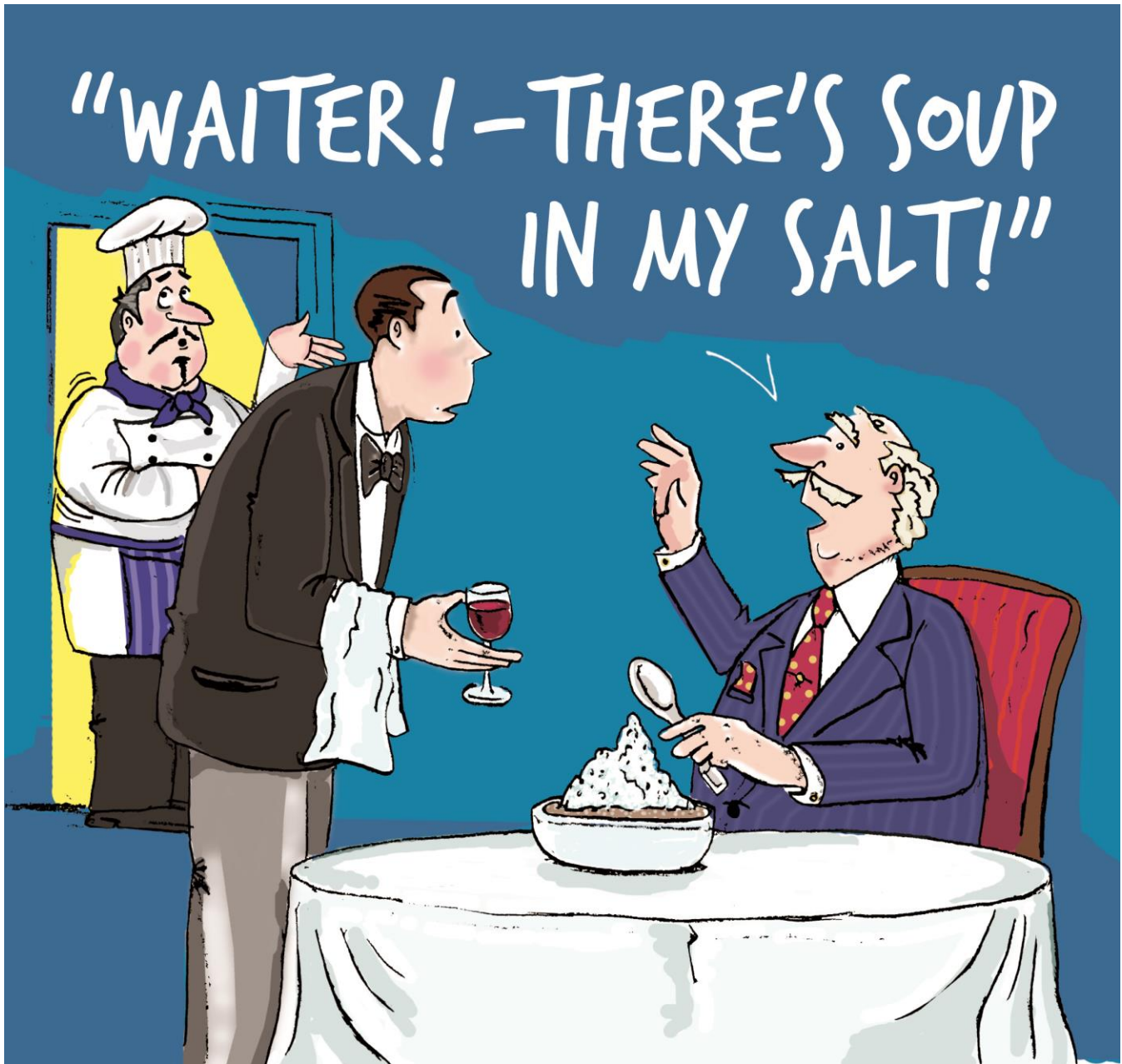




Consensus Action on Salt & Health



ANNUAL REPORT

May 2012—April 2013

Charity registration 1098818



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, catered and restaurant food, as well as salt added to cooking and at the table.

In June 2012, the Department of Health published a report on dietary sodium intakes which found that sodium levels are decreasing, with the average adult now consuming around 8.1g salt each day. Salt intakes have fallen from 9.5g to 8.1g since 2001, a drop of about 15%. This steady and continuous decline in salt intakes is extremely encouraging to hear, as studies suggest that this reduction in average daily salt intake, through the reduction it has on blood pressure, will prevent approximately 20,000 strokes, heart attacks and heart failures, 8,500 of which are fatal in the UK every year. Nevertheless, many adults still eat 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 target of 6g salt per day, the 2.1g reduction from the current daily average level of 8.1g would mean that almost 17,000 lives would be saved each year and a further 17,000 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.

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



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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

Katharine Jenner	CASH/WASH Campaign Director
Clare Farrand	International Programme Lead
Sonia Pombo	Nutritionist
Kawther Hashem	Assistant Nutritionist
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Summary of the year 2012/2013

After a fairly turbulent 2011/2012 battling misleading science on salt, 2012/2013 has seen CASH make great strides in salt reduction. Our influence has reached retailers and the out of the home sector, through to ensuring the government and the World Health Organisation secured the future of salt reduction. As such, CASH have had a very busy year!

2012 saw the deadline for proposed salt reduction targets, with a disappointing number of companies achieving targets for their relevant categories. With this in mind, we made every effort to ensure targets beyond 2012 would be considered in the new year. Fortunately this has paid off, and meetings due to be held by the Department of Health to review salt targets for each food category are being held in Summer 2013, due to be published Autumn/Winter 2013.

We have been working hard to broaden sign up to the Responsibility Deal. This year, we have focused on the out of home industry; chefs, restaurants and caterers. We also held the fourteenth annual Salt Awareness Week and 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, encouraging countries to commit to salt reduction using the 'CASH' model and adapting it to their own country's political landscape,

predominantly via the UN Summit on NCDs and meetings of the World Health Assembly. As a result, the World Health Organisation (WHO) endorsed a new target to reduce by salt intakes by 30% by 2020, towards a target of 5g.

Fundraising & Grant Applications

We are thrilled to be able to announce the continuing support of the British Heart Foundation, who has approved a 3 year grant for our work on labelling, monitoring the food industry and driving reformulation, particularly out of the home. Their support is of huge importance to us, and allows us to continue raising awareness to the public and applying pressure to the government and the food industry.

We have also received joint BUPA funding with the UK Health Forum to create an econometric model on the global impact of salt reduction.

CASH staff changes

We reluctantly said goodbye to Hannah Brinsden who joins the International Association for the Study of Obesity (IASO). We also said farewell to Kim Burns our PA, and Gillian Breen, one of our part time press officers, and wish them all the best of luck.

We are pleased to introduce nutritionist Kawther Hashem, who joined us at the end of August from Consumers International, as well as nutritionist Sonia Pombo, who joined us in January from Leatherhead Food Research and Professor MacGregor's new PA, Lorraine Hamilton.



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Government Level Work

URINARY SODIUM ANALYSIS – 21st June 2012

On 21st June 2012, the Department of Health published the annual report from the National Diet and Nutrition Survey - Assessment of dietary sodium levels among adults (19-64) in England, 2011.

Results found the mean estimated salt intake for adults aged 19-64 years was 8.1g. Men had a mean estimated intake of 9.3g per day, and woman had a mean estimated intake of 6.8g per day. This data shows a significant reduction in mean salt intake overall, and also for both men and women separately.

