Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode throughout the duration of today's conference. I'd like to remind all participants that today's conference is being recorded. If you have any objections you may disconnect at this time. Now I'd like to turn over the meeting to Emily Miller. You may begin.

Emily Ann Miller: Good afternoon everyone. I'm Emily Ann Miller and it's my pleasure to serve as the moderator for today's webinar. I work at the American Heart Association as the National Program Lead for the AHA Sodium Reduction Initiative. In today's webinar Million Hearts and Sodium Reduction Strategies, State and Federal Innovative Actions is presented by the American Heart Association, a member of the CDC Million Hearts Collaboration.

Before we get started I wanted to share some of the great options that my (meetings) offer so one thing I wanted to point out is that you can review and download the slides and handouts from this meeting by going to the top right-hand corner and clicking on the icon that looks like three pieces of paper. And if you click on that you can download select presentations and handouts right to your desktop.
Another feature to mention is that for the Q&A you can submit questions online by going to the Q&A tab at the upper left of the screen and you can type in your question there. You can submit a question at any time but we'll be answering the questions at the end of the presentations.

Now we're here today to learn from others' experiences so we can translate sodium reduction strategies into practice and share best practices and collaborative efforts. Now I won't read through the objectives word for word but we hope that you will have at least one takeaway from each speaker's presentation today.

This slide shows today's agenda and we'll begin with the national initiatives and conclude with state initiatives followed by the Q&A period. I'll briefly introduce each speaker and presentation as we proceed with the webinar.

And now I have the pleasure of kicking it off by telling you a little bit more about something the American Heart Association is working on but before we do that I need to share a couple of high-level overview with you about the Million Hearts Initiative.

One slide too far -- okay. So Million Hearts is a national initiative that aims to prevent 1 million heart attacks and strokes in the US by 2017. It was launched in September 2011 by the US Department of Health and Human Services and it aligns existing efforts and creates new programs with the goal of improving health across communities to help Americans live longer and more productive lives.

The Centers for Disease Control and Prevention and centers for Medicare and Medicaid services are the co-leaders of Million Hearts within HHS. They
work alongside federal, state, and local entities and private sector organizations to make an impact against cardiovascular disease.

Now Million Hearts is the participation from any organizations that are interested in targeting improvements in clinical preventive practices or community prevention or both. You could do this by implementing programs, projects or initiatives in one of two areas, the areas shown on the screen.

The first is improving care for people who need treatment by encouraging a targeted focus on the ABCs, and that stands for aspirin for people at risk; blood pressure control; cholesterol management; and smoking cessation and these of course address the major risk factors for cardiovascular disease.

Secondly, you could empower Americans to make healthier choices such as preventing tobacco use or reducing sodium (entering) in your diet. And of course these can help reduce the number of people who need treatment such as blood pressure or cholesterol medication and help prevent heart attacks and strokes.

And then finally this slide shows some of the resources that have been created to support the Million Hearts goal of preventing 1 million heart attacks and strokes by 2017. We'd encourage you to browse these resources in more detail after the webinar.

And now I have the privilege of sharing with you a little bit of information about a new consumer sodium reduction campaign that the American Heart Association launched earlier this summer. The campaign is called 'I Love You Salt but You're Breaking my Heart.'
Now I'm going to share a couple of facts with you and hopefully this won't be a surprise to anyone on this call. But just to reiterate, the average American eats more than 3400 milligrams of sodium each day. Now that's almost 2000 milligrams more than the 1500 milligrams that the American Heart Association recommends for ideal cardiovascular health.

And of course we know that study points to too much sodium to high blood pressure which increases the risk of heart attacks, strokes and kidney disease.

Now this isn't just something for adults. Nearly 80% of 1 to 3-year olds and more than 90% of 4 to 18-year olds (are) eating too much sodium and this is putting them at risk for heart attack, heart disease and elevated blood pressure at an earlier age.

So the mission of the campaign revolves around three objectives and first we wanted to increase the awareness that Americans are eating too much sodium. We did a survey at AHA of 1000 adults last fall and we found that about 97% of them either couldn't estimate their sodium consumption or they underestimated it. And most of the people who underestimated were off by 1000 milligrams or more. So that told us that we still needed to raise some awareness that people are eating too much salt and this is a problem for their health.

We also want to inspire people to change their behaviors and their habits so they are eating less sodium. And finally we really want to build an army of supporters that will engage with decision-makers to effect policy changes because we know that about 75% of the sodium we eat in this country is already added to packaged and restaurant foods before we buy it. So it's very important to the American Heart Association that we spur gradual reduction of sodium in the food supply.
The campaign was launched in June and actually July. The Web site was launched in June and it's the campaign's online presence. You can see the URL at the slide, www.hearts.org/sodium and it features a pledge that we are encouraging people to take to reduce the sodium they eat.

