Dialogue4Health Web Forum
Connecting Public Health and Food Service Operators: Reducing Sodium in Hospital and Healthcare Settings
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Remote CART Captioning

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>> Hello and welcome to connecting public health and food service operators, culinary techniques for reducing sodium. My name is Joanna and I will be running today's web forum with Holly. Closed captioning will be available today. Regina from Home Team Captions will be providing captioning. The closed captioning text will be available in the media viewer. The media viewer panel will be accessed by clicking on the media viewer icon. This can be found on the top right hand corner of the screen and on a Mac, should be located in the bottom right hand corner of your screen. In the media viewer window on the bottom right hand corner, you'll see the show/hide header text. Click on this in order to see the live captioning.

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The audio portion can be heard through your computer speakers or a head set plugged in to your computer. If at any time you are having difficulties, send a question in the Q and A panel, and we will provide conference information to you.

Once the web forum ends today, a survey evaluation will open. Please take a moment to complete the evaluation as we need your feedback.

The recording and presentation slides will be posted on our web site at Dialogue4Health.org. We are encouraging you to ask questions today. To do so, simply quick the question mark icon, type your question in and hit send. Please send your question to all panelists. We will be addressing questions at the end of the presentation though we invite you to send them throughout.

It is my pleasure to introduce our moderator today, Kelly Hughes. Officially she is the associate director for program strategy at NNPHI. Unofficially, moderator extraordinaire here at Dialogue4Health and so happy to invite her back to lead a conversation. Go for it, Kelly.
>>Kelly Hughes: Thank you. As she mentioned, I'm Kelly Hughes and I'm pleased to be here with you today to moderate this web forum. A little about this web forum. This is the fifth in a series on connecting public health and food service providers to reduce sodium. The series is

supported by the Centers for Disease Control and prevention and national network of public health institute.

Today's webinar will examine sodium reduction strategies in hospital and healthcare settings that sell food to employees and visitors. We're really excited to have a full panel of presenters with us today representing different sectors, expertise and perspectives. We appreciate you joining us today. And I'm excite today introduce our presenters for the day.

Over the next hour or so, we will hear from five speakers through four presentations. Dr. Brook Belay will kick us off with work on reducing sodium in hospital and healthcare settings. We will hear from representatives of two local health departments starting with Shelley Vaughn from the Marion public health department in Indiana. Followed by Andrea LaFlamme from Bangor public health services. And Brad Barnes and Sanna Delmonico from the culinary institute of America.

We also want to hear from you. Please feel free to submit questions and we will get to them during the Q and A session after the last presentation.

And now I'm honored to introduce Dr. Brook Belay. Medical officer in the division of nutrition physical activity and obesity. Folk outside identifying and promoting innovative strategies leveraging electronic health records to support obesity surveillance by public health and promoting hospital environments that support communities in healthy food, physical activity, breast-feeding and toe back owe-free choices. He received undergraduate training at Harvard University, completed medical and health training at Columbia University and trained in New York City. We're grateful to have him today. And now, I will turn it over to you.
>>Brook Belay: Thank you. Am I coming through okay? Great. Thank you for the introduction. Next slide please. So I have no conflicts to disclose. I would like to preface everything by saying working with hospitals has been an exciting experience and for others across CDC. The healthcare setting is such a powerful one. If many ways -- millions upon millions of patient visits, outpatient visits visit the hospital settings. Beyond that, hospitals serve as sort of indicated -- colleagues of mine have been around longer than I have.

Decades ago, there were plenty of ads and perceptions that physicians and others in the healthcare setting were all right with toe -- tobacco and smoked on premise. Improving food environments and other environments within hospitals can really be a message to a community. And there's evidence to back that up.

With that said, I want to very quickly provide you with a description of the support that we have here in the MPO. On this slide, you should be seeing a screen shot really of a concept piece that we put out called creating healthier environments. And this walks you through -- you might be familiar with other work site environment change strategies and various other considerations including assessing environments and evaluating your efforts and feeding that back to your champions and the leadership. It's an interesting concept piece in that it uses a change scenario specifically improving water access within hospitals as sort of a concrete example along the way in each of those steps.

Next slide, please. Part of the tool kid describes the importance of assessing your environment. And it's not really your climate of change in the hospital but really what do the physical environments look like? And so how does the food setting whether it be the cafeteria or the vending support healthier food choices. Access, pricing, promotion and other strategies. And the concept piece I mentioned really goes to the rationale and making the case discussions around that. Next slide, please.

The tool kit that relates to assessing environments is divided into two portions. There is a user's guide to conducting the environment assessments and then there are the actual environment assessments themselves. These environment assessments were based off of nutrition environment survey more than 15 years ago now or so.

As I mentioned before, it focuses on those concepts of media and access and pricing and promotion. And behavior design in general. Next slide, please.

We see here a couple screen shots from the food environment assessment tool kit. As you can see, we look at the availability of different options. Where they might be placed and what size might they be available. And also we kind of compare the practice to other items within the environment. So we oftentimes compare a sample of what might be considered a healthy option to a regular or less healthy option as well.

We also have a small section here supporting water access and the availability and degree to which water is available within the hospital setting.

You'll see on the far right, that's a snapshot from the physical activity tool kit. If anyone is ever interested in that environment. Next slide, please.

