Elderly Food Hygiene
Qualitative Research Findings

Food Standards Agency

TNS BMRB

Contents

1. Executive Summary

In recent years, there has been an increase in food-borne disease amongst over 60 year olds. This created a need for the Food Standards Agency (FSA) to undertake research to explore views and behaviour in relation to food hygiene at home. These research findings will inform the FSA's ongoing strategy to inform and advise the older population about safer practices.

The research found that over 60 year olds are confident in their food hygiene procedures. Their high level of experience and self-assurance around food shopping, handling and preparation will make it more of a challenge for the FSA to influence them via communications. Communications will need to acknowledge the audience's starting point of reference, and then aim to soften entrenched views and debunk myths.

The risk of contracting food poisoning at home was seen as minimal. This remained the case even after reading the draft Fact Sheet. However, there are two key areas in which food storage and preparation practices are less careful or appropriate than they might realise. These were washing raw chicken, which can spread Campylobacter pathogens, and not properly observing Use By dates on fresh foodstuffs.

The audience refers to Use By dates as a guide only, or ignores them altogether, partly because they are seen as lacking credibility. In practice, they rely heavily on 'the sight and smell test' to check if most fresh food is safe to use. (An exception to this is raw chicken.)

The research findings also suggested that poorer food hygiene might be linked to common changes in personal circumstances and life stage: some older respondents and those living alone (following bereavement or divorce) described their decreased motivation to buy and prepare food for themselves. This resulted in a more casual approach both to the content and cooking of meals, often inclined to 'make do' rather than prepare the 'proper' meals which they might have done in the past. There was also less attention to standards if 'just for me' than if catering for others as well, perhaps using up food which would not be served to others. With no-one to prompt on appropriate behaviours, these respondents might therefore be at greater risk of food poisoning through a lack of attention to good practice in food preparation and usage. This finding reinforces the need for communications to create strong motivational value based on knowledge of the audience.

In summary, there is therefore an opportunity for FSA communications to highlight food hygiene risks and reinforce behaviours and procedures to counter these risks.

More specifically, the research findings suggest that the FSA's communications should, or could:

- bring home the reality of food poisoning in day-to-day terms;
- be motivating, positive and non-judgemental;
- advise against washing raw chicken;
- clarify the significance of different types of food dates, to educate the audience and increase the credibility of Use By dates in particular. The audience's fundamental questions about Use By dates should be addressed in detail;

- promote shopping little and often as a way of improving food hygiene amongst the over 60's, particularly those who are retired;
- encourage efficient food management practices, including buying the exact amount of fresh food required (for example, at a deli counter, butcher or fishmonger) and using the freezer to preserve surplus fresh food and food which is approaching its Use By date;
- provide detailed information about cleaning practices, and how to safely reheat food.

An ideal format for these communications would be a bright, colourful booklet covering a range of food management and hygiene practices. A free fridge thermometer could be provided as an incentive.

2. Aim and Objectives

The **aim** of the research was to explore the views and behaviours of those aged over 60 years old regarding food hygiene. The findings will support the FSA's ongoing strategy to inform and advise the elderly population on safer food hygiene practices.

More specifically, the **objectives** of the research were to:

1. Investigate older people's views on food hygiene related behaviours, including:
    - shopping
    - handling raw meat, including chicken
    - adhering to dates on fresh produce (e.g. Best Before, Sell By, Use By)
    - checking fridge temperature **(Wave 1)**.

2. Explore older people's responses to the messages contained in a draft Fact Sheet **(Wave 2)**.
3. Understand best practice in communicating to this audience **(Wave 2)**.

3. Method and Sample

Method

To meet the aim and objectives, a qualitative, two stage, focus group research method was used.

Each focus group met to take part in a discussion lasting around one and a quarter hours. This first discussion followed a Topic Guide (Appendix). Areas covered included:

- food shopping
- food preparation and cooking
- food storage and handling
- food safety awareness and attitudes.

At the end of this discussion, each respondent was given a draft Fact Sheet prepared by the FSA on the subject of food hygiene. They were asked to read this and come prepared to comment on it the following week. One week later, each focus group reconvened to take part in a second discussion, lasting for the same duration. Following a different Topic Guide (Appendix), the second discussion explored views on:

- the content of the draft Fact Sheet. This was drawn up by the FSA for the purpose of the research and contained facts and advice regarding food poisoning and food hygiene at home;
- sources of information for over 60 year olds, including social media;
- a range of example communications literature, including booklets, leaflets and posters on health or safety related topics.

Sample

Eight groups, each comprising six respondents, were recruited in four locations in Scotland: Inverurie, Banff, West End Glasgow and East End Glasgow (Shettleston). These locations were chosen to provide insight into a range of experiences from those living in contrasting rural, suburban, and urban areas.

Each group was recruited to represent one of two age bands: 60 - 69 years old and 70 years and over. The groups also represented a combination of different socio economic groups: ABC1, and C2DE or C1C2DE. These are social gradings based on the occupation of the Chief Income Earner in each household, with an explanation of each provided overleaf:

Socio-economic grouping	Percentage of the total population	Description
A	Approx 3%	Professionals: very senior managers in business or commerce, or top-level civil servants. Retired people, previously Grade A, and their widows.
B	Approx 14%	Middle management executives in large organisations, with appropriate qualifications. Principle offices in local government and civil service. Top management or owners of small business concerns, educational and service establishments. Retired people, previously Grade B, and their widows.
C1	Approx 26%	Junior management, owners of small establishments, and all others in non-manual positions. Jobs in this group have very varied responsibilities and educational requirements. Retired people, previously Grade C1, and their widows.
C2	Approx 25%	All skilled manual workers and those manual workers with responsibility for other people. Retired people, previously Grade C2, with pensions from their job. Widows, if receiving pensions from their late husband's job.
D	Approx 19%	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers. Retired people, previously Grade D, with pensions from their job. Widows, if receiving a pension from their late husband's job.
E	Approx 13%	All those entirely dependent on the state long-term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding six months. Casual workers and those without regular income.

The sample breakdown for the research is as follows:

Group	Age	SEG	Gender	Location
1	70+	ABC1	Mixed	Inverurie
2	60-69	C2DE	Mixed	Inverurie
3	70+	C1C2DE	Mixed	Banff
4	60-69	C1C2DE	Mixed	Banff
5	70+	ABC1	Mixed	West End Glasgow
6	60-69	ABC1	Mixed	West End Glasgow
7	70+	C2DE	Mixed	East End Glasgow (Shettleston)
8	60-69	C2DE	Mixed	East End Glasgow (Shettleston)

4 Findings

4.1 Audience Profile

The research began by exploring the context for food hygiene related behaviours. Respondents were asked where and how they shopped for food, and how they made their decisions about what food to buy.

Food Shopping Locations

For this audience, food shopping mostly took place at supermarkets. Some dropped in to the supermarket each day; others less often. In between supermarket shops, many "topped up" at their local Co-op or convenience store, when this was nearer home than the supermarket. However, buying food at these was seen as expensive.

There were some differences in where respondents shopped and how they shopped, by socio economic group. This is illustrated by the diagram below.

Those in socio economic groups ABC1 generally shopped at supermarkets which position themselves as 'higher quality' to 'mid-market', especially M&S, Sainsbury's, Morrison's and Tesco. Those in groups C2DE were more likely to shop at supermarkets branded as 'good value' or 'low price', including Morrison's, Tesco, Asda, Lidl, Aldi, Farmfoods and Iceland. There was some overlap in where respondents shopped.

C2DEs spoke of shopping around more than others, choosing different supermarkets to get the lowest-priced goods (e.g. Lidl for fruit and vegetables, Farmfoods for milk). Some older ABC1s, in addition to their main supermarket shop, also used Aldi and Lidl for selected items, now that they had more free time to 'shop around'.

Across all socio economic groups, some shopped for meat (except chicken) at the butcher and for fish at the fishmonger or fish van. In Glasgow, some also visited a greengrocer to buy fruit and vegetables, their produce was seen as fresher and not chilled.

Food Shopping Access

The audience had no difficulties accessing food retailers. This was the case even when supermarkets were relatively far away, out of town. Travel to the supermarket was often by car if one was available in the household. This was true across all socio economic and age groups. Groceries, especially milk, were heavy to carry home - or even just the distance to and from the bus stop - without a car.

In Banff, respondents typically made a 50 or 60 miles round car trip to shop at supermarkets in Fraserburgh or Inverurie. A few even made a 90 miles round car trip to supermarkets in Aberdeen, once a fortnight or so. Banff was described as having only a very small Tesco.

By contrast, both Inverurie and Glasgow offered more choice of supermarkets locally. Here, there was no need to travel far. In Glasgow, and for some living in Inverurie, it was quite common to sometimes walk to the supermarket for small amounts of shopping then take the bus home.

Food Shopping Frequency

Frequency of shopping varied by lifestyle, or life stage, and by age.

Older shoppers, and **those who lived alone,** shopped more frequently. Often, they bought their food on the day they wanted to eat it. Their purchases were more ad hoc, with less meal planning and little thinking ahead for future days' food. They needed or liked to get out of the house every day, and shopping had become a focus for this, taking on a social dimension. Some enjoyed their time shopping and choosing food, often stopping for a coffee while they were out.

> *"Now I'm retired, I've got all the time in the world, so it's not a hassle…I like going to Markies because I get my coffee there. My wife likes M&S."*
>
> *Male, Inverurie, ABC1*

> *"Now I am on my own, I have to make a point of going out every day."*
>
> *Female, Inverurie, ABC1, 70+*

By contrast, younger respondents – that is, 60-69 year olds – who lived with spouses were more likely to do a bigger shop, less frequently. Typically, they might 'do a supermarket shop' every 5 days or so. Shoppers who followed this pattern were often still working.

Family downsizing, as adult children left home, was linked to the reduction or end of the big weekly shop. This shift became more apparent with increasing age. This suggests that it may take a few years after children leave home before food shopping patterns adapt to the 'empty nest'.

