

Sodium-Reduction Talking Points for Public Health

*Responding to Common Perceived Barriers
Among the Food Industry*



PERCEIVED BARRIER: Lower-sodium foods are too expensive and too difficult to find.

FACT: Food purchasing strategies – like group purchasing – can help institutions **LEVERAGE BUYING POWER** to increase the supply of lower-sodium foods without increasing costs.



Success Story

The Urban School Food Alliance

School districts in Los Angeles, New York, Chicago, Dallas, Miami, and Orlando serve a combined total of 2.9 million children. By pooling their collective purchasing power, participating districts are able to coordinate their menus and purchases in order to offer healthier school meals – including lower-sodium options – without increasing costs.

PERCEIVED BARRIER: Consumers do not want to buy lower-sodium foods.

FACT: Surveys show that consumers **PREFER** lower-sodium foods.¹



SURVEY

81% of Americans support policies to limit sodium in foods prepared in fast food establishments.²

More than **50%** of Americans support policies to limit sodium in manufactured foods.²

90% of Americans support policies to limit sodium in school foods.²

Practice Tips

- Introduce lower-sodium foods **GRADUALLY**. Change should occur over time, not overnight.³
- **SMART MARKETING** is key. Use appealing names and descriptions to market healthier, lower-sodium meals. Alternatively, consider taking a “stealth health” approach; in other words, do not advertise reductions in sodium.

PERCEIVED BARRIER: Business owners are less interested in reducing sodium if other businesses aren't doing it.

FACT: More business owners can become interested in reducing sodium after seeing how sodium reduction efforts can **BENEFIT** the community and business.



Success Stories

Philadelphia Healthy Chinese Take-Out Initiative

In 2012, the Philadelphia Department of Public Health, Temple University's Center for Asian Health, and the Chinese Restaurant Association started working with owners of local Chinese take-out restaurants to reduce the amount of sodium in their meals. Since then, more than 90 percent of participating restaurants have cut the amount of sauce in their dishes in half. In addition, 86 percent now use fresh produce instead of canned produce.

New York City's National Salt Reduction Initiative

In addition to saving employers money, sodium reduction efforts can help create a positive public image, which is good for business. The New York City Department of Health and Mental Hygiene's National Salt Reduction Initiative (NSRI) developed voluntary sodium reduction targets for 62 categories of packaged foods and 25 categories of restaurant foods by 2012 and 2014. The nearly 30 food companies that committed to the initiative, were nationally lauded by the press and by NSRI partners for their commitment to selling products with lower levels of sodium.⁴

PERCEIVED BARRIER: Businesses do not have a financial incentive to help employees consume less sodium.

FACT: Offering lower-sodium foods can have a high rate of **RETURN ON INVESTMENT** for businesses and employees.

Too much sodium intake, as part of an unhealthful workplace, can contribute to burdensome costs.⁵



HEALTHY FOOD



A sodium-heavy diet can increase an employee's health care and clinical expenses.

Success Story

Chicago's Healthier Snack Vending Initiative

After implementation of the Chicago Park District's 100% Healthier Snack Vending Initiative, which required all snacks to meet certain nutrition standards (including limits on sodium), the average monthly per-machine sales **INCREASED** over the 15 month evaluation period (from \$84 to \$371).⁶

Practice Tip

Employee health is an **INVESTMENT TO BE MANAGED**, not a cost to be reduced.⁷ This is especially pertinent for employers who self-insure. These employers assume financial risk for their employees' health by paying for each health care claim out of pocket, instead of purchasing a general coverage plan or paying a fixed premium to an insurance carrier. Self-insured health plans are becoming more prevalent. In 2011, these plans covered more than 58 percent of all workers with health coverage.⁸

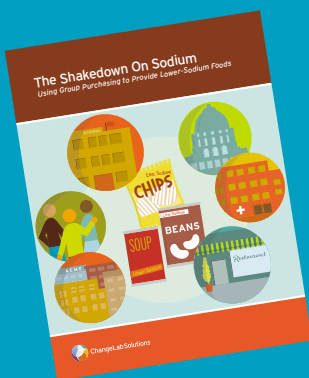
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To learn more about using group purchasing to provide lower-sodium foods, see the companion fact sheet, *The Shakedown on Sodium*.



Endnotes

- 1 Levings JL, Maalouf J, Tong X, Cogswell ME. Reported use and perceived understanding of sodium information on US nutrition labels. *Preventing Chronic Disease*. 2015;12(48). doi:10.5888/pcd12.140522.
- 2 Centers for Disease Control and Prevention. *Highlights: What Do Consumers Really Think About Policies to Reduce Sodium?* Atlanta, GA; 2014. www.cdc.gov/salt/pdfs/kab_highlights.pdf.
- 3 Institute of Medicine. *Strategies to Reduce Sodium Intake in the United States*. Washington, DC; 2010. <http://iom.nationalacademies.org/Reports/2010/Strategies-to-Reduce-Sodium-Intake-in-the-United-states.aspx>.
- 4 New York City Department of Health and Mental Hygiene. *National Salt Reduction Initiative: Goals and Summary*. New York, NY. www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-salt-factsheet.pdf.
- 5 Baicker K, Cutler D, and Song Z. Workplace wellness programs can generate savings. *Health Aff*. 2010;29(2):304-311. doi:10.1377/hlthaff.2009.0626.
- 6 Mason M, Zaganjor H, et al. Working with community partners to implement and evaluate the Chicago Park District's 100% Healthier Snack Vending Initiative. *Preventing Chronic Disease*. 2014;11(135). doi:10.5888/pcd11.140141.
- 7 Loeppke R, et al. Health and productivity as a business strategy: A multiemployers study. *J. Occup. Environ. Med*. 2009;51(4):411-428. doi:10.1097/JOM.0b013e3181a39180.
- 8 Fronstin P. Self-insured health plans: State variation and recent trends by firm size. *EBRI Employee Benefit Research Institute Notes*. 2012;33(11):2-10. www.ebri.org/pdf/notespdf/ebri_notes_11_nov-12.slf-insrd1.pdf.

