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Promoting asthma awareness to older adults: Formative research for a social marketing campaign

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Abstract

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Keywords

older, awareness, asthma, adults, promoting, campaign, formative, research, social, marketing

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Promoting asthma awareness to older adults: Formative research for a social marketing campaign
For Journal of Asthma & Allergy Educators

Topic: Public Health and Health Promotion (Social Marketing)

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Abstract

The limited existing research on the asthma perceptions of older adults suggests that this population perceives asthma to be a childhood disease, and therefore believe, that they are not susceptible to developing the condition as an adult. The asthma mortality rate is much higher for older adults than for children, and there is considerable negative impact on health-related quality of life. However, health promotion regarding asthma is rarely aimed at this population. To address this issue, social marketing campaign messages and materials about asthma were developed for an older adult population based on quantitative survey data. Through a series of community focus groups, these messages and materials were pre-tested with older adults to establish the types of asthma health promotion messages, taglines and images that engage this target audience. Materials that conveyed a “human element” appealed most to older adults, enabling them to relate to the individuals and situations depicted in the images. Positive, empowering messages, containing novel information and asking questions of the target population resonated best with older adults. These features should be considered in the development of health promotion campaign materials about chronic disease targeting older adult populations.

Keywords: asthma, older adults, social marketing, health promotion, qualitative data

Introduction

Asthma is a chronic condition characterised by narrowing of the airways. While the prevalence of asthma in adults varies greatly across the world¹, Australia has one of the highest rates of asthma diagnosis and asthma symptoms internationally². Approximately 1 in 10 older Australians have an asthma diagnosis^{3,4}, though there are many older adults living with undiagnosed asthma⁵. Although limited research exists on the asthma perceptions of older adults⁶⁻¹⁰, a recent study demonstrated that older adults generally consider asthma to be a childhood disease, and perceive that they are not susceptible to developing the condition later in life¹¹. Furthermore, there are key symptoms - such as tightness in the chest and a cough at night - that older adults may experience but are not likely to consider indicative of asthma¹².

Despite public perception that asthma has the most serious consequences for children, the asthma mortality rate is higher for older adults than for children⁴. Asthma also has a considerable negative impact on health-related quality of life amongst older adults³. Furthermore, while the prevalence of asthma in children has steadily declined over the past decades, the proportion of older adults with the disease has remained unchanged³. Although asthma in older individuals is often more persistent and severe than in children³, community asthma awareness and self-management promotion is usually aimed at children and their caregivers¹³. Older adults have been largely neglected in asthma promotion activities, and would benefit from increased community awareness about asthma prevalence and its health impact⁵.

Social marketing is an effective framework to increase awareness of health issues and promote health behaviour change^{14,15}, including health promotion interventions specifically targeting older adults¹⁶⁻¹⁸. The social marketing framework requires involvement of the target audience in the development of health promotion campaigns to ensure that health promoters understand the target audience's knowledge, perceptions and opinions about a health issue and its associated

behaviours¹⁹. One component of the social marketing process that has often been poorly executed is rigorous formative research involving members of the target population²⁰. This stage of research is necessary to ensure that interventions are appropriately tailored to the needs of the distinct target audience segments.

The development of appropriate campaign materials primarily involves segmenting the target audience into meaningful groups, then determining the main messages of the campaign for these groups²¹. Segmentation can be based on demographic, psychographic, geographic and epidemiological factors, and is necessary because populations are typically heterogeneous²². “Blanket” approaches to health promotion, treating entire populations as having the same perceptions and behaviours, are rarely effective¹⁹. On the other hand, sub-grouping target audiences on relevant variables allows interventions to address different perceptions and health behaviours within the larger target population. Subsequently, it is important that campaign messages be developed for each target segment in accordance with their particular defining characteristics.

