

HOW CAN CONSUMERS OF INTERNET HEALTHCARE INFORMATION
BE SEGMENTED? A SYSTEMATIC REVIEW

by

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CERTIFICATE OF APPROVAL

This is to certify that the Master's Capstone Project of

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“How can consumers of Internet healthcare information be segmented?
A systematic review”

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ABSTRACT

Objective

To systematically review the literature on the segmentation of Internet consumer healthcare information seekers and identify variables that characterize these seekers.

Methods

Search strategy: Electronic databases searched included Business Source Premier, CINAHL, Compendex, EBSCOHost, ERIC, LISTA, MEDLINE, PsycINFO, Web of Science, ISI Proceedings, SocINDEX, Sociological Abstracts, Library Literature, PAIS International, and Dissertations and Masters Theses. A manual search of references from citations retrieved from these databases was also performed.

Inclusion criteria: I included all study types that investigated consumers seeking information on the Internet and either compared healthcare information seekers with non-seekers, or compared segments within the healthcare information seeking population.

Outcomes sought in the studies were 1) searching for consumer healthcare information on the Internet, and 2) the frequency of such searches. I also sought articles describing the segmentation of Internet healthcare information seekers.

Data extraction and synthesis: I screened all papers and assessed studies against the selection criteria. The resulting data was compiled and assessed, but no attempt was made to combine the data for statistical analysis.

Results

I identified 18 studies that met inclusion criteria. Most of the included studies were analyses of surveys. Internet healthcare information seekers have been described and compared with non-seekers using a variety of demographic, psychographic,

behavioral, situational, medical, and computer-related characteristics. The importance of the variables found to characterize seekers is assessed.

Conclusion

Internet healthcare information seekers may be segmented using a variety of demographic, geographic, psychographic, behavioral, medical, computer/Internet-related, and situational variables. Demographic variables are the best studied; psychographic and behavioral factors may be more important but are less well studied. There is a lack of segmentation studies and controlled studies on variables describing Internet healthcare information seekers.

INTRODUCTION

Background

A large number of consumers seek health information on the Internet. The latest Harris Interactive poll on this topic found that 150 million US adults have ever gone online for health information and 50% of all US adults have done so in the last month [1]. These healthcare information seekers are, of course, a diverse group - both in terms of their descriptive characteristics, such as demographics, medical status, and lifestyle, and how they seek and use consumer health information (CHI). While the Internet is already a well-used source for health information, one of its more appealing strengths is the potential to provide tailored information to this diverse group of healthcare information seekers.

One way to tailor CHI would be to divide the broad consumer market into smaller segments that characteristically seek and use information in distinct ways. Conceivably, the most effective information and formats could then be presented to the defined segments, thereby tailoring the healthcare information and better satisfying their needs.

As a concrete example of tailoring healthcare information on the Internet, we can look at a potential project between OHSU and a commercial provider of consumer health information. This commercial provider has a vast amount of demographic, medical, and other personal data on the thousands of consumers of its website. Presumably, the provider also has data related to each consumer's access and use of information for health purposes. If the appropriate individual factors were known, this specific data could be gathered and - along with individual web site use data - analyzed (typically by cluster analysis) to partition the consumers into segments which access or use its health

information in characteristic ways. Health information could then be tailored, for example in its depth or method of presentation, to the identified segments for improved satisfaction and/or efficacy. A crucial aspect of the segmentation process is some knowledge of which factors (i.e. variables) are most likely associated with CHI seeking of the consumers.

The division of a consumer market into different homogeneous groups is the business practice known as market segmentation. Consumers within these groups (segments) should behave in similar ways or have similar needs. Typically, consumer markets are segmented based on four general categories of characteristics: [2]

- Demographic (e.g., age, gender, ethnicity, occupation, income, family size, education)
- Geographic (e.g., region, city size, population density (urban vs. rural), climate)
- Psychographic (e.g., values, attitudes, interests, activities)
- Behavioral (e.g., usage rates, benefits sought, brand loyalty, readiness to buy)

In the healthcare market, another potentially useful category would be medical factors, which could include information such as diagnoses, medications, family history, and healthcare plan. For consumer markets involving the Internet, a potentially useful category would be computer and Internet factors, which could include aspects such as computer literacy and Internet experience. Another category not classically included, but which has garnered increasing attention in the last several years, is situational factors,

which could include issues such as the urgency of the information need and the beneficiary of the information.

Studies of consumer segmentation in the realm of healthcare are limited compared to other consumer areas. Within the healthcare arena, published segmentation studies have typically related consumers to health products (other than information) and healthcare delivery. In the area of consumer health information, market segmentation related to non-Internet (and mixed Internet/non-Internet) sources of information has been investigated [3] [4] , but studies addressing strictly online health information are lacking in the published literature. Similar to other Internet products, some of the most extensive and practical research in the Internet healthcare information seeking population has been by consulting groups where the specifics of segmentation analysis are proprietary.

The goal of my capstone was to determine the most useful market segmentation variables for consumers seeking healthcare information on the Internet. To this end, I planned a systematic review of the literature on the segmentation of consumers seeking healthcare information on the Internet. The systematic review was to encompass quantitative and qualitative studies and other articles in both the commercially-published and “gray” literature.

Key Questions and Analytic Framework

The capstone goal specifies the who, where, and what of the literature search; that is, I was interested in healthcare consumers seeking CHI (who), on the Internet (where), for the identification of useful consumer segments (what).

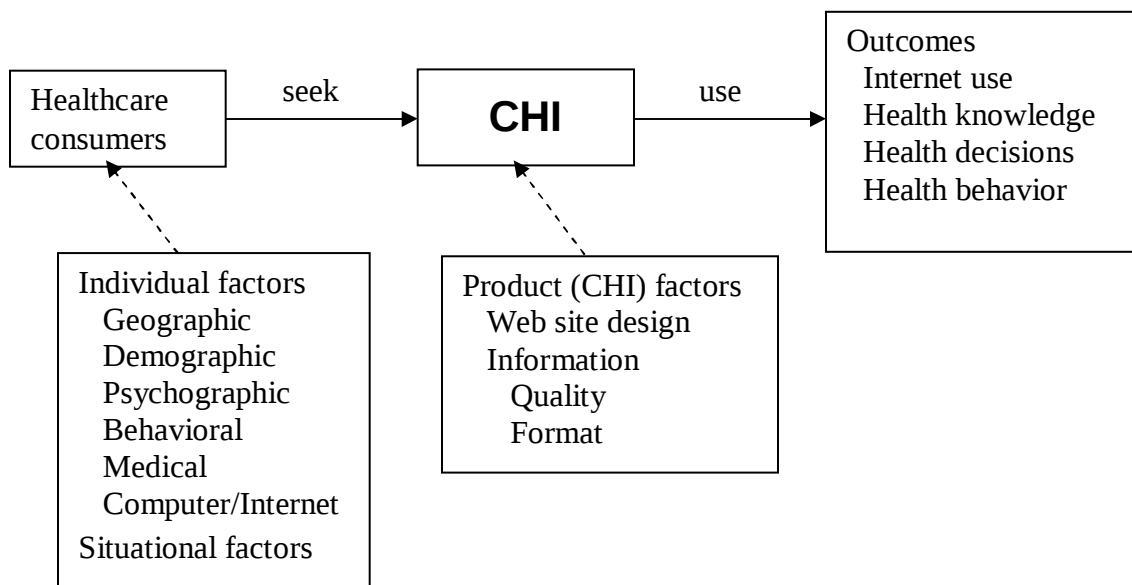
Key questions were developed to plan and carry out the literature search effectively. The primary question identified was:

- 1) What consumer variables identify Internet CHI seeking patterns?

Other questions felt to be important were:

- 2) How are CHI consumers segmented?
- 3) Do specific segments characteristically seek CHI on the Internet?
- 4) Do specific segments characteristically use the CHI obtained to make healthcare decisions and/or change behavior?

An analytical framework that diagrams the project goal and the key questions is:



Originally, the goals of this capstone included identifying variables associated with all reported outcomes of CHI seeking and its frequency. For example, outcomes related to healthcare knowledge, health decisions, and behavioral change were of particular interest.

The amount of relevant data proved to be too great for clear and timely summation (and thus, completion of this capstone), so the outcomes of interest were reduced to two: the absolute seeking of CHI and the frequency of CHI seeking.

METHODS

Inclusion criteria

A main criterion for inclusion was that the study investigated consumers seeking health information on the Internet. I included all study types; comparative studies were included as long as there were comparisons made between healthcare information seekers and non-healthcare information seekers, or between segments within the Internet healthcare information seeking population. In the end, the only outcomes sought in the comparison studies were health information seeking and seeking frequency. As stated previously, I originally included outcomes other than the absolute occurrence or the frequency of CHI seeking, but the amount and nature of the results proved excessive for a capstone project. Surveys were included as long as correlations were tested and reported between possible segment variables and healthcare information seeking or seeking frequency

Studies that investigate the characteristics of Internet CHI seeking do not always limit the study population to those with computer/Internet access. In order to provide a more comparable group of study populations, I included only studies that looked at Internet users.

Although not an inclusion criterion, I also sought descriptive studies that illustrated the segmentation of Internet healthcare information seekers.

Exclusion criteria

I excluded non-Internet sources of health information. Many sources for health information (e.g., magazines, television, experts, or other computer-based sources such as

information kiosks) are available and have been studied. I was specifically interested in the Internet as a direct source of health information because of its universal availability and its potential for providing customized information. Also, I was strictly interested in the information seeking of healthcare consumers, so I excluded studies that investigated information seeking of providers or other health professionals.

I was most interested in the informational aspects of the Internet, as opposed to its social or communicative features. Thus, I excluded studies and/or results in which CHI seeking was limited to messaging or support groups, even if the activity involved health information. Also, I excluded studies in which the CHI was limited to health insurance or health records. I excluded studies that specifically compared different sources of CHI on the Internet and studies on the quality, credibility, or trust of Internet CHI or websites.

Identification of studies

Studies were identified from multiple electronic databases covering medical, sociological, and business publications, which were chosen in consultation with reference librarians at Oregon Health & Science University and Portland State University. Multiple disciplines were required because of the nature of the capstone goal and key questions. The specific databases searched were Business Source Premier, CINAHL, Compendex, EBSCOHost, ERIC, LISTA, MEDLINE, PsycINFO, Web of Science, ISI Proceedings, SocINDEX, Sociological Abstracts, Library Literature, PAIS International, and Dissertations and Masters Theses.

A MEDLINE search was developed using search terms including Internet, web, online, consumer, health, medical, information, seek, search, sought, segment. A strictly

keyword search strategy was used so that the same search query could be used for all the selected literature databases. The specific keyword query was: (Internet OR web OR online) AND (consumer*) AND (health* OR medical) AND (information) AND (seek* OR search* OR sought OR source* OR segment*), where * represents additional letters or suffixes. This keyword query was made on the titles, abstracts, and subject terms of MEDLINE. The results were compared with those from a more complex MEDLINE search (formulated by an OHSU research librarian) using subjects and keywords. The comparison was done in order to ensure that comparable search results were obtained and that specific vital articles were identified. Searching was not restricted by study type, language, or publication date.

The keyword search developed for MEDLINE was then adapted and used to search the other databases. Depending on the database, the keyword query was made on the abstracts, +/-titles, and +/-subject terms. All searches were conducted in March 2008. The search results are shown in Appendix A.

A manual search of references from citations retrieved from these databases was also performed.

Study selection and data extraction

Citations retrieved by the searches described above were downloaded to individual files using a bibliographic application (EndNote 9.0), then combined to form a single library. Duplicates were removed. I reviewed the abstracts and used the inclusion/exclusion criteria to remove citations that clearly did not meet criteria. Full texts of the remaining citations were sought and appraised by me for final inclusion.

Statistical analysis

I intended to assess the relative contribution of included studies, but the nature of the studies did not allow data pooling or statistical analysis.

RESULTS

Combining the searches from all databases and removing duplicates resulted in 748 citations. Initial application of selection criteria to abstracts resulted in 104 citations (see Appendix B). Full articles were obtained for these citations; application of selection criteria and inclusion of manual search articles resulted in 19 citations.

Of these 19 citations, five were authored by Lorence and Park or Lorence, Park, and Fox [5-9], and all five used data, at least in part, from a single survey (the 2002 Tracking Survey Data of the Pew Internet and American Life Project). Upon careful inspection of these articles, it was discovered that there was replication (and questionable presentation) of pertinent results in two of the articles. In one [6], there were results besides the repetitive results that added to this review, thus this citation was maintained among the included. In another [9], all results pertinent to this review were included in another citation, thus, it was excluded, leaving 18 included citations. For my summary, the repetitive pertinent results are disregarded. Also, some results from the other three studies use overlapping samples from the above-referenced survey; I attempt to account for this in my summary tables and analyses.

