



Curtin University

ADULT WATER SAFETY PROGRAM 2021 IMPACT EVALUATION

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KEY FINDINGS & IMPLICATIONS

Background

Drowning amongst older people is a growing concern. Those aged over 45 years continue to be over-represented in drowning events in Western Australia (WA), with over 50% of drowning deaths in 2019-20 (1). This report presents the first (T1) and second phase (T2) evaluation findings of the WA Adult Water Safety Program (AWSP). The AWSP focuses on older people aged 45+ years with the specific aim to increase knowledge and skills regarding the prevention of drowning in and around water, by focussing on key drowning trends, risk factors and prevention strategies as well as address swimming ability, water safety and lifesaving skills in the target group. One key strategy is the 'Make the Right Call' campaign (the Campaign). In 2020-21 the Campaign incorporated a Perth-wide radio advert (boating and lifejackets), and an outdoor execution consisting of eight posters in specific locations (including public pools, regional visitors centres and events attended by AWSP program staff).

Evaluation approach

The evaluation was conducted for the period July 2020 – June 2021 using a population level, cross-sectional online survey.

For reference throughout the report, we refer to time point one (T1) (Baseline) (October-December 2020) (n=158) before the first wave of the Campaign and time point two (T2) (April-July 2021) following the Campaign media wave (n=258). Collection protocols required an equal proportion of males and females; an 80%/20% metropolitan/regional split; and a 65%/20%/15% split of age categories (45 – 64 years/65 – 74 years/75+ years).

Descriptive statistics summarised: demographics; water-based activity; drowning and water safety; and radio campaign recall. Independent t-tests analysed: alcohol consumption and knowledge. The report summarises travel by T1 participants as well as current campaign recall and recognition and key messages, advertising diagnostics, and behavioural intent from T2 participants. Comparisons are made by time point (T1 and T2) as well as by age (45 - 64 years and 65+ years), gender (male and female) and country of birth (Australian and overseas born); however, reports only comparisons of interest. Finally, COVID-19 restrictions during 2020-2021 did not appear to affect online data collection, however did reduce the potential to collect intercept data due to availability and access to smaller numbers in relevant settings.

Key findings and implications

Demographics

The data collection protocols were generally met, however participants from the metropolitan area were slightly overrepresented and participants aged over 75 years are under represented. All participants born overseas had lived in Australia for a relatively short period of time (1 - 5 years) which may give a distorted view of the overseas born population in Western Australia. There were no significant differences in the demographic responses of participants when comparing time points.

Swim ability & water-based activities

Participants indicated they could swim, though less than half indicated they could do so well. Around one in ten participants indicated they did not participate in any water-based activities in the past year; more than has been reported in previous years. Participants at both T1 and T2 indicated they were most likely to swim in a pool or ocean in flat water. Fishing and boating round out the top four activities undertaken. Activities were most often recreational. Most participants had undertaken formal swimming lessons; younger participants were more likely to have completed lessons during their school years. Consistent with previous reports and the literature, findings suggest that the target group would benefit from encouragement to continue developing their swim ability and continue to engage in water-based activity safely in order to preserve quality of life, health and wellbeing (2, 3).

Most participants indicated they had participated in risk-taking behaviour in the past 12 months, most commonly water-based activity alone. Male risk-taking behaviour is well documented in the literature (4-6) and consistent with the results, male participants were more likely to not wear a lifejacket whilst boating. Messages targeting social norms and these particular behaviours may be of benefit in future campaign executions.

Health & wellbeing

Most participants did some form of physical activity on at least three days of the previous week, however one in ten participants had not undertaken any physical activity in the past week. Over half of the participants were taking prescription medication, mostly for one condition only. As one might expect, the younger cohort were less likely to be taking prescription medication regularly. Pre-existing medical conditions, medication use and alcohol consumption increase the risk of drowning in older adults (2, 7, 8) and continue to be important risk-factors for the AWSP program.

Alcohol consumption was the same at T1 compared with T2; more than half of participants at both time points reported drinking alcohol at lower risk levels. Male participants had higher AUDIT-C scores compared with female participants at both time points. This reflects similar alcohol consumption patterns in previous reports. Alcohol consumption continues to be an important factor across all age groups.

Measured at T1 only, Personal Wellbeing Index scores were high (M=75.4). This is comparable to the normative mean ranges for Australia (73.4 – 76.4) (9). Research into the impact of wellbeing on risk-taking and water-based activity in general may allow for strategic message segmentation for the target group.

