Evaluation of Food Sanitation Programs

F. GLENN LYNCH, M.P.H.

THE EVALUATION of programs in many public health endeavors has aroused increasing discussion and interest in recent years. The concepts applied to the evaluation of the restaurant sanitation program of a local health department could, with slight modification, be adapted to a number of other programs.

At least two methods of evaluation must be considered before the equation, input equals output, comes near to being balanced.

In restaurant sanitation programs a realistic objective must be developed and work directed toward that end. When this objective has reasonably been reached, it must be maintained as long as it has public health meaning. Going through the motions of inspecting restaurants year after year with no realistic objectives is not only wasteful but nonprofessional. When a public health program or procedure becomes traditional and has lost its public health significance, it is past time for a thorough reappraisal. New objectives and new methods of accomplishing these objectives must be set forth.

The first method of evaluation, which will be merely mentioned, is cost versus value received. Restaurant sanitation programs cost dollars. Health officers, sanitarians, and others interested in fiscal management must eventually place a value in dollars not only on restaurant sanitation programs but on many other public health services. Programs may be altered and adjusted so that maximum value and acceptable standards can be achieved with a minimum of expenditure.

Mr. Lynch is chief of environmental sanitation, Berkeley (Calif.) Department of Public Health. *The article is based on a paper given at the meeting of the Western Branch of the American Public Health Association, in San Francisco, June 1959.*

The second method of evaluation is to devise a means of measuring programs or achievements. Not many years ago, restaurant sanitation programs were loosely organized with little if any system and no professional objective. In general, the policy was to inspect restaurants when there was time and then try to get the owners to comply with the law.

If restaurant sanitation is to be approached in a professional manner, the sanitarian must not visit a restaurant, tell the proprietor that this or that needs correction, and walk out, only to return at some undetermined future date and, parrotlike, go through the same motions again.

In all scientific approaches the coarser measurements are made first. Most sanitarians have measured restaurant sanitation activities; for example, number of inspections, rechecks, and visits. These measurements are crude and perhaps served a purpose in years past, but do they really tell anything? In a certain district there were 46 restaurant inspections during the month. The exact number of restaurant inspections made in a specific district is meaningless unless the only purpose is to justify the time devoted to them. The time spent and the number of restaurants visited must somehow be related to accomplishment if this number is to have any meaning. If a sanitarian were to list his accomplishments during 1 month, it would have more significance.

There are two methods for establishing a baseline for a program and making subsequent measurements of progress. The first is a professional evaluation by an outside source, using a standardized scoring system, and the second is a self-appraisal based on the same standardized method.

An appraisal by an outside agency may be opposed by a few who have something to hide,

but more probably would be opposed by those who feel insecure about their activities. Such verbal reactions to an outside appraisal as, "My sanitarians and I know just as much about restaurant sanitation as they do," and "We don't need anyone to tell us anything," reflect a defensive attitude of sanitarians and directors of sanitation. They feel their competence and integrity are being threatened.

Their nonverbal thinking might be expressed as: "I am really afraid they will find the situation is not very good." "Maybe they will comment to the health officer that I am not doing a good job." "Perhaps State funds will be held back because of a substandard program." "Information may be given to the newspapers."

Attorneys, engineers, and physicians often call on consultants for advice and assistance without loss of professional integrity. Sanitarians can also do so in order to utilize collective knowledge to do the best possible work for their community.

Many sanitarians find restaurant inspections nonproductive and derive no satisfaction, personal or otherwise, in routine repetitious activity with no measurable success. Until their basic insecurity about the value of a program is replaced by confidence and they receive some degree of satisfaction from their work, their efforts will not be truly productive. What can result from an outside evaluation is illustrated by the experience of the restaurant sanitation program of the Berkeley Department of Public Health.

Evaluation Surveys

In 1954 the city health department requested that the California State Department of Public Health evaluate the sanitary standards maintained by the eating and drinking establishments of the community.

The State health department team that conducted the survey was particularly conscious of the subjective nature of this type of evaluation. Every effort was made to standardize their procedure and to make their approach to the evaluation process as objective and uniform as possible. In many practice scorings and duplicate scorings, the team increased its objectivity, and scorings by its members varied only slightly. It is difficult to be objective in this type of an evaluation; however, a survey appears, and has been substantially proven to be, the most objective way to evaluate programs such as restaurant sanitation.

Berkeley has had a restaurant sanitation program since the early twenties. In the survey of 1954 Berkeley had a mean score of 72.8. Neither in 1954 nor in subsequent studies was Berkeley's score compared with that of other communities which received a similar evaluation.