This reduction is positive news from a public health perspective, and demonstrates that the UK is leading the way in salt reduction; representing a 1.4g reduction in average UK salt intakes since 2004. Studies suggest that this reduction in average daily salt intake, through the reduction it has on blood pressure, will prevent approximately 20,000 strokes, heart attacks and heart failure, 8,500 of which are fatal, in the UK every year. This provides huge cost savings to the NHS.

However, we are still a long way away from reaching the 6g a day target. If we achieved the 6g target, an estimated 17,000 lives a year would be saved. Greater efforts need to be made by the

government and the food industry if we are to achieve our goal and prevent thousands of unnecessary deaths.

THE PUBLIC HEALTH RESPONSIBILITY DEAL

When the Public Health Responsibility Deal was launched in 2011, companies pledged to reduce salt in their foods by 15% and meet the 2012 salt targets. As we approached the end of 2012, it was clear that this challenge would not be accomplished by many of those signed up to the salt reduction pledge, and the targets were rolled over to 2013.

In March 2013, the food network high level steering group published its new [salt strategy](#), for further progress in salt reduction in the UK. The strategy comprises of four key areas:

1. Revising the 2012 salt targets for over 80 categories of food by the end of the year to encourage companies to reformulate recipes.
2. Encouraging the out of home sector to do more – by setting up new maximum targets for the most popular dishes
3. Asking companies to use their influence in the market – through promotional and other activities- to encourage people to choose lower salt options
4. Getting more companies across the food industry to sign up to salt reduction

The decision to review the 2012 salt targets is welcomed by us and the other supporting NGOs.



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Although many companies haven't succeeded in achieving the salt targets for their respective food categories, some reductions have still been made. This would suggest that although progress is slower than we anticipated, the voluntary approach is still having an effect.

The number of signatories for the Salt Reduction Pledge is now up to 80. As a co-signatory to the pledge, CASH continues to encourage companies to sign the pledge; however we have been vocal in criticising the lack of strong government support. We have raised awareness of the pledge particularly to those in the out of home sector.

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 continue to independently monitor the DH's Responsibility Deal, highlighting those manufacturers that are not compliant with the salt pledge or meeting the 2012 targets. Annual updates for the salt reduction pledge will be published in Summer 2013, so we will be looking at these carefully to see who has succeeded in salt reduction, and who needs more 'encouragement'.

SALT CATERING PLEDGES

In June 2012, the Department of Health and the Food Network announced separate pledges specific to caterers, in a bid to enable caterers and their suppliers to play a fuller part in salt reduction. Three separate pledges were announced, to capture the potential for salt

reduction in an area of the food industry which has thus far been left behind. The salt catering pledges, which focus on [training and kitchen practice](#), [reformulation](#), and [procurement](#) were designed to support the original salt pledge, but also in conjunction with each other. Unfortunately, sign up to these pledges has been disappointing to say the least, with only 12 companies signed up to training and kitchen practice, 7 signed up to reformulation and 8 signed up to procurement. The out of home sector play a huge role in the amount of salt we eat, and more interest from restaurant chains and popular eating establishments is vital if this area is ever going to catch up with other retailers and food manufacturers.

MAXIMUM PER SERVING SALT TARGETS

In speaking with members of the out of home industry, some found the 2012 salt targets difficult to work with, as they are based on per 100g.

In March 2013, the Department of Health announced they were working towards a new pledge, looking to set maximum salt targets for catering businesses on a per serving basis, for the most popular dishes sold. This is the first time caterers will be asked to meet targets based on the final served dish as it is eaten by the consumer.

A meeting was held by the food network high level steering group, whereby it was proposed that targets were set for 10 of the most popular



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consumed food products, and an additional target for children’s meals. Interested member parties and other NGOs (including ourselves) were invited to discuss the proposed targets for each food product, and provide comments and opinions. The final stage of this process will be a consultation, whereby proposed wording of the pledge and finalised targets will be made. We hope to see this pledge announced later this year. In the meanwhile, we have been informing our contacts in the out of home sector about this pledge, to gauge their reaction, most of which has been positive so far. We therefore anticipate a positive reaction from this pledge, with the hope that it will cause restaurants and the like to catch up with the rest of the food industry.

SALT TARGETS BEYOND 2013

Meetings with the Department of Health, the food industry and CASH (as the sole NGO representing public health) are scheduled for Summer 2013. These initial meetings are to discuss the top contributors of salt in the diet, their progress so far and to discuss new targets moving forward. There will be another opportunity for all stakeholders to provide feedback prior to publishing.

FOOD LABELLING

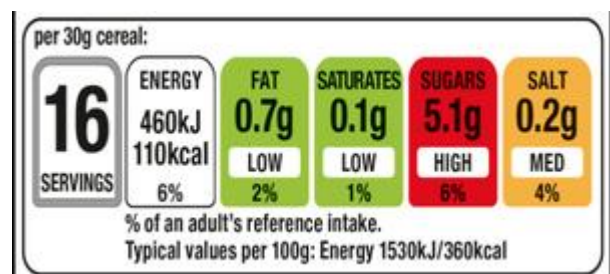
CASH along with a number of other health organisations; have long been urging the government to recommend traffic light labelling

is used consistently on front-of-pack across all food products. Thankfully, after years of discussion, a huge advance in public health was announced in October 2012, with the news that the DH plan to do just that, enabling shoppers to identify how much salt and other nutrients is in their food.

The ‘hybrid’ labels, which are still voluntary, should be in use by summer 2013 and will combine the current ‘traffic light’ colour-coding, guideline daily amounts and the amount of each nutrient in the product, for fat, saturated fat, salt, sugar and calories. The announcement is the result of a three-month consultation by the Department of Health to establish what a consistent, clear front of pack label should look like.

CASH and other health charities including the British Heart Foundation, Which?, UK health Forum and Diabetes UK fed into the consultation on the type, and also the look and feel of the labelling.

Final decisions and announcements on sign up are expected to be made in Summer 2013.



Proposed front of pack label



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PUBLIC HEALTH ENGLAND

In April 2013, as a result of a reorganisation in the National Health Service, Public Health England (PHE) was formed as an executive agency of the Department of Health. Their new role is to work with national and local government, industry and the NHS to protect and improve the nation's health and support healthier choices.

They have issued their priorities for 2013/14, which focuses mainly on helping people to live longer and healthier lives, by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise and alcohol.

As this is still a very new department, it is still a little uncertain where some responsibilities will lie between the DH and PHE; however clarifications will surely be made within the next few months.

PUBLIC HEALTH TOOLKIT

This month, the Department of Health, along with local authorities and Public Health England launched a [new toolkit](#) designed to help local authorities get greater buy in from local businesses to the public health agenda. The Responsibility Deal is a large-scale approach to improving public health on a national level, but is difficult to reach local small and medium sized businesses. It is vital that this area of industry is included however, as it is thought that small and medium sized businesses employ 14 million people, which accounts for around 60% of the private sector. This toolkit will hopefully make information from the Responsibility Deal more relevant and accessible to local businesses. Engagement with small businesses on public health is best led locally – using the knowledge, contacts and expertise that local authorities have.

Little has been mentioned with regards to the toolkit, but we will be using it to form the basis of discussions with local councils and businesses.