Messages for target segments are then further developed into campaign concepts consisting of suitable images and taglines to convey key ideas and issues. Following their development, the campaign concepts and materials are pre-tested with the target audience utilising established materials testing methods²¹. One of these methodologies is the use of focus groups. The aim of pre-testing with focus groups is to ascertain the appropriateness of proposed materials in effectively conveying key messages to particular audience segments. Focus group participants are presented with various concepts for a campaign and asked to respond to a set of structured questions to assess message comprehension, relevance, readability, level of engagement, and aspects of the materials they liked and disliked²³. Campaign concepts and materials are then refined based on the advice and criticism received from the target audience.

Social marketing campaigns involve the use of multiple strategies, including the 4Ps of the traditional marketing mix: product, price, place, and promotion. This study focused primarily on the promotion element of the mix, examining the development and pre-testing of campaign materials to increase asthma knowledge and address asthma misperceptions in people aged 55 years and over. The aim of the study was to develop and pre-test asthma awareness campaign materials with older adults in order to determine the types of messages, taglines and images that appeal to, and engage, them. The study sought to ascertain aspects of the campaign materials that were generally liked and disliked, to determine which types of taglines and images were effective in conveying particular messages, and to obtain suggestions for improvements on the materials.

Background to the Current Study

Target audience segmentation was based on data from a large-scale, quantitative study on the asthma knowledge and perceptions, and experience of respiratory symptoms, among older adults¹². The survey was mailed to 9,000 adults aged 55 years and over randomly selected from the Australian Electoral Roll, and was completed by 4,131 individuals (response rate 46.8%). The final sample included 4,066 respondents. The mean age of respondents was 67.9 ($SD = 9.0$) years; ages ranged from 55 to 96 years. Forty-five percent of the respondents were male, and individuals with an asthma diagnosis accounted for 17.7% of the sample.

Respondents with recent experience of breathlessness had significantly poorer general health and worse mood. Other key variables differentiated between those with and without an asthma diagnosis. Not surprisingly, respondents with an asthma diagnosis had higher asthma knowledge and higher asthma-related self-efficacy than those without an asthma diagnosis. Unexpectedly, individuals with an asthma diagnosis were more likely to consider that asthma was not a serious disease. Therefore, audience segmentation was determined by (a) the presence or absence of recent experience of breathlessness and (b) an asthma diagnosis. Four distinct audience segments were

identified: *Strugglers* (35%; $n = 1,303$), *Wheezers* (14%; $n = 540$), *Breathers* (3%; $n = 112$), and *Bloomers* (48%; $n = 1,792$)¹². *Strugglers* had recently experienced respiratory symptoms, but did not have an asthma diagnosis. *Wheezers* had an asthma diagnosis and had recently experienced respiratory symptoms. The smallest group, *Breathers*, had an asthma diagnosis, but had not recently experienced symptoms. *Bloomers* had neither asthma nor recent symptoms. The two key target segments selected for the campaign were those with recent respiratory symptoms: *Strugglers*, those without an asthma diagnosis; and *Wheezers*, those diagnosed with asthma.

Method

Message Development – What do we want to convey?

Messages were developed for each target segment based on the survey findings related to asthma knowledge and perceptions. The primary campaign aims were: to communicate that asthma can have serious consequences for those aged 55 years and over; and to increase community awareness of the importance of self-management of asthma among older adults. For both target segments, the aim was to promote active self-management of respiratory symptoms. The intent was to have one campaign with two distinct executions. The first message was to encourage *Wheezers* (those individuals with an asthma diagnosis who are experiencing symptoms) to take control of their asthma, properly self-manage it, and not allow their symptoms to lower their quality of life. The second message, targeting *Strugglers* (those individuals with symptoms but no asthma diagnosis), aimed to increase awareness that respiratory symptoms are not a normal part of getting older and, as the presence of these symptoms in older adults could indicate asthma, they should visit a health professional.

Materials Development – How do we convey the messages?