So we work with a number of partners across the country whether they be grantees or just colleagues of public health and hospitals. But relevant to today's talk a group in Illinois Nancy Amerson and colleagues did take a version of the tool kit and added sodium specific modifications to the questions. And they published that in this article that I think is towards the bottom of the slide here. So that's a good resource. The link to the actual tool kit is up on the top. And also there is a colleague from Kaiser who took the tool kit and did a feasibility as well as a testing and validity test. I think I'll pause there if there are any questions.

>>Kelly Hughes: Thank you so much. We're going to hold our questions until the end. Really appreciate your presentation and hopefully that gives our audience a good overview of healthy hospital environment and assessment tools and resources.

And now it's my pleasure to introduce Shelley Vaughn. She is a project manager for the sodium reduction in communities program at the Marion county public health department. And in this role she oversees project implementation and coordinates partnership with family development services which is a sole provider of head start services and the Eskenazi health which is the public hospital system. She holds a master's degree from Indiana university in education. Take it away.

>>Shelley Vaughn: Thanks so much. Hello, everyone. Pleasure to have the opportunity to share the work we've done. I want to begin by acknowledging this presentation represents the great work by Margie Figeron. The dietician who is on a well-deserved vacation right now or she'd probably be giving this presentation. And also the work of Tom Famen. And his wonderful staff.

Comprised of the Eskenazi hospital. These are all brand new facilities which opened in December of 2013 and happened to coincide with the sodium reduction work. We are working with five retail venues which serve over 5,000 employees. Include the marketplace cafeteria, cafe Soleil, express which is located next to the restaurant and serves carry out from the restaurant. And express at the west 38th street clinic which is like a subway restaurant. And they serve made to order sandwiches and salads and do provide grab and go items. And finally, the fifth retail site we're working with is vending which is located not only on the hospital campus but the community health centers.

We used the U.S. health and human services guidelines so that our standards could be in -- and our results could be widely replicated. The pictures you see here of our four retail sites.

Today I'm just going to talk about the four strategies that we used and then give you examples of each. And I really try today provide things since we're all doing basically the same thing. I tried to include tools I thought might be of interest to you. And at the very end, I'll show you our results.

Our plan has been to tie sodium reduction activity s to existing hospital initiatives for sustain ability. And we were immediately aware of some of the higher profile initiatives. However, it soon became evident we need to identify and understand all of the influences on the food and nutrition services department if we were going to be able to address all the barriers to sodium reduction. In this graphic is very busy but shows the numerous nutrition

methods that shape the food and nutrition services. While time consuming, the dieticians working in various departments are meeting regularly so they can develop a comprehensive nutrition policy and menu planning guideline that can be used as a framework to set bench marks for change. And we want to be able to clearly communicate to Stakeholders what our nutritional goals are and future nutrition programming. We have used this diagram and ooze like it when working with Stakeholders to demonstrate how complex it can be to make changes in this environment.

As an example how we have aligned sodium reduction with hospital initiatives, the sky farm which sits atop the hospital grows produce which can be used in patient and retail sites. Dieticians teach classes for staff and visitors which include nutrition education component and cooking demonstration. Participants receive free produce and recipes to take home with them. We have not only incorporated sodium reduction into the training but also serve the lower sodium recipes in the cafeteria such as kale and beet salads.

Food and you nutritional services holds a year round harvest market so visitors and staff can purchase fresh produce. When in season, the wellness department holds farmers market outside the hospital grounds. And again, we look for ways to incorporate lower sodium foods available in these programs into our menu planning.

Our second strategy has been what we call recycling recipes. This is no different from what you are doing. We're looking for cooking methods -- reducing high sodium ingredients and replacing products with lower sodium products where we can find them and removing things where we can.

We also created or Margie created this form that she used when she was working with the food and nutrition services chefs and managers initially just to show them they have multiple options they can use for sodium reduction. And then she would take this form to the monthly meetings where they could review changes they wanted to make to any of the recipes. And they could also determine if they wanted to taste test some of these new modified recipes and make decisions about what produce they wanted to use as well. So in addition to all of these things that her little form could help promote, she could also be there to see what their concerns were and get their ideas.

Also at these meetings, vendors that they work with would show up and talk about any of the different products that she was looking for. And go ahead and -- [Audio cut out].

Third strategy was revise procurement policy. We found several existing policies which touched on aspects of procurement. And managers of each of the retail venue sites were independently ordering products with no nutritional content review by a dietician. Margie worked with the director to revise their existing procurement policies. Which included all of the components that you see here including procedures for adding new products or substituting products. New forms added to the policy as attachments were create today document that the required review by the dietician and other management approvals were received and log the changes. This provided a little accountability.

Our first strategy was to create demand. And while we generally used a stealth approach to recipe modification, we also wanted to add a few new lower sodium recipes to the menu. We did want to highlight these through marketing. Here are a couple examples of different types of recipes that we used. We used five salad parfaits. And one of them is shown here. That was added to the marketplace cafeteria grab and go section. The picture on the right is one of 20 heart healthy meals that were added to the cafe restaurant menu. All of these meals have 700 milligrams of sodium or less. And both have been well received by customers.