Evaluations using the same yardstick were performed in 1955 and 1956. The 1955 mean score was 73.7, and 1956, 73.1.

Following the 1956 evaluation it was decided that a change in program policies was indicated. At that time sanitarians lacked enthusiasm for the program, considering it more of a chore than a challenge. Two questions to be decided were: first, were the sanitary standards being maintained in the community satisfactory, and second, was the health department to continue a program which lacked vitality and was time consuming.

The scores in 1954, 1955, and 1956 indicated that no strides forward were being made although such variables as number of restaurants, size of sanitation staff, and effort expended remained almost constant. Perhaps if nothing were done, the score would remain the same. Without any supervision at all, some restaurants will maintain high standards, some, low standards, and the majority will be mediocre.

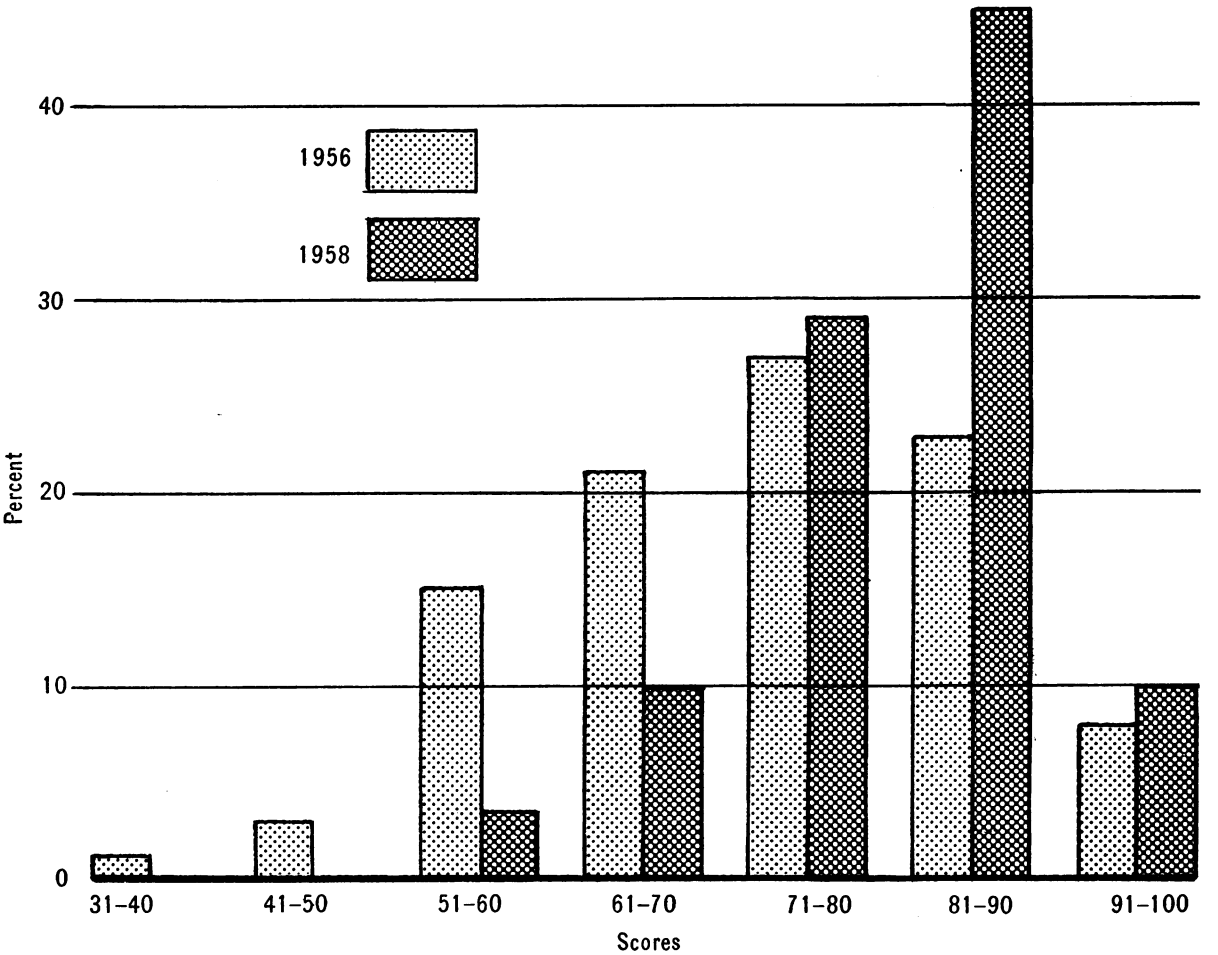
The question of why other programs, particularly housing, were approached with more enthusiasm and vitality than the restaurant program was answered. In housing, sanitarians had the ego-satisfying experience of success, of accomplishing something worthwhile. This was totally lacking in the food program.

