

REDUCING SODIUM THROUGH FOOD SERVICE GUIDELINES AND NUTRITION STANDARDS

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>> Dave Clark: Greetings and welcome to today's Dialogue4Health Web forum on reducing sodium through food service guidelines and nutrition standards. Brought to you by the National Network of Public Health Institutes and the Centers for Disease Control and Prevention.

My name is Dave Clark. I'll be your host for today's event. Before we get started, there are a couple of things we would like you to know about. First of all, realtime captioning is available for today's Web forum provided by Home Team Captions. The captioning panel is located on the right side of your screen. It can be toggled on and off by clicking on the Media Viewer icon that you'll see on the top right of your screen or on a Mac, on the bottom right of your screen. If you would like to use captioning, you'll see a link in the captioning panel that says "show/hide header." If you click that link, you'll be able to see the captioning more easily. If the captioning window ever disappears, just click the Media Viewer icon to bring it back again.

Concerning the audio, today's Web forum is in listen-only mode. That means that you can hear us but we can't hear you. But that doesn't mean that today's event won't be interactive. We'll have a Q&A session at the end of the Web forum and you can type your questions at any time into the Q&A panel. The Q&A panel is located on the right side of your screen. And it can be toggled by toggling on and off, you guessed it, the Q&A icon that you'll see on the top right of your screen. If you are on a Mac, you will see that icon and all of the icons on the bottom right of your screen

Now, in the Q&A panel, this is very important. Make sure to choose "all panelists" to send a question. And you can also, by the way, use a Q&A panel to communicate with me and my colleague, Laura Burr. We'll be behind the scenes just in case you have any technical problems, including audio issues.

We're really interested today in your thoughts, your questions, your feedback. Make sure to get all of that into the Q&A panel. We'll try to answer as many of your questions today as we can, I promise. In fact, why don't we get interactive right now. Let's bring your voice into the conversation right now. We thought that you might be interested in seeing who you're attending today's event with. We'll bring up a quick poll so you can tell us whether you are attending alone or whether you're attending in a group today so you will see that poll appear right now on the right side of your screen. You'll be

able to select from one of the four choices. And when you have made your selection, click the "submit" button you will see down below the questions. Don't forget to do that. We'll have a couple of polls later in the forum. This is a good practice poll. We want to make sure you know how to use this. Make sure you click the "submit" button. Let us know if you are attending today's Web forum alone, are you attending in a small group of two to five people, maybe you are in larger group of six to ten people, or perhaps you're in a large group of more than ten people. Let us know, who are you attending today's event with.

Let's look at those results. Who is attending today's Web forum? If you are not seeing the results to appear. Give them a moment to tabulate, they will appear. If you made a choice and didn't click the submit button, you will see an option right about now to do that, go ahead and click the submit button. About 95% of you are attending individually which is no surprise. About 3% are attending in a group of two to five people, and about the rest of you, 1% each, are attending in larger groups today.

If you are in a group, you may want to assign a single person of submitting questions on behalf of either the entire group or video group members, that might make things easier for you.

On the other hand, if you are attending alone, we don't want you to feel like you are there all by yourself. We want this to be an interactive group event today. Make sure to get all of your questions in the Q&A panel like I mentioned earlier and join in on the conversation.

All right. Well, let's get started with today's presentation on reducing sodium through food service guidelines and nutrition standards. Our moderator today is Kelly Hughes, the associate director of program strategy of National Network of Public Health Institutes, based in Atlanta. She serves as a liaison to the CDC providing project and relational support for CDC-funded initiatives. For the last several years, she's managed sodium reduction initiatives at National Network of Public Health Institutes in collaboration with the CDC and other strategic partners.

Prior to joining NNPHI, she worked as a public health analyst in the CDC's division of community health and she's a graduate of the CDC's public health prevention service fellowship. She's also a registered dietitian and a certified health education specialist.

Kelly, as our moderator, will be leading us through the rest of today's Web forum. So, Kelly, over to you.

>> Kelly Hughes: Thanks so much, Dave. Good morning to those of you on the West Coast and good afternoon to those of you on the East. Thank you for joining us.

Today marks the second in a series entitled "Reducing Sodium through Food Service Guidelines and Nutrition Standards," supported by the National Network of Public Health Institutes, or NNPHI, and the CDC. This series aims to share perspectives and experiences of public health organizations and food service -- or food sector collaborators around various topics related to sodium reduction. And this series is a continuation of two previous series titled "Connecting Public Health and Food Service Providers" and "Connecting Public Health and the Food Industry." Some of you have may have participated in some of those Web forums, and we appreciate you doing so. You can access any of the archived Web forums as well as other helpful sodium-related tools and resources on the NNPHI website. And the address is nnphi.org/sodium. Again, that's

nnphi.org/sodium.

So, moving on to today's program. Today's Web Forum will focus on tools, strategies and promising practices for adopting and implementing food service guidelines and/or nutrition standards to reduce sodium.

First we will hear from partners from Health Resources in Action, which is a member institute of the national network. And they will showcase the newly released toolkit titled partnering with food service to reduce sodium, a toolkit for public health practitioners. This toolkit was built in collaboration with NNPHI and CDC and we are excited it's available now free. And they will tell you more about it and how to access it in a bit.

And then we'll have Scot Foster from the New Hampshire Department of Health and Human Services who will provide an overview of New Hampshire's nutrition and sodium reduction efforts in schools, licensed child care programs, congregate meal sites, and one hospital. And he will also highlight successes and challenges and lessons learned over the last three years.

Just as a reminder, we will hold all questions until the end, but, again, we encourage you to submit questions throughout the Web forum and we promise we'll get to as many as we can at the end of all of the presentations.

So now that you have heard a little bit more about us and the program today, we would like to learn a little bit more about you all. Based on the registration data we received on February 3rd, this audience represents 48 states, Washington, D.C., Canada, and Brazil. Approximately 21 of the 48 states have at least five representatives. This is really exciting. A lot of diversity here. California is coming out strong but we do see some pretty good representation from across the U.S. That's really excited and we are happy you were able to join us today.

In terms of work sectors, the majority of this audience represents health departments primarily, followed by other non-governmental organizations and hospital healthcare systems.

All right. Now let's get on with the program. It's my pleasure to introduce to you our presenters from Health Resources in Action. First up is Stacey Chacker who is a project director at Health Resources in Action or HRiA. For the past seven years, she's worked extensively with healthcare providers, Medicaid payers, and the New England state asthma programs to promote sustainable Medicaid financing of asthma best practices. She's a leader on policy, advocacy and research on environmental health justice issues at community and governmental levels.

