



GOBIERNO DE CHILE
MINISTERIO DE SALUD

Task Force for the Reduction of Salt Consumption in the Chilean Population

Dr. María Cristina Escobar

*Mobilizing for Dietary Salt Reduction Policies and Strategies
in the Americas: Expert & Country Consultation*

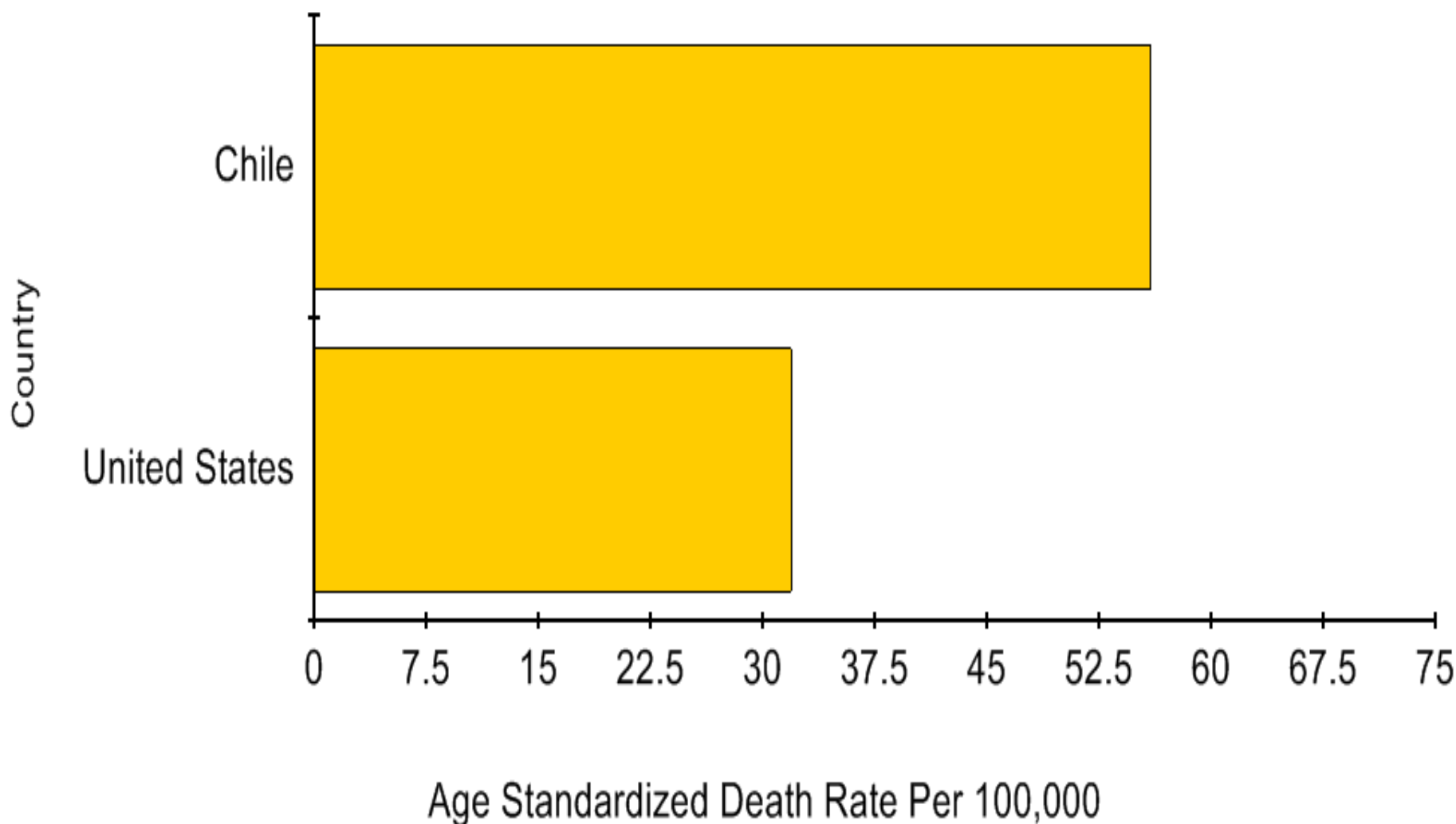
(Miami, Florida, 13–14 January 2009)



