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"Connecting Public Health and the Food Industry"  
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>> Hello, and welcome to Connecting Public Health and the Food Industry. Voluntary commitments to reduce sodium and understanding the consumer. Another installment in the web forum series on sodium prevention brought to you by the CDC and. My name is Joanna Hathaway and I will be running the web forum. Closed captioning. Nicole with Home Team Captions will be providing real time captioning. The text will be available in the media viewer panel. The media viewer panel can be accessed by clicking on an icon. In the media viewer window on the bottom right-hand corner, you'll see the show/hide header text. Please click on this in order to see the live captioning. During the web form another viewer may cause the panel to collapse. Don't worry you can always reopen that window by clicking on the same icon by clicking on the circle with the thumb strip. If you experience technical difficulties dial 1-866-229-3239 for assistance. Please take a moment to write that number down for future reference. The audio portion of the web forum can be heard through your computer speakers or at headset. If at any time you're having technical difficulties regarding audio, please send a question through the Q and A panel and we will provide the information to you. Once the web forum ends today, an a evaluation will open and please take a moment to complete that. We would also appreciate any tweeting that you might do during the event and we're using the hashtag #reducesodium. To ask questions click the question mark icon, type your question in and hit send. Please send your question to all panelists. We will be addressing questions a little bit throughout the presentation and mostly at the back end. We will be using the anthropology feature to get your feedback. The first poll is coming up on screen now. Please select your answer from the choices and click the submit button. I'm attending this forum A, individually, B, in a group of 2 to 5 people, C in a group of 6 to 10 people or D in a group of more than 10 people. Once you select your answer, click submit. Once you're done answering the pole question, click on the icon again to bring back closed captioning.

It is my very great pleasure to introduce our moderator today Kelly Hughes from the national network of public health institutes. She is the associate director for NNPHI where she works on CDC funded initiatives. I've been working with Kelly on a number of web forums over the years and I have thoroughly enjoyed her organization and her spirit and her knowledge, having her behind these events. So it is with great pleasure that I invite her back to the microphone today. Kelly, take it away.

>> Thank you so much, Joanna. Good morning, good afternoon and good day. Thank you for joining us today. Today's web forum will focus on public health and industry efforts to reduce sodium

produced, sold and served. First the county of San Diego will share successes in reducing sodium levels in the meals in a work site cafeteria and served in senior meal programs, detention facilities and a psychiatric hospital. You will also here how sodium reduction efforts are supporting the county nutrition standards. General Mills will describe the factors that led to their reducing sodium and results in lessons learned and General Mills will highlight lower income consumers, food values and beliefs and the importance of understanding what drives their health and food decisions. This web forum is part of the series of connecting public health. The public health partners and the food industry representatives around various topics related to sodium reduction. We hope that the information shared today will inform and inspire collaboration among public health and the food industry to reduce the sodium content in foods and consumption across the U.S. The series is supported by CDC, NPHI. Before we get started, let's welcome our presenters. From the county of San Diego, we have Naomi Billups, Deirdre Kleske and Christy Lopez. And from General Mills today we have Amy Loew and Suzanne Skapyak. Because we have a packed agenda we will hold all questions until the end of the presentation, but please do submit your questions throughout the web forum and we will get to them at the end of all the presentations. And now it is my honor to introduce our presenters from the county of San Diego. Starting with Naomi Billups. Naomi Billups is a public health nutrition manager for the county of San Diego. She was instrumental in establishing the food systems alliance and designing and implementation of food systems interventions for the CDC, communities putting prevention to work, community transformation grant and sodium reduction communities program. Prior to coming to the county of San Diego she was a public health nutritionist and worked for the north county native American health council. And next I would like to introduce Deirdre Kleske. Deirdre is a healthy works program specialist with the county of San Diego and coordinates the sodium reduction initiative for the county of San Diego. She has more than a decade of experience supporting regional and statewide programs. Designed to advance evidence based obesity prevention strategies and promising practices. She has worked on a profile grants. She also provides training and technical assistance to school districts and other stakeholders on the subject of local school wellness implementation. And finally from the county of San Diego we have Christy Lopez. Christy is an epidemiologist at the county of San Diego. She is the evaluator for the county's sodium reduction initiative and she is also involved in the evaluation city of San Diego's nutrition education obesity prevention program. Naomi?

>> Well, thank you. This is actually Deirdre Kleske. The program coordinator for the county of San Diego's healthy works sodium reduction initiative which is funded through the centers for disease control and prevention. I am joined by Naomi Billups and Christy Lopez. Naomi will provide a quick overview of the past and present food system work in our county. And I will explain our efforts to reduce sodium in meals served by county food service operators and Christy will wrap it up with some results so far. I'll turn it over to Naomi.

>> Happy Monday. I'm glad to be joining from you and to look forward from learning from the next speakers as well. We have launched into a journey of positive change here in San Diego looking at our whole food systems and it really began with our adaption of the healthy vending policy back in 2008. We had a board of supervisor champion that worked with us to develop the policy and implement it. We really took ahold and advantage of the senate bill SB12 and 965 which was developed to provide standards for school, ala cart and beverage items. Along those lines because we really wanted to ensure that we were working with the food industry. And I wanted to emphasize that the more that we can align our standards and work collectively, the easier it is for the food industry to have to clarity and us to have clarity moving forward. That was back in 2008. I did want to mention that we did not have a lot of employee engagement or public engagement when that policy happened, and that's something that we really took away as a lesson learned moving forward with these other initiatives. Shortly after, we launched into our development of our work site lactation policy, and that was a policy that our health and human services agency drove forward. We are currently actually trying to have the county as a whole adopt a countywide work site lactation policy.

That's been proven to be very successful in having employees and women being self-reported more productive, wanting to come back to work and feeling comfortable in the workplace.

We then launched into initiative that really set the tone that these certain policies built upon. And that was our live well San Diego vision. That our whole board of supervisors has adopted. We have a strong leadership in the county now and we can also share some materials if anybody wants those about this countywide initiative. It's about getting everything we do, modeling everything we talk about, to be safe, healthy and thriving and that is really the vision that we're launching forward these other initiatives.

The sodium reduction initiative actually was an initiative that really allowed us to develop relationships, working relationships with our food services vendors and got the ability to have a communication mechanism with the food industry as well. Through the sodium reduction initiative --

Calling those our eat-well standards to align with our live-well theme. And we're going to be looking at not only the health and nutrition and the food components of these standards, we're also going to be including the environmental factors and the economic factors that are also influenced by the foods we select and purchase and offer in the county. We are looking forward to having a comprehensive standards model. We're also overlaying these standards with not only specific nutrition requirements, but also with the perspective of whole foods, lightly processed and ultra processed. So we are looking forward to implementing that perspective on our standards. I'm going to hand it back over to Deirdre.

