Million Hearts and Sodium Webinar: Making Sense of the Science and Translation to Practice

June 10, 2015
2:00pm – 3:00pm EDT
The Million Hearts® Initiative

Goal: Prevent 1 million heart attacks and strokes in 5 years

• National initiative co-led by CDC and CMS

• Partners across federal, state, and local government and private organizations
Key Components

• Improve care for people who need treatment by encouraging a targeted focus on the “ABCS”

• Empower Americans to make healthy choices such as not using tobacco and reducing sodium and trans fat consumption
Objectives

At the end of the webinar, participants will be able to:

■ Recognize sodium reduction strategies as one of the Million Hearts® priorities.
■ Describe why research on sodium intake and health outcomes has produced inconsistent results.
■ Identify nationally recommended sodium reduction guidelines.
■ Discuss practical applications of sodium reduction guidelines at the state and local level.
# Agenda

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<td><strong>Emily Ann Callahan</strong>, American Heart Association</td>
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<td><strong>Katie Potestio</strong>, ASTHO</td>
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<td><strong>Katie Potestio</strong>, ASTHO</td>
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Making Sense of the Sodium Science

Million Hearts® and Sodium Webinar

June 10, 2015

Emily A. Callahan, MPH, RD
National Program Lead, Sodium Reduction Initiative
American Heart Association
Objectives

• Identify nationally recommended sodium reduction guidelines

• Describe why research on sodium intake and health outcomes has produced inconsistent results
Outline

- National sodium intake guidelines and recommendations
- Current intakes and sources of sodium
- Interpreting recent science on sodium and health
- American Heart Association sodium reduction resources
Sodium Intake Guidelines and Recommendations
Sodium Guidelines and Recommendations

- **2010 Dietary Guidelines for Americans**
  - General population: Reduce to <2,300 mg/day
  - Special populations (below): Reduce to 1,500 mg/day
    - Persons ≥ 51 years old
    - African Americans
    - Persons with high blood pressure, diabetes, or chronic kidney disease

- **2015 Dietary Guidelines Advisory Committee Report**
  - General population: Reduce to <2,300 mg/day for (or age-appropriate Dietary Reference Intake amount)
  - Persons with prehypertension or hypertension: follow AHA/ACC (see below)

- **Healthy People 2020**
  - Reduce mean U.S. population sodium intake to 2,300 mg/day by 2020

- **Institute of Medicine, Strategies to Reduce Sodium Intake in the United States, 2010 report**
  - Reduce the sodium content of the U.S. food supply

- **AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk** (Eckel et al, Circulation 2014, 129 (supp. 2) S79-S99)
  - To lower blood pressure, reduce to 2,400 mg/day
  - Reduce to 1,500 mg/day to lower BP even more
  - Lower sodium by 1,000 mg/day even if 1,500 or 2,400 mg/day goal cannot be met
What Do They All Have in Common?

Average American sodium intake (for individuals ages 2 years and older) = 3,478 mg/d --- at least 1,000 mg/d greater than any of the recommendations.

The debate over the ultimate target for sodium limits shouldn’t delay or derail us from taking steps to reduce our excessive intakes.
Governments and Health Agencies Worldwide are Targeting Sodium Reduction

The World Health Organization supports governments to implement the "Global action plan to reduce non-communicable diseases" including a target to reduce global salt intake 30% by 2025.

The U.S. Food and Drug Administration is preparing to issue guidelines for the food industry to voluntarily reduce sodium in packaged and restaurant foods.

The U.S. Dept. of Agriculture and Dept. of Health and Human Services are addressing the sodium content of the U.S. food supply through public health campaigns, educational efforts, and monitoring sodium content of foods and population sodium intake.

Health Canada’s goal is to reduce average Canadian sodium intake to 2,300 mg/day by 2016, through consumer awareness and education, supporting sodium reduction research, and providing guidance to assist the food industry in lowering sodium in processed foods.

