

Q & A sodium



About 90% of Americans consume too much sodium. The body needs only a small amount of sodium to function properly.¹ Too much sodium is bad for one's health and can lead to high blood pressure, which is a major risk factor for heart disease and stroke.²

Q: What is the difference between salt and sodium?

A: Sodium chloride is the chemical name for dietary salt.³ Sodium, which is a mineral, is an element found in salt.⁴ They are not the same but are often used interchangeably, and both may appear on a food label. For example, the Nutrition Facts label uses "sodium," whereas the front of the package may say "salt free."⁵

Q: Why is reducing sodium intake important?

A: High sodium consumption raises blood pressure, and high blood pressure is a major cause of heart disease and stroke.³ The average daily sodium consumption for Americans aged 1 and older is more than 3,400 milligrams (mg), far more than the recommended upper limit of 2,300 mg.^{6,7} Even people without high blood pressure should keep their sodium intake below this limit to reduce

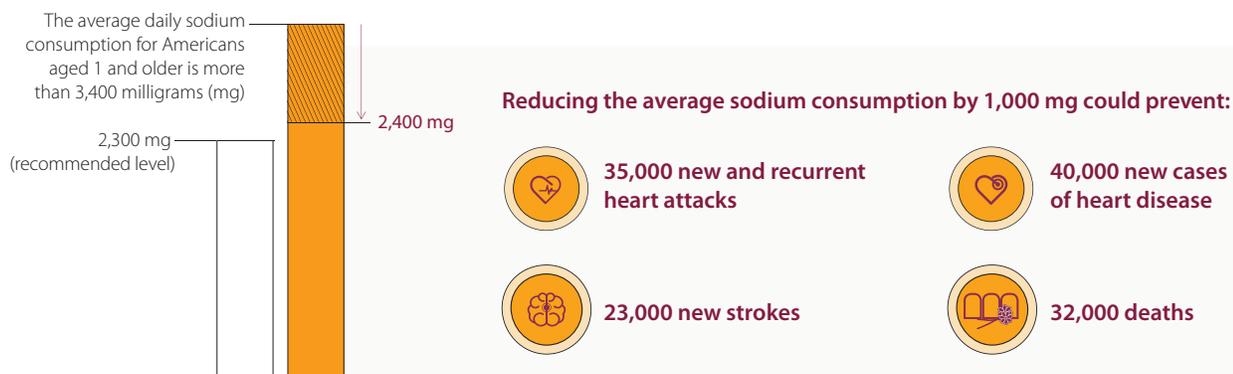
their risk of heart disease and stroke.⁶ Nearly half of all American adults have high blood pressure.⁸ In the United States, reducing average sodium consumption by only 1,000 mg of sodium per day over 1 year could reduce⁹

- New cases of heart disease by 20,000 to 40,000.
- New and recurrent heart attacks by 18,000 to 35,000.
- New strokes by 11,000 to 23,000.
- Deaths from any cause by 15,000 to 32,000

A sodium reduction of 1,200 mg per day could help reduce the number of people with high blood pressure by an estimated 11 million per year and, over 10 years, could prevent 280,000 to 500,000 deaths and save \$10 billion to \$24 billion in health care costs.⁹⁻¹¹

Q: How much sodium should adults consume?

A: The [Dietary Guidelines for Americans 2020–2025](#) recommends that American adults consume less than 2,300 mg of sodium each day as part of a healthy eating pattern.⁷



What are other countries doing to reduce sodium at the population level?

In May 2021, the World Health Organization (WHO) issued updated benchmarks for limiting sodium content in 64 food and drink categories. The benchmarks, which are directed toward health authorities in the 194 WHO member states, are meant to inform sodium reduction discussions between health authorities and the food and beverage industries. The WHO benchmarks suggest limits on sodium in foods such as potato crisps, pies and pastries, and processed meats as a strategy for helping people meet WHO recommendations of consuming less than 5 grams of salt or less than 2 grams of sodium per day.²⁰



In 2013, the WHO recommended that all member states aim to reduce population salt intake by 30% by 2025. From 2014 to 2019, approximately 96 national salt reduction initiatives were implemented in a number of countries, representing a 28% overall increase. Currently, salt reduction initiatives exist in 52 high-income countries, 30 upper-middle-income countries, and 13 lower- to middle-income countries. Initiatives include multifaceted approaches such as interventions in settings (i.e., schools, workplaces, fast-food chains or restaurants, hospitals, and government offices), food reformulation, consumer education, front-of-pack labeling, and salt taxation. In addition, 28 of the newly identified national salt reduction initiatives have a 61% regulatory component, which allows for continuous monitoring and reporting and is essential for determining policy effectiveness and identifying gaps on reducing sodium intake in populations.

Nearly 75% of European territories have existing national salt reduction initiatives—the highest rate of all. Countries such as Fiji, Hungary, Mexico, Saint Vincent and the Grenadines, and Tonga have all adopted taxes on foods high in sodium. In Southeast Asia, approximately 45% of countries have a national salt reduction initiative that includes consumer education programs and front-of-pack labeling. Similarly, South Africa has implemented mandatory targets for salt levels in foods, voluntary front-of-pack labeling, and consumer education programs. In addition, Argentina, Belarus, Bulgaria, Finland, Greece, Iran, Slovakia, South Africa, and Uzbekistan all have mandatory maximum salt limits on foods such as processed meats, cheeses, soups and stocks, canned fish, tomato products, and fruit and vegetables.²¹

Q: How much sodium should children consume?

A: The [Dietary Guidelines for Americans 2020–2025](#) recommends that healthy children 1 to 3 years old consume less than 1,200 mg of sodium per day, children 4 to 8 years old consume less than 1,500 mg, children 9 to 13 years old consume less than 1,800 mg, and children 14 years old and older consume less than 2,300 mg.⁷ Children who consume high amounts of sodium have an increased risk of developing high blood pressure in childhood.¹²

Q: Where does most of the sodium in the American diet come from?

A: Most of the sodium people eat comes from processed foods (e.g., hot dogs, sausages, ham, luncheon meats) and restaurant foods. Individuals can't control the amount of sodium in these foods, so it's important to limit the amount consumed.¹³

"Processed food" includes food that has been cooked, canned, frozen, packaged, or changed in nutritional composition by fortifying, preserving, or preparing it in different ways. Any time we cook, bake, or prepare food, we're processing it.¹⁴

More than 40% of sodium intake in the United States comes from the following 10 types of processed foods:¹⁵

- | | |
|-------------------------|-----------------------|
| 1. Deli meat sandwiches | 6. Poultry |
| 2. Pizza | 7. Pasta mixed dishes |
| 3. Burritos and tacos | 8. Vegetables |
| 4. Soups | 9. Burgers |
| 5. Savory snacks* | 10. Eggs and omelets |

*Chips, popcorn, pretzels, snack mixes, and crackers

To learn how much sodium a processed food has, check the Nutrition Facts label. The sodium content is listed in milligrams.¹⁶

Q: What does "salt sensitive" mean? Who is "salt sensitive"?

A: When a person is salt sensitive, their blood pressure goes up more than usual when they consume sodium.³ People with salt sensitivity often are older and/or Black and/or have high blood pressure, diabetes, or chronic kidney disease.³ There is no screening test for salt sensitivity.

Q: Iodized table salt provides iodine. Will reducing salt intake lead to iodine deficiency?

A: Most of the sodium Americans consume comes from processed and restaurant foods.¹⁷ In most industrialized countries, including the United States, salt used in food processing is not iodized,¹⁸ so reducing the amount of sodium from these foods would have minimal effect on iodine intake.¹⁹

Q: How will reducing sodium affect the taste of foods?

A: Research has found that sodium reductions of up to 20% may not be noticeable to consumers, depending on the food product.³ Consuming less sodium may reduce a person's preference for salt or sodium and lead to further reductions.

Q: Are states or localities in the United States working on sodium reduction?

A: Yes. Many state and local governments have developed plans or are taking action to reduce sodium. Examples of sodium reduction activities include developing position statements or issue briefs, educating decision makers, making consumers aware of sodium content at the point of purchase, and adopting healthy food service guidelines.²²

State and local governments are implementing policies to reduce sodium intake for adults aged 18 or older. CDC's Sodium Reduction: Policy Evidence Assessment Report (PEAR) assesses the strength and quality of the best available evidence for six sodium reduction policies in state or local laws.²³

The National Salt and Sugar Reduction Initiative (NSSRI) is a partnership of more than 100 local, state, and national health organizations convened by the New York City Department of Health and Mental Hygiene. The Health Department launched the initial phase of this effort, the National Salt Reduction Initiative (NSRI), in 2009, and set targets for reduced sodium levels in packaged and restaurant foods. Partners encourage major food companies to make



voluntary commitments to specific food category targets for sodium reduction and monitored sodium levels to track this progress. From 2009 to 2015, there was a 6.8% reduction in sodium levels in the food supply.²⁴

To increase the availability and accessibility of lower sodium foods for consumers, CDC launched the Sodium Reduction in Communities Program (SRCP) in 2010. In its third round (2016–2021 funding cycle), the SRCP provides technical assistance and programmatic support to eight funded states and localities to reduce sodium consumption in schools, universities, hospitals, worksites, and community meal settings to the limits recommended by the *Dietary Guidelines for Americans*.²⁵

Q: Other countries or organizations report dietary sodium guidelines in grams or millimoles. What is the conversion rate?

A: Sodium chloride, commonly known as salt, consists of 40% sodium and 60% chloride. One level teaspoon of salt contains about 2,300 mg of sodium.

- To convert milligrams of sodium to milligrams of salt, multiply the milligrams of sodium by 2.5.³
- To convert millimoles of sodium to milligrams of sodium, multiply the millimoles of sodium by 23.³
- To convert millimoles of sodium to milligrams of salt, multiply the millimoles of sodium by 58.5.³

Learn more at the [CDC salt website](#).

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