Three groups of designers developed campaign concepts to convey the message that asthma can have a serious impact on lifestyle, and that persons experiencing respiratory symptoms should take

action to manage them. Each group of designers was asked to utilise appropriate images, taglines and slogans to develop messages into a poster format to portray the benefits of controlling asthma symptoms. Designers were instructed that the designs would be utilised in various formats for different campaign communication strategies, including billboards, postcards, brochures, and webpages, in addition to the poster format. Each group designed one set of materials; consequently, three separate sets of campaign posters were developed for pre-testing.

The first campaign design was comprised of three posters (see Figure 1). The first poster targeted *Wheezers* and compared two older males with asthma: one was coughing and the other was energetically balancing his grandchild on his shoulders. The images compared one man who does not control his symptoms with another who has well-controlled symptoms and therefore is able to get more out of life. The other two campaign posters targeted *Strugglers* and highlighted a key symptom of asthma (i.e. breathlessness) that, when properly managed, should not hinder individuals in their daily life. One poster was of a man holding a small child in a wheat field with the tagline “Don’t let shortness of breath get in the way of life!”; the other poster depicted a golfer on a putting green with the tagline “Don’t let breathlessness hold you back!” All posters had “Be informed. Reclaim your life” at the bottom, along with the peak asthma organisation’s logo and toll-free information line number.



Figure 1. Campaign posters: “Be informed. Reclaim your life”

The second set of campaign posters illustrated that asthma symptoms should not get in the way of everyday activities (see Figure 2). Through the use of the phrase “This is not...”, each poster depicted an activity that would be difficult (or even impossible) for someone who does not properly control his or her respiratory symptoms. These posters targeted both *Strugglers* and *Wheezers*. The “This is not Mt Everest” poster showed a relatively flat golf green; the “This is not the stairway to heaven” poster showed the well-known stairs leading up to the Sydney Opera House; and the “This is not a two-man job” poster depicted a granddaughter helping her unfit grandfather mow the lawn. The text beneath the primary taglines highlighted key asthma symptoms and included prevalence statistics of asthma in older adults. The secondary tagline was “Get your life back”; the call to action was “Confront asthma today” followed by the toll-free information line number. Logos of the peak asthma organisation and the University were displayed in the bottom left-hand corner.



Figure 2. Campaign posters: “This is not...”

The third set of campaign posters, highlighting the fact that older people can develop asthma too, was primarily directed at *Strugglers*, using the tagline “Not just child’s play” (see Figure 3). The images were black outlines with sketched colour, akin to a child’s colouring-in book. One image showed a woman in a hospital bed with a respirator, while the other depicted a man sitting alone on a bench. The text stated that “1 in 10 Australians aged 55 and over suffer from asthma”. Both posters had the toll-free asthma information line number prominently displayed at the bottom, along with the logos of the peak asthma organisation and the university.



Figure 3. Campaign posters: “Not just child’s play”

Pre-Testing of Messages and Materials

Interested respondents from the initial survey provided their contact details for future participation in research; 289 participants provided an email address. Recruitment of potential participants for the pre-testing focus groups was undertaken via email. The target of 30 participants was recruited within 5 days.

Four focus groups involving 34 participants were held in community centres and libraries across the target region. There were between seven and 10 participants in each group. Twenty-two (64.7%) participants were female; participant ages ranged from 56 to 78 years ($M = 63.4$, $SD = 5.2$). Over one-third ($n = 12$) of the focus group attendees had been diagnosed with asthma at some stage of their life, and 15 had recently experienced respiratory symptoms. All four audience segments (*Strugglers*, *Wheezers*, *Bloomers* and *Breathers*) were represented in the focus groups.

Participants were shown each set of campaign posters separately and asked to comment on what they liked and disliked about the posters. The groups discussed the messages within each of the three campaign concepts, and the effectiveness of the taglines and the images. Participants

discussed the relevance of the posters to other individuals from their own demographic, and offered suggestions for improvement. Lastly, participants made suggestions for placement locations of campaign materials in the community. The order in which concepts were presented varied across the focus groups to minimise bias²³. Focus groups lasted for approximately one hour and were audio-taped.