>> Thank you, Naomi. We're going to do a poll. Next slide, please. So our poll question is, has your organization adopted nutrition standards that include sodium limits? A, yes. B, no. C, in progress. D, I don't know. E, not applicable, F, other. And if you choose F, please submit your answer. So please take just a moment and complete that poll for us. And next slide please?

So the healthy work sodium reduction initiative is a two-year project that began in September 2014. The initiative focuses on two priority areas. Conjugate meal programs overseen by the county, such as senior meals, detention facilities and our psychiatric hospital, and our largest county worksite cafeteria. The total reach of this project is 120,000 people and 150 meals per week. We're working primarily with one senior meals contractor though there are 19 contractors total. Our detention facilities are served by our county sheriffs' food service. Our county psychiatric hospital food service is run by a food service management contractor and our largest county employee cafeteria is leased to a food service corporation. This is really a diverse group with varying regulations to follow, customers to satisfy and budgets to meet. The one factor they have in common is they all answer to our county board of supervisors with its commitment to the goals of live well San Diego. Next?

The tool that we use for initial assessment and action planning with the food service operators was the sodium practices assessment tool or spat, which was developed by the New York State Department of Health. We are grateful for their permission to use this tool. It was an effective way to start the discussion on sodium reduction and set reasonable goals. Some of the chosen sodium reduction strategies centered on changing ingredients, altering recipes or preparations or modifying menus. Increasing the use of fresh produce was emphasized as a desired strategy. Providing some low cost scratch cooking environment for one site and colored salad tongs were helpful in education.

Changes in sources or methods of purchasing food may also need to be adapted to achieve these goals ultimately. So the county nutrition standards are going to move all the county entities selling and serving food to adopt strategies to lower sodium with a result to collective demand that should increase accessibility and affordability of healthier products.

We know there are some challenges, though, many of which will sound familiar to those of you who are also doing this work. Some of our participants purchased food from large distributors while others purchase from stores like Smart & Final and Costco that have very limited low sodium options. While the large distributors tend to have more products, those are limited and tend to cost more. Even though the largest institutions has produce distributors, it still isn't easy to identify what produce is local and to track purchases to see if local purchases are being met. These seem to be greater barriers

than consumer acceptability for the food service operators that we're working with. Food service operators mention this as a concern, however, but the changes in participation are actually made their products, meals or menus, actually more satisfying to some of their customers. And in some cases, have even increased sales. If sodium reduction accompanies meal and menu improvement, by, for example, using fresh chicken in place of frozen chicken pieces, the result can be more tasty meal and cost can be lower. But if a low sodium product like dried tomatoes is substituted without any seasoning added, consumers may have a negative impression. Next? The one strategy -- before our next poll, I want to mention one strategy to increase for seniors was to add a no-salt seasoning option on the dining tables. This was done based on a survey question that showed more than half the seniors would like this. One site replaced all but one centrally located shaker with no-salt seasoning. Another site added packets alongside the shakers. In each case they were given more choices and they were using the no-salt seasoning. I think we all agree that staffing is a continued challenge. Not enough staff. Not enough time or resources. Do not cooking from scratch. Resources for continued monitoring of changes are also limited. All of these factors make it more difficult to sustain changes over time. Now we'll go to the next poll question. What are the two top challenges faced by your organization or its partners in reducing sodium? A, equipment needs, B, labor costs? C, price of lower sodium products, D, availability of lower sodium products, E, customer preferences, F, support from management, G, not applicable and H, other. And if other, please submit your answer. Next please?

We have some factors that support making healthy changes that lead to sodium reduction. One strategy is to provide opportunities for peer sharing such as tours of each other's facilities or meeting with local school district staff who have found success on a tight budget. One well-attended event was a heart-healthy low sodium cooking demo and tasting that we held in partnership with the American heart association. More recently, they were invited to form an advisory committee to help develop the county's nutrition standards. Beginning the conversation around sodium reduction was an important first step in strengthening the relationships between our public health department staff and the food service operators, as we start to come together around agreed-upon goals for the standards. We were also able to incorporate sodium limits into a recent request for proposal for county food vendors. The selection will be based on the vendor's ability to provide the fresh, sustainable foods that will contribute to health and support our local economy and environment. And finally we have a real opportunity to affect our health system. By adopting strong, clearer nutrition standards. To tell us more about the achievements, here is Christy Lopez and next slide please.

>> Thanks, Deirdre. So I'll be reporting on the progress our sites have made so far at mid point. We've seen some really positive results and we're excited to see what our endpoint data looks like. For our senior nutrition program, our mean site provides some of the recipes and switch to lower sodium ingredients. Through these changes, they increased the percent of lower sodium lunch entrees. For the detention facilities, they also revised some of their recipes, as well as added more lower sodium items to their menu. This is for the facilities that have adult detainees and juvenile detainees. Before participation the lunch meal was almost always a deli sandwich. Last fall they added peanut butter and jelly sandwich and to the menu and they increased the percent of low sodium lunch entrees from 18% at baseline to 32% at mid point. For our county psychiatric hospital, they were able to incorporate more fresh produce and lower sodium ham, turkey, salsa and chicken base. They reduced the sodium in their teriyaki burger lunch meal by over 20%. And lastly for our county operations center, they swapped in more recipes that met their eat well nutrition standards and these standards have a limit of 800 milligrams of sodium. And by doing this, they increased the number of lower sodium entrees by 200% from 12 at baseline to 36 at mid point. They were able to lower the average sodium content by 10%. And we also saw an increase in the % of lower sodium entrees sold. Next slide please. Here's Deirdre's contact information. We look forward to hearing from Amy and Suzanne from General Mills.

>> Thank you for the presentation. I love that you said innovation and creativity in your strategies

and I want to encourage the audience to please send in any questions that you have through the Q & A feature. Now it is my sincerest honor and pleasure to introduce our next presenters from General Mills. First we have Amy Loew who is a senior nutrition scientist at General Mills Bell Institute of health and nutrition. She topics related to food and nutrition policy and regulation including sodium, the dietary guidelines for Americans. During her 23-year career at General Mills, she has supported health and wellness initiatives on many business teams including green giant, progress o. She received her master's degree from Michigan state university. And we also have today Suzanne Skapyak, who is a project manager in strategy and know vision at General Mills. She works with R and D marketing and consumer insight teams to help develop new products messaging strategies focused on consumer needs. She worked in the General Mills Bell Institute of health and nutrition for eight years. She is a registered dietician and earned her undergraduate degree at Penn state university. Now I will turn it over to Amy.

