



## Los Angeles County Sodium Reduction Initiative: Case Study Executive Summary

Reducing the sodium content of foods served or sold in community and population settings is considered a high-impact and cost-effective public health intervention for reducing chronic disease.<sup>1</sup> In particular, institutional food service settings such as hospitals, universities, and congregate meal sites are critical places to focus on sodium reduction given their purchasing power, their large populations (potentially at higher risk for chronic conditions) served and that their programs consistently provide food to the same population over time.<sup>2</sup>

The Los Angeles County Sodium Reduction Initiative (LACSRI) facilitated institutional sodium reduction efforts in Los Angeles County. Led by the Los Angeles County Department of Public Health (DPH), this initiative has been supported by three rounds of funding from the Centers for Disease Control and Prevention's (CDC) Sodium Reduction in Communities Program (SRCP): Round 1 (2010-2013); Round 2 (2013-2016); and Round 3 (2016-2021). To implement the most recent phase of LACSRI from 2016-2021, DPH worked with partners at universities, hospitals, and congregate meal settings.

With funding from the CDC through the DPH, Ad Lucem Consulting assessed the third round of the LACSRI and created a series of case studies highlighting key sodium reduction findings, lessons learned, and recommendations. The case studies capture themes emerging from a literature review, document review and key informant interviews with national sodium reduction experts and LACSRI partners. The case studies include:

### **Making the Case for Sodium Reduction: Everyone Has a Role to Play**

Explores why and how to make the case for sodium reduction to institutional leadership, food service operators and staff and the food industry. Highlights how to create a sense of urgency to promote progress on sodium reduction.

### **Learning from Sodium Reduction Challenges and Opportunities Posed by the COVID-19 Pandemic**

Identifies common challenges to sodium reduction leading up to the pandemic and highlights the additional challenges created by COVID-19. Explores new opportunities for sodium reduction emerging from the COVID-19 experience and makes recommendations for capitalizing on these opportunities.

### **Best Practices & Institutional Readiness for Sodium Reduction Interventions**

Describes institutional readiness to effectively implement sodium reduction interventions. Explores best practices and facilitators at different institutional levels needed for effective interventions.

### **Role of Public Health Departments in Supporting Sodium Reduction**

Describes technical assistance provided to LACSRI partners and identifies recommended sodium reduction approaches at the systems and policy level. Identifies the role public health departments can play to support and advance sodium reduction initiatives.

These case studies share valuable insights from SRCP and LACSRI, and can be used to inform institutions, public health departments, and other stakeholders interested in addressing sodium reduction to improve population health.

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<sup>1</sup> Ide, N., Ajenikoko, A., Steele, L., Cohn, J., J Curtis, C., Frieden, T. R., & Cobb, L. K. (2020). Priority Actions to Advance Population Sodium Reduction. *Nutrients*, 12(9), 2543, 1-20. <https://doi.org/10.3390/nu12092543>.

<sup>2</sup> Jordan, J., Hickner, H., Whitehill, J., & Yarnoff, B. (2020). CDC's Sodium Reduction in Communities Program: Evaluating Differential Effects in Food Service Settings, 2013-2016. *Preventing chronic disease*, 17, E72.

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# Making the Case for Sodium Reduction: Everyone Has a Role to Play

## Why Make the Case

The Los Angeles County Department of Public Health’s (DPH) Los Angeles County Sodium Reduction Initiative (LACSRI), funded by the Centers for Disease Control and Prevention’s (CDC) Sodium Reduction in Communities Program (SRCP), found that effective and sustainable sodium reduction in institutional settings *requires buy-in from a variety of key stakeholders*: food service staff and directors, institutional leaders, and the food industry. Each of these stakeholders has a significant role to play in sodium reduction and public health departments and other organizations can provide training and guidance to make the case to each stakeholder group.

## How to Make the Case

LACSRI partners and national experts reported that making the case for sodium reduction is most effective when health and business case messages are tailored for each type of stakeholder, using content that reflects the stakeholders’ priorities and goals (Table 1, pg. 2). Framing sodium reduction as cost neutral or beneficial to sales engages stakeholders focused on finances, while framing sodium reduction as a contribution to the health of patients/students/clients gives other stakeholders a reason to get on board and play their role.

