

Understanding asthma management and its links to smoking in Children and Young People (CYP) in Oldham



**Greater
Manchester
Integrated Care
Partnership**

Part of the Innovation for Healthcare Inequalities Programme (InHIP)

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Foreword

The legacy of the COVID-19 pandemic continues to put added strain onto our economy and our health and care system, across not just Greater Manchester, but the whole of the United Kingdom. Rising cost of living and a continued stretch on our NHS services means that tackling issues of inequality has never been more vital.

Greater Manchester has one of the highest rates of paediatric asthma hospital admissions in England at 198 per 100,000 for people aged under 19. In addition, Greater Manchester also has a higher prevalence rate of smoking (14.3%), compared to the rest of England (12.7%), approximately 200,000 people in Greater Manchester living with asthma. The system wide Make Smoking History programme has delivered the lowest prevalence the city region has ever seen and is beginning to close the gap but remains lots of work still to be done to reach our 2030 smokefree ambitions.

If we focus at a more local level, Greater Manchester also has certain localities with high rates of deprivation and healthcare inequalities. The chosen pilot location, Oldham has a high level of poverty with an IMD score of 33.2 and 28.9 % of under 16s coming from low-income families it has one of the highest child poverty rates in the region, with 36.2% of children being raised with limited access, or in some cases no access, to essential resources needed to survive.

The Quality Outcomes Framework data from Primary Care records shows a consistently higher rate than the England average, with rates of smokers standing at 17.5% in 2021/2. In recent years, smoking prevalence has decreased in all socioeconomic groups in Oldham, with the exception of never worked and long-term unemployed groups which has increased to 21.8%.

The issues in Oldham are also compounded by a significant increase in population (now surpassing 242,000 people) and is one of the more culturally diverse communities in Greater Manchester, with a higher proportion (over 20%) of diverse ethnic group residents than in Greater Manchester (16.3%), engaging with some groups could be seen as a real issue when we analyse how we can best support those in most need.



Greater Manchester paediatric hospital admissions - 198 per 100,000 for people aged under 19 admitted.



Approximately 200,000 people in Greater Manchester living with asthma.



Greater Manchester has a higher prevalence rate of smoking (14.3%), compared to the rest of England (12.7%).



Foreword

After highlighting such areas of health inequalities, Oldham was identified as a place where the project could have the most impact. Thus, an innovative pilot was launched on the children's ward at the Royal Oldham Hospital (ROH). The aim of this pilot has been to transform services for children and young people living with asthma and related conditions as well as reducing avoidable harms caused by smoking or second-hand smoke inside the home.

The national Innovation for Healthcare Inequalities Programme (InHIP) was launched to address local healthcare inequalities experienced by deprived and other under-served populations, and to align with wider work between national organisations including the Accelerated Access Collaborative (AAC), NHS England's National Healthcare Inequalities Improvement Programme and the Health Innovation Network (HIN) and to be delivered in partnership with Greater Manchester Integrated Care Partnership (ICPs).

It is with great pleasure that we present this insight report, which is a culmination of months of hard work between the communities of Oldham and several Voluntary, Community, Faith and Social Enterprise (VCSFE) groups, facilitated by Greater Manchester Integrated Care Partnership (GMICP), and Health Innovation Manchester.

In this report we analyse the need for action in transforming services for children, young people and families who are either living with asthma and related conditions, or who are from a smoking household. The report sheds light on how we aim to tackle this area of health inequality, and how we have engaged with various groups within the Oldham community, ultimately to get to the heart of the issues that they are facing on a daily basis.

We would like to thank all involved for their valued contributions, and to thank the community members who played an integral part in sharing their insight and lived experience to be involved with this project. Their willingness and honesty have been invaluable for us to understand what is important to them and will allow worthwhile educational resources to be co-developed and co-designed as a product of this collaborative work with our partners.

Thank you for joining us on this journey as we work to address local healthcare inequalities experienced by deprived and other under-served populations. We encourage you to engage with the material that we have compiled and share your thoughts, as we strive for continued improvement to the delivery of care across Oldham, Greater Manchester and beyond.

Andrea Crossfield, Population Health Policy, and Strategy Consultant on behalf of NHS Greater Manchester Integrated Care, and Senior Responsible Owner (SRO) for GM Make Smoking History.

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Rebecca Fletcher, Director of Public Health, Oldham Council.



Executive Summary

- Why we did this
- What we did
- Research methodology
- Managing the Focus Groups
- Focus Group delivery

Executive Summary

This report provides a summary of the insights gathered through the engagement and participation of the Oldham communities in exploring their knowledge around Children and Young Persons (CYP) asthma management and the effects of triggers on the condition with a key focus on smoking.

To ensure engagement from a representative sample of communities, Health Innovation Manchester, and Your Health Oldham (ABL Health), on behalf of GMICP and NHS Oldham, undertook a range of activities during August/September 2023 including a survey, focus groups and one-to-one interviews. Health Innovation Manchester and Your Health Oldham was supported with this engagement work by community connector organisations (from the VCSFE sector) in engaging with under-served Oldham communities.

The findings from this engagement activity highlight some positive experiences and common areas for improvement. The learnings from this work provides opportunities that can be seized to successfully and effectively co-develop local educational tools and assets aimed to support children and their families.

The engagement programme findings reflect the desired outcome to drive improvement to tackle health inequalities in deprived communities through education, increased accessibility to community services to ensure CYP annual asthma health checks take place and use digital and local smoking cessation services to support the wider GM ambition of increasing the number of smoke free homes.



Why we did this

Background and context

In July 2022 the NHS England's Accelerated Access Collaborative (AAC) launched the Innovation for Healthcare Inequalities Programme (InHIP). The programme's aim is to enable quicker access to NICE-approved innovations for people suffering healthcare inequalities across one of the five Core20Plus5 clinical areas for either adults or children and young people. Locally, Health Innovation Manchester (HInM) worked collaboratively with Greater Manchester Integrated Care Partnership (GMICP) to start to identify healthcare inequalities in paediatric asthma.

The NHS England National Asthma Bundle of Care (BoC) identifies the environment as one factor impacting asthma. This encompasses air pollution, indoor air quality and parental smoking. The link between parental smoking and an increased risk of asthma in CYP is well documented. In a European study, children with high early-life exposure to tobacco smoke were more likely than unexposed children to have early transient and persistent asthma.

This need is larger in Greater Manchester which has a higher average of smokers (14.34%), compared to England (12.7%). Notably, smoking rates among routine and manual populations are as high as 24.3% and at 23.1% for never worked and long-term unemployed. As a result, GM have an ambition of being a smoke-free city region by 2030.



Asthma is the most common long-term medical condition in children in the UK, with around 1 in 11 children and young people (CYP) living with asthma.

Childhood asthma has a lifelong impact on lung health.



The UK has some of the highest prevalence rates, emergency admissions and death rates for childhood asthma in Europe.

Asthma and Lung UK advise outcomes to be worse for children and young people living in the most deprived areas, compared to less deprived areas.



According to the Asthma friendly schools' pilot 6,482 children and young people (0-19 years) attended A&E in GM due to asthma and 1,346 were admitted to hospital between January 2022 and January 2023 alone.

Oldham has a child poverty rate of 34% (21/22) and around 38% of children living in poverty live in a smoking household within the Northwest of England.



