**What’s the Marketing Relevance of an Online Health Community?**

**Introduction**

People who are suffering from chronic disease or disability often find it difficult to access support and information about their disease or impairment from others who understand the associated logistical and physical lifestyle challenges. An online community can provide access to individuals from around the world who are suffering from the same condition, understand the challenges associated with the condition and who can provide support and information at any time of day or night. A recent study found that 61% of American adults look online for health information (Fox & Jones, 2011), although some medical practitioners have expressed concern about the accuracy of health information on the internet (Hardey, 2001).

For some time scholars from the fields of sociology and communication have been studying online communities, analysing the behavioural and communication patterns associated with this online social context (Bagozzi & Dholakia, 2002; Walther, 1996). More recently marketers have developed an interest in the word-of-mouth implications of this highly influential, homogeneous social space (Brown et al., 2007; Chen & Xie, 2008). Very few studies consider online communities as a source of value, and those that do tend to focus on economic value captured by firms (Misra et al., 2008; Nambisan & Nambisan, 2009) rather than value experienced by the participants.

Understanding the value of an online community to the participants is important to understanding how consumption behaviour can be influenced from within the community (Bagozzi & Dholakia, 2002; Kozinets, 2002). An online community may be considered a peer-to-peer service that delivers information and social support from around the world, 24 hours a day at minimal cost to the participants. Within an online health community both health-related behaviour and purchasing decisions are influenced by the other participants. Online communities are thus a critical channel of distribution for word-of-mouth information.

The model below shows this doctoral study positioned at the intersection of sociological and marketing scholarship. The study identifies value co-created between consumers through the generation of social capital, within an online community for people with Crohn’s Disease.

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**Diagram:**

- **Social Capital:** Members trust that information and support will be available at some future time when needed. Participants value the potential for future satisfaction of need stored within the community.

- **Online Health Community:** an information and support service.

- **Co-created value:** Participants collectively create value through contributions of information and social support. Value is experienced by the consumer in a variety of ways, which may be different for each participant.

- **This thesis:** draws upon both these fields of literature to inform the argument that online health communities are places where social capital is created and maintained, and value is co-created by participants.
Theoretical Basis

Social Capital

Social capital is a concept with roots in the field of sociology and, more recently, political economics. The theory of Social Capital attempts to explain why an individual might act on behalf of a community, family group or other social network rather than acting with rational self-interest (Coleman, 1988). Communities rich in social capital are characterised by better health, higher education levels, social inclusion, financial equity and quality of life (Adler & Kwon, 2002; Putnam, 2000). Social capital is a collective resource that builds up within a social network through contributions of goodwill, accompanied by trust and shared norms such as that of generalised reciprocity (Adler & Kwon, 2002; Coleman, 1988; Lin, 2001). Social capital improves the efficiency of communities by facilitating coordinated activity (Putnam, 1993) and has also been referred to as a social “glue” that indicates the health of social bonds (Cox, 1999). A more formal definition adopted for this study is that of Lin (2001):

“... social capital can be defined as resources embedded in a social structure which are accessed and/or mobilized in purposive actions” (Lin, 2001 p. 35).

Social capital is a collective resource owned by the social network, but accessible by individuals. The model below is based on work by Esser (2008) and posits that within a social network, collective social capital is built upon trust and shared norms and values. Individuals within the community have variable access to the collective stock of social capital based on their position in the network, the contributions they make and their trustworthiness.

![Social Capital Model](image)

A number of scholars suggest that social capital can be built within online communities and online social networks (Beaudoin & Tao, 2007; Blanchard & Horan, 1998; Drentea et al., 2006; Drentea & Moren-Cross, 2005; Ellison et al., 2007; Kavanaugh & Patterson, 2001; Mathwick et al., 2008; Portes, 1998; Tierney, 2006), with empirical work demonstrating evidence of trust and generalised reciprocity within online health communities for cancer and parenting (Beaudoin & Tao, 2007; Drentea & Moren-Cross, 2005). If social capital can be
generated, maintained and accessed through online health communities then people with chronic illness or disability may be able to access social capital benefits despite the challenges of participation in normal civic life.

Co-creation of value
Value co-creation is the notion that consumers come together with suppliers, service providers or other consumers to create value (Nambisan & Nambisan, 2009; Vargo & Lusch, 2004). Consumers have participated in service delivery for many years through the use of ATMs in banks, self-service shopping, ticketing machines at railway and bus stations, clearing their own tables at McDonalds restaurants and other processes that generate efficiencies for firms. What is new is the ready availability of consumer-friendly technologies that enable consumers to self-organise and collaborate online as part of a “socially-embedded consumption experience” (Mathwick, et al., 2008, p. 833). This form of value co-creation has attracted attention across the disciplines of marketing, economics and sociology, with the co-creation process variably labelled peer-production (Tapscott & Williams, 2006), co-production (Peters et al., 2012) or social production (Arvidsson, 2008) amongst other terms.

To date most of the literature exploring value co-creation within online communities is theoretical (Arvidsson, 2011; Prahalad & Ramaswamy, 2004), with a small body of empirical work primarily focused around retail shopping experiences and brand communities (Mathwick et al., 2002; Rossi, 2011; Schau et al., 2009). Very little empirical or theoretical work considers the concept of value co-creation within a health context, although it might be considered that consumers of health services and products have always been involved in co-creation of value through their participation in medical procedures and adoption of medical advice.