>> Well, thank you. And hello everyone. And also a great job, San Diego. That was really interesting to hear about some of those initiatives you have in place. I'm really pleased to be able to talk today about our voluntary commitment to reduce sodium in some of our food products and also then Suzanne is going to speak about some of the consumer aspects on health and nutrition. So if I could have the first slide please. Thank you.

So I'll be presenting factors that led to our voluntary sodium commitment and then some of the approaches that we use to reduce sodium. And then also the results of that commitment and summary and next steps. Those are sort of the four basic areas I'll be talking to today. Next slide, please?

So to start off, I thought I should review exactly what our voluntary commitment to reduce sodium was. Because I think this was something that as a company we had never really done before. So it was an experiment for us as well. So obviously had some risk, because we didn't know how it was going to end up. In April 2010, we made the public commitment to reduce sodium by 20% in 10 of our key retail product categories by the end of 2015. So that was a very specific measurable goal that we stated publicly, and we did that on purpose because we wanted to really be able to track how we were doing on our commitment and be able to see what our progress was.

The sodium reduction was part of our commitments we have to improve the health of our products. In 2005 we started what we termed our health metric, which tracked products improvements across our entire retail portfolio, so sodium reduction was just part of that commitment. And we do have results on all those things that are in our health metric in 2016 global responsibility report which is online and there's a link in the presentation which I believe you'll have available after the talk today. So 20% was our goal and I was happy to hear that San Diego also had that as a goal for one of their initiatives. We picked that because we thought it was a meaningful goal, and it was by no means something that we could achieve, that we thought we could achieve easily. We were worried about whether that was something we were going to be able to achieve. But we wanted to make sure that what we were reducing in terms of our products was something that was going to be meaningful for the consumer. This is an aggressive goal and it was a stress goal. We didn't know if it was going to make it or not. Obviously as a food industry we are concerned about the public health interest in sodium and want to be part of the solution. So we embarked on this commitment hoping to make an impact. Next slide, please?

So a little bit more background on how we went about making this commitment. First of all, as a food company, we have many, many different product categories. So we thought it was important that we focus on a group of categories that could make an impact, but we wanted to make sure we were working on the ones that could have the biggest impact. For example, one of the categories we did not work on was yogurt, because yogurt, the sodium in yogurt is all naturally occurring, so that was one of the categories that was not included in the commitment. We chose categories based on sales volume and also the impact that a sodium reduction could have. So we used weighted averages, which again were based on sales volume and we used sodium per serving. And the reason we did

that was because we realized for the different categories that we were going to be working on, that if we use -- when we were using averages, we wanted to make sure that the products that we worked on had an impact. So, for example, a product that we sell in high volume, using a weighted average, would have more of an impact than a product that we didn't sell very much of. Just to illustrate that a little more, for example, working on sodium reduction in honey nut Cheerios or yellow box Cheerios, that would have more of an impact on our sales result than multigrain Cheerios which is still a popular product but doesn't sell as much. So the categories we worked on the serial category, dry dinners, frozen pizza, Mexican dinners, old el Paso would be the brand. Refrigerated products, savory snacks, canned vegetables. Side dishes which were for the most part suddenly salad, and baking mixes. So those were the 10 categories that were included in this commitment.

So having decided what ten categories we were going to work on, we had to take considerable thought to what approaches were we going to use to reduce sodium. So a couple background points. From a food industry perspective, and also from a public health perspective, taste continues to be the main driver for consumer food purchases. So from our perspective, if a consumer has a product and it does not taste good, they are not going to buy that product or eat that product. And salt obviously plays a key role in consumer taste preferences. So this was something that we had to keep in mind, because as we reduce sodium in our products, if a consumer wasn't going to buy them, it wasn't going to impact their sodium intake. So our approach was to take small, incremental steps. We have found in our work with consumers and with products that that is the best way to deliver the taste that a consumer expects, and also to reduce sodium gradually over time, so that it gives consumers time to adapt to the lower sodium levels. So this was often a graduated approach, where, in a product we might slowly reduce the sodium by a series of small steps over the course of a few years. So these silent changes were what we found the best way to make progress. Oftentimes we did not advertise the sodium reduction. While consumers say they want to have lower sodium, they also something that associates something that says it has a lower sodium content, they think it might taste bad and they will not purchase that product over something that perhaps doesn't say it's lower in sodium. So we have found that oftentimes not advertising the fact that we have actually reduced the sodium is in fact beneficial. So small incremental steps to achieve as were taking this approach oftentimes we didn't let consumers know we were changing the sodium over time. Next slide, please? Polling question. There's two questions here. What function does sodium play in food? Taste, texture, shelf life, food safety or all of the above. And what are some of the key sources of sodium in food. Flavors, spices and seasonings, baking soda and baking powder, salt, naturally occurring sodium or all of the above.

One of the really challenging thing about sodium reduction, it is not a one size fits all solution. So that is something that, from a technological perspective, was extremely challenging. Because it's not only across product categories that it can be different solutions, but sometimes even with the same categories. So from product to product. For example, from soup to soup it might be a different solution or from one baking mix to another baking mix or from one cereal to another cereal. We were trying to reduce the sodium in hundreds of products and it was really a challenge. Sodium plays multiple roles in food products. Obviously taste is one of the things that people most often associate with sodium and salt is it helps a food taste good, and that is certainly true. But it also plays a key role in texture. For example, in baking products, like biscuits, sodium plays a key role in the leavening of those products. And obviously in food safety, sodium plays an important role in preserving and restoring food safety.

In addition to the multiple roles that sodium plays, there are many sources of sodium in the diet, and indeed sodium is almost ubiquitous in the food supply. Comes from obviously salt as a major contributor but baking soda and baking powder are key contributors and flavors, spices and seasonings can contribute large amounts of sodium and also there's naturally occurring sodium in food that you can't really move that very easily or if at all. So all of these technical challenges were something our R and D teams had to face and find solutions for in hundreds of products. Next slide,

please?