Why we did this

Background and context

The focus pilot site for this project is Oldham. Oldham has a high level of poverty with an Index of Multiple Deprivation (IMD) score of 33.2 and 28.9% of under 16s coming from absolute low-income families.

Annual Population Survey (APS) data from 2022 shows 10.9% of adults in Oldham are smokers. In recent years smoking prevalence has decreased in all socioeconomic groups in Oldham with the exception of never worked and long-term unemployed which has increased to 21.8%. The images to the right (Image 1 and Image 2) show the area of Oldham with high prevalence rates for childhood asthma and smoking.

As evident in these images, the high prevalence of both asthma and smoking is clustered within the IMD deciles 1 and 2.

This suggests a correlation between asthma, smoking and deprivation. Additional data has shown the most affected ethnic groups in Oldham to be the white British, Pakistani and Bangladeshi populations.

Asthma Prevalence

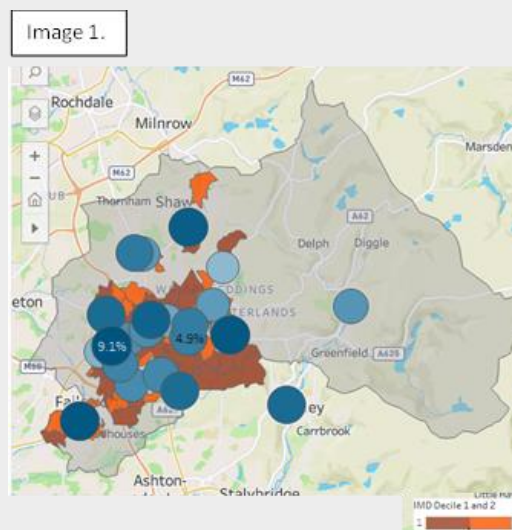


Image 1: Orange areas represent IMD deciles 1 and 2

Blue circles represent asthma prevalence.

Smoking Prevalence

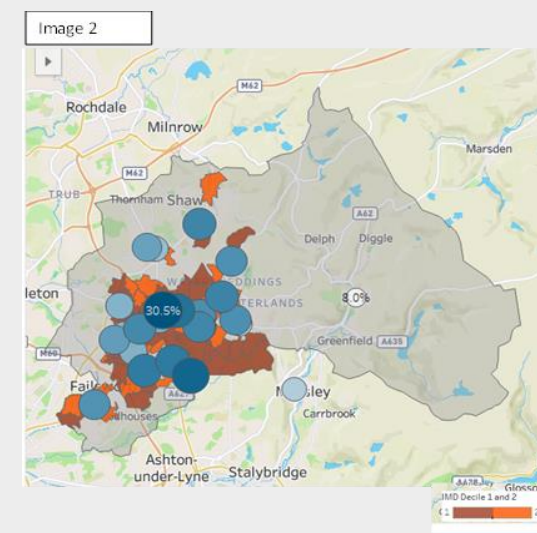


Image 2: Orange areas represent IMD deciles 1 and 2

Blue circles represent smoking prevalence.

Why we did this

Pilot outline

A pilot has been developed which aims to improve paediatric asthma management given the high rates of CYP asthma in Oldham, utilising a whole-household preventative approach to asthma and smoking. The pilot offers a NICE approved innovation of Fractional Exhaled Nitric Oxide (FeNO) testing on the hospital ward with a repeat test done in the community when the child is at home.

FeNO is a breath test used to monitor the level of inflammation or irritation in the lungs and aids in the diagnosis of asthma. By having a regular FeNO test, the asthma nurse can monitor whether the child's asthma treatment plan is working, whether inhalers need to be increased or decreased ensuring the child's asthma is controlled leading to fewer asthma attacks, less time off school and doesn't require a trip to the hospital as the test is relatively quick and can be done in the home.

If the child or young person's asthma is determined to be uncontrolled, they can be referred for specialist treatment where appropriate, to assess whether they are eligible for biologic therapy medication. This is a specialist medicine used to help the body gain long-term control of everyday asthma symptoms which reduces the overall risk of an asthma attack.

By utilising these advanced treatments and diagnostic tests, children have greater access to these to help support their asthma more quickly. They have a better experience because these tests are relatively quick and non-invasive with an instant reading (in the case of FeNO).

The pilot actively identifies CYP admitted to hospital with asthma or respiratory illnesses, who identify themselves as smokers or live in a household with a smoker. CYP are offered stop smoking advice and, if eligible, prescribed nicotine replacement therapy whilst admitted to the ward and referred to the local stop smoking service, Your Health Oldham. In addition to receiving stop smoking advice, family members identified as smokers are offered the Smoke Free app where they receive six months' free access to all premium features as well as up to 12 weeks' free nicotine replacement therapy and/or refillable vaping kit. Those that are unable to use an app are referred to the local stop smoking service, Your Health Oldham.

Why we did this

Community engagement

Through this pilot we have anecdotal evidence from families visiting the Royal Oldham asthma clinic that they have little or no knowledge or education about the impact of smoking on asthma. In January 2023, staff from the Royal Oldham hospital and the GMICP, took part in a workshop to identify current educational resources available and highlighted potential areas for development and design of key local messages.

The group concluded that engagement was needed with children and families from communities in Oldham with high childhood asthma and smoking prevalence rates who lived in highly deprived areas where high hospital admission rates were common.

We worked with a team of community specialists from Your Health Oldham to facilitate focus groups with children and families to test our assumptions, gain first hand insights to their level of knowledge of asthma, how they manage it and its triggers, particularly smoking, and encourage them to coproduce and codesign with us information that was meaningful and relevant for them. We aimed to make our target communities true partners of the entire asset development process.

These insights will inform the development of key local educational resources, which means something to both children and families. In line with the data detailed above, the target communities we have worked with are CYP with asthma and their families within the white British, Pakistani and Bangladeshi communities living in the most deprived areas of Oldham.