*I think health consciousness of consuming too much sodium, business bottom line, and if we’re talking about for-profit institutions then talking about food trends and sales – they all resonate ... Those messages are important and can make a compelling case... I think playing a role by increasing availability of healthy options and making the healthy choice the easy choice for consumers are important messages for institutional leaders.*

– CDC Sodium Reduction in Communities Program grantee (jurisdiction outside of LA County)

## Making the Business Case

LACSRI partnered with CIA Consulting, a respected organization among food service professionals, to develop an evaluation approach to make the business case for sodium reduction. This approach addresses food service operators’ concerns with maintaining profitable and sustainable operations:<sup>1</sup>

- Estimate institutions’ potential untapped revenue by understanding the customer base through patron surveys, “usage reports” (volume of menu items produced), and “sales mix reports” (volume of menu items sold).
- Understand institutions’ current “menu mix” to identify missed opportunities to improve the health of foods procured, served and/or sold. This includes recipe analysis, assessment of changes to cost or items offered, and location or visibility on menu.
- Apply information gained in approaches 1 and 2 to adjust the “product set” (inventory of foods procured and sold/served) based on business constraints and feasibility.

1. Robles, B., Wood, M., Wickramasekaran, R., Kwan, A., Reyes, M., & Kuo, T. (2020). Developing and applying a mixed-methods evaluation framework to build the business case for healthy food procurement at the local level. In SAGE Research Methods Cases. <https://www.doi.org/10.4135/9781529740288>.

**Table 1. Effective Messaging and Approaches for Sodium Reduction Buy-In by Stakeholder Group**

Key Approach	Institutional Leadership	Food Service Operators and Staff	Food Industry
<b>Address staff and consumer preferences</b>	Highlight consumer, staff, and patient preferences and trends that increase demand for healthy, fresh, and less processed foods		
<b>Provide incentivizing information and recognition</b>	Promote messaging that explains the link between sodium reduction and the health of staff, patients, and the community	Provide education or rationale on WHY the sodium reduction intervention is needed and HOW to implement	Acknowledge and celebrate food industry commitments and changes to product formulations  Demonstrate chefs' and food technologists' ability to reduce salt and maintain appealing taste in key products
<b>Offer technical assistance to support changes</b>	Include all food service staff in the change process (e.g., exploration, brainstorming, problem-solving)	Provide culinary training, recipe ideas and cooking demos	Communicate national support from institutions, government, and nonprofit organizations for sodium reduction changes (e.g., recent federal voluntary sodium standards)
<b>Make the financial case</b>	Address financial concerns about real or perceived cost increases; demonstrate that the financial bottom line will not be affected and may even improve		Describe the business opportunities that may emerge with lower sodium products, for example contracts with large public institutions

### Key Takeaways

Stakeholders that have a role to play in institutional sodium reduction are managing many priorities and challenges; however, this is an opportune time to push progress on sodium reduction. The COVID-19 pandemic raised awareness among institutional leadership, food service staff, the food industry, and consumers of the important role healthy food plays in reducing the risk for chronic diseases and/or the severity of infectious disease. Deploying these messages and approaches to stakeholders will continue progress in national and local sodium reduction initiatives.

The recommended messages (Table 1) should be conveyed to stakeholder groups through multiple channels –peer–to-peer learning, sharing of successes and best practices, and public health departments or other trusted organizations providing institutions with resources, materials, and training to communicate and message to a variety of audiences.

*They [food service directors and staff] need to see what the consequences are of what they're currently doing...to know what our high sodium foods are doing to people and doing to the customers they have every day. How they are actually nourishing them and taking care of them or providing them with something detrimental to their health...So they have an understanding of why there's a need to make that change.*

– LACSRI Hospital Partner

# Challenges and Opportunities for Sodium Reduction Posed by the COVID-19 Pandemic

## Introduction

The COVID-19 pandemic affected nearly every aspect of life, especially how we view and value health, and our behaviors and practices related to staying healthy and safe. While the pandemic increased our focus on reducing both infectious and chronic diseases, it also significantly disrupted the health, business, education, and public sectors, which resulted in challenges for many public health efforts previously underway. The Los Angeles County Sodium Reduction Initiative (LACSRI) was in its third phase of funding from the Centers for Disease Control and Prevention's (CDC) Sodium Reduction in Communities Program (SRCP) in 2020 when the COVID-19 pandemic upended the food service institutions where it was being implemented— universities, hospitals, and congregate meal settings. While the pandemic exacerbated many existing challenges to institutional sodium reduction efforts, and introduced new ones, it also provided opportunities to improve this work. The lessons learned from the COVID-19 experience can inform healthy eating and sodium reduction initiatives going forward, and also be applicable to other public health crises and emergencies in the future.

