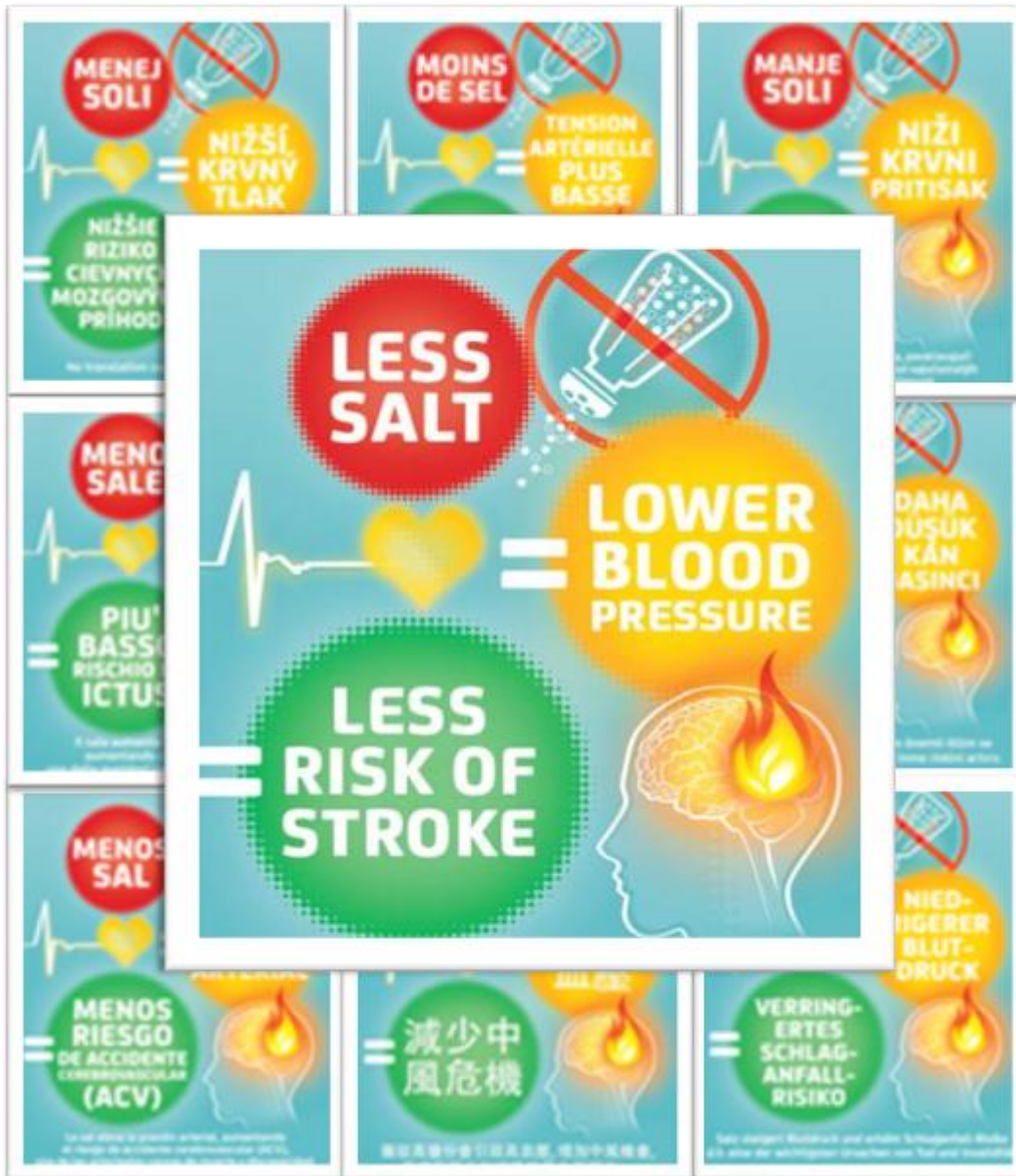




Consensus Action on Salt & Health



ANNUAL REPORT

May 2011—April 2012

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Consensus Action on Salt & Health

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Consensus Action on Salt & Health

About CASH

Consensus Action on Salt and Health (CASH) is a group of specialists concerned with salt and its effects on health. CASH is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet and bring about a reduction in the amount of salt in processed foods, catered foods and restaurant food, as well as salt added to cooking and at the table.

The Food Standards Agency (FSA) published evidence in July 2008 that the average adult consumes around 8.6g salt each day. Salt intakes have fallen from 9.5g to 8.6g since 2000, a drop of about 10%. Although this shows an encouraging decline in salt intakes, many adults still eat around 9-12g of salt daily, up to twice the maximum amount of salt that is currently recommended (6g/day).

Salt is the main factor in causing high blood pressure, the consequence of which is strokes and heart attacks; these diseases are the biggest causes of death and disability in the UK. If everyone achieved the 6g target of salt per day, the 2.6g reduction from the current daily average level of 8.6g would mean that almost 18,000 lives would be saved each year and a further 18,000 people would be saved from the trauma and possible disability of a cardiovascular event which they survive. Salt is also linked to a number of other health conditions including stomach cancer, osteoporosis, kidney stones, kidney disease and obesity.

