

Dialogue4Health Web Forum
Connecting Public Health and Food Sector Collaborators: Simple Culinary Techniques
to Lower Sodium in Northwest Arkansas
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>> Laura Burr: Welcome to today's Dialogue4Health web forum Connecting Public Health and Food Sector Collaborators: Simple Culinary Techniques to Lower Sodium in Northwest Arkansas, brought to you by our partner, National Network Public Health Institute. We thank the National Centers for Disease Control and Prevention for sponsoring today's web forum.

My name is Laura Burr and I will be hosting today's forum along with my colleague, Kathy Piazza.

I am very happy to welcome back to Dialogue4Health Kelly Hughes, Associate Director of Program Strategy for the National Network Public Health Institute, based in Atlanta Georgia. Kelly serves as a liaison to CDC providing project and relational support for CDC-funded programs on a variety of topics including sodium reduction and chronic disease prevention. Welcome back, Kelly.

>> Kelly Hughes: Thanks for the kind introduction, Laura. As your moderator it is my pleasure to welcome you all to today's program. Whether you are already involved in improving nutrition environments or have an interest in the topic, I think there's a little something for everyone in this web forum.

Before I introduce you our presenters for today, I would love to learn more about you all. Starting with where you are, based on the latest registration data our audience today represents, is representing 45 states as well as Puerto Rico, Canada, and Nigeria. The majority of our audience comes from California, followed by New York. It's great to have so many of you joining from around the nation and the world.

With regard to work sectors, almost half of the audience represents city or county health departments. I think that you'll find the information shared today particularly relevant. So with that, let's get into the program.

Our first presenter, Bonnie Faitak, is Project Manager for Food Programs at the University of Arkansas Medical School, or UAMS.

In her current role she manages community relationships and programs at food pantries, community meal programs, food banks and public schools with the goal of increasing access to healthy foods among vulnerable populations in Northwest Arkansas. She holds a BA in international relations and global studies, MA in diplomacy and international relations and MEd

in secondary education.

Bonnie will kick us off with background information for University of Arkansas Medical School and findings from their partner assessment, followed by Nancy Buckley. Now I'm pleased to introduce you -- oops. My apologies.

Well, I'll introduce you to Nancy Buckley but I don't have the head shot up. She is an instructor in human nutrition in University of Arkansas. She is a registered nutrition and dietetic technician, holding a bachelor degree from University of Arkansas in communication and food, human nutrition and hospitality with a concentration in dietetics. She has a Master's degree in human environmental sciences with concentration in human nutrition. Her research focuses on the importance of teaching cooking skills to dietetic students. Before becoming an instructor she owned a business catering organization and prepared weekly meals for people with special dietary concerns.

So she'll be sharing some of her insights and knowledge with us today. We carved out plenty of time for questions at the end of the presentation. I encourage you to submit questions throughout the chat so you don't forget and we can make sure to address your question.

That's all from me for now. I will turn it over to Bonnie to kick us off.

>> Bonnie Faitak: Good afternoon, everyone. My name is Bonnie Faitak and I'm a Project Manager working on food programs at the UAMS through the CDC.

Our team partners with schools, the Arkansas Department of Human Services, and community and congregate meals for this project.

Our team is housed in the Office of Community Health and Research, which exists to improve the health and wellbeing of underserved and minority communities in Northwest Arkansas.

This is a brief list of some of our office's other work related to health and nutrition.

The aim of our work overall is to reduce health disparities through research, programs, and education.

Arkansas leads the nation in a number of health related diseases including obesity, hypertension, diabetes and heart disease. As a healthcare and academic institution we have a vested interest in seeing our state become healthier.

Food stability and access to nutritious foods are critical components of building a healthier state. Many of the clients and families that utilize the services available at community and congregate meal programs are at higher risk of developing diet related diseases.

Our existing work within food pantries housed next to and with community meals highlighted the need for our office to work in multiple arenas to have a larger impact on improving the health outcomes for our community.