Current U.S. Sodium Intakes and Food Sources
Average Daily Sodium Consumption

Average: Nearly 3,500+ mg/day for males and females age 1+ years

Note: UL = upper limit according to the 2005 IOM DRI report on sodium
Source: What We Eat in America, NHANES 2007-2010 (National Health and Nutrition Examination Survey), self-reported dietary intake

AHA recommendation for ideal heart health (1,500 mg/day)
Dietary Sodium Sources

Most Sodium Comes from Processed and Restaurant Foods

- Naturally occurring: 12%
- While eating: 6%
- Home cooking: 5%
- Processed and restaurant foods: 77%

### Top Dietary Sodium Sources

<table>
<thead>
<tr>
<th>Rank</th>
<th>Food Types</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bread and rolls</td>
<td>7.4</td>
</tr>
<tr>
<td>2</td>
<td>Cold cuts and cured meats</td>
<td>5.1</td>
</tr>
<tr>
<td>3</td>
<td>Pizza</td>
<td>4.9</td>
</tr>
<tr>
<td>4</td>
<td>Poultry</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>Soups</td>
<td>4.3</td>
</tr>
<tr>
<td>6</td>
<td>Sandwiches</td>
<td>4.0</td>
</tr>
<tr>
<td>7</td>
<td>Cheese</td>
<td>3.8</td>
</tr>
<tr>
<td>8</td>
<td>Pasta mixed dishes</td>
<td>3.3</td>
</tr>
<tr>
<td>9</td>
<td>Meat mixed dishes</td>
<td>3.2</td>
</tr>
<tr>
<td>10</td>
<td>Savory snacks</td>
<td>3.1</td>
</tr>
</tbody>
</table>

CDC, *MMWR*; 2012; 61:92-98 (chart); American Heart Association 2012 (infographic)
It will take a 25-50% sodium reduction in the food supply for Americans’ average sodium intakes to meet the U.S. Dietary Guidelines for Americans recommendation of less than 2,300 mg/day.

Source: Antman et al., Circulation 2014. Vol 129 (Data supplement)
Interpreting Recent Science on Sodium and Health

• Some recent observational studies suggest that sodium intakes below recommended levels (e.g., 1,500 or 2,300 mg/day) may increase risk of adverse outcomes, especially in some populations.

• These studies have led to confusion about recommended sodium intake targets and even about the need for and healthfulness of any reduction from current sodium intakes.
Recent Media Headlines

**The Wall Street Journal.**

Low-Salt Diets May Pose Health Risks, Study Finds
Findings Are Latest Challenge to Benefits of Aggressively Low Sodium Targets

Are Low-Salt Diets Necessary (or Healthy) for Most People?
Some say cutting salt consumption can lower your death risk; others say the salt threat is overblown

**The Washington Post**

Pass the salt, please. It’s good for you.

**Chicago Tribune**

A low-sodium diet is still the best bet: study
Making Sense of the Science on Sodium

• Interpreting the results of observational studies is challenging: it depends on the types of data collected (and not collected) and the statistical analytic approach.

• For example: a recent large observational study that measured sodium intake by analyzing spot urines found greater risk of death and cardiovascular events with sodium intakes <3,000 mg/day (or >6,000 mg/day), while another recent long-term follow-up study that measured sodium intake by multiple 24-hour urine collections documented a reduced risk of cardiovascular disease with intakes <3,000 mg/day.

Making Sense of the Science on Sodium

**Key point:** A number of methodology issues may account for the inconsistency of results in observational studies that look at sodium intake and CVD. Also, many of those studies use datasets that were not specifically designed to test the relationships between sodium intake and CVD.

**Key methodology issues include:**
- Use of unreliable measures of sodium intake, such as spot urines. A single urine sample is not an ideal measure to predict health outcomes that occur decades later.
- Reverse causality, i.e., inclusion of sick people who may have reduced their sodium intake in response to pre-existing disease.

