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Abstract

At least 420,000 Australian adults aged 55 years and over, or one in 10, currently have asthma (Australian Centre for Asthma Monitoring 2008). Asthma is under-diagnosed, often misdiagnosed, and undertreated in the older adult population in Australia (Gibson, McDonald and Marks 2010, Marks and Poulos 2005, Wilson et al 2001) as it is overseas. Contrary to the perception that asthma is a childhood disease, asthma can develop in older adults (Adams and Ruffin 2005). The risk of dying from asthma increases with age (AIHW 2010). While the overall mortality rate has decreased by almost 70% since 1989, much of this could be attributed to health promotion efforts directed largely at children and their parents and caregivers (Australian Centre for Asthma Monitoring 2008). In addition, the effects of asthma on quality of life lead to a significant asthma burden. Around 70% of the asthma burden in older adults is due to years lost on account of disability (Australian Institute for Health and Welfare 2010). Previous qualitative research has shown that older adults perceive that asthma is not serious and would not impact their lives (Andrews and Jones 2009).

Keywords

asthma, awareness, messages, older, australians, breathlessness, not, normal, part, aging, development, testing

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Breathlessness is Not a Normal Part of Aging: Development and Testing of Asthma Awareness Messages for Older Australians

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Introduction

At least 420,000 Australian adults aged 55 years and over, or one in 10, currently have asthma (Australian Centre for Asthma Monitoring 2008). Asthma is under-diagnosed, often misdiagnosed, and undertreated in the older adult population in Australia (Gibson, McDonald and Marks 2010, Marks and Poulos 2005, Wilson et al 2001) as it is overseas. Contrary to the perception that asthma is a childhood disease, asthma can develop in older adults (Adams and Ruffin 2005). The risk of dying from asthma increases with age (AIHW 2010). While the overall mortality rate has decreased by almost 70% since 1989, much of this could be attributed to health promotion efforts directed largely at children and their parents and caregivers (Australian Centre for Asthma Monitoring 2008). In addition, the effects of asthma on quality of life lead to a significant asthma burden. Around 70% of the asthma burden in older adults is due to years lost on account of disability (Australian Institute for Health and Welfare 2010). Previous qualitative research has shown that older adults perceive that asthma is not serious and would not impact their lives (Andrews and Jones 2009).

In the past, asthma-related health promotion has been primarily aimed at children and their caregivers. However, there is a demonstrated need for community-focused asthma awareness campaigns targeting older adults (Barnard, Pond and Usherwood 2005). The university research centre, in collaboration with a leading NGO, was awarded an ARC Linkage grant to develop a social marketing campaign targeting adults aged 55 years and over who have (or have symptoms of) asthma. The overall aim of the campaign is to increase community support for the self-management of asthma among those aged 55 years and over, and to communicate that asthma can have serious consequences for older adults. The theoretical framework underlying the message development was the Health Belief Model – notably that they need to perceive that asthma is *serious*, that they are *susceptible* to developing; believe that the *benefits* of taking action to reduce asthma symptoms outweigh the *costs*; and be exposed to appropriate and motivating *cues to action* – and the process was guided by the NSMC Benchmark Criteria for social marketing. The final campaign materials will be disseminated into the local community via a targeted social marketing campaign; this paper reports on the development of the campaign messages.

Method

Development of Message Concepts

A campaign brief was given to three groups of designers to create targeted campaign materials, based on the formative research (*insight*) and the HBM (*theory*). The campaign has two distinct target audiences (*segmentation*), those with and without an asthma diagnosis, who need to be targeted with two distinct messages. The brief emphasized that the overall aim of the campaign is to increase community support for the self-management of asthma among those aged 55 years and over (*customer orientation*), and to communicate that asthma can have serious consequences for older adults (*exchange*). They were also told that the campaign materials should be designed to ensure they communicate the key messages: (a) Older people can get asthma too; getting breathless is not a normal part of ageing; (b) Asthma can have a serious impact on health and lifestyle; (c) If you have asthma, do not put up with your symptoms, control them – asthma shouldn't stop you living well; and (d) If you are experiencing respiratory symptoms, see your doctor or call the information line (*behaviour*). Three distinct campaign designs were developed for testing with the target audience: (1) “Be Informed. Reclaim your life.” (2) “This is not...” and (3) “Not just child's play.”

Testing of Message Concepts

Participants were randomly selected from a pool of 300 older adults who have taken part in the project's baseline survey (a mail-out survey send to NSW residents aged 55 years and over living in the designated postcodes and registered on the Electoral Roll) and provided their email address for the purpose of participating in further research. Four focus groups were conducted with a total of 34 participants (between seven and 10 participants per group). Almost two-thirds of participants were female. Participants were aged 56 to 78 years, with an average age of 63 years. Over one-third of focus group attendees had been diagnosed with asthma at some stage of their life. Participants were shown the different message concepts and executions and asked to comment on what they thought the message was, who the target audience might be (and who the message would be relevant to), what they liked and didn't like about each execution, and any suggestions they had for improving the messages.

Results

There was not an overall preference for one of the campaigns. One execution from the "Be informed. Reclaim your life" execution ('Frank and Bill') was preferred for the 'diagnosed' target groups; and the 'This is Not' executions were preferred for the 'undiagnosed' group. The focus group participants highlighted positive and negative aspects of all three campaigns which, in combination, provided clear directions for development of final campaign materials.

Images: The participants emphasized the importance of having people in all of the advertisements. They responded particularly well to images of people interacting with their grandchildren, and people engaged in everyday activities in natural settings. It was clear that there was a need to draw a careful balance between images of people who were 'clearly over 55' and people who were 'old people' (which is not how the target audience sees themselves). Participants responded very positively to the advertisements showing a comparison between two people with asthma (one under control and one not under control); and commented that it was clever to show the difference in quality of life. *Tagline and messages:* Participants liked the use of taglines such as "Get your life back", "Reclaim your life" and "Confront asthma today" because of their simplicity and the sense of empowerment conveyed by the phrases. They also commented favourably on the use of the text "shortness of breath is not a normal part of getting older". Participants also recommended that we include more information about specific symptoms. *Text and layout:* Participants made some specific recommendations about layout, including: making the call to action more prominent; reducing the amount of text; increasing the size of the text and altering the colour to increase contrast and improve readability from a distance.

Next steps

The results of this research were utilized to refine the campaign messages and develop a series of executions for each of the two audience segments. The final materials consisted of A4 and A3 posters, bus shelter posters, postcards, flyers and a website – which will form the basis of a social marketing intervention (methods mix), implemented across the region in early 2012. A pre-intervention survey has been distributed to the community and 817 completed surveys (response rate = 75.1%) have been returned to date; the survey will be repeated at the completion of the campaign to assess changes in knowledge and attitudes relating to asthma in this age group.

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