Contigo, Mejor Salud

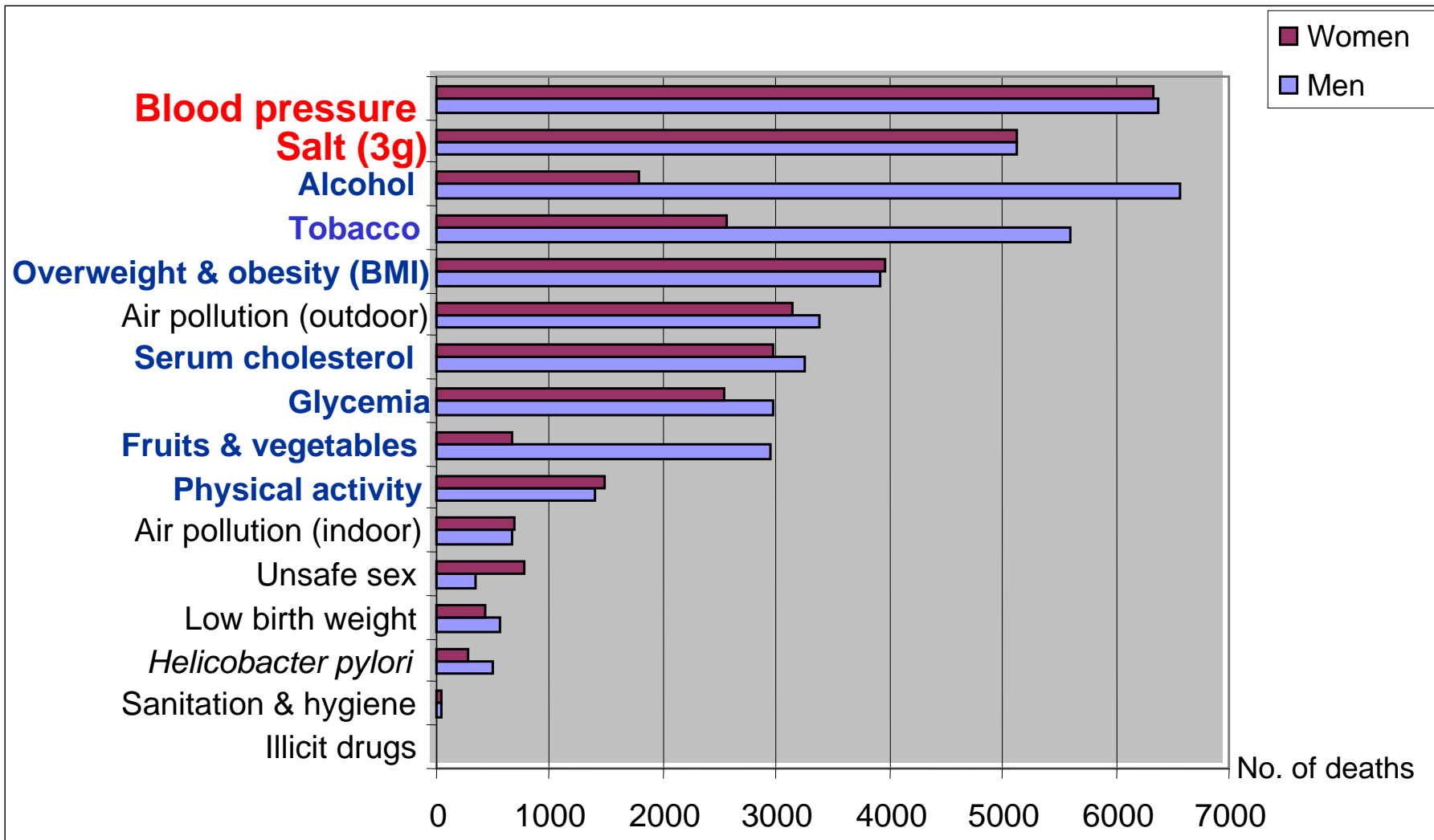
Mortality (Deaths) - Cerebrovascular disease 2002

