



# The Impact of Health Attitudes on Health-Seeking Behavior

Tonya Jones; Susan Brownlee, PhD; Joel Cantor, ScD

## Context

- According to the Health Belief Model, health attitudes and perceptions can affect health-seeking behavior
- Health-seeking behavior may impact future health status
- Past Research on Health Attitudes:
  - A profile of California's non-poor uninsured revealed that only 21% of the non-poor strongly agreed that health insurance ranked high on their spending priorities list and 15% strongly agreed that going to public or free clinics is ok (California HealthCare Foundation, 1999)

## Research Question

- Are there different health personality profiles that impact health-seeking behaviors?

## Significance of Study

- Large, nationally representative surveys such as the National Survey of American Families (NASF) and the NHANES include few, if any, items on attitudes and perceptions regarding health, the health care system, health care professionals, and health-seeking behaviors
- This research project explores these relationships in a 2001 representative sample (N=6,466) of NJ families using the New Jersey Family Health Survey (NJFHS)

## Methods

Data Source: Rutgers Center for State Health Policy 2001 New Jersey Family Health Survey (NJFHS)

- NJFHS Goals:
  - To provide precise population-based estimates of health care coverage, access, use, and other health topics important for policy formation and evaluation in New Jersey
  - To provide baseline data on important health care indicators
- The survey was a random-digit-dialed telephone survey of 2,265 families living in New Jersey
- Response Rate: 59.3%

### Sample:

- N = 6,466 New Jersey residents

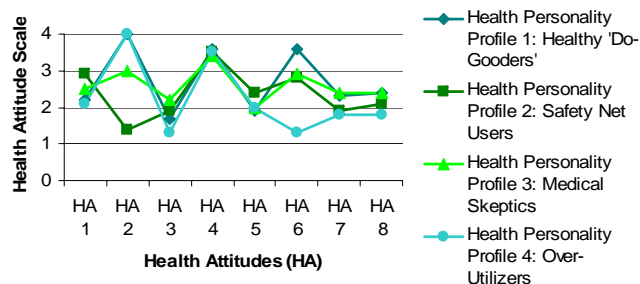
### Analysis Design:

- Cluster Analysis- M Plus Software
- Chi-square Tests of Significance- SPSS Software
- One-way Analysis of Variance (ANOVA)- SPSS Software
- Multinomial Logistic Regression- SPSS Software

## Results

- Cluster analysis revealed 4 distinct health personality profiles: **the Healthy 'Do-Gooders', the Safety Net Users, the Medical Skeptics, and the Over-Utilizers**
- These profiles were formed based on the responses to the NJFHS health attitude questions
  - Healthy 'Do-Gooders'- N= 3,041
  - Safety Net Users- N= 179
  - Medical Skeptics- N= 306
  - Over-Utilizers- N= 2,319

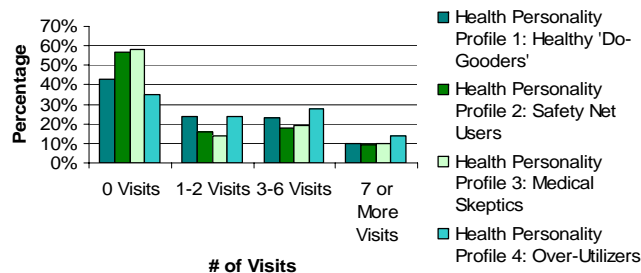
ANOVA (p < .001): Health Attitudes by Health Personality Profiles



### Health Attitude Key

- HA 1: "Public clinics ok with me"
- HA 2: "Health insurance is necessary even if healthy"
- HA 3: "Health problems go away if you wait"
- HA 4: "If I take the right actions, I can stay healthy"
- HA 5: "Health professionals control my health"
- HA 6: "I only go to the doctor when a health problem gets bad"
- HA 7: "I prefer not to take medications even if sick"
- HA 8: "I have problems finding time to get to the doctor"

Chi-Square Test of Significance (p < .001): Physician Visits by Health Personality Profiles



## Health Personality Profiles



### Healthy 'Do-Gooders' (appropriate users of the health care system)

- More likely to be under the age 44, white non-Hispanic, English-speaking, highly educated, and privately insured
- Strongly agree that health insurance is a necessity even if healthy
- Most likely to believe that if they take the right actions, then they can stay healthy
- Most likely to agree that they only go to the doctor when their health problem gets bad



### Safety Net Users

- More likely to be under the age 44, Hispanic, non-English-speaking, have an education level less than high school, and have public insurance
- Most likely to believe that public clinics are ok
- Least likely to agree that health insurance is a necessity even if healthy



### Medical Skeptics

- Primarily young adults ages 19-29 and elderly ages 65 and over, non-Hispanic black Americans, less educated, and have lower income levels
- Most likely to agree with the following attitudes: 'Doctors make mistakes', 'Health problems go away if you wait', and 'I prefer not to take medications even if sick'



### Over-Utilizers (inappropriate users of the health care system)

- Mainly older adults over the age of 45, white non-Hispanic, English-speaking, well educated, wealthy, and privately insured
- Least likely to agree with the following attitudes: 'I only go to the doctor when a problem gets bad', 'I prefer not to take medications if sick', 'I have problems finding time to get to the doctor', and 'Health problems go away if you wait'

## Implications for Future Health Policy and Research

- In summary, New Jersey residents differ in regards to their health attitudes, and thus can be described as having different health personality profiles
- Policy implications are related to education and outreach targeting based upon one's health personality profile
  - For instance, education and outreach regarding family care and the availability of safety net providers could be targeted to under-utilizers
- Future research should:
  - Examine health attitudes and health-seeking behaviors using large national representative populations
  - Examine the health status of the Over-Utilizers to determine if they are chronically ill or hypochondriacs

## Limitations

- Survey respondents' answers were applied to all family members
- Use of survey data allows for the possibility of response bias to be present
- Results cannot be generalized to other populations