The Journal of Social Media in Society
Spring 2025, Vol. 14, No. 1, Page 170-188
thejsms.org

Optimizing Engagement of "Willing Messengers": Effective Health Information Dissemination Using Social Media and Networks

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During the COVID-19 pandemic, preventive health care information (PHCI) rapidly spread through social media and networks (SM&N) amid an "infodemic" of misinformation (unintended) and disinformation (intentional). This wave of inaccurate content politicized public health measures, reduced trust in medical professionals, encouraged use of false cures, and increased mortality and morbidity (Bruns et al., 2023; Ferreira, 2022). Vaccine-related misinformation alone led to daily costs between $50 million and $300 million in 2021 (Bruns et al., 2023). The crisis highlighted SM&N's critical role in health communication and spurred research into misinformation mitigation strategies (Wakene et al., 2024; Muhammed & Mathew, 2022; Smith et al., 2023; Joseph et al., 2022). While there is evidence influencers enhanced PHCI dissemination (Silesky et al., 2023), little is known about everyday users who actively shared COVID-19 PHCI on SM&N during the pandemic, a group we have termed "willing messengers". This research aims to close the gap, offering communication strategy-shaping insights concerning the characteristics and preferences of consumers most likely to share health information online during a health crisis.

Keywords: preventive health care information, social media, social networks, consumer behavior, promotional strategy, healthcare marketing, COVID-19 , public health

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During the COVID-19 pandemic, health information – to include preventive health care information (PHCI) designed to prevent or minimize illness – moved swiftly through social media and networks (SM&N) during an "infodemic" characterized by misinformation (unintended) and disinformation (purposeful). This inaccurate information politicized efforts to curb transmission and led more consumers to distrust medical professionals and public health responders, put stock in false cures, and lose their lives (Bruns et al., 2023) as it fueled refusal to vaccinate and/or mask, use of medications lacking scientific support, and increased morbidity (Ferreira, 2022). Misinformation and disinformation about the

vaccine alone accounted for daily costs between $50 Million and $300 Million in 2021due to mortality, morbidity, costs to the healthcare system, and economic losses due to missed work (Bruns et al., 2023).

The socioeconomic cost of misinformation and disinformation during the COVID-19 pandemic underscored the pivotal role of social media in disseminating health information. In response, a number of studies emerged concerning the characteristics of – and pathways to combatting – inaccurate information (Wakene et al., 2024; Muhammed & Mathew, 2022; Smith et al., 2023; Joseph et al., 2022). Research concerning the consumers who spread COVID-19 information on SM&N also emerged, offering valuable insights related to fact-checking behaviors (Neely et al, 2021), influence of celebrity (Li et al., 2021) and credible scientific sources (Neely et al., 2021), and the relationship between misinformation and cultural beliefs and crisis developments (Chen et al., 2021). Additionally, several studies identified which SM&N were most used for COVID-19 information sharing, with Facebook identified as both most used (Masambuka-Kanchewa et al., 2024; Obiala et al., 2020) and most likely to include inaccurate content (Obiala et al., 2020). Overall, findings highlighted the need for strategic, proactive, collaborative efforts on the part of health professionals to combat misinformation on SM&N during health emergencies.

Combatting the costly effects of pandemic-period disinformation and misinformation on SM&N begins with targeting corrective and/or accurate health information to those most likely to spread information. Just as digital volunteers (social media influencers who voluntarily shared COVID-19 vaccine information) improved the reach of accurate COVID-19 information (Silesky et al., 2023), so too may everyday users act as valuable dissemination points in their social networks. However, there remains a noticeable gap in the literature concerning the demographic characteristics of everyday consumers who actively shared COVID-19 health information on social media, as well as their preferences regarding information sources and platforms. Addressing this gap is crucial for tailoring effective public health communication strategies, which require professionals to employ targeted communication, optimize dissemination strategies across platforms, and select the most credible and trusted sources for each targeted group. This research aims to close the gap, offering strategy-shaping insights concerning the

characteristics and preferences of consumers who actively shared COVID-19 PHCI on SM&N during the pandemic, a group we have termed "willing messengers".

