

# Salt Reduction in the Americas

## A consumer-centered approach to policy design

### Mahmooda Khaliq Pasha

University of South Florida, World Health Organization  
Collaborating Center on Social Marketing and Social  
Change, Tampa, FL, USA

#### Key messages

- > Population-level reduction in salt intake is considered a 'best buy,' feasible and cost-effective public health initiative for preventing disability and death due to cardiovascular disease and stroke.
- > Broad-based coalitions consisting of governmental agencies, nongovernmental organizations, academics and industry are encouraged to work together to address excessive consumption of salt.
- > Consumer-led approaches, such as social marketing, should be used to reduce salt intake, as they consider the voice of the consumer and develop strategies that are tailored to the local context and work in conjunction with policy change.

People in Latin America are eating too much salt.<sup>1</sup> More than 70 percent of the salt enters the diet through discretionary salt usage or salt-based condiments.<sup>2,3</sup> It is well established that a high intake of salt is a major contributor to high blood pressure or hypertension, which in turn contributes to cardiovascular disease and stroke worldwide.<sup>4</sup> Approximately every fifth death in Latin America is due to hypertension, and in some countries every third adult is dealing with this condition.<sup>1</sup>

**“Approximately every fifth death  
in Latin America is  
due to hypertension”**

International bodies have suggested that strategies that modify risk factors for hypertension could go a long way in lowering blood pressure. These strategies include the promotion of healthy diets, increasing physical activity and reducing salt intake.<sup>5-7</sup> The World Health Organization (WHO) has singled out the reduction of population-level salt intake as a 'best buy' and feasible and cost-effective public health initiative for preventing disability and death due to cardiovascular disease and stroke.<sup>7,8</sup> Additionally, WHO has established an ambitious goal to reduce the intake of salt to 5 g per day, which constitutes a 30 percent reduction from current levels. This target is part of a broader set of targets that aim to reduce the burden of noncommunicable diseases to 25 percent by 2025.<sup>9</sup>

**“If the consumer does not  
have a voice in the decision-making  
process, then any policy change  
will fall on deaf ears”**

Reaching global targets will require a multi-actor approach comprising government, public health agencies, the food manufacturing industry, the restaurant and catering industry, scientists, healthcare professionals and consumers all working together.<sup>6,8,10</sup> A recent review of the literature identified that most countries have programs in place to address salt reduction, which have a heavy emphasis on the reformulation of foods, nutrition labeling, developing clear daily intake targets and developing strategies to change consumer behavior.<sup>6,10</sup> Policy change is a good first step, but what this overlooks is the response from the consumer and their views and voices.<sup>8</sup> If the consumer is not engaged and does not have a voice in the decision-making process, then any policy change will fall on deaf ears. Consumers need to be engaged at earlier stages of the policy development process. “Co-design and participatory approaches and tools can help to facilitate the involvement of all stakeholders, including, and especially, consumers in the design and implementation of salt reduction strategies.”<sup>8</sup>

Within the Americas, awareness of the association between salt and hypertension is mixed. However, strategies that focus on reducing discretionary salt usage through consumer-led initiatives seem to be a best buy.<sup>2,3</sup> Within this consumer-led approach, a blanket strategy should be avoided, and careful attention should be given to the selection of specific behaviors, target group segmentation and research with the priority population.<sup>5,11</sup> Social marketing, which uses marketing prin-

ciples to influence behavior to promote social good, encompasses the key components of a consumer-led approach.<sup>12</sup> It considers the needs and wants of a group of people and then develops a program, policy or intervention that satisfies their wants and needs.<sup>12,13</sup>

Social marketing was selected as a strategy to combat excessive sodium consumption by the Pan American Health Organization for Latin America and the Caribbean.<sup>14</sup> With funding from the International Development Research Centre, a project entitled ‘Scaling and evaluating policies and programs for the reduction of salt in Latin America’ was implemented between 2016 and 2019. This project brought together a broad-based coalition consisting of governmental agencies, nongovernmental organizations, researchers, public health practitioners and regional stakeholders from four countries in Latin America (Brazil, Costa Rica, Paraguay and Peru), along with the University of South Florida and the World Health Organization Collaborating Center on Social Marketing and Social Change (USF WHO CC). The USF WHO CC designed and implemented a series of training and technical assistance activities to support the research teams from the four countries in developing a social marketing strategy to tackle excessive salt consumption in their local context (Figure 1). The information that follows highlights the steps of the process that the WHO CC used, along with some of the key deliverables from the process.