Retirement brought more time and opportunity to shop around. (Some partners began to go shopping together, as an outing.) Those who had retired became accustomed to shopping more often, for smaller amounts of food. Food was then consumed sooner after purchase, while fresher. This shopping approach leads to less fresh food being stored, less food going 'off' and less wastage. **These findings suggest that the FSA could promote 'shopping little and often' as a way of improving food hygiene.**

Attitudes to shopping and cooking

Respondents showed different levels of motivation for food shopping. Those in socio economic group ABC1 were more likely to enjoy shopping, preparing and eating food. This was especially evident if they were retired. The quality of food was often the most important criterion on which food shopping decisions were made. These respondents linked food 'quality' to freshness, typically saying "Food must taste and look good".

More respondents in socio economic group C2DE found food shopping a chore; it was just something that 'has to be done'. Accordingly, they were more likely to buy the same things each time they shopped. They generally made more conservative and limited food choices than those in groups ABC1. C2DEs emphasised either 'good value' or 'low cost' as their key criterion.

To an extent, older respondents also seemed more cost conscious than the younger respondents, perhaps reflecting more limited income.

When it came to purchasing meat or fish, some in groups C1C2D joined ABC1s by putting 'quality' first: they would buy from the butcher's shop, fishmonger or fish van. These outlets were seen as better quality, but more expensive, than supermarkets - although the fresh meat and fish counters now featuring in larger supermarkets were offering increasing competition to the independents.

As far as any changes in diet or food purchasing were concerned, all groups claimed to be buying more chicken nowadays than in the past and perhaps also fish, at the expense of red meat. This was ascribed to a variety of factors – lower cost, healthier, easier to prepare and also eat, as one got older.

There was little evidence across the groups of buying many ready meals or convenience foods, with a common preference for cooking from scratch. The main purchasing of ready meals was often when catering for grandchildren, who were more used to these. However, a few ABC1s did some prepared food and ready meals from M&S, sometimes using a '3 for £10' offer.

Respondents living alone were more likely than others to buy small quantities of items such as cold sliced meats and cheeses from deli counters. They were less likely to buy whole chickens, joints, or large packs of meat. However, for economy, some did buy packs of jointed meat, such as chops, or chicken breasts, then portion them up and freeze for future use.

Food Management

Many respondents outlined a well-developed approach to managing food. Shopping little and often meant there was less potential for wastage. They also described a strong tendency to quantity control, both when shopping and cooking. Use of independent shops, and meat or deli counters in the supermarket, allowed respondents to buy the exact amount for their needs. Food purchases were tailored to specific needs at each meal time, so that unused food didn't go off in the fridge.

There was also proactive use of the freezer, to help manage fresh food efficiently and avoid waste:

- Some used freezers to preserve fresh food which was close to, or at, its Use By date. By putting food straight from the fridge into the freezer, they circumvented the need either to eat it immediately, overlook the date or throw it away;
- Freezers were also used to freeze portions divided up from bulk buy deals on meat and other fresh food;
- Some had bulk home cooking sessions, then portioned up individual meal trays, labelled them and froze them;
- Many would still cook a family size amount of food at one time, or double the amount required at a meal sitting, then portion up the 'left over' remainder and freeze it to provide another meal in the future.

"You get three chicken fillets for a tenner. I buy them and that does me for three meals. Freeze them and take them out the night before."

Male, Glasgow, C2DE, 60-69

"I freeze chicken if I've got it and you see the Sell By dates coming near."

Female, Glasgow, C2DE, 60-69

"I've got quite a lot of stuff in the freezer. A great big tall freezer…Whatever I make, whatever is left goes in there. My daughter gives me meat and I put that in. If I go shopping and buy two loaves, I put one in the freezer so I know I've got one for toast."

Female, Glasgow, C2DE, 60-69

While such practices were relatively common, they were by no means universal, which suggests there could be some merit in the FSA promoting efficient food management practices as a way of improving food hygiene.

4.2 Food Safety Awareness and Attitudes

Awareness

Spontaneous awareness of food poisoning mainly concerned high profile cases which had featured in local and national news, even if many years ago. In Glasgow, this mainly related to a severe E. coli O157 outbreak from a butcher's shop in Wishaw in the 1990's. In Banff and Inverurie, reference was made to the 1960's typhoid outbreak in Aberdeen caused by tinned corned beef.

However, there was limited personal awareness of incidents of food poisoning, in their families and others around them. The majority reported that they had no experience of food poisoning, recently or in the past. Most of the few cases mentioned were linked to eating in restaurants and foreign hotels, and from takeaways. This limited awareness made the possibility that they might get food poisoning –especially at home - seem remote.

The few respondents who had had recent experience of food poisoning spoke of having 'learned a lesson', and 'never going to do that (e.g. eat out of date sausages) again'. The research findings suggest that, for the audience to pay more attention to Use By dates and other aspects of food hygiene, they would require greater awareness of personal experiences and risks of food poisoning in the home.

The few experiences of food poisoning recalled were as follows:

- One Banff respondent and her colleagues contracted serious food poisoning which required hospitalisation from raw chicken cross-contamination at a work canteen. She was off work for 6 weeks. She now wears disposable gloves when handling raw chicken at home (but always washes the chicken).
- A few Glasgow respondents said they got food poisoning from eating out, takeaways, or eating abroad on holidays.
- One Inverurie respondent mentioned at the second focus group discussion that she had been hospitalised with Campylobacter many years ago, but had not thought of this as 'food poisoning' until now.
- There were only three accounts of incidents of food poisoning in the home, which respondents identified with their own specific behaviours or items eaten. In Glasgow, one man became ill after eating a crab product past its Use By date. Another Glasgow man traced his recent food poisoning episode to eating a reheated leftover steak pie. A man in Banff became ill after eating some sausages which were past their Use By date.

"Well I learned a lesson about eight weeks ago. I bought one of they wee steak pies and I ate half of it. I said 'I'll just have a bit of cling film on the other half and stick it in the fridge for the next day' and ate it the next day… See the mess in my stomach, oh my God… I looked at the Sell By date, but I never looked at the instructions for 'do not reheat' or anything..."

Male, Glasgow C2DE, 70+

There was also some implication that food poisoning would not be too serious in any case, with a common perception that the symptoms might just be an 'upset tummy' for a day or two. **These findings suggest that the FSA's communications need to bring home the reality of food poisoning, in respect of both risk and effects, in day-to-day terms.**

Attitudes

The research highlighted four aspects which might heighten the risk of contracting food poisoning at home. These were: complacency, personal circumstances, attitudes to Use By and Best Before dates, and cultural factors.

Complacency

A positive research finding was that the audience already follows many hygienic practices when storing and preparing food. For instance, it was reported that they:

- thoroughly wash hands with soap before handling food;
- store raw meat on the bottom shelf of the fridge;
- keep kitchen surfaces clean;
- scrub chopping boards clean, after use and between preparation of different kinds of food;
- ensure chicken is cooked through before eating.

However, their assertion that they already follow good food hygiene practices contributes to their entrenched belief that they are not at any risk of food poisoning at home.

Knowledge about food hygiene had been accrued from several sources, including parental behaviour, domestic science classes at school, cookery programmes on TV and government campaigns. By this stage in life, they had long become experienced in preparing food. They had developed strong confidence in their own judgment and 'common sense'. Because they shopped in reputable supermarkets, they could see no potential for risk at any stage of the food shopping, storing, preparing and consuming process.

The fact that they had practiced the same food storage and preparation practices for years and not contracted food poisoning or 'come to any harm' bolstered these beliefs further.

Only a few respondents paid attention to the temperature of their fridge, since the majority lacked a thermometer with which to check this. The tendency was to leave it at the original manufacturer's setting, on the assumption that their fridge temperature would be correct – it was apparent that some had misinterpreted the scale settings on the dial as relating to the actual temperature in degrees.

Against this background, it is likely that the audience's self-assessed high level of experience and self-assurance around food shopping and handling will make it more of a challenge for the FSA to influence them via communications. It will be critical to overcome the complacency under which many operate at present.

Personal Circumstances

Much of the motivation for food preparation came from cooking for others, and eating with others. This lead some of those who lived alone to cook and eat less than before.

Older respondents and those living alone, including those who had been widowed, were less likely to cook from scratch. They were more likely to heat up simple foods, sometimes using the microwave, or eat cold food. Food was less – or had become less – of a social activity, or a lifestyle focus. Whereas younger respondents and those who lived with others were more likely to cook full home-made meals, from scratch, and eat in company, those on their own reported that they 'only had themselves to think of'. It can be deduced from their accounts that some might have become less caring and less fastidious about food hygiene.

"I enjoy shopping and cooking. I cook all the meals for the chap I look after and I freeze it all so he has food for every day. At home I cook for myself and my husband and I have grandsons who love Granny's roast dinners. I see quite a lot of them and they enjoy eating my home cooking."

Female, Banff, C1C2DE, 70+

"I do find shopping for food a bit of a hassle. Maybe 'cause I'm cooking for myself, I do think 'Can I really be bothered?'"

Female, Inverurie ABC1

"I don't have a cook in the house. What I cook, I'm only cooking for myself so it has to be edible. And that's usually good enough. I'm doing alright on it."

Male, Banff, C1C2DE, 70+

It will be important to acknowledge these different lifestyle situations and motivations in any materials produced.

Attitudes to Use By and Best Before dates

Generally, the audience was aware of Use By dates and paid some attention to them. Notably, most respondents did follow Use By dates exactly for raw chicken. However, for most foods, they did not strictly adhere to these. Rather, there was a tendency to fall back on visual or olfactory clues – 'the sight and smell test' - to assess whether fresh food was 'off' or not. This meant that less food was 'wasted' than if they followed the Use By date exactly. Use By dates were used by most as a guideline to prompt as to whether a 'sight and smell test' was called for. A satisfactory 'pass' of the sight and smell test trumped the Use By date. A minority rarely observed Use By dates at all.

"I don't pay much attention to Sell By dates, because I think most things are usually good beyond Sell By dates. Apart from maybe fish or chicken, which could be a bit dodgy."

Male, Inverurie, ABC1, 70+

"I'm not rigid. I could take something out and if it looks and smells okay, I would just use it. I might look at the packet after that and go, 'Oh the date's up on that, but never mind. It's okay.' No, it's not rigid."

Female, Glasgow ABC1, 70+

"(If the Use By date had expired)...It wouldnae worry me a bit…if after a day or two, the bread might go green. Well, if I took it out of the packet and the bread was green I wouldnae eat it. But I wouldnae look at the date…I dinnae like wasting food, simple as that. And I just think '(Food poisoning's) nae going to happen to me.'"

