

Table S1. Conceptual Definitions of Themes and Examples of Codes.

| Research question | Themes | Codes |
|---|--|--|
| RQ1: What are study participants' levels of awareness of and interest in knowing an mHealth app affiliation with a supporting organization? | Recognition of mHealth app source is secondary to app's health management functions | Promotional support is not recognized; Promotional support doesn't matter (n = 30) ^a |
| RQ2: What are the differences in the nature of participants' persuasion knowledge (e.g., recognition of target and agent, understanding of agent's characteristics and capacities, self-promotion and public service purposes,) across commercial, governmental, non-profit/non-governmental organizations that support mHealth apps? | From commercial entertainment to non-commercial information Self-promotion and public service motivations behind mHealth apps | Commercial Organizations: Promote products or brands; Build brand image; Sell products; CSR (Corporate Social Responsibility); Misinformation (biased or false information); Record data (personal information, app use data, consumer opinions) (n = 68) Non-profit Organizations: Help people (not-for-profit); Want support groups/fundraising; Provide Information; Collect data (n = 50) Government Organizations: Mostly same as non-profit organizations; Help people (public health); Provide information; Want to collect information; Control (n = 39) |
| RQ3: In what ways do participants' evaluations of mHealth apps' quality and credibility differ by the type of supporting mHealth app organization? | Quality does not mean credibility | Commercial Organizations: Low credibility; Low likability; Great quality (best for quality); Fun/Entertainment (n = 41) Non-profit Organizations: High credibility; High likability; But, low OR mediocre quality; Specificity of topic (n = 40) Government Organizations: High credibility; Medium likability (less popular or boring or not user friendly); High informativeness; Broad information on various topics; Low quality (n = 45) |

All Organization Types:
Money matters (for quality);
supporting organization doesn't
matter if an app is useful or good
for me (n = 15)

RQ4: What are the differences
in coping mechanisms, if any,
that participants implement
when they are informed about
mHealth app support by
commercial, governmental,
non-profit/non-governmental
organizations, especially in
light of sharing personal
information within such apps?

Trade-offs

It is culture. It is
normal.
Defenses against
mHealth persuasion
attempts

Willing to share:
Social media information is not
perceived as personal (already
public info); Convenient to use;
Forced to share (app use culture –
if need, will provide BUT will
worry as well); Share alternative
person info such as secondary
email (or Fake info –ex. Fake
name); Basic/general personal
info + health info [but depending
on how much info want to share];
Relevant info (health + general) +
but consider as SCAM, if they ask
some financial information; Better
to share less than more (n = 61)

In general, will provide more
information to non-profits than
commercial organizations, worried
about sharing info with
commercial entities (n = 15)

Only relevant info to all
supporting organizations (n = 41)

Purpose of app (purpose of
organization) – Organization-
cause congruency (ex.
Commercial cause matter, Non-
profit/government cause match) (n
= 9)

Not willing to share:
Security risk; Privacy matter/
control personal info; Ads/ junk
mails; Misuse of personal info; No
share personal or health info if
linked to identified personal info
(n = 84)

Note: a. number of code instances