

Dietary Salt Reduction in the America's

**Norm Campbell, Co-Chair Technical Advisory Group to mobilize
cardiovascular disease prevention through dietary salt control
policies and interventions**



Countries in Americas region that have Sodium Reduction Activities

- Argentina
- Barbados
- Brazil
- **Canada**
- **Chile**
- Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and the Dominican Republic
- Cuba
- Mexico
- Trinidad & Tobago
- **United States**
- Uruguay
- Colombia,
- 1. Paraguay



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Cardiovascular Disease Prevention through Dietary Salt Reduction 2009-11



**The Expert Group: Create tools
and resources to support dietary salt
reduction in the America's**

PAHO Technical Advisory Group 2012-



Technical Advisory Group: Create tools and resources to support dietary salt reduction in the America's



Policy Statement:

**Preventing Cardiovascular Disease in
the Americas by Reducing
Dietary Salt Intake Population-Wide**



The PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction has produced this policy statement. It has the rationale and recommendations for a population-based approach to reduce dietary salt intake among all people in the Americas, be they adults or children.

Policy Goal

A gradual and sustained drop in dietary salt intake to reach national targets or in their absence, the internationally recommended target of less than 5g/day/person by 2020.

Audience

Policy and decision makers in government, leaders in non-governmental organizations (representing consumers, health, scientific and health care professionals), civil society, the food industry (including food processors and distributors), among food importers and exporters, and in PAHO.

Rationale

- Increased blood pressure world-wide is the leading risk factor for death and the second leading risk for disability by causing heart disease, stroke and kidney failure.
- In the Americas, between 1/5 and 1/3 of all adults has hypertension and once age 80 is reached, over 90% can be expected to be hypertensive.
- In 2001, the management of non-optimal blood pressure i.e. systolic pressure over 115 mmHg consumed about 10% of the world's overall healthcare expenditures.
- As dietary salt consumption increases, so does blood pressure. Typical modern diets provide excessive amounts of salt, from early childhood through adulthood.
- The recommended intake of salt is less than 5g/day/person. In the Americas, intake can be over double the recommended level. All age groups including children are affected.
- Adding salt at the table is not the only problem. In most populations by far the the largest amount of dietary salt comes from ready-made meals and pre-prepared foods, including bread, processed meats, and even breakfast cereals.
- Reducing salt consumption population-wide is one of the most cost-effective measures available to public health. It can lower the rates of a number of related chronic diseases and conditions at an estimated cost of between \$0.04 and \$0.32 US per person per year. Population-wide interventions can also distribute the benefits of healthy blood pressure equitably.
- Governments are justified in intervening directly to reduce population-wide salt consumption because salt additives in food are so common. People are unaware of how much salt they are eating in different foods and of the adverse effects on their health. Children are especially vulnerable.
- Salt intake can be reduced without compromising micronutrient fortification efforts.

Policy Statement

Goal:

A sustained drop in dietary salt intake to reach national targets or the internationally recommended target of less than 5g/day/person by 2020, securing that it is fortified.

63 endorsements of Road Map by NGO and Government



Policy Statement

Goal: A gradual and sustained drop in dietary salt intake to reach national targets or in their absence the internationally recommended target of less than 5g/day/person by 2020.

National governments	Non-governmental organizations	Food industry
<ul style="list-style-type: none">Seek a multi-sectoral endorsement of the Policy StatementDevelop sustainable, funded, scientifically based salt reduction programs that are integrated into existing food, nutrition, health, and education programs.Initiate collaboration with domestic food industriesRegulate food industry to match the lowest salt content in the specific food categoryDevelopment of surveillance system that monitors population salt intakeReview national salt fortification policies and recommendations	<ul style="list-style-type: none">Endorse this policy statementEducate memberships on the health risks of high dietary salt and how to reduce salt intake.Promote and advocate media releases on dietary salt reductionBroadly disseminate relevant literature.Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.Promote coalition building, increase organizational capacity for advocacy and develop advocacy tools to promote civil society actions.	<ul style="list-style-type: none">Endorse this policy statement.Make current best in class and best in world low salt products and practices. Provide salt substitutes readily available at affordable prices.Commit to gradual and sustained reduction in the salt content of all existing salt-containing food products, restaurant and ready-made mealsUse standardized, clear and easy-to-understand food labels that include information on salt content.Promote the health benefits of low salt diets to all peoples of the Americas.