So this slide illustrates just what some of those approaches were on a more specific product category level. So, for example, in our pancake and baking mixes, we were able to reduce the sodium by reducing salt, but we also switched to some different leavening ingredients. In our cereal, that was our particular challenge. Because cereal as a category is a relatively lower sodium overall category. So it's more difficult to reduce sodium in a place where there isn't all that much to start with. The other tricky thing about cereal was it's a balance in cereal between salt, sugar and fat. And those three ingredients tend to work together to provide the optimal flavor. Cereal was a very challenging category and we were able to accomplish the reduction, through reducing salt but also had to keep those other things in mind. In frozen pizza we use a two-tiered approach. We were able to achieve reduction by the tomato sauce and enhancing the spice blend that was used. In our soups we reduced salt and increasing and enhancing the flavors and spices that were used. And in our snack mix we were able to optimize the seasoning blend that was used and we found that by adjusting the placement of sodium, oftentimes moving from more of the interior to more of the outside where consumers were able to taste it right away as they were eating it helped us to achieve the reduction. Next slide, please?

So what were the results of the commitment? I feel like there should be a drum roll here. We were pleased to see that we met or exceeded our goal of reducing sodium by at least 20% in seven out of the 10 categories. So in more than 350 products and over one-third of our U.S. retail volume, we met or exceeded the goal. You can see the range was 178% reduction to 35% reduction so we exceeded the goal in many categories. And even the three categories that we didn't quite meet the 20%, we achieved 18% and 19% reduction, which was still very significant. So we were very pleased with the results of this commitment, and it truly represented years of hard work by a cross-functional team of people, not only R & D, but the people that source our ingredients and even our labeling folks with all the labels that had to be changed to accommodate the reduction. So this was something we were really, really proud of. It represented a lot of hard work and commitment. Next slide, please?

Some of the summary points, and also the next steps to take away from our learnings. So taste is the most important attribute of a food. That has not changed. A food must meet consumer taste expectations or it won't be consumed. So that factors has not changed over time. Sodium reduction is extremely challenging. Sodium has many critical functions. It involves taste, texture, shelf life and food safety and all of those things must be considered when a product is going through and trying to reduce the sodium in it. And we have also found that small, incremental changes over time are usually the most acceptable and sustainable way to achieve a reduction rather than a dramatic extreme change that happens all at once.

So what's next? General Mills has taken a leadership role in helping consumers to meet public health recommendations in other areas like whole grain and low fat dairy and vegetables so this commitment is a significant step in the right direction. We're not done yet, this is just one of the steps that we've taken. We also anticipate that FDA will be releasing sodium targets in the future. If that action does happen, we would certainly be in conversation and also in compliance with whatever FDA would issue. That is something that we anticipate. But certainly this commitment was done in anticipation in some of that, and also just as a response to what our consumers have demanded from us. So we were really pleased with the results and we look forward to the next things that will happen in this area.

So Suzanne is going to talk more about the consumer and I will lead it to her.

>> Thank you, Amy. So yeah, I will talk to you about a little bit of research that General Mills underwent about a year and a half ago. We started rolling out the results of this work last summer around the time and so we're happy to have the opportunity to share it, not just internally with our businesses and our brand teams who are working to meet the needs of low income consumers, but really wonderful to have the opportunity to share this work with other people that can find it useful and put it to good use, which I hope you all will be able to as well from a public health perspective. So if

you go to the next slide, why were we interested in looking at low income consumers? And part of it is just from a sheer demographic perspective. If you look at the segmentation of the population by income, and this is data that we got from U.S. census data, you can see that 22% of consumers are considered to be high income, and in this case the definition of high income is making \$100,000 plus. And then about 43% of the income is like the middle class, making between \$50,000 to \$100,000. So the remainder, about 35% of the U.S. population is in low income. So that's defined here as people making between zero to 50K. And I would also point out we did look at these numbers are based on adjusted by household size. It's not just straight income numbers. Because we know and understand that a single person living alone, single, recent college grad making \$50,000 has quite a different lifestyle than a household of four or five trying to make it on \$50,000 a year. So as we looked at this population and segmentation we did adjust for household size and that's what these numbers are reflecting as well. Our research focused when we looked at this study was really right in that top part of that lower income range. So households that were just about sitting above the poverty line, in between that middle income and top half of that lower income population, so households making between \$20,000 to \$50,000 adjusted for household size, and we think that's particularly relevant because as we know and as you've read and as you see what's unfolding in the political debate and environment, we know that that middle class is shrinking. That we're sitting at a time right now where the number of people that are in the high income and low income combined outweighs, there's more people in the high and low income populations than there are in the middle class than ever before in the United States. And we know that not a lot of those middle income people are going up. Most of them are going down into that lower income as we see shifts in the job market and changes in what's happening in our economy. So it's important for us to understand the drivers and motivations. Not just because low income consumers are consumers of General Mills products, but just as with we look to the future of the make up of our country and who's going to be sitting where. As we go to the next slide we'll talk about our research process. We have what we call the I-3 process. It basically represents three components of our research, which first is the immersion phase where we take a look at literature, to understand what's happening, understanding the demographics, understanding what people are doing with information that's already accessible. We also had our team do emerging activities. So for example we had people gave people \$30 cash and had them go shop at different retail channels. So either Aldi or a supermarket or a convenience store or a gas station and ask them to, with that \$30 cash, get some meals. We asked them to do three or four days worth of food for a family of four. That was an eye-opening experience in terms of having that pressure of having to pay with cash, is pretty stressful if you haven't done it recently. You can see that there is quite a lot of pressure at that checkout point. And also just to see, what can you get for \$30 at these different retail channels as we understand what the experience is really like. And then we move into our in-home ethnography work, which is the interaction phase. This is where we go into people's homes and spend time with them. It's wonderful, an amazing experience. If you have the opportunity, I'm not sure of your variety of roles in public health, what your opportunity is to spend time in people's homes, but it really does paint quite a different people about people's life styles and decisions and behaviors than a lot of times that you can get from survey data or from, you know, more artificial environment in a health care setting. So it's really our honor and our pleasure to be able to go into our consumers' homes and talk to them and see them in their setting and have the opportunity to open their refrigerators and their cabinet doors to see what they actually buy. We did the in-home ethnography and we put together our learning and we take that and roll that out, and hopefully they can convert that knowledge into action for our brand. Next slide?

