

SEEKING VS. AVOIDANCE: HOW YOUNG ADULTS MANAGE UNCERTAINTY
REGARDING HOW THE AFFORDABLE CARE ACT IMPACTS THEM

A Thesis

by

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ABSTRACT

One of the first provisions to go into effect with the passage of the Patient Protection and Affordable Care Act (ACA) in 2010 allowed young adults between the ages of 18 and 26 to remain on a parents' insurance policy as a dependent, which led to an expansion in coverage for a group that formally held the least amount of coverage or no coverage. Although many young adults are aware that they can remain on a parents' private insurance policy, many may not fully understand how provisions of the law uniquely impact them or its long-term impacts. This study utilized Uncertainty Management Theory to explore how young adults' cognitive appraisals of uncertainty about how the ACA impacts them and their emotional responses to that uncertainty predict their information management behaviors. Additionally, this study goes further to investigate how young adults handle or evaluate information they find from a search and how it impacts their levels of uncertainty. Results of this study show that young adults uncertainty appraisals alone predict their information management behaviors, not emotional responses. Results also show that young adults reported having more information or certainty than they wanted after conducting an information search, suggesting they may feel overwhelmed by the amount of information available about the ACA.

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CHAPTER I

INTRODUCTION

The U.S. health care system, before the Patient Protection and Affordable Care Act (ACA) passed, had significant flaws relating to the provision of coverage for young adults, which contributed to their high numbers of uninsured and their decreased access to health care services. Although the ACA, also popularly known as Obamacare, has expanded health coverage across the nation, it is still a subject of controversy politically because it's envisioned as a social contract based on cost sharing that changes an already complex system (Gostin & Garcia, 2012). The ACA is a federal law that requires individuals to attain a minimum level of insurance coverage and extends Medicaid eligibility with the aim of ensuring that U.S. citizens and legal residents have health insurance and access to health care. Before the passage of the ACA, the Centers for Disease Control (CDC) reported in 2011 that 25.9 percent of all 18–24 year olds were uninsured (Cohen & Martinez, 2012). Lack of health coverage limits access to and utilization of health care services, particularly preventive services for young adults (Monaghan, 2014). The ACA increased health care coverage as it allows young adults between the ages of 18 and 26 to remain as dependents on a parent's health insurance regardless of education status or living situation (Cantor, Monheit, DeLia, & Lloyd, 2012). Although the general public may be aware of the expansion in health coverage for young adults, many may not understand how the ACA impacts them beyond simply allowing them to stay on a parent's insurance policy.

Rapid enrollment in parents' insurance plans was likely encouraged by high public awareness of the ACA dependent coverage rules (Cantor et al., 2012). However, 51 percent of Americans report being confused about the provisions of the law (Kaiser, 2013). Although young adults may be aware that they are now allowed to stay on their parents' insurance policy, they may be unaware that certain provisions of the law can give their parents access to their sensitive health information (The Henry J. Kaiser Family Foundation, 2013). Additionally, the complexity and length of the ACA can contribute to young adults' uncertainty. Thompson, Bevan, and Sparks (2012) contend individuals feel uncertain about the ACA because health reform is a major update to what seems like an already complex health care system and the long-term impacts of the ACA are not yet known. Dauner and Thompson (2014) found that young adults have low health insurance literacy and did not understand how to obtain health insurance or what it covered even before the ACA mandated individual minimum coverage laws. Young adults' inexperience with and confusion related to health insurance and the ACA may result in an uncomfortable amount of uncertainty, impacting their cognitive and emotional responses.

In this study, the processes young adults experience in managing their uncertainty and information about the ACA will be explored. It is important to study how young adults come to understand health care reform because it may influence their access to and use of health services. Uncertainty Management Theory (UMT) will be used to guide this study as it focuses on how individuals appraise uncertainty and provides explanatory power in understanding how individuals make information

management decisions (Brashers 2001, 2007). The purpose of the present study is to explore how young adults' uncertainty appraisals and emotional responses about how the ACA impacts them influence their subsequent information management behaviors. Additionally, I will investigate what types of sources young adults use in an information search about the ACA and how they evaluate those sources. Finally, I will explore how managing information about the ACA impacts young adults level of uncertainty about how the ACA impacts them.

CHAPTER II

LITERATURE REVIEW

Understanding the ACA

Before the passage of the ACA, young adults were historically at the greatest risk for having insufficient or no health insurance coverage (Monaghan, 2014). Young adults previously lost health insurance when they turned 18 or 19 because they aged off a parent's plan, graduated from school, or changed jobs. The ACA aims to fill the coverage gap for this group by extending dependent coverage to young adults up to the age of 26, superseding state laws by eliminating exceptions related to living situation, marital status, or student status. Beginning in 2010, the ACA extended the age that young adults can remain on a parents' insurance plan, which was the first provision of the law implemented (Monaghan, 2014). Allowing young adults to stay on a parent's plan is important because coverage under a parent's plan may be more comprehensive than individual coverage young adults may purchase separately, which could improve their financial protection from large medical bills (Sommers et al., 2013). Therefore, continued dependency on a parents' insurance plan can improve young adults' access to health services.

One of the goals of the ACA was to increase coverage of young adults to improve their access to health services, especially preventive services (Sommers et al., 2013). The ACA requires all new insurance plans to cover mental health as one of the essential health benefit categories (Barry & Huskamp, 2011). This expansion provides

greater availability of preventive and mental health services at no or low cost, which may increase the proportion of young adults accessing screenings, preventive care services, and mental health treatment (Monaghan 2014). The CDC (2014) stated that better access to preventive care improves overall health, quality of life, and prosperity because preventing diseases and illnesses before they occur creates healthier environments, thus people can live healthier lives and reduce their overall health costs. Sommers and colleagues (2013) estimate that the age expansion provision of the ACA led to new insurance coverage for approximately three million young adults from September 2010 to September 2011, increasing insurance coverage across all demographic groups. Rapid enrollment in parents' insurance plans was likely encouraged by high public awareness due to media attention of the ACA dependent coverage rules (Cantor et al., 2012). Although a large proportion of young adults are insured or becoming insured under the ACA, many dependents may not understand how the provisions of the law may impact them.

Young Adult Uncertainty about the ACA

Despite the fact that the ACA was passed in 2010 and went into full effect in 2014, a majority of Americans still feel they do not have enough information to understand the ACA and how it impacts them and their family. As of September 2013, only 47 percent felt they understood the ACA and its impacts (Kaiser, 2013). Furthermore, Pasek, Sood, and Krosnick (2015) found many Americans were more uninformed about provisions and impacts of the ACA, rather than misinformed. The provision allowing young adults between 18 and 26 to remain on their parents' insurance

as a dependent was the first aspect of the law to go into effect in 2010 (Sommers et al., 2013). There may be more uncertainty for young adults in particular because the ACA impacts them in unique ways as a dependent on a parent's insurance. Specifically, young adults may not be aware that insurance companies may send an explanation of benefits (EOB) to a parent as the primary policyholder.

An EOB contains details concerning health services a dependent uses, possibly giving parents access to their adult children's private health information. If young adults are concerned about their parents' access to their sexual and mental health information, they may choose to forgo those preventive health services. Research conducted by the Henry J. Kaiser Family Foundation (2013), showed 37 percent of young adult women surveyed were not aware that a parent may receive a detailed EOB from private insurers, supporting the claim that many young adults may not be fully aware of how the ACA impacts them. Beyond issues of privacy and information access, research shows young adults feel generally uncertain and confused about how the ACA impacts them.