## COVID-19 Challenges

Prior to the pandemic, institutions implementing LACSRI along with other CDC grantees and experts working on sodium reduction nationally, faced a number of common challenges: staffing, accessing lower sodium items, addressing consumer taste preferences, unsupportive institutional leadership, and perceived or real cost concerns. Starting in 2020, the COVID-19 pandemic exacerbated some of these existing challenges and created an additional set of issues facing the institutions involved in LACSRI and sodium reduction efforts.

**Supply Chain Issues Affect Availability:** Significant supply chain disruption and unpredictability resulted in reduced availability of lower sodium foods and the need to substitute less healthy ingredients within institutional food service programs. This was an issue in the first months of the pandemic, and continued to change, shift, and affect availability of foods and ingredients two years later.

**Staffing and Staff Training Issues:** Staff shortages occurred due to COVID-19 illness, fear of COVID-19 exposure while working, family or childcare challenges due to school closures/ online education, and staff being pulled to address urgent needs. Even when institutions had sufficient staff, they often needed training to be brought up to speed on food preparation and importance of sodium reduction.

**Reduced and/or Closed Food Services:** Several hospitals and universities partially closed food service outlets/stations, shifted to pick-up or delivery only, or shut down food service entirely. This put sodium reduction efforts at risk of being positioned as low priority and/or blamed for rising food costs that in actuality derived from supply chain and staffing issues.

*I think to be honest...one of the biggest challenges [from the pandemic] is that a lot of the venues just shut down their cafeteria operations. If a grantee was working with a government worksite, those offices shut down and their cafeterias weren't operating for a year plus. A lot of our work came to a halt or it wasn't the priority of the venue at that point.*

—Expert, Public Health

### **Increased Food Service Demand in Certain**

**Institutions:** At the same time that institutions were experiencing staffing shortages or closures, there was increased food demand at hospitals due to COVID-19 patient loads and increased demand at congregate meal sites for home delivered meals. Food service operators were pressed to meet the increased quantities of meals needed and were not always able to prioritize the nutritional content. There was an increased use of shelf-stable, “heat and serve,” and “grab and go” foods that tend to be high in sodium.

### **Lack of Connection Among LACSRI Partners:**

Institutional partners involved in LACSRI missed the face-to-face technical assistance and relationship building with DPH and other institutional partners. Food service leaders at partner institutions faced multiple challenges, and often felt isolated from the in-person support previously received.

### **COVID-19 Opportunities**

Despite the challenges, the COVID-19 pandemic created new opportunities for implementing sodium reduction that can be leveraged to grow and sustain this work, informing healthy eating initiatives when future crises or disruptions occur.

**Increased Focus on Healthy Eating:** Institutional leadership, food service staff, and consumers became more aware of the important role healthy food plays in reducing the risk for chronic diseases and/or the severity of infectious disease. Partners and experts working on sodium reduction employed careful planning and creativity to make fresh, healthy items available for ‘grab and go’ purchase, which included not only snacks and individual meals, but also fresh produce bags for home consumption and premade family meals.

**Procurement Challenges Allowed for Healthier Options:** A number of pandemic necessitated menu and procurement shifts allowed for healthier options including more spices, plant-based foods, and fresh ingredients. A few LACSRI partners reported that supply chain issues encouraged local purchasing of fresh products rather than processed items from large food service suppliers.

### **COVID-19 Impacts a Senior Meal Program**

The County of San Diego’s Aging and Independence Services program provides nutritious meals to seniors in centers and through home-deliveries. As part of LACSRI, they were reducing highly processed menu items and adjusting their purchasing contract to make incremental sodium reductions and procure locally sourced fruits and vegetables. Their registered dietitian and a nutrition consultant from the San Diego Health and Human Services Agency were working together on these efforts.

COVID-19 drastically affected the program: availability of lower sodium items was greatly reduced due to supply chain disruption, and their food distributor began to rely heavily on shelf-stable, processed, and heat and serve foods typically high in sodium. Then they encountered staffing issues which further slowed sodium reduction momentum.