So, yes. This is a little bit more specifics about who we actually talked to. It was about 30 families who were the primary shoppers. We did a pretty even third split between Caucasian, African-American and Hispanic. We did some different, went to some different cities around the United States to get some diversity in our participation. So next slide? So what did we learn? I think this is the second time actually that we took a deep learning into low income consumer. And

what we learned is these things that you see here checked here. One is the importance of community and family. There really is a very important role that people in low income populations have in terms of the network of people they surround themselves with in order to basically survive. If you think about this isn't really like grandma and grandpa come over to baby sit the kids once in a while. This is the idea I can count on you to give me a right to work if my car is not working. Or the idea if I have child care needs that you're there to help me out. And it's a lot of people will do for each other. Because they're part of the family and part of the neighborhood. And that was really important and really as a fundamental underpinning in terms of how people actually can live a little higher hierarchy. You have that community of support. It's really foundational. Anything that we relearned we learned the first time around six or seven years ago when we looked at low income consumers and I think of real pertinence to this topic is that for many people, health is not a number. Health is not what your blood pressure is, health is not what your cholesterol levels are. Many people, I know Obama care had rolled out, but not a lot of people regularly going to primary care physicians. You probably know that. That's probably not news to you. But people really, if you ask them to define health, how do they know if they're healthy, if I can get up and go to work, I'm healthy. If I have energy to take care of my family, I'm healthy. That's what health is. It's a feeling, not a number. It gives a different perspective in terms of how we think about talking and reaching around the benefits of our products or in instituting type of programs or policies. The other thing is that healthy food, similarly healthy food is not defined by how much protein or fiber or calcium it has, but it's filling. Is the primary concern. And if you're thinking about families who are living paycheck to paycheck just scraping by to make ends meet in many cases, the primary concern they have about food is do I have enough. That is the number one thing that's on their mind. And you know we think about well, if we have a lot of food, we have a lot of problems with our food. If we're low income and we don't have a lot of money, then our only concern about food is do I have any food. So really this idea that I'm not going to purchase or buy or feed food to my family if it's not going to fill them up because that's my primary job is to make sure I have enough food to keep my kids' stomachs full. Saving money is a coveted skill. This is generational. We didn't go in and talk to a bunch of grad students who are meeting the qualifications because they're temporarily trying to make ends meet. This is generational poverty, who to them being able to piece it together and make it is a skill. And something that actually they're pretty proud of. That they can make ends meet, they know where they can go to float a check, they know where to get the best deals and they make it by. And they do fine with it. It's not something they really are looking to change in many cases. And then I guess I'll just skip through so we get through everything. The last point here when living paycheck to paycheck the needs of the present really outweigh those of the future. I know I'm probably preaching to the choir here for public health officials, I need to figure out my mental energy, do I have a ride to work tomorrow, am I going to get kicked out of my apartment, do I have enough rent to make it. Do I have child care. The day to day is really what takes the energy. There's not a lot of effort ordinary thought, just because out of you know just there's only so much energy that you have in thinking about long term. People aren't really thinking about retirement or how am I going to feel. Am I going to be healthy when I retire. It's pretty much still am I going to have a job today or tomorrow and can I get there. So that mind set important to have top of mind as we're talking with people and positioning for them. The here and now is what's most important. Next slide, please. Okay. So then there's other -- top three other things I wanted to quickly highlight that we learned that I thought would be of most importance and relevance in this health and wellness space. Number one thing I think we heard loud and clear is that people really place value on food well beyond the price of the food. And I think that's really important. Because we as a company, and maybe you as health professionals thinking about how we can present offerings that match with people's budgets and values, that the last thing that people want is the most stripped-down version of a good product. That as we talked to people and they were able to go to the grocery store, they were able to go to Wal-Mart and get the brands they love and value, that is really important to them. Many of the people we talk to May at one

point -- it really is about respect and being able to get a good quality product. So the idea of stripping out everything positive to make the cheapest possible food, not going over. Not going over well for people. Because you know they expect a lot. They expect to have quality food products as well. So what are the ways that we bring value beyond price? Three things that I want to highlight for the remainder of the presentation. One, is show products are made with quality ingredients. This could mean real food that might look different. I know San Diego talked about having initiatives about real food. What does that mean? Give assurances that food will not get thrown away. This is a big deal. We talked to a mom and her weekly food budget is \$40 a week. You don't have a lot of wiggle room to try things that you're not sure you're going to like or that your kids might not eat. And the last point, providing filling foods. As we were talking about what health means. Healthy food is filling food. There's nothing healthier in people's minds from the original research we did a couple of years ago, nothing healthier than a chicken pot pie. That really is filling, it's got the food groups represented and that's the job of food for them.

If you're thinking about living paycheck to paycheck, you are not going to be putting money towards things that you think are a cheap imitation of the real thing. And we saw this over and over again. That consumers really are going to pay a little extra to make sure they're getting the real deal. This product, could it be butter is just like I can't believe this product actually really exists, but it's out there. Not sure but I think I'll pay the extra \$0.25 to get the real butter or the one with Fabio on it. But it's also things about anticipated performance. That picture right there is a picture of natural peanut butter with the oil that's separated on top of it. There really is in consumers' minds a gold standard in terms of how food should perform and if it doesn't perform the way that they think it should, they really believe they're getting ripped off. So understanding where you're consumers or your patients or your clients are coming from in terms of how they think food should expect to act is important. Some people that we talked to in this low income consumer group really rejected this natural knee put butter. It shouldn't separate out like that. It's very oilily, I would never give that to my kids. So understanding what their point of reference is for the gold standard of food is really important in terms of acceptance. And adopting of different foods. The other thing obviously genuine, as we talk about this movement towards quote unquote real food, obviously genuine is really important. Give me cues that there's real food in my food. It's really pretty simple as that. But it's not to them about reading ingredient ducks. It really is about hey, this blueberry yogurt looks like it has blueberries in it. Great. It's going to be my first choice. We talked to another woman who got carrot cake and she told us it was like \$3.25 way more expensive than the others out there. I justify it because it has real carrots in it. And it's a picture on the box with a little dish of shredded carrot there. She said all the other carrot cakes are just dyed orange and don't have real carrots in it. So cueing something that has fresh foods is an important thing is about hey, you're not getting ripped off. There's actually real blueberries in here. Next slide, please. The next one, this waste not idea. I want to know nothing will get thrown away. This I can't emphasize enough. This is really underlying mentalities. If you're in these people's homes it's interesting to see the different behaviors in terms of how food is managed. People are very risk averse with their food dollars. Because they can't afford to not have food to meet people's needs. This first one about safe riffs, we think Taco Bell has this completely figured out. They have new food products out almost every month, but it's the same ingredients. It's still meat, beans, cheese but still they've managed to package it in a that seems new. Because people don't want to eat the same thing every day. It's very high risk for them to venture out and try new foods if their family is going to reject it. That means not only that they didn't like it, but that I don't have a dinner meal for them that night. So we talked to one mom who said I wanted to try this Asian teriyaki dish, I made it and no one ate it. And that's it. So it's finding ways to keep the familiar but bring new. Something people can try that's low risk. They really don't throw food away. They were trying to give us food because they weren't going to eat it, but they couldn't bring themselves to throw it away because to them it's like throwing money in the trash. And it is definitely not this mentality of hey I'm going to go to Costco this week and spend 10 or \$15 that's fun. No it doesn't happen in these