The results of the included citations are summarized in Table 1 and Table 2. Table 1 shows the studies in which the outcome was the searching of consumer health information on the Internet; Table 2 shows those in which the outcome related to the frequency of such searching. For each of these tables, I list the study type, relevant sample size and population description, and pertinent results for each study. The results include the outcome or dependent variable (as described by the study authors), the

independent variables for which results are reported, and the significance and (when reported) direction of effect.

The results for each citation in Tables 1 and 2 are also categorized by the statistical tests used, with the results separated by whether they were determined by logistic regression analysis or other statistical testing. Logistic regression analysis is considered to be stronger evidence of the variables' effects on CHI seeking and/or CHI seeking frequency because this type of analysis controls for other variables; it also can clearly show both the direction and magnitude of an effect.

Table 1: Summary of included studies on consumer health information seeking

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Baker (2003) [10] Survey	n = 4764 Respondents from a national research panel of adult (≥ 21 yr) who were Internet users prior to panel inclusion (panel maintained by Knowledge Networks, Menlo Park CA)	Use of Internet for health information or advice in past year	Gender male vs female	p < 0.001 (male less likely)
			Age 35-49 yr vs 21-34 yr 50-64 yr vs 21-34 yr 65-74 yr vs 21-34 yr >75 yr vs 21-34 yr	NS
				NS
				NS
				p = 0.048 (> 75 yr less likely)
			Household income \$25k – \$49,999 vs < \$25k \$50k - \$74,999 vs < \$25k > \$75k vs < \$25k	NS
				NS
				NS
			Education 13-16 yr vs < 12 yr ≥ 17 yr vs < 12 yr	p <0.001 (13-16 yr more likely) p <0.001 (≥ 17 yr more likely)
				Residence MSA vs not MSA
Health status (self-report) good vs excellent/v. good fair/poor vs exc./v. good	NS p < 0.001 (fair/poor more likely)			
Logistic regression analysis For the variable of Residence, MSA is Metropolitan Statistical Area				

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Berger (2005) [11] Survey	n = 6246 Respondents from a national research panel of adult (≥ 21 yr) Internet users who had one of 15 chronic illnesses (panel maintained by Knowledge Networks, Menlo Park CA) Analyses weighted to match 2001 US population on age, sex, race/ethnicity, education, region, and metropolitan residence.	Use of Internet for CHI in past year	Diagnosis of a stigmatized illness (anxiety, depression, herpes, or urinary incontinence)	$p < 0.01$ (more likely than those diagnosed with a chronic non-stigmatized illness, e.g., arthritis)
		Multivariate logistic regression model. Covariates controlled for included number of chronic illnesses, self-reported health status, age, education, race, Hispanic ethnicity, income, gender, veteran status, rural residence, employment status, marriage status, distance to medical care		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Bessell (2002) [12] Survey	n = 1380 Subset of Internet users in a survey of 3027 South Australians, age 15 yr and older	Use of Internet for CHI in past year	Gender male vs female	p = 0.001 (male more likely)
			Age < 35 yr vs 55+ yr 35-54 yr vs 55+ yr	p < 0.001 (<35 yr more likely) p < 0.001 (35-54 yr more likely)
			Region non-metro vs metropolitan	NS
			Household income \$40k+ vs < \$40k	p < 0.001 (\$40k+ more likely)
			Education <15 yr / trade vs >15+ yr	NS
			In school vs >15+ yr	p = 0.002 (in school more likely)
			Degree/certificate vs >15+	p < 0.001 (degree more likely)
			Employment employed vs not employ'd	NS
			Marital status married vs never married	NS
			sep'd/divorced/widowed vs never married	NS
		Logistic regression analysis. \$ not specified but probably refers to Australian currency. Years in Education refers to age.		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Brodie (2000) [13] Survey	n = 656 (approx) Respondents from the (nationally representative) 2000 National Survey of American Adults and Kids on Technology (by NPR/Kaiser FF/Kennedy School of Government) who were < 60 yr old and had Internet access at home.	Use of the Internet to get health or medical information (timeframe not clearly specified)	Gender female vs male	p < 0.05 (female more likely)
			Income < \$30k vs ≥ \$50k \$30k - \$49,999 vs ≥ \$50k	NS NS
			Education ≤12 yr vs > 12 yr	NS
			Race Black vs White	NS
		Statistical test(s) not stated.		

Study	Population	Outcome	Variable	Significance and/or direction
Comments				
Bundorf (2006) [14] Survey	n = 8378 Respondents from a national research panel of Internet users (panel maintained by Knowledge Networks, Menlo Park CA)	Use of the Internet to search for CHI at least once in past year	Gender male vs female	p ≤ 0.01 (male less likely)
			Age:	
			21-30 yr vs 41-50 yr	NS
			31-40 yr vs 41-50 yr	NS
			51-64 yr vs 41-50 yr	NS
			65-74 yr vs 41-50 yr	p ≤ 0.01 (65-74 yr less likely)
			75+ yr vs 41-50 yr	p ≤ 0.01 (75+ yr less likely)
			Education	
			> 12 yr vs ≤ 12 yr	p ≤ 0.01 (> 12 yr more likely)
			Income	
			\$35-75 k/yr vs < \$35 k/yr	NS
			>\$75 k/yr vs \$35 k/yr	NS
			Travel time for care	
			15-29 min vs < 15 min	NS
			30+ min < 15 min	NS
Rural	NS			
Health insurance and presence of chronic illness:				
Private/Yes vs Private/No	p ≤ 0.05 (Private/Yes more likely)			
Public/No vs Private/No	NS			
Public/Yes vs Private/No	p ≤ 0.01 (Public/Yes more likely)			
None/No vs Private/No	p ≤ 0.05 (None/No less likely)			
None/Yes vs Private/No	p ≤ 0.01 (None/Yes more likely)			
		Logistic regression analysis. Chronic illness is at least one of HTN, DM, CA, cardiac disease, depression.		

Study	Population	Outcome	Variable	Significance and/or direction
				Comments
Dey (2008) [15] Cross-sectional	n = 333 Women 40+ years old who had a screening mammogram at a breast screening site in Northern Sydney, Australia	Access of Internet CHI (timeframe not clearly specified)	Age Marital status Education Rating of computer skills Behavioural intention Health status	NS NS p < 0.001 p < 0.001 p < 0.001 NS
				Chi-square testing Behavioural intention refers to a plan to access the Internet for CHI if diagnosed with breast CA
		Access of Internet CHI (timeframe not clearly specified)	Age 65+ yr vs. <65 yr Marital status married vs. single Education higher vs. school Computer skills average vs. exc./good not good/poor vs. exc./good Behavioral intention yes vs. no Health status fair/poor vs. excellent/good	NS NS NS p < 0.001 (average less likely) p < 0.001 (not good/poor less likely) p < 0.001 (yes more likely) NS
				Logistic regression analysis Behavioural intention refers to a plan to access the Internet for CHI if diagnosed with breast CA

Study	Population	Outcome	Variable	Significance and/or direction
				Comments
Dutta-Bergman (2004) [16] Survey	n = 2636 Respondents from the (random, nationally representative) 1999 Porter Novelli HealthStyles Survey Data who were identified as Internet users	Search for Internet CHI (timeframe not clearly specified)	Health consciousness Health information orientation Health beliefs Health activities	NS p < 0.001 p < 0.001 p < 0.001
				Independent sample t-tests Health consciousness based on five items (e.g., “I do everything I can to stay healthy”.) Health information orientation based on eight items (e.g., “It’s important to me to be informed about health issues.”) Health beliefs based on perceived importance of eight items (e.g., “exercising regularly”) Health activities based on eight items currently performed (e.g., “eating a diet that is low in fat”)
Goldner (2004) [17] Survey	n = 418 Two samples: 97 undergrad students at private upstate NY college and 321 adults in peds and holistic clinic waiting rooms and two shopping malls all of whom were Internet users	Search for CHI (timeframe not clearly specified)	Gender Education Employment	p< 0.01 (larger proportion of women than men) p < 0.01 (larger proportion of college-degreed than not college degreed) p < 0.05 (larger proportion of employed than not employed)

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
		Chi-square testing Author investigated variables of age, race/ethnicity, marital status, no. of children, ages of children, family income, religion, health status, and medical conditions of self and family but did not specifically report results of these related to CHI seeking. Statements like “non-Hispanic whites more likely” and “less affluent more likely” were made but not backed up by p-values.		
	n = 377	Search for CHI (timeframe not clearly specified)	Gender	p < 0.05 (women more likely)
			Age Education Employment Race/ethnicity Marital status No. of children Family income Religion Health status Medical conditions (self) Medical conditions (family)	NS NS NS NS NS NS NS NS NS NS NS
		Logistic regression analysis Except for gender and income, the other results here are assumed from statements that the variable was investigated and significant results were reported.		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Lorence (2006) [7] Survey	n = 1494 Respondents from the 2002 Tracking Survey Data of the Pew Internet and American Life Project who were defined as Internet users	CHI seeking (sought CHI at any time)	Gender	p < 0.0001
			Age	p < 0.0001
			Education level	NS
			Race/ethnicity	p < 0.05
			Marital status	p < 0.0001
			Income level	NS
			Internet connection	NS
			Internet experience	p < 0.0001
			Internet frequency	p < 0.05
			Health status	NS
			Health service utilization w/in 1 year	p < 0.0001
			Health conditions (self)	p < 0.0001
			Health conditions (dependents)	NS
		Chi-square testing		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
		CHI seeking (sought CHI at any time)	Gender male vs. female Age 18-29 yr vs. ≥ 50 yr 30-49 yr vs. ≥ 50 yr Internet experience ≤ 1 yr vs. > 3 yr 2-3 yr vs. > 3 yr Frequency of Internet access daily vs. monthly weekly vs. monthly Health conditions (self) yes vs. no	<0.0001 (male less likely) p = 0.048 (younger less likely) NS p = .00047 (≤ 1 yr less likely) NS p = 0.0016 (daily more likely) p = 0.0279 (weekly more likely) p = 0.0054 (yes more likely)
		Logistic regression analysis		
Lorence (2006) [8] Survey	n = 1316 (2000) n = 1172 (2002) Respondents from the 2000 and 2002 Tracking Survey Data of the Pew Internet and American Life Project who were defined as Internet users.	CHI seeking (sought CHI at any time)	Race African-American vs White (2000) African-American vs White (2002) Hispanic vs White (2000) Hispanic vs White (2002)	NS NS p < 0.05 (Hispanic less likely) p < 0.05 (Hispanic less likely)
		Logistic regression analysis		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Lorence (2008) [6] Survey	n = 1316 (2000) n = 1172 (2002) Respondents from the 2000 and 2002 Tracking Survey Data of the Pew Internet and American Life Project who were identified as Internet users.	CHI seeking (sought CHI at any time)	Income high vs low (2000) high vs low (2002)	p < 0.05 (high more likely) p < 0.05 (high more likely)
		Logistic regression analysis		
Lorence (2006) [5] Survey	n = 1216 Respondents from the 2002 Tracking Survey Data of the Pew Internet and American Life Project who reported an income and were identified as Internet users	CHI seeking (sought CHI at any time)	Gender Age 18-29 yr vs ≥ 50 yr 30-49 yr vs ≥ 50 yr Internet experience ≤ 1 yr vs > 3 yr 2-3 yr vs > 3 yr Internet frequency daily vs monthly weekly vs monthly Health condition (self) yes vs no Level of income low vs high medium vs high	p < 0.0001 (male less likely) p = 0.0408 (18-29 yr less likely) NS p = 0.0047 (≤ 1 yr. less likely) NS p = 0.0016 (daily more likely) p = 0.0279 (weekly. more likely) p = 0.0054 (yes more likely) NS NS
		Logistic regression analysis Health condition refers to the presence of a disability, handicap, or chronic disease		

