

Health Priorities, Behaviors and Attitudes That Define the Path Types

By Frederick Navarro, MA

In 1987 the Profiles of Attitudes Toward Healthcare (PATH) research revealed that there are nine distinct “types” of healthcare thinking and behavior that exist within the U.S. adult population. Each type represents a distinct multi-dimensional pattern of behaviors and priorities around everyday healthcare issues. The “path types” are also linked to specific demographic, socioeconomic, and health trends that reveal their impact on health and health outcomes. Over the last nineteen years, applications of the Path Type® model have shown that these path types shape many consumer trends in healthcare such as disease prevalence, medical claims, variance in prescription drug use, persistence, compliance, expectations, satisfaction, response to healthcare communications, and response to healthcare interventions.

Describing Behaviors and Attitudes: The Window to Health Priorities

The behaviors we engage in on a regular basis are the reflection of our priorities. Behavior represents a complex set of decisions--shaped by both our priorities and our attitudes--to do one thing and sacrifice another. In this way, descriptions of our behavior reveal our health priorities.

The multiple measures used in the Path Type model, identified through and intensive literature review,¹ are designed to elicit descriptions of behavior across multiple dimensions along with descriptions of attitudes that can influence the way priorities are carried out. The health priority measures used in the Path Type model cover areas such as:

- A. Degree of focus on nutritional and physical fitness
- B. Confidence in the treatment delivered by health care professionals
- C. Independent use of alternatives to medical care (alternative medicine)
- D. Predisposition to seek or not seek professional health care
- E. Self-directed healthcare information gathering
- F. Locus of control in health care decision-making
- G. Focus on future health benefits
- H. Level of focus on saving health care dollars
- I. Willingness to pay for quality
- J. Responsiveness to healthcare promotions and advertising.

The description of each type is rich due to its multi-dimensional nature. The multi-dimensional approach also captures important interactions and inter-relationships between the various issues. The fact that the Path Type model has identified nine basic patterns of health priorities and has demonstrated their longevity over time supports the thesis that human cognitive patterns of perception and behavioral patterns of action do not develop or express themselves in random ways, but are, in fact, shaped into a few expressive forms by some unknown factor within the human psyche.

Because no one issue defines each path type, it is necessary to evaluate response to communications and behavior modification interventions across multiple attributes to effectively determine the degree to which any communication is likely to be effective, or any behavioral guideline is going to influence behavior change through stimulation of perceptual vigilance, creation of engagement through activation of positive contemplation, and encourage adoption through compatibility with existing patterns of action and behavior.

¹ Navarro (199) “Profiles of Attitudes Toward Health Care: Psychographic Segmentation,” Master’s Thesis, San Francisco State University.

PATH Institute White Paper: Health Priorities That Define The Path Types

The information that follows focuses on a fairly detailed review of the dimensions assessed in the Path Type model.

Level of Healthcare Information Seeking

Willingness to seek healthcare information tends to separate adults naive about healthcare from those who are sophisticated and informed. These statements attempt to identify how much adults are willing to seek out healthcare information beyond what they are told by healthcare professionals. The first measure captures an adult's activities in seeking healthcare to make such choices, as does the second. Even though the questions address healthcare treatments and choice of hospitals, the propensity to gather healthcare information can also be extended to include choice of health insurance coverage or pharmaceutical products.

In some cases, this dimension also indirectly indicates which adults trust in their own ability to evaluate healthcare information, to engage in self-care, and potentially challenge the opinion or advice of medical professionals or family. Adults who do not engage in seeking healthcare information will generally not attend to detailed messages or information they must evaluate, while we can expect adults who do seek healthcare information to want such details and to seek out specifics. Information from these measures also indicates whether the individual will tend to be an active or passive learner. This has important implications for how messaging should be delivered in terms of frequency, level of detail, and its association with content to attract and hold attention.²

Propensity to Avoid Healthcare

Many adults avoid seeking healthcare because they simply don't want to be bothered unless their problem gets severe. This is addressed in the first measure. Adults who agree with it are less likely to run to the doctor for every little thing. The second measure determines how much a role expense and cost might play in avoiding healthcare. Agreement with either statement generally correlates with low utilization of medical services; disagreement correlates with higher utilization. Individuals who strongly agree with these statements tend to show low compliance in obtaining needed health

screenings or in engaging in preventive efforts³, while the opposite is true of those who strongly disagree with the statements. This dimension is also related to information seeking, yet the association (positive or negative) depends on the type.

