

## Public Health Institute Web Forum

### Connecting Public Health and the Food Industry: Reducing Sodium in Partnership with Food Service Vendors

Wednesday, June 8, 2016

1:30 p.m. – 3:30 p.m. EST

#### Remote CART Captioning

*Communication Access Realtime Translation (CART) captioning is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings.*

*This transcript is being provided in rough-draft format.*



[www.hometeamcaptions.com](http://www.hometeamcaptions.com)

---

>> Hello and welcome to Connecting Public Health and the Food Industry: Reducing Sodium in Partnership with Food Service Vendors. Another installment on sodium prevention brought to you by CDC and NNPHI. My name is Laura and I will be running today's web forum along with Tanya.

Real time captioning available throughout today's web forum is provided by Regina with Home Team Captions. To see closed captioning text in the media viewer panel, click on the icon that looks like a small circle with a film strip running through it. On a PC, this is in the top right corner. On a Mac, bottom right corner of your screen. In the media viewer window, click on the show/hide header text to see the live captioning.

The audio portion of the web forum can be heard through your computer speakers or a head set plugged into your computer. If you have technical difficulties with audio, please send a question in the Q and A panel and we will provide the conference information to you. For technical help from WebEx dial 866-229-3239.

We encourage you to ask questions throughout today's presentation. To do so, simply click the question mark icon, type your question in and hit send. Please send your questions to all panelists.

We will conduct polls to get your feedback during the event. The first poll is on screen. Please select your answer and click on the submit button. And the poll is I'm attending this web forum, individually, in a group of 2 to 5 people, in a group of 6 to 10 people, in a group of more than 10 people. Please click submit.

Once you are done answering the poll question, click on the media viewer icon to bring back closed captioning.

It's my pleasure to introduce our moderator today, Kelly Hughes, from the National Network of Public Health Institutes. Program strategy for NNPHI. Kelly worked with Dialogue4Health on several web forums. Pleased to welcome her back to the microphone today. Hope you all enjoy the event. Kelly, please go ahead.

>> Kelly Hughes: Thank you so much, Laura. Good morning, good afternoon, everyone. And thank you all for joining us today. This web forum is part of a series focused on connecting

public health and the food industry to reduce sodium. The web forum features the perspectives and experiences of public health partners and the food industry representatives around various topics related to sodium reduction. We hope the information shared today will inform and inspire collaboration among public health in the food industry to reduce sodium in foods -- to reduce sodium content in foods and consumption across the U.S. the series is supported by the Centers for Disease Control and prevention, national Public Health Institute and Dialogue4Health team.

Today's web forum will focus on public health and industry efforts to reduce sodium in partnerships with food service vendors. We have a great line up planned for you. First we'll hear a presentation from Dr. Leah Maynard on recent updates to the HHS, GSA health and sustainability guidelines for concessions and vending operations. Then we will hear from Michelle Wood from the Los Angeles County Department of Public Health. Finally, Lisa Roberson and Chef Norbert Bomm will highlight successful endeavors by a regional food service vendor to increase the availability and variety for low sodium products. They will also discuss the role of food service vendors in the overall food system, facilitators and barriers in the industry and offer strategies and insights for public health to consider when partnering with food service vendors. We will hold questions until the end. However, I do encourage you to submit questions throughout the web forum and we will get to them at the end of all presentations.

It's my honor to introduce to you my first presenter. Dr. Leah Maynard. She earned her doctorate from the University of Kentucky in 1996. Worked as epidemiologist in the Division of Nutrition, Physical Activity, and Obesity at the CDC in Atlanta since 2001. Currently the lead officer for the food service guidelines and co-led the development of Healthier Food Retail. Her current research is focused on use of calorie information and knowledge of recommended daily caloric intake among adults. Without further delay, over to Dr. Leah Maynard.

>> Leah Maynard: Good afternoon, everyone. As you know, probably, in 2011, the Department of Health and Human Services and the general service administration released the food federal food service guidelines. And these guidelines were intended to ensure that healthier food and behavior -- I'm sorry, healthier food and beverages were available. And to ensure that environmental beneficially practices were also conducted in food service facilities. So that was the intent of the guidelines. So after five years and them beginning to be implemented in different places, HHS and GSA decided then to update the guidelines. So once again they collaborated and these efforts were led by the Centers for Disease Control within HHS specifically within the Division of Nutrition, Physical Activity, and Obesity. And then within GSA, the public building services and facility management services program. Started to lead that process. And so what was done was that a food service guideline federal work group was formed that was composed of 60 expert representatives from nine key federal departments and agencies. And these agencies and departments included the United States Department of Agriculture, the department of commerce, the Department of Defense, the Department of Education, the environmental protection agency, the department of interior and the veteran's administration in addition to Department of Health and Human Services. And the general services administration.

And from this large federal work group, then various subcommittees were formed to determine the actual standards. And so how they went about that, they reviewed the health and sustainability guidelines and vending operations. And they went through the standards and made recommendations to keep, modify, or delete existing standards or create new standards. And they also sought public input through a request for information that was open for public comment for about a two-month period. And then those were compiled and provided to the different subcommittees for use in the decision making as well. At this time, the updated guidelines are in clearance. So all of the content is embargoed now. I'm not going to be able to share any of that with you today. But certainly when that is -- when those get cleared and

publically release that, I would be happy to come back and share that with you at that time. But we do have several resources that are available to help you get started with guidelines in general, if you haven't already done so. We have an implementation guide that is useful to help get food service guidelines implemented in your government work site. Also case studies from states and communities. There's five of them that shares what they kind of learned along the way.