Utilizing the communities-based participatory approach has enabled our team to build strong community partnerships in Northwest Arkansas including will partnering with churches, collaborating with local organizations to establish community and health gardens, and partnerships with local charitable food organizes to help increase access and distribution of healthy foods. We've reached out to a couple of existing partners who already made some steps towards procuring healthier foods or other programs and asked them to engage with us in reducing sodium in their community meals. The programs we work with are rather large and have multiple service sites throughout the year.

One has two agency facilities and the other has satellite and mobile sites during the summer. By reaching out to partners we had worked with in the past our team was able to encourage them to take quick steps towards lowering sodium in their meals.

There were some major challenges that our congregate meal partners faced in our initial

conversations. And most of the foods that are used in preparing meals were donated from restaurants and then supplemented with big box store purchased canned items. Because most of the food relied so heavily on donated foods it's difficult to build regular menus and recipe cycles for the cooks to prepare.

In the past couple of years there has been a large increase in the amount of produce available locally to congregate meal programs through on site gardens and local food banks which is a wonderful addition to the meal but in some cases it overwhelms facilities because they weren't able to use the produce before it went bad.

Our projects for the SRCP have engaged in three areas of different initiatives. We worked with creative services at UAMS to develop an educational campaign featuring posters, table tent, a knife skills video, and monthly newsletters with healthy recipes and tips to reduce sodium. Our team's Registered Dietitian has been able to help partners identify food replacements for popular canned items like sauces, encourage simple behavioral changes like always rinsing canned foods, and running nutrient analysis on meals.

Our work since beginning the SRCP has led to overall sodium reduction of 38.4 percent at the meals at the partner sites. We coordinated learning networks at one of the congregate meal sites.

After reviewing our partners challenges and developing a plan for the two other initiatives we reached out to the University of Arkansas where they had a Department of Human Nutrition and Hospitality. We asked the head of the department if any of the instructors would be interested in partnering with us to work on these issues and help train congregate meal volunteers and staff on how to develop healthy meals with existing constraints.

That's how we were introduced to Nancy Buckley in human nutrition. Her work has been so helpful in providing real-life hands-on examples of ways to reduce sodium and gain important food preparation skills at the same time.

Nancy has been a huge help in one of the major initiatives of the UAMS SRCP project, our partner in learning network. These networking meetings offer the chance for our partners to meet one another and to learn from one another. UAMS is able to share data about meal analysis with the partners and leaders from each site share different techniques they used to reduce sodium such as removing salt shakers from the tables and cafeteria lines, and other healthy changes like removing sweet tea from the beverage bars. We have introduced outside speakers who taught sites how to demonstrate cooking for their clients, how to make low sodium sauces and soup bases. And the next topic will be to utilizing healthy produce.

I turn it over to Nancy to discuss how she developed the plans to address these challenges in the congregate meal program.

>> Nancy Buckley: Hello. I'm Nancy Buckley and I'm working on the sodium reduction project by teaching basic culinary schools. I'm instructor of human nutrition in Fayetteville and my skill is culinary nutrition.

The 2015-2020 Dietary Guidelines recommendation is that Americans consume less than 2300 milligrams of sodium per day, and some groups less than 1500 milligrams of sodium per day. Now, table salt is about 40 percent sodium and about 60 percent chloride. These are major minerals. They are electrolytes and have important functions in the body. However, the average daily sodium intake for Americans age 2 and older is more than 3400 milligrams daily. A diet consistently high in sodium has been shown to increase the risk of developing high blood pressure, and high blood pressure has been linked to other chronic conditions such as heart disease, kidney disease, and stroke.

Most people are unaware of what 2300 milligrams of sodium looks like. Now, this slide shows you. One teaspoon of salt contains 2300 milligrams of sodium, the maximum amount recommended on a daily basis.