CASH Product Surveys

CASH carried 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):

High levels of salt in kid's meals A family pub lunch is a tradition enjoyed around the UK, however our research uncovered the shockingly high levels of salt hidden in the children's meals at some of the country's leading pub and fast food chains. With some of the surveyed restaurants offering meals which contain MORE than a child's salt Guidelines Daily Amount (GDA) of 4g for an entire day.

Of the popular pub and fast food chains reviewed, the 5 highest levels of salt were found in Nando's Nandino's veggie burger with creamy mash (5.3g salt), Weatherspoons Wiltshire cured ham and cheese sandwich with chips (4.8g salt) and Harvester's gammon and chicken combo with

mashed potato and beans (4.3g salt).

With no nutritional information on the menus it is impossible for parents to make a healthier choice for their children, and is unacceptable that as a result, parents are unknowingly putting their children's health at risk.



The Telegraph

Children's pub meals contain a day's allowance of salt
Children's meals at some of the UK's leading pub and fast food chains contain more salt than they should eat in an entire day, a study has found.

Salt sellers: Family restaurants offering kids' menu meals with a full day's salt levels

Research reveals high and unnecessary levels of salt in bacon



CASH carried out a survey looking at salt levels in bacon and revealed huge and unnecessarily high levels of salt in these processed meats, with some containing more than half the daily recommendation of salt in 2 rashers of bacon. High examples include Tesco's thick cut smoked back rashers, containing 2.6g salt for 2 grilled

rashers, and Morrison's Saver streaky bacon, with 3g salt in 2 grilled rashers.

Large variations were found in the saltiness of bacon, even within the same supermarket, with some brands containing three times more salt than others from the same supermarket (Morrison's). There was also no pattern to the variation in salt content of the different types of bacon i.e. smoked bacon did not consistently come out higher in salt compared to unsmoked, despite common perceptions. This further emphasises the importance of clear and uniform labelling.

Sales of bacon and other cheap processed foods have increased as a result of the recession, with people on a tight budget doing their best to feed their families.

Survey of its kind reveals the amounts of salt hidden in cheese



Cheese is a very popular food in the UK, with an estimated 98% of households buying it on a regular basis. We recently carried out a survey looking at nearly 800 cheese products available in the UK supermarkets and found many were higher than they could be.

Per 100g average, feta (2.51g) and Halloumi (2.71g) were found to contain more salt than seawater. Even worse was Roquefort (3.43g) with many versions containing over 1g salt per portion – more than in a rasher of bacon! Britain's favourite, cheddar cheese, was found to contain more salt than a packet of crisps with an average 0.52g salt per 30g portion.

CASH chairman Professor MacGregor said "Cheese is still a big contributor of salt in the diet. We urge the government to stop dragging its heels and set new, lower, targets for cheese manufacturers to work towards...the Department of Health must now stop its delaying tactics and set new much lower targets for cheese manufacturers, and make sure they achieve them."

Since our research was published, Tesco's have taken this information on board and launched a new cheddar cheese product with 30% less salt. The cheese has been made by dairy producers Joseph Heler, who have become well known for their work within the reduced fat cheese market. This demonstrates to the rest of the industry that it is possible and we urge other supermarkets to make reductions across the board.

Research exposes the salt hidden in restaurant meals - national charities urge chefs to use less salt Celebrity chefs exert great influence on people's food habits through their books, programmes and endorsements. To highlight the need for reductions in the out of home sector, CASH carried out a survey looking at the salt

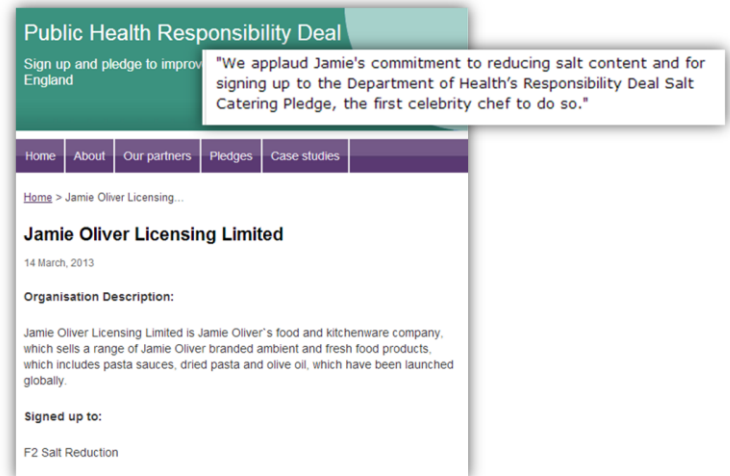
content of meals from celebrity chef restaurants, chain and fast food restaurants and cafes.

The survey looked at 664 main meals from 29 popular high street and celebrity restaurants, fast food and café chains. The survey found that 347 meals have more than 2.4g salt per portion – that’s 52% of all meals surveyed would be labelled in a supermarket with a red traffic light. Celebrity chef restaurants and high street chain restaurants both came out higher than cafes and fast food chains, partly due to larger portion sizes, with an average of 3.1g salt per meal, half a person’s daily recommended amount of salt. Shockingly, the thirteen saltiest main meals in the survey contained more than your entire 6g maximum recommended daily allowance of salt.

CASH published a report on restaurant’s public support for salt reduction so far, assessing caterer’s commitment to salt reduction. The report found that on the whole, consumers are being let down by the inconsistent approach to reducing salt, with some companies making progress in one or two areas, but less in others. No ‘gold standard’ companies were apparent, with progress needed across the board. This report will be updated over time; we are asking companies mentioned to keep us abreast of progress within their organisation.

A lot of progress has been made since the release of the report, with Jamie Oliver Licensing Limited now signed up to the Salt Reduction pledge. Jamie’s Italian has also signed up to the Salt Catering Procurement Pledge. Jamie Oliver is

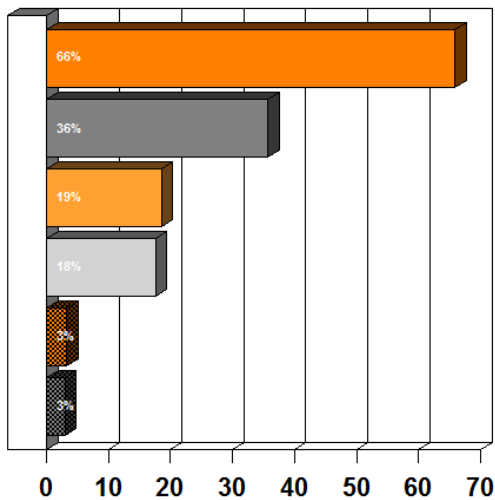
leading the way for salt reduction in the catering industry, and we are now in discussions with a number of restaurants, in the hope that they will soon follow suit.



Public Opinion Survey on Salt Intake & Eating Out

In February 2013 a public opinion survey was carried out by an external market research agency, as part of Salt Awareness Week, asking the UK population how they feel about the salt content of their meals when eating out. The survey found that nearly 70% of respondents agreed chefs could add less salt during cooking, and over half found restaurant meals too salty. These responses are very encouraging, and demonstrate that people do indeed take an interest in the amount of salt that is present in their food.

How can restaurants and cafes help you to eat less salt (you can select more than one answer)?