Young adults may not understand how the ACA impacts them because they think they are not at risk for health issues requiring medical attention and health coverage. Dauner and Thompson's (2014) findings on young adult's perspectives on being uninsured suggest that young adults have low healthy literacy with respect to risk for health problems requiring coverage. Although this age group perceives itself as healthy, they are also at the highest risk for sexually transmitted infections, substance abuse, mental health problems, and intentional as well as unintentional injuries (U.S. Department of Health and Human Services, 2015). If young adults do not understand the

importance of health coverage, or insurance seems too complex for them to grasp, they may go without important health services and preventive care. The complexity of the ACA may cause an uncomfortable amount of uncertainty for young adults, which may influence their emotional responses and information management behaviors.

The combination of uncertainty and emotion surrounding the ACA may influence young adults to seek information to better understand how the ACA impacts them and manage emotions like anxiety or fear. How young adults appraise their uncertainty and the information management choices they make are influenced by their emotional response to uncertainty. Similar to previously studied health contexts, the uncertainty felt in regards to understanding the ACA may incite feelings of anxiety, fear, or happiness (Barbour et al., 2012; Hogan & Brashers, 2009). For example, if young adults believe their uncertainty about how the ACA impacts them they may feel fear or anxiety because it may threaten their access to important medical services. Feeling fear and anxiety about uncertainty may spur them to seek information directly or indirectly. On the other hand, optimism and relief about the opportunity to stay on a parent's health insurance policy may influence young adults to avoid negative information about how the ACA impacts them. Therefore, how young adults appraise their uncertainty discrepancy cognitively and emotionally will influence their information behavior.

Understanding the situational factors and variables that influence young adults' uncertainty and information management behaviors in regards to the recent health care reform could assist in positively influencing health-related behaviors. Thompson and colleagues (2012) found information seeking behavior was predicted by ambiguity

related to the ACA as well as the discrepancy between how much individuals know and how much they want to know. Based on the high levels of uncertainty and confusion young adults have related to the ACA (Dauner & Thompson, 2014), it is likely they will try to manage their uncertainty through information seeking and avoiding behaviors. Understanding how young adults appraise their uncertainty and identifying their uncertainty management behaviors related to health reform may help inform health campaigns and public health initiatives on how to target this group. The UMT may be useful in understanding how young adults make sense of and manage their uncertainty concerning how the ACA impacts them. Additionally, UMT can add explanatory power to how young adults manage and use information they acquire in an information search.

Uncertainty Management Theory

Although individuals may feel uncertain about situations and circumstances, uncertainty is not inherently negative or positive. Hogan and Brashers (2009) contend uncertainty is simply a perception of insufficient knowledge with both cognitive and affective components. UMT offers a framework to make sense of the relationships between the experience of uncertainty and interactions with information. In particular, UMT proposes a process-oriented perspective for categories of information behaviors that help individuals manage uncertainty that include information acquisition, information handling, and information use (Hogan & Brashers, 2009). These behavioral categories are not mutually exclusive as behaviors in one category may influence behaviors in another. These information behaviors are shaped by individuals' uncertainty

discrepancy and how they appraise their uncertainty. The conceptual framework of the theory is illustrated in Figure 1.

Uncertainty discrepancy occurs when an individual becomes aware of an important issue or situation for which they desire to have more or less certainty than they currently have (Brashers, 2001). The UMT proposes that desired levels of uncertainty should be indirectly associated with information management behaviors through its relationship with appraisal intensity (Rains & Tukachinsky, 2015). What young adults do when confronted with uncertainty about the ACA may depend on how they make sense of what they are experiencing and what resources they have available. The theory has been used and found reliable in health contexts such as the management of illness-related uncertainty (Brashers, 2001, 2007), why people avoid health information (Barbour et al., 2012), breast cancer risk revealed by genetic testing (Bylund et al., 2012), and in chronic illness (Hogan, 2007).

Rains and Tukachinsky (2015) found individuals' amount of uncertainty predicts the intensity of their uncertainty appraisal, influencing their information management behaviors. Cognitive appraisals of uncertainty involve the process of categorizing an encounter with its significance to the appraising individual (Brashers & Hogan, 2013). Rains and Tukachinsky (2015) contend knowing an individual's desired level of uncertainty makes it possible to predict how an individual will appraise the uncertainty they experience. Once individuals cognitively appraise their level of uncertainty they make decisions about their information acquisition behaviors to reduce, maintain, or increase uncertainty by seeking or avoiding information (Barbour et al., 2007).

Cognitive appraisals can also include goal relevance, goal congruence or incongruence, controllability, and coping potential. Table 1 provides an overview of the concepts of UMT.

Goal relevance is the extent to which the uncertainty about a situation is relevant or meaningful to an individual's goals (Brashers & Hogan, 2013). For example, if young adults want to maintain their health, uncertainty about how the ACA impacts them may be relevant to that goal since the law influences their access to health coverage. Goal congruence or incongruence is the extent to which uncertainty hurts or helps individuals in obtaining their goals. For instance, if young adults want to be more certain about how the ACA impacts them they might appraise uncertainty about the ACA as a danger because that uncertainty is incongruent with their goal of leading a healthy life. On the other hand, young adults may appraise their uncertainty about the ACA as an opportunity because uncertainty may be congruent with their goal of avoiding potentially negative or upsetting information. Controllability is the extent to which the situation causing uncertainty can be manipulated. As the ACA is a federal law, individuals cannot control or challenge it without substantial legal and economic resources. Finally, coping potential is whether or not an individual has the resources (emotional, social, economic, etc.) to manage how the situation will impact their goals. For example, if young adults feel the ACA poses a threat to their privacy from their parents they may have the financial resources to get on an independent insurance plan. These aspects of cognitive appraisals influence how individuals make sense of their uncertainty and cause an emotional reaction.

How young adults cognitively appraise their uncertainty about how the ACA impacts them will influence their emotional responses. Uncertainty appraisals and emotional response can motivate uncertainty management behaviors (Brashers & Hogan, 2013). Brashers and colleagues (2000) contend individuals appraise uncertainty for potential harm or benefit, which is associated with emotional responses. Two distinct appraisals supported in previous research on UMT include uncertainty as hope or danger (Brashers, 2007; Brashers & Hogan, 2013). Babrow and Stiley (2014) contend in UMT when uncertainty is appraised negatively individuals try to seek uncertainty, reducing information. If young adults appraise their uncertainty as a danger, they are likely to feel anxiety or fear that could motivate them to seek information. However, when uncertainty is appraised positively, individuals try to create, sustain, or increase uncertainty (Babrow & Stiley, 2014; Brashers & Hogan, 2013). Young adults may prefer avoiding information about how the ACA impacts them because they do not have the resources to change their circumstances, as health insurance can be costly. Brashers and Hogan (2013) contend people may feel ambivalent or unconcerned about their uncertainty because it may represent a problem for which they have sufficient coping resources. In this context, young adults may choose to focus on the opportunity to continue coverage on a parent's insurance plan and any possible problems or negative outcomes, like a threat to their privacy, may not seem costly or distressing.