AIMS

The main source of salt in the UK diet is that added in food processing and manufacturing and in catered and restaurant/takeaway food. This accounts for around 75% of our salt intake and is hidden in commonly-consumed foods, e.g. bread, meat products and ready prepared meals. CASH works to put pressure on the food industry to reduce the amount of salt added to their foods (through media relations and meetings with the industry) and at the same time is working to educate the general public to be more salt aware.

In conjunction with the food industry, Department of Health (DH) and the FSA, CASH will seek to ensure that the salt target of 6g per day for all adults (and much less for children) is achieved by 2014.



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CASH MEMBERS

Chairman	Professor GA MacGregor
Trustee	Professor PS Sever
Trustee	Professor M Law
Member	Professor Sir N Wald
Member	Professor HE de Wardener
Member	Professor P Sleight
Member	Professor AG Shaper
Member	Professor WPT James
Member	Professor G Beevers
Member	Professor P Elliott
Member	Professor Sir MG Marmot
Member	Professor NP Poulter
Member	Professor MEJ Lean
Member	Professor R Michell
Member	Professor PM Dodson
Member	Professor T Lang
Member	Professor KT Khaw
Member	Professor FP Cappuccio
Member	Professor GB Haycock
Member	Professor J Winkler
Member	Dr F He
Member	Dr W Sunman
Member	Mr M Kane (food technologist)
Member	Professor S Capewell
Member	Professor K McPherson

STAFF

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Summary of the year 2011/2012

We have had a busy year, working to ensure that salt reduction remains a priority in the UK. With the current industry salt targets designed to be met by the end of 2012 we have been working hard to make sure that 2014/2015 targets are on the Department of Health’s agenda. We have also been working hard to get as many companies as possible signed up to the Responsibility Deal. We also had the thirteenth annual Salt Awareness Week (reducing salt; preventing stroke), and have carried out a number of food surveys focused on key contributors of salt to the diet.

It has been a busy year internationally as well, with a lot of work encouraging other countries to commit to salt reduction, predominantly via the UN Summit on NCDs and meetings of the World Health Assembly.

CASH staff changes

We have said ‘farewell’ to two staff members; Kay Dilley (Assistant Nutritionist) has moved on to a role at the Prostate Care Charity and Emily Blewett (PR) has gone on maternity leave. We wish them both the very best of luck.

Congratulations to our chairman, Graham MacGregor, for being included in The Independents’ ‘Happy List 2012’; a list of 100 people who make Britain a much better place to live.

WASH launched a new website.

We are grateful to Queen Mary University Web Team for redeveloping the ‘www.worldactiononsalt.com website. It is now a more user-friendly, functional website.

This important and long overdue project has allowed us to clearly archive both our own work and the wider work around salt reduction, as well as providing a more accessible platform for consumers, health professionals and the media to access information and resources about WASH and salt reduction. We have been fortunate enough to work with online marketing agency Atom 42, who are managing our Google Search Grant pro bono.





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Government Level Work

THE PUBLIC HEALTH RESPONSIBILITY DEAL

In March 2011 the DH launched the Public Health Responsibility Deal. Companies signing up to the deal have pledged to reduce salt in their foods by 15% by the end of this year to meet the 2012 salt targets. If all companies sign the pledge, this should result in salt intakes coming down by 1 gram from the current intake of 8.6g to 7.6g in 2012. CASH has, thus far, supported the deal and is urging all food companies to sign the pledge.

The number of signatories is now up to 77. CASH has congratulated these companies and looks forward to hearing their progress.

The DH has purchased the Kantar database so they may privately monitor compliance with the pledge. We take our commitment to the pledge seriously, and have an essential role in keeping pressure on industry and awareness in the public arena. CASH will be acting more fully as an independent monitor of the Department of Health's Responsibility Deal, highlighting those manufacturers that are not compliant with the salt pledge or meeting the 2012 targets.

SALT CATERING PLEDGES

The Department of Health and the Food Network have developed separate pledges for caterers, which are currently being distributed to relevant

parties. The pledges will include a number of different criteria, including procurement and kitchen practices, and will give caterers slightly longer to meet the targets, acknowledging the fact that they are currently lagging behind the rest of the food industry. *Watch this space!*

URINARY SODIUM ANALYSIS – 21st June 2012

We were eagerly anticipating the long awaited results of the National Diet and Nutrition Survey - Assessment of Dietary Sodium Levels among Adults (aged 19-64) in England, 2011. Salt intakes in 2007/2008 had come down from 9.5g to 8.6g. We hope to see further reductions have been made, but anticipate that it will still be a long way to go before we reach the 6g a day target.

SALT REDUCTION TARGETS BEYOND 2012

As we come to the end of the planned programme of work outlined by the Responsibility Deal, it is essential that new targets are developed in order to get our intakes down to below 6g salt a day to save the maximum number of lives.