- Chefs adding less salt when they cook my meal
- If they label their menus with nutritional information
- If they didn't provide salt shakers on the table
- Don't know
- Other, please specify
- If my partner/parents/friends were cutting back, too

New research reveals salt hidden in biscuits

Recent data from the UK's National Diet and Nutrition Survey 2011 show that 60% of 19-64 year olds regularly eat biscuits, and children are eating even more than adults, with 80% of under 10's reporting to consuming them regularly.

How much salt? Well, that just takes the biscuit



Brands of biscuit are saltier than nuggets

Parents warned of sweet biscuit treats with more salt than a fish finger

Realise that they are among the top ten of an adult. Popular high-salt biscuits include Asda's Own Choice Mince Mince

Our latest survey of 479 sweet biscuits from major supermarket chains found having sweet biscuits with the afternoon tea, or popping a couple in your child's packed lunch, could be adding more salt to your diet than you think.

With nearly 90% of biscuits receiving an amber traffic light for salt, and over 90% being highlighted as red for sugar, this emphasises the need for further product reformulation in biscuits. Asda and Cadbury's announced they will have new, lower salt digestive biscuits on the shelves soon.

DISCUSSIONS WITH FOOD INDUSTRY

CASH has engaged in a number of discussions with industry nutritionists over the last year and intends, particularly with the out of home industry, to increase the frequency of these meetings over the coming months, and maintain regular contact with them. These meetings are providing an interesting insight into companies' attitudes to salt reduction, and its role within wider Corporate Social Responsibility policies.

We are investigating 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.

We are also investigating opportunities to teach chefs about salt reduction, through catering



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colleges and their places of work.

FOOD TECHNOLOGY

To help the Responsibility Deal Partners meet the targets, the Food and Drink Federation and the British Retail Consortium 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 has benefited the wider food industry and ultimately had a positive impact on health, by offering solutions for those currently not meeting the targets.

Nonetheless we felt the FDF and BRC issued a misleading press release and report. CASH does not believe there to be technical issues with salt reduction that would prevent targets being met by the end of the year.

In response to the Leatherhead Report, we produced 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 was sent to Leatherhead Food for their consideration prior to putting together their report and has since been widely publicised within food technology circles, and is featured on the DH website.

As the progress in salt reduction continues apace, many companies are looking to us to provide technological expertise and to share learning’s 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 have been invited to speak at a variety of salt reduction conferences, in Leatherhead, Campden BPI Research, Amsterdam and London. These talks have been received very positively.

POTASSIUM REPLACERS

CASH is also monitoring all developments in food technology that could impact on salt reduction. Of particular importance is potassium, which the DH currently do not recommend is used in food. The DH has invited stakeholders to provide further information where potassium replacers could be used, and has commissioned a SACN ‘Quick Review’ and a Food Standards Agency toxicology report. The results are expected Winter 2013.



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Salt Awareness Week 2013

In March, CASH held our 14th National Salt Awareness Week, which was held on **Monday 11th – Sunday 17th March 2013**. This year, we asked for ‘**Less Salt Please**’, showing how everybody, including chefs, can use less salt and still enjoy the great flavour of their food.

We showed people how to take control of the salt in their own food preparation, by simply using less salty and more tasty ingredients, as well as adding less salt during cooking and at the table. However, it is harder to eat less salt when eating food prepared by other people, such as chefs in restaurants, cafes, canteens, takeaway and fast food venues – not to mention recipe suggestions in cook books. These foods can contain a lot of hidden salt, and without labels on these products, it is very hard to make a healthier choice. We used this opportunity to highlight to the catering industry, chefs and others involved, the importance of adding less salt to our food and the long-term health implications of eating a high salt diet.

SUPPORTERS

Every year hospitals, GP surgeries, sports centres, pharmacies, schools, libraries, universities, councils, businesses, charities and other interested parties hold their own events to support Salt Awareness Week, and this year was no different, with more than 900 events taking place around the country during the week.

A total of 136,800 leaflets, fact sheets and shopping guides, and 1,800 posters were ordered in anticipation of Salt Awareness Week. We also received an overwhelming interest from pharmacies as a result of promotion within The Pharmaceutical Journal.

This year we were fortunate enough to have support from the following UK charities:



And with the support of the following companies, we were able to send all our leaflets and posters for free:





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PARLIAMENTARY RECEPTION

As part of Salt Awareness Week, CASH held a lunch time reception at the House of Commons on Wednesday 13th March 2013, hosted by MP David Amess, a great supporter of CASH and the work we do. The day was a great success, with over 100 guests attending the event.

Special guests Shadow Public Health Minister Diane Abbott and celebrity chef Raymond Blanc made some great speeches regarding their views on salt in the out of home sector, and the demand for more efforts to be made, along with CASH chair Professor Graham MacGregor, outlining the importance of health and salt.



Diane Abbott: 'We live in a 'saltogenic' environment; too much of the food that people consume without thinking, has too much salt'



Professor Graham MacGregor: '60% of the public think there's too much salt in [restaurant] food. The public are getting the message, and the chefs have got to listen'



Raymond Blanc: 'Please don't jump on the salt box! don't murder your food with salt!'



The CASH team and Raymond Blanc

A huge thank you to all those involved!

Salt Awareness Week 2014

Proposed topic: 'Switch the Salt!'

CASH have long been pushing for more consistent front of pack food labelling. Finally our calls have been heard and the DH have decided to release a new front of pack labelling scheme that will provide clear guidelines for a consistent front of pack label. The new scheme has lower thresholds for salt, at 30% Reference Intake, to bring it in line with the other nutrients.

New Thresholds

Table 2: Criteria for 100g of food (whether or not it is sold by volume)

Text	LOW	MEDIUM	HIGH	
Colour code	Green	Amber	Red	
Fat	≤ 3.0g/100g	> 3.0g to ≤ 17.5g/100g	> 17.5g/100g	> 21g/portion
Saturates	≤ 1.5g/100g	> 1.5g to ≤ 5.0g/100g	> 5.0g/100g	> 6.0g/portion
(Total) Sugars	≤ 5.0g/100g	> 5.0g and ≤ 22.5g /100g	> 22.5g/100g	> 27g/portion
Salt	≤ 0.3g/100g	> 0.3g to ≤ 1.5g/100g	>1.5g/100g	>1.8g/portion

Note: portion size criteria apply to portions/serving sizes greater than 100g

The new system is likely to be rolled out in 2013, and will be part of the Responsibility Deal. Companies that sign up to the pledge will be given a year to comply with the guidelines. CASH will look to sign up to the labelling pledge, and have committed to encouraging consumers to read the labels as part of our British Heart Foundation grant.

Once the scheme is announced, it is vital that we act fast and encourage sign up across the whole retail sector. It is equally important that we educate consumers to ensure they make the most of the scheme. We want consumers to make a conscious effort to choose less salt, and to provide an incentive for manufactures to reformulate with less salt.

With this in mind we propose to make the focus of SAW 2014 on food labelling.



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CASH and WASH 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.

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

WASH has produced a guide to reducing salt for Low and Middle Income countries which was distributed at the World Health Assembly.

Reducing salt; saving lives

Salt damages your health
Hypertension (high blood pressure) is the biggest cause of death in the world. Coronary disease is a part and it is responsible for one-third of strokes and half of all heart disease.

Salt is the major factor that puts up our blood pressure.

We are all eating too much salt
Small amounts of salt (sodium) and chlorine are essential for our wellbeing. Adults need less than 5g of salt per day. However we all eat much more than is required. Salt intake ranges from 6 to 18 grams a day around the world, however there is a great epidemic of blood pressure-related disease.