Why we did this

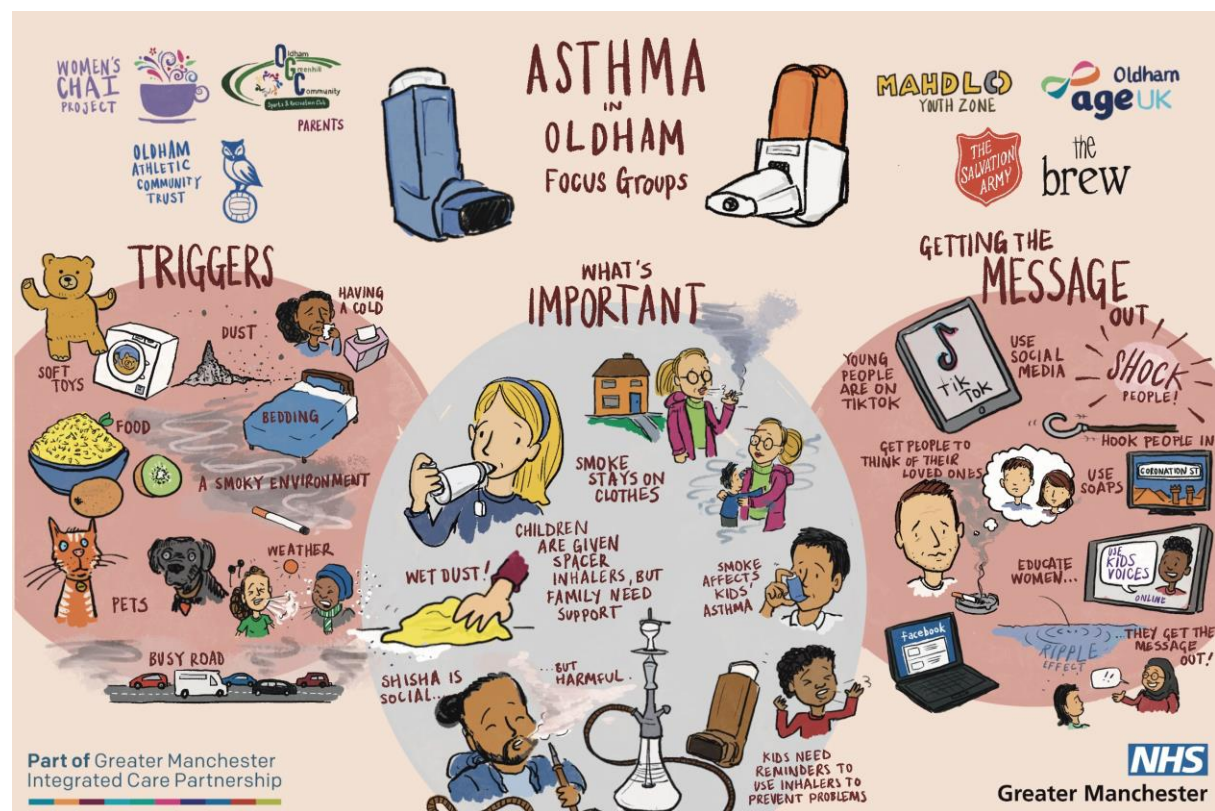
Community engagement

The project team developed several resources to assist with focus group facilitation such as participant criteria, a consent form, a participant screening questionnaire, a topic guide, and provided a participant incentive.

To capture the discussion from the focus groups an illustrator was commissioned to give a pictorial representation for those whose first language was not English.

Following completion of the focus groups in August 2023, the project team reviewed the focus group information and data, held a content mapping session to highlight the focus group activities and raise key discussion points.

All the insights gained from the focus groups and discussions raised within the content mapping session, have been brought together within this report. This report aims to highlight the messages from the community to inform educational resource development in line with the needs of the people of Oldham.



What we did

Research Methodology – EAST Framework

Health Innovation Manchester reviewed several methodologies that could assist in promoting the behaviour changes required to help the target audience. The EAST framework was chosen because each of the framework characteristics can be used independently when implementing behaviour change or can be used in conjunction with one another allowing for targeted action.

In addition, the framework allows groups to define the outcome (relevant messaging and key educational assets), identify the desired behaviour change (better asthma management and to stop families smoking); consider how it might be measured (improved asthma management in this cohort; increased participation in smoking cessation either through a digital stop smoking app or local smoking cessation services) and what results it might give (decrease in hospital admissions, increase in smoke-free homes). These aspects fit our engagement brief.

This framework is the methodology being applied to this project. It is a methodology that applies four basic principles, Easy, Attractive, Social and Timely (EAST) to encourage behaviour change. The purpose of implementing this framework is to ensure we optimise social norms to encourage people to make the right choices with regards to their own asthma as well as that of their children.

The overarching aim of the framework is to make it easy (cutting down the process), attractive (developing information assets that are recognisable), social (introducing commitment devices) and timely (making sure what is developed is usable).

The EAST framework is a simple, cost-effective, evidence-based approach to support behaviour change. Applying behavioural insight frameworks such as EAST recognises that context matters to enable successful assets/interventions to be developed. Something that works well in one place might not work so well in another and the assets that are developed from this work need to be sustainable. Similarly, some behavioural effects may have unintended consequences if misapplied and this project will need to look at whether there are any pitfalls as part of the asset development process such as overwhelming services or increasing inappropriate referrals to GPs.

What we did

Recruitment Process

To effectively engage the target demographic and gain meaningful insights, we worked closely with trusted community groups who were pivotal in onboarding under-served voices to the pilot. The Oldham stop smoking service and project partner, Your Health Oldham, part of A Better Life ([ABL Health](#)), has trusted relationships with many Oldham VCSFE community groups. Therefore, these established connections were maximised to identify relevant community groups and aid recruitment to ensure individuals taking part in the focus groups met the eligibility criteria.

The community groups included:

- [Women's Chai Project](#)
- [Oldham Athletic Community Trust](#)
- [Oldham Greenhill Community Sports & Recreation Club](#)
- [MAHDLO Youth Zone](#)
- [Oldham Age UK](#)
- [The Salvation Army – the brew](#)

To gain insights into the wider public knowledge and understanding of asthma management and the impact of smoking, the focus groups also included a 'control group' of people who did not have asthma themselves or within their families.

The eligibility criteria was specified as:



Living in the IMD deciles 1 and 2 within Oldham



13 – 16 years old for the CYP focus group



17+ years old for the adult focus group

Suffer from asthma

Have a child/family member with asthma

Smoke tobacco

Have a household member who smokes tobacco

What we did

The Focus Groups

Screening Questionnaire: To determine eligibility, participants were recruited via a screening questionnaire. In addition to determining eligibility, the screening questionnaire included questions on the participants age, ethnicity, and religion, allowing us to gain a deeper understanding of our target audience.

Information Sheet: To ensure individuals were fully informed about the subject of and activities within the focus group, an information sheet was provided. This also made participants aware that they could stop participating at any time.

Consent: On the day of the focus groups, participants (or their parents in the case of the CYP groups) completed a consent form. On signing this form, individuals consented to participate in the focus groups allowing their insights/opinions to be collated via multiple methods including audio recording, illustrative visuals, and written information.

Incentivising: To encourage sign-up to each of the focus groups, individuals were incentivised. Following each session, a £20 One4all voucher as well as a certificate of attendance from ABL.

Topic Guide: A topic guide was co-designed, developed and approved by the project team, and approved by an asthma specialist nurse, to facilitate each focus group. This guide included prompts to help draw out relevant insights around knowledge and understanding of asthma triggers and management as well as reviewing key messages for potential awareness campaigns.



Focus Group Facilitation

The focus groups were facilitated by a specialist stop smoking practitioner who has worked with the Oldham community for the last 15 years as part of ABL (A Better Life).

Using posters / flipcharts to note down key words throughout the sessions was a great way to capture what was important to the participants, what they want to see and whether they wanted support.

The groups responded well to the visual aids in the sessions which prompted some good discussions.

These included a tar jar. A visual representation of a years' worth of tar a person would inhale from smoking 20 cigarettes a day.

Visual images also included airways before and after an asthma exacerbation and a picture of a shisha pipe.

Groups were asked for feedback on whether they liked the look/feel/tone of established resources to understand what resonated with them and why.

Transcripts were provided afterwards as well as sound bites and short interviews, to help capture public insights and aid educational resource co-development.

Live illustrations were also taken to ensure accessibility and negate language barriers.



Focus Group Feedback Survey

Following each focus group, short feedback surveys were distributed amongst the participants. Considering digital exclusion and privacy requirements for specific communities, participants were given a choice to complete the survey on paper or on a smart device via an online audience engagement tool called Slido. Both options consisted of the same questions.