Male, Banff C2DE, G1, 70+

The lack of credibility ascribed to Use By dates emerged as a fundamental issue, with a variety of reasons given for Use By dates not being followed absolutely. These are illustrated below. The audience all thought that Use By dates on most fresh foods had built in 'leeway' of 2 days or more. This lead to lack of clarity about how to respond to Use By dates – and when to start taking them seriously, if ever.

The audience voiced many questions about Use By dates which required clarification before they could begin to regard these dates as credible. Fundamental questions included:

- How are Use By dates decided, and by whom?
- How official or standardised are Use By dates?
- To what extent are Use By dates just there to cover the manufacturers' or retailers' backs?
- Is there built-in leeway? How much?
- What happens to the food after the Use By date passes? (Surely it won't become poisonous over night…?)

There was also some confusion about Best Before dates and other unspecified dates found on tins, for example. This impacted on the audience's perception of Use By dates. Many questioned why manufacturers' Best Before dates implied such a limited shelf-life on non-refrigerated items, such as tins of biscuits, and on 'preserved' pickles, sauces and jams. Was this evidence that manufacturers' use of

date stamps was just a 'rip-off', so that consumers felt pressured to throw away food for no reason and buy more of the same?

A further area of uncertainty concerned how Use By dates and 'Eat Within X Days…' advice applied to open packs of chilled fresh food. For instance, some respondents were unsure whether the Use By date remains if an opened pack is immediately re-covered with cling film or foil.

With Use By dates commonly referred to as only a guide or ignored altogether and heavy reliance on 'the sight and smell test' to check if most fresh food is safe to use, the FSA's communications need to clarify the significance of different types of food dates. The aim must be to educate and elevate the perceived importance of Use By dates in particular. The audience's fundamental questions about Use By dates should also be addressed.

Cultural Factors

The research found that upbringing ('what my parents did') was a basic source of knowledge for this audience. This was still acted out in some current food storage or preparation practices. Unless challenged directly, these historical practices remained deeply embedded. Some were unhygienic. For example, there were accounts of older individuals who had grown up without domestic fridges still leaving pots of home-made soup out overnight on the cooker, and then reheating it.

The audience's reliance on the 'sight and smell test' was also historical in origin: examining and smelling food was what their mothers had done, before the advent of Use By dates, to gauge if food was still fresh and safe enough to eat.

> " - *It didn't do us any harm years ago, before this 'Sell By' and 'Use By'…" (female)*
>
> - *You didn't have fridges then." (male)*
>
> - *I remember my mother always smelling things." (female)*
>
> - *We used common sense in those days." (male)*
>
> Glasgow ABC1, 70+

Another cultural factor which heightened the risk of food poisoning at home was the strong aversion to wasting food. Respondents very much wanted to avoid throwing out food if at all possible, having been brought up by parents who had lived through rationing and food scarcity, if they had not done so themselves. For those not familiar with the 'solution' of freezing fresh food near or at its Use By date, this sometimes led them to eat 'out of date' food.

Poultry

A further factor which perhaps increases the risk of this audience contracting food poisoning at home (especially Campylobacter) is that they are eating much more chicken now than they did in the past. Some also suggested that this chicken is likely to be mass produced, bought from the supermarket, and several days or weeks 'old' before it is eaten. In the past chicken would have come straight from the farmyard, at least in rural areas.

Reasons given for increased consumption of chicken are that it is now lower priced than before, it is seen as 'healthier' than eating red meat, it is easy to prepare now that there are many different chicken pieces sold rather than just whole chickens, and – for some older people- it is easier to eat than red meat.

A positive finding was that the audience already knew that raw chicken was a potential cause of food poisoning – ascribed to 'common knowledge' rather than to any particular source of this information. (There was no familiarity with 'Campylobacter' specifically). As such, they paid close attention to Use By dates on chicken, as distinct from other fresh food stuffs, and made sure that all chicken was cooked thoroughly. However, many were in the habit of washing raw chicken before cooking. This was done to

variously to 'get rid of bits', 'to clean it', 'to get rid of germs', 'to wash out the blood', or simply through habit.

> *"They always tell us to not wash meat. But to always wash chicken. To clear off anything that might be sticking to it, I imagine."*
>
> Female, Banff, C1C2DE, 70+

> *"I remember my mother always soaked her chicken in salt water."*
>
> Female, Banff, C1C2DE, 70+

> *"I'd run it under the cold tap. For a few seconds. I just do that automatically. I've always done it."*
>
> Female, Banff, C1C2DE, 70+

These findings reinforce the need for specific communications about not washing chicken.

4.3 Information and Communication

There was some awareness of recent Government health and environmental campaigns - for example, communications concerning breast cancer, bowel cancer, home insulation and food waste. Awareness of these campaigns had come from television and newspapers.

There was also evidence that Government food hygiene-related campaigns in the past had changed their behaviours. For instance, they reported having changed the frequency and approach to washing their hands before handling food, and the way they stored raw meat and other food in the fridge.

Respondents expressed a strong preference for receiving information in the form of leaflets and booklets. This medium provided them with something to hold on to and refer back to. They could read and re-read leaflets in their own time, at their own pace. A few mentioned a leaflet about how to lower cholesterol levels, which they had received personally from a nurse during health check-ups. This leaflet was useful and had encouraged to make changes to their diet and physical activity.

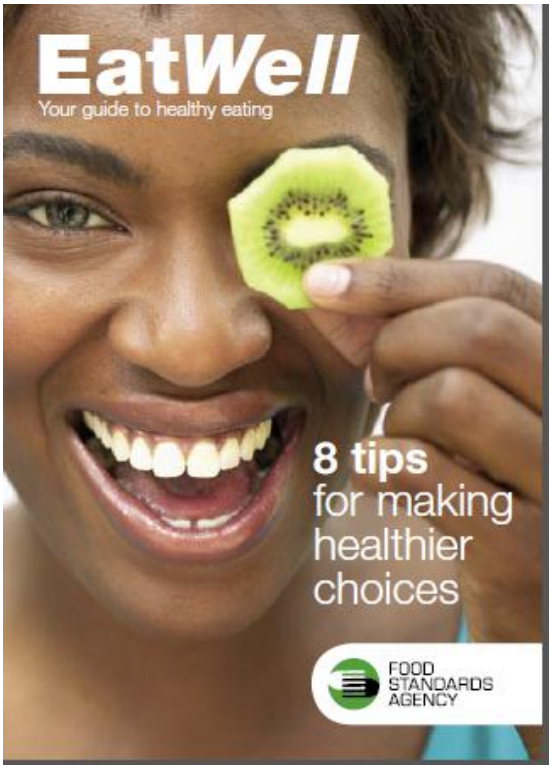
However, it was clear that the means of receiving information was crucial to its acceptance or otherwise. Respondents said that they did not like to receive 'junk mail'. They would throw away any unsolicited or impersonal leaflets which arrived through their door, without reading them. The main source of health-related leaflets or information was the doctor's surgery or pharmacy and personal distribution, through district or practice nurses or health visitors always increased receptivity. As was the case with cholesterol leaflet mentioned above, personal introduction enhanced the perceived value of the communication.

This research also found that the older respondents within this audience generally do not use social media, although some in the younger groups accessed Facebook or used YouTube as a source of 'how to…' information. This suggests that social media could be useful now for **some** 60 to 70 year olds. For example, they could be directed to a FSA information page, or to watch a video of hygienic kitchen practices, or of bacteria multiplying after a Use By date. However, as with much information-based content in social media, the challenge will be to create awareness and interest to get people in the target audience to look at these sites or links.

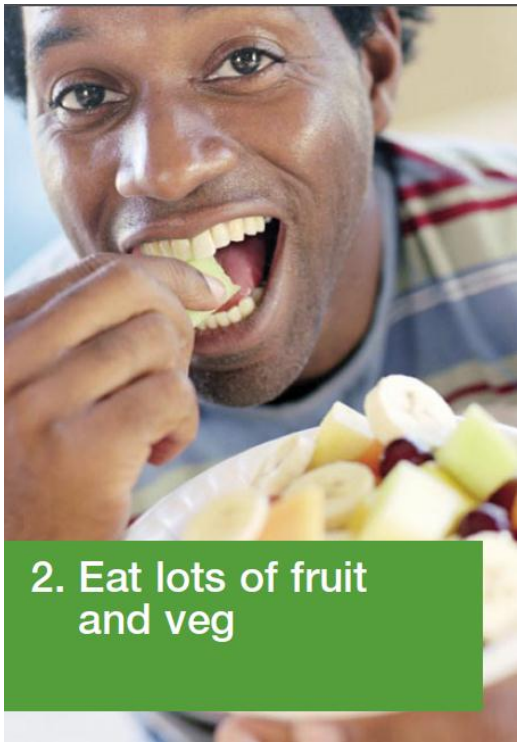
During the second stage focus group discussions, the audience was shown examples of information literature, including leaflets, booklets and posters, on various subjects. The following guiding principles for communications were elicited from their reactions and responses:

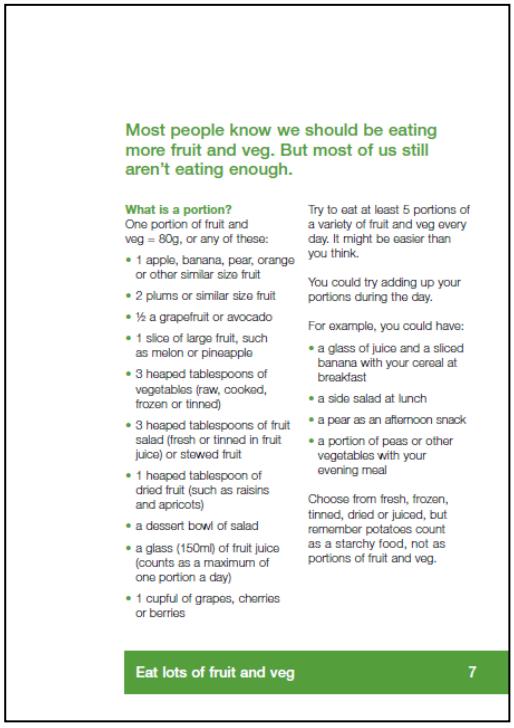
- A positive, catchy title (e.g. 'EatWell', 'The Good Life')
- Bright colours (e.g. EatWell, Saturated Fat Made Simple, The Good Life)
- Practical emphasis, made clear from front page (e.g. EatWell, The Good Life)