Communication and Advocacy

CVD Prevention and Control (2010) 4, 189–191



Short communication

PAHO/WHO Regional Expert Group Policy Statement — Preventing cardiovascular disease in the Americas by reducing dietary salt intake population-wide

N. Campbell*, B. Legowski, B. Legetic, R. Wilks, A.B. Pinto de Almeida Vasconcellos, On behalf of the PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction.¹

2010-2014

22 published peer reviewed articles

- The org 'As (AL
- Eng en
- CC
- labeling
- Public Knowledge, Awareness and Behavior in 6 PAHO countries
- Publications, presentations/workshops at national and international meetings, webinars



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Communication and Advocacy

- Web page in EN & SP
- Fact sheets and slide sets for professionals and public
- Monthly updates
- Salt Awareness week webinars
- Twitter @saltreduction

For more information, go to
www.paho.org/cncd_cvd/salt

7



Reducing Dietary Salt to Improve Health in the Americas: Patient/Consumer Fact Sheet

Cutting your salt – lowering your blood pressure

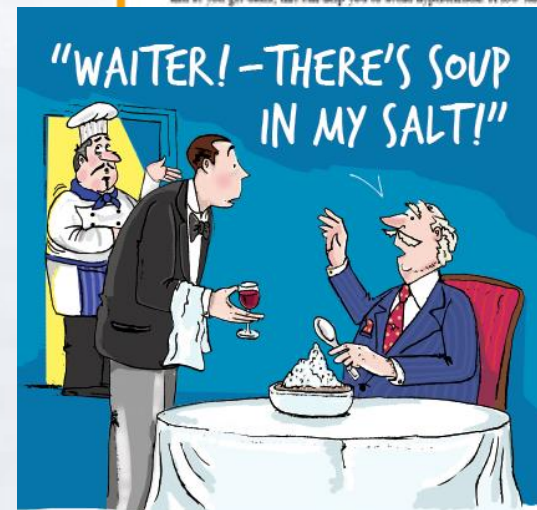
Nearly all people in the Americas eat far too much salt. Many adults and older children are eating over twice the amount considered safe for health. Cutting out table salt and eating less pre-prepared foods high in salt will help keep you healthier. If you are over the age of 40, of African descent or have diabetes, hypertension, kidney or heart disease, your health is more at risk from high dietary salt than other people.

For a healthy diet, eat less than 5 grams of salt per day, equivalent to 2000 milligrams of sodium.

High blood pressure or "hypertension" is a major risk factor for heart attack, heart failure, stroke, and kidney disease and is the leading risk for death in the world. In the Americas, depending on the country, between one-fifth and one-third of adults have hypertension and no matter where they live, over 80% of people living to age 80 can expect to develop hypertension if current circumstances continue. People in Latin America and the Caribbean have some of the highest rates of hypertension in the world.

About 30% of people with hypertension would have normal blood pressure and the rest would have better blood pressure control if they reduced their salt intake to a healthy level. Too much salt in the diet causes about 10% of cardiovascular disease and has also been linked to stomach cancer, worsening of asthma, thinning and weakening of our bones (osteoporosis), kidney stones and also obesity because salty foods cause thirst that we often quench with soft drinks high in sugar.

If you cut your salt to less than 5 grams per day, you can keep your blood pressure from going up and as you get older, this can help you to avoid hypertension. A low-salt diet could prevent up to 1



Eating too much salt damages our health.
 Salt is also called sodium chloride; it is the sodium in salt that can be bad for our health.
Ask for less salt please!



World Salt Awareness Week
 11th - 17th March 2013
 To learn more visit
www.worldactiononsalt.com



Organizati



World Salt Awareness Week
 21st - 27th March 2011
www.worldactiononsalt.com



Surveillance

PROTOCOL FOR POPULATION LEVEL SODIUM DETERMINATION IN 24-HOUR URINE SAMPLES

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease
Prevention through Population-wide Dietary Salt Reduction

Sub-group for Research and Surveillance
May 2010

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Branka Legetic

**Critical appraisal
of the literature
regarding methods
for determining
sodium, potassium,
iodine in the urine**

A REVIEW OF METHODS TO DETERMINE THE MAIN SOURCES OF SALT IN THE DIET

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease
Prevention through Population-wide Dietary Salt Reduction

Special Sub-group for Research and Surveillance
October 2010 v.7

Acknowledgements:
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Surveillance: Assessments of salt intake

- Bahamas: Health of the Nation study includes 24h urine assessment
- Mexico: SALI study : cohort of 1 000 workers: 24 h urine (sodium, potassium, chloride)
- NY: 24 h urine (sodium, potassium)
- Canada : Canadian Community Health Study; several provinces 24 h urine
- Argentina: sub sample of ENFR 24h urine
- Chile : National Health study (spot urine)
- Brazil: National Health Study (24h and spot urine)
- Costa Rica (national budget survey)

Salt Intake between 8.6-12 g/day/person

Surveillance: Main sources of salt

- **Approach:**

- Entire food supply: US, Canada
- Selected food categories: Argentina, Brazil, Barbados, Chile, Paraguay, Mexico, Costa Rica