Feedback to groups

Participants were provided with a postcard version of the focus group live illustrations, helping them to keep a record of the insight they helped us uncover. In the co-design phase, they will also be involved in the review and design of the key messaging and educational assets through story-boarding sessions and final asset choice.

Who we spoke to

- Asthma
- Smoking

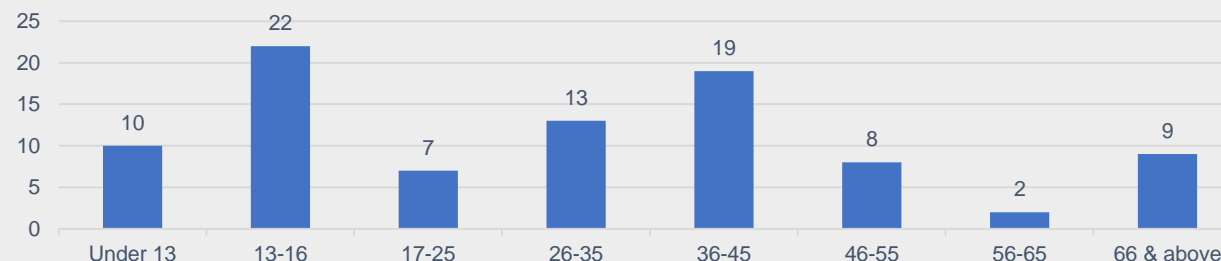
Who we spoke to

Participant Profiles

The focus groups were undertaken over a period of two weeks, held at community locations within Oldham that participants already attended making it easy for them to attend.

Groups included a mixture of participants with either adults or children and young people (CYP) included White British, Pakistani and Bangladeshi communities living in the most deprived areas of Oldham (IMD deciles 1 and 2).

Participants by Age Group



A total of 90 participants took part in the focus groups, with 32 children and young people and 58 adults. The age range and split can be seen above.

Participant Ethnicity:

- British Pakistani/Pakistani – 38
- White British – 34
- Romania – 5
- Any other white background – 4
- Other – 4
- British Bangladeshi/Bangladeshi – 2
- White Asian – 1
- Other: Italian Pakistani – 1
- Black, Black British, Caribbean – 1



Participant Religion:

- Muslim – 45
- Christian (all denominations) – 24
- No Religion – 19
- Buddhist – 2

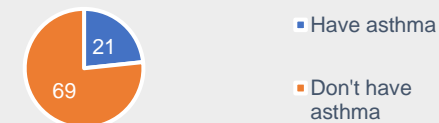
Faith representation of the participants is shown above. Islam made up 50% of the participants followed by 26% of participants falling into the Christian category.

Who we spoke to

Participant with Asthma

This pilot has been developed with aims to improve paediatric asthma management given the high rates of CYP asthma in Oldham, utilising a whole-household preventative approach to asthma and smoking. It was important that the focus groups involved participants with asthma so that we could capture the views of our target demographic.

Total Asthmatic Participants



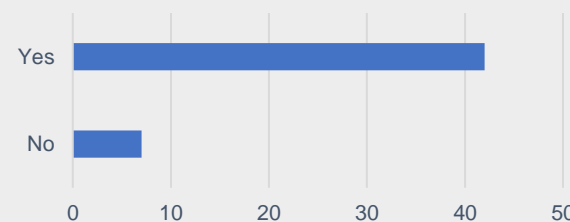
| | Adults | CYP | Total |
|---------------------------------|--------|-----|-------|
| Had asthma | 12 | 19 | 21 |
| Had a child with asthma | 14 | - | 14 |
| Lives with an adult with asthma | 15 | 13 | 28 |
| No asthma in their household | 23 | 12 | 35 |

How would you rate you or your child's asthma?



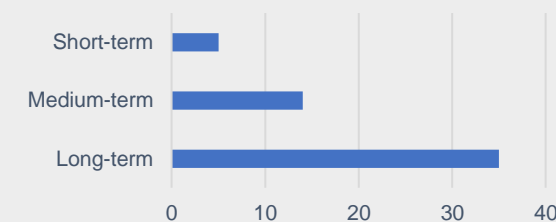
When asked to rate their, or their child's, asthma almost half (44%) rated it at 'Neither good nor bad'.

Are you or your child currently receiving any form of asthma treatment?



As can be seen above, most people (85%) with asthma, or their asthmatic children, were currently receiving care, and 64% of the asthma was long-term.

How long have you or the person you live with had asthma?

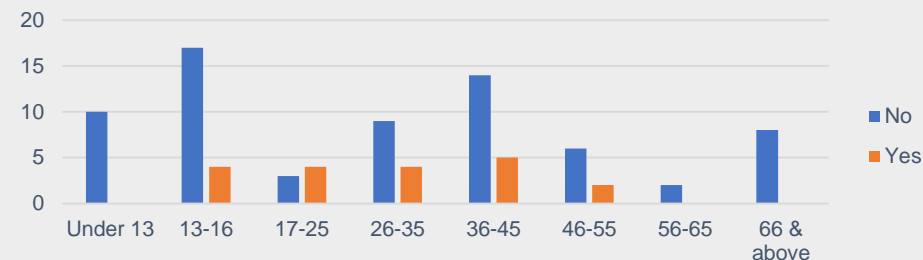


Who we spoke to

Participant that smoke

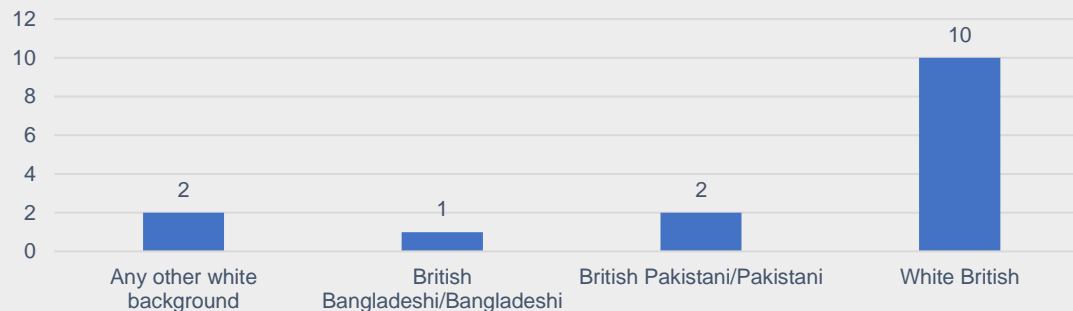
The pilot aims to educate on the effects of triggers on asthma with a key focus on smoking. Including participants who smoke or had smokers within their household was important to provide insight into the knowledge they had about the effects of smoking on asthma. A proportion of this cohort did have some knowledge of the effects of smoking on asthma, but very few understood the effects of smoking shisha on asthma.

Smokers - Yes/No



19 of the participants disclosed on the screening questionnaire that they were smokers, four of which were in the 13-16 age category.