So when we discussed addressing these challenges, there are very, very simple things that we can do. As Bonnie mentioned earlier, one of the challenges is using big box items and donated items high in sodium. A simple thing to do, you can rinse canned goods. You can rinse canned vegetables and reduce the sodium by about 40 percent. If possible, you can also buy unseasoned or no salt added canned goods because most of the seasonings are going to contain additional salt.

Using ingredients to create soups where water or no salt added stock is added along with vegetables helps to dilute the sodium levels and counteract the effects of sodium by increasing potassium.

We created a soup with cabbage that is an item donated from the community gardens and we use the low sodium V8 tomato juice, water, brown rice, ground turkey and a few herbs. The sodium content ended up being about 185 milligrams for a 12-ounce serving which is far less than what you would find in regular canned soup items.

You can always use no salt added tomatoes in place of V8 if that's one of the things you have on hand.

Another option, use less of the higher sodium items. For example if you have a recipe that calls for cheese like on pizza or a burrito. Use half the amount and increase the other items such as vegetables or beans. As you know, 75 to 80, 85 percent of sodium in a person's diet comes from processed foods. The food industry has not caught up with the demand of low sodium items.

Culinary skills are vital to reducing sodium. Having a few skills in the kitchen makes it possible to decrease the sodium of the prepared and processed foods.

Also teaching the kitchen staff how to use or store donated food items would decrease waste. Sauces such as pesto if you have somebody bringing you a lot of basil or spinach, something like that, can be made and frozen and used later in the season.

There's certain ingredients that you need to evaluate when you are trying to reduce sodium in foods. Spice mixes and blends are usually very high in sodium. They need special attention. A lot of these things are commonly used in community mills and kitchens. If you can make your own spice blend and eliminate the salt that will decrease the sodium. It allows you to create flavors that will appeal to your population. If possible buy low sodium or no salt added stocks in soups and bases or dressings or make them from scratch. Because we had a special request, we created two ranch dressings. One we used Greek yogurt and fresh herbs. The other one we used buttermilk and dried herbs. They were very well served. Soy and Worcestershire sauce add umami, which are high in sodium. Low sodium Worcestershire sauce had much less. It is important to read the nutrition facts labels and compare brands in order to reduce the sodium.

As I said before, if possible, choose unseasoned or low or no salt added versions of canned goods. If these aren't available, rinse beans and vegetables when appropriate.

Smoked and cured foods are typically high in sodium. If possible, they should be eliminated from your menus. Or use sparingly. You can also reduce the amount of sodium, for example if sausage patties are typically high in sodium and donated to your organization, you can remove -- reduce the amount consumed by cutting them in half or crumbling them up like used

in a breakfast wrap with chilies. Or use half the pizza crumbled on a pizza. Some items that are common are pickles. You can simply replace this with a fresh jalapeno size. Umami means savory and is often used to add flavor without extra salt. However, a the look of the items considered to have that flavor element are high in sodium, like parmesan cheese and soy, but mushrooms and tomatoes add umami as well. Read the labels, or use the fresh versions.

I'm teaching a course in culinary nutrition next fall and this is taken from the textbook we are using. The culinary nutrition recipe modification process provides a step-by-step guide for modifying a recipe into healthier version that upholds the integrity of the original dish. They can be modified to reduce salt or sugar. This six step process walks us through evaluating the original recipe for nutritional qualities, establishing the goals, identifying modifications or substitutions that would be appropriate and determining the functions of the identified modifications or substitutions. Then you would select the appropriate modification that you could use for that particular recipe.

At last you test the modified recipe and evaluate the sensory and nutritional quality. Knowing the ingredients helps when modifying, but since we are discussing sodium, salt is mostly added just for flavor. It also intensifies other flavors in a dish which is why a small amount is usually added to desserts. It is possible to create flavorful dishes without using salt.