In this study, I am not only interested in how young adults appraise their uncertainty about the ACA, but also the information acquisition behaviors they use to manage uncertainty including direct or indirect information seeking and information

avoidance. Information acquisition is the means by which people come into contact with information, which may be intentional or inadvertent (Hogan & Brashers, 2009). For instance, young adults could purposefully look for information about how the ACA impacts them or they may unintentionally gain information through happenstance by seeing an informative commercial on television. To date, the majority of research concerning uncertainty and information acquisition has focused on how people directly seek information to reduce uncertainty. Hogan and Brashers (2009) define information seeking as gathering information from all manner of sources through intentional acts. Thompson and colleagues (2012) found uncertainty motivated self-reported information seeking in a health reform context among Americans in general. For young adults, their appraisal and emotional responses to being uncomfortably uncertain about the ACA may motivate them to directly seek information by asking informed others questions or looking for information online. Additionally, information acquisition is multifaceted so information management strategies may not only include directly seeking information. Individuals may choose to indirectly seek information to meet relational goals, such as not angering family members by talking about politically laden topics such as the ACA, while still reducing their uncertainty.

Young adults also engage in indirect information seeking, in which they use unobtrusive measures of gathering information. As health reform and the ACA may be viewed as inherently political topics, indirectly gathering information may be a way to reduce uncertainty without inciting hostile conversations. Interpersonally, individuals may observe providers of targeted information and ask embedded questions to

inconspicuously get the information they are looking for (Cegala, McClure, Marinelli, & Post, 2000). Embedded questions are declarative phrases that have a question within them that place the burden on the information provider to notice the inherent question and provide the sought after information (Cegala et al., 2000). For instance, young adults may say, “The ACA says that children can stay on parents’ insurance until the age of 26, but I don’t know how that impacts me.” Young adults may also bring up the general topic of health care reform to family or friends to observe how they react and what they say before probing further for specific information. However, individuals may choose to intentionally avoid acquiring particular information just as some make choices to seek information in response to uncertainty (Hogan & Brashers, 2009).

Previous research using UMT also demonstrates information avoidance as a popular information management behavior. As previously mentioned, young adults may avoid seeking information for emotional reasons and also for reasons related to their goals (Brashers et al., 1999). Barbour and colleagues (2012) contend information avoidance as a response to uncertainty is influenced by situational factors and individual characteristics. Situational factors for young adults that may influence them to avoid information could be a financial inability to change their health coverage, and as U.S. citizens they cannot opt out of the ACA so they may choose to avoid negative information if they do not feel like they can change their circumstances (Dauner & Thompson, 2014). However, it is important to note that information avoidance does not mean that an individual is inactive. Rather, individuals may choose to use some sources of information and actively avoid others to protect themselves from learning negative or

unpleasant information. Avoiding information can also include gathering sources and putting them somewhere out of sight until a later time when the individual is ready to learn that information (Brashers et al., 1999). Brashers, Goldsmith, and Hsieh (2002) contend information avoiding and seeking may be a balancing act for individuals to achieve multiple goals. The choices individuals make about which information behavior to enact to manage uncertainty are the product of how they appraise their uncertainty. Therefore, the following research question is put forth:

RQ1: How do young adults' uncertainty discrepancy and emotional response to that uncertainty influence information management behaviors about how the ACA impacts them?

Further, it is important to understand how young adults appraise their uncertainty about health reform as well as identify the ways in which young adults acquire and make sense of information related to how the ACA impacts them. The second information behavior that Hogan and Brashers (2009) explicate in UMT is information handling or how individuals maintain and cognitively organize information, regardless of how it was originally acquired. The information acquired can prompt action, be stored for individuals to use at a later occasion in future searches, or it can be shared with other people based on the situation. However, information handling is not separate from information acquisition; rather, the two categories can be intertwined (Hogan & Brashers, 2009). Activities related to handling information also have the potential to reduce, increase, and maintain uncertainty.

It is important to look at how individuals handle the information they find after their initial search. The sources of information young adults use and how they evaluate those sources can shape their perceptions and understanding of the ACA. In Pasek and colleagues' (2015) study on misinformation about the ACA, they found that when accurate information was disseminated, respondents typically held correct beliefs with confidence. Additionally, confidently held misperceptions about the ACA were most common about provisions of the law that were the source of prominent rumors such as the use of death panels and treatment for illegal immigrants. These results suggest that the credibility and quality of information young adults find will shape their perceptions of the ACA and influence their certainty regarding how it impacts them.

Interpersonal sources as well as online sources young adults seek may be subject to bias, especially as perceptions of the ACA or "Obamacare" tend to be tied to political beliefs. The sources that young adults use and how they evaluate their sources for trust and credibility will shape their level of certainty about how the ACA impacts them and how they come to make sense of the law. Furthermore, if young adults have strong political opinions about the ACA, those opinions may influence the types of sources they use and the types of information they avoid. Young adults may go to sites or communicate with individuals who adhere to their political beliefs or engage in selectively ignoring (Mishel, 1988) certain sources of information. Moreover, young adults' tendency to directly or indirectly seek information or avoid information may influence the sources with which they interact. Therefore, the following research questions are put forth:

RQ2: How do information management strategies influence the types of sources young adults use in gathering information about the ACA?

RQ3: How do young adults evaluate information from interpersonal sources differently from Internet sources in their information search?

Beyond acquiring information and how individuals handle the results of an information search, the ways in which young adults process and use information about how the ACA impacts them can influence their health behaviors and decision making. Hogan and Brashers (2009) offer information use as the third information behavior in UMT, which involves the way a person incorporates the results of the information search into their existing knowledge base. How information is handled and used can determine the outcomes of information acquisition and have bearing on uncertainty management. For example, if young adults seek information from a variety of sources, but have a high level of anxiety, they may not be able to process that information in a successful way to manage uncertainty. Therefore, their search may generate rich information, but young adults may fail to reduce their uncertainty if their emotional state inhibits them from handling and using the newly acquired information in the way they wish. If individuals gather new information concerning their uncertainty through information seeking, it will most likely cause them to reappraise their uncertainty (Hogan & Brashers, 2009). Once young adults gather information through information seeking directly or indirectly, whether it is through interpersonal communication or Internet searches, they may feel better informed and less uncertain. Based on previous research supporting information seeking behavior's ability to manage uncertainty, the following hypothesis is proposed:

H1: Searching for information will decrease young adults' uncertainty about how the ACA impacts them.

CHAPTER III

METHODS

Participants

Initially there were 237 participants, but five participants were eliminated based on inclusion criteria requiring participants to be between 18- and 26-years-old. Participants ($n = 232$) were 189 women and 43 men ranging in age from 18- to 24-years-old ($M = 20.56$ years, $SD = 1.03$). Most participants self-identified as Caucasian (77.6%) with 4.3% self-identifying as African American, .4% as Native American, 12.5% as Hispanic, 3.9% as Asian, and 1.3% as Mixed Race. Undergraduates self-identified as Freshman (.4%), Sophomore (13.8%), Junior (53%), and Senior (32.8%). Participants self-identified their political affiliation as Conservative (55.6%), Liberal (17.7%), Independent (17.7%), Libertarian (2.2%), Moderate (3%), and as No Affiliation (3.9%). Strength of political affiliations was measured with a Likert style item (e.g. “I strongly identify with my political affiliation”) ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) ($M = 4.81$, $SD = 1.60$). Finally, participant’s perceived health status was measured by one question (“I feel I am a healthy person”) on a scale of 1 to 7, with a higher score indicating participants believing they were healthier ($M = 6.00$, $SD = 1.06$).