The food and nutrition services department in conjunction with the wellness department and also the marketing department created the choose health initiative. And this choose health initiative is basically using the color coding system to identify healthier meals or healthier food items in grab and go. So right now, these are being used at the salad bar. This is a graphic

that shows you some of the marketing materials that were developed for the salad bar. You can see in the picture where they have actually purchased color coded crocks. The green pan with the white sag is representative of how they plan to go ahead and color code nutrition information and add those to the pans just to give people a little more information about what they are eating.

We are currently doing assessments to see if the color coding is having impact and hope to have those results in the fall.

In vending, we have used the nutrition environment measurement survey for vending to help us assess our progress in reducing sodium in snacks. We have seen a 22% decrease. All of our beverages and snack machines now receive the NEMS-V award that says 50% are yellow or green and no unhealthy advertising.

Here are the results of our sodium reduction. I just wanted to make the point that we have used all four of the strategies I just mentioned at each one of these venues. You can see we had a huge decrease of 40% at the marketplace. I don't want to take away any of the hard work that was done. That was really a lot of hard work. We also need to let you know that we estimate about 10 to 15% was probably because of the over stocking that happened when they moved into the facility. We did our nutrient analysis right after they moved in and they stocked up on highly processed foods and a number of convenience foods because they wanted to give staff time to be able to get in and learn how to use the new equipment and operate. They also had a lot of space. They brought in a lot of products that they would have eventually down sized anyway.

So our challenge at this facility is going to be to sustain this huge drop in the next year.

For our other sites, we had a 19% decrease at our restaurant before we added our 20 heart healthy meals which added sodium. And at the express, we saw 8% drop. That was due largely to the fact that we ran out of time and person power to be able to make changes at that site. But at the express 38th street, we had 22% decrease. For our first year, we think that we have accomplished quite a bit.

And because I'm running low on time here, I would just like to provide our contact information and should you want any more information about any of this, feel free to contact us. Thank you.

>>Kelly Hughes: Thank you so much. You are doing great on time. And really appreciate your presentation in sharing these strategies and results. I don't see any questions coming in yet. So I want to encourage the audience to send in your questions. I know there's got to be something burning in your mind with these great presentations and really informative presentations. Send your questions in and we'll get to them at the very end. I want to thank Shelley. And now transition to Andrea LaFlamme. My pleasure to introduce you to her. She works as the program coordinator for the City of Bangor sodium reduction in communities program in Maine. She also enjoys working as a professor at the University of New England. Earned her B.S. in human nutrition from the university of Maine and M pH from the university of New England. I'm happy to turn the floor over to you.

>>Andrea LaFlamme: Thanks. Hello, everyone. As Kelly said, my name is Andrea LaFlamme. I work for the City of Bangor's public health and community services department for the sodium reduction in communities grant. Here in Maine, we have two city health departments. One in Portland, and one in Bangor. So I'm going to talk about the work we're doing. We are working to reduce sodium consumption. And Maine health in Portland.

We are finishing up our first year working on this grant. Hopefully, we'll be continuing our work in future years.

We are currently working with two hospital locations. Maine Medical Center and Spring Harbo. And Eastern Maine Medical Center and Acadia Hospital. Each chose to lower the sodium in five items by substituting an ingredient or offering a new lower-sodium alternative. Implementation of the new lower sodium items has been staggered as each is rotated

differently. Some of our hospitals have implemented all of their ingredients while others are still waiting.

The city of Bangor and Portland were able to provide funding to each of the hospital systems so they can hire a part time coordinator to work with the food service directors at each of the four hospitals. As we move into the coming year, we're looking to expand our sodium reduction efforts in two additional hospitals within each of the systems and include more menu items at each hospital.

Each of the hospitals is working closely with heart consulting, the firm responsible for managing the evaluation of this program. They were encouraged to select entre or side dish items.

This slide and the one that follows shows the items that each of the hospitals chose. Keep in mind, the amount of sodium listed next to each item is the amount in a single serving of that item. Also remember the FDA recommends they limit to no more than 2300 milligrams per day with some of these items contributing more than half of the recommended sodium to a person's daily diet. So we're really excite today lower some of those numbers on those food items.

As the hospitals begun to switch the menu item over, they've maintained consistent sales levels and received positive feedback from customers. The MaineHealth hospital site advertised new items to lower sodium and Eastern Maine Healthcare Systems have been. The plan for the future does include having the coordinators in the hospitals conduct taste test and going other demonstration inside the cafeterias to highlight new menu items.

During the course of implementation, we've encountered a few challenges. Lower sodium products were unavailable from certain food distributors or more expensive than the higher sodium items.

One of the hospitals encountered a storage challenge when one of the new low sodium items came in bags instead of the large cans they were used to storing in their pantry.

I'm going to talk a little about our good with Good Shepherd Food Bank as well. We have done quite a bit of work at the local level working with food pantries. The city of Bangor and Portland partnered with Good Shepherd Food Bank. Serves 160,000 Mainers statewide with 600 food pantries and meal sites. Worked to completely -- [Audio cut out.]

Pledge to follow feeding America's food s to encourage guidelines and focus on the procurement of nutritious foods with purchase product and donations. The cities have been working to create GO, SLOW, WHOA. 500 mini grants will be offered to 8 of the food pantries they serve in Penobscot and Cumberland county. Will serve as pilot sites for the implementation of the program as we work to expand to other site inside the coming years.