- Trusted source, signposted by familiar logo and branding (e.g. FSA logo on Saturated Fat Made Simple, EatWell)
- Bright, photographic images, including captivating smiley face photos (e.g. Saturated Fat Made Simple, EatWell, The Good Life)
- Style that suggests reader can dip in and out (e.g. EatWell)
- Choice of stand-alone, topic focused sections (e.g. EatWell)
- Easy navigation, (e.g. colour coding of sections in EatWell)
- Clear index at front (EatWell)
- Plenty of space and pages with little text, (e.g. repeated page format of EatWell, with photo and headline on left hand page, and text on right hand page)
- Practical check lists and tips (Your Fridge is Your Friend, the Good Life, EatWell)
- Bullet point presentation (e.g. Your Fridge is Your Friend)
- Simple explanation of Use By dates etc (e.g. Your Fridge is your Friend)
- Positive and supportive tone and approach (e.g. 'Safety First' page in The Good Life)

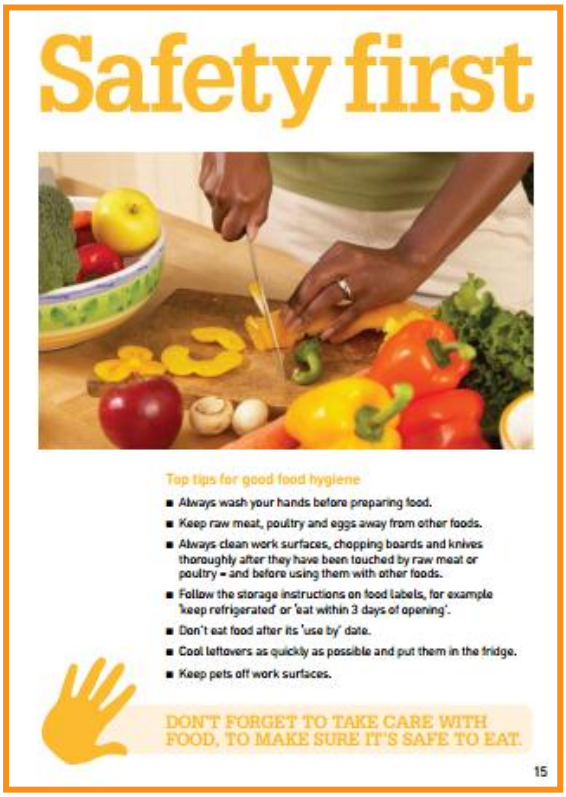


FSA EatWell, Front Cover and Contents Page



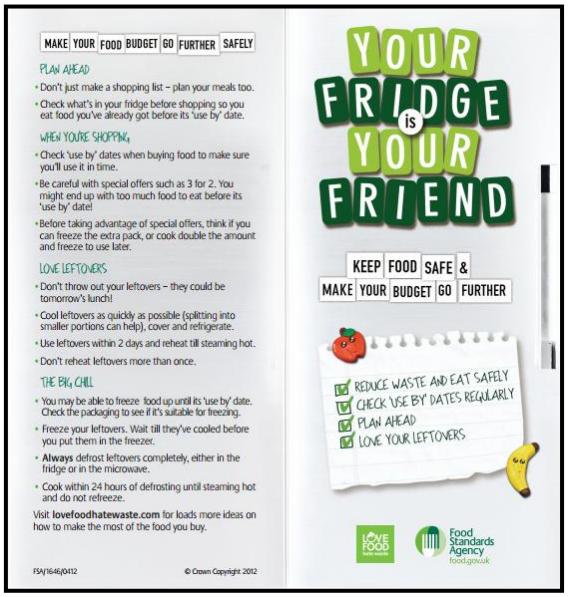


FSA EatWell, Inner Page Layout – Example Left Hand Page and Right Hand Page



FSA The Good Life, Cover Page and 'Safety First' back inner page

FSA Saturated Fat Made Simple, Cover Page and Example Inner Page



MAKE YOUR FOOD BUDGET GO FURTHER SAFELY

PLAN AHEAD

- Don't just make a shopping list – plan your meals too.
- Check what's in your fridge before shopping so you eat food you've already got before its 'use by' date.

WHEN YOU'RE SHOPPING

- Check 'use by' dates when buying food to make sure you'll use it in time.
- Be careful with special offers such as 3 for 2. You might end up with too much food to eat before its 'use by' date!
- Before taking advantage of special offers, think if you can freeze the extra pack, or cook double the amount and freeze to use later.

LOVE LEFTOVERS

- Don't throw out your leftovers – they could be tomorrow's lunch!
- Cool leftovers as quickly as possible (splitting into smaller portions can help), cover and refrigerate.
- Use leftovers within 2 days and reheat till steaming hot.
- Don't reheat leftovers more than once.

THE BIG CHILL

- You may be able to freeze food up until its 'use by' date. Check the packaging to see if it's suitable for freezing.
- Freeze your leftovers. Wait till they've cooled before you put them in the freezer.
- **Always** defrost leftovers completely, either in the fridge or in the microwave.
- Cook within 24 hours of defrosting until steaming hot and do not refreeze.

Visit **lovefoodhatewaste.com** for loads more ideas on how to make the most of the food you buy.

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YOUR FRIDGE is YOUR FRIEND

KEEP FOOD SAFE & MAKE YOUR BUDGET GO FURTHER

- REDUCE WASTE AND EAT SAFELY
- CHECK 'USE BY' DATES REGULARLY
- PLAN AHEAD
- LOVE YOUR LEFTOVERS

LOVE FOOD hate waste

Food Standards Agency food.gov.uk

FSA Your Fridge is Your Friend

4.4 Reactions to Fact Sheet

The FSA drafted some text, comprising tips relating to food hygiene at home. These tips were tested with the audience at the second focus group discussions.

To give the respondents the sense that the tips might appear as part of a leaflet or booklet, they were presented as the inner two pages of a four page, simplified mock Fact Sheet (Appendix).

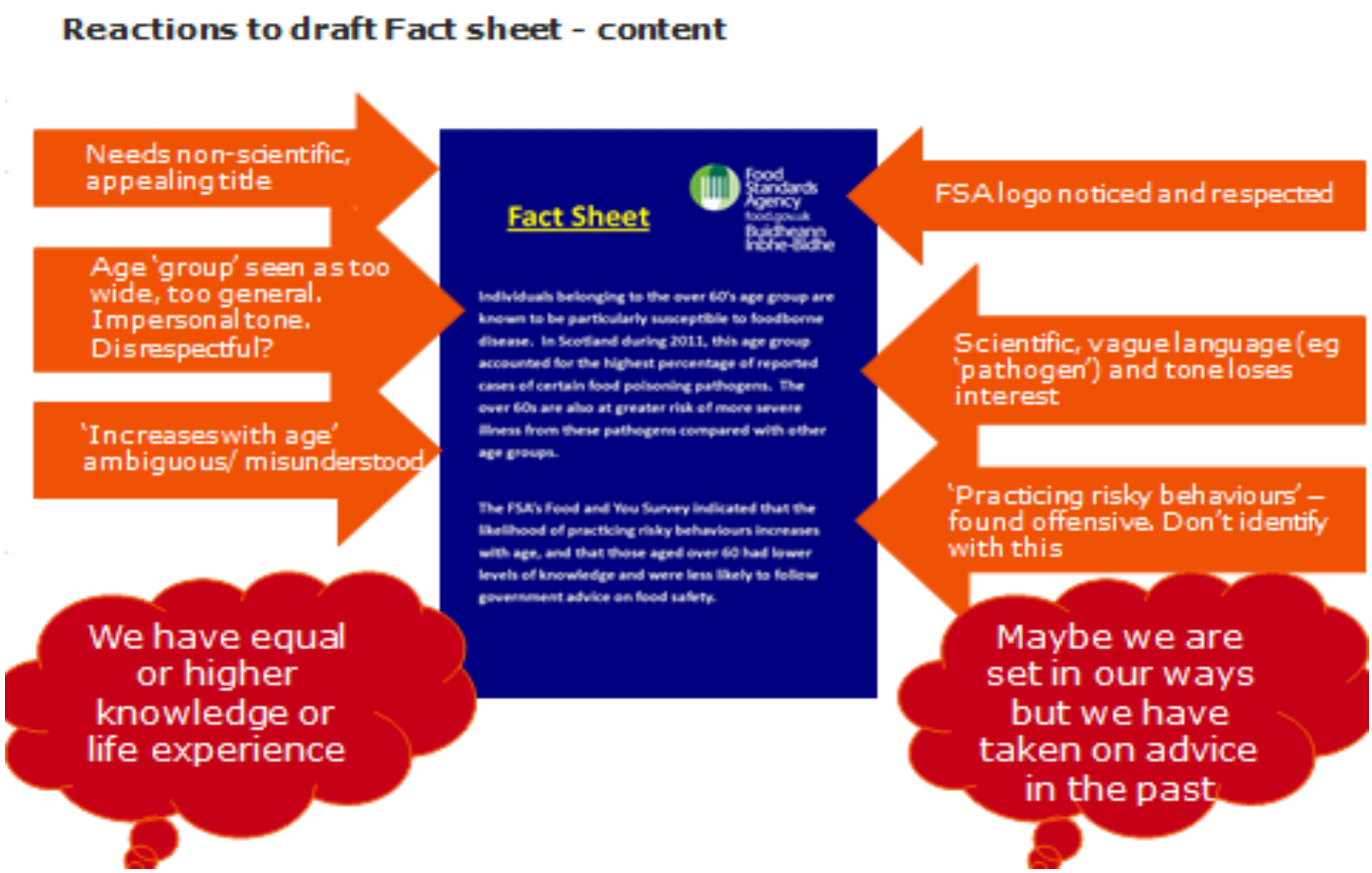
The food hygiene tips were well received. Even though many were not new, they served as a good reminder of hygienic practices. The audience judged the Fact Sheet to be worthwhile.