**FIGURE 1:** Training and technical assistance activities roadmap



© Silvia Sommariva

#### Building capacity

Building capacity among community researchers and practitioners on how to use social marketing to promote positive behavior change is likely to produce more effective campaigns than more traditional ‘top-down’ or ‘expert-led’ interventions. As a result, the initial phases of the project consisted of building up the skills of the country partners in understanding social marketing and applying what they learned to salt reduction efforts. We accomplished this by developing and implementing a virtual, online course on social marketing, coupled with an in-person workshop. The course consisted of eight online modules, and participants met with researchers at the USF WHO CC biweekly to identify barriers to salt reduction, population segments and initial methods for formative research.

“Building social marketing capacity is likely to produce more effective campaigns than more traditional ‘top-down’ or ‘expert-led’ interventions”



© Dr. Carol Bryant

Researchers and practitioners from Latin America, along with the University of South Florida and the World Health Organization Collaborating Center researchers and representatives of the Pan American Health Organization



© Dr. Mahmooda Khalil Pasha

Persona or archetype of the priority population created by the team from Costa Rica

Following the online course, an in-person workshop was hosted, during which a behavioral focus was selected, the target population identified and a formative research plan developed.

#### Formative research

Researchers from the four countries conducted formative research with the priority population using focus groups, individual interviews, surveys and journey mapping. Questions elicited information on: the perceived benefits of, and barriers to, salt reduction; knowledge, beliefs and current behaviors related to salt consumption; and information pertaining to the location where the target population engages in the behavior and how they wish to receive information. Following data collection, an online course on data analysis was created to guide the researchers in analyzing the data using a social marketing lens, and in synthesizing the results to inform strategy development.

Formative research findings included: a low-risk perception of salt use in the household, confusion as to whether salt is healthy or unhealthy, lack of awareness of how much salt to use, how to read labels, use of salt as the main condiment, reliance on prepackaged or processed foods, and resistance to changing personal behavior because of tradition and also lack of time.

#### Creative strategy development

Research findings and insights were discussed virtually and at an in-person workshop. This workshop was unique in that it pulled together researchers and creative professionals (copy

writers, graphic artists and public relations professionals) and engaged them in a dialogue about how to translate the research findings into concepts that would influence and be appealing to the priority population. The participants used the formative research results to narrow the behavior from reducing household consumption of salt, to reducing salt during cooking by substituting new ingredients. They delineated behavioral insights that demonstrated the association between salt and taste, tradition and showing love, and the association of no salt or low salt with the appearance of being sick. Finally, they used this work to develop regional creative concepts.

Work from this training and technical assistance project resulted in a regional social marketing and communication plan.<sup>15</sup> As the plan is meant to apply regionally, the country teams are adapting it to fit their local context and are now starting on the implementation and evaluation.



Researchers sitting together with creative professionals to translate research findings into creative concepts



Revierte tu hábitos al consumir sal.

This example concept, created to guide the social marketing strategy, highlights the idea of how a caregiver expresses love through the act of cooking and how there is a lack of understanding regarding how much salt to use<sup>15</sup>

This project has been successful in creating capacity within four Latin American countries to conduct social marketing research and plan interventions using it. The countries are empowered to use social marketing to address other public health issues and are knowledgeable about how to ensure the consumer voice is heard in the design and implementation of policy.

### Acknowledgement

We would like to thank the International Development Research Centre of Canada for its support of project #108167, entitled 'Scaling up and Evaluating Salt Reduction Policies and Programs in Latin America.'

