



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
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## **Cut the Salt. Get the Facts.**

### ***The National Salt Reduction Initiative***

#### **What is the National Salt Reduction Initiative?**

The National Salt Reduction Initiative (NSRI) is a partnership that includes 19 national health organizations, 9 national and regional health associations, and 44 cities, states and related entities. The City of New York is coordinating the effort. The partners are working with food manufacturers and the restaurant industry to lower the salt levels in commonly consumed products. The goal is to reduce Americans' salt intake by 20% over five years.

#### **How will you reduce people's salt intake?**

As a first step, the NSRI worked with industry to set salt-reduction targets for 62 packaged food and 25 restaurant food categories. So far, 28 major manufacturers and restaurant chains have agreed to pursue salt reduction targets for one or more food categories. The next step is to measure the companies' progress and assess the impact on people's salt intake.

#### **How many companies are committing to the targets?**

As of March 2011, 28 leading food companies, including manufacturers, supermarkets and restaurant chains, publicly embraced NSRI targets for particular food categories. Some of the nation's largest and most influential food companies have committed to NSRI targets for various food categories. A full list of industry commitments is available at [www.nyc.gov/health/salt/commitments](http://www.nyc.gov/health/salt/commitments). The NSRI welcomes additional company commitments.

#### **Why is the NSRI setting targets by category? Wouldn't it be simpler to target individual products?**

Specific products come and go, but manufacturers and restaurants continue to sell foods within the same general categories. By setting a realistic target for an entire category, such as crackers or cereal, we can reduce salt levels across the food supply.

#### **But why alter the whole food supply?**

The excess salt in our diets is not the result of a few extra-salty products, such as pickles or cured meat. A muffin can pack as much salt as a whole bag of potato chips. Cutting the salt gradually in all of the foods we eat every day is the best way to get us all to more healthful levels.

#### **Why should health organizations decide how much salt a muffin needs? Maybe the current level is required for the quality and taste of the product.**

Salt plays many important roles in food production. Besides adding flavor, it gives some foods their texture and consistency and, in some products, prevents spoilage. But salt levels vary widely among successful products within particular categories. Most foods now contain far more salt than is needed

to maintain quality or taste. The NSRI has worked closely with the food industry to set realistic targets. Most of the targets are already being met by one or more widely consumed products.

**Are you asking food makers to reduce all their products to the same level? Won't that take the variety out of our food supply?**

No, the NSRI leaves room for a range of high- and low-salt products. It aims to reduce the overall salt load in our diets by shifting the average within each food category. A company making several types of crackers would not have to maintain the same salt level in each of them. The goal is sell a mix of products that, when adjusted for sales volume, has an average salt level at or below the NSRI target

**How does the NSRI relate to the federal government's nutrition guidelines? Is this a large-scale experiment in extreme sodium reduction?**

This initiative was launched by a broad array of national health organizations and state and local jurisdictions to help Americans meet the accepted federal guidelines for sodium intake. America's food supply currently delivers twice as much sodium as people can safely consume. On average, in this country we now get 3,600 mg of sodium each day. Federal guidelines recommend no more than 1,500 mg for most U.S. adults: people 51 years and older, blacks, and people with hypertension, diabetes or chronic kidney disease – and 2,300 mg for others. The NSRI aims to reduce sodium intake gradually to help people achieve recommended limits. In two recent reports the Institute of Medicine has noted the value of coordinated voluntary industry action to reduce population salt intake.

**Doesn't the Institute of Medicine's April 2010 report, "Strategies to Reduce Sodium Intake in the United States," call for federal regulation? Why bother with voluntary reduction if the federal government is going to regulate?**

The federal government has not yet decided to regulate sodium levels. If it does, the process will take years. The IOM report notes that public-private partnerships can "achieve meaningful reductions of sodium intake prior to the implementation of mandatory standards." Likewise, the Food and Drug Administration has stated that coordinated voluntary efforts are "very important to making progress on this public health issue."

**Why do food manufacturers and restaurants need to reduce the salt in their products? Would a public health education campaign be more effective?**

Most of our salt consumption is not voluntary; nearly 80% of the salt in our diets is already contained in packaged and restaurant food when we buy it. Single items often contain more than a day's worth of salt, the component of salt that affects blood pressure. Consumers can reduce their sodium intake by reading nutrition labels and avoiding highly salted products. But the larger challenge is to give us all more control over the amount of salt we consume. To improve public health, we must change manufacturing and restaurant practices.

**What is being done to educate consumers?**

Health departments across the country are working to help consumers and health care providers understand the importance of reducing salt intake. Under a new initiative called Communities Putting Prevention to Work ([hhs.gov/recovery/programs/cppw/factsheet.html](https://www.hhs.gov/recovery/programs/cppw/factsheet.html)), the federal government is funding state and local efforts to raise public awareness of nutrition and health, including specific work on salt. Five states and communities, including New York City, have also received funding

from the Centers for Disease Control and Prevention for salt reduction efforts ([cdc.gov/media/pressrel/2010/r101001.html](http://cdc.gov/media/pressrel/2010/r101001.html)).

**Will this initiative limit consumer choice?**

No. Reducing the salt levels in packaged and restaurant foods will increase consumer choice. Anyone can add more salt at the table, but no one can remove what was added during production.