Prior to coming to HRiA in 2008, Stacey served as the director of organizing at neighborhood of affordable housing, a community development corporation in East Boston. She was a Peace Corps volunteer in the African Republic and has a Bachelor's degree in Clark University in urban social geography.

And joining Stacey is Karen Schoneman, who is the director of health communications at HRiA. In this role, Karen works with clients to develop and implement communication and marketing strategies to improve population health. Karen has over 15 years of experience in qualitative research, strategic communication planning, creative direction, media planning, digital strategies and content development. Karen has consulted for state and local public health departments, federal agencies, hospitals and

community-based coalitions. She holds a master's degree in health communication from Emory in collaboration with Tufts School of Medicine. It's my pleasure to turn it over to my colleagues at HRiA to reveal a new sodium reduction resource that we are excited about.

Stacey and Karen, take it away.

>> Stacey Chacker: Hi, everybody. This is Stacey. And, again, thank you, Kelly, so much. It was really great working on this project with NNPHI as well as with the CDC. And I was listening to my introduction, it is really for us a piece of eventually social justice and health equity having healthier meals for eastbound in all different kinds of settings. We appreciate you being here.

This is the disclosure. This project was funded with NNPHI through a cooperative agreement with the CDC. And we are happy to be a partner on it.

Again, Health Resources in Action, we're a member institute of the National Network of Public Health Institutes. We're based in Boston, but we work across the country. We're really working as probably many of you did to help people live healthier lives and creating healthy communities through prevention, health promotion, policy and research that really emphasizes some of the services we provide. We do strategic planning, capacity building, policy and development. We develop toolkits, health communication. And really where you have a commitment to working towards promoting population health through the services. And we do work with government, all different levels, as well as community organizations and healthcare systems.

But before we get started digging into the toolkit and how we developed the toolkit, we wanted to learn more about you all on the telephone. So we have another polling question.

We wanted to know: Have you worked on sodium reduction efforts? So yes, you're specifically working on a focused sodium reduction effort that could be geared towards individuals or food service providers. Yes, you're doing it but it's more of a whole food approach. And not yet, you haven't worked on one yet.

So if you would just take a couple seconds to fill that out, that would be great.

Okay. It will take a couple more seconds to be getting the responses. It's so great to have a wide different audience on this Webinar today. And even though it's geared towards public health professionals, it's also geared towards those directly in the food service industry. So we appreciate you all being on the phone.

>> I imagine the responses to this question may be changing over the years as well. Perhaps more and more people moving into a broader or whole foods nutrition effort. Looks like we've got our responses up.

>> Stacey Chacker: Yep, we do.

So 38% of you have been working specifically on sodium reduction efforts. 38% of you have been working on sodium reduction as part of a broader nutrition effort. And 24% of you have not taken on this subject as of yet.

>> Karen Schoneman: So welcome.

>> Stacey Chacker: We should have asked if you intended to.

Just quick background why we worked on a toolkit for reduction of sodium. Those who are working on it know this very clearly. Over a third of the sodium consumed by Americans comes from prepared food and processed foods. And we find a lot of that in obviously food service settings or food that's manufactured. It really is a health risk, and

there's also health equity issues in terms of who's impacted, so really started with elevated blood levels -- blood pressure, excuse me, heart disease, and stroke.

The CDC as well as NNPHI and HRiA, we really thought there's a great opportunity working with food service industry at all different levels to try to impact the kind of food that is served or marketed to consumers, so there's many avenues of getting lower sodium in our food processed chain.

The purpose of the toolkit, it's geared towards public health practitioners. There's a lot of stuff that's going on out there in the sodium reduction world in terms of people that have tried different strategies or tools or they have built really innovative partnerships with food service providers. We also know there's a unique language with food service providers and unique challenges in terms of the work environment. So we really want the public health practitioners to understand the people they're working with and where there are opportunities and levers for change. So we shouldn't assume that we know that.

So, again, I just said this, the primary audience is public health practitioners. But we don't want food service industry people to think this is not also for you. There's a lot to learn in this toolkit. So it's also geared towards people learning from the food service directors or providers, people that are manufacturers, distributors. Also, there's a lot of interesting work going on with group purchasing organizations. So this might give you some ideas to try to partners with your public health officials or do it on your own.

So we wanted to tell you how we developed this toolkit. And so our first process was really to do an environmental scan or research about what is out there. So we did online research to learn about the work that's going on, any kind of innovative work, interventions, and then also learning specifically focused on service providers. SRCP stands for sodium reduction -- I will get the CP -- community prevention. I'm getting that wrong. Karen?

>> Karen Schoneman: Sodium reduction in communities program.

>> Stacey Chacker: Thank you. That's a CDC-funded program. There's many grantees around the country. They have developed a lot of really great tools. There's lots of great things to learn from them. However, we did not want to limit our research just to the work that they're doing. We wanted to learn from food management companies, manufacturers, and food service providers. You will see in our toolkit, there's some case studies from that. This is online, then also looking at published literature.

We also went and did interviews, so semistructured-guided phone interviews. Through our research, we identified people from the categories that are listed. So two food manufacturers, one food distributor, two food service providers, and then one healthcare agency. And some of them were focused on very specific sodium reduction; some more whole foods. But we wanted to learn from the field and dig in a little bit more.

So this really helped to inform the toolkit and what you're going to see. So they shared with us both their successes and their challenges. And here is a sampling of some of their successes that it was really positively viewed when they were marketing new low sodium products, that it was perceived positively both from the customer base as well as the staff. They actually end up getting more customers so if you were in a hospital, you might have people just dropping by for lunch that were not stopping by before.

So it helped increase, as I just said, demand from the customers and improve the relationships. And also one of the emphasis of what we were looking for were looking for

things that were not costing more to do. So looking for strategies where either there was cost savings or there really wasn't a big impact.

And we know that some of the bigger impacts are areas about training staff. This might sound so easy to do, but it's definitely more challenging than we had anticipated, I think, in the beginning.

So that moves on to some of the challenges. So when you're changing a recipe, it really can change the taste or even the quality of the product. And that's not always easy. Cooks have their own recipes. They throw a little bit of this in, a little bit of that. To ask a cook to follow a very specific recipe is not always easy, and there needs to be training. So they really have to standardize the food preparation and make sure that people are properly trained on how to do that and why to do that.

