Introduction

Around 100 people attended the debate on Salt and Men’s Health hosted by The George Institute for Global Health on 23 March 2011. Jacqui Webster, Senior Project Manager for Food Policy at The George Institute, welcomed everyone to the debate and explained it was being held as part of World Salt Awareness Week in parallel with other events worldwide. She explained that the theme for the panel discussion was “Salt and Men’s Health” but that the event was also being used as a platform to launch new research on salt levels in foods commonly eaten by men, discuss progress in reducing salt in processed food in New Zealand, and announce new Australian Division of World Action on Salt and Health (AWASH) interim targets for salt levels in 85 food categories. Jacqui said that as around 80% of the salt in Australian diets came from processed foods, this had been the major focus of the AWASH campaign to date. She highlighted the ongoing work of the food industry in reducing salt in foods and thanked them for their support for the event including the food samples provided for the delegate bags and the pizza lunch provided by Domino’s. She introduced Professor Bruce Neal as the opening speaker and to chair the first session.

The potential of salt reduction to reduce death from cardiovascular disease

Professor Bruce Neal, Senior Director at The George Institute and Chair of AWASH outlined the scientific rationale for reducing dietary salt and its impact on men’s health. He said that whilst the headline in AWASH’s media release linking salt to men’s sex lives was obviously designed to grab attention in relation to how best to communicate messages to men, it is well known that salt increases blood pressure, and Dr Neal described the impact of hypertension on all blood vessels in the body, including those vessels serving the reproductive organs. He pointed out that in addition to heart disease and other cardiovascular risk factors, erectile dysfunction is a serious result of a high salt diet. Regarding disease risk, statistics indicate that a small increase in blood pressure in a large number of people is equivalent to a large increase in a small number of people so the focus on hypertension is only addressing a fraction of the problem. Implementing salt reduction programs in addition to clinical hypertension programs is a practical and cost effective way of reducing the health impact and cost of cardiovascular disease. Dr Neal highlighted potential for salt reduction by reducing salt in all processed foods rather than simply providing low cost options. He highlighted the fact that today AWASH was publishing new interim targets for salt levels in 85 food categories and called for increased industry participation and monitoring of progress towards targets. He said that a 25% salt reduction in processed foods over five years would avert a similar amount of disease as existing clinical hypertension programs. At around AUD$10-20 million per year a gold plated national salt reduction program is only a fraction of the cost of existing clinical hypertension programs and has greater potential to avert premature death and disability than plausible tobacco control programs.
Reducing salt in processed foods – lessons from New Zealand

Namalie Jayasinha, Business Manager at the New Zealand Heart Foundation, outlined collaborative efforts of public and private partnerships to decrease salt in New Zealand’s food products, in particular through the HeartSAFE (Sodium Advisory & Food Evaluation) Project. She said that the partnership between government, food industry, industry associations, health sector and experts in nutrition and food technology is resulting in further reformulation of many high volume and lower cost manufactured foods. Namalie described the progress that had so far been made through industry led reformulation initiatives by companies such as Unilever, Watties, Kellogg and Sanitarium, through to reformulation in bread and breakfast cereal categories using a collaborative model. She explained that the focus was now on smallgoods (bacon, ham and sausages) with Best Practice Guidelines (BPG’s) to be achieved by 2013 and 2015. The initiative is contracted by the New Zealand Ministry of Health and facilitated by the New Zealand Heart Foundation. A key feature of the HeartSAFE model is to build on industry sodium reformulation efforts over the past decade and set voluntary sodium BPG's that encourage cross category participation. The lessons from HeartSAFE to date were that the food industry is willing to work with the health sector, leadership by food companies can result in cross category participation and therefore creates a level playing field, and effective sodium reduction strategies require two complimentary approaches – that of decreasing sodium in foods and raising consumer awareness. Namalie concluded by saying that the health impacts of the initiative were to be modeled based on the outcomes of the National Nutrition Survey later in 2011.

New AWASH interim salt targets for 85 foods

Lizzy Dunford, AWASH Research Officer at The George Institute, provided a summary of AWASH’s Interim Salt Targets for Australian Foods that were launched that day. She explained the approach taken to set the targets which had drawn on target setting processes in different countries adapted to the Australian context. Food categories that contribute importantly to salt in Australian diets had previously been identified for the 2008 baseline assessment of salt levels in foods (ref). Maximum acceptable levels of salt for Australia were then set by food category on the following basis:

1. The Food and Health Dialogue targets for bread and breakfast cereals were accepted as maximum targets. Lizzy used the example of the bread target to illustrate this to the audience.

2. For all other product categories the UK FSA 2012 maximum targets were accepted where they existed and provided that between 10% and 50% of Australian products already met the target. Lizzy used the example of processed cheese and soft cheese to illustrate this.