households. They have to know that people will eat it if they buy it. So it's hard to introduce new things. A couple of other ways to do it is options to alter. Leaving foods a little more open leaving foods in terms of how they can be prepared for individual family member needs or dietary needs. And the fallback possibilities is this idea making sure that food can be used in more than one way. Classic example of bananas. You buy them, eat them when they're ripe, if they get brown, you put them into a smoothy, if they get black you put them in banana bread. It influences their decision and their shopping making decisions. We talked to a woman here in Minneapolis who had this giant bottle, I think it was like V-8 splash green smoothie drink in her refrigerator. I thought it was going to be like the naked juice and it's so gross. I won't drink it and my daughter won't drink it and I have this huge bottle sitting here and every time I open the refrigerator door it's staring at me, this bad decision I made. And she's trying to do something healthy, trying to get something she thought she would like. We asked her what are you going to do with it. She said I'm going to leave it there until it expires and then I have to throw it away. So waste not is huge. I think it goes back to the stealth health approach. It's not something that always has to be blasted. It's not something that you hide from people, but not something that you're advertising. Because that low sodium may be a great idea from your perspective, but from mom's perspective of like I knew my kids were going to eat that, now I'm not so sure because that low sodium might mean they might not eat it. So how do we help them overcome those barriers to trial of different healthier foods? Next slide. The last one I'll talk to you about is wholesome choices. I want to feel good about giving my family the right kind of food. This whole perspective on health and health trends and what's going on in low consumer populations and adopting health trends, it's got to be hearty. It's got to be something that fills you up. We spoke with a cardiovascular nurse's assistant who had a lot to tell us about cholesterol and all the things he should be doing to eat better. He works with a cardiologist every day. At the end of the interview we ask him to tell us what's the healthiest meal you make for your family and he told us the one I know where after they've eaten it they don't have to come back for second. They're satisfied and eaten something good. So to him that mentality is still there in terms of healthy is filling. The next thing is after you've been able to fill them up, the next consideration is really this very fundamental, I would call it kindergarten nutrition basics of yeah, I should probably get more vegetables, everyone knows that. Everyone is trying to get more vegetables into their families' lives. It's that mentality of I get some dairy in there, I get some fruits and vegetables in there and a meat and a starch and I'm good. It's pretty right on in terms of yeah I need to cover the food groups. It's really food group nutrition. And when I'm looking at foods that I'm making choices for, I'm choosing foods that are showing to me they have real vegetables in there or they have whole grains that I can see that there's oaths in there or something that shows me there's some food group nutrition there. It's like I add a can of corn to my mashed potatoes and meat loaf, because that's what you do. You have vegetables. It doesn't go a level deeper than that. We talked to one mom. I try to get them to eat yogurt because they stopped drinking milk. I need them to get dairy in their diet. It's pretty basic. And then the last box on this slide is this idea of what's going on with trends and all the craziness that's out there. I would say low income consumers are right out there with us living right alongside us watching Dr. Oz, hearing everything in the media, they hear about cocoa nut oil and gluten free and everything else. But the risk of having people not eat food is too high. If I can make one change that helps me feel better that I'm going in the right direction, then that's great and I'm done. We talked to a woman here in Minneapolis, she started eating organic spinach from Aldi. Because it's pretty cheap but later on in the conversation when we were talking to her about yogurt, she was not interested in organic yogurt. It didn't interest her. It was definitely out of her ability and her means to overhaul her entire diet, but the one thing she saw she could do she was doing and that was good. If you could go to the next slide, 11, we actually insert a polling question here to get you thinking about this before I go on. The question is what percentage of U.S. adults can't read. And we'll come back to that. This is also not very scientific. Just talking about what's going on with trends and trend adoption and health understanding. How we kind of laid this out, you've got your newfangled stuff over here on the

left and what's emerging. Yeah, we saw people taking some action to make some actual changes. Behavior changes were happening in this area. Soda reduction for sure. Soda is demonized. They're trying to cut it out. And they're telling us that it's got sugar, that it's bad for their teeth, that it's got caffeine. And so but, to be frank, what they're doing in place of it is Kool-Aid because they can limit the amount of sugar or they're making it with organic sugar or fruit juices and saying yeah we know there's sugar in there but at least it's got vitamin C and stuff like that. We heard soda reduction, people are actually making changes, not just talking about it. We saw that for sure. Organic was another one that we saw as compared to five or six years ago when we did research in this area, organic was more on the newfangled side. Now organic has really evolved to become, not necessarily tightly linked between health outcomes, but really as a signifier for quality. And gluten free, of the families we talked to, there was one family who was gluten free. There they had some sensitivity going on in their household. People hearing it, getting confused, you guys know. Tons of confusing information out there, very hard to navigate so people are doing the best they can, making changes where they see fit. But what's really stable is I've got to get food that's filling, eating the veggies, covering the basics. We can go to the next slide and then slide 12. Show don't tell your benefits. This is the last thing I would really, really emphasize as we were out talking to people. It is so very obvious to us that people are making split-second decisions based on food imagery. We talked about this idea that as you, and even as you think about going to your supermarket or dog food shopping, it's overwhelming. There is a lot of choice there, a lot of options. And again going back to this band width capability, when you're living paycheck to paycheck, you don't have a lot of energy or time. You're probably trying to get to your second job. You're not spending the time studying labels and reading labels. She was in Houston, she told us in her home we were trying to understand health trends and we saw this yogurt and we were like let's talk about that. What interested you in Carb master. She says I never even noticed. I just saw the pineapple. I just wanted to get the pineapple yogurt. You see people making decisions based on you who food looks. We have to do a better job in public health from our perspective in the food industry to make healthy foods look appealing and looking like something people want to eat. And the other just sad and devastating fact that the answers to the polling question, 14% of U.S. adults cannot read. That is very high. And similarly from that same data, from the youth department of education, like I think almost one in four African-American adults can't read and up to 41% of Hispanics can't read. So if you're thinking about communications, if you're thinking about programs, if we're thinking about our package and how do we reach consumers and communicate to them, it has to be visually. It really has to be. Just because A, people either aren't reading, aren't taking the time, don't care about reading it, or simply can't read it. So we really have to focus our efforts around visually telegraphing our benefits. Next slide. I think I'm almost done. We found it interesting just in terms of where low income consumers shop. Primarily traditional grocery stores. Not a lot of club store shopping. For a couple of reasons. If you think about best price per ounce, obviously you get those at the wholesaler like Sam's and Costco, it's just not a reality in terms of people being able to invest stock up on foods. Again, going back to our mom in Memphis who has \$40 a week to spend on groceries, we asked her tell us about what are some good deals you've seen. She said I've got a coupon that said spend \$10 on cereal and get a free gallon of milk. And I loved that deal. We're like General Mills what cereal did you get? She was like oh, I couldn't get it. That's a quarter of my food budget. I can't spend that in one week to get that. Even though as you think about price per ounce, it's not the reality. And of course there's the issue of storage in a lot of these homes not a lot of space to store food, not a lot of ability for transportation in terms of just getting to different places in order to transport food. And circuit shopping, people are definitely shopping to get the best deals. Like I said, I would say about that. Next slide? I think that was it maybe. Just our summary. So I think we could take a few questions now, but I would say just to reiterate, low income consumers are a significant growing percentage of the U.S. population. We really need to keep them in mind and understand them more and more. As Amy was saying we have a baseline understanding here, but always more to learn and