There's not always resources for marketing and for communicating changes. That includes both to the staff as well as to the clientele that are coming in to eat. It's not always easy making shifts. Again, it takes time and resources. So training is a really big component. Making sure that people have different recipes, they're not using -- they might be making up from raw, from scratch, versus making it with fixed broth already. That will definitely take more time.

It's definitely seen as a business risk. I think for those that are less educated, they might perceive it as taking more time or customers are not going to like it as much. And one of the things we found is that if you do salt reduction incrementally there might not even be a perception of the change happening.

One of the last challenges is that food service providers buy foods from distributors and vendors. If there's not enough demand for a product, let's say a low-sodium bread or low-sodium sliced turkey, they will not be covering that and offering it. There needs to be increased demand for these products so it will be on your regular list of what to buy.

This is really geared towards cafeterias and, like, a congregate food, like, elder meals. It's not geared towards patients' meals who have very specific nutritional needs.

So now I'm going to turn this over to Karen, and Karen is going to tell us more about what actually is in the toolkit. So thanks, Karen.

>> Karen Schoneman: Thank you, Stacey. Thanks for providing that background about how we've gotten to the place we are. I'm going to quickly just walk you all through the toolkit a little bit, hopefully pique your interest. And I know we said it several times. This is intended primarily for public health practitioners. But we want it to be very clear. We really want to emphasize that food service partners are key in sodium reduction efforts.

What you're looking at right here is the table of contents of the toolkit. And it's intended to take you through a bit of a process, but you can also jump in at just about any point here. So you do not have to go through step by step, although we wanted to make sure that we could provide a toolkit that would take you through an order of steps, if that's what you're looking for.

So the toolkit provides necessary background information around sodium, although I'm going to guess that most of you probably already know why we're doing this important work. How you can go about building relationships and creating partnerships with food service providers, what kinds of strategies have been effective in a variety of food service settings and reducing sodium, and where sodium efforts are going from here.

We have some features throughout the toolkit that will become familiar to you, if you spend some time with it. And they're all intended to be able to support your work and the steps of the process that the toolkit takes you through.

Some of these features include case studies, illustrating how food service providers have successfully reduced sodium consumption in a number of different settings. Here is a hospital setting, for example. There is also a food manufacturer example and a food bank and congregate meal setting example.

And you all, I'm sure, are aware of this, especially if you are familiar with the SRCP work, there are many, many other success stories of public health and food service partnerships in reducing sodium. We cite these throughout as well. And those success stories also offer a wide range of different settings and strategies to use in sodium reduction.

We also provide curated resources throughout the toolkit. And is circled here, supporting background data and information, guides and other publications. There are certainly many other good resources out there and a variety of other kinds of tools, Webinars, and videos.

The toolkit here, as you can see, starts with important background information related to sodium guidelines and standards for food service providers as well as information like how changing consumer demands and market trends are driving sodium reduction. Things like local resourced foods, so-called clean labels, and general market demand for lower sodium products.

It also includes how public health practitioners can really orient themselves to the needs and to the challenges and opportunities of potential food service partners and settings. It's really intended to help public health practitioners sort of get in the head of food service providers.

The toolkit describes potential partners and the roles that they might play in food service delivery, including the roles they can play in sodium reduction specifically. It's really valuable to understand the role each can play in this overall food supply chain and to understand that sales are often an important driving force and something as public practitioners partnering with food service providers are something we need to keep in mind always and with whomever we might be working with.

As an example, food service directors may be able to show leadership and commitment to sodium reduction, and they may be able to support staff in kitchen-based sodium reduction strategies. At the same time, they can be playing a role in marketing strategies that can promote health consumer decisions, and they can be demonstrating consumer demand for those lower sodium products to others in this food supply chain such as sales people and distributors.

Distributors can source and stock lower sodium food, basically making those available for the food service directors, and they can be demonstrating consumer and client demand to someone who is sort of even higher on the food supply chain to food manufacturers. And, of course, those manufacturers then can play a very important role in things like developing, reformulating, and producing lower sodium products.

So you may have relationships with -- or have reasons to interact with a number of these different folks in food service delivery. You might start by building upon some of those existing relationships so that you can address sodium. Or you might approach it by

allowing the populations that you wish to serve, populations that may be at higher risk to be the drivers of the kinds of strategies you use. And the food service venues that are going to be to best reach those folks are then the food service venues you will want to think about partnering with.

So, next we provide guidance in how to go about building successful relationships with food service partners. And this includes points like recognizing what food service partners bring to sodium reduction efforts, how you can go about making a business case for food service partners who really have to be thinking about sales and market share.

Demonstrating the value of us all as public health as a partner and what we can bring in terms of expertise, resources, and perhaps things like evaluation capacity. Overall, we are really trying to hammer home the point about how important it is for public health to think like a service provider, food service provider.

The toolkit offers approaches and tools for assessing food service environments, from tools that provide for comprehensive kinds of assessment to maybe more time efficient approaches to assessment. So these include sodium-specific assessment tools, broader nutrition environment assessment tools, and even some simpler approaches, targeting higher sodium food categories, for example, as you'll see on the right here; targeting these higher sodium categories and ingredients; assessing the sodium content and considering whether modifications or product replacement, for example, would be effective.

And next we offer a variety of strategies, about half a dozen strategies, to implement in a variety of food service settings with different partners. And the kinds of strategies that you might consider can be guided by assessment data that ideally you will have been able to collect; input very important input from your food service partners; and other kinds of criteria such as feasibility and potential for impact and just overall will as well. And you will find in the different partners you work with, they will let you know what leadership, what their clientele, what their consumers may or may not be open to.

So we offer descriptions and resources for strategies including modified kitchen prep and culinary techniques, things like scratch cooking; using herbs and spices; for sourcing and developing lower-sodium ingredients; for using the purchasing power of group purchasing which Stacey mentioned earlier for sourcing lower sodium ingredients; for product replacement; identifying higher sodium items and lower sodium alternatives that don't compromise flavor which is very, very important to your food service partners; how to reduce or manage portion size to limit sodium.

The use of marketing and behavioral economic strategies. Those are strategies based in how consumers actually make decisions to support the purchase of selection of lower sodium foods.

And how to incorporate sodium reduction into broader nutrition environment strategies which many of you may already be engaging in or certainly know others who are engaging in broader strategies or larger kinds of whole foods strategies.

So now I'm going to kick it over to Stacey who I believe is going to be to wrap up our discussion of the toolkit.

>> Stacey Chacker: Sorry, everybody.

