

# Putting Health on the Menu

A Toolkit for Creating Healthy Restaurant Programs



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# Introduction

# RESTAURANT



# Parents and children are eating out more than ever. Over the past 20 years, the percentage of daily calories consumed outside the home has nearly doubled.<sup>1,2</sup>

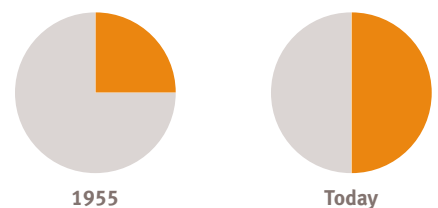
Today Americans spend half of their food budgets on restaurant food. In 1955, Americans spent only 25 percent of food budgets at restaurants.<sup>3</sup> Numerous studies link eating out with obesity and other related conditions.<sup>4</sup> Meanwhile, obesity rates have increased dramatically among all age groups since 1970, more than quadrupling among children ages 6 to 11. Today more than 23 million children and teens in the United States – nearly one in three young people – are overweight or obese.<sup>5</sup>

Soon, families who eat out will have more information about how healthy – or unhealthy – their food is. A federal law requiring chain restaurants with 20 or more locations to provide calorie information directly on menus and menu boards went into effect in 2010. While the law is a big step toward educating restaurant-goers about the food they eat (and public health experts expect that chains will reformulate some high-calorie menu items as a result), the new law does not require restaurants to provide healthy meals, and smaller restaurants don't have to comply with the new mandate.

Improving the restaurant environment is also important for health equity. People of color and lower-income people are disproportionately affected by the obesity epidemic and other diet-related chronic diseases.<sup>6</sup> Further, research indicates that communities of color and lower-income neighborhoods are dominated by unhealthy restaurant options.<sup>7</sup> In some places, fast food restaurants may be the only source of affordable food.

Communities are trying to address the health effects of restaurant food in a variety of ways. Many regulate the number, density, and location of fast food outlets through zoning laws. Some public health departments and local policymakers use basic public health regulations to improve the nutritional quality of kids' meals. But those approaches are limited. Local business regulation is not yet possible in many places because the political will does not exist. Public health officials are often portrayed as “anti-business” when they propose new policies to require healthy options at restaurants.

Household Food Budget Spending on Restaurants



# Healthy Restaurant Programs: A Promising Incentive



# This toolkit describes how to create a strong healthy restaurant program, providing a number of examples and options for communities.

By establishing a healthy restaurant program, local governments can support and give incentives to restaurant owners who are willing to offer healthier foods. Restaurants apply to the program, agree to meet certain standards, and, in exchange, receive benefits, including free publicity and help implementing healthy changes. These promotions also provide an opportunity to teach the public about the importance of healthier eating. Healthy restaurant programs can be tailored to meet the needs of restaurants in neighborhoods that are underserved by healthy food retailers, helping these communities access more healthy food options.\*

Improving diets and obesity rates requires many different policy strategies that address restaurant operations, nutrition literacy, and social norms about eating. By investing public dollars in local businesses, healthy restaurant programs take a win-win-win approach to improving community health: Participating restaurants get free publicity and community support. Diners gain access to healthier food choices and information about nutrition. And public health departments create positive relationships with local businesses, which can lead to future collaboration to benefit the public's health. As with any public health intervention, a healthy restaurant program should be part of a larger chronic disease prevention framework that addresses all aspects of community health, from individual behavior change to policy change.

The success of a healthy restaurant program can demonstrate to restaurants and elected officials that residents want healthier choices when they eat out, making the case for

stronger local policies that reduce unhealthy food options and incentivize healthy ones. These programs also can support existing restaurant regulations, such as those that restrict the number of fast food restaurants in a town. For information about other policies that can increase healthier options at restaurants, visit [www.phlpnet.org](http://www.phlpnet.org).

This toolkit describes how to create a strong healthy restaurant program that requires participating restaurants to offer only healthy meals on their children's menu, to devote a third of their regular menu to healthy meals and side dishes, and to provide an entirely smoke-free eating environment. This toolkit also asks restaurants to select one additional healthy feature from a range of options, such as restricting soft-drink options to a single, small-sized beverage or regularly promoting healthy menu items.

Restaurants that join the program will receive help complying with program standards, free in-store promotion materials, free advertising in the community and at city-sponsored events, and special recognition from the local legislative body. Environmental health officers (i.e., restaurant inspectors) and citizen reports will monitor restaurant compliance.

We crafted our model program as a gold standard that all communities should strive for. However, we recognize that this program will not be feasible as a first step for many communities. Program designers should customize these recommendations to meet specific needs and to ensure that restaurants in the most underserved neighborhoods can become partners in improving the community's health. We provide a number of examples and options that communities can draw on to create their own healthy restaurant program.

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\*Although the primary goal of this model program is to increase access to healthy food, we also suggest other program requirements that aim to create a healthier restaurant environment for patrons and employees. For example, we recommend requiring that restaurants in the program have a 100 percent smoke-free environment.

## Program or Policy?

**PROGRAM:** A system or plan implemented by a government agency that provides a service to a particular population of people.

**POLICY:** A law, procedure, or standard that dictates how government operates, how citizens live, or how businesses and organizations operate.

Both programs and policies are common public health interventions. For example, public health departments offer nutrition education programs to teach people about how to eat more nutritious foods. All states and many communities pass public health policies intended to protect their residents from public health threats, such as food-borne illnesses or diabetes.

Programs can be resource-intensive, requiring staff, community outreach, and funding. For maximum impact, public health departments must attempt to reach every person who is at risk for a particular disease. And the program must be funded for as long as the public health threat exists. Public health policies may be more efficient interventions because they generally reach more people and change the environmental factors that promote disease. Policies tend to institutionalize ideas for the long term, while programs are often more vulnerable to elimination when budgets are tight or agency officials change.

For example, a public health department might run a children's bicycle safety program that provides classes and distributes free helmets. The program would only affect children enrolled in the program, and even these children would still encounter dangerous situations, like fast-moving cars, as they ride their bicycles around their neighborhoods. To have a greater impact on children riding bicycles, the

public health department might work with the planning department on policy changes, such as reducing speed limits in residential neighborhoods and developing a bicycle master plan that identifies ways in which the city will improve street designs to make bicycling safer. Even if the bicycle safety program's funding were cut, these policy changes would still be in effect and thus continue to improve bicycling conditions for the entire community.

Healthy restaurant recognition is a program designed to improve the nutritional quality of restaurant food available in a community. Our model program includes elements that make it a strong program, such as enforceable agreements between the city and participating restaurants and periodic evaluations. However, it still requires funding and staffing. Public health advocates may choose this approach as a first step toward policies that institutionalize the community's desire to restrict access to junk food, such as zoning laws that prohibit new fast food restaurants and rules that set nutrition standards for children's meals with toys. Alternatively, advocates may want to use this program in conjunction with existing restaurant regulations, as a way to build relationships with restaurants. Rather than simply regulating restaurants to improve the nutritional quality of their menus, this program also incentivizes restaurants to serve healthy food.



# Making Connections: How Restaurants Affect Health



**We** know that environments affect behavior. People who live in neighborhoods with sidewalks and other pedestrian-friendly amenities, for instance, are more likely to walk than people who live in areas that aren't designed with pedestrians in mind.

The same principle holds true for restaurants: how foods are marketed and presented influences the choices people make. Through incentives, healthy restaurant recognition encourages restaurants to have a more positive influence on communities by offering healthier choices. To date, many obesity prevention policies and programs, including healthy restaurant recognition, have not been rigorously evaluated. But current evidence suggests that healthy restaurants could be an effective public health intervention.