more to do from our perspective so we're committed to doing that. Getting this mentality that nobody wants cheap food and how are some ways that we can bring value through demonstrating quality ingredients, giving assurance food won't get thrown away, providing filling foods and showing not telling your benefits. I will pass it back to Kelly?

>> Yes, thank you Suzanne and thank you so much Amy. It was fascinating. I want to remind everyone to keep the questions coming in. You can submit them to all panelists. So I will start with a question for General Mills and it is related to the reduced sodium cereal formulations. The question was were sugar and fat increased as you reduced the sodium.

>> I think that's for me. Great question. Like I talked about before, we have a number of health initiatives going on. So we're always balancing sugar, fat and sodium, in many products, not only cereal. We also have sugar reduction going on in cereal as well. Overall cereal is a relatively low fat category. I can't say specifically individually to products. We were balancing all of those things and being mindful that we kept all of those within balance and didn't increase them. So I can't answer it specifically cereal by cereal, but overall that was not the approach. Because we have sugar reduction going on as well.

>> Thank you so much. And I'm curious to know across all of the targets, to the extent that you can speak about this, have you been able to measure any changes in revenue? Has it been staying about the same with post sodium reduction or have they changed at all, have they increased? I don't know if you're able to speak to that but I think it would be interested to know.

>> I can't necessarily speak to that, number one, I don't know. I'm in the nutrition group. This was done over a number of years though. So certainly as a whole, the cereal category has had its ups and downs over the past few years. So in terms of the impact of the specific reduction, I don't know. But I think overall cereal as a health category has enjoyed some resurgence in the last year or so. I don't know if that has to do with improvements or if they're tending to weed it out some of the categories. The short answer is I can't specifically answer that. Overall, I don't think so.

>> Another question for General Mills. Do you find that some consumers are shopping at dollar trees as they're increasing their systems?

>> This is Suzanne and I can speak to that. As we looked at where low income consumers are shopping, the huge majority is going towards mass merchant and regular grocery stores. I think only about 2% of their food dollars going to dollar tree. We learned a lot of people will go to dollar tree just because one, they're very prevalent in low income consumers, the accessibility is very high. They're going in there driven to go in there for paper good products like cups or plates or napkins and they may pick up chips or soda or something like that if they're there, but they're typically not going -- there's a lot of skepticism in terms of food quality at dollar stores so I think there's opportunity there in bringing some quality and credibility and perhaps an opportunity for some branded products to do a little bit better. But overall, not a huge contribution in terms of where food purchases are being made.

>> And the next question is for San Diego. Could you please elaborate more on the process of knowledge sharing, cooking demos of lower sodium menus, touring various food preparation sites and the process of how food operators come together on sodium nutrition standards.

>> Yes, that is a good question. We felt like peer sharing was an important component, because all the food service operators have in common that they are part of our county infrastructure. So we were very surprised that many of them never had the opportunity to really meet with each other or hear from other food service operations like school districts. So we set up a time at our largest school district to have the food service operators that were interested come and meet with the food service staff at the school district to talk about how they have been successful in meeting what are some pretty good sodium reduction levels during the tier one of the sodium reduction and also on a tight budget. So there was a lot of sharing about equipment and products and vendors. And it seemed like really valuable interaction. And then we had the food service operators who are interested come and tour our share of food service cook/chill facility. This facility makes you know tens of thousands

of meals a day, and is quite an operation. And so obviously these food service operators who have never seen this were very interested and there was again an exchange about maybe not so much equipment but it was at a different level, but the types of products they were using, how the menu planning was done. To meet the low budget and provide the meals that they did. The cooking demonstration turned out to be a great opportunity that drew almost all our food service operators to attend. We did it in cooperation as I mentioned with the American heart association, which had an initiative to do, that included doing a cooking demonstration, but they didn't really have a set audience, whereas we had an audience but didn't necessarily have a partner that could bring collateral materials and a chef and things like that. So we were able to find a chef who was an executive chef for a, who represented an equipment -- they were repping various equipment manufacturers. So they were able to -- basically the chef just donated his time because he was able to kind of demonstrate many of the recipes using energy efficient cooking equipment. And this equipment was on display at our local utility, San Diego gas and electric has an energy innovation center. So it was really kind of partnership he was shown how to reduce sodium by using vinegars and citrus and herbs around spices and cooking techniques that brought out the flavor of food without having to use much or any salt at all, but using equipment that his company represented. And in front of food service operators that might potentially be interested in buying this equipment and then the American Heart Association was able to get out their heart friendly cooking recipes and materials to our group. So it really was kind of a win/win for everyone. And the attendees had opportunity for discussion with each other and with us about some of their barriers or opportunities for lowering sodium within their own cooking venues. So I think those were the main things that we did under the sodium reduction. And then with our development of nutrition standards, we have brought the food service operators together in a food service advisory committee that is helping to develop the standards. And again there's sharing that goes on at those meetings. They've had two main meetings so far where they've been able to discuss the standards and how it would affect their own operations and meet each other and that type of thing. So all in all it's been a really valuable experience for them as well as us getting to know them too.

>> Thanks so much, Deirdre. And there's a question I have for both San Diego and General Mills. Can you, can both of you, or both teams, speak to the importance of nutrient analysis for being able to evaluate and measure reductions in sodium? Maybe we can start with San Diego.

