

Reducing salt intake requires national and international efforts

Public Health Nutrition: Major Policy
Areas in Need of Decisions,

EPH, 17 October, 2015

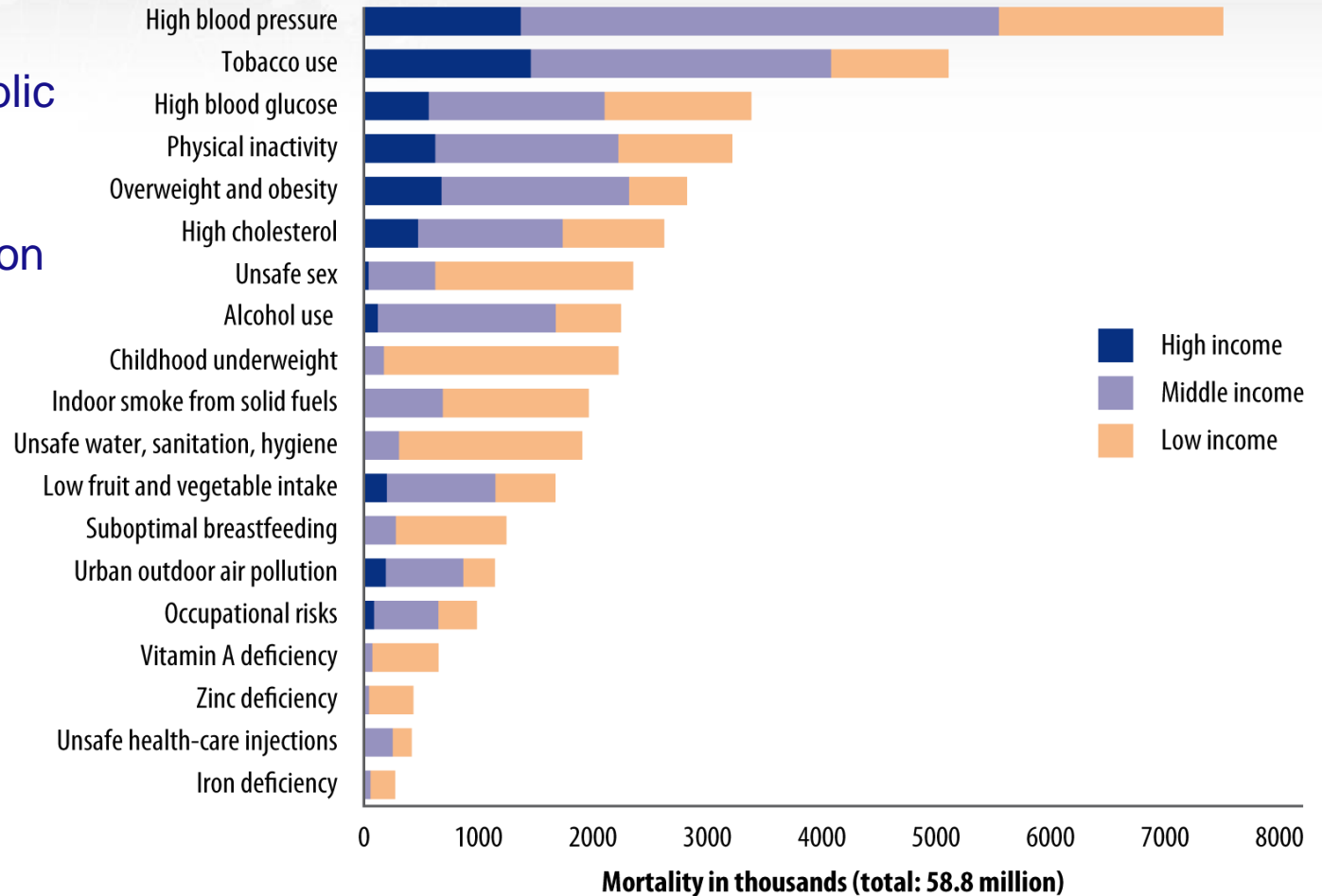
Sirpa Sarlio-Lähteenkorva, Finland

Deaths attributed to 19 leading factors, by country income level, 2004

Reduction of salt is a very cost-effective way to improve public health

WHO: 30% reduction by 2025

Action: WHO, UN, EU




Salt reduction in Finland: History and principles

- Salt as a target for action for decades: recommendations, legislation, labelling, catering services, part of health education,
- Community-based interventions since 1960' affect the structures of the society
- Target the whole population/age-group - not only risk groups
- Health in all policies and intersectoral mechanisms for implementation
- About 70-75% of salt comes from processed foods (inc. bread) so involving industry, catering and all stakeholder crucial
- Use all tools: legislation, fiscal policies and resources, information guidance, cooperation



Some actions to reduce salt intake

- Nutrition and cooking as part of mandatory education since 1970's, health education since 2001
- Compulsory labeling of salt and warning labels (highly salty or large amount of salt added) for highly salted products since 1980's, gradual tightening of limits
- National "low salt" claims until 2007, (when EU legislation on nutrition and health claims came)
- Voluntary "Better choice" -nutrition claims for foods since 2000 and for meals since 2007
- Nutritional quality criteria for procurement of meal services (2007 , 2010 MSH, 2011, 2014)



Tools for better diet: warning labels on highly salted foods

Gradually setting tighter limits for "highly salted" warning labels

	Current (1.6.2009 →)	Previous		Before 1993
Bread	1,2	1,3	...	1,7
Breakfast cereals	1,6	1,7	...	2,5
Sausages	1,7	1,8		2,2



”Better Choice” -Heart symbol for meals

- Heart symbol for meals tested and launched in 2007, revised in 2009 to match procurement criteria
- Helps customers to make healthy choices and caterers to offer and improve their services related to the nutritional quality of their meals
- Based on nutritional recommendations; main focus on energy, fat and **salt**, includes customer information and tools for information
- The right to use the symbol is granted by Finnish Heart Association (checks recipes, provides tools and education), fee to cover costs on non-profit basis

Nutritional quality criteria for main meals, upper limits for fat, SAFA and salt per 100g

