Communications Activity to reduce Campylobacter and Evaluation of Communications Initiatives

Summary

1. We wish to raise the public profile of Campylobacter for two reasons: to increase responsible public behaviours towards the preparation of chicken, and to encourage the production and processing industry to prioritise reduction of Campylobacter.

2. This paper outlines the consumer insight behind our choice of message to generate interest and create debate. We would also like to ask the expert committee for advice on developing evaluation criteria for Food Safety Week, and in the coming months as we develop a longer-term strategy around changing behaviours that lead to food poisoning.

Background

1. The Campylobacter Strategy Paper\(^1\) agreed by the Board in September outlines the role that increase public awareness has to play in changing industry behaviours. The Board recommended that we place more emphasis on consumer education and engagement\(^2\).

2. The Foodborne Disease Communication Strategy (attached at Annex A) outlines our approach to communication with the public. We are focusing several pieces of communication activity around Food Safety Week in June 2014 to raise awareness, generate discussion, and change behaviours around washing raw chicken in support of the Agency’s strategic objective to reduce food poisoning via Campylobacter.

3. We are actively engaging with retailers, who committed to using their range of channels to deliver complementary messages on food hygiene generally and not washing specifically, including by changing their labelling of raw poultry at the point of sale.

4. We are working towards campaigns which are a) based on compelling insights and b) evaluated appropriately.

5. Our definition of consumer insight in this context is a plausible hypothesis about what might resonate with and drive action in consumers, and why. We derive this from evidence at various levels – from the consideration of various studies referenced below, alongside qualitative information gathered through qualitative consumer engagement activity such as Citizen’s Forums, ‘snapshot’ activity such as campaign/message/awareness benchmarking and tracking surveys, as well as anecdotal reporting of attitudes, behaviour and values.

\(^1\) http://multimedia.food.gov.uk/multimedia/pdfs/board/board-papers-2013/fsa-130904.pdf
6. The best insights connect with consumers at an emotional as well as a rational level, and are thus fairly difficult to derive from reported behaviour and statistics alone. It is often necessary to test several in practice to determine which are the more compelling, and to be guided by intuition as well as hard data. There is seldom only one possible answer.

**Detail**

**Why ‘Don’t Wash Raw Chicken’?**

7. From a microbiological perspective the advice not to wash chicken came from the Domestic Handling of Meat Project B02016³. The highest risk⁴ of severe symptoms caused by campylobacter poisoning (according to Public Health England) is to the under-fives and the elderly, with a secondary peak⁵ of infection among 25-44 year olds (IID2):

*Figure 5.1 compares the age-specific estimates of IID incidence in the Cohort Study and Telephone Survey. Incidence rates decreased with age until the ages of 15 to 24 years, with a subsequent secondary peak in adults between 25 and 44 years.*

8. Our current Citizen’s Forum work on risk and responsibility indicates that food poisoning is not considered to be an issue at the top of their minds and that consumers were unlikely to change their habitual practices to address the risk of potential food poisoning. Well-worn messages are likely to be deflected or ignored.

9. Members of the public told us at the Citizen Forum on Campylobacter in 2010 that they would welcome a Government-backed campaign about safe food hygiene practices, raising awareness about consumers’ personal responsibility to protect themselves rather than a focus on information about the pathogen. The Forum also identified that informing the public about Campylobacter may discourage people from purchasing fresh chicken.

10. The 2011 review on Food Safety Behaviours in the Home⁶ shows that people are likely to wash raw meat and poultry, with likelihood increasing with age. There are also ethnic differences, with non-white groups reporting higher levels of washing raw meat.

11. The 2010 Food and You⁷ survey reported levels of washing raw meat and poultry that indicate a significantly lower level of understanding of our recommended practice compared to a range of other food safety behaviours.

³ http://food.gov.uk/science/research/foodborneillness/microriskresearch/b13programme/b13list/b02016/


⁵ http://www.foodbase.org.uk/admintools/reportdocuments/711-1-1393_IID2_FINAL_REPORT.pdf

⁶ http://www.food.gov.uk/science/research/ssres/foodsafetyss/x04009/

⁷ http://www.food.gov.uk/science/research/ssres/foodandyou/foodyou10
The majority of respondents reported behaviour that follows recommended practices in cleaning, cross-contamination, chilling and cooking; for example, 84% of respondents reported that they always wash their hands before preparing food. Reported behaviour around washing raw meat or poultry was less frequently in line with the FSA advice; for example, 41% of respondents reported always washing raw meat and poultry and 42% raw fish and seafood.