Now when you take this pledge on the Web site you sign up to also receive occasional emails from the AHA with information and tips to help you stick to that pledge. And the Web site also includes a quiz, a blog, (unintelligible), and that's sponsored by a registered dietician. It has quite a bit of articles and links to recipes and it also has capabilities for people to share stories and upload photos. And we're planning some specific photo-sharing and story-sharing campaigns in the coming months.

This slide shows a couple - it shows five stages of the socio-ecologic model and the theory is that we start by influencing individuals and then families and the greater social networks of those individuals, and then communities and then states and then ultimately policy changes because, like I mentioned earlier, we really want to start change in the food supply that creates a culture of health.

But, like I mentioned, the first phase of the campaign is awareness. We want people to know that they're eating too much sodium and why that is a problem that affects them.

One of the assets we developed for this campaign is a new video called 'Sneaky Salt: Don't Let Salt Sneak up on You,' and we would love it if you could share this with your social media networks and other channels and we'll show this video at the very end of the webinar -- it's just about one minute long.
The American Heart Association, you know, knows this is a big effort. It requires active engagement and participation at all levels, from individuals, decision-makers, public health groups, even the food and restaurant industry. So there are a few actions that we are suggesting people can take to help us spread the word with this campaign and we hope that we'll really make an impact when everyone gets it then.

So the slide shows some examples of ways that you can be involved. You can of course visit the Web site and take the pledge to reduce your sodium intake. Once you take that it will prompt you to share on your social networks. You could promote the video via your social networks or other channels. You could upload a photo or share a story to tell us about what you've done in your community. We also have a quiz that you could take.

And of course we built in social sharing for many of the actions that are available on this Web site so we hope that will amplify the reach of what people are doing on this with their social networks.

There's also a toolkit that we've developed for partners and stakeholders and that has some turnkey messaging and materials that you can use to help the AHA promote this campaign. And again go to the icon at the top right of the webinar screen that looks like three pieces of paper and you can (download) that toolkit. It has images, social media messages, and lots of other things that you could use.

So (sneakysalt) is the hashtag that we are using for the first stage of the campaign and we welcome you to use that in any social media message that you're able to do.
Now our next speaker will be Kristy Mugavero from the Centers for Disease Control and Prevention. She leads the CDC's Sodium Reduction in Communities Program and she'll discuss public health strategies to reduce sodium consumption.

Kristy Mugavero: Good afternoon everyone. Thank you for inviting me to speak on this call.

Today I'm going to talk about federal, state and local public health strategies to reduce dietary sodium consumption. And here is this disclosure that these are not necessarily the official decisions of the Centers for Disease Control and Prevention.

So like I said I'm going to do today here is just an overview of what (are we) talking about and just wanted to kick it off by saying nutrition is complex and we at CDC believe that solely focusing on one nutrient or one aspect of nutrition is not the most effective way to improve nutrition.

Rather focusing on strategies that improve overall nutrition and supporting eating habits that are in line with the dietary guidelines for Americans in general will be the most effective way to help reduce obesity and prevent chronic diseases associated with unhealthy diets.

Therefore, sodium reduction (here) is part of the larger nutrition portfolio and part of the larger cardiovascular portfolio including the Million Hearts Initiative. We are proud of our sodium reduction work and we ask that the work being done by our partners not be conducted at the exclusion of other components but in coordination.

My presentation today will focus on sodium reduction as a public health imperative in the United States and I'll breeze over some of that information because Emily Ann already really touched on a lot of it. I'll also touch on
ongoing efforts to reduce sodium consumption in the United States, including efforts at multiple levels of government and in collaboration with industry.

Throughout the presentation you'll hear how we're thinking through a concept for how sodium impacts the larger CDC portfolios of efforts to improve nutrition and cardiovascular health.

So why reduce sodium intake? About 1 in 3 US adults have high blood pressure and 9 in 10 people will develop it by the time they reach older age. About half or 47% of people with high blood pressure have their condition under control which means that more than half don't. High blood pressure is the primary heart attack, disease and stroke which are leading killers in the United States.

In 2010 high blood pressure was reported as the primary contributing cause of over 360,000 US deaths. While multiple factors contribute to high blood pressure as we know there is strong scientific evidence that shows that excess sodium in particular raises blood pressure. Reducing sodium intake is a key public health strategy to prevent and control high blood pressure.

It has been estimated that if we can reduce the average US population sodium intake to 2300 milligrams we can save up to 18 billion healthcare dollars and reduce high blood pressure by 11 million cases annually.

The 2010 Dietary Guidelines for Americans recommends reducing sodium to 2300 milligrams per day for the general population and 1500 milligrams per day for specific populations.

Like Emily Ann alluded to, regardless of which recommendations apply to you, Americans are on average are consuming 3400 milligrams of sodium per
day which means we have a lot of work to bring it down even to just the 2300 milligram limit.

Again, as Emily alluded to, most of the sodium in our diet is from processed and restaurant food, not salt added at the table. And this situation provides very little control for those who want or need reduce sodium intake. Even those who watch what they eat may not realize how much salt is in their food and they may not have difficult- and they may have difficulty finding lower sodium often.