- **Common food categories:**

- Bread and bakery products
- Biscuits and cookies
- Cakes
- Processed meat and cuts
- Dairy
- Snacks
- Soups
- Pasta
- Mayonese



Food Monitoring Group - Processed foods

Original scientific paper

European Journal of
**Cardiovascular
Prevention &
Rehabilitation**



International collaborative project to compare and monitor the nutritional composition of processed foods

Elizabeth Dunford^{1,2}, Jacqui Webster¹, Adriana Blanco Metzler^{3,4}, Sebastien Czernichow⁵, Cliona Ni Mhurchu⁶, Petro Wolmarans⁷, Wendy Snowdon^{8,9,10}, Mary L'Abbe¹¹, Nicole Li¹², Pallab K Maulik¹³, Simon Barquera¹⁴, Verónica Schoj¹⁵, Lorena Allemandi¹⁵, Norma Samman¹⁶, Elizabete Wenzel de Menezes¹⁷, Trevor Hassell¹⁸, Johana Ortiz¹⁹, Julieta Salazar de Ariza²⁰, A Rashid Rahman²¹, Leticia de Núñez²², Maria Reyes Garcia²³, Caroline van Rossum²⁴, Susanne Westenbrink²⁴, Lim Meng Thiam²⁵, Graham MacGregor²⁶ and Bruce Neal^{1,2} (for the Food Monitoring Group)

European Journal of Cardiovascular
Prevention & Rehabilitation
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Food Monitoring Group - Fast foods

The Food Monitoring Group *BMC Public Health* 2012, **12**:559
<http://www.biomedcentral.com/1471-2458/12/559>



STUDY PROTOCOL

Open Access

International collaborative project to compare and track the nutritional composition of fast foods

The Food Monitoring Group*

Abstract

Background: Chronic diseases are the leading cause of premature death and disability in the world with over-nutrition a primary cause of diet-related ill health. Excess quantities of energy, saturated fat, sugar and salt derived from fast foods contribute importantly to this disease burden. Our objective is to collate and compare



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Economic studies on the cost effectiveness and cost savings from population level dietary salt reduction

- Projects in Argentina, Mexico, Brazil, Chile:
Cardiovascular Disease Policy Model: using a national cardiovascular disease simulation model to project the impact of national dietary salt lowering programs

Project for the PAHO region



Optimum intake of sodium and iodine

- **Position document to facilitate collaboration and cooperation in optimizing salt and iodine intake in the Region.**



**IMPROVING PUBLIC HEALTH THROUGH THE OPTIMAL
INTAKE OF IODINE AND SODIUM
PAHO, WDC March 31 to 1st April 2011**

Engagement with Food Industry

Codex Alimentarius :

- Commission on labeling
- Commission of nutrients of special importance for prevention of NCDs
- ‘Industry questionnaire’ (for multinational and national food manufacturers) to identify progress and intentions to reduce salt additives and industry leaders.
- Guide for setting targets and timelines to reduce salt content in food throughout the Americas.
- Salt Smart Consortium



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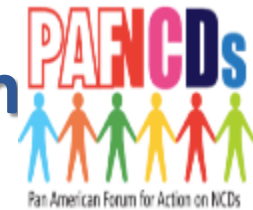
Joint PAHO and World Economic Forum on Latin America meeting and the “2011 Statement of Rio de Janeiro” created jointly by governments, the food industry and civil society together it encourages stakeholders to act now to improve the health of the people of the Americas using a comprehensive multisectoral approach to specifically reduce dietary salt!



**WEF-PAHO session: Creating Healthier Environments and Lifestyles:
Bringing Action to the UN High level Meeting on NCDs
Rio de Janeiro, April 27 2011.**

