

University of Wollongong

Research Online

Faculty of Health and Behavioural Sciences -
Papers (Archive)

Faculty of Science, Medicine and Health

2007

“Asthma? We would have got it by now if we were going to get it!”:Implications for Social Marketing to the Over 65's

Kelly Andrews

University of Wollongong, kellym@uow.edu.au

Sandra C. Jones

University of Wollongong, sandraj@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/hbspapers>



Part of the [Arts and Humanities Commons](#), [Life Sciences Commons](#), [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Andrews, Kelly and Jones, Sandra C.: “Asthma? We would have got it by now if we were going to get it!”:Implications for Social Marketing to the Over 65's 2007.
<https://ro.uow.edu.au/hbspapers/64>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

“Asthma? We would have got it by now if we were going to get it!”:Implications for Social Marketing to the Over 65's

Abstract

An investigation into the understanding and awareness of asthma in older adults was conducted in the Illawarra region of NSW. Results indicate that older adults are unaware of the prevalence and severity of asthma, have limited understanding of symptoms and treatments, and tend to associate the condition with children. Health care providers report that older people tend to accept or minimise respiratory symptoms as a natural part of ageing. A consumer focused social marketing approach to reducing asthma morbidity and mortality in the 65 and older age group reveals specific lines of action to changing voluntary behaviours in both older adults and the health professionals who treat them. Broader issues (price analysis) with regard to facilitating behaviour change (product) are examined with further social marketing implications for message development, intermediaries, and marketing channels.

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This conference paper was originally published as Andrews, KL and Jones, SC, “Asthma? We would have got it by now if we were going to get it!”:Implications for Social Marketing to the Over 65's, Proceedings of the Social entrepreneurship, social change and sustainability: International Nonprofit and Social Marketing Conference, Brisbane, 27-28 September 2007.

“Asthma? We would have got it by now if we were going to get it!”: Implications for Social Marketing to the Over 65's

Kelly L. Andrews and Sandra C. Jones, University of Wollongong

Abstract

An investigation into the understanding and awareness of asthma in older adults was conducted in the Illawarra region of NSW. Results indicate that older adults are unaware of the prevalence and severity of asthma, have limited understanding of symptoms and treatments, and tend to associate the condition with children. Health care providers report that older people tend to accept or minimise respiratory symptoms as a natural part of ageing. A consumer focused social marketing approach to reducing asthma morbidity and mortality in the 65 and older age group reveals specific lines of action to changing voluntary behaviours in both older adults and the health professionals who treat them. Broader issues (price analysis) with regard to facilitating behaviour change (product) are examined with further social marketing implications for message development, intermediaries, and marketing channels.

Background and Significance

Asthma affects 2.2 million Australians (AIHW, 2004), with asthma in the over 65 age group of growing concern for the Australian health system. Between 1997 and 2001, 61% of all deaths attributable to asthma occurred in people aged over 65, and mortality in this group remains higher than the rate for all other groups, which have enjoyed a steady decline in mortality since 1989 (ACAM, 2003). Although the recorded prevalence rate for this group is around 10%, there is a general acceptance that actual rates are considerably higher due to severe under-diagnosis (Enright *et al.*, 1999). Problems with under-diagnosis or even misdiagnosis are complex and include a lack of symptom identification and presentation to primary care on behalf of the individual, as well as clinical challenges for practitioners who may be dealing with several co-morbid conditions in this target group (Goeman *et al.*, 2005; Wilson *et al.*, 2005).

Asthma education and awareness has been well serviced for children and parents in a general and school based community setting, however very little has so far been examined in relation to older people. This collaborative pilot study aims to provide an understanding of the beliefs, attitudes and knowledge of older adults and their health care providers to inform the development of a social marketing campaign.

Social marketing – defined as the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences, in order to improve their personal welfare and that of their society (Andreasen, 1995) – is a knowledge discipline that is of increasing relevance to health promotion practitioners. Social marketing, like commercial marketing, aims to encourage people to ‘purchase’ a product, service, idea, or behaviour. While there are many differences between social marketing and commercial marketing, there are also many similarities. The big difference between commercial marketers and social marketers, or so it is argued, is that commercial marketing focuses on the needs of the individual as identified by the individual whereas social marketing focuses on the needs of the individual as identified by the social marketer (Wilson and Olds, 1991). Thus, in many ways, the task facing the social marketer is much the same as that facing the commercial marketer, that is, the challenge to effect behaviour change largely depends on offering the right product, at the right price, in the right place, and through relevant and appropriate promotion.