This is where the food environment and the availability of lower sodium products becomes very important. In order for people to be able to reduce their sodium intake they need to have access to foods that are lower in sodium and they need to have information about the sodium levels that are in their foods.

You might be surprised or you might have seen this before that the highest contributors to sodium intake are actually things that aren't really that salty but that we consume very often like that bread and poultry. Excluding salt added at the table 44% of sodium intake comes from just these ten types of foods listed on the slide.

In addition to sodium reduction being part of CDC's larger sodium and nutrition portfolio, sodium reduction, because of its impact on heart health is also a core pillar of the Million Hearts Initiative which Emily Ann also described. The Million Hearts lays out the recommendations for the ABC asks and additionally to these clinical roles as you can see here the Million Hearts goal for sodium reduction is to reduce sodium by 20%.
Sodium reduction is also as important as other federal initiatives and recommendations by organizations such as AHA and the American Medical Association. I already mentioned to you the US Dietary Guidelines but I also wanted to share with you other recommendations from public health - from the public health and medical community just to show you how important this is and how it is on many organizations' radar.

One federal initiative, "Healthy People 2020," has the goal of reducing average sodium intake to 2300 milligrams per day by 2020. The IOM recommends a reduction in sodium content of US food supply. The report which came out in 2010 recommended a primary strategy that FDA should expeditiously initiate a process to set mandatory national standards for sodium content of processed and restaurant food.

They also recommended that the food industry voluntarily act to reduce sodium content of food in advance of the implementation of possible mandatory standards. Several food manufacturers and restaurants have committed to voluntary reductions in some of their food products.

The American Heart Association recommended an even more ambitious goal of reducing population sodium intake to 1500 milligrams per day. And the American Medical Association also recommends a step-wise minimum 50% reduction of sodium in processed foods, fast food and restaurant meals over the next decade.

In addition to formal recommendations for sodium limits and reduction lots of other efforts are occurring at the national level. In March 2011 HHS released a Health and Sustainability Guidelines for Federal (Concessions) and Vending Operations which outlined nutrient requirements for food and beverages served in federal HHS facilities which include sodium standards for foods and
beverages. And I believe Amy is going to talk a little bit more about this in Washington State a little bit later.

Many of you are also probably very familiar with the Healthy Hunger for Kids Act which allowed the USDA to develop nutrition standards for school meals and set limits with levels of saturated fat, sodium, calories and trans fat in meals.

As far as nutrition labeling the US food supply is primarily regulated by FDA and USDA. FDA is determined - has determined that salt is generally recognized as safe under the conditions of its intended use. Labeling of sodium content on those packaged foods for the consumers has been mandatory since the 1990s.

In 2013 FDA released the proposed rules related to the revisions of a nutrition back label including provisions for sodium and potassium. Additionally under the Affordable Care Act for the first time the Federal Regulation Law required specific types of restaurants for 20 or more locations to provide information on the sodium content of menu items upon request.

CDC was mandated in Congress in 2009 to report on sodium reduction activities each year and encouraged to work with major food manufacturers and chain restaurants to reduce sodium levels. We've been very excited to conduct this work. CDC is actively involved in the efforts in industry and much of this work is done in collaboration with the FDA.

The discussions are primarily about better understanding of certain food factors and challenges and opportunities for sodium reduction. This work relates to many components in nutrition and did just not focus on sodium. Many of you have probably heard about the National Salt Reduction Initiative
which is an effort led by the New York City Department of Health and is a partnership of more than 90 states and local health authorities and national health organizations, and it sets voluntary targets for salt levels in packaged and restaurant food.

The National Prevention Strategy includes - encourages stakeholders to adopt and support nutrition guidelines for community organizations and programs. CDC's approach to sodium reduction also includes educating the public and I'll go over some of the recent resources that we have towards the end of my talk.

And finally CDC is working with USDA and FDA to monitor the food supply and to set targets for sodium reduction over time. Again this monitoring work does not only apply to sodium. Other nutrients with public health importance are also being monitored.

So, as you know, from my talk sodium reduction is a priority for CDC. And almost four years ago because of the clear role that communities can play in improving the nutrition environments, CDC began funding communities to implement a pilot project that focused on implementing policies and programs that support sodium reduction and expand public health application and implementation of sodium-related population-based policies and strategies.

A major focus of this project is evaluation in order to start to be able to document successful strategies to reduce sodium intake, develop a three-year project aside from making great progress towards raising awareness about the need for sodium reduction and in making early changes to increase access to lower-sodium products in different settings.
For this second round of funding we have seven sites that are being funded and I'll show you this in just a second. And you can see the program outcomes listed on the slide. So the sites that are being funded this round are New York City; New York State in partnership with two counties, Albany and Steuben; Washington State in partnership with three counties, Clark, Spokane and Thurston; Marion County Indiana; Philadelphia; San Antonio and Los Angeles County.

