

# Patterns of Adapting to Health

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### Linking the Health Behavior of Individuals to the Health Behavior of Populations

### Developmental Stages of Adapting to Health

After age 18, adults move through three stages of adapting to health:

#### Pre-adaptive -

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

#### → Adaptive Patterns —

Internalizing health decisionmaking responsibility unconsciously draws adults into conformity with one of nine patterns shaping the interaction of health-related actions and the physical environment.

#### → Adaptive decay

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.







By age 27, the adaptive health behavior of most adults conform to one of nine well-defined population-level patterns:



### Patterns of Adapting to Health (PATH)

External locus of health decision-making Growing loss of internal locus of health decision-making Adaptive responsibility; insufficient knowledge to judge responsibility due to cognitive decline with advanced age provider quality differences, health decisions follow **Pre-Adaptive** decav and/or increasing frailty MD or convenience, under age 27, more often male Avoids medical care, distrusts medical care, Avoids medical care, indifferent to costs, PATH 1: high use of alternative care, family members PATH 9: some distrust of health care, responsible for Critically responsible for own heath, health proactive, **Naturalist** family health but not necessarily optimal Discerning good diet, low exercise, seeks health info health, health reactive, quality tied to cost ds to delay healthcare but not due to **PATH 8:** Avoids medical care, health reactive, PATH 2: cost, family members responsible for own Independently others responsible for family health, Low health Health nealth, desires optimal family health, strong sedentary, poor diet, low health Contented health proactive, vigorous exercise, sports, information seeking excellent diet, seeks health info Seeks medical care at first sign, trusts Avoids medical care due to cost concerns, **PATH 7:** ealthcare, family members responsible PATH 3: trusts healthcare, health reactive, Healthcare for own health, health proactive, some **Wisely Frugal** responsible for family health, some Driven exercise, good diet, seeks health info, exercise, fair diet, seeks health info. quality & cost weakly linked Delays medical care, low cost concern, leans Tends to seek medical care for minor ailments, PATH 4: PATH 6: health reactive, family members responsible trusts healthcare, responsible for but satisfied Traditionalist for own health, sedentary, indifferent to diet, **Family Driven** with adequate family health, leans health quality tied to cost proactive, moderate exercise, good diet Delays medical care, low cost concern, neither

PATH 5:

**Family Centered** 

health reactive or proactive, responsible for and

desires optimal family health, fair diet, moderate

exercise, quality not tied to cost



## 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)**

Nine distinct health trajectories

Each "pattern" maps out a well-defined trajectory of health shaping the health outcomes and medical expenditures of hundreds of thousands of adults across the US

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

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.

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 nonpharmacy medical expenditures for dependents

PATH Applications allow health organizations to see these patterns, link them to relevant health outcomes, and target these populations through tailored communication at the population and personal levels

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

CREATION
CREATION
COMMUNICATION
COMUNICATION
COMMUNICATION
COMMUNICATION
COMMUNICATION
COMMUNICATION

Marcomm Design

And

Evaluation

ATH Engagement Protocols

PATH-Tailored Messaging Measurable improvements in:

- Ad Recall
- Favorability
- Use intentions

PATH

Marcomm Analysis

Assessment
Adaptive Health Behavior
Inventory (AHBI)

Pattern identification PATH Analysis













Patient "Tailored" Care