So, again, using the toolkit, we really think that if you're actually either just trying to get a project off the ground as a public health professional, if you're looking at a grant

proposal or been approached, this is a really great way to introduce yourself and to familiarize yourself with strategies. There's a lot of different things in here you could pick out. Karen was talking about an assessment or really learning some of the language. But I think it's an opportunity to develop a plan so that you can actually approach a food industry, no matter who your target is. When you go in, you could actually work with the food service industry to determine which tool is best for them in terms of doing an assessment.

So, like, looking through the options, obviously there might be others beyond this. But it provides a lot of places directly to point to.

There's examples in here of tools that have been developed so you could actually try to connect with the people that have developed their tools or told their stories to learn more.

And you can also just use it for coming up with different menus for strategies. If you are in the food service industry, you might just want to pilot something on your own. You might want to put together something, for example, working in collaboration with a group of other hospitals that are doing group purchasing to approach a manufacturer or a distribution company or you might want to approach your own public health department for technical assistance.

Anyway, so you can access the toolkit in two places. It's hosted both on Health Resources in Action, on our website. It's also posted on NNPHI's website. We encourage you to access it, to spread it around, and promote the use.

And if you have any questions about it or suggestions, we're happy to get that information from you. I'll go to that slide first. If you have questions or things that you think would be great -- I'm not saying we're changing right now -- but should be added or remarks, here's contact information for both Karen and I as well as Kelly who has actually been working on this for a long time with us as well.

So before we end here and pass it on to Scot, we really wanted to hear your feedback regarding this resource. So do you think this would be helpful or relevant to your work on sodium reduction or with food service professionals? Again, we recognize you might be doing more of a whole foods approach.

So if you would answer this poll. Yes, I can't wait to check it out! I think it might be helpful but I will take a look at it first. Definitely not helpful or not applicable to me. We would like to hear your feedback.

And here it is coming in. Of course, we are hoping it will be helpful. If you are looking to get a start, it's certainly a good place to get a lot of good ideas in one centralized place.

>> Karen Schoneman: I think if nothing else -- and this was a lesson for me as we developed this toolkit, that value of understanding the food service environment and the role that each partner -- food service partner plays is so valuable. You bring the public health expertise but you are not necessarily in the kitchen with the food service providers themselves. So I'm hoping that alone is going to be useful to potential toolkit users.

>> Stacey Chacker: I could tell a funny quick story. We are happy to hear that 43% of you really can't wait to check it out. And 49% of you think so but you're going to take a look at it first. And we're going to pass this on to Scot now. So thank you so much.

>> Kelly Hughes: Thanks so much, Karen and Stacey. I'm going to interject.

Thank you to both of you for sharing more about the toolkit. We are really excited to transition to Scot's presentation.

So, Scot Foster began his public health career in 2009 as the physical activity coordinator for the New Hampshire Obesity Prevention Program, the CDC 805 funding. Scot added nutrition and sodium reduction to his list receiving the 1305 grant funding. Now he works primarily with licensed child care settings and schools to increase opportunities for physical activity, improve nutrition guidelines and reduce sodium in meals served. Most importantly Scot is a Virgo and he enjoys taking long walks on New Hampshire's short beaches during New Hampshire's extremely short summers. I'm excited to turn it over to Scot. Feel free to take it from here.

>> Scot Foster: Thank you very much, Kelly and for David for his help and to Stacey and Karen. What a tremendous resource that they've created. I wish it had been done about four years ago. (chuckles)

One of the things I kept thinking of when I saw their names as national experts, God, I hope they don't come up with a toolkit that shows I have been doing everything wrong for the last six years. I'm glad to see I don't think that's the case. But certainly appreciate their presentation, very timely.

So the work that we've done -- first of all, I want to say I don't believe the work that New Hampshire has done is any better than any other states that are on this call. And I don't believe -- it's just that we happen to be the one on this call. I think that's one point I would like to make.

And, secondly, a lot of credit goes out to -- we have a state college that does a tremendous amount of work. Our consultants are fantastic and all the people we have worked in have put a lot of effort into this. I don't want to take credit for them.

You see here, here's four different groups we have worked with. We have a congregate meal site, Grafton County Senior Citizens Council, we have a hospital and some licensed child care programs and some schools.

This is new to me. But we have a polling question. This is my first one: What type of settings are you partnering with right now to implement nutrition and sodium initiatives? You can select all that apply. We have some schools, child care, work sites which is something New Hampshire could do a better job of. We don't have much in that way. Restaurants, hospitals, congregate meal sites, or others.

Go ahead now and please take a chance and choose all that you are currently working with. And we will tell you a little bit about our schools, child care programs. Restaurants is something we have worked with in the past in our 805 funding. But I thought Stacey and Karen made an excellent point that they are selling food. They need to be able to sell the food. Eating is personal. Food is extremely personal.

I think when you go into a restaurant and you are talking to chefs, you know, these recipes -- I think like Stacey and Karen have both said -- have been passed down from generations. You try to be cognizant of where they are coming from. I think that's good advice for anybody we work with in public health. My two cents.

Let's see what we have got. A lot of school folks. I'm glad. I can speak a little bit to that. Some child care, about 26%. Work sites, you can speak to me later. I could use your help on that one. Some hospital folks, restaurant folks. Again we haven't had much luck but it looks like you have. A lot of "other," some congregate meal sites as well. Cool.

Hopefully you can learn a little bit from me and you can contact me after and I can learn a lot from you.

Again, with our funding change in the CDC funding to 1305 which is a lot of programs together, what we ended up with was starting from scratch, we lost our nutritionist to retirement. She didn't retire, I probably would have been the one to go because we didn't have enough money for staff. We had to find a place to begin with nutrition, primarily with sodium reduction. You see the picture of Lia Baroody who works with our heart disease and stroke prevention program. She worked with congregate meal sites and nutrition agencies that provide those. So we decided to start there. We at least had a relationship. And I think that's something again in the toolkit we were just talking about who do you know, who can you work with.

We got together with Lia and wrote a request for proposals. We thought we could do two different projects, \$5,000 each, total of \$10,000 and allow those people to have some registered dietitian consultation and reduce some sodium in at least two of the ten agencies we have. Unfortunately there was very little interest and we did get one agency that applied. So we sent \$5,000 back to the CDC which is something we wish we could have utilized in New Hampshire, but obviously the interest just wasn't there.