All of the sites are working on a variety of strategies in various venues such as government and private worksites, hospitals, independent restaurants, senior meal programs and early childcare and education programs to increase access to lower sodium products and reduce sodium intake.

So there are also other multiple efforts to reduce sodium through state-funded programs. Through the state public health actions (FOA), CDC provides funding to all states to support healthy environments in workplaces, schools, early childhood education facilities and in the (communities).

CDC provides funding to all states to expand work related to address multiple chronic diseases and risk factors including improving nutrition which includes reducing sodium. These funds are being awarded competitively and we currently are in the process of reviewing applications for new funds.

You can see here some of the priority strategies which include effort to reduce sodium by increasing access to healthy foods and beverages, implementing food service guidelines and nutrition standards, and creating supportive nutrition environments in schools.

This picture depicts CDC's current investment in the 32 enhanced states that I just described. This program is the first time ever that CDC has had a
nationwide investment in heart disease and stroke prevention programs. We are very excited that in the coming months this map will greatly change and we will have investments nationwide to improve nutrition, including implementation of food service guidelines.

Additionally, this work will occur in federally recognized American Indian and Alaska native tribes and tribal organizations.

Here in CDC some of the challenges we've run into with promoting awareness of sodium reduction in the United States. With the majority of US adults being overweight or obese, messages about the importance of sodium reduction are frequently found by general message related to calorie intake and other nutritional concerns.

Additionally, as I mentioned before the form of the sodium we consume is in processed and restaurant foods and so makes it very difficult to help consumers understand how to reduce sodium intake.

A recent survey by the International Food Information Council found that 58% of Americans are not concerned about sodium reduction and most tend to believe that foods with the highest amount of sodium per serving also contribute the most to sodium in their personal diet. And really they overlook the fact that consumption frequency which is the reason that the greatest contributors to sodium intake in the US are actually grains such as bread.

So what can you do? As public health professionals there are many things that you can do. One, you can increase access to healthful, affordable foods in communities and worksites, adopt comprehensive organizational and programmatic nutrition standards which include sodium, heighten awareness
of healthful foods, and support policies and programs that promote healthful eating and increase access to healthy foods.

This here is just summary points from this talk and this is just a page that you can go to find more resources on www.cdc.gov/salt and that (unintelligible) on sodium materials. And then here are a list of links to Million Hearts resources, great in finding more information.

Thank you.

Emily Ann Miller: Thanks Kristy. Our next speaker will be Amy Ellings. She is the Healthy Eating Active Living Program Manager for the Washington State Department of Health.

Amy Ellings: Hello. I'm going to talk today about -- all right -- implementing the Healthy Nutrition Guidelines that we have created here in Washington State. Today I'm presenting on behalf of Colleen Arcenaux. She has been the lead on this project but she is currently out on maternity leave so she has a cute little baby.

Healthy nutrition guidelines are an integral part of our Choose Well, Live Well campaign, and as you can see from the tagline on the slide so that's providing healthy food choices, healthy options. Today I'm going to focus on our efforts to implement the Healthy Nutrition Guidelines which include sodium reduction work. I will also share some progress on the work we've been doing at the end of the presentation.

And then you can check out the Web site of Choose Well, Live Well to see more about the campaign. I won't go into too much about that.
Okay, the Guidelines were created to increase availability of healthier foods and beverages. They're based on the USDA Dietary Guidelines -- that's where we came up with our definition of healthy. The Guidelines are adapted from existing guidelines. There are several out there including some from Public Health Seattle King County, the US General Services Administration Health and Sustainability Guidelines, and the RAND Corporation Performance Standards for Restaurants.

We developed these guidelines with a lot of different partners in the public and private sectors. I won't go into that too much because I could probably spend this whole time talking about that. And then we are really excited because our governor signed an executive order to direct all state executive agencies to adopt the guidelines.

And this is just - I'm showing this because there's a link on here. You can check that out. It's pretty cool. It says that by July 1, 2014 all state executive agencies need to adopt and begin to implement a food and beverage service policy for employees.

The agencies have to fully implement the guidelines by December 31, 2016 which is a pretty short timeline when you're doing this type of work. It applies to all food offered and served in state agencies, including vending, cafeterias, onsite retail, meetings and events and institutional food service.

Agencies also are directed to purchase and promote Washington-grown products whenever practical and then policies have to be based on the Washington State Healthy Nutrition Guidelines.

So just a little bit on DOH's role in this whole process. We led the development of the Healthy Nutrition Guidelines. We created a food
procurement workgroup. We created an implementation guide based on a lot of formative research that we did and you can check out the link for the guide there. It is pretty long but it's broken up nicely into the different types of food service.

And then currently we're at the point of providing technical assistance to agencies because they had to have their policies adopted by July 1 but I don't think they already do.

I'm going to breeze through these slides. The guiding principles of the Healthy Nutrition Guidelines are, you know, similar to most guidelines out there -- fresh fruit and veggies, whole grains, smaller portion sizes of what in vending they call pleasure foods, healthy cooking techniques, less sodium and fewer processed foods.

