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Letter Grading and Transparency Promote Restaurant Food Safety in New York City

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Editor's Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the *Journal*.

In these columns, EHSB and guest authors share insights and information about environmental health programs, trends, issues, and resources. The conclusions in this article are those of the author(s) and do not necessarily represent the views of CDC.

Wendy McKelvey is principal investigator for two CDC grants that promote environmental public health—one from the Environmental Health Specialists Network (EHS-Net) and the other from the Environmental Public Health Tracking Program. Melissa Wong had been project director for the NYC EHS-Net Program for the past five years. Bailey Matis is the current project director.

Each year in New York City (NYC), more than 6,000 people end up hospitalized for foodborne illness (New York City Department of Health and Mental Hygiene, 2014). Although the proportion of illness caused by food prepared away from the home is uncertain, the food service setting is associated with 68% of nationally reported foodborne illness outbreaks where food was prepared in one place (Gould et al., 2013). New Yorkers eat out nearly one billion times a year (New York City Department of Health and Mental Hygiene, 2011), and

two-thirds eat meals from a restaurant, deli, coffee shop, or bar at least once per week, so the potential public health impact of unsafe food handling practices in NYC restaurants is enormous (Wong et al., 2015).

Improving food handling practices across the approximately 24,000 restaurants that operate in NYC on any given day can reduce risks of foodborne illness. Not having a certified kitchen manager on site, employees working while ill, limited food handler knowledge of food safety, and food workers touching food with their bare hands have been identified as

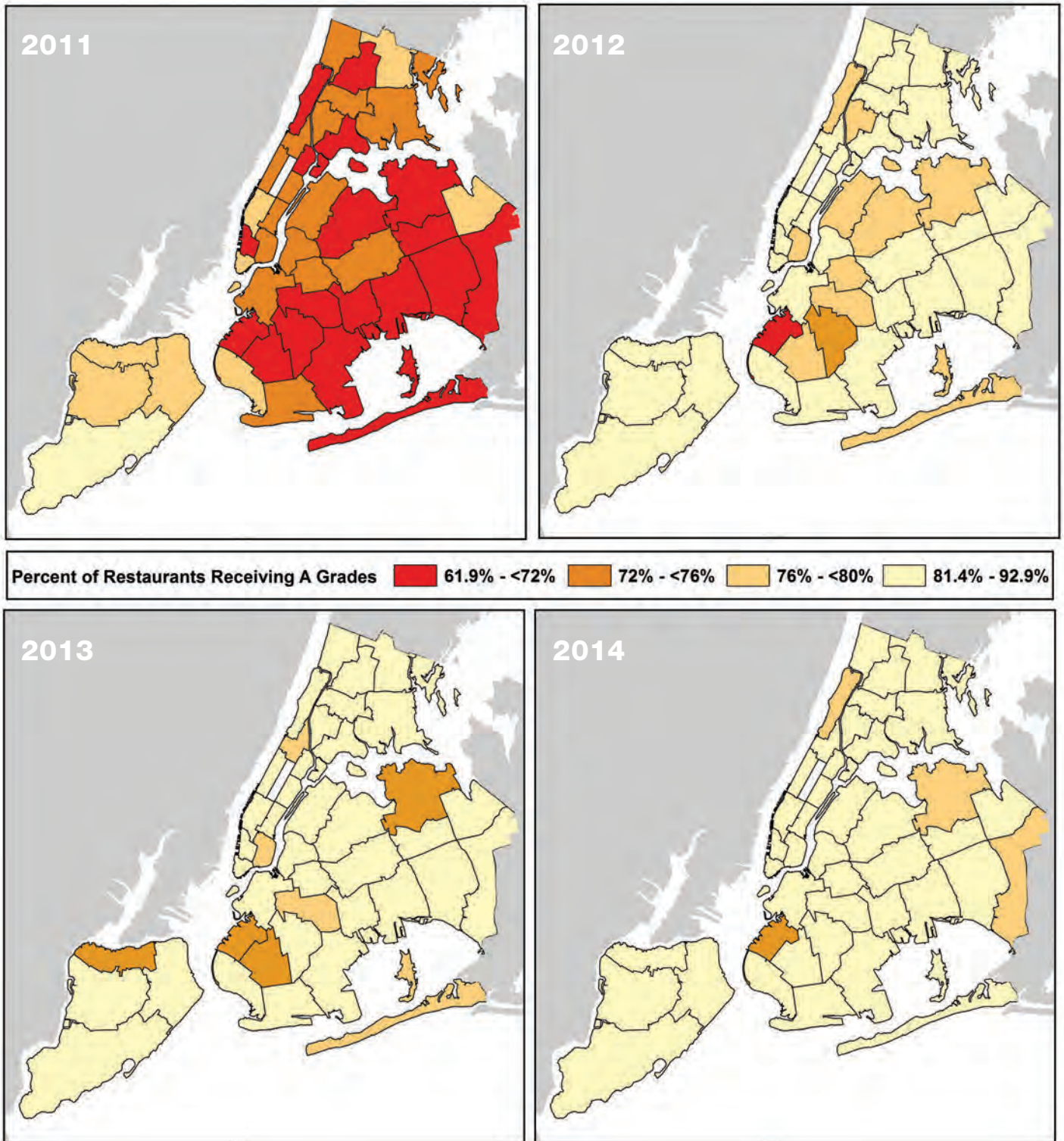
factors that increase the risk of restaurant-related foodborne illness (Gould et al., 2013; Hedberg et al., 2006). In an effort to prevent these and other unsafe food handling practices, the New York City Department of Health and Mental Hygiene launched the restaurant letter grading program in July 2010. The program requires restaurants to post a letter grade that reflects their most recent sanitary inspection results in a visible window location. It also targets the poorest performers with more frequent inspections.