Teaches people about food that can be eaten at any time while identifying other foods best enjoyed occasionally and other foods only for rare occasions. The message is no food is off limits. To implement GO, SLOW, WHOA, they use a provided list to identify which foods fall into the categories of GO, SLOW and WHOA. These foods are identified in the pantry using GO, SLOW and WHOA stickers. Pantries will be provided with signage and handouts to educate patrons about how to reduce sodium with tips such as rinsing canned beans and vegetables before use.

With the help of Good Shepherd Food Bank, we've been able to connect with local grocery chain and begin a discussion about how to incorporate healthier low sodium food items. The poster on the right side of the slide, though a bit hard to read, was create today encourage healthy donations to local shelters, soup kitchens and food banks. The poster includes a tear-off sheet with healthy donation ideas shoppers can use when selecting food item s to donate.

So far, we've had a lot of success at both the hospital systems and Good Shepherd Food Bank. It's been exciting hearing about the efforts of other organizations across the country and seeing how well received the changes have been for us. We're very much looking

forward to expanding our efforts in the coming year and sharing our work with you. Thanks.
>>Kelly Hughes: Wonderful. Thank you so much. Very interesting work. And we hope that this great work with the GO, SLOW, WHOA continues and excited to learn more in the future. And hopefully some good questions for you. And now we'll move on with Brad Barnes and Sanna Delmonico of the culinary institute of America. Brad Barnes is the director of CIA consulting at the culinary institute of America in New York. And college's North American association of food equipment manufacturers professor. He is responsible for the oversight of the CIA's food enthusiast programs, prochef certification and custom professional training. Also consults globally with a variety of clients from educational institutions to noncommercial food service providers. He is a grad other wait of the culinary institute of America, and master chef. Joining Brad is Sanna Delmonico, the senior manager culinary nutrition for strategic initiative at the culinary institute of America where she manages health and wellness programs including healthy kitchens, healthy lives and healthy kids' initiative. Also a nutrition and food safety instruction for and works with the CIA healthy menu's research and development collaborative. Taught nutrition, dietetics and food classes. And published a food and nutrition newsletter for parents in pediatric nutrition professionals called tiny tummies. Some of you that have participated thus far have heard from them. They've been our mainstay presenters throughout this series and very honored to have them with us today. I will turn it over to Brad, I believe.
>>Sanna Delmonico: Both of us. Thank you so much. We're happy to be here. I'll speak on behalf of Brad. We're happy to be participating in a series of webinars and sharing all the great information too. And listening to the great stuff they are doing. So thank you very much.

I'm going to start with Brad.
>>Brad Barnes: Thanks. And I know Sanna was speaking for me. Thanks, everybody, for joining us. And that's really good stuff. We love hearing those successes. And to share a little good news as well. I just was in Chicago this weekend. A whole room full of folks designed ready to eat foods. What they asked me to talk about was strategies to lower sodium in their products. They are thinking about it. Telling their success stories, it always comes up we had trouble finding or procuring products lower in sodium. I thought that would be a little spark of good news for everybody to hear. Those folks are paying attention to it. Really good stuff.

I thought we'd started to and has been mentioned a couple times. We've had quite a few webinars now. This is number five. And we've managed to build up some key strategies. And I thought I'd go through those quickly for the folks on the line so that if you haven't heard them, that's great. If you have, it will be a little reminder.

The first one was to measure salt. And I'm going to get into that further. I won't belabor that. Season foods with spices and herbs. That's about building big tasty flavors before salt or instead of salt. And that certainly is something that we heard both of our other guests today talk about. And very successfully work on.

Contribute to sound business decisions. It's important to remember everything we ask food service providers to do will in some way shape or form affect their business. And our ideas and our initiatives should contribute to their doing business.

Tracking primary purchases, creating bench marks. I think we heard Andrea speak to that. In measuring how much was used or how much was purchased to find out the way that they had dropped sodium and that was through bench marking of bulk inventory or bulk purchases. So that's a great way to do it. Design menus and recipes to bench marks. That certainly is something that we heard. And figure out what those recipes are about and go at them and change them and get everybody to buy in and be able to produce them.

Increasing salability. That is a wider options to people. So they do have a choice when they want to make a choice.

Playing to the senses is something very close to all the culinary hearts. Make sure things taste good, look good. Have great textures, great aromas and are satisfying no matter how we've prepared them. And finding those options and learning how to prepare foods so

that we're good at meeting those desires is something that gets our customers to partake in the things we would like them to eat.

And number nine is choosing delicious foods to excite and enhance your venue. That doesn't really matter where you are. Very important in healthcare. As much as it is in feeding or any of the places we've heard the grantees be involved in. Those are just ideas and things you can grab from the other webinars that are all online. Thought it would be a good way to started to.

>>Sanna Delmonico: Thanks, Brad. I was interested in the conference you were at. I was at the annual nutrition conference and participated in a fantastic session where several school district directors were talking about their sodium reduction efforts and all the creative things they were doing including things like offering kids on the salad bar a flavor bar where they have red pepper flakes and urban spices blends that kids can then add and decrease the need for added sodium. A lot of really creative things going on.

