

14-12

## STATEMENT OF POLICY

### Salt Reduction

#### Policy

NACCHO supports local health department leadership in encouraging healthy eating practices in their communities. A healthy level of sodium consumption is a large component of healthy eating. NACCHO supports bringing about 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 urges local health departments to join the National Sodium Reduction Initiative.

NACCHO supports local, state, and federal funding for local health departments to provide (1) public and health provider education about salt; (2) technical assistance to food establishments to support reformulation; and (3) adequate compliance and surveillance.

#### Justification

High sodium consumption is associated with hypertension, a major risk factor for the first and third leading causes of death in the United States—heart disease and stroke.<sup>1</sup> Hypertension is



often referred to as the “silent killer” because it can occur without symptoms and go undetected for years.<sup>2</sup> With excessive salt intake, the body responds by retaining fluid, forcing the heart to work harder to deliver blood and oxygen throughout the body. In turn, blood pressure rises.<sup>3</sup> Sixty-seven million people suffer from high blood pressure in the United States, of which only 47% have their condition controlled.<sup>2</sup>

Sodium and blood pressure associate through a dose-dependent relationship – with increasing sodium intake, blood pressure also increases, and vice versa.<sup>1</sup> Reducing sodium intake can have positive effects on blood pressure within weeks,<sup>1</sup> illustrating the large influence that a diet with a healthy amount of sodium can have on health. The *Dietary Guidelines for Americans, 2010* recommends limiting sodium intake to less than 2,300 mg/day to avoid adverse effects.<sup>4</sup> But, those with an elevated risk for hypertension—over 50% of the population—should limit sodium intake to 1,500mg/day.<sup>4</sup> These individuals include Americans 41 years and older, African-Americans, and individuals with hypertension, diabetes, or chronic kidney disease.<sup>4</sup> Currently, only 15% of the population meet the recommendation for 2,300mg/day while most individuals significantly surpass this recommendation and, on average, consume 3,400mg/day of sodium.<sup>4</sup> This equates to 1.5 teaspoons of salt.<sup>5</sup>

Contrary to common thought, 77% of sodium is consumed through processed foods and restaurant foods.<sup>6</sup> Salt added at the table and to cooking at home holds minimal weight in the scope of total sodium consumption and has little influence on reducing hypertension.<sup>7</sup> Salt is liberally used in the processed and prepared food supply for its ability to heighten the foods’ flavor, making it more desirable to consumers.<sup>7</sup> Because many Americans rely heavily on foods eaten outside the home, the level of sodium consumed is out of their control as sodium is added before processing or preparation. As a result, consumers are conditioned to the taste of high sodium foods and do not prefer foods with lower, healthier levels of sodium.<sup>7</sup> The Institute of Medicine (IOM) concluded that the high amounts of added salt in the food supply are not “safe,” due to its association with several chronic diseases in a number of sub-populations.<sup>7</sup> However, the palate is adjustable and can learn to prefer foods with healthy amounts of sodium.<sup>7</sup> The American Medical Association estimates as many as 150,000 early deaths might be saved annually if consumers reduced their salt intake by half.<sup>3</sup>

### **National Action**

To spur a population-level reduction in sodium consumption, the National Forum for Heart Disease and Stroke, in its National Forum Sodium Reduction Action Plan, recommends (1) increasing the adoption of sodium limits in food procurement guidelines; (2) increasing the availability of nutrition information of packaged foods; and (3) creating policies to make lower sodium food options available.<sup>8</sup> The American Heart Association supports the reduction of sodium in the food supply in an effort to gradually condition the population’s preference to lower sodium foods.<sup>9</sup> The IOM recommends addressing the food supply and, through regulation, instituting a well-researched and monitored gradual reduction of salt as an ingredient in prepared and processed foods.<sup>5</sup> This approach must apply to all restaurants and food manufacturers in order to “level the playing field” to ensure that companies are not put at a disadvantage, in regard to sales, when lowering salt content in their foods.<sup>5</sup> The IOM also recommends a holistic approach to reducing salt in the food supply, with collaborations between the government, community groups, and consumers.<sup>25</sup>

The Food and Drug Administration (FDA) recognizes that population sodium consumption has reached an unhealthy level. In 2014, the FDA addressed this issue by working to create sodium guidelines for the food industry, and pressuring food companies and restaurants to use less salt in their foods. These guidelines are voluntary and are a start to industry wide salt reduction in foods once released.