Procedures

Upon IRB approval, participants were recruited from undergraduate courses at a large university in the Southern United States. Those willing to participate were directed to an online survey, answering scale items on the website Qualtrics. The survey was

completed in two waves. In the first wave participants responded to scales regarding their uncertainty about how the ACA impacts them. At the end of the first wave, participants were instructed to seek information about the ACA utilizing three sources before completing the second wave survey. At least one of their sources had to be an individual (e.g. family member, friend, health care provider, insurance provider, etc.) while the other two sources could be any type of information source whether interpersonal, Internet, or other. Participants were asked to provide the contact information for their interpersonal source(s) to verify that they spoke to a real person. Participants were given one week after the first survey to seek information and return to complete the second survey. In the second wave of the survey, participants answered scale items regarding their uncertainty discrepancy about how the ACA impacts them, reported the sources they used, and rated the credibility of the information they found. Participants received extra credit for taking part in the study.

Measures

Information Management Behaviors

UMT claims that uncertainty can be congruent or incongruent with individuals' primary goal (Brashers & Hogan, 2013). Therefore, goal congruence will influence the information strategy individuals use to manage their uncertainty about the ACA. Participants were asked, "What is the primary goal you hope to achieve from knowing more about the Affordable Care Act?" and provided three choices as well as another choice to prompt them to think of their goal as they responded to items relating to information management strategies (See Appendix A). Responses to all scales in this

study range from 1 to 7, with high scores indicating more agreement or certainty. Three items were used to measure the likelihood of participants engaging in direct information seeking behavior about the ACA (e.g., “Directly seeking information about the ACA would help me achieve this goal”). The items produced an acceptably reliable index of direct information-seeking behavior ($\alpha = .77$, $M = 5.67$, $SD = 1.01$).

Three items were used to measure the likelihood of participants engaging in indirect information seeking about the ACA (e.g., “Asking general and open-ended questions to someone I want information from would help me achieve this goal”). The items produced an acceptably reliable index of indirect information seeking ($\alpha = .60$, $M = 4.72$, $SD = 1.07$).

Five items were used to measure the likelihood of participants engaging in information avoidance behavior about the ACA (e.g., “Searching for information online, but not following links to unpleasant information about the ACA would help me achieve this goal”). The items produced a reliable index of information avoidance ($\alpha = .88$, $M = 2.34$, $SD = 1.26$).

Uncertainty Discrepancy

To assess the discrepancy between young adults’ *actual* and *desired* level of uncertainty about the ACA, an index was created by subtracting participants’ response to the question “How certain do you want to be about how the ACA impacts you?” from their answer to the question “How certain are you about how the ACA impacts you?” Responses were coded so that higher positive scores indicate a desire for more certainty

and information and negative scores indicate a desire for less certainty in Time 1 ($M = 3.15$, $SD = 2.16$) and Time 2 ($M = -1.15$, $SD = 1.67$).

Information Evaluation

Once participants completed the first wave survey and sought information from at least one interpersonal source and two other sources, they were asked to identify their sources and evaluate the information they found. Participants answered scale items evaluating the information they found from their sources. Scales were adapted from McCroskey's 12-item Source Credibility Scales measuring authoritativeness and character (McCroskey, 1966). The authority subscale was reverse coded so higher scores indicate more authoritativeness. Participants rated the information's reliability, intelligence, and expertise; however, expertise was removed due to poor reliability. The two remaining items produced a reliable index for authoritativeness of the source's information ($\alpha = .83$). Participants rated the authority of information from Internet sources ($M = 5.63$, $SD = 1.33$) and interpersonal sources ($M = 5.41$, $SD = 1.41$). The character of the source's information was also measured on a 1 to 7 scale with participants rating how honest, pleasant, and good each source was. Source honesty was removed due to its poor reliability. The remaining items produced a reliable index and were reverse coded with high scores indicating higher evaluations of character ($\alpha = .87$). Participants rated the character of information from Internet sources ($M = 4.97$, $SD = 1.33$) and interpersonal sources ($M = 5.02$, $SD = 1.52$).

Emotional Response to Uncertainty

Emotional appraisals in this study were identified using the Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988). The PANAS scale consists of 10 positive emotions ($\alpha = .92$, $M = 3.27$, $SD = 1.29$) and 10 negative emotions ($\alpha = .89$, $M = 2.56$, $SD = 1.16$). Participants were asked to indicate how much of each emotion was provoked when thinking about the difference between how much they know about how the ACA impacts them versus how much they wish to know about how the ACA impacts them. All questions for both waves of data collection can be found in Appendix A.

Data Analysis Approach

Data from both waves of the survey was analyzed using SPSS 23 to test the research questions and hypothesis. To investigate how uncertainty discrepancy and emotional response influenced information management strategies linear regressions were conducted for research question 1. In these models uncertainty discrepancy, positive affect, and negative affect were predictor variables and each information management strategy acted as an outcome variable. Linear regressions were also conducted for Research Question 2 using information management strategies as predictors and each source type as an outcome variable. Paired-samples t-tests were used to compare population means in Research Question 3 and Hypothesis 1. Research Question 3 compared differences between how participants evaluated information credibility between Internet sources and interpersonal sources. Hypothesis 1 compared differences of means in uncertainty discrepancy measures from Time 1 to Time 2.

CHAPTER IV

RESULTS

Descriptive Statistics

Bivariate correlational analyses were done to examine the associations among outcome variables. Participants who self-identified as having no political affiliation were more likely than other political groups to indirectly seek information; however, this group was such a small proportion of the sample that I could not control for political affiliation in the models. Sex, ethnicity, and political affiliation could not be controlled for in the models because the population was overwhelmingly female, Caucasian, and Conservative.

Research Question 1

The first research question aims to investigate how young adult's uncertainty discrepancy and affect influence their information behaviors to directly or indirectly seek information or to avoid information. In this model uncertainty discrepancy and emotional response are the independent variables, and the information management strategies (direct, indirect, and avoidance) individuals choose are the dependent variables. To investigate this relationship three linear regression analyses were calculated, one for each information management behavior.

Uncertainty discrepancy significantly predicted direct information seeking, $\beta = .24$, $t(231) = 3.65$, $p < .001$. Positive emotion ($\beta = .04$, $t(231) = .58$, $p = .565$) and negative emotion ($\beta = .04$, $t(231) = .55$, $p = .582$) did not significantly predict direct

information seeking. Uncertainty discrepancy and emotion also explained a proportion of the variance in direct information seeking behavior, $R^2 = .06$, $F(3, 228) = 5.01$, $p < .01$. See Table 2.

However, uncertainty discrepancy did not significantly predict indirect information seeking behaviors, $\beta = .05$, $t(231) = .77$, $p = .441$. Positive emotion ($\beta = .13$, $t(231) = 1.85$, $p = .066$) and negative emotion ($\beta = -.05$, $t(231) = -.69$, $p = .441$) also did not significantly predict indirect information seeking. Additionally in this model, uncertainty discrepancy and emotion explained a small amount of the variance, $R^2 = .02$, $F(3, 228) = 1.49$, $p = .219$. See Table 3.