Study	Population	Outcome	Variable	Significance and/or direction
				Comments
Pena-Purcell (2008) [18] Survey	n = 955 Subset of adult (>18 yr) Hispanic and non-Hispanic white respondents who sought CHI in the past year) from the nationally representative Impact of the Internet and Advertising on Patients and Physicians, 2000-2001 survey.	Looked for Internet CHI in past year	Gender	NS
			Age	p < 0.001 (t-test) Hispanics seeking CHI younger than non-Hispanic whites seeking CHI
			Household income	p < 0.05 (Chi-square) “greater proportion of Hispanics were low-income wage earners than non-Hispanic whites” and “higher proportion of non-Hispanic whites were high-income wage earners than Hispanics”
			Education	NS (Chi-square)
		Chi-square test for gender, income, and education; t-test for age. Compared Hispanics vs non-Hispanic whites.		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Ybarra (2006) [19] Survey	n = 1459 Respondents from Surveying the Digital Future (2004) (USC Annenberg School for the Digital Future), a national, longitudinal telephone survey of Americans, who were current Internet users.	Access of Internet CHI in the previous year	Demographic: gender age race Hispanic income education	p < 0.001 p < 0.001 p < 0.001 p < 0.05 p < 0.001 p < 0.001
			Psychosocial: social support unhappiness loneliness Internet usage: perception of utility intensity of use location of use duration of use expertise	p < 0.001 p < 0.001 p < 0.001 p < 0.001 NS p < 0.001 p < 0.001 p < 0.001
		Chi-square testing		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
		Access of Internet CHI in the previous year	Gender female vs. male Age 20-39 yr vs 12-19 yr 40-59 yr vs 12-19 yr 60-97 yr vs 12-19 yr Race Black vs. White Other vs. White Education (12 possible levels) Internet expertise fair vs. poor good vs. poor excellent vs. poor	p < 0.001 (female more likely) p < 0.001 (20-39 yr more likely) p < 0.001 (40-59 yr more likely) p < 0.001 (60-97 yr more likely) p = 0.001 (Black less likely) NS p < 0.001 (higher levels more likely) NS p < 0.001 (good more likely) p < 0.001 (excellent more likely)
		Logistic regression analysis		

Table 2: Summary of included studies on CHI seeking frequency

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Berger (2005) [11] Survey	n = 2134 Respondents from a national research panel of adult (≥ 21 yr) Internet users who had one of 15 chronic illnesses and had searched for CHI on the Internet at least once in the past year (panel maintained by Knowledge Networks, Menlo Park CA) Analyses weighted to match 2001 US population on age, sex, race/ethnicity, education, region, and metropolitan residence.	At least monthly use of the Internet for health information or advice	Diagnosis of a stigmatized illness (anxiety, depression, herpes, or urinary incontinence)	NS
		Logistic regression analysis Covariates controlled for included: number of chronic illnesses, self-reported health status, age, education, race, Hispanic ethnicity, income, gender, veteran status, rural residence, employment status, marriage status, distance to medical care		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Houston (2002) [20] Survey	n = 521 National survey conducted in 2000 by Pew Internet & American Life Project of adult (age 18+ yr) Internet users who reported searching for health information.	Look for Internet CHI about once a week	Self-assessment of global health status good vs excellent fair/poor vs excellent trend (poor → excellent)	p < 0.05 (good more likely) NS p < 0.05 (lower health more frequent)
		Logistic regression analysis and chi-squared trend statistics. Health status adjusted for demographic variables.		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Lorence (2006) [7] Survey	n = 987 Respondents from the 2002 Tracking Survey Data of the Pew Internet and American Life Project who were identified as Internet health information seekers	Frequency	gender age education level race/ethnicity marital status income level Internet connection Internet experience Internet frequency health status health service utilization w/in 1 yr health conditions (self) health conditions (dependents)	NS (n =980) NS (n = 951) p = 0.0012 (n = 975) NS (n = 947) p = 0.0410 (n = 976) NS (n = 838) NS (n = 877) p = 0.0278 (n = 963) p < 0.0001 (n = 951) NS (n = 977) p = 0.0410 (n = 973) NS (n = 975) p = 0.0100 (n = 977)
		Chi-square testing Same data as two Lorence and Park articles (Lorence and Park (2008) “Group disparities and health information: a study of online access for the underserved” [6] and Lorence and Park (2006) “Measuring dissimilarity in online health activities” [9].		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Lueg (2003) [21] Survey	n = 222 Respondents from the Pew Internet and American life Project 2000 survey who were identified as CHI seekers and were looking for CHI for themselves.	Frequency of CHI seeking	Gender Age Education Income Health status	NS NS NS NS p < 0.05 (Poor health more likely)
		Logistic regression analysis		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Millard (2002) [22] Survey	n = 10,069 Randomly selected sample of adults (age 18+ yr) from a subset of the Harris Poll Online panel with chronic medical conditions .	Frequency of CHI seeking during the past year	Gender	p < 0.01 (larger proportion of women searched for Internet CHI 'often' or 'sometimes' vs men)
			Health status	p < 0.01 (larger proportion of 'poor' search for Internet CHI 'often' compared to 'fair' or better)
			Satisfaction with healthcare services	p < 0.01 (larger proportion of 'somewhat or very dissatisfied' searched 'often' compared to 'somewhat or very satisfied')
			Satisfaction with health insurance	p < 0.01 (larger proportion of D or F sought Internet CHI more often compared to A or B)
			Difficulty accessing healthcare	p < 0.01 (larger proportion of 'very or extremely difficult' sought 'often' compared to 'not too difficult' or 'not at all difficult')
			Health coverage	p < 0.01 (larger proportion of those without health coverage sought Internet CHI 'often' compared to those with)
			Self-managed with lifestyle changes	p < 0.01 (larger proportion of those who did sought CHI 'often' compared to those who did not)
		Statistical test not specified, but likely chi-square testing.		

Study	Population	Outcome	Variable	Significance and/or direction
		Comments		
Taubenheim (1999) [23] Survey	n = 707 A self-selected sample of adults (from 49 states and 23 countries) using the Internet to search for health info on arthritis and musculoskeletal and skin diseases on one of 16 participating websites	Use of Internet to search for health information (number of times in past 2 mo divided into low, medium, and high)	Demographics	
			gender	NS
			age	NS
			education level	NS
			income level	NS
			Self-rating of computer skills	NS
			Frequency of computer use at home	p = 0.002
			Self-efficacy score	p = 0.002
			Costs of obtaining info score	NS
			Reasons for using the Internet score	NS
			Purpose of the info found	p = 0.028
			Rating of format of information on website	p = 0.001
			Rating of usefulness of Internet information found	NS
			Rating of newness of Internet information found	NS
		Chi-square testing Self-efficacy refers to ability to find health information on the Internet. Newness of Internet information found refers to newness to the seeker, not chronologic.		

RESULTS (continued)

One goal of the capstone was to determine the variables that may be important in describing the Internet CHI seeker and in segmentation of this population. To this end, Table 3 lists variables that were studied in the included citations. The variables have been grouped into the categories that are classically associated with consumer segmentation (demographic, geographic, psychosocial, and behavioral) and other categories mentioned in the literature (and my introduction). The variables in normal font are ones that were found to be significantly related to either Internet CHI seeking or its frequency; those in italics were not found to be significantly associated, either because they were investigated in the included citations, but not significant (noted with *NS*), or found in literature other than the included citations.

Table 3: Study variables

Demographic	Gender Age Race/ethnicity Hispanic Marital status Education Income Employment <i>Number of children NS</i> <i>Religion NS</i>
Geographic	Region Travel time for care
Psychographic	Health orientation <i>Health consciousness NS</i> Health information orientation Health beliefs Health activities Social support Unhappiness Loneliness Perception of utility

Behavioral*	Health service utilization Self-managed with lifestyle changes
Medical	Health status (self-assessment) Health conditions (self) Health conditions (dependents) Stigmatized illness Chronic illness/Health insurance Health coverage Satisfaction with healthcare services Satisfaction with health insurance Difficulty accessing healthcare services
Computer/Internet-related	Computer skills Internet expertise/self-efficacy <i>Internet connection method NS</i> Internet/computer location of use Internet experience (duration) Internet frequency <i>Internet intensity NS</i> <i>Costs of obtaining information NS</i>
Situational	Behavioral intention <i>Reasons for using Internet NS</i> Purpose of the information found
Site-dependent	<i>Rating of CHI usefulness NS</i> <i>Rating of CHI newness NS</i> Rating of CHI format

* Some variables that could be considered to be in this category (Internet frequency, Internet intensity, behavioral intention, and reasons for using the Internet) have been placed in other categories (computer/Internet-related and situational)

For clarity, the pertinent results of the included citations are presented below for each variable and organized by general category (demographic, medical, etc.).

As previously mentioned, the results of the logistic regression analyses are the strongest evidence of an effect on CHI seeking or frequency due to its ability to clearly show both the direction and magnitude of its effect and because this type of analysis controls for other variables. Thus, in the tables for each variable below, the results are not only separated by outcome (CHI seeking vs. CHI seeking frequency), but also whether results were determined using logistic regression or other statistical tests. Some studies reported results on a specific variable from both logistic regression and univariate testing; in most of these cases, only the result from logistic regression analysis is shown (the exception being the variable of employment status).

Demographic factors

Variables that are typically classified as demographic factors were investigated by a majority of the included citations.

Gender

Twelve studies were found that presented results for gender. Most of these showed a significant statistical association with CHI seeking or with seeking frequency, and most used logistic regression analysis to investigate the direction and strength of the association.

Seven of the eight logistic regression investigations showed that females are more likely than males to seek consumer health information on the Internet. The one study that showed males being more likely used a survey of South Australians; certainly cultural differences between countries may account for the obvious difference. Regarding CHI seeking frequency, a relatively small study using logistic regression showed no significant association between gender and seeking frequency, as did two studies using chi-square testing. Conversely, one large survey (not using logistic regression) indicated that females are more likely than males to seek CHI frequently.

Based on the entirety of the results, females are more likely than males to seek consumer health information on the Internet and may seek this information more frequently.

Gender		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
female more likely***	4764	Baker (2003)[10]
<i>male more likely***</i>	1380	Bessell (2002)[12]
female more likely*	656	Brodie (2000)[13]
female more likely**	8378	Bundorf (2006)[14]
female more likely*	377	Goldner (2004)[17]
female more likely*****	1494 /1216	Lorence (2006)[7]/ Lorence (2006)[5]
female more likely***	1459	Ybarra (2006)[19]
CHI seeking (other stat tests)		
NS	955	Pena-Purcell (2008)[18]
CHI seeking frequency (log regression)		
NS	222	Lueg (2003)[21]
CHI seeking frequency (other stat tests)		
NS	980	Lorence (2006)[7]
female with larger proportion**	10,069	Millard (2002)[22]
NS	707	Taubenheim (1999)[23]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Age

Eleven studies were found that presented results for age. Analysis of the results is complicated by the use of different age groups for comparison. Nonetheless, most of these studies showed a significant statistical association with CHI seeking within at least one age group comparison, but none showed a significant association with seeking frequency.

Eight of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with age. Five logistic regression investigations showed that younger Internet users are more likely than older ones to seek consumer health information on the Internet. Among the three other studies using logistic regression, the two studies that did not show a significant association with age used smaller samples than the others and one study showed that their youngest group is less likely to seek Internet CHI than each of their older groups. Notably, the youngest age group in the latter study was 12-19 years old; thus, it covered younger respondents (including non-adult respondents) than the other studies, which may account for any apparent difference. The Pena-Purcell (2008) study uniquely compared Hispanic and non-Hispanic whites using chi-square testing and found that, as a group, Hispanics seeking Internet CHI were younger than whites. The effect of age alone cannot be discerned from this study.

Regarding CHI seeking frequency, none of the studies showed a significant association between age and seeking frequency.

Based on the entirety of the results, it appears that adults older than 55-65 years and younger than 20 years are less likely to seek CHI on the Internet than those in between.

Those in the 35-50 years old age group may be the most likely of all. There is no evidence that age is significantly associated with CHI seeking frequency.

Age		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
NS (35-49 yr vs 21-34 yr)	4764	Baker (2003)[10]
NS (50-64 yr vs 21-34 yr)		
NS (65-74 yr vs 21-34 yr)		
21-34 yr more likely vs >75 yr*		
< 35 yr more likely vs 55+ yr***	1380	Bessell (2002)[12]
35-54 yr more likely vs 55+ yr***		
NS (21-30 yr vs 41-50 yr)	8378	Bundorf (2006)[14]
NS (31-40 yr vs 41-50 yr)		
NS (51-64 yr vs 41-50 yr)		
41-50 yr more likely vs 65-74 yr**		
41-50 yr more likely vs 75+ yr**		
NS (65+ yr vs. <65 yr)	415	Dey (2008)[15]
NS	377	Goldner (2004)[17]
18-29 yr more likely vs. ≥50 yr*	1494 /1216	Lorence (2006)[7]/ Lorence (2006)[5]
NS (30-49 yr vs. ≥50 yr)		
20-39 yr more likely vs 12-19 yr****	1459	Ybarra (2006)[19]
40-59 yr more likely vs 12-19 yr****		
60-97 yr more likely vs 12-19 yr****		
CHI seeking (other stat tests)		
Hispanics younger vs whites***	955	Pena-Purcell (2008)[18]
CHI seeking frequency (log regression)		
NS	222	Lueg (2003)[21]
CHI seeking frequency (other stat tests)		
NS	951	Lorence (2006)[7]
NS	707	Taubenheim (1999)[23]

* p ≤ 0.05

** p ≤ 0.01

*** p ≤ 0.001

**** p ≤ 0.0001

Race/ethnicity

Five studies were found that presented results for race/ethnicity. Analysis of the results is complicated by the use of different race/ethnicity groups for comparison (and possibly, different race/ethnicity definitions). Nonetheless, three of these studies showed a significant statistical association with CHI seeking within at least one race/ethnicity comparison. The one study reporting results for CHI seeking frequency did not indicate a significant association between race/ethnicity and seeking frequency. Four of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with age.

