

ISSC COMMITTEE REPORT

Vv Education Subcommittee

Date: 8/3/03

Chair: Tom Herrington

August 2003 Committee Meeting Attendees:

Tom Herrington, John Supan, Scott Gordon, Jeff McCool, Sally Soileau, Susan Wilson, Dot Leonard, Michelle Bashin, Bill Taylor, Bill Mahan, Michael Hernandez, Al Sunseri, Chris Nelson, Doris Nelson, Ruth Posadas, Steve Murphy, Sandy Shepard, Amy Fitzpatrick, Tom Drumm, Ed Watson, Anita Roy, Gary Orner, Jeri Nelson, Bobby Savoie, John Painter, David Heil, Steve Otwell, Nancy Ridley, Spencer Garrett, Brenda Roberson-Barnett, Grady Leavins – a quorum was present

2001 – 2003 Committee Charges:

1. Submit a detailed report on education activities twice yearly.
2. Review the findings of the Clearwater Research, Inc. survey.
3. Continue providing review and comments on educational materials that are being developed by the ISSC.

Charge 1:

Submit a detailed report on education activities twice yearly.

Discussion: (Summary of discussion)

1a. N/A

Charge 2:

Review the findings of the Clearwater Research Inc. survey

Findings:

- 2a. General Discussion (Summary of discussion)
- i. Overall survey useful. Report well written and formatted. Information sufficient for preparation of future funding proposals. Problems with Clearwater Research were: 1) < 2,000 surveys completed, 4,000 surveys were initial target number; 2) survey not conducted in Spanish.
 - ii. The committee realized that the survey instrument did not specifically ask respondents at risk if they have stopped eating oysters altogether to respond to the subcommittee's second objective to show a 15% increase of at-risk consumers no longer eating raw oysters. Questions asked about **reductions** in raw oyster consumption not cessation.

Conclusions:

- 2a. Survey and survey report recommendations
- i. The follow-up survey should be conducted in Spanish and English. This survey will serve as the baseline for Spanish-speaking raw oyster consumers.
 - ii. In the survey report, under "Strategies for reducing risk of infection" (p. 12) rephrase "be careful of origin" and "place of origin" to more closely reflect the questionnaire's wording "avoid oysters from polluted waters or from places where outbreaks have recently occurred."

- iii. Under "**Key Findings, Awareness**" (p. 1) revise the report to state that 57% of all consumers are aware of one or more risk groups and that 43% are not aware of any at-risk groups. It was felt that decreasing the proportion of consumers who are not aware of any risk group from 43% to 27% (a 40 % reduction from baseline levels) would meet the consumer awareness objective. Decreasing the proportion of consumers who have no awareness was considered a more useful approach than increasing awareness among those who are already somewhat aware.
 - iv. Include the table of consumers who know 0, 1, 2, or 3 risk groups in discussion of awareness (p.8).
 - v. Change the second objective to read: Increase the proportion of high-risk consumer who stopped eating raw oysters **15%** above baseline levels (p.1 and p.3).
 - vi. Include a specific question about quitting eating raw oysters in the follow-up survey.
 - vii. There was also concern about how to be sure that people who have stopped eating raw oysters for health reasons be included in the surveys. The committee recommended revisiting the difference between responses of consumers who ate raw oysters 3 years ago, but have not eaten them in the last 12 months.
 - viii. Revise this section on raw oyster consumers' steps to reduce risk (Table 13 and p.12), labeling steps "effective" or "ineffective" may be misleading because of questions about effectiveness of eating "in season" and "eating less".
 - ix. The questionnaire defines, "raw oyster" as "any oyster that's uncooked, such as oysters on the half shell, or raw oysters from a jar or can". Before conducting the follow-up survey and/or later surveys, consider whether post-harvest treated oysters should be included in this definition.
 - x. In the follow-up survey, Q40 & 41 should also mention "weak immunity" along with liver disease and diabetes.
 - xi. In the follow-up survey, consider whether Q25 (feelings about raw oysters and health) is biased by its placement after Q20 (do you eat raw oysters now mainly because of...)
 - xii. In the follow-up survey, Q42 consider breaking up "avoid eating oysters from polluted waters or from places where outbreaks have recently occurred" into two responses rather than one.
- 2a. Survey Funding Recommendations
- i. Recommends the VMC direct ISSC the Executive Office to submit proposals for funding a follow-up survey as soon as possible. Pre-proposals for Sea Grant research funds must be submitted by end August. The deadline for full proposals is in November. Pre-award approvals will begin in April.

- ii. The Committee suggests that follow-up surveys be conducted every two years to assess program effectiveness in increasing awareness and changing behavior. The content and focus of these surveys will change over time.

