Consumer acceptability of campylobacter levels in chicken

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Executive Summary

In an effort to reduce the number of UK consumers who are affected by campylobacter poisoning, the Food Standards Agency (FSA) agreed a target with industry in 2010, aimed to reduce the percentage of ‘high risk’ chickens (those with more than 1000 colony forming units per gram of chicken neck skin) at the end of the slaughter process from 27% down to no more than 10% by the end of 2015. This is equivalent to 7% of chickens sold at retail sale, taking account of the natural decline in campylobacter levels from the end of the slaughter line on its passage through the chill chain.1 For ease of reference throughout the report, this will now be referred to as the ‘7% target’ or the ‘target’. In order to track progress against this target, the FSA conducts a regular retailer survey which tests campylobacter levels on chickens sold in a variety of UK retailers. The results from this survey are available in the public domain.2

This report presents findings from a mixed-method (both qualitative and quantitative) exploration of consumer views around the current campylobacter target. The qualitative research element comprised deliberative forums with 63 members of the public, re-convened to participate in 2 waves of research (for a total of over 192 research contact hours). The quantitative element of this work comprised a 10-minute survey with a nationally representative sample of 1,295 respondents across England, Northern Ireland, Wales and Scotland.

Research explored consumer understanding of and expectations around the target; how results from the campylobacter retailer survey might influence consumer behaviour; what drove consumer views; whether views shifted as consumers learned more, discussed and debated the issue with others, and reflected over a two-week period; and expectations around industry communications.

Key findings from this work are as follows:

- Consumers know little about campylobacter currently, but once aware they are eager to know more. They feel that they have a right to information about risks to public health and what is being done to mitigate those risks.

1 Food Standards Agency - Board Meeting minutes – 16 March 2016
http://www.food.gov.uk/sites/default/files/fsa160306.pdf
2 Food Standards Agency - A microbiological survey of campylobacter contamination in fresh whole UK-produced chilled chickens at retail sale (Y2/3/4) -
http://www.food.gov.uk/science/research/foodborneillness/b14programme/b14projlist/fs102121
There is a commonly shared expectation that industry and Government should be working to reduce campylobacter risk on the public’s behalf. Attitudes vary in terms of how much responsibility consumers are willing to share in terms of protecting themselves from campylobacter risk.

Consumers want the campylobacter target to be more ambitious. This desire for a more stringent target was evidenced in this research at the level of spontaneous consumer opinion (via both survey and qualitative research) and after extensive qualitative discussion, debate and reflection.

Consumers’ views on the target are shaped by existing tolerance for risk around food hygiene and safety, and around wider beliefs around who is ‘responsible’ for managing campylobacter risk. These basic attitudes tended to drive views on the target throughout the qualitative research.

Learning more tends not to change consumers’ spontaneous views around the levels of contamination consumers are prepared to accept. However, one thing does change views slightly: viewing the results of the retail chicken survey data. In the qualitative research, understanding that performance on the FSA retail chicken survey varies significantly between retailers tended to result in slightly more stringent views around what is acceptable.

Retailer performance on the FSA campylobacter survey may also change consumer behaviour. Questionnaire data suggests that they would ‘reward’ better than average performers on the survey, and ‘punish’ poorer than average performers – in terms of retailer loyalty and consumer spend.

Consumers think that the retailer survey is a vital piece of information and want results to be made more easily available for the public. They also want more communications from retailers themselves around what is being done to control campylobacter risk.
1. Background and Methodology

1.1. Background and context
The Food Standards Agency (FSA) is an independent Government department set up to protect the public’s health and consumer interests in relation to food. It has a strategic requirement to enable consumers to make informed choices about food, and to help ensure that the food we eat is safe\(^3\). The FSA is also committed to using up-to-date science, evidence and information to tackle current and emerging risks around food.

One of the FSA’s priorities is to reduce levels of foodborne illness in the UK. As such, one of its major initiatives relates to the reduction of campylobacter – the most common cause of UK food poisoning. Campylobacter is estimated to be responsible for more than 280,000 cases of food poisoning each year, with negative implications for the UK economy and for public health\(^4\).

The vast majority of campylobacter poisoning may be attributed to the chicken reservoir as a whole. Results from the FSA retail chicken survey (2014-2015) indicate that up to 73% of chickens sold in the UK may test positive for the presence of campylobacter, with 19% testing positive within the highest band of contamination\(^5\). Although risk can be dramatically lessened by safe preparation and thorough cooking, we know that many consumers do not behave in line with recommended practice in their own kitchens\(^6\). Varying knowledge levels, values, habits and social norms are just a few of the factors that may lead to unsafe practice.

The FSA has been working closely with the food industry to reduce the proportion of the most heavily contaminated chickens placed on the market.

To inform future work of this kind, the Food Standards Agency (FSA) required insight into public attitudes on contamination levels and the industry measures taken to lower these. In particular, the FSA wanted to explore public opinion on the target to reduce campylobacter levels on chickens at point of retail sale. There was also interest in understanding how consumer views might further incentivise industry to take action – for example, if consumers view retailers with better than average performance on the retailer survey favourably.

1.2. Research aims
The FSA commissioned TNS BMRB to undertake research to explore 1) public views on the levels of campylobacter contamination they are willing to accept and 2) if and why attitudes toward campylobacter (and the current

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\(^3\) [https://www.food.gov.uk/sites/default/files/FSA%20strategy%20document%202015-2020_April%202015_interactive%20(2).pdf](https://www.food.gov.uk/sites/default/files/FSA%20strategy%20document%202015-2020_April%202015_interactive%20(2).pdf)

\(^4\) [http://www.food.gov.uk/news-updates/campaigns/campylobacter/actnow](http://www.food.gov.uk/news-updates/campaigns/campylobacter/actnow)


contamination target) shifted as more contextual information was presented. Specifically, this research set out to explore:

- Spontaneous and informed views on the acceptability of the current target, and whether this should be exceeded;
- Spontaneous and informed views on the balance of responsibility for campylobacter control between industry and consumers;
- Variation in public opinion about the levels of contamination that the public are willing to accept and the drivers of difference; and
- How varying levels of achieved campylobacter reduction impact public views of retailers – and reported future consumer behaviour.

1.3. What we knew already

TNS-BMRB has conducted numerous pieces of research for the FSA on the subject of campylobacter in recent years⁷. This work sought to extend and build upon rather than replicate key findings from this body of work, including:

- The UK public has relatively low awareness of campylobacter as an issue – for example, not being aware that it is the primary cause of food poisoning.
- However, chicken is generally considered a ‘risky’ food and associated with food poisoning. Even those who are less risk-averse in terms of food preparation tend to make extra efforts to ensure chicken is cooked properly – e.g., checking to see if juices run clear before eating.
- People tend not to be aware of industry interventions undertaken to tackle campylobacter.