Changes in Policy and Procedures

A number of staff meetings were devoted to revitalizing restaurant sanitation activities in 1956. These meetings brought about many changes in policy and procedure.

The system of keeping records was changed. In the separate folder kept on each restaurant, a record of all contacts between the health department and the establishment is filed chrono-

Figure 1. Distribution of scores of eating and drinking establishments, Berkeley, Calif., 1956 and 1958 surveys



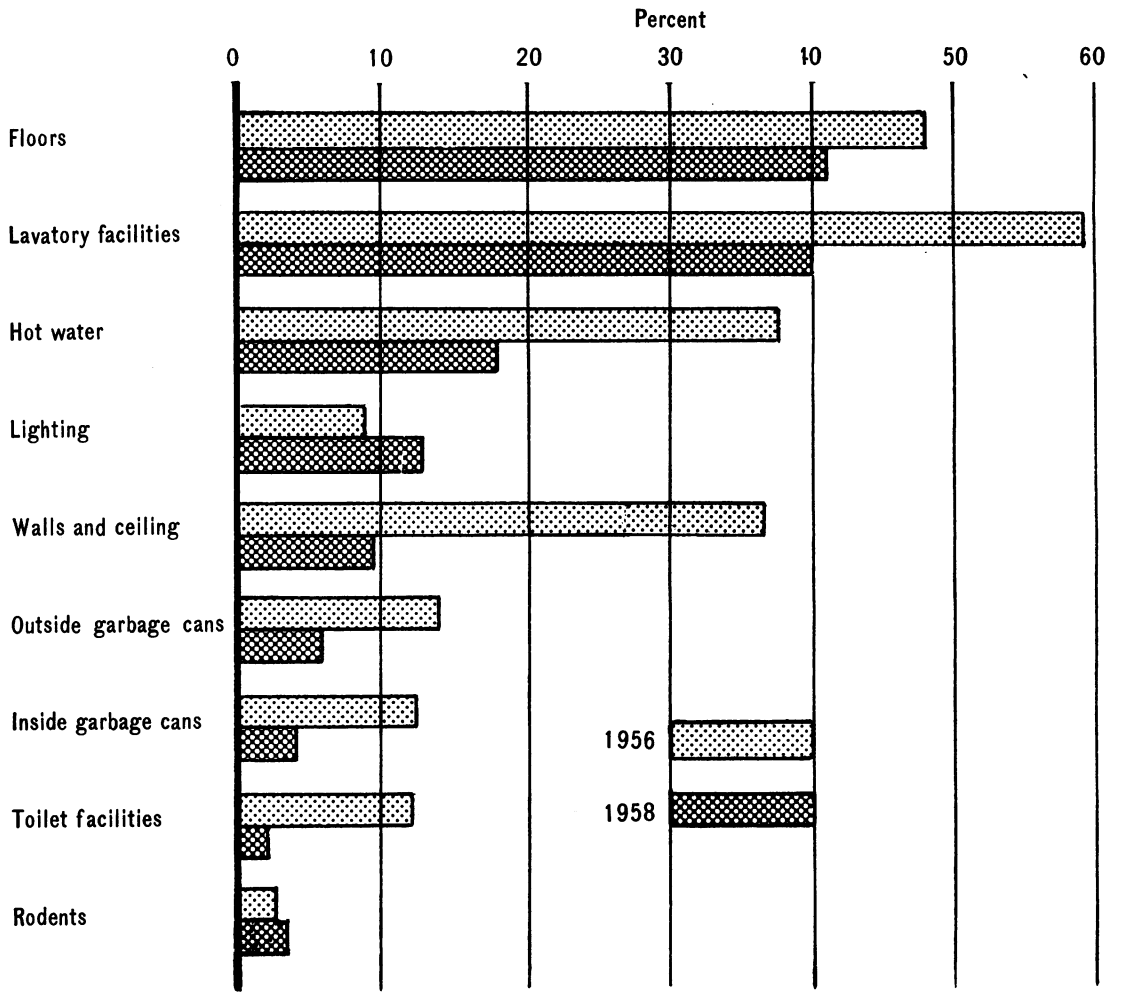
logically. The contents include not only the routine inspection forms but also entries of revisits, rechecks, telephone conversations, letters, complaints, or other communications such as commitments, compromises, or mandates.

