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September 30, 2015

General Services Administration  
Department of Health and Human Services  
Centers for Disease Control and Prevention

Submitted via email: [npcsupport@cdc.gov](mailto:npcsupport@cdc.gov)

Re: Federal Food Service Guidelines

Dear Sir or Madam:

On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and over 30 million volunteers and supporters, we appreciate the opportunity to provide comments on the Health and Sustainability Guidelines for Federal Concessions and Vending Operations.

AHA is pleased that the General Services Administration (GSA), Department of Health and Human Services (HHS), and Centers for Disease Control and Prevention (CDC) are working together to update the Health and Sustainability Guidelines. Periodic updates are needed to ensure that the Guidelines align with current nutrition and behavior change science. This update also provides the agencies with a valuable opportunity to evaluate the implementation process and identify changes that will create a healthier work environment for the millions of federal workers covered by the Guidelines, as well as other private and public employers who use the Guidelines as a model.

Making changes in the workplace, where many adults spend much of their day, is an important way to help people be healthier. Providing healthy food and beverage options throughout the workplace can foster better eating habits and support cardiovascular and overall health. A 2010 study showed that that improving the types of foods and beverages served and sold in the workplace positively affected employees' eating

behaviors and resulted in net weight loss.<sup>1</sup> Proper nutrition – or the lack of it – can also affect work performance. Inadequate consumption of nutritious food during the work day has been tied to difficulty concentrating and making decisions, fatigue, sickness, low morale, and greater risk of workplace accidents. Healthier employees are typically happier employees, with better performance, lower absenteeism, and lower healthcare costs.<sup>2</sup>

Like the federal government, AHA has made creating a culture of health in the workplace a priority. As a result, AHA has developed a number of workplace wellness resources for employers, including the Healthy Workplace Food and Beverage Toolkit.<sup>3</sup> The toolkit provides organizations with practical, easy-to-implement guidance to follow when selecting foods and beverages for meetings, events, and office consumption. It also provides tools that be used when working collaboratively with suppliers and vendors to provide food and beverage options that support a heart-healthy eating pattern. Since the toolkit was released in July 2014, more than 4,000 companies and organizations have accessed the resource, potentially impacting 8.75 million individuals.

AHA also works directly with food service providers. In August, we announced a new five-year initiative with Aramark, the largest U.S.-based food service provider, to make the meals it serves healthier. Under the partnership, called Healthy for Life 20 by 20, Aramark will implement a 20% reduction in calories, saturated fat and sodium, and a 20% increase in fruits, vegetables and whole grains. The changes will impact more than 2 billion meals served each year at schools, businesses, hospitals, sports and entertainment venues, parks and other destinations.<sup>4</sup>

AHA also works directly with policymakers. On the state and local level, for example, we encourage state, county and city leaders to adopt procurement standards to ensure that healthy options are available in government facilities, parks and other public properties. State and local leaders are encouraged to base their standards on either the AHA or federal government guidelines. Both Washington, DC and Tulsa, OK recently adopted nutrition standards for vending machines and we expect that other states and localities will soon follow.

Our work has shown us that transforming the food environment within an organization can be challenging, but with more than 130 million Americans employed across the U.S. each

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<sup>1</sup> Groeneveld IF, et al. Lifestyle-focused interventions at the workplace to reduce the risk of cardiovascular disease – a systemic review. *Scand J Work Environ Health*, 2010.

<sup>2</sup> Chapman LS. Meta-evaluation of worksite health promotion economic return studies: 2012 update. *Am J Health Promot*. 2012;26:TAHP1-TAHP12.

<sup>3</sup> To obtain a copy of the toolkit, please visit:

[http://www.heart.org/HEARTORG/GettingHealthy/WorkplaceWellness/WorkplaceWellnessResources/Healthy-Workplace-Food-and-Beverage-Toolkit\\_UCM\\_465195\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/WorkplaceWellness/WorkplaceWellnessResources/Healthy-Workplace-Food-and-Beverage-Toolkit_UCM_465195_Article.jsp)

<sup>4</sup> See <http://newsroom.heart.org/news/american-heart-association-and-aramark-join-forces-to-improve-diet-health-of-millions> and <http://www.aramark.com/healthyforlife> for more information.

year, the workplace is a key environment for improving the health of a large segment of the adult population. We offer the following comments with that perspective in mind.