3. If less than 10% or more than 50% of Australian products currently met the UK FSA 2012 target then a new target was deemed necessary. Accordingly, the target was set as the median salt level of products currently on the market in Australia. Lizzy used the example of sausages and hotdogs to show where a less strict target was developed for Australia and the example of potato crisps where a stricter target was needed than what was set by the FSA.

4. Where there was no UK FSA 2012 target, then the target was again set as the median salt level of products currently on the market in Australia. Examples of salami, bacon and canned tuna were shown to illustrate how the median was used to set the target for Australia.

Lizzy then described some of the challenges with setting a target for breakfast cereals. It was not felt that the Food and Health Dialogue target of reducing all products currently higher than 400mg per 100g by 15% over three years was going to have much impact at all as over 80% of the products on the market were already below this and the others were as much as double so 15% was not enough. It was decided therefore to retain the 400mg value but set it as a maximum target at this stage with a view to revising it to a more challenging level following consultation. Lizzy concluded by saying that she hoped the food industry would start to work towards these interim targets but that AWASH would be continuing to review them in line with Food and Health Dialogue discussions as appropriate.

Note: Following the release of AWASH’s interim salt targets, the Food and Health Dialogue has announced further targets for processed meat and simmer sauces. The AWASH interim salt targets have now been updated to reflect the newly released Food and Health Dialogue targets. AWASH will continue to monitor the progress of the food industry towards achieving these targets by producing annual reports based on information contained in our regularly updated food composition database.
Panel debate: getting health messages across to men

Dr Stan Goldstein, Chief Medical Advisor for Bupa Australia, chaired the panel debate on getting health messages across to men. He said that health may well be a public issue, but that it is largely a very personal thing, with individual differences and personal attitudes and values. He pointed out that Bupa Australia serves about 3 million health insurance customers in Australia, but no two are the same so it shares a frustration with the public health profession and health promotion industry in answering the questions:

- How can we deliver health messages to members that will actually lead them to make decisions that can improve their risk profile, diminish their risk of serious health problems, and hopefully provide for healthy, full, more rewarding lives?
- If 64% of the Australian population is overweight or obese, and they know that it’s bad for their health, why isn’t that proportion diminishing?
- How can we – and how can I as the clinical advisor to a company trying to reach 3 million Australians – deliver a message that will actually change behaviour, lower the use of added salt, and help reduce high blood pressure, coronary artery disease, heart failure, kidney disease, eye problems?
- And lastly, how does one get this diet message heard when there are so many others, and this one doesn’t have the advantage of giving you a reminder when you step on the scales or try on a pair of pants?

Dr Goldstein then threw out the challenge to the members of the panel to tell the audience what their message would be, how they think it should be delivered, and why they think it would be more effective than what’s been available to date - and all of this without putting the audience into a daze.

Daniel Williams, health writer at Men’s Health Magazine, discussed marketing strategies for men, saying that mass marketing magazines must provide inspirational advice and solutions targeted at men as individuals. He explained how Men’s Health Magazine constantly reassesses the effectiveness of its advice through feedback from readers. His main message was that providing simple objective instructions that can be acted on easily and which facilitate immediate results to look and feel better, such as greater muscle definition from decreased salt intake, is what would work.

Jodie McHenery, Communication and Marketing Manager at the Dietitians Association of Australia (DAA), echoed Daniel’s position. She outlined findings from a survey showing men prefer simple messages that allow for action and an achievable goal. Her key point was that men are influenced to act as a result of images but dislike clutter and scientific jargon. To illustrate this point, she showed the audience a copy of DAA’s latest poster aiming to direct men to pay attention to their health and to consult a dietitian. The poster included an image of a leaner man inside an overweight man’s body.

Sue Radd, Director of the Nutrition and Wellbeing Clinic, spoke about the value of holistic approaches towards food intake by offering practical cooking classes and evaluating barriers for men to access nutritional services. Sue pointed out that only about 10% of participants in her practical cooking classes are male. Sue highlighted factors which motivate men to access services, such as a serious health scare. In addition, Sue outlined ways to communicate serious messages to men including engaging men in the decision-making process, giving them facts, figures and guidelines to make better food choices. She highlighted the importance of making food labeling easier to read and targeting men’s health in the media.

Andrew Giles, Chief Executive Officer of the Garvan Research Foundation, and previously CEO of the Prostate Cancer Foundation of Australia spoke about the way health messages are received by men, and in the context of prostate cancer described techniques which men listen to and act on. He discussed lessons learned through his work at the Prostate Cancer Foundation in getting men to have their prostate checked when visiting their GP. He explained that just targeting the GPs themselves was not enough; that it was equally important to get men more aware and to specifically ask to have their prostate levels tested. He explained that their research had found that men were generally unaware that there was a blood test available to test their prostate (as opposed to other more invasive procedures) and that the “Movember” campaign originally began to try and raise awareness in men about their prostate health. This campaign was a huge success and has now been expanded to incorporate other health messages for men including mental health. Andrew finished by saying that sending an empowering message to which men can positively relate is crucial to gain attention and influence health behavior.