Finally, uncertainty discrepancy significantly predicted information avoidance behaviors, $\beta = -.34$, $t(231) = -5.40$, $p < .001$. Again positive emotion ($\beta = .13$, $t(231) = 1.89$, $p = .060$) and negative emotion ($\beta = .02$, $t(231) = .25$, $p = .802$) did not significantly predict information avoidance behaviors. In this model uncertainty discrepancy and emotion explained a significant proportion of the variance, $R^2 = .12$, $F(3, 228) = 10.63$, $p < .001$. See Table 4.

Research Question 2

The second research question aims to investigate whether young adults' information management strategies influence the types of sources they use in gathering information about how the ACA impacts them. Two categorical variables were constructed and dummy coded to reflect participants' use of an Internet source or an interpersonal source in their information search. Linear regressions were run including

information management strategies as the independent variables and type of source, Internet or interpersonal (run in separate regressions), as dependent variables.

The analysis shows that direct information seeking ($\beta = -.01$, $t(231) = -.14$, $p = .892$), indirect information seeking ($\beta = -.07$, $t(231) = -.87$, $p = .386$), and information avoidance ($\beta = .09$, $t(231) = 1.26$, $p = .209$) did not significantly predict use of Internet sources. In this model information seeking behavior did not explain a significant amount of the variance in the use of Internet sources ($R^2 = .01$, $F(3, 228) = .99$, $p = .399$). See Table 5.

The analysis also shows that direct information seeking ($\beta = .04$, $t(231) = .44$, $p = .658$), indirect information seeking ($\beta = -.03$, $t(231) = -.32$, $p = .750$), and information avoidance ($\beta = .03$, $t(231) = .36$, $p = .718$) did not significantly predict participants use of interpersonal sources. Information seeking behavior also did not explain a significant amount of the variance in the use of interpersonal sources ($R^2 = .00$, $F(3, 228) = .08$, $p = .969$). See Table 6.

Research Question 3

The third research question aims to investigate how young adults evaluate interpersonal and Internet sources. In particular, it aims to examine how young adults evaluate the information they found. Internet sources were used by 82.3% and 96.6% of participants used interpersonal sources. A paired-samples t-test was conducted to compare how participants evaluated information credibility differently between Internet sources and interpersonal sources. There was not a significant difference in information authority between Internet ($M = 5.62$, $SD = 1.32$) and interpersonal ($M = 5.43$, $SD =$

1.43); $t(181) = 1.62, p = .108$) sources. See Table 7. Additionally, there was not a significant difference in information character between Internet ($M = 5.02, SD = 1.33$) and interpersonal ($M = 4.99, SD = 1.57$); $t(180) = .225, p = .822$) sources. See Table 8.

Hypothesis 1

The hypothesis proposed that uncertainty discrepancy would decrease from the first wave survey (Time 1) to the second wave survey (Time 2). In between Time 1 and Time 2, respondents were asked to seek information about how the ACA impacts them. To test the hypothesis, a paired-samples t-test was conducted to compare the level of uncertainty discrepancy young adults reported before their information search and after. Allowing an understanding of the degree to which the search changed their uncertainty discrepancy about how the ACA impacts them. There was a significant difference in scores from the Time 1 reported uncertainty discrepancy ($M = 3.15, SD = 2.16$) and the Time 2 reported uncertainty discrepancy ($M = -1.15, SD = 1.67$); $t(231) = 23.74, p = .000$. See Table 9. Hypothesis 1 was supported.

CHAPTER V

CONCLUSIONS

Discussion

The current study sought to explore the level of uncertainty young adults have about how the ACA impacts them as well as how their uncertainty appraisal influences their information management strategies. UMT contends uncertainty about important issues may be congruent or incongruent with individuals' goals, and goal congruence influences information management behaviors (Brashers & Hogan, 2013). For example, if a young adult wants to be less certain about how the ACA impacts them to evade unpleasant information, then higher uncertainty would be congruent with their goal and could influence them to avoid information about the ACA. In particular, this study explored how young adults' cognitive and emotional appraisals of uncertainty influences their information management strategies to directly or indirectly seek information or to avoid information. Additionally, this study explored what information sources young adults utilize and how they evaluate the credibility of the information provided by Internet and interpersonal sources they used during their search. This longitudinal study found young adults' information search about how the ACA impacts them decreases their uncertainty, but may provide them with more information than they want.

Review of Findings

One of the most important findings in this study is that not only did young adults' uncertainty decrease, but they also reported having more information than they desired.

These results show that young adults' uncertainty was reduced and they now have more information about the impacts of the ACA; however, they also feel they have more information than they want, which may be overwhelming. Participants were required to use three sources of information in their search and were given freedom to seek whatever information they thought they needed. It is possible the direction and freedom to seek information about the impacts of the ACA led to overstimulation and information overload. This may be a demand characteristic of the study, as students were offered extra credit as an incentive to participate in the study so they may have gathered information to complete the requirements and found too much compared to what they naturally desired. Bawden and Robinson (2009) contend that the information environment online offers a large variety of choices, and options may cause information overload, in which there is too much available information to make sense of or find useful. Barbour and colleagues (2012) suggest individuals may engage in information avoidance behaviors when they feel they have been overexposed to certain topics, which may be what individuals choose to do after participating in this study. This is an important finding as it can inform future health campaigns as to how much information to provide without overloading individuals that seek to educate themselves about the ACA.

The findings of this study also showed that young adults' emotional response to uncertainty did not significantly predict their information management strategies to directly or indirectly seek information or to avoid information. Young adults' uncertainty discrepancy regarding how the ACA impacts them alone predicted direct

information seeking and information avoidance; however, neither uncertainty discrepancy nor affect predicted indirect information seeking. When individuals indirectly seek information they do so to gain needed information interpersonally in an unobtrusive manner to avoid negative relational impacts (Cegala et al., 2000). It is possible in the context of impacts of the ACA, young adults do not see the information as relationally controversial to discuss and may view direct information seeking or information avoidance as better strategies based on their appraisals.

Additionally, the findings that uncertainty discrepancy, but not affect predicted specific information management behaviors challenges assumptions of uncertainty theories. UMT and the Theory of Motivated Information Management (TMIM) hold that individual's emotional response to their uncertainty appraisal motivates information management behaviors (Afifi & Morse, 2009; Brashers et al., 2000). In particular, the revised TMIM contends that emotional responses have a direct as well as indirect effect on information management, but in this study a direct effect was not supported. However, this revision has been tested infrequently and with mixed results. It may be that in this context young adults do not experience strong enough emotional responses to their uncertainty as neither positive nor negative emotion predicted information management strategies. Rather, cognitive appraisals alone predicted which information strategy participants would enact, which may suggest that research needs to continue exploring the role emotions play in uncertainty and information management.

One way in which scholars could continue exploring the role of emotion in uncertainty management is through the emotional appraisal process. Uncertainty theories

draw from appraisal theories of emotions, which contend individuals make primary and secondary appraisals that combine to create the experience of discrete emotions (Lazarus 1991). Individuals appraise the goal relevance, goal congruence, and ego-involvement associated with an important issue, which leads to the identification of a general emotional experience. This primary appraisal pushes individuals to appraise their accountability in the issue or action, the consequences of it, and their ability to cope with it (Afifi & Morse, 2009). One aspect of this appraisal that has not received as much attention in either theory is ego-involvement, which includes judgments of an issue or event's impact on ego or identity-relevant goals. Taking a closer look at how young adults view uncertainty about the impacts of the ACA as a threat or benefit to their self-esteem, health, or what judgments it may bring from close others may provide better insight into their emotional responses. Ego-involvement also provides further distinction between similar emotions, which may suggest future research should assess ego involvement and ego's impact on emotional appraisals that predict information management strategies.