CASH will be working to ensure the Department of Health, and the newly created Public Health England, act on their commitment to public health and set new targets for salt reduction immediately.



Working with the Food Industry

DISCUSSIONS WITH FOOD INDUSTRY

CASH has engaged in a number of discussions with industry nutritionists over the last year and intends, particularly following the Responsibility Deal meetings, to increase the frequency of these meetings over the coming months.

We are investigating funding options to extend the UK's salt reduction strategy to key wholesalers, who control a large amount of the food supply to the hard-to-reach "casual eating out" sector. This new project will aim to reach a consensus agreement with the wholesalers to take steps to reduce the salt content of the food they sell.

FOOD TECHNOLOGY

To help the Responsibility Deal Partners meet the targets, the Food and Drink Federation and the British Retail Consortium have commissioned Leatherhead Food Research to produce an independent report to identify technological solutions to salt reduction across 8 food categories deemed "challenging" by the food

industry. We hope the report will benefit the wider food industry and ultimately have a positive impact on health, by offering solutions for those currently not meeting the targets.

CASH does not believe there to be any technical issues with salt reduction that would prevent targets being met by the end of the year. We intend to produce our own report to highlight this fact and to provide examples of products in each of the problem categories which already meet the targets. This will be sent to Leatherhead Food for their consideration when putting together their report, which we expect to be published in June.

As the progress in salt reduction continues apace, many companies are looking to us to provide technological expertise and to share learnings from other manufacturers. We are keen to emphasise that the barriers to salt reduction have been widely overstated, due to a lack of understanding in the market. We are also strongly recommending that not just the salt content, but also the salt flavour, is reduced, in order to start shifting consumer preferences towards a lower salt diet.



CASH Product Surveys

CASH carries out a number of surveys on the salt content of popular food products and on foods eaten outside the home. CASH has had a busy year campaigning to reduce salt in our foods with strong media support for our surveys, reaching millions of people. The surveys focus on those foods that contribute the most salt to our diet, in particular those eaten in high quantities by people from lower socioeconomic groups, or on foods that contain surprising levels of salt.

Following each of these campaigns, the brands that were featured negatively have been contacted and asked to explain to CASH their plans for salt reduction. A summary of this activity is as follows (Oldest to newest):

Salt in our Great British Bangers A serving of 2 sausages could contain nearly half your maximum daily recommendation of salt, putting your health at risk. Richmond Skinless Sausages were found to contain 2.3g salt per 100g and only 7 out of 246 meat sausages contain less salt than a packet of crisps. Reducing the salt in sausages by 20%, from the 2010 to the 2012 targets, would remove 500 tonnes of salt from the UK diet per year – the weight of over 90 elephants!

Sausages worst for salt content

The scandal of salty bread. CASH found high salt levels in loaves of bread with as many as 1 in 4 containing as much salt per slice as a packet of crisps. A Seeded Farmhouse from Cranks contains 2.03g salt per 100g (approximately 2 slices), nearly FOUR times more salt than the lowest salt packaged bread. Supermarket freshly baked bread tends to be higher in salt than packaged but currently has no labelling, making it impossible to make an informed choice. With bread being responsible for a fifth of our salt intake (NDNS), it is imperative that the food industry reduces the salt levels in bread beyond the 2012 target of 1g/100g.

Report warns of 'healthy' bread containing as much salt as crisps

The survey received extensive media coverage from programmes such as BBC News 24 and ITV's Daybreak, numerous radio stations including BBC Radio 4 as well as the major newspapers.

We are pleased to announce that, since our bread survey was published in September 2011, **the salt content of Vogels Mixed Grain Loaf has been reduced by 46% and Cranks Seeded Farmhouse by 61% meaning that they now meet the 2012 targets.** PAULs announced a 14% reduction in the salt content of its breads *Morrison's now provides nutritional information for their in store bakery bread online.*

Gourmet Salts – In November 2011 CASH teamed up with Which? to put an end to the old age myth that gourmet salts are better for health than table salt. A survey of Which? members showed that one in four (28%) think rock and sea salts are healthier than table salt. However, our analysis of 7 different types of salt showed that they were all nearly 100% sodium chloride and therefore just as bad for your health as table salt.



Coffee shop treats ditch the salt. In October 2010, we exposed many coffee break products as being unnecessarily high in salt. One year on, we relooked at the products and discovered that some great progress had been made!. This demonstrates that manufacturers are able to take out the salt. However, despite this great progress, 85% of the products contain the same level of salt as they did in 2010. 's Low Fat Blueberry Muffin, positioned as a 'healthier' option, is now the saltiest coffee product surveyed, containing 1.7g salt

Christmas Dinner – In December 2011 CASH looked at the salt content of Christmas Dinner and warned consumers that they could be

consuming more than double the daily salt recommendation (15.7g) on Christmas Day! We were keen to point out that with simple planning and cooking from scratch you could save 10g of salt and consume just under the maximum recommendation; even with all the trimmings!

