

Public release date: 29-Apr-2008

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[Elsevier Health Sciences](#)

Restaurant inspections -- public perceptions vs. reality

San Diego, April 29, 2008 Foodborne diseases cause an estimated 76 million illnesses in the U.S. each year with about half associated with restaurant meals. More than 70 billion meals per year are purchased in restaurants in the U.S., accounting for 47% of total food expenditure.

Therefore, preventing restaurant-associated foodborne disease is an important task of public health departments. According to an article published in the June 2008 issue of the American Journal of Preventive Medicine, the public is generally unaware of the frequency of restaurant inspections and the consequences of poor inspection results.

According to Timothy F. Jones, MD, Tennessee Department of Health and Vanderbilt University School of Medicine, that consumers have a number of misconceptions and unrealistically high expectations of the restaurant-inspection system was a major finding of this large survey. Inspections are one mechanism through which regulatory agencies educate operators and encourage ongoing compliance. However, the industry must ultimately take responsibility for consistently and effectively maintaining food safety. Public health and regulatory agencies should work closely with the industry to improve consumers' understanding of inspection scores and the limitations of regulatory inspections, as well as the role of regulatory inspections in disease prevention.

Using data from telephone surveys of 2000 adults in Tennessee in 2006, researchers found that while almost all respondents (97%) were aware that restaurants were inspected regularly, over 50% believed that inspections occurred from 5 to more than 12 times per year. Only 33% correctly answered that the inspection frequency is twice per year. When asked how often restaurants should be inspected, even fewer people (9%) responded that restaurants should be inspected two times per year; 53% believed that inspections should occur about 12 times per year. When asked about the relative importance of inspections to protect consumers from illnesses, 70% said very important and 28% said it was the most important safety measure.

Tennessee restaurant inspectors use a 44-item checklist with a total possible score of 100 for best performance. Respondents were asked what score would be the lowest acceptable for a restaurant at which they would eat. Seventy-seven percent said a score of 80 or greater, of whom, 45% said more than 90. This contrasts to a mean score of 82 from another study of 168,000 inspections in Tennessee and where only one third of all restaurants scored higher than 90.

When asked what should happen if a restaurant did not get an acceptable score, 657 (37%) said the restaurant should be closed immediately and allowed to reopen when the situation was corrected. In Tennessee, as in many jurisdictions, it is unusual for sanctions to be imposed on an establishment based on a single inspection. Regulators work with operators to promptly mitigate risks, but closure generally follows recurrent problems that have gone uncorrected after substantial training and consultation.

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The article is Public Knowledge and Attitudes Regarding Public Health Inspections of Restaurants by Timothy F. Jones, MD, and Karen Grimm, MA. It appears in the American Journal of Preventive Medicine, Volume 34, Issue 6 (June 2008) published by Elsevier.