Travel

Most participants had travelled within WA at T1; the majority travelling for short periods of time (1- 2 weeks), with at least one other person. Those born overseas and older participants were more likely to travel with one companion whilst those younger and Australian born more likely to report they travelled with multiple people. Overseas born grandparents were more likely to take their grandchildren on holiday (without their parents). As we would expect, older participants were more likely to make decisions in cooperation with family and friends not travelling with them and discuss their travel plans with their health provider.

Few participants perceived injury or drowning as a risk when travelling, ranked least likely to occur compared with other injury and illness. All types of water-based injury were considered unlikely, especially injury involving consumption of alcohol. Alcohol is a known risk factor for drowning in older adults (3, 10, 11) and whilst the literature indicates that Australians are more likely to drink around water on public holidays (12), this is also likely true when travelling (13). Given the alcogenic aquatic nature of many travel destinations, the AWSP should consider the addition of messages around alcohol consumption. Understanding location is critical. This includes determining: locations frequented by travellers in destinations to improve information dissemination channels; the role that alcohol plays in choice of destination; and the impact of location on propensity to take risks.

Knowledge

Participant knowledge scores were high at both time points, with no significant difference by time point or age. This finding may indicate survey participants are more knowledgeable about water safety measures than the general population. When asked to rank the reasons people their age drown, answers did not differ significantly between time points. Poor swimming skills and alcohol use during activities were the top two contributing factors at both time points. Interestingly, at both time points males considered alcohol use a greater contributing factor to drowning, versus females and younger participants who considered

being unfamiliar with water conditions as more important. Australian born participants were more likely to rank being born overseas a drowning risk compared with those born overseas. This is consistent with findings from previous research (14), indicating that Bondi bias continues to influence perception of drowning risk.

Attitudes & beliefs

Attitudes and beliefs about water safety measures were mostly positive, with the majority of participants agreeing with all measures. Female participants were more likely to see the benefit of first aid and water-safety skills as well as the use of lifejackets for all people when on a boat. Male participants were less likely to rate engaging in activities around water without first aid or resuscitation skills as a high risk. When coupled with the overall attitudes and beliefs around resuscitation as a preventive strategy, perhaps a targeted campaign reminding males of the importance of resuscitation skills is warranted.

Participants were less certain about their own personal risk. Participants were aware that capabilities would reduce with age and they were generally less confident about their ability to take care of themselves in an emergency. However, the effects of age were less likely to cause concern for younger participants. This is consistent with formative evaluation findings. Most participants rated the risk for combining alcohol and prescription medication and then undertaking water-based activity, consuming alcohol when undertaking water-based activity and not wearing a lifejacket whilst boating or rock fishing as moderate or high for people their age. This is consistent with current literature. The unpredictability of conditions, risk and responsibility around alcohol consumption, and the impact of current medical conditions have been identified as barriers for water-based activity (14).

Overseas born participants were more concerned about the risks associated with unfamiliar locations and less likely to think they could take care of themselves in an emergency in or around the water. This finding highlights the continued need for water safety education for those born overseas. Strengthening links between RLSSWA multicultural swimming lessons and water safety classes, such as AWSP's 'Aqua Skills 55+' program is recommended.

Social norms

Approval ratings for consuming alcohol while participating in water based activities were less likely across all groups (spouse/significant, friends and children). However, approval for participating in water-based activities alone and at unfamiliar locations were more evenly spread. Incorporating messages with cues to action that have the potential to shift these social norms may be warranted.

Campaign

Over half of the participants remembered seeing advertising about water safety or drowning prevention. This is similar to recent advertising recall for both parents (15) and young people (16). RLSSWA campaign recall was high, however no one recalled the *boating and lifejacket* radio advertisement at T2 (post Campaign) and recognition was also lower than anticipated. Message recall and advertising diagnostics are positive and moving in the right direction. Poster recognition was slightly higher and it will be interesting to observe the patterns of recognition over time. Whilst the campaign is in an early phase, an exploration of media distribution channels may be worthwhile.

Program recognition

Program recognition was around 10%. This is consistent with the literature, with brand recognition taking a number of years to develop (17). Interestingly most participants recalled seeing the logo or hearing of the campaign at a boat or tackle shop or public swimming pool, indicating the most appropriate time to encourage recall is when water-based activity is front of mind.

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