Trust in Medical Professionals

How much confidence do adults have in healthcare professionals? This is what these measures attempt to get at. Some adults believe that healthcare professionals are not always competent. They feel that doctors often prescribe new drugs to patients without knowing all the side effects. Other adults never question healthcare professionals or doubt their ability to provide the proper care. These adults view healthcare professionals as true experts.

Poor levels of trust in health care professionals are often an undiagnosed complication affecting compliance and adherence. The beliefs about the competence of healthcare professionals can have a significant impact on the level of compliance with treatment directives, prescription drug consumption, and communication approaches used to sell or educate adults about a particular health-care service.⁴

Receptivity to Healthcare Advertising

It would be a mistake to assume that all adults are equally attentive to healthcare ads or equally accepting of the message they attempt to convey. The first statement captures information about whether or not an individual is actually attentive to healthcare advertising; the second considers the way they tend to be perceived and potentially accepted. Both dimensions are part of receptivity to healthcare advertising. Disagreement with the first statement indicates that healthcare ads are basically ignored. Agreement with the second indicates the message of a healthcare ad is likely to not just be ignored but resisted.

Communications directed at people who pay little attention need to be much different from communications directed at people who do. Likewise, different things need to be said to

² Assael, Henry (1998) *Consumer Behavior and Marketing Action*, p. 254.

³ Sachs/Scarborough HealthPlus USA, 2000 and 2001.

⁴ "Health Information Preferences by U.S. Adults," MRxHealth, March, 2006 (<http://www.mrxhealth.com/news/>)

PATH Institute White Paper: Health Priorities That Define The Path Types

people who doubt as compared to people who trust. Receptivity to healthcare advertising addresses the dual aspects of attention to healthcare ads and trust in their message.

Level of Involvement in Healthcare Decision-Making

Understanding the level of involvement in healthcare decision-making both on the individual level and for the family is complex. Most people describe their involvement in healthcare decisions as high when it concerns their own health. This is reflected in the high level of agreement with the first statement. But this has to be balanced by other behaviors and priorities, such as healthcare information seeking. How in charge of decisions can a person truly be with little or no information? There are many adults who express varying degrees of agreement with the second measure, which shows that healthcare decisions are not a one-sided affair.

The level of involvement in health decisions relating to family members is more variable. Some adults leave family healthcare decisions up to someone else, such as their spouse or some other family member. The claim of high involvement in health care decisions does not always carry over to the family.

The level of decision involvement can also signal a strong or weak commitment to a decision or choice which has implications for how a product or service is evaluated and judged in terms of performance.⁵ Generally, the more a person attributes a choice to themselves the more it will foster higher satisfaction with the outcome. If a decision or choice can be attributed to someone else, however, the more susceptible the outcome of that choice is to critical evaluation and greater dissatisfaction.

Propensity to Experiment With Healthcare Alternatives

The propensity to experiment with healthcare alternatives indicates a strong "self-care" motivation and some degree of independence from medical professionals. The first measure addresses a sense of how adults may use or try non-medically based healthcare alternatives, like homeopathy or nutritionally-based therapies they can practice on their own.

The second measure provides a feel for how easily or difficult it might be for an adult to go outside or beyond the bounds established early in life. Both measures provide a sense of willingness to experiment.

For adults with strong tendencies to experiment with healthcare alternatives, compliance may be an issue, as well as the potential for undesirable interactions. Adults open to alternative therapies might consume smaller doses of a prescribed medication, stop taking a medication prematurely, or continue to take herbal or other remedies that might interfere with a physician's prescribed treatment. For adults who are high on this dimension, these are issues that must be checked.