1.4. Methodology

Key to our methodology for this research was the recognition that simply asking the public to ‘choose a number’ in relation to a target would not be a valid or robust way to assess public opinion around acceptability of the campylobacter target. It was important that we understood spontaneous, less informed views on target acceptability – but also that we ensured that we understood acceptability of the current target once people had a chance to engage with the issues involved more deeply.

In response, we used an iterative, mixed method approach for this work, involving both:

- **Primary qualitative research** – in the form of
  - 8 reconvened ‘Citizens’ Forum’ workshops with a wide range of general public members (64 participants in total), and
  - an optional ‘homework task’ between waves of research

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Primary quantitative research via an online quantitative omnibus survey with 1,295 respondents across England, Scotland, Wales and Northern Ireland.

Further details about each research element are as follows.

1.4.1. Primary qualitative research via ‘Citizens’ Forums’

Approach
For the qualitative element of this work, we used a tried and tested ‘Citizens’ Forum’ approach to understand both spontaneous and informed consumer views around campylobacter. One-off focus group discussions do not typically allow the time and space for members of the public to develop informed views on complex scientific, technical and/or political issues. Citizens’ Forums thus take a deliberative research approach, where a broad cross-section of members of the UK public is involved in multiple ‘waves’ of research over time.

Typically, the first wave of workshops are focused on gathering existing views and experiences in relation to the research issue – and then introducing a small amount of introductory material such to help participants begin to reflect on their views (e.g., a selection of key facts, challenges, tensions or perspectives on the issue). Reflection continues between waves of research, often aided by a ‘homework task’ to keep participants thinking and engaged with the issue. In following waves of research, participants are given the time and space to consider additional detail and materials in depth, encouraged to debate and reflect with each other, individually and as a group, and initial views are contrasted with more ‘developed’ opinions emerging over the research process.

In this research, we conducted eight 90-minute forums of 8 people each across two waves of research – for a total of 192 contact-hours with participants. The forums were conducted across London, Glasgow, Belfast and Bridgend in February 2016. All sessions were held in neutral, convenient locations for participants (i.e. hotel rooms / meeting rooms) and were audio recorded to support subsequent analysis. Discussion guides and stimulus materials were developed collaboratively with the FSA team in advance of research (see Appendix) and were designed to include: a mix of individual exercises to establish personal views; pairs/three-person groups to engage participants and share views; and group discussions to explore reasons for any differences in opinions.

All sessions were moderated by independent TNS BMRB facilitators, with representatives from the FSA attending to answer questions and help clarify any areas of uncertainty, where appropriate.

Wave 1 Forums focused on exploring participants’ existing levels of awareness and understanding of campylobacter. Researchers then presented basic contextual information such as definitions of campylobacter, basic information on food poisoning, and explanations of how campylobacter can be
ensuing discussion focused on exploring initial reactions to the impact of campylobacter and gauging initial reactions to the acceptability of the current target.

**An interim homework task** was set between focus groups to help sustain engagement and prompt reflection on the issue of the campylobacter target in participants’ own life context. Participants opted to either 1) cook a chicken in their own home, or 2) discuss key learnings from the Wave 1 forums with a friend or family member, and interview them about their own views. For both tasks, respondents recorded a brief video to their smartphones about their experience and about whether their views or behaviours had changed after Forum sessions. Transcripts from these videos were included in the qualitative analysis, and excerpts were included in the presentation of findings for the FSA project team.

**Wave 2 Forums** focused on providing more information, and understanding the impact that information had on participants’ views around acceptability of the current campylobacter target, and the levels of contamination they would be prepared to accept in the future. During these sessions, participants:

- reflected on whether and how views had changed since the first Forums;
- considered potential impact of various target levels on public health;
- explored and discussed various current and potential industry measures to reduce campylobacter levels in more depth; and
- reviewed anonymised results from the FSA retail chicken survey and discussed variation in campylobacter levels across retailers.

During each wave of forums, at key points during discussion we paused and asked participants to give a ‘temperature check’ response on acceptable campylobacter levels. We asked people at these key pause points to indicate if they felt the current target of 7% was ‘about right’, too high, or too low – and, if they desired, to indicate what levels of contamination should be aimed for in the future.

**Sample and recruitment**

We recruited participants for the qualitative Forums using free-find methods (that is, on-street recruitment of general public members), using a screener agreed with the FSA. Where interest was shown, the recruiter asked a series of questions to determine their eligibility and ensure that the designated quotas were accurately filled. This was not a convenience sample; recruiters work to a detailed recruitment specification, obtaining a final sample with an agreed mix of participants in terms of gender; SEG; employment status; life-stage; and so on (see Appendix).

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8 For example, we showed participants the FSA’s ‘Guide to campylobacter’ infographic ([https://www.food.gov.uk/sites/default/files/campylobacter-infographic.pdf](https://www.food.gov.uk/sites/default/files/campylobacter-infographic.pdf)) and other stimuli. See Appendix A for full stimuli used in sessions.

9 Via the VoxPopMe platform: [https://site.voxpopme.com/how-it-works/](https://site.voxpopme.com/how-it-works/)
An overall participant risk score – using a measure that combined self-reporting on a number of food-hygiene relevant behaviours, and a measure of ‘worry’ about food poisoning risk – was used as a primary sampling variable during recruitment. This measure was not an exhaustive or comprehensive assessment of participant risk attitudes or behaviour, but summated scores were used to provide a rough indication of how risk averse participants seemed to be in their own lives in terms of avoiding food poisoning. The risk measure was used as a sampling variable in this way in order to ensure that we included public views from individuals with a mix of concern levels about food poisoning, and a mix of current risk-conscious behaviour. This decision was made to reflect the findings of prior qualitative research for the FSA which found that overall food risk attitudes are a key driver of views about the balance of responsibility for safety between consumers, Government and industry. Overall, two groups were conducted with participants with relatively low, high, or medium scores on the risk measure. Two groups were conducted with a ‘mixed’ group of participants, with a spectrum of scores (and thus behaviours and attitudes around food safety risk) included within the group. We included a roughly equal mix of genders and socio-economic groups (SEG) in the overall sample. Those who eat chicken less than once a month were excluded from the research in order to ensure the qualitative sessions focused on individuals who would have more vested stake in the issue. Participants were provided with a thank-you payment of £80 for the 3.5 hours of face-to-face research participant plus engagement between waves of research via the ‘homework’ task. This amount is in line with current industry norms and helped ensure a broader ‘spread’ of participants; lower incentives can introduce risk around ensuring adequate representation of higher SEG respondents.

1.5. Interim analysis and development of the quantitative survey

Following the completion of the qualitative fieldwork, initial analysis was conducted to identify key attitudes around the campylobacter target expressed across the sample. We also provided interim findings to the FSA team for discussion.

Analysis of the qualitative findings enabled the development of 5 key attitudinal statements, which captured the range of views around campylobacter contamination acceptability as expressed in the qualitative research (See Section 2.9). The quantitative stage, conducted approximately one month after the final groups had been conducted, sought to identify the prevalence of these attitudes among the public.