Although none of the following facts definitively show that healthy restaurant recognition will work, they provide a strong rationale for implementing healthy restaurant programs

that are based on existing research and include rigorous evaluation. Evaluation data can help demonstrate the effectiveness of these programs and identify improvements that can maximize their health impact. From the public health literature, we know that:

#### **Children and families eat out more than ever.**

- Meals prepared outside of the home have become a major source of food for kids and adults, accounting for 35 percent of total daily calories for kids<sup>8</sup>
- In 2010, households spent almost half of their food budgets on foods prepared outside of the home.<sup>9</sup>
- On a typical day, nearly a third of children consume fast food.<sup>10</sup> Children who regularly eat fast food consume more calories, fat, and added sugar and less fiber, milk, fruits, and non-starchy vegetables than children who do not eat fast food on a regular basis.<sup>11</sup>

#### **Restaurant food tends to be less healthy than food prepared at home.**

- Restaurant food contains more calories per meal, more total fat and saturated fat per calorie, and less fiber, calcium, and iron than food prepared at home.<sup>12</sup>
- Many restaurant items contain more fat than is recommended for an entire day, and many menu items that seem healthy or are promoted as “healthy” can have a significant amount of hidden fat.<sup>13</sup>



## Healthy options are difficult to find in most restaurants.

- A study of restaurants in Atlanta found that only about a fifth of sit-down restaurants and a third of fast food restaurants offer any healthy main dishes. Half of Atlanta's children's menus have no healthy entrée choices.<sup>14</sup>
- A study of the top 25 chain restaurants in the United States found that 93 percent of all possible children's meal combinations are too high in calories, 45 percent are too high in saturated fat, and 86 percent are too high in sodium.<sup>15</sup>
- It is harder to find healthy options in low-income neighborhoods than in more affluent ones.<sup>16</sup>
- In telephone interviews, menu developers and marketing executives at chain restaurants said they believe there is low demand for healthier foods. They also reported obstacles to offering healthy foods, including the short shelf life of produce, the greater amount of preparation time required, low sales, and high labor costs.<sup>17</sup>

## Many restaurants encourage unhealthy eating behaviors.

- Children eat almost twice as many calories when they eat a meal at a restaurant (765 calories) compared with an average meal at home (425 calories). Children and adolescents also eat more fat and saturated fat when eating at a restaurant than they do when dining at home.<sup>18</sup>
- In Atlanta, according to the restaurant study there, fast food restaurants tend to offer discounts for ordering larger quantities of food. Most restaurants do not provide nutritional information on the menus, and restaurant signage is three to four times more likely to encourage unhealthy eating than healthy eating. Unhealthy options are almost always the same price or less expensive than healthier choices.<sup>19</sup>

## Unhealthy restaurants are often located in lower-income neighborhoods and communities of color.

- Lower-income areas have roughly a third more fast food restaurants than higher-income areas.
- African-American neighborhoods have higher proportions of fast food outlets than predominantly white neighborhoods.<sup>20</sup>

## People have trouble estimating the number of calories in restaurant meals.

- In general, people are unable to accurately estimate the amounts of fat, saturated fat, sodium, and calories in foods.<sup>21</sup>
- One study found that nine out of ten people underestimate the number of calories in unhealthy menu items by an average of 600 calories.<sup>22</sup>
- Even trained dietitians underestimate calorie counts by 200 to 600 calories.<sup>23</sup>

## Restaurant customers use nutritional information to make healthier choices.

- Providing nutritional information leads many customers to select lower-calorie meals.<sup>24, 25</sup>
- In one study, parents selected meals for themselves and their children from a McDonald's menu. Parents who saw nutritional information about menu items ordered 100 fewer calories for their children, on average, than parents who did not see nutritional information.<sup>26</sup>
- Not everyone makes use of nutritional information. People who consider dining out as a necessity are more likely to use nutritional information at a restaurant than people who see dining out as an indulgence.<sup>27</sup>

# Restaurants and the Law



**T**here are a number of regulatory frameworks at the federal, state, and local levels that affect restaurants. This section summarizes some of the most significant laws.

## Federal Law

### Food, Drug, and Cosmetic Act (FDCA)

Enacted in 1938, the FDCA generally prohibits the misbranding of food. In 1990, Congress amended the FDCA by adopting the Nutrition Labeling and Education Act (NLEA) to clarify and strengthen the legal authority of the U.S. Food and Drug Administration (FDA) to: (1) require general nutrition labeling on foods, specifying what and how nutritional information must be disclosed, and (2) establish the circumstances under which particular nutrient and health claims may be made about food.<sup>28</sup>

Most consumers are familiar with the general nutrition labeling requirements from the “Nutrition Facts” charts required on most packaged food. As described below, some of the FDCA’s provisions apply to restaurants.

### Nutrition Labeling: Federal Calorie Disclosure Law

Until recently, the FDCA’s general nutrition labeling provisions did not apply to restaurants. The 2010 health care reform bill (the Patient Protection and Affordable Care Act) amended the FDCA to add new nutrition disclosure requirements for certain restaurants and vending machines.<sup>29</sup> The new law applies to restaurants, similar retail food establishments, and vending machine operators that are part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering substantially the same menu items for sale.<sup>30</sup> These chain restaurants must:

- List the number of calories for every standard menu item and suggest recommended total daily calorie intake on a menu, menu board, or drive-through menu board

- List the calories per serving next to each item if the food is provided at a salad bar, buffet, cafeteria, or similar self-service facility (including self-service beverages)
- Make available (through a brochure, poster, or other means) additional nutrition information, including the total number of calories; the number of calories derived from fat; the amounts of total fat, saturated fat, cholesterol, sodium, total carbohydrates, complex carbohydrates, sugars, dietary fiber, and total protein; and any additional nutrient information that the Secretary of Health and Human Services has identified as necessary for consumers to make healthy choices<sup>31</sup>

On April 6, 2011, the FDA issued its proposed rule implementing the new law.<sup>32</sup> On May 24, 2011, it issued some technical corrections to the proposed rule.<sup>33</sup> The FDA will issue the final rule after reviewing the public comments to the proposed rule.

The law expressly prohibits (or preempts) state and local governments from imposing any requirements for nutrition labeling that are not “identical to” the FDCA’s requirements for chain restaurants covered by the Act.<sup>34</sup> That means states and cities may not require chain restaurants with 20 or more outlets to post any nutritional information on their menus that differs from what the FDCA requires. State and local governments may still impose nutrition labeling requirements on restaurants that are not covered by the Act, but the law allows any restaurant, similar retail food establishment, or vending machine operator with fewer than 20 locations to officially opt in to the federal law (and, therefore, opt out of any state or local law).<sup>35</sup> The FDA has issued guidance detailing the procedures for voluntary registration.<sup>36</sup>

Restaurant recognition programs are unlikely to be preempted by the federal law.<sup>37</sup> If restaurants choose to participate in these voluntary programs, they may be contractually bound to follow the program requirements, which may include designating entrées on the menu that meet certain nutrition standards. But because the programs are not mandatory, they do not impose a requirement that is likely to fall within the Act's preemption clause.

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**Nutrient claim:** *A claim on a food label that expressly or by implication “characterizes the level of any nutrient.”*

**Health claim:** *A claim on a food label that expressly or implicitly “characterizes the relationship of any nutrient . . . to a disease or a health-related condition.”*

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### **Nutrient and Health Claims**

The FDCA also regulates food labeling that makes particular nutrient or health claims.<sup>38</sup> Any restaurant that makes such claims on its menus, posters, or signs must comply with the requirements spelled out in the FDCA and its regulations.<sup>39</sup> These requirements, which existed prior to the recent reform, apply to all restaurants (members of a chain or not), regardless of whether they participate in a city restaurant program.

