

Script—PowerPoint for States

Slide 1: Sodium Reduction: State and Local Action Opportunities to Reform the Norm

No accompanying text.

Slide 2: Overview

During the following presentation, we will discuss:

- Why sodium reduction is a public health imperative.
- The major sources of sodium in the diet and current intake recommendations from the *2005 Dietary Guidelines for Americans*.
- The association between salt and high blood pressure.
- The states and localities currently working on sodium reduction and their activities.
- Anticipated future actions for sodium reduction.
- Additional resources.

Slide 3: Salt and Sodium—Are They the Same?

Sodium chloride is the chemical name for dietary salt. Table salt is 40 percent sodium and 60 percent chloride. One level U.S. teaspoon of salt contains approximately 2,300 mg of sodium.

The words “salt” and “sodium” are often used interchangeably by consumers even though they are not the same, especially in regards to food labeling. For example, the Nutrition Facts Panel uses “sodium,” but the front of the package may say “salt free.”

Ninety percent of the sodium Americans consume comes in the form of dietary salt.

- Other sources include food additives, such as baking soda.
- A small amount occurs naturally in foods like meat and eggs.

Historically, salt has been added to food as a flavor enhancer, dough conditioning agent, preservative, and moisture-retaining ingredient; however, there is now a consensus that the addition of salt over and above these standard food technology needs can have negative public health consequences.

Salt is not just in foods one would think of as “salty,” such as chips, pickles, or cured meat. Foods like cereal, bread, and condiments can contain a significant amount of salt. The presence of salt in every food category is part of what makes sodium reduction so challenging.

Slide 4: Salt: A Public Health Imperative

Adding salt during cooking or at the table is not the main problem—most of the sodium in our food supply is hidden in processed and restaurant foods that are widely consumed across our nation. This situation provides little control for those who want or need to reduce sodium. Even those who watch what they eat may not realize how much salt is in their foods, and they may have difficulty finding lower sodium options. To complicate this problem, many low-fat and low-calorie foods are high in sodium.

For example, consumers might be surprised to find that a restaurant salad may contain more than 900 mg of sodium or that a slice of frozen cheese pizza can range from 450 mg to 1200 mg of sodium. Some brands of breakfast sausage links have twice the sodium content of other brands.

So it can be difficult for even the most motivated consumer to reduce sodium intake. Invisible salt leads most of the population to consume too much sodium. The sodium content in restaurant and processed foods is so high that most people exceed their recommended daily limit before salt is added during cooking or at the table.

Excess sodium intake is a primary risk factor for high blood pressure. Many Americans are not aware of the link between sodium consumption and blood pressure, and they do not know that excess sodium in the diet contributes to this deadly disease.

Slide 5: Sodium Intake Recommendations

Research has shown that a small amount of sodium is important and needed in the body. The adequate intake level for sodium for most age groups is 1,500 mg per day.

The 2005 *Dietary Guidelines for Americans* recommend less than 2,300 mg per day for the general population. To visualize this amount, 2,300 mg of sodium is about one teaspoon of salt.

“Specific populations”—blacks, people with hypertension, and middle-aged and older adults—should limit intake to 1,500 mg of sodium per day or about two thirds of a tablespoon.

Americans are consuming substantially more sodium than in past decades. Surveys show that the average U.S. adult consumes more than 3,400 mg of sodium per day, which is significantly more than the body needs. Based on current survey methodology, intake means are likely underestimated and are actually higher.

Two factors have primarily contributed to high sodium consumption. Since the 1970s, the amount of sodium in the food supply has increased *and* Americans have been eating increasingly more food. However, merely reducing calories does not always reduce sodium; for example, restaurant foods with fewer than 500 calories can still have more than 1,000 mg sodium per serving.

Slide 6: Sources of Sodium

As you can see from this chart, most of the sodium we consume is already in our food. Contrary to what many people think, the salt shaker is not the main problem. Just over 10 percent of our daily intake of sodium is added at the table or during cooking, and only about 12 percent occurs naturally in meat, eggs, fruits, vegetables, and whole grains.

Many consumers recognize certain processed foods as high in sodium, such as cured meat or canned soups. However, consumers may not know or understand that many everyday foods such as bread and cereals, may also have high amounts of sodium.