Whilst a health education approach has been employed by various state asthma foundations (for example, Asthma Community Support Programs), these do not specifically service older adults and are limited in their approach, primarily intent on the provision of information. Furthermore, focus groups comprising of older people aged 65+ from the present study reveals an additional factor to the target group's limited perception of product (asthma diagnosis and management) - that being the relative lack of visibility and public identity of asthma foundations with this group. Health education programs are also inadequate in that their reach is limited to those already diagnosed with asthma. Social marketing campaigns have been shown to be effective in an older adults target market (for example, BreastScreen Australia's 1995-2001 campaign), and offer a systematic and multi-faceted approach to a population health concern.

Whilst older people themselves are clearly the subjects for consumer-orientated programs, the health care professionals who diagnose and manage their illnesses make up a second target group. Preliminary research has highlighted the limited perception of product (asthma diagnosis and management) amongst doctors, and advocates further work in this area to address the prevalence of undiagnosed asthma in older adults (James *et al.*, 2005; Wilson *et al.*, 2005). Several studies draw attention to doctor-related factors that contribute to the underdiagnosis of asthma in the elderly including the misconception that asthma does not occur in this group, the difficulties of diagnosis in a group with multiple co-morbid conditions as well as inadequate use of spirometry testing. (Bashoura L and Hanania NA, 2004; Weis SM and Petty TL, 1998; Yates MW, 2005; Celli BR, 2000).

The research question was to investigate the current needs, met and unmet, of older people in relation to asthma knowledge and behaviour. Inherent in this is to also understand the attitudes and opinions of the health professionals who treat them. To inform the development of future interventions which encourage older people to seek diagnosis and treatment and for health professionals to consider asthma, this research endeavours to establish a qualitative baseline of asthma related knowledge, attitudes and beliefs from both target groups.

Specific social marketing principles engaged in this study include the focus on these distinct *target markets* (adults aged over 65 living independently in the community, and health practitioners involved in the care and management of these older adults) and on the important *voluntary behaviour change* for each of them. For older adults, these behaviour changes are considering asthma as a reason for their symptoms and seeking a diagnosis; and among health professionals, considering this to be an important aspect of patient care for this age group. *Formative research* with these audiences drawing on the principle of *consumer orientation* was conducted to understand their perceptions of the *product* (asthma diagnosis and treatment) and the *price* (for consumers, this includes medication costs as well as embarrassment in asking the doctor why they feel 'tired and old'; for doctors, this includes less time to focus on other aspects of patient care).

Methodology

This qualitative research project consisted of in-depth interviews with health practitioners (n=12) and the conduct of focus groups with adults aged over 65 (n=52). A broad range of health practitioners and stakeholders were recruited into the study including general practitioners, asthma educators, pharmacists, practice nurses and aged care specialists. Interviews were an average of thirty minutes duration, were recorded and later transcribed. Questions explored the health professionals' views and opinions on the level of awareness of asthma in the over 65's and that target group's understanding of asthma prevalence, symptoms and treatment as well as facilitating and hindering issues regarding access and appropriateness of information and the execution of programs or strategies to improve the management of asthma in older people.

Focus groups with people aged 65+ were recruited from existing leisure and recreational networks for older people and through retirement villages. Questions explored their knowledge and skills regarding asthma including: asthma symptoms, prevalence, prevention, diagnosis and treatment. Also discussed was their current or preferred source of (health-related) advice and information. While a small number of the focus group participants had received an asthma diagnosis, the recruitment strategy was specifically designed to also ensure the inclusion of people who had not been diagnosed with asthma.

Responses from both the focus groups and interviews were grouped thematically and further refined using the four P's of the marketing mix.

Results

Product

Most participants had a limited understanding of asthma. In particular, when asked to describe asthma, many participants had difficulty articulating what asthma is.