However …

There were clear targeting and tonal issues with the Fact Sheet, as it was presented:

- it was viewed as 'ageist';
- its wide generalisation of 'over 60's' as one target audience was questioned. 'Over 60's' hid two generations, and merged age groups which the audience perceived to have different food hygiene-related attitudes and behaviours;
- its tone was perceived as patronising, critical and negative.

The detailed reactions to the draft Fact Sheet content are illustrated overleaf, page by page:



Front Page

"Because you said 'Read it' I read it. But I must admit that (the front page) would be enough to put me off. If I came across this, I would just say 'Nah!' (mimes tossing leaflet away over shoulder). I did read it, and we do these things anyway."

Female, Banff, C1C2DE, 70+

"I feel it's a bit ageist. It's insulting. Like we don't know. I mean we're doing all this…If it's going to knock me all the time, then get off. Get off my back!"

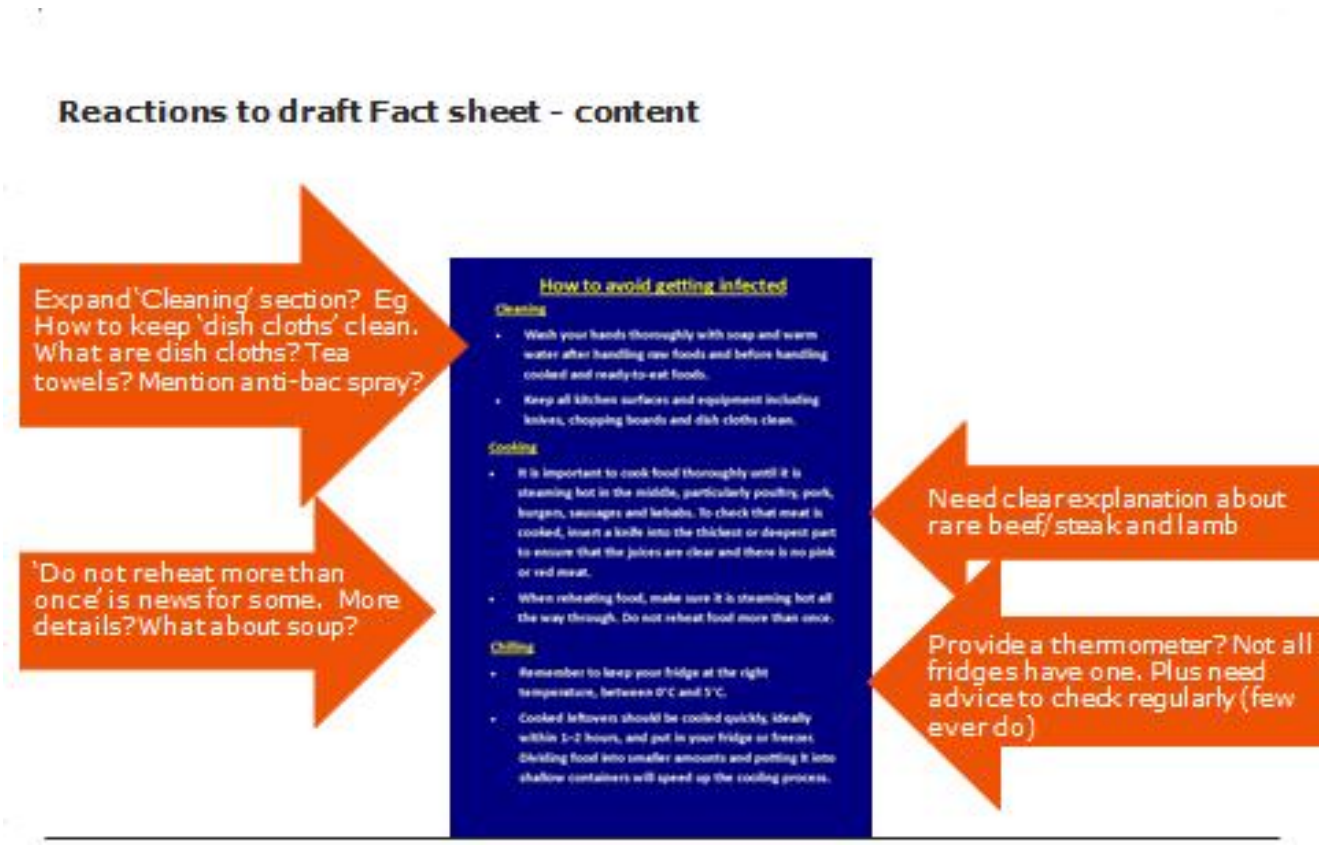
Female, Banff, C1C2DE, 70+

"I think unless somebody's taken ill from bad practices in the kitchen, it doesn't really bother you at all. Unless it's somebody close to home…"

Female, Banff, C1C2DE, 60-69

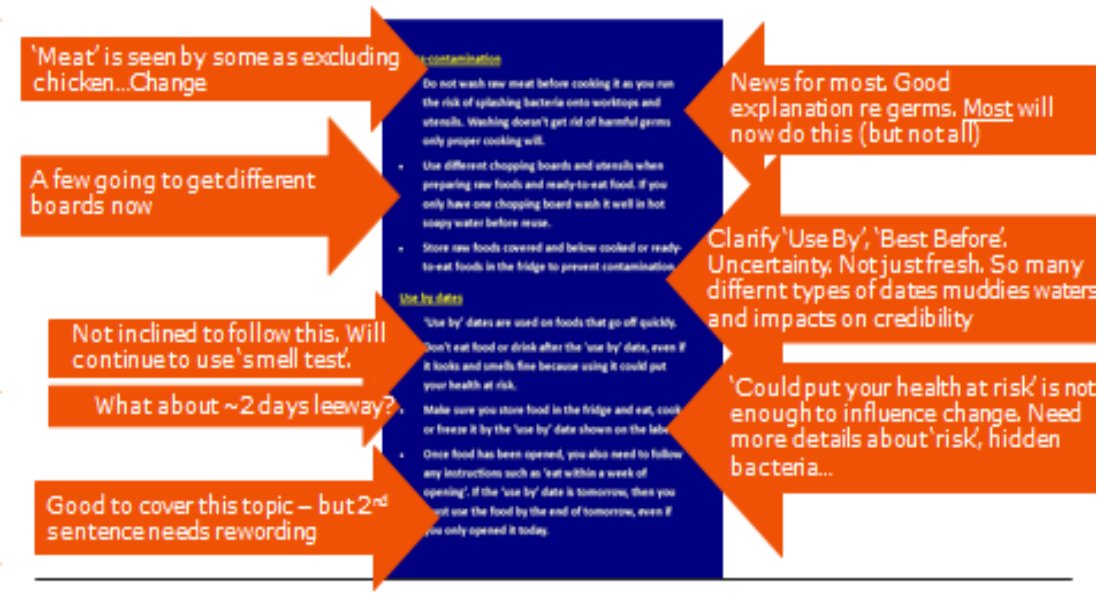
"The trouble with reading that is that you've got to believe it. And from the discussion we've had around this table, we don't believe it. We're generally saying that we think we are safe from food. So if there are statistics that say something different, you've got to get the message over before we'll really engage with it."

Male, Banff, C1C2DE, 60-69



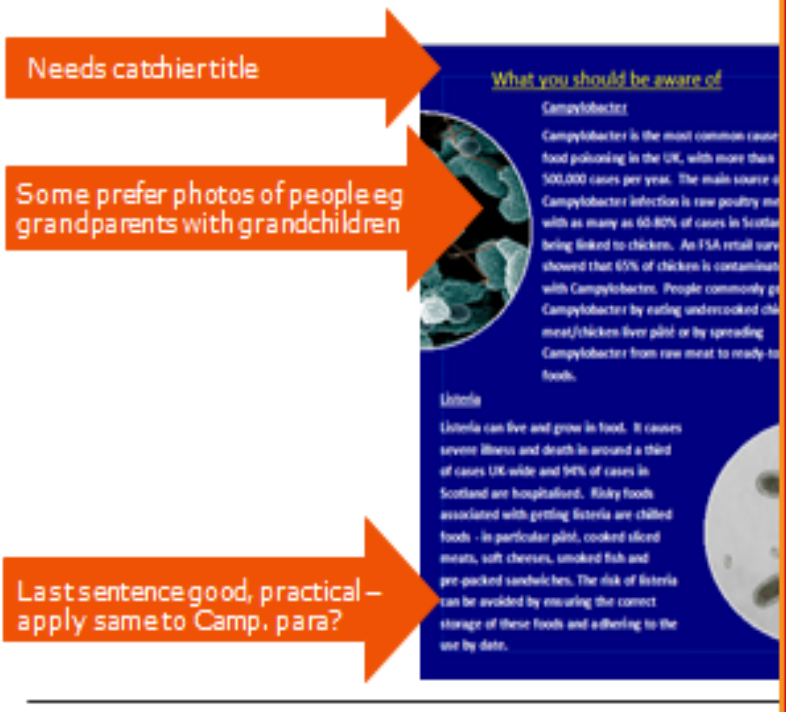
Inner Page, Left

Reactions to draft Fact sheet - content



Inner Page, Right

Reactions to draft Fact sheet - content



- Tone and layout more like a sciencejournal than a magazine
- Some impact from stats in Glasgow / less so in north
- Risk needs to be made more relevant to them, by optimising impact of stats:
  - Different presentation of prevalence stats (eg for Scotland, per population).
  - Breaking up text into bullet points, or boxes. Give more space to each hard-hitting fact.
  - More details of effect of food poisoning, in normal language. Sickness, diarrhoea….kidney failure??
- Lacked human interest=> Impact was not optimised => limited behaviour change
  - Real stories /photos of 'them'?

Back Cover

5 Applying Behaviour Change Theory

Applying the theory of behaviour change

TNS has developed its own behaviour change model, combining the latest thinking in both behavioural theory and behavioural economics into an approach which is designed to be comprehensible, accessible and readily applicable to behaviour change programmes. The application of this model enables us to understand better why consumers behave the way they do and to develop strategies to address and alter these behaviours as required. It provides a very useful context in which to review reactions to the leaflet and associated food safety behaviours.