Why 5g?
Adults should consume less than 5g per day, about a level teaspoon. This target was designed to have the maximum effect on blood pressure, but also as a practical target for the food industry and consumers to achieve.

There's no salt in the world's target of 5g in 1961, which was further endorsed in 2003, 2006 and 2013.

Worldwide, it is estimated that a reduction of 5g/day in salt intake would prevent approximately 2.5 million strokes and coronary heart disease deaths a year*. A 15% reduction in low and middle income countries over 10 years would save more than 6.5 million deaths†. Over a longer period of time, there would be an even greater effect on preventing the rise in blood pressure that occurs with age. It is particularly important that children don't eat too much salt, as blood pressure first starts to rise in childhood.

WASH
World Action on Salt & Health

For further information please contact WASH
Email: info@wash.org.uk Telephone: +44 (0)203 7862 6229
Website: www.actiononsalt.org.uk Charity registration no. 1088848

Eating too much salt damages our health. Did you know that 75% of the salt we eat is already in the food we buy?

Ask for less salt please!

National Salt Awareness Week
11th - 17th March 2013
To learn more visit www.actiononsalt.org.uk

Healthy choices - low salt shopping guide

Struggling to read food labels in supermarkets? Use this guide to reduce your intake of salt and sodium-fat. Remember to keep an eye on your portion sizes.

Limit these foods	Check the label!	Low salt options
Ready-to-eat soups Canned soups, especially those with a high salt content. Check the label for sodium content. Look for 'low salt' or 'reduced salt' options.	Sauces and dressings Ketchup, mayonnaise, salad dressings, and other condiments. Check for sodium content.	Low salt soups Homemade soups, vegetable soups, and soups with low sodium content.
Processed meats Cured meats, sausages, and other processed meats. Check for sodium content.	Snacks Chips, crisps, and other salty snacks. Check for sodium content.	Low salt snacks Fresh fruits and vegetables, nuts, and seeds.
Fast food Burgers, fries, and other fast food items. Check for sodium content.	Instant noodle soups Check for sodium content.	Low salt fast food Salads, soups, and other low sodium options.

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A recipe for a tastier and healthier life

- To taste food as it really should taste, use less salt and more herbs/vegetables.
- Try to use less salt in your cooking and the risk of stroke, heart disease, kidney disease and dementia.
- Most of the food we buy comes 'ready salted'.
- Cook vegetables and carbohydrates, such as potatoes and pasta, without adding salt.
- Use the recipe tips to 'taste to taste' or 'taste to taste' - just before you eat.
- Use the recipe tips to 'taste to taste' or 'taste to taste' - just before you eat.
- Use the recipe tips to 'taste to taste' or 'taste to taste' - just before you eat.

Low salt soups
Low salt soups

High salt soups
High salt soups

Low salt soups
Low salt soups

High salt soups
High salt soups



Consensus Action on Salt & Health

CASH and WASH Alliances

CASH and WASH have continued to develop mutually beneficial alliances with other health charities and organisations. CASH is proud to have been asked to represent the UK's health charities at the Department of Health Meetings. WASH was able to participate in informal and formal WHO consultations. CASH and WASH 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, webinars and conferences around the world.

Organisations CASH and WASH have collaborated with in the last year include:

ALEHM	National Obesity Forum
Alzheimer's UK	National Osteoporosis Society
Blood Pressure UK	Pan American Health Organisation
British Dietetic Association	Polycystic Kidney Disease
Cancer Research UK	Public Health Nutrition UK
Consumers International	Sustain – Campaign for Better Hospital Food
Department of Health	Sustain—Real Bread Campaign
Department of Health - Global Health Team	Sustain – The Children's Food Campaign
Diabetes UK	British Heart Foundation
EMRO Heart research UK	The George Institute for Global Health
Heart UK	The NCD Alliance
Kidney Research UK	The Stroke Association
MEND	The Women's Institute
Ménière's Society	Which?
Men's Health Forum	World Health Organisation
UK Health Forum	World Cancer Research Fund



Consensus Action on Salt & Health

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 seventh 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.

Updates from around the world

AUSTRALIA: The George Institute for Global Health in Sydney has been designated by the WHO as a Collaborating Centre (CC) on Population Sodium Reduction. The Centre will undertake research and support countries to implement cost effective strategies to reduce population sodium intake.

The George Institute, together with the WHO and the International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD) hosted an Information Exchange Forum for the Private sector and NGOs, a technical meeting on salt reduction and iodine fortification strategies in

public health, March 25-27 2013. This was an opportunity to inaugurate the first WHO CC on Population Sodium Reduction at The George Institute for Global Health.

The meeting confirmed that areas where two initiatives can collaborate and benefit from each other are: joint surveillance as levels of iodine depend on salt consumption, approach to industry promoting salt reduction and universal salt iodisation, and advocacy with governments to coordinate both programs.

The **Australian** Division of WASH (AWASH) continues to be very active in its national salt reduction strategy:

AWASH continues its work to coordinate an international collaborative effort to collect information on the composition of processed foods in different countries. The Global Food Monitoring Group now has **29 collaborating countries**. They have collected food composition data for India, China, Fiji, Solomon Islands, Guam, Mongolia, New Zealand and Australia. Data collection is either underway or planned in the UK, Canada, Argentina, Malaysia, Costa Rica and Peru.

The FoodSwitch smartphone app is currently being adapted to assist in collecting the data for Australia, New Zealand, India, Costa Rica and Argentina and the UK, in partnership with Xyris Software.

The Food Monitoring Group has published the following papers:

- ['The variability of reported salt levels in fast foods across six countries: opportunities for salt reduction'](#)
- ['Progress with a global branded food composition database'](#)
- Further congratulations to AWASH's Dr Jacqui Webster on publication of a review article on ['National Approaches to Monitoring Population Salt Intake: A trade-off between Accuracy and Practicality'](#). This paper identifies a strong need to establish more

practical ways of assessing salt intake to ensure that low and middle income countries can implement salt monitoring activities effectively.

CANADA:

The **Ontario Sodium Alliance** working group, a collaboration of:

- Champlain Cardiovascular Disease Prevention Network
- Department of Nutritional Sciences, University of Toronto
- Heart and Stroke Foundation
- Ontario Medical Association
- Ontario Stroke Network
- Public Health Agency of Canada
- Public Health Ontario

Researchers at the **University of Toronto and University of Ottawa** have created a *salt Calculator* to help consumers and health professionals rapidly assess the amount of sodium a person is consuming and the main sources of sodium in their diet. The *Calculator* contains approximately 30 questions and takes 5 to 7 minutes to complete and has been developed using Canadian eating patterns and the most up-to-date data on sodium levels in Canadian foods. The *Calculator* will provide an individual with a detailed report indicating the major sources of sodium in their diet. It will be available to the public and to clinicians who may

wish to use it with their patients to screen and educate about dietary sodium.

IRAN: A new study supported by the Nutrition Department of **Iranian Ministry of Health** and Medical Education and the office of the World Health Organisation in Iran, has been published, which identifies a clear advocacy strategy and action plan for reducing salt intake in Iran.