There's tips for offering healthier food offerings and physical activity at work site meetings and events. There's a healthier hospital environment tool kit. And then in terms of sodium reduction, there's several guides that can be used in a variety of settings. So those relevant would be work sites and institutionalized populations. Those are called the under pressure series of guides. And all of those can -- and there's also a procurement guide with that too. All of those can be found on CDC web site. And if you just Google the food service guidelines, you should be able to find those resources for your -- to help you get started.

So with that, I will close the presentation.

>> Kelly Hughes: Thank you so much. I don't mean to put you on the spot but wondering if you might anticipate when those will be out of clearance or is that to be determined?

>> Leah Maynard: It's a to be determined. After it leaves CDC clearance, then it will go to HHS for clearance and then it's going to be cross cleared with other agencies and whatever their process is. So it's out of our hands.

>> Kelly Hughes: But it's coming.

>> Leah Maynard: Assuming that it is cleared, it's coming, yes.

>> Kelly Hughes: Great. Thank you so much. And now it's time to introduce our second presenter, Michelle Wood. From the Los Angeles County Department of Public Health. Michelle is the director for the sodium reduction in communities' program. She also serves as the program manager for the department of public health healthy food initiative and leads effort of the food offered in government and other large employer food service contracts. Worked in the health arena for 15 years on the impact of healthy food procurement policies and earned master from the University of Southern California. I will turn it over to you now.

>> Michelle Wood: Thanks, Kelly. Good morning, everybody. And good afternoon to everyone as well. I want to thank the CDC for hosting this panel. Second, describe our current partnerships with food service vendors to reduce sodium and case examples and insights to consider when partners forward. And discuss recommendations and engage the food industry partners. So giving you background, the department of public health launched an initiative in 2010. With support from the centers disease control and prevention. Our county of Los Angeles board of supervisors adopted a motion requiring the department of public health to review and make recommendations for all new and renewing food service contracts. Including sodium limits. Since adoption, our department had worked with 7 of the 12 county departments that purchase, distribute or sell food in our system. To support this work, LA county received funding through the sodium reduction and community's program since 2010. Our current efforts as you can see are focused on county and city government departments, vending operations and departments with the goal of reducing sodium intake.

Such as setting sodium limits. Integrating menu labeling and smaller portion sizes as well as behavioral pricing strategies.

So majority of the food service environments in the county of Los Angeles contract out with food service operators selected through our process including invitations forbids as well as Request for Proposal. The RFP sets criteria to solicit proposals from vendors. As you can see on phase 1, sodium can be integrated into contracts. This shows a four phase process map our department developed on the key step to building healthy nutrition in the food contracting business. This model has been applied to over 10 Request for Proposal that we have worked on. So this is a summary of the sodium reduction efforts in the work we've done with food sold on government property. We've partnered with five departments representing 16 food service

departments to integrate the department of public health, reduction plan and contracts. The sodium reduction sets a plan for contracted food vendors to purchase lower sodium food products within the range of categories you can see. Grains vegetables and dairy. We have also partnered with these departments to integrate limits for entries, snacks and beverages in a range of food service contracts. So I thought I would walk through a couple case examples over the last four or five years. I would talk about our vending machines program. The largest vending machine contract was implemented in the fall of 2013 in partnership with our vendor. It is regulated by 2006 board policy which was updated in December of 2014 and requires 100% -- these were developed by the department of public health. As you can see at the bottom of the slide, packaged snacks are required to meet 360 milligram sodium limit. The department of public health work closely with county managers to consolidate vending contracts and integrated guidelines within the Request for Proposal. Vendors were scored based on the extent their proposals met these requirements. And Canteen received the highest score and awarded a ten-year contract with the county of Los Angeles. They were able to offer the county lower sodium selection supporting our broader wellness goals and were also working with similar vending standards including Kaiser hospitals in both southern and Northern California. They introduced its choice plus program which you can see on the slide. There's the program snack criteria. And implemented this program within our county with over 150 locations with their product line of snack options that are meeting 230 milligrams of sodium or less.

So what have been the key takeaways from our vending partnership? A revised Request for Proposal with the inclusion of sodium limits within our contracts in the county. The county was able to select a vendor with strong capacity to implement a healthy vending machine policy. Early in the implementation process, our department met with Canteen to discuss the foods that are allowable under our policy and the institutions that were impacted by the policy as well as discussing agreed upon time lines.

We met throughout the first year of implementation to learn about the process and challenges and Canteen has been a very strong partner on evaluating and supporting monitoring including sharing product lists, nutritional analysis as well as sales records since the beginning of the implementation of this program. Through this partnership, increased overtime. Canteen also was a great partner in promotional aspects and helped us implement signage in the early stages of implementation.

So what were the results? Since implementation, the number of healthy snack options sold has increased from 27% and then with the second follow up, we learned the 70% were meeting healthy guidelines. And the average sodium package decreased by 30% within the first 8 months. And still looking at data. We anticipate further decreases are expected overtime. Also partners with public and private hospitals. And we're working with 7 hospitals and clinics that you can see on this slide. In 2013, our department worked closely with the department of health services in the county and contracts managers to integrate guidelines at our four county public hospitals.