Cereal Survey – As New Year diets started, we teamed up with Which? to investigate the salt and sugar content of popular breakfast cereals. CASH was pleased to find that the salt levels of cereals had come down, with many companies well on the way to meeting 2012 targets. The sugar content of some cereals, particularly those designed for children, was disappointing however; with Kellogg's Frosties containing more than a third sugar (37g/100g).

	Weight	Salt per pizza	Salt per 100g
The Best takeaway pizzas			
1 The Adam & Eve Pepperoni	360g	4.05g	2.37%
2 Viva Italia Pepperoni	420g	10.6g	2.5%
3 Ciao Bella Pepperoni	470g	9.25g	2.1%
4 Ciao Bella Margherita	361g	7.65g	2.1%
5 Di Massimo Pepperoni	443g	9.23g	2.08%
and supermarket pizzas			
6 Sainsbury's Garden of Eatin' Pepperoni (one slice)	230g	4.77g	2.0%
7 Sainsbury's Garden of Eatin' Pepperoni (one slice)	290g	4.25g	1.5%
8 Sainsbury's Garden of Eatin' Pepperoni (one slice)	242g	3.61g	1.5%
9 Sainsbury's Garden of Eatin' Pepperoni (one slice)	220g	3.38g	1.5%
10 Sainsbury's Garden of Eatin' Pepperoni (one slice)	289g	4.32g	1.5%

Pizza Survey – In time for SAW, CASH teamed up with The Association of London Environmental Health Managers (ALEHM) to conduct a survey comparing the salt content of takeaway and supermarket pizzas. We found that **takeaway pizzas are higher in salt than supermarket pizzas**, with one takeaway pepperoni pizza containing



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two and a half times more salt than an average supermarket pizza.

London Environmental Health Officers are now following up the survey by visiting outlets across the capital with an information leaflet, provided by CASH free of charge, on how to reduce salt and fat in pizzas.

The highest salt pizza in the survey was from Adam & Eve in Mill Hill. The manager was shocked by the findings and immediately altered the recipe

"It's very helpful and rare to have direction on such aspects of nutrition. We have already changed our recipes and suppliers to lower the amount of salt in four pizzas to within recommended levels"

Gareth Leakey, Manager of Adam & Eve

OTHER MEDIA OPPORTUNITIES

The One Show. CASH had the opportunity to visit the BBC in Manchester and film a segment on salt for The One Show. A local family was tasked with trying to reduce their salt intake and the piece included a 'Cornflakes' taste test comparing today's product with the original recipe, an interview with Kelloggs, a mention of why salt put into our food and a mention of the Department of Health's Responsibility Deal. All of the family successfully managed to meet the maximum daily targets of 6g for adults or 3g for children.



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Salt Awareness Week 2012

Salt Awareness Week 2012 (March 26th – April 1st 2012) was a great success, focusing on the theme ‘Reducing Salt; Preventing Stroke’.



‘Reducing salt; preventing stroke’ was selected as salt is the major factor that raises blood pressure and high blood pressure is the single most important risk factor for stroke - responsible for 62% of strokes. Stroke is the leading cause of

severe adult disability and the third biggest killer not only in the UK but worldwide.

MEDIA

During the week we received news coverage in more than 270 print and broadcast features, achieving an estimated 35million impacts and a projected advertising value estimate of more than £1,000,000. We published articles in two dietetics magazines (CN and NHD), took part in a Which? conversation and ran daily twitter chats.



LOCAL EVENTS

CASH provided thousands of free leaflets, factsheets and shopping guides (click the image below), to enable Salt Awareness events all over the country. **Over 600 events took place** in hospitals, GPs, schools, pharmacies, libraries, gyms and universities.



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PARLIAMENTARY RECEPTION

CASH held a **Parliamentary Reception** at the House of Commons, supported by David Amess MP. The event was well attended with **over 100 attendees** including MPs, Peers, Department of Health, food industry and health groups.



EVALUATION

With support from 20 health organisations, 8 celebrities, more than 100 attendees at our Parliamentary Reception and over 600 local events taking place around the country we are pleased to say it was our most successful Week.

Many Health Care Professionals contacted us in advance of the Week to enquire about resource packs demonstrates that SAW is established in people's consciousness.

Thank you to everyone who was involved! Particular thanks go to our speakers Dr Hilary Jones, Joe Korner, David Amess and Prof. MacGregor.

Thank you to our generous exhibitors and supporters:



As a result of the Week:

- CH & Co, a catering company, publicised the work they are doing to retrain their chef's palates and to provide low salt dishes
- Seabrook's, a crisp manufacturer, launched their new 'no salt' crisp range



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- Individuals enquired about how they can reduce their salt having seen information about salt awareness in their community

Our evaluation of Salt Awareness Week 2012 highlighted the need for the following considerations for future years:

- To continue to ask for donations towards the resources to help cover the cost of printing/postage
- To explore further opportunities to engage / stimulate debate amongst MPs and Peers and make sure the Parliamentary event is marketed in a way that encourages them to attend
- To continue to explore a range of media including scientific journals and magazines as well as consumer focused
- To continue to generate more Twitter followers
- To collect case studies for use in media and promotion as a tool to increase message reach to the primary target groups
- To establish a monitoring and evaluation process to understand the use and effectiveness of the leaflets/posters

SALT AWARENESS WEEK 2013

Proposed topic: 'Chefs and salt'.