**Implications:**
- These issues limit the studies’ usefulness for drawing conclusions about the sodium and health, and for guiding public health policies
- Other types of evidence, especially clinical trials of sodium intake and blood pressure, provide the best scientific basis to guide policy
- The American Heart Association and numerous major national and international public health and scientific organizations continue to recommend reducing sodium intake
Health and nutrition professionals must consider that public health recommendations are made after weighing all of the evidence, including studies of greater and lesser strength of design and some with conflicting results.

It’s important to consider factors such as study design, study population, methodology parameters, how the study fits in with the rest of the literature in the topic area, and funding source.

The science world is full of ongoing debates, but the friction that sometimes arises in search of the truth generally advances scientific knowledge.
• AHA Science Advisory: Methodological Issues in Cohort Studies that Relate Sodium Intake to CVD Outcomes (*Circulation*, Feb. 2014)
  – Reviews key methodological issues that may account for inconsistency of results in studies of sodium intake and CVD outcomes
• Graudal et al. Compared with usual sodium intake, low- and excessive-sodium diets are associated with increased mortality: A meta-analysis. *American Journal of Hypertension*, April 2014

For more info visit hyperlinks above or [http://newsroom.heart.org](http://newsroom.heart.org) & [http://blog.heart.org](http://blog.heart.org)
AHA Sodium Science Papers

All published in Circulation:

• Stakeholder Discussion to Reduce Population-Wide Sodium Intake and Decrease Sodium in the Food Supply – AHA Conference Proceedings Report (Antman et al.) (May 2014)

• AHA Science Advisory: Methodological Issues in Cohort Studies that Relate Sodium Intake to CVD (Cobb et al.) (Feb. 2014)

• AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk - includes guidance on sodium intake and dietary patterns (Nov. 2013)

• Presidential Advisory I (Appel et al.) (Jan. 2011) and II (Whelton et al.) (Nov. 2012)

Available at http://my.americanheart.org/professional/StatementsGuidelines/ByTopic/TopicsD-H/DietNutrition_UCM_320704_Article.jsp
AHA Sodium Reduction Resources
Consumer Sodium Campaign

http://heart.org/sodium
Campaign Video: Sneaky Salt

1-minute video, “Don’t Let Salt Sneak Up On You”
http://bit.ly/1trMjLv
AHA Sodium Infographics

http://heart.org/sodiuminfographics

Salty Six
and Salty Six for Kids
available in Spanish
AHA Consumer Publications
http://heart.org

- **Lifestyle book**: practical strategies to maintain a lower-sodium life; 60 recipes
- **Cookbook of 200+ lower-sodium recipes**: info on shopping and cooking, resources, and healthy lifestyle tips
- **Magazine cookbook**: 40 lower-sodium recipes; info on how to eat a healthy, lower-sodium diet
- **Magazine cookbook**: 40 lower-sodium recipes plus cooking tips for those who love Southern comfort foods
- **Cookbook of 22 lower-sodium recipes that will appeal to a variety of Hispanic cultures**
life is why™

es por la vida

全为生命™
Sodium Reduction in Communities

Holly M. Richards
Maine Center for Disease Control & Prevention
June 10, 2015
Overview

Two local Health Departments
1. Bangor Regional Public Health (Penobscot County)
2. Portland Public Health (Cumberland County)

Two Venues
1. Health Systems
   • Maine Health
     1. 5/12 Cumberland hospitals
   • Eastern Maine Health System
     1. 2/8 Penobscot hospitals

2. Agencies purchasing and providing food to congregate populations
   • Good Shepard Food Bank
     • 600 food pantries
     • 8/44 in Cumberland
     • 8/37 in Penobscot
Major Partners

Maine Center for Disease Control and Prevention
   • Maine Cardiovascular Health Program

Bangor Regional Public Health
   • Eastern Maine Health System (EMMC and Acadia)
   • Good Shepherd Food Bank
   • Food Pantries
   • United Way
   • Hannaford
   • Other businesses who donate food