According to the dual process theory of how the mind works, human behaviour essentially comprises the interaction between two systems:

- *The Reflective System*, when our behaviour is a result of cognitive values and beliefs. The behaviour is rational or planned, in that we are consciously aware of the behaviour we are performing and the choices we are making;
- *The Automatic System,* wherein we are often not consciously aware of the reasons for our behaviour. This automatic processing includes impulses, habits and emotions and is characterised by heuristics – in effect shortcuts or rules of thumb which people sub-consciously apply in making judgements or decisions on a daily basis. These can be useful, but can also lead to systematic biases, and are very much in evidence in attitudes towards the leaflet and in food hygiene behaviour.

In the following sub-sections we describe the various heuristics at play, the effect these have and how these can be addressed.

i) Anchoring

'Anchoring' applies when people's judgements are influenced by their perceived 'starting point' or current status in terms of behaviour. Are they currently detached from a particular behaviour and need to be engaged from first principles, or are they involved to some extent and need to be moved on? Thus how a situation is framed can influence decisions or behaviour around that situation.

In this case, the leaflet as presented starts from the premise, based on survey findings, that the over 60s have lower levels of knowledge and are less likely to follow government advice on food safety – hence the justification for targeting this age group. However, as described above, this was widely refuted by our over 60s sample, who asserted quite the opposite and believed themselves to be more knowledgeable and hygienic in their practices than younger generations. Accordingly, the leaflet was not appropriately 'anchored' and its perceived relevance and value was severely undermined. If the initial premise is seen as false, this does nothing to validate what follows in the leaflet.

However it *was* accepted that older people may be less immune and more vulnerable to infection and consequently need to be more careful about food safety and hygiene on these grounds. This presented a more credible reason for targeting older generations with advice. Thus, by anchoring the leaflet on this premise, it will gain much greater validity and acceptance.

ii) Availability

'Availability' refers to the situation when people tend to believe that events which come more readily to mind are consequently more likely to happen and vice versa – a very common heuristic in human behaviour.

With regard to food safety, through lack of direct experience of food poisoning at home, this is not front-of-mind and is seen as low risk through current behaviour – very much a case of the 'It won't happen to me' syndrome.

Significantly, however, the use of statistics on the back page of the leaflet did have impact in making some think twice that food poisoning might be more prevalent (or potentially so) than imagined:

- 500,000 cases of Campylobacter a year seems like a big number;
- that 94% of cases of Listeria in Scotland are hospitalised emphasises the seriousness of the infection;
- if 65% of chicken is contaminated with Campylobacter, it is clearly widespread.

Such statistics serve to challenge the 'availability' heuristic by raising the profile and strengthening perceptions of the incidence, potential risk and seriousness of food poisoning.

iii) Representativeness

'Representativeness' is closely related to 'availability', in the extent to which people are influenced by what has happened before. Decisions are often made based on how similar an outcome is to something which has happened before, regardless of the true probabilities. Thus, having exceeded Use By dates within reason in the past with no ill effects, there is some scepticism about the requirement to do so now. Based on past experience, nothing is likely to happen.

'Representativeness' can be challenged through the emphasis on *risk* and the causes of this. Just because something has not happened so far does not mean that *it can't or won't happen* in future. This might be achieved by explaining:

- why the risk of food poisoning increases from consumption after Use By dates. If this is due to increased levels of bacteria, then this should be stated;
- that food does not have to be noticeably 'off' to carry risk. This is important to address the sight and smell test commonly used to determine whether food is usable or not;
- that Use By dates are the only *reliable* guide to food safety.

The message here should be: *'Can you afford to take the risk?'*

iv) Loss aversion

People tend to put more effort into avoiding loss than ensuring gain, since there is greater certainty in losing something you already have than gaining something you don't. In this case, 'loss aversion' applies to the perceived waste of throwing away food which looks and smells okay, even if it is past its Use By date. For the lower SEGs in particular, there is a financial dimension to this.

Strategies here can focus on behaviour to avoid the potential 'loss' situation, including:

- shopping behaviour, such as shopping for smaller amounts on a more regular basis and using what is bought each time before expiry, pre-planning around what will be used etc.;
- use of the freezer to freeze extra produce from larger packs, produce about to expire or leftovers for future use.

Such behaviours are well documented in the 'Fridge is your Friend' leaflet and will be news more to some than others. What may be new is to promote these in the context of food safety and health, with the associated financial benefits of avoiding waste.

v) Status quo / inertia

People have a natural preference to carry on doing what they have always done and to avoid making a decision. This is clearly evident in the practice of the majority to wash chicken before cooking. While this was explained by some as a means of removing blood, germs or other matter, it was equally down to habit – just something they have always done, and their mothers before them. We believe that this habitual practice can be challenged through the Reflective System influences of *Efficacy* and *Cost / Benefits*.

Efficacy concerns the likely outcome of adopting a certain behaviour and whether it will have any positive effect. If it is seen to do so, then there is a greater likelihood of adoption. In this case, we should seek to discredit the washing of chicken as having no positive effect for food hygiene and demonstrate that this can only be achieved through thorough cooking.

The influence of *Cost / Benefits* stems from essentially a trade-off of what it 'costs' to adopt a certain behaviour – what do I lose – against the benefits of doing so – what do I gain. Here there is no 'cost' to stopping washing chicken, since it has no positive effect. Nothing would be lost that would not be delivered by proper cooking. On the other hand, there is a benefit through the avoidance of spreading bacteria from splashing and hence a reduced risk of contamination. By using these rational arguments, it is possible to challenge habitual behaviour.

6. Conclusions and Recommendations

1. From the research findings, it is concluded that:

   - Those aged over 60 years old were already confident in their food safety behaviours. They feel experienced at food storage and food preparation. They have 'lots of life experience'.
   - The target audience do not buy large quantities of food. Many are proactive at freezing and defrosting fresh food. They have little food waste. There is limited scope for rotten food.
   - **Some Older Respondents** and **those living alone** might be less particular about food hygiene than others. They say that they have 'only themselves to think of'. These audience members might practise more unhygienic habits, and so be at greater risk of food poisoning.
   - The audience do not see themselves as being at risk from food poisoning at home. This was the case even **after** they had read the draft Fact Sheet.
   - They think they're less at risk of food poisoning than younger adults.
   - However, the common practice of washing raw chicken does put the audience at risk, as does the widespread lax observance of Use By dates.

2. There **is** evidence of the audience having changed food-related behaviours as adults. For example, many now wash their hands more often and more thoroughly, use anti bacterial soap and spray, eat less red meat, use freezers differently and take a different approach to shopping. This suggests that a campaign to change behaviour in this audience can be effective.

   It is therefore recommended that there is some value in distributing a written leaflet or booklet:

   - to remind readers of good food hygiene practices
   - to explain the importance of Use By dates
   - to advise readers not to wash chicken

3. A booklet, similar to EatWell, with fridge thermometer may be ideal. This format could cover the breadth of information to be communicated, and meet the audience's preference to 'dip in and out'. An attached fridge thermometer would be an incentive to pick this up.

   The research identified a number of other aspects that could usefully be covered, specifically:

   - shopping patterns, especially the promotion of shopping little and often
   - fridge management
   - how to clean a kitchen properly
   - how to reduce food waste
   - ways to use a freezer, including freezing fresh food before its Use By date to prevent wastage, bulk cooking and freezing, freezing leftovers, and safe defrosting

4. If the booklet is to be targeted at older people, it should focus on their greater susceptibility/ lower immunity by age (which is motivating) rather than any lack of knowledge or 'bad behaviour' (which is demotivating). This would be more acceptable than assertions that the target audience are more likely to practise risky or unhygienic behaviours, have less knowledge, or are less likely to follow

advice. The idea that immunity reduces with age is inoffensive to this audience, and not new. (For instance, reduced immunity is the reason given for NHS Scotland Over 65's Flu Vaccine programme.)

5. The booklet should:

    - be positive, practical and non-judgemental
    - use more everyday language, in place of the technical tone (e.g. 'pathogens')
    - describe the real impact of food poisoning, and add human interest by referring to 'real people like them', possibly by using stories and photos. Respond to the audience's questions 'Is food poisoning that bad anyway?' 'Surely no-one like us actually gets food poisoning at home?'
    - present and order statistics in a more relevant way, to increase their impact. Make sure the statistics stand out and are seen
    - be more specific or detailed about age, vis-à-vis food poisoning risk and incidence
    - break up text, with space and photo images (See example of FSA EatWell booklet, section 4.3).
    - use bullet points, and feature practical tips
    - provide more explanation about the validity and reliability of Use By dates. For instance, it should respond to the belief that there is built-in leeway of 2 days or more, and answer the audience's questions 'Does anyone really get sick from yogurt that is just a few days past its date, or from cheese they have scraped the mould from?' (See page 13 for more fundamental questions.)
    - more fully 'debunk' the 'Look and smell' test, with detailed argument
    - emphasise the risk in not observing dates
    - refer to raw chicken explicitly, rather than just 'meat'
    - use colourful, close up photos, possibly including positive pictures of people 'like them', enjoying a healthy over 60s life, with grandchildren.

7. Appendices

7.1 Recruitment Screener

TNS	**Recruitment Questionnaire** **Food hygiene research** **Project JN122283**	
	Date:	

Respondent's Full Name _____

Address* _____

City/ Town _____ Post Code: _____

Tel. No. (home) / mobile No. _____

Interviewer's name _____Interviewer I.D.#_____

Interview Date: _____

I declare that this interview has been carried out strictly in accordance with your specification and has been conducted within the MRS Code of Conduct with a person unknown to me.	Interviewer's signature. Date:

Good MORNING / AFTERNOON, I am NAME, working on behalf of TNS. We are conducting some independent research around food, cooking and shopping. We would be grateful if you could help us. This is a genuine piece of market research; we are not trying to sell you anything and the information will be used for research purposes only.

Q1a. Do you, or does anyone in your household, work in any of these occupations or organisations?
CODE ALL MENTIONED. CLOSE IF CODED ANY OF 1-8

Advertising	1
Market research	2
Marketing	3
Journalism	4
Public relations	5
Food production or manufacture (incl. farming, fishing)	6
Restaurants or other catering	7
Grocery stores or food retailers	8
None of these	9

Q1b. Have you ever taken part in a Market Research interview or discussion which took up to an hour or more of your time?

SINGLE CODE

IF CODE 1 GO TO Q1c. IF CODE 2 GO TO Q2

Yes	1
No	2

Q1c. Approximately how long ago was this?