We wanted to give you a broad overview of some alternative. This is something grantees asked about. To give you a broad overview not to endorse any of these products or recommend any of them but what's out there, what kind of alternative and special salts are being used and what are some of the challenges with each of them. So they fall into three categories or that's the way I've divided them up. Salts with modified density or shape or size blends with potassium chloride and salt enhancers. Things that make salt taste more salty. Things with modified density and shape and size, these have the benefits of having less sodium per volume. Not necessarily less sodium per weight. But the potential is the bulkiness and physical structure of these products. Because, though, they dissolve. Most useful on chips and salty snacks and those kinds of applications are practical. Once they've dissolved, they lose that benefit of being bulky. And we've talked about the flake salts before on previous webinars.

>>Brad Barnes: And you know, I was just reading something preparing for this weekend. The work that -- and again, not to promote anybody. But the folks that make a lot of the types of potato chips and salty snacks have been working for the past five years to lower sodium through changing the shape of the salt flake and the density and yet continue to get that salty hit. So this is an interesting kind of a piece.

>>Sanna Delmonico: Yeah, and changing that shape and how you perceive it when it goes on to your tongue. There's real science behind that. They are definitely looking at that. It has to do with sometimes evaporating things slowly so the salt ends up in a flake shape versus a dice shape or cube shape as in table salt. Pretty interesting stuff.

Another category is salt replacers. Things that can fill in for sodium chloride. And usually that means potassium chloride. And these types of products have been around for a long time. Sometimes they are naturally occurring. Things that are evaporated from sea water that have potassium chloride and magnesium salts as well. And sometimes potassium chloride that's been added. There are a wide variety of these kinds of products. Potassium chloride has the advantage it can substitute in many functional properties including the fact it reduces water activity. It's practical to use in things like processed meats. Anybody who ever tried these knows they can taste bitter. You defeat the purpose of substituting there.

Also because we're talking about hospital and healthcare settings, these products, because they have that extra potassium might be appropriate in getting arched those flavors. A lot of food manufacturers that use these will then add bitter blockers and other flavor compounds to get around that.

And then the last category is one that we've really talked about quite a bit in previous webinars which is UMAMI. So we've talked a lot about using UMAMI ingredients like tomatoes and aged cheeses and things that even though they may be high in sodium have the potential to reduce sodium overall in dishes because they have that. And it's been known that it has the potential to reduce sodium in a variety of products by 25%. There are a lot of different types of

products available. Some of these are yeast extract. Some of them are tomato powder and mushroom powder. But the challenges with these are cost and may add unwanted taste or flavor or color. A lot of these are application specific or product specific.

And then another category that may or may not have a potential for sodium reduction but creative chef -- so I'm going to turn it over to Brad to talk about this is finishing salts. And their potential to create a more concentrated perception of salt.

>>Brad Barnes: Just the idea here, the concept is one that we've talked about before. Adding salt later on in the process of cooking. And even at the very end just before service can allow you to add less salt to the preparation. And still give people the perception of that satisfying salt sensation.

One way to enhance that further, which may seem costly, actually in many operations in many of the types the grantees are involved in. Where things are for sale, and more a commercialized food service, it can add a nice marketing piece and be something that is a finishing touch. And allows you to give people the sensation of salt without adding nearly as much and being able to control it towards the end of the process. So IE, on top of a particular grilled meat or fish or things like that. Or adding to a salad at the very end tends to be a very good strategy to show people salt, let them see they are getting salt examine taste it and then actually you've lowered it within the entire preparation. Kind of an interesting strategy. It does require culinary know how. I'm certainly very familiar with many of the hospitals and healthcare situations out there and there's a lot of good folks on the culinary side working in those as well as food service providers.

This is a good one in the right place. Certainly, not for everybody.

>>Sanna Delmonico: This slide is an update of a slide we showed on a previous webinar. Information from the international food and information counsel foundation. They do an annual survey about what drives food selection. Any time we're talking about sodium reduction and increasing the helpfulness of foods in any setting, we really have to look at what really drives people to choose food. We can't ever forget this. I wanted to share the latest information. We have the 2015 data. You can see that taste drives food selection most of the time. I think it's interesting that all of these with the exception of convenience are down. But taste and price definitely rank above helpfulness in people's choices and food selection. So I think we can never forget that. Sometimes as health professionals we tend to think -- logically helpfulness would be the first thing. But really, it's taste that drives food selection.

>>Brad Barnes: So part of what we wanted to talk about today was sustaining these interesting strategies. And so I'll give you ideas. I've been changing operations for a long, long time now and making cultural shifts. Through some really straight forward strategies. And since most of you are just coming from the outside and trying to influence people to partake in a particular initiative, it's really important for you to have good ways to connect with those folks. One of them is engaging the team and really clearly stating goals that you have. Again, keeping that idea that everything you are talking about impacts those folks' daily operations and businesses at the end of the day. And to remember, particularly important in healthcare settings, is performance of the food service outlets. The better their usage, the higher their revenue, the more they have potential to do bigger or better things. That's a really interesting piece and resonates in any of the healthcare food service providers in hospitals. Start buy and going knowing the products. One of the things I said a number of times to grantees that I believe you can be really a critical productive help is helping folks understand what products are best and what products help them meet the goals. You understand how to read labels. You understand all the type of things that go on in the product descriptions and that information. Can be a big help in helping folks decide which can tomato to buy. And have that information at their fingertips. Finding easily achievable targets. And I named off a couple here. Dressings, salad dressings. Daily soups. These are both really good places to be able to imply strategies to be

able to lower sodium. Such as dilution. A low fat Greek yogurt or that sort of thing in order to lower the sodium.