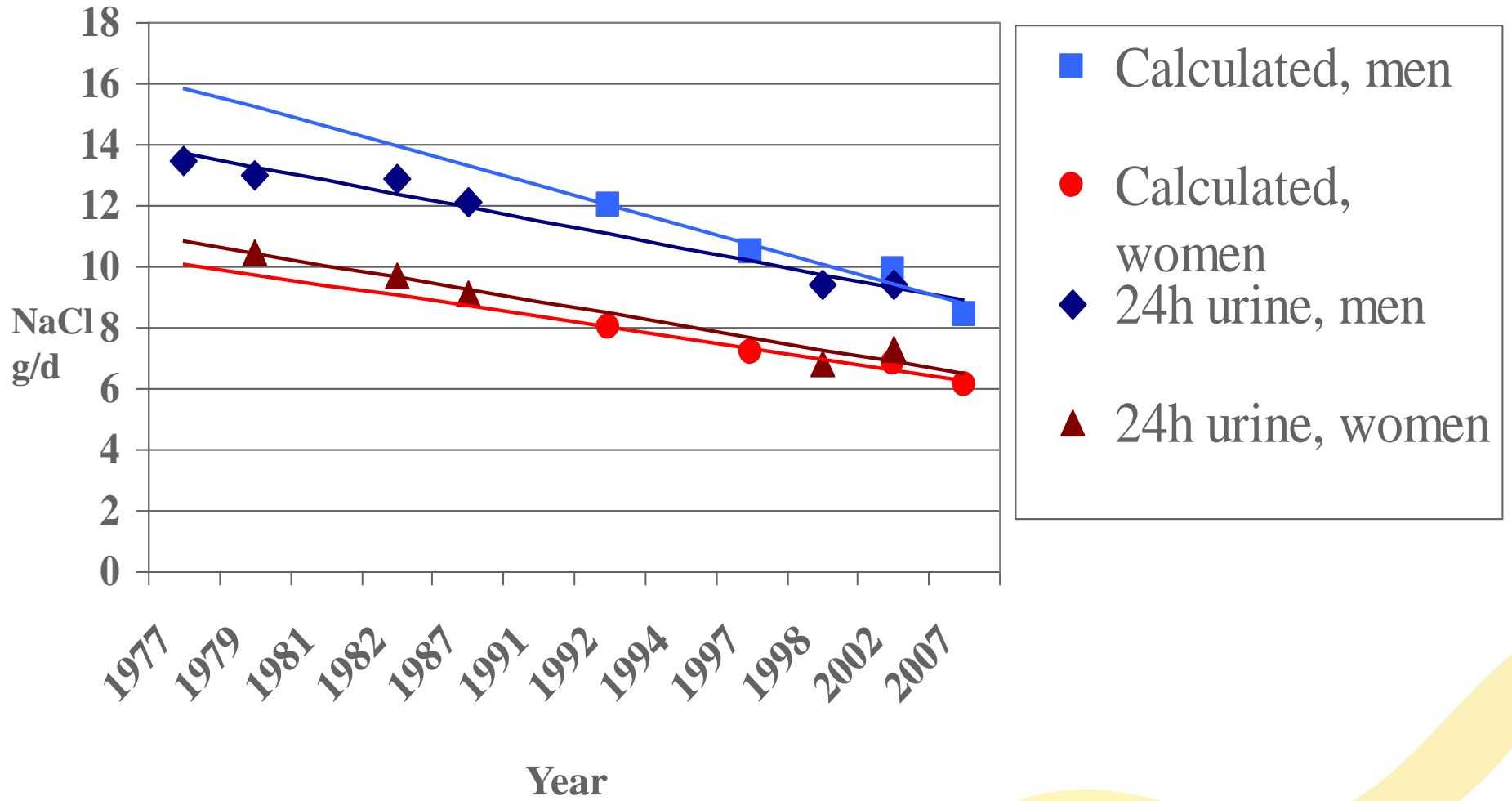
Dish type	Fat, g	SAFA, g	Salt (NaCl), g
Soups and porridges ¹	3(5)	1(1,5)	0,5
Casseroles, risottos, pasta dishes, sallads ² , pizza	5 (7)	2 (2)	0,6
Steaks, rolls, pancakes, chicken	8 (12)	3 (3,5)	0,8
Dish with sauce; e.g. minced meat sauce	9 (11)	3,5 (3,5)	0,8

Values in parentheses are for meals with fish.

