RESULTS

Japan

- Sample size of Japanese adults by PAM level (2:4) showed that higher activation levels were associated with:
  - Higher mean age, % married, % retired, % college educated, household income, mean exercise days, and currently taking steps to lose weight.
  - Obesity and smoking rate

- In terms of outcomes, higher PAM scores were associated with:
  - Higher MCS scores (lower cost and impact)

- Level 1 adults (least likely to visit a healthcare provider) and least likely to get an annual checkup.

China

- Sample size of Chinese urban adults by PAM level (1:4) showed that higher activation levels were associated with:
  - Lower mean age, % married, household income, and mean exercise days

- In terms of outcomes, higher PAM scores were associated with:
  - Lower HCS scores

- The multivariate analysis generally matched the bivariate results. That is, even after adjusting for covariates, the results remained consistent and higher PAM categories were associated with better outcomes.

LIMITATIONS

- All results were self-reported by PAM participants. No results were physician verified (e.g., HBA1c level).

- Misreporting PAM values were possible, as outliers were removed.

CONCLUSIONS

- Higher patient activation is often associated with better health outcomes. Therefore understanding where patients are on the activation continuum is important to tailor specific services and communications for patients to increase level of activation and improve their outcomes.

- Understanding how patients with health conditions by different activation level can inform stakeholders. Different messages and interventions may be required to progress patients from one activation level to the next.

- Further investigation of patients with certain health conditions by PAM level is needed to customize messaging to drive better activation and better outcomes.

REFERENCES


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