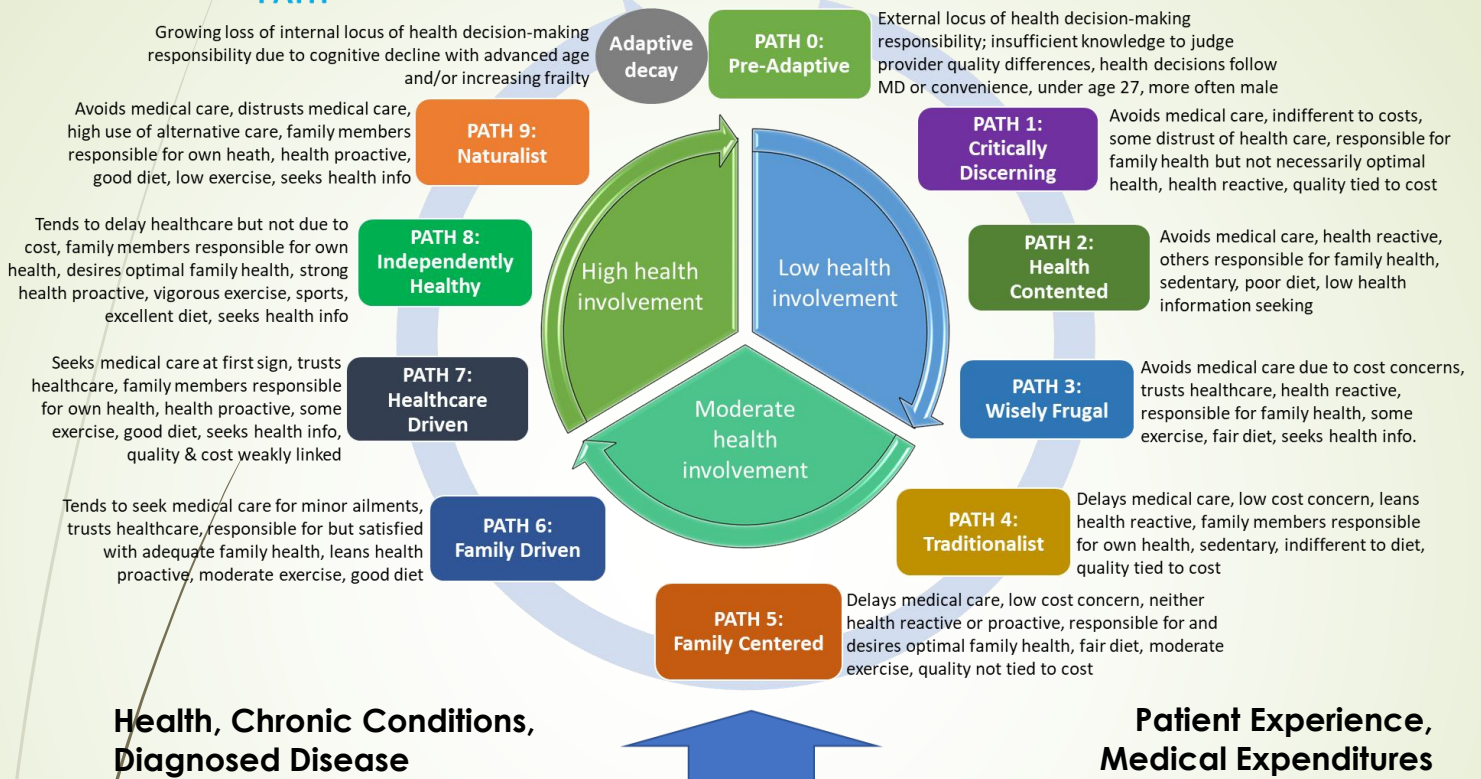# Patterns of Adapting to Health

www.pathinstitute.life

The interaction of adult adaptive preferences and health-related social demands have been mapped to...

Patterns of Adapting to Health (PATH)

Growing loss of internal locus of health decision-making responsibility due to cognitive decline with advanced age and/or increasing frailty

Adaptive decay

PATH 0: Pre-Adaptive

External locus of health decision-making responsibility; insufficient knowledge to judge provider quality differences, health decisions follow MD or convenience, under age 27, more often male

Avoids medical care, distrusts medical care, high use of alternative care, family members responsible for own heath, health proactive, good diet, low exercise, seeks health info

PATH 9: Naturalist

PATH 1: Critically Discerning

Avoids medical care, indifferent to costs, some distrust of health care, responsible for family health but not necessarily optimal health, health reactive, quality tied to cost

Tends to delay healthcare but not due to cost, family members responsible for own health, desires optimal family health, strong health proactive, vigorous exercise, sports, excellent diet, seeks health info

PATH 8: Independently Healthy

PATH 2: Health Contented

Avoids medical care, health reactive, others responsible for family health, sedentary, poor diet, low health information seeking

High health involvement

Low health involvement

Moderate health involvement

Seeks medical care at first sign, trusts healthcare, family members responsible for own health, health proactive, some exercise, good diet, seeks health info, quality & cost weakly linked

PATH 7: Healthcare Driven

PATH 3: Wisely Frugal

Avoids medical care due to cost concerns, trusts healthcare, health reactive, responsible for family health, some exercise, fair diet, seeks health info.

