

## **Conference for Food Protection Committee FINAL Report**

**COMMITTEE NAME:** Inspection Form Scoring Committee

**COUNCIL (I, II, or III):** II

**DATE OF REPORT:** 12/15/2011

**SUBMITTED BY:** Bill Flynn, Margaret Binkley

### **COMMITTEE CHARGE(s):**

The CFP recommends that a committee be formed and charged with the following:

- Conduct academic research to:
  - Investigate and determine the most effective Foodservice Establishment scoring system that is based on the current identified risk factors and interventions identified in the FDA Food Code for use with the current FDA Food Establishment Inspection Form.
  - Determine the most effective way to communicate the Food Establishment Inspection scores to the public so they have access to the information in advance of choosing where to dine and purchase food items.
- Work with academic researchers to identify funding sources to conduct their research and provide a letter of support for funding identified.
- Report the committee's finding back to the conference at the 2012 Biennial Meeting.

### **COMMITTEE ACTIVITIES AND RECOMMENDATIONS:**

Initial interest in the 2010-2012 Inspection Form Scoring Committee was relatively high, with 30+ people volunteering to participate in the committee processes. An initial questionnaire was sent to all participants to gather answers to various assumptions developed from past Committees that related to the Charge. Comments were requested as well as other information that was felt the Committee should pursue. Initial questions/concerns formed by the Committee were:

- Is our objective as the Committee to reduce foodborne illness? Increase restaurant compliance? Or getting the word out to the public?
- Can the knowledge of scores allow for the public to make better decisions about restaurant selection or reduce food-borne illness? Or both?

Survey results included an over-whelming majority who agreed that a form that is intuitive to both the public and inspector is the most important charge of the committee.

There were six assumptions given where the Committee was asked to rate the need to address this assumption. These assumptions were:

- 1) "The health jurisdictions program includes inspector and industry training"-There was an overwhelming support of this assumption with 88% agreeing this was needed. Comments were: "Standardization is critical to the success of any inspection/grading

program” and “Standardization for health jurisdictions-the inspection staff must be trained on CDC risk factors so grades will be consistent, accurate, and meaningful.

2) “The scoring system is easy for the health inspector, the public and industry to understand”- there was a 100% support that this assumption was needed. Comments included: “There should be standardization of scoring/grading systems. Few of the systems are “apples to apples” so this is hard for industry and the general public to understand the differences” and “Must be risk-based and supported by science”.

3) “The inspector’s performance is standardized on an ongoing basis”-Again, 88% felt this was needed. Comments included “Standardization of the program and scoring would go a long way in standardizing an inspector’s performance”.

4) “The jurisdiction is using a risk-based food code that requires effective control of CDC risk factors”-Over 80% of the committee felt this was needed. Comments were “YES!” and “Systems that result in low scores because floors, walls, and ceilings aren’t clean don’t provide the best help to citizens looking for a safe place to dine”.

5) “The health department regularly evaluates their inspection program results using a consistent and effective methodology”-Here 75% felt that this assumption was somewhat needed. Comments included “Not unimportant, but not as critical once a good system is in place. It is more critical to ensure consistency among staff at that point”.

6) “The public receives the sanitation scores in a way that allows them to make informed decisions about where they would like to eat”-75% felt this was needed. Comments included “Public education on what a grade/score represents is an important component of a successful program” and “Message must emphasize and include that some minimum level/score of food establishment means it’s safe for consumers”.

It was felt that to be able to address the charge, it would be valuable to divide the group into three teams and assign specific duties to each. The teams decided on were:

#### 1. Information Gatherers

- Gather form and scoring examples from local health department jurisdictions.
- Identify commonalities to keep the number of systems measured minimal.
- Obtain local jurisdictions/state surveys and gather information from the public to clarify the understanding of the system.

#### 2. Practitioner

- Conduct health department-like, non-regulatory inspections using different forms to determine if it works for inspectors.
- Determine if inspectors find this easy to use in real life inspection scenarios.