Please note that we use the term “agency” or “agencies” to refer to all the federal agencies that operate concessions or vending machines that are subject to the Health and Sustainability Guidelines.

### ***Implementation Barriers/Challenges***

As noted above, implementing nutrition standards can be challenging. Although the challenges will differ for each organization, there is one barrier that appears to be nearly universal: **it is difficult to identify foods and beverages that meet the nutrition standards**. Food service operators frequently report that vendors, particularly for vending machines, do not maintain a list of their products that meet the nutrition standards. Furthermore, when asked to provide nutrition information on their products, some vendors are unable to easily do so. Without this information, it is difficult for food service operators or staff with food selection responsibilities to select healthy foods and beverages that meet the criteria. To help federal food service operators overcome this barrier, vendors should be directed to identify which products meet the Guidelines, and include this information on a product list and/or in a product database. (Products should be listed by brand name whenever possible and include regional brands since nutrient content can vary greatly within a food category). It could, for example, be as simple as a check-off box that indicates whether a product meets the federal nutrition standards. Alternatively, the federal government or a non-governmental organization could create a publicly available database of products that meet the Health and Sustainability Guidelines. We believe this would likely encourage product reformulations to achieve a more desirable nutrient profile since food manufacturers would want their products listed as meeting federal standards.

The product list and product database recommended above would also help food service operators with another challenge: **the Guidelines require operators to calculate the percentage of calories from saturated fat and sugars**. While we strongly agree that foods and beverages should be low in saturated fat and added sugars, it can be difficult for food service operators to determine if a product meets a threshold based on a percentage of calories or product weight ( $\leq 10\%$  of calories from saturated fat and  $\leq 35\%$  of total weight from sugar). A product list or database that indicates whether a product meets nutrition standards, including the saturated fat and sugar criteria, would eliminate the need for food service operators to perform this calculation. Similarly, a product list or database could help food service operators **determine if a product qualifies as a whole grain**, which is not clearly defined in the current Guidelines. In addition, a definition for whole grains, as well as instructions for determining compliance with the saturated fat and sugar standards, should be provided as technical assistance.

Other barriers include **staff or customer resistance**. The staff in charge of implementing the Guidelines can have a significant impact on the program’s success or failure. Consider the experience of a state agency working to implement state procurement guidelines. Food

service staff in one location initially expressed a negative response to the standards; however, they began to view the standards more positively after a single staff change, when a staff member who was supportive of the standards was put in charge. This illustrates the need for supportive leadership, ideally starting from the top of the agency and moving down. Staff should also receive education and training, such as training staff to use verbal prompts to encourage customers to select healthier options.

The agency's customer base can also have an impact on program implementation. Customers may be resistant to the program if they do not understand why food and beverage options are changing. Consequently, we recommend communicating to employees that you care about their health and well-being; providing education and resources about healthy living and eating; and helping workers understand why the agency is making an effort to provide healthier foods and beverages. We also recommend involving employees in the development and implementation of the program whenever possible, such as surveying workers for feedback about what types of healthy items they'd like to see offered, or even offering taste tests for new menu items.

Finally, we have heard that some states and localities have experienced **challenges working with Randolph Sheppard vendors**, especially when the vendors have more limited product offerings. We know the GSA, HHS, and CDC have been working with the federal Randolph Sheppard program and national groups that represent Randolph Sheppard vendors, but we encourage you to continue fostering these relationships and issue guidance on working within the Randolph Sheppard program to improve the relationship with blind vendors.

### ***Factors that Facilitate Implementation***

AHA has found that implementing nutrition standards is easiest when organizations are provided with a **turnkey approach**. For example, the AHA Healthy Workplace Food and Beverage Toolkit provides employers with a step-by-step guide on supporting healthy food and beverage choices in the workplace, including how to get started, communicate with staff, work with vendors, select healthier options, and evaluate results. We believe that providing a comprehensive framework that incorporates practical and actionable suggestions that are easy to understand and apply will allow any organization, even those with staff with no prior experience or nutrition expertise, to implement a program that fosters healthier choices. Likewise, expanding the Health and Sustainability Guidelines to include a more turnkey approach, with practical action steps that are easy to understand and apply, may help federal facilities with implementation.