Portland Public Health
   • MaineHealth (MMC and Spring Harbor)
   • Good Shepherd Food Bank
   • Food Pantries
   • United Way
   • Hannaford
   • Other business who donate food

Hart Consulting
Health System & Congregate Population Strategies

Availability
• Entities adopting comp nutrition standards and practices, including sodium reduction standards and practices (not EMHS)
• Average sodium content of foods and meals

Accessibility
• % and number of people with access to environments with healthy food options, including lower sodium foods
• % and number of entities offering lower sodium foods at a competitive price
• Average retail price of lower sodium foods by food category

Increased purchase Selection
• % and number of lower sodium foods purchases/selected by food category

Reduce sodium intake
• Average daily sodium intake by venue
• Average sodium content of products per purchase/selection by food category% and # of people who have reduced average daily sodium intake
MaineHealth
• Adopted Partnership for Healthier America, Hospital Healthier Food Initiative

Good Shepard Food Bank
• Adopted by Feeding America, Foods to Encourage

Eastern Maine Health System
• No guidelines have been adopted thus far
MaineHealth Hospital Healthy Food Initiative

http://www.letsgo.org/programs/healthcare/checkplus-healthy-food/
GO!
Anytime foods
These are healthy food options. These food groups are found on MyPlate.

SLOW
Sometimes foods
They aren't off-limits, but they shouldn't be eaten every day. At most, eat them several times a week.

WHOA!
Critically unhealthy foods
Whoa foods are the least healthy and should only be eaten occasionally, if at all. If a person eases up on them, they can eat them often.
Buy-in from Key Stakeholders

- Engage
- **Educate**
- Involve all partners (traditional & non-traditional)
- **Educate**
- Develop and disseminate materials
- **Educate**
<table>
<thead>
<tr>
<th>Facility</th>
<th>Item Name</th>
<th>Sodium per Serving</th>
<th>Sodium per Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine Medical Center</td>
<td>Beef Chili</td>
<td>566 mg</td>
<td>same</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Pepperoni Pizza</td>
<td>743 mg</td>
<td>same</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Flatbread</td>
<td>852 mg</td>
<td>same</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Summertime Chicken Salad Sandwich</td>
<td>469 mg</td>
<td>same</td>
<td>1 time per month</td>
</tr>
<tr>
<td></td>
<td>Macaroni &amp; Cheese</td>
<td>820 mg</td>
<td>same</td>
<td>Weekly</td>
</tr>
<tr>
<td>Spring Harbor Hospital</td>
<td>Baked Chicken Ranch Wrap</td>
<td>1335 mg</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Beef and Cheese Burrito</td>
<td>1166 mg</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Cashew Chicken</td>
<td>1446 mg</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Chicago Style Turkey Dogs</td>
<td>942 mg</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Pepperoni Pizza</td>
<td>882 mg</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td>Good Shepherd Food Bank</td>
<td>Baked Beans</td>
<td>510 mg / % cup</td>
<td>1913 mg / 15 oz. can (3.5 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beef Stew</td>
<td>730 mg / % cup</td>
<td>1300 mg / 15 oz. can (2 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Macaroni &amp; Cheese</td>
<td>550 mg / 2.5 oz. (1/3 box)</td>
<td>1995 mg / 7.25 oz. box (3 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peanut Butter</td>
<td>58 mg / 2 TBL (12 g)</td>
<td>616 mg / 12 oz. jar (340 g) (11 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spaghetti Sauce</td>
<td>500 mg / % cup</td>
<td>1875 mg / 15 oz. can (3.5 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tomato Soup</td>
<td>690 mg / % cup</td>
<td>1834 mg / 10.75 oz. can (2.5 servings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Turkey Jumbo Frank</td>
<td>680 mg / link (66 g)</td>
<td>5440 mg / 8 links in package (1 lb.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetable Beef Soup</td>
<td>520 mg / % cup</td>
<td>2446 mg / 10.75 oz. can (2.5 servings)</td>
<td></td>
</tr>
<tr>
<td>EMMC</td>
<td>Beef milk Snack Bar</td>
<td>210 mg / package</td>
<td>same</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Chili</td>
<td>728 mg / 10 oz.</td>
<td>same</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Minestrone Soup</td>
<td>715 mg / 10 oz.</td>
<td>same</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Panini sandwiches</td>
<td>3245 mg / each (average)</td>
<td>same</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Pizza</td>
<td>808 mg / % pizza (average)</td>
<td>same</td>
<td>Daily</td>
</tr>
<tr>
<td>Acadia Hospital</td>
<td>Cheese Ravioli with Spaghetti Sauce</td>
<td>620 mg / % cup</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Chicken Noodle Soup</td>
<td>638 mg / % cup</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Nacho Pie</td>
<td>580 mg / % cup</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Pork Tenderloin with Mushroom Sauce</td>
<td>499 mg / 6 oz.</td>
<td>same</td>
<td>1 time in 4 week cycle</td>
</tr>
<tr>
<td></td>
<td>Turkey Breast, Sliced</td>
<td>520 mg / % oz.</td>
<td>same</td>
<td>Daily</td>
</tr>
</tbody>
</table>
Food Bank - Baseline Sodium Products Per Serving