12. Though there was a statistically significant reduction in reported behaviour in the 2012 survey, with the majority of respondents reporting that they washed raw meat and poultry all (38%) or some (63%) of the time, these levels are still significantly higher than other behaviours.

13. In our recent Citizens’ Forum on Risk and Responsibility, Campylobacter was used as a case study. The discussion indicated some, but low awareness of the ‘don’t wash raw chicken’ message.

14. This leads us to believe that this message, unlike others, has the potential to cut through, surprise, and generate the necessary debate to influence perceptions of risk.

Potential difficulties

15. We currently do not want to focus on pathogens or Campylobacter in case there is a commercial impact.

16. Our consumer insight (from surveys/engagement) shows that there is resistance to the ‘do not wash your chicken’ message because, in part, it is counter intuitive. People wash hands and surfaces) to stop cross contamination\(^8\). Our 2011 campaign evaluation survey on E. coli (extract attached at Annex B) told us that the majority of those surveyed always wash/peel raw fruit and vegetables. This was borne out by discussions in the Citizens Forum on E. coli.

17. People appear to be taken aback by the message not to wash poultry. We see this response as offering an opportunity to surprise.

18. But, we would like to emphasise the challenge of achieving sustainable behaviour change. Even messages that achieve cut through and generate debate and/or vocal consensus may not actually change long-held habits. We would welcome suggestions on other interventions which might help.

Indicators of success

19. We plan to commission a include campaign baselining and tracking measures in an additional flexible module as part of the bi-annual tracker, which will allow us to benchmark awareness and intended behaviour now, and track thorough interim waves as well as at six-monthly intervals. We will use this to validate our hypothesis that this message has the potential to

\(^{8}\) Food and You
generate public debate before tactical activity begins for Food Safety Week begins.

20. Acknowledging the inevitable sample effects, repeating this snapshot quarterly will allow us to track levels of awareness of this message over time and will form one of various indicators of reach and short-term attitudinal and intended behavioural change.

21. It will be a valuable way of monitoring the campaign, evaluating the relative success of different messages and activity, and will complement longer-term and more in-depth data from Food and You.

22. We plan to use the Government Communication Service’s five-stage model to evaluate our activity.
   - Inputs: the activity carried out
   - Outputs: How many people had the opportunity to see or hear the activity?
   - Out-takes: What immediate effect did activity have on awareness, understanding and attitude?
   - Intermediate outcomes: Did the target audience do anything as a result of activity?
   - Final outcomes: Did the activity achieve the overall objective(s)?

23. We would like to use the index of recommended practices to investigate the drivers behind behaviours and potential levers for change, investigate the psychographic (including personality, values, attitudes, interests, and lifestyle), demographic, ethnic and religious and geographic factors driving consumer behaviour, and making recommendations on the opportunities to influence, in particular, perceptions of risk.

24. We intend to generate fresh insights and test a full range of potential messages and interventions over the summer to establish the potential resonance with key audiences before planning a new campaign.

**Actions**

The Committee is asked to:

- Note our rationale for the messaging during the upcoming Food Safety Week activity.
- Suggest additional interventions that may affect behaviour change that we could test as part of this work
- Advise on how we might develop smart indicators and measures against each stage of the evaluation process, in the shorter term on Food Safety Week and on a longer-term strategy to influence consumer behaviour.

**Michelle Patel**  
Head of Marketing Communication and Consumer Insight
Annex 1. Foodborne Disease Communication Strategy
Foodborne disease consumer communication strategy (2013-15)

Issue

1. Since 2000, the FSA has been working to reduce foodborne disease in the UK. The Foodborne Disease Strategy (FDS) 2010-15 set out actions to further reduce foodborne disease. This included the development of specific Risk Management Programmes, aimed at reducing the levels and severity of disease caused by priority pathogens identified as causing the greatest burden of disease. In addition the FDS seeks to raise awareness and improve understanding of foodborne disease through a refreshed Food Hygiene Campaign incorporating effective food safety messages.

2. This document sets out the role for communication to prompt behaviour change among consumers to reduce foodborne illness caused by food prepared at home. The aim is for consumers to become more aware of the importance of their role in ensuring that the food they prepare and serve is safe, and to make sure that they follow good food hygiene practices every time they prepare food. This document is a framework for communication activity to be planned and delivered up to the end of the current FDS in 2015.