Adult Smokers



CYP Smokers



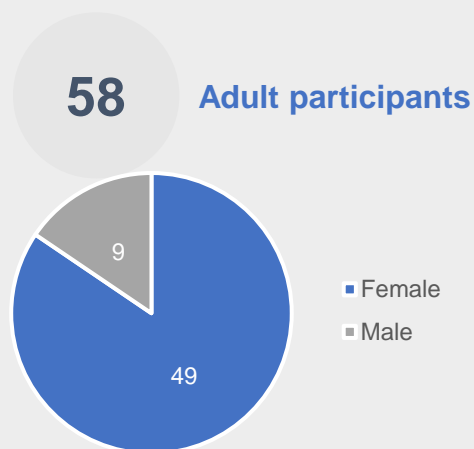
When breaking down the smokers into ethnicities, we can see most of the adult smokers were White British. This correlates with the prevalence of asthma and smoking in Oldham, as data has shown the most affected ethnic groups to be the White British, Pakistani and Bangladeshi populations.

What people said

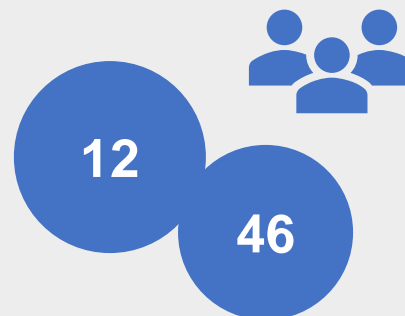
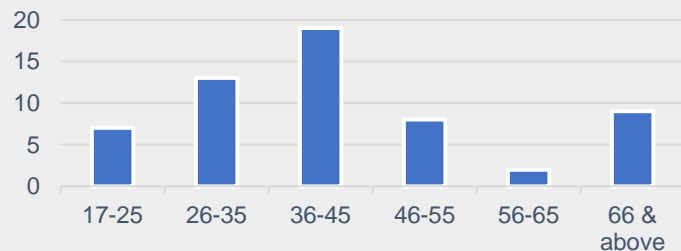
- **Adult Focus Group findings:**
- Key themes, messages and feedback
- **Children and Young People (CYP) Focus Group findings:**
- Key themes, messages and feedback

What people said

58 adults participated in the focus groups, with the range of ages of the participants shown below. The adults were predominantly female, making up 84% of the adult participant's profile.



Age Groups



12 adult participants with asthma (20%) 11 female, 1 male.
46 adult participants didn't have asthma.

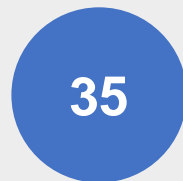
15 of the 58 adults (26%) disclosed they were smokers. Of the 12 adults with asthma themselves, three were smokers, a very similar percentage of 25%.



Of the 12 adults with asthma, 50% had a smoker within their immediate family household and two either smoked shisha or had an immediate household family member who smoked shisha.



Of these 14 parents of asthmatic children, 4 were smokers (26%), 9 had immediate household family members that smoked (64%), and one either smoked shisha, or had an immediate household family member who smoked shisha (7%).

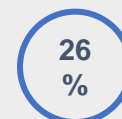


35 adults with asthma in their household, this included themselves, their child or another adult. Of these 35, 11 were smokers (31%), 20 had immediate household family members that smoked (57%) and five either smoked shisha or had an immediate household family member who smoked shisha (14%).

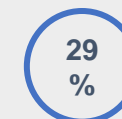
SMOKING % PER CATEGORY



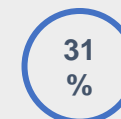
ALL ADULTS



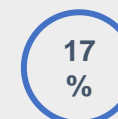
ADULTS WITH ASTHMA



PARENTS OF ASTHMATIC CHILDREN



PARENTS WITH ASTHMA IN THEIR HOUSEHOLD



ADULTS WITH NO ASTHMA IN HOUSEHOLD

What people said

Several themes emerged from the adult groups when discussing their child’s asthma and what they felt were the most important things to support their child’s asthma management. There was an acknowledgement from this group that accountability for managing and controlling their child’s asthma wasn’t just with health care professionals, but them as a family and the child themselves.

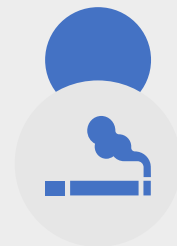
| Limited opportunity for education along treatment pathway | Culture and beliefs influence asthma management and smoking practices | Fear of impact of lack of asthma management knowledge in children | Limited knowledge of the impact of 2 nd /3 rd hand smoke on asthma | Financial motivation for stopping smoking | Large desire for education to be accessible |
|---|--|--|---|---|---|
| <ul style="list-style-type: none"> Parents felt unable to access education about asthma management, across healthcare settings, whilst their child’s asthma was under control. Strong concern that materials/education was only provided once their child was unwell and in need of hospital admission. They felt that if information was more available at diagnosis and consolidated at every opportunity. | <ul style="list-style-type: none"> Tangible advice and guidance should be tailored to cultural experience. How, and from who, these educational messages are delivered must be considered to maximise positive impact. It is important that such resources are co-produced and co-designed to ensure they resonate appropriately. | <ul style="list-style-type: none"> Parents expressed worry that their children do not always understand the severity and consequences of asthma. The need for improved self-management by children and young people (CYP) was a key discussion point. Parents felt that improved knowledge of their condition would help them manage it better. | <ul style="list-style-type: none"> This limitation in knowledge supports anecdotal findings from partners that childhood asthma is negatively impacted when in a smoking environment. Resources demonstrating this negative impact could be developed and targeted towards smoking households of asthmatic children to increase this awareness. | <ul style="list-style-type: none"> The financial benefits of stopping smoking were frequently raised as motivation to quit. Many people shared quitting success stories when having set themselves a financial goal. Including this within the resources may aid parents in stopping smoking, improving the environment for their asthmatic child. | <ul style="list-style-type: none"> Clear appetite for increased education to aid asthma management. Participants were keen for educational resources to be made easily accessible within and out of the traditional healthcare setting. They were keen to see more access to asthma information on social media platforms. |

What people said

Key Messages: group participants felt it was important to be heard and several key messages came from the group. Those key messages have been categorised under two main headings – **asthma** and **the impact of smoking on asthma**.



- Improve messaging around asthma management for parents and children; easily accessible on social media.
- Reluctance to attend or poor accessibility to annual asthma reviews; often due to lack of understanding of the importance of monitoring asthma.
- The inconvenience of attending an appointment during school hours or low-income parents having to take time off work to accompany their child.
- Fear from parents that limited knowledge of asthma management increases the impact on their child during an exacerbation.
- More information on how to support their child prior to an exacerbation occurs.
- Good understanding of asthma triggers and symptoms from those who have asthma or have relatives with asthma.
- Understanding of asthma triggers is often gained through experience.
- Lack of understanding about asthma from non-asthma sufferers.
- If there was more awareness around asthma, then they might be able to spot worsening symptoms earlier and act to support them quicker.
- Fear around hospitalisation due to an asthma attack and concern of the impact of asthma not being taken seriously.
- Parents want children to understand the severity of asthma, so they can control it and prevent or better manage exacerbations.
- Gaps in knowledge of asthma management techniques.
- Asthma triggers are understood, but culture can influence daily practice and management.