![Bar graph showing sodium content of different food items from the Good Shepherd Food Bank.](image-url)
Challenges

- Hiring staff at the hospital level
- Storage of food
- Adoption of food guidelines
- Working with over 600 partner agencies who have differing philosophies on food as it relates to hunger
- Internal politics and philosophy
- Accepting that changes are a work in progress
- Recipe reformulation
- Good taste without a price increase
Lessons Learned

- Involve staff in the implementation/decision making process from the beginning
- Build relationships with traditional and non-traditional partners
- Link sodium to other nutrition strategies
- Taste Testing
- Removing unhealthy food and beverages from plain sight areas
- Be prepared to think about hunger and change outside of the box
- Change takes time
- Creation and implementation of “Check Plus” & Go Slow Whoa Toolkit
- Stay positive and don’t give up
Next steps

• Continue to analyze cafeteria menu items using nutrient analysis software
• Maintain relationships with key contributing partners and leadership team
• Working with partners to expand the provision of tools, training and TA to additional hospitals
• Provide support and/or education to fulfill the county gaps identified in Year 1
• Continue to evaluate, collate and analyze sodium related data
• Continue to communicate with stakeholders and community on the benefits of lower sodium food products and daily intake levels
THANK YOU!

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Sodium Reduction in Communities Grant Manager
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Maine Cardiovascular Health Program
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Sodium Reduction in Communities Grant Program

Heartland Healthy Neighborhoods
Shawnee County Health Agency
Kansas Department of Health & Environment
Shawnee County

- Approximately 175,000 people
- Largest city: Topeka, KS (state capital)
- $930,000 grant over a 3 year period
- One of five communities to receive the grant
Sodium Project: Major Partners

- Kansas Department of Health and Environment
- Heartland Healthy Neighborhoods
- Community Resources Council
- E2 Communications
Overall Strategies

Heartland Healthy Neighborhoods
Shawnee County Health Agency
Kansas Department of Health & Environment
Strategies

- Develop Sodium Baseline for Shawnee County
- Worksite Policies
- Environmental Support
- Government Procurement Policies
- Media Campaign
Environmental Support Strategies

Sodium Reduction in Communities Grant Program

Heartland Healthy Neighborhoods
Shawnee County Health Agency
Kansas Department of Health & Environment
Partners

- **Hy-Vee**
  (29th & SW Wanamaker)

- **Gas N’ Shop**
  (19th & N. Topeka Blvd)

- **Larry’s Shortstop**
  (38th & SW Topeka Blvd)