And through working with this group who are fantastic, we helped them do kind of an onsite sodium reduction training with their staff. You can see a picture of one young lady there smiling, putting some salads into some bowls there. And it was hands on. And what they like the most was kind of those comparisons about, okay, what has more sodium in it? Not looking at the brands but is it the chips or is it the salad dressings or the breads? They were pretty amazed at how much sodium can be in especially wheat bread, how many sodium is in salad dressing, things that they got a chance to learn about. What are you buying for canned foods?

And, again, we're trying to do cost-neutral changes. So they certainly don't have any more funding. They get funding from the Bureau of Elderly and Adult Services through the state so that funding doesn't increase. If anything, it decreases. You can see they were able to talk more about what they're going to do to purchase items, maybe purchasing lower sodium hams and things like that.

And I think, again, just Stacey just mentioned, and Karen, just a second ago if you can't reduce the sodium items, reducing the portion size maybe taking those breads and cutting them in a triangle. It's amazing how many little things that you can do that add up to large things. I think as public health people, we want to change the world overnight. Sometimes it's just empowering that the folks that are really doing the work to change a little bit at a time and have some success.

I think any project we try to do, we want to have a success for them pretty quickly because you don't want to have a really large project and have really nothing come out of it. It's very disheartening for all of us.

You can see there's quite a few folks that were affected by that. But, again, we weren't getting all the participation we really wanted. So we decided to do one larger project, talking to people about maybe the money might have been an issue. We did one project the next year for 15,000, and we opened it up to applicants that could be work sites, hospitals, or another one of these agencies. You can see my disappointed face here on the right. We still only got one application. Some of this is a barrier -- you know

the work state health departments, our contract process and application process is so horrific, should I say, that you can't get people that don't know the process to apply a lot of times. You have the same people that apply, the same public health institutes that do a really good job, but you don't get the folks you want to get to. It's something we need to do a better job of at the state to get those applications.

We got one applicant, and typical of state government, by the time the contract process ran through and we got the applicant and all that stuff, we literally had three weeks to do the entire project. That's a lot of stress on everybody. That was my horrified face which unfortunately I'm not going to show you.

But enter kind of a local champion, Jason Aziz, who works for congregated hospital. He's an exercise physiologist but does a lot of wellness work for the hospital, he had this idea to reduce -- this is at their grab and go locations, cafeteria locations, not just at the hospital but at the clinics as well. They decided what we're going to do is cut healthy items, the price, by 50%. And so anything healthy had to be less than 200 milligrams of sodium and 150 calories per serving. What they saw was an increase in huge fresh fruit sales. The lady at the cash register got asking where is the fruit because it was empty. They used the old sales technique, they crossed out the original price and left it so you can see what it was and then dropped it down 50%. I think it used to be \$1 and then 50 cents. And then the smart your lunch room, they had right there by the cash register, so easy access. A huge increase. And the overall sales of the things that fit the healthy category doubled.

They had 55,000 people, visitors, patients that visit their eight locations and then they have over 2500 employees, too. So a nice reach there. And I think really a tribute to Jason.

And what they want to do next is have a little grab and go box, like you see with the unhealthy things like wings, but healthy, low-sodium dipping sauce of some sort and then also have vegetables and fruits and throw \$2 down and run away with it. Because it's about access, as we know.

The child care program is something that has been close to my heart. We have done this go NAP SACC program which is a national assessment program where child care fits out a checklist. They have fun with it because checklists can be cool like that. We have a consultant at that comes in and helps them choose at least through nutrition improvements based on where they're at. One of these three must directly affect sodium and reduce it.

So you see a picture here of one of our older programs. This wasn't recent. You can see what we try to make a big deal out of it when they finish the project which had to have a framed plaque we give them which I do for \$15. I do it myself and sometimes it comes out better than others because I have no skill in that particular area.

But what you see them do a lot of times is reducing the snacks that are higher sodium. Again, these are not wholesale statewide changes. You talk about guidelines. But, again, our licensing has very little -- child care licensing regulations has very little nutrition in it. What we have to do is almost go island to island as these child care programs and work with their system to change that. And you see a lot of snacks that are higher in sodium, pretzels, et cetera. We try to increase fruit and vegetables, frozen, et cetera, fresh. And a lot of folks lately have been working with soups because we know

soups are really high in sodium.

A couple quick examples, some really fun examples, our consultants will sit down with them and one child care program said, well, we'd like to do the snacks ourselves. We don't belong to the child and adult care food program, so we have parents bring -- they each take turns bringing in snacks. And it's always stuff we don't want.

But we don't have money to do the snacks. So our consultant looked at their budget and said, you're spend can X amount of money on paper products, paper towels, toilet paper, anybody that has kids knows where does the toilet paper go. And then you have tissues, all that. Why don't you have the parents each be responsible for a paper product in their role instead of a snack and you take all this money you are spending on paper products and put it into snacking you want to buy. It wasn't cost neutral, it was cost effective. And the parents loved it because they don't want to shop. They just want to go to Sam's Club and buy a bunch of paper products. It was a win-win. They could give the kids snacks which parents really do like because -- I hate packing snacks myself. And then they could actually get the paper products from the other folks.

I actually just had -- we call the folks that finish -- June 30th our finishes and we wait six months and call those folks. I just got off the phone with a child care program not too long ago that is working to -- they have smoothies made out of kale and stuff that's really all from scratch so there's no sodium in it at all. They said they were having trouble getting the kids -- because it's a different color and texture. So what they do is put it in little cups and they could a cheers. They get a smoothie and kids love to say "cheers" so creative things people do.

And now they have a garden onsite and they do come posting. Now the kids know what the worms are like in the compost. You can't feed the worm that, they don't like it. I can just imagine how fun that would be for kids, a lot of great stuff. Our child care programs and consultants do a great job.

I do have to explain. This is a picture of Little Harbour School Garden. That's not one of our program. It's amazing. They have a champion that has a knowledge of gardening and is into it. We do have folks that are into it.

Again, we have schools, almost 50. They have to do something very similar. They have to do three nutrition improvements and one has to include sodium. I really liked what Karen and Stacey said about kind of knowing the folks that you work with because this is a group that really is disenheartened a lot of times. They get yelled at a lot. They don't get complimented a whole lot. Their budgets get highly scrutinized. They have zero money left over.

So when we come in and we with child care programs, when they finish, we can give them a \$1,000 mini grant to implement their project. And we can give schools 1500. It's really amazing to see the looks on their faces when they can finally get a chance to make some of those changes. An industrial food processor has been very popular. Think about how much time it takes to do all this cutting, slicing, shredding, and it can really make a huge impact on what they're able to do from scratch.