In addition to action steps, GSA, HHS, and CDC should consider including **implementation tools** such as information on healthy cooking methods, unit conversions, healthy food substitutions, healthy recipes (especially large quantity recipes developed for food service), a list of food items to avoid, and food safety tips in the Guidelines or a separate resource manual. Another option is to provide in-person trainings and offer technical assistance on

the Guidelines and share hands-on strategies for making healthier changes to meet the nutrition standards. In locations where in-person training may not be practical, webinars could also be of value. The Philadelphia Department of Health, which has food procurement standards that cover any foods purchased through a contract (vending, cafeterias, meetings, etc.) has found that these types of tools are helpful.

Lastly, to ensure that food service operators and vendors are aware of the nutrition standards and the federal government's commitment to providing healthier foods and beverages, **the Guidelines should be incorporated into every contract** for food or food service.

### ***Incentives and Strategies to Maximize Sales***

To increase sales of healthier foods and beverages, the agencies should use a multi-pronged approach that includes education, item promotion, product placement, and preferred pricing. We offer examples of each below.

#### Education

As discussed on page three, it is important that workers understand why the agency is providing healthy foods and beverages in worksite cafeterias, vending machines, and, ideally, also at meetings. To do this, we recommend that the agencies **provide nutrition education and resources focused on healthy living and eating**. This can include the use of posters, handouts, table tents on dining tables, or other visuals that offer dietary guidance, as well as highlighting the program in employee newsletters.

An agency can also show its support for the program by signing a pledge or commitment and posting it prominently in a common area where employees and visitors can see it. Agency leadership should also model healthy eating behaviors for staff.

#### Item Promotion

We are very pleased that the current Guidelines direct food service operators to post calorie information on menu boards or signs and make additional nutritional information available upon request. Posting calorie information increases consumers' awareness and may influence purchasing decisions. We would, however, like the agencies to take this a step further and **highlight the healthier options on the menu**. To draw attention to healthier items, they could be listed first under each menu category (as Washington State requires),<sup>5</sup> listed in a different color text, or accompanied by a health or wellness icon. Food service workers could also verbally prompt customers to make healthy selections, and healthier items could be promoted through the use of signs, advertisements, or table tents. The agencies should also limit advertisements and promotions to healthier items; similar to the promotional ban on fried foods, less healthy items should not be promoted as the special or feature of the day.

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<sup>5</sup> Washington State Executive Order 13-06. See [http://www.governor.wa.gov/sites/default/files/exe\\_order/eo\\_13-06.pdf](http://www.governor.wa.gov/sites/default/files/exe_order/eo_13-06.pdf).

### Product Labeling and Placement

Another strategy the agencies may want to consider involves **traffic-light labeling in which foods and beverages are color-coded as red, yellow, or green based on their healthfulness**. A number of hospitals have successfully used this model as part of a healthy beverage or healthy food and beverage program. For instance, in March 2010, Massachusetts General Hospital (MGH) labeled “all food and beverages in the hospital cafeteria as red, yellow, or green... provided nutrition education to cafeteria patrons during the first two weeks, and new signage and pocket-sized pamphlets were made available to explain the nutrition criteria.”<sup>6</sup> In a second phase, foods and beverages were rearranged and green (healthy) items were placed at eye level. Researchers found that sales of red (unhealthy) beverages dropped 26% while sales of green beverages increased 14%,<sup>7</sup> demonstrating that a traffic-light system and changes in product placement can positively impact product selection. This finding was supported by a survey of cafeteria customers that “suggested that the traffic-light labels prompted cafeteria patrons to consider their health and nutrition at the point of purchase.”<sup>8</sup> A traffic-light system can also be used to identify foods and beverages to remove from the list of product offerings. In 2011, for example, the City of Boston phased out all “red” beverages from city-owned properties six months after implementing a traffic-light labeling program for beverages.<sup>9</sup>

As seen in the MGH example above, product placement can have a significant impact on food and beverage purchases. To encourage workers to make healthy choices, **healthier items should be prominently placed at eye level or in the most visible location**. Food service operators should also make sure that healthier options are easy to identify and obtain. Faulkner Hospital in Boston, for example, rearranged its beverage coolers to provide easier access to healthy options. While Children’s Hospital Boston split its beverages into three separate coolers labeled red, yellow, or green. Both hospitals experienced drops in the sale of unhealthy beverages.<sup>10</sup>

To increase sales of healthy items, food service operators should also make sure that healthier items look appealing. Washington State, for example, recommends that fruits and vegetables appear fresh and unbruised and be presented in well-lit displays; food service operators are also directed to place some fruit near the cash register.