#### **Nutrient Claims**

A nutrient claim is a claim on a food label that expressly or by implication “characterizes the level of any nutrient.”<sup>40</sup> (On their own, the mandatory nutrition labeling disclosures required of chain restaurants are not considered nutrient claims.<sup>41</sup>) The FDCA regulations specify what terms may be used when making a nutrient claim and what nutrient content is required in order to use the terms.<sup>42</sup> When a restaurant makes a nutrient claim on its menu, such as identifying an item as low-fat, it must comply with the FDCA's nutrient claims requirements and must provide, on request, the nutrition information that is the basis for the claim (for example, “low-fat, this meal contains ten grams of fat”).<sup>43, 44</sup>

The nutrient levels of prepared foods may be determined by nutrient databases, cookbooks, analyses, or other

reasonable bases that provide assurance that the food meets the nutritional requirements for the claim.<sup>45</sup> Currently, the FDA does not have specific standards for the presentation of this supporting information but states, “Labeling that is easily accessible to consumers, that contains all required nutrition information, and that is presented clearly and legibly” would conform to its requirements. When the FDA issues its final regulations implementing the new federal menu labeling provisions, it could make additional changes to these regulations.

#### **Health Claims**

A health claim is a claim on a food label that expressly or implicitly (including third-party references, written statements, or symbols) “characterizes the relationship of any nutrient . . . to a disease or a health-related condition.”<sup>46</sup> For example, the FDA considers the term “heart healthy,” when it appears next to an entrée on a menu, to be a health claim. This term makes a reference to a nutrient or substance – contained in the entrée – and a reference to a disease or health-related condition: heart disease.<sup>47</sup> Similarly, the use of a heart symbol constitutes an implied health claim.<sup>48</sup>

The FDCA strictly regulates when a “substance” (meaning a specific food or component of food) may be eligible for a health claim, what nutrient content must be present in the food to make the claim, and what nutrient information a restaurant must make available in reference to the health claim.<sup>49</sup> A restaurant may not make a health claim for foods that exceed specified levels of total fat, saturated fat, cholesterol, or sodium.<sup>50</sup> The FDA issues regulations authorizing a health claim only when it determines, based on all publicly available scientific evidence, that there is significant scientific agreement among qualified experts that the claim is supported by evidence.<sup>51</sup>

Because all restaurants are subject to the nutrient and health claim requirements of the FDCA, it is essential that a restaurant recognition program's standards be consistent with the law's requirements. The FDA has issued guidance on how the FDCA applies to restaurants, but the agency decides on a case-by-case basis whether a statement is a nutrient claim or a health claim.<sup>52</sup> To err on the side of caution, our model program is designed to meet the FDCA's requirements by assuming that identifying healthy entrées on the menu would be characterized as making a nutrient claim and possibly also a health claim. This toolkit includes a list of considerations to ensure that your program does not violate the FDCA (see “Setting Strong Standards”).

## State and Local Laws

State and local governments also regulate restaurants. The extent to which a city or county can pass laws regulating restaurants depends on the extent of the police power granted to it by its state constitution or statutes. In some communities, the following types of laws may be passed at the state level; in others, they can be passed at the local level.

### State Retail Food Codes

All states have laws that set health and safety requirements for restaurants, and all but one base their laws on versions of the FDA's model Food Code from 1993 or later.<sup>53</sup> Updated most recently in 2009, the model Food Code uses the latest scientific evidence to set forth sanitation and food-handling requirements for restaurants, retail food stores, vending operations, and food service operations in institutions such as schools, hospitals, nursing homes, and child care centers.<sup>54</sup>

State legislatures adopt the Food Code either as is or with revisions. Although food codes are state laws, they are often implemented at the county or regional level. State laws and regulations give county health, agriculture, or similar departments the authority to implement and enforce the code. Restaurants apply to their local county health department or other designated agency for an operating permit. The local environmental health officer (or comparable employee) is responsible for inspecting the restaurant, ensuring that employees have received proper food safety training, monitoring compliance, and enforcing the law.

### Zoning Laws

Zoning and other land use laws regulate what activities can occur in particular areas within the community. State laws give most cities and counties power to enact zoning laws. Many use that power to regulate the locations and some other aspects of restaurant operations. For example, Concord, Mass., and Calistoga, Calif., ban fast food restaurants in their communities.<sup>55</sup> Recently, the Los Angeles City Council adopted a ban on new fast food restaurants in the South Central part of Los Angeles.<sup>56</sup>

### Other Operating Licenses or Permits

Most communities require restaurants to obtain additional permits or licenses to operate. In some communities, state law determines the type of permits or licenses; in others, a mix of state and local law does so. For example, a restaurant may need a business license, a fire inspection clearance or permit, a building permit, a particular type of waste permit, or other type of license.

### Other Local Laws Affecting Restaurants

Finally, state and local laws may also regulate other aspects of restaurant operations that impact public health or the environment. Many states ban smoking in restaurants.<sup>57</sup> In states that do not ban smoking, cities that are empowered to do so have banned smoking.<sup>58</sup> California restricts the use of trans fats in restaurants, as does New York City.<sup>59</sup> Finally, some communities have other laws regulating restaurant environments. For example, Honolulu requires restaurants to recycle or compost their waste,<sup>60</sup> and San Francisco prohibits restaurants from serving take-out food in containers made of polystyrene foam.<sup>61</sup>

# Getting Started: What Does It Take?





# The local health department should establish the healthy restaurant program and recruit additional government and private partners as necessary.

As the local agency responsible for protecting and improving health in the community, the public health department has much of the expertise and tools necessary to run a recognition program – especially chronic disease sections, which focus on reducing obesity and diabetes.

State and local laws dictate how a health department can initiate a restaurant program. In many communities, the state or local law establishing the public health department and outlining its powers and duties may be broad enough to authorize the department to create a restaurant program without new legislation. If not, the governor, state legislature, local executive branch (the mayor or city or county manager, for instance), or local legislative branch (city or county council), depending on the governing law, can grant the authority to the public health department to implement the program.

Generally, unless a particular agency has explicitly been given the authority, one government department does not have the power to require another department to act. So if the public health department wants to require participation from other city or county agencies (such as economic development or tourism), it will likely need the executive or legislative branch to expressly direct the agencies' participation. (Some cities have supported their healthy restaurant program through city council resolutions supporting the program. For example, the Louisville, Ky., Metro Council passed a resolution supporting a voluntary menu labeling program for restaurants with fewer than 20 locations in the U.S.<sup>62</sup>)

Once the health department has the authority to start the program, the department should assign staff and resources. Since promoting healthy eating is a core function of chronic

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*Example: In Berkeley, Calif., after a report revealed high chronic disease rates in lower-income parts of the city, the health department's chronic disease unit asked the city council for permission to obtain a grant to establish the healthy restaurant program.<sup>63</sup>*

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disease prevention programs, public health departments can, and do, use chronic disease prevention staff and funding to support a healthy restaurant program. The impact of a healthy restaurant program will vary depending on the resources a community invests.