Additionally, the quantitative stage explored the impact of the FSA’s retail chicken survey and its propensity to change public behaviour, the perceived importance by participants of giving the retail chicken survey more prominence to consumers and to understand more generally how the public thought information pertaining to campylobacter should be best communicated.

1.6. Quantitative survey

An online omnibus survey was conducted with 1,295 members of the UK public between 25th-28th March 2016. This sample included participants from England (1059), Scotland (134), Wales (62) and Northern Ireland (40), with quotas being set to ensure a sample representative of the UK (16+). These national sample sizes allow for representation but not separate analysis of difference for the Scotland, Wales and Northern Ireland samples. Weighting targets were applied prior to analysis to achieve representation using the following data sources:

- The Office of National Statistics Mid-Year Population Estimates 201011 (for interlocking age, gender and region12)
- National Readership Survey January - December 2010 (for Social Grade, terminal age of education and household size)

In total, the survey took participants approximately ten minutes to complete. Additional questions collecting demographic information (e.g., age, sex, income, and life-stage) were also collected.

The full survey is contained in the Appendix. Overall, the survey explored:

- public views on the campylobacter target – using attitude statements derived from the qualitative research;
- views on the retail chicken survey and the usefulness of data obtained from this;
- consumer interest in information about the range of interventions undertaken by industry to reduce campylobacter levels;
- likely (reported) attitudes and behaviour in response to data from the retail chicken survey; and
- preferred channels for the provision of additional information about campylobacter reduction efforts.

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1.7. Analysis

1.7.1. Qualitative analysis

Our approach to qualitative analysis has been developed and honed over many years and is highly systematic, robust and reliable. We have used a similar analytical approach for a wide range of Citizens’ Forum research over the last five years for the Food Standards Agency. Our approach has also been used to analyse data for many high profile studies for other Government and third sector bodies, such as research to explore public perceptions of MPs expenses (CSPL), work around controversial areas of science and technology (stem cell and synthetic biology) and local environmental concerns (public attitudes to fracking); and studies that have had significant public policy implications (such as the Darzi review of primary care; and the Dilnot Commission on the Future funding of Social care).

Analysis was iterative across each wave of the qualitative research and drew on multiple data sources, including: moderator notes from the Citizens’ Forums; audio recordings; materials completed by participants in workshops; and homework tasks.

For each wave of research, researchers wrote up individual-level analysis reports from workshop sessions by using their notes and listening back to audio, using a structured pro-forma which captures data against each of the research objectives. Formal analysis brainstorm sessions involving the full project team were then held following each wave of workshops, where researchers explored findings against each of the key themes in detail, as well as against the over-arching project objectives. This stage of analysis focused on identifying important features within the data: defining concepts, mapping the range and nature of phenomenon, finding associations, and undertaking sub-group analysis.

Themes from the brainstorming were then used to develop analysis frameworks which allow us to systematically summarise and sort data according to key issues and themes. When all the data were sifted according to the core themes, the analysts begins to map the data and identify features within the data: defining concepts, mapping the range and nature of phenomena, creating typologies, finding associations, and providing explanations.

The research group – led by the Project Director – reviewed the summarised data; compared and contrasted the perceptions, accounts, or experiences evidenced by the team; and searched for patterns or connections within the data and sought explanations internally within the data set. Piecing together the overall picture is not simply aggregating patterns, but includes weighing up the salience and dynamics of issues, and searching for structures within the data that have explanatory power, rather than simply seeking a multiplicity of evidence.

In this reporting, we have used verbatim quotes to illustrate and illuminate the findings, as well as case studies and other ways of representing consumer views. Throughout the analytical procedures, care has been taken to ensure
that the extraction and interpretation of findings are grounded and based on
the raw data rather than on researchers’ impressions.

1.7.2 Quantitative analysis
To reflect the qualitative profile, those who eat chicken less than once a month
were excluded from quantitative analysis. All findings reported here are based
on a base size of 1,169 – i.e., the total number of respondents (1,295) minus
the number of respondents who said they eat chicken less than once per
month. This approach was taken to ensure that we do not report views on the
target from members of the public that are not actually currently buying and
eating chicken. Data were cleaned and checked before being tabulated for ease
of analysis. The data tables were then analysed by researchers.

Initial analysis was conducted on this full 1,169 data set to identify overall
findings and consumer views against each of the survey questions, and to
identify points of commonality and difference from the qualitative findings.
Where relevant, data were then analysed according to audience break-downs
to further explore underlying drivers of overall findings, and any audience
differences within these.

Topline findings were shared with the qualitative research team, and a
brainstorm session was held to explore points of commonality or divergence
from the qualitative findings, and to identify questions for follow-up analysis.
For example, the qualitative research indicated that people sometimes held
multiple, contradictory views about the campylobacter target – i.e., a desire
for the target to be lower, but also concern that the target should not be an
undue burden for industry. This led the research team to analyse attitude
statements to see if there were any commonly ‘twinned’ attitudes.

Throughout reporting, we have only reported on statistically significant
differences (p = .05). This means that only differences that are real and
outside the margin of error are included in the analysis. All data included in
this report have been cross-verified against the raw output from the survey
results to ensure accuracy.
2. Findings from the Citizen’s Forum research

2.1. Wave 1: Initial awareness of and views on campylobacter

Echoing previous research, participants’ initial awareness of campylobacter was fairly low – for example, most had not come across the term before, although there was some recent awareness of campylobacter from recent media.\(^\text{13}\) Understanding of the potential seriousness of campylobacter poisoning was also fairly low. Overall, participants tended to assume that food poisoning was a relatively benign health issue and thus a relatively low-level risk.

At the same time, participants thought of chicken as a ‘risky’ food – and had often developed strategies to contain this risk in their own personal food hygiene practices. These behaviours, which did not always align with recommended safe practice, included washing chicken before cooking; care taken to store chicken on bottom fridge shelves; washing hands after chicken handling; checking to see chicken juices run clear before eating; and so on. Those with more concern about food hygiene and safety risk (as assessed during recruitment, and according to views participants expressed during the groups themselves) tended to be more concerned about handling, storing and cooking chicken ‘correctly’, and displayed more discomfort about the idea of touching or being affected by chicken ‘germs’ or ‘bacteria’.

As a way to help participants learn more about campylobacter and the potential consequences of campylobacter poisoning, we introduced a short infographic produced by the Food Standards Agency\(^\text{14}\) (see Appendix).

Much of the information provided by this infographic was ‘new’ for participants, who were generally surprised by:

- the **scale** of campylobacter poisoning in the UK (i.e. 280,000 cases per year);
- the potential **seriousness** of the impact on public health, with potential symptoms including reactive arthritis and Guillain-Barré syndrome (a serious condition of the nervous system) or even death;
- the estimated **economic impact** of campylobacter poisoning (c. £900 million per year).