We've had a lot of folks -- you know, you've got to involve the kids. And when Stacey and Karen talked about making huge changes and people not liking it, a lot of folks have a lot of tasting stations now where they bring out seasonings, non-sodium seasonings and have the kids say do you like it, do you not like it.

At the high school level, I'm amazed how into the healthy eating piece that a lot of junior high and high school students are. They know a lot. There's a lot of information out there for about healthy food. So it makes a certain amount of sense.

We have one school system that has a hydroponic high school in the garden and they give the lettuce to the school. One boy that's in the gardening program was walking with his friend and the friend starts to throw away the lettuce. He said, dude, you can't do that. I grew that. So David, the food director, says it's amazing to see that they have a piece of it, an ownership of it, which is really neat.

One of the things that made a huge difference, you don't realize breakfast options as far as sodium. If you are using those old sausage patties, it's just filled with salt. Getting into a smoothie bar, even if you only do it once a week, any kind of options for breakfast that don't include some of that really traditional high-sodium stuff.

Again, the gardening is huge. I was talking with one of the food service folks the other day and asking them -- because I think there was a question that was submitted to Kelly about products. And she was saying, there are products. There's not enough products, especially when we eventually move to the second target for sodium. But she says, you know, the key really is to reduce your processed foods. That's where that kind of Robot Coupe or how you do your processing yourself makes a big change.

I think Vermont has this program about how you use your commodity buying to kind of get locally grown food. And that's a system that we like to see really expand. I think that's kind of exciting stuff to come up. So great stuff there.

So we have another polling question. And what do you feel is your greatest challenge? We've talked a little bit about these. Is it the availability of the products, low sodium? Is it the buy-in from the staff? Are you finding the people you are working with really aren't interested? In the case with us with the congregate meals, they just had a lot going on. The idea of taking on another project was just not advantageous to them. Is it the budget, money? Is it food service staff training? Or another?

Go ahead and submit yours. We had an interesting piece about budget recently. We've really tried to focus on cost-neutral stuff. And actually even looking at it -- because we have consultants that are from school foods. They know the people they're working with. They know the culture. And about really how do you get more reimbursable meals sold so you are bringing more money into the program? Free and reduced lunches are one thing, but how do you entice kids who are bringing lunch to buying lunch and bring the money back into your programs?

At the end of June, you'll have some interesting -- well, at least anecdotal data about that because we have folks working on that specifically. How do you improve your -- the rates of the meals that you actually serve?

We do a nice food service staff training for schools, Keen State college created, their two RDs. Webinar training is really important for food folks because they don't get out. They are tied to their job. So if you can have a Webinar, focused piece, with what little free time they have, it seems to be important to them.

We see a lot of the same things I have seen. 25% buy-in from staff. We haven't had that issue I think maybe because, again, we only work with the folks who want to work with us. I think one of the things you know about life and people in general, you can't change their way of thinking. You can provide resources but really if somebody doesn't

want to change, they're not going to. Interesting stuff there.

Again, this goes to lessons learned piece. The congregate meal sites, I feel like we had a good experience but we couldn't get more experiences. And they really liked the hands-on training people. There are people that do a lot of cooking, they don't want to look at the Webinar. They wanted people to come in and say this is what this is as far as sodium.

And we intentionally don't structure projects really tight. Like, we like to go in and say this is our end result. How can you get there. That was not as popular with this group. It is just something for us to think about and see how we can improve.

When it comes to the hospital piece, Jason was really clear. He says, we did too many of those healthy products at once and it was hard to track them all. If I had to do it over again, I would just do the fresh fruits and vegetables, track that and see if we can promote that. Their slogan is "food is medicine." So, again, thinking about how you eat is how it affects your health.

Again, you can see below it, it's easier to just a few products and go out about eight weeks. I have a meeting with him coming up, so it will be interesting to see that almost a year has gone by and how they are doing with it, if they are still sticking with it.

As far as the child care programs in schools -- I think I just alluded to that a little bit. You really can't change folks. We had started with some schools and they were really resistant and the administrations were resistant. We said, when you are ready, reach out but we are going to go to the one that is have a real desire to get better.

One thing I would say if you are going to use consultants for child care programs, schools, is make sure those folks have experience in that culture. We take our child care consultants that are either former directors or teachers or have consulted quite a bit with that group because there are specific challenges to child care programs. You can't cost them money. They run a very thin line.

And with the school piece, it's, again, how do you empower folks that really -- they have been doing this job a long time without a pat on the back and they don't get any extra money. The only time they get yelled at -- or only time they get spoken to is to being yelled at about their budgets. I think our consultants do a fantastic job of empowering school folks. When I talk to them after the projects are over, they feel like they have made changes they can sustain which is what we are really after.

I feel if it's at all possible, those mini grants or subawards, however you want to phrase that, we do 1,000 for each child care program. Once they have done all their assessment pieces and give us a plan on what they're going to change, then 1500 for school districts. Be it those Robot Coupe machines or child care programs, if you want to serve family style meals and they don't have dishes that are kid appropriate, if you are going to do water instead of some other pieces of beverages that may even have sodium in them, do you have water containers they can manipulate themselves? That's one thing we hear time and time again. If they can do it themselves, they can get a lot of water. The trips to the bathroom I don't want to be responsible for. You know what I'm talking about there.

I just want to say I'm home in a blizzard. This image makes me appear younger than I actually am. Thanks to the folks we presented with today. Thanks to Kelly for the opportunity. And certainly reach out if you want to give me advice or want to talk a little

bit. Happy to do that.

>> Kelly Hughes: Great. Thank you so much, Scot, for your presentation and your awesome picture.

(laughter).

>> Scot Foster: That's the '80s in a nutshell. That's when the collars could go up.

>> Kelly Hughes: I love it. I love it.

I'm excited we can open it up for questions from the audience. Just a reminder to everybody that's still with us that you can send in questions to any of our panelists by typing in your question into the Q&A box and then select "all panelists."

So now I will tee us up with a couple of questions we received. I will kick this one to you, Scot.

What was the name of the food processor that you mentioned?

>> Scot Foster: It's pronounced ro-bo-koo. I had to check this out. It's spelled R-O-B-O-T C-O-U-P-E.

There's a lot of them. There's different variations. You can go on their website and check it out. We have had our folks say there needs to be one in every kitchen. We have people -- again, this was a learning experience for me where you go in and all their knives are dull or throwing knives away or buying new ones. This is not right. We need to do something to keep your people from spending all their time just trying to chop and serve.