The guideline areas that I mentioned before are vending, meetings and events, cafeterias, cafes and onsite retail and then institutions.

One nice thing about - during the development of these guidelines is that we actually got the sodium reduction in communities grant and that allowed us to add sodium into these guidelines at a higher level - or lower levels than we were planning on doing, allowed us to focus on it. So it was a really nice way for us to fit sodium into our current work that we were doing through CTG which is the Community Transformation Grant.

So now I'm just going to go through a little bit of what the actual guidelines say and really I'd like to focus on the ends of data where we are. So for vending we say that 50% of options in vending machines need to meet at least the Healthier Nutrition category. We have three different categories. There is
sort of the regular category, the healthier, and the healthiest category, and these are based on Seattle King County's.

To help agencies implement that we developed several resources. We have examples -- food and beverage items, we have product lists, we have information on how to read a nutrition label. We have an example planogram; that is the thing that vendors use to plan out - it's actually the diagram of the vending machine.

And then we have a bunch of marketing materials that are just now in print and we'll be sending out to the executive state agencies. Those are available online as well. I do not have a link up here but I'm happy to share that if folks are interested.

The second area that we're working in is meetings and events. We've been doing meetings and events work for several years since I think 2007. As you could see, serve foods and beverages low in fat, sugar and sodium. Always have fruits and veggies and water and make sure you're following cultural and dietary needs of attendees.

So for implementation health for meetings and events we have created sample menus and example meals. We have created or picked out strategies to promote healthy eating. We have some specific tips on choosing low-sodium options, including lower-sodium cooking. And then we have healthy public sign up sheet. That's something we hear about quite a bit. Okay?

The next area is cafeterias, cafes and onsite retail. This is one is where it gets a little more complicated but basically it's just promoting those areas I talked about before on that first slide with all those pictures of food on it.
And then the implementation help that we're providing are a step-by-step assessment tool that cafeterias can use on themselves or wellness groups can use with the cafeteria owner; recommended foods and beverages; sample menus and example meals; strategy to promote healthy choices again and a lot of those focus on behavioral economics; and Choose Well, Live Well marketing materials that I talked about before.

For institutions this again is sort of even more complex. For the cafeterias, cafes, onsite retail we focused on certain or more food-based criteria because of the folks who'll be implementing. But for institutions we focused on more of the numbers. So we talk about different size and numbers of servings for daily servings of fruits; but these whole grains and proteins; preference for fresh and lean food options, low and non-fat milk and milk products daily; I talked about beverages a bit.

And for implementation help again we have a step-by-step assessment tool. We have recommended foods and beverages and then sample menus and example meals. In general institutions have nutrition professionals working for them so they needed sort of less - less help.

So as for what the agencies are supposed to do to implement this policy they can go to this Web site as can you, review the guidelines, adopt the policy, complete the implementation plan checklist, and then use the free campaign resources to really promote healthy eating in their worksites.

One of the things that we provided agencies as well was a sample policy. So how does the sodium reduction in communities work time with this? Well, it's completely integrated in Choose Well, Live Well. It is being implemented in three counties and Thurston County actually is one of the counties implementing. And that's the county that houses the state agencies so they're
able to work more specifically with state agencies on sodium reduction in the cafeterias, which is probably the hardest aspect of changing the cafeteria foods, I think.

So how is it going? So as I said before agencies are currently developing process policies. I've gotten a few in but not very many. They need to send in their policies by October to us to start evaluating them. Luckily Colleen will be back by then so I don't have to really worry about it too much.

It's difficult for agencies to understand their role. That's the most questions they've gotten. And I just explain to them, 'okay, your role is develop the policy.' Their role is a bit of enforcement, you know, to think it through. So who's going to be, you know, checking out that vending machine and making sure that it actually is meeting what it's supposed to do. Will it be a wellness coordinator, will it be the facilities people?

And it's just a really unusual role for a policy department I think to kind of force these policy people to talk with the wellness people who are all volunteer people where that's not really even their main focus. So it's I think a learning process for the agencies.

A second area of interesting concern is these gray areas, so onsite retail, how is that covered? A lot of it is actually owned by private companies and so how are they covered under this? So really it's the agency's role to make sure that they're doing it but it's not really a clear, you know, line of enforcement there. And similar to cafeterias and cafes that are not operated by Department of Services for the Blind.

We have found that the vending guidelines that we chose are difficult to implement. It's not surprising; they're not the kind of vending guidelines that,
you know, have some numeric values and that's it. But we are trying to focus on, you know, whole grains and things that aren't necessarily easy to find out from a nutrition label, added sugar, things like that. So that's a work in progress for sure, the vending guidelines. We're working very heavily with the vending providers on that.

And then we don't have any pieces to this executive order exactly like there's no - no one's going through and actually check and make sure that these things are being done. The best that we're doing is we're collecting the policies in October. We're also conducting a pretty good evaluation, partnering with the University of Washington Center for Public Health Nutrition so we'll be doing interviews and collecting environmental assessments of vending in cafeterias.