> "That was an eye-opener. I think we were aware to some extent of the implications but not necessarily the numbers.” [Higher risk scores group, Glasgow]

\(^{13}\) For example, a recent commercial for American Express had recently mentioned campylobacter as part of a television advertisement for its services; some participants were also aware of the FSA’s ‘Don’t wash raw chicken’ campaign (https://www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014).

Overall, considering this information sparked participants’ interest in campylobacter – particularly individuals who were more concerned about food safety and hygiene risk overall. Some individuals expressed strong concern at this stage, for example, noting that they now viewed campylobacter as a significant health risk that the public should be protected from. In several workshops, at this point participants spontaneously began to ask questions about ‘what was being done’ to protect the public from campylobacter poisoning, and what measures they could take themselves.

In all sessions, as part of initial discussions about campylobacter, moderators confirmed that campylobacter is killed when chicken is properly cooked through. Participants tended to be reassured by this information, with some even spontaneously reporting that they would be happy to take on the responsibility for containing risk. However, others continued to express strong views that they expected ‘someone else’ (e.g. ‘industry’ and/or ‘Government’) to manage and reduce this risk for them.

“It's a massive problem that the public don't know about.” [Higher risk scores group, Glasgow]

As part of this discussion, groups often also began to discuss whether taking measures to ensure that chicken is cooked through would be adequate to control risk. Moderators supported discussion around some of the ways that campylobacter might travel beyond the chicken itself via consumer (or Food Business Operator) handling.

For example, participants considered whether some of the behaviours they participated in to make food feel ‘safer’, such as washing chicken prior to cooking, might actually help spread germs. They debated and challenged each other around whether people are really as safe and hygienic as they think they are when handling or preparing meat – e.g. whether they really wash their surfaces as often as they think they do, or if they change chopping boards and kitchen cloths as regularly as they ‘should.’ There was some recognition in workshops that people aren’t always as safe as they say and think they are.

For some, these discussions made participants suspect that it would be harder than they had initially expected to avoid or contain campylobacter via consumer behaviour and safe hygiene practice. However, others strongly maintained views that we can minimise risk of poisoning through safe handling.

2.2. Wave 1: Initial awareness of and views on the retailer survey data and the campylobacter target

After exploring initial views about campylobacter, moderators introduced some material about the FSA retail chicken survey and resultant data on campylobacter contamination levels (see Appendix). This included a short summary of results from the November 2015 retail chicken survey.
publication\textsuperscript{15}, in which 76% of chickens tested were shown to be contaminated with campylobacter, with 15% of chickens tested categorised as ‘highest risk’ (see below) \textsuperscript{16}.

**Figure 1: Summary results from the July–Sep 2015 retailer survey**

<table>
<thead>
<tr>
<th>Level of campylobacter (cfu/g) on chicken skin</th>
<th>‘Not contaminated’</th>
<th>Highest Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of chickens</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>10-99</td>
<td>Over 1000</td>
</tr>
<tr>
<td></td>
<td>100-1000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c.76% of chickens contaminated</td>
<td></td>
</tr>
</tbody>
</table>

Participants often struggled to understand this information initially; they found it difficult to understand why some chickens testing positive for campylobacter would be ‘higher risk’ than others, assuming that contamination was an ‘all or nothing’ phenomenon.

This information helped participants understand 1) that campylobacter is prevalent on the chicken bought by UK consumers, 2) that there is wide variation in the levels of campylobacter on different chickens sold, and 3) that higher levels of contamination are more likely to cause harm.

This introductory information was later repeated at the beginning of the Wave 2 sessions – to ensure that all participants had correctly understood the material. Introducing a visual (Figure 2, below) which displayed contamination levels with a simple heuristic (green dots) further helped participants understand that the ‘highest risk’ category signified higher levels of campylobacter.

**Figure 2: Visualising increasing levels of campylobacter on chicken skin**

At this point in discussions, moderators introduced the idea that there is an agreed government/industry target for campylobacter reduction on whole chickens of ‘no more than 10% of birds with levels above 1000 cfu/g campylobacter contamination, measured at the end of the slaughter process’. There is a natural decline in campylobacter levels after this stage, which means that when sampling chickens at retail, the FSA would expect

\textsuperscript{16} That is – 15% of chickens tested at point of sale having over 1000 cfu/g of campylobacter on the chicken neck skin.
contamination levels to be even lower than 10%. The FSA therefore developed a model to show the equivalent level of campylobacter contamination at retail, which has indicated that the figure is closer to 7% of the most highly contaminated birds\(^ {17}\). So for the purposes of this report and discussions with consumers during the research phases, we refer to the target as 7% (or just ‘the target’).

Overall, participants across the sample tended to express initial views that the target should be as low as possible – and ideally lower than the current target of 7%. This was generally due to a belief that if campylobacter can negatively affect public health, risk of poisoning should be minimised as much as possible. However, participants expressed a range of reactions, with participants at times even expressing multiple conflicting views, including:

- **reassurance and positivity** around the idea that there is a target in place to protect consumers;
- **fear that a 7% target is not sufficient** to protect public health, and that the target should decrease over time;
- strong belief that no contaminated chickens should be sold to UK consumers – i.e., that the target should be zero;
- concern that a target focusing on ‘highest risk’ chickens is not adequate to protect public health – coupled with questions around why this has been the focus of reduction efforts thus far;
- reports that a 7% target ‘feels’ roughly appropriate, with no perceived need to further reduce this target;
- **relative disinterest** in the target, tied to a belief that consumers can protect themselves from harm via appropriate handling and cooking; and
- **concern about potential negative impact on industry**, with participants often speaking in terms of impact on ‘farmers’ rather than retailers and industry brands.

  "The thing is, if you’re cooking it and killing the campylobacter anyway, then why bother trying to intervene if 76% of chickens have it anyway?” [Mixed risk scores group, Bridgend]

  "I don’t understand – this is a SAFETY issue. They shouldn’t be allowed to sell it... it’s a health and safety problem.” [Mixed risk scores group, London]

Attitudes tended to split according to two key factors: 1) participants’ general degree of risk aversion around food safety and hygiene issues, and 2) how willing they were to accept personal responsibility for reducing risk.

Participants in the qualitative sessions who identified as being more concerned about food safety and hygiene in general were more likely to express views that a 7% target was not acceptable and that campylobacter levels should be continually reduced, or that only a ‘zero’ target was an acceptable goal. Conversely, those who perceived campylobacter as a less significant problem

\(^ {17}\) https://www.food.gov.uk/sites/default/files/fsa150705.pdf
tended to be less concerned about the exact level of campylobacter reduction the target aims to achieve.

Likewise, echoing conversations from earlier in the sessions, there was a split in attitudes around whose responsibility it is to reduce the risk of food poisoning from campylobacter. Some participants felt strongly that risk of campylobacter contamination should be reduced on the public’s behalf. They thought that it was important that the food that consumers buy and eat (whether in a retail environment, or when eating out) should be as safe as possible, and that risk of campylobacter poisoning should be minimised prior to point of sale. Others were happy to take more responsibility on themselves, and thus were less concerned about what target for campylobacter reduction was set. Many believed that responsibility should be shared, with industry taking steps to reduce risk, and consumers taking on responsibility for safe handling and cooking to further minimise potential for poisoning.