#### 3. Results Team

- Academia will take information; provide its meaningfulness and conclusions.
- Provide adequate scientific literature regarding public and inspector sentiment and understanding of current scoring methods.

## **Charge 1**

Although information was gathered from 500 health inspection reports from 75 jurisdictions across the country, the data was not able to be analyzed prior to the processing of this report. If the committee is to continue, the data can be used for processing at that time. In the process of gathering the data, it was found that many health departments were against any type of scoring method. Some of the auditors that participated in the study asked to no longer participate because their departments don't believe in scoring. They believe the message of food safety and training is most impactful when scores are not involved.

A number of studies have been conducted relating to the posting of health inspection scores by a variety of methods and the public's perception of these scores. (See Supporting Attachment #1.)

Although there have been many studies completed on health inspection scores from various angles, there is still more research that could be conducted to answer the charge of this Committee. Some of the problems with present research is the fact that there are many different scoring methods used by city/county/state inspectors including: a percentage out of 100; a letter grade of A,B,C; pass/fail; or a color-coded sign posted in the window of a restaurant. Until some type of standardization can be developed to make comparisons between all of the scoring systems, no concise results can be reported. It has been found by the Committee that problems also lie in the fact that retail establishments (grocery stores) unlike restaurants tend to have many separate departments that receive multiple scores and can score poorly in some areas which would not represent the "true" score of the grocery store. It was also found that many health departments were against any type of scoring method. Other comments were:

1. Believe the inspection form speaks for itself. Grading systems of any kind are going to result in an over simplification of a complex set of data.
2. The best way to judge a location is review the full inspection report.
3. Grades in most areas turn into a self-enforcement tool, which is fine if this is what is wanted.

## **Charge 2**

In 2010 our original researcher from Loma Linda University withdrew their committed resources due to a downturn in the economy. Subsequent interviews with potential researchers from University of Minnesota School of Public Health, Kansas State University, and North Carolina State University determined that the committee charge was broad enough that it would be advantageous for multiple researchers to work together.

The original goal of developing a grant application for the National Institute of Food and Agriculture (NIFA) Integrated Research, Education, and Extension Competitive Grants Program – National Integrated Food Safety Initiative was abandoned due to researcher turnover in 2011. Instead of the grant the committee sourced volunteer research from Dr. Barbara Almanza from Purdue, Dr. Margaret Binkley from Ohio State University, and private industry consultants. The outcomes have been promising. (See Content Attachment #1.)

**REQUESTED ACTION:**

The Inspection Form Scoring Committee believes that the continuation of this Committee may not be to the benefit of the Conference for Food Protection.

The Inspection Form Scoring committee recommends the conference:

- Issue 1 – Acknowledge the work by members of the committees and thank the members for their time trying to meet the committee charge.
- Issue 2 – Disband the committee - the charge was determined to be too broad; there is no effective way to show that a Foodservice Establishment scoring system can assist the public in making an informed decision on where to eat without adequate funding.

## CONTENT ATTACHMENT #1

### Draft CFP Scoring Committee Study Plan

- I. Scoring Committee Working Assumptions: Scoring can have a positive impact on public health by reducing the risk factors associated with foodborne disease if:
  - The committee can raise approximately \$75,000 in resources to modify a web-based database.
  - The health jurisdictions program includes inspector and industry training.
  - The scoring system is easy for the health inspector, the public and regulated industry to understand.
  - The inspector's performance is standardized on an ongoing basis.
  - The jurisdiction is using a risk based food code that required effective control of CDC risk factors.
  - The health department regularly evaluates their inspection program results using a consistent and effective methodology.
  - The public receives the health inspection report scores in a way that allows them to make an informed decision about where they would like to eat.
  - Restaurants, grocery stores, institutional kitchens, etc. need to be evaluated differently.
  