The other research questions in this study explored how individuals' choice of information management strategy might influence the types of sources they utilize when gathering information as well as how individuals evaluated information from Internet and interpersonal sources differently. However, in the findings none of the three information management strategies significantly predicted the types of sources participants used. It is possible that directing them to conduct an information search could have contributed to the null finding. Hogan and Brashers (2009) define

information seeking as the purposive pursuit of information; therefore, directing participants to search for information to complete the study may influence them to use more direct information seeking strategies. This null finding may also be due to measurement error, in that participants' sources fit into two categories including Internet and interpersonal. These categories may be too general due to the expanse of information participants may find online about the ACA and its impacts as well as the many different interpersonal sources they could use, such as parents, friends, health providers, etc. Gray and colleagues (2005) contend that Internet sources can combine positive features of professional, personal, and impersonal sources. This may also explain why young adults in this study did not evaluate the credibility of information from Internet and interpersonal sources differently. It may be necessary to take a closer look at the precise sources young adults use rather than broad categories. Although there were not significant findings related to the sources participants used, the information search did influence their uncertainty discrepancy.

Implications

The results of this study extend knowledge of UMT by investigating a new context and attempting to provide new measures related to information strategies and goal congruence. These measures were acceptable and linked cognitive appraisals to specific information management strategies. This is an important contribution as UMT holds that cognitive appraisals include goal relevance, goal congruence, controllability, and coping potential (Brashers & Hogan, 2013). This is the first study to use a measure to connect goal congruence to information management behaviors. Additionally, the

longitudinal data in this study explore not only how individuals cognitively appraise uncertainty and what information acquisition strategies they intend to use, but also how they handle and use new information to manage uncertainty. Hogan and Brashers (2009) contend that UMT has primarily focused on information acquisition behaviors rather than on the process of information handling and use behaviors, which need to be further studied and clarified. This study shows the results of an information search about the impacts of the ACA on young adults' uncertainty discrepancy as well as what types of sources young adults used most frequently. Therefore, it offers some insight on how young adults handle information sources during a search and how they use information to manage uncertainty. Furthermore, this study shows the relationship between uncertainty and emotion is complex and may not be as significant in certain contexts, which has bearing on other uncertainty theories such as UMT and the TMIM.

The findings also have practical implications for how young adults manage information regarding the impact the ACA has on them, which can be used to effectively communicate with young adults about this topic without overwhelming them. Specifically, the findings show 82.3 percent of young adults used Internet sources in their search and 96.6 percent used interpersonal sources. Moreover, 32 percent ($n = 75$) of participants used more than one interpersonal source in their information search. Therefore, future health campaigns should keep in mind that young adults feel comfortable using Internet sources, but it may also be important to activate parents and health providers to talk to young adults more about the impacts of the ACA. Although, this study shows that young adults don't necessarily evaluate the information they

receive from each source differently, the availability of online sites that provide information about the ACA may be vast and overwhelming. Interpersonal sources that have a relationship with the young adult may be able to tailor important information to the individual based on their informational needs and desires, which may increase their certainty without overloading them.

The ability to tailor information and provide a digestible amount of information may be especially true for parent's conversations with young adults because parents may have a better understanding of their child's health and insurance needs. Additionally, targeting parents as interpersonal sources of information may be especially important as family communication functions as a socialization mechanism, which can shape members' attitudes, beliefs, and behaviors related to health (Pecchioni, Thompson, & Anderson, 2006). Additionally, young adults who are dependents on a parent's insurance plan may see their parent as the best source of information about coverage that will directly affect them. Parents and important family members may also shape what young adults know about the impacts of the ACA as well as their attitudes toward the ACA and using health services provided by insurance. As young adults' health insurance literacy may be low (Dauner & Thompson, 2014), future campaigns can encourage parents to begin discussions about coverage under the ACA early for young adults so they understand their coverage as a dependent and what choices they may need to make about health coverage once they age off their parent's plan. Campaigns may also need to educate parents about the unique ways the ACA affects their young adult children so they can help their children manage information so they are not overwhelmed.

Furthermore, campaigns should target healthcare providers as information sources for young adults as well, especially for young adults who are not on a parent's insurance plan. Although a breadth of information is available online and is utilized by patients, online sources do not necessarily replace provider-patient communication. Instead information from non-medical sources triggers a need for tailoring information and providing clarification from medical professionals (Moldovan-Johnson, Tan, & Hornik, 2014). Additionally, physicians are the most highly trusted information sources to patients (Hesse et al., 2005). Healthcare providers may be seen as a more neutral source of information as they have a professional obligation to provide patients with the best information and care possible, which might make them prime targets for educating the public about the impacts of the ACA.

Limitations and Future Directions

Although the findings of this study offer important information about how young adults manage uncertainty and information regarding how the ACA impacts them, they must be interpreted in respect to several limitations. First, the sample in this study was predominately white and female, which may not be representative of how the general young adult population appraises their uncertainty and manages information about how the ACA impacts them. Additionally as this is a young population that view themselves as healthy, they may view health insurance and the impacts of the ACA differently than individuals with more serious health experiences. The strength of participants' political beliefs may also influence their information management behaviors and their uncertainty discrepancy as health reform and implementation of the ACA has been characterized in

media as a topic of contention among political parties (Gostin & Garcia, 2012).

However, as the population was overwhelmingly Conservative and political strength did not significantly correlate with the outcome variable, it was not controlled in any of the models. Second, the results supporting Hypothesis 1 are limited because there was no control group to take both surveys without conducting an information search in between. While the results indicate that an information search reduced participant's uncertainty, without a control group the generalizability of the results are limited.

Future research should not only look at what types of sources participants use and how they evaluate the information from those sources, but also the content of the information found and if it reduces uncertainty. Looking at the details of participants' searches and what questions they may still have after the search could provide valuable insight for public health campaigns to fill gaps in their understandings. Taking a closer look at what exact sources were used rather than categorizing sources, and what participants learned from each source can help researchers see if the information is truly from credible sources, like government websites and unbiased news outlets, or if the information is highly politicized. If individuals are using political sources or information that is problematic, researchers may provide future campaigns with strategies for correcting common misunderstandings or de-politicizing the topic of healthcare reform and the ACA.

Additionally, it would be insightful to check what websites participants use as the Internet can combine aspects of professional, personal, and impersonal sources (Gray et al., 2005). For instance, young adults may use blogs, social media, and online forums to

aid in their evaluations of the impacts of the ACA as these types of Internet sources provide personal opinions. Asking participants to provide keywords they searched online may also give insight into how young adults conduct searches and what information they find. Understanding the kind of information young adults find online and how it makes them feel can provide important recommendations for health campaigns that seek to educate young adults and correct misinformation. Hogan and Brashers (2009) contend that information can extend cognitive frameworks and determine outcomes of uncertainty management processes. Information young adults find online or through interpersonal discussions may cause an emotional response, and understanding how a piece of information makes a young adult feel can provide further insight into their cognitive and affective appraisals.