>> Kelly Hughes: Great. All right.

Next question is for Karen and Stacey regarding the toolkit. Does the toolkit include suggestions for messaging for different audiences? For example, schools, food bank, customers, hospital patients? Over and over we hear promoting sodium reduction or lower sodium foods is deadly because of the perceptions around taste.

>> Karen Schoneman: I will take an initial stab at this.

We don't get specifically into messaging or specific marketing strategies. You are right to point out that this is actually a very complex issue. And as much as I wish I was an expert in marketing and behavioral economics, which I'm fascinated by, we don't get that specific.

But I will say -- I will add the caveat that you have here. There are pros and cons to how explicit one is when it comes to, I guess I would say, more marketing and communications.

The science tells us that sodium reduction to a certain proportion is totally acceptable and most people can't even discern it.

But if people know that sodium has been reduced and they're not looking for a lower sodium product, that can, indeed, be a challenge.

So many folks have engaged in more stealth health kinds of approaches. And others, you know, have engaged in more behavioral economics kind of approaches which can be more about where products are placed, how products are displaced. Anything that just sort of nudges people towards making a healthier choice.

So it's complex. I would suggest that you do a little more research and experimenting actually. You can often do small scale kinds of experiments in a food service setting to determine what is working for your clients or customers and what isn't.

>> Kelly Hughes: Another question about the toolkit. Would it be correct to assume that the toolkit and strategies used for sodium reduction can be replicated for sugar

reduction with certain modifications?

>> Karen Schoneman: I will jump in again and then Stacey or Scot, anything you have to add. I think in terms of broad approaches or strategies, yes, a lot of these are applicable. Just recognizing that things like modified food prep, sourcing and developing lower sugar kinds of ingredients and products, using group purchasing, replacing products, you know, managing portion size, those kinds of things. I think, you know, without being a RD myself, I do think that these are widely applicable, clearly marketing and behavioral economic strategies are as well just, again, with the kinds of modifications that you've mentioned.

>> Scot Foster: I don't want to speak to the toolkit because Stacey and Karen did a great job with that. I would just say when we are telling folks about this, it's really about getting away from processed foods that have a lot of things that we don't want, sodium, sugar, and getting back to more from scratch-type materials. I think in that respect, what we do kind of has that effect. I would certainly want to speak to the toolkit.

>> Kelly Hughes: Great. Building off of that question, there's another question that says: Please discuss the pros and cons of labeling food products as low sodium and providing low sodium alternatives in restaurants, grocery stores, and food service venues? This kind of relates to that stealth health comment we have been hearing but the pros and cons and being obvious with your marketing in terms of labeling foods as low sodium and what your thoughts are on that. And I welcome our presenters from HRiA or Scot to comment.

>> I'm happy to jump in for just a moment and really happy to step back if anybody wants to add anything.

I would be happy to follow up on this question because it was really nagging at me the entire time that we were working on the development of the toolkit.

So I would be happy to do a little bit research and see what kinds of easy-to-access resources might be out there in terms of data, for example. It is a very complex issue. And I would really like to actually better understand it myself.

So I don't know, Kelly, if there's a way for people to -- we could follow up with the whole group, I suppose. But I would really be happy to do a little bit further digging and follow up with hopefully a more substantive response to that really, really good question.

>> Kelly Hughes: Yeah, I will see if we can get an email address -- I'm sure we have access to the email address to this respondent or participant and we can try to follow up privately if they're open to that.

>> Scot Foster: I would just also mention Brian Wansink's book "Mindless Eating, the Smarter Lunch Room Pieces." We try to come up with creative names for just the foods, just something that's interesting if you have Cajun tomato soup. It's almost with kids, I don't need to tell them, just get them excited about what they're eating. Especially if you can control it in a school and child care program. Half the time they wouldn't even realize they are not eating sodium, it's just good food.

>> Kelly Hughes: Great.

All right. Let's see here. Any advice for youth teams trying to make school meals healthier?

>> Scot Foster: I'm sorry, Kelly. I missed the question.

>> Kelly Hughes: Any advice for youth teams trying to make school meals

healthier?

>> Scot Foster: I think -- we get this a lot. And the school food folks are kind of -- they get inundated with a lot of it and it's a lot of blame usually. So one of the things we say is go down and have a chat about what you're interested in. I mean, a lot of them are very open and work together with health classes. There's a lot of great health class and school food combination stuff that's going on with wellness policies and other stuff.

One of our folks work together and put a little sodium fact right where you cash out so it's a new one every day. I think it's -- the key for any of this, especially with schools, is to not go in there with an idea that you need to change things but to work with them.

>> Kelly Hughes: Great.

And then we have another question. We are conducting work through a SRCP grant focusing on the food bank setting. We are aware of the Feeding America work as well as the behavioral economic work that Cornell has done in food banks. Do you know of other resources targeting or focused on sodium reduction specifically in food banks? And I'll open it up to the group.

>> Karen Schoneman: We were able to learn a lot from Feeding America. I might actually suggest getting in direct touch with them, if that hasn't already happened. I don't personally have any other resources at my fingertips.

Stacey, I don't know if you think that Healthcare Without Harm might be a good resource here? I'm assuming Stacey has probably muted herself or something like that.

We did work with a really wonderful consultant at Healthcare Without Harm --

>> Stacey Chacker: I'm here, Karen. I'm sorry.

>> Karen Schoneman: Okay. That's okay. They have a good -- you know, really effective sort of pledge program that I know that they have implemented with hospitals. I don't know offhand whether they have worked with food banks.

>> Stacey Chacker: They have not.

I was trying to think of some other work we did which was focused on diabetes, that there was some food bank. I could look through our research, which I don't have off the top of my head to see if there was anything. And I can send it to you, Kelly.

>> Kelly Hughes: Okay. That would be great.

Scot, anything to add on that one?

>> Scot Foster: Unfortunately, no. I think these fine young ladies have done an excellent job of answering that one.

>> Stacey Chacker: I do agree with Karen, that Feeding America would probably have been in contact with a lot of people.

>> Kelly Hughes: Okay.

(multiple speakers).

Sorry, there are a few related to restaurants. So it's kind of a two-part question under this sort of -- the focus of setting the restaurant setting. Any suggestions to approaching local restaurants to reduce sodium in their items? So one is kind of approaching local restaurants about reducing sodium. And it's specifically focused on reducing heart failure, exacerbations in a very senior population. That's one piece.

