FACTS
Salt of the Earth
Reducing Sodium in the U.S. Diet

OVERVIEW
Cardiovascular disease is the leading cause of death and disability worldwide and high blood pressure is one of its major risk factors. An estimated nine in ten Americans will develop high blood pressure during their lifetimes. A high amount of sodium in the diet has been linked to high blood pressure and may also have other harmful effects on health including increased risk for stroke, heart failure, osteoporosis, stomach cancer and kidney disease. The American Heart Association (AHA) advocates for a stepwise reduction in sodium consumption in the U.S. diet to 1500 mg/day by 2020. The AHA further recommends a concurrent sustained commitment by the food and restaurant industries to maximize the use of technology and reduce the amount of salt added to the food supply over the same time period. Several countries have already successfully reduced salt intake in their populations including Japan, Finland, and more recently the United Kingdom. AMOUNT OF SODIUM IN THE U.S. DIET
Multiple scientific studies have demonstrated improved health through lower sodium consumption. Yet Americans consumed an average of 3,330 mg of sodium daily in 2007-08. More than 75% of sodium in the diet comes from salt added to processed foods, beverages, and restaurant foods. Fresh meats, especially pork and poultry, are being injected with sodium to add weight and moisture. In fact, the leading sources of sodium in the diet are breads, pizza, deli meats and poultry. The high amount of sodium in the U.S. food supply makes it difficult for Americans to meet the recommended level of intake without compromising diet quality or preparing foods from scratch and carefully reading food labels.

High sodium in the diet is also linked to calories consumed, so eating less food is another way to lower daily intake of sodium. Diets rich in fruits and vegetables provide potassium which blunts the effect of high sodium intake and lowers blood pressure. However, not enough of the U.S. population is eating an adequate amount of these healthy foods for a variety of reasons, including cost, availability, a lack of knowledge about how to eat in a healthy way and a lack of motivation. For example, less than three percent of our youth get the recommended levels of fruits and vegetables.

THE POPULATION AT RISK
The 2010 Dietary Guidelines for Americans recommend that adults in the U.S. should consume no more than 2,300 mg of sodium, but specific populations, such as children and adults with hypertension, diabetes, and chronic kidney disease and African-Americans, and adults 51 and older, should aim for 1500 mg. These latter groups now comprise nearly half of the US population. Even more troubling, 97% of children and adolescents are eating too much salt putting them at greater risk of cardiovascular disease as they age. As rates of obesity and high blood pressure continue to climb in young people, physicians are prescribing more medications to treat hypertension in children. For these reasons, and because approximately 90% of U.S. adults will develop hypertension over their lifetime, AHA recommends that the maximum intake for the U.S. population should be 1500 mg/day.

ECONOMIC AND HEALTH BENEFITS
The many benefits of lowering sodium intake underscore the need for a comprehensive, coordinated public health strategy to lower the amount of salt in the food supply to 1500 mg/day by 2020. It is estimated that if the U.S. population moved to an average intake of 1500 mg of sodium per day there would be a 25.6% overall decrease in high blood pressure and $26.2 billion in health care savings. A national effort that reduces sodium intake by 1200 mg per day should result in 60,000 to 120,000 fewer CHD events, 32,000 to 66,000 fewer strokes, 54,000 to 99,000 fewer heart attacks, and 44,000 to 92,000 fewer deaths, and save 194,000 to 392,000 quality-adjusted life-years and $10 to $24 billion in healthcare costs annually. There is little scientific evidence for any adverse effects of low salt intake in healthy people. The few individuals affected by low salt intake are those with kidney disease.
who need more sodium such as those exercising or working in excessive heat over long periods of time can easily compensate by adding salt to their food.

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Mean Intake of Sodium (mg)</th>
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<tbody>
<tr>
<td>2-5</td>
<td>2265</td>
</tr>
<tr>
<td>6-11</td>
<td>3169</td>
</tr>
<tr>
<td>12-19</td>
<td>3990</td>
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</tbody>
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Available at http://riskfactor.cancer.gov/diet/foodsources/sodium

THE AHA ADVOCATES

The vast majority of people in the U.S. would realize significant health benefits from an overall reduction in sodium in the food supply and their diet. Therefore, the AHA is committed to collaborating with its national and state partners to implement a successful sodium reduction strategy that aligns with the recent recommendations developed by the Institute of Medicine.19 The AHA will:

- Collaborate with the Food and Drug Administration, the U.S. Department of Agriculture, the Centers for Disease Control and Prevention, the National Forum for Heart Disease and Stroke Prevention, the New York City Department of Health and Mental Hygiene as well as other organizations to achieve lower sodium levels in the food supply, address food labeling, develop consumer education campaigns and promote a progressive sodium reduction strategy to lower the daily consumption of sodium by 2020.
- Adjust the Daily Value for sodium on the Nutrition Facts Panel to align with the Dietary Guidelines for Americans.
- Assure that sodium and other nutrition information is available in all restaurants at point of purchase and educate consumers about the value of that information to their health.
- Advocate at the state and federal level for nutrition standards that reduce sodium in school foods as well as for foods and beverages marketed and advertised to children.
- Monitor industry’s efforts to maximize technologies that remove sodium from the food supply and create economic incentives for manufacturers and retailers to develop sodium reduction plans.
- Continue to develop robust surveillance at the state and national level for sodium consumption in the U.S. population, including an updated and comprehensive food database to track sodium changes in the food supply over time.
- Promote robust standards for foods purchased and provided by local, state, and federal government agencies, schools, recipients of government funds (private contractors, grantees), employers, and food retailers.
- Create incentives for health insurers and providers to offer sodium-related consultation/education to patients with high blood pressure or who are at risk for high blood pressure.
- Work with state departments of health through the State Heart Disease and Stroke Prevention Program to develop statewide stakeholder groups, identify state-based surveillance opportunities, include sodium objectives in state heart disease and stroke prevention plans, and develop a policy agenda for sodium initiatives.
- Promote participation by national, state and local partners in Million Hearts™ (http://millionhearts.hhs.gov), an initiative that brings together communities, health systems, nonprofit organizations, state and federal agencies, and private-sector partners from across the country to fight heart disease and stroke and includes a focus on reducing sodium in the food supply.

References


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