The simple fact that the majority of sodium we consume is already in the foods we eat makes it difficult for people who want or need to reduce their sodium intake to do so. Consumer research indicates that many people actually would select a lower sodium product if it were offered.

Slide 7: Sodium Reduction: A Public Health Imperative

High blood pressure is a leading risk factor for heart disease and stroke, the first and third leading causes of death in the United States. As blood pressure increases, so does your risk.

Sodium reduction can have a significant impact on reducing disparities and cardiovascular events.

Reducing sodium in the food supply is the best population-based strategy to reduce the prevalence of high blood pressure. Policy and environmental changes aimed at reducing sodium in restaurant and processed foods will help reduce Americans' sodium consumption and lower their risk for high blood pressure.

Slide 8: Salt: The Need for State and Local Action

Strong scientific evidence supports the need for population-wide sodium reduction due to the harmful impact of sodium on blood pressure. Reducing sodium intake lowers average population blood pressure—and lower blood pressure lowers the risk for heart disease and stroke, even for people without hypertension.

In addition to health benefits, reducing average population sodium intake to the current recommended limit of 2,300 mg per day has been estimated to save \$18 billion health care dollars per year.

Individual behavior change is not the only or primary answer to this problem. It is very hard for consumers to change their eating habits or purchase different products on an individual basis. And even if consumers wanted to reduce their sodium intake, it would be difficult given that sodium has become such a ubiquitous part of the food supply.

The best strategy for population-wide sodium reduction is to change the food environment so that the default option is a healthy option. That means changing the sodium content of processed and restaurant foods, which contribute the vast majority—77 percent—of the sodium we consume. The same products that we buy today would still be on the shelves; the only difference is that they will be lower in sodium and thus better for you. Reducing sodium content in food gradually will allow the appetite for salt to adjust with very little awareness of the change.

Demonstrated success in other countries shows that sodium reduction is an achievable public health goal. Despite this evidence, a systematic approach to improving the food supply through sodium reduction has not yet been attempted in the United States. To date, various approaches have been all voluntary. Although this has some benefits, such as being quick to implement, it also has some challenges in consistency and sustainability. State and local sodium-reduction action, including healthful food procurement and menu labeling, can lay the groundwork for changes in the food supply.

Slide 9: Salt and High Blood Pressure

Excess sodium intake is a known risk factor for high blood pressure. This disease is the leading risk factor for heart disease and stroke. High blood pressure is a major public health issue that, once developed, can become a lifelong problem.

Nearly one in three U.S. adults has high blood pressure, and another quarter are pre-hypertensive. Of those diagnosed, less than half have the disease under control. And nearly one-fifth of adults with high blood pressure are unaware they have it.

High blood pressure's enormous burden takes an economic toll on our nation. Recent U.S. estimates suggest costs for heart disease and stroke—to which high blood pressure is a primary contributor—will amount to more than five hundred billion dollars in 2010. These estimates include spending on health care, lost productivity, death, and disability.

Slide 10: Salt and High Blood Pressure

Increased sodium in the diet increases blood pressure, which increases the risk for heart attack and stroke. Research supports a dose-dependent relationship between consuming too much salt and elevated levels of blood pressure. In contrast, lower consumption of salt generally means lower blood pressure.

In most but not all countries, blood pressure rises with age. But populations that consume diets very low in salt do not experience the age-related increase in blood pressure found in most Western countries.

Even people with blood pressure in the optimal range benefit from sodium reduction. Within weeks, on average, most people who reduce salt intake experience a reduction in blood pressure.

Even small reductions in average systolic blood pressure can substantially impact mortality rates for stroke and coronary heart disease. For systolic blood pressure above 115 millimeters of mercury (mm Hg), each increase of 20 mm Hg doubles the risk for heart attack and stroke.

A population-wide decrease of 5 mm Hg in systolic blood pressure can lead to a 14 percent reduction in stroke mortality and a 9 percent reduction in coronary heart disease mortality.