*You gain momentum when you’re doing something ... and then someone new has to start from the beginning, learning senior preferences and what does/does not work. [These] staffing changes have affected sodium overall.*

– LACSRI Public Health Partner

Despite these challenges, the program successfully continued serving meals to their seniors, a critical service for this population especially vulnerable to COVID-19. Their senior clients are now more open to different types of foods, and they are expanding their palettes with new plant forward foods and healthier menu items overall, which encourages their food distributors to procure and offer healthier foods; the San Diego meals program is requesting more fresh foods and hoping to procure more locally sourced fruits and vegetables, to meet their original LACSRI goals.

*This is a great opportunity for everyone to take a second look and move forward and improve.*

– LACSRI Public Health Partner

**Temporary Closures Allow for Upgrades:** Food service closures presented serious challenges at some facilities while providing opportunities at others to renovate kitchen and dining areas and upgrade equipment, which supported preparing and promoting healthy, fresh foods with less sodium.

### Key Takeaways

The institutional food service experience during the COVID-19 pandemic paves the way to advancing key sodium reduction efforts in the near term and may inform the healthy eating and disease prevention/health promotion response to future crises or natural disasters. Evaluating the impact and lessons learned from the pandemic will be important for future learnings.

*We started to get a lot of work, not only from institution partners who were like “now we don't have a salad bar and we need new grab and go features” also from restaurants that wanted to get onto market with new products – some of which are interested in the sodium reduction project... We developed a low sodium noodle... We also worked with a salad company... And a sushi company who changed the vinegar.*

–Expert, Food Industry

**Capitalize on increased demand and support for healthy eating to bring in new low sodium options:** Perceptions and attitudes of consumers and stakeholders have shifted; there is greater appreciation for the essential role a healthy diet can play in preventing chronic disease and minimizing the impacts of infectious disease. Food service should sustain and expand healthy, reduced sodium offerings, including fresh, ‘grab and go’ and plant-based meals, building on the successes of LACSRI partner institutions that procured and/or created these types of food items.

**Leverage supply chain changes to adjust contracts and procurement for sodium reduction:** While food distributors and the industry as a whole are changing, necessitating flexibility in response to food/ingredient availability, food service and institutional leaders can pursue food distributor/food service management company contract modifications to request healthier options, renegotiate for fresher or reduced sodium products, and meet consumers’ preference for healthy choices.

**Ensure healthy eating initiatives are institutionalized for sustainability:** Staffing turnover at all levels affects the progress and implementation of ongoing initiatives and programs. If practices for purchasing, preparing, and serving/selling lower sodium foods are supported by leadership, reflected in written policies, processes and contracts, and an integral element of staff training, they are more likely to remain in place despite staff change over or business disruptions.

# Institutional Readiness & Best Practices for Sodium Reduction

## Introduction

The Los Angeles County Department of Public Health (DPH) received funding from the Centers for Disease Control and Prevention’s (CDC) Sodium Reduction in Communities Program (SRCP) for the Los Angeles County Sodium Reduction Initiative (LACSRI) to reduce population sodium intake to levels recommended by the Dietary Guidelines for Americans. The LACSRI experience highlighted the importance of building food service staff and institutional leadership readiness for sodium reduction, which fosters willingness to implement practice changes that successfully result in reduced sodium food offerings. LACSRI and other SRCP partners identified best practices and approaches that supported readiness and long term implementation and sustainability. These learnings can inform other sodium reduction initiatives at the institutional level.

## Institutional Readiness Factors for Sodium Reduction

While sodium reduction efforts are needed within most food service institutions, partners involved in LACSRI and SRCP shared certain readiness factors that aided success.

**Leadership support:** Institutional administrators, managers, and food service leadership are critical for initiating, and eventually sustaining, sodium reduction efforts. If leaders support and are included in efforts, the work progresses more efficiently. For more information on gaining buy-in from stakeholders, see the companion case study, ‘Making the Case for Sodium Reduction: Everyone Has a Role to Play.’

**Existing Healthy Food Efforts:** Institutions already addressing overall healthy food preparation and procurement, demonstrate a high degree of readiness to address sodium reduction. Leadership and staff that have previously committed to providing healthy food options are typically more inclined to focus on reducing sodium along with addressing other nutrients affecting health, such as lowering sugar and increasing fiber.

