



December 2, 2016

Dr. Robert M. Califf
Commissioner
Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20093

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TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

RE: Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods; Draft Guidance for Industry (FDA-2014-D-0055)

Dear Commissioner Califf:

The Big Cities Health Coalition (BCHC) appreciates the opportunity to comment on the United States (US) Food and Drug Administration's (FDA) request for comments on its voluntary sodium reduction goals (FDA-2014-D-0055). BCHC is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 54 million people they serve. Our big city health departments create conditions and adopt policies that make it easier for people to get and be healthy, such as supporting voluntary reduction goals in commercially process, packaged and prepared foods. The following response builds upon BCHC's previously submitted comment on the FDA's baseline sales-weighted mean sodium concentration calculations and proposed two-year target mean and upper bound concentrations for sodium in commercially processed, packaged and prepared foods.

Overconsumption of sodium is a matter of pressing public health concern, and population-wide efforts, including government-led frameworks for product reformulation, are an important strategy to facilitate a reduction in sodium consumption.^{1,2} The food industry should be encouraged to move as fast as possible given the potential number of lives saved and magnitude of disease prevented by reducing excessive sodium in our foods. Researchers estimate that reducing current sodium intakes by 1,200 mg a day (which would bring most people close to the 2,300 mg per day goal of FDA's long-term targets) would prevent 60,000 to 120,000 cases of coronary heart disease and 32,000 to 60,000 cases of stroke.³ Reducing sodium intake to 2,300 mg per day would save an estimated \$10 billion to \$24 billion in health-care costs and 44,000 to 92,000 lives annually.⁴ In support of the FDA moving toward sodium reduction, NACCHO promotes local level policy to reduce sodium intake utilizing our robust membership of nearly 3,000 local health departments throughout the United States.

Local health departments are leaders in encouraging healthy eating practices in their communities. A healthy level of sodium consumption is an important part of healthy eating. BCHC supports new food policies and organizational practices that reduce the sodium content of prepared and processed foods.

These policies and practices include the following:

- Reduction in the amount of salt in the food supply through health department-led initiatives that partner with the food and restaurant industry and institutional food service sectors to set targets aimed at progressively lowering sodium levels in prepared and processed foods.

- Educational campaigns and programs that increase public and health-provider awareness about main sources of sodium intake and health consequences associated with excess salt consumption. Programs should also increase health literacy by teaching consumers to properly read nutrition labels for the purpose of identifying low-sodium food choices and provide hypertension screening and control services.
- Requirements for restaurants to provide sodium nutritional information for food products on menus, menu boards, and brochures. Products and meals high in salt should be marked and accompanied by a warning notice.
- Monitoring and evaluation of population salt intake, food industry reformulation and menu labeling efforts, and efficacy of consumer and health provider education and support programs.
- Support of local and national regulations and educational campaigns for reduction of population salt consumption.

BCHC acknowledges that since 2010, the baseline year for the targets set by the FDA, sodium reduction has occurred. A five year analysis of sodium changes in the food supply between 2009 and 2014, revealed a nearly 7% reduction in sales-weighted mean sodium density.⁵ BCHC recommends that, in light of these reductions, FDA shorten the proposed 10-year time period to achieve these long-term goals. A shorter timeline will continue to reflect industry trends toward reformulation and more quickly impact sodium levels in packaged and restaurant foods to the benefit of population-level sodium overconsumption. FDA should also monitor the food supply in between the short-term and long-term goals in order to evaluate interim progress toward the long-term goals.

The current timetable for the 10-year targets will result in a 17-year lag between FDA's baseline data and its goal for sodium reduction, with voluntary compliance by 2027. The imperative for quicker action is evident from the recently published technical document by the World Health Organization on sodium reduction: "The WHO Member States in [World Health Assembly] 66.10 have agreed on a voluntary global [non-communicable disease] target for a 30% relative reduction in mean population intake of salt, with the aim of *achieving a target of less than 5 grams per day (approximately 2g sodium) by 2025*. They have also agreed on a voluntary global non-communicable disease (NCD) target for a 25% relative reduction in the prevalence of raised blood pressure (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) by 2025."⁶ [emphasis added]

BCHC supports FDA's proposal to set long-term sodium targets for the food supply and reiterates our support for the timely finalization of the 2-year target mean and upper bound concentrations for sodium in commercially processed, packaged, and prepared foods, and we urge FDA to move expeditiously in its finalization of the 10-year targets for sodium reduction, and to consider a more aggressive timetable.

If you have any questions, please do not hesitate to contact me at cjuliano@naccho.org or at 202-783-3627.

Sincerely,



Chrissie Juliano, MPP
Director, Big Cities Health Coalition

References

¹ McLaren L, et al. National government initiatives to reduce salt intake in populations. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD010166.

² He FJ, Pombo-Rodrigues S, MacGregor GA. Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. *BMJ Open* 2014;4: e004549.

³ Bibbins-Domingo K, Chertow GM, Coxson PG, et al. (2010). Projected Effect of Dietary Salt Reductions on Future Cardiovascular Disease. *The New England Journal of Medicine*, 362(7): 590-599.

⁴ Ibid.

⁵ Curtis CJ, Clapp J, Niederman SA, Ng SW, Angell SY. US food industry progress during the National Salt Reduction Initiative: 2009-2014. *Am J Public Health*. 2016; 106(10): 1815-1819.

⁶ World Health Organization. Population sodium reduction strategies. Retrieved on December 1, 2016 from <http://www.who.int/dietphysicalactivity/reducingsalt/en/>.