A full-scale program will need:

## Staff

- A program coordinator with nutrition expertise
- Restaurant recruitment staff or interns, preferably with marketing or sales experience
- Enforcement staff, preferably existing restaurant inspectors from the environmental health division

## Resources

- Nutritional analysis capability (dietitians, nutritional software)
- Incentives for restaurants (in-store promotion materials, technical assistance, publicity)
- Promotions that appeal to the public (advertisements, public events)

**Example:** The Colorado Smart Meal Seal program has found that implementing a healthy restaurant program requires three hours of staff time per week to recruit five restaurants every week. Maintaining a program (with less aggressive restaurant recruitment) takes an hour and a half of staff time per week, and the program functions best when a program evaluator can devote an hour and a half per week for every five participating restaurants.<sup>64</sup>

**Example:** In Somerville, Mass., a program coordinator devotes a substantial amount of her time to the Shape Up Approved restaurant program in the summer, when she has a team of interns available to support the program. She identifies restaurants to target and, working with interns, recruits these restaurants to participate in the program.<sup>65</sup>

## Starting Small

Many communities may not have the financial or staff resources to launch a full-scale healthy restaurant program that covers the entire community from the start. Remember that this model program can be narrowed and tailored to community needs. A program could start with a shorter list of standards, to make compliance and enforcement easier. The department could launch the program in a few neighborhoods, perhaps those with the fewest healthy food options. The program can be expanded and strengthened as more funding becomes available and interest grows.

# Setting Strong Standards



**A** program's success will depend largely on its standards. Strong, publicly disclosed standards ensure that restaurant patrons have healthier options available and assure taxpayers that their money is not being wasted on an ineffective program.

But a healthy restaurant program also needs to be feasible. The standards shouldn't be so burdensome that most restaurants are unable to meet the criteria.

What follows are recommended standards: communities can modify this list to reflect local preferences. These standards were based on Dietary Guidelines for Americans and developed in consultation with nutrition experts.<sup>66</sup> The nutrition standards do not set minimum or maximum

requirements for grains, dairy products, or protein because Americans generally consume adequate amounts; eliminating limits for these food groups also simplifies enforcement. But the calorie and fat limits still act as limits on grain, dairy, and protein consumption and ensure a well-balanced meal.

Participating restaurants must satisfy all of the Tier 1 standards, plus one Tier 2 requirement.

## Tier 1 (All Mandatory)

- Default children's meals should meet the following nutritional standard:
    - Calories: 600 (maximum)
    - Fruits and vegetables: Two servings (minimum)
    - Grains: At least half must be whole-grain
    - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
    - No more than 10 percent of calories from added caloric sweeteners
    - No more than 0.5 grams of artificial trans fat
    - No more than 30 percent of calories from fat
    - No more than 7 percent of calories from saturated fat
    - No more than 600 mg of sodium
  - One-third of standard meals should meet the following nutritional standard:
    - Calories: 750 (maximum)
    - Fruits and vegetables: Two servings (minimum)
    - Grains: At least half must be whole-grain
    - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
    - No more than 0.5 grams of artificial trans fat
    - No more than 30 percent of calories from fat
    - No more than 7 percent of calories from saturated fat
    - No more than 750 mg of sodium
- A "default children's meal" is the meal served by the restaurant if the customer does not request any modifications, such as ingredient, side dish, or beverage substitutions.
- First ingredient is whole-grain or 51 percent of grain ingredients are whole.
- The standard was calculated according to the USDA Food Guide recommendations for a 2,000-calorie diet.
- First ingredient is whole-grain or 51 percent of grain ingredients are whole.

- One-third of side dishes should meet the following nutritional standard:
    - Calories: 250 (maximum)
    - Must meet at least one of the following standards:
      - One serving of fruits and/or vegetables (minimum)
      - One serving of whole-grain
      - One serving of fat-free or low-fat dairy
    - No more than 30 percent of calories from fat
    - No more than 7 percent of calories from saturated fat
    - No more than 230 mg of sodium
  - Identify healthy menu items on the menu using the program’s designated healthy symbol. The symbol should not suggest that the food is associated with any health condition. For example, the symbol should not feature a heart because this implies that the food will prevent heart disease. The restaurant should also prominently display additional information (near the point of ordering) that promotes the program and explains the nutritional standard.
  - Use approved methodology for determining nutrient levels in foods.
  - Make the nutrition information supporting the designated menu items available to customers.
  - Provide free tap water to all customers. For counter-service restaurants, water should be provided in a self-service area. For table-service restaurants, water can be served at the table by the server.
  - Charge an average price for healthy entrées and healthy side dishes that is no higher than the average prices for other entrées and side dishes.
  - Offer each customer the option of being served half of their meal now and having the other half packaged in a biodegradable take-out container.
  - Provide a 100-percent smoke-free environment, including outdoor eating areas.
- Assumes that a side dish should be approximately one-third of a meal.
- The program coordinator should work with restaurants to determine the most appropriate way to display this information, taking into account each restaurant’s specific environment.
- Check with the tobacco control section of the local or state health department to learn what tobacco control laws already apply to restaurants.

## Tier 2 (Restaurants Choose One)

- Feature healthy menu items on a flyer or in radio, television, print, or in-store marketing on a regular basis (at least monthly).
- Offer the healthiest meal combination as the default meal option.
- Offer a smaller portion size option at a lower price for all entrées.
- Do not offer beverage options larger than 16 ounces. Do not offer free refills on beverages.
- Offer at least two free healthy-cooking classes per year for community members.

## Satisfying Federal Labeling Requirements

These model standards are designed to satisfy the FDA's food labeling regulations (see "Restaurants and the Law" for more information). When designing your community's program, be sure that the standards satisfy the following requirements:

- Use nutrition standards based on the 2010 Dietary Guidelines for Americans to determine what qualifies as a healthy menu item, side dish, or beverage.<sup>67</sup>
- If using a healthy symbol to identify the healthy menu items, choose a generic one, such as a check or a star, that is not associated with a particular health condition (e.g., do not use a heart, which could symbolize heart-healthy).<sup>68</sup>
- Use proper nutritional analysis methodology – nutrient databases, cookbooks, or other reasonable means – to determine if a meal is consistent with the program's nutrition standards.
- Ensure that restaurants make nutrition information related to the identified menu items available in writing to consumers.<sup>69</sup>
- Ensure that no identified healthy entrées exceed the FDA-permitted levels of total fat, saturated fat, cholesterol, or sodium.

## Alternative Standards

The guidelines presented in this section are meant to be a gold standard for programs to strive toward. Most programs will not adopt such stringent standards at the outset. Staff may want to consider a tiered approach, in which restaurants have the option to go above and beyond the minimum standards in order to earn greater recognition and more incentives; this approach is common in other recognition programs, such as the LEED green building certification program.<sup>70</sup> Alternatively, implementers may want to start with lower standards and gradually strengthen the standards over time, as restaurants experience the benefits of the program. For some potential alternatives to the standards presented in this section see the Appendix.

# Establishing Benefits for Participating Restaurants



**S**ince healthy restaurant programs are voluntary, the health department should assemble an attractive package of benefits to inspire participation. The benefits should suit the level of investment that restaurants must make in order to qualify for the program.

When assembling the package, the program coordinator should solicit input from the public and especially from restaurants. When promoting the program to restaurants, the program coordinator should state the dollar value of each incentive to demonstrate the financial benefit of participating.

*Free advertising, gym passes, Restaurant Week promotions, frequent-customer cards, nutrition analysis, maps, and restaurant supplier discounts are just some of the possible incentives to encourage restaurant participation.*

Ideas to consider include:

### **Nutrition Education Training and Technical Assistance**

- Provide free nutrition analysis of menu items that restaurants wish to designate as “healthy.”
- Negotiate a bulk discount rate for nutrition analysis for participating restaurants.
- Provide free or low-cost recipe development consultations with trained dietitians.
- Provide free or low-cost classes on healthier cooking techniques and ingredients for cooks and recipe developers.

### **Recognition from Government/Elected Officials**

- For example, the Tennessee House of Representatives passed a resolution honoring a restaurant for its contributions to the community.<sup>71</sup>
- Provide a list of healthy restaurants to local elected officials, government commissions, committees, and agencies. Encourage them to order food for public and internal meetings from the healthy restaurants.