**Independent Operations:** National sodium reduction experts identified that self-operated food service institutions (as opposed to contracted food service companies) may be better positioned to change food procurement and preparation practices, as their priorities are tied to their institutions’ vision and

### UCLA Café/Catering: Success Due to Fresh, Healthy Offerings

A University of California Los Angeles (UCLA) cafe/catering service faced challenges providing healthy and appealing food. In 2018, they worked with their food service company to bring in a new manager, an experienced chef, who was key to implementing LACSRI. Their food service, now guided by a trained chef, also had support from institutional leadership to implement LACSRI.

The chef/food service manager reviewed offerings and began education and training for staff on healthy techniques.

These best practices resulted in a shift to fresh foods made from scratch including a popular salad bar with homemade dressings and a menu with flavorful Mexican and Middle Eastern items, herbs, and spices in place of excessive salt. Due to the fresh, appealing, and healthier food, sales and the number of food service employees, have grown. Profitability was achieved even amid disruptions due to the COVID-19 pandemic.

*The deciders/decisionmakers -- they have to buy-in in order to have this work... The circumstances were good and there were a number of people who had real buy in and really believed in wanting to have the best possible cafeteria and catering service for our people.*

– LACSRI University Partner

mission and are broader than financial profit and loss margins. In addition, self-operated food service programs can be nimbler and more flexible than large food service contractors as they have fewer layers of corporate leadership and contracts.

**Best Practices for Sodium Reduction**

Once an institution is ready to take on sodium reduction, implementation and sustainability can be maximized with best practices, multi-level support, and appropriate infrastructure. **Table 1** summarizes the best practices, often used in combination, that were important to LACSRI and SRCP partners and are recommended for achieving meaningful sodium reduction changes.

**Table 1. Recommended Sodium Reduction Best Practices by Institutional Level**

Level	Best Practice
Institutional Leadership	Adopt evidence-based sodium standards and provide staff with implementation toolkits/guidance.
	Establish low-sodium contracting policies/practices within standard operating procedures.
	Align sodium reduction interventions with institutional goals around supporting the health of patients/customers and staff.
Food Service Leadership & Chefs	Promote food service innovation including: <ul style="list-style-type: none"> <li>● Recipe development</li> <li>● Inviting consumer input</li> </ul>
	Train staff and provide technical assistance on WHY the interventions are needed and HOW to implement them.
	Work incrementally to implement changes that build toward significant sodium reduction over time.
	Provide access to, support, and training on technology for nutrient analysis, purchasing, and sales analyses.
	Utilize technical assistance from chefs and food technologists who can provide guidance on new products and cooking techniques to reduce sodium while meeting shelf life and consumer preference requirements.
Cross cutting (all levels of the institution)	Build relationships and rapport with food service and institutional staff through committees and workgroups. These groups can: <ul style="list-style-type: none"> <li>● Ensure sodium reduction is part of food procurement and food preparation practices.</li> <li>● Serve as a venue for training and peer to peer education on the importance of sodium reduction.</li> <li>● Amplify the voice of staff by aggregating individual opinions and expertise to influence internal and external stakeholders.</li> </ul>
	Advocate for infrastructure components that support sodium reduction including: <ul style="list-style-type: none"> <li>● Adequate kitchen space for fresh food preparation</li> <li>● Appropriate food storage, especially cold storage for fresh products</li> <li>● Salad bar station equipment</li> </ul>
	Learn from and replicate other institutions’ successes.



## Key Takeaways

Many of the recommended best practices require actions and partnerships among institutional leadership, food service, and partners such as technical assistance providers or departments of public health; successful sodium reduction does not rest on one stakeholder or one institutional level. Institutional sodium reduction efforts can be assisted and sustained with support from the local government including departments of public health, other organizations working on food systems, and/or consulting companies. These partners can provide technical assistance, training, and share lessons learned.

Institutional readiness factors pave the way for sodium reduction efforts; however, institutions at various readiness levels can be supported to build readiness for incremental changes eventually leading to sodium reduction best practices that make a real impact. Food service, institutional leadership, and external partners all play integral roles in implementing sodium reduction best practices, which are most successful when multiple practices are used concurrently, to ultimately improve population level health.