The transcripts from the focus groups were coded to identify strengths and weaknesses of each proposed set of campaign posters on the basis of the chosen images, taglines, and how well they conveyed the campaign messages. The results are expressed qualitatively, highlighting common themes and opinions that emerged across the groups.

Results

The focus group participants engaged with the comparison of two people with asthma, but were unmoved by the two other posters from the first set of campaign designs (see Figure 1); they agreed that the comparison would largely appeal to those already diagnosed with asthma, as those without an asthma diagnosis may disregard the poster. The majority of participants engaged with the overall idea of the second set of campaign posters (see Figure 2); they thought it was clever to highlight the difficulty of everyday tasks for individuals that experience asthma symptoms. The third set of campaign posters (see Figure 3) was least liked by focus group participants; the majority disliked the images and commented that the posters would not appeal to older adults. The findings from the focus groups are organised by the different elements of the campaign posters: messages, taglines, images, and text, and suggestions for location placement of the campaign materials.

Messages

Participants discussed their perceptions of the messages conveyed in the posters, and commented on the clarity of those messages. They also judged the importance and personal relevance of the messages to themselves and others in the target demographic. Some participants noted that the

posters could be promoting a number of things, and only realised that the messages were about asthma after reading the smaller text.

"I'd read that and discount it. It certainly wouldn't leap out at me as being anything about asthma. I would presume that it's more related to something like a heart condition, and knowing I don't have a heart condition I wouldn't read any further" (Focus Group 2)

While some participants stated that it was not initially obvious that the posters were about asthma, others commented that this might make campaigns more effective in reaching those without a diagnosis. When campaign messages were obviously about asthma, participants without a diagnosis tended to ignore the messages because they did not perceive that they could develop asthma at their age.

"To me if I haven't developed asthma by now I think 'I won't have it'" (Focus Group 1)

Many participants mentioned that if they read the word "asthma", or the logo of a known asthma organisation was prominently displayed, they would automatically assume that the message was not relevant to them if they do not have asthma.

"If I see the asthma logo, I wouldn't read any further, because I don't have asthma... I wouldn't read any further, because I'd think I'm overweight and I'm out of condition" (Focus Group 2)

Participants suggested that older adults without an asthma diagnosis may engage with the campaign if the messages highlight key symptoms and the impact they have on daily activities, without an initial emphasis on the word "asthma".

"I think that the biggest problem you face is everybody, and I'm just as guilty, everybody thinks 'it's never going to happen to me'" (Focus Group 3)

“It’s just that I think that after 55 if you have any of these symptoms the last thing you think of is asthma I guess” (Focus Group 1)

Participants responded well to the phrase “shortness of breath is not a normal part of getting older”, as they were engaged by facts that they did not already know. In the same way, it was noted that the posters would be more effective if they emphasised lesser known symptoms like tightness in the chest, in addition to the obvious symptoms such as wheezing, and relate these to asthma in older adults.

“I just would make it just more specific symptomatic things... What about coughs and wheezing – and or – wheezes or coughs at night” (Focus Group 2)

Participants responded positively to the comparison between the two people with asthma; many commented that it was clever to show the difference in quality of life between controlled and uncontrolled asthma (Figure 1). It was noted that Bill looked younger than Frank, which could be contributing to his seemingly better health. They suggested that the two individuals being compared be the same age so that the only difference impacting on their health is the presence of asthma control.

“It’s got the wow factor... I like that one, two men, you see one really fit, but of course one’s a lot younger than the other one” (Focus Group 3)

“I quite like it. I think it’s good having two, that’s what draws your attention, the fact there’s two different things on it. So I actually think that attracted me...” (Focus Group 1)

Taglines

Participants commented on the taglines in the three sets of campaign posters. The catchphrase “Reclaim your life” was well-received by participants; they liked the empowering nature of the

phrase, though some participants commented that the language could be simplified to reach a wider audience.