### **Advertising**

- Set up a program website with restaurant information, links to menus, and nutrition information.
- Promote participating restaurants during annual Restaurant Weeks.



- Work with the local tourism or convention bureau to publicize restaurants to visitors – for example, by preparing a special “healthy restaurants” handout to distribute.
- Hold press events announcing new healthy restaurants to local media outlets.
- Host an annual restaurant recognition event and invite local media to cover it.
- Buy ads in local and neighborhood newspapers, on radio and television stations, on websites, and in programs at youth and adult sporting and entertainment events. (Some outlets may provide free space or airtime for public service announcements.)
- Promote healthy restaurants and the program on the city’s website and on local government channels or programming.
- Arrange for the program to be promoted at government agencies, local hospitals, colleges, universities, and other large employers.
- Work with local YMCAs, gyms, and health clubs to promote the program.
- Promote participating restaurants on community way-finding signs and free walking maps.
- Develop a punch card that lists participating restaurants. When the card is full, the customer receives a free meal.
- Work with schools and the affiliated parent associations to promote participating restaurants to families of schoolchildren.

## Other Incentives

- Arrange for participating restaurants to receive special discounts at local restaurant supply stores.
- Offer free gym passes or memberships at a local gym or YMCA for the employees of healthy restaurants. These can be donated to the program or purchased if funds are available.



To help promote healthy choices, the Boston BestBites program provides table tents and coasters with slogans.

# Implementing the Program



Once the standards, benefits, and infrastructure are set, the program is nearly ready to launch. Here's a step-by-step guide to implementing a healthy restaurant program.

## Develop an Application Process

The health department should create a formal application process that gathers necessary information from restaurants and educates restaurant owners about the program. The formality of such a process shows restaurants that, by seeking recognition, they are making a commitment to provide healthier food. It also ensures that restaurants benefiting from the program meet the requirements and that taxpayer dollars are well spent.

The process should include the following steps:

### 1 Restaurant Recruiter Conducts Outreach

If the program has sufficient resources, recruiters should visit restaurants that have expressed interest in the program or those that are located in neighborhoods with few healthy options. During the visit, the recruiter should inform the owner/manager about the program standards and benefits, as well as available resources that can help the restaurant satisfy the standards (e.g., free consultation with dietitians or healthy-cooking trainings for restaurant staff). These

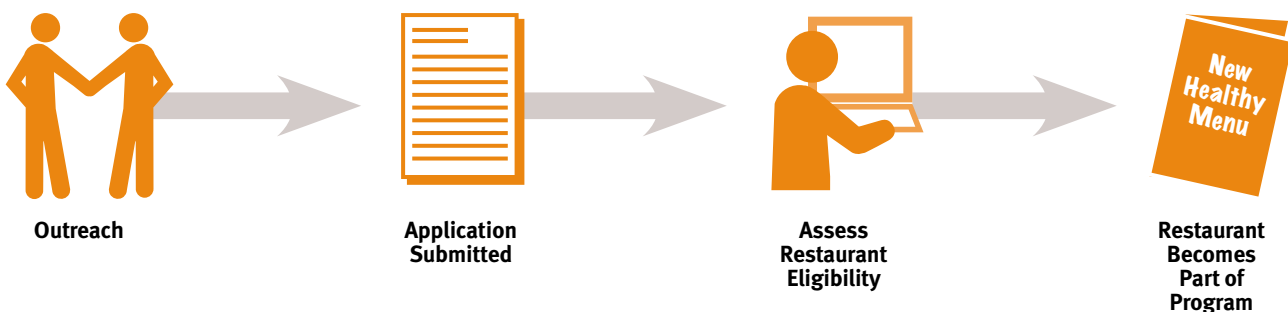
visits should not include any enforcement or compliance inspections; the meetings are crucial to building relationships between the health department and restaurants. The visits also educate smaller restaurants about resources that make it easier to participate in the program.

In addition, or if individual restaurant visits aren't possible, the recruiter should attend local restaurant or business association meetings to promote the program and the resources available to restaurants.

### 2 Restaurant Submits an Application

The application should require the restaurant to demonstrate its compliance with program standards, in part by submitting recipes for menu items that will be designated as healthy. Restaurants that have already conducted nutrition analysis can submit results in lieu of their recipes. The form should gather recipe information in a way that makes it easy for the program coordinator or dietitians to analyze its nutritional quality.

## The Application Process



### 3 Program Coordinator Assesses the Restaurant's Eligibility

Once a restaurant submits its application, the program coordinator should arrange for the submitted recipes to be analyzed. If any do not meet the program guidelines, the health department should offer assistance in bringing the recipes up to the program's nutritional standards.

### 4 Restaurant Becomes an Official Participant in the Program

Once a restaurant's application is approved, it serves as a contract between the municipality and the restaurant owner. The contractual aspect of the program ensures that the city or county has remedies should the restaurant fail to meet the program standards, including suspension from the program and reimbursement of government costs.

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*Example: The Somerville, Mass., healthy restaurant initiative created a recruitment kit that included a guide describing the program, a sample newsletter demonstrating how the program could promote a healthy restaurant, and a letter of agreement laying out the standards for participating. As the program grew, the kit expanded to include media coverage of the program and a list of participating restaurants.<sup>72</sup>*

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## Recruit Restaurants to Become Certified

The number and diversity of certified restaurants will raise the program's profile in the community, so a strong recruitment strategy is important. Depending on the health department's overall community nutrition goals, the program coordinator may want to target outreach to particular restaurants. Nonetheless, the recognition program should be open to any restaurant that applies and meets the minimum program standards.

Lower-income communities and communities of color often have limited access to healthy food options, which contributes to higher obesity rates.<sup>73,74</sup> To make matters worse, unhealthy options often cluster in these underserved neighborhoods.<sup>75</sup> The recognition program should recruit restaurants in neighborhoods that face the most inequalities in access to healthy foods and are most affected by obesity and other diet-related chronic diseases. If recruitment resources are limited, these neighborhoods should be prioritized for outreach. Targeted outreach ensures that the program reaches the communities that need healthier options the most. This strategy also may present a funding advantage, since grants may be available for efforts that target restaurants in lower-income neighborhoods and communities of color.

**Example:** Although Somerville, Mass., does not rely on outside funding for its healthy restaurant program, it received a grant to target restaurants in East Somerville, a lower-income community with a large immigrant population.<sup>76</sup>

The program coordinator should work with the environmental health division, which inspects and communicates with restaurants, to notify all restaurants about the program, including the standards and benefits. If local government communication channels aren't available, the program coordinator should work with a local or state restaurant association or chamber of commerce.

**Example:** In Howard County, Md., the health department sent letters explaining the healthy restaurant program to all food permit holders.<sup>77</sup>

**Example:** Program staff in Somerville, found that site visits were a more effective way to recruit restaurants than mail or telephone. Their experience also suggests that it may be useful to enlist someone with experience in the restaurant industry to help recruit participants; restaurant owners and managers may be more receptive to someone who understands their concerns and constraints.<sup>78</sup>

Restaurant recruitment will likely be most difficult in the first year, before the program has a positive track record in the community. In subsequent years, the program can point to evaluation data to show its successes and encourage peer-to-peer recruitment among restaurant owners. In the first year of the program, the coordinator may want to target restaurants that already qualify as healthy in order to build up a critical mass of certified restaurants. This strategy can help the program grow early and create the positive results that will motivate other restaurants to participate. The program coordinator also can point to successes in other communities in order to attract reluctant restaurant owners to the program.