They are listed on the slide as well. The department of health service selected a vendor but the final contract is still pending. The current food service operator is Morrison Healthcare. All of the hospitals in our county government system are also voluntarily implementing the partnership for the hospital healthy food initiative. LAC/USC is one of the largest hospitals in the United States. I wanted to show case our partnership with the hospital as well as Morrison Healthcare. We began working with the hospital and their contracted vendor last year and the hospital launched a cafeteria committee with representatives from hospital administration, employees, physicians, residents as well as Morrison Healthcare. And the broader goal is the wellness through the hospital. Public health partnered many capacities including Morrison Healthcare's participation in our department of public health sodium reduction training last year. And had an and has been a committed partner. And they will be discussing partnership for healthy America. We've also established a very strong partnership on evaluating and

monitoring including collecting data and nutritional analysis as well as sales records to help our department and the hospital system to assess trends to healthy offerings. This summer, we plan to administer a survey to assess activity and attitudes toward healthier food. The help really understands the larger consumer demand of healthier products.

So what have been the results of this program and partnership? D pH conducted environmental scans of all four county hospitals. Average sodium of package snacked were calculated to what is current being offered. So the average sodium offered across all four hospitals is 235 milligrams. So these findings suggest the four hospitals including USC are meeting sodium levels and implementation is feasible. To date, public health role has really been focused on defining what is healthy and providing the public health rationale for healthier food service environments. Also been working to leverage other local and national initiatives such as participating in New York City's national salt reduction initiative. Working with manufacturers and other broader role working with vendors to date has been a helping support evaluating healthier food improvements overtime. Based on the broader lessons learned, over the past six years, we took a step back in the last year or so and we learned we really needed to identify opportunities to engage and further cultivate relationships with the food industry and develop actionable steps moving forward. Our department contracted with Ad Lucem Consulting to conduct a literature review, Stakeholder interviews and Stakeholder convening in order to understand a few things. First, best practices foreign gauging food industry partners along the institutional supply chain and then helping build actionable step and plans for healthy food procurement efforts and public and private settings. And this report was developed last year.

So what were the methods? So developed a broad based literature review including 95 citations. Also conducted 30 key Stakeholder interviews with health departments, funders, local government agencies, the food industry and non-profit organizations. And also helped convene a healthy food procurement work group with similar level of representatives from the food industry, local government agencies, local health departments and non-profit organizations to help vet the recommendations and to finalize the broader scaling report for our department. The table summarizes the key strategies to engage food industry partners identified in the literature. I thought I would highlight a few of the findings.

The first is promoting uniform nutrition standards. Contracting language and consistent messages to food vendors which can help influence the marketplace. It would be helpful for internal business planning to have an understanding of the shared goals across multiple of their clients across the nation.

Second, focusing on key ingredients or capstone foods. Improving the nutritional quality of products that are common ingredients can lead to broader changes throughout the food system. Support also requires raising awareness. Of course, by communicating the broader benefits. Including the business case around the importance of reducing sodium. And broader healthy food service guidelines.

Making the business case may include some of these messages such as being ahead of the curve. According for the center for finance, 69 states across the country adopted policies on some or all of the property. And thousands of hospitals that have adopted national standards as well as healthcare without harm are working to improve the foods they offer.

So what did we learn from the Stakeholder interviews? To engage the organizations, many of the interviewees discussed the importance of approaching organizations who can help provide feedback and impact. Additionally, the food case. Making the business case including demonstrating consumer demand and applying leverage points at different points along the food supply chains are critical. So this is a broad based summary of the recommendations and model of change for scaling efforts as well as sodium reduction policies moving forward. As you can see the inputs from our department in our role as well as partner inputs from public and

private institutions, food industry partners and then products and outcomes over the next four or five years.

So recommendations emerged from the findings to provide direction to our department. And they are organized in according to four primary public health roles. The first is continuing to lead healthy food procurement efforts across Los Angeles. For example, establishing consistent sodium reduction goals for public and private institutions moving forward. Setting consistent goals and broader requirements around sodium, for example, may be helpful to influence food industry Stakeholders who serve clients nationwide and across multiple sectors, hospitals, school districts, university settings. Alignment with policies and initiatives that have been developed and vetted by national organization supports this principle. Second is convening and brokering relationships with public and private institutions and food industry partners. For example, communicating sodium reduction goals as well as public health goals in a language that resonates with food industry partners moving forward.

Instead of communicating, our typical public health goals, public health has an opportunity to vet our broader healthy food procurement and sodium reduction goals as well as messaging.

Third, providing technical assistance to food industry partners. Providing annual trainings regarding sodium requirements and best practices. And exploring feasibility of creating and disseminating food product lists. This could be in the form of developing a food distributor. And 4, evaluating Healthy Food Procurement and disseminate the business case. Public health can take a strong role in researching the value of the market or monetizing the demand for healthy food procurement in a variety of public and private institutions in a range of different sectors as well as developing and disseminating that broader business case for sodium reduction.

In closing, I want today mention -- based on the broader lessons learned and the recommendations that emerge from the Ad Lucem Consulting report, our department is looking into strategies working with industry partners, for example, on vetting sodium reduction and Healthy Food Procurement goals. Setting consistent goals and requirements across public and private institutions. To really help streamline our requests to food service vendors. That was a strong literature and Stakeholder interview finding that we heard throughout the report. And additionally, there's also opportunities around establishing recognition programs for food industry partners as well as potentially implementing innovation such as pre-qualifying vendors.