This view in part reflected discussions around the difficulty of controlling risk – as discussed in Section 2.1 – but also more deep-seated views around responsibility and control. As reported in the sections to follow, this native orientation around responsibility continued to inform how participants evaluated and reacted to further information about the campylobacter target.

2.3. Between-waves break and homework tasks

As noted in Section 1.4, after the first Wave of research, there was a two-week break during which we asked participants to engage in a ‘homework’ exercise. Deliberative research frequently includes a ‘break’ between sessions in this way to allow participants the time and space to reflect further on the issue – in their own time, in their own environment, outside the somewhat artificial environment of a research workshop. Participants were given a choice of one of two tasks:

- **Interview a Friend or Family Member**: In this task, participants shared their key takeaways from the Wave 1 sessions with a friend or family member, and briefly ‘interviewed’ that person about their own views on the acceptability of the target – to prompt discussion and debate; or

- **Cook a Chicken**: In this task, participants actually bought chicken from a retailer of their choice and cooked it at home. As they did so, they took notes about how – if at all – actually touching and handling chicken changed their views. This task aimed to prompt reflection about participants’ own safety and hygiene habits to understand if this reflection influenced their expectations for the target.

Overall, both homework options aimed to:

- help ensure that participants remained engaged with the research process between the Wave 1 and Wave 2 workshops;
- prompt reflection around the issue of campylobacter poisoning and the acceptability of the current target – away from the research environment;
prompt further debate and discussion, as participants had their own views challenged via conversation with others and reflection on their own behaviour.

Participants shared their reflections from the homework tasks with moderators either via a written ‘diary’ exercise or sharing their views on a ‘selfie’ video, which was then uploaded to the research team.

Overall, outputs from the homework tasks suggested that participants had become much more aware of campylobacter following the Wave 1 research sessions, and in general had also become (potentially only temporarily) much more hygiene conscious as a result. Participants noted that they had changed their behaviour when shopping for, storing, handling and cooking chicken – for example, keeping chicken in separate bags from other food purchased at the supermarket, storing chicken at the bottom of the fridge, or wiping down surfaces more conscientiously. They also reported heightened awareness of how easily campylobacter could be spread during handling, both in-supermarket and in-kitchen. Some participants noted that discussing campylobacter with friends and loved ones had had similar impact on their interviewees’ risk awareness.

"Having spoken to my wife about campylobacter, we were both surprised by how prevalent it is, and we’ll both certainly take a lot more care in terms of packaging and cooking… some of the questions she had is how can we be sure that the chicken we have is safe for consumption. But just to reiterate that as long as we cook it properly, which we always have, and we will no longer wash the chicken… I think we’ll be ok.” [Middle risk scores, Bridgend]

Despite this heightened awareness around risk of campylobacter spreading, at-home reflection did not seem to shift participants’ views around the acceptability of the 7% campylobacter target. None of the participants who completed the homework task reported that they had substantively changed their mind around what level of target was acceptable from the view they expressed during the Wave 1 discussions. Even where their sense of overall risk had shifted, their views around who is responsible for controlling that risk had not.

2.4. Wave 2: The impact of considering progress thus far

During the second Wave of the Citizens’ Forum research, moderators and representatives from the Food Standards Agency explored the impact of a range of further information and discussion items in relation to the campylobacter target. First, in response to questions raised during the Wave 1 sessions around how much progress had been made around reducing campylobacter contamination levels thus far, moderators provided a short, simple chart displaying reduction (Figure 3).
Although seeing that substantial progress had already been made in reducing the proportion of ‘high risk’ chickens being sold to UK consumers provoked vibrant discussion and debate amongst participants, it did not noticeably shift views around the campylobacter target. Participants noted that the current target of 7% would represent linear progress year-on-year from the progress achieved thus far. For some, this suggested that further reduction would be a fair and achievable goal. For others, this suggested that perhaps the ‘low hanging fruit’ had already been tackled, and that further reductions in campylobacter would become harder to achieve.

Overall, these discussions tended to enforce existing views. Those that were initially in favour of a stricter target continued to support that view, and those who were relatively happy with a 7% target remained so during and after reflection on progress made thus far.

2.5. Wave 2: The impact of considering potential illness reduction

Following this discussion, moderators presented brief information about the potential impact of further reduction of campylobacter levels on chicken sold at point of retail on public illness levels. This information was presented in response to questions raised during Wave 2 workshops around whether reducing campylobacter contamination levels would have appreciable difference on public health outcomes. Information was presented to help participants bridge the gap in discussion between a relatively complex, abstract issue (campylobacter contamination) and a more immediately, personally relevant outcome (the likelihood of illness).
Moderators were clear that these estimates were a ‘best guess’ projection made by the Food Standards Agency rather than exact calculations.

Overall, participants found it quite useful to anchor their discussion around the campylobacter target in more tangible consideration of the impact of food poisoning. This task spurred lively debate about what level of illness reduction would be ‘worth’ in terms of the investment that would be required for industry to reduce campylobacter levels beyond the current 7% target – or, indeed, to achieve that target.

"If you’re using those ratios, it’s still £450m cost to the NHS - that’s a lot of money. It’s still too high.” [Higher risk scores group, Glasgow]

"Another 50% fall in a year would be excellent progress – a reasonable target given the number of birds consumed ... it takes time and money.” [Lower risk scores group, Belfast]

However, despite this often vigorous debate, there seemed to be minimal impact on views around the acceptability of the 7% target. Rather, discussion tended to reinforce participants’ existing views. Those who were generally happy with the 7% target currently noted how beneficial it would be to halve the current number of illness cases – e.g. in terms of reduced burden on the NHS and potential economic benefit. Those who felt the target should be lower than 7% maintained that this degree of illness reduction was not sufficient – that risk to the public should be eliminated or reduced as far as absolutely possible, not simply decreased. As previously, participants’ existing, native attitudes around food safety risk and perceived ownership for protecting public health seemed to be more influential than rational consideration.

2.6. Wave 2: The impact of considering current and potential future measures to reduce risk

At this point in the sessions, participants were exposed to information about a wide range of potential measures that industry could take to reduce campylobacter contamination levels. These included a wide range of summary information about potential interventions that could be undertaken on farms; during poultry transport; during slaughtering and processing; during

Figure 4: Projection of potential impact of reducing campylobacter contamination levels on illness levels

| Compared to current campylobacter contamination levels (c. 15% are highest risk): |
| If 7% target is met: |
| Cases of illness will be halved (50%) |
| If reduced to 4%: |
| 65% reduction in illness cases |

"If you’re using those ratios, it’s still £450m cost to the NHS - that’s a lot of money. It’s still too high.” [Higher risk scores group, Glasgow]

"Another 50% fall in a year would be excellent progress – a reasonable target given the number of birds consumed ... it takes time and money.” [Lower risk scores group, Belfast]
packaging; and in retail environments (see Appendix). During their explanations of each intervention, moderators distinguished between interventions that are relatively common currently (e.g. on-farm biosecurity measures, and improved evisceration methods) versus those that are not frequently used in the UK currently (e.g. secondary scalding). Participants also shared their own views around the relative acceptability of some of these interventions over others, and discussed these views with others, as a way of prompting deeper reflection.