**Example:** In Somerville, the program coordinator identifies restaurants likely to meet its program’s nutrition standards.\* Student interns go door-to-door to these restaurants to describe the program and encourage restaurants to participate.

## Help Restaurants Promote Healthy Options to Customers

As funding and staff time allow, the program should help restaurants promote healthy items – this support can increase revenue for participating restaurants. Programs should also help restaurants in other ways:

### Train Servers to Promote the Program

The training should cover the purpose of the program, nutritional standards, how to talk to customers about the healthy menu items, and common questions customers may ask servers. When possible, translate training materials into the most common non-English languages in the community, to help the program serve restaurants with staff who speak limited English.

### Alter the Way Menu Items Are Prepared

The program should teach restaurant staff how to modify recipes and food preparation techniques to create menu items that are not only healthier but also appealing and tasty.

**Example:** Nutritionists work with restaurants in Pierce County, Wash., to change existing recipes and to create entirely new entrées that meet program criteria.<sup>79</sup>



The Healthy Restaurant Initiative in Rainier Valley, Wash., provides a map of participating restaurants and identifies bike-friendly streets, encouraging people to bike to the restaurants.

### Describe Healthy Items on Menus

Making healthy options sound delicious can be important.<sup>80</sup> How food is described can have different impacts on different audiences: food described as “healthy” can make health-conscious people more likely to order the item, while it may have the opposite effect on other groups.<sup>81</sup> Particularly in restaurants offering ethnic foods, some patrons may be looking for dishes where flavor is not compromised in exchange for reduced calories or fat.

### Promote Healthy Choices in the Restaurant

Program information should be visible where customers order, whether that’s at a counter or at the table. The program should make a wide range of promotional materials available for different types of restaurants, from informal counter-service restaurants to more formal table-service restaurants. The health department should also provide general nutrition education materials that are relevant to the types of food served at the restaurant.

**Example:** Somerville’s program requires restaurants to highlight healthy items, so the program provided stickers that participating restaurants could place on existing menus, eliminating the cost of reprinting menus. The program also helped restaurants design menu inserts to describe approved meals.<sup>82</sup>

\* However, the program coordinator works with restaurants to make easy modifications, such as switching from using regular mayonnaise in recipes to using a lower-fat version.

## LOCAL GOVERNMENT

LOCAL HEALTH DEPARTMENT  
LOCAL ECONOMIC DEVELOPMENT DEPARTMENT  
CONVENTION & VISITORS BUREAU  
LOCAL ELECTED OFFICIALS

## BUSINESSES & ORGANIZATIONS

CHAMBER OF COMMERCE  
RESTAURANT ASSOCIATION  
NONPROFIT HEALTH ORGS  
GYMS  
HOSPITALS & OTHER HEALTH PROVIDERS  
PRINTING & MARKETING COMPANIES  
COMMUNITY GROUPS  
NUTRITION COUNSELORS  
RETAIL STORES

### Strengthen the Program Through Partnerships

Although the public health department should be primarily responsible for the program, the program coordinator should collaborate with other local agencies and groups. Building partnerships with government agencies and outside organizations serves two main purposes: it encourages buy-in from the community and enlarges the scope of resources available, including some the public health department may not have access to itself.\* Partners can include other city and county government agencies and departments, the local restaurant association, local businesses, hospitals and other health care providers, universities, health organizations, and other community groups.

#### Local Government

**Local elected officials** can support the program by promoting it to their constituents. If local legislators provide food at community meetings, they can order it from participating restaurants. Elected officials also can publicly recognize certified restaurants.

The **economic development department** can work with public health to promote the program to restaurants in areas in need of revitalization. An economic development agency generally oversees activities related to attracting and retaining businesses and revitalizing neighborhood commerce. This department also may be able to help fund the program, since one goal of recognition programs is to support local businesses.

The **convention and visitors bureau** can promote certified restaurants to tourists and convention participants.

#### Businesses and Organizations

Involving the local **restaurant association** in planning the program can be valuable: members can help identify incentives and give feedback on proposed recognition standards. Be sure to consult with the local government attorneys to ensure that having restaurants participate in designing the program does not run afoul of state and local conflict-of-interest laws.<sup>83</sup>

Other local businesses, such as **nutrition counselors, printing and marketing companies, retail stores, and gyms**, can offer in-kind assistance to public health departments in their areas of expertise – for example, by working with restaurants to improve their cooking techniques, producing promotional materials for the program, or promoting the program at their places of business.

The local **chamber of commerce** can promote the program among local businesses, as well as use it to promote the health of the community when attracting new businesses to the area.

**Nonprofit health organizations** can help implement and publicize the program, endorse the standards, and recruit restaurants.

Community groups that regularly meet at restaurants or serve food at their meetings also make good partners – for instance, **youth and adult sports leagues, fraternal societies, civic or public service groups, and neighborhood or block associations**.

\*Local governments are struggling now to pay for even basic services, like police and fire. It will likely be challenging in this economic climate for local governments to pay for high-value incentives, like healthy cooking trainings for restaurants. Health departments should look for grants to fund the initial start-up of the

program and think about creative in-kind donations of incentives, like free advertising through the chamber of commerce, that would be considered valuable to restaurants. As noted in other sections, it's also important to think about the long-term sustainability of the program from the start.

**Example:** In Pierce County, the health department partnered with the YMCA, which provided the first ten restaurants that signed on to the program with free YMCA membership for all restaurant employees – and customers who order a “Get Fit” entrée receive a free guest pass to any Pierce County YMCA.<sup>84</sup>

**Hospitals or other health providers** can conduct nutritional analysis of restaurant menu items if the public health department doesn’t have the capacity. Hospitals also can pilot the recognition program in their cafeterias.

**Colleges and universities** can offer a wealth of resources, including a steady supply of interns. Public health faculty can evaluate the program’s impact, and campus cafeterias and restaurants can serve as pilot members of the program.

**Example:** Berkeley’s Eat Well program worked with the University of California at Berkeley’s food services department to create a version of the recognition program on campus.<sup>85</sup>

## Monitor Compliance

A healthy restaurant program should check compliance in three ways:

### Restaurants Submit Data on a Regular Basis

This allows restaurants to let program organizers know when they are no longer able to offer healthy items, whether because of new ownership, closure, financial constraints, or other circumstances. It is also a more efficient way to collect certain compliance data; for example, restaurants can submit proof that they promoted healthy menu items by submitting clipped print ads.

### The Health Department Performs Random Inspections

The program coordinator should develop a protocol that can be used during all compliance checks, which can be conducted either by program staff or by environmental health inspectors as part of their routine restaurant inspections. The latter option is preferable since it uses an existing inspection mechanism.

### Restaurants Renew Their Application Annually

Programs should require restaurants to reapply every year; this ensures that restaurants continue to comply, allows the program’s standards to change, and takes into consideration that restaurant ownership and management often change.

## Assessing Compliance with Nutritional Standards

The most complicated aspect of monitoring compliance will be assessing whether healthy menu items actually meet the program’s standards.

Through the application process, the program can gather and analyze the recipes restaurants submit using nutrient databases, cookbooks, or other reasonable bases that provide assurance that the food meets the nutritional requirements. This initial analysis should be used to determine the restaurant’s eligibility for the program.

During monitoring visits, the environmental health officer should conduct a spot check of healthy menu items by gathering recipes for three menu items (a kids’ meal, a regular meal, and a side dish), which the program coordinator can check to ensure that they haven’t changed since the initial analysis. While it is possible to analyze samples of prepared food in a laboratory, programs do not need to go to this length or expense to ensure compliance. Federal law does not require that a restaurant submit food samples for laboratory analysis to prove a nutrient claim.<sup>86</sup> The program coordinator should also work with the environmental health officers to implement a checklist of other program requirements to check during inspections. For example, the environmental health officer could check that water is freely available and that staff are aware of the basic elements of the program.