When you are cooking with less salt and using fresh ingredients aromatics such as scallions, shallots and others are essential. Aroma particulars are infusing other ingredients but sometimes they are used raw like in sauces where they add a necessary kick to the dish. Herbs and spices are essential to flavor. Fresh herbs in particular can lift the flavor of any food. Pungent ingredients, mustard seeds, dried mustard, wasabi, horseradish, tamarind pods add flavor, eliminating the need for excess sodium. Chilies add pleasant heat. The bright sharp flavors like citrus and vinegars can reduce the need for salt. Zest is used for additional flavor when appropriate.

Another suggestion for information ideas is to attend food shows. We went to food shows and asked for low sodium items. The vendors who had them were happy to send us samples. We found a few we really liked and used them in developing some of the recipes. Many vendors send us lists of low sodium products so we can request samples. Campbell Foods has over 50 low sodium items to choose from. We use some of these recipes in developing the grain bowls that we utilized in one of the learning network events. We also had some for taste testing at the congregate meal staff.

Using flavor profiles to appeal to the diverse population of Northwest Arkansas that is accustomed to eating high sodium meals led to the creation of recipes that we hoped would appeal to them. We created two Thai sauces served in grain bowls. Red sauce, we used fresh ginger and red pepper flakes. Lime, sesame oil and fresh cilantro. Less than 40 milligrams of sodium. We created a flavorful low sodium product using these ingredients. We held a taste testing of the sauces at both locations and they were well received. We created salsa recipes. We tried to make things easier for the staff so we used low or no salt added tomatoes and frozen mangos. Peaches or pineapples work just as well. We used chicken and rice in the grain bowls. You can add the sauces to fish tacos or use it as a dip.

Culinary skills training. Until the food suppliers provide quality low sodium -- sorry about that, quality low sodium products, basic cooking skills are fundamental to meeting the desired sodium levels. I can't not stress how important this is. Teaching culinary skills increases confidence in the kitchen staff and provides a skill set essential to reducing the sodium in the

foods served. When we were holding these sessions I had people who worked on the kitchen staff who never chopped an onion. It is important to increase confidence and teach them basic skills.

It also, working with them to tell them how to use some of these products eliminates some of the waste from the donated food. We could also hold sessions on how to preserve these kinds of foods.

Several years ago I was conducting research and writing a paper on the importance of teaching culinary skills to dietetic students. I did a pre-and post assessment on the students enrolled in the principles of foods course. At that time the principles of foods course at the University of Arkansas was the only dietetic course where students were learning those skills. We felt they ought to be able to identify a few fruits and vegetables and maybe give suggestions on how to cook them. What we discovered is the ability to identify fresh fruits and vegetables and culinary equipment is knowledge that many of the students in the Millennial generation do not possess. For example, one assessment question asked the students to identify a scallion. Nineteen out of 30 students did not know what the answer was. One student thought a butternut squash was a scallion.

When I asked which was a green onion, they knew that. But many recipes call it a scallion and not a green onion. The students were asked to identify three items considered seasonal fruits or vegetables for August in Arkansas. Twenty-two out of 28 students did not know the answer. Almost every single one of them chose orange as seasonal during the month of August. We don't grow oranges in Arkansas. One said that jalapeno was seasonal and she was correct but she was holding up a can of something else. They confuse squashes and few could identify herbs. Many could not distinguish between zucchini and cucumber. They had difficulty with terminology. When asked to give an example of a folding technique that you would use in the kitchen, one student stated it's when you do the laundry after cooking like kitchen towels. Students did not know the difference between a skillet and a frying pan. An article published in the Journal of American Medical Association states: This idea now seems quaint but in the midst of the pediatric obesity epidemic and concerns about the poor diet quality of youth in the United States, instruction in meal planning skills needs to be a part of any long-term situations.

Cooking is a life skill. It may be a way, also a way to improve the quality of life.

