumed more health information in a relatively raw state (i.e., without a full appreciation for its place in a body of other research findings, or without a critical examination of methodology or research conditions).

Interviewers asked respondents whether newspaper, magazine and television reporting on health issues mostly helped people understand health issues or mostly confused them. Overall, a majority (55%) said it mostly helped. However, while there were no significant differences in the distribution of responses by region, gender, race, age, education, or income, there were differences based on where the respondents obtained most of their health information. Among those who got the most from the popular media, 64% said the reporting was helpful, compared to 52% of those who got the most from institutional sources and 55% of those who got the most from health professionals. Among those who got the most information from lay people, the majority (51%) said they thought media reports were mostly confusing.

CONCLUSION

Individual study findings—reported by the popular media simply for their “news” value—might benefit the public more if released within the context of other studies or when a consensus regarding health or therapy implications can be reached. The judgments of experts who are familiar with the bulk of research in a field may provide the public with more reliable information than typical media reports of particular health and medical research findings. Consistent, comprehensive reporting could perhaps influence public perceptions and behavior in ways that could ultimately lead to improved health.

SURVEY QUESTIONS

NOTE: The full wording of questions for items discussed in this briefing paper is given here. The order in this list confirms with the order of bulleted items in the “Key Findings” section above, not with the order of questions in the survey instrument. The actual question number for the instrument is presented in brackets after the question, for example >INF2<. Overall, the interviews lasted an average of 22 minutes. The questions about perceived causes and amounts of juvenile delinquency consumed about three minutes of that time.

Q. 1. Now I'd like to ask you a few questions about where you get information about health. People can get information about health from friends, newspapers, magazines, television, brochures, doctors, nurses, teachers, other family members, or from other sources. **[NOTE: The order in which these possible sources were named was rotated randomly across respondents to negate any order effects]**

Now thinking about the information you've gotten over the past few years about health, regardless how reliable you think it is, from what source would you say you've gotten the most health information? **[in1a]**

Q. 2. Regardless how reliable you think it is, from which source would you say you've gotten the second greatest amount of health information? (Friends, newspapers, magazines, television, brochures, doctors, nurses, teachers, other family members, or some other source)? **[INF2]**

Q. 3. In general, how reliable or unreliable would you say most of the health information you have gotten is?

Would you say it is almost always reliable, mostly reliable, somewhat reliable, mostly unreliable, or almost always unreliable? **[INF4]**

Q. 4. Of all of the health information sources available, which do you think is the most reliable? **[INF5]**

Q. 5. How often does it seem that one piece of health information or advice contradicts or suggests doing something just the opposite of some other new piece of health information?

Would you say never or almost never, seldom, occasionally, frequently, or always or almost always? **[INF6]**

Q. 6. In general, do you think that the reporting on health issues by newspapers, magazines and television mostly helps people understand health issues more clearly or mostly confuses people? **[INF7]**

REGIONAL CATEGORIES

NOTE: This survey was conducted using regions established by the Michigan State University Extension Service, with one exception: Detroit City is treated as a separate region.

Detroit: City of Detroit

East Central: Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola

Northern L.P.: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford

Southeast: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)

Southwest: Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren

U.P.: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

West Central: Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

BACKGROUND INFORMATION

Michigan State University
State of the State Survey
[MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment. This wave of SOSS departed from this pattern and focused predominantly on health care-related issues.

Who Conducts SOSS?

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The design and overall planning of SOSS is the responsibility of a 17-person Steering Committee chaired by Dr. Brian D. Silver, Director of SOSS for IPPSR. The Steering Committee consists of representatives from sponsoring units, which are primarily colleges and other administrative offices within MSU.

Subject to final approval by the Steering Committee, the questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The Working Group for the June 1997 survey was comprised of:

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