When an inspection is made it is thorough and complete. The old, and in some localities perhaps, still common practice of noting only a few items had created a great deal of confusion and inefficiency. This practice was based on the idea that if one were to stress all of the deficiencies at one time, restaurant owners might be overwhelmed, and nothing would be accomplished. This has proved to be a false and damaging concept. At present, the proprietor is approached on a strictly business-like basis, all the deficiencies are pointed out, and new deficiencies noted as they occur.

Previously, when a sanitarian inspected a restaurant for the first time and informed the owner of several violations, he was often told that his predecessor had been coming in for 2 years and never mentioned them. By presenting an incomplete report, a sanitarian is not only being unfair to the proprietor, but also to his department and colleagues. The proprietor concludes that everything which is in violation has been noted and all else is satisfactory.

In cases which must be prosecuted, the importance of complete, thorough, and accurate records cannot be overemphasized. The reluctance of the district attorney's office to prosecute is understandable if the record is vague, indefinite, and nonspecific. Such records serve absolutely no useful purpose.

Figure 2. Comparison of selected physical defects in eating and drinking establishments, Berkeley, Calif., 1956 and 1958 surveys



Also poor notes and records make it difficult for another sanitarian to take up the relationship established by his predecessor at precisely the point at which it had been dropped.

Many sanitarians, new to the department, to the district, or even new to public health, insist on starting a completely new relationship with the proprietor and completely ignore previous contacts. The only conclusion that can be drawn from such an approach is that the predecessor's judgment was not trusted. This is an extremely wasteful, time-consuming procedure.

Also, a successor can pursue an objective for a particular restaurant once it has been established after a complete inspection that has been accurately and fully recorded. Once the objective is reached, the only responsibility remaining is to maintain it.

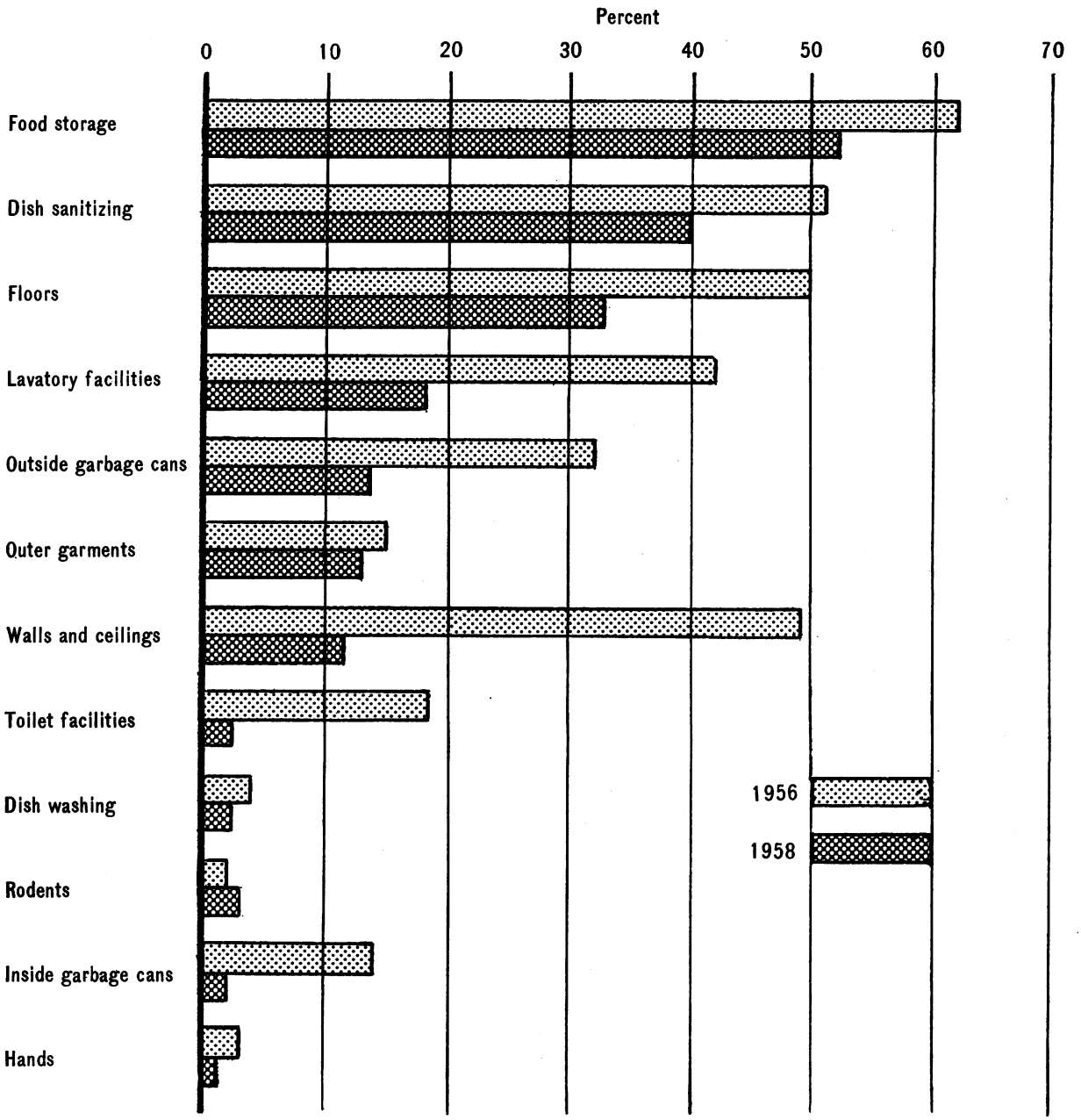
In Berkeley, the public relations value of this businesslike approach has been notable. Sanitarians have reported that compliance is prompt; there is little if any misunderstanding. They have expressed the feeling that as individuals they have gained a greater respect from the businessman.