If a restaurant does not comply with the program's standards, the program coordinator should work with the restaurant owner to develop a plan for coming back into compliance within 30 to 60 days. If the restaurant still does not comply with the plan, it should be removed from the program and prohibited from reapplying for one year. The program should consider asking the restaurant to reimburse the health department for the cost of the benefits the city has provided.

## Evaluate the Program

Once a healthy restaurant program is in place, sponsors and restaurants should work with researchers (from the health department or a local academic institution) to evaluate its effectiveness and impact. The program evaluation should examine whether the program does the following:

### Changes What People Order at Restaurants

By tracking how orders have changed at participating restaurants, programs can monitor whether the program has altered people's food choices. For example, receipt data for random one-week periods can be analyzed at participating restaurants before they launch the program and every six months or year afterward.

### Affects Sales at Participating Restaurants

The healthy restaurant program, with help from participating restaurants, can track the popularity of healthy menu items and the impact on restaurant sales. (This can also be done by analyzing receipt data for random one-week periods.) The results, if positive, can encourage other restaurants to participate and may help the program obtain funding or secure other partnerships to expand. If healthy menu items aren't selling as well as expected, the program coordinator should work with restaurant owners to identify ways to improve sales.

### Encourages Restaurants to Provide Healthier Options

Programs should assess whether the healthy restaurant program is improving the nutritional profile of participating restaurants' menus. This can easily be measured by asking program applicants if the program standards have led the restaurant to change its recipes or offerings.

Smaller restaurants may not have systems in place to provide rigorous quantitative sales data. However, qualitative data from customer surveys, owner interviews, and even observations within restaurants can provide evaluators with plenty of information about how the program is working and how it might be improved.

**Example:** Researchers evaluated Somerville's healthy restaurant program by collecting written surveys from restaurant owners and managers and by conducting site visits three to six months after a restaurant's approval. The written surveys asked questions relating to how the menu changed since the restaurant joined the program, how often customers ordered healthier menu items or mentioned the program, and whether participating in the program benefited the restaurant. During site visits, researchers focused on compliance with the program's criteria, customer reactions to the initiative, and feedback on program materials, including its "seal of approval," menu stickers, and table tents.<sup>87</sup>

**Example:** The Colorado Smart Meal Seal program has built evaluation into the program design. Evaluators observe the implementation of the program in participating restaurants using a standardized checklist and conduct interviews with restaurant managers and owners about their experiences with the program. Program staff also collect monthly sales data from participating restaurants to determine the popularity of healthy menu items. Restaurants must agree to participate in the evaluation as a condition of their participation in the program.<sup>88</sup>



# Healthy Restaurant Programs in Action



## Pierce County, Washington *Get Fit: A Passport to Healthy Dining*

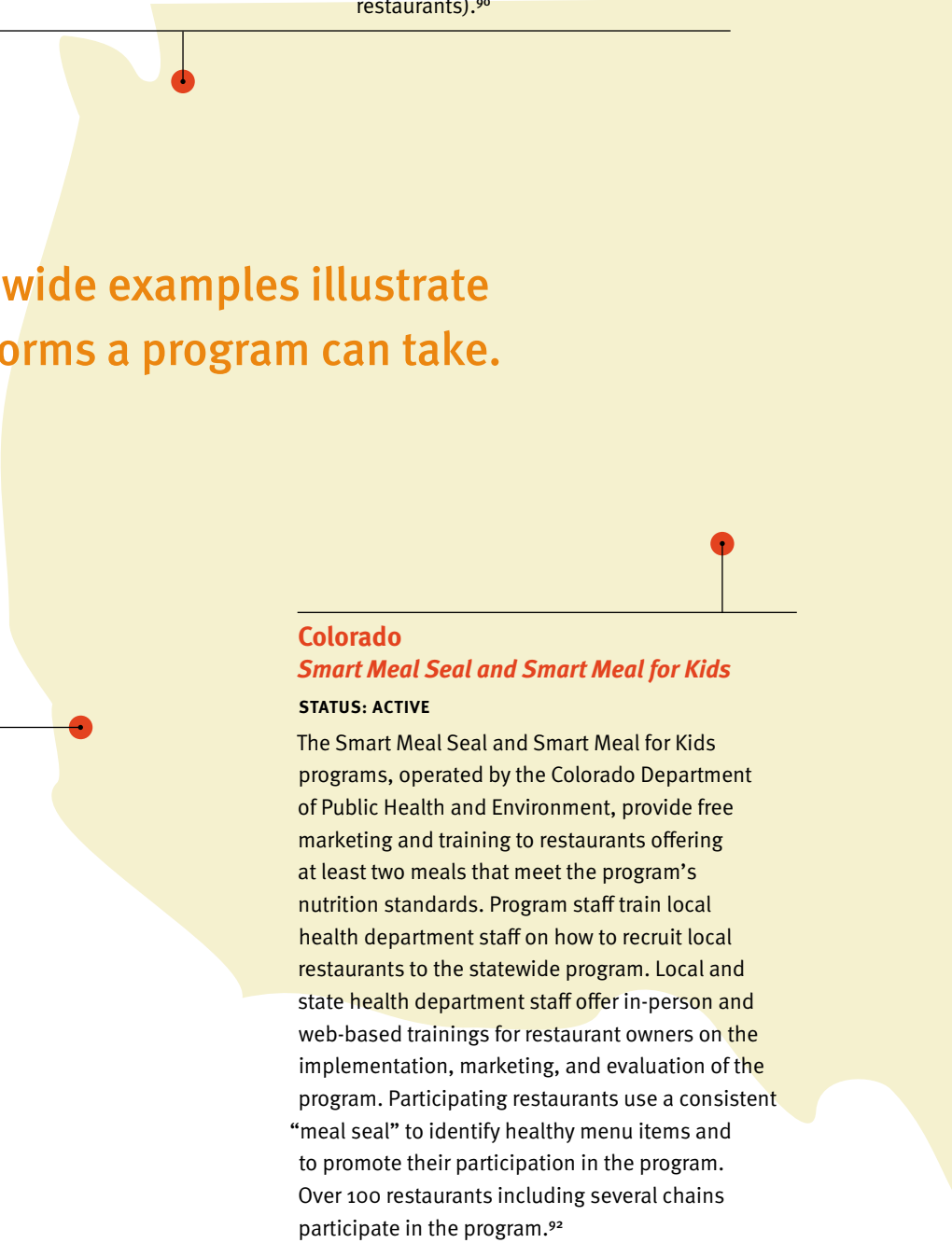
**STATUS: NO LONGER OPERATING**

This program was developed through a partnership between the MultiCare Health System, the county health department, the Washington Restaurant Association, the YMCA, and local restaurant owners. Customers receive “Get Fit” passports and earn a stamp for every healthy meal they order; upon receiving ten stamps, customers get a healthy prize from MultiCare, such as a water bottle. The first ten restaurants that signed up to participate received free YMCA membership for their employees. Pierce County also started Kids Get Fit, a program aimed at promoting healthier kids’ meals: children dining at participating restaurants get a kid-friendly placemat featuring healthy kids’ menu options and activities, and children who order a Kids Get Fit meal receive a special prize, such as a three-day pass to the local YMCA.<sup>89</sup>

## Rainier Valley, Washington *Healthy Restaurant Initiative*

**STATUS: NO LONGER OPERATING**

The program was developed by a coalition of partners, including local agencies and the University of Washington. Participating restaurants must offer at least one menu option that meets a designated set of nutrition criteria. To promote the program to the public, organizers created a map of participating restaurants (which also identifies bike-friendly streets, encouraging people to bike to the restaurants).<sup>90</sup>



These nationwide examples illustrate the various forms a program can take.

