

CDC *Vital Signs* Town Hall Teleconference

Where's the Sodium? Q & A Transcript

January 14, 2012
2:00pm – 3:00pm EST

Coordinator: Thank you and we'll now begin the question-and-answer session. If you'd like to ask a question, please press star 1. Make sure your phone is unmuted and record your name as prompted. To withdraw your request, you may press star 2. Once again, for a question or a comment at this time, please press star 1. One moment while we wait for questions.

Amanda Miller: I'll turn this over to Dr. Holzman to help kick off today's discussion.

Dr. Greg Holzman: Thank you. Really interesting points that were brought forward and informative. I had a quick question for Glynnis. With your successes so far, has this been expanded or looked at for being expanded to other agencies within your community that also works with large food productions such as educational institutions or jails, et cetera?

Glynnis Hunt: Absolutely. What we've learned is that even just a few simple changes have - has been able to lower the sodium as we talked about. So we have started to talk to our schools as well as there is a large hospital here in the county, the only medical provider in a hospital setting here, and they also do some home delivered meals. So they've expressed some interest in working with us on that as well. So we'll continue to look for opportunities to do that.

Dr. Greg Holzman: Great. Thank you.

Coordinator: And are you ready for questions at this time?

Amanda Miller: Yes, thank you.

Coordinator: Thank you. And we do have a question or comment coming from (Alexander White). Your line is open.

Alexander White: Hi, good afternoon, and I'd like to thank all the presenters for the work they've done and joining us on the call and sharing that.

My question is that part of this is a public relations battle, and one aspect of that is that not only - one aspect is that lower sodium foods or prepared foods can taste good but also that the salt palate can change. What, if anything, has any of the two projects described, one in Schenectady, the one in Massachusetts, done on that point in terms of perhaps raising awareness about that?

Glynnis Hunt: This is Glynnis in Schenectady. Like we've said, we really are approaching this in a very gradual way, and when we've talked to the food service management company and when we're talking to our restaurants as well, we're really assuring them that we need to take a gradual approach to this so that people - their palate can adjust to it and get used to, you know, not tasting as much of the salt as we are used to.

So we really are taking a very gradual approach, and we seem to have some success with that. We're wondering when we get closer to the 30% reduction if people are going to notice more at that point, but, you know, time will tell.

Susan Spencer: Yes, and we in Massachusetts are - that's an important point of what will be our food industry outreach, that we're not asking you to drastically change anything and potentially alienate your customers, but we do have the research that suggests a gradual reduction is achievable and without affecting any of your customers' preferences and tastes.

One thing we're exploring is to potentially be able to back that up with some actual sales data from grocery stores. What we're hoping to do is work with some of our Massachusetts' based grocery stores and examine a few specific products that we know have lowered their sodium content whether gradually or more relatively drastically over the period of time of a couple of years and take a look at sales pre and post that reduction.

And if we can use that as some ammunition to convince the food industry that this really can happen and it won't affect your sales, I think that will be incredibly powerful.

But that idea of the sodium palate adjusting was not one that came up in any of our formative research. You know, folks - that perception that low-sodium products taste bad certainly did. We heard that again and again.

But with our campaign focusing on the regular products not the lower sodium products, that alone really assuaged the consumers' fears about taste. You know, if you could say, you can compare two brands of spaghetti sauce, and you can have hundreds of milligrams differences, then you wouldn't know that that to them was a huge takeaway, that it didn't have to be low-sodium. It didn't have to potentially taste bad.

Alexander White: Great. Thank you very much.

Coordinator: Thank you. And again as a reminder at this time, if you have a question or a comment, it is star 1. Make sure your phone is unmuted and record your name slowly and clearly as prompted, and it is star 2 to withdraw that request.

And we do have a question or comment coming from (Ivy Millitonin). Your line is open.

Ivy Millitonin: Hi, thank you for this conference. We just had a group here was questioning how things were working in the restaurants. I noticed that in Massachusetts you were encouraging people to choose lower sodium foods when they - wherever they were shopping or whatever. And was there any effect on restaurant eating, and in Schenectady, you made the comment you were wanting to work with restaurants also where the seniors ate, and what did you find or what have you done?

Susan Svencer: Sure, in Massachusetts, we, you know, the only piece of data we have at this point was from our post-evaluation where we asked - unfortunately it was combined, the have you purchased lower sodium items from a restaurant or a grocery store, and then we asked specifically what those - about some items from the grocery store but not as - not anything about the restaurant meals.

So we don't know specifically at this point, and because we haven't really begun our food industry outreach yet, we don't have data around that and at least anything that's particularly solid.

We do have some anecdotal information from some of our Mass in Motion Communities that have instituted healthy dining policies. It's done on restaurant-by-restaurant basis where they've offered lower sodium items or worked with a restaurant to adjust some of their procurement policies, and both - all of those initiatives have been very, very successful. But again, that's more anecdotal and on the individual basis than anything we have broader.