Slide 11: Estimated Effects on HBP Prevalence and Related Costs from Sodium Reduction

Reducing average population intake of sodium to 2,300 mg per day—the current recommended limit—may reduce the prevalence of high blood pressure by as much as 25 percent—and, in turn, save tens of thousands of U.S. lives annually.

A reduction to 1,500 mg per day—the level that 70 percent of U.S. adults should limit their intake to—could result in a 30 percent decrease in cases of high blood pressure and more dollars saved.

Slide 12: Global Sodium Reduction

Excessive sodium consumption is not just a public health issue for the United States. Across the globe, high blood pressure is the primary contributor to heart disease and stroke, which are the first and *second* leading causes of death worldwide.

The variability of sodium levels in similar foods across different geographic areas shows that product reformulation can and does occur.

Actions by the United Kingdom, Australia, and Canada are leading the way on sodium reduction efforts.

In developing countries, sodium reduction and tobacco control are leading recommendations to improve health.

Slide 13: International Product Variability

As you can see, sodium in a Double Whopper from Burger King could have around 800 mg of sodium in Italy or 1,300 mg in Brazil.

And even foods considered to be healthy, such as certain cereals, could have as little as 100 mg of sodium per serving in the United Kingdom or as much as 270 mg in Canada.

It also is important to remember that the values listed on the Nutrition Facts Panel apply to each serving. Most people eat more than one serving at a time, so they get even more sodium than

what they see on the label. Most people do not think to add up the number of servings they actually eat to understand just how much sodium they consume. For example, just consider soda. Most people assume the nutrition label speaks to the entire bottle, when there are typically multiple servings in a bottle of soda.

Slide 14: What Has Been Done to Reform the Norm Abroad?

Several countries have taken action on sodium reduction.

In Finland, the country's initiatives have resulted in a significant decrease in average population salt intake. Large scale sodium reduction efforts began in the late 1970s and included mass media reports, official salt reduction recommendations, and use of enticing health-related logos. Salt labeling requires foods with a "high salt" content to bear a warning label and foods low in salt may use a "low salt" label. This campaign is ongoing, and further reduction options including continued reformulation are currently being examined.

In the United Kingdom in 2003, the country's Food Standards Agency launched a major public campaign encouraging food manufacturers to reduce sodium in their products by setting gradual, voluntary sodium reduction benchmarks. A population-wide reduction in sodium intake of 360 mg per day has resulted to date. This reduction can largely be attributed to substantial reductions of sodium in processed foods.

Australian officials developed a salt database with more than 7,000 items that shows large variations in the salt content of similar products offered by different companies. In 2007, the Australian division of World Action on Salt and Health set a goal to reduce the average salt intake of the Australian population to 2,300 mg per day by 2012 by working with key sections of the food industry on voluntary salt reduction plans. The group has relied heavily on a media communication effort called "Drop the Salt" to generate substantial media coverage and raise awareness of salt as a health issue in Australia.

Canada's Sodium Working Group, formed in 2007, is developing a national strategy to reduce sodium consumption across the country. The strategy will include benchmarks and voluntary sodium reductions in processed and restaurant foods. The group currently is working to implement sodium reduction approaches, such as labeling options for reduced sodium foods, regulatory amendments to facilitate product reformulation, standards and guidelines for food-service operations and educational tools.

Slide 15: National Salt Reduction Initiative

In 2008, the New York City Department of Health and Mental Hygiene launched a nationwide effort to reduce the level of salt in processed and restaurant foods. To achieve the goal of reducing population salt intake at least 20 percent by 2014, the initiative involves partnerships with more than 40 cities, states, and public health organizations.

The Department is working with food industry representatives to establish a voluntary framework to cut salt in their products. Initial sodium reduction benchmarks have been set for 61 categories of packaged foods and 25 categories of restaurant foods. These benchmarks will be applied for all product categories, such as breads, breakfast cereals, and prepared entrees.

The ultimate objective is to achieve significant, gradual reductions in salt content across a wide range of foods. The department also implemented city-wide menu labeling to establish a more healthful nutrition environment. CDC has been supportive of the city's sodium reduction work and has provided technical and financial support. States and localities can also support the National Salt Reduction Initiative, which sends the message to the food industry that sodium reduction is a widely supported issue.