Whether it is cooked in 30 minutes or slow cooked all day, food is meant to provide pleasure and nutrients. Food that tastes good greatly increases the pleasure and chance of obtaining the necessary nutrients that provide health and vitality.

We at the University of Arkansas, one great benefit being located in an area with a college, is that the students are always looking for volunteer opportunities to put on their resume or research projects for a thesis. So we have several students that are majoring in human nutrition and dietetics and rolled in the honors program at the University of Arkansas and chosen to work with us for their honors project. One project focuses on modifying the recipes of the top ten high sodium items of a public school in Northwest Arkansas. Another research project involves the commodity and donated food items and developing nutritious recipes using those items. One project examines the sodium levels on the breakfast menus served to elementary students and replacing the higher sodium items with alternatives. Another student serving as intern here at UAMS and held educational sessions for the students in a local district during taste testing on the ranch dressing and salsa recipes that we created. If there's a college or university near you, I suggest you reach out and ask students to become involved

in your project.

>> Bonnie Faitak: Thank you all so much. I think we may be ready for some questions.

>> Kelly Hughes: Thank you, Bonnie and Nancy. Those are interesting presentations. I encourage everyone to be submitting questions through the Q&A feature. You can simply type your question in the Q&A box. Make sure that you select "all panelists" and click "send". With that I would love to open up with a couple questions of my own. You may have alluded to this, Nancy. I think you alluded to this a couple times. I'm curious if you evaluated some of the recipes for acceptability through taste test and if you have preliminary findings on that to share.

>> Nancy Buckley: Yes, we have. We have held taste testing, but it was recently. We don't have that information back yet.

So we did a taste test at one of the public schools. It was a huge number of the students attended. In fact, they busted over students of all ages. So it was a food show that the public school had created on their own and asked us to participate in. We had taste testing of both of the ranch dressings and then the salsas. Like I said, it was recent and we don't have the results back from this.

>> Kelly Hughes: Okay. And one other question for you. That came from the audience. How can food service managers help their staff overcome nutrition and culinary knowledge gaps? What can you do to maximize teachable moments on the job or invest in over time to do formal training, hire more staff when there's staff turnover? Curious to hear of strategies that you might have to offer the audience.

>> Bonnie Faitak: Well, this is Bonnie now. One thing we are doing is we taped Nancy's trainings so that we'll be able to show them to future staff. That way it is more sustainable for the future. And we also by utilizing Nancy, she is a U of A employee, but we know there are lots of other restaurants in the area or there's another culinary school that has students that would probably be willing to come in and do trainings and volunteer with staff. Like Nancy mentioned, they are required to do volunteer hours in many cases now that they can come in and work with your staff on trainings or create videos on how to do that.

>> Kelly Hughes: Great. What type of assessment did you do initially to identify the common ingredients used across the different congregate meals?

>> Bonnie Faitak: We sat down and talked to them about how they developed their menus and got their common shopping lists. So right now we are in -- we have two main sites, but they have multiple locations with different cooks. Like satellite sites. It's more than one, two sites but they are only two or three main coordinators for them. That made the communication a little bit easier.

>> Kelly Hughes: Okay. And then to the comment about identifying fruits and vegetables, you know what occurred to me is that is that was shocking, some of the findings that you shared or experiences that you shared among university students. I just wonder what your thoughts are on opportunities to educate younger children, if there's a disconnect maybe at the university level, how might we think upstream and support nutrition education among younger children? I'm wondering if the university is doing anything to partner with communities, to provide some of that nutrition education? Is that something that you've sort of thought about, or any plans in the future to do that?

>> Nancy Buckley: There are some projects that are underway right now where the students are going, or some of our students, dietetic students are going into the school system and holding taste testings and have the fruit and vegetable of the month where they try to introduce new fruits and vegetables. The schools sometimes have gardens in the communities and

sometimes try to grow some of these fruits and vegetables and help others to learn about them.