CASH are pleased to see many chefs and broadcasters talking about salt, however there is no dedicated campaign to get chefs to use less salt in their cooking. Their influence on home cooking is considerable and is a focus for CASH.

CASH wrote to a number of high-profile chefs for Salt Awareness Week 2012 to raise awareness about the importance of salt amongst chefs, including chefs in industry. CASH would like to see all chefs become more aware of how much salt they add to food and consider the taste preferences of the customers. We have asked all chefs to join our campaign and encourage chefs to give greater choice by adding less salt. Slow progress has been made and we are investigating other routes into this area.

In 2012/2013 we hope to be able to work more closely with a number of chefs, and also directly with both independent and chain restaurants, following our learnings from the Pizza project and Environmental Health teams.



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CASH Resources

In addition to raising public awareness about salt through our high profile media campaign, we continue to educate the general public and health professionals on the importance of salt reduction through dedicated pages on our website and resources,

In December 2011, CASH designed and printed a new poster,, a factsheet on Salt and Stroke and a 'low salt shopping guide' to coincide with National Salt Awareness Week 2012. CASH also combined the content of three leaflets; *Salt and your health*, *Salt intake and the health of your children* and *It's never too late to reduce your salt intake* to produce one user-friendly leaflet about the effect of salt on health, with practical tips on how to reduce salt intake.

This year we have provided 115,000 leaflets/factsheets and 2,000 posters. CASH currently provide the resources free of charge, however recognise the cost implications of this. CASH will continue to apply for grants with the aim of continuing to provide all our resources free of charge.



CASH has produced Key Stage 3 educational resources for schools, promoted on the Times Educational Supplement website. Since first publishing them in February 2012 there have been 2360 views and 711 downloads.

“Essential resources for teaching healthy eating. This power point and lesson plans spell out the facts about salt and the dangers of consuming too much”

Floss08, Feb 2012



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Alliances

CASH has been developing mutually beneficial alliances with other UK health charities. CASH has been able to include comments on press releases, logos on leaflets and posters and links through from our website, while also acting as cosignatories on campaigning materials and attending numerous meetings and conferences. CASH have been invited to speak at numerous events, such as the Sustain AGM, Nutritionist in Industry meeting on chronic diseases and at the launch of the Greater London Authority's Healthier Catering Commitments.

Organisations CASH have collaborated with in the last year include:

ALEHM	National Obesity Forum
Alzheimer's UK	National Osteoporosis Society
Blood Pressure Association	Polycystic Kidney Disease
British Dietetic Association	Sustain – Better Hospital Food
Cancer Research UK	Sustain—Real Bread Campaign
Department of Health	Sustain – The Children's Food Campaign
Diabetes UK	British Heart Foundation
Heart research UK	The New Economics Foundation
Heart UK	The Stroke Association
Kidney Research UK	The Women's Institute
MEND	Which?
Ménière's Society	WHO
Men's Health Forum	World Cancer Research Fund
National Heart Forum	



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World Action on Salt and Health

World Action on Salt and Health (WASH) was established in October 2005 with the aim of bringing about a gradual reduction in salt intake throughout the world, following the success of the UK group. WASH encourages and supports experts in different countries in setting up their own local campaigns. Activities range from encouraging multi-national food companies to reduce salt in their products, raising awareness amongst consumers through media activity, working with Governments and consulting on clear nutrition labelling.

WASH stimulates action around the world through selected pages on the website, social media and by the development of resources for use internationally.

WASH Membership

World Action on Salt and Health is now in its sixth year, and the membership has grown to 455 individuals from 85 countries. New members include experts from Germany, Lebanon, Paraguay, South Africa, Switzerland and the USA.

WASH launched a new website

We are grateful to Queen Mary University Web Team for redeveloping the 'www.worldactiononsalt.com' website. It is now a more user-friendly, functional website.

This important and long overdue project has allowed us to clearly archive both our own work and the wider work around salt reduction, as well as providing a more accessible platform for consumers, health professionals and the media to access information and resources about WASH and salt reduction.



World Salt Awareness Week 2012

World Action on Salt and Health successfully held its fifth World Salt Awareness Week from 26th March 2012—1st April 2012, reflecting the UK theme ‘Reducing salt; reducing the risk of stroke’.

Social Media

WASH used twitter to engage with world groups interested in the week and took part in a webinar organised by the Pan American Health Organisation (PAHO). WASH was also invited to write a blog entry for Consumers International about the importance of clear food labelling at a global level, not just in the UK. WASH was also invited to write a blog entry for Consumers International about the importance of clear food labelling at a global level, not just in the UK.

Posters

Due to the help of WASH members we were able to translate the poster into 12 different languages this year, further enabling us to spread this message further around the world with our important message.