The largest of the logistic regression investigations showed that, among Internet users, Blacks are more likely than Whites to seek consumer health information on the Internet. The two smallest studies using logistic regression analysis did not show a significant association of race/ethnicity with CHI seeking. One study using logistic regression looked at data from two years (2000 and 2002) and reported results for Blacks vs. Whites and for Hispanics vs. Whites. In this study, Hispanics were more likely than Whites to seek Internet CHI for both years, but there was no such statistical association between Blacks and Whites in the data of either year. Among the two studies using chi-square testing, both showed a significant association between race/ethnicity and CHI seeking, with one specifically looking at Hispanics vs. non-Hispanics.

As discussed for the age variable above, the Pena-Purcell (2008) study uniquely compared Hispanic and non-Hispanic whites using chi-square testing and found that, as a group, Hispanics seeking Internet CHI were younger than whites. The effect of

race/ethnicity alone cannot be discerned from this study, but this result is consistent with a race/ethnicity effect.

Based on the entirety of the results, it appears that race/ethnicity is a demographic variable significantly associated with CHI seeking on the Internet and that Blacks and Hispanics may be less likely to seek CHI on the Internet. There is no evidence that race/ethnicity is significantly associated with CHI seeking frequency.

Race/ethnicity		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
NS (Black vs White)	656	Brodie (2000)[13]
NS	377	Goldner (2004)[17]
NS (African-American vs White)	1316	Lorence (2006)[8] (2000 data)
Hispanic less likely vs. White*		
NS (African-American vs. White)	1172	Lorence (2006)[8] (2002 data)
Hispanic less likely vs. White*		
Black less likely vs White***	1459	Ybarra (2006)[19]
NS (Other vs White)		
CHI seeking (other stat tests)		
Race/ethnicity*	1494	Lorence (2006) [7]
Hispanic***	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		
NS	947	Lorence (2006)[7]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Marital status

Four studies were found that presented results for marital status. Analysis of the results is complicated by the use of different marital status groups for comparison. Three

of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with marital status, yet none of these indicated a significant association with this variable. One study using chi-square testing found that a significant association exists between marital status and both CHI seeking and its frequency.

Based on the entirety of the results, it appears that marital status may be associated with CHI seeking on the Internet and with the frequency of CHI seeking.

Marital status		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
NS (married vs never married)	1380	Bessell (2002)[12]
NS (sep'd/divorced/widowed vs never married)		
NS (married vs single)	415	Dey (2008)[15]
NS (marital status)	377	Goldner (2004)[17]
CHI seeking (other stat tests)		
marital status****	1494	Lorence (2006)[7]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		
marital status*	975	Lorence (2006)[7]
* $p \leq 0.05$ ** $p \leq 0.01$ *** $p \leq 0.001$ **** $p \leq 0.0001$		

Education

Eleven studies were found that presented results for education. Analysis of the results is complicated by the use of different education groups for comparison.

Nonetheless, most of these studies showed a significant statistical association (within at least one group comparison) with either CHI seeking or seeking frequency.

Seven of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with education level. Four of these logistic regression investigations showed that more educated Internet users are more likely than less educated ones to seek consumer health information on the Internet. The three studies using logistic regression analysis that did not show a significant association with education used smaller samples than the others. One study using a survey of South Australians included respondents as young as 15 years old and showed that their most educated group, as well as those still in school, are more likely to seek Internet CHI than (what could be considered) one of their less educated group. Neither of the two studies using chi-square testing showed a significant association between education level and Internet CHI seeking, although one of them specifically looked at Hispanics vs. non-Hispanic whites.

Regarding CHI seeking frequency, the largest of the three studies showed a significant association between education level and seeking frequency, whereas two of the three (including the one that used logistic regression analysis) showed no such association.

Based on the entirety of the results, it appears that education level is a demographic variable that is significantly associated with CHI seeking on the Internet, and possibly with its frequency. Those Internet users with higher levels of education are more likely than those with only a high school education (or less) to seek Internet CHI.

Education

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
13-16 yr more likely vs < 12 yr***	4764	Baker (2003)[10]
≥ 17 yr more likely vs < 12 yr***		
NS (<15 yr / trade vs >15+ yr)	1380	Bessell (2002)[12]
In school more likely vs >15+ yr**		
Degree/certificate more likely vs >15+ yr***		
NS (> 12 yr vs ≤ 12 yr)	656	Brodie (2000)[13]
> 12 yr more likely vs ≤ 12 yr**	8378	Bundorf (2006)[14]
NS (higher vs. school)	415	Dey (2008)[15]
NS	377	Goldner (2004)[17]
Higher levels more likely***	1459	Ybarra (2006)[19]
CHI seeking (other stat tests)		
NS	1494	Lorence (2006)[7]
NS	955	Pena-Purcell (2008)[18]
CHI seeking frequency (log regression)		
NS	222	Lueg (2003)[21]
CHI seeking frequency (other stat tests)		
Education level**	975	Lorence (2006)[7]
NS	707	Taubenheim (1999)[23]

* p ≤ 0.05

** p ≤ 0.01

*** p ≤ 0.001

**** p ≤ 0.0001

NB The number of years refers to school years, except for the Bessell study in which the years refer to the age of the survey respondent.

Income

Twelve studies were found that presented results for income. Analysis of the results is complicated by the use of different income level groups for comparison. Nonetheless, most of these studies did not show a significant statistical association (within at least one group comparison) with either CHI seeking or seeking frequency.

Seven of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with income level. Five of these logistic regression investigations, including the two largest studies, did not show a significant association between income level and Internet CHI seeking; two of these logistic regression investigations did show a significant association. The two with significant associations both indicated that their highest income group was more likely to seek Internet CHI compared to the lower income group. Of note, one of the studies indicating a significant association used data from the same study as one of the studies finding no significant association; this discrepancy could not be easily explained based on the data presented. Two of three studies reporting only chi-square testing showed a significant association between income level and Internet CHI seeking, although one of them specifically looked at Hispanics vs. non-Hispanic whites.

Regarding CHI seeking frequency, none of the three studies showed a significant association between income level and seeking frequency.

Based on the entirety of the results, it appears that income level is a demographic variable that may be significantly associated with CHI seeking on the Internet, although the results are inconsistent. The studies that do show a statistically-significant association (and in which direction is clear) indicate that higher income earners are more likely than lower income earners to seek Internet CHI. There does not appear to be a significant association of income level with the frequency of Internet CHI seeking.

Income

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
NS (\$25k – \$49,999 vs < \$25k)	4764	Baker (2003)[10]
NS (\$50k - \$74,999 vs < \$25k)		
NS (>\$75k vs < \$25k)		
 \$40k+ vs < \$40k***	1380	Bessell (2002)[12]
 NS (<\$30k vs ≥ \$50k)	656	Brodie (2000)[13]
NS (\$30k - \$49,999 vs ≥ \$50k)		
 NS (\$35-75 k/yr vs < \$35 k/yr)	8378	Bundorf (2006)[14]
NS (>\$75 k/yr vs \$35 k/yr)		
 NS (family income)	377	Goldner (2004)[17]
 high income more likely vs low*	1316	Lorence (2008)[6] (2000 data)
high income more likely vs low*	1172	Lorence (2008)[6] (2002 data)
 NS (low vs high)	1216	Lorence (2006)[5] (2002 data)
NS (medium vs high)		
CHI seeking (other stat tests)		
NS	1494	Lorence (2006)[7] (2002 data)
Hispanics lower earners vs whites*	955	Pena-Purcell (2008)[18]
Income***	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
NS	222	Lueg (2003)[21]
CHI seeking frequency (other stat tests)		
NS	838	Lorence (2006)[7] (2002 data)
NS	707	Taubenheim (1999)[23]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Employment status

Two studies were found that specifically presented results for employment status.

Neither logistic regression analysis indicated a significant association even though one of these studies did initially find an association based on chi-square testing. No studies

were found that investigated the possible association between employment status and CHI seeking frequency.

Employment status has not been well studied. Based on two studies, employment status may be associated with CHI seeking on the Internet, although its effect may be negated when controlling for other variables.

Employment		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
NS (employed vs not employed)	1380	Bessell (2002)[12]
NS (employment)	377	Goldner (2004)[17]
CHI seeking (other stat tests)		
<i>larger proportion of employed than not employed*</i>	418	Goldner (2004)[17]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$ ** $p \leq 0.01$ *** $p \leq 0.001$ **** $p \leq 0.0001$

Other demographic variables

One study was found that presented results for the variables of religion and number of children. Its logistic regression analysis did not indicate a significant association between CHI seeking and either variable, and the study did not investigate CHI seeking frequency.

Other demographic factors have not been well studied. Based on one study, neither religion nor the number of children appears to be associated with CHI seeking on the Internet.

Other demographics

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS (Religion) NS (Number of children)	377	Goldner (2004)[17]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Geographic factors

Variables that are can be classified as geographic factors were found to be rarely investigated. Two such variables related to residence were found in the included citations: region of residence and travel time for care. The results are shown below.

Based on these results, residence does not appear to be associated with CHI seeking on the Internet, neither with respect to the region type nor travel time for care.

Residence: region type

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS (MSA vs not MSA) NS (non-metro vs metropolitan area) NS (rural vs urban)	4764 1380 8378	Baker (2003)[10] Bessell (2002)[12] Bundorf (2006)[14]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

Residence: travel time for care

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS (15-29 min vs < 15 min) NS (30+ min < 15 min)	8378	Bundorf (2006)[14]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

Psychographic factors

Variables that are classified as psychographic factors were uncommonly investigated. Psychographic factors are the individual characteristics that describe one's values, attitudes, interests, and activities. One study looked at four such variables that I collectively call "health orientation". Another study looked at three variables that I collectively call "psychosocial condition", as well as a rating of the seekers' perception of Internet CHI utility. The results are shown below. Health orientation, specifically one's health information orientation, health beliefs, and health activities (but not health consciousness), appears to be associated with the seeking of Internet CHI. Likewise, psychosocial condition (specifically one's social support, unhappiness, and loneliness) and the perception of CHI utility may be associated with the seeking of Internet CHI.

Based on these results, variables related to health orientation, psychosocial condition, and perception of CHI utility may be associated with CHI seeking on the Internet.

Health orientation

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
NS (health consciousness)	2636	Dutta-Bergman (2004)[16]
Health information orientation***		
Health beliefs***		
Health activities***		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Psychosocial condition

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
Social support***	1459	Ybarra (2006)[19]
Unhappiness***		
Loneliness***		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Perception of CHI utility

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
Perception of utility***	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Behavioral factors

Health service utilization

One study investigated the possible association of the Internet CHI seeking and the frequency of CHI seeking with one's utilization of health services. Using chi-square testing, it found a significant association with both. Based on this study, health service utilization may be associated with the seeking of Internet CHI and its frequency

Health service utilization		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)	1494	Lorence (2006)[7]
CHI seeking (other stat tests) health service utilization w/in 1 year***		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) health service utilization w/in 1 year*	973	Lorence (2006)[7]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Self-managed with lifestyle changes

One study investigated the possible association of the frequency of CHI seeking with whether or not one uses lifestyle changes to self-manage their health condition. It found a significant association. Based on this study, whether one self-manages with lifestyle changes may be associated with the frequency of seeking Internet CHI.

Self-managed with lifestyle changes

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) More of those who self-managed with lifestyle changes sought CHI often vs those who did not**	10,069	Millard (2002)[22]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Medical factors

Health status

Seven studies were found that presented results for self-assessed health status.

Most of these studies showed a significant statistical association with either CHI seeking or seeking frequency.

Three of the studies on CHI seeking used logistic regression analysis to investigate the direction and strength of the possible association with health status. The largest of these showed that those in poor or fair health (but not those in good health) were more likely than those in very good or excellent health. The other two smaller studies, each with smaller samples by an order of magnitude, did not show a statistically-significant association. The single study reporting only chi-square testing showed a significant association between income level and Internet CHI seeking.