### Correspondence: Dr Mahmooda Khaliq Pasha,

Assistant Professor and Associate Director, University of South Florida, College of Public Health, WHO Collaborating Center on Social Marketing and Social Change, 13201 Bruce B Downs Blvd, MDC 56, Tampa, FL 33612, USA  
Email: [mkpasha@usf.edu](mailto:mkpasha@usf.edu)

### References

1. Arcand J, Blanco-Metzler A, Benavides Aguilar K, L'Abbe MR, Legetic B. Sodium Levels in Packaged Foods Sold in 14 Latin American and Caribbean Countries: A Food Label Analysis. *Nutrients*. 2019;11(2):369.
2. Blanco-Metzler A, Moreira Claro R, Heredia-Blonval K, Caravaca Rodríguez I, Montero-Campos MLA, Legetic B, et al. Baseline and estimated trends of sodium availability and food sources in the Costa Rican population during 2004–2005 and 2012–2013. *Nutrients*. 2017;9(9):1020.
3. Sarno F, Claro RM, Levy RB, Bandoni DH, Ferreira SRG, Monteiro CA. Estimated sodium intake by the Brazilian population, 2002–2003. *Revista de Saúde Pública*. 2009;43(2):219–25.
4. Gillespie DO, Allen K, Guzman-Castillo M, Bandosz P, Moreira P, McGill R, et al. The health equity and effectiveness of policy options to reduce dietary salt intake in England: policy forecast. *PLoS One*. 2015;10(7):e0127927.
5. Mezue K. The increasing burden of hypertension in Nigeria – can a dietary salt reduction strategy change the trend? *Perspect Public Health*. 2014;134(6):346–52.
6. Webster JL, Dunford EK, Hawkes C, Neal BC. Salt reduction initiatives around the world. *J Hypertens*. 2011;29(6):1043–50.
7. Webster J, Trieu K, Dunford E, Nowson C, Jolly KA, Greenland R, et al. Salt reduction in Australia: from advocacy to action. *Cardiovasc Diagn Ther*. 2015;5(3):207–18.
8. Regan Á, Kent M, Raats M, McConnon Á, Wall P, Dubois L. Applying a consumer behavior lens to salt reduction initiatives. *Nutrients*. 2017;9(8):901.

09. World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. 2013. Internet: [https://www.who.int/nmh/events/ncd\\_action\\_plan/en/](https://www.who.int/nmh/events/ncd_action_plan/en/) (accessed 2 January 2020).
10. Webster J, Dunford E, Kennington S, Neal B, Chapman S. Drop the Salt! Assessing the impact of a public health advocacy strategy on Australian government policy on salt. *Public Health Nutr.* 2014;17(1):212–8.
11. Pesantes M, Diez-Canseco F, Bernabé-Ortiz A, Ponce-Lucero V, Miranda J. Taste, salt consumption, and local explanations around hypertension in a rural population in Northern Peru. *Nutrients.* 2017;9(7):698.
12. Grier S, Bryant CA. Social marketing in public health. *Annu Rev Public Health.* 2005;26:319–39.
13. Glascoff M, Taylor S, Glascoff DW, Raff LG. A social marketing approach to reducing salt intake. *Health Educ.* 1986;17(2):11–4.
14. Pan American Health Organization. Salt-Smart Americas: A Guide for Country-Level Action. 2013. Internet: <https://www.paho.org/hq/dmdocuments/2013/PAHO-Salt-Smart-Americas-2013-NC-eng.pdf> (accessed 2 January 2020).
15. Khaliq M, Sommariva S, Bardfield L. Salt Reduction in Latin America: A regional social marketing and communication plan. Tampa, FL: University of South Florida, World Health Organization Collaborating Center on Social Marketing and Social Change; 2019.

For a world  
free from  
malnutrition.



Connect with us!



@sightandlife



@sightandlife



sight-and-life



@sightandlife