LEBANON: The Salt Intake Optimization Group in Lebanon, established in February 2012, as part of the Vascular Medicine Program at the American University of Beirut Medical Centre (AUBMC). The aim of the group is to develop a national strategy to optimize salt intake within the Lebanese population, in collaboration with relevant stakeholders. This initiative is a multi-disciplinary endeavour, which takes an ecological and environmental approach to salt optimization. Its members include individuals from the Faculty of Medicine, Health Sciences, Nutrition and Engineering. The group is currently working on factors affecting individual health behaviours with the aim of tackling environmental factors, including the food industry and national regulation in the next phase. Their present activities include components both in research and health communication.

PAHO has been supporting many countries in the region to reduce population level salt intake:

- Brazil: Has agreed targets for mozzarella cheese and cheese spreads and are very close to finalizing negotiation of targets for soups and butter.
- Barbados: is finalizing the field work of “Health of the Nation” study, which includes determination of sodium in 24h urine in a subsample of adult population.
- Costa Rica: As part of the celebration of the 1st year of the Costa Rican SALT reduction program the Minister of Health has issued a decree that declares the national program of salt reduction in Costa Rica to be of national public interest. This shows highest support of the Government given to the program.
- Mexico City: Government banned salt shakers in restaurants. Salt shakers have been replaced with signs on the table of restaurants which read ‘salt in excess is bad for your health and if you need extra salt please ask for a salt shaker’. A similar initiative has already been installed in Argentina.
- Paraguay: As part of the celebration of World Health Day (WHD), the Minister of Health of Paraguay issued a Resolution regulating sodium levels in bread, at a level of 25% less than the existing ones. This regulation is a result of national team work drawing attention to bread as the main source of salt in the diet. The Minister of Health in his speech on WHD emphasized the importance of sodium reduction.

SOUTH AFRICA: The first country to introduce mandatory sodium targets. According to draft regulations to the Foodstuffs, Cosmetics and Disinfectants Act, food manufacturers have until June 2016 to comply with the first set of sodium (table salt) targets.

SRI LANKA: The Ministry of Health, Sri Lanka, has decided to make it compulsory for traders to specify salt and sugar content in food products as a means of stopping the rapid increase in non-communicable diseases. Research from the Medical Research Institute shows that an average Sri Lankan consumes 12.5g of salt per day.

USA: The American Heart Association (AHA) has published research in AHA's journal 'Circulation':

- Adults worldwide eat almost double the daily amount of sodium recommended by AHA
- Eating too much salt led to nearly 2.3 million heart-related deaths worldwide in 2010
- More than 75% of pre-packaged meals and snacks for toddlers contain high levels of salt

New York City has launched another public health awareness campaign 'Pass on the salt' to raise awareness of the dangers of a high salt diet. The focus of the campaign is to direct consumers to check the label and choose the lower salt option.

World Health Organisation (WHO)

The WHO released new guidelines on sodium and potassium in January 2013. The reduction of

sodium intake in the population is a cost-effective public health intervention for preventing NCDs, and is one of the nine global targets selected by Member States for the prevention and control of NCDs.

The European regional office of the WHO released a new report '*Mapping salt reduction initiatives in the European Region*' in April 2013. The report presents an up-to-date view of current salt reduction initiatives in WHO European Member States by highlighting activities related to the action points of the relevant global frameworks.

The Eastern Mediterranean regional office of the WHO held a technical workshop on salt and fat reduction in Cairo, Egypt on 10th-11th April.

The Pan American Health Organisation (PAHO) – This year is dedicated to the fight against the major public health issue, Hypertension, and marked by the celebration of World Hypertension Day, PAHO launched the *Salt Smart Americas Guide for Action in the Countries*, underscoring the important work of a team of distinguished experts, country program leaders and representatives of civil society and their unwavering commitment to stimulate, orient and support action in their countries. The guide highlights the recommendations, protocols and guidelines developed under the Regional initiative.

World Health Assembly – World leaders will discuss global salt target

In May, world leaders will meet to discuss setting a global salt reduction target; reducing daily salt intake by 30% by 2025. This target is, amongst other targets, set to reduce premature mortality from NCDs by 25% by 2025. Member States will gather at the World Health Assembly in Geneva to agree an omnibus resolution on NCDs which fulfils some of the commitments made in the UN Political Declaration on the prevention and control of NCDs. NCDs, widely known as lifestyle and chronic diseases, including heart disease, stroke, diabetes, cancer and chronic lung diseases account for two thirds of premature deaths worldwide.

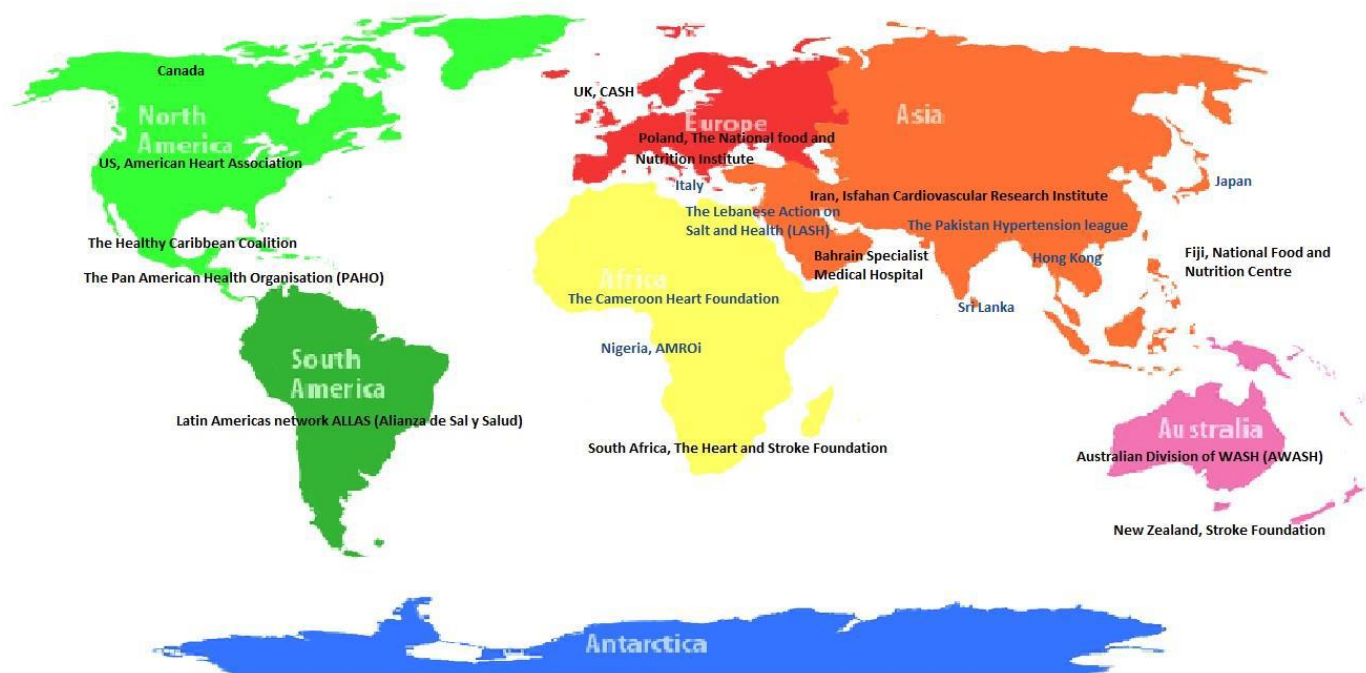
The resolution includes a global action plan and monitoring framework with a set of 9 global targets and 25 indicators. This will enable worldwide tracking of progress in preventing and controlling NCDs, as well as a global mechanism to coordinate activities and promote engagement of all actors in the global NCD response.