EVALUATION

In 2012 World Salt Awareness Week received more support than ever before with over 29 countries around the world participating; including; Australia, Bangladesh, The Healthy Caribbean Coalition, the Pan American Health Organisation, Sweden and the Netherlands. Activities ranged from food surveys highlighting high levels of salt in foods, to flash mobs drawing attention to the important issue of salt reductions, to blood pressure reading, seminars, webinars and drama productions in schools.

The successful translation of the World Salt Awareness Week posters prompted further demand to translate other WASH material for international use. This is now in development and planned for completion over the coming months.

Below is a list of organisations around the world that participated in the Week.



Updates from around the world

The **Australian** Division of WASH (AWASH) continues to be very active in its national salt reduction strategy; the Australian Government's Food and Health Dialogue is a joint government-industry-public health initiative aimed at addressing poor dietary habits and making healthier food choices easier and more accessible for all Australians. To date, Category Action Plans have been endorsed for the bread, ready-to-eat breakfast cereal, simmer sauce and processed meat categories. The next categories will include soups, processed poultry, cheese and pies.

AWASH is continuing to coordinate the collection of the nutritional composition of processed foods in different countries. The aim is to compare the nutrient content of major processed food categories against benchmarks, between countries and companies, and over time. 22 countries are currently involved, and the global branded food database protocol will soon be published in the European Journal of Cardiovascular Prevention and Rehabilitation. Data collection is underway in India, China, Fiji, New Zealand and the UK. WASH is pleased to be working in collaboration with the

Medical Research Council to collect the first round of nutritional information in the UK.

The **Pan American Health Organisation** (PAHO) also continues to be very active; many countries in the Pan American region have now reported active national strategies:

In **Argentina, the Health Department** reached an agreement with the hotel and restaurant federation to remove salt shakers from the tables at their eateries in order to help combat the prevalence of high blood pressure, which affects nearly a quarter of the population. The average Argentinean consumes 13g salt daily – almost 3 times more than the 5g maximum intake. The Government has also signed an agreement with the local bread maker's federation to reduce salt in baked bread by 40%.

In **Barbados** the Minister of Health has called for control in salt consumption. Bread, fish, rice, poultry and sweets have been identified contributing to approximately 50% of total sodium intake in Barbados.

The Ministry of Health in **Brazil** has signed two new salt commitments terms including targets and timelines for salt reduction in new food categories and a framework for monitoring the sodium reduction plan. French bread has been identified as one of the highest contributors of salt in the Brazilian diet. It has been agreed that the sodium content of French bread will be reduced by 2.5% a year until 2014. Sodium targets have also been set for biscuits, cakes and snacks.

In **Chile**, The Ministry of Health's National Nutrition Strategy is shifting from obesity prevention to promotion of a healthy diet – which includes salt reduction. The National program 'Elije Vivir Sano' (choose living healthy) identified overconsumption of salt as one of the Chile's primary health concerns.

Chile has also performed the first assessment of the voluntary salt reduction agreements with bread producers: The average salt content dropped from >800 mg/100 gr to 480 mg/100 gr of dry bread (marraquetas - the most commonly used bread in Chile). The Chilean WASH group ALASS continues to progress in this area.

In **Canada**, despite the Federal Government's recent rejection of proposals by provincial and territorial health Ministers to reduce the amount of sodium in the Canadian diet, Health Canada have now quietly released sodium reduction guidelines for the food industry.

The **Healthy Caribbean Coalition continues** to organise a number of important activities to raise awareness about eating too much salt. These activities include workshops and seminars for food manufacturers and producers, to drive reformulation. Healthy Caribbean coalition has also prepared a 'culturally specific' salt jingle very for use on radio and at public events.

In Korea, where the average Korean consumer 4.8mg sodium/day a nationwide campaign to reduce salt intake has been launched. 200 representatives of consumer groups, food makers, medics, media personnel and academics gathered together to establish the 'headquarters' for a movement to reduce salt intake in the population.

The Ministry of Education, Science and Technology plans to hold educational sessions for students and their parents. Large retailers will be advised to

install low-sodium parlours where food with less salt will be specially displayed. Many Korean companies are already starting to make reductions, including the noodle and packaged soup categories, reducing salt gradually by 15%, as well as in the snack and processed food categories having committed to reduce salt by 8% by 2014.

In the **Netherlands** the Dutch Minister of Health recently called to legislate the amount of salt added to food by the food industry. This announcement follows the recent report released by the National Institute of Public Health and the Environment (RIVM) showing that salt intake is high; with men consuming on average between 9.9g salt/day and women consuming approximately 7.5g/day; far in excess of the 5g maximum intake.

In the **US**, **The American Heart Association** is taking an aggressive stance on salt reduction. For the past year, the association has been engaging public health organizations, including the New York City Department of Health and Mental Hygiene, as well as other key members of the scientific community to support implementation of the Institute of Medicine's sodium reduction recommendations made in the report, *Strategies to Reduce Sodium*

Intake in the United States. A focus has been placed on the primary recommendation of the Food and Drug Administration setting mandatory national standards for the sodium content of foods.