- **Kwik Shop**
  (10 Locations)
AGREEMENT:
Give choice to the consumer.
Nutritional Guidelines

Food Items Must Meet:

- Less than or equal to 250 calories
- Less than 230 mg of sodium
- Less than or equal to 35% calories from fat (excluding products containing nuts)
- Sugar is NOT the first ingredient listed
- Utilize food items already available in the stores

Additional Requirement

- Every station must offer at least three varieties of fresh fruit.
- One station was not selling fruit in the beginning
Monthly Spot Checks

What SCHA Was Looking For:

- Stand prominently displayed at front of store
- Stand is clean and well maintained
- Stickers and graphics are present
- All items on stand are from stock list
- Each item has 5 or more in stock
- No items on stand that are not on stock list

What SCHA Provided
Being Flexible

Displays and Data

- Wanted stand alone racks
- Had to work within store parameters
- Locally owned stores had to manually track sales
- Corporate stores the data came from the corporate office out of town

Adjusting to the Store’s Needs
### Outcomes

#### Data Issues
- Stores agreed to one year prior plus the timeframe of the intervention
- Really needed 2 years prior
- 3 of 13 stores didn’t have 2 years

#### Results for 10 stores
- 4 of the 10 showed an increase in sales of healthy food items from stock list from before to after intervention
- All 4 stores were in food deserts
- Customers walked and biked to stores and a majority relied on the stores for their normal grocery items
Government Procurement

Sodium Reduction in Communities Grant Program

Heartland Healthy Neighborhoods
Shawnee County Health Agency
Kansas Department of Health & Environment
Topeka Zoo

Topeka Zoo – Pre-intervention

- So much thought goes into the diets of the animals, but no thought about the food for guests
- Typical attraction menu with hot dogs, french fries and hamburgers
- Frozen items and deep fryers

Topeka Zoo – Post-intervention

- Removed fryers and freezers, replaced with convection ovens and refrigerators
- New menu – “Eat Like the Animals Eat”
- Fresh fruits/veggies
- Bear Meal: Tuna Sandwich
Topeka Zoo

Outcomes

- Reduce total sodium on menu from 7,320 mg to 3,046 mg of sodium
- Removed certain items from the menu
- Looked at price points for healthy vs. unhealthy items
- Product positioning on the menu board
Media Campaign

Sodium Reduction in Communities Grant Program

www.spotthesalt.com
NACCHOO – Practice-Based Success

About Shawnee County Health Agency

The Shawnee County Health Agency (SCHA) works to ensure the health of the 379,898 residents of Shawnee County, KS, located in the state's capital of Topeka. SCHA provides a wide range of services including environmental health, childcare licensing, communicable disease control, immunizations, Women, Infants, and Children Programs, health outreach, maternal and infant health, and emergency preparedness. Approximately 75 employees work every day to "Guard the Way to a Healthier Shawnee County."

In 2011, SCHA received the Centers for Disease Control and Prevention's (CDC) Sodium Reduction in Community Programs award. The program aimed to increase access to lower sodium food items, to reduce sodium intake, and to continue to build effective networks and population-based strategies to reduce sodium consumption in the community.

Words of Wisdom

"Engage with community partners in all sectors, working with gas stations proves to be a successful way to help people make the healthy choice every day." —Molly Krager, Shawnee County Health Agency

Implementation from Shawnee County

After receiving CDC funding, SCHA began interviewing people in the community to identify a list of sodium items for the county. SCHA used this information to draft messages on how to reduce sodium in everyday diets. SCHA used social media (Facebook and Twitter), broadcast media (radio and TV), and a website called deskhealth.com to disseminate the messages, from them. SCHA worked with different stakeholders in the community, namely the gas and local gas stations, to promote sodium reduction in foods sold in those establishments.

