



Best Practice: National Salt Reduction Initiative

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CITY: NEW YORK

POLICY AREAS: PUBLIC HEALTH

BEST PRACTICE

The **National Salt Reduction Initiative (NSRI)**, led by New York City, comprises more than 70 local and state health authorities and national health organizations. The NSRI has set gradual, achievable and measurable salt reduction targets for packaged and restaurant food. The NSRI packaged and restaurant food databases informed the initiative's targets and will support its monitoring efforts. Twenty-eight national food companies have committed to NSRI targets since April 2010.

ISSUE

Cardiovascular disease is the leading cause of death in New York City and the United States. Americans consume roughly twice the recommended limit of sodium each day—1,500 mg for the majority of American adults—which can cause high blood pressure and place millions at risk of heart attack and stroke. Only 11% of the sodium in our diets comes from our own saltshakers; nearly 80% is added to food before it is sold. Reducing sodium intake can save tens of thousands of lives and billions of dollars in health care costs each year.

GOALS AND OBJECTIVES

The NSRI aims to reduce sodium intake in the United States by 20% by reducing sodium in packaged and restaurant foods by 25% over five years. To that end, the NSRI has developed sodium reduction targets for 62 packaged food categories and 25 restaurant food categories for 2012 and 2014.

IMPLEMENTATION

The NSRI was launched in October 2008. Based on the United Kingdom's Salt Reduction Campaign model, the NSRI set voluntary salt reduction targets by individual food category for both packaged and restaurant food. In 2009, the NSRI conducted more than 100 meetings with manufacturers, restaurant chains, trade associations, and related organizations to discuss industry feedback on proposed targets. Following these consultations, the targets were publicly released for industry technical comment in early January 2010. Final 2012 and 2014 targets were announced in April 2010 for 62 packaged food categories and 25 restaurant categories. The targets are intended to be voluntary, substantive, achievable, gradual, and measurable.

The NSRI created two unique databases to support the initiative, one specific to packaged food and a second tailored to restaurant food. To create the packaged food database, the New York City Health Department purchased sales data from the Nielsen Company and merged it with publicly-available nutrition data. The NSRI packaged food database includes the top 80% of products (ranked by sales) in each food category and allows for the calculation of sales-weighted mean sodium by both company and category. The restaurant food database merges publicly-available nutrition data for all restaurants in the 2009 QSR 50, a ranking of quick-service restaurants based on 2008 sales, with 2008 NPD Crest market share data. Both databases were built in 2009 to help inform target setting, and both will be rebuilt in 2012 and 2014 to monitor progress by category and company.

Starting in April 2010 and most recently in March 2011, the NSRI has announced company commitments to NSRI targets. To date, 28 national packaged food companies, supermarkets, and restaurant chains have committed to reduce sodium in their products according to the NSRI framework. These [companies](#) include Campbell Soup Company, Subway, Kraft and Delhaize America (Food Lion, Hannaford).



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NSRI progress will be assessed by monitoring changes in the sodium content of food in each NSRI category and by assessing changes in population sodium intake. In addition to recreating both the packaged and restaurant food databases, all companies committed to NSRI targets are asked to report baseline and target year sales-weighted mean sodium values. The Health Department is also assessing population sodium intake through 24-hour urinary sodium analyses in representative samples of New York City adults. The baseline study was conducted in 2010 and a follow up study will be conducted in 2014.

The NSRI partnership has grown rapidly since the initiative was launched in 2008, and now includes more than 70 local and state health authorities and national health organizations, including the American Heart Association and the American Medical Association. The partnership meets regularly through conference calls and provides an opportunity for partners to share and discuss their local sodium reduction activities.

COST

Staff time initially was provided by NYC Department of Health and Mental Hygiene employees. In addition, three grant-funded positions now support the NSRI. The NSRI databases include data purchased in 2009, totaling approximately \$150,000, which was provided by grant funding; the Health Department plans to repeat the purchase in 2012 and 2014. Health Department staff members also were assigned to the development of the 24-hour urine study. Grant funding of approximately \$1 million for the study complemented city staff time.

The Health Department has received extensive support from philanthropists and donors, including the Centers for Disease Control and Prevention, the National Association of City and County Health Officials, the WK Kellogg Foundation, the Robert Wood Johnson Foundation, and the New York State Health Foundation.

RESULTS AND EVALUATION

The NSRI successfully developed 62 packaged food and 25 restaurant targets for sodium reduction. To date, 28 national packaged food, retail and restaurant companies have committed to NSRI targets. The NSRI will assess progress at target dates in 2012 and 2014 by rebuilding the packaged and restaurant food databases from purchased and publicly-available data and requesting data from committed companies. The NSRI will measure progress toward achieving the following outcomes: (1) whether committed companies meet the NSRI targets and (2) changes in the weighted-mean sodium levels in each packaged food and restaurant food category.

In addition, in 2010, the Health Department conducted a study, using the gold standard of 24-hour urine collection, to measure baseline sodium intake among a representative sample of adult New York City residents. This study will be repeated in 2014 to measure the impact of the NSRI on population sodium intake.

TIMELINE

2008:

- October: NSRI launches at meeting with NYC Mayor Bloomberg and food industry representatives.

2009:

- All year: NSRI holds meetings with the food industry to define categories, set salt reduction targets, and discuss a monitoring and evaluation plan.

2010:

- January: NSRI publicly releases proposed targets with a three week technical comment period.
- April: NSRI releases final targets and announces the first 16 companies to commit to the NSRI in a press event.



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- November: NSRI announces 5 additional company commitments to the NSRI.
- All year: Baseline sodium intake is collected in a representative sample of New York City residents.

2011:

- March: NSRI announces additional company commitments, for a total of 28 commitments.
- March: Preliminary results of the 24-hour urinary sodium analysis are released.

Planned

2012:

- January: Date by which companies should achieve the NSRI 2012 targets.
- Spring: NSRI builds 2012 packaged and restaurant food databases. Companies report progress to date.

2014:

- January: Date by which companies should achieve the NSRI 2014 targets.
- Spring: NSRI builds 2014 packaged and restaurant food databases. Companies report progress to date.
- All year: Sodium intake in a representative sample of New York City residents is collected and compared to baseline findings.

LEGISLATION

The NSRI is a voluntary initiative. No laws or regulations were enacted or changed in the course of its implementation.

LESSONS LEARNED

National, voluntary initiatives like the NSRI have the potential to decrease the sodium content of foods. Measurable, transparent targets and comprehensive monitoring and evaluation are key components of success. National partnerships by cities, states, national health organizations and other interested parties can effectively demonstrate support for a specific issue and can bring industry to the table.

TRANSFERABILITY

There has been growing attention to salt reduction in the United States and around the world. Reports such as the Institute of Medicine's *Strategies to Reduce Sodium Intake in the United States* and the 2010 US Dietary guidelines have brought national and international attention to the need for sodium reduction. In addition, the NSRI was able to draw on the example of the United Kingdom's Salt Reduction Campaign in its creation and implementation. Cross-national collaboration and communication is critical, given that many of the largest packaged food and restaurant companies operate internationally.

The Health Department's experience coordinating the NSRI demonstrates that a national nutrition database is critical to track changes in the food supply. A transparent, publicly accessible database that includes Nutrition Facts label data for all food products is essential to provide accessible nutrition information for governments, consumers and researchers seeking to advance public health objectives and for consumers to identify foods and beverages that support a healthy lifestyle. The database also would provide a tool for both federal and local governments to monitor the impact of current and future nutrition policy initiatives.



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