

Results Euroregional Health Survey

euPrevent Social Norms
Approach project

SENIOR
55+y

The basis of social norm theory is that an individual's behaviour and attitude are influenced by their perception of the attitude and behaviour of their peers, meaning the perception of the norms.

We can differentiate social norms into two types:

- descriptive social norms (behaviour): which refer to an individual's perception of the amount and frequency of peers' consumption of a substance
- injunctive social norms (attitude): which are based on the individual's perception of peer approval (of use) of this substance.

Those norms tacitly dictate the behaviour that is expected and seen as acceptable by the group. Usually, people tend to overestimate the unhealthy choices while underestimating the healthy choices made by their peers (i.e. think that peers drink more soda and eat less vegetables compared to themselves).

In short, SNA is based on:

- behaviours and attitudes being influenced by how the norms are perceived and interpreted;
- people usually misperceiving those norms (either over or underestimating them);
- these misperceived norms then increasing unhealthy and decreasing healthy choices;
- a necessity of developing actions promoting more protective and positive behaviours in order to rectify those erroneous perceptions.

To ensure that one of the essential conditions for the implementation of a quality SNA was met in our population, i.e. the misperception of descriptive and injunctive norms, a large 'Euroregional Health Survey' was carried out.

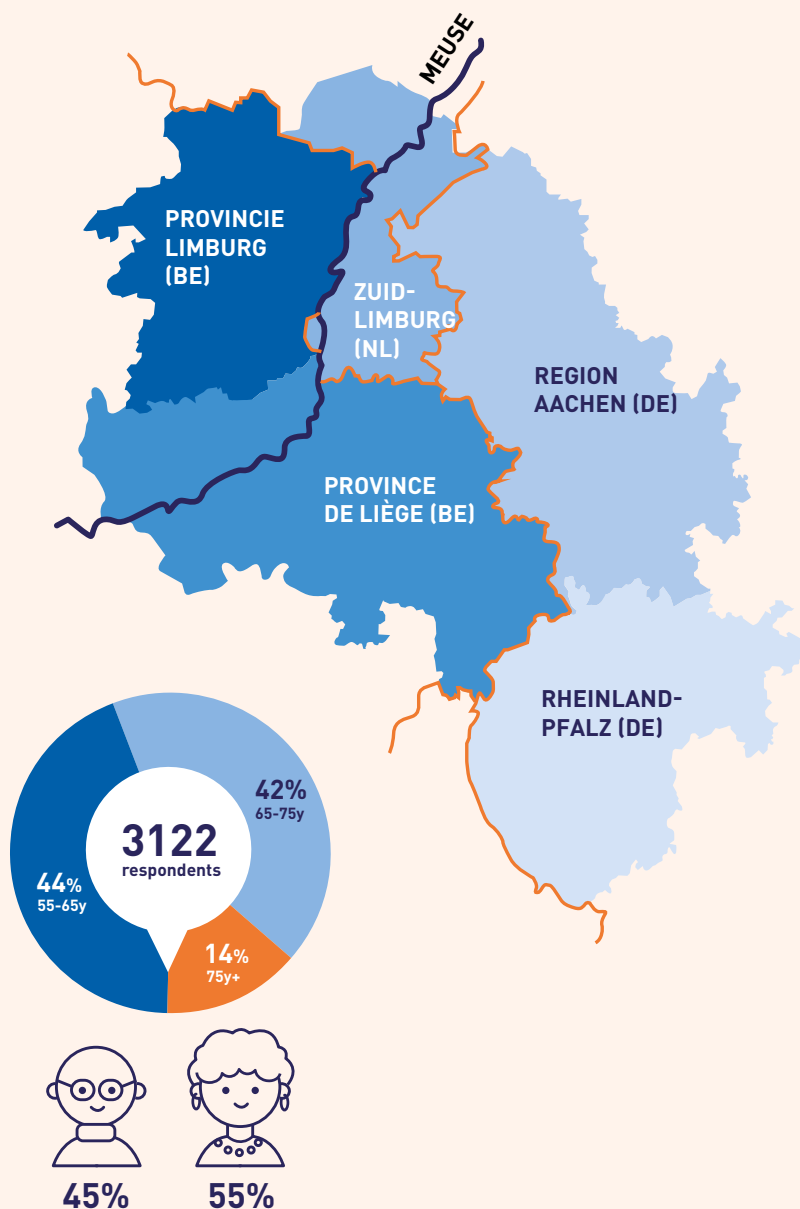
Euroregional Health Survey

The 'Euroregional Health Survey' was carried out online from September 2019 until January 2020. The questionnaire was fully anonymous and the GDPR rules were respected. The themes that were incorporated in the questionnaire were: background information of the respondents (demographics),

identification (the more an individual identifies with a given group, the greater the likelihood that he or she will submit to the social norm of that group), alcohol and medicine use (sedatives, sleeping pills or painkillers).

