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**Exploring the asthma interventions of rural pharmacies: Pharmacist  
experiences and the HAPA model**

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## **Abstract**

Asthma is described as a chronic inflammatory disorder of the respiratory system, and is one of the most common chronic disorders in children (Grover, Armour, Asperen, Moles, & Saini, 2011; Grover, Armour, Van Asperen, Moles, & Saini, 2013; Redzuan, Lee, & Shah, 2014). Despite the proven efficacy of asthma medications, a common theme among asthma patients is the underuse of preventer inhalers and the overuse of reliever inhalers (Grover, Armour, et al., 2013; Young et al., 2012). Community pharmacists have been identified as being in an ideal position to play an important role in the education of patients with poor adherence (Armour et al., 2007; Peterson-Sweeney et al., 2007). Interventions which are based on theory and evidence, and are tailored to specific psychological constructs, have been found to be more effective (Schwarzer, Lippke, & Luszczynska, 2011). The HAPA model suggests that a change in health behaviour can be developed by using planning with patients after an intention has been formed, with the intended result being action.

The current study aimed to compare two rural pharmacy asthma interventions to the HAPA model, and to explore the experiences of the pharmacists who were working with children with asthma and their parents. Relationships and motivations were identified as being the two key components of the delivery of the programmes, and an underlying belief held by pharmacists that they hold the knowledge and therefore the power was suggested. Both pharmacies were meeting over half of the HAPA constructs, however more focus could be paid to the self-efficacy constructs, a gap that was identified as occurring throughout pharmacy interventions.

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