Overview

Reducing dietary salt intake is an important consideration for improving public health. In late April 2010, the Institute of Medicine (IOM) released a 434-page report entitled, “Strategies to Reduce Sodium Intake,” urging the U.S. Food and Drug Administration (FDA) to implement prompt and extensive regulatory actions to gradually reduce sodium levels in the U.S. food supply via deliberative, systematic, collaborative processes.

According to the 2005 Dietary Guidelines for Americans, adults should consume no more than 2,300 mg of sodium per day. Constituting roughly 70% of the population, individuals with hypertension, people who are middle-aged or older, and African Americans should consume no more than 1,500 mg of sodium daily – a recommendation also reinforced in the updated 2010 Guidelines. While research has established a link between excessive dietary salt intake and the development of high blood pressure, renal disease, coronary heart disease, and stroke, data from the 2005-2006 National Health and Nutrition Examination Survey (NHANES) indicate that Americans consume more than 3,400 mg of sodium daily – equivalent to 1.5 teaspoons of salt. Last year, the estimated medical and loss of productivity costs related to high blood pressure were $73.4 billion.

A population-wide effort to reduce dietary salt in the U.S. could produce large-scale benefits, similar to smoking cessation, weight-reduction programs, and drug therapies for individuals with hypertension or hypercholesterolemia. According to a new study, a national, coordinated effort to decrease salt consumption by 3g per day would result in an estimated savings of $10 billion to $24 billion in health care costs.

Broadly considered, two strategies can be used to lower salt intake:

1. **The public health approach** – food manufacturers reduce sodium levels in processed and prepared foods.
2. **The individual approach** – each person must select, prepare and/or consume foods with reduced or no salt.

However, because nearly 77% of dietary salt comes from packaged, processed, store-bought, and/or restaurants foods, it is critical to move forward with a combined effort that focuses on the processed foods purchased by consumers, and also on foods made available to consumers by restaurant and foodservice operators.

As of March 2010, with the passage of the Affordable Care Act, an amendment to the Food, Drug and Cosmetic Act will require chain restaurants to provide accessible nutrition information for standard menu items, creating uniformity and consistency on a national scale. Prior to the act, however, states recognized sodium reduction as both an emerging policy issue and a public health priority, enacting proposals to provide consumers with sodium information at the point-of-purchase, including:

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In Institute of Medicine Report 2010: Strategies to Reduce Sodium Intake in the United States

- Provisions that restaurant menus label sodium content, in addition to caloric and nutritional information
- Limits on sodium in school meals and snacks
- Regulation of sodium in meals at some institutional facilities, including prison meals and in-state facilities for the elderly

In achieving reduced daily sodium intakes consistent with the Dietary Guidelines for Americans, supporting strategies must be promulgated to explore consumer awareness and salt-taste preferences, and track sodium consumption (i.e., dietary recall surveys, bio-monitoring urinary sodium).

To bolster these initiatives, complementary action by the federal government is needed and may include front-of-pack nutrition labeling and a shift in public procurement policies to reduced-sodium foods. States have an opportunity to support a decrease in the level of sodium in the U.S. food supply by reducing sodium through purchasing actions (i.e., integrated procurement policies and practices), labeling initiatives, and increasing compliance with restaurant standards.

The U.S. Centers for Disease Control and Prevention (CDC) supports state initiatives to enable public health transformation, including efforts through the State Heart Disease and Stroke Prevention program which funds 41 states and the District of Columbia to increase state capacity for population-based interventions that address heart disease, stroke, and related risk factors. It may fall within the scope of the program to consider promoting and integrating sodium reduction strategies into the existing framework of state-based prevention activities.

**Salt Reduction vs. Tobacco Control**

**Impact:** deaths prevented due to cardiovascular disease vs. financial expenditure to implement salt reduction and tobacco control strategies in 23 low- and middle-income countries.

![Graph showing comparison of salt reduction vs. tobacco control](image)

Key Messages

23 low-income and middle-income countries share 80% of the total burden of chronic disease

13.8 million deaths could be prevented over a 10-year period (2006-2015):

- **8.5 million** by a salt reduction strategy:
  1. Reduce salt content of processed foods and condiments
  2. Mass-media campaign to encourage dietary change in households and communities
- **5.5 million** by implementing four elements from the WHO *Framework Convention on Tobacco Control*:
  1. Tobacco tax increases to reduce smoking prevalence
  2. Smoke-free workplaces
  3. FCTC-compliant packaging and labeling of tobacco products, and public awareness campaigns to highlight health risks of smoking
  4. Ban on tobacco advertising, promotion, and sponsorship

Deaths prevented (estimated):

- From cardiovascular diseases = 75.6%
- From respiratory diseases = 15.4%
- From cancer = 8.7%

Projected cost (as of 2005):

- Less than $0.40 USD per person/per year in low-income and lower middle-income countries
- $0.50 - 1.00 USD per person/per year in upper middle-income countries