*“I like the catchphrase ‘reclaim your life’ it asserts what the problem is... I like that
It’s all about being informed (Focus Group 3)*

Participants also liked the phrase “Get your life back”, commenting that it was direct and simple. Most participants responded positively to the phrase “Confront asthma today”, although some felt that the use of “confront” had negative connotations.

*“But ‘get your life back’ is much better than ‘reclaim your life’, more simple speak” (Focus
Group 2)*

Overall, participants were attracted by the combination of image and tagline in the “This is not...” posters, and were intrigued to read further to find out what the campaign was about. Participants engaged with the taglines “This is not a two-man job” and “This is not Mt. Everest”, but did not engage readily with the “This is not the stairway to heaven” tagline.

*“The tagline I think is quite good, ‘this is not a two-man job’ so it makes me ask the question
to look at an answer of ‘why’ so it got my interest in looking at it, which then was why I
would then look further and read on. I really like this one” (Focus Group 1)*

*“I think that says it all because that ultimately indicates that there’s just so much of life
that’s lost by having asthma. It appeals to me immediately...” (Focus Group 1)*

The tagline of the third campaign confused some participants. They noted the phrase “Not just child’s play” means that something is easy, whereas the designers intended for the phrase to have an alternative meaning: i.e., that asthma does not only affect children.

“I don’t get this message at all” (Focus Group 3)

Images

Participants commented on the appropriateness of the images and the extent to which they would engage and attract the attention of older adults. Some participants preferred “anonymous” images (with people, but no faces or distinguishing features) so more people could relate to it, and the image did not “take away” from the message. However, most participants commented that these types of images were often boring and would not gain their attention. In order to add life to the posters, participants suggested the images should portray older adults who are at least 55 years old, both males and females, and who are “everyday people”, thereby allowing the target audience to identify with them.

“I think too because he’s not a model, he’s out of condition he has that ... beer barrel there, I think that’s quite good too, that’s very natural. It’s very normal...” (Focus Group 4)

“But they’re all males – no females

Again we’ve got to target the men who think they’re invincible

But women get asthma too as they get older” (Focus Group 4)

The audience needs to be able to relate to the activities depicted in the campaign. Some participants indicated they would disregard the posters with images of golf courses because they were not golfers and thus could not relate to the images, even though they recognised that golf was a common sport amongst people over 55 years. They suggested changing the setting from golf to another everyday activity so that more people could identify with the people in the campaign.

The image of the Sydney Opera House was perceived as being too general and could be interpreted as being a tourist advertisement. Participants recommended an image of another set of stairs, perhaps a staircase that is climbed more regularly by people in the target community than those at the Sydney Opera House, as well as ensuring an older adult is in the image.

“I think I would look at it and say well I don’t really climb Mount Everest, the Opera House, I’m not there every day – so what, whereas this with family, most of us have a garden, most of us have mowing, so that’s more part of everyday life” (Focus Group 1)

Participants responded positively to images that contained both older adults and children, illustrating a relationship between grandparents and grandchildren.

“I don’t have a family but I quite like the idea and can relate to the idea of a grandfather and granddaughter trying to help him” (Focus Group 2)

“This one actually puts the human element in it” (Focus Group 3)

“... this one here I really like this one because it does have some dynamic to it. It’s unusual because you don’t see that one every day so it attracted my attention to it. And the fact it’s got the very young girl and older man there and the two of them working together, that’s not a usual thing that I see, so that attracted me to it and it’s actually dynamic because they’re doing something together which is out of the ordinary” (Focus Group 1)

The images in the “Not just child’s play” posters were perceived as being too confronting and extreme. These types of images did not resonate well or engage participants to interact with the campaign.

