Salt reduction in New Zealand: are we keeping up with Australia?

Australia recently announced its first salt reduction targets for breads and breakfast cereals in its campaign to reduce population salt intakes. Salt reduction is part of their government’s preventative health strategy, and complements the Australian division of World Action on Salt and Health’s 5-year campaign to reduce salt in manufactured and pre-prepared food by one-quarter. With Australia, and other countries around the world, gaining momentum in salt reduction, it raises the question of what is happening here in New Zealand (NZ)?

As three-quarters of salt consumed is from manufactured and pre-prepared foods, widespread reformulation of mainstream high-volume products has the greatest potential to reduce salt intakes. Some food companies in NZ have already embarked on salt reduction programmes. As an example, Sanitarium and Kelloggs have reduced salt in cornflakes by 30–40% over the last few decades. Recently, major bread companies, in collaboration with the Heart Foundation, successfully reduced salt in white bread by up to 18%, removing up to 150 tonnes of salt from the food supply annually. A similar collaborative approach with a wider focus is now being taken with Project HeartSAFE.

Project HeartSAFE creates a platform for industry-led cross-category salt reduction in NZ, with representation from major food sector players (initially focused on processed meats and breakfast cereals), industry bodies and government. This cross-sector approach allows food companies to learn from each other and for simultaneous salt reduction. The project is facilitated by the Heart Foundation and Network PR, under a contract with the Ministry of Health. This initiative will be complemented by the NZ Food Safety Authority’s focus on the science to support salt reduction.

Salt reduction is vitally important to population health, with consumption estimated at 150% of the recommended upper level of intake. There is strong evidence that too much salt raises blood pressure (BP) and increases risk of cardiovascular disease. Globally, high BP is the leading risk factor for mortality, ranking second only to tobacco use in high-income countries. In NZ, one in seven adults report taking medication for high BP. Furthermore, a 25% reduction of salt in manufactured food is predicted to result in 2745 fewer heart attacks and 2064 fewer strokes each year (an 18% reduction in incidence of both), saving 930 lives/year by 2018.

To reduce salt intakes to even the recommended upper level of intake requires a one-third reduction in salt from manufactured and pre-prepared foods, and in salt added to food by consumers. This level of reduction presents challenges as salt is an inexpensive ingredient playing an important role in food texture, preservation, and taste. Thus, there are foods where a one-third reduction may be difficult to achieve. However, there are undoubtedly foods where salt is added in excess of what is needed for food safety and functionality, or where changes in production methods or ingredients could facilitate lower salt levels.
If salt reduction is conducted in a gradual, stepwise manner, consumers are unlikely to detect changes and taste buds will gradually adapt to lower salt levels, until their taste threshold is reached. Such an approach will ensure that foods still meet consumer expectations whilst reducing salt intakes.

Apart from benefits to consumers, Project HeartSAFE has strategic importance to the food sector. It fits with the voluntary and self-regulatory approach which they favour. Failure to reduce salt will put the food sector out of step with other countries.

The commitment by Australia has trans-Tasman implications, as many companies operate in both markets. The United Kingdom has undertaken a successful across-the-board salt reduction programme led by the Food Standards Agency, and salt reduction campaigns are underway in European countries, Canada and the United States (US), amongst others.

The IOM has recently released its recommendations on a salt reduction strategy for the US. The focus on salt in other countries is likely to lead to increased consumer awareness of the negative effects of excess salt consumption, potentially increasing demand for less salt in products marketed in NZ. Mintel in the US has predicted that salt reduction will be “... the next major health movement”.10

What can be done to support the food sector in salt reduction? Unlike nutrients such as fat, there is currently little consumer demand for food companies to lower salt in their products. Greater consumer demand would provide more incentive and support for salt reduction by food manufacturers. While opportunities definitely exist to raise consumer awareness of salt at a population level (which is successfully happening in the United Kingdom), health professionals can play their part at an individual level. This can be achieved through reminding consumers about the adverse effect of salt on health, the difference between salt and sodium, how to choose lower salt/sodium foods, and gradually reducing salt added to food.

In summary, initiatives to reduce salt in the NZ food supply are happening. A coordinated population approach to salt reduction in high-volume low-cost foods has potential to generate enormous health gains for NZ. Change is needed at multiple levels, including the food supply and consumer choice, in order to reach population salt reduction goals.

Note: Further information on Project HeartSAFE will be available from www.nhf.org.nz under ‘Healthy Eating’.

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