Conclusion

The way young adults manage uncertainty and information about how the ACA impacts them can influence their attitudes toward the health system and influence their use of health services. Moreover, the ACA impacts young adults who are dependents on their parent's health insurance in unique ways, so if they do not understand important aspects of their coverage and its impact on their access to health care, they may experience poor health outcomes. This study found an information search can reduce young adults' uncertainty about the ACA, but it may provide them with more information than they desire. Understanding how young adults cognitively appraise uncertainty and acquire information about how the ACA impacts them as well as how they handle and use information can shape health campaigns that fill important

knowledge gaps and shape attitudes. Future studies should continue examining how various populations make sense of the ACA and manage uncertainty about health care coverage as it may influence their attitudes and health behaviors.

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APPENDIX A

Table 1 *Key concepts of UMT*

Term	Definition	Example
Information Acquisition	Means by which individuals come into contact with information in the course of their daily lives through purposive, goal-directed means (includes directly or indirectly seeking information and information avoidance) or unintentional means	Actively looking for information about the ACA online or in conversation. Or, inadvertently coming upon information by listening to a radio station that happens to discuss impacts of the ACA that day
Information Handling	How individuals maintain and cognitively organize the information they've acquired	Finding a list of health care services you are covered for, which you think is valuable, and printing out that list to save for later use
Information Use	The way an individual incorporates what they've learned into their existing knowledge base	After learning about how the ACA impacts a young adult's privacy, a dependent makes a choice to get their own insurance
Uncertainty Discrepancy	The space between how much you want to be certain and how certain you currently are	Feeling uninformed and uncertain about how the ACA impacts you and wanting more information to make you more certain
Cognitive Appraisal	The process of categorizing an encounter based on its personal significance (involves goal relevance, goal congruence, controllability, and coping potential)	The ACA is relevant to me because it can impact my goal of leading a healthy lifestyle by allowing me to use certain health services without paying high medical bills
Uncertainty Appraisal	The personal interpretation and evaluation of uncertainty in reference to well-being	Being uncertain about how the ACA impacts me is dangerous because it may hinder my ability to use health care services
Goal Relevance	Extent to which uncertainty is meaningful to an individual's goals	Being uncertain about how the ACA impacts me may affect my access to health services
Goal Congruence/Incongruence	Extent to which uncertainty hurts or hinders individuals obtaining goals	Uncertainty about my access to health services hurts my goals of living a healthy life because I do not know if I can see my regular physician
Controllability	The extent to which the situation causing uncertainty can be manipulated or controlled	The ACA is a federally mandated law so I cannot fight it or escape from it

Term	Definition	Example
Coping Potential	Whether or not an individual has the resources to cope with how the situation causing uncertainty impacts their goals	I have enough financial resources to have my own insurance plan independent from my parents' plan.
Emotional Response	Emotional response to uncertainty	Being uncertain about how the ACA impacts me is dangerous because I might not be able to use a health service, which gives me anxiety
Direct Information Seeking	Gathering information through all manner of sources through intentional acts	Conducting Internet searches with specific key words or asking specific questions to learn about the ACA
Indirect Information Seeking	Using unobtrusive means to gather information interpersonally	Subtlety bringing up the topic of the impacts of the ACA in a large group and listening to what they say
Information Avoidance	Actively avoiding sources and possible using others to protect individuals from learning negative information	I do not want to know how the ACA impacts my finances so I will search information about what my plan covers, but avoid information about costs and taxes

Table 2 Results of linear regression for uncertainty discrepancy and affect predicting direct information seeking

	β	t	p
Positive Affect	.04	.58	.565
Negative Affect	.04	.55	.582
Uncertainty Discrepancy	.24	3.65	.000***

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$. $R^2 = .06$ ($ps < .05$).

Note: All parameters are standardized.

Table 3 Results of linear regression for uncertainty discrepancy and affect predicting indirect information seeking

	β	t	p
Positive Affect	.13	1.845	.066
Negative Affect	-.05	-.69	.494
Uncertainty Discrepancy	.05	.771	.441

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$. $R^2 = .02$ ($ps = .219$).

Note: All parameters are standardized.

Table 4 Results of linear regression for uncertainty discrepancy and affect predicting information avoidance

	β	t	p
Positive Affect	.13	1.89	.060
Negative Affect	.02	.25	.802
Uncertainty Discrepancy	-.34	-5.40	.000***

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$. $R^2 = .12$ ($ps < .001$).

Note: All parameters are standardized.

Table 5 Results of linear regression for information management strategies predicting Internet source use

	β	t	p
Directly Seeking	-.01	-.14	.892
Indirectly Seeking	-.07	-.87	.386
Avoidance	.09	1.26	.209

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$. $R^2 = .01$ ($ps = .399$).

Note: All parameters are standardized.

Table 6 Results of linear regression for information management strategies predicting interpersonal source use

	B	t	p
Directly Seeking	.04	.44	.658
Indirectly Seeking	-.03	-.32	.750
Avoidance	.03	.36	.718

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$. $R^2 = .00$ ($ps = .969$).

Note: All parameters are standardized.

Table 7 Paired-samples t-test results comparing Internet information authority and interpersonal information authority

	n	Mean	SD	t	df	p
Internet Authority	182	5.62	1.32	1.62	181	.108
Interpersonal Authority	182	5.43	1.43			

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$ (2-tailed).

Table 8 Paired-samples t-test results comparing Internet information credibility and interpersonal information credibility

	n	Mean	SD	t	df	p
Internet Character	181	5.02	1.33	.225	180	.822
Interpersonal Character	181	4.99	1.57			

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$ (2-tailed).

Table 9 Paired-samples t-test results comparing Time 1 uncertainty discrepancy and Time 2 uncertainty discrepancy

	n	Mean	SD	t	df	p
Time 1	232	3.15	2.16	23.74	231	.000***
Time 2	232	-1.15	1.67			

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$ (2-tailed).

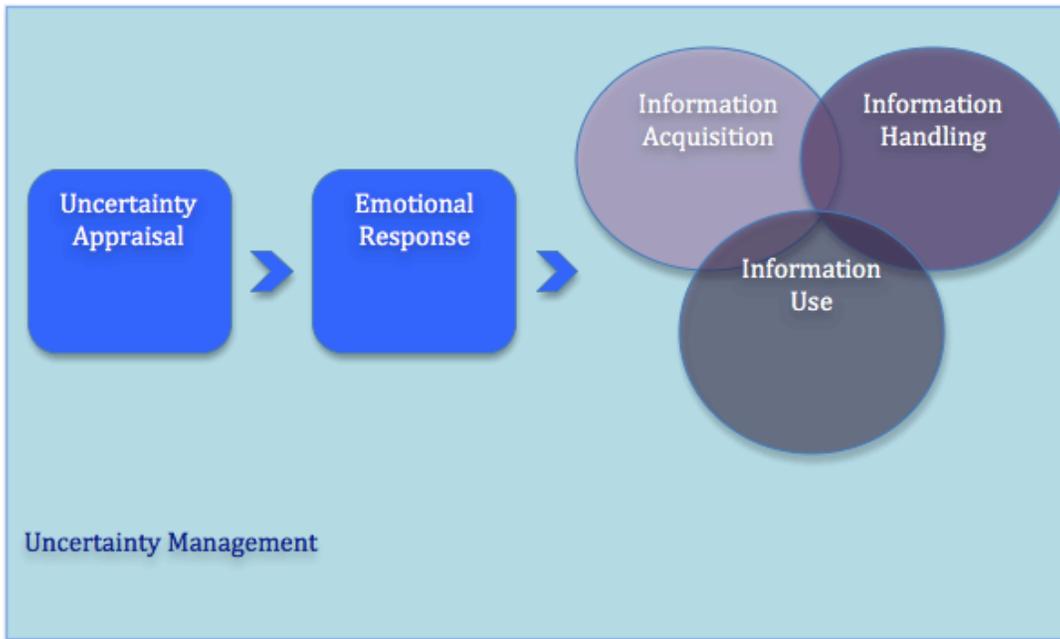


Figure 1 Uncertainty Management Model

APPENDIX B

First Wave

1. What is the primary goal you hope to achieve from knowing more about the Affordable Care Act (ACA)?
 - a. Better understanding of coverage
 - b. Improved access to health care services
 - c. Be able to stay on parent's insurance
 - d. Other (please specify):