### Preferred Pricing

**Healthier items should be priced competitively or discounted** to encourage employees to choose the healthier options; studies have shown that price reductions can lead to increased sales. For example, when prices for fresh fruit and baby carrots were reduced by

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<sup>6</sup> Healthy Beverages in Hospitals Campaign. Boston Public Health Commission. See [http://www.cityofboston.gov/news/uploads/24633\\_13\\_17\\_31.pdf](http://www.cityofboston.gov/news/uploads/24633_13_17_31.pdf).

<sup>7</sup> Ibid.

<sup>8</sup> Gardner CD, et al. Food-and-beverage environment and procurement policies for healthier work environments. *Nutrition Reviews*. doi:10.1111/nure.12116.

<sup>9</sup> See <http://www.cityofboston.gov/news/default.aspx?id=5051>.

<sup>10</sup> Healthy Beverages in Hospitals Campaign. Ibid.

50% at two secondary schools, fresh-fruit sales increased four-fold and baby carrots experienced a two-fold increase.<sup>11</sup> Another study found that when prices were reduced by 10%, 25% and 50% on healthier vending machine snacks at 12 worksites and at 12 schools, sales of these products increased by 9%, 39% and 93% respectively.<sup>12</sup> While a study of four bus garages in Minnesota found that increasing the percentage of healthy items in vending machines by 50% and reducing the price by an average of 31% resulted in 10-42% higher sales of the healthy items.<sup>13</sup> These studies show that price reductions make it more economically feasible for consumers to choose the healthy option.

### ***Fiscal Impact***

AHA does not collect financial data from organizations that implement the Healthy Workplace Food and Beverage Toolkit, but there is evidence from other programs that **increasing access to healthier foods and beverages does not adversely impact sales and can result in increased profitability.**

Consider the Chicago Park District's 100% Healthier Snack Vending Initiative, which requires 100% of items sold in park vending machines to meet nutrition standards. A survey of park-goers found 88% reacted positively to the initiative with 98% indicating that they would purchase the snack again. Park-goers primary complaint was that the options were *not healthy enough*. During the first 15 months of operation, monthly average sales per machine increased from \$84 to \$371, exceeding industry sales estimates of \$300 for "average" locations.<sup>14</sup>

Or, consider a Missouri Department of Health and Senior Services pilot program which increased the percentage of healthy options in vending machines to 50-60%. Revenue increased by \$670 over the same 3-month period the previous year.<sup>15</sup>

Even data from a case study examining the first six months of implementation of the Health and Sustainability Guidelines in the HHS cafeteria found that monthly sales increased by 34% compared to the previous six months.<sup>16</sup>

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<sup>11</sup> French SA. Pricing effects on food choices. *J. Nutr.* March 1, 2003. Vol. 133 no.3 ; 841S-843S.

<sup>12</sup> Ibid.

<sup>13</sup> French SA, et al. Pricing and availability intervention in vending machines at four bus garages. *J Occup Environ Med.* 2010 January; 52(Supple 1):S29. doi:10.1097/JOM.0b013e3181.c5c476.

<sup>14</sup> Mason M, et al. Community case study: Working with community partners to implement and evaluate the Chicago Park District's 100% Healthier Snack Vending Initiative. *Prev Chronic Dise* 2014;11:140141. doi:http://dx.doi.org/10.5888/pcd11.140141.

<sup>15</sup> Missouri Department of Health and Senior Services. Healthier vending campaign at Missouri Health and Senior Services. Report, December, 2009.

<sup>16</sup> Bayne AI, et al. The HHS Hubert H. Humphrey Building cafeteria experience: incorporation of the Dietary Guidelines for Americans 2010 into federal food service guidelines. 2012.

### ***Program Evaluation***

Examining the fiscal impact the Guidelines have on an organization is important, but it is just one component of a strong evaluation program. GSA, HHS, and CDC must **develop a more robust monitoring and evaluation program** that examines how well organizations are making policy changes and implementing the Guidelines, as well as the effect those changes have on food and beverage purchases.<sup>17</sup> This evaluation could be conducted by an independent research organization or done in collaboration with the federal agencies.