Same with the soups. Plant based and new items. Introducing people to some variety. And different preparations of those types of things allow to you treat them with things like good fats and herbs and spices and grilling. And roasting. And get big, big flavors, before potentially you do top salting. And those can be brand new preparations for folks in intriguing and something that will help them find choices within the menu that maybe are not their daily choices. In this particular setting, healthcare with staff and even visitors that you have incredibly regular customers. They may be regulars for the week but keep coming in every day. Variety plays a big part. This is a particularly interesting piece to keep things working. I know most of my family and many close friends are doctors, nurses and folks that work in healthcare. And we talk about this thing all the time. How difficult it is to really be able to enjoy what they are doing. There's a lot of room to grow there, particularly, overnight folks. Just allowing options that are more attractive and more helpful for the overnight staff is a big deal.

Addressing patient satisfaction scores. Everybody's aware that things like all the scores being critical to the way finances work and hospitals operate at this point in time, food can play a big part in that. Keeping in mind the big piece that plays.

One of the biggest things we can do is a group of people that create this food every day. They are there every day doing their work. Training is not as thorough or not as productive as it could be. That's a real place for grantees to be able to support. You all understand training and education. And I think you can lend a lot in folks designing how are we going to implement this. How are we going to get the message to our employees. What are those presentations look like? Staff engagement comes right under that. As our food service workers, cooks and chefs try new things, they learn. And that creates an engaging atmosphere. It's a critical piece.

Ensuring good recipes. This is a place that typically change can alter. Doesn't work and doesn't have the parts and pieces that are required to meet that recipe. Certainly, it's helpful to manage that rest key process. And looking through and checking out the nutritional analysis and helping them make sure those things are in place.

Facilitating the use of SOPs. Making sure that when we implement something, everything that everybody needs to be successful is in place. And that's a critical piece and I'll expand a little more on that in a moment.

Some of the indicative challenges in this environment, again, is also some of our greatest opportunities. So repetitive audience. The staff, as I said, the physicians, the nurses, all the folks who work in the hospital facility, visitors, and even those that have chronic issues and coming in for chronic care. So they are there once a week or twice a week all the time. Again, the overnight employees. A wide variety of income levels in a given facility is a tremendous challenge. And one of our other presenters today mentioned the idea of checking the price and making sure that the prices make sense from one to another.

Speed of transaction. We know that many of these folks, particularly staff, have limited time. Making sure the best things are the quickest is a really interesting strategy. There's ways we can position different products to be ready to go. And really attract people just from point of convenience.

Frequent use programs can be interesting. There's a lot of ways we can figure out to help people track what they are doing and reward them for being frequent customers. There's creative opportunities there when we have a steady audience like this to be able to engage them further and cause them to buy in to what the food service area is doing. That's a better all-around experience. Then you have doctors or nurses saying go down to the cafeteria. And go an hour and come back and you'll be in radiology.

>>Sanna Delmonico: Thanks. I wanted to talk about what to consider when you are thinking about communicating sodium reduction efforts. Really interesting to hear multiple approaches

or they are using multiple approaches. Shelley talked about low sodium options. And Andrea talked about hospitals one was taking a stealth approach and the other was let's tell everybody approach. Things to be said on either side. The first study was a small study that looked at sodium reduced labels on soup. They had a variety of different soups and some of them were called out. And they looked at them how people responded to that. Calling out the low sodium generated a negative taste expectation and negative experience. And people who thought they were eating low-sodium soup ended up adding more salt on their own to the soup defeating the purpose of low-sodium soup. I'd venture to say when you are reducing sodium in a hospital setting, there may be some people looking for that in which case they are going to respond to that. The family members or staff. So you might want to call it out on lower sodium on all but sounds like that was partially Shelley's approach.

Sodium reduction can happen and not be perceived. And depending on a product, sodium can be reduced. The combination of approaches, for most people stealth health approaches work the best. And of course, we definitely also know that gradual reduction and sodium overtime helps with food acceptance too.

The next slide has a fun cartoon. This is from very recently published study that reviewed 43 different studies on messages and -- messaging and nutrition messaging. This is from Cornell. This is important for those of us in nutrition and public health to remember. For those people who know a lot about nutrition, negative messages might work. We respond to a message who says don't eat candy or you'll get fat. Rather than eat less sodium. Maybe the message is eat produce. Or even better. Eat this beautiful food.

People who plan in restaurants or food marketing, they know positive message is about flavor and ingredients and making food work and calling out fresh and crunchy. It's hard for us to remember that sometimes. But go to the seduction of food rather than the health benefits is often more compelling.

>>Brad Barnes: It always reminds me of my grandmother's philosophy which was everybody's going to remember positive things and always going to forget the negatives. Don't tell your kids not to play in the street. Tell them how much fun it is to play in the yard. It makes a lot of sense. And from a stand point of marketing.

>>Sanna Delmonico: Nobody wants to know how they are being deprived but what a delicious salad they are consuming.

>>Brad Barnes: Right. This was key strategy number one. I can't reinforce it enough. My community will look you straight in the eye and tell you they use recipes and if everything's not there for them to use the recipes like a scale or measuring device, like a recipe that's handy and easy to read, they are going to make up their own ingredients. So have those scales, have the good recipes and really help people learn how important it is to measure at least the salt they are putting in. Without doing that, there's no other way when we're preparing foods to make sure we lower sodium. Just wanted to strengthen that point a little bit.