Professor Bruce Neal said that whilst communicating messages was important it was crucial not to lose the focus on the need for the food industry to bring down salt levels in food, which reduces the requirement for individuals to act to reduce their salt intake. Dr Neal called on governments and health organisations to develop and implement a co-ordinated multi-sector strategy to reduce population salt intakes.

Following the presentations from the panel speakers there was a lively discussion based on questions and comments from the delegates. Some of the key issues raised were:

- The need for government leadership to ensure that continued
sustained reductions in salt levels in foods would make a large difference over time

- The question of whether or not regulation is needed to get food companies to reduce salt in foods
- The importance of increasing fruit and vegetable intakes to increase potassium as well as reducing salt intakes
- Ideas for what motivates men to make positive changes to their health including offering rewards for making positive choices, health scares and corporate health initiatives encouraging men to access health services
- The question of whether consideration needed to be given to reducing health insurance premiums as a reward for health promoting behaviours (it was noted that this would require legislation changes)

There was general consensus that salt in food is a big issue and warrants increased attention, that there are opportunities for novel approaches to tackle the issue and that there needs to be increased action from government and industry. Dr. Stan Goldstein concluded the debate by highlighting the need for short-term achievable goals, with a simple ‘sexy’ message reinforced through collective action by the food industry, government and health insurers to effect real change.

**Additional activities during World Salt Awareness Week**

The Salt and Men’s Health event and associated reports generated a lot of media attention during Salt Awareness Week, including over 25 news articles, 10 radio interviews and 2 TV news stories. To coincide with Salt Awareness Week, a number of other events and projects took place.

**Salt levels in foods and meals commonly eaten by men**

To coincide with the theme of Salt and Men’s Health, AWASH released a report on the day highlighting the salt levels in a selection of foods eaten by Australian men. The report illustrated how commonly eaten foods can contribute to high levels of salt in the diet, but also how salt intake can be dramatically reduced by making better choices. Some examples of key findings included how swapping to lower salt brands for baked beans on toast could save 2g salt, and that almost 3g of salt could be saved by making your own tomato-based pasta sauce at home rather than buying it in the supermarket. For further information or to download the full report, go to www.awash.org.au/drop_reports.html.

**Drop the Salt! Lithgow**

Drop the Salt! Lithgow was launched officially as part of World Salt Awareness Week on Thursday March 24th at a business forum in Lithgow. Representatives from 20 local business groups and local health professionals attended the forum on dietary salt reduction and workplace health. Professor Bruce Neal from The George Institute was a guest speaker at the event and outlined the population health implications of high salt consumption and challenges and opportunities faced in tackling the problem. He explained that Drop the salt! Lithgow is a population survey being co-ordinated by Mary-Anne Land at The George Institute. He said the survey will provide new evidence on how much salt people are eating to support the development of salt reduction strategies for Australians. He discussed some of the international and national initiatives that have been undertaken to reduce salt consumption which will help to inform local initiatives in Lithgow. The results of Drop the Salt! Lithgow will be available later this year.

**No Pressure Cooking: Flavoursome Meals to Fight Hypertension**

Also, on Tuesday evening 22nd March, to coincide with World Salt Awareness Week, Sue Radd and her team at the Nutrition and Wellbeing Clinic in Castle Hill, Sydney, hosted a unique low salt cookshop. AWASH’s Jacqui Webster was invited as a special guest to the cookshop which was attended by 20 people who were taught the skills required to cook meals lower in salt. The participants were provided with a video presentation of why it is important to reduce salt and steps that can be taken to do this during the cooking demonstration between being served each of the four mouth wateringly delicious recipes once they had been prepared. Said Jacqui, “Sue Radd and her team provided an excellent “celebrity chef” style demonstration of how to prepare and cook really tasty low salt recipes using fresh ingredients. I have since cooked all the recipes at home for myself!” For information on future cookshops and other services provided by Sue Radd and her team at The Nutrition and Wellbeing Clinic see www.sueradd.com/cooking/cookshops.html.

**New report on salt levels in pizzas around the world**

World Action on Salt and Health (WASH) co-ordinated World Salt Awareness Week and will soon be reporting on events held in countries all over the world. As part of its own actions it released a new report that revealed excessively high salt (sodium) levels in many pizzas around the world, with some pizzas containing twice the salt content of the same pizzas in other countries. WASH surveyed the salt and sodium content of over 500 pizza products available around the world from well known international pizza outlets such as Pizza Hut, Domino’s, Eagle Boys and Papa John’s, as well as those available in supermarkets and grocery stores.

For more information on activities held throughout World Salt Awareness Week visit WASH’s website www.worldactiononsalt.com.