Overall, participants expressed surprise at the range of interventions that were potentially available to industry to help control campylobacter contamination. Understanding the wide range of potential practices across the chicken production chain helped participants understand the complexity of the issue at hand – how carefully measures would need to be applied across the chain, and how easy it would be for campylobacter contamination to ‘slip in’ at multiple stages.

This inspired vigorous discussion about the potential scale of financial investment that would need to be required to meet the 7% target – or, indeed exceed it. For many participants, considering the issue of campylobacter from an industry and retailer perspective also inspired empathy around the scale of the challenge and potential investment required. Participants then wondered if industry would need to raise prices of chicken to be able to invest in this way, which raised concern about the potential negative impact on consumers. In sessions where participants questioned the moderator and Food Standards Agency representatives whether prices would increase in order for industry to reach the target, it was confirmed that no existing evidence suggests that this would be the case.

Most participants did not shift their views about the acceptability of the 7% target as a result of this exercise. Overall, it tended to reinforce or even further existing views, despite relatively widespread increased empathy for industry. Those who felt it was industry’s responsibility to reduce risk as low as possible continued to maintain this view, noting that the range of interventions available meant that there should continue to be scope for improvement. When we conducted our ‘temperature check’ at the end of this session, many participants had become slightly stricter in their views, slightly lowering the level of contamination they would be willing to accept.

However, at this point for the first time a small minority of participants in the sample expressed that the 7% target may in fact be ‘too high’. This shift in views seemed to reflect conversations around placing undue burden on industry, and concerns about potential impact on chicken pricing.

2.7. Wave 2: The impact of considering current and potential future measures to reduce risk

Our final exercise in the Wave 2 sessions explored data on variation between retailers’ results from the July–September 2015 retailer survey (see Figure 5
This information was introduced in order to understand whether awareness of the variation between retailers impacted views on target acceptability, or reported future consumer attitudes and behaviours. Survey results were initially displayed in anonymised form during the sessions in order to ensure that participants focused on the idea of variation between retailers, rather than on results for individual retailers of interest. Towards the end of discussions, where time permitted, we then de-anonymised findings to explore the impact of seeing the full results for UK retailers.

Figure 5: Variation between retailers according to the Jul-Sept 2015 retailer survey

19 All but one of the research sessions viewed the de-anonymised findings.
Of all of the information explored during the qualitative sessions, this was by far the most impactful. Participants were surprised at the variation between retailers measured by the survey: they had assumed that most retailers had roughly similar levels of campylobacter contamination on chicken sold until this point in discussion.

Exploring this data sparked vigorous discussion around the potential reasons for variation. Participants widely assumed that ‘high end’ retailers might have ‘better’ survey results than ‘lower quality’ retailer. In this context, retailer pricing typically served as a proxy for assessments of quality. When questioned as to what drove those views, participants noted that they assumed that lower-cost retailers may be ‘cutting corners’ at various points in the production and packaging process; may be using ‘lower quality’ chickens (e.g., battery farmed versus free range chickens); or may not be investing in reduction measures.

Moderators and Food Standards Agency representatives questioned and challenged participants during this discussion to understand drivers of views and also identify any participant misunderstandings of the retailer survey data. For example, when participants questioned whether retailers with lower campylobacter levels might be using ‘better farms’ than others, they were informed that retailers often used a mix of supply chains, and that chickens from the same farm or processor could eventually be sold at a variety of supermarkets. Where participants had assumed that retailers with lower campylobacter levels might be only selling organic and free range chickens, they were assured that retailers represented in the survey were typically selling a range of product types – and that some of the retailers with the lowest campylobacter levels were not only selling organic and free range chickens. These discussions typically surprised participants, sparking deep discussion about the complexity of the chicken production and retail process, and thus the difficulty for industry to reduce contamination levels.

Overall, seeing the variation in campylobacter levels in the retailer survey had the effect of increasing participants’ expectations about the campylobacter target. In essence, seeing retailers who had already achieved or even surpassed the target spurred the question: ‘Why can’t they all do it?’ Even some respondents who had been relatively accepting of the 7% target until this point in discussion, and were happy to take on responsibility for risk mitigation themselves, became more demanding at this point.

"You see that and some are at 25% and some are at 5% - so why aren’t they all doing what the one at the bottom is doing? If they can do it – it must be possible." [Mixed risk scores group, London]

Participants also widely expressed interest in learning more – asking where they could see the full results themselves and how often the retailer survey
was conducted. They reported that they felt consumers have a ‘right’ to this kind of information and to information about what retailers are doing to reduce risk. Participants said that they would react positively to seeing evidence that retailers were acting to protect their interests, noting that it would increase overall trust in the retailer brand.

Finally, many participants also reported that comparing their preferred retailer’s performance on the retailer survey to others would impact their attitudes, trust in retailers, and consumer behaviour. For example, some participants noted that they would consider shopping elsewhere if they learned that their preferred retailer had a worse than average campylobacter level, or that they would ‘reward’ a high-performing retailer by shopping there more frequently. Conversely, less risk averse participants said that they would not be very likely to change their behaviour, citing existing habits, food quality, and food price to be more important drivers than campylobacter risk.

2.8. Wave 2: Public views at the close of the Citizens’ Forums

At the end of the qualitative Citizens’ Forums, we took a final ‘temperature check’ on participants’ views around the acceptability of the 7% target. We also asked them to indicate what, if anything, had changed their views during the course of the two research sessions. We also asked them to indicate the level of contamination that they were willing to accept for the future if they were happy to.

Overall, participants’ views from the beginning to the end of the qualitative research process remained remarkably stable.

At the close of the qualitative process, most participants expressed that in the future they would not be willing to accept contamination levels of 7%. A roughly equal proportion of participants who indicated a proposed target level indicated that this should be ‘as close to zero as possible’; between 1-6%; and 7% (the current target). A few individuals expressed at this point that they felt the 7% target is itself too ambitious.

When we explored the drivers of participants’ views around acceptability at this point, there was clear influence of the two primary drivers identified in the early Wave 1 discussions: whether participants were more or less risk averse in relation to food hygiene and safety issues, and whether they thought consumers or industry carry the balance of responsibility for controlling food safety risk. These general attitudes persisted to be strong drivers of views around acceptability at the end of the sessions.

Two groups in particular indicated a shift in views over the course of the qualitative research sessions. First, some individuals who had strong views around a target of ‘zero’ in the Wave 1 sessions had relaxed their views slightly. Having developed a more nuanced understanding of the complexity of the issue, they noted that campylobacter contamination should be reduced as much as possible, but did not expect that complete elimination was feasible.
Others continued to maintain that a zero percent target should be the goal – acknowledging that it might not be achievable, but insisting that aiming for complete elimination of risk was the only way to keep improving.

“The whole point of targets is to keep you trying – it doesn’t really matter if you can do it or not, you should aim to eliminate it! That’s the whole point!” (Mixed risk scores group, London)

Second, on the other side of the spectrum, a few individuals who had strong beliefs that it was consumers’ responsibility to protect themselves had become slightly more stringent in their views. Several participants in this category noted that seeing the retailer survey findings, and the variation between retailers captured in the data, had caused them to think more could and should be done.

Many participants continued to express a mix of views, and to report that they felt responsibility for minimising risk of campylobacter poisoning should be shared between industry and consumers. Many of these individuals expressed acceptable levels in the range of 1-7%, neither expecting risk at point of sale to be completely eliminated, nor being content with ceasing further effort once the 7% target had been achieved.

2.9. Interim analysis and development of qualitative attitudinal statements for the quantitative survey

At the close of the qualitative research, findings were analysed by the research team (see Section 1.7 for methods) to inform the development of the quantitative survey. As part of this process, in order to help us understand the scale of views expressed during the Citizens’ Forums, attitude statements were developed which captured the range of views expressed. These were not intended to be mutually exclusive: participants in the qualitative research often held multiple views simultaneously, although they tended to default to one overall. The statements were initially developed by the qualitative research team who had conducted the Citizens’ Forum work. The quantitative survey team suggested slight changes to the statements as necessary to ensure that statements were broadly similar in terms of language complexity and length, in order to help ensure that survey respondents found them equally easy to read. These attitude statements are presented as follows, using quotes from the Citizens’ Forum element of research to illustrate the participant views they were intended to capture:

- **Attitude 1: ‘Killer Cooks’** – Participants in this group maintained that it was within their power to control the risk of campylobacter at home; through careful preparation the risk could be limited and cooking chicken thoroughly would kill the bacteria. In the qualitative research, this view was more commonly held by those who were less risk averse in relation to food safety and hygiene issues.

  **Attitude statement:** “It should be up to consumers to protect themselves by cooking and handling chicken correctly – so the target isn’t that important”
“Regardless of what the percentage is, if you’re taught at a younger age to make sure your chicken is cooked properly, it will reduce it. I think it’s just the education that will reduce this, rather than the way it’s transported etc.” (Mixed risk scores group, Bridgend)

- **Attitude 2: ‘Dual Role’** – Participants in this group assigned broadly equal responsibility to the consumer and industry for minimising risk of campylobacter poisoning. In the qualitative research, they tended to have a range of attitudes around risk aversion in relation to food safety and hygiene issues.

  **Attitude statement:** “Industry has made good progress to reduce levels of campylobacter in the last couple of years – the current target is fair. It should also be up to consumers to protect themselves.”

  “It’s got to be a partnership between the consumer and the industry.” [More risk scores group, Glasgow]

- **Attitude 3: ‘Fair to Farmers’** – This group of participants felt strongly that the campylobacter target needs to be ‘Fair to Farmers’ and not place farmers and industry that bring chicken to consumers’ tables under undue pressure. People expressing this attitude maintained that the target should be ambitious but attainable and support should be offered to farms tackling the issue. In the qualitative research, people often held this view alongside other attitudes; it typically served to temper desire for the campylobacter target to be as low as possible.

  **Attitude statement:** “The target should not be unfair to industry and farmers – it should be ambitious but achievable.”

  “They shouldn’t be making it so hard for farmers to survive - there’s so much pressure on them. Of course quality was better in previous years, but there are so many expenses for farmers. Make it work for them - help and support them. Maybe subsidise costs for those trying to tackle campylobacter.” [Mixed risk scores group, Glasgow]

- **Attitude 4: ‘Keep Trying’** – These participants were in favour of a phased approach to reducing proportions of high risk chicken. They felt that the target was appropriate for now but a new target should be set once the current aim to reduce proportions to 7% had been achieved.

  **Attitude statement:** “The target is appropriate for now but industry should set a new target once this has been achieved – levels of campylobacter should be reduced continually over time.”

  “I think that 7% is a good start but hope that measures could be implemented in the future to eradicate the bacteria from the chickens.” [Mixed risk scores group, London]
Attitude 5: ‘Zero Zealots’ – This group strongly felt that industry carries the primary responsibility for minimising campylobacter risk and felt that the aim should be to completely eliminate campylobacter poisoning. This group tended to be more risk averse in their attitude towards food safety and hygiene generally.

Attitude statement: “To protect consumers, it’s important that industry tries to lower levels of high risk chicken as far as possible. The aim should be to ensure that no chickens with a ‘high risk’ level of campylobacter are on sale.”

“I don’t care if it’s hard – they should be protecting us, and getting to zero.” [More risk scores group, Glasgow]

3. Findings from the quantitative survey

3.1. Reactions to the campylobacter target

In order to understand the prevalence of the various views expressed by participants in the qualitative survey, in the online survey respondents were asked to identify which of the five attitude statements presented they most strongly agreed with. After viewing some basic introductory information about campylobacter and the current campylobacter contamination rates on chickens (see Appendix for full survey including information material) respondents viewed all attitude statements and then indicated the statement they agreed with most strongly. The attitude statements did not include a ‘nickname’ indicator (e.g. ‘Fair to Farmers’ or ‘Dual Role’), but these have been retained in reporting in order to aid reader comprehension and memory.

Overall, the ‘Zero Zealot’ attitude statement resonated most strongly with the survey respondents, with just over a third (34%) agreeing with its proposition that the level of contamination should be as low as possible. A further 14% identified with the ‘Keep Trying’ attitude statement. Together, these results indicate fairly broad public interest for reducing the campylobacter target below the level of 7% – with almost half of respondents most strongly identifying with attitudes that represent desire for contamination levels to be much lower than this.

Conversely, around 14% of respondents identified with the ‘Killer Cooks’ attitude – indicating more interest in consumer behaviour to control campylobacter risk than interest in industry measures to reduce risk. A further 8% and 22% identified with the ‘Fair to Farmers’ and ‘Dual Role’ attitudes, respectively.
After indicating the statement they most strongly identified with, respondents were then asked to identify their ‘top three’ attitude statements – that is, those that most aligned with their own views around the campylobacter target. This revealed even stronger respondent support for a very strict campylobacter target, with 67% of respondents agreeing that the aim should be for no ‘high risk’ chickens to be on sale, as indicated by agreement with the ‘Zero Zealot’ attitude.