"... You can breathe in but you can't breathe out. One or the other and it gets sort of... your lungs sort of close and well that's how it seemed to [my husband] you know, he couldn't get the air into his lungs at all and I think it was because he couldn't get it out to start with. Not quite sure about that".

Lung and breathing problems were associated with asthma, but understanding beyond this appeared limited. When attempting to describe asthma participants listed the symptoms (such as wheezing, tightness in the chest, breathlessness and coughing), but did not demonstrate an understanding beyond this. Health practitioners also acknowledged that, while asthma is a health issue facing older adults, older adults do not perceive it as an issue of concern. They believed that older adults are not aware of, nor do they think about, asthma. The practitioners reported that the older people they come into contact with do not perceive themselves as susceptible to developing or being diagnosed with asthma.

Some participants believed that being diagnosed with asthma after 65 would *not* have a significant impact on their life and that they would even be better able to understand and manage the disease than a child. It was also indicated by health and aged care practitioners that older people do not perceive asthma as a severe illness. Rather, they perceive it as just another complaint or illness to live with and not potentially life threatening.

Price

Focus groups raised consistent themes of difficulty accessing health services (including transport issues), potential increases in medical costs, and not wanting to waste doctors' time as reasons for lack of presentation. Doctors and other health and aged care specialists also perceive the price to be

problematic issues. Barriers to asthma management in older patients include an attitude which views asthma as a less important aspect of patient care. Health Practitioners acknowledge that the complexity of co-morbid conditions in this target group makes asthma hard to address.

“As you get elderly [sic] you find that one, you're not allowed to drive anymore; two, that you're not capable of driving anymore because of various problems; and three, that there's very little public transport to get you to these places”.

“We aren't really good at identifying it and there's very few people over the age of 45 who have pure asthma, its always mixed, there's always other stuff happening, so to sort out what is asthma, what is COPD, what is heart failure and what is lifestyle related de-training because that's an increasing issue, its really very difficult”.

Place

Older people identify doctor's surgeries and community pharmacies as definite sources of trusted health information. They seem well established in these 'outlets' of the health system and are an obvious and non-threatening place for a social marketing campaign to engage them. Recreational and leisure settings as well as service or cultural clubs are other potential places identified by older people.

“I always seem to think the chemist seems to know more nowadays than what they ever knew, they give me a lot of advice”.

Promotion

Health Practitioners indicated a need to increase awareness of asthma symptoms in older adults. Many felt that older adults would associate asthma symptoms with other illnesses or conditions, such as heart attack, COPD, cold/flu/virus, emphysema or chronic bronchitis. They also indicated that older adults are more likely to associate asthma symptoms such as breathlessness with the normal process of aging. Lack of understanding and awareness was identified by health and aged care professionals as a barrier to people seeking treatment and following treatment plans.

“I think the biggest barrier is their lack of understanding, I think that's why they don't seek treatment - they don't realise or even think of what it could possibly be ... they don't realise the significance of it”.

Older people reported a combination of written material and verbal explanation from a doctor or pharmacist to be their preferred method of message delivery. Many cited television commercials and newspaper advertisements for other health issues common in older adults (e.g. diabetes and arthritis) and promotions (e.g. consumer information stalls and raffles) as methods which highlight health concerns. Doctors as media advocates for health issues were also identified as credible figures to spearhead any social marketing message.

“Personally I would like it written, because you are liable to forget. You may say, "he meant that" or something, but when you read it, you can go back to it and say "oh, that's what he meant”.

“Pharmacists. They always have brochures on every illness”.

“Television. I make a point of watching medical programs”.

Lessons and Recommendations

Target Group 1: Older People.

Our results strongly indicate that older people do not believe the threat of asthma to be a real concern. Older people must first accept asthma as a possible explanation for their breathlessness before possible barriers to behaviour change can be addressed. Currently, perception of the product (asthma diagnosis and treatment) is offset by perceptions of price (access to services, increased medical costs and raising embarrassing issues of feeling 'old'), overshadowing any serious consideration of possible behaviour change.

Heightened knowledge and awareness is required to help facilitate voluntary behaviour change - to consider asthma as a reason for symptoms and seeking a diagnosis. The understanding gained through this formative research (beliefs, attitudes, current behaviour and general circumstances of target groups) will be reflected in recommended message development.