Goals/outcomes

3. This communication strategy supports the FSA’s strategic outcome 1 to reduce foodborne disease in the UK and outcome 4 for consumers to have the information and understanding they need to make informed choices about where and what they eat.

4. The communication aim is for consumers to recognise food safety as an issue that affects them, to help motivate them to take appropriate actions and they are in a position to influence others, including in their own households.

5. The intended consumer outcomes are:
   - Consumers’ kitchens are appropriately organised and equipped to store, handle and prepare food safely.
   - Consumers adopt safe kitchen practices every time they are preparing food.
   - Consumers influence other members of their household to adopt safe food practices.

Evidence and insight

Pathogens

6. Campylobacter causes most cases of UK foodborne illness (59%) and Listeria accounts for the highest proportion of deaths (28%). Together Campylobacter and Listeria impose the greatest disease burden and their control could offer the greatest public health benefits.9

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9 FSA Chief Scientist’s Annual Report, 2011-12
Audiences

7. **Parents of children under 5 and pregnant women:** Rates of infectious intestinal diseases are particularly high in children aged less than 5 and intestinal infections in young children can be particularly severe.\(^{10}\) Pregnant women are also at greater risk of Listeria.

8. **Adults aged 25 to 44:** There is a secondary peak of infectious intestinal disease in this age group (IID2). Analysis of the FSA’s Food and You survey\(^ {11}\) (2010) indicates that some ‘risky’ food-safety behaviours increased with age, such as disregarding use-by dates and that men were associated with lower levels of knowledge and less likelihood of following government advice. This age group are also more likely to be preparing food at home compared to those aged under 25.

9. **Adults aged 60 plus:** Between 2000 and 2009, the annual number of laboratory confirmed cases of listeriosis in the UK more than doubled. The increase occurred almost exclusively in the over 60s age group.\(^ {12}\) This age group is at a higher risk of becoming severely ill from key foodborne pathogens.

10. Communication activity will be targeted appropriately at each of these audiences. Not all of our communication activity will be targeted at every audience on every occasion.

Consumer attitudes and behaviours

11. The Strategic Communication team has undertaken a review of recent research by the FSA on public attitudes towards food and food safety. Key findings from the available research are summarised below, followed by the key consumer insights.

12. **Perceived low risk from preparing food at home:** Amongst UK consumers there is a perception that there is a low risk of foodborne illness when preparing food at home. 72% of respondents in the Food and You survey (2010) agreed with the statement “I am unlikely to get food poisoning from food prepared in my own home.” The main food safety issue causing concern has been food hygiene when eating out.\(^ {13}\)

13. **Perception of already following best practice:** In the Food and You survey (2010) the majority report behaviour that follows recommended practice in 4Cs.

14. **Entrenched existing habits particularly in older people:** Existing food safety behaviour is not necessarily informed by knowledge or reason, but by cues such as previous behaviour (Food Safety Behaviours in the Home, 2011.) In those over 65 attitudes are particularly entrenched and have been reinforced when illness has not been experienced. (FSA Branding Strategy Qualitative Research, 2007). In Food and You 2012, older respondents (aged 75+) were more than twice as likely to report food safety practices that were not in line with FSA guidance compared to younger respondents (aged 35-44).

Consumer insight

\(^{10}\) The second study of intestinal infectious disease (IID2)
http://www.food.gov.uk/science/research/foodborneillness/foodborendiseaseresearch/b14programme/b14prolist/b18021/

\(^{11}\) http://www.food.gov.uk/science/research/ssres/foodandyou/

\(^{12}\) Listeria risk management programme http://food.gov.uk/policy-advice/microbiology/listeria/

\(^{13}\) 38% of respondents, FSA Biannual Public Attitudes Tracker 2012
15. The majority of consumers do not experience food poisoning and for the minority who do it is usually merely inconvenient and brief. In general, the consumer experience is that foodborne disease only affects other people and it is seen as something that is unlikely to happen after eating food in your own home such as “I’ve never had food poisoning and I’m not going to get it at home.”

16. In addition, the majority of consumers perceive that they store, prepare and cook food safely at home. The majority report behaviour that follows some recommended practice in the 4Cs. It seems to them that they get sick very rarely, if at all, from food they prepare at home. This is reinforced by a lack of prompt feedback about the consequences (i.e. illness may not manifest for several days).