### **Local Action**

In recent years, local communities have addressed sodium reduction in their chronic disease programs. The Centers for Disease Control and Prevention awarded funds to support communities to decrease sodium consumption in the population through the 2013–2016 Sodium Reduction in Communities Program (SRCP). SRCP aims to increase access to and accessibility of lower-sodium food options, reduce sodium intake, and continue to build practice-based evidence around effective population-based strategies to reduce sodium consumption at the community level.<sup>10</sup>

New York City began this process when it launched the National Salt Reduction Initiative (NSRI).<sup>11</sup> The initiative aims to reduce salt intake nationally by 50 percent over a decade by working with food and restaurant industries to identify foods most frequently eaten and foods with the highest salt content in order to target foods for voluntary, gradual salt reductions.<sup>11</sup> Companies who participate in the initiative pledge that overall sales of products in a food category, such as cheeseburgers, will meet NSRI's sodium content targets.<sup>11</sup> These targets gradually decrease each year so that sodium content in foods is progressively reduced. For restaurant foods, for example, the baseline sodium content for soup in 2009 was 395 mg/100g. The 2012 and 2014 sodium content targets are 340 mg/100g and 280 mg/100g, respectively.<sup>11</sup> The same framework is applied to reducing sodium in packaged foods as well.<sup>12</sup> Over 41 local, state, and national health organization partners are co-sponsoring the initiative.

In Philadelphia, the Philadelphia Healthy Chinese Take-out Restaurant Initiative aims to reduce sodium content by 10-15% in Chinese take-out dishes. The initiative has conducted free cooking trainings for owners and chefs, developed and distributed marketing materials to promote awareness of the initiative, and completed baseline evaluations and analysis of popular dishes to identify sodium content reductions. The initial data revealed, between July 2012 and March 2013, a 20% reduction in sodium content of these dishes.<sup>13</sup>

Local health departments also work with corner stores to promote low-sodium foods through the CDC's Sodium Reduction in Communities grant. Participating corner stores have a stand-alone rack in the front of the store for low-sodium snacks with accompanying promotional signs and advertising.<sup>14</sup>

Also, local health departments can use their community health data to support salt reduction policies while also drawing attention to existing health issues and areas for improvement and action in the community. This can be used to put pressure for action by industry while advocating for policies at the local and national level.<sup>15</sup>

NACCHO has collaborated with national organizations and the CDC's National Center for Chronic Disease Prevention and Health Promotion in an effort to connect local and state public health practitioners with publications, tools, and resources related to sodium reduction, nutrition, and chronic disease. NACCHO's Chronic Disease Prevention Toolkit provides reports, tools, and fact sheets that local health departments can use to implement sodium reduction strategies in their communities.

### **Salt Reduction Education Campaigns**

In a survey of primary healthcare providers, the majority of providers did not advise individuals susceptible to hypertension to limit their sodium intake.<sup>16</sup> When asked about what specific advice providers suggest to reduce sodium intake, 73% suggested patients cook with less salt and 69% advised patients to remove the salt shaker from the table.<sup>17</sup> However, these actions have little effect on reducing and preventing hypertension.<sup>17</sup> This suggests that primary health providers, in addition to consumers, can benefit from more awareness about which populations to advise and the types of suggestions that are most effective.

The FDA uses their website to educate consumers about the high sodium levels in processed foods added by manufacturers. FDA provides instructions for reading nutrition labels to identify salt content, recommendations for reducing sodium intake, and information about the connection between sodium and disease.<sup>17</sup> The New York City Health Department also provides similar information in concert with their National Salt Reduction Initiative.<sup>18</sup> Local health departments educate consumers about reading nutrition labels and recommendations for making low sodium food choices.

The addition of menu labelling on restaurant boards and menus complements efforts to increase health literacy and health education. The Affordable Care Act in 2010 made it a requirement for chain retail food establishments with 20 or more locations to post calorie information and provide nutritional information, which includes sodium, for customers if requested.<sup>19</sup>

Many local health departments created menu labeling policies in their jurisdictions before this federal designation. Local health departments such as King County (Seattle), WA, Multnomah County, OR, Philadelphia, PA, and San Mateo County, CA have joined this effort in ensuring chain retail food establishments have information about sodium content available to consumers.<sup>20</sup>

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### **Record of Action**

*Proposed by NACCHO Healthy Living and Prevention Workgroup*

*Approved by NACCHO Board of Directors*

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