INSTRUCTIONS: Please indicate the degree to which you agree or disagree with the following questions. Responses to statements will be: 1=*strongly disagree*, 2=*disagree*, 3=*disagree somewhat*, 4=*neutral*, 5=*agree somewhat*, 6=*agree*, 7=*strongly agree*.

1. Directly seeking information about the ACA would help me achieve this goal.
2. Openly asking specific questions about the ACA would help me achieve this goal.
3. Searching specific keywords or phrases about the ACA or health reform online would help me achieve this goal.
4. Indirectly seeking information about the ACA would help me achieve this goal.
5. Brining up the topic of health reform to people and listening to what they have to say about the ACA would help me achieve this goal.
6. Asking general and open-ended questions to someone I want information from would help me achieve this goal.
7. Avoiding information about the ACA would help me achieve this goal.
8. Not acquiring new information about the ACA would help me achieve this goal.
9. Collecting information and storing it somewhere out of sight would help me achieve this goal.
10. Searching for information online, but not following links to unpleasant information about the ACA would help me achieve this goal.
11. Seeking only information that supports my current views on the ACA would help me achieve this goal.

INSTRUCTIONS: Please indicate the degree to which you are certain or uncertain about the following questions regarding how the ACA impacts you.

1. How certain do you want to be about how the ACA impacts you?
2. How certain are you about how the ACA impacts you?

PANAS INSTRUCTIONS: Please think about the difference between how much you want to know about how the ACA impacts you and how much you already know. That difference may be small, large, or nonexistent.

To what extent do you experience each of these emotions when thinking about the size of that difference? Responses to all emotions range from 1=Not at all to 7= Extremely.

1. Interested

2. Distressed
3. Excited
4. Upset
5. Strong
6. Guilty
7. Enthusiastic
8. Scared
9. Proud
10. Hostile
11. Alert
12. Irritable
13. Inspired
14. Ashamed
15. Determined
16. Nervous
17. Attentive
18. Jittery
19. Active
20. Afraid

DEMOGRAPHICS

1. Please type in your age.
2. What is your sex?
 - a. Male
 - b. Female
3. What is your ethnicity?
 - a. Caucasian
 - b. African-American
 - c. Native American
 - d. Hispanic
 - e. Other, please specify:
4. Please specify your year in school:
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Other, please specify:
5. Please specify your political affiliation:
 - a. Conservative
 - b. Liberal
 - c. Independent
 - d. Other, please specify:

INSTRUCTIONS: Please indicate the degree to which you agree or disagree with the following questions. Responses to statements will be: 1=*strongly disagree*, 2=*disagree*, 3=*disagree somewhat*, 4=*neutral*, 5= *agree somewhat*, 6=*agree*, 7=*strongly agree*.

1. I strongly identify with my political affiliation.
2. I feel I am a healthy person.

INSTRUCTIONS FOR SECOND WAVE: Please find and use three sources that provide you with information about the ACA and how it may impact you. At least one source must be a person (e.g., a parent, friend, health care provider, co-worker, etc.) and the other two sources can be any type of source that you choose. For your interpersonal sources you must provide contact information on the second survey. Once you have found and used your three sources, you must return to take the second survey and answer all questions to receive credit for completing the survey.

You will have 1 week after completing this first survey to find your sources and return to complete the second survey. At the end of this survey you will be given a random ID number. Please keep the ID and email your ID to the Protocol Director, Gemme Campbell, at gemmemc@tamu.edu. It is important you keep your ID and email it to the Protocol Director because you cannot complete the second survey without the ID.

Second Wave

INSTRUCTIONS: Please specify what source you used for each prompt and answer the following questions. For interpersonal sources please provide their contact information.

Source 1:

Contact Information (if applicable):

INSTRUCTIONS: On the scales below, please indicate your feelings about the information you found about the ACA. Select the number between the adjectives which best represents your feelings about that source. Numbers “1” and “7” indicate a very strong feeling. Numbers “2” and “6” indicate a strong feeling. Numbers “3” and “5” indicate a fairly weak feeling. Number “4” indicates you are undecided or do not understand the adjectives themselves. Please work quickly. There are no right or wrong answers.

Reliable	1	2	3	4	5	6	7	Unreliable
Intelligent	1	2	3	4	5	6	7	Unintelligent
Inexpert	1	2	3	4	5	6	7	Expert
Honest	1	2	3	4	5	6	7	Dishonest
Pleasant	1	2	3	4	5	6	7	Unpleasant
Good	1	2	3	4	5	6	7	Bad

Source 2:

Contact Information (if applicable):

INSTRUCTIONS: On the scales below, please indicate your feelings about the information you found about the ACA. Select the number between the adjectives which best represents your feelings about that source. Numbers “1” and “7” indicate a very strong feeling. Numbers “2” and “6” indicate a strong feeling. Numbers “3” and “5” indicate a fairly weak feeling. Number “4” indicates you are undecided or do not understand the adjectives themselves. Please work quickly. There are no right or wrong answers.

Reliable	1	2	3	4	5	6	7	Unreliable
Intelligent	1	2	3	4	5	6	7	Unintelligent
Inexpert	1	2	3	4	5	6	7	Expert
Honest	1	2	3	4	5	6	7	Dishonest
Pleasant	1	2	3	4	5	6	7	Unpleasant
Good	1	2	3	4	5	6	7	Bad

Source 3:

Contact Information (if applicable):

INSTRUCTIONS: On the scales below, please indicate your feelings about the information you found about the ACA. Select the number between the adjectives which best represents your feelings about that source. Numbers “1” and “7” indicate a very strong feeling. Numbers “2” and “6” indicate a strong feeling. Numbers “3” and “5” indicate a fairly weak feeling. Number “4” indicates you are undecided or do not understand the adjectives themselves. Please work quickly. There are no right or wrong answers.

Reliable	1	2	3	4	5	6	7	Unreliable
Intelligent	1	2	3	4	5	6	7	Unintelligent
Inexpert	1	2	3	4	5	6	7	Expert
Honest	1	2	3	4	5	6	7	Dishonest
Pleasant	1	2	3	4	5	6	7	Unpleasant
Good	1	2	3	4	5	6	7	Bad

INSTRUCTIONS: Please indicate the degree to which you are certain or uncertain about the following questions regarding how the ACA impacts you.

1. How certain do you want to be about how the ACA impacts you?
2. How certain are you about how the ACA impacts you?