So many operations we see don't have enough scales and don't facilitate that. It's a real interesting issue.

Key strategy number 10 is make it quick. And I alluded to that a few minutes ago. If we take the best options and make those the fastest options, it's a really good way for people to be able to eat well. When you can grab a great looking dish or fresh vegetables or salad or whatever it is and even if it's on the cook to order line. And you know that you can cook a burger on the grill or you can have a chicken breast already cooked and hot and serve that sandwich in one minute rather than three minutes, it can help. Certainly, the idea that produce is much prettier to look at than meats. And produce tends to have many more days to attract people and get them to eat things that will lower sodium. That is key strategy number ten. If you make it quick and make it look good, folks will end up taking it.

So I think that's our final slide. I really appreciate everybody listening and being a part of this. And hope you have a great day.

>>Kelly Hughes: Thank you so much. That was full of great information and excited to open it up for questions now. Just as a reminder, you can send in questions to any of our panelists although any time. It is helpful if you submit your questions to all panelists. I'm going to start with the first question for Shelley. When approaching for a healthy vending initiative, who are the first people we should contact or approach?
>>Shelley Vaughn: Well, I would imagine you would want to talk to whoever was involved with the vending at that site, if that was the food and nutrition services director, that would be the first person you would want to get conversation going with. However, we found at our site that a lot of the direction has come from senior leadership. And they have done a lot to push forward the vending initiative at our hospital. I would think to the extent you can get senior leadership involved, that would work as well.
>>Kelly Hughes: Great. Thank you so much. The second question we have, I believe is for Andrea. How did you go about getting [Inaudible] in the vending machine. What suggestion or tips do you have for other agencies wanting to accomplish the same task?
>>Andrea LaFlamme: I think that was for Shelley.
>>Kelly Hughes: Sorry, about that.
>>Shelley Vaughn: We're able to purchase the tips in a vendor who does similar things. And I think we worked with some of our other colleagues in Iowa to find out where they got some of their tips as well. And I can find that vendor information for you. I don't have that with me today. But we worked with our manager of vending who has -- he and along with one of his staffers are the people who actually stock the vending machines in our site. We're completely self-operated. So we work with them to be able to create a plan and work with them to put those tips on the vending machines.
>>Kelly Hughes: Thank you so much. There was a question that was asked directly to Andrea and she did respond to the participant. I'd like to ask the question again. Others might be interested in hearing the answer. The question is what type of resistance, if any, did you encounter when you began implementing the initiative and how did you overcome those issues or barriers
>>Andrea LaFlamme: We've been fortunate with our work with Good Shepherd Food Bank. We had applied for our grant funding from the CDC at the beginning of the three year grant cycle and then didn't get the grant. When we anticipated getting the grant, we had looped Good Shepherd Food Bank in on that. And when we didn't get it, they continued moving forward with changing their nutrition policy and standards. And so when the second round of funding came through in year two and we were selected, Good Shepherd Food Bank was putting the finishing touches on the new policy. So they really took a lot of initiatives to do that work and some of that foundational work on their own. It has been challenging though. I know for them, the nutrition and education manager there has been very helpful and on board from the beginning. But there has been folks that have had difficulty with the idea that the food bank might be in position to refuse food if it didn't meet standards. And it's been on-going debate about how to be appreciative of donations but also stick to the guidelines that they set. That being said, they have a lot more control over purchase product. They do receive both donations and purchase their own food as well. As far as what they do and do not want in their warehouse.
>>Kelly Hughes: Great. Thank you so much. We have another question for CIA. And the question is I've had a few members come in asking about the difference between sea salt, kosher salt, Mrs. Dash and salt in general. What should I tell them?
>>Sanna Delmonico: Well, really depends what the product is. On a per weight basis, generally sea salt and kosher salt and table salt and all the various salt are the same. When it comes to per volume, we talked about use of kosher salt because it's fluffier. It gives you more control. I talked with the culinary directorate Harvard who says he's reduced sodium by up to 25% by switching that way. If you are measuring which you should be, it's not a sodium