“That’s really extreme...”

“Yeah, a softer approach would probably be nicer” (Focus Group 1)

Text

Contrasting the colour of the text on the chosen image was identified as being important. Many participants commented that grey text on a green background, for example, made it difficult to read because the text blended into the graphic. They emphasised that the text should be in stark contrast to the image, and the font size be large and in bold type for maximum readability.

Most participants suggested that the call to action text be more prominent on the poster, and that a website should be an option for people who would like more information. It was suggested that the size of the text be increased to draw attention to the call to action.

“A lot of people would think ‘I want to ring 1800’ to find out how I got asthma, am I getting asthma’...

A website - put the website” (Focus Group 4)

Placement of Campaign Materials

In addition to discussing the look and feel of the campaigns, focus group participants suggested a variety of locations for placement of the print materials, including posters, billboards, brochures, and postcards. The places that were consistently recommended were community centres and libraries, doctors’ surgeries and community medical centres, pharmacies and chemists, and the waiting rooms of other health professionals including physiotherapists, podiatrists, and dentists. Participants also proposed other locations where older adults tend to go such as gyms and leisure centres, cafes, shopping centres and grocery stores, sports clubs, and other community clubs. Other options suggested for placement of the print materials included bus shelters and on buses, train stations and on trains, the Internet, local newspapers, and publications produced specifically for seniors in the local area.

Discussion

Participants highlighted positive and negative aspects of all three sets of campaign posters and suggested specific modifications to the images, wording and amount of text, font size, and colour contrast. Focus group participants preferred the first and second sets of campaign designs “Be informed. Reclaim your life” and “This is not...” over the third campaign design “Not just child’s play”. Participants thought it was clever to highlight the potential difficulty of everyday tasks – like walking along a flat stretch of ground, going up stairs, or mowing a lawn – for individuals that

experience asthma symptoms. Participants also agreed that a comparison between two people with asthma would largely appeal to those already diagnosed with asthma; those without an asthma diagnosis may perceive the message as being irrelevant and disregard the poster. Participants preferred images that included people, and commented that this would complement the health messages and increase engagement with the posters.

The overall impressions, reactions and comments of participants from the target audience should be integrated into the design of final campaign materials. Focus group findings from the current study revealed key features of health promotion materials that older adults responded well to, as well as those aspects that they did not find appealing or engaging. These aspects emerged across all the focus groups, and are summarised in Table 1. Many of the features that appealed to participants involved the “human element”; the inclusion of people in campaign materials who portray relationships and activities that they can personally identify with.

Table 1. Features that older adults want and do not want in health promotion materials

What older adults want	What older adults do not want
<ul style="list-style-type: none"> ✓ The depiction of the relationship between grandparents and grandchildren. This special relationship resonates with the target audience and seems to be an important motivator for older adults to take care of their health. ✓ The depiction of activities that older adults can relate to e.g. everyday activities like completing household chores, taking the dog for a walk, and walking up a set of stairs. ✓ Images of ordinary older adults that the target audience can identify with. ✓ The comparison of two people with a disease to highlight that proper management of symptoms can make a significant difference in health-related quality of life. ✓ New information that the target audience were previously unaware of; older adults liked learning something that they did not already know e.g. the prevalence of a condition or little-known information about specific symptoms. ✓ Questions that allow older adults to be active participants in the campaign and encourage them to think about the key message e.g. “Could it be asthma?” and “Can you spot the difference?” ✓ Positively toned, empowering messages with a focus on the things older adults can do about their health and their ability to take control. ✓ Clear call to action to ensure that the target audience know what it is that they are being encouraged to do. ✓ Direct and simple language, concisely written in short sentences or bullet points. 	<ul style="list-style-type: none"> ✗ Images and messages that are too extreme or confronting. Older adults are likely to disregard this style of health promotion. ✗ The one “type” of person depicted in the campaign, to the exclusion of others e.g. only including older white males, and no females or other nationalities. ✗ Generic images of scenery that have no people in them and that tell no story. ✗ Prominently displaying the name of the particular disease when individuals in the target segment are undiagnosed and/or unaware of the disease. ✗ Taglines that are confusing to the target audience, that do not make sense, or could have multiple meanings. ✗ Information overload; having too much text on the materials or trying to convey multiple messages. ✗ Words and messages with a negative tone e.g. the word “confront” did not appeal to some in the target audience.