The concept of value is not well defined within the empirical literature associated with online consumption. Much of the literature focuses only on value captured by firms (economic value such as ROI or brand value) and only one study of a retail shopping environment considers value experienced by the consumer (Mathwick et al., 2001). Concepts of “value” relevant to online communities include the following:

Economic Value as conceived in neo-classical and Marxist economic models. This model of value measures the value of an online community in terms of increased profit to the firm, return on investment, increased value of the brand or cost of production (Cothrel, 2000; Misra, et al., 2008).

Value of Social Production. Arvidsson (2011) argues that if a good or service is produced at minimal cost and generates no revenue its value is difficult to measure using traditional economic models. Arvidsson proposes an alternative currency for valuing the outputs of social production, referred to as “philia” which literally translates from Greek as “neighbourly love”. Philia has similarities to social capital, a connection explored in more detail in this study.

Value of Public Goods. A number of scholars recognise the public goods characteristics of online communities such as non-rivalry and non-excludability (Fulk et al., 1996; Landqvist & Teigland, 2005; McLure Wasko et al., 2009). The value of public goods is usually measured in terms of contingent value or hypothetical auctions (Brookshire & Coursey, 1987), which can be unreliable and provide inconsistent results. Kahneman and Knetsch (1992) propose a measure of moral satisfaction for valuing public goods and demonstrate empirically that this
is a more consistent measure of the value of a public good than more traditional measures of contingent value or value identified through hypothetical auctions. Like social capital and “philia”, moral satisfaction has its roots in the social sciences.

*Consumer Value.* Holbrook’s Typology of Consumer Value (Holbrook, 1999) describes eight forms of value experienced by the consumer: Efficiency, Excellence, Status, Esteem, Aesthetics, Play, Ethics and Spirituality. Each is described fully in Holbrook’s work, and prior empirical work by the author of this paper identifies all eight within the consumer experience of an online health community (draft paper in review).

**Conceptual Model**

This simple model identifies online health communities as being a social space for peer-to-peer activity such as information exchange and social support. These activities generate and maintain social capital within the online community, which drives further peer-to-peer activity. This online cycle leads to the co-creation of value, the forms of which are identified and analysed using Holbrook’s Typology (Holbrook, 1999).

![Conceptual Model Diagram](image)

**Application of the Model to Crohn’s Disease**

Crohn’s Disease is an inflammatory disease affecting any part of the gastrointestinal tract from the mouth to the anus, but most commonly affecting the small intestine and/or the colon (Crohn's & Colitis Australia, 2009). Common symptoms include abdominal pain, diarrhoea, rectal bleeding, loss of appetite, fatigue, fever, joint pain, skin problems and weight loss (Centre for Digestive Diseases, 2009). Crohn’s disease usually develops in both men and women aged 14-24 although it can occur in people of any age. There is currently no cure, although symptoms can be managed with drugs and diet (Centre for Digestive Diseases, 2009). Surgical procedures are required by many patients for complications such as stricture, obstruction, fistulae or non-response to drugs (Crohn's & Colitis Australia, 2009).

Life for those with Crohn’s Disease can revolve around managing the symptoms, always needing to know the location of the nearest bathroom, constant gas, pain and embarrassment. Isolation and anxiety can make it difficult to sufferers to lead a normal life (Mayo Clinic, 1998-2012), and the nature of the disease makes it difficult to discuss symptoms with anyone but the closest family members. Access to an online community of others experiencing similar challenges may provide many of the social benefits not readily available to those who can’t participate fully in normal civic life, and assist participants with coping mechanisms.
This study investigates social capital within an online community of sufferers of Crohn’s Disease. Online discussion between community members is collected and analysed for evidence of social capital and co-created value. Participants complete a survey that measures social capital within the online community and value experienced by participants. Some survey respondents also participate in online interviews to facilitate greater understanding of the online community experience.

Data collection commences in January 2013 and initial analysis will be available in April-May 2013.

Conclusion

The title of this paper asks “What’s the Marketing Relevance of an Online Health Community?” So little attention has been paid to online health communities from within the Marketing discipline that it would be easy to assume that online health communities led by consumers are not relevant to the study of Marketing. This study demonstrates the need to adapt traditional methods of influencing consumer choices to a new environment where consumers are as easily convinced by peers as they are by carefully constructed marketing messages (Benkler, 2002; Liang & Scammon, 2011; Vogt & Knapman, 2008).

Marketing within an online health community occurs in two ways. Firstly, consumers co-create value with one another through the delivery of information and support. Secondly, consumers promote the benefits of particular health-related goods and services to one another, but the marketing channel is not controlled by any of the firms that provide the goods and services. Understanding this socially-embedded marketing channel and learning how to accommodate and interact with it is highly relevant to marketers.

This study, positioned at the intersection of marketing and sociological research, provides new insights and understanding of how value is co-created within an online social context. The concept of social capital is treated with sufficient depth to provide an understanding of how the online social network is structured, and how the structure of the network contributes to the co-creation of value between consumers. The initial study examines these concepts in the context of an online community for people with Crohn’s Disease. Further work (later in the PhD program) compares the Crohn’s Disease online community other online health communities to contrast and expand the contribution made.
References


