

December 2, 2016

Dr. Robert M. Califf  
Commissioner  
Food and Drug Administration  
10903 New Hampshire Avenue  
Silver Spring, MD 20093

RE: "Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods"

Dear Commissioner Califf:

The National Association of County and City Health Officials (NACCHO) appreciates the opportunity to comment on the United States (US) Food and Drug Administration's (FDA) request for comments on its voluntary sodium reduction goals (FDA-2014-D-0055). NACCHO is the voice of the nearly 3,000 local health departments across the country. Local health departments create conditions and adopt policies that make it easier for people to be healthy, such as supporting voluntary reduction goals in commercially processed, packaged, and prepared foods. The following response builds upon NACCHO's previously submitted comment on the FDA's baseline sales-weighted mean sodium concentration calculations and proposed two-year target mean and upper bound concentrations for sodium in commercially processed, packaged and prepared foods.

Overconsumption of sodium is a matter of pressing public health concern, and population-wide efforts, including government-led frameworks for product reformulation, are an important strategy to facilitate a reduction in sodium consumption.<sup>1, 2</sup> The food industry should be encouraged to move as fast as possible given the potential number of lives saved and magnitude of disease prevented by reducing excessive sodium in our foods. Researchers estimate that reducing current sodium intakes by 1,200 mg a day (which would bring most people close to the 2,300 mg per day goal of FDA's long-term targets) would prevent 60,000 to 120,000 cases of coronary heart disease and 32,000 to 60,000 cases of stroke.<sup>3</sup> Reducing sodium intake to 2,300 mg per day would save an estimated \$10 billion to \$24 billion in health-care costs and 44,000 to 92,000 lives annually.<sup>4</sup> In support of the FDA moving toward sodium reduction, NACCHO promotes local level policy to reduce sodium intake utilizing our robust membership of nearly 3,000 local health departments throughout the United States.

Local health departments are leaders in encouraging healthy eating practices in their communities. A healthy level of sodium consumption is an important part of healthy eating.



NACCHO supports new food policies and organizational practices that reduce the sodium content of prepared and processed foods. These policies and practices include the following:

- Reduction in the amount of salt in the food supply through health department-led initiatives that partner with the food and restaurant industry and institutional food service sectors to set targets aimed at progressively lowering sodium levels in prepared and processed foods.
- Educational campaigns and programs that increase public and health-provider awareness about main sources of sodium intake and health consequences associated with excess salt consumption. Programs should also increase health literacy by teaching consumers to properly read nutrition labels for the purpose of identifying low-sodium food choices and provide hypertension screening and control services.
- Requirements for restaurants to provide sodium nutritional information for food products on menus, menu boards, and brochures. Products and meals high in salt should be marked and accompanied by a warning notice.
- Monitoring and evaluation of population salt intake, food industry reformulation and menu labeling efforts, and efficacy of consumer and health provider education and support programs.
- Support of local and national regulations and educational campaigns for reduction of population salt consumption

NACCHO acknowledges that since 2010, the baseline year for the targets set by the FDA, sodium reduction has occurred. A five year analysis of sodium changes in the food supply between 2009 and 2014, revealed a nearly 7% reduction in sales-weighted mean sodium density.<sup>5</sup> NACCHO recommends that, in light of these reductions, FDA shorten the proposed 10-year time period to achieve these long-term goals. A shorter timeline will continue to reflect industry trends toward reformulation and more quickly impact sodium levels in packaged and restaurant foods to the benefit of population-level sodium overconsumption. FDA should also monitor the food supply in between the short-term and long-term goals in order to evaluate interim progress toward the long-term goals.

The current timetable for the 10-year targets will result in a 17-year lag between FDA's baseline data and its goal for sodium reduction, with voluntary compliance by 2027. The imperative for quicker action is evident from the recently published technical document by the World Health Organization on sodium reduction: "The WHO Member States in [World Health Assembly] 66.10 have agreed on a voluntary global [non-communicable disease] target for a 30% relative reduction in mean population intake of salt, with the aim of *achieving a target of less than 5 grams per day (approximately 2g sodium) by 2025*. They have also agreed on a voluntary global non-communicable disease (NCD) target for a 25% relative reduction in the prevalence of raised blood pressure (defined as systolic blood pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg) by 2025."<sup>6</sup> [emphasis added]

NACCHO supports FDA's proposal to set long-term sodium targets for the food supply and reiterates our support for the timely finalization of the 2-year target mean and upper bound

concentrations for sodium in commercially processed, packaged, and prepared foods. We urge FDA to move expeditiously in its finalization of the 10-year targets for sodium reduction, and to consider a more aggressive timetable. We hope that our expertise working with local health departments toward these goals aid in this process.

If you have any questions or comments, please contact Eli Briggs, Senior Government Affairs Director at [ebriggs@naccho.org](mailto:ebriggs@naccho.org) or 202/507-4194.

Sincerely,



LaMar Hasbrouck, MD, MPH  
Executive Director

#### References

- <sup>1</sup> McLaren L, et al. National government initiatives to reduce salt intake in populations. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD010166.
- <sup>2</sup> He FJ, Pombo-Rodrigues S, MacGregor GA. Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. *BMJ Open* 2014;4: e004549.
- <sup>3</sup> Bibbins-Domingo K, Chertow GM, Coxson PG, et al. (2010). Projected Effect of Dietary Salt Reductions on Future Cardiovascular Disease. *The New England Journal of Medicine*, 362(7): 590-599.
- <sup>4</sup> Ibid.
- <sup>5</sup> Curtis CJ, Clapp J, Niederman SA, Ng SW, Angell SY. US food industry progress during the National Salt Reduction Initiative: 2009-2014. *Am J Public Health*. 2016; 106(10): 1815-1819.
- <sup>6</sup> World Health Organization. Population sodium reduction strategies. Retrieved on December 1, 2016 from <http://www.who.int/dietphysicalactivity/reducingsalt/en/>.