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Activities to Reduce Dietary Sodium in Canada

The Perspective of Norm Campbell University of Calgary

Influences: Finland, United Kingdom, G. MacGregor

Activities to Reduce Dietary Sodium in Canada

- Health-Science-NGO Sector
- Food Sector
- Government

Health Sector

- Canada Chair in Hypertension Prevention and Control
- Sodium Strategic Planning Committee
- Blood Pressure Canada (BPC) Policy statement
- BPC workgroup
- BPC awards
- BPC partnership commitments
 - CHEP partnership
 - Publications in healthcare professional journals
 - Symposia at national and regional meetings
- World Hypertension Day

Health Sector

- Canadian Stroke Network
 - www.sodium101.ca
 - Salt lick award
 - Media
- Heart and Stroke Foundation
 - Health check
 - Media

Publications Approach

Sodium Articles

- 1. Campbell NRC, Godwin M. Hold the Salt: Too much can affect your health
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- Campbell N, Tsuyuki R, Jarvis B. It's time to reduce sodium additives in food. Canadian Pharmacy Journal [editorial]. 2008;141:8-9.
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- 9. Penner SB, Campbell NRC, Chockalingam A, Zarnke K, Van Vliet B. Dietary sodium and cardiovascular outcomes: A rational approach. Can J Cardiol. 2007;23:567-72.S

CHEP 2007 Sodium Theme

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- 3. CHEP. The 2007 Canadian Hypertension Education Program Recommendations: The Scientific Summary- an annual update. Canadian Journal of Cardiology. May 2007;(23):521-527.
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- 8. McLean D, Kingsbury K, Costello J, Cloutier L, Matheson S. The 2007 Canadian Hypertension Education Program (CHEP) Recommendations: Management of Hypertension by Nurses. Canadian Journal of Cardiovascular Nursing. 2007;17(2): 10-16.
- 9. Cloutier L, Costello J, Kingsbury K, Matheson S, McLean D. Canadian Hypertension Education Program (CHEP) Recommendations-2007. Canadian Journal of Cardiovascular Nursing. 2007;17 (1):39.
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- 11. Ruzicka M, Burns KD, Culleton B, Tobe S; for the Canadian Hypertension Education Program. Treatment of hypertension in patients with nondiabetic chronic kidney disease. *Canadian Journal of Cardiology*. May 2007;23(7):595-601.
- 12. Tobe S, Touyz RM, Campbell N; for the Canadian Hypertension Education Program. The Canadian Hypertension Education Program- a unique Canadian knowledge translation program. Canadian Journal of Cardiology. May 2007;23(7):551-555.
- 13. Touyz RM, for the Canadian Hypertension Education Program. 2007 CHEP Recommendations: Perspectives in Cardiology. May 2007:31-40.
- 14. 2007 Recommendations of the Canadian Hypertension Education Program: Short Clinical Summary (Annual Update). Canadian Journal of General Internal Medicine. September 2007;(2(3):27-33.
- 15. Tsuyuki RT, Campbell NR. 2007 CHEP-CPhA guidelines for the management of hypertension by pharmacists. Canadian Pharmacists Journal. July/August 2007; (140)4:238-239.
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- 18. CHEP ITF nursing group. Nurses have a role to play in public education on hypertension. Canadian Nurse. April 2007;(103)4:10 [editorial].
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Food Sector

- Food and Consumer Products of Canada
 - Leadership within food sector
 - Collaboration
 - Sodium committee
- Campbell's Soup
 - Product development
 - Extensive marketing of sodium as a health issue
- Multiple companies
 - Markedly increased but 'limited' product development and marketing

Government

- Institute of Medicine Dietary Reference Intakes
- Food Guide
 - Revised to increase prominence of dietary sodium
- Surveillance
 - National food survey 2004, sodium analysis expedited and published with a media release that emphasized excessive sodium intakes
- Health Canada, Multisectoral Work Group to implement the Institute of Medicine Dietary Reference Intake
- Grant to aid development of educational resources
- Minister of Health's commitment
- National Cardiovascular Strategy
- Several Provincial governments are developing regulations, especially around children

Is the problem solved?

Health-Science-NGO Sector

- Strong conflicts of interest between the food sector and the nutritional clinical and scientific communities, to the extent that it can be difficult to determine if nutritional scientific organizations represents industry or the scientific interests.
- Set ethical standards for interactions between the food sector vis-à-vis independence of thought and recommendations.
- Sustained education of health care professionals and the public regarding nutritional health and sodium.

So, is the problem solved?

Food Sector

- Need to move to an across-the-board reduction in sodium additives from the current approach to reduce sodium additives in isolated products.
- Engagement in social marketing of sodium.
- Increased awareness of detrimental social aspects to widespread influence in nutritional sciences. Set ethical standards.

So, is the problem solved?

Government

- Clear defined no-nonsense approach to key nutritional health issues. Responsibility for ensuring national nutritional targets are met—not just setting targets.
- Timelines and monitoring on key nutritional health issues.
- Clear consequences for lack of action by the food sector collaboration vis-à-vis regulation.
- Food labeling that is effective and easily understand by the population.
- Clear effective communications plan to the public.
- Set ethical standards for food sector interactions and health sector.