17. Finally, much existing behaviour in the kitchen is habitual and may have been passed down from strong influencers, such as mothers. Government information is easy to dismiss as “nannying” and disproportionate because of the perception that existing food preparation habits have never caused illness.

18. In summary, during ordinary, everyday food preparation at home consumers are unlikely to feel at risk from food poisoning due to their established habits and previous experiences of not becoming ill. This previous experience, combined with low levels of concern about food safety in the home, creates a feeling of ‘invincibility’ from food poisoning. This is an important insight because it shows that every day kitchen practice is so entrenched by habit and by a perception among consumers that they do follow good practice, that merely providing information about food safety cannot in isolation be an entirely effective method in many cases to address risky behaviours to lead to changes to improve food hygiene behaviours.

19. This means that the consumer communication strategy needs to build the relevance of food safety by challenging assumptions about the risks from food safety in the home, challenge their perceived invincibility and help motivate consumers to take actions to improve their own food safety behaviour. This communication strategy identifies the trigger opportunities where intervention by the FSA is most likely to achieve this challenge and motivate behaviour change.

Evaluation of previous communication

20. To inform the development of this document, the Strategic Communication team have consolidated evaluation of previous communication activity on Foodborne Disease. A summary of this evaluation is provided as Annex 1. The key findings from this consolidation are:

- Food hygiene campaign activities targeting the general public have raised awareness for a short time following the bursts of activity.

- Food Safety Week during June has been effective in increasing awareness.

Communication activity associated with seasonal periods delivered higher response rates than at other less notable times.
Known evidence gaps

21. Previously the FSA has commissioned an evidence review to explore what is currently known about food safety behaviours in the home\textsuperscript{14} and quantitative research to get baseline data on claimed domestic food safety behaviours.\textsuperscript{15} An additional research project, Kitchen Life\textsuperscript{16}, is currently studying actual food safety practices in the domestic kitchen to shed light on what people do in their homes (rather than what they say they do) and the reasons why. Outputs from this work will increase our understanding and be used to inform this strategy as the research project moves towards completion in May 2013.

22. In particular, there are a number of gaps in our knowledge and understanding of consumer behaviour in the kitchen which will need to be addressed in light of the findings from the Kitchen Life study.

23. At present, the most significant gaps in the evidence base are:

   a. **Drivers of kitchen behaviour**: Although the Kitchen Life research will address how kitchen behaviours interact to influence food safety practices at home and the reasons behind them, there is currently no other research to explore kitchen behaviours, their motivations and how they might be influenced.

   b. **Links between domestic practices and illness**: We can’t be sure exactly how many cases of food poisoning arise from domestic settings or what caused them due to the ‘reported’ nature of the causes of illness. Reasonable estimates are made for the purpose of trends and to tell whether the number of cases is going up or down. These confirmed cases only represent a fraction of the total. All of this contributes to a situation where the link between domestic practice and illness is not readily identifiable.\textsuperscript{17}

   c. **Attitudes and behaviours of consumers who have had foodborne disease**: There is an evidence gap as to whether consumers change their behaviour as a result of having food poisoning. Food and You (2010) investigated respondents that reported having food poisoning and their reported food behaviours to see if any links could be identified. There was not a significant difference in reported food poisoning associated with behaviours such as defrosting food at room temperature, although a minor association with wiping down surfaces may be identifiable. (Those who always wipe down surfaces after preparing food were more likely to say they have never had food poisoning - 56% - than those who do this less frequently - 47%). If food poisoning does not significantly change behaviour for many consumers then understanding the reasons for this is key to developing interventions that are effective.

**Strategy**

\textsuperscript{14} Evidence review of food safety behaviours in the home
\url{http://www.food.gov.uk/science/research/ssres/foodsafetyss/x04009/}

\textsuperscript{15} Food and You 2010 \url{http://www.food.gov.uk/science/research/ssres/foodandyou/foodyou10}

\textsuperscript{16} Research exploring domestic kitchen practices \url{http://www.food.gov.uk/science/research/ssres/foodsafetyss/fs244026/}

\textsuperscript{17} \url{http://www.food.gov.uk/policy-advice/microbiology/fds/58736}
Aims and objectives

24. The overarching aim of the Foodborne Disease Strategy is to reduce the levels and severity of disease caused by pathogens identified as causing the greatest burden of disease. This communication strategy supports an outcome to reduce foodborne illness focusing on food eaten or prepared at home.

25. The communication aim is for consumers to recognise food safety as an issue that affects them and to help to motivate them to take appropriate actions.

26. For consumers this requires three outcomes:
   - Consumers' kitchens are appropriately organised and equipped to store, handle and prepare food safely.
   - Consumers adopt safe kitchen practices every time they are preparing food.
   - Consumers influence other members of their household to adopt safe food practices.

27. To achieve this objective will require interventions that build relevance for the consumer to penetrate their existing feelings of invincibility towards food safety risks in the home. The strategy will be delivered through three phases, to reflect the consumer journey stages and the scale of the task to change behaviour:

<table>
<thead>
<tr>
<th>Phase 2013</th>
<th>Phase 2014</th>
<th>Phase 2015</th>
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<tbody>
<tr>
<td>Kitchen checked</td>
<td>Kitchen checked</td>
<td>Kitchen checked,</td>
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<tr>
<td></td>
<td>and kitchen equipped</td>
<td>kitchen equipped and</td>
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<tr>
<td></td>
<td>(eg chopping board(s), fridge</td>
<td>kitchen habits</td>
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<tr>
<td></td>
<td>thermometer, cleaning materials)</td>
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Communication occasions

28. Our consumer insight identified that consumers are unlikely to feel at risk from food poisoning at home due to their established habits and previous experience of not becoming ill, leading to a perceived invincibility. Our communication will need to occur in circumstances where consumers do not feel quite so invincible about their domestic food safety. These situations present a context where receptivity to food safety messaging is higher and where food safety can begin to feel relevant to the consumer.

29. The circumstances we have identified as communication opportunities for food safety combine three characteristics:
   - **Non-habitual events.** These are events that happen infrequently. Because these events are unfamiliar, and differ from routine practice, they can
prompt a requirement for guidance or the acknowledgement of not knowing exactly what to do.

- **Involve loved ones.** In a food safety context there is not just ‘my own health to consider’ in these circumstances but also the health of loved ones including family and close friends.

- **Heightened consequences.** Because the situation involves an unfamiliar experience in the presence of people you care about the consequences of food safety risks may increase either because food is being prepared for more people than normal or that the result of poor practice may reflect more widely on a person’s social standing.

30. The following diagram illustrates the interplay of these three characteristics to create **occasions** where consumers may feel less invincible regarding food safety and therefore have higher receptivity to food safety messaging and wider interventions.

31. The focus of the consumer communication strategy will be on appropriate core occasions for targeted communication to deliver relevant, tailored content to create behaviour change.

32. Examples of such occasions where consumers might feel less invincible are when people are preparing food for larger groups than they are used to cooking for or in unfamiliar circumstances. Such times may include BBQs, cooking a turkey for
Christmas or may involve a more significant lifestyle change such as having a baby.

*Food Safety Week (FSW)*

33. The role of Food Safety Week will be to continue to provide a focal point for national activity via local authorities and other partners. From 2013, FSW will also provide the beginning of an annual cycle to deliver the phased approach set out in paragraph 24. FSW is unique in that it is an occasion we ‘own’ and it will continue to be used as a major focus on our calendar of communication activity.

*Partnership occasions*

34. As well as existing occasions, there will also be opportunity to participate in, and build on, other events or campaigns where perceived invincibility to food safety can be challenged, such as during the Global Handwashing Campaign in October or other events created via partnership communication.

*Communication tasks*

35. The tasks of our communication approach to build relevance requires that we:

- overcome the perception by consumers of invincibility to food borne illness in the home,
- provide or find an occasion for them to review and reflect on their domestic practice,
- provide appropriate guidance on what changes they can make,

These first changes can be the hardest to take and help people to feel that change is possible and achievable. The following diagram illustrates this as an approach:

36. Our communication approach requires these three steps to build relevance for consumers to overcome the barrier of their perceived invincibility or downplaying of food safety risks. The occasion provides a motivating reason to change now and the simple steps to behaviour change suggest the actions required to move towards best practice in food safety (the 4Cs).

37. The key implications of this approach to build relevance are:
the need for challenge implies that a strong tone of voice is required in our communication about home food safety.

occasions, either pre-existing or created, require partnerships to reach a significant audience.

messaging needs to be simple and action orientated to keep kitchens safe

**Implementation approach**

38. This section sets out our approach to how we will deploy our resources, particularly focusing on 2013. We anticipate that 2014 and 2015 will follow a similar pattern in terms of level of activity, but the focus will be on extending behaviour and making actions habitual. Activity in 2014 and 2015 will also see more emphasis on messages that are developed and communicated by third parties, working in partnership with the FSA.

