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## Developing community-level social marketing messages to raise awareness of asthma in older Australians: preliminary results

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### Abstract

**Background:** While asthma awareness campaigns are generally aimed at children and their parents, asthma affects a similar proportion of older adults, often with more severe health consequences. Adults aged 55 years and over often have misconceptions about the severity of asthma and their likelihood of developing the disease. A targeted asthma awareness campaign utilising social marketing techniques could benefit the health outcomes and quality of life of this population.

**Objective:** We aimed to pilot test our survey in the older adult population and to learn more about older adult's asthma perceptions.

**Methods:** One-hundred and fifteen adults aged 55 years and over completed a self-report survey about their asthma knowledge, beliefs and perceptions.

**Results:** Preliminary results reveal that the majority of older adults do not think that they are susceptible to developing asthma. In terms of perceived severity, almost all respondents answered that it was serious. On the basis of these asthma beliefs, the audience was segmented into four groups.

**Conclusions:** Understanding older adults' perceived susceptibility and severity allowed the segmentation of the audience according to health beliefs and perceptions about asthma. This has useful implications for message development and specific proposed health behaviours for each group.

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## **Background**

Asthma awareness campaigns are generally aimed at children, their parents and caregivers. However, asthma affects a similar proportion of older adults (11.3% of children aged 0-14 vs. 9.0% of adults aged 55 years and over), often with more severe consequences including higher mortality rates and reduced quality of life (Australian Centre for Asthma Monitoring [ACAM], 2008). In 2006, 92% of deaths attributed to asthma were people aged over 45 years (Australian Institute for Health and Welfare, 2010). While asthma mortality rates have steadily declined over the last two decades, decreasing by almost 70%, the mortality rates for adults aged 65 years and older have recently levelled out and were even slightly increased in 2006 (ACAM, 2008).

Older adults often have misconceptions about the severity of asthma and underestimate their risk of developing the disease (Andrews & Jones, 2009). Further, there is evidence to suggest that up to 50% of older adults with respiratory symptoms could be undiagnosed asthmatics, who would benefit from accurate diagnosis and treatment (Wilson, Appleton, Adams, & Ruffin, 2005). The researchers of these studies recommended the development and evaluation of asthma promotion programs aimed at older people.

One approach that has been successful in enabling positive change in health behaviours is the application of the social marketing framework (Kotler & Lee, 2008). Health-related social marketing is the use of traditional marketing techniques, along with other theories, to enable health behaviour change and ultimately to improve health (National Social Marketing Centre, 2007). A targeted asthma awareness campaign utilising social marketing techniques could benefit the health outcomes and quality of life of this population.

Furthermore, an understanding of the asthma-related perceptions of older adults allows for the development of appropriate campaign messages in order to evoke voluntary behaviour change (Andrews & Jones, 2009). Identifying these perceptions will also provide the basis for audience segmentation, enabling campaign messages to be tailored to the information needs of different groups of older adults (National Social Marketing Centre, 2007).

The aims of the current study are to pilot test our survey in a population of adults aged 55 years and over and to gain an understanding of the asthma beliefs held by older adults.

## **Method**

**Instrument:** The survey developed for the baseline study contained questions on asthma knowledge, health beliefs, self-efficacy, health-related quality of life, health information sources, and media usage. This paper reports on the health beliefs of the respondents in the pilot sample. Two questions were asked about perceived susceptibility to, and severity of, asthma. Regarding perceived susceptibility, respondents were asked "What do you think is the likelihood of you getting asthma" and chose their answer from a five-point Likert scale ("Very Unlikely" to "Very Likely"). Those respondents that had an asthma diagnosis could state that they had asthma. To determine perceived severity, respondents were asked "How serious do you think asthma is?" and answered on a five-point Likert scale ("Not at all serious" to "Very serious").

Sample: The survey was completed by 115 adults aged 55 years and older in suburban New South Wales, Australia. The majority of these adults ( $n = 93$ ) were approached to participate as they travelled on inter-city trains, where they completed the survey in transit. Between October and November 2010, we will conduct a postal survey of random sample of 9,000 older adults from three regions in NSW, Australia. The survey will be mailed to the sample, followed by two reminders sent at two week intervals in order to increase the final response rate (Dillman, 2000). Based on previous research, we expect a response rate of at least 30%, and thus are anticipating a minimum of 3,000 completed and returned surveys. This research is currently in progress. Data from the larger sample will be analysed and interpreted before the conference. The following are preliminary results from the pilot data.

### Results

There were 115 respondents in the pilot sample, ranging in age from 55 to 86 years ( $M = 68.3$ ,  $SD = 7.1$ ). Females outnumbered males, 69.6% to 30.4%. Consistent with national statistics, 11.3% of the sample had been diagnosed with asthma. Of the thirteen respondents with asthma, almost one-third (30.8%) were diagnosed when they were 45 years or older.

#### Perceived Susceptibility

The majority of respondents perceived that they were not susceptible to developing asthma (Table 1).