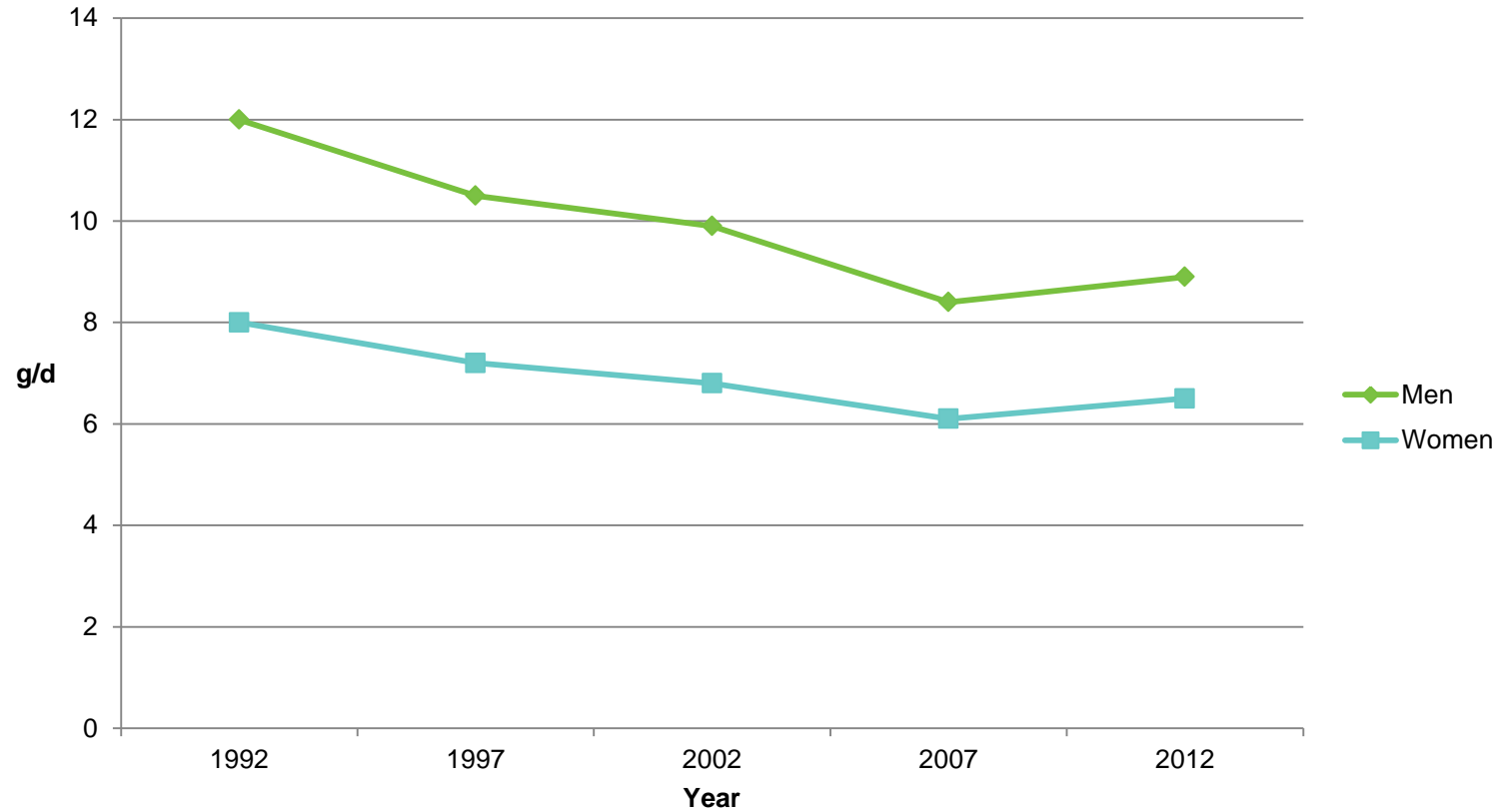
¹ Cereal in porridges has to contain at least 6g dietary fibre per 100 g