Specifically, the area addressed funds sold in its concessions stand through the purchase of nondairy items, and inauguration to replace frozen and deep-fried and to accommodate new food that needs refrigeration. SCHA worked with 11 gas stations to collect sales data and learned that four locations had experienced a dramatic change in their sales and profits based on the promotion of healthy food items. For example, one gas station sold 300 pieces of fish in a single month. In addition to the work done with the gas and gas stations, SCHA also collaborated with local public health officials and provided information to partners who expressed interest in continuing the program after funding ended.

Next Steps/Challenges

Engaging new partners, such as the zoo and gas stations, was difficult for SCHA due to lack of a proven relationship; however, SCHA successfully explained the value of the effort and the zoo, gas stations, and websites were on board. Although no formal process was put in place to support continued implementation, due to the success of the effort, many sites continued to promote healthy options of their own accord.

Tips for Implementation

SCHA recognizes the value of working with community partners to make a positive change and encourages other local health departments to look for opportunities to collaborate with a variety of partners with shared interests.

FOR MORE INFORMATION

Shawnee County Health Agency
1315 SW 8th Ave, Topeka, KS 66606
http://www.shawneehealth.org

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Available online from: http://eweb.naccho.org/prd/?na654pdf
Thank you

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ASTHO Sodium and Million Hearts Resources

- **ASTHO’s Sodium Reduction website:**
  www.astho.org/Programs/Prevention/Obesity-and-Wellness/Sodium-Reduction
  - State case studies and resources
  - Sodium Reduction through Procurement Project Summary
  - Salt and Your State webinar archive

- **ASTHO’s Million Hearts website:**
  www.astho.org/Million-Hearts/
  - State initiatives to improve hypertension
  - Tools for Change – expansive resource list
  - State Engagement Guide
Additional AHA Resources

- **American Heart Association Scientific Statements about sodium:**
  [my.americanheart.org/professional/StatementsGuidelines/ByTopic/TopicsD-H/DietNutrition_UCM_320704_Article.jsp](my.americanheart.org/professional/StatementsGuidelines/ByTopic/TopicsD-H/DietNutrition_UCM_320704_Article.jsp)
  - Search the term “sodium” to identify the statements of interest (this webpage includes all AHA Diet/Nutrition statements).

- **Recent open-access commentary in Nutrition Today authored by AHA staff and volunteer scientists:**
  [http://journals.lww.com/nutritiontodayonline/Fulltext/2015/03000/Commentary_on_Making_Sense_of_the_Science_of.5.aspx](http://journals.lww.com/nutritiontodayonline/Fulltext/2015/03000/Commentary_on_Making_Sense_of_the_Science_of.5.aspx)
  - The commentary addresses criticisms of sodium reduction efforts and explains the importance of sodium reduction and the limitations of research that suggests lowering sodium is unnecessary.

- **Heart-Check Food Certification Program Guidelines:**
  [http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/Heart-CheckMarkCertification/Heart-Check-Food-Certification-Program-Nutrition-Requirements_UCM_300914_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/Heart-CheckMarkCertification/Heart-Check-Food-Certification-Program-Nutrition-Requirements_UCM_300914_Article.jsp)
  - The nutrition requirements for the Heart-Check program include guidelines for sodium that vary by food category.
Additional NACCHO Resources

**NACCHO Policy Statements**


NACCHO has developed two policy statements that support local health departments who are looking to implement new food policies and organizational practices that reduce the sodium content of prepared and processed foods.

- Menu Labeling, Trans Fats, and Salt
- Salt Reduction
Questions & Answers

Please submit your questions for presenters in the chat box.
Thank you!

For more information about Million Hearts, please visit CDC’s Million Hearts website: [www.millionhearts.hhs.gov](http://www.millionhearts.hhs.gov).

For more information about sodium reduction, please visit CDC’s sodium website: [www.cdc.gov/salt](http://www.cdc.gov/salt).

For questions about today’s webinar, please contact Katie Potestio, ASTHO Analyst for Health Promotion and Disease Prevention at [kpotestio@astho.org](mailto:kpotestio@astho.org).