

**February 12, 2010**

## **HEALTHY DIET GUIDELINES**

**1. PURPOSE:** The Veterans Health Administration (VHA) Directive strives to improve the health of Veterans, employees, and our communities by increasing healthy food choices and supporting sustainable food practices within Department of Veterans Affairs (VA) health care facilities. This Directive includes a model with implementation strategies for food service operations. The strategies outlined in the model promote healthy eating and nutrition guidelines for Veterans, their families, and VHA employees to achieve optimal health and quality of life.

## **2. BACKGROUND**

a. VHA is the largest integrated health care system in the United States, serving over 5 million Veterans every year. Of those Veterans served, 24 percent have diabetes, 36 percent have hypertension, and the total incidence of overweight and obesity is 76 percent. Additionally, many Veterans have special psychiatric and rehabilitative needs affecting their nutrition and health.

b. Poor nutrition is a risk factor for four of the six leading causes of death in the United States: heart disease, stroke, diabetes, and cancer. Supporting sound diet and nutrition practices within VHA health care facilities is part of a systems approach, leveraging food expenditures to support Veteran and community health. The goal is to advocate for and support health promotion and disease prevention through the provision of healthy food choices, education, and wellness opportunities at VHA facilities and sustainable purchasing practices.

c. Three of the top chronic diseases treated in VHA, in terms of volume and cost, are coronary artery disease, diabetes, and hypertension, which all have a significant relationship to diet and nutrition. The VHA population served with these chronic disease conditions is very high. In 2009, VHA treated over 4 million Veterans with one of the preceding primary diagnoses. Supporting positive health messages and behavior change among Veterans to lower their risk of chronic disease is essential to promote long-term health among Veterans treated.

d. A review of a sample of six VHA sites across the Nation found implementation costs for the recommended changes, based on VHA Healthy Diet Guidelines, to be an average 2 percent increase (minus 6 percent to plus 5 percent range) in daily meal cost.

(1) The variations in costs were dependent on the number of local menu changes required to meet the recommended VHA Healthy Diet Guidelines.

(a) For facilities which have already made menu changes, the cost is low or neutral.

(b) In facilities requiring more changes, costs may be as high as 5 percent.

**THIS VHA DIRECTIVE EXPIRES FEBRUARY 28, 2015**

## VHA DIRECTIVE 2010-007

February 12, 2010

(2) Availability and purchase of natural and hormone free foods and beverages could result in additional cost increases.

(3) Many changes are cost neutral by replacing high-cost low-nutritional value foods with high-nutritional value items. An example would be substituting seasonal fresh fruit for high cost sweetened desserts on inpatient hospital menus, or changing the majority of fruit options to seasonal fresh fruit instead of canned fruit. Although, the latter may equate to a slight increase in daily meal cost, the significant improvement in quality and nutritional value for the meal would support current health guidelines and send a positive message to Veterans and their families demonstrating the VHA commitment to health promotion. Additionally, purchasing local seasonal produce has the added value of supporting local communities and the environment.

e. The VHA Healthy Diet Food Model guidelines noted in Attachment A have been developed based on the 2005 Dietary Guidelines for Americans, the Dietary Approaches to Stop Hypertension (DASH) Eating Plan, VHA's Managing Overweight/Obesity for Veterans Everywhere (MOVE!), Weight Management Program for Veterans, and the Veterans Canteen Service Wise Up Program. Making these changes supports providing patient or resident-centered care and the VHA performance goals by practicing progressive leadership by modeling healthy food practices to Veterans, staff, and communities. This initiative also supports VHA Strategy 8, promoting health within VA, local communities, and the Nation.

**3. POLICY:** It is VHA policy to promote healthy foods and lifestyles by ensuring healthy food choices are available at VA treatment facilities for Veterans, families, staff and guests through incorporating a Healthy Diet Food Model across VHA food service operations.

### 4. ACTION:

a. **National Director, Nutrition and Food Services.** The National Director, Nutrition and Food Services is responsible for providing national oversight in supporting the Veterans Integrated Service Networks (VISNs) and facilities in the implementation of VHA healthy diet recommendations for food service operations, including supporting educational programs.

b. **Director, Veterans Canteen Service (VCS).** The Director, VCS, is responsible for providing quality retail food services at reasonable prices to Veterans enrolled in the VA Health Care System, staff, caregivers, and visitors to VA facilities. VCS supports the VHA healthy diet recommendations by providing a variety of healthful food choices in VCS cafeterias, food courts and vending programs.

c. **VISN Director.** The VISN Director is responsible for ensuring adequate resources are available to support changes in food service operations for implementation of VHA healthy diet principles and that the VISN supports the culture defined in the VHA Healthy Diet Food Model (See Attachment A).

d. **Facility Director.** The facility Director is responsible for providing adequate resources to support changes in food service operations for implementation of VHA healthy diet principles at the facility level.

e. **Chief or Program Manager, Nutrition and Food Services and Chief, Veterans Canteen Service.** The Chief or Program Manager, Nutrition and Food Services, and Chief, Veterans Canteen Service are responsible for:

(1) Implementing the “General Menu or Meal Guidelines” (Column II) as defined in the VHA Healthy Diet Food Model (See Attachment A) by the end of 2010. The guidelines are a menu planning tool to use in development of the regular non-select menu in all VHA settings (acute care, long-term care, residential care, and cafeteria). For sites with cafeterias, select menus, and point of service meal options, these guidelines are offered within the available choices.

**NOTE:** *The guidelines do not apply to special occasion and holiday meals.*

(2) Nutrient Goals (Column I) and Implementation Strategies (Columns III-VII) have been included as suggestions to support the process within the various operational settings. Sites are encouraged to consider these goals and suggestions as well as adopt their own menu and food choice changes that incorporate local and regional food cultures to support the established VHA Health Diet Food Model.

(3) Initiating an ongoing educational campaign for facility staff and Veterans promoting VHA Healthy Diet Food Model principles and the rationale for the promotion of health lifestyles for Veterans and VHA staff.

## 5. REFERENCES

- a. Fiscal Year 2008-2012. VHA Strategic Plan, Patient Care Services.
- b. Dietary Guidelines for Americans, 2005 Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.  
<http://www.health.gov/DietaryGuidelines/dga2005/document/>.
- c. MOVE! Weight Management Program for Veterans. <http://www.move.va.gov/>.
- d. Your Guide to Lowering Your Blood Pressure with DASH. National Heart Lung and Blood Institute, National Institutes of Health.  
<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm>.
- e. Veterans Canteen Service Wise Up Program.  
<http://www.vacanteen.va.gov/NutritionalInfo.php>.

**6. FOLLOW UP RESPONSIBILITY:** The Office of Patient Care Services (11), Medical-Surgical Services (111) is responsible for the contents of this Directive. Questions may be referred to Nutrition and Food Services at 202-461-7153.

**VHA DIRECTIVE 2010-007**  
**February 12, 2010**

**7. RECISSIONS:** None. This VHA Directive expires on February 28, 2015.

Gerald M. Cross, MD, FAAFP  
Acting Under Secretary for Health

Attachment

**DISTRIBUTION:** E-mailed to the VHA Publications Distribution List 2/17/2010

**VHA HEALTHY DIET FOOD MODEL**



VHA Healthy Diet  
Food Model .pdf