But again, you know, there's really not that person who's going to go back and say, 'You, you aren't doing what you said you are going to do in this policy.' Another a bit on progress is we do have some really greatness partnerships with the Department of Services for the Blind that we've been working on for several years.

Healthcare Authority is who manages our worksite wellness stuff at the state and we've been able to integrate this into their overall wellness strategy, so that has been great. But of course neither of them has been tasked to work specifically in this area so it's just us, you know, trying to work with our partners.

And then I talked a little bit about the sodium reduction communities project - sodium reduction in communities project and just some of the specific challenges related to sodium. We've actually been going in and trying to change, you know, menu options and, boy, there has been staff and
management turnover. One of the cafes just abruptly closed and will open with a new manager.

And also it's hard to identify menu items that owners and operators will actually change to reduce sodium. Most of the products are created from scratch so, you know, some of that sort of easy stuff is already done and it's working on things like, you know, taco season again and things like that.

So that really concludes what I wanted to talk about today. You can see that there's a Web site here; Colleen's contact information and my contact information. I recommend waiting until Colleen gets back from maternity leave if you have really in-depth questions but in the meantime you're welcome to email or call me with any questions you might have.

Thank you for listening.

Emily Ann Miller: Thanks Amy. Our last presentation is from the Iowa Department of Public Health and we'll hear from Carol Voss who is the Nutrition Coordinator there as well as Terry Meek, the Health Systems Coordinator.

Carol, I believe your phone is on mute.

Carol Voss: Okay, thank you. I'll start again. This is Carol from Iowa and I am going to start out by talking about our journey into the vending world and some supporting resources and then Terry is going to talk more about some particular sodium initiatives in our state.

So our journey began when our Wisconsin colleagues invited Iowa to attend a Nutrition Environment Measures Survey Training for Grocery and
Convenience Stores and Restaurants in 2006 in Wisconsin and this was offered by Emory University staff which is now University of Pennsylvania. And following our training we realized that an important contribution to the nutrition environment in Iowa was vending machines in the worksites.

This is particularly noteworthy in Iowa where manufacturing is the largest industry. We have 14% of our total workforce in 2013 being in manufacturing. So we (bought) a Wellmark Grant Foundation application and this was a development assessment tool that would parallel the other NEMS survey instruments.

So a little bit about our development of the instrument. It was to assess the workplace vending machines that would have the survey originally based on the criteria from the Institute of Medicine, Nutrition Standards for Foods in Schools, and just as of the last month the criteria have been updated to match the Health and Sustainability Guidelines for Federal Concessions and Vending Operations and several people have already mentioned those.

We used the color coding criteria, the red, yellow and green, to recognize the healthy choices and if you're interested in more information about the development of the assessment tool you can go to our Web site and click on resources and success stories on the left-hand side of the tab of our main webpage.

And the Health Promotion Practice abstract is there. And if you would like access to the full article you can go ahead and shoot me an email. I'll be happy to send it your way.

So originally our color coding criteria was that the green, of course the healthiest; the difference between the green and the yellow for our snacks
standards where they provided the serving of fruit, vegetable, low-fat dairy or whole grain; yellow had the same criteria but it didn't provide a serving of those; and then red was outside of those guidelines.

We have modified that coding criteria and are changed to the Health and Human Services Standards so I will go into that briefly here. And then we had also realized that we were not going to be able to go out in face-to-face or even do web training so we developed a tutorial so you can go to our Web site. There's a 15-minute online demonstration on how to complete a NEMS assessment.

We also realized there is no way we're going to be able to keep current with the ever-changing products in the industry. That means an (M3) criteria so we have developed a calculator so that individuals, vendors and whoever is conducting the assessments can determine products that meet the yellow and green criteria.

So there's a phone app and an application on our Web site and then there's also a tutorial that describes how to use that calculator. So a little bit more about the Guidelines here and since we're talking more about sodium I'm going to pull those out if you're interested in knowing more about the Guidelines so we're basically in our snack criteria following the 35-10-35 but again you can go to our Web site and get more details about that.

But now we are actually using the yellow grouping to kind of catch the transition between the sodium so that green category is restrictive-type criteria so that's less (unintelligible) of 230 milligrams of sodium. The yellow with the 230 to 400 which was our limit before. We converted and that was based on our Healthy Kids Act in Iowa in 2008 and then gave some examples here what that might look like.
So the roasted and salted pistachios with 150 milligrams of sodium and the low-sodium V8 juice would fall in the green category. But the yellow category is catching those small (doughmans) that have a little higher sodium content. And an example of the red criteria would be like V8 juice where it would have more than 400 milligrams. There are some different categories and I've just put them on the screen here to show like our (on trays) and our sandwiches and burgers.

The next phase of our project after we developed the assessment tool was to actually look at some implementation strategies so we wrote a second Wellmark grant and this one was to look at the social marketing campaign to get some behavior changes in vending habits and then also to implement a policy in state-owned facilities.

