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due to the cross-sectional design of the study, longitudinal changes between all the variables cannot be established. however, the findings indicate that self-stigma affected patient activation for self-care, both directly and as mediated by self-esteem and self-efficacy. interventions that increase self-esteem and self-efficacy may decrease self-stigma in patients with t2dm, thus increasing patient activation for self-care. despite the availability of drug-based therapies, diet and regular physical activity, many individuals with type 2 diabetes are unable to achieve the recommended a1c and blood pressure targets, which will have serious health, social and economic implications. in fact, half of all adults with diagnosed diabetes (14.9 million) are unaware that they have the disease, because they do not have any symptoms.^{7 8} in this multi-stage study, we examined the relationship between hba1c and patient activation, among chinese-american subjects in the united states. we tried to get rid of confounding effects of potential factors that may affect hba1c. we used a linear regression to examine the relationship between hba1c and activation. the variables, including age, gender, bmi, self-stigma and self-esteem, and self-efficacy were included in the first and last stages of this study. the following variables were included in the second and third stages of the study: race, education, duration of illness, insulin injections and frequency of daily meals. similarly, we found no significant correlations between hba1c and patient activation in regression analysis. this finding is different from earlier findings (thomas, 2008; morgans, persson, & wilson, 2012; the partnership to stop diabetes) that showed a strong and positive correlation between patient activation and hba1c. the difference may be due to the fact that we controlled for potential confounding variables (i.e., age, gender, race, etc.) and that we used a larger sample size. the findings suggest that patient activation is negatively associated with hba1c, even after adjusting for potential confounders.

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according to the results, self-stigma has a negative mediating effect on patient activation in the present study. however, the theoretical basis of the path analysis is weak. it is assumed that self-stigma could negatively affect patient activation, and self-efficacy could be a mediating factor in the relationship between self-stigma and patient activation. we need to make further refinement, using theoretical models, to improve the basis of the path analysis results. many different types of providers are used to assist in the self-management of t2dm. data support a "delivery system" effect for the delivery of diabetes care that includes the use of specialty or integrated care practices, the clinical characteristics of the patient (age, gender, duration of diabetes, diabetes complications), the intensity of care, the patient perspective (patient activated, patient controlled), and the communication dynamics between provider and patient. patients with diabetes report decreased quality of life. this is caused by the demands of daily living, such as balancing work, family, and health, and may also be influenced by diabetes-related complications and disease-related pain, including neuropathy, retinopathy and others.⁶ in this study, participants were primarily white (94%), unmarried (76%), had college educations (57%), and lived in urban areas (89%). participants were largely involved in routine activities, particularly housework (67%) and paid work outside of the home (59%). the majority of participants were retired or unemployed (69%), about half of whom were men (53%). a total of 62% of participants had hba1c levels of 7.5% or higher, and about half (51%) reported that they had not been diagnosed with diabetes by a medical professional. most

participants (68%) were diagnosed within 5 years of completing the survey. 5ec8ef588b

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