So I want to thank CDC again as well as Dialogue4Health and give a special thanks to my colleagues at the department of public health and Ad Lucem Consulting for our partnership with the scaling of the report I gave today. These are implementation resources we use with food institutions and food vendors and operators in the county of Los Angeles. And you can find these resources on our web site which I've listed including my contact information. Thank you so much.

>> Kelly Hughes: Thank you so much, Michelle. That was so interesting. And really helpful to see those resources as well. And just a reminder to everyone, we will make these slides available. You will be able to access these resources later. So thank you for your presentation.

Now, it's my pleasure to introduce the final presenters from Morrison Healthcare. First we have Lisa Roberson who is a registered dietician with 20 years of expertise in nutrition leadership and corporate wellness. As a corporate director, she uses healthy choice architecture and healthy sustainable food to transform food environments in hospitals. Lisa helped engineer Morrison's Great Living patient menu and education experience. And led her company to receive multiple awards.

And then next we have Chef Norbert Bomm who launched his career with Hilton International. Multiple honors and awards as well as a gold medal for the Culinary Olympics, he joined Morrison Healthcare as corporate chef. In addition, he led the Great Living and children's hospital menu and recipe development. So Lisa and Chef, please take it from here.

>> Lisa Roberson: Thanks, Kelly. And good afternoon, everybody. This is Lisa, obviously. And we are super excited here today to achieve these objectives. We are looking at sharing the great living patient menu experience with you. This has been a really successful endeavor with us in reducing sodium as far as what we do in the hospitals across the nation. It didn't come without its challenges, of course, and barriers. And we'll talk through some of those.

And also, helpful strategies and insights for public health to consider when partnering with food service companies with Morrison Healthcare. Michelle did a fantastic job highlighting the partnership and the synergies we have in working together with Public Health Institutes. So we are ready to get started.

So to kick it off, I want to tell you about Morrison Healthcare. So we are food service partners to 650 hospitals across 44 states. We serve hospitals such as the New Haven hospital, Mt. Sinai in New York and LAC plus USC in Los Angeles county as well as Kaiser Permanente. 2,000 registered dietitians and almost 300 chefs. We have a top 125 training company. Which is something we're so proud of. And awarded as one of the best places to work for four years in a row according to modern healthcare.

But what I like best is every single day I get to work with fantastic people who are super passionate about what they do. So much so that it's created an amazing culture. And that's really kept me coming to work, actually, for the same company for the past 18 years. I had the opportunity to work with the Chef Norbert Bomm. So we're very proud to share that experience and some of the learnings that we have from that experience.

We're a member of Compass Group. The world's leading contract food service company. Compass Group is in 50 countries. 50,000 client locations where we do business and 500,000 associates. I think people sometimes say what is Compass Group and how do you fit in? You can see us down there. Healthcare and senior living market. This is a real benefit to us. We have really massive group purchasing opportunities which is really good. That means we can make change across the nation in the supply chain when it comes to sodium reduction. We have sports and entertainment leisure. We have clients like Google. And here's a photo of Ryan Seacrest and wolf gang puck. We do the service at the Grammys every single year. Lots of opportunities to try to drive our healthcare initiatives home.

In 2012, we launched every overarching platform for our hospitals. Which includes robust commitments around these specific areas. We had food service preparation, nutrition labeling. You can see the nutrition menu as part of that. Commitment to healthy eating. And also healthy check out.

I want to give you an example how our commitments work using healthy registers as that example.

So after an article came out in the New England journal of medicine. Excuse me? Oh, I'm sorry, I thought I heard something. An article that came out from the New England journal of medicine. It started directing how impulse foods at the register -- and I mean the bad stuff. You are looking at it. Lots of sugar sweetened beverages, fried chips and desserts. Stuff we like to indulge in. But by placing them at the registers where you have a captive audience, it is a hidden risk factor for obesity. So we committed to removing impulse junk food at the register and replace them with healthy options such as sparkling waters, non-fried chips, granola bars, high energy foods our hospital staff would enjoy. And by doing this, we were able to reduce sugar consumption by 59% in the hospital staff in the guests that we serve. So that was a really great move.

And part of this success is working with the right partners. And using strategic partners that help us to make a difference. And partnership for Healthier America is one of those partners. Morrison Healthcare is the first contract company to partner with them committing 400 hospitals to the hospital healthier food initiative in 2013. The first lady Michelle Obama is honorary chairperson for this organization. This is a couple years ago on the left. You can barely see my nose and that's my hand reaching out to her giving her a congratulations for hard

work which is so important to do and enjoyable to do. And just a couple weeks ago, the photo on the right is at the PHA summit in Washington DC. Very exciting and great partnership for us.

In addition, for partnership, we are focused on sustainable foods and sustainable supply chain. And we've been a long time partner of healthcare without harm since 2009. We're also the first healthcare food service contract company to sign healthy food healthcare food service contractor's pledge. So we have an equal passion for promoting a sustainable food system just as well as a healthier food system and making sure we provide access to healthy foods.

I think that's what's so important. The department of public health are also incredible partners which we will talk about in just a minute.

So in order to do that, I want to talk about the great living patient menu experience that we've had. And to kick that off, we have a poll question for you. Just curious, do any of you currently work with the healthcare food service contract company? So we'll take a look at those results in just a minute.