The most important thing in order to get people to try things is to give them suggestions on how to prepare them. We try to offer them different kinds of ways to prepare how you would eat this. Kind of ideas for them. But there are several different things with the younger population at schools and then also we do working on the square and doing -- we have a farmers market down on the Fayetteville Square and we do cooking demonstrations and things like that with fruits and vegetables that the local growers are bringing in.

>> Kelly Hughes: Another question. What do you think has a greater impact? I'm going to share two different thoughts. One, procedures. Kitchen practices when preparing foods? Or policies. So more like written regulations that might help with sourcing lower sodium foods including donated foods? I would love to hear from Nancy and Bonnie on this question.

>> Nancy Buckley: Okay, from Nancy, what I would have to say, it depends on your population and who you are talking about. I think that right now because of the way the policies are, the policies are in place but the vendors have not caught up with the policies. Until that happens we need to teach people how to cook their own food. So they rely less on processed foods.

Also I think cooking is a live skill. Everybody eats. Why not put the healthiest versions into your body and learn how to make things taste good. So I think that when you are talking about the day-to-day every day person, yes, the policies are going to affect them but they may not be aware of the policies, whereas cooking, teaching them the skills necessary in order to create their own food is the best method that we can do at this point, I think.

>> Bonnie Faitak: From my perspective, I think that with our congregate meals really the preparation skills have been more needed than the policies. Because so many of our congregate meals rely on donated food. They can't really have -- it's challenging for them to develop policies that limit the amount of sodium. For example, one of our congregate meals gets large catering trays on a regular basis after a local company's cafeteria closes. So they might get in a pasta salad that already is prepared. They don't know what the sodium content is, nor necessarily did the chef preparing it. So they kind of have to work with that food to lower the sodium by adding in cooked pasta that doesn't have any salt added, adding in nonfat Greek yogurt to thin it out and stretch that meal.

I think in our case the congregate meals need more kitchen skills. The policies kind of come once you've proven that it can work, I think.

>> Kelly Hughes: Thanks for sharing your perspectives. Curious if you include food safety guidance in your training, including the importance of rinsing fresh fruits and vegetables or achieving minimum temperatures or blanching of vegetables to increase shelf life.

>> Bonnie Faitak: So far we have really just created some examples of how to integrate herbs and fresh produce. We haven't blanched any veggies yet. Nancy does go over that everything is washed. She wears gloves in the training, especially -- we do these trainings at the congregate meal sites but also at the schools where they have quite a few guidelines to follow. She does follow all of those guidelines to reinforce what they've already been taught. The congregate meals, thus far we haven't heated anything. So once that happens, that would definitely come into play.

>> Nancy Buckley: At the university, we do teach that occasionally. We have a course on it. They have it before they take my labs and they have reviews in several of the labs I teach. Yes, the students that are going out and teaching have passed a service aide exam so they

are educated on that as well.

>> Kelly Hughes: Thanks. So without programs like this, sodium reduction in communities programs, how can food pantries, schools or other food sites get connected to professionals like Nancy? Do you ask them to create coalitions or other efforts like yours? Do you have any suggestions for the audience?

>> Bonnie Faitak: Northwest Arkansas, we had people from all over the country, both coasts. You may be surprised to find out we have our flagship university here, one of our branches of the medical school is here, we have a culinary school, a community college, a couple of our high schools have culinary programs. So I think we are very lucky to have so many resources. I think most communities, if they look heck find similar access points. They have programs, whether it's a dietetics and nutrition program they may not have, but they have community classes at their college, at their high schools and colleges. I think in that respect people might just need to be a little brave and go out and introduce themselves and make these connections. If they don't have those connections they may know people who are running restaurants or who run grocery stores who can talk about different aspects of this. How to store produce correctly or how to cook, do cooking demos from restaurants. People have farmers markets. If they explain these kind of projects, people will tend to be, in our experience, have been happy to help. They know how important these congregate meals are to their community overall.