# Role of Public Health Departments in Supporting Institutional Sodium Reduction

## Introduction

The Los Angeles County Department of Public Health (DPH), along with other public health departments funded by the Centers for Disease Control and Prevention’s (CDC) Sodium Reduction in Communities Program (SRCP) played a critical role in supporting sodium reduction within their partner institutions: universities, hospitals and congregate meal programs. This experience provides valuable learnings for sustaining the work moving forward and informing other public health departments looking to reduce population sodium intake in their communities.

*When we look for a partner or who we would use as our main resource, we always go to Los Angeles County Department of Public Health. They are one of our main collaborators and contacts. We’re using their evidence-based programs [so we don’t have to] recreate the wheel. If we ultimately want to make a change in our community, we want to all be using the same resources and all that is available.*

-- LACSRI University Partner

## Technical Assistance (TA) & Training

Comprehensive technical assistance provided by DPH during LACSRI was foundational to the sodium reductions achieved and valued by the institutional partners. The effective technical assistance included developing and disseminating visually engaging resources for institutional staff and consumers (e.g., toolkits, etc.). These resources included actionable recommendations and culinary training augmented with individualized support from CIA Consulting, a widely known and respected organization among food service professionals. Table 1 delineates key sodium reduction approaches and corresponding technical assistance.

**Table 1. Summary of Sodium Reduction Technical Assistance Provided to Institutions by the Los Angeles County Department of Public Health**

Key Sodium Reduction Approach	TA Resources & Support Provided
Nutrition standards and procurement policies	<ul style="list-style-type: none"> <li>● Nutrition Standards for Prepared Foods, Snacks, and Beverages</li> <li>● Los Angeles County Vending Machine Nutrition Policy</li> </ul>
Culinary trainings, lower sodium product lists, and behavioral economic approaches	<ul style="list-style-type: none"> <li>● Good Choice Program*</li> <li>● Cooking Up Health Initiative with CIA Consulting</li> <li>● Product Placement, Menu Labeling, Signage &amp; Pricing</li> </ul>
Menu modification and recipe alignment with nutrition standards	<ul style="list-style-type: none"> <li>● Cooking Up Health Initiative with CIA Consulting</li> <li>● Flip Your Protein Menu: A Guide to Menu Mixing with Plant Proteins*</li> <li>● Raising the Bar: A Guide to Modernizing Salad Bars*</li> <li>● Eat Your Best Cookbook*</li> </ul>
Nutrition education to staff, patients, and visitors	<ul style="list-style-type: none"> <li>● ‘Eat Your Best’ Campaign* (see sidebar on pg. 3)</li> </ul>
Evaluation activities to support the health and business case for sodium reduction	<ul style="list-style-type: none"> <li>● Guidance from DPH and CIA Consulting including onsite data collection and analysis (e.g., environmental assessments, nutritional analyses, inventory assessments, etc.)</li> </ul>

\* Resource distributed to partner institutions, through the DPH website, newsletters, and other channels.

**Policy and Systems Support**

Comprehensive sodium reduction technical assistance is most effective when it is reinforced with policy and systems-level strategies at the local level by governmental, institutional, and organizational partners. Public health departments are key players at the local level; connecting local institutions with national organizations and resources, disseminating best practices, and promoting national and/or local sodium reduction standards and guidance. Health departments also play a central role in addressing health disparities, and sodium reduction policy and systems changes are critical to achieving food and health equity as low-income and communities of color are disproportionately affected by and at risk for chronic diseases exacerbated by high sodium intake. These communities often have an increased risk due to inequitable systems surrounding them; they frequently live in communities with less access to fresh ingredients and healthy foods. Institutions participating in CDC’s SRCP and the LACSRI benefitted from policy and systems support and they recommend public health departments employ the following approaches for sodium reduction initiatives:

Policy Level Supports	Systems Level Supports
<ul style="list-style-type: none"> <li data-bbox="235 802 760 928">Develop and promote institutional food service sodium reduction standards/guidelines and create supporting documents to assist implementation.</li> <li data-bbox="235 949 776 1171">Promote federal guidelines for sodium reduction in institutional food service, with a preference for institutionalizing the standards (versus voluntary implementation) for maximum impact. Promote full implementation at the institutional level to ensure consistent sodium reduction.</li> <li data-bbox="235 1192 727 1291">Promote sodium labeling on the national level, modeled after calorie labeling on menus or front of packaging.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="847 802 1416 1024">Coordinate regional initiatives across institutions to support sodium reduction and healthy institutional foods. This allows for shared institutional learning, partnerships for procuring low sodium items, efficient creation of support materials and trainings, and amplified impact across sectors.</li> <li data-bbox="847 1045 1432 1297">Enable peer to peer learning and dissemination of successes, challenges, and best practices on the local level and by connecting institutions to national efforts (e.g., Center for Good Food Purchasing, American Heart Association). Target support and learning to institutions serving low-income communities and communities of color.</li> </ul>