Study population

Citizens aged 55 years or older and living in the Euroregion Meuse-Rhine or West-Eifel were part of our study population. More specific, living in: South Limburg (NL), Province of Limburg (BE), Province of Liège, French speaking part (BE), Province of Liège, Ostbelgien (BE), Städteregion Aachen (DE), Kreis Heinsberg (DE), Kreis Euskirchen (DE) and Landkreis Bitburg-Prüm (DE).



21% of the senior citizens is at risk

Riskgroups were determined in order to establish how many senior citizens might be at risk of developing problematic behaviour in drinking alcohol or using medicine (sedatives, sleeping pills or painkillers). In general people in the riskgroups misperceive substance use of their peers. For more information about this group, check the report.

Senior citizens at risk per substance:



14%



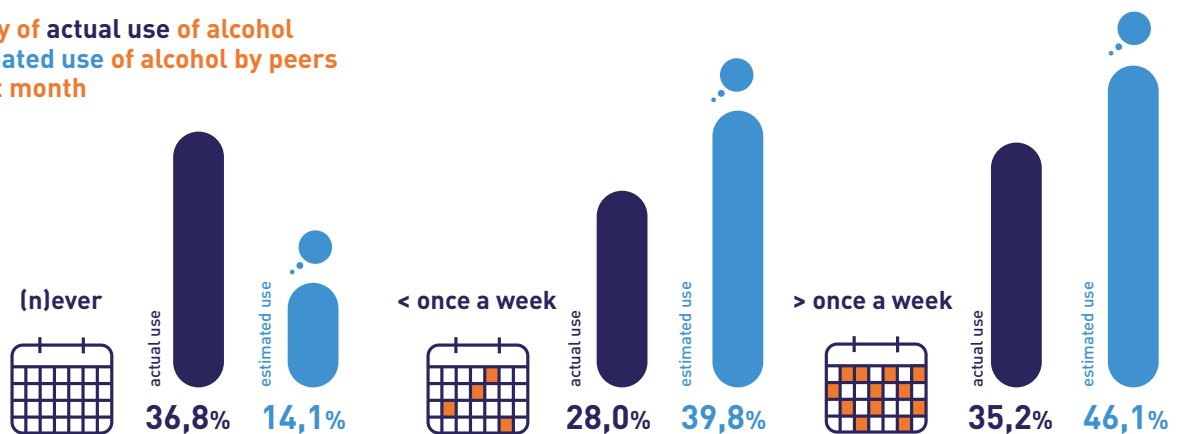
9%

Alcohol

Compared to themselves, senior citizens overestimate the use of alcohol of others. Yet 37% of the participants doesn't drink alcohol, or at least not in the last month (descriptive norm).



Frequency of actual use of alcohol and estimated use of alcohol by peers in the last month

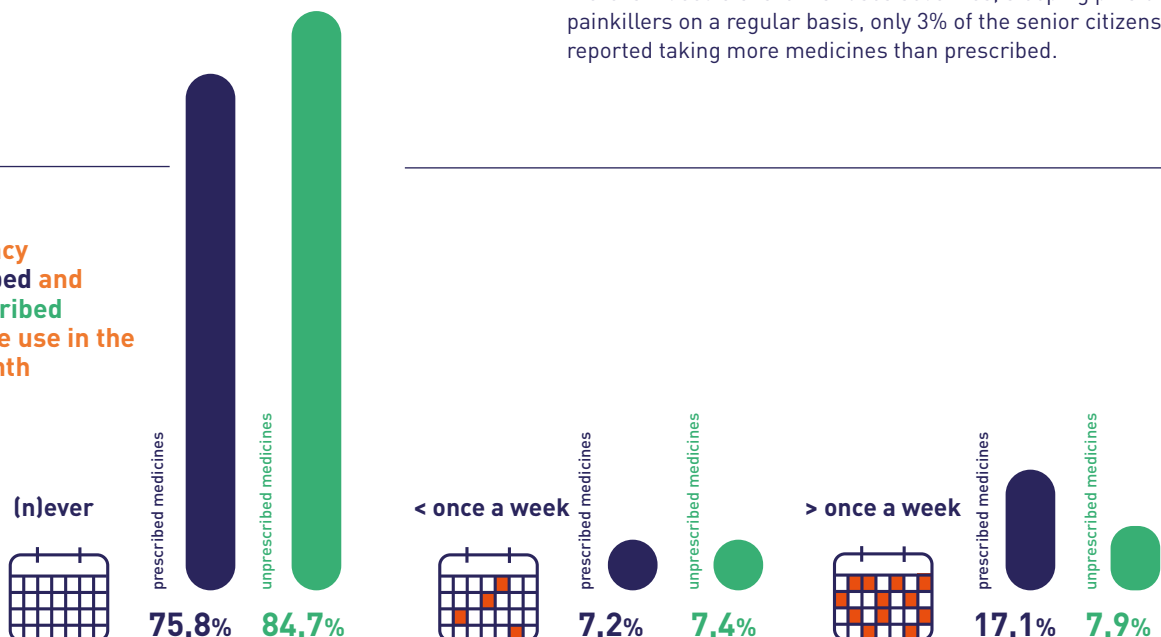


Medicine (sedatives, sleeping pills or painkillers)

2 out of 3 of the senior citizens does not use **prescribed** sedatives, sleeping pills or painkillers, or at least not in the last month, with only 17% of them using these multiple times a

week or (almost) every day (descriptive norm). When it comes to **unprescribed** sedatives, sleeping pills or painkillers, 6 out of 7 of the senior citizens said not using them. However, if there is indeed a share that uses sedatives, sleeping pills or painkillers on a regular basis, only 3% of the senior citizens reported taking more medicines than prescribed.

Frequency prescribed and unprescribed medicine use in the last month



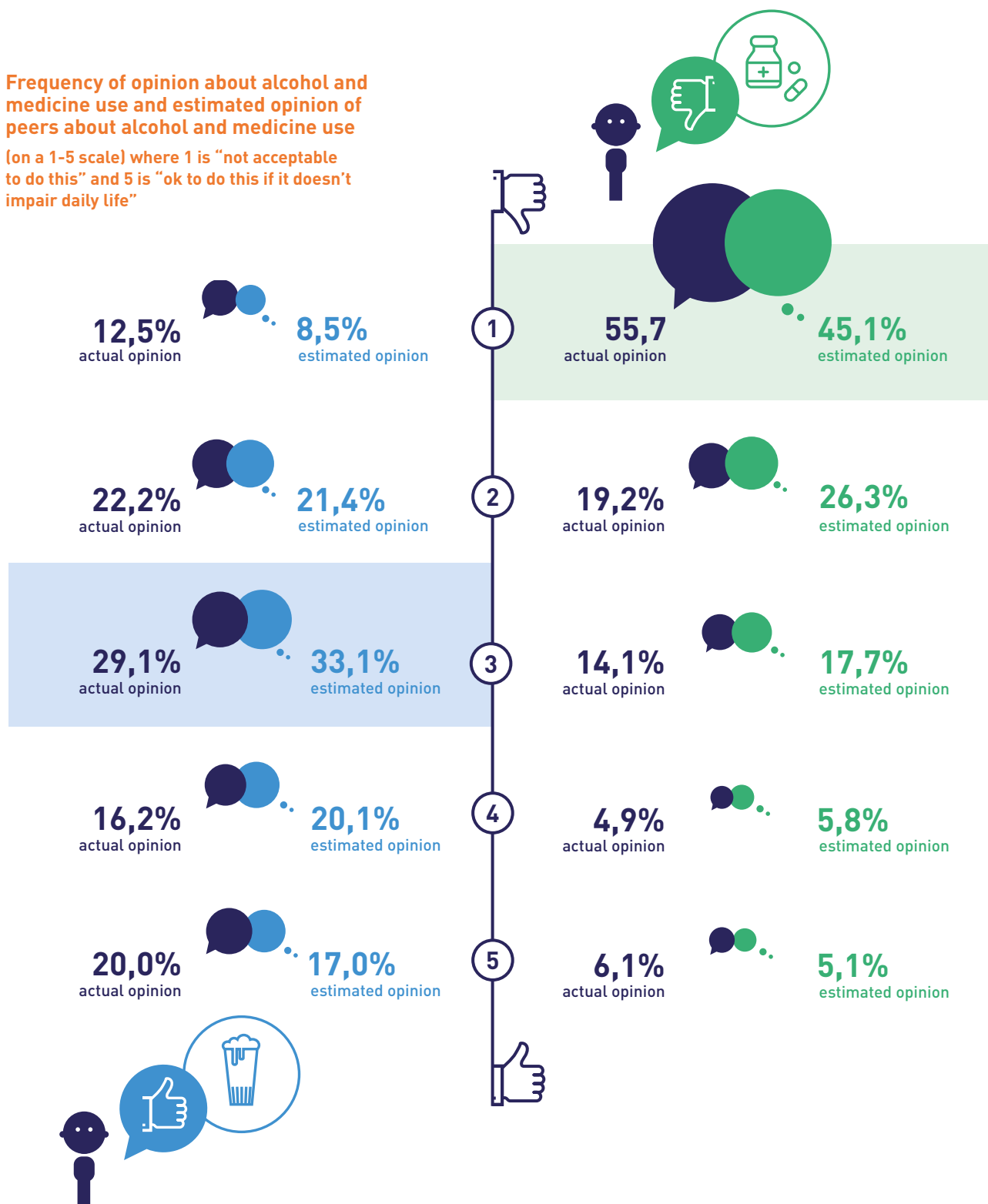
Opinion (injunctive norms)

The opinion (injunctive norm) of our respondents regarding the use of alcohol and medicine has been measured using a scale of 1 to 5, where 1 means it is never okay to do and 5 means it is okay to do, if it doesn't interfere with everyday life. Using the same scale, the respondents' perception of what their peers think about alcohol and medicine use was also determined.

In general, our respondents overestimate the positive opinion of their peers. The older senior citizens (75+) overestimate the opinion about alcohol use to a larger extent than the younger senior citizens (55-64). Similarly, an overestimation about the opinion of using medicines and being under influence has been evidenced by the results.

Frequency of opinion about alcohol and medicine use and estimated opinion of peers about alcohol and medicine use

(on a 1-5 scale) where 1 is "not acceptable to do this" and 5 is "ok to do this if it doesn't impair daily life"



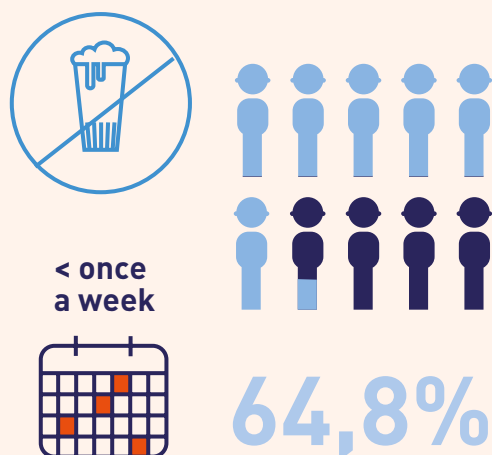
Message

SNA messages emphasise on the positive and protective behaviours and attitudes that the target group is actually engaging in, with the aim of convincing them to make healthier choices, by following those more positive social norms.

Based on the results of over- and/or underestimation, the messages that can be used within the senior population are

the following. Indeed, only for the general consumption of alcohol was an overestimation found. As for the medicine, since the modalities of answer used in the questions didn't allow us to make a correct comparison, we cannot conclude to either an under or over estimation of peers' use. Therefore the message would be on the fact that the majority of our respondent reported not taking more medicines than intended.

The general SNA messages for the target group senior citizens (55+ years) are:



Do you know that the majority (64,8%) of people your age drink alcohol only once a week or less.



The majority (97%) of people your age uses medicine responsible; strictly following prescriptions and never taking more than prescribed.

Contact details / more information

Do you want to know more about this research and the results, check the [project website](#), the [Euregional Health Atlas](#), or check the whole report [here](#). If you have any questions about these results please contact GGD ZL, projectpartner of the euPrevent SNA Project: Nicole.curvers@ggdzl.nl



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