Regarding CHI seeking frequency, two studies used logistic regression analysis and both showed a significant association between health status and seeking frequency. One study showed that those in good health (but not in poor or fair health) were more

likely than those in excellent health to seek Internet CHI frequently. The other study showed that those in poor health were more likely to seek CHI frequently (but the comparison group was not clearly identified). Three studies used chi-square testing for an association between health status and frequency. Two studies showed a significant association, while one did not. Of note, the one with the largest sample size used chi-square trend analysis to show that those in poor health searched for Internet CHI often compared to those in better health.

Based on the entirety of the results, it appears that health status is significantly associated with both CHI seeking on the Internet and the frequency of seeking. Although there is some inconsistency among the results, the studies demonstrate a tendency for those in poorer health to search for Internet CHI absolutely and with greater frequency compared to those in better health.

Health status

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS (good vs excellent/v. good) fair/poor more likely vs exc./v good ***	4764	Baker (2003)[10]
NS (fair/poor vs. excellent/good) NS	415 377	Dey (2008)[15] Goldner (2004)[17]
CHI seeking (other stat tests) NS	1494	Lorence (2006)[7]
CHI seeking frequency (log regression) good more likely vs excellent* NS (fair/poor vs excellent)	521	Houston (2002)[20]
poor health more likely	222	Lueg (2003)[21]
CHI seeking frequency (other stat tests) trend (poor → excellent)*	521	Houston (2002)[20]
NS	977	Lorence (2006)[7]
more of those in 'poor' health search 'often' compared to those in 'fair' or better health**	10,069	Millard (2002)[22]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Health conditions (self)

Three studies were found that presented results for health conditions (self). All three on CHI seeking used logistic regression analysis, although two of them used the same survey and are considered together. These both indicated that Internet users with a health condition (chronic illness or disability) were more likely than those without to seek CHI. The other study was smaller and did not show a significant association. Regarding CHI seeking frequency, only one study investigated a possible association with health conditions (self) but did not reveal a significant association.

Based on these results, it appears that having a health condition may be associated with the seeking of Internet CHI but not its frequency. It appears that those with a health condition may be more likely to seek CHI compared to those without.

Health conditions (self)

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS health conditions (self) more likely vs no**	377 1494 /1216	Goldner (2004)[17] Lorence (2006)[7]/ Lorence (2006)[5]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) NS	975	Lorence (2006)[7]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Health conditions (dependent)

Three studies were found that presented results for health conditions (dependent). Neither study on CHI seeking showed a significant association with this variable. The one study investigating this variable and CHI seeking frequency showed a significant association using chi-square testing. Based on these results, having a family member with a health condition may be associated with the frequency of Internet CHI seeking, but not whether or not it is done.

Health conditions (dependents)		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS	377	Goldner (2004)[17]
CHI seeking (other stat tests) NS	1494	Lorence (2006)[7]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) health condition (dependents)**	977	Lorence (2006)[7]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Stigmatized illness

One study investigated the possible association of CHI seeking and seeking frequency with having a stigmatized illness. Using logistic regression, it found a significant association with the seeking of Internet CHI, but not its frequency. Based on this study, the diagnosis of a stigmatized illness is probably associated with seeking CHI on the Internet, but not the frequency of seeking - at least in relation to other chronic, but non-stigmatized illnesses. It appears that those with a stigmatized illness (anxiety, depression, herpes, or urinary incontinence) are more likely seek CHI compared to those a non-stigmatized illness.

Stigmatized illness

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) Those with a stigmatized illness more likely vs those with a chronic non-stigmatized illness **	6246	Berger (2005)[11]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression) NS (Diagnosis of a stigmatized illness)	2134	Berger (2005)[11]
CHI seeking frequency (other stat tests)		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Combined chronic illness and health insurance

One study investigated the possible association of CHI seeking with the various combinations of chronic illness and health insurance. Using logistic regression, it found a significant association with the seeking of Internet CHI. Based on this study, the combination of health insurance type and presence of a chronic illness may be associated with the seeking of Internet CHI. It appears that those having a chronic illness and any type of health insurance are more likely to seek CHI compared to those with private insurance and no chronic illness. Also, it appears that those having no health insurance, whether or not they have a chronic illness, are more likely to seek CHI compared to those with private insurance and no chronic illness.

Combined chronic illness and health insurance

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) <u>Health insurance/Chronic illness</u> Private/Yes more likely vs Private/No* NS (Public/No vs Private/No) Public/Yes more likely vs Private/No** None/No less likely vs Private/No* None/Yes more likely vs Private/No** CHI seeking (other stat tests) CHI seeking frequency (log regression) CHI seeking frequency (other stat tests)	8378	Bundorf (2006)[14]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Health coverage

One study investigated the possible association of the frequency of CHI seeking with one's health coverage and found a significant association. Based on this study, health coverage may be associated with the frequency of seeking of Internet CHI.

Health coverage

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) CHI seeking (other stat tests) CHI seeking frequency (log regression) CHI seeking frequency (other stat tests) More of those without health coverage search often vs those with coverage**	10,069	Millard (2002)[22]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Satisfaction with healthcare services and with health insurance

One study investigated the possible association of the frequency of CHI seeking with one's satisfaction with healthcare services and with health insurance. It found a significant association with both. Based on this study, both satisfaction with healthcare services and satisfaction with health insurance may be associated with the frequency of seeking Internet CHI.

Satisfaction with healthcare services

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)	10,069	Millard (2002)[22]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) More of those who were dissatisfied sought CHI often vs those who were satisfied**		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Satisfaction with health insurance

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)	10,069	Millard (2002)[22]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) More of those who were dissatisfied sought CHI often vs those who were satisfied**		

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Difficulty accessing healthcare services

One study investigated the possible association of the frequency of CHI seeking with one's difficulty accessing healthcare services and found a significant association. Based on this study, difficulty accessing healthcare services may be associated with the frequency of seeking Internet CHI.

Difficulty accessing healthcare services		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) More of those who found accessing health services difficult sought CHI often vs those who did not**	10,069	Millard (2002)[22]
* $p \leq 0.05$	** $p \leq 0.01$	*** $p \leq 0.001$ **** $p \leq 0.0001$

Computer and Internet related factors

Computer skills

Two studies were found that investigated results a possible association with (self-assessed) computer skills and CHI seeking or seeking frequency. One study used logistic regression and showed that those having computer skills that are good or excellent are more likely to seek Internet CHI compared to those having either average skills and to those having poor or not good skills. The second study used chi-square testing and showed no significant association between the seeking frequency and computer skills.

Based on these studies, computer skills may be associated with seeking CHI on the Internet but not necessarily with the frequency of such seeking. Those with better than average skills appear to be more likely to search for Internet CHI compared to those with poor to average skills.

Computer skills

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) Computer skills average less likely vs. exc./good*** Computer skills not good/poor less likely vs. exc./good***	415	Dey (2008)[15]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) NS (computer skills)	707	Taubenheim (1999)[23]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Internet skills

Two studies were found that investigated results a possible association with (self-assessed) Internet skills and CHI seeking or seeking frequency. One study used logistic regression and showed that those with good expertise and those with good expertise (but not those with fair expertise) were more likely to seek CHI than those with poor expertise. The second study used chi-square testing and showed that one's self-efficacy (of finding Internet CHI) was significantly associated with CHI seeking frequency.

Based on these studies, Internet skills may be associated with seeking CHI on the Internet and the frequency of seeking. Those with better than average skills appear to be more likely to search for Internet CHI compared to those with poor to average skills.

Internet skills/expertise/self-efficacy

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) NS (expertise fair vs. poor) Expertise good more likely vs poor*** Expertise excellent more likely vs. poor***	1459	Ybarra (2006)[19]
CHI seeking (other stat tests) CHI seeking frequency (log regression) CHI seeking frequency (other stat tests) Self-efficacy score**	707	Taubenheim (1999)[23]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Internet connection – method and location

Three studies were found that presented results for either Internet connection method or Internet use location. One study looked at the possible associations of connection method with CHI seeking and seeking frequency. It used chi-square testing and found no significant associations. Another study used chi-square testing and found that mostly home use was significantly associated with CHI seeking. The third study found that frequency of use at home was significantly associated with the frequency of CHI seeking.

Based on these three studies, Internet location use, but not connection method, may be associated with seeking CHI on the Internet and the frequency of seeking.

Internet connection – method and location

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
NS (Internet connection method)	1494	Lorence (2006)[7]
Location of use mostly home***	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		
NS (Internet connection method)	877	Lorence (2006)[7]
Frequency of computer use at home**	707	Taubenheim (1999)[23]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

**** $p \leq 0.0001$

Internet experience (duration)

Three studies were found that presented results for Internet experience (where experience is equated with duration of Internet use). Two of the CHI seeking studies used the same survey and are considered together. These both used logistic regression analysis and showed that those users with greater than three years Internet experience were more likely to seek CHI compared to those with one year or less, but not compared to those with two to three years. Another study used chi-square testing and found duration of use was significantly associated with CHI seeking. Regarding CHI seeking frequency, only one study investigated a possible association with Internet experience and it revealed a significant association.

Based on these results, Internet experience (i.e., duration of use) appears to be associated with seeking CHI on the Internet and the frequency of seeking. Those users

that have less than one year of Internet experience are less likely to seek Internet CHI compared to those with more than 3 years experience.

Internet experience (duration)		
Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) Internet experience ≤ 1 yr less likely vs. > 3 yr NS (experience 2-3 yr vs. > 3 yr)	1494 /1216	Lorence (2006)[7] /Lorence (2006)[5]
CHI seeking (other stat tests) duration of use***	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) Internet experience*	963	Lorence (2006)[7]

* $p \leq 0.05$ ** $p \leq 0.01$ *** $p \leq 0.001$ ***** $p \leq 0.0001$

Internet frequency and intensity

Three studies investigated the outcomes of interest with respect to the variables of Internet frequency (of access) and Internet intensity (of daily use). Two of the CHI seeking studies used the same survey and are considered together. These both used logistic regression analysis and showed that users who accessed the Internet either daily or weekly were significantly more likely to seek CHI compared to users who accessed the Internet monthly. One study looked at Internet intensity (measured as daily hours of Internet use) and, using chi-square analysis, found no significant association with CHI seeking. Regarding CHI seeking frequency, one study found a significant association with Internet use frequency.

Based on the three studies, the frequency of Internet use - measured as daily, weekly, or monthly access - appears to be associated with seeking CHI on the Internet and the frequency of seeking. Those users that access the Internet more often are more likely to seek Internet CHI compared to those that access it less often. The intensity of Internet use – measured as daily hours of use - does not appear to be significantly associated with CHI seeking.

Internet frequency and intensity

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) Frequency of Internet access daily more likely vs. monthly** Frequency of Internet access weekly more likely vs. monthly*	1494 /1216	Lorence (2006)[7] /Lorence (2006)[5]
CHI seeking (other stat tests) NS (intensity of use as daily hours)	1459	Ybarra (2006)[19]
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) Internet frequency*****	951	Lorence (2006)[7]

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$

***** $p \leq 0.0001$

Costs of obtaining information

One study looked at a score based on a user's perceived costs of obtaining Internet CHI and found no significant association with CHI seeking frequency. Based on one study, the perceived cost of obtaining Internet CHI does not appear to be associated with the frequency of CHI seeking.

Costs of obtaining information

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)	707	Taubenheim (1999)[23]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) NS (costs of obtaining info score)		

Situational factors

Few studies were found that investigated situational factors as variables related to absolute CHI seeking and the frequency of CHI seeking.

Behavioral intention

One study investigated the possible association of CHI seeking with what the study's authors termed behavioral intention. Behavioral intention in this study was a plan to access the Internet for CHI if diagnosed with breast cancer after receiving a screening mammogram. Using logistic regression analysis, this study found that those with behavioral intention were more likely to seek CHI than those without.

Based on this study, behavioral intention may be associated with CHI seeking; however, this variable (as defined in the study) may be too specific and hypothetical to be generally useful.

Behavioral intention

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression) Behavioral intention yes more likely to seek CHI***	415	Dey (2008)[15]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		

Reasons for using Internet and Purpose of information found

One study investigated the possible association between the frequency of CHI seeking and both the reasons for using the Internet and the purpose of information found. It used chi-square testing and found a significant association with the purpose of information, but not with their reasons for using the Internet score. Based on this study, the purpose of the information found may be associated with the frequency of CHI seeking, but a score for reasons for using the Internet does not appear to be associated with the frequency of CHI seeking.

Reasons for using Internet

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)		
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests) NS (reasons for using the Internet score)	707	Taubenheim (1999)[23]

Purpose of the information found

Outcome (statistical test) and result	Sample size	Source
CHI seeking (logistic regression)	707	Taubenheim (1999)[23]
CHI seeking (other stat tests)		
CHI seeking frequency (log regression)		
CHI seeking frequency (other stat tests)		
Purpose of the information found*		

DISCUSSION

I will first discuss the results of individual variables by general category (demographic, medical, etc.), followed by the other implications, limitations, and future work indicated by my literature review. The discussion of the results of individual variables by general category is, to a large extent, a repetition of results from the previous section.