■ Both Sexes



Source: Mathers, C. D. C. Bernard, K. M. Iburg, M. Inoue, D. Ma Fat, K Shibuya, C. Stein, N. Tomijima, and H. Xu. Global Burden of Disease in 2002: data sources, methods and results. 2003 (<http://www.who.int/infobase> IRef: 199998)

Mortality attributable to risk factors, by gender, Chile, 2004

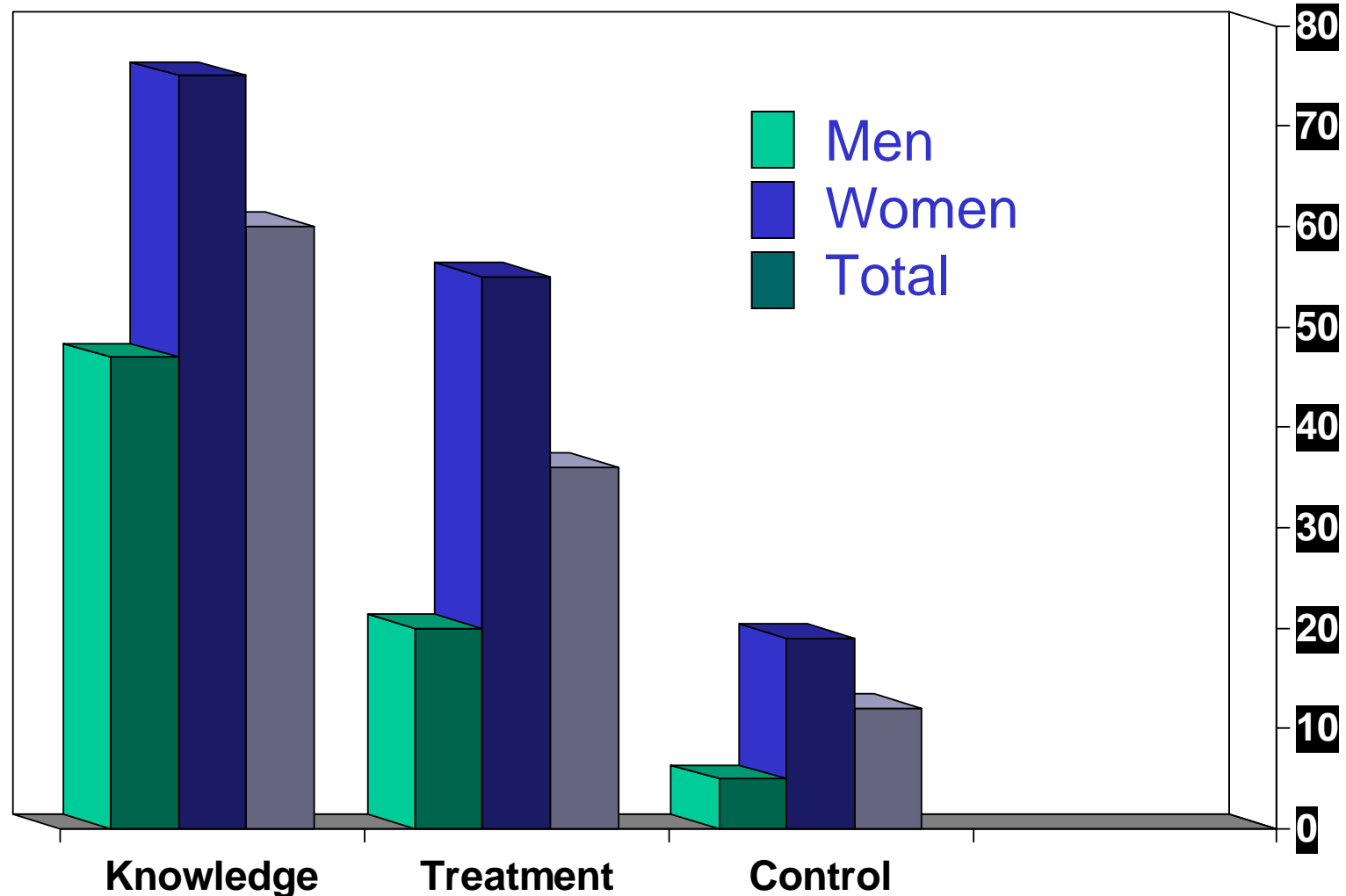


An avoidable burden

- Examples

- Lowering tobacco consumption from 43% to 30% would prevent 2,694 deaths annually and 31,559 disability-adjusted life years (DALYs).
- ***A reduction of 4 mm Hg in systolic pressure would prevent 1,254 deaths annually and 35,281 DALYs.***
- Reducing average alcohol consumption by 20% (AMR-B) would prevent 1,380 deaths annually and 105,063 DALYs.

Knowledge, treatment, and control of arterial hypertension, ENS, Chile, 2003



“National Health Objectives for the Decade 2000–2010”

- ✓ Instrument that guides policy development within the health sector.

Los Objetivos Sanitarios
para la Década **2000-2010**



- <http://epi.minsal.cl/>
- <http://epi.minsal.cl/epi/html/elvigia/vigia15.pdf>

Health objectives and goals, 2010

Controlling the determinants of prevalent diseases:

- Decrease smoking rates
- Stop increase in obesity rates
- Promote safe sex
- Contribute to safe environment
- Improve conditions in work environment

OBJETIVE II:

Indicators & Mortality Goals

- Cardiovascular
 - ↓ Isquemic heart & cerebrovascular mortality
- Cancer
 - ↓ Cervical, breast, gall bladder & prostate cancer
 - Increase coverage of palliative care
- Injuries
 - Stop the increase in traffic accidents.