**Target audiences**

39. The target audiences identified above (paragraphs 7 to 9) represent broad sections of the population. Not all of our communication activity will be targeted at every audience on every occasion. Instead our approach will be to use the occasion as the starting point and target individuals undertaking associated activity e.g. when preparing a BBQ or a Christmas turkey.

**Messaging**

40. **Need for challenge:** To cut through the barriers of perceived invincibility by consumers, the need for challenge implies that a strong tone of voice is required. This is supported by our last substantial piece of qualitative research to develop the FSA’s branding which concluded there was ‘permission’ from consumers recommended to adopt a relatively shocking tone.

41. **4Cs:** Since 2001, the Food Hygiene Campaign has promoted the simple 4Cs principles of good food hygiene and our guidance will continue to be based on these principles.

42. **Pathogen specific communication:** For certain communication occasions and target audiences it will be appropriate to reference behaviour most relevant to a particular pathogen, for example the risk from Campylobacter from turkey at Christmas. However, there may be significant communication risks for messaging that focuses too overtly on the pathogen at the expense of the preventative actions that can be taken. The Citizen Forum on Campylobacter in 2010 identified a preference from consumer respondents for a Government-backed campaign to inform the public about safe food hygiene practices and to raise awareness about consumers’ personal responsibility to protect themselves rather than a focus on information about the pathogen. The Forum identified that informing the public about Campylobacter may discourage people from purchasing fresh chicken – an unwarranted panic response in the circumstances. Pathogen specific information may have a role in conveying the severity of different types of FBD in some circumstances.

**Messengers and channels**

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18 FSA Branding Strategy Qualitative Research - Oct 2007

43. To effectively achieve the aims of this strategy, the communication approach needs significant reach (volume of audience). In addition to this, the FSA needs to find ways to reach consumers where they are receptive to messaging either due to highly relevant content or via a trusted brand. In most instances this will mean finding situations where consumers are already interacting with food safety-related subjects. Both requirements suggest strongly that significant partnership communication needs to be developed to achieve the required outcome for the strategy.

Impact of spending restrictions in England

44. In England there are controls on Government advertising, marketing and communication expenditure. As a result, this strategy will be delivered with substantially less than the budget committed in previous years.

45. In addition to this, the way ordinary people access information is changing notably. Our target audiences do not just ‘receive messages’ from traditional media channels. Our target audiences interact with, and are influenced by, their own networks and trusted sources. This dynamic is particularly significant when considering how we will use social media and digital channels.

Need for frequency and ‘drip’ of messaging

46. To sustain change in food hygiene behaviours at home, people need motivation, support, feedback and frequent reminders. This suggests that although there are significant occasions in the calendar where consumers may be more receptive for food safety messages, we also need to use partnerships and digital communication to reinforce messages regularly.

Role of digital communication

47. To support this strategy the primary role of digital communication will be social media engagement around each of the occasions and to support our communication via partners. This will be pursued by:

- **Reciprocation**: Developing relationships with other organisations and individuals online to identify and participate in relevant conversations.

- **Identifying advocates**: Where there are strong influencers within the online communities we want to target, we will reach out to them and develop the potential for their endorsement of our messages. (For example, this was achieved during the turkey campaign at Christmas 2012 where we monitored tweets about the norovirus and indentified highly influential figures online to respond to. This enabled our messages to spread through the networks of those individuals or organisations.)

48. **Developing content with partners**: For communication activity relating to significant occasions in the calendar, such as Global Handwashing Day, we will deliver online social media campaigns in collaboration with partners to make the most of the audience reach available via other people’s networks and the combined knowledge and resources available to create compelling online content.

49. Beyond engagement via social media, we also need to consider the potential for digital platforms, such as online tools, to change behaviours. The Kitchen Check tool being developed for Food Safety Week 2013 will begin to pilot what could work in this area for food hygiene behaviour and we envisage a greater use of this type of technique in the future.
Role of partnerships and what we can offer them

50. Commercial brands often have a trusted relationship with our target audiences and have established channels to reach them. Some brands may be closer to the behaviours we want to influence, for example, branded cleaning products. We will need to attract and negotiate with third parties to support delivery of our communication activities and establish some shared objectives, examples of which are provided in the table below. Inherent in this activity is long lead times towards delivery and the need to offer partners tailored, relevant content.