Demographic factors

Females are more likely than males to seek consumer health information on the Internet and may seek this information more frequently.

It appears that adults older than 55-65 years and younger than 20 years are less likely to seek CHI on the Internet than those in between. Those in the 35-50 years old age group may be the most likely of all. There is no evidence that age is significantly associated with CHI seeking frequency.

It appears that race/ethnicity is a demographic variable significantly associated with CHI seeking on the Internet and that Blacks and Hispanics may be less likely to seek CHI on the Internet. There is no evidence that race/ethnicity is significantly associated with CHI seeking frequency.

It appears that marital status may be associated with CHI seeking on the Internet and with the frequency of CHI seeking.

It appears that education level is a demographic variable that is significantly associated with CHI seeking on the Internet, and possibly with its frequency. Those

Internet users with higher levels of education are more likely than those with only a high school education (or less) to seek Internet CHI.

It appears that income level is a demographic variable that may be significantly associated with CHI seeking on the Internet, although the results are inconsistent. The studies that do show a statistically-significant association (and in which direction is clear) indicate that higher income earners are more likely than lower income earners to seek Internet CHI. There does not appear to be a significant association of income level with the frequency of Internet CHI seeking.

Employment status has not been well studied. Based on two studies, employment status may be associated with CHI seeking on the Internet, although its effect may be negated when controlling for other variables.

Other demographic factors have not been well studied. Based on one study, neither religion nor the number of children appears to be associated with CHI seeking on the Internet.

Among demographic variables, gender, age, race/ethnicity, education, and income are variables that are the most important to use in segmentation of consumers seeking Internet health information. The results for gender may be related to differences among males and females in their involvement in healthcare and their care-taking roles. Regarding age, the decline of Internet health seeking in the oldest age groups may be related to differences in comfort and experience with digital technology, whereas the decline in the youngest age groups may be related to differences in interest and/or need for health information. Race/ethnicity, education, and income are oft-cited factors in the “digital divide” and the overall results for these variables found here support a concern

that a divide in access correlates with a divide in health information seeking. Among the other demographic variables studied, marital status and employment status may be useful segmentation variables, whereas religion and number of children do not appear to be useful segmentation variables.

Geographic factors

Variables that are can be classified as geographic factors were found to be rarely investigated. Two such variables related to residence were found in the included citations: region of residence and travel time for care. Based on these results, residence does not appear to be associated with CHI seeking on the Internet, neither with respect to the region type nor travel time for care.

Among geographic variables, the region of residence and travel time for care do not appear to be variables that are important to use in segmentation of consumers seeking Internet health information. These variables are seemingly related to both access of medical care and access of the Internet, and perhaps there is a canceling effect with respect to seeking Internet health information.

Psychographic factors

Psychographic factors were uncommonly investigated. Variables related to health orientation, psychosocial condition, and perception of CHI utility may be associated with CHI seeking on the Internet.

Psychographic factors are the individual characteristics that describe one's values, attitudes, interests, and activities. Arguably, these factors may be some of the most

critical ones influencing the desire and use of consumer products, including Internet health information, and thus their value as segmentation variables. Although the studies found in this review do provide evidence that psychographic factors (namely health orientation, psychosocial condition, and perception of CHI utility) may include useful segmentation variables, the paucity of psychographic investigations is obvious.

Behavioral factors

As previously noted, some factors that could be reasonably categorized as behavioral factors, such as Internet use frequency and behavioral intention, were placed under other categories. Nevertheless, behavioral factors were uncommonly studied. Based on one study, health service utilization may be associated with the seeking of Internet CHI and its frequency. Based on another single study, whether one self-manages with lifestyle changes may be associated with the frequency of seeking Internet CHI. These variables may be related to the perceived value and need for Internet health information.

Medical factors

Health status appears to be significantly associated with both CHI seeking on the Internet and the frequency of seeking. Although there is some inconsistency among the results, the studies demonstrate a tendency for those in poorer health to search for Internet CHI absolutely and with greater frequency compared to those in better health.

It appears that having a health condition may be associated with the seeking of Internet CHI but not its frequency. It appears that those with a health condition may be more likely to seek CHI compared to those without.

Having a family member with a health condition may be associated with the frequency of Internet CHI seeking, but not whether or not it is done.

Based on one study, the diagnosis of a stigmatized illness is probably associated with seeking CHI on the Internet, but not the frequency of seeking - at least in relation to other chronic, but non-stigmatized illnesses. It appears that those with a stigmatized illness (anxiety, depression, herpes, or urinary incontinence) are more likely seek CHI compared to those a non-stigmatized illness.

Based on one study, the combination of health insurance type and presence of a chronic illness may be associated with the seeking of Internet CHI. It appears that those having a chronic illness and any type of health insurance are more likely to seek CHI compared to those with private insurance and no chronic illness. Also, it appears that those having no health insurance, whether or not they have a chronic illness, are more likely to seek CHI compared to those with private insurance and no chronic illness.

Based on one study, health coverage may be associated with the frequency of seeking of Internet CHI. Based on the same study, both satisfaction with healthcare services and satisfaction with health insurance may be associated with the frequency of seeking Internet CHI. Also, based on this study, difficulty accessing healthcare services may be associated with the frequency of seeking Internet CHI.

Among medical factors, health status and the presence of a health condition are the best-studied and most clearly important variables to use in the segmentation of

consumers seeking Internet health information. This makes sense since these variables presumably influence the perceived need for such information. For the same reason, the presence of a health condition in a family member or use of self-management as segmentation variables is reasonable, although the evidence for doing so is less strong. The diagnosis of a stigmatized illness may be an important segmentation variable, which could be related to the anonymity provided by the Internet. Other possibly valuable segmentation variables revealed here- health insurance coverage (or lack of), the utilization of health services, the satisfaction of healthcare services, the satisfaction with health insurance, and the difficulty accessing services – could be related to the perceived value and/or low cost of Internet health information as a supplement (or alternative) to direct medical care.

Computer and Internet related factors

Computer skills may be associated with seeking CHI on the Internet but not necessarily with the frequency of such seeking. Those with better than average skills appear to be more likely to search for Internet CHI compared to those with poor to average skills.

Internet skills may be associated with seeking CHI on the Internet and the frequency of seeking. Those with better than average skills appear to be more likely to search for Internet CHI compared to those with poor to average skills.

Internet location use, but not connection method, may be associated with seeking CHI on the Internet and the frequency of seeking.

Internet experience (i.e., duration of use) appears to be associated with seeking CHI on the Internet and the frequency of seeking. Those users that have less than one year of Internet experience are less likely to seek Internet CHI compared to those with more than 3 years experience.

The frequency of Internet use - measured as daily, weekly, or monthly access - appears to be associated with seeking CHI on the Internet and the frequency of seeking. Those users that access the Internet more often are more likely to seek Internet CHI compared to those that access it less often. The intensity of Internet use – measured as daily hours of use - does not appear to be significantly associated with CHI seeking.

Based on one study, the perceived cost of obtaining Internet CHI does not appear to be associated with the frequency of CHI seeking.

Among computer- and Internet-related factors, computer skills and Internet skills and experience are the most important variables to use in the segmentation of consumers seeking Internet health information. It seems reasonable that consumers more comfortable and capable of using the digital technology would more likely use it for health information. Similarly, the frequency of Internet use may also be useful as a segmentation variable, although the evidence is less strong. On the other hand, location and intensity of use may relate more to purpose than comfort or efficacy, and their use as segmentation variables is not supported.

Situational factors

Based on one study, behavioral intention (in a screening situation) may be associated with CHI seeking. Based on another single study, the purpose of the

information found may be associated with the frequency of CHI seeking, but a score for reasons for using the Internet does not appear to be associated with the seeking frequency.

Situational factors are the characteristics that describe the relatively variable circumstances associated with seeking Internet health information. Although they seemingly would be important in determining whether or not a particular search is undertaken, it would be difficult to elucidate their effect when attempting to characterize CHI seeking in general, as was done here. The included citations were, in general, investigating relatively constant situations over multiple searches; thus, it is not surprising that this review did not uncover many situational factor variables that would be useful in the segmentation of consumers seeking Internet health information. In particular, there were no studies found that specifically looked at the urgency of the information need or the stage of a diagnosed disease. Despite this, there was some evidence indicating the importance of situational segmentation variables, specifically related to the intention of search in a screening situation and the purpose of searching. Although the studies found in this review do provide evidence that some situational factors may be associated with CHI seeking, there is a clear lack of investigations on such factors.

Site-dependent factors

Site-dependent factors were not a primary focus of this review although were included in the tables as evidence of their potential utility in the segmentation of CHI seeking. There was only one study found that presented site-dependent variables, and

appraisal is limited by the fact that these variables are a combination of seeker and site characteristics. Nevertheless, there is some evidence that the format (i.e., how the CHI is presented) may be a useful site-dependent segmentation variable. It was somewhat surprising that, in the same study, the perceived usefulness or newness of the health information was not associated with CHI seeking.

Use and limitations of this review

This is, to my knowledge, the first systematic review of the segmentation variables that characterize the online consumer health information seeker. As such, the information presented in this review gives a more complete profile of the seekers of consumer health information than the individual studies cited. Although this review was limited to the outcomes of absolute CHI seeking and its frequency, the combination of variables found here to be significant in previous studies could be used as a starting point for multivariate or segmentation analysis of the CHI seeker in future studies. If, for example, a consumer health information provider wanted to segment their users in order to effectively customize the presentation of health information, the significant demographic variables listed in Table 3 could be used as an initial set of demographics to collect and use in a cluster analysis of their data.

The goal of this review was to show what variables have been shown to be significantly associated with the seeking of Internet health information by consumers. As such, this review was limited not only to the domains of health information and the Internet, but also to consumers (as opposed to patients). There are likely many additional variables that could be useful in market segmentation of the Internet health information

seeker, which may be discovered by broader reviews, such as that of non-health or non-Internet information seekers (e.g., Wellness Orientation scale [24], [25], CHI Preferences screening instrument [26]) and by examining the numerous studies on information seeking of patients with specific diseases. Similarly, the list of useful market variables would be undoubtedly broadened by inclusion of outcomes other than absolute CHI seeking and CHI seeking frequency.

There was a lack of controlled studies and a small number of studies on psychographic, behavioral, and situational factors, thus limiting the strength and breadth of the study conclusions. The included citations show correlations between the variables and outcomes; nevertheless, controlled studies would provide stronger evidence for correlation and causality. Also, psychographic and behavioral factors are thought to be particularly important in segmentation of healthcare markets [24, 26, 27]. For example, persons with greater wellness orientation could be targeted for health-related products, while those with lower wellness orientation may be better candidates for health promotion program intervention.

This review was also limited by differences in variable definitions, study populations, and statistical methods among the citations that are included.

There were differences in the definitions of both study variables and outcomes used by the included studies. While the variable of gender is specific and dichotomous, variables like age and health status were not uniquely defined and/or categorized among the studies. Even the investigated outcomes of CHI seeking and seeking frequency, in general, were similarly but not identically defined. The broad nature of the conclusions was an attempt to overcome these particular limitations.

The study populations of the included citations differed greatly. The samples differed in country (most were US-based surveys), age (although most were adult populations), and sampling and survey technique, including weighting of results. Most of the studies involved samples from national surveys, although several used more specific populations, for example women from a mammogram clinic, a self-selected sample of users of specific arthritis and musculoskeletal and skin disease websites, and a sample consisting of a hodgepodge of college students, clinic patients and mall shoppers.

Another limitation was differences in the statistical methods used in the included citations. Although the results presented in this review were categorized on the basis of multivariate logistic regression versus bivariate methods, the analyses within each category differed considerably. For example, within the logistic regression methods on the same variable, the other variables that were controlled for varied among the included citations. If the same control variables had been used throughout, different conclusions may have been reached regarding which variables are significantly associated and to what level. Similarly, the results categorized as non-logistic regression were mostly, but not exclusively, analyzed using chi-square analysis. Finally, the statistical methods used and results obtained in the original citations were not always completely or clearly described.

Finally, there is a lack of published market segmentation analyses on consumers of Internet health information. This review was not limited to the standard research publication databases, and there were a couple relevant segmentation studies alluded to in the “gray” literature (e.g., [28] [29]). However, these segmentation studies were from consulting firms and details of methods and results could not be obtained.