Tends to seek medical care for minor ailments, trusts healthcare, responsible for but satisfied with adequate family health, leans health proactive, moderate exercise, good diet

PATH 6: Family Driven

PATH 4: Traditionalist

Delays medical care, low cost concern, leans health reactive, family members responsible for own health, sedentary, indifferent to diet, quality tied to cost

PATH 5: Family Centered

Delays medical care, low cost concern, neither health reactive or proactive, responsible for and desires optimal family health, fair diet, moderate exercise, quality not tied to cost

Health, Chronic Conditions, Diagnosed Disease

Patient Experience, Medical Expenditures

The PATH patterns emerge as adults take control of adaptive health decisions

Pre-adaptive → *Adaptive Patterns* → *Adaptive decay*

Health and healthcare decisions made by others (external locus of health decision responsibility). The percentage of pre-adaptive adults goes down with age, particularly among women.

Internalizing health decision-making responsibility draws most adults to unconsciously conform to one of nine patterns shaping the interaction of health-related actions and the physical environment.

As health and healthcare decision-making ability wanes requiring the aid of others a small percentage of adults "fall out" of a pattern and revert to the pre-adaptive state.

PATH 0: Pre-Adaptive

Adaptive decay

The PATH Research Institute, Inc.

Over 30 Years of Real-World and Client Data has linked the PATH to Many Diverse Health and Health Care Outcomes

Patterns of Adapting to Health (PATH)
Public Health, Community Health, and Clinical Health

Health Status, Chronic Conditions, Diagnosed Disease

Medical Expenditures

Adaptive decay

PATH 0: Pre-Adaptive — Low rates of diagnosed disease, but early signs of poor health trajectory (i.e., overweight), low to moderate health literacy, low medical expenditures.

Increasing frailty and cognitive decline; health and illness severity linked to prior dominant PATH

Higher rate of poor health status, high rates of multiple chronic conditions; diagnosed high blood pressure, heart disease; moderate to high demand for physician, pharmacy, and hospital expenditures

PATH 9: Naturalist

PATH 1: Critically Discerning — Higher rates of poor or fair health status, higher rates of depression, sleep problems, ulcer; higher rates of breast cancer, lower rates of pharmacy and non-pharmacy medical expenditures.

Highest rate excellent health status, few chronic conditions, higher rates of skin cancer, moderate demand for physician, pharmacy, and hospital expenditures near or below population average

PATH 8: Independently Healthy

PATH 2: Health Contented — Higher rates of poor or fair health status, higher rates of depression, sleep problems, weight problems; higher rates of stroke, lower rates of pharmacy and non-pharmacy medical expenditures.

Higher rates of fair health status; chronic arthritis, osteoporosis, higher rates of diagnosed disease; highest demand for medical care, highest physician, pharmacy, and hospital expenditures

PATH 7: Healthcare Driven

PATH 3: Wisely Frugal — Average health status, higher rates of multiple chronic conditions, lower rates of diagnosed disease, lower rates of pharmacy and non-pharmacy medical expenditures.

Higher rates of good or excellent health status; slightly higher rates of skin problems, weight problems; higher rates of diagnosed stroke, heart disease, diabetes Type 2, higher rates of pharmacy and non-pharmacy medical expenditures for self and dependents

PATH 6: Family Driven

PATH 4: Traditionalist — Higher rates of fair health status, osteoporosis, chronic back pain; higher rates of diagnosed heart disease, skin cancer, breast cancer, stroke; higher rates of non-pharmacy medical expenditures.

PATH 5: Family Centered — Higher rates of good health status; higher rates of chronic back pain, skin problems, weight problems; higher rates of diagnosed migraine, higher rates of pharmacy and non-pharmacy medical expenditures for dependents

PATH Applications

The Patterns of Adapting to Health exist in every U.S. adult population

MARKETING / FLYER CREATION / LOGO CONCEPT COMMUNICATION / PUBLICATION BUSINESS

PATH–Tailored Messaging
Measurable improvements in:
- Ad Recall
- Favorability
- Use intentions

Marcomm Design

And

Evaluation

PATH Engagement Protocols

PATH Marcomm Analysis

Assessment
Adaptive Health Behavior Inventory (AHBI)

Pattern identification
PATH Analysis

PATH 2: Health Contented

PATH 6: Family Driven

PATH 9: Naturalist

Identify healthy and at-risk adults

diet & exercise

health risks

diagnosed disease

Tailored Engagement

PATH 2: Health Contented

PATH 6: Family Driven

PATH 9: Naturalist

Patient "Tailored" Care