- Some groups, but not all identified smoking as an asthma trigger.
- Understanding of what 1st and 2nd hand smoke is.
- Lack of understanding around 3rd hand smoke.
- Lack of understanding around the impact of 2nd and 3rd hand smoke on the health of others and pets.
- Good understanding of the health risks and negative impacts associated with smoking.
- A key identified trigger for smoking was stress due to fear, poor housing conditions, high cost of living, and lack of support.
- Variation in awareness of shisha use with a misunderstanding of what shisha contains and its harmful effects when compared to cigarettes.
- Shisha was often compared to vapes due to their use of flavours.
- Culture plays a large role in who smokes shisha.
- Consistent dislike of being in a smoky environment which results in difficulty breathing.
- Consistent dislike of smoking due to its bad smell as well as on clothes/surfaces/belongings.
- Financial incentives were a common motivation for people to stop smoking.
- Some people expressed a feeling of joy once having stopped smoking using their children as motivation.
- The state-of-mind and mental health of an individual affects ability to stop smoking.

What people said

Suggested messages for resources from the adult groups:

- Shock-factor of the impact of smoking on their child or other household members as motivation for them to stop.
- Show what it is like to have severe asthma to make people realise that it is real, life-threatening and sometimes fatal.
- Financial impact of stopping smoking – money calculator.
- Show how positive people feel once they have stopped smoking and the positive impact it has on their child's asthma.
- Share statistics on the impacts of shisha.
- Message to stop shisha looking 'cool'.
- Relatable real-life stories from the different Oldham communities.
- Preference for messages to come from peers or the child rather than healthcare professionals.



Opportunities for resource distribution:

The findings of the public community involvement and engagement sessions have identified an opportunity to support the successful implementation and design of key messages and educational resources for children and families:

- Utilise social media to make the greatest impact for targeted awareness campaigns including short videos and animations with a punchy message.
- Have campaigns spear-headed by local influencers/heroes to spread the key messages.
- Utilise Every Contact Counts like schools, pharmacies, youth clubs, sporting bodies, so everyone knows about asthma.
- Create lasting resources in multiple languages so everyone can access them.



What people said

“I thought it (the session) was very informative, there were a lot of people here who didn't know the effects of asthma and of smoking, however I do as I have COPD (Chronic Obstructive Pulmonary Disease). The jar of tar that was shown to us was horrible. There have also been some good suggestions come out of discussions from people.

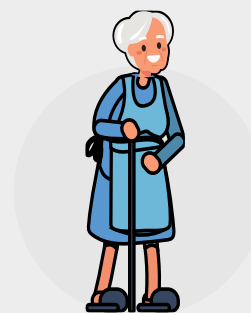
“I would think that giving examples of the harm that smoking can do and expense-wise how expensive it is. I think maybe even scaremongering could work.”

Cath, aged 75 from Failsworth, part of the AGE UK focus group

“I thought it was a very informative session, it was good to listen to the guys who have got asthma and listening to their thoughts and what they go through, and with smoking and what that affects. Me being an anti-smoker and having a daughter who has smoked for years, learning more about everything, makes me feel a lot better as a parent.

“I would say personally a video and actual footage of managing your asthma or smoking gives people more of an impact. I think it makes people curious to watch more, they might not like it but they'll sit and watch it.”

Jeff, aged 54 from Oldham joined the focus group delivered at Mahdlo Youth Zone as a parent of a child with asthma.



91%
LEARNED
MORE ABOUT
ASTHMA
MANAGEMENT

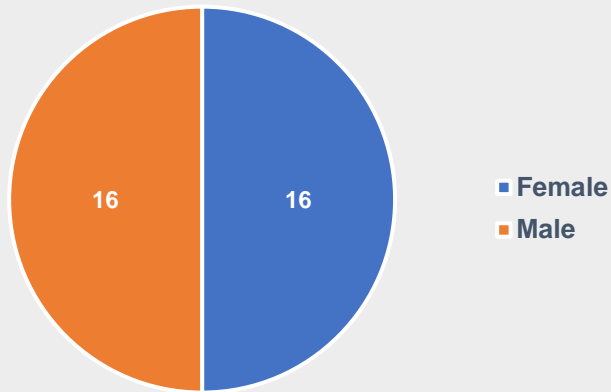
100%
ENJOYED
TAKING PART
IN THE FOCUS
GROUPS

97%
LEARNED
MORE ABOUT
THE IMPACT OF
SMOKING

What people said

32

CYP participants



3



Three groups of religions or beliefs amongst children:
 - 18 Muslim
 - 7 Christian
 - No religion

9



There was a total of 9 CYP participants with asthma (56%), with 7 female and 2 males. 23 children did not have asthma, with 14 male participants and 9 female children asthma free.

5



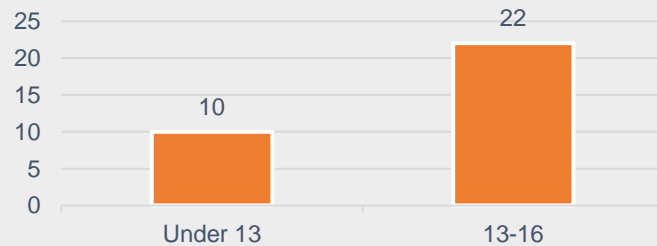
5 of the 9 children with asthma either lived in a smoking household or smoked themselves.

19

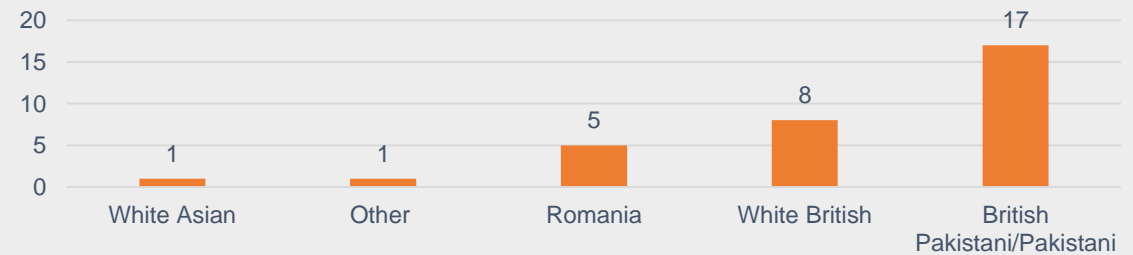


Of the 32 CYP, 19 had asthma in their household - this included either themselves, their parent or another family member. Of these 19, four were smokers (21%), 9 had immediate household family that smoked and 5 either smoked shisha or had an immediate family member who smoked shisha.

CYP by Age Group



CYP Ethnicity



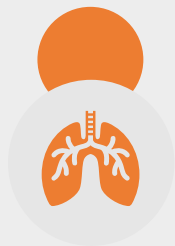
What people said

Several themes emerged from the CYP groups when discussing their asthma and what they felt were the most important things to think of when considering asthma management.