>> Kelly Hughes: Nancy, do you have any thoughts to add to that?

>> Nancy Buckley: Well, when we talk about basic cooking skills and things like that, you can find chefs that can help teach those classes. They don't necessarily know -- they are not dieticians, the nutrient content and what they know is going to be very limited as far as opposed to having a diet television there. Then the chef is probably going to have more culinary skills than the dietician.

So it would be great if you could find two that could work together, if you've got them in their community. Most schools have a dietician, a lot of hospitals, most have a dietician or at least work within a network where a dietician is available like if you're in small, rural areas you may not have your own but may have one from the next city or closest city or town that has one. If you find a chef and dietician that come in or a chef dietician, there are those people as well, that could come in and teach the culinary skills necessary but also give you an idea of what the sodium level should be, the way sodium reacts as far as like including higher potassium which counteracts with the sodium, it helps decrease the blood pressure where sodium increases it. I think that would be a better educational experience. And you are going to get more information. But you know, if you don't have access to that, people who are working at the Department of Health do have a lot of knowledge necessary as far as ways to reduce sodium. If you can pair up with a dietician or a chef or somebody even in the grocery store or any restaurant industry and help to get the skills necessary for the training. I think it all begins with training.

Then the knowledge and education about the sodium and how to reduce it comes with that.

>> Kelly Hughes: Thank you both. I think we are going to wrap up here. The questions are slowing down. So I just want to invite Nancy and Bonnie to share any final remarks or any comments or pieces of inspiration that you would like to share with our audience before we have closing remarks.

>> Bonnie Faitak: Gosh, a lot of, I would like to say how lucky we are to have Nancy on our team. Just sometimes some of these interventions are small but they add up over time.

Rinsing, 40 percent of your sodium out of your canned goods really adds up. Rinsing your fruit syrup adds up. Even if that's kind of the first step over time, that's going to make a big impact in people's lives.

>> Nancy Buckley: This has been such a wonderful and fun project. When I go into the schools and the community centers to help train the staff, at first I didn't know what to expect. I thought they may be a little resistant when we are talking about reducing sodium, but they have welcomed me with open arms. A lot of them want to talk about the cooking shows and who is my favorite chef and all this stuff. It's kind of fun, but it has been really a rewarding experience for me. And I have enjoyed it immensely. They really are so excited. After we completed the training sessions, we had like -- how many? Nineteen?

>> Bonnie Faitak: Yes.

>> Nancy Buckley: We had like 19 training sessions and after when we did the food show with the public schools, a lot of the people on the kitchen staff came up and talked to me. Oh, is that the mango salsa you made? It's so good and they grab it and take it to a teacher who was a friend so they could try it.

It was rewarding and fun for me to do this project and work with them. They are really appreciative and the response has been great.

>> Kelly Hughes: That's wonderful. Well, on behalf of our panelists today I just want to thank all of the attendees for their participation in today's web forum. Thank you for your questions. And from my own heart I would like to thank our presenters for their time and effort in sharing their knowledge and insight.

A special thanks to our sponsors, especially the Centers for Disease Control and Prevention as well as Dialogue4Health for their support on this web forum.

And if this is your first time joining us for a sodium reduction web forum head over to NNPHI.org/sodium where you can access any of our archived web forums as well as other helpful sodium reduction related tools and resources.

With that I will turn it back to Dialogue4Health.

>> Laura Burr: Thanks so much, Bonnie, Nancy, and Kelly, for your presentation today. A big thanks also to NNPHI and the CDC for today's event. And of course, thank you to you our audience. A recording of today's presentation and slides will be available to you next week at Dialogue4Health.org. You'll also receive an email from us with a link to a brief survey we hope you'll take. The survey includes instructions for getting a certificate of completion for this event. Thanks so much for being with us. And that concludes today's web forum. Have a great day.

(The web forum concluded at 3:47 p.m. EDT.)

(CART captioner signing off.)

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