We have an extreme call to action. You guys have heard this. It begins with the S.A.D. diet. And I'm so sad to say that is what we call the Standard American Diet. When you look at hospitals, the impact to make a change and serve healthy foods is tremendous. The average U.S. hospital serves more than a million meals per year. There is just such tremendous opportunity to impact the health of our patients. Right now, you guys know the statistics. Two thirds of Americans are overweight or obese. Typical U.S. diet is deficient in many of the nutrients require for optimal health and overloaded with refined grains, not whole grains, added fats and sugars and very minimal fruit and vegetable intake. A lot of those items contribute to high sodium intake in our diets. And on the reverse side contribute to hypertension. 74.5 million Americans, 34% of the adult population have hypertension. Hypertension is not just about excessive salt intake, it's also about inadequate potassium intake where we're not getting potassium from fruits and vegetables. So it's a real challenge to make sure that we control sodium in a way that promotes optimal health. And when you look at the challenge from a hospital stand point, think about this: Salt and food accounts for 10% of total intake. The salt that we add at the table adds another 5 to 10%. 75% of total salt intake comes from processed foods or manufactured foods or food added at restaurants. Basically, food that oftentimes the consumer cannot control. So that is incredibly important. And really behind our brand promise for the great living menu. So taking a public health approach. Working with partners such as the Los Angeles County Department of Public Health. That we change public policy and acceptability out in the public health arena.

So when we kicked off the great living menu, this is what we wanted to do. We wanted to standardize a menu that could be used across 600 hospitals. We wanted to control food costs, labor and production. But we also had that potential to make big changes by increasing better nutrients. And so we did this. Whether you have diabetes, whether you have heart disease or you broke your leg and on a regular diet, we didn't want to be restrictive and say you can have anything you want. And then you Mr. Smith, we're going to take all of the quote, unquote, good stuff. If we say that people should eat healthy, what would that look like? That's how we get all of this menu. The regular cardiac and consistent carb diet is the same meal. This is how we want you guys to eat. Restaurant quality meals, scratch ingredients, whole grains, fresh fruits, homemade soups. If you are thinking what I'm thinking. Super high in sodium. Only way to control is homemade soups. And also incorporate stealth health. The best person to talk about stealth health is Chef Norbert Bomm. He co-engineered this menu. He is responsible for all of the tasty food. And Chef, I'm going to turn it over to you.

>> Norbert Bomm: Thank you, Lisa. Super excited talking about stealth health. And now we all agree the hospital food has changed for the better. And we are extremely proud of the role we have been playing to change over the years. Self-help is a big word. We have been from day one, very important aspect. Basically looking at recipe development. And we like to look at meats as a supporting role. The biggest lesson is more than ever the money is a balancing act.

We know there's a need for healthier foods. We cannot ignore the fact the flavors is a huge fact. Based on demographics. If you look at hospital and patient food, might serve fried rice. [Inaudible]. Lisa, can you forward to the next slide, please?

Okay. Examples of stealth health. This tomato soup looks like it's a normal tomato soup. But this soup shares a great story. It's a great example of soup that's cooked and planted with no salted tomatoes and white beans. Adding white beans, we're adding protein and we're able to control the sodium. Compared to a traditional tomato soup, we have a sodium reduction per serving of 150 milligrams. The other important thing what you need to look at is we're using white beans. We're not going the traditional way in using heavy cream. We're able to reduce the content of the soup. Other examples of stealth health is example in potatoes and side dishes. Our meat loaf is made from 100% ground beef and turkey. They are using herbs. Looking at a normal slice, chocolate case, we're using [inaudible]. Using a little piece of cake, we are able to reduce a sodium in a single serving. Going to talk later of black bean cakes. All of that huge impact on stealth health.

Looking at this picture of a muffin, it's an orange muffin, what we serve across all of our accounts. And another great story of awesome stealth health. The muffin is made from chickpeas. So we have total control what we're doing. We can add flavor. We can add fiber. And again, compared to a tradition muffin, only 130 milligrams of sodium. What's more important if you look at that, that you are able to serve muffin to our patients. No preservatives, no trans-fat, no corn syrup. And no food color in there.

We are doing it every day. In able for us to do that, we have a great example with the muffin. We have a recipe that can be cross utilized. It's a basic chickpea we have counted into [inaudible]. We turn this same muffin into an Irish Bundt cake for saint Patrick's day. Adding a super small -- we turn this muffin into an awesome saint Patrick's day dessert. The same muffin. We're able to use that for straw berry shortcake. Whatever we do, we're trying to be as healthy as possible. Or using the same yogurt we did years ago. Compared to a chocolate cake is a huge reduction sodium. And trust me, black bean chocolate cake for us [inaudible]. So never judge a book on its cover.

Next page, please. Okay. If you look at the plate on the left, it's -- it was by one of our food manufacturers. He had a Tortilla crusted fish filet. Very nice. But had almost 900 milligrams of sodium. And the funny thing is it's flying off the shelf. So we recreated a dish and you see a south western whole wheat and fish filet is breaded with a crust and topped with avocado. You see a flat bread with this 100% clean meat of turkey and ground beef and no salt added. Tomatoes. Again beautiful. We were able to reduce 85%. And another example. In order to control the sodium, what we did, we didn't use a base. We didn't have salt. We cooked, actually, a small turkey leg stock. And now we have this awesome flavor we're able to control the sodium and just a wonderful as the south.

We added a lemon with fresh herbs. To control the sodium level, we added lemons and fresh herbs. We are able to create very pleasing flavor that enables us to reduce the sodium level.

Canned tomatoes. One brand. That allows us to be more consistency in pricing, quality consistency and execution.