So there were three phases to the campaign development. The first phase were some intercepts at point of purchase in three different settings. So we had white-collar worksites, blue-collar worksites, and then (rest areas). And then the second phase was to find out some more about the purchasing behaviors and what it would take to change those and then to look at some different messages and then to decide what's going to address them best with those audiences.

And up in the screen you'll see this is what we ended up using as our brand, just call it 'Mix it up.' And it resonated with all three of those target audiences. There's a positive message. They like it because it gave some actual examples of what would be some color-coded products and then they also stated they didn't expect to find healthy options in the vending machines so that people would be able to look more and find those.
We realized they were actually those nice behavior breakouts, (India)’s white-collar, blue-collar and the rest area visitors. And so we actually went on to develop some worksite tips for a blue-collar and for white-collar workers that have some more targeted messages. And then the rest-area visitors you'll see they likely adopt this on-the-road mentality and since there isn't a worksite that supports all those initiatives we have really focused more of our efforts on the white-collar and the blue-collar workers.

The third phase of our research actually did some testing of sales in those three settings and we found out that 30% of - well, we started out with 30% of the options as healthy and then looked to see what the volume of sales were. And our white-collar showed the best in occupying 30% of the space. It actually accounted for 31.1% of the sales so we were happy with those results. The other two held their own but not as much of an improvement.

Just wanted to point out some of the resources that you can find on our Web site. We have a couple of videos, one directed at worksite and one directed at the vendors to support healthy vending. There is a report card when you enter information from the assessment and will generate how many more products you need to change out to become yellow or green and therefore meet the criteria. And there's the certificate that you can print out for each machine. We have machine clinging signs, banners, work links.

And then you can see the promotional signage. Some are specific messages for blue-collar and white-collar. And we also - we thought that our efforts there was more change needed in the snacks and now we have developed the beverage poster to accompany that.

Our goal is to have a policy in place and this matches the Health and Human Service guidelines a minimum of 25% of food and 50% of beverage choices
that would lead into the green or yellow options and to serve as a model for the other businesses in the state.

And our initiative healthy vending in Iowa is now posted on the University of North Carolina Center for Training and Research Translation and as a practice test the intervention and we will have a webinar on August 26 regarding our initiative.

And as far as our procurement guidelines and our color coding successes we do envy Washington getting their state to sign the executive order where we keep trying that's why we have it in red here -- we haven't had this happen but we keep putting one foot in front of the other.

Our cafeteria though, since we were anticipating we're going to have a letter go out to the state agencies. We were able to put some of those guidelines into the cafeteria contract that we currently have in place.

And the Department for the Blind opted to keep the vending on the two facilities that have cafeterias and we're working on a memorandum of understanding with the Department of the Blind on that. So I'm going to turn it over to Terry.

Terry Meek: Hi, this is Terry and in 2011 about the same time that Carol was starting her thing in the Nutrition Bureau was when the heart disease and stroke prevention program started, working with sodium reduction.

And one of the things that we did was create a sodium-reduction task force and these individuals came together from other state departments involved in procurement and contracts as well as food preparation.
Also included were extension service, hospitals, different representatives from correctional facilities, Iowa Department of Education Nutrition staff, State food councils like eggs, soy foods and dairy and meat, corporate grocery dieticians and wellness coordinators, the Iowa Dietetic Association of Schools, Hospitals, American Heart Association senior meal coordinators for the agencies and the Food Banks Association and many other groups.

These relationships that were brought about through this reduction task force really helped us when we went on then to move into other things. This slide shows the different strategies that the task force actually created for themselves as things that they thought were most important, and so we tried to start working our way through those. We haven't managed to accomplish them all but we have had some other major accomplishments.

And I would sort of say that those are learning everything there was to know about Iowa food procurement. Little did we know that when we first started that the cafeterias had separate contracts for things like pickles, soups and that it would be so difficult to make an impact on procurement within the state because everything was split up so differently.

We did however manage to develop and publish a legislative issue brief which I think the Heart Association is going to be able to let you download if you're interested. And we distributed over 1000 copies of that -- to state legislators, County Board of Supervisors, Boards of Health members, anybody that was interested. And we have, as Carol mentioned, been able to make an impact on contracts for procurement, offering healthy choices.

For the first time in I think 2012 there were contracts that were let that actually asked for bids for low-sodium soup products or other types of low-sodium things for the different agencies to use if they wanted to. And we were
able to be on that capital complex cafeteria contract and there are things in place where we will get healthier as time goes by.

And the Heart Disease And Stroke Prevention Program received some funding from the Office of Women's Health where we were actually able to do some sodium reduction media campaign statewide based on the New York and Massachusetts posters that showed the cans of soup leaking out sodium.

And we used those for posters that were distributed statewide, billboards and bus signs and we also did several public service announcements.

As I mentioned before some of the goals are still yet to be accomplished but then we have a long way to go but we now have also this funding through this 1305 Program which we are able to move forward with a lot of our sodium strategies.