LITERATURE REVIEW

Social Media as a Channel for Preventive Health Care Information (PHCI)

Most Americans use social media and networks (SM&N) for social connection, news, information sharing, and entertainment (Pew Research Center, 2024). Prior to the COVID-19 pandemic, consumers increasingly used SM&N to collect and share health information (Seymour et al., 2015), including preventive health care information (PHCI) designed to prompt lifesaving and life-improving behaviors (e.g. vaccinations, screenings, etc.) (Jayanti & Burns, 1998; Cangelosi et al., 2021). In many instances, behaviors pursued in response to PHCI act as a low-cost or cost-saving pathway to increased lifespan and life quality (Cohen et al., 2008). Overall, PHCI has the capacity to generate both social and economic value (Tacco et al., 2018), enticing motivations for effective PHCI communication in a country where consumers have the poorest overall health outcomes of any high-income nation (Tikkanen & Abrams, 2020) despite spending more money than any other nation on health care (Gunja et al., 2023).

While SM&N can improve access to PHCI, they democratize the health information communication process (Schillinger et al., 2020) giving equitable opportunity to content from both traditionally credentialed, expert sources, and other sources of unknown or uncredentialed expertise. The extent to which a user accepts information from a source depends on a variety of source characteristics, including credibility (trustworthiness and expertise) and attractiveness (similarity, familiarity, likability). Assessment of source credibility and attractiveness is a subjective, perceptual process unique to each user. Today's healthcare consumer may attribute expertise to sources based on credentials *or* experience (Hocevar et al., 2017), with the latter playing a prominent role in digital health information processes where consumers seek out others who have experience with their concern (Pew Research Center, 2023). Similarly, perceived trustworthiness, an attribute determined independent of information accuracy and potentially attained through communication and education, differs according to the user and may play a more important role in persuasion than expertise (Hocevar et al., 2017). While health agencies

and news organizations are more likely than peers to debunk misinformation during a public health crisis (van der Meer & Jin, 2019), organic sharing of such information *by* peers improves reach of accurate information.

The COVID-19 Infodemic: Social Media, Misinformation, and Public Health Impact

With the aforementioned information in mind, it is unsurprising the COVID-19 pandemic threatened public health through a "digital pandemic" or "infodemic" as misinformation (inadvertently inaccurate information) and disinformation (deliberately misleading information) concerning causes, prevention, and treatment moved quickly and unconstrained through SM&N, which were an important source of COVID-19 news for 40% of Americans (Seymour et al., 2015; Schillinger et al., 2020; Mitchell & Liedke, 2024). Independent of pandemic circumstances, users who are more concerned about a public health topic are less suspicious of information posted to SM&N compared to information posted to a news website (Lee et al., 2022). Users who trusted social media for COVID-19 information had increased odds of mental distress compared to those who trusted print and television sources, presumably because of the varied and conflicting nature of information (Jalan et al., 2022).

Between October and December 2020, Facebook removed 1.3 billion fake accounts, and 12 million pieces of COVID-19-related content health experts identified as misinformation (Reuters, 2023). COVID-19-related misinformation and disinformation caused between $30 and $50 million in harm each day once vaccines became freely available to most American adults, as the inaccurate information politicized efforts to curb transmission and led more consumers to distrust medical professionals and public health responders, put stock in false cures, and lose their lives (Bruns et al., 2023). Members of the Gen Z and Millennial generational cohorts – the consumers who are most active on digital platforms, least likely to suffer severe disease from COVID-19, and generally well equipped to spot fake news and misinformation – reportedly played a critical role in the dissemination of COVID-related information on SM&N (Volkmer, 2021). Young users preferred online sources like social media for pandemic-related updates (Hawke et al., 2023), with more than 75% relying heavily on social media – particularly Facebook and Instagram (Phillips et al., 2022) – to gather health information (Neely et al., 2021). However, many of these young consumers were unlikely to fact-check information with