The usage of 70% of [inaudible]. I'm going to give you an example what we do month of July. We totally utilizing the -- travel patients across the country. No bake cheesecake truffle. What it basically is, like in the retail environment, basically, they offer in a limited time offer for patients. So offering the seasonal dessert made with fresh fruits and at the same time, able to serve independence day. Able to control the sodium throughout the whole plan. Day by day doing stuff like that.

Next slide, please. Reducing sodium. Lisa mentioned it quickly. Making soups in-house. Extremely important for us. Has a huge impact on sodium control. And I have to say the soups are extremely well received from patients. It's comfort food. Chicken soup is good

for the soul and stuff like that. Since we are able again -- we can cross in other cafes, cross in caterings. Cross utilize. And if you look at this tomato soup, only has 50% less sodium from other sandwich. We're able to create a very satisfying meal combo with a soup and sandwich. So all of that put together help us extremely. Lisa, I think it's your turn again.

>> Lisa Roberson: Yes, thank you. So in case you were wondering or curious about what the great living menu nutrients provide, by making all of those changes that he highlighted, we actually ended up reducing the total number of calories that we served. You have to add a lot of fruits and vegetables to get the calories pretty high. So we talk about obesity. 1800 calories per day just naturally jumped to a lower standard. When you add milk into there, the calories go up by another 150. And then for males and some of our larger patients that might be taller or way more, we would definitely add additional food to that. But as a base, this really met the mark. You can see by making all of these changes as compared to standard hospital menus, the revision to the great looking menu, 28% fewer calories. 50% reduction in sodium. 50%. That is really monumental. We were actually able to achieve the guideline standards of around 2200 to 2300 milligrams per week on average. We had an average saturated fat reduction of almost 60%. And just by accident by default, an increase in dietary fiber by over 20%. So the results were phenomenal. Chef, you want to talk about the successes we had.

>> Norbert Bomm: Say again. The what?

>> Lisa Roberson: The successes we had as a result of sodium reduction.

>> Norbert Bomm: Well, yeah. I think the most important thing is that our patients are receiving it extremely well. Yes, we do offer if somebody wants that additional salty diet, we offer that, for example, to satisfy those needs. But in general, the feedback has been extremely well.

>> Lisa Roberson: Absolutely. And one of the things we noticed was the therapeutic diet. We have chicken and go to the cardiac and remove and it's a skin less bone less chicken breast with no salt. We were saying what should healthy eating look like across the board? And all of our patients on therapeutic diets embraced it. They felt like wow, thank you. My menu is not an afterthought. We did notice a huge jump in patient satisfaction for those therapeutic diets.

>> Norbert Bomm: Right. Looking at sodium reduction, that's something to talk about. If you look at the slide, I think the biggest impact we have is basically no salt added tomatoes. And they did an outstanding job for us. We're using 5 or 6 of the no salt cravings. And talking about Asian food, it's usually high in sodium. Using the no salt added is absolutely mind blowing. If you need to have a reduced sodium option, the other big thing is because sandwiches are big part of our daily feeding. I use them at home. They are great. It's something different. Something different than the traditional. And again, there is this whole kind of education, what it's all about. And I was skeptic that it was going to go well in the south. And they were well received. We were definitely on the right track. One thing I have to say and I think you all agree that food service company that serves 2 million meals a day needs to help from food manufacture companies. So I think we need food manufacturers to help us retail in the service development increase a lot of consistency. Now, I have been talking to food service companies over the last five-six years. And I have been engaging them. Major food companies. And the good thing is what I really noticed over the last year, I really believe they are slowly getting it. And the consumer is looking and demanding real natural food. So I truly believe that's happening. To me, looks like some of them are starting investing in foods that are nutritious. And have been challenging for years. And used extremely great [inaudible]. Great flavor. And came from Hormel. And patients too. But stop looking and stop challenging. And you know what? 40 or 50 milligrams of sodium, what can you do for us? And they listen to us. They really listen to us. So shows again the food service manufacturing start listening. They are able to reduce by 30%.

Now, it might sound as an easy undertaking you do something like that. But totally believe they have the work cut out in shelf life time. Of the proteins that produce for healthcare universities and so on. We're right now engaging food manufacturing in ethnic chicken broth.

Chicken broth are extremely important for us. We're challenging [inaudible]. So based on whole food clean labels. No artificial color and sweetness. So I think heading in the right direction. I'm really excited to get feedback from food manufacturers that are listening to us. Thank you so much.

>> Lisa Roberson: Yeah. Thank you, Chef. Very encouraging. So those are the successes but we have barriers and challenges that have gone along with the implementation to lower sodium levels with the patient menu. Surprisingly enough physicians and the healthcare staff. This sounds strange but we did have medical management challenges. As we provided less sodium in our patient diets, there were potentials for food/drug interactions. We had heart failure patients come in on a regular diet. So where we had potentials with the dosing of the higher sodium intake. So I think our healthcare staff is taking it back. Why don't we have all the sodium we're trying to medicate for? Patients on a regular diet. As I mentioned a couple times, they are used to getting cart blanc. Some hospitals tended to say hey, they are on a regular diet. High patient satisfaction. Just give them what they want. We're setting ourselves up for hospitals to be beacons of how we mirror or image ourselves as being very supportive of change and healthy eating. We really have to start there on those regular diets. So all the rest of our diets loved us. But some of them felt a little challenge there to acceptability.