The followup procedure is extremely important. In the system established in Berkeley the recheck date is marked on a small card which accompanies the folder for each restaurant. The card is placed in a tickler file, and on the date specified it is pulled and the folder and the card given to the person who requested it. Each sanitarian keeps a calendar and sched-

ules rechecks according to other commitments. Each day's workload is scheduled and planned in advance.

The frequency of inspections is another item which has been drastically changed as a result of the 1956 evaluation survey. After the survey it was agreed that inspections be made every 2 months, or more frequently if necessary. This step proved effective in getting the present program underway. It is felt now that the frequency of inspection can be left entirely to the discretion of the sanitarian. However, it was thought desirable that at least two inspections per year be made of those places receiving a minimum amount of service, the restaurants which consistently maintain high standards.

Figure 3. Comparison of selected operational defects in eating and drinking establishments, Berkeley, Calif., 1956 and 1958 surveys



These would be made to assure that previously noted high standards are continued, and also to keep sanitarians thoroughly familiar with the operation of each restaurant. The sanitarian is otherwise free to schedule inspections as he sees fit, permitting him to concentrate his efforts where they will be most productive, in the establishments with low scores in the survey. With these changes the program picked up momentum and interest was created. In December 1957, a little more than a year later, a request to the State was made for study of the restaurant program. As a part of this study, policy, local codes, frequency of inspections, supervision, records, and other items were discussed.

Those who conducted the study offered many interesting and pertinent comments which were brought to the attention of the staff. Those suggestions thought to be most important were incorporated into the program.

In September 1958, 2 years after the previous evaluation, the restaurant sanitation program was resurveyed, using the same yardstick and the same objective approach described earlier. Berkeley's mean score was 82.9, or an increase of almost 10 points (fig. 1).

Berkeley has established as an objective a mean score of 85. Once this goal is reached, it will become necessary only to maintain the status, which, theoretically, will require less effort than that required to raise it to this level.

Rough calculations indicate that this objective has now been reached, and any additional effort would result in diminishing returns. Berkeley has reached the practical maximum of achievement, and sanitarians can now devote the man-hours of time saved to other challenges of environmental health.

The survey was of particular value because it pointed out areas of emphasis rather dramatically. For example, the 1958 survey showed that 51.2 percent of the Berkeley restaurants lost points because of poor food storage methods, an operational defect, and 41.9 percent lost points because of poor floors, a physical defect. On the other hand, it was found that rodents and insects were an operational problem in only 2.3 percent of the establishments, and only 1.2 percent lost points because of poor ventilation (figs. 2 and 3).

Although areas of emphasis would vary from department to department, these examples indicate what evaluation can mean in program planning. For sanitarians in Berkeley to spend a great deal of time on ventilation or rodent and insect problems would not be warranted. They must devote their efforts to instruction on good food storage methods and insistence on well-constructed floors.

Summary

Evaluations are essential to efficient planning in food sanitation programs. At least two methods of evaluation should be considered: first, cost versus value received, and second, a means of measuring achievement as progress toward a predetermined objective. Both cost and performance are necessary ingredients in making a meaningful evaluation.

There are many personal and emotional factors which affect evaluation. If responsibility for restaurant sanitation is to be a meaningful public health activity, it must be approached in a professional manner. An objective, and the present position in relation to the objective, must be established.

An appraisal by an outside agency, technically competent to critically evaluate a program and to measure achievement, is one method of accomplishing a portion of an evaluation. Evaluation can improve service to the restaurant industry of a community and add enthusiasm and prestige to the local health department's program.