**Many products are already available in low-salt or reduced-salt versions. Why are food companies being asked to make additional salt reductions?**

A salt-healthy diet shouldn't depend on alternative products. A healthy level of salt should come with normal eating habits. Unfortunately, that is not possible to do in today's food market. Reducing salt in processed food can help reduce everyone's risk of heart disease and stroke.

**Is this a New York City initiative, or a national one?**

More than 70 cities, states and national health organizations have committed to work toward the goal of reducing population salt intake by at least 20% over five years by setting targets for industry reductions and monitoring their progress through a transparent, public process. Federal agencies are aware of the initiative and supportive of the work to reduce salt in the food supply.

**Will the NSRI affect nutrition labeling?**

The NSRI is a voluntary initiative, not a regulatory measure. It is modeled after a program developed in the United Kingdom. It will not affect federal, state or local nutrition labeling laws.

**How did you define the categories?**

We started by defining categories of food that contribute to salt intake. The categories – 62 for packaged food and 25 for restaurant food – correspond to those generally recognized by consumers and industry. The foods in any given category can be produced and marketed with lower average salt levels than they now contain. Industry helped refine the category definitions to ensure that each category contained an appropriate mix of related products.

**How did you set the targets for salt reduction?**

The initiative's goal is to reduce salt intake by 20% over five years – an achievable goal if we can reduce the salt content of packaged and prepared foods by 25% over the same period. We held more than 100 meetings to work with industry representatives to set realistic targets for each category. The NSRI will assess industry's progress in 2012 and again in 2014.

**If a company sells several products in a category, does every product have to meet the target?**

No, the targets are flexible to allow a range of sodium levels within a category.

**For Packaged Foods:** The goal is to ensure that the overall sodium content of a manufacturer's products within a category meet the relevant target. Suppose a manufacturer sells three breakfast cereals with three levels of sodium: 350mg per 100 grams, 450mg per 100 grams, and 550mg per 100 grams. If the three cereals have equal sales volumes, then the company could meet a target of 450mg per 100 grams even though one of the cereals is above the target.

**For Restaurant Foods:** Like packaged foods, restaurant foods have been grouped into categories with targets for sodium density (milligrams of sodium per 100 grams of food). But unlike packaged foods, restaurant items are meant to be consumed in one sitting. A very large hamburger could carry an unhealthy sodium load even if the amount of sodium in each 100 grams of food was fairly modest. The NSRI addresses this issue by setting per-serving

maximums for all restaurant food. Under the 2012 targets, no hamburger should deliver more than 1,500mg of sodium in total, no matter how low its sodium density. The 2014 maximum is 1,200mg per serving.

**Will it be expensive for food manufacturers to reformulate products?**

Reformulation and new labeling does involve some investment, but like other recipe changes or new product launches, it can be managed within businesses' reformulation and re-labeling cycles. By working with governments and agreeing to medium-range targets, companies can plan for gradual salt reduction.

**What is the current average sodium intake among New York City residents?**

Average sodium intake in New York City is approximately 3100 mg of sodium per day, based on preliminary results from the Heart Follow Up Study conducted by the New York City Department of Health in 2010. Current intake is far above the 1,500 mg/day recommended for most U.S. adults. The study used the gold standard 24-hour urine collection to measure of sodium intake among a representative population of New York City residents.

**How will you know if you the initiative is succeeding?**

The NSRI has created a database to track nutrition information of food products. It will allow us to measure progress toward the targets by monitoring salt content by food category and by food manufacturer or restaurant. Companies will also have an opportunity to report baseline information and to provide updates, since changes may not be immediately apparent on food labels. In addition, New York City will measure the impact of the NSRI by measuring population sodium intake in 2010 and in 2014. The 2010 study has already been completed.

**How did you create the databases you're using, and how many products are in them?**

The NSRI Packaged Food Database includes nutrition and sales data for all 62 packaged food categories. The database links nutrition data to sales data by UPC code, allowing the NSRI to calculate the sales-weighted average sodium for each food category and assess the potential for sodium reduction. The NSRI Restaurant Food Database includes nutrition information and available market share data for all 25 restaurant food categories.

**Will the targets force products off the market?**

Targets are voluntary, not mandatory, so they cannot force products off the market. Companies with some higher-salt products can still meet category targets by lowering the salt levels in other products in the same category.

**What happens if a company does not commit to any targets?**

The NSRI encourages restaurants and the makers of packaged foods to commit to as many targets as possible. The NSRI will publicly recognize companies that commit to targets.

**What happens if a company commits to a target but does not meet it?**

If a company fails to meet a goal for salt reduction, the NSRI will request a written explanation and a revised plan with regard to the missed targets. The company's revised plans will be noted on the NSRI website.

**Recently, several large food companies have announced salt-reduction and other nutrition efforts. Why are they still being asked to pursue category targets?**

The NSRI applauds all salt reduction work undertaken by the food industry. The category targets represent an objective, measurable standard developed with industry data and input. By asking companies to commit to one set of targets, the NSRI is providing a level playing field to companies and allowing companies that have already made significant reductions in salt content to receive credit.

**Will removing salt from foods lead to increases in other unhealthy ingredients, such as sugar?**

The NSRI encourages food companies to remove salt in food without replacing it with other unhealthy ingredients. Besides monitoring salt reduction over time, the NSRI will monitor levels of sugar, fat, and total calories.

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