Charge 3:

Continue providing review and comments on education materials that are being developed by the ISSC.

Discussion: (Summary of discussion)

- 3a. Discussion ensued about whether the ISSC should continue funding California consumer education efforts given that California will no longer be importing Gulf oysters. With little or no Gulf oysters available to California's consumers, there should be virtually no associated illnesses. California recently declined to accept FDA's offer of \$100,000 in education funds, considering this amount to be inadequate funding to reduce illness from raw oysters. Dorothy Leonard presented a summary of ISSC and state Vv education activities and is attached

Recommendations: (Recommendations as appropriate)

- 3a. Motion:
Given the limited resources, the ISSC should direct Vv education funds to those state education programs that will have the greatest impact on the illness rates used to measure the effectiveness of the illness reduction program.
In favor: 13
Abstain: 2
Opposed: 0

Conclusion:

- 3a. Given this situation, a motion was raised recommending that the ISSC direct its limited education dollars to other state programs that will have the greatest impact on reducing rates of illness. California representatives stated that they would continue to conduct consumer education efforts with or without ISSC support.

Recorder: Unknown

Report Approved By: Tom Herrington

COMMITTEE REVISIONS TO SURVEY REPORT

Survey in Brief

In 2002, the Interstate Shellfish Sanitation Conference (ISSC) adopted new National Shellfish Sanitation Program Guidelines for reducing illness from *Vibrio vulnificus*. These standards require states with two or more reported cases of *Vibrio vulnificus* from raw oysters to implement a *Vibrio vulnificus Risk Management Plan* for oysters¹. Educating raw-oyster consumers is a mandatory element of state plans.

The new National Shellfish Sanitation Program (NSSP) defined two success criteria for consumer information programs:

- 1) Increase raw-oyster consumer awareness of the risks of eating raw shellfish 40 percent above baseline levels; and,
- 2) Increase the proportion of high-risk consumers who stop eating raw oysters **15** percent above baseline levels.

The purpose of this survey is to establish a baseline for consumers' beliefs, consumption patterns and knowledge of risks before states intensify *Vibrio vulnificus* education activities. The ISSC contracted with Clearwater Research Inc. to conduct telephone interviews in California, Florida, Louisiana and Texas. Between September 27, 2001 and February 28, 2002 Clearwater Research completed 1,963 interviews with raw oyster consumers. A follow-up survey will be conducted in 24-months. Changes from baseline levels will reflect state's progress toward meeting these objectives.

Key Findings

The following results pertain to raw oyster consumers in all four states.

Awareness of Who Should Not Eat Raw Oysters

- ❖ **Nearly half (43 percent) of all consumers are unfamiliar with any at-risk group**; 57 percent know one or more at-risk group.
- ❖ **Consumer awareness that people with liver disease are at higher risk of illness is moderate.** Half of raw oyster consumers in all four states are aware that people with liver disease should not eat raw oysters.
- ❖ **Consumer awareness that people with diabetes are at higher risk of illness is minimal.** Only 19 percent know that diabetics should not eat raw oysters.

¹ Four states have developed risk management plans: California, Florida, Louisiana and Texas.

- ❖ Consumers with any risk factor are significantly aware of who should avoid raw oysters than consumers with no known risk factor.

Risk Reduction Measures

- ❖ One in three consumers are eating raw oysters less often—primarily for health reasons.
- ❖ **Half of all raw oyster consumers are doing “nothing” to reduce their risk of illness.**
- ❖ **Those at-risk were more likely to report doing *something* to reduce their risk of illness, but that action was often an ineffective one.**
- ❖ Misconceptions about how to reduce one’s risk of *Vibrio vulnificus* infection are widespread.

Conclusions

- ❖ Consumer awareness of who should not eat raw oysters is moderate at best. Half of all consumers do not know about liver disease and raw oysters. Very few know that diabetic consumers are at high risk of *Vibrio vulnificus* infection. This limited awareness is particularly worrisome with the accelerating rates of diabetes and liver disease in America.
- ❖ Many of those at-risk are already taking some action to avoid illness. By emphasizing effective risk reduction measures and debunking popular misconceptions, state programs can persuade at-risk consumers to adopt more effective behaviors.
- ❖ One in three consumers are eating raw oysters less often. There is no statistically significant difference between those at-risk and those with no known risk factors. Programs face the challenge of reducing raw oyster consumption among those at-risk, while maintaining overall consumer demand.
- ❖ Key messages should address 1) which groups are at risk; 2) *effective* actions to prevent illness; 3) popular myths about preventing illness.
- ❖ Health care providers such as diabetes care managers; dieticians and nurses offer another avenue for reaching those at-risk. Educational efforts should address a broad range of professionals with direct contact with those at risk.