51. Our calendar of occasions will provide regularly occurring events to provide us and partners with advanced schedules of activity to work towards. These events will be at the most significant times of the year for specified food-related behaviour (e.g. BBQs and cooking a turkey at Christmas.)

52. This strategy recognises that the FSA has limited financial incentives to offer partners. But we can act as an authoritative end source for guidance.

53. Our partnership communication activity will be coordinated with the stakeholder work undertaken by each of the pathogen management programmes:

<table>
<thead>
<tr>
<th>Programme</th>
<th>Examples of partnership activity with industry</th>
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<tbody>
<tr>
<td>Campylobacter Risk Management Programme</td>
<td>Via the Joint Working Group on Campylobacter with British Poultry Council (BPC) and British Retail Consortium (BRC).</td>
</tr>
<tr>
<td>Listeria Risk Management Programme</td>
<td>Via the consumer workstream sub-group with representatives of cancer support charities and Age UK and devolved equivalents.</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Via the Cleaner Seas Forum including water companies, Seafish Shellfish Association of Great Britain and Centre for Environment, Fisheries &amp; Aquaculture Science. (Cefas)</td>
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54. The role of local authorities as key delivery partners for our communication will continue to be crucial. However, we will look to broaden out the number and types of organisations we partner with to include commercial, private sector organisations.

55. A possible role for relevant public role models (e.g. TV chefs and personalities) would need further consideration. It is unlikely that we would want to rely on these as the sole or priority means to reach consumers where there are no perceived benefits to the TV personalities or production companies in explicitly referencing food safety prevention.

Role of schools activity

56. The schools activity undertaken in Scotland and Wales should be seen as an additional channel to reach parents (and school pupils) with food safety messages.
Although this recognises that it will not be possible to reflect different messages for “occasions” such as Christmas and BBQs.

**Timing**

57. For 2013-14, the calendar of priority communication opportunities is as follows:

![Calendar Diagram]

**Evaluation**

58. There are currently no simple, direct indicator measures for the FDS’s overall objectives. Instead we would expect to identify relevant indicators to assess their impact in terms of the activity itself. This will include information about the effectiveness of individual initiatives and the combined effectiveness of communication activities over time. We will continually refine our communication approach based on the results of the evaluation of each wave of activity. For the expected reach and scope of activities to be undertaken, it is unlikely that any impact would be expected to be reflected in national surveillance data.

**Actions**

59. The FDS Steering Board is asked to:

- **Agree** that the strategy for communication should focus on occasions to challenge consumers in situations where they will be more receptive than usual to food safety messaging.
- **Agree** the phased approach to communication and behaviour change.
- **Agree** that the strategic direction for communication be shared with relevant stakeholders and prospective partners.

**Note** that further work to develop the implementation plan will be incorporated into future updates to this strategy.
Annex 1: Summary of previous evaluation reports on Disease Communication

<table>
<thead>
<tr>
<th>Report</th>
<th>Key findings</th>
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| Disease Strategy evaluation  
Dr Chris Bell, March 2006. | Food hygiene campaign activities targeting the general public do raise awareness but is short-lived and behaviour is generally unchanged except for specific groups such as parents with young children. |
| Review of the FSA 4Cs Strategy and activity between April 2006 and March 2010. | • FSW activities were effective in increasing awareness.  
• Association of FHC activities with seasonal periods delivered response rates that were higher than at other less notable times. |
| FSA Food Hygiene communication evaluation  
COI, June 2011. | • Seven campaigns showed good or some evidence linked to a short-term reduction in incidents of food borne disease (6 to 8 weeks).  
• Characteristics of those campaigns: aimed at public not catering, ran for 4 to 5 weeks, spent around £1m each, ran between late May and early June (Campylobacter peak) and coincided with FSW. |
| Food safety behaviours in the home report for FSA  
Greenstreet Berman, June 2011.  
*(Aim of report was to determine what is known about public food storage and handling behaviours.)* | • People have low level awareness of the 4Cs as a concept and may fail to practice when aware.  
• Evidence review and experts interviewed concluded advice should be specific to each target group, address their attitudes and in a way they identify with.  
• A small amount of ‘moderately rated’ evidence for the provision of advice influencing attitudes and behaviour. |

Annex B (will be inserted soon)