- II. Information Gatherers Objectives:
  - Collect inspection reports of jurisdictions that score inspection reports from random health jurisdictions using public disclosure systems or freedom of information act.
  - Organize a list of conveniently accessed health jurisdiction reports.
  - Organize health department scoring systems based on the size of a jurisdiction.
  - Source a web-based database to house health inspection data and scoring normalization.
  
- III. Practitioners Objectives:
  - Utilizing actual health jurisdiction forms, conduct standardized inspections using the five most common health jurisdiction scoring formats.
  - Using the latest version of CFP inspection report form, conduct standardized inspections using a normalized scoring technique based on percent of 100.
  
- IV. Researcher Objectives:
  - Conduct literature review/ research to identify communication techniques that consumers, regulators, and the industry can mutually understand.
  - Develop consumer and industry survey instruments and work with CSPI and NRA on conducting surveys to targeted populations.
  - Analyze the results of the survey instrument and write a research paper with findings, recommendations, and conclusions.
  
- V. Scoring Committee Accomplishments:
  - A web-based database has been created to gather, report, and analyze the committee's information. The cost was absorbed through private donations, fundraisers, and volunteer programmers from graduate students.
  - 75 unique health jurisdiction forms have been gathered for analysis.
  - A list of conveniently accessed health jurisdiction reports has been organized on the database.

- The list of health department scoring systems organized by the size of a jurisdiction is 75% complete.
- The database has been program to normalize scores on percent of 100 as test. Once researchers determine the most successful method of reporting scores, that system will be utilized to normalize health jurisdiction scores.
- Approximately 100 standardized inspections have been gathered ready to compare the scoring results of 5 different health jurisdiction inspections forms.

#### VI. Scoring Committee Challenges:

- Creating and programming the database consumed many hours and most of the committee resources.
- Information gathering, in a non-web based environment, allowed for inefficiencies when gathering the results from random locations across the country.
- Gathering the information while maintaining anonymity for the subject restaurants, could compromise the ability to report results.

## SUPPORTING ATTACHMENT #1

### References of studies that have been conducted relating to the posting of health inspection scores by a variety of methods and the public's perception of these scores.

- Worsford (2005). This study examined the public's perceptions of hygiene standards in eating places and their interest in having consumer information on the premises. They found that people who eat out regularly claimed that the standard of food hygiene of food premises was important to them when deciding where to dine. Consumers believed they have the right to know the results of a hygiene inspection and most would some type of reliable system so they may better judge hygiene standards of restaurants. About half of the respondents felt it was somewhat difficult for them to find needed information on inspection standards.  
Respondents preferred the use of "stars" so they could better judge hygiene standards
- Simon et al (2005). This study examined the impact on grading cards on foodborne illness hospitalizations in Los Angeles County. The grading system was introduced in January 1998. After data were adjusted, it was found that restaurant hygiene grading program was associated with a 13.1 percent decrease in the number of foodborne-disease hospitalizations in Los Angeles County and was sustained over the next two years (1999–2000). It was felt that the posting of these hygiene grading cards was an effective intervention for reducing the number of foodborne diseases.
- Almanza et al (2002). This study examined the debate concerning the fact if publishing the results of health inspections in the media would influence the public's decision to dine out in specific restaurants. Health inspection scores were examined and analyzed both before and after the publication of restaurants scores. The results showed that overall, inspection scores increased and the number of consumer complaints decreased.
- Choi et al (2011). This study examined the impact of inspection score information on consumer behavior by asking consumers to decide on the selection of restaurants based on health inspection scores. The study found that the more violations a restaurant had, the more likely the consumer decided to select another restaurant to dine.
- Henson et al (2006). This paper explores the ways in which consumers assess the safety of food in restaurants. The study examined how consumers base their assessment of food safety in restaurants using a range of visible. Restaurant health inspection reports were one of the assessments that were used and found to vary among the group of consumers.
- Boehnke (2000). This study used a worldwide survey, that the US was the only country that had a disclosure systems or posted letter grade systems to make public the inspection status of the restaurant. They found the systems of disclosure and letter grading varied greatly and included the use of websites to make public restaurant inspection information.  
They also found that the information and purposes of the websites ranged widely from being disciplinary to being supportive with both the industry and the public as users.
- Thompson (2005). This study examined, among other items, the levels of standardization in the inspection activities in the city of Toronto as well as information. What was found was that inspections are being conducted in a more consistent manner across the city and the owners feel that the inspectors tend to be fair and impartial. They also feel that disclosure of inspection results have the opportunity to offer an incentive to the operators to comply better with the regulations.
- Dundes (2001). This study examined how college students and health professionals interpreted health inspection scores. The sample was asked how they interpreted either a score (a percentage