The premise of the NYC letter grading program is that consumer access to inspection results will encourage restaurant operators to better comply with food safety rules. In addition to a conspicuously posted letter grade, the NYC Health Department has increased the transparency of restaurant inspection results by making them available in detail on a searchable Web site and a free smartphone app (“ABCEats,” available for download on iTunes and Google Play). Both of these data resources provide maps and street views of establishments and allow users to filter restaurants by zip code, cuisine type, and grade.

The NYC letter grading program also supports industry by using a dual inspection approach that allows restaurants to improve before being graded. If a restaurant does not earn an A grade on its initial unannounced inspection, it receives a reinspection approximately 7–30 days later, at which point the grade is issued. Restaurants that earn an A grade at initial or reinspection do not pay fines for sanitary violations cited. Those that do not earn an A grade have the

FIGURE 1

Percentage of Restaurants Achieving A Grades by New York City Neighborhood, 2011–2014



right to contest their grade and fines at an administrative tribunal.

As a part of the Centers for Disease Control and Prevention's Environmental Health Specialists Network (EHS-Net) cooperative agreement, we evaluated the impact of the NYC restaurant letter grading program on health hazard reduction (Wong et al., 2015). We tracked scores on initial inspection before and after grading began in July 2010 and measured a 35% increase in the probability of a restaurant practicing A-grade hygiene by 2013. Specifically, we observed more food safety certified managers on site, better worker hygiene, more restaurants with proper hand washing stations, and fewer restaurants with mice. We also measured public response to restaurant letter grades in two population-based telephone surveys conducted 12 and 18 months after the program began. In both surveys, more than 90% of respondents said they approved of restaurant letter grading, and 88% said they considered the grades in dining decisions.

Restaurant sanitary conditions have been steadily improving in NYC since implementation of letter grading (Figure 1). In 2011, 72% of restaurants were posting A grades, and by 2014, after four years, 85% were post-

ing A grades (New York City Department of Health and Mental Hygiene, 2015). Findings from our evaluation suggest that increasing transparency of restaurant inspection results and providing the public with these results in the form of an easily interpreted letter grade posted at the point of consumer decision making is an effective regulatory approach. 🐹

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