



Curtin University

ADULT WATER SAFETY PROGRAM 2023 IMPACT EVALUATION

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KEY FINDINGS & IMPLICATIONS

Background

In Australia, people are living longer and have healthier lives than those of previous generations (1). Of note, older adults remain over-represented in local and national drowning events, with 178 deaths from drowning in those aged 45 years plus in 2021-2022 (1). In Western Australia (WA), over the summer of 2022-2023, 57% of deaths from drowning occurred in those aged 35 - 64 years (2). Drowning among older people continues to present an issue for public health.

The WA Adult Water Safety Program (AWSP) implemented by the Royal Life Saving Society Western Australia (RLSSWA) aims to increase knowledge and skills amongst older people aged 45+ years regarding preventing drowning in and around water. It focuses on key drowning trends, risk factors and prevention strategies, swimming ability, water safety and lifesaving skills. One key strategy is the 'Make the Right Call' media campaign (the Campaign). In 2022-23 the Campaign incorporated four Perth-wide radio adverts (boating and lifejackets; fishing and weather; first aid; medication and swimming) and a social media execution consisting of five images portraying the Campaign key messages (take a mate; water and alcohol don't mix; learn CPR; know your ability and check conditions).

This report presents phase three (T3) evaluation findings of the AWSP. Comparisons are made to previous findings from previous evaluations of the first (T1) and second (T2) phases.

Evaluation approach

This evaluation was conducted for the period July 2022 – June 2023 using a population level, cross-sectional online survey and stakeholder interviews. For reference throughout the report, we refer to timepoint one (T1) (Baseline) (October-December 2020) (n=158) before the first wave of the Campaign and timepoint two (T2) (April-July 2021) following the Campaign media wave (n=258). Timepoint three (T3) refers to data collected after the 2022-23 campaign media wave (n=389). 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. The report summarises current campaign recall and recognition, and key messages, advertising diagnostics, and behavioural intent from T3 participants. Comparisons are made between T3 and both 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, we report only comparisons of interest.

Interviews were undertaken with stakeholders identified by RLSSWA in November 2022. One-on-one interviews were conducted with stakeholders and explored the following questions: *What do they know?*; *What is the program value?*; *Are we connected?* and *Where to from here?*. This report provides a narrative summary with descriptive quotes selected to illustrate the main findings.

Key findings and implications

Survey

Demographics

The data collection protocols were achieved; however, younger and female participants were over-represented. All participants born overseas had lived in Australia for over 10 years, which may present different insights on drowning prevention (3) compared with those from the more recently arrived overseas-born population in WA. There were significant differences in participants' age, location and occupation type when comparing time points. This may be due to the change in sampling and recruitment of participants at T3.

Swim ability & water-based activities

Participants indicated they could swim, although less than half indicated they could do so well. This finding has remained consistent from T1 to T3. There has been an increase in those participants who indicated they could swim >500 metres at T3 (30.1%) compared with T2 (27.5%) and with T1 (25.7%). Although not significant, this finding is a positive shift and highlights the physical benefits of a low-cost, low-impact option such as swimming for an ageing population (4).

Just over one in ten (13.6%) participants reported they had not participated in water-based activities in the past year. This figure doubled since T2; however, it was consistent with T1. Participants indicated they were most likely to swim in a pool at all three timepoints. Relaxing in water entered the top four water-based activities for the first time at T3, while boating was a less popular activity at T3 compared with T2 and T1. Of interest, ocean swimming and fishing did not feature at all; this may be due to the change in recruitment methods and the diversity of the sample. Significantly fewer participants had undertaken formal swimming lessons at T3 (81.0%) compared with T2 (87.2%); a downward shift from T1 (88.6%). Younger participants were more likely to have completed lessons during their school years across all three timepoints. Consistent with previous reports (5) and the literature (2, 6), 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 to preserve their quality of life, health and wellbeing (4, 7).

CPR training was evaluated for the first time at T3. Nine out of ten participants had completed CPR training, although for one-half, that was more than 12 months ago, and there was no plan to requalify. This is potentially an area of exploration as the campaign continues to expand its multi-message mix.

Health & wellbeing

Alcohol consumption was similar at all three timepoints; more than half of the participants at all timepoints reported drinking alcohol at lower risk levels. Male participants had higher AUDIT-C scores than female participants at all time points. Alcohol consumption is an important factor across all age groups for drowning prevention efforts. There is a vital opportunity for RLSSWA to continue to contribute to advocacy strategies focused on the commercial determinants of health (8, 9) and the role alcohol marketing has on the environment in which older adults live, work, retire, and play (8).

Over half of the participants took prescription medication, primarily for one condition only, repeating findings at the two previous timepoints. The younger cohort was less likely to take prescription medication regularly. The influence of prescription medication on drowning risk in this cohort may be under researched, providing an avenue for future focus.

Knowledge

At T3, knowledge questions were specific to the Campaign messages, and only two questions were repeated from T1 and T2. Around two-thirds of all participants identified the correct responses for all questions. Of interest, nine out of ten participants would talk to their doctor about heart conditions and seizures before engaging in activities around the

water, and four out of five would discuss dementia and starting a new medication with their doctor before swimming, linking with Advert 4 - Swimming and Medication. Knowledge of the correct timeframe to requalify for CPR was significantly higher at T3 compared with T2 and with T1; also a pleasing finding as it aligns with the message of Advert 3 – First Aid. Females were more likely to identify the correct time frame to requalify for CPR, and younger participants were more likely to know the need for lifejackets. Like in previous years, sampling bias may influence the findings; however, we anticipate that new sampling methods may have diluted this effect, and we may see Campaign messages contribute to increased knowledge. These knowledge questions should be repeated in future evaluation efforts, acting as a baseline, as there is room for upward movement in knowledge acquisition among older adults.

Risk-taking behaviour

Most participants indicated they had participated in a risky behaviour in the past 12 months, consistent with T2 and T1. A new question was added at T3, exploring if participants had *got into trouble in the water*; most (97%) indicated they had not. Almost all participants at T3 (98.2%) reported they had swum while affected by prescription medication or a medical condition, compared with T2 (66.9%) and T1 (90.8%). We posit participants may have been more likely to self-report medication use as this was a key message of Advert 4 of the Campaign. Male risk-taking behaviour is well documented in the young adult literature (10-12) and consistent with the T3 results, male participants were more likely to swim alone, not wear a lifejacket whilst boating, and go out in poor weather conditions; this has not changed across T1 to T3. Significant differences were observed at T3 compared with T2 in risky behaviour after drinking alcohol between younger and older people. We suggest that future program planning consider the life-stage trajectory and the differing attitudes of older individuals, for example, those who avoid risk and those actively seeking to be a risk-taker (2, 6). Messages targeting alcohol consumption, risk-perception, social norms and the particular behaviours noted above may be of benefit given the redevelopment of the Campaign for the upcoming summer.

Attitudes & beliefs

Nine out of ten participants rated the risk of combining alcohol and prescription medication and then undertaking a water-based activity as moderate or high for people their age. This finding has remained high across all three timepoints. At T3, not wearing a lifejacket while rock fishing or boating was reported as riskier by older people and females. This was also found for females at T2. Older compared to young adults reported unfamiliar locations and no first aid or CPR skills as risky at T3, which were significant findings. Risk-taking is complex, dynamic, and based on situated rationalities and changes throughout life (8, 13). Traditionally, the drowning prevention evidence has focused on risk among males and children. The literature has established that male drowning risk and risk perception are associated with activities described as 'fun' and recreational, involving friends, fishing, and boating (14, 15); this is unexplored with older adults. The literature suggests that young people underestimate the risk associated with aquatic activities and overestimate their coping ability. This partly explains the higher rates of drowning among males and is worth exploring with older adults. As more adults move into retirement and have more opportunities to experiment with activities in and around water, investigating the individual and sociocultural factors contributing to drowning risk for older adults is recommended.