was used) or a sign (a letter grade) that represented the results of a health inspection. It was found that the public does not have a clear understanding of the meaning of posted health inspection scores.

- Jones et al (2008). This study specifically examined the public knowledge and attitudes regarding public health inspections of restaurants. Respondents were asked how many times a year restaurants were inspected and more than half felt it should be 12 times. The study found there were many areas of misunderstanding by the public in regards to restaurant inspections.

Committee Name:

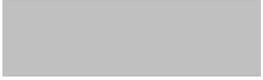
**Committee Name:**

Last Name	First Name	Position (Chair/M	Constituency	Employer	City	State	Telephone	Email
Flynn	William	Co-Chair	Industry	Everclean Services	Agoura Hills	CA	(877) 532-5326	bflynn@evercleanservices.com
Binkley	Margaret	Co-Chair	Academia	The Ohio State University	Columbus	OH	(614) 292-4529	binkley.62@osu.edu
Tufto	Brad	Consultant	Regulatory	FDA	Spokane	WA	509-353-2554	brad.tufto@fda.hhs.gov
Wanucha	Donna	Consultant Alternat	Regulatory	FDA	Charlotte	NC	704-344-6116	donna.wanucha@fda.hhs.gov
Hardister	Bill	Member	Regulatory	Mecklenburg County Heali	Charlotte	NC	(704) 336-5533	bill.hardister@mecklenburgcountync.g
Nesel	Nancy	Member	Industry	The Cheesecake Factory	Calabasas	CA	(818) 871-5884	nnesel@thecheesecakefactory.com
Sherratt	Grant	Member	Industry	Steton Technology	St. George	UT	(435) 656-5655	grant.sherratt@steton.com
Tryba	Cas	Member	Industry	Big Y Foods, Inc.	Springfield	MA	(413) 504-4450	tryba@bigy.com
Vergne	Sue	Member	Industry	Jack in the Box Inc.	San Diego	CA	(858) 571-2171	sue.vergne@jackinthebox.com
Almanza	Barbara	Member	Academia	Purdue University	West Lafayette	IN		almanzab@purdue.edu
Nover	Neal J.	Member	Industry	WinWam Software	Mount Laurel	NJ	(856) 273-6988	nealnov@winwam.com
Kennedy	Terrence	Member	Industry	Starbucks Coffee Compan	Manchester	MA	(617) 784-2884	tkennedy@starbucks.com
Taylor	Todd	Member	Industry	Ecolab	Greensboro	NC	(919) 624-4849	todd.taylor@ecolab.com
Frias	Liza	Member	Industry	Supervalu	Fullerton	CA	(714) 300-6813	liza.frias@supervalu.com
Klein	Carl	Member	Industry	Garden Fresh	San Diego	CA	(619) 992-3227	cklein@gardenfreshcorp.com
Worzalla	Diann	Member	Regulatory	Florida Division of Hotels &	Tallahassee	FL	(850) 488-1133	diann.worzalla@dbpr.state.fl.us

**Committee Name:**

Harris	Andrew	Informed Member	Regulatory	Summit County Public He: Stow	OH	(330) 926-5641	aharris@schd.org
Luebke	Geoff	Member	Industry	Florida Restaurant and Lo Tallahassee	FL	(850) 879-2581	geoff@frla.org

Committee Name:



JV

Committee Name: