

# Sodium Reduction in Communities Program (2013–2016)

To increase the availability and accessibility of lower-sodium foods for consumers, the Centers for Disease Control and Prevention (CDC) launched the Sodium Reduction in Communities Program (SRCP) in 2010. This demonstration program was designed to explore the feasibility of reducing

sodium consumption to limits recommended by the U.S. 2010 *Dietary Guidelines for Americans*. The program supported local-level strategies to increase the availability and accessibility of lower-sodium foods and decrease sodium intake.<sup>1</sup> To learn more about the methods, progress, and lessons learned, go to the supplemental edition of the *Journal of Public Health*

*Management and Practice* titled, “Public Health Interventions to Reduce Sodium Intake,” which features articles from the 2010 SRCP sites (<http://journals.lww.com/jphmp/toc/2014/01001>). In addition, individual success stories from the 2010 funded sites can be found at [www.cdc.gov/dhdsp/programs/sodium\\_reduction.htm](http://www.cdc.gov/dhdsp/programs/sodium_reduction.htm).

## Program Outcomes

- Increased availability of lower sodium food products.
- Increased accessibility of lower sodium food products.
- Increased purchase or selection of lower sodium food products
- Reduced sodium intake.

## Background

High intake of dietary sodium is associated with elevated blood pressure, which increases the risk of heart disease and stroke.<sup>2</sup> Heart disease and stroke are the first and fourth leading causes of death in the United States<sup>3</sup>; from a public health perspective, this makes controlling hypertension an important issue. An analysis of 2009–2010 National Health and Nutrition Examination Survey data from U.S. individuals 2 years and older found that the mean sodium intake was more than 3,400 milligrams per day.<sup>4</sup> Most sodium consumed by Americans comes from processed and restaurant foods. Because these sources make up a large part of the American diet and because consumers have little control over the level of sodium in these foods, it is often difficult for consumers to reduce their sodium intake.<sup>5</sup>

## 2013–2016 SRCP

In 2013, CDC awarded funds to support a second round of communities. Two state coordinated programs and 5 communities are receiving funding.

The program aims to increase access to and accessibility of lower sodium food options, to reduce sodium intake, and to

continue to build practice-based evidence around effective population-based strategies to reduce sodium consumption at the community level. While focused on sodium reduction, awardees are implementing interventions as part of sustainable comprehensive strategies aimed at improving the food environment in at least two targeted venues per community.

Primary sodium reduction strategies include the following:

- Developing and implementing food service guidelines and nutrition standards.
- Making menu changes to reduce sodium.
- Working with food distributors to increase availability and identification of lower sodium products.
- Instituting strategies that may enhance selection or purchase of lower sodium foods.
- Offering complementary consumer information.

## What Are the 2013–2016 Communities Doing to Reduce Sodium Intake?

### Los Angeles County, California

- Increase the availability of lower sodium foods by implementing nutrition standards and healthy food procurement practices in government departments with cafeterias, snack shops, vending machines, and distributive meal programs.
- Work with public and private hospitals to increase the availability of lower sodium foods in cafeterias and snack shops.

### Marion County, Indiana

- Reduce sodium content in foods served to children and staff at Head Start sites in Indianapolis and throughout the county.
- Reduce sodium content in foods offered in vending machines in the hospital system and at community health centers and foods served in cafeterias to employees and visitors within the county's public hospital system.



### New York City, New York

- Create and use a labeling system for food distributors to identify lower sodium products that meet the New York City Food Standards.
- Provide technical assistance to New York City agencies and public and private hospitals using the new labeling system to ensure lower sodium products are easily accessible to help support efforts to carry out the New York City Food Standards.

**New York State** is coordinating the work of Albany and Steuben counties along with three additional counties to be added in later project years (Schuyler, Yates, and Seneca).

- Reduce sodium content in congregate meals and home-delivered meals for older adults by putting into action menu and meal modifications.
- Carry out comprehensive food service guidelines or standards for foods and meals served to employees and visitors in hospitals.

### Philadelphia, Pennsylvania

- Work with independent Chinese take-out restaurants to increase the availability and accessibility of lower sodium dishes via recipe development, cooking skills training, individual technical assistance, and distributor engagement.
- Use comprehensive nutrition standards for city government vending and food contracts.

### San Antonio, Texas

- Implement comprehensive nutrition criteria within city contracts serving congregate meals to older adults, summer meal programs for youth, and children in pre-kindergarten.
- Reduce sodium content in meals served at private worksites by implementing comprehensive nutrition criteria.

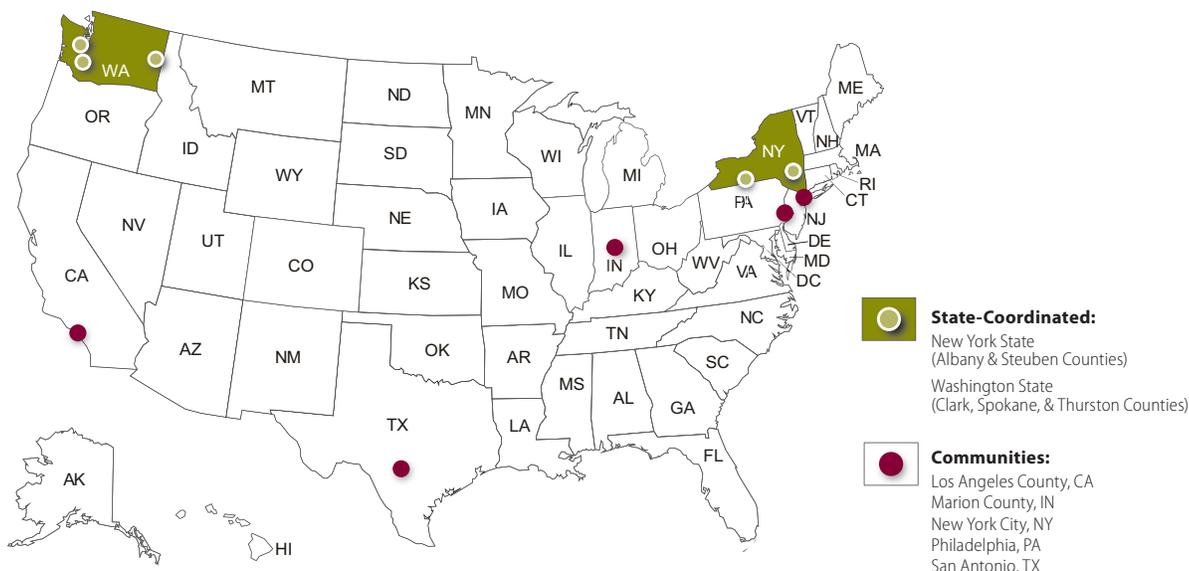
**Washington State** is coordinating the work of Clark, Spokane, and Thurston counties.

- Increase availability of lower sodium foods at non-chain independent restaurants.
- Use food service guidelines to increase the availability of lower sodium foods in public and private worksite cafeterias.

For tools, resources, and more information about sodium reduction, please visit [www.cdc.gov/salt](http://www.cdc.gov/salt).

### References

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