# MIDDLESEX-LONDON HEALTH UNIT

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#### **REPORT NO. 125-12**

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2012 October 18

## INFORMING THE DEVELOPMENT OF A MIDDLESEX-LONDON SODIUM CAMPAIGN

#### Recommendation

It is recommended that Report No. 125-12 re "Informing the Development of a Middlesex-London Sodium Campaign" be received for information.

## **Background**

A high sodium intake increases the risk for cardiovascular disease, stroke, kidney disease, osteoporosis, stomach cancer, and asthma. More than 60% of adult Canadians and more than 90% of children 4 to 8 years of age, exceed the upper limit for sodium intake. Approximately 77% of this dietary sodium comes from processed food, 11% is added during cooking or at the table, and the remaining 12% occurs naturally in foods.

Action to reduce sodium intake is one of the most cost-effective interventions when administered population-wide. A decrease of 1800 mg of sodium per day in Canadian diets would result in an estimated 13% decrease in cardiovascular disease events and a \$2.99 billion savings in direct and indirect health care costs. The average daily intake of sodium for Canadian adults is 2500 to 4200 mg, varying based on age and gender. For most Canadians, an 1800 mg reduction puts them at or still above the recommended daily intake of 1500 mg.

#### Middlesex-London Data

From January to April 2012, data from 443 Middlesex-London residents were collected using the Rapid Risk Factor Surveillance System (RRFSS) telephone survey. The following is a summary of the key findings:

#### Knowledge about Sodium

- A third of people who responded to the survey did not know there were specific guidelines recommending
  daily sodium intake. Those with higher education were more likely to know than those with lower
  education.
- Despite the fact that most dietary sodium comes from processed foods, only 35% of survey respondents reported they should avoid or minimize consumption of prepared, processed or canned foods. It was found that 38% thought that the best way to reduce the amount of salt in their diet was to not add salt when cooking or not add salt at the table.

## Sodium Consumption

- Just over three-quarters (3/4) of respondents claimed to watch their salt or sodium intake on a regular basis. Those under 45 years of age and parents with children in the household were less likely to report watching their intake on a regular basis.
- About one fifth (1/5) of the respondents frequently ate prepared foods likely to be high in sodium. For instance, approximately 20% of people ate items such as canned foods three or more times a week, processed meats three or more times a week, bread three or more times a day and flavouring sauces with every meal.

• About half the respondents are cereal, another high sodium food, three or more times a week.

## Sodium Reduction Behaviour

- Given that just over three-quarters (3/4) of respondents claimed to watch their salt or sodium intake on a regular basis and only 35% reported they should avoid or minimize consumption of prepared, processed or canned foods, there is a gap in knowledge about effective sodium reduction strategies.
- There are indications that some people look for the sodium content of food and actively try to reduce it. About half of respondents choose low or no sodium canned foods when available. Women were more likely to do so than men.
- When it comes to reading the Nutrition Facts Table of the foods they buy, about one third of respondents read them on items they regularly buy and almost two thirds of respondents read it on items they do NOT regularly buy.
- It should be noted that a quarter of the population rarely or never choose food based on the salt or sodium content.

# **Next Steps**

The Sodium Reduction Strategy for Canada (2010), authored by the former Sodium Working Group, provides 27 recommendations on how to gradually reduce the dietary sodium of Canadians. Recommendations include all levels of government and stakeholders developing and integrating sodium reduction into their nutrition programs, guidelines, and policies and all Canadians taking personal steps to reduce sodium consumption as part of an overall healthy diet.

The Health Unit Public Health Dietitians are using the results of the Rapid Risk Factor Surveillance System (RRFSS) modules to inform the planning of a community-wide sodium reduction campaign. Residents aged 20 to 44 years old, particularly those with children, were chosen as the target audience because the local data indicated that they were less likely to report watching their intake on a regular basis. Initial campaign materials will be developed during fall 2012 and winter 2013, ready for campaign implementation in 2013.

Campaign communication will include targeted messages based on the Rapid Risk Factor Surveillance System (RRFSS) data and incorporate messaging that has been previously pilot tested with a wide range of audiences by Dietitians of Canada and other professional organizations. A key knowledge gap for local residents was the contribution of prepared, processed, and canned foods to daily sodium intake. Anticipated materials include short videos, an e-recipe newsletter, recipe contest, comprehensive web-based content, and communication to health care professionals. In addition to consumer education and skill building, advocacy related to the food supply and supportive environments will be addressed as part of the campaign, as the major source of dietary sodium is from sodium added to foods during processing.

In 2013, updates will be provided to the Board of Health, including opportunities for advocacy.

This report was prepared by Ms. Kim Leacy, Ms. Ginette Blake and Ms. Christine Callaghan, Public Health Dietitians, and Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.

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**This report addresses** the following requirement(s) of the Ontario Public Health Standards: Foundational Standard - 4, 8; Chronic Disease Prevention - 1, 7, 8, and 11.