NONE TO HAVE PARTICIPATED IN THE LAST 6 MONTHS

Within the last 6 months	1 CLOSE
Over 6 months ago	2

Q1d. Can you tell me what this previous interview or discussion was about?
RECORD VERBATIM RESPONSE(S)

NONE TO HAVE PARTICIPATED IN RESEARCH ON ANY TOPIC RELATING TO FOOD LABELLING OR FOOD HYGIENE

Q2. How old are you?

WRITE IN AGE IN YEARS: _____

CHECK QUOTA

60-69	1
70+	2

Q3. RECORD GENDER. CHECK QUOTA

Male	1
Female	2

Q4. Do you suffer from any of the following health conditions?

[INTERVIEWER: These questions are to check that the respondent is able to participate fully in a group discussion. Please judge how you approach this question in order to be sensitive]

Significant hearing impairment (i.e. with no hearing aid support)	1 CLOSE
Memory loss or problems with concentration (e.g. problems remembering names, frequently losing or misplacing things)	2 CLOSE
Visual impairment (e.g. cataract, glaucoma, macular degeneration) which causes problems with reading	3 CLOSE
Breathing problems which restrict mobility	4 CLOSE

Q5a. What is/ was the occupation of the main income earner in your household? That is, the person with the largest income, whether from employment, benefits, investments or any other source.

RECORD VERBATIM RESPONSE(S)
If still working, PROBE: Are they employed / self employed? What grade/ level their position is? Business type? How many people they are in charge of? Any job specific qualifications they may have, etc?
IF RETIRED, PROBE FOR: previous occupation, whether on employment pension etc.

If respondent is not the main income earner then ask 5b.

Q5b. And what is your occupation, if you are working?
RECORD VERBATIM RESPONSE(S)

RECORD SOCIAL CLASS

SINGLE CODE. CHECK QUOTA

AB	1
C1	2
C2	3
DE	4

Q6a. Are you the person in your household who does the food shopping – whether that be main responsibility/ shared?

ONLY CONTINUE IF RESPONDENT CODES 1

Yes	1
No	2 CLOSE

Q6b. Are you the person in your household who does the cooking – whether that be main responsibility/ shared?

ONLY CONTINUE IF RESPONDENT CODES 1

Yes	1
No	2 CLOSE

Q6c. Are you able to get to your local GP surgery when required (i.e. in terms of mobility, transport or other convenient access)?

ONLY CONTINUE IF RESPONDENT CODES 1

Yes	1
No	2 CLOSE

SHOW CARDS:

Please answer the following statements…

Q7a. I/ we often buy and prepare raw chicken meat (either portioned or as a whole) at home

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5

PLEASE ENSURE AT LEAST HALF OF EACH GROUP TO CODE 1-2

Q7b. I don't pay much attention to 'use-by-dates'

[INTERVIEWER: please clarify to respondent that this is different to the 'Best-Before-Date]

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5

PLEASE ENSURE 2 OR 3 RESPONDENTS IN EACH GROUP TO CODE 1-2

If respondent qualifies for participation, please check the following:

Q8. Would you be willing to participate in a group discussion that requires you to attend 2 x 1¼ hr sessions a week apart?

Yes definitely	1
Maybe	2 CLOSE
No	3 CLOSE

IF RECRUITED:

Time and date of group 1:……..

Time and date of reconvened group 2:……..

PLEASE NOTIFY RESPONDENT:

- That they must bring reading glasses with them
- That there will be a simple task required of them between the two weekly sessions which involves them taking a leaflet home to read and a thermometer to put in their fridge (the thermometer will record data automatically so there is nothing difficult involved in this apart from taking it home and remembering to switch it on!]
- That paid for taxi's will be provided with getting to the groups, if required

SAMPLE SUMMARY

Reconvened groups (16 groups in total)	**Age**	**SEG**	**Gender**	**Location**
1	60-69	ABC1	Mixed	West-end, Central Glasgow
2	70 plus	C2DE	Mixed	Shettleston, East end of Glasgow
3	60-69	C2DE	Mixed	Shettleston, East end Glasgow
3	70 plus	ABC1	Mixed	West-end, Central Glasgow
5	60-69	C2DE	Mixed	Inverurie (Aberdeenshire)
6	70 plus	ABC1	Mixed	Inverurie (Aberdeenshire)
7	60-69	C1C2DE	Mixed	Banff/ MacDuff
8	70 plus	C1C2DE	Mixed	Banff/ MacDuff

Key criteria:

- all to be shopping and cooking for themselves;
- a mix of men and women in each group
- at least half of respondents in each group to buy raw chicken meat (either portioned or whole)
- 2 or 3 respondents in each group to pay little attention to 'use-by-dates'

INSTRUCTIONS TO INTERVIEWER

Notes for recruitment	
Do not reveal the end sponsor (client) to respondents	
Duration	1¼ hours *each* for both groups attended Ensure respondents are aware of duration and that they should arrive at least 15 mins prior to the group
Recruitment numbers	Recruit 6 respondents for each group
Incentives	**£35 per group (£70 in total for both groups)** Taxi to be provided and paid for separately, if required
Data Protection	Inform respondents the group will be audio recorded Inform respondents that their personal details will be kept by TNS for up to 12 months for quality purposes (they will not be contacted by TNS after the research)

7.2 Topic Guides

Food Safety 122283

Topic Guide

1. RESEARCH INTRODUCTION

- Introduction: nature of research is to discuss food, shopping and cooking
- Discussion guidelines:
  - no right or wrong answers; only personal opinions matter
  - views and feelings may change throughout the discussion
- TNS an **independent** research agency; please feel free to be very honest about thoughts
  - all comments made are **strictly confidential** and will not be attributed to individuals (MRS code of conduct)
  - **TURN OFF MOBILE TELEPHONES**
  - taped for internal analysis purposes only
  - session will last 1-1¼ hours

2. RESPONDENT INTRODUCTIONS AND WARM UP

- Divide into pairs and ask them to introduce each other in terms of family and interests.

3. BACKGROUND ON SHOPPING HABITS

- Where do you go to get your food? *Probe in terms of larger supermarkets, smaller independent shops (e.g. butchers, fish mongers), whether they go to one or a mixture of stores?*
- How do you get to the grocery shop? What does that involve? How often do you go?
  - Probe in terms of *getting there, distance, time spent travelling and in the shop, whether someone else goes with them and extent to which this influences shopping patterns*
- How do you feel about the task of food shopping generally?
- What is important for you when you shop? How do you make decisions about what to buy/ how you select products? Check for fresh produce (meat, fruit and veg) and branded goods

- Probe the extent to which *quality, price, special offers, brand loyalty, locality of produce* are factors in decision making

- Have your shopping habits/ how you approach your food shop changed over the years? If so, how? What has contributed to this?
    - Probe in terms of *budget/ spending, what's in the shopping basket, who buying for, health* etc.
- What tends to be in your shopping basket? What proportion of the foods – and what specifically - you buy are:
    - Fresh fruit and veg
    - Fresh meat (what specifically, and in what form)
    - Fish, including smoked fish.
    - Deli items (e.g. cooked sliced meats, cheese, pate etc.)
    - Convenience foods (microwave/ oven)
    - Tinned
    - Frozen

3. BACKGROUND ON FOOD AND COOKING

- If living with others, who does what? What is your kitchen like? How much time do you spend in it? Any help from others in this area? If so, from whom, with what and how often?
- Has your cooking habits/ what you eat changed over the years? If so, why and how?
- How much cooking do you do now? Is it something you've always done, or has there been any changes in this respect [i.e. if anyone's circumstances have changed as a result of being widowed]? What would you describe as 'cooking'? (Probe heating up vs. cooking from scratch) How do you feel about the task of cooking generally?
- What are the typical meals you eat of a week? *Probe for lunch and dinner.*
- How often do you personally prepare fresh meat? What specifically – and in what form?

4. FOOD STORAGE AND HANDLING

- When storing and handling food at home, what are views and behaviour on the following:
    - Best-before-dates and use-by-dates – know the difference? To what extent pay attention to one or both? Why/ not? How do you know/ judge food to be ok, if otherwise?

    - How deal with fresh raw meat – i.e. storage in the fridge, handling, cooking process. Do you wash your raw meat – and if so, why? Any difference in attitude/ handling of different types of meat (e.g. chicken, beef, processed meats like sausage and bacon)?
    - How store and how long you keep raw, cooked or 'opened' packs of food? What would/ wouldn't you eat past its use-by-date? How long after the date is acceptable?
- What do you know to be 'good' vs. 'bad' practice? How much is your behaviour consistent with what you know? Why/ not?
- Any differences in views between you and your partner and/ or others around you?

5. AWARENESS AND ATTITUDES AROUND FOOD SAFETY

- What comes to mind when you think about 'food safety'? Are there any particular foods you are concerned about from a food safety point of view? If so, what and why?
- What do you think is the risk of becoming ill from food you personally store, prepare or cook at home? Where do you see the key risk areas being in terms of types of food?
- Probe extent to which each of the following are perceived as 'risk factors':
    - Best-before-dates and use-by-dates
    - Storage, handling, cooking of fresh raw meat
    - How store and how long keep raw, cooked or 'opened' packs of food
- How concerned are you about getting food poisoning? Anything that has caused you to reassess/change your behaviour in this area? If so, what was the trigger? And what/ who convinced you?
- If not mentioned, have you (or anyone close to you) had food poisoning/what you think is food poisoning before? What were the symptoms? What did you do? If visited GP/ hospital – how was it treated? How much were you told as to the cause? What did you think was the cause, if different?
- Any things you do to mitigate your risk of food poisoning / protect yourself? If so, what?
    - Anything that others say that you disregard/ don't agree with? If so, what and why?
- Know what causes food poisoning? *Check knowledge about different types of bacteria that causes food poisoning (e.g. Campylobacter, salmonella, E. coli)* What is source of your knowledge?

6. NEXT STEPS

- Learn anything new as a result of the discussion? Anything you've heard that has changed your views? If so, what and why?
- *Explain that you will all get together again in one weeks time to have a further discussion*
- *In the meantime, you have one small tasks you wish them to complete for the next group:*
    - *Read the handout*
- Any last thoughts or questions before we go?