>> Sure. So there are some sites that do have nutrient analysis, there are other sites that don't have the capacity, like our senior meal sites, they don't have the capacity for that. And sometimes we run into the issue where a site might have nutrient analysis but we aren't able to rely on the data but we don't feel it may not be as accurate because they're using outdated software or there's manual inputation for certain items. In the cases where it is available and we feel that the data is reliable, we -- it has been very helpful to see what the changes in sodium are to be able to calculate the average reduction in sodium. But when it's not available, we resort to using looking at ingredient swaps, looking at the percentage of lower sodium, meals that are available within a range versus an exact amount or an exact reduction. Half have information we were able to use and half do not. It was helpful to see what the difference in sodium is, if it's not available, that's not the only way we're measuring progress and success. We find it's useful to look at the different ingredients that are being swapped and changed and getting an idea and being able to communicate to them how successful their sodium reductions are going.

>> Thanks. I don't know if General Mills has additional thoughts.

>> I want to support what Deirdre said. She made a very important point which is something we considered when we were starting our commitment is that you can't really evaluate what you can't measure or to evaluate something you have to be able to measure it. So I think certainly for sodium reduction, it's just ultimately important if we're in order to really see if an initiative has had an impact, it has to be able to be measured. So from a food industry perspective, we probably have it a little bit easier than some of the public health initiatives, because we have to label our food. So we are able

to compare what our sodium content is as well as other nutrients. Because from a consumer perspective, we provide the label. But I think that's a really important factor that has to be kept in mind is we have to be able to accurately measure the public's intake if we're going to be able to see if there's been an impact from an initiative.

>> That's a great point. I don't know if there were any additional thoughts on that before I move on to the next question? Okay. So the next question I think is for Suzanne. Did you find any unique challenges to sodium reduction in African-American communities specifically?

>> It was more qualitative-type research and we didn't really focus on individual nutrients really. We were looking more broadly around behaviors. I would say though that just like anecdotally, we did speak to one woman who was on like three different blood pressure medications and she had a product in her pantry that I think was, I can't remember what it was, but it was like natural sea salt or something. And she was thinking that might be a good option for her because it wasn't just regular salt. But she wasn't sure. And she was going to check with her physician about was this going to be an okay choice for her because he had given her a recommendation around natural seasonings that was particularly low in sodium. So I mean, it was just reiterating to me that obviously she's been on a journey for some time with the guidance of a health professional and still finding it hard to make decisions on her own in terms of what was the best choice for her, from her health perspective. And I do believe that she was one that may have been in that cusp of literacy may have been an issue for her as well. So I think it reinforced how complicated it is for people when they're shopping and trying to make health choices and health decisions, that there are so many factors and even if they have guidance, that it still is a challenge.

>> Thank you, Suzanne. I think we have time for one or two more questions. This question is for San Diego. What factors contributed to the success of sodium reduction strategies in the sites you're working in?

>> Well, there are a couple of things I can point to. First off, we didn't just start with the sodium reduction initiative without any kind of foundation being built for nutrition changes in our county. We had already had a healthy vending policy that had been passed several years ago and was being implemented in our county facilities. We already had several nutrition-related activities and achievements through a couple of other centers for disease control and prevention funded grants previously. And so it was really just building on work that we had already done, but it was taking a more focused approach, focused not only on the nutrient, when R. Which is the sodium, but also focusing on the food service operators within the county, any county residents. It was much more focused but it was still building on previous nutrition-related initiatives that we had undertaken. And secondly, I think really importantly is our county board of supervisors support for the live well San Diego initiative, which was healthy faith and driving communities which was a vision that encompasses everything we do within the county. And it's almost like an health and all policies approach. So when we look at it from that lens, then it can support these types of activities and we found that when we tied the sodium initiative to live well San Diego, when we were introducing it to the various county departments or food service operators, it's like a light bulb would go off in their head and they would say oh, okay, this aligns with what we're trying to do in a big picture way and that made it a whole lot easier to start the conversation.

>> Thank you, so much. And there's one last question if we can answer it in 60 seconds or less. I think this is for San Diego. When you sourced for lower lower sodium ingredients, what are the barriers and facilitators during food procurement and how did you overcome the barriers.

>> I wish we could say we had over come them all. As I mentioned in my presentation, our food service operators source their products in different ways. And so for the operators that are going to large distributors, they sometimes have a hard time on the electronic ordering system and identifying what the lower sodium products are. They may exist but they sometimes have a hard time finding them. I think price for those that have been able to swap ingredients, price has not big as big an issue as they thought in the beginning. Because they were saving money moving to whole,

unprocessed foods like using real potatoes versus frozen potato products saved money so they were able to spend more on a lower sodium diced tomato product. I think it was just finding it. That they were so pressed for time that they would like it to be a simpler process. For the smaller operators who are doing their own shopping at larger stores out in the community, those products just aren't available. The low sodium versions of various things just really aren't available. The few times you would see something that is available, such as a low sodium soy sauce, it's in a very small, expensive container, versus the regular soy sauce that's in a large, less expensive container, less expensive per ounce. So they're looking at their choices and the price they would need to pay and they pretty much have to make those decisions based on that at this point. So we really see that accessibility, there's several factors when it comes to accessibility and affordability that need to be addressed. And things are improving, but I wouldn't say that they've totally been able to overcome those. We try to work with them, with the challenges that they face and come up with creative ways that they can change the salad dressings that they buy commercially to lower the sodium by adding Greek yogurt for example or finding a no-salt seasoning blend that is the same price as some salt-infused seasoning that they currently use that they can try. And so far those types of product swaps have been successful and they've been pleased with them and we hope to continue more of that.

>> Thank you, Deirdre.

>> Kelly, I would like to just add one thing to the good comments that Deirdre just made. From a food industry perspective, low sodium is very specifically defined. Which might be why it's hard sometimes for people when they're looking for a low sodium item to find it, because it's also very stringent. It's typically less than 140 milligrams per serving, which is really low. A lot of foods are not going to meet that. So that could be one reason why it's hard to find those items because they have to meet that. There's strict criteria for making a low sodium claim on the label. I wanted to add that as sort of an overlay to the public health things that are going on.

>> Great. Thanks for that addition. And I think we're going to have to conclude the web forum at this time. I want to thank our presenters today for their time and effort and our special thanks to our sponsors and a very special thanks to those behind the scenes. Following conclusion of this web forum, you'll be prompted to complete an evaluation and we really appreciate your feedback as it helps us shape future web forums. As a reminder this web forum was recorded and will be available soon and our next web forum in the series is scheduled for June 8th, same time, same place. Stay tuned for more information. It will be posted on the Dialogue4Health website. Thank you again for joining.