Slide 16: What Has Been Done to Reform the Norm in the United States?

At the state and local levels, American Recovery and Reinvestment Act (ARRA) funding provides an opportunity to initiate and enhance sodium-reduction efforts through Communities Putting Prevention to Work. CDC plans to provide technical assistance to the communities working on sodium reduction and help evaluate these programs.

Activities have already begun across the country, including in Los Angeles County. The Department of Public Health has helped lay the groundwork for state and local action by examining the health and economic impact of different policy options and developing an assessment of the health and financial costs and benefits of implementing those policy options.

On the East Coast, the Baltimore City Health Department convened a Salt Reduction Task Force composed of academic and policy experts, community leaders, and representatives from the restaurant and grocery industries. The Task Force examined evidence that high salt intake is a health concern for Baltimore City and made seven recommendations for action, including salt education, letter-writing campaigns encouraging food establishments to reduce sodium, and collaboration with a nutritional advisory committee. The task force is also considering procurement standards for the city.

Further north in Massachusetts and New York City, healthful procurement policies that limit sodium content are being enacted. Such policies require suppliers of food for government agencies to meet defined nutritional standards.

Finally, menu labeling laws are in the works in several locations. Such standards require display of nutrient information at the point of purchase and are critical for consumers to make informed decisions. Most menu labeling laws pertain just to calories, but some mandate that more information be included, such as sodium, saturated fat, and carbohydrate content per serving. Seattle/King County was the first locality to implement a menu labeling law that included sodium. California, Philadelphia, and Multnomah County, Oregon, have also passed menu labeling laws that include sodium.

On a federal level, the Patient Protection and Affordable Care Act, passed in March 2010, included provisions requiring calories to be declared on Menu and menu Boards in restaurants with 20 or more locations. The Act also contains provisions requiring that additional written information on certain nutrients, including sodium, be available upon request. The Food and Drug Administration has one year to issue proposed regulations to implement the new provision in the Health Care Bill.

Slide 17: Sodium Landscape

Within the U.S. Department of Health and Human Services, CDC, the Food and Drug Administration, the Office of Disease Prevention and Health Promotion, and the National Heart, Lung, and Blood Institute have sponsored an Institute of Medicine report to review and make recommendations for strategies to reduce dietary sodium intake. The report recommends strategies including:

- Government approaches, such as regulatory and legislative actions;
- Food supply approaches, such as new product development and food reformulation; and
- Information and education strategies for the public and professionals.

The Food and Drug Administration will more thoroughly review the recommendations of the Institute of Medicine report and build plans for how it can continue to work with other federal agencies, public health and consumer groups, and the food industry to support the reduction of sodium levels in the food supply. Also, the Department of Health and Human Services will be establishing an interagency working group on sodium that will review options and next steps.

CDC is working with federal partners to discuss the status of monitoring sodium to identify gaps and begin the process of developing short- and long-term solutions.

In 2009, Congress encouraged CDC to work with the food industry on sodium reduction and to report back annually on activities and progress. The first *Report to Congress on Sodium Reduction* will be submitted in June 2010.

Slide 18: Potential State and Local Strategies

States and localities have many options for reducing sodium consumption in their populations. For example, CDC is developing a model procurement policy for states and communities that may be used as a guide. Procurement policies with sodium requirements have also been applied in specific venues, including long-term care facilities, departments of corrections, school systems, and hospitals.

CDC offers technical assistance to funded states to aid in sodium-reduction efforts.

Another way to embark on sodium reduction strategies is to look at specific venues, using multiple strategies for a comprehensive approach. For example, schools can include procurement and menu labeling in the cafeteria. Sodium also can be included in curricula, such as a health

class or as the topic of discussion in economics. In addition, information on sodium reduction can be shared at a PTA meeting, with the school nurse, or used as part of school employee wellness programs.

Slide 19: Healthier Food Environment = Healthier Population

Ultimately, changing the food environment gives consumers a broader range of healthful food options and provides a more healthful food supply so that no individual behavior change is needed. And sodium reduction at a national level will benefit most Americans through lower rates of high blood pressure, heart attack, and stroke.

Slides 20–21: Additional Resources

No accompanying text.