health professionals (Neely et al., 2021), and digital health literacy varies significantly among these users (Jiao et al., 2023). The negative psychological impacts of information overload related to this intense online activity increased discontinuance intention among Gen Z users (Liu et al., 2021). To effectively reach youth, experts recommend disseminating accurate information through various social media channels in an engaging, brief, and frequently updated manner (Hawke et al., 2023).

While SARS, MERS, and Zika instigated worldwide panic, the novel nature of COVID-19 prompted an unprecedented SM&N-fueled infodemic whereby intense uncertainty, overwhelming availability of information (some correct, some not), and the rapidly evolving nature of scientific knowledge made it extremely difficult for consumers to identify accurate sources (Hao & Basu, 2020; Keselman et al., 2022). SM&N amplified the capacity for information to move along social networks as word of mouth, with relationships of all types acting as conduit for information transmission as users generated reactions, comments, shares, and original content their connections could easily see. Estimates indicate efforts reducing or countering inaccurate COVID-19 information to the tune of a 10% reduction in non-vaccination would have been valued at $5 to $30 million each day while the pandemic continued (Bruns et al., 2023). This communication crisis underlined an ongoing public health question concerning SM&N: Are they an invaluable source for promoting public health, or a menace to public health (Schillinger et al., 2020)?

Toward a Strategic Approach: Leveraging Willing Messengers

In health emergency situations, corrective information featuring factual elaboration can increase user awareness and adoption of preventive behaviors (van der Meer & Jin, 2019). Through this research, we aim to help health organizations learn to leverage user sharing behavior for improved reach of scientifically accurate PHCI (e.g., vaccination) and/or corrective information during an infodemic. Understanding the characteristics and behaviors of users more inclined to regularly share PHCI on SM&N (termed "willing messengers"), public health organizations will be better positioned to strategically target users who will *pass along* accurate PHCI. Approaching the matter as a marketing communication problem and categorizing COVID-19 information as PHCI, we seek to

equip health communication professionals with infodemic-combating answers to the following research questions:

1. What are the attributes of consumers who regularly shared COVID-19 PHCI on SM&N?
2. Is there a statistically significant relationship between COVID-19 PHCI sharing behavior and the attributes the user considers important in a PHCI source?
3. Is there a statistically significant relationship between COVID-19 PHCI sharing behavior and SM&N selection when sharing PHCI?

METHODS

This research is based on consumer responses to an online questionnaire developed by the authors and distributed in the second quarter of 2022 via Luth Research, a firm maintaining an online panel of more than two million potential respondents in the U.S. The study was approved by the primary investigator's institutional review board in 2022, and the research firm produced 962 usable responses that conformed to national demographic norms of cohort generational groups and ethnicity in the U.S. Respondents were randomly selected, and researchers controlled usable responses to achieve the desired demographic balance. The Preventive Health Care Information questionnaire allowed researchers to collect information about the following:

Demographic characteristics

Respondents reported 13 demographic characteristics: generational cohort membership, health insurance status, age, gender, ethnicity, marital status, education level, occupational status, income, status as healthcare worker, political affiliation, religious affiliation, and COVID-19 vaccination status.