And then this also is kind of related to what we have been talking about with marketing, that someone would like to hear your thoughts on the negative consequences of labeling marketing foods as healthy or healthier. Could you potentially turn off

customers who aren't interested in eating healthier if they think that healthy foods won't taste good? Just want to hear your perspective on that.

One is approaching restaurants, and the other one is negative consequences about labeling or marketing foods as healthier or healthy, specifically in restaurants. Or in general, I should say.

>> Stacey Chacker: I think many cafeterias have taken strategies of putting out, like, having tasting opportunities so people could taste it. And then feel more comfortable about it before they would just go and label things as healthier. So you might -- a strategy might be to provide free samples so people can try it.

And I think another strategy in terms of working with restaurants -- Karen, help me fill in here -- was working through some restaurant associations to try to really approach them at a broader association level and do some education, maybe having some cross-sector strategy sharing, not secret recipes but broader strategies. There's been a lot of great work done in Philadelphia and Chicago with Asian restaurants and that was through restaurant associations, about things to replace high sodium products with.

Karen, did you have something to add or Scot?

>> Karen Schoneman: Yeah. I managed to actually speak with a wonderful physician in Chicago who is taking the lead or contributing to an initiative there around southeast Asian health risks and restaurants. And actually that was very much about building slowly strong relationships with individual restaurants. It was time consuming, but it really created a bit of cohesion around restaurants themselves and they were able to sort of share some learnings in identifying ingredients that they were commonly using in that particular cuisine and modifying them so that they could be serving, you know, slightly lower sodium versions of those things.

They did -- I believe that they did publicize that they were taking part in this initiative. But I don't believe that there was specific labeling. I don't want to speak for them because I don't know all the details. But other than sort of just building community and customer buy-in around them being part of the initiative, I don't know how much attention they necessarily drew to each item that was lower sodium. And I think, you know -- I'll just go back to saying. It is certainly a complicated issue when it comes to determination. Does it make more sense marketing-wise to be overt about lower sodium or other kinds of healthy initiatives? And there may also be some lessons to take from food manufacturers. Some food manufacturers have been quietly reducing sodium incrementally for many, many years. And it's generally undetectable but the companies themselves have, I think, been getting kudos for the efforts without necessarily being overt about them. So not necessarily a conclusive answer but hopefully some insight there.

>> Kelly Hughes: Great.

>> Scot Foster: I would echo those things. I would also say something that Karen alluded to. I don't find -- when we were working with them -- that public health was the best person to speak with them. I felt like if you had a partner that had something to do with a restaurant industry, somebody they respected that had some credibility for them, it worked a lot better.

Again, if you have a population that's high as far as senior citizens, almost all have some kind of sodium restriction. So I think it depends on the clientele you have. Sometimes it can be a very good thing to put a low sodium item on there because that's

what they need.

>> Kelly Hughes: Scot, I think this question is for you. How do you access -- how do you get access to mini grants? What is the website?

>> Scot Foster: Well, as far as we're concerned. We budget that into our federal grant from the CDC. So when I put in my amount for my projects under the larger amount that we have, I budget a certain amount for mini grants. So I think the whole project for child care every year is, like, 54,000 and the school project is 43,000 and that includes consultation and mini grants. So they're not huge projects, but we feel like we take them a lot further if we can give them a little incentive to be able to complete them.

>> Kelly Hughes: Okay.

>> Scot Foster: Unfortunately it's not one of those things that anybody can apply for. We do it through our federal grant and then try to find folks to work with us.

>> Kelly Hughes: Within the state.

>> Scot Foster: Right, right.

>> Kelly Hughes: Right, okay.

So I think we'll take one more question, and I actually can answer this one. Stacey and Karen, feel free to jump in, too.

So the last question that we'll take today is: Can you discuss some of the trainings that were offered to food service staff for sodium reduction techniques? I know the toolkit has some videos that go over strategies. I'm wondering if you have another resource to share for sodium reduction trainings.

You are correct, there are a couple of videos that are included in the toolkit, and they are training videos specifically for food service professionals but can be used by public health practitioners partnering with food service professionals. We developed these in collaboration with the Culinary Institute of America. There are four short videos. They are all less than ten minutes each. And they are short instructional videos on simple culinary strategies and techniques to reduce sodium. There are four different topics. One is salad dressings. One is flavor building techniques. One is tomato sauces and also ready-to-use foods. So those are mentioned in the toolkit and they are available on the NNPHI.org/sodium website.

We haven't yet -- they were just released in January. So we don't have any data to demonstrate that they have been used in practice yet. So those are ones that I'm aware of. I wanted to also see if Karen and Stacey, if there are any other training videos that are mentioned in the toolkit because that thought is escaping me at the moment.

>> Karen Schoneman: I cannot think of anything else offhand. But I think perhaps as follow-up to this Webinar, if anything else comes to mind or if there's any other good information sharing that's happening amongst some of the Webinar participants, that would be -- we'd be very happy to get that out to everyone.

>> Kelly Hughes: Additionally, if there are specific topics related to sodium reduction among food service professionals. If there's specific things that you really wish there was a training video on X, Y, Z, let us know and we'll consider that as we move forward, if there are opportunities to produce additional videos.

So with that, I want to thank everyone for participating in the Web forum today. And a special thanks to our presenters for all their time and effort. We also have to thank our sponsors on their partnerships on this Web forum series, specifically CDC and the

Dialogue4Health. And a special thanks to all of those people who are working behind the scenes to support this Web forum and this work overall.

Our next Web forum for this actual sodium reduction series is scheduled for April 5th, 2017. So be sure to mark your calendars. And there will be more information forthcoming on the Dialogue4Health website. Don't forget to check out some of the tools and resources that we mentioned on nnphi.org/sodium and on the HRiA website with access to the toolkit. With that I will wrap and pass it to Dave to bring us home.

>> Dave Clark: Thanks so much, Kelly. I would like to thank all of our presenters today into their insights into reducing sodium. A recording of today's session as well as the slides will be available shortly at dialogue4health.org, we will send you a link for the recording and the slides. Check your inboxes for that. That email will include a link to a brief survey, one we hope you will take. We want to know your thoughts concerning not only today's Web forum but also what topics you'd be interested in for future Dialogue4Health Web forums. We really do read all of your comments and feedback. We hope you will take a couple of moments to complete this survey.

Thanks so much for being with us today. That does conclude today's Web forum. Have a great day.