² Sallads have to contain at least 150g vegetables

Salt intake in Finland 1977-2007



Intake of salt in working age men and women



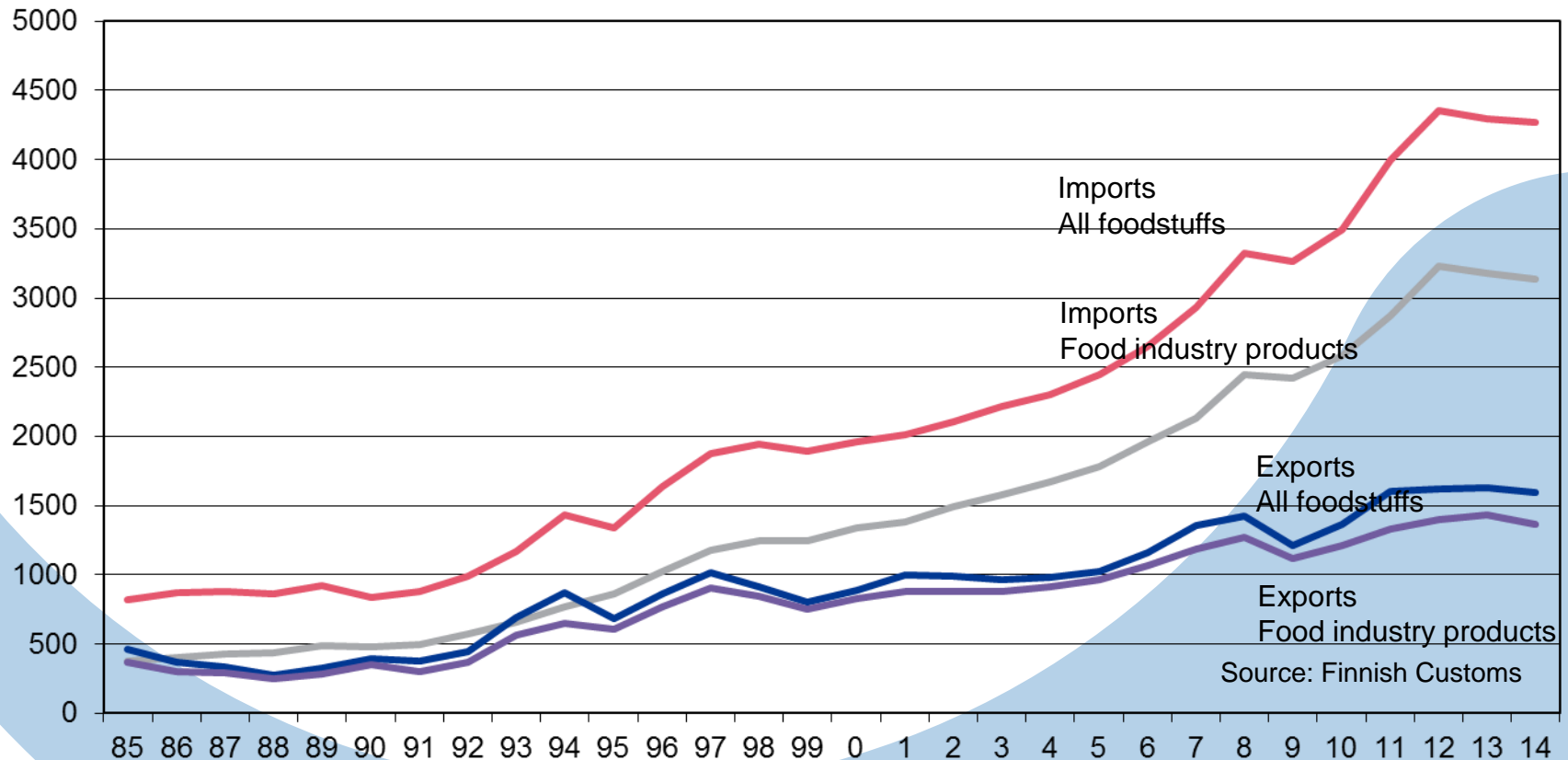
Changes in 2007-2012:

Men $p=0,006$

Women $p<0,001$

Imports and exports of foodstuffs 1985–2014

bill. €



New legislation on labeling of salt (16.12.2016→)

- Recalculation of salt content to match EU regulation on provision of food information to consumers (1169/2001)
- Following unpacked foods (in retail only) must state the total amount of salt %: 1) cheese, 2) sausages & meat cuts 3) bread
- Warning labels (“highly salty” or “large amount of salt added”) if salt is above following limits: cheese 1,4%, sausages 2,0%, cold whole meat cuts 2,0%, fish products 2,0%, bread 1,1%, crisp bread 1,4%, breakfast cereals 1,4%, ready meals 1,2%, semi-prepared foods 1,4%, snacks 1,4%
- Warning labels have to be next to nutrient declaration, minimum font size 1,2 mm

Some current and future challenges

- Salt is invisible, how to make problem visible?
- EU set's legal limits
- Global trade and marketing very strong >> global solutions and action needed
- Countries are in different stage of salt reduction, difficult to give general advice
- How to involve global industry, restaurants etc. ?
- Health literacy among public, policy-makers, media and civil servants in all sectors needs improvement
- National efforts have only limited value if not supported by international action