Involvement in Family Health

These measures identify how much an adult is focused on the family's health. The first measure assesses how much responsibility individuals feel for their family's health. The second measure determines whether or not adults are satisfied with average health in their families. The last measure assesses if an individual derives personal enjoyment from the role as the family healthcare decision maker.

Involvement in family health reflects an individual's involvement in and pride about enhancing his or her family's health. Some adults have this priority and some don't. Adults who have this trait are more likely to buy healthcare services or seek treatment for their family members before seeking care for themselves. Benefit to the family is a key motivating factor.⁶

Level of Being Health Proactive

The propensity to plan for future good health or to do healthy things now with the hope of future health benefit is what these statements measure. The first measure captures the intensity of an individual's commitment to their personal health, and the second measure captures the orientation toward proactive planning and prevention versus reactive responding to health problems. The idea is to get a sense of how the individual is focused on working to maintain good health now in order to avoid future illness.

Adults are likely to focus on short-term or long-term benefits from the healthcare they receive based on their reactive vs. proactive

⁵ *Consumer Behavior and Marketing Action*, p. 257.

⁶ Sachs/Scarborough HealthPlus USA, 2000, 2001.

PATH Institute White Paper: Health Priorities That Define The Path Types

orientation. A stronger proactive orientation suggests that more attention will be given to healthcare messages and healthcare information that supports their future health efforts. The measures may also suggest how much time and effort adults will dedicate to healthcare practices and behaviors that require time and effort.

A strong proactive approach to health is a mixed bag in terms of association with lower or higher health care costs or lower or higher rates of disease. Other factors such as the propensity to avoid healthcare or the level of trust in medical professionals have mitigating affects on this dimension.

Price Concern

This dimension assesses the priority placed on price and some sense of how much effort the individual might put into saving money. The first measure captures this latter issue by showing that time and effort is expended toward the goal of saving money. The second measure provides a sense of how price could figure in future healthcare purchases or decisions.

How adults perceive the cost of healthcare in the form of co-payments, premiums, deductibles, and so on can influence their willingness to seek care, shop and compare providers or insurers, and potentially experiment with home remedies or alternative healthcare providers.

Price concern may indicate a low level of health decision involvement or a high level. Low price concern generally indicates higher involvement in decision-making and more attention to comparing product or service attributes. This can also mean that issues such as lifestyle and priorities will play a greater role in purchase decisions. High price concern is generally indicative of less involvement in decision-making. This can mean that specific product features and benefits may be irrelevant if price is the over-riding factor. Knowledge of price concern can profoundly affect the marketing mix of a service or product, as well as the styles and tactics used to promote it.

Quality Concern

Many individuals judge healthcare providers and insurers by their perception of quality, and the level of quality they believe to be necessary. For some adults the highest quality is a must. For others, a healthcare product or service that is adequate is sufficient. The first measure provides

a sense of an individual's need for quality, by getting a sense of their willingness to sacrifice more to get it. The second measure tries to also capture the sense of how quality and price are linked in the mind of the individual. Strong agreement with the second statement suggests that the individual feels a strong link exists between quality and price. Strong disagreement indicates that the individual may not feel quality is sacrificed by a low price, or have low concern for about the relationship between quality and price.

Many adults balance quality and cost. For this reason, quality concern and price concern need to be evaluated together. Where some adults stress quality at any price, others way the cost in relation to the benefit. Some adults believe quality and price are strongly linked -- the higher the quality the higher the price, the lower the quality the lower the price. Others are not so convinced that higher quality always means higher cost, or that inferior quality will always mean cheaper. Some adults are ready and willing to pay more (or have some third party pay more) for what they perceive to be higher quality. Other adults do not have the same priority.

Health Emphasis and Involvement

Health emphasis and involvement captures the level of focus on exercise, nutrition, and physical fitness. This series of statements allows for the possibility that any given individual will emphasize one aspect of fitness over others, or define health involvement differently. One person might be very concerned with diet. Another might be more interested in physical fitness and performance, or diet and physical fitness together.