The message (that breathlessness could be asthma) is simple, and media involvement is likely to both raise awareness and fulfil an educational purpose amongst older people. Further research to identify a credible spokesperson for a future social marketing campaign would enhance the likelihood of the target group understanding the message and its relevance to older people. Whilst verbal explanation from doctors and pharmacists was identified as older people's preferred method of gaining health information, television, newspapers and magazines were also popular and trusted. Indeed, a combination of message strategies (promotion) supported by health professional advice is recommended to successfully influence older people's behaviour.

Target Group 2: Health Professionals.

Heightened knowledge and awareness is required to help facilitate voluntary behaviour change amongst health professionals - to consider breathlessness to be an important aspect of patient care, and investigate a possible diagnosis of asthma (product).

Goeman et al. (2005) studied GPs and perceived priorities in improving asthma care and barriers to delivering asthma care. "A specific issue raised by both rural and metropolitan GPs was the need for broader health promotion messages about asthma and respiratory health, similar to those used in other public health campaigns"(p459). Barriers identified included time required, and the cost of providing asthma management and patient and medical education.

Whilst this study focused on health professionals' opinions of older people and asthma, their responses clearly indicated their own views and perceptions. Further research to understand health professionals' perceptions of facilitating and hindering factors in relation to asthma in older people (and potential solutions) would further enhance our understanding of price for this target group - for it is influencing perception of price that will ultimately bring success in any change of clinical practice.

A social marketing strategy which aims to refine the elements of 'place' and 'promotion' for health practitioners will complement an otherwise clear direction established for future interventions in the older age group.

References

- Andreasen, A.R., 1995. *Marketing social change*, Jossey-Bass Publishers, San Francisco.
- Bashoura L and Hanania N.A., 2004. Confronting the challenges of asthma in the elderly patient. *The Journal of Respiratory Diseases* 25 (8) 310-315.
- Celli, B.R., 2000. The Importance of Spirometry in COPD and Asthma. Effect on Approach to Management. *CHEST*; 117: 15S-19S.
- Crowe, E., Higgins E.T., 1997. Regulatory focus and strategic inclinations: Promotion and prevention in decision-making. *Organizational Behavior and Human Decision Processes* 69 (2), 117-132.
- Australian Institute of Health and Welfare (AIHW), 2004. *Australia's Health 2004: The ninth biennial health report of the Australian Institute of Health and Welfare*, AIHW, Canberra
- Australian Centre for Asthma Monitoring (ACAM), 2003. *Asthma in Australia 2003*, AIHW Asthma Series 1, Canberra.
- Australian Institute of Health and Welfare (AIHW), 2003. *BreastScreen Australia Monitoring Report 2000-2001*. AIHW cat.no. CAN 20. Canberra: Australian Institute of Health and Welfare (Cancer Series No. 25)
- Enright, P.L., McClelland, R.L., Newman, A.B., Gottlieb, D.J., Lebowitz, M.D., 1999. Underdiagnosis and undertreatment of asthma in the elderly. *Chest* 116 (3) 603-613.
- Goeman, D.P., Douglass, J.A., 2005. Understanding asthma in the older Australian: A qualitative approach. *Medical Journal of Australia*, vol 183, no.1, pp.26 – 27.
- James, A.L., Knuiman M.W., Bartholomew H.C., Musk A.W., 2005. What can Busselton population health surveys tell us about asthma in older people? *Medical Journal of Australia*, 183 (1) S17-S19.
- Weis, S. M and Petty, T.L, 1998. Special challenges in managing asthma in the elderly: keys to unmasking a 'hidden' ailment. *Consultant* 38.3: 686.
- Wilson, D., Appelton, S., Adam, R.J., Ruffin, R., 2005. Undiagnosed asthma in the older person – An underestimated aspect of the problem. *Medical Journal of Australia* 183 (1) 20-22.
- Wilson, M.G., Olds, R.S., 1991. Application of the marketing mix to health promotion marketing. *Journal of Health Education* 22 (4), 254-259.
- Yates, M. W., 2005. How is the diagnosis of asthma in older people established in clinical practice? *Medical Journal of Australia* 183 (1) S44-46.