COVID-19 PHCI Sharing Behavior

Respondents indicated their degree of agreement with the following questionnaire item: During the COVID-19 pandemic, I regularly shared preventive health care information concerning the prevention of COVID infection and/or COVID-related illness on social media sites (*Definitely Agree; Generally Agree; Slightly Agree; Slightly Disagree; Generally Disagree; Definitely Disagree).*

Characteristics of PHCI Sources

Respondents indicated the degree of importance they assigned to source (page author, organization, spokesperson) attributes in response to the following questionnaire item: When you use social media to find preventive health care information, how important is it for the source (page author, organization, spokesperson) to be trustworthy; an expert by virtue of experience; an expert by virtue of education/credentials and experience; similar to you (appearance, lifestyle, intellectually); familiar to you; and likable (*Very Important; Important; Slightly Important; Slightly Unimportant; Unimportant; Very Unimportant).*

Preferred SM&N for PHCI

Respondents reported the importance of America's most used SM&N for gathering and disseminating PHCI in response to the following item: How important are each of the following for you when it comes to sharing PHCI? YouTube, Facebook, Instagram, Twitter, TikTok, and LinkedIn (V*ery Important; Important; Slightly Important; Slightly Unimportant; Unimportant; Very Unimportant).*

ANOVA was employed to determine the attributes of consumers who reported regularly sharing COVID-19 PHCI on SM&N. Pearson's Correlation was used to determine the relationship between source attributes and COVID-19 PHCI sharing behavior on SM&N. Once again, Pearson's Correlation was employed to determine the relationship between SM&N platform selection and COVID-19 PHCI sharing behavior on SM&N.

RESULTS

Attributes of Willing Messengers

Millennial users ($p = 0.00$), Gen Z users ($p = 0.00$), users ages 25-34 ($p = 0.00$), respondents employed in the healthcare field ($p = 0.00$), and users who lacked access to health insurance ($p = 0.002$) were the groups to report regularly sharing COVID-19 PHCI on SM&N. However, significant between-group differences existed within all categories, excluding gender, income, political affiliation, and COVID-19 vaccination status. Attributes are cataloged in Table 1.

Ethnicity. There were significant differences between all ethnic groups. African American respondents were more likely than others to report regular sharing of COVID-19 PHCI on SM&N. Caucasian respondents indicated the least agreement.

*Marital Status. S*ingle-never married respondents were significantly more likely to report regularly sharing COVID-19 PHCI on SM&N. Divorced and widowed consumers were least likely to report regular sharing.

Education Level. Respondents with a high school degree or GED were significantly more likely to report regularly sharing COVID-19 PHCI on SM&N.

Employment Status. Consumers who were employed in full- or part-time roles were significantly more likely to regularly share COVID-19 PHCI on SM&N. Retired persons were least likely.

Religion. Across the religious categories, we saw significant differences in sharing behavior. Those identifying as Catholic and "Other" (to include Jewish) were more likely to report regularly sharing COVID-19 PHCI on SM&N, while Unaffiliated (atheist, etc.) were least likely.

Table 1. *Users who regularly posted, shared, endorsed, or discussed COVID-19 PHCI on SM&N*

Attribute	Mean (agreement ≤ 3.5)	ANOVA Results
Generational Cohort	**Gen Z=3.53** **GenY=3.43** Gen-X=4.24 B-Boomers=4.87	F=39.754 p=0.000
Possess Health Insurance	Yes=4.16 **No=3.58**	F=9.658 p=0.002
Age	18-24=3.68 **25-34=3.16** 35-44=3.76 45-54=4.40 55-64=4.71 65-74=4.94	F=26.533 p=0.000
Gender	Male=4.12 Female=4.09	F=0.059 p=0.809
Ethnicity	African American=3.68 Hispanic=3.86 Asian American=3.74 Other=3.77 Caucasian=4.34	F=5.895 p=0.000
Marital Status	Single-Never Married=3.84 Married=4.04 Separated=4.15 Partnership/Cohab=4.48	F=6.217 p=0.000