Mobilizing the Americas for Dietary Salt Reduction

SALT SMART CONSORTIUM 2012



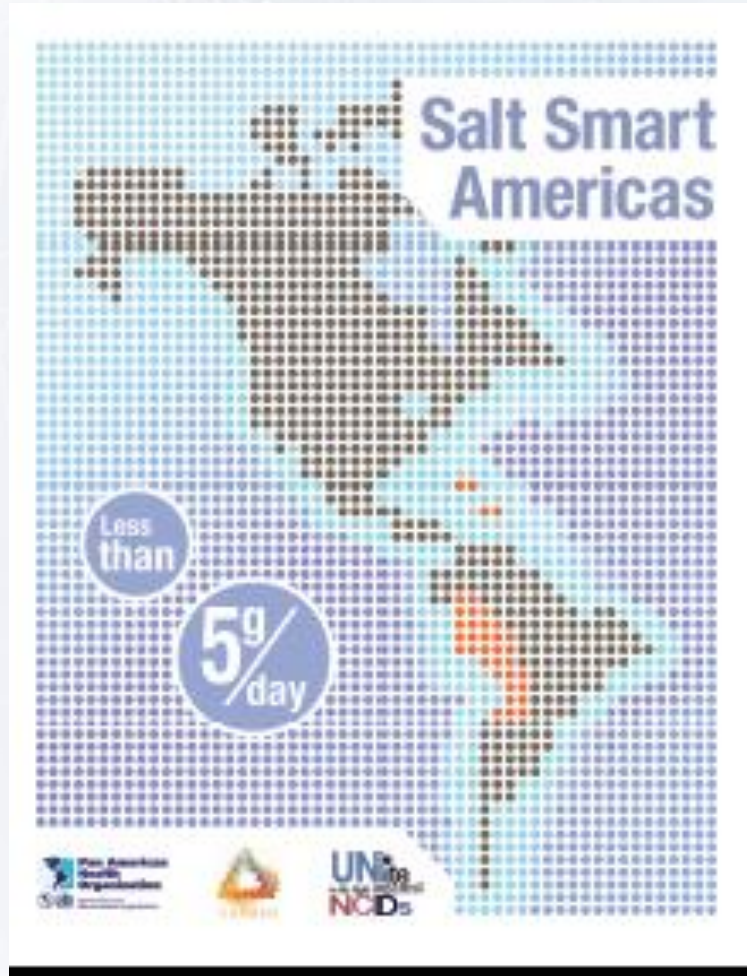
1. Agreement to form the Consortium: signed Pan American Forum commitment for Action and Rules of engagement
2. Agreement on target of less 5 g of salt intake and that the work of the consortium is to reach this target by 2020

Focus on:

1. Standards for Reformulation of products for Region
2. Instruments for communication and advocacy.
3. Support for small and medium size industries for reformulation of their products.
4. 5 year Strategic Plan to serve as guide and resource mobilization



2013 May 17 " World Hypertension Day"



- Launch of :

Salt Smart Americas

Guide for country action on
salt reduction



Guide for setting targets and timelines to reduce the salt content of food (2013)

- Purposes of the Guide:
- For governments and public health authorities to assist them in designing their salt reduction strategies
- Based on experiences of a variety of countries that have already begun
- Provide advice in a step-by-step approach
- Share existing targets and timelines (tables for the most common categories and links to full programs)
- Foster collaboration and harmonization
- Different approaches have been used by countries
 - Comprehensive targets for all food categories
 - Step-wise approach starting with priority foods/categories
 - Voluntary system – Brazil, Costa Rica, US, Canada
 - Regulatory system - Argentina, Paraguay, Chile





2014 United Nations NCD Review side event: Salt-Sm

PAHO/WHO

The event highlighting the Salt-Smart Americas initiative was held on July 10 as part of the 2014... See more

[View all albums](#) [Photos](#)



Regional sodium reduction targets in the Americas

Concepts :

- Promote harmonization using existing national targets.
- Build on the current targets and timelines of countries in the America's.
- Utilize the technical document of the PAHO TAG for establishing targets.
- Utilize regional expertise in adopting regional targets.
- Implementation: collaborative activity of government, industry and civil society



Regional sodium reduction targets in the Americas

- Use maxima levels to facilitate implementation and monitoring.
- Facilitate more rapid reduction in dietary salt/salt content of foods in countries where targets do not currently exist.
- Use major food groups contributing to salt consumption.
- Targets regularly reassessed (biennially).
- Based on industry volunteerism.
- Transparent monitoring by third party to assure accountability.



Regional sodium reduction targets in the Americas

- Not to override current national targets and timelines.
- Not to override countries from developing targets for additional food categories or setting more stringent maximums.
- Not to diminish salt reduction efforts in the entire product line of companies



Monitoring

- Food Industry voluntarily provides data on products from 12 food categories
- Civil society uses: protocols for food sampling in store and I Phone software to collect photos of foods
- WHO CC for salt reduction in George Institute secures data entry into spreadsheets/database by Category of food
- Comparisons
 - In country
 - By food category
 - By manufacturer
 - Over time
 - Between countries



Singling out Argentina, Brazil and Chile

- Strong political leadership and commitment
(Presidents and Ministers of Health)
- Focus on major dietary sources of salt
- Move from voluntary to regulatory (Argentina and Chile)
- Move towards non processed foods to halt nutrition transition (Brazil)
- Strong collaboration, support and competition in PAHO group



More info on the initiatives in the Americas

- **PAHO “SALT “WEB PAGE (ENG/SP):**
- **ENG:** http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=en
- **Regional targets:**
- **ENG:** http://www.paho.org/hq/index.php?option=com_content&view=article&id=10399&Itemid=41253&lang=en
- **ALASS WEB PAGE (SP):** <http://www.alass.net/index.php/semana-de-la-sal>
- **AHA web page:** <http://sodiumbreakup.heart.org/sodium-411/sodium-kids/>



Thank you