Salt reduction is one the 9 global targets shown to be most cost-effective at tackling the NCD crisis; by lowering blood pressure and therefore reducing deaths from strokes and heart disease.

These high-level political commitments to priority actions – such as salt reduction - are required globally and nationally to both treat and prevent NCDs, and will send a strong message to the food, alcohol and tobacco industry that they mean business.

World Salt Awareness Week 2013

2013 saw the 6th World Salt Awareness Week. Twenty-two countries took part, including Australia, Pakistan, Poland, Iran, the Pan American Health Organisation, Italy and Lebanon. World Salt Awareness Week was a huge success, with many countries taking part.



Our aim now is to continue to gather momentum and stimulate other countries around the world to participate in the Week. Further publicity about the week is needed to ensure that countries are aware of what the plans are, so that they can plan activities in advance. Further support also needs to be given to those countries which lack the time and resources to participate in the Week.

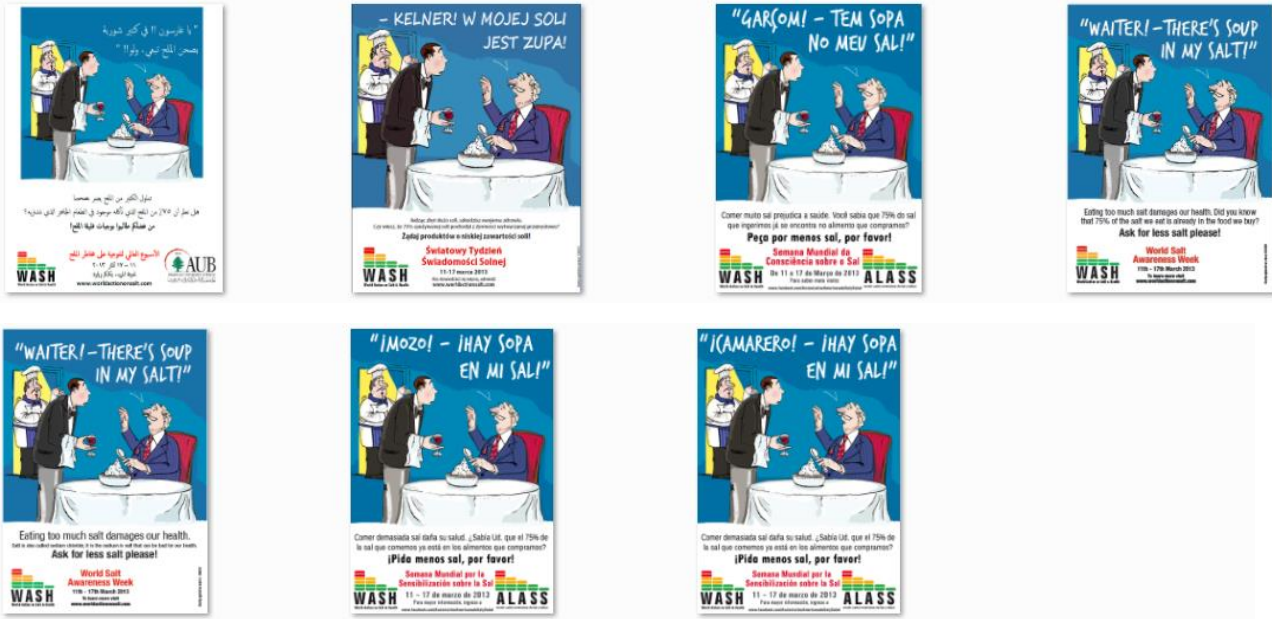
As a result of the Week:

- SAW raised the profile of WASH and brought attention to salt reduction around the world
- More countries were able to draw attention to the important issue of salt reduction to both consumers and governments

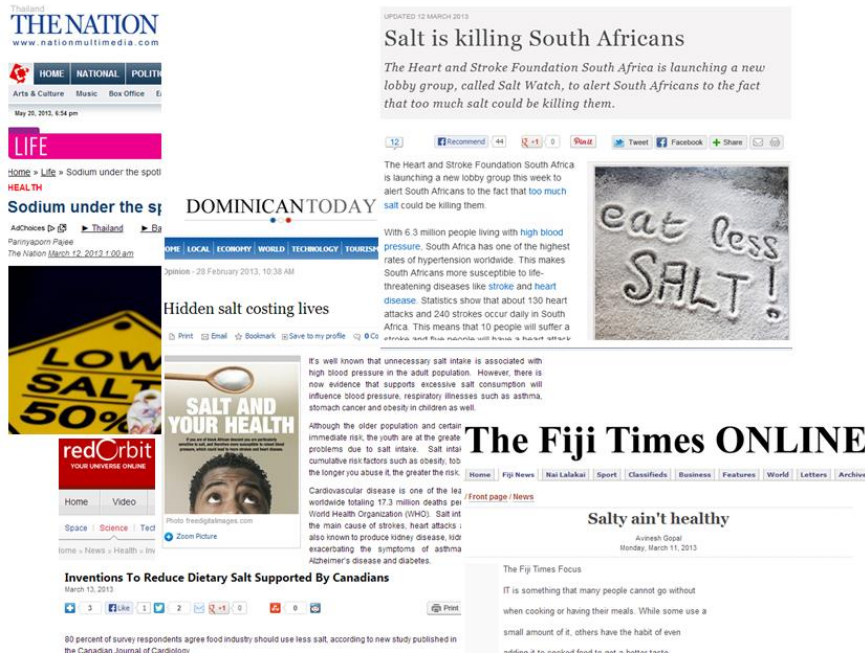


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WASH members helped to translate the poster into 6 languages including Arabic, Polish, Portuguese, Spanish, to great effect:



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). During the week, World Salt Awareness Week received media coverage around the world:



Research

2012/2013 was another 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):

Association Between Sodium Intake and Change in Uric Acid, Urine Albumin Excretion, and the Risk of Developing Hypertension This recent study looked at the effects of chronically high sodium intake on biomarkers of endothelial dysfunction, specifically serum uric acid, and urine albumin excretion. Forman et al found that over time, higher sodium intake is associated with increases in both biomarkers, and that individuals with elevated levels, a continuously high sodium intake is an independent risk factor for developing hypertension. *Forman J et. al Circulation. 2012;125:3108-3116.*

Determination of salt content in hot takeaway meals in the United Kingdom A high proportion of sodium intake in the UK comes from processed food and food purchased out of the home, including takeaways. This paper evaluated the salt levels in popular hot takeaway meals, to highlight the importance of salt reduction in all areas of the food industry. A total of 411 samples of 23 different types of takeaway meals were analysed and show that the salt content is astonishingly high. Pizzas scored the worst, with an average 9.45g salt per portion, followed by Chinese

takeaways, at 8.07g per portion and kebabs at 6.21g per portion. This demonstrates that in order to enable the consumer to meet the UK's maximum salt target of 6g a day, a significant reduction in the salt content of readily available foods, including takeaway and restaurant meals, must be considered. *Jaworowska A et. al Appetite. 2012;59(2):517-22.*