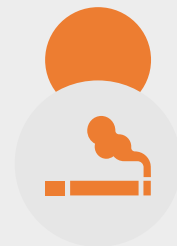
| Limited knowledge of asthma management techniques | Negative attitude towards smoking | Aware of cultural links with shisha smoking | Limited knowledge of the impact of 2 nd /3 rd hand smoke on asthma | Financial motivation for parents to stop smoking |
|--|---|---|---|---|
| <ul style="list-style-type: none"> CYP knowledge was limited. Some CYP could identify environmental factors as asthma triggers. There was little awareness of approaches of how to reduce the impact of these triggers. Educational resources targeted at CYP with asthma should be developed to improve awareness of asthma management. | <ul style="list-style-type: none"> Negative view on smoking and the impact on the smoker's health. Fearful of the impact of smoking on parent's health, highlighting their worry of their parent dying as a result rather than the impact it had on their own lung health. Adequate knowledge of the effects of smoking on someone's health. Messaging using an asthmatic child's voice should be targeted towards parental smokers and smoking households. | <ul style="list-style-type: none"> Aware of shisha, and some acknowledged the cultural links to this, with a few advising of being around family members smoking shisha. The contents of shisha and its impact were not generally understood. Gaining awareness of shisha in a familial setting may normalise this behaviour. Important to educate both CYP and adults on the impact of shisha smoking. | <ul style="list-style-type: none"> As with the adult groups, amongst the CYP there was also limited knowledge of what 2nd and 3rd hand smoke is and its impact on asthma. Therefore, educational resources developed on this topic would raise awareness. | <ul style="list-style-type: none"> As with the adults, the CYP groups highlighted they would also benefit from their parents stopping smoking as it would improve their lung health, provide opportunities for holidays and leisure activities due to the financial savings of not smoking and improve quality of life for the whole household. Targeting parents with this emotive message, utilising the child's voice, may provide extra motivation to aid them in stopping smoking. |

What people said

Key Messages: group participants felt it was important to be heard and several key messages came from the group. Those key messages have been categorised under two main headings – **asthma** and **the impact of smoking on asthma**.



- There was generally a good understanding of asthma symptoms and triggers.
- Suggestions of asthma management mainly consisted of inhaler use (both the preventer and reliever).
- Some had the knowledge of spacers to increase the effectiveness of inhalers but not all.
- Some expressed fear of being in hospital and there was a willingness to help themselves manage their own asthma to prevent hospitalisation.



- Some identified smoke as an asthma trigger.
- The majority understood smoking affects the lungs and breathing.
- Smokey environments make them cough and their chest-tighten, some saying they would be scared if they weren't able to breathe.
- There was good understanding of the negative impact of smoking on the smoker's health.
- There was variation in understanding of 1st and 2nd hand smoke.
- The majority had no understanding of 3rd hand smoke.
- There was a general desire for people to stop smoking to improve their asthma.
- Many were aware of shisha and what it looks like, and some had been exposed to shisha in their homes/gardens. The majority were unaware of what shisha contains.
- Some were aware of the cultural connections with shisha, associating it with Asian and Arab cultures.
- There was a general understanding of the large financial cost of smoking with the young people wanting a holiday/to visit family abroad.

What people said

Suggested messages for resources from the CYP groups:

- Fear factor – visuals of serious events.
- Show impact on the child with asthma – causing coughing.
- Financial impact of stopping smoking – spend on holidays/the family.
- Relatable real stories from CYP about how they feel around household smokers and their asthma.



Opportunities for resource distribution:

- Videos
- Animations
- Social media (TikTok, Instagram, YouTube)
- Posters – bus stops, newsletters



What people said

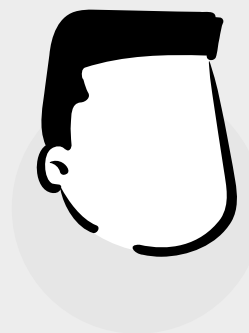
“There was new things that I didn’t know, it’s better not to smoke and vaping or anything like that because it’s unhealthy and it affects your body. There are some people at my school who have asthma, I would tell them what I’ve learnt today.”

Aysha, aged 10, part of the Oldham Greenhill Community Centre focus group



“I’ve enjoyed today, and I’ve enjoyed learning facts about why it’s bad to smoke and to smoke vapes and shisha. I know that when you don’t use your inhaler then you could get an asthma attack, you must use it quickly to help. I would tell them (people who smoke) to stop smoking to help themselves and to help the environment, and I would tell them that if they had asthma to use their inhaler to help them feel better.”

Mesamsyed, aged 11, part of the Oldham Greenhill Community Centre focus group.



95%
LEARNED
MORE ABOUT
ASTHMA
MANAGEMENT

100%
ENJOYED
TAKING PART
IN THE FOCUS
GROUPS

100%
LEARNED
MORE ABOUT
THE IMPACT OF
SMOKING

Common themes identified between adults and CYP groups

Common themes identified between the adult and CYP groups

Commonalities and consistent themes can be identified as:



- The feeling of fear and worry about lung health.



- Culture impacts the behaviour and understanding of both asthma management and shisha smoking at all ages.



- Limited understanding of 2nd and 3rd hand smoke and the impact on asthma.



- Limited understanding of the negative aspects of shisha smoking.

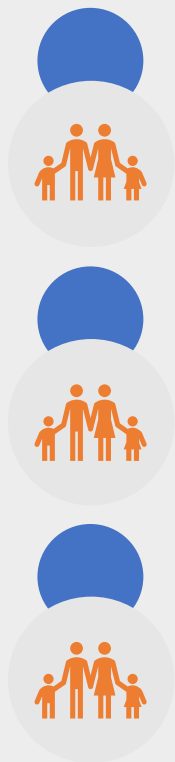


- Financial motivation for stopping smoking to improve asthma management.