Three interesting themes emerge from the data. Firstly, older adults experiencing shortness of breath, without an asthma diagnosis, do not perceive that messages about asthma are relevant to their own health. In the current study, the two target audience segments needed distinct messages, and therefore, necessitated separate designs for health promotion materials. For example, prominently displaying the word “asthma” would engage *Wheezers*, but may cause *Strugglers* to disregard campaign materials. The findings suggest that target populations should not be treated in a homogenous manner, as different segments require different campaign materials. Secondly, older adults without an asthma diagnosis would likely attend to messages focused on specific symptoms that they are experiencing. This position is supported by research and theory indicating that individuals attend more to relevant messages²⁴, and are more likely to change their health attitudes and behaviours when messages are perceived as relevant²⁵. Thirdly, older adults engage more with health promotion materials when they can “see themselves” in the images and messages. This familiarity occurred when there were images of people of the same gender, age and race, as well as when the image depicted relationships with which they had an emotional link. The depictions of the relationship between grandparents and grandchildren resonated particularly well in this study. Previous studies have demonstrated that messages that are emotionally meaningful are preferred, and are recalled more easily by older adults²⁶.

Limitations

Particular limitations are associated with focus group data collection and analysis. The participants were a convenience sample from the general population of older adults in the region, spread across the four audience segments. This methodological feature limits the generalisability of our findings. While the findings of this study cannot be generalised to the entire older Australian population, we can assume that the shared opinions and perceptions of focus group participants are indicative of their particular communities, and may be of value to those interested in targeting health promotion interventions toward similar communities of older adults. Focus group research relies heavily on the

skills of both moderators and data analysts; thus, bias may be present in the processes of data collection and transcript coding. These limitations were minimised by following standard protocol throughout the research process, from data collection to coding and final analysis. Importantly, this study has a number of strengths. The pre-test materials were informed by data from a large-scale survey with a sample of older adults randomly selected from the Australian Electoral Roll. Researchers tested three sets of professionally designed materials with expert input from a peak asthma organisation, as opposed to simple storyboards that are often utilised in pre-testing.

Conclusion and Recommendations for Asthma Educators

Social marketing campaign messages and materials about asthma were developed for an older adult population based on quantitative survey data. These messages and materials were then qualitatively pre-tested with older adults to ascertain the types of health promotion messages, taglines and images that appeal to this target audience. The primary finding from the focus groups was that older people want a “human element” to be depicted in campaign materials. This includes having people in the images that they can relate to, portraying important relationships (e.g., that of grandparents and grandchildren) and everyday activities that they can readily identify with. It is crucial for this human element to be present so that older adults actually engage with campaigns. Older adults without an asthma diagnosis who are experiencing respiratory symptoms did not find direct messaging about asthma salient; these individuals are likely to respond better to messages centred on specific symptoms. Campaigns should also present novel information that the target audience is largely unaware of, and engage the audience by asking questions. The focus of messages should be positive, rather than negative or confrontational, and should clearly promote the targeted health behaviours. Text on the materials needs to be direct and concise. Campaign materials should be placed in locations where older adults have the opportunity to see and interact with them. Such locations could include medical centre waiting rooms, pharmacies, libraries, community centres, bus shelters and shopping complexes. Health promoters should consider these elements and incorporate

them into campaigns directed at older adults to ensure maximum audience engagement and, subsequently, improvements in the targeted health behaviours.

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