	Widowed=4.72 Divorced=4.87	
Education	High School Deg/GED=3.73 Associate Degree=3.94 Bachelor's Degree=4.10 Master's or higher=4.22 Votech/some college=4.36	F=3.294 p=0.011
Occupational Status	Employed Fulltime=3.83 Employed Parttime=3.92 Presently Unemployed=4.22 Homemaker=4.25 Retired=4.94	F=12.810 p=0.000
Income (USD)	$0-14,999=4.15 $15,000-24,999=3.97 $25,000-34,999=4.11 $35,000-49,999=4.20 $50,000-74,999=4.13 $75,000-99,999=3.93 $100,000-124,999=3.88 $125,000+=4.30	F=0.723 p=0.652
Employed in Healthcare	**Yes=3.31** No=4.19	F=22.810 p=0.000
Political Affiliation	Republican=4.19 Independent-Republican=4.08 Independent=4.09 Independent-Democrat=4.37 Democrat=3.94	F=2.472 p=0.043
Religious Affiliation	Protestant (Independent)=4.01 Protestant (Traditional)=4.16 Catholic=3.97 Unaffiliated=4.38 Other=3.86	F=2.472 p=0.043
COVID-19 Vaccine Status	Unvaccinated=4.13 1 vaccination=3.82 2 vaccinations=3.94 2 vaccinations+ booster=4.17	F=1.257 p=0.288

Note: Lower mean indicates greater agreement with instrument item: During the COVID-19 pandemic, I regularly posted, shared, endorsed, or discussed preventive health care information concerning the prevention of COVID infection and/or COVID-related illness on social media sites. (1) Definitely Agree; (2) Generally Agree; (3) Slightly Agree; (4) Slightly Disagree; (5) Generally Disagree; (6) Definitely Disagree

Source Attribute Preferences

There was a correlation between sharing behavior and all source attributes, although the strength varied (See Table 2). There was a moderate positive relationship between a user's likelihood of sharing COVID-19 information and the degree of importance she would assign to source similarity (similar to me in appearance, lifestyle, and intellect), r (959) = .429, $p = 0.000$. There was a lower correlation between likelihood of sharing behavior and degree of importance assigned to source familiarity (r (958) = .395, $p = 0.000$), likability (r (956) = .322, $p = 0.000$), experiential expertise (r (958) = .236, $p =$

0.000), and expertise via education, credentials, and experience (r (960) = .221, $p = 0.000$). There was an even lower correlation between the likelihood of information sharing and source trustworthiness (r (959) = .172, $p = 0.000$).

Table 2

Correlation: COVID-19 PHCI sharing behavior and source attribute preferences

Source Attribute	Pearson's R	p (two-tailed)	n
Similar to me (appearance, lifestyle, intellect)	**0.429**	0.000	961
Familiar to me	**0.395**	0.000	960
Likable	**0.322**	0.000	958
Expert by virtue of experience	0.236	0.000	960
Expert by virtue of education/credentials and experience	0.221	0.000	962
Trustworthy	0.172	0.000	961

SM&N Platform Preferences

There was a moderate correlation between regularly sharing COVID-19 PHCI on SM&N and importance of America's top-ranked platforms (Facebook, Twitter, Instagram, YouTube, TikTok, LinkedIn) for sharing PHCI (Table 3).

Table 3

Correlation: COVID-19 sharing behavior and SM&N platform importance

Platform	Pearson's R	p (two-tailed)	n
Facebook	0.598	0.000	958
Twitter (now X)	0.576	0.000	954
Instagram	0.565	0.000	956
YouTube	0.547	0.000	959
TikTok	0.546	0.000	954
LinkedIn	0.532	0.000	952

DISCUSSION

This study analyzed a representative sample of American consumer responses to COVID-19- and PHCI-specific questions concerning information sharing, message source preferences, and SM&N platform choice when sharing and seeking COVID-19 PHCI.

Findings contribute to the literature on online health information seeking behavior, preventive health care information (PHCI), and pandemic/infodemic marketing communication strategy. Further, the findings provide healthcare marketing communication professionals with pandemic-specific insights designed to increase SM&N sharing of scientifically accurate information, inform effective source selection to improve message acceptance, and advise on channel selection for maximized reach.