Sodium intake and blood pressure among US children and Adolescents was assessed to see if there was any association between the two, using multiple 24-hour dietary recall. Results found that subjects on average consumed 3,387mg of sodium a day, with 37% of subjects being overweight or obese. Each 1,000mg/sodium per day was associated with an increased SD score of 0.097 in systolic blood pressure among all subjects and a 0.141 increase among overweight/obese subjects. Sodium intake is therefore positively associated with systolic blood pressure and risk for pre-high blood pressure/high blood pressure among US children and adolescents, and this association may be stronger among those who are overweight/obese. *Yang et. Al Pediatrics 2012;130:611-619*

Sodium, blood pressure and cardiovascular disease: further evidence supporting the American heart association sodium reduction recommendations. Recent reports have caused controversy in the salt reduction world, and have



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resulted in called to abandon recommendations for reduced sodium intake. This detailed review highlights substantial methodological concerns that limit the usefulness of these studies in setting, much less reversing, dietary recommendations, and stands by affirms that recommendations for reduced sodium intake in the general population remains robust and persuasive. *Whelton et. Al Circulation 2012;126:00-00*

Health labelling can influence taste perception and use of table salt for reduced-sodium products

Liem et al investigated the effect of front of pack labels on taste perception and use of table salt for sodium-reduced soups currently in the market. 50 participants were served nine soups in a random order, across 3 days and were asked to rate their expected salt intensity before tasting. Servings differed in health label (i.e. no health label or reduced-salt label) and sodium reduction (no reduction, 15 % less sodium or 30 % less sodium). After tasting, participants rated their perceived salt intensity and liking, after which they could add salt to the soup to make it more palatable. Results showed that emphasizing salt reduction by means of a front-of-pack label can have a negative effect on taste perception and salt use, especially when consumers are able to taste differences between their regular soup and the sodium-reduced soup. *Liem et. Al Public Health Nutrition 2012;15(12):2340-2347*

Dietary Salt Intake, Sugar-Sweetened Beverage Consumption, and Obesity Risk

A study in children aged 2-16 was carried out to determine the association among dietary salt, fluid, and

sugar-sweetened beverage consumption and weight status in a nationally representative sample in Australia. Data was obtained from the 2007 Australian National Children's Nutrition and Physical Activity Survey, whereby consumption of dietary salt, fluid, and sugar-sweetened beverages were determined via two 24-hour dietary recalls. Results showed that dietary salt intake was positively associated with fluid consumption; each additional 1 g/d of salt was associated with a 46 g/d greater intake of fluid. In addition, 62% children reported consuming sugar sweetened beverages, of which salt intake was found to be positively associated with sugar sweetened beverage consumption; each additional 1 g/d of salt was associated with a 17 g/d greater intake of sugar sweetened beverages. This would suggest that, in addition to the known benefits of lowering blood pressure, salt reduction strategies may be a useful tool in preventing childhood obesity. *Grimes et. Al Pediatrics 2013;131:14-21*

Nutritional content of supermarket ready meals and recipes by television chefs in the United Kingdom: cross sectional study

These values were compared with nutritional guideline published by the World Health Organisation and the UK Food Standards Agency. Results founds that neither recipes nor ready meals complied with WHO recommendations. Recipes were less healthy than ready meals, containing significantly more energy, protein, fat, and saturated fat, and less fibre per portion than the ready meals. *Howard S, Adams, J and White M BMJ 2012;345:e7607*

Spatial variation of salt intake in Britain and

association with socioeconomic status Data was obtained from the British National Diet and Nutrition Survey 2000-2001, whereby sodium intake data was collected from 2105 white male and female participants. Results found that people living in Scotland had higher salt intake than those in England and Wales. Measures of low socioeconomic position were also associated with higher levels of sodium intake, after allowing for geographic location. *Ji C, Kandal N and Cappuccio F BMJ Open 2013;3:e002246*

Fewer adults add salt at the table after initiation of a national salt campaign in the UK: a repeated cross-sectional analysis. This study used large nationally representative samples of households in England to assess whether discretionary salt use has been affected by the national salt reduction campaign in the UK. Since 1997, there has been a steady decline in salt use at the table, with reduction in salt use significantly greater after the campaign began. Women, non-white ethnic groups, high-income households, middle-income households and households in central or the south of England were less likely to add salt at the table. These results demonstrate the beneficial effect of the salt campaign on salt use at the table. *Sutherland J et. Al British Journal of Nutrition pp1-7*

Effect of longer term modest salt reduction on blood pressure: Cochrane systematic review and meta-analysis of randomised trials. The effects of longer term modest salt reduction on blood pressure, hormones, and lipids were determined in this systematic review and meta-analysis. Thirty four trials were included and showed that the

mean change in urinary sodium (reduced salt v usual salt) was -75 mmol/24h (equivalent to a reduction of 4.4 g/day salt), and with this reduction in salt intake, the mean change in blood pressure was -4.18 mmHg for systolic blood pressure and -2.06 mmHg for diastolic blood pressure. A 100 mmol reduction in 24 hour urinary sodium (6 g/day salt) was associated with a fall in systolic blood pressure of 5.8mmHg after adjustment for age, ethnic group, and blood pressure status. This analysis suggests that a modest reduction in salt intake for four or more weeks causes significant and, from a population viewpoint, important falls in blood pressure in both hypertensive and normotensive individuals, irrespective of sex and ethnic group. These results support a reduction in population salt intake, which will lower population blood pressure and thereby reduce cardiovascular disease. *He F, Li J and MacGregor G BMJ 2013;346:f1325*

A Systematic Cross-Sectional Analysis of British Based Celebrity Chefs' Recipes: Is There Cause for Public Health Concern? A comprehensive nutritional assessment was conducted on Celebrity Chefs recipes, with comparison against national healthy eating guidelines. Overall, average energy, protein, total carbohydrate and total fat per suggested portion was 2.3MJ, 25g, 44g and 31g, respectively; with differences observed between Celebrity Chefs. The overall average recipe composition of Celebrity Chefs presented high fat, high SFA, high sugars and high salt content. Male and British originated Celebrity Chefs presented higher nutritional variables than female and



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International originated Celebrity Chefs, respectively. This would suggest Celebrity Chefs are a likely hidden contributing factor to Britain's obesity epidemic and its associated public health issues. *Jones M. et. Al Food and Public Health 2013;3(2):100-110*

Cheese. What is its contribution to the sodium intake of Brazilians? This study evaluated the sodium contents of cheeses available in Brazil and the contribution of cheese to the daily intake of this micronutrient. The labels of 156 commercial samples of various types of Brazilian cheese were evaluated with respect to the reported sodium content. A high variability in the sodium contents of cheeses within each category was observed. Results found that more than 70% of the cheeses examined in this study could be classified as high-sodium cheeses, with sodium contents exceeding 400mg Na/100g of product. This highlights the need for cheese manufacturers to reformulate their products, and that further measures need to be made by public health authorities to curb sodium intake from cheese consumption. *Felicio TL et. Al Appetite 2013;66:84-88*

Changes in Sodium Levels in Processed and Restaurant Foods, 2005 to 2011 In the USA, between 2005 and 2011, the sodium content in 402 processed foods declined by approximately 3.5%, while the sodium content in 78 fast-food restaurant products increased by 2.6%. Although some products showed decreases of at least 30%, a greater number of products showed increases of at least 30%. This would suggest that reductions in

sodium levels in processed and restaurant foods within the USA are inconsistent and slow. Stronger action (eg, phased-in limits on sodium levels set by the federal government) is needed to lower sodium levels and reduce the prevalence of hypertension and cardiovascular diseases. *Jacobson MF, Havas S and McCarter R JAMA Intern Med 2013:1-7*

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