Social norms

Approval ratings for wearing a lifejacket whilst boating across all groups (spouse/significant, friends and children) were similar at T3 compared with T2; however, there has been a decline since T1, which was significant (T3 59.4% v T1 71.6%). Sustained messaging around lifejacket use and cues to action can shift these social norms; therefore, the focus of Advert 1- Boating and Lifejackets should continue; however, the execution could be refreshed. Of interest, approval ratings for *swimming alone*, *swimming whilst drinking alcohol* and *swimming in unfamiliar locations* remained constant over the three years. In contrast, *participating in water-based activities whilst drinking alcohol* was less likely to be approved of by spouses, friends or children. Exploring the role of family and peer influence among older adults is a worthy pursuit. Application of a commercial determinants of health lens, specifically examining alcohol advertising featuring waterways and stricter policy regarding control of a watercraft whilst drinking alcohol should form part of planning for the next iteration of the Campaign.

Campaign

Radio advertisements

Two-thirds of the participants remembered seeing any advertising about water safety or drowning prevention. RLSSWA's overall campaign recall was high. In contrast, a minimal number of participants recalled Make The Right Call. However, recognition was slightly higher than at T2 (8.2% v 6.8%). Observing the patterns of recognition over time will be interesting. The literature suggests brand recognition takes several years to develop (16), which appears to be the case with Make The Right Call. Total awareness increased from T2; however, this was lower than anticipated for a state-wide radio campaign. This finding may point to the impact of a more diverse sample in the evaluation, or it may be that the message competes with other drowning prevention messages and does not get the expected cut-through (17).

Half the participants reported that the four radio ads reflected the intended messages. The radio advertising diagnostics are positive and moving in the right direction. Very few participants reported being 'fed up with the radio ads', a new question asked at T3 (14.8%, n=42). Nine out of ten participants enjoyed the ads at both T2 and T3. They commented ads were 'short, down to earth' and 'informative, pertinent and thought provoking'. In addition, participants suggested that the 'rhyming was effective'.

Rhyming is used in radio scripts as a novelty element, which the literature suggests, along with usefulness, are the two key dimensions for creating awareness. However, whilst novelty leads to better short-term ad recall, usefulness leads to better short-term and long-term recall (18). Additional insights on varying the emphasis on execution novelty and message usefulness will be an interesting area to interrogate in the next phase of the radio ad and other media materials.

Social media tiles

Few participants had seen the social media tiles. However, all messages were very well received, and all participants agreed that the images in the social media tiles were easy to understand. However, only half thought the images told them something new, and only two-thirds would talk about the images with their friends. Further investigation of the usefulness of the message (18) and the role of peer influence in older adults should be considered to increase audience engagement and onward message dissemination.

Program Recognition

Program recognition continues to track upward, a pleasing outcome for RLSSWA. Continued investment in community engagement events such as outdoor expos, boating and tackle shops, and public pools has the potential to continue to build brand and program recognition. The use of Facebook and the daily newspaper to increase recognition warrants exploration as part of a multi-medium approach considering the wide span of the age profile of the target group.

Interviews

Knowledge of drowning prevention efforts for older adults varied, and common risk factors were identified. The *'it won't happen to me'* attitude described by interview participants as commonly held by older adults is worthy of further exploration. Noteworthy, the perceived value of older adult drowning prevention programs was high, specifically for the opportunity for social connection with others; this is consistent with the literature (4, 6). Participants highlighted that the capacity to meet the demand for the Aqua Skills 55+ program was a challenge citing workforce, pool space and competing demands (e.g. swim squad schedules). These barriers meant that the opportunity to offer more classes was limited despite demand. There was a varied and strong connection to RLSSWA, as a service deliverer, educator and partner in collecting research and evaluation data for other parts of the aquatic industry. Future opportunities posited by the participants included increasing social media advertising, funding lifejackets for older adults, and increasing the Aqua Skills program in regional WA. These qualitative findings will play a vital role in enhancing understanding of the complexities surrounding older adult drowning prevention in WA. RLSSWA can use these insights to inform the next phase of the 'Make The Right Call' campaign and the overall Program.

Contact

Collaboration for Evidence, Research & Impact in Public Health

Curtin University
PO Box U1987
Bentley Western Australia 6845
Tel: +61 8 9266 7988
Web: ceriph.curtin.edu.au