Attributes of Willing Messengers

Millennial and Gen Z consumers, specifically those ages 25-34 as of 2022, regularly shared COVID-19-related PHCI on SM&N (Table 1). This finding aligns with prior research indicating these young consumers played a crucial role in the dissemination of COVID-related information on SM&N (Volkmer, 2021; Blandi, 2022). As these consumers are the most likely to be uninsured (Dauner & Thompson, 2014), single/never married (Juteau, 2023), to earn lower incomes (Dauner & Thaompson, 2014), further analysis is needed to understand whether age may explain significantly greater degrees of information sharing among respondents possessing those attributes (Table 1). Recognizing Gen Z and Millennial consumers are the most active users of SM&N, there is potential public health benefit in harnessing their willingness to share pandemic information and designing messages on which they are most likely to take action, such as videos shorter than 30 seconds and those containing relevant themes for young people or internet trends (Taba et al., 2023).

Healthcare workers, who (despite reported trust loss during the pandemic) are generally trusted by Americans (Keselman et al., 2022), also reported regularly sharing COVID-19-related PHCI on SM&N. This willingness to participate carries implications for both targeting and source selection practices, as healthcare workers' unique mix of "insider" perspective, credentialed expertise, and personal risk of COVID infection/illness may drive a notable capacity to influence others. For example, compared to impersonal COVID-19 guidance tweets from federal officials, emergency physician tweets containing personal narratives improved message effectiveness, attitude effectiveness, and likelihood of sharing (Solnick et al., 2020). Training willing workers to share personal stories could aid in achieving public health goals. However, the potentially negative repercussions (e.g.

retribution associated with workplace condition posts, harassment from other users) must be considered (Keselman et al., 2022).

Uninsured consumers were significantly more likely to regularly share COVID-19 PHCI on SM&N than their insured peers (Table 1). This aligns with previous research indicating uninsured consumers consider SM&N significantly more important for acquiring PHCI compared to insured consumers (Cangelosi at al., 2021). When certain or affordable access to a healthcare provider is unavailable, these consumers turn to one another – online and offline – to find and share health information.

While no ethnic group reported regularly sharing COVID-19 related PHCI on SM&N, minority ethnicity users were more likely than Caucasian users to do so. This aligns with prior research indicating consumers within racial and ethnic minority groups – those at greater risk of severe health and economic effects of the virus – were the most likely to post about the disease (Campos-Castillo & Laestadius, 2020). Practitioners are advised to understand the source preferences of these willing messengers, to include African American users who – in our study – were the most likely to report regular sharing behavior. For example, research indicates these users are twice as likely to trust a user from their own racial group compared to a Caucasian source (Hunt et al., 2022).

Leveraging insights available in Table 1, public health organizations could potentially target willing messengers during pandemic period campaigns, increasing the likelihood of organic PHCI sharing across the user's social network. This is particularly valuable to the organization, as consumers are more apt to trust information shared via word of mouth than information shared via paid promotion (Mackinnon, 2012; Abubakar, & Ilkan, 2013). Detailed analysis within Table 1 sheds further light on the attributes of consumers who are somewhat or not at all likely to help spread PHCI. See Table 1.

Source Attribute Preferences

Concerning the propensity to share PHCI, sharing is unlikely if the targeted consumer receives the message from a source he finds unappealing. In this study, we learned a user's degree of preference for an information source who is similar to them is a moderate indicator of the user's likelihood of regularly sharing COVID-19 PHCI. There was a lower but still significant correlation between regular sharing behavior and perceived source familiarity, likability, and expertise. Perceived source trustworthiness

also had a low but significant correlation with regular sharing behavior. Recognizing this, marketing communication professionals should consider prioritizing selection of sources a targeted segment considers similar to them in appearance, lifestyle, and intellect in order to increase the odds of user sharing. This is a departure from the common practice of allowing the most experienced and seemingly trustworthy practitioner to act as primary (if not singular) spokesperson during a pandemic event, as perceived source expertise and trustworthiness have a low correlation to information sharing. See Table 2.