Future work

Arguably the most important uses of segmentation of the Internet CHI seeking population would be those that aim to improve the health of consumers. This would require the identification of relatively homogeneous consumer groups that acquire and use health information to change behavior and improve lifestyle in a similar manner within the segment, but distinct (and identifiable) from other segments. To this end, the most important factors are probably psychographic (i.e., characteristics that describe the beliefs, attitudes, and values related to health) and behavioral (e.g., usage patterns and readiness to act); however, these appear to be the least studied, at least with respect to the outcomes investigated here. Medical and situational factors are also important, but these are likely more important in terms of the information topics required rather than their presentation. Thus, future work identifying and quantifying psychographic and behavioral factor correlates with Internet CHI would be valuable.

Future studies using controls, including longitudinal studies, should be considered, which would certainly strengthen the conclusions drawn about specific variables or combinations of variables and their effect on CHI seeking and other outcomes. Perhaps just as valuable, though, might be true segmentation studies that use multiple variables identified here (and elsewhere) to group consumers into useful market segments.

CONCLUSION

Internet healthcare information seekers may be segmented using a variety of demographic, geographic, psychographic, behavioral, medical, computer/Internet-related, and situational variables. Demographic variables are the best studied; psychographic and behavioral factors may be more important but are less well studied. There is a lack of segmentation studies and controlled studies on variables describing Internet healthcare information seekers.

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APPENDIX A

The number of citations from the keyword search (described in the Methods section) for each database is shown in the table below. These total 1288 citations. Combining the searches and removing duplicates resulted in 748 citations.

<u>Literature Database</u>	<u>Number of citations</u>
Business Source Premier	111
CINAHL	131
Compendex	58
EBSCO Host	29
ERIC	12
LISTA	184
MEDLINE	269
PsychINFO	76
Web of Science	276
ISI Proceedings	48
SocINDEX	31
Sociological Abstracts	10
Library Literature	8
PAIS International	7
Dissertations and Masters Theses	38

The initial pages for each of the specific database searches follow.



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and	health* OR medical	in	AB Abstract or Author-Supplied Abstract		
and	information	in	AB Abstract or Author-Supplied Abstract		
and	seek* OR search* OR sought OR source* OR segment*	in	AB Abstract or Author-Supplied Abstract		

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1. [Pharma still searching online.](#) By: Chase, James. Medical Marketing & Media, Mar2008, Vol. 43 Issue 3, p6-6, 2/3p; (AN 31202704)

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2. [Consumers tend to turn to web for wellness info.](#) By: McGuire, Stephen. Medical Marketing & Media, Feb2008, Vol. 43 Issue 2, p24-24, 1/4p; (AN 29968100)

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3. [Google, Merck tout benefits of online.](#) By: S. M.. Medical Marketing & Media, Feb2008, Vol. 43 Issue 2, p24-24, 1/5p; (AN 29968101)

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7. Consumers trust Web for drug info. By: S. M.. Medical Marketing & Media, Sep2007, Vol. 42 Issue 9, p26-26, 1/5p; (AN 26475427)

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8. MB STAT. Medical Benefits, 8/30/2007, Vol. 24 Issue 16, p11-11, 2/3p, 1 graph; (AN 26374932)

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9. Here Come the Cyberchondriacs. By: King, Rachael. Business Week Online, 8/3/2007, p25-25, 1p; (AN 26098904)

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10. Here Come the Cyberchondriacs. By: King, Rachael. Business Week Online, 8/2/2007, p8-8, 1p; (AN 26053436)

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11. How Does Your State Measure Up? Health Management Technology, Aug2007, Vol. 28 Issue 8, p8-8, 1/3p; (AN 26400378)

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12. Search behavior varies based on stage of illness. By: McGuire, Stephen. Medical Marketing & Media, Jul2007, Vol. 42 Issue 7, p20-20, 1/4p; (AN 25762584)

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13. Google turns to health care data. By: Perelman, Deborah. eWeek, 6/4/2007, Vol. 24 Issue 20, p21-21, 1/3p; (AN 25314461)

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14. The Buzz on Energy Drinks. By: Montalvo, Kristin V.. Gourmet Retailer, Jun2007, Vol. 28 Issue 6, p38-42, 4p, 1c; (AN 25486134)

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15. JOINING THE SOCIAL CIRCLE. (cover story) By: Barrette, Jack; Becker, Bonnie. Medical Marketing & Media, Apr2007, Vol. 42 Issue 4, p59-61, 2p; (AN 24991473)

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1. Guiding users to quality information about osteoarthritis on the internet: A pilot study

Ilic, Dragan (Monash Institute of Health Services Research, Monash Medical Centre); Maloney, Stephen; Green, Sally Source: *Telemedicine Journal and e-Health*, v 11, n 6, December, 2005, p 703-706

Database: Compendex

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2. Medical portals: web-based access to medical information

Shepherd, Michael (Dalhousie Univ); Watters, Carolyn; Zitner, David Source: *Proceedings of the Hawaii International Conference on System Sciences*, 2000, p 110

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Abstract - Detailed -

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3. Help seeking behavior and the Internet: A national survey

Ybarra, Michele L. (Internet Solutions for Kids, Inc.); Suman, Michael Source: *International Journal of Medical Informatics*, v 75, n 1, January, 2006, *Health and the Internet for All*, p 29-41

Database: Compendex

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4. Consumer trust in health information on the web

Huntington, Paul (Centre for Information Behaviour and the Evaluation of Research (CIBER), School of Library, Archive and Information Studies, University College London); Nicholas, David; Gunter, Barrie; Russell, Chris; Withey, Richard; Polydoratou, Panayiota Source: *Aslib Proceedings*, v 56, n 6, 2004, p 373-382

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Soualmia, Lina F. (CISMeF Team, Medical School, Rouen University Hospital); Darmoni, Stefan J. Source: *International Journal of Medical Informatics*, v 74, n 2-4, March, 2005, *MIE 2003*, p 141-150

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Freeman, Kris S. (Public Information Specialist, University of Washington) Source: *Proceedings/STC, Society for Technical Communication Annual Conference*, 2002, p 349-350

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6. [How To Find Medical Information on the Internet: A Print and Online Tutorial for the Healthcare Professional and Consumer. Internet Workshop Series Number 10](#) . By:

7. <u>Computers in Libraries, 2000: Proceedings (15th, Washington, D.C., March 15-17, 2000)</u> . . By: Nixon, Carol; Burmood, Jennifer. 2000 296 pp. (ED447817)	Add
8. <u>Educational Resources Available on the Internet: Assessing the Quality of Psychological Healthcare Sites</u> . . By: DiBlassio, Jamie; Simonin, Danielle; DeCarolus, Anthony. 1999 39 pp. (ED425368) Full Text from ERIC	Add
9. <u>The Asymmetrical Quality of Psychological Internet Resources for Addressing Common versus Rare Problems</u> . . By: Doran, Matt; Simonin, Danielle; Morse, Laura. 1998 33 pp. (ED415478) Full Text from ERIC	Add
10. <u>Guide to Reference Materials for School Library Media Centers. Fifth Edition</u> . . By: Safford, Barbara Ripp. 1998 353 pp. (ED426696)	Add
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1. [Group disparities and health information: a study of online access for the underserved.](#) By: Lorence, Daniel; Heeyoung Park. Health Informatics Journal, Mar2008, Vol. 14 Issue 1, p29-38, 10p, 3 charts, 4 graphs; (AN 31200516)
2. [A study of peer-to-peer information in a domain of uncertainty: the case of epilepsy.](#) By: Lorence, Daniel; Li Chen. Health Informatics Journal, Dec2007, Vol. 13 Issue 4, p303-316, 14p, 1 chart, 7 diagrams; (AN 27987387)
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☐	#	Searches	Results	Display	CONTRACT
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☐	3	(health\$ or medical).mp. [mp=title, abstract, heading word, table of contents, key concepts]	361248	DISPLAY	
☐	4	information.mp. [mp=title, abstract, heading word, table of contents, key concepts]	225693	DISPLAY	
		(seek\$ or search\$ or sought or source\$ or segment\$).mp.			

☐	5	[mp=title, abstract, heading word, table of contents, key concepts]	185128	DISPLAY
☐	6	1 and 2 and 3 and 4 and 5	98	DISPLAY
☐	7	(Internet or web or online).ab,sh,ti.	20054	DISPLAY
☐	8	consumer\$.ab,sh,ti.	26589	DISPLAY
☐	9	(health\$ or medical).ab,sh,ti.	327925	DISPLAY
☐	10	information.ab,sh,ti.	208409	DISPLAY
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☐	12	7 and 8 and 9 and 10 and 11	84	DISPLAY
☐	13	(Internet or web or online).ab.	18560	DISPLAY
☐	14	consumer\$.ab.	17660	DISPLAY
☐	15	(health\$ or medical).ab.	289250	DISPLAY
☐	16	information.ab.	199373	DISPLAY
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Search Aid

Your search

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- consumer
- health
- information
- internet
- medical
- online
- search
- seek
- segment
- sought
- source

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☐ 1. Mukamel, Dana B; Weimer, David L; Mushlin, Alvin I. Interpreting market share changes as evidence for effectiveness of quality report cards. [References]. [Journal; Peer Reviewed Journal] *Medical Care*. Vol 45(12) Dec 2007, 1227-1232.

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 OR search* OR sought OR source* OR segment*)
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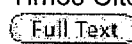
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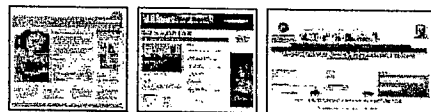
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4. [Poster 33. Exploring Health Information Relationships and Boundaries: Telephone Survey Results of an African-American Community.](#) By: Morey, Ophelia. Conference Papers -- American Sociological Association, 2006 Annual Meeting, Montreal, p1, 1p; ()

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8. State Health Department Web Sites: Rich Resources for Consumer Health Information By: Alpi, Kristine M.. Journal of Consumer Health on the Internet, 2005, Vol. 9 Issue 1, p33-44, 12p, 1 Black & White Photograph, 4 Charts; DOI: 10.1300/J381v09n01_04; (AN 16773004) Find It @ PSU	Add
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1. **The Ethical Challenges of Direct-to-Consumer Genetic Testing**
 Berg, Cheryl; Fryer-Edwards, Kelly
Journal of Business Ethics, vol. 77, no. 1, pp. 17-31, Jan (I) 2008
 ... led to little progress in the policy arena. A 2005 **Internet search** identified 13 websites offering **health**-related genetic testing for direct purchase by the **consumer**. Further examination of these sites showed that ...
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2. **Internet Marketing of Neuroproducts: New Practices and Healthcare Policy Challenges**
 Racine, Eric; Van Der Loos, Hz Adriaan; Illes, Judy
Cambridge Quarterly of Healthcare Ethics, vol. 16, no. 2, pp. 181-194, May 2007
 Draws on an analysis of **Internet searches** conducted in 2005 to identify emerging practices in **Internet** direct-to-**consumer** advertising (DCTA) of products designed for brain function & to examine how Food & Drug ...
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3. **SARS Wars: An Examination of the Quantity and Construction of Health Information in the News Media**
 Berry, Tanya R.; Wharf-Higgins, Joan; Naylor, P.J.
Health Communication, vol. 21, no. 1, pp. 35-44, 2007
 The media have the power to sway public perception of **health** issues by choosing what to publish and the context in which to present **information**. The media may influence an individual's tendency to overestimate the risk of some ...
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Descriptors:

*News | *Public **health** - **Information sources**
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4. **Casting the health.net: advertisers are reaching out to health-conscious consumers who turn to the Web on a need-to-know basis**
 Wellner, Alison Stein
American Demographics, vol. 22, no. 3, pp. 46-49, March 2000
 ... efforts by drug marketers to sell their products over the **Internet** by advertising on **health** and **medical information Web** sites, and other sites that attract their target audience, such as mothers and seniors; US.