UN SUMMIT

Heads of State and Government representatives assembled at the United Nations from 19 to 20 September 2011 for a High-level Meeting on the prevention and control of NCDs, with a focus on developmental and other challenges and social and economic impacts of NCDs, particularly for developing countries.

Recognising that NCDs can be prevented and their impacts significantly reduced, with millions of lives saved, Heads of State and Government commit to five broad areas of action.

The resolution was adopted by General Assembly at UN Summit on Non-communicable diseases, September 2011.

Whilst the Political Declaration contained no global time-bound targets or goals for NCD prevention or treatment, many governments made individual commitments to tackle NCDs at the Summit. Commitments ranged from implementing National NCD plans and policies for prevention and control, increasing surveillance and monitoring, establishing treatment centres and pledging financial assistance.

Salt reduction, identified as the simplest and most cost effective measure to reduce NCDs, received overwhelming support at the UN Summit by member states, the G77 and CARICOM countries. It was listed as a WHO 'Best Buy' in NCD prevention.

WASH continues to enlist the support of Governments around the world to help to reduce salt intake in their own countries.



WASH Alliances

WASH has been developing mutually beneficial alliances with other health charities. WASH has been able to add support to include comments on press releases, logos on leaflets and posters and links through from our website, while also acting as cosignatories on campaigning materials and attending numerous meetings, conferences participating in webinars all over the world.

WASH has been invited to speak at numerous events, participate in informal and formal WHO Consultations and provide contributions from members around the world to advise, for example, the Sustain Better Hospital Food Campaign.

WASH has been working closely with the NCD Alliance to tackle the global burden of Non-communicable disease and continues to support the work of the Alliance.

WASH has also presented at the 'Nutritionist in Industry' meeting on chronic diseases and presented, via the web at launches of new salt action groups around the world.

Organisations WASH has collaborated with in the last year include:

- Consumers International
- Department of Health - Global Health Team
- National Heart Forum
- NCD Alliance
- Pan American Health Organisation
- Sustain – Better Hospital Food
- The George Institute for Global Health
- World Health Organisation



Research

2011/2012 was a busy year for salt research, with many papers published, including some by CASH staff and members. Please see below for a list of the recent research published (oldest to newest):

Iodine deficiency in teenage girls and a call for supplementation via salt in *The Lancet*

In a recent cross sectional survey of UK schoolgirls, Vanderpump et al showed that the UK may be iodine deficient and recommended population level iodine supplementation through salt iodisation. Maternal iodine deficiency can affect neurodevelopment in the fetus and cause mental impairment. Iodine deficiency is a potentially serious problem. Historically, iodisation of salt has been seen as the best way of overcoming this; however iodisation of bread, flour or cereals would be a better option to avoid the conflict in public health. WHO has agreed that the amount of iodine in salt needs to be increased in line with the salt reduction target of 5g per day for all adults. Vanderpump MPJ et al. *The Lancet*. 2011. 377(9782). 2007-12

Blood pressure increases with age. A paper using trajectories of Systolic Blood Pressure from Longitudinal Data from Eight UK Cohorts demonstrates a general pattern of systolic blood pressure progression from childhood through to adulthood in the UK.

Will AK et al. *PLoS Medicine*. 2011 8(6):e1000440

Nutrition in Cardiovascular disease: Salt in hypertension and heart failure.

European Heart Journal reviewed the evidence relating salt intake to blood pressure, heart failure and total CVD. Patients with heart failure were recommended should reduce their salt intake to less than 5 g/d, if successful there may be a need for a reduction in diuretic dosage. The authors note the cost effectiveness of salt reduction and call for each country to adopt a coherent and workable strategy to reduce salt intake in the whole population.

He F, Burnier M, MacGregor GA. *European Heart Journal*. 32(24):3073-80

A Cochrane Review claimed salt reduction had no



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effect on cardiovascular disease, but a reanalysis of the same data proves this conclusion was

wrong. In a controversial meta analysis of outcome trials published in both the *Cochrane Review* and the *American Journal of Hypertension*, Taylor et al claimed that while a modest reduction in salt intake lead to a small reduction in blood pressure, no effect on CVD risk could be seen.

Unfortunately, the flawed and misleading conclusions from the paper lead to damaging headlines in the press, with The Daily Express stating ‘Now salt is safe to eat’.

These findings have since been refuted in a commentary in *The Lancet*. A new analysis of the same data shows a significant reduction in cardiovascular events; **stroke and heart attack risk fell by 20% with a reduction of only 2g of salt a day** in people with either high or normal blood pressure, reinforcing the overwhelming evidence for the benefits of salt reduction.

Taylor et al. Cochrane Database Syst Rev. 2011; 7: CD009217

MacGregor GA, He F. The Lancet. 2011. 378. 380-382

A high sodium, low potassium diet increases risk

of CVD death according to a US study published in the *Journal of the American Medical Association*. Yang et al followed a cohort of 12,000 participants for an average of 14.8 years and found a high sodium potassium ratio was associated with a significantly increased risk of CVD and all-cause mortality. The study adds weight to the existing smaller studies linking sodium and potassium intakes and CVD risk.