Glynnis Hunt: In Schenectady we are working with privately owned restaurants, so the non-chain restaurants. We have five onboard and are looking to take on another five this year. There was quite a bit of time reassuring restaurants that we were going to take a very gradual approach and that we were not there to regulate them in any way. They were afraid of having a regulation, and we, as

the Health Department, go in and inspect these restaurants, and we really needed to spend a lot of time developing relationships with them to move the agenda forward.

But like the work at the nursing home, a lot of the restaurants have chosen a couple of different strategies such as the soup bases, changing their base to a lower sodium version and their sauces as well.

But one of the problems that we're finding and they've found is that the lower sodium products are very cost prohibitive for them. They really - they have a very small profit margin, and to - while they all express the desire to do that, that really feel until there is more of a change on a national level with requiring that of food manufacturers to drive the price down, that they - there was only so much that they could do.

We are also in the process of developing a restaurant assessment tool that will enable us to go out and assess where sodium - where restaurants are in their sodium - what we call their sodium savvyiness, and it's a good tool for us to use as well to provide them some education about the simple things they can do to cut sodium out of their meals.

Ivy Millitonin: Thank you.

Coordinator: Thank you. And I'm currently showing no further questions or comments. Again as a reminder, it is star 1 and record your name, and it is star 2 to withdraw that request. Again, for further questions or comments at this time, please press star 1. One moment while we wait for questions.

Dr. Greg Holzman: This is Greg Holzman again, and a quick another question to Glynnis. You talked about what you've done for reducing sodium by 10%, could you give us some clues of what you're planning on doing to increase it to the 30%?

Glynnis Hunt: Yes, Dr. Holzman, we are continuing to work with Sodexo is the food service management company, and they're going to be changing a lot of their products that they currently used. They've always purchased a processed or pre-packaged meatloaf, and they're now going to be doing more scratch cooking, which will enable them to, you know, remove or reduce the amount of salt instead of just buying the product and whatever is in it, you know, they have to stick with.

So that is sort of the area that we're looking to - and actually we think we're probably going to exceed our goal of 20% just because of replacing the processed foods with more of the homemade, cooking from scratch.

Coordinator: And I do have a question at this time. Are you ready for that?

Amanda Miller: Yes, we're ready. Thank you.

Coordinator: You're welcome. We have a question or comment from (Jonathan Fielding). Your line is open.

Jonathan Fielding: Yes, thank you very much. Excellent presentations. I'm in Los Angeles, and one of the questions I have is are you doing anything about the early parts of life? It seems to us that we have to start affecting what kids get in preschool as well as in, you know, K through 12.

K through 12 has its own problems, but I'm wondering if anybody is doing anything to try and look at what's served in preschools and also trying to get to families broadly, because there's a critical period when they're very concerned about their kids and their health and their development, and we don't want to set them to have - to expect a high level of sodium in the food. So it would be a good time to start.

Glynnis Hunt: Well, the way we have it organized in New York, New York State is that there are two counties, and in Schenectady, like I said, we're focused on seniors, but in Broome County, New York, which is Binghamton, there's another funded community lead by Mary McFadden in the Broome County Department of Health, and they are working in schools and have been very successful in implementing sodium standards within their food service purchasing and contracting.

So we've kind of taken a different approach here, and New York State in total is we're trying different strategies in different groups. So Broome County, Mary McFadden has - they've had a lot of success in changing the contract language.

Jonathan Fielding: Good. Well, we'll look forward to seeing what that is, maybe we can piggyback on that, and we'll look for Broome County. Thank you very much.

Coordinator: Thank you, and I'm currently showing no further questions or comments at this time.

Amanda Miller: Okay. At this time, I just want to thank everyone for all the excellent presentations and questions.

And before we close, I want to ask you to take a moment and look at the next to last slide in the PowerPoint presentation. This is Slide 35. Both of today's field presentations are featured in Public Health Practice Stories from the Field. This is a series of stories on how a broad range of public health performance management and quality improvement practices are being implemented.

You can find links directly to both of these stories on the *Vital Signs* Town Hall Teleconference Web site, and you can visit the link at the bottom of this slide to see all of the current Public Health Practice Stories from the Field.

On the very last slide in the PowerPoint, you'll also find our email address, which is ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback at CDC dot gov. Please let us know how we can improve these teleconference to be - teleconferences to be more beneficial to you.

Thanks again to all our presenters and everyone who participated on today's call. I hope you'll join us again next month on March 13th, for the next *Vital Signs* Town Hall Teleconference on healthcare associated infections. Thank you.

Coordinator: That concludes today's conference call. Thank you for your participation. You may disconnect at this time.