Source Question: “Please read the range of opinions listed below and consider whether you agree with any of them. Please place the statement that you most strongly agree with (if any) in box 1, and up to two others ranked in boxes 2 and 3 in order of agreement.” The figure shows the responses to the statement most strongly agreed with. Base: All respondents (1169)
3.2 Public views on retailers’ responsibilities around campylobacter contamination

The survey also asked respondents for their views of what actions retailers should be taking around mitigating risk of campylobacter poisoning. The survey gathered views by asking for responses to questions on a five point scale of agreement, from ‘strongly agree’ to ‘strongly disagree’.

Overall, respondents expressed strong interest around industry communications with the public on campylobacter and any contamination reduction efforts. As shown in Figure 8, adding the two agreement statements together, more than three-quarters agreed (33% strongly agree, 43% agree) with the statement that retailers should actively tell consumers about their actions to reduce campylobacter risk. Similarly, three-quarters agreed (36% strongly agree, 39% agree) with the statement that retailers should inform consumers of the proportion of chickens that have ‘high levels’ of campylobacter. More than seven in ten agreed (34% strongly agree, 38% agree) with the statement that retailers should inform consumers of the proportion of their chickens that have any level of campylobacter contamination.

![Figure 8: Respondent views on industry’s responsibilities for consumer communication around campylobacter](source)

**Source:** How far do you agree or disagree that retailers should...? Base: All respondents (1169)

3.3 Consumer expectations around communicating reduction efforts

The survey also captured the degree of importance the public placed on knowing about the specific processes used in the industry to reduce the amount of campylobacter on raw chicken. Responses were captured on a five
3.4 Retailers’ potential to influence consumer attitudes and behaviours

The survey also captured respondents’ views on likely consumer behaviours in relation to retailer performance around campylobacter contamination. Overall, findings strongly suggest that retailer performance around campylobacter contamination has the potential to shift consumer behaviour substantially.

First, results suggest that a below-average performance on the retailer survey would 1) make them people more risk conscious in terms of their in-home chicken preparation, and 2) impact future consumer behaviour. Respondents were presented with a list of possible actions and asked to state the likelihood of them adopting each one on five point scale from ‘very likely’ to ‘very unlikely’. As per Figure 11 below, which combines ‘likely’ and ‘very likely’ responses, over half of respondents (53%) indicated that they might begin to buy chicken from another retailer, with 43% indicating that they would potentially stop buying chicken from their usual retailer.

Finding out that a retailer had poorer than average performance in terms of campylobacter contamination also has the potential to impact consumer chicken-purchasing habits more widely. Almost a third (28%) of respondents suggested that learning that their preferred retailer had poorer than average performance on the FSA retail chicken survey might reduce their overall...
chicken consumption, or the frequency with which they bought chicken from their favourite retailer, respectively.

However, some respondents were clearly less concerned overall about the levels of campylobacter contamination evidenced for their preferred retailer. 38% of respondents reported that finding out that their preferred retailer had below-average performance in the retail chicken survey would not influence their future behaviour.

Figure 10: Likely future consumer behaviour following below-average retailer performance in the FSA retail chicken survey

The survey also measured the self-reported, future reactions of respondents to finding out that their retailer sold less high risk chicken, measured on the same scale.

Overall, findings indicate that some consumers would ‘reward’ retailers for having higher than average performance in terms of campylobacter contamination. However, findings for ‘rewarding’ behaviour were weaker than the ‘punishing’ behaviour evidenced above for a below-average retailer performance in the FSA retail chicken survey. As shown in Figure 11, below, which combines ‘likely’ and ‘very likely’ responses, over half (60%) of respondents said that they would make no change to their current consumer behaviour if they discovered their preferred retailer had higher than average performance in terms of campylobacter contamination. However, over a third of respondents said they would either buy chicken from other retailers less frequently (37%), buy chicken from their usual retailer more frequently (36%), or stop buying chicken from other retailers completely (33%). Smaller proportions of respondents indicated that better than average performance on
the survey would reduce concern about their own chicken preparation (21%) or increase frequency of eating chicken (17%).

**Figure 11: Likely future consumer behaviour following above-average retailer performance in the FSA retail chicken survey**

Source Question: How likely or unlikely would you be to take each of the following actions? Base: All respondents (1169)

4. **Summary conclusions**

Overall, this research suggests that although existing understanding and awareness of campylobacter contamination is low, consumers are eager to know more. **Consumers expect to be informed if they are at risk of food poisoning by campylobacter, and also about what is being done to protect them.** Some of our participants even discussed information provision as a consumer right.

Although many are happy to share responsibility for avoiding campylobacter food poisoning with the industry, via safe food preparation practice, **there is a commonly shared expectation that industry and Government should be working to reduce risk on the public’s behalf.** Some view this as an urgent health and safety issue, and were clear in our qualitative research that, once aware of the issue, they expected swift and effective action to be taken to reduce risk.

**There is broad consumer support for a campylobacter contamination levels to be below the current target of 7%.** This desire for a lower target
was evidenced in this research at the level of relatively uninformed, spontaneous consumer opinion (both in the qualitative research, and in a nationally-representative quantitative sample). At a survey level, almost half of respondents most strongly identified with attitude statements which indicated strong support for further reduction in the target; when allowed to indicate agreement with a mix of attitudes 67% of respondents agreed that the target should be as close to zero as possible.

**Crucially, this desire for a lower target also persisted after deep reflection, debate and discussion in the qualitative research; consumer interest in a more stringent target is not simply an artefact of ‘knee jerk’ responses to a complex issue.** Overall, learning more about the complexities of campylobacter control tended to result in more sympathy for industry and a slight relaxing of views from those who initially demanded complete elimination of campylobacter contamination – but for most, it also confirmed expectations that the levels of contamination should be continually reduced. In particular, understanding the variation in retailer performance around campylobacter contamination levels tended to result in slightly more stringent views around what levels of contamination would be acceptable in the future.

**This research also evidences broad consumer interest in communications from retailers around what is being done to protect public health, and around variations in retailer performance in the FSA retail chicken survey.** Participants expressed strong interest in learning more about the retailer survey in particular, so that they could understand the relative performance on the survey of their preferred retailer against competitors. They also expressed interest in communications direct from retailers about actions taken to reduce contamination levels. The qualitative research indicates that this is due to a desire for reassurance that retailers are meeting their obligations to protect consumer health.

**Results also strongly suggest that the retailer survey results have the potential to influence consumer behaviour around chicken purchasing and choice of retailers.** Consumers reported that their future behaviour would be influenced by comparing their preferred retailer with competitors. Discovering that one’s preferred retailer has poorer than average performance on the retail chicken survey may result in switching of consumer purchasing behaviour to other retailers, or less frequent purchasing of chicken from one’s previously preferred retailer. There is thus real potential for consumer behaviour to ‘reward’ retailers who perform better than average on the FSA retail chicken survey in terms of brand loyalty and consumer spend – and to ‘punish’ retailers who perform less well.
Overall, results indicate that the retailer survey is viewed as offering important public data, and that it should be continued and more widely publicised. Consumers are eager for more information about progress towards the target in relation to campylobacter reduction, and see a role for both industry and Government in communicating with them about this issue.