Baltimore City Salt Task Force

Overview

The Baltimore City Health Department is creating a seven-member Salt Task Force to meet three times over six months, beginning September 2008. The Task Force will produce a report on the impact of excessive salt intake in the city, with recommendations on how to foster a healthier level of salt consumption.

Background

High salt intake (salt is also referred to by one of its components, "sodium") is associated with higher levels of blood pressure (hypertension).[1] High levels of blood pressure lead to complications such as heart attack, kidney failure and stroke.

African Americans are particularly sensitive to the blood pressure-raising effects of salt.[2] Perhaps as a result, African Americans have higher blood pressure than other racial groups.[3] They are also at an increased risk of complications related to hypertension, particularly kidney failure[4] and stroke,[5] compared to whites.

The National Heart, Lung, and Blood Institute recommends that the maximum amount of sodium intake for African Americans, the elderly, and those with hypertension be 1,500 mg per day; these groups are most sensitive to the effects of salt on blood pressure. The rest of the American public is advised to consume no more than 2,300 mg per day. [6] However, many groups, including the Institute of Medicine, argue that 1,500 mg per day should be the standard for all Americans less than 50 years of age, with intake of 1,200-1,300 mg per day recommended for the elderly.[7] Currently the average intake of sodium is 4,000 mg per day, nearly twice the conservative recommendation of intake.

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1 Khaw KT, Bingham S, Welch A, et al. Blood pressure and urinary sodium in men and women: The Norfolk cohort of the European prospective investigation into cancer (EPIC-Norfolk). Am J Clin Nutr. 2004; 80(5):1397-1403.

2 Appel LJ, Brands MW, Daniels SR, et al. Dietary approaches to prevent and treat hypertension: A scientific statement from the American Heart Association. Hypertension. 2006; 47(2):296-308.

3 Fields LE, Burt VL, Cutler JA, Hughes J, Roccella EJ, Sorlie P. The burden of adult hypertension in the United States 1999 to 2000: A rising tide. Hypertension. 2004; 44(4):398-404.

4 Klag MJ, Whelton PK, Randall BL, Neaton JD, Brancati FL, Stamler J. End-stage renal disease in African-American and white men. 16-year MRFIT findings. JAMA. 1997; 277(16):1293-1298.

5 Giles WH, Kittner SJ, Hebel JR, Losonczy KG, Sherwin RW. Determinants of black-white differences in the risk of cerebral infarction. the national health and nutrition examination survey epidemiologic follow-up study. Arch Intern Med. 1995; 155(12):1319-1324

6 Department of Health and Human Services and USDA: Dietary Guidelines for Americans, 2005. Chapter 8: Salt and Potassium. Accessed on August 25, 2007 from http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter8.htm

7 Institute of Medicine, National Academies. Dietary Reference Intakes: Water, Potassium, Sodium, Chloride and Sulfate. Washington, D.C.: National Academies Press, 2004. p. 6-38.

Cutting salt intake by half would lower blood pressure by 5 mm Hg on a population-wide level. This modest reduction would result in 150,000 lives saved every year in the United States. [8]

Americans get the majority of their salt from processed foods and meals prepared outside the home. Only a small fraction actually comes from the saltshaker on the table.[9]

Many professional organizations and governmental health agencies support efforts to reduce the amount of salt in processed foods, including the American Medical Association, the American Public Health Association, and the World Health Organization. Several members of Congress have encouraged the Secretary of Health and Human Services to utilize both voluntary and regulatory actions towards this end.

In Baltimore City, where African Americans are much more likely to die of hypertensive-related heart disease than other racial groups, the lives saved by confronting high salt intake could contribute significantly to reducing cardiovascular health disparities.

Plan

The seven-member task force will meet three times over six months, beginning in September 2008.

We will produce a report covering:

- The estimated impact of excessive salt intake in Baltimore;
- Recommendations on how to address the gap in understanding about salt; and
- Recommendations for city policy to foster a healthier level of salt intake in Baltimore.

Members will include:

- Health commissioner (chair)

- Industry leaders (2):
  - **Melvin Thompson** is the vice president of government relations for the Restaurant Association of Maryland.
  - **Paulette Thompson** is the health and wellness manager for Giant Food.

- Community leader (1):
  - **Joyce Smith** is the Executive Director of Operation ReachOut Southwest.

- Academic or policy experts from the Baltimore area (3):

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[8] Dickinson BD, Havas S, Council on Science and Public Health, American Medical Association. Reducing the population burden of cardiovascular disease by reducing sodium intake: A report of the council on science and public health. Arch Intern Med. 2007; 167(14):1460-1468.

[9] Mattes RD, Donnelly D. Relative contributions of dietary sodium sources. *J Am Coll Nutr.* 1991 Aug;10(4):383-93.

- **Elijah Saunders, M.D.**, is Professor of Medicine at the University of Maryland. His research is focused on clinical hypertension problems, and he is considered a world expert on hypertension in African Americans.
- **Stephen Teret, J.D., M.P.H.**, is the director of the Center for Law and the Public's Health at the Johns Hopkins Bloomberg School of Public Health. His research interests include obesity prevention policy and the use of the law as a tool for protecting public health.
- **Stephen Havas, M.D., M.P.H., M.S.**, is a consultant for the Center for Science in the Public Interest. He was formerly a tenured professor of Epidemiology and Preventive Medicine at the University of Maryland, and he later served as the American Medical Association's vice president for Science, Quality, and Public Health. In 2007, he received the American Public Health Association (APHA) Award for Excellence for being a national leader in the prevention and treatment of heart disease and stroke.

General plan for the three meetings:

Meeting 1	September 8, 2008	▪ Introductions ▪ Review of relevant background information ▪ Assessment of the problem in Baltimore
Meeting 2	October 2008	▪ Review of interventions in other cities ▪ Discussion of options for Baltimore
Meeting 3	December 2008	▪ Recommendations for action

The Task Force's report will be released in early 2009.

Request for Public Comment

There will be multiple opportunities for the public to contribute to the Task Force. The first is an initial period of public comment through September 5, 2008.

The public is invited to comment on 3 questions:

1. Do you consider high salt intake to be a significant health concern in Baltimore? Why or why not?
2. What key factors influence salt consumption?
3. What role could city government or local food suppliers play in addressing concerns about high salt intake?

Comment should be sent to Joshua M. Sharfstein, Commissioner, Baltimore City Health Department, 210 Guilford Avenue, Baltimore MD 21202.