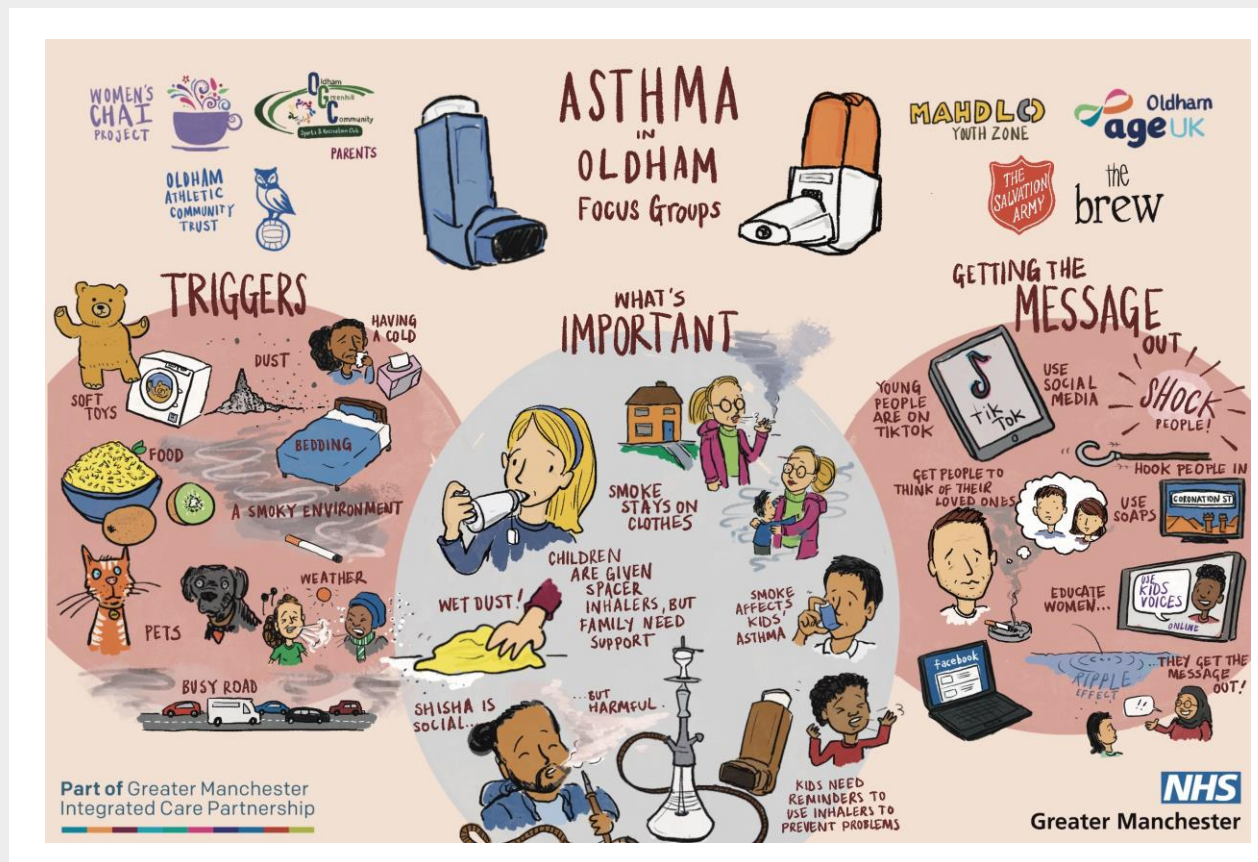


Outputs

Outputs



- Audio recordings of each of the sessions.
- Transcripts of each of the sessions.
- Posters/key words written by participants from each of the sessions
- One illustration per focus group, visualising the key messages of each session.
- One overarching illustration, visualising the key messages from all the focus groups into one image.



Recommendations and Conclusions

Recommendations and Conclusions

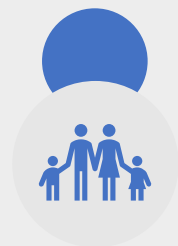
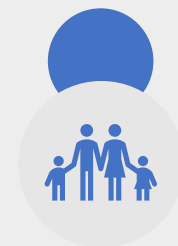
We have concluded that there is a desire to change attitudes and behaviours towards asthma and smoking to be able to prevent having an asthma attack.

Asthma sufferers and the public in Oldham want to know more about asthma and the trigger effects.

They want easily accessible information which will appeal to parents and children alike.

They want to see resources or a toolkit that can be given to asthma families earlier in their diagnosis because quite often they only get information when their child is in hospital because of an exacerbation.

They want to be involved in designing the resources and to ensure that those resources are available at every opportunity to support them make a positive behaviour change to their health and wellbeing.

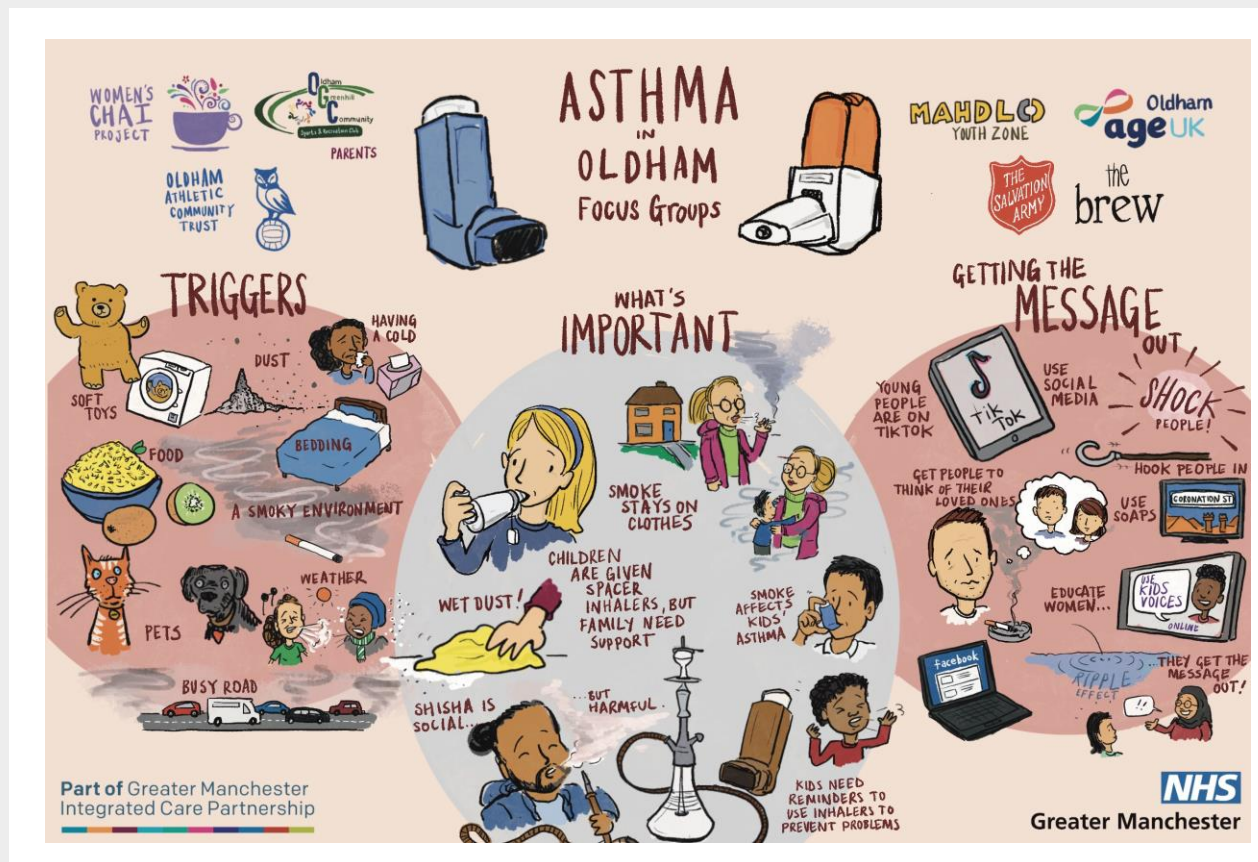


Acknowledgements and References

Acknowledgements and References

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- [Oldham Greenhill Community Sports & Recreation Club](#)
- [MAHDLO Youth Zone](#)
- [Oldham Age UK](#)
- [The Salvation Army – the brew](#)
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- GMICP Treating Tobacco Dependency Project Team
- GMICP Children and Young People Project Team
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- Royal Oldham Hospital
- 23 Ltd (Smoke Free)



Acknowledgements and References

References:

1. Thacher et al. (2018) Maternal smoking during pregnancy and early childhood and development of asthma and rhino-conjunctivitis. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6071724/>
2. Asthma + Lung UK (2023) The number of children ending up in hospital with like-threatening asthma attacks more than doubles. Available from: <https://www.asthmaandlung.org.uk>
3. Asthma + Lung UK (2023) Youngsters experiencing deprivation more likely to have asthma attacks when they return to school. Available from: <https://www.asthmaandlung.org.uk>
4. NHS England (2023) Asthma friendly school's pilot. Available from: <https://www.england.nhs.uk/north-west/gmec-clinical-networks/about-us/news/asthma-friendly-schools-pilot/>
5. Service O, Hallsworth M, Halpern D, Algate F, Gallagher R, Nguyen S, et al. EAST Four simple ways to apply behavioural insights. [cited 2023 June 16]; Available from: <https://www.bi.team/publications/east-four-simple-ways-to-apply-behaviour-insights/>