reduction strategy. All of those products are reduced sodium but they have a particular taste that people may or may not want. What we really want to emphasize is good cooking techniques and herbs and spices and caramelization.
>>Kelly Hughes: Thank you. The next question -- I'm going to open it up to all panelists. What software do you use to analyze your recipes for sodium, fat and calorie, et cetera? To the extent any of you have experience with nutrition analysis software, feel free to answer this one.
>>Shelley Vaughn: We are using computition. That's what the hospital is already using.
>>Kelly Hughes: Okay. Great.
>>Sanna Delmonico: I use SF food processer. And I always have to emphasize when I talk about software nutrition analysis, it is really more of an art than a science. You really must have the appropriate input. Brad can speak to the fact that is the recipe being followed is the most important question there.
>>Brad Barnes: It's another prevalent one you'll see folks using.
>>Kelly Hughes: Andrea, did you want to add anything to that?
>>Andrea LaFlamme: No, I know our hospital systems are in the process of purchasing new equipment. That was part of the grade they received from us. So I'm not sure what selection they've made.
>>Kelly Hughes: Okay. Great. So another question. And maybe we'll target this to Shelley and Andrea. What strategies can you employ to win the support of doctors. And maybe broaden this to say the leadership of hospital and healthcare settings.
>>Andrea LaFlamme: To my knowledge, we haven't had direct conversations with any doctors or healthcare providers. We really just talked to some of the system administrators at Eastern Maine Healthcare Systems. And the timing on this really helped a lot for us. Eastern Maine Healthcare Systems also just received pitch grant which is partners in community health. And a lot of the objectives were aligned with that grant. So it was a great opportunity for them to take on the work that we're doing and support us in that as they carry out the work in the other grant.
>>Kelly Hughes: Thank you.
>>Shelley Vaughn: At our site, we hold quarterly meetings to let them know what we're doing and also get input from them. I have to say our CEO and medical director of the hospital is very supportive of all of these projects that the hospital's engaged in. And we almost have the problem where we have so much going on, it's sort of difficult to make sure that the ship is all going in the same direction at the same time. So we also do have senior leaders who aren't on board with our changes. But those meetings and that time allows us to be able to sit down and talk to them. They don't always get to come to the meetings. We get enough face time with them that they are very aware of the different things that we're doing.
>>Brook Belay: I don't know if you can hear me. In terms of engaging leadership. I think two good considerations are speaking to the admission, especially in this day and age with ACA and populations health. And progressing from that with the requirements to consider how to engage -- of environment change is a mirror of activities can use to qualify for the non-profit tax exemptions.
>>Kelly Hughes: Thank you so much. We're going to take a couple more questions. One is for Brad and Sanna. Speak to the type of equipment that hospitals or healthcare setting would need in order to support ready to go items.
>>Brad Barnes: I can start there. There's a couple things and that is really -- keep in mind some are heavy budget considerations. The way they present the food so meaning the vessels and the carriers and the facility whether it's a salad bar presentation or a grab and go presentation. Those things can do an awful lot for making things look inviting and getting people's attention and attraction. That goes through with lighting and a really inexpensive one is cleanliness and organized. I said I know an awful lot of doctors. My dad is one. I can tell you that cleanliness, organized preparation and attention to detail is really important for every

customer. That also helps doctors respect what's going on in the cafeteria setting. That's an interesting set of things. And back of house, it really doesn't take much. Takes systems in place. Takes scales, takes measuring devices and enough of all of those along with enough copies of recipes for everybody that's cooking at any given time to readily get the information they need to produce what they want and make sure all the products are in-house to do that so there is no culture of substituting because we don't have it. While that may sound silly, I can tell you it's a prevalent scenario. Hopefully, that's helpful.
>>Kelly Hughes: Yeah. Very helpful. Sanna, did you want to add anything?
>>Sanna Delmonico: I would just add that a lot of it is training and sharp knives and being able to do more with produce. I know in many settings, the training of the staff is a real challenge for producing the quality food. That tastes great and lower in sodium.
>>Kelly Hughes: Thanks so much. We're going to take one more question. Unless we get another one in. And I'm going to open this up to all panelists. With the up rise and interest in juicing and smoothies, what are your thoughts on introducing these more to steer away from sodium? Anyone who wants to speak first or comment on that.
>>Sanna Delmonico: This is one of my pet peeves. I'll be happy to jump in. I don't think there's anything wrong with blending up kale into a juice or smoothie. I want people to eat the kale and know they are eating it. And know they are eating carrots and all the other fruits and vegetables. Drinking calories can lead to consuming a higher number of calories overall. On the one hand, if it's something that will help people, great. On the other hand, I really want people to eat food and not necessarily the beverage form. Not sure it's really affective sodium reduction strategy.
>>Brad Barnes: I think that's a good point. I do think and this is not so much for reducing sodium, it is foreign gauging customers. That leads us to the ability to serve them more things we believe they should eat. Beverage accepted less opportunity whether it's teas or water preparations or hydration stations. All those lead to cool opportunities from a couple stand points. One they can be colorful and refreshing. Everybody needs them. It even allows the kitchen to utilize things that it's hand fruit that doesn't look good any more. But there's really good stuff there.
>>Andrea LaFlamme: I actually agree with Sanna. Smoothies and juices are one of my pet peeves too. I think there are good things that can come out. But for the most part, people lose a lot of that mouth feel. Even if they are getting calories from blended beverages, they find themselves still craving something to chew on and something to eat and find themselves often over eating and consuming too many calories. Also particularly with juices and smoothies that are heavily fruit based, often, you can consume many pieces of fruit in just one smoothie. And can consume way, way, way more sugar than you would if you just sat down and ate a piece of fruit because you couldn't eat that many whole fruits. So I think occasionally and in moderation, sure. But big giant, you know, smoothies or juices as a means of getting fruits and vegetables, I'm just not on board.
>>Kelly Hughes: All right. Well thank you so much to our participants for today's web forum. And a special thanks to all of our presenters for your interesting information and your thoughtful responses. I'd also like to thank our behind the scenes people. A lot of folk that's make these web forums possible.

Please do complete the evaluation as your responses are going to help shape our future web forums. And this webinar was recorded. Slides will be available soon. Stay tuned for our future webinars and information will be available on the Dialogue4Health web site. Thank you all so much for joining us.

[Event has ended]