Health Quality and Cost Council
{DRAFT} Potential Sodium Reduction Policy Strategies
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The average sodium consumption is over 3,400 mg/day despite that the 2010 Dietary Guidelines for Americans (DGA) recommend a maximum intake of 2300 mg/day and no more than 1500 mg/day for high risk populations (African Americans, people with hypertension, and middle-aged adults).[1] With high blood pressure as the single largest modifiable risk factor for cardiovascular disease (CVD) mortality in the United States, a reduction of sodium at the population level is a critical strategy to improve cardiovascular health.

Among the 1.2 million Marylanders that are hypertensive,[2] a 1265 mg/day lower lifetime reduction of dietary salt would successfully reduce hypertension prevalence by 20% (normalizing blood pressure for 240,000 Marylanders).[3] Additionally, if all Marylanders were able to reduce their daily intake of salt to the federally recommended level (2,300 mg/day), over 1800 deaths could be prevented annually.[4] With nearly 80% of sodium already added to food before it's sold, [1] reducing sodium in processed foods is one of the most effective way to prevent heart disease and strokes.

As the Health Quality and Cost Council moves toward macro level policy change, these strategies showcase the Council's critical role in improving the health of Marylanders, saving lives, and bending the cost curve. Sodium reduction policies have a large reach and impact at the population level because they make the healthiest choice the easiest choice by increasing access to healthy foods. Sodium reduction reduces risk for hypertension and its complications, which is particularly important for Black Marylanders and those with other cardiovascular risks such as smoking and diabetes.

Good: Implement Institutional Purchasing Policies
Institutional food purchasing policies adopted by Maryland's hospitals and state government would establish standards consistent with 2010 DGA recommended sodium levels. In addition to serving as a model for other large food purchasers, hospitals' and government's combined purchasing power would make an impact on healthy food availability and add to overall demand for healthy products.

- Challenges are the implementation and monitoring of procurement policies, limited resources, and the possible modification of existing procurement contracts.

Better: Align With National Salt Reduction Initiative to Encourage Healthier Production Policies by Food Manufacturers
The National Salt Reduction Initiative is a public-private partnership that developed targets to guide food manufacturers, restaurants, supermarkets and other companies to voluntarily reduce the amount of salt in commonly used packaged and restaurant foods.

- Challenges exist due to the voluntary nature of the initiative and limited small company buy-in.

Best: Enhance Federal Regulation of Sodium
Currently sodium is generally recognized as safe (GRAS) despite its strong link to increased CVD risk. There is no regulation of sodium content in everyday foods, which particularly applies to processed items (i.e. deli meat or canned items).

- Challenges are political feasibility and the implementation of federal regulations.

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[1] Dietary Guidelines for Americans 2010, Retrieved from http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf
[2] Maryland Behavioral Risk Factor Suveillance Survey (2009). Retrieved from http://www.marylandbrfss.org
[3] Dickinson, BD & Hovar, S. Reducing the population burden of cardiovascular disease by reducing salt intake. *Archives of Internal Medicine.* July 2007, 167(14), 1460-68.
[4] Danaei G, Ding EL, Mozaffarian D, et al (2009). The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *Public Library of Science Medicine,* 6 (4). doi:10.1371/journal.pmed.1000058