Without a strong monitoring program, we are concerned that federal agencies will not fully integrate the Guidelines into their concession and vending operations. Consider, for example, one agency's promotion of its café and food court where it describes the types of items available after lunch service ends: "Coffee, cookies, brownies, ice cream, and frozen yogurt remain available from 1:30 p.m. to 3:00 p.m."<sup>18</sup> It is disappointing that the foods listed are sugary dessert items. We do not believe that this is what the GSA, HHS, and CDC intended when the Guidelines were developed. To better monitor the extent that each agency has implemented the Guidelines, we recommend developing specific criteria that each agency will be evaluated against. Researchers in Washington State, for example, are measuring cafeterias against 16 pricing, promotion and behavioral economics criteria, such as identifying healthier options in the cafeteria, lowering the price of healthier options compared to regular entrees, placing healthier items more prominently and promoting healthier foods, in addition to examining compliance with the state's nutrition standards.<sup>19</sup>

A strong monitoring program could also be used to encourage more widespread adoption of the Guidelines. For example, federal agencies that have fully implemented the Guidelines could be publicly recognized. Or, **each agency could be issued a publicly available "report card" that rates its efforts to provide healthier foods and beverages.** Positive – or negative – recognition could motivate agencies to increase or improve their implementation efforts.

To evaluate the Guidelines' impact on the types of foods and beverages sold, we recommend assessing sales data. The assessment should include the types of foods sold (i.e., what percentage of foods sold are healthy offerings) and overall revenue. An increase in the percentage of healthy foods sold is a measure of success. Revenue data are also a helpful, but potentially more difficult to measure, since a number of other factors must be taken into account.

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<sup>17</sup> Gardner CD, Ibid.

<sup>18</sup> CMS website at <https://www.cms.gov/About-CMS/Agency-Information/CMSHeadquarters/SodexoCafe.html>. Accessed on September 14, 2015.

<sup>19</sup> Otten J, et al. Evaluating Washington State's Healthy Nutrition Guidelines: Report from a Baseline Evaluation of Executive Order 13-06. September 30, 2014. See [http://depts.washington.edu/uwcphn/documents/CPHN\\_Report\\_DOH\\_FBSGEO\\_FINAL\\_2014\\_09\\_30\\_FOR\\_PUBLICPOSTING.pdf](http://depts.washington.edu/uwcphn/documents/CPHN_Report_DOH_FBSGEO_FINAL_2014_09_30_FOR_PUBLICPOSTING.pdf).

We also recommend that the agencies examine the Guidelines' impact on productivity, staff morale, absenteeism, and number of workplace accidents; however, we acknowledge that some of these factors will be difficult to measure.

### ***Food and Nutrition Standards***

We are pleased that you view the Guidelines as a living document and intend to update them as nutrition and behavioral science evolves. In this letter, we offer several suggestions to bring the food and nutrition standards more in line with the 2015 Dietary Guidelines for Americans, which are scheduled to be released later this year.

#### Calories

About two-thirds of American adults – 155 million people – are overweight or obese,<sup>20</sup> yet the Guidelines do not include calorie limits or mention limiting serving sizes on meals, entrees, or snacks served. We encourage you to **consider adding maximum calorie limits to the nutrition standards**. The Guidelines should also address appropriate serving sizes and direct vendors and food service operators to include a significant number of low- and moderate-calorie meals on the menu. This would be in line with the Scientific Report of the 2015 Dietary Guidelines Advisory Committee, which identified overconsumption of calories as a significant public health concern.

#### Sugars

The current Guidelines limit calories from sugars to  $\leq 35\%$  of total weight, but only for items sold in vending machines. The **sugars limit should be extended to include foods and beverages** (except fruits and vegetables without added caloric sweeteners) sold at concessions.

In addition, if the Food and Drug Administration finalizes its proposal to require labeling of added sugars on the Nutrition Facts Panel, you should revise the sugars limit to focus on added sugars, which are a significant source of extra calories and provide no nutritional value. Per the Advisory Committee's recommendation, added sugars should represent no more than 10% of total calories.