The nursing relationship, it's one of the most important relationships there is in the hospital. And if the nurses are not supporting healthier options or feel the sodium is lower, sometimes they are not going to be as positive to the patient. You might hear comments that say let me just order you a grilled cheese or hamburger. We really try to get nurses involved and make sure they have the opportunity to taste the menu.

And this is a really interesting challenge with CMS. We even took the regulatory surveyors by surprise when we first launched the menu. There was concerns we were restricting the sodium unnecessarily. When, in fact, it felt like a restriction because our average American sodium intake is so high that when we adhere to the guidelines, it felt like it was restricting. But we explained we were meeting the expectations and that if a patient wanted to add more salt to the food we've already prepared, they can use salt packets and add to taste. So we did not restrict that. So very interesting. And I just wanted to close on the power of partnership. You heard Michelle mention there's a relationship between the county of Los Angeles public health and LA county network. LAC, USC, harbor UCLA medical centers participate very deeply with the department of public health. Our food service director works closely with Michelle foods to collect data put forth by the Los Angeles County Department of Public Health. One of the administrators to the COO. He's been a tremendous leader and very supportive of promoting healthy eating initiatives. This is what we've learned. I notice there weren't that many people contracted with the healthcare food service company. This may be a reason for you to consider contracting. And some of you maybe this is not your piece of business. But there are some amazing ways we can work together. One of the ways that we've created a mutually beneficial partnership is they have included us as part of their scientific advisory board. Dana Dennis is a clinical nutrition manager. She was invited to join this board and on this board, she was able to provide insight and feedback on opportunities and obstacles in improving the value of food offered in the LA county operations. And this allowed us to work together to make a more realistic approach to implementing and monitoring healthy food procurement policies. So that's really important. Because at the end of the day, this relationship makes the process of implementation easier for the vendors, easier for the food service company. And if it's too cumbersome with the data collection and smaller operations, there might be barriers. So really having that relationship helps to work through those barriers.

Another thing that helps us is that food service. We all have different expertise. Culinary leaders. But we don't always understand how to speak the language of public health. A lot of data collections and a lot of audits. When we have that partnership with the county and other public health institutes, we have better buy in and better outcomes. Cause we

understand how to work together. And we've seen success in doing just that. And as a matter of fact, the consulting report provides insight. You heard Michelle thank the consultants. The service helps us to investigate and understand the food procurement process. Helps give purchasing perspectives. And also the consulting report helps identify opportunities of ways we can take the next step together.

And how do we get this well-oiled machine running? Tapping into employee wellness programs can also really give us the momentum to help both the county and food service company the most needed traction to get support and move healthy eating initiatives forward.

So with this, I have one last poll question. I'm hoping that maybe you identified one best practice. So please take a second to answer that question. If you are interested in understanding more with our experience with Morrison Healthcare, we have collaborated with the CDC on a case study and talking about the value proposition of reducing sodium. Not only is it just the right thing to do for public health to help improve health management across our nation which we need, but also makes a strong business case.

So with that, turn it back over to you, Kelly.

>> Kelly Hughes: Thank you so much for your presentation. It was fascinating. We're going to open it up for questions. Just a reminder, send in those questions through the Q and A feature. Helpful if you submit questions to all panelists. So I have a question for you related to the business case study. I'm wondering if you can speak at all about any of the financial implications. You've talked about the barriers and challenges. But wondering if you can speak to financial implications. Whether that's been an investment Morrison is willing to make to achieve healthier menus or has it been beneficial in anyway if you can speak to that.

>> Lisa Roberson: Right. It's been both. It's been a bell curve, which I hate to say. Once we get through that, it's trending towards the positive. The chef and myself in St. Louis, we can't back out sodium any more. We're not adding any salt. We've done everything we can. But we have products like canned tomatoes we're using. We had chefs and anybody in the kitchen opening up those little baby tiny cans of reduced salt, low salt tomatoes. Because that's all we could get from our suppliers. Is that not crazy? Imagine going to the grocery store, running and getting a bazillion cases to make soup with those tiny cans because we can't get institutional-sized cans. So there was a huge cost curve, obviously. By making sure we set the demand, increased volume and made changes. This is a nation-wide menu. Everybody has to do it. By doing that, it brings the cost down. Using volume purchasing power, which is why we encourage other food service companies. And other restaurants local public health private sector businesses to join in this initiative. Because the more we work together, the lower the cost becomes. The easier it is to get to product. Real value proposition to work together.

>> Kelly Hughes: Thanks, absolutely. We've talked about group purchasing. Absolutely critical. And one other question for you. Slipped my mind. Oh, yes. I remember it now. Sorry about that.

Can you speak to what's next for the great living patient menu? And specifically I'm curious about patient satisfaction. I'm curious if you've done a formal assessment or if that's anecdotally or living towards gathering formal data from the patients to kind of really assess the satisfaction in a more formal way.

>> Lisa Roberson: There's some things I can tell you and the military, I'd have to kill you if I let out all our trade secrets. Just kidding.

We do have changes we want to make. I think in order to affect change like we did, we had to be very controlling. Demand that all of our hospitals do this. That's the only way we can get those supply chain changes if we have that volume power. But now, we're really coming back because we recognize regional differences in the menu. We're seeing a plant forward diet becoming a really big trend. It's incredible. You guys see this already in quick serve restaurants. Look at Panera bread. You can go to places like Chick-Fil-A and get kale and

cranberry salad sides. We've been doing this for years. I think we're going to be even more successful.