SM&N Platform Preferences

Having defined who will help us share scientifically accurate information on SM&N during an infodemic and the attributes of an influential source, we then need to know which platforms willing messengers consider important for sharing PHCI. While there was a moderate correlation between regularly sharing COVID-19 PHCI on SM&N and perceiving America's most used platforms were important for sharing PHCI, the rank order provides guidance on prioritization. Facebook and Twitter, designed for text-based conversation, ranked atop the list of platforms. Platforms Instagram, YouTube, and TikTok, all designed primarily for visual content (photos, videos), were less important for PHCI-related sharing. LinkedIn, with its emphasis on professional networking, was least important. It is important to note user behavior varies by activity. These results pertain only to PHCI *sharing* behavior and differ from results in prior research (Cangelosi et al., 2021) indicating YouTube, with its rich media form and status as social media as opposed to social network, is the most used resource for PHCI *acquisition*. Our results further differ from statistics concerning overall consumer use of SM&N in the United States, where YouTube and Facebook consistently rank as the most used platforms among adults (Pew Research Center, 2024). Certainly, these results should be used in conjunction with general research concerning usership by other demographic characteristics, and content should be formatted to align to platform-specific expectations and norms.

Limitations

While this study provides actionable insights to fuel improved organic movement of accurate information across social networks during a public health emergency, it is not without its limitations. First, the questionnaire did not provide a specific definition for the term "regularly" as it pertains to frequency of information sharing. Future iterations of

the instrument should provide greater clarity, enabling a deeper understanding of how much "airtime" users allocate to such content. Second, the questionnaire did not differentiate between private sharing (e.g. private message), public sharing (e.g. audience set to public), and limited sharing (e.g. friends only). Reach varies substantially according to the nature of the sharing, making it important to understand which consumers will help maximize message reach. Third, the purchase and renaming of Twitter preceded a slump in usership, meaning the utility of the platform may be less at this time than during the second quarter of 2022, when the questionnaire was deployed.

Conclusion

Whether it is an invaluable tool or menace, SM&N will continue to host infinite conversations concerning public health, particularly during times of great uncertainty. Thus, we must learn how to effectively leverage social networks and user engagement to increase the spread of scientifically accurate PHCI to prevent illness. Using this research as a guide, healthcare marketing communication professionals are better equipped to make promotional strategy decisions during a public health crisis, including identification of the target audience most likely to help spread information, identification of source(s) the target audience is most likely to believe, and selection of SM&N platforms considered optimal for acquiring and disseminating preventive health care information.

While findings indicate younger users, the uninsured, and those employed in the healthcare field were most likely to spread COVID-19 PHCI, we caution against solely targeting individuals based on age or occupation. Rather, we advise the use of the comprehensive insights located in Table 1 when making targeting choices. While many groups indicated lesser participation in sharing of COVID-19 PHCI, levels of agreement show us some consumers (e.g. those single-never married, African American) are more likely than others (e.g. retired persons, those divorced, Caucasians) to help move PHCI across social networks during a pandemic.

Our ability to effectively inform, remind, or persuade consumers depends upon the source we select to share our message. As we define the different target segments to which we wish to appeal, we must determine through testing procedures the influence a source will have in communicating to that segment. Maximized influence requires us to look beyond credentials and years of experience as the markers of a quality message source,

bearing in mind perceived source similarity was the lone attribute moderately correlated with PHCI sharing behavior.

Effective message strategy requires communication professionals to understand where target audiences are gathering and sharing health information. While we see evidence willing messengers consider all of America's primary SM&N important for engaging with PHCI, knowing the rank order of importance allows for prioritized investment on those platforms most likely to foster information sharing and, thus, amplify message reach.

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Funding and Acknowledgements

This research was funded via professional development funding made available to the recipient of the AJ Taylor Award for Excellence in Teaching at Austin Peay State University.

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