

How informational goals and uncertainty affect health decision making: overview and recent findings

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Putting in all together

- Lay understanding that more (information) is always better
- Assumed in many theories of health behavior / health communication
 - Assumes information has already been received and processed and influenced a psychological construct
 - Level of processing (ELM/HSM) an exception, but not connected to behavior
- However, more (or unwanted) information may lead to inaction/avoidance/"worse" decision making
 - Uncertain information (FA & Unchangeable)

So what?

- Information, especially risk information, does not occur in a vacuum
 - Individual preferences for information (Information avoidance)
 - Interacts with individual differences (Need for Cognitive closure, Ambiguity Aversion)
 - Informational goals of both the sender and receiver are relevant
 - Goals are related to both likelihood of providing information and quality of that information (Stigma disclosure)

The good news

- Informational goals, although often present, can be manipulated!
- Implications:
 - Shared/Informed Decision Making
 - Physicians' perceptions of their patients' Ambiguity Aversion is related to attitudes about information disclosure
 - Give the information we think they need vs. the information they want
 - Communication of risk information
 - Genetic Testing & Counseling
 - Online Risk Calculators
 - Direct to Consumer tests

Next steps

- Theoretical Base
 - Types of ambiguity/uncertainty
 - Types of defensive information processing
- Measurement
 - Ambiguity Aversion in Medicine
 - Need for Cognitive Closure
 - Behavioral delay questions
 - Approach/Avoidance goals
 - Information disclosure, seeking, avoidance behavior
 - Defensive information processing
- Intervention

The end

Enjoy the rest of the conference

Seek out, be exposed to and deliver more information

(or not)