Database:

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Descriptors:

Internet advertising | **Pharmaceutical industry** -
 - Marketing | Advertising -- **Pharmaceutical industry** | **Medicine** -- **Web sites** | **Medicine** --
Information sources

- ✓ 5. **American Indian Health Information** portal to documents, **Web** sites, databases, and other resources covering issues affecting the **health** and well-being of American Indians including policies, **consumer health information**, ...
Resource Location: <http://americanindianhealth.nlm.nih.gov> [cited 15 July 2004]
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Database:
PAIS International
Descriptors:
[Information sources](#) | [Indians](#) | [Medical service](#) | [Native races](#) | [Public health](#) | [United States](#)

- ✓ 6. **PDR.net: Getting Well Network**
Web site of the **searchable** Physician's Desk Reference (published by Thomson **Medical Economics**), containing current **information** about drugs; includes overviews of various diseases, clinical trials, ...
Resource Location: <http://www.gettingwell.com> [cited 21 Jan 2004]
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Database:
PAIS International
Descriptors:
[Physician and patient](#) | [Prescriptions](#) | [Drugs](#) | [Diseases](#)

- ✓ 7. **Genetics Home Reference**
The National Library of Medicine's **Web** site for **consumer information** about genetic conditions and the genes responsible for those conditions.
Resource Location: <http://ghr.nlm.nih.gov> [cited 24 October 2003]
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Descriptors:
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- ☒ 1. **[Personal health records: An empirical user taxonomy](#)**
by Lafka, Deborah Beranek, Ph.D., The Claremont Graduate University, 2008, 275 pages; AAT 3296160
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- ☒ 2. **[Serial and concurrent intra-program objective sequences for children with autism](#)**
by Cross, Scott C., Ph.D., The Florida State University, 2007, 102 pages; AAT 3282594
 [Abstract](#) |  [24 Page Preview](#) |  [Full Text - PDF \(6 MB\)](#) |  [Order a copy](#)
- ☒ 3. **[A study on the adoption of a Web page content assessment tool: SPAT](#)**
by LaRue, Elizabeth Marie, Ph.D., University of Pittsburgh, 2006, 137 pages; AAT 3250985
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- ☒ 4. **[Consumer use of external information in choosing health plans: A model of external information search and its relationship to personal influence](#)**
by Schwalenstocker, Ellen S., Ph.D., The George Washington University, 2006, 551 pages; AAT 3209934
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- ☒ 5. **[Health literacy and the World Wide Web: Assessing text readability and older adults' comprehension of cancer information on the Internet](#)**
by Friedman, Daniela B., Ph.D., University of Waterloo (Canada), 2006, 293 pages; AAT NR17446
 [Abstract](#) |  [24 Page Preview](#) |  [Full Text - PDF \(15 MB\)](#) |  [Order a copy](#)
- ☒ 6. **[Nursing home spending, staffing and turnover](#)**
by Kash, Bita Arbab, Ph.D., The Texas A&M University System Health Science Center, 2006, 126 pages; AAT 3238272
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- ☒ 7. **[Perceptions and uses of the Internet as a new health information source among Saudi college students](#)**
by Alrashid, Saad Abdullah, Ph.D., Howard University, 2006, 97 pages; AAT 3249973
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- ☒ 8. **[Physical activity on the Internet: Will typical users find quality information?](#)**
by Bonnar-Kidd, Kelly K., Ph.D., Purdue University, 2006, 110 pages; AAT 3251590
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- ☒ 9. **[See one, do one, teach one: HIV/AIDS learners participate in communities of practice](#)**
by O'Grady, Laura Anne, Ph.D., University of Toronto (Canada), 2006, 231 pages; AAT NR15776
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- ☒ 10. **[Taste and odor problems in source waters and water treatment facilities](#)**
by Dempster, Thomas Alexander, Ph.D., Arizona State University, 2006, 182 pages; AAT 3210122
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APPENDIX B

The following table (generated using a spreadsheet application) shows the 104 citations resulting from initial application of the selection criteria to abstracts of the 748 citations shown in Appendix A. Full articles were obtained for these citations; application of selection criteria and inclusion of manual search articles [10, 13] resulted in 19 citations. As explained in the Results section, one citation [9] was removed due to duplication of results, resulting in the final 18 included citation

Author	Year	Title	Database	Included?
	1996	Online health and medical information seekers identified	Business Source Premier	no
	2000	Information About Quality in a Randomized Evaluation	SocINDEX	no
	2001	Consumers use Internet when sick, and they favor disease-specific Web	Business Source Premier	no
	2001	Patients Using Internet For Health Care Guidance Are Responsive, But Not Business Source Premier	Business Source Premier	no
	2004	Health Attitudes, Health Cognitions, and Health Behaviors Among Internet Users	Business Source Premier	no
	2006	How will patients behave?	Business Source Premier	no
	2006	INCREASING USE OF THE INTERNET FOR HEALTH CARE DECISION LISTA		no
	2007	The Adaptive Web Methods and Strategies of Web Personalization	Compendex	no
Akesson	2007	Health care consumers' experiences of information communication technology	Medline	no
Anton	2006	Literacy, consumer informatics, and health care outcomes: Interrelations	Medline	no
Ashman	2008	Consumer choice for over-the-counter drugs and supplements in the health	Business Source Premier	no
Barrette	2007	Joining the social circle	Business Source Premier	no
Berger	2005	Internet use and stigmatized illness	Web of Science	yes
Bernhardt	2004	Online pediatric information seeking among mothers of young children: Results	Web of Science	no
Bessell	2002	Do Internet interventions for consumers cause more harm than good? A systematic	Medline, BSP, SocINDEX, Web of Science	yes
Bessell	2002	Prevalence of South Australia's online health seekers	Medline	no
Bundorf	2004	Consumers' use of the Internet for health insurance	Medline	yes
Bundorf	2006	Who searches the internet for health information?	Medline	yes
Burk	2003	An online consumer health information resource: 3-year usage summary	Medline	no
Chandra	2004	Utilization of the Internet by Rural West Virginia Consumers	CINAHL, LISTA, SocINDEX	no
Choi	2007	Understanding the impact of direct-to-consumer (DTC) pharmaceutical advertising	Web of Science	no
Cline	2001	Consumer health information seeking on the Internet: the state of the art	Medline	no
Cotten	2003	Characteristics of Online and Offline Health Information Seekers	Sociological Abstracts	no
David	2003	Search disclosure: Understanding digital information platform preference	LISTA, EBSCOhost	no
Dey	2008	Perceptions and behaviour of access of the Internet: A study of women at work	Web of Science	yes
Dutta-Bergman	2003	Trusted online sources of health information: differences in demographics	Medline	no
Dutta-Bergman	2004	Health attitudes, health cognitions, and health behaviors among Internet users	Medline	yes
Dutta-Bergman	2004	Primary sources of health information: comparisons in the domain of health	Web of Science	no
Dutta-Bergman	2005	Developing a profile of consumer intention to seek out additional information	Web of Science	no
Eysenback	2002	How do consumers search for and appraise health information on the web?	Medline	no
Fowles	2004	Patients' interest in reading their medical record: relation with clinical and	Medline	no
Fowles	2004	Early experience with employee choice of consumer-directed health plans	Medline	no
Frisby	2002	Smoking cessation and the Internet: a qualitative method examining online	Medline	no

Goldner	2004 Health-Related Information on the Internet: The Impact of Race, Class and SocINDEX	yes
Goldner	2006 How Health Status Impacts the Types of Information Consumers Seek Or PyschInfo, Sociological Abstracts	no
Greenberg	2004 Setting the public agenda for online health search: a white paper and actix Medline	no
Hardey	2001 'E-Health': The Internet and the Transformation of Patients into Consumers Sociological Abstracts	no
Hart	2004 The role of the Internet in patient-practitioner relationships: Findings from Web of Science	no
Hattery	1999 Wired for health: a report on electronic consumer health information LISTA	no
Hesse	2006 The health information national trends survey: research from the baseline Medline, Web of Science	no
Hong	2002 A query analysis of consumer health information retrieval ISI Proceedings	no
Houston	2001 The potential of consumer health informatics Medline	no
Houston	2002 Users of Internet health information: differences by health status Medline	yes
Huntington	2003 Characterising and profiling health web user and site types: Going beyond Compendex	no
Huntington	2004 Consumer trust in health information on the web Compendex	no
Huntington	2004 The general public's use of (and attitudes towards) interactive, personal Web of Science	no
Jo	2008 Korean [The analysis of health related behavior after using health information Medline	no
Jones	2001 eHealth consumerism: An exploratory study of the impact people who wis Dissertations & Masters Theses	no
Kahn	2001 How the media influences women's perceptions of health care Medline, Business Source Premier	no
King	2007 Here Come the Cyberchondriacs Business Source Premier	no
Kivits	2006 Informed patients and the Internet - A mediated context for consultations Web of Science	no
Kontos	2007 Barriers and facilitators to home computer and Internet use among urban Web of Science	no
Lacroix	2001 How consumers are gathering information from MEDLINEplus Web of Science	no
Lafky	2008 Personal health records: An empirical user taxonomy Dissertations & Masters Theses	no
Landro	2000 More People Are Using Internet Health Sites, But Fewer Are Satisfied Business Source Premier	no
Lewis	2006 Seeking Health Information on the Internet: Lifestyle Choice or Bad Attack Sociological Abstracts.	no
Licciardone	2001 Use of the internet as a resource for consumer health information: results Medline	no
Lorence	2006 Web-based consumer health information: public access, digital division, a Medline	yes
Lorence	2006 Assessing health consumerism on the Web: a demographic profile of info Medline	yes
Lorence	2006 Racial disparities in health information access: resilience of the Digital Div Medline	yes
Lorence	2006 Measuring dissimilarity in online health search activities Medline	yes
Lorence	2006 New technology and old habits: The role of age as a technology chasm Medline	no
Lorence	2008 Group disparities and health information: a study of online access for the Medline	yes
Lueg	2003 Patient health information search: An exploratory model of web-based search Compendex	yes
Macias	2004 Dr. Mom and Dr. Web: A Qualitative Analysis of Women's Use of Health Business Source Premier	no
Macias	2008 The return of the house call: The role of Internet-based interactivity in brin Web of Science	no
Maibach	2006 Understanding consumers' health information preferences: Development Web of Science	no

Massoni	2000	A case study of a health-related Internet discussion group as a venue for	Dissertations & Masters Theses	no
McGuire	2007	Search behavior varies based on stage of illness	Business Source Premier	no
McGuire	2008	Consumers tend to turn to web for wellness info	Business Source Premier	no
McKeown	2001	PERSIVAL, a System for Personalized Search and Summarization over	ERIC	no
McMullan	2006	Patients using the Internet to obtain health information: how this affects the	Medline	no
Millard	2002	Use of the Internet by patients with chronic illness	Web of Science	yes
Minor-Cooley	2006	The effects of information situation and information source on the perceived	Dissertations & Masters Theses	no
Moen	2006	Informatics-based learning resources for patients and their relatives in	ISI Proceedings	no
Morahan-Martin	2004	How Internet users find, evaluate, and use online health information: A	Web of Science	no
Morey	2006	Poster 33. Exploring Health Information Relationships and Boundaries: The	SocINDEX	no
Murray	2004	Interactive Health Communication Applications for people with chronic	dis Medline	no
Nammacher	1998	Consumer use of the Internet for health information: A population survey	Web of Science	no
Navarro	2001	A new perspective on consumer health Web use: "valuegraphic" profiles	Compendex	no
Nicholas	2001	Digital health information provision and health outcomes	Web of Science	no
Nicholas	2001	Searching intention and information outcome	Web of Science	no
Nicholas	2002	Evaluating metrics for comparing the use of web sites: A case study of	twi Compendex	no
Nicholas	2003	Assessing used content across five digital health information services	usir Web of Science	no
Nicholas	2004	The characteristics of users and non-users of a kiosk information system	Compendex	no
Nicholas	2004	Re-appraising information seeking behaviour in a digital environment -	Bo Web of Science	no
Niederdeppe	2007	Examining the dimensions of cancer-related information seeking and	scar Web of Science	no
Norman	2006	eHEALS: The eHealth Literacy Scale	Medline	no
Norman	2006	eHealth literacy: Essential skills for consumer health in a networked	world Web of Science	no
Oetjen	2006	Consumer determinants of the use of health plan information in	plan select Medline, Business Source Premier	no
Pena-Purcell	2008	Hispanics' use of Internet health information: an exploratory study	Medline	yes
Peterson	2003	How do consumers search for and appraise information on medicines	on Medline	no
Price	2001	Needs assessment of those who seek information about clinical	depression Dissertations & Masters Theses	no
Rains	2007	Perceptions of traditional information sources and use of the	world wide web Web of Science	no
Rana	2007	KidsHealth: Child Health Information for All Ages	CINAHL, LISTA	no
Renahy	2006	Internet uses for health information seeking: A literature review	Medline	no
Rieg	2000	Information retrieval of self-care and dependent-care agents using	NetWeb Dissertations & Masters Theses	no
Rozmovits	2004	What do patients with prostate or breast cancer want from an	Internet site Web of Science	no
Snipes	2005	Information search in health care decision-making: a study of	word-of-mouth Medline	no
Taubenheim	1999	Conducting survey research on the Internet: Use of the Internet to	search Dissertations & Masters Theses	yes
van Dillen	2004	Perceived relevance and information needs regarding food topics and	pre Web of Science	no

Wilkins
Ybarra
Yorn

2001 Has the Web really empowered health care consumers? The truth is cust. Medline
2006 Help seeking behavior and the Internet: a national survey Medline
2006 Consumers' use of the internet for health information Medline

no
yes
no