## Berkeley, California *Eat Well Berkeley*

**STATUS: NO LONGER OPERATING THROUGH THE CITY. UNIVERSITY OF CALIFORNIA, BERKELEY OPERATES A VERSION OF THE PROGRAM ON CAMPUS.**

The program works with restaurants to identify healthy options they already sell and recommends small, affordable changes to recipes that will help them meet nutrition criteria. This program also requires that kids’ menus offer fruit and vegetables and do not include french fries or soda. Restaurants must reapply every year and are subject to random, unscheduled site visits. If restaurants are found to be out of compliance, they have 30 days to comply or they are removed from the program.<sup>91</sup>

## Colorado *Smart Meal Seal and Smart Meal for Kids*

**STATUS: ACTIVE**

The Smart Meal Seal and Smart Meal for Kids programs, operated by the Colorado Department of Public Health and Environment, provide free marketing and training to restaurants offering at least two meals that meet the program’s nutrition standards. Program staff train local health department staff on how to recruit local restaurants to the statewide program. Local and state health department staff offer in-person and web-based trainings for restaurant owners on the implementation, marketing, and evaluation of the program. Participating restaurants use a consistent “meal seal” to identify healthy menu items and to promote their participation in the program. Over 100 restaurants including several chains participate in the program.<sup>92</sup>

### **Boston, Massachusetts** *Boston BestBites*

**STATUS: NO LONGER OPERATING**

Boston's mayor and public health commission initiated this program, which restaurants themselves helped design. Restaurant owners and chefs work with a nutritionist to create healthy dishes that are then highlighted on the menu by the BestBites logo. To prompt customers to consider healthier menu options, the program also provides table tents and coasters with slogans such as "How you feel tomorrow depends on what you eat today."<sup>93</sup>

### **Somerville, Massachusetts** *Shape Up Somerville*

**STATUS: ACTIVE**

Shape Up Somerville is a program funded by the U.S. Centers for Disease Control and Prevention (CDC) and led by a Tufts University professor. The healthy restaurant program – one of many of the program's initiatives to improve kids' health – requires restaurants to offer low-fat dairy products, smaller portion sizes, and fruits and vegetables, and to have visible signs highlighting healthy options.<sup>94</sup>

### **San Antonio, Texas** *Por Vida!*

**STATUS: ACTIVE**

This restaurant recognition program was developed by the Healthy Restaurant Coalition, which is a collaboration of the San Antonio Metropolitan Health District, the San Antonio Restaurant Association, and the San Antonio Dietetic Association. The program works with restaurants in San Antonio to identify menu options that meet the coalition's nutrition criteria for a healthy meal. Volunteers from the San Antonio Dietetic Association conduct free nutritional analysis for restaurants. Over 100 restaurants have Por Vida items on their menus, including 95 McDonald's locations in the San Antonio area.<sup>95</sup>

### **Howard County, Maryland** *Healthy Howard*

**STATUS: ACTIVE**

Certified restaurants must eliminate trans fats, provide at least two healthy menu options, display nutritional information for healthy menu options, and comply with the Clean Indoor Air Act (a state smoke-free workplace law). The county has also created a toolkit for other communities that want to create a healthy restaurant program.<sup>96</sup>

# Appendix: Alternative Standards



Some communities may want to start with standards that are less stringent than those presented in this toolkit and phase in stronger standards. Others may want to establish tiered standards that award different levels of recognition for different levels of effort. The following alternatives could be used for either a phased-in or tiered approach.

## Basic Standards

- Offer at least two children’s meals that meet the following nutritional standard:
  - Calories: 600 (maximum)
  - Fruits and vegetables: Two servings (minimum)
  - Grains: At least half must be whole-grain
  - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
  - No more than 10 percent of calories from added sweeteners
  - No more than 0.5 grams of artificial trans fat
  - No more than 30 percent of calories from fat
  - No more than 7 percent of calories from saturated fat
  - No more than 600 mg of sodium

A “default children’s meal” is the meal served by the restaurant if the customer does not request any modifications, such as ingredient, side dish, or beverage substitutions.

First ingredient is whole-grain or 51 percent of grain ingredients are whole.
  
- Offer at least two regular meals that meet the following nutritional standard:
  - Calories: 750 (maximum)
  - Fruits and vegetables: Two servings (minimum)
  - Grains: At least half must be whole-grain
  - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
  - No more than 0.5 grams of artificial trans fat
  - No more than 30 percent of calories from fats
  - No more than 7 percent of calories from saturated fat
  - No more than 750 mg of sodium

Calculated according to the USDA Food Guide recommendations for a 2,000-calorie diet.

First ingredient is whole-grain or 51 percent of grain ingredients are whole.
  
- Provide a 100-percent smoke-free environment, including outdoor eating areas.
  
- Identify healthy menu items on the menu using the program’s designated healthy symbol. The symbol should not suggest that the food is associated with any health condition. For example, the symbol should not feature a heart because this implies that the food will prevent heart disease. The restaurant should also prominently display additional information (near the point of ordering) that promotes the program and explains the nutritional standard.

The program coordinator should work with restaurants to determine the most appropriate way to display this information, taking into account each restaurant’s specific environment.

- Use approved methodology for determining nutrient levels in foods.
- Make the nutrition information supporting the designated menu items available to customers.

## Intermediate Standards

- Default children’s meals should meet the following nutritional standard:
  - Calories: 600 (maximum)
  - Fruits and vegetables: Two servings (minimum)
  - Grains: At least half must be whole-grain
  - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
  - No more than 10 percent of calories from added sweeteners
  - No more than 0.5 grams of artificial trans fat
  - No more than 30 percent of calories from fat
  - No more than 7 percent of calories from saturated fat
  - No more than 600 mg of sodium

A “default children’s meal” is the meal served by the restaurant if the customer does not request any modifications, like ingredient substitutions.

First ingredient is whole-grain or 51 percent of grain ingredients are whole.
- Offer at least two regular meals that meet the following nutritional standard:
  - Calories: 750 (maximum)
  - Fruits and vegetables: Two servings (minimum)
  - Grains: At least half must be whole-grain
  - Dairy: Milk and yogurt must be low-fat or fat-free. Cheese must fall within the saturated fat limit.
  - No more than 0.5 grams of artificial trans fat
  - No more than 30 percent of calories from fat
  - No more than 7 percent of calories from saturated fat
  - No more than 750 mg of sodium

Calculated according to the USDA Food Guide recommendations for a 2,000-calorie diet.

First ingredient is whole-grain or 51 percent of grain ingredients are whole.
- Provide free tap water to all customers. For counter-service restaurants, water should be provided in a self-service area. For table-service restaurants, water can be served at the table by the server.
- Offer discounted healthy meals during an annual Healthy Restaurant Month.
- Offer each customer the option of being served half of their meal now and having the other half packaged in a biodegradable take-out container (doggy bag).
- Provide a 100-percent smoke-free environment, including outdoor eating areas.
- Identify healthy meals on the menu using the program’s designated healthy meal symbol. The symbol should not suggest that the food is associated with any health condition. For example, the symbol should not feature a heart because this implies that the food will prevent heart disease. The restaurant should also prominently display additional information (near the point of ordering) that promotes the program and explains the nutritional standard.
 

The program coordinator should work with restaurants to determine the most appropriate way to display this information, taking into account each unique restaurant’s specific environment.
- Use approved methodology for determining nutrient levels in foods.
- Make the nutrition information supporting the designated menu items available to customers.

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