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National Salt Reduction Initiative: Frequently Asked Questions

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1. What is the National Salt Reduction Initiative (NSRI)?

The National Salt Reduction Initiative (NSRI) is a partnership that includes more than 95 state and local health authorities and national health organizations. It is coordinated by the New York City Health Department. NSRI 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.

2. How can the NSRI reduce people's salt intake?

The NSRI worked with the food industry in 2009 to set sodium reduction targets for 62 packaged food and 25 restaurant food categories for 2012 and 2014. NSRI partners encourage companies to commit to meet NSRI 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.

3. Why is reducing salt intake important?

Sodium is the main component of salt, and when consumed in excess it can lead to high blood pressure, which is a risk factor of heart disease and stroke. On average, Americans consume about 3,300 milligrams (mg) of sodium each day. Federal guidelines recommend no more than 2,300 mg for the general population.

4. Why do food manufacturers and restaurants need to reduce sodium in their products?

Most of our salt consumption is not voluntary; nearly 80% of the salt in our diets is already in packaged and restaurant food when we buy it. Single items often contain more than a day's worth of sodium, 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.

5. How many companies are committed to NSRI targets?

Twenty-eight leading food companies, including manufacturers, supermarkets, and restaurant chains, publicly embraced NSRI targets. Some of the nation's largest and most influential food companies have committed to NSRI targets for various food categories; many have already met their 2012 commitments and are continuing to work toward the 2014 targets. The NSRI is proud to share the [2012 achievements made by food companies](#) and welcomes additional company commitments to 2014 targets.

6. How did the NSRI 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 sodium content of packaged and prepared foods by 25% over the same period. To accomplish this, we started by defining categories of food that contribute to salt intake. Industry helped refine category definitions to ensure that all 62 packaged and 25 restaurant food categories contained an appropriate mix of related products. We held more than 100 meetings with industry representatives to set realistic, yet challenging, targets for each category.

7. Why are the NSRI targets set for food categories instead of individual products?

Specific products come and go, but manufacturers and restaurants continue to sell foods within the same food categories. In fact, people consume sodium from a wide variety of foods that may not taste salty, such as breads, cold cuts, and pizza. By setting a realistic target for an entire category, we can reduce salt levels across the food supply. Cutting the salt gradually within the foods we eat every day is the best way to get us all to more healthful levels.

8. Why should health organizations decide how much salt is needed in food?

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 most foods now contain far more salt than is needed to maintain quality or taste and salt levels vary widely among successful products within particular categories. The NSRI has worked closely with the food industry to set realistic sodium reduction targets. Most of the NSRI targets are already being met by one or more widely consumed products.

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

No. NSRI targets are flexible to allow a range of high- and low-sodium products within each category. The NSRI aims to reduce the overall salt load in our diets by shifting the average within each food category – the goal is to sell a mix of products that, when adjusted for sales volume, has an average salt level at or below the NSRI target.

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: 350 mg per 100 g, 450 mg per 100 g, and 550 mg per 100 g. If the three cereals have equal sales volumes, then the company could meet a target of 450 mg per 100 g 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 (mg 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 g of food is 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 1,500 mg of sodium in total, no matter how low its sodium density. The 2014 maximum is 1,200 mg per serving.

10. 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.

11. Will the NSRI targets force products off the market?

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

12. Why bother with voluntary reduction if the federal government is planning to regulate?

In April 2010, the Institute of Medicine (IOM) released a report calling for the U.S. Food and Drug Administration (FDA) to set federal standards for sodium in foods. The FDA 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 FDA has stated coordinated voluntary efforts are "very important to making progress on this public health issue."

13. Is this a New York City initiative or a national one?

More than 95 state and local health authorities and national health organizations have committed to work toward the goal of reducing population salt intake by at least 20% over five years through this initiative. Federal agencies are aware of the NSRI and supportive of its goal to reduce salt in the food supply. Progress will be monitored over time through a transparent, public process.

14. 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. Through media campaigns, health bulletins, and community events, the NYC Health Department helps to educate the public about how and why to choose less sodium. Additionally, eight states and communities, including New York City, have received funding from the Centers for Disease Control and Prevention for local [salt reduction efforts](#).

15. 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.

16. 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, this is not possible in today's food market. Reducing sodium in processed food can help reduce everyone's risk of heart disease and stroke.

17. How will you know if you the initiative is succeeding?

The NSRI will assess industry's progress after each of the target years. As part of this assessment, the New York City Health Department created two databases to track nutrition information of food products. These databases will be used to monitor salt content and to assess progress toward the NSRI sodium targets. Companies have an opportunity to report baseline information and provide updates, since changes may not be immediately apparent on food labels. Additionally, a 2010 study by the New York City Health Department analyzed sodium intake through a 24-hour urinary sodium analysis of a representative New York City population. Visit the [NSRI homepage](#) for more information.

18. 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.

19. How is the NSRI different from company announcements about salt reduction?

The NSRI applauds all salt reduction work undertaken by the food industry. The NSRI targets represent an objective, measurable standard developed with industry data and input. By asking companies to commit to its 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.

20. 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. The primary purpose for the NSRI database is to measure changes in sodium over time, but the database includes other nutrients, where available. The NYC Health Department has published papers on partially hydrogenated oil and potassium labeling based on data from the NSRI database.