**Key Takeaways**

**Provide Institutional Technical Assistance and Support:** A critical component to maintain progress on sodium reduction is continued technical assistance through resources and in-person trainings for institutional food service staff. Activities for Public Health Departments and partners include:

- Engage food service staff, chefs, and institutional stakeholders in taste testing and other activities to promote reduced sodium recipes.
- Develop and disseminate sodium reduction best practices and case studies of large institutions, such as those participating in LACSRI and other CDC SCRCP grantees, to share specifics on how to achieve sodium reduction changes and celebrate successes.
- Continue to offer support to provide concrete, actionable guidance on specific food service practice changes for sodium reduction. Group trainings and one-on-one assistance are valued by institutional food services.
- Promote the use of online databases and tools (e.g. Good Choice) to ensure information on low sodium products is easily accessible for institutions to self-monitor their food environment.

- Offer technical support for onsite data collection and analysis including environmental scans, nutritional analyses, and patron surveys to determine areas for intervention and improvement, and for evaluation and ongoing process improvement.
- Train key stakeholders (institutional leaders, decision makers) on the importance of addressing sodium/food quality when negotiating and/or renewing procurement and purchasing contracts.
- Assist in implementing the new 2021 federal sodium reduction guidelines or even stronger local standards where possible.

**Tailor sodium reduction efforts to improve health equity:** Low-income communities and communities of color are disproportionately affected by chronic diseases that are exacerbated by high sodium intake. Sodium reduction interventions and messaging should be directed at food suppliers, food service management companies and institutions serving low-income communities and communities of color. Collecting community feedback and input on messaging will be critical for buy-in and effectiveness as well. Additional studies are needed to understand best practices specific to serving these communities.

**Convene a Cross-institutional Collaborative:** Cross-institution collaboration and movement building efforts around sodium reduction are key for long term sustainability. This collaboration should share and disseminate learnings and best practices, and even more importantly, use combined purchasing and educational power for maximum impact on consumers and the food industry. The sodium reduction collaborative/coalition members would include institutions working on or interested in advancing sodium reduction, with facilitation by the department of public health and participation from other organizational stakeholders in the region such as culinary and food service experts.

**Promote Sodium Reduction Policy Implementation:**

Promote the new federal guidelines for sodium reduction in institutional food service and encourage their full implementation for maximum impact. Promoting fidelity in sodium guidelines implementation will ensure consistent sodium reduction across institutions.

**Southern California Public Health Departments Support Universities With ‘Eat Your Best’ Initiative**

Los Angeles County Department of Public Health (DPH) in collaboration with the County of San Diego Health and Human Services Agency (COSD-HHSA), implemented ***Eat Your Best*** across four Southern California universities\* to encourage students, faculty, and visitors to consume lower-sodium, plant-based foods. DPH and COSD-HHSA worked with the Culinary Institute of America Consulting to help university food service operators offer low-sodium, plant-centric dishes while also growing their business. The partnership resulted in development of a plant-based recipe cookbook, the Flip Your Protein toolkit, and Raising the Bar: A Guide to Modernizing Salad Bars toolkit. DPH and COSD-HHSA also created innovative signage, branding, and other materials promoting fruits and vegetables in every meal.

***Eat Your Best*** resulted in universities purchasing fewer high sodium products, providing more low sodium alternatives, and increasing fresh vegetable and fruit offerings through new and expanded salad bars.

*We very much appreciated the helpful assistance provided by the Los Angeles County Department of Public Health in our efforts to reduce sodium intake at our food court. The input from Chef Barnes (certified master chef) was very useful as we created a healthy ‘make-your-own’ salad bar, which is now wildly popular with students and staff.*

– LACSRI University Partner

\* California State University Northridge, University of California Los Angeles, California State University Los Angeles, and San Diego State University