#### Sodium

According to the Guidelines, meals must contain  $\leq 900$  mg of sodium as served. While we appreciate your efforts to decrease sodium content, we are concerned that 900 mg is too high. Excess sodium consumption is strongly associated with the development and worsening of high blood pressure and an increased risk of heart attack, stroke, and kidney disease. **We believe a more appropriate sodium limit for meals is  $\leq 800$  mg<sup>21</sup> (preferably no more than 600 mg).**<sup>22</sup>

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<sup>20</sup> Scientific Report of the 2015 Dietary Guidelines Advisory Committee.

<sup>21</sup> American Heart Association. Healthy Workplace Food and Beverage Toolkit. Ibid.

<sup>22</sup> The [FDA's conditions](#) for the use of a "healthy" claim specify that a meal or main dish have no more than 600 mg of sodium.

### Saturated Fat

The Guidelines direct food service operators to “offer foods that are both ‘0 grams *trans* fat’ and low in saturated fats”, but the limit is not applied throughout the food groups. For example, the Guidelines allow 2% milk and 2% yogurt even though they are not considered “low” in saturated fat. We do not understand this inconsistency; the saturated fat requirement should be applied to all foods and beverages. **2% milk and 2% yogurt should be removed from the listed dairy options.**

In addition, the Guidelines do not explain what “low in saturated fat” means. To help food service operators who may not be familiar with the regulatory definition, the Guidelines should explicitly state that saturated fat should be limited to no more than 10% of calories. Limiting saturated fat to  $\leq 10\%$  of calories is consistent with the 2010 Dietary Guidelines for Americans and the Scientific Report of the 2015 Dietary Guidelines Advisory Committee. It would also match the saturated fat limit listed for vending machine items. Alternatively, the Guidelines could provide a gram-based limit such as  $\leq 1$  g of saturated fat per label serving for snacks (other than plain nuts and nut/fruit mixes) and  $\leq 5$  g for meals as recommended in the AHA Healthy Workplace Food and Beverage Toolkit. A gram-based limit might be easier for food service operators to implement.

### Dairy/Milk/Yogurt

As noted above, milk and yogurt should be limited to fat-free and low-fat versions.

We also concerned that the current standard for yogurt of “no added caloric sweeteners or yogurt labeled as reduced or less sugar according to FDA labeling standards” is unclear and difficult to implement. Instead, we recommend that the Guidelines **limit yogurt to <20 grams of total sugar per 6 oz. serving.**

### Fried Foods

We are disappointed that the Guidelines allow deep-fried entrees and that the only limit imposed is that no more than one deep-fried entrée may be offered per day. Deep-fried foods are often high in saturated or *trans* fat and calories and increase risk for heart disease, stroke, diabetes, and obesity. The Guidelines should **prohibit deep-fried foods or, at a minimum, limit deep-fried entrees to no more than once per week.** We also recommend including a limit on how often all fried foods, including those pre-fried, flash-fried, or par-fried, can be served.

In addition, the Guidelines should emphasize moving away from cooking with tropical oils or solid fats, high in saturated fat, and toward healthier liquid vegetable oils. Examples of healthier oils, such as canola, corn, olive, safflower, and blends of healthier liquid vegetable oils should be provided.

### Cereal and Grains

When cereal grains (e.g., rice, bread, pasta) are offered, the Guidelines require that a whole grains option be offered as the standard choice. We strongly support this standard, but we

are concerned that the Guidelines do not define “whole grains”. The Guidelines should **provide a clear definition of whole grains**: grain products should have a whole grain listed as the first ingredient and two grams or more of fiber per serving.

### Fruits and Vegetables

In addition to allowing canned or frozen fruit packed in 100% water or unsweetened juice with no added sugars, the Guidelines should also **allow canned fruits packed in light syrup**. Fruit consumption should be encouraged and there is little difference in total calories and sugars between fruits packed in light syrup and those packed in 100% fruit juice; and in some cases, 100% fruit juice adds more sugars and calories than light syrup.

Food service operators should be required to **serve a minimum of three or four vegetables (up from the current minimum of two) per meal**, rather than daily, and fried vegetables should not count toward meeting this standard.