Yang Q et al. Archives of Internal Medicine. 2011. 171 (13), 1183-1191

Significant cost savings could be achieved by reducing salt and fat consumption.

A modelling study published in the *BMJ* predicted that a reduction in salt intake by 3 g/day in England and Wales would prevent approximately 30 000 cardiovascular events, saving the NHS at least £40m a year. Even modest population-wide reductions in any major cardiovascular risk factor (e.g. salt) would lead to cost savings as well as improving health.

Barton P et al. BMJ. 343:d4044

70% of infants are eating too much salt. A study of 1178 8-month-olds, published in the *European*

Journal of Clinical Nutrition, found 70% of infants consume more than the recommended maximum of 1g salt per day for children up to 12 months old; the highest quartile were fed an average of 2.65g per day. Inappropriate complementary feeding included; use of cows' milk as a main drink, bread, gravy and salty flavourings. Excess salt can be harmful to the development of the kidneys and may lead to the infant acquiring a taste for salty food.

Cribb VL, Warren JM, Emmett PM. European Journal of Clinical Nutrition. 2011; 1-7

JAMA paper looking at urinary sodium and CVD risk does *not* call into question the need for a reduction in salt intake in the whole population.

The sodium data used was based on unreliable sport urine excretions rather than the 24hr urine tests and the patients included did not reflect the general population as they already had, and were receiving treatment for, severe CVD.

O'Donnell et al. JAMA. 2011;306(20):2229-2238.

Policy options to reduce population salt intake at a global level.

In an analysis published in the BMJ, CASH members Francesco Cappuccio and Simon

Capewell *et al* make the case for population level policy interventions to reduce salt intake. They enforce the importance, and highlight the cost benefits, of salt reduction and outline a clear and practical approach to a successful salt reduction campaign.

Cappuccio FP, Capewell S, Lincoln P, McPherson K. BMJ. 2011. 11; 343:d4995

Salt: killer or scapegoat? The New Scientist investigative journalist, Graham Lawton weighs up the Science of Salt Reduction. He concludes:

“Of course it would be nice to wipe salt off the list of things you need to worry about. But you may not live to regret it.”

Lawton G. New Scientist 3rd Dec 2011, issue 2841

Salt addiction starts in childhood. A paper in the AJCN demonstrates that eating salty foods in a child's infancy can lead to a preference for salty foods in the future. This shows that a liking for salt is not something we are born with, but something we learn. is therefore vitally important that infants are weaned onto foods without salt so that they don't develop a 'salt addiction'. *Stein*



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Stein LJ, Cowart BJ, Beauchamp GK. *American Journal of Clinical Nutrition*. 2012;94:123–9

A low salt diet may benefit brain health in aging in those with low physical activity levels. according to a prospective study by Fiocco et al. The authors recorded the exercise levels and salt intake of 1262 elderly participants at baseline and examined their cognitive function annually for 3 years. They found that in the low exercise group, those with a low sodium intake displayed better cognitive performance over time than those with a higher sodium intake.

Fiocco J et al. *Neurobiology of Aging*. 2012; 33(4): 829.e21-8

Salt intake linked to increased risk of gastric cancer. A meta-analysis of prospective studies showed that dietary salt intake is directly associated with an increased risk of gastric cancer, with progressively increasing risk across consumption levels. This is an important piece of research adding to growing body evidence linking salt intake to gastric cancer.

D'Elia L et al. *Clinical Nutrition*. 2012. [Epub ahead of print]

Reducing Salt; Preventing Stroke. The CASH team wrote an editorial article ahead of Salt Awareness Week, published in the *Nutrition Bulletin*. The article put forward the case for reducing salt intake to lower blood pressure and reduce the global burden of NCDs. The article called for a reduction in salt intake to 5g/person/day by 225.

Brinsden H, Farrand C. *Nutrition Bulletin*. 2012;37(1).57-63

Less Salt and Less Risk of Stroke; Further Support to Action. CASH member Francesco Cappuccio presents the evidence for reducing population salt intake as an urgent strategy for the global prevention of cardiovascular disease around the world; this should include a combination of public awareness campaigns, food reformulation in line with targets, monitoring salt consumption data and regulation.

Cappuccio FP, Chen J. *Stroke*. 2012; 43:1195-1196

The variability of reported salt levels in fast foods across six countries: opportunities for salt reduction. WASH members looked at the salt content of fast food from around the world and found that the same items had dramatically



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different salt levels in different countries. In general, the U.S. had the saltiest food, followed closely by Canada, while the UK and France had relatively less.

Dunford et al. CMAJ 2012;184(9):1023-8

Taxing unhealthy food and drinks to improve

health. A group of Oxford researchers presented some of the evidence for introducing health related food taxes in the UK. They conclude that taxes could improve health and shift consumption in the desired direction; however, the tax would need to be at least 20% to have a significant effect. Subsidies on healthy foods may maximise the health gains of a food tax.

Mytton O, Clarke D, Rayner M. BMJ 2012;344:e2931

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