Table 1. *Older adults' perceived likelihood of being diagnosed with asthma*

Likelihood (Likert Scale)	%	<i>n</i>	Likelihood (Dichotomous)	%	<i>n</i>
Asthmatic	11.3	13	Asthmatic	11.3	13
Very likely	11.3	13			
Likely	6.1	7	Likely	24.3	28
Somewhat likely	7.0	8			
Unlikely	31.3	36	Unlikely	63.5	73
Very Unlikely	32.2	37			
Missing	0.9	1	Missing	0.9	1
Total	100	115	Total	100	115

Nearly two-thirds (63.5%) of respondents answered that it was unlikely (31.3%) or very unlikely (32.2%) that they would ever be diagnosed with asthma. Less than a quarter of the sample (24.3%) responded that it was somewhat likely (7.0%), likely (6.1%) or very likely (11.3%) that they could develop asthma. More than one in ten (11.3%) respondents reported that they had asthma, and thus could not answer this question.

### Perceived Severity

Nearly all respondents (96.5%) perceived that asthma was a serious disease; stating that asthma was somewhat serious (11.3%), serious (40%), or very serious (45.2%) (Table 2).

Table 2. *Older adults' perceived seriousness of asthma*

Seriousness (Likert Scale)	%	<i>n</i>	Seriousness (Dichotomous)	%	<i>n</i>
Very serious	45.2	52			
Serious	40.0	46	Serious	96.5	111
Somewhat serious	11.3	13			
Not serious	1.7	2	Not serious	1.7	2
Not at all serious	0	0			
Missing	1.7	2	Missing	1.7	2
Total	100	115	Total	100	115

Only two respondents answered that asthma was not serious (1.7%), and no one in the sample responded that asthma was “not at all serious”.

### Segmenting based on asthma perceptions

The possible combinations of older adults' health beliefs in relation to perceived susceptibility to, and severity of, asthma provide the basis for segmenting the population (Table 3).

Table 3. *Segmentation according to asthma perceptions*

Segment	Asthma Perceptions		%	<i>n</i>
	Perceived Likelihood	Perceived Seriousness		
Serious for others	Low	High	63.7	72
Serious for me	High	High	24.8	28
Affected asthmatics	Currently has asthma	High	9.7	11
Unaffected asthmatics	Currently has asthma	Low	1.8	2

The largest segment “Serious for others” (63.7%) believes that asthma is a serious disease, however they perceive that it is not personally relevant as they are not likely to develop the disease. Around a quarter of the sample could be segmented as “Serious for me”; these people perceive asthma to be serious, and also believe that it is likely that they might develop it in the future. The smaller segments of asthmatics have been divided according to their beliefs about asthma severity. “Affected asthmatics” believe that their disease is serious, while “Unaffected asthmatics” do not perceive that asthma is a serious disease.

## Practical Implications

This pilot study gives an indication of the asthma beliefs and perceptions of older adults. The results of the upcoming baseline survey will provide the basis for the formation of a social marketing campaign to raise awareness of asthma in older adults in an Australian community.

The proposed segmentation of the older adult population into four groups has specific implications for message development and affects the health behaviours encouraged through the campaign. Grouping the target audience into segments of “Serious for others”, “Serious for me”, “Affected asthmatics” and “Unaffected asthmatics” enables a strategic and targeted health promotion and behaviour change effort. It was interesting to find that there was no group of people that perceived asthma as not serious, with the exception of a small group of asthmatics. All non-asthmatics responded that asthma was indeed serious. Raising awareness of the disease and encouraging a visit to the doctor upon experiencing respiratory symptoms are particularly important for the potentially undiagnosed asthmatics, which are the two largest segments, “Serious for others” and “Serious for me”.

Those adults in the “Serious for others” segment perceived that asthma was serious, but believed that they were unlikely to develop the disease themselves. This means that asthma is perceived as a real problem for others (based on previous research, most likely children and young people), but not for them personally. Upon hearing asthma-related messages, this segment is likely to ignore the communication because they would assume that it is not at all relevant to them. Campaign messages targeting this segment should address the prevalence of asthma in older adults, concentrating on the actual risk of developing the disease. Further, the messages aimed at the “Serious for others” segment should emphasise that the respiratory symptoms of asthma can be treated and are not a normal part of ageing.

The adults in the segment “Serious for me” perceived that it was likely that they would develop asthma at some stage, and that the disease is serious. As this group believes that they could be affected by asthma and that the consequences could be severe, they have the highest probability of paying attention to the campaign messages. The important message for this segment would involve raising awareness of the primary asthma symptoms. More than that, the “Serious for me” adults could be more easily persuaded to voluntarily visit their doctor upon experiencing the primary symptoms of asthma.

One in ten people in the sample were “Affected asthmatics”; those with a current asthma diagnosis who perceived that asthma was serious. These adults are likely to take note of asthma messages, as they understand the severity of the disease and have experienced the symptoms themselves. Messages to this segment should focus on promoting positive health behaviours to improve respiratory health. The smallest segment, and arguably the most difficult to change their health beliefs, was the “Unaffected asthmatics”. These adults have asthma, but perceive that it is not serious. This segment could benefit from understanding the consequences of not properly managing the disease, and should also be encouraged to incorporate healthy respiratory behaviours into their daily activities.

It is expected that these findings will be substantiated, and potentially built upon, with the data from the larger baseline survey sample.

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