Places like chickpeas are low in sodium. The demand for plant centric meals happens, I believe we're going to be able to reduce sodium more. That's what we're dealing with and working with right now as far as what future trends hold inpatient menuing.

>> Kelly Hughes: Thank you. I'm going to open this up to any of our presenters. What would be your key takeaways for best practices for partnership engagement in thinking about public private partnerships. Best practices, key takeaways for public private partnerships.

Establishing them, building them. You and Lisa spoke to this a little bit. Just to summarize what are your key takeaways.

>> Lisa Roberson: Michelle, you want me to go? Okay. I'll go first. So my key takeaways I feel are just absolutely make the initiative and be very, very open minded. I think sometimes when you look at private sector business operations especially with the food service company, it feels daunting and unapproachable. I hope we don't come across as daunting and unapproachable. Sometimes it feels that can be the case. We don't have the same interest as the hospital. But absolutely, that is not the case. What makes our business relevant to healthcare is we do have those same mission minded objectives towards improving population health management. So I just feel like if it's a public health entity coming to us, knock on the door, give us a shot. We have benefited so greatly from the work that's been done in LA County. I wish we could set up as an initiative to all of the public health institutes across the nation.

>> Michelle Wood: Sorry, I was on mute. Sorry about that. Just to echo what Lisa's saying. I think she said it very eloquently. That we all share the same common goal and that is to promote healthier food options. The more we can work together, the better. I think that one of the key lessons learned. We've been doing this for five or six years in the department of public health and we launched our initiative back in 2010. And it's become clear to me that we really need to bridge these relationships with the food industry. We had the same goals. Lisa mentioned earlier that one of the Morrison partners is participating. And we actually integrated multiple food industry members in our advisory committee because it's really critical we have industry partners at the table as we're developing goals, as we're vetting messages. And I think the more that we can work together, the more influence we can have. And I think the chef said it earlier in his presentation. The more influence we have, we can have in the broader food supply chain if we're all speaking and having -- speaking a common language and a consistent message across the nation.

>> Kelly Hughes: Thanks so much. There is another question that came in for you, Michelle. What tools or methods did you use for the nutrition guidelines?

>> Michelle Wood: We conduct -- including in the hospital environments and I mentioned in my presentation, environmental scans of all the food environments. And we use validated environmental scan tools. I can share more information about the tool after the webinar. That assesses vending machine operations and observe the products on each machine. And developed an internal cafeteria environmental tool. And I believe the CDC has the tool for hospitals that you can find on their web site as well. And our department is currently finalizing assessment tool that we hopefully -- it's a checklist that it will self assess the own food and partner with the food service operator to self-assess their own environments. This is a photo documentation checklist as well as a checklist, a broader assessment as well as an interview tool as well. We can share that with the CDC once that's finalized.

>> Kelly Hughes: We have time for two more questions. So I have one ready for you all. This is open to all panelists to comment on. Kind of more of a statement but a question too. New York City will soon require large chain restaurants to warn consumers about high levels of sodium in foods by having a salt shaker and appearing on menus next to food items. What are your thoughts on this approach and do you see this moving towards being a more common practice? Do you know of other cities that might be adopting this approach and what do you

think about it?

>> Lisa Roberson: I have thoughts on this. The answer is yes. I feel like I work with a lot of different entities that implement their own criteria. Whether it's a legislative initiative or public health initiative or state driven or city driven initiative. Just having the experience working across the nation with so many different hospitals, that's really what my department sees. We have the New York City sodium guidelines. We do a lot of response to this type of initiatives. That's another legislative mandate. So we actually were prepared when that guideline piece went through. And we did an evaluation of our work city hospitals. And one thing I am very proud to say is that we have set limits already. And we have triggers in place. Not only for our own internal development. The chef used to be the lead on research and development before he started focusing on patient menus. And he had triggers in place so in external company tried to bring in a special to us or a product to us and made that recipe, the little red light went off and said no way. Not even going to consider using this. We set up guardrails to make that change. When we evaluated that, very few items have to get that New York City icon on. Maybe that's the point. Maybe that's what it's supposed to be. Maybe say hey, we want to remind you to do this but don't have to be punitive about this. That's a good reminder for food service companies.

>> Just wanted to make a quick comment. We're looking forward to seeing the on-going implementation of the policy in New York City. We've had on-going conversations with their progress. One of the things I wanted to mention is every year for the last three years, we've done an internet panel. One of the overwhelming results we see is people do not know how much sodium they are consuming. They do not know what the larger limit is per day. So it's really critical whether it's in a message like this or broader education. Most consumers do not know how much sodium they are consuming or do not know what is in the average food product. From a public health perspective, we need to explore the right strategies. In addition to the labeling concept, talked about what Morrison is dog. The broader behavior economic strategies that we all need to work to employment as well. Have not only a larger fact on consumer understanding but also increasing sales and conception of healthier and lower sodium products.

>> Kelly Hughes: Thank you. We have to wrap up. Just want to thank everybody for participating in today's web forum. And a very special thanks to our presenters for their time and effort as well as those behind the scenes for supporting this web forum and this work overall.

Following the conclusion of this web forum, you will be prompted to complete an evaluation. And we really appreciate your feedback as it helps to shape future web forums. This was recorded and slides will be available very soon. And stay tuned for more information available on Dialogue4Health.org. Thanks for joining us.

[ End event. ]