Thank and close

RECONVENED SESSION [1¼ hours]

1. REACTIONS TO THE FACT SHEET

- What did you think of the information on the fact sheet? How did it make you feel about the risk of food poisoning?
- Feel it is aimed at your? If not for you, who and why?
- To what extent think you view things differently now as a result? If so, what? Why/ not? If not, what sort of things gets in the way? *Probe fully about triggers and barriers to action*
- Make any changes to your habits since – or expect to? If so, what?
- How much would you say this has had an impact on you? And in what sense?
- What were the key bits of information that stood out for you?

2. DETAILED EVALUATION OF THE FACT SHEET

- What was it all about? Anything confusing/ needing clarification? What? [*Moderator to spend time talking through each section of the leaflet to check comprehension*]
- What is it asking you to do?
- Anything new or surprising? If so, what specifically?
- Notice from whom the information was from? How much know about the FSA?
- How feel about the FSA putting out this information? How trusted are they as a source of advice in the home?
- Anything you felt was missing after the discussion last week?

3. INFORMATION SOURCES GENERALLY

- From where do you get/ find out about important information (e.g. about health and pensions etc.)?
- What information have you had in the past that has made you think/ altered your behaviour and where was this from? Probe formal and informal channels:
    - *TV, magazines, newspapers internet, direct mail, leaflets, word of mouth including <u>specific</u> details of the sources, if relevant*
    - message deliverers*: organisations, charities, professionals, celebrities, friends / family, carers etc.*

- What public information campaigns/ adverts can you recall? How effective were they in talking to you? In what way?
- What works to get your attention – and why? What doesn't work?
- How much do you use social media sites like Facebook, Twitter, YouTube? How often do you use them? What do you tend to do on them? What are the things that you tend to put on there, view, or share with friends – if anything? To what extent feel it's appropriate for public health information/ advice?

4. EVALUATING EXAMPLES OF COMMUNICATIONS

- In terms of written material, how much attention do you pay to these? Do you tend to hold onto information? If so, what?
- Any particularly *good* or bad *examples* you can think of in terms of the way some written communications are put across? *Probe in terms of text size, design, layout etc.*
  Layout some examples on the table and give respondents time to look through

- Thinking in terms of design and layout:
  - What stands out as a *good* example and why?
  - What stands out as a *bad* example and why?
  - Or any aspects within these that work well or not so well?
- How feel about the way some of this information is written (i.e. the tone of it)? What feels most appropriate? Any that you would pick out as having a particularly good way about it? If so, how would you describe the way it speaks to you?
- In summary, what are the essential requirements for you in terms of making information leaflets/ booklets more user friendly in general?

5. COMMUNICATING ABOUT FOOD SAFETY

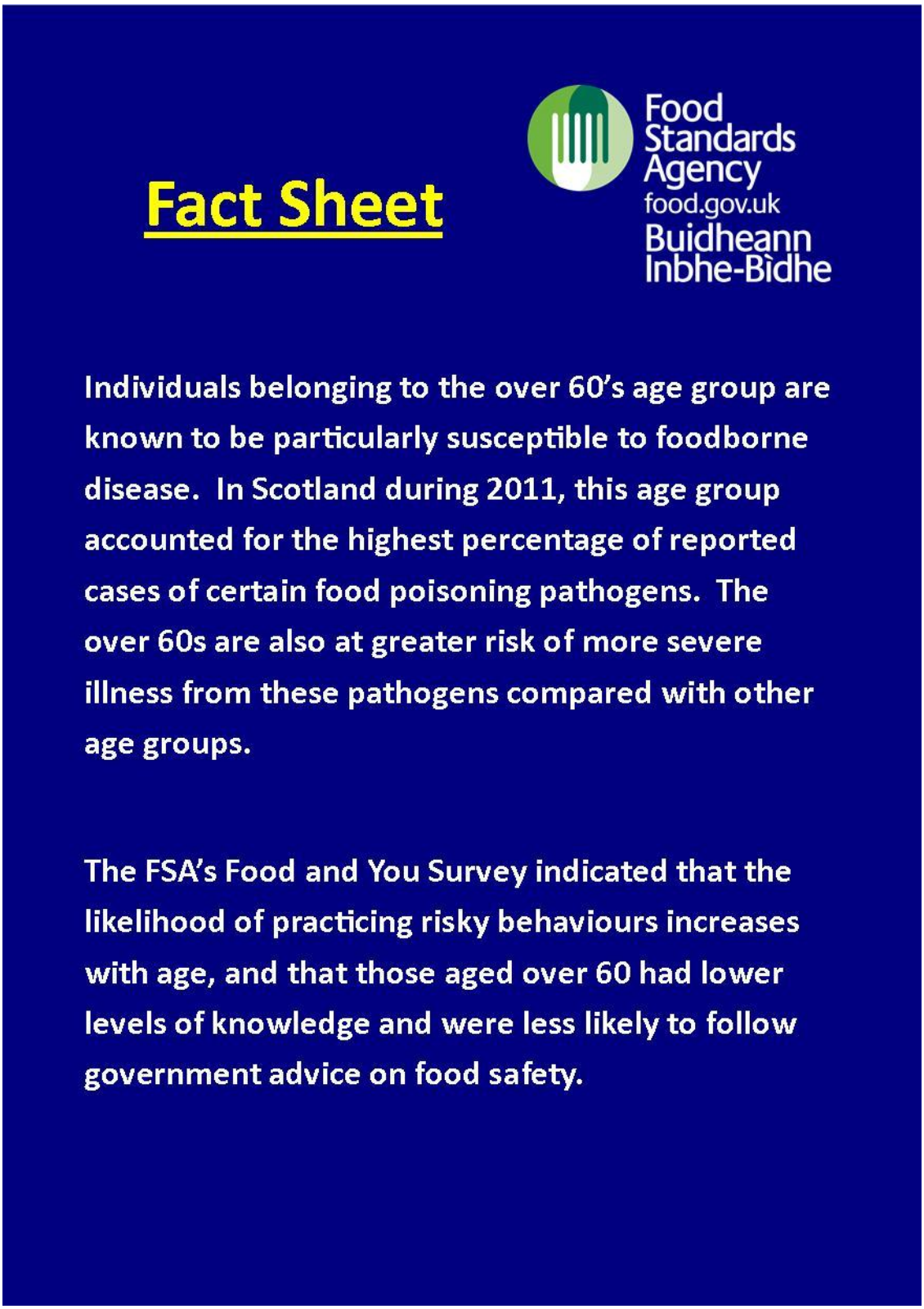
Explain reason for the research being undertaken (i.e. increase in food-borne diseases amongst their age group) and the need to raise awareness and change behaviour

- Thoughts/ reactions on this?
- How interesting/ engaging is this as an issue overall?
- How important do they think the undertaking is? Feel that this is a valid campaign for them? Who do they think is the main target audience for the campaign is, if not them?

- What are the key areas the FSA should focus on in their message?
- What is the best way of getting this message across to encourage people to listen and to persuade them to reassess their habits? Any concerns or barriers that get in the way of action?
- If there are any key messages to get across, what should this be?
- Any final thoughts or questions?

Thank and close

7.3 Draft Fact Sheet



How to avoid getting infected

Cleaning

- Wash your hands thoroughly with soap and warm water after handling raw foods and before handling cooked and ready-to-eat foods.
- Keep all kitchen surfaces and equipment including knives, chopping boards and dish cloths clean.

Cooking

- It is important to cook food thoroughly until it is steaming hot in the middle, particularly poultry, pork, burgers, sausages and kebabs. To check that meat is cooked, insert a knife into the thickest or deepest part to ensure that the juices are clear and there is no pink or red meat.
- When reheating food, make sure it is steaming hot all the way through. Do not reheat food more than once.

Chilling

- Remember to keep your fridge at the right temperature, between 0°C and 5°C.
- Cooked leftovers should be cooled quickly, ideally within 1–2 hours, and put in your fridge or freezer. Dividing food into smaller amounts and putting it into shallow containers will speed up the cooling process.

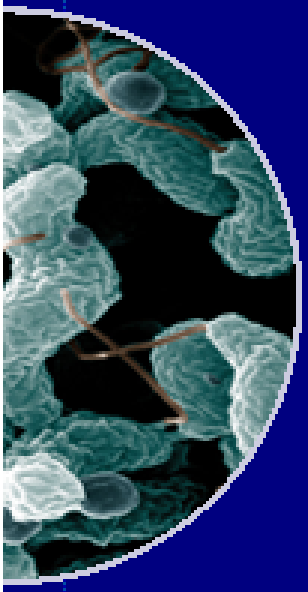
Cross-contamination

- Do not wash raw meat before cooking it as you run the risk of splashing bacteria onto worktops and utensils. Washing doesn't get rid of harmful germs only proper cooking will.
- Use different chopping boards and utensils when preparing raw foods and ready-to-eat food. If you only have one chopping board wash it well in hot soapy water before reuse.
- Store raw foods covered and below cooked or ready-to-eat foods in the fridge to prevent contamination.

Use by dates

- 'Use by' dates are used on foods that go off quickly.
- Don't eat food or drink after the 'use by' date, even if it looks and smells fine because using it could put your health at risk.
- Make sure you store food in the fridge and eat, cook or freeze it by the 'use by' date shown on the label.
- Once food has been opened, you also need to follow any instructions such as 'eat within a week of opening'. If the 'use by' date is tomorrow, then you must use the food by the end of tomorrow, even if you only opened it today.

What you should be aware of



Campylobacter

Campylobacter is the most common cause of food poisoning in the UK, with more than 500,000 cases per year. The main source of Campylobacter infection is raw poultry meat, with as many as 60-80% of cases in Scotland being linked to chicken. An FSA retail survey showed that 65% of chicken is contaminated with Campylobacter. People commonly get Campylobacter by eating undercooked chicken meat/chicken liver pâté or by spreading Campylobacter from raw meat to ready-to-eat foods.

Listeria

Listeria can live and grow in food. It causes severe illness and death in around a third of cases UK-wide and 94% of cases in Scotland are hospitalised. Risky foods associated with getting listeria are chilled foods - in particular pâté, cooked sliced meats, soft cheeses, smoked fish and pre-packed sandwiches. The risk of listeria can be avoided by ensuring the correct storage of these foods and adhering to the use by date.