And I guess that's it for us and I'll turn it back over to the others.

Emily Ann Miller: Thank you Carol and Terry. We now have a few minutes for questions and answers and those will be moderated by Jill Birnbaum. She is the Vice President of State Advocacy and Public Health of the American Heart Association and she's also the Co-Chair of the CDC Million Hearts Collaboration.

Jill Birnbaum: Okay, thank you Emily Ann. And what an exciting example of wonderful things going on at the federal and state level. We've been answering questions as we've been getting them in the chatbox, some that are more logistical so I'll just call that to the attention of everybody on the line. You can see some of those answers.
But there are a few that I have here for our panelists, their responses and the first question I have is actually for Kristy. You won't be surprised to hear I think that some of the communities in some of the states that are on today would be interested in some of the resources that CDC has available to support their work. So, do you know when the next opportunity to apply to be a part of the Sodium Reduction in Communities Program will be available?

Kristy Mugavero: All right, thanks. That’s a great question. So the current projects here are the projects here for the current grantees. That’s three years and it started in September 2013 so it will go to three years September 2016. Of course we do not know at this time if funds will be available to have another round or how priorities will set. So the next opportunity would be sometime in 2016 if that ends up being something that CDC might (move forward) with which is not pertinent.

Jill Birnbaum: Thank you. And I'm going to turn a question over to you, Emily Ann. How did the AHA come up with the sodium campaign tagline, 'I Love You, Salt, but You're Breaking my Heart.'?

Emily Ann Miller: Well, we came up with this tagline with the help of some creative minds and we thought that it evokes the sentiment that, you know, we all have a relationship with salt. Everybody eats salt and sodium is an essential nutrient. We would die without at least a little. But our current relationship with salt is not a good one because, you know, as we stated earlier, you know, almost everyone in America is eating too much sodium.

So we wanted it to be something playful, something fun, something that piqued interest but something that also conveyed the truth that, you know, salt isn't something we're trying to eliminate completely because it's an essential nutrient in sodium but too much has a risk for heart disease and stroke.
Jill Birnbaum: Great. And we have time for one more question. There are a few others that were submitted that we'll be following up separate but we have time for one more and I'm going to turn that over to Amy from Iowa. It's (good) to hear a lot about monitoring and implementation because I do think that that, you know, what we're hearing is, you know, implementation remains a huge barrier for many states and communities as they move forward and great to hear about the monitoring so it continues to evaluate what we're doing, seeing the impact that we're having.

Is there anything that external partners can help you with in terms of enforcement and implementation that can help be perhaps even more effective in terms of our ability to monitor and implement?

Amy Ellings: This is Amy from Washington. Was that directed at me?

Jill Birnbaum: Yes, I'm sorry. Yes, I meant from Washington, yes.

Amy Ellings: You know, I think that our university partners are just amazingly helpful especially as we need to evaluate this work. We need a lot more resources for evaluation obviously. We don't have very many. We're able to use some of our CTG funds to help evaluate the effort but it's a really big effort in the sense that it's an executive order. It's not like a grant where we, you know, have 10% set aside to evaluate this gigantic thing that's happening. So I think that that would be really helpful would be that.

And then I think that, you know, we really in order to have any real enforcement we would have to have people hired to go out and look in the different agencies and see what's happening. So really it all comes down to resources I think.
Jill Birnbaum: Great, thank you. So with that I'm going to turn it back over to you, Emily Ann, to close this out.

Emily Ann Miller: Well, thank you Jill and thank you so much everyone for your attendance today. We're really encouraged by everyone's interest in this topic. And I just wanted to share a couple of calls to action before we sign off. And the first one is to take the pledge to reduce your sodium intake on the American Heart Association's new Web site, www.heart.org/sodium.

And also review all the resources that were shared on this call today. There was quite a few here in the upper right-hand portion of the screen with the icon of tray papers and there are a lot of things I think would be useful in your efforts.

So think about where your state or community can implement something you heard today. Is there a funding stream you could apply for or some existing funding you could halve in two or perhaps you could share some of these success stories on your social media platforms or your Web sites.

And the last thing is to watch AHA's Sneaky Salt video. I think that's something that's pretty fun and entertaining. Just a minute long and we'll share it for you here after I have one last comment about the Million Hearts Initiative.

And again we really encourage states to get involved Million Hearts. There's a state engagement guide that supports states in their Million Hearts effort and this guide has information on the initiative and ways to support it. It has some lessons learned and key recommendations. It describes some workshops, it has
examples, resources and other information about how you can assist in reaching that million hearts goal.

So we just wanted to leave you with a bit of humor here. The one-minute Sneaky Salt video is going to launch right now. All right, well, that is all we have for you today. We thank you for your attention and hope you enjoy that video.

Thank you very much and we hope you can use the resources that were shared today. Have a good day.

Coordinator: Thank you for your participation in today's conference. Please disconnect at this time.

Recording: Thank you for calling the digital replay service.

END