To encourage consumption of fruits and vegetables, fruits and vegetables should also be prominently placed and promoted throughout the food service area to decrease the likelihood that they will get lost among the other food offerings. We also recommend placing fresh fruits and vegetables near the cash register and serving fruits and vegetables between meals as healthier snacks.

### Protein Foods

Under the Guidelines, an entrée with a vegetarian protein source should be offered at least twice a week. We recommend expanding this criterion to **require at least one dairy or plant-based source of protein each day** to meet the needs of workers who follow a vegetarian or vegan diet or who have cultural or medical dietary restrictions. The addition of non-meat-based sources of protein such as cooked dry beans and peas may also encourage workers to move toward a more plant-based dietary pattern as recommended by the Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Consumption of plant-based sources of protein such as legumes, beans, and tofu may facilitate the displacement of less healthy foods from the diet.

In addition, we recommend adding a requirement to **require cafeterias to serve fish at least once per week**. Fish, especially oily fish, is an important source of protein and heart-healthy omega-3 fatty acids. Intake of fish high in eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) has been associated with a decreased risk of cardiovascular disease. Increasing consumption of seafood is also a key recommendation from the 2015 Dietary Guidelines Advisory Committee, which recommended eating more seafood and less red and processed meats. To ensure the maximum health benefits from fish, food service operators should be directed to serve oily fish that is baked, grilled, or broiled; fish should not be fried.

### Beverages

As noted previously, 2% milk should not be included on the list of acceptable beverages.

The Guidelines limit juice to 100% juice with no added caloric sweeteners. We recommend also **allowing diluted juice (100% juice and water)**. Juice should have no more than 120 calories per 8 fl. oz. serving (preferred serving size), no more than 150 calories per 10 fl. oz. serving, and no more than 180 calories per 12 fluid oz. serving.

We also recommend strengthening the standard for beverages other than milk and juice, particularly for vending machines. The Guidelines should **require that at least 50% of beverages offered be no or low calorie options** with less than  $\leq 10$  calories per serving. Ideally, we'd like to see this standard move to 100% and all sugar-sweetened beverages removed from government facilities.

### Vending Machines

According to the Guidelines, all vending machine items must meet *trans* fat and sodium requirements, but only 25% of foods must also meet calorie, sugars, and saturated fat requirements. We do not understand why the calorie, sugars, and saturated fat standards only apply to a small percentage of options. Like the *trans* fat and sodium standards, **the calorie, sugars, and saturated fat standards should apply to 100% of the options**. If you believe this would be too restricting, the Guidelines should, at a minimum, apply all of the standards to at least 50% of the food items to start (to match the criteria for beverages), with an "above standard" guideline of 75% of the items meeting all the criteria. The long-term goal should be 100% of the food options meeting the nutrition standards.

We also recommend that you consider replacing the vending machine standards with the USDA Smart Snacks standards, which might be easier to implement given that there are a number of technical assistance materials and product lists available to support implementation.

### **Conclusion**

In closing, we appreciate your efforts to update the Health and Sustainability Guidelines. It is clear that you, like AHA, recognize the important role work environments play in our health.

To build upon your initial Guidelines, we recommend several changes that will better align the nutrition standards with the forthcoming 2015 Dietary Guidelines for Americans, including:

- Limiting calories and serving sizes
- Extending the sugars limit to concession foods
- Lowering the sodium limit for meals to  $\leq 800$  mg; preferably  $\leq 600$  mg
- Removing 2% milk and 2% yogurt from the program
- Limiting yogurt to  $< 20$  grams of total sugar per 6 ounce serving
- Prohibiting deep-fried foods or limiting them to no more than once per week

- Providing a definition for whole grains
- Requiring seafood to be served at least once per week
- Requiring all vending machine items to meet the calorie, sugar, and saturated fat standards

We also encourage you to expand the guidance on pricing, promotions, and product placement, and other behavioral economics strategies that can help make the healthy choice, the easy choice.

Thank you for your consideration of our comments. If you have any questions or need any additional information, please do not hesitate to contact Susan Bishop, MA, Senior Regulatory Affairs Advisor, at (202) 785-7908 or [susan.k.bishop@heart.org](mailto:susan.k.bishop@heart.org).

Sincerely,

A handwritten signature in black ink that reads "Mark A. Creager". The signature is written in a cursive, flowing style.

Mark A. Creager, MD, FAHA  
President  
American Heart Association