Path Type measures show how much competitive physical performance or endurance is part of the concept of "top physical shape." Agreement with the one measure but weak agreement or disagreement with the another shows that competitive physical performance or endurance is not part of an individual's perception of what it means to be in "top physical shape" and that some lower level of activity or exercise warrants the designation. Agreement with the one measure shows that diet and nutrition are emphasized as part of health involvement. The diet and nutritional focus may or may not be associated with competitive level fitness, but is still often linked to the perception of "top physical shape." This means that for

PATH Institute White Paper: Health Priorities That Define The Path Types

some individuals perception of physical shape is associated more with nutritional fitness versus the physical performance and endurance type of fitness.

Insights into what aspects of health involvement individuals emphasize can be very useful when portraying types of activities they are engaged in, or how healthy they might appear. It also provides insights into other healthcare products or services (e.g., health club memberships or discounts, sports medicine, wellness classes, nutritional education, on-line health resources) that might attract them.

These statements are often linked to lower or higher rates of many illnesses or diseases, or higher or lower health care costs.

Generalizing the PATH Questionnaire Statements to a Broader Healthcare Context

Although the PATH statements are concrete, PATH research has shown that many of the trends reflected in them can be generalized beyond the specific content of the statements. This is illustrated in the following examples.

Trust in Medical Professionals The level of confidence in *doctors and nurses* measured by the statements associated with this dimension have been shown to extend to other health care professionals including those *employed by health plans*. Level of satisfaction with both health care *and health plan* service and coverage is definitely influenced by a person's trust in medical professionals.

Healthcare Information Seeking The propensity to seek information about health care treatment options and hospitals can be generalized to include seeking information about health *plans* and *health coverage options* as well. In other words, a person who will take the time to explore health care treatment options will likewise take the time to explore health coverage options and vice versa. The tendency of a person to be an active versus a passive learner is what these statements capture and applies across all health care and coverage areas.

Receptivity to Healthcare Advertising The level of attention to health care advertising can be equally applied to health *plan* advertising as evidenced by many studies where the two have been linked. Consumers who don't pay attention to hospital advertising also give little attention to health plan advertising and vice versa. Likewise,

concerns about hospital advertising have been shown to carry over into concerns about health plan advertising. What these questions tap is the general level of openness, comfort or uneasiness that some consumers feel towards any kind of advertised health service, including DTC pharmaceutical advertising.

Price Concern Although the statements assessing price concern focus on doctors and hospitals and health *care*, PATH research has shown that the same level of price concern carries over into decisions about health *insurance* coverage as well, and is evidenced in concern over things like premiums, co-pays, and deductibles.

Quality Concern The willingness or not to pay more for high quality health care can be generalized to willingness or not to pay more for perceived higher quality health coverage. PATH research applied to health plans has shown that adults with certain PATH archetypes are willing to pay more for perceived better quality health care as well as health coverage. In other words, adults in some PATH archetypes more firmly believe that you "get what you pay for" than others. So that the willingness to sacrifice more for perceived better quality applies to health care and health coverage.

Conclusion

To conclude this article, there is one final thought about the attitudes, priorities and behaviors assessed in the Path Type model—and this is a few words on their interactive relationship. As stated at the beginning of this paper, the Path Type model reveals that there are multiple ways these various dimensions interact together depending on the health type of interest. For example, research has demonstrated that there is a predictable relationship between the propensity to avoid health care and level of health care information seeking. Across a non-differentiated population, the relationship tends to be negative: in other words, as the propensity to avoid health care goes up the level of health care information seeking goes down. The truth is that there are some sub-groups of adults within whom the relationship is positive. For example, within three of the nine health types the relationship between avoiding health care and information seeking is positive—increased avoiding occurs along with increased health information seeking. On the other hand, there is one health type where the relationship is clearly

PATH Institute White Paper: Health Priorities That Define The Path Types

negative: high health information seeking occurs along with low health care avoiding.

What this shows is that it would be a mistake to assume that dynamics shaping health behavior, along with the behaviors themselves,

always follow some simplistic relationship within the human psyche and that the same relationship exists in everyone. The Path Type model clearly shows that this is not the case.