GUÍA Examen Medicina Preventiva 2007-2008

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Contigo mejor
salud

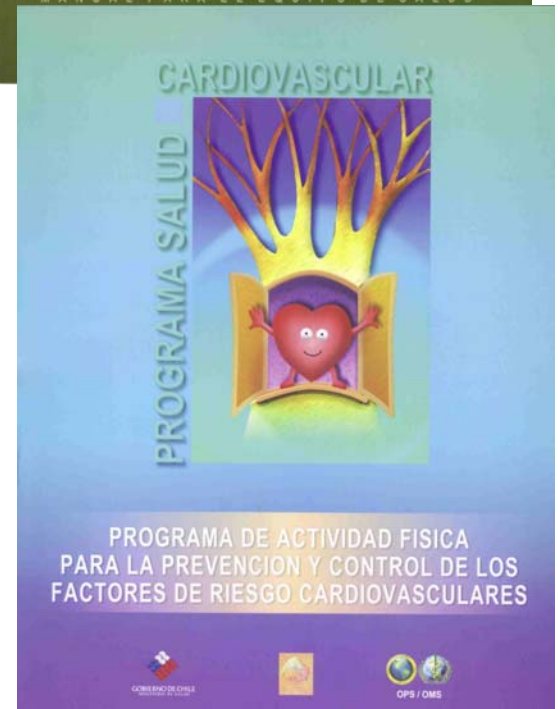
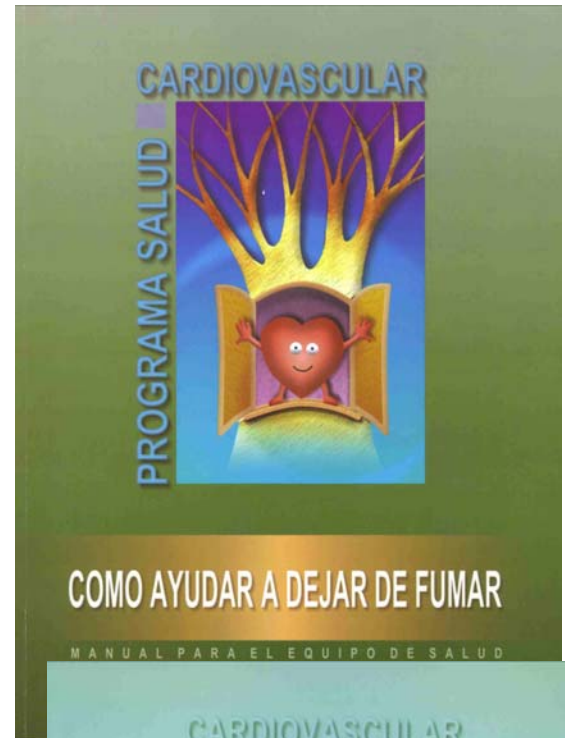
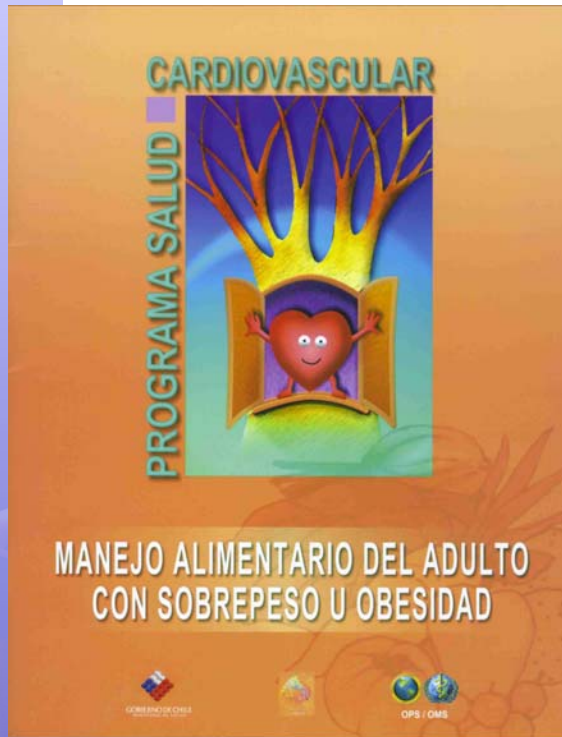
Hypertension & diabetes as a health problem in adults over 15, other adult risk factors

Población objetivo	Problema de salud	Pruebas de tamizaje	Cobertura
Embarazadas	Diabetes mellitus gestacional	Glicemia en ayunas	100%
	Infección por VIH	Test de ELISA	
	Sífilis	VDRL	
	Infección urinaria	Urocultivo	
	Sobrepeso y obesidad	Medición de peso y talla	
	Hipertensión arterial	Medición de presión arterial	
	Beber problema	Cuestionario autodiagnóstico riesgo uso de alcohol (AUDIT)	
	Tabaquismo	Aplicación instrumento 5 "As"	
Recién nacidos	Fenilcetonuria	Fenilalanina	100%
	Hipotiroidismo congénito	TSH	
	Displasia del desarrollo de caderas	Maniobra de Ortolani o Barlow	
Lactantes 3 meses	Displasia del desarrollo de caderas	Radiografía o ultrasonografía de caderas	60%
Niños y niñas entre 2 y 5 años	Sobrepeso y obesidad	Medición de peso y talla	60%
	Ambliopía, estrabismo y defectos en la agudeza visual	Aplicación cartilla LEA	
	Malos hábitos bucales	Detección factores de riesgo patologías bucales	
Adultos 15 y más años	Beber problema	Cuestionario autodiagnóstico riesgo uso de alcohol AUDIT	15%
	Tabaquismo	Cuestionario 5 "As"	
	Sobrepeso y obesidad	Medición de peso y talla y circunferencia de cintura	
	Hipertensión arterial	Medición presión arterial	
	Diabetes mellitus	Glicemia en ayunas	
	Sífilis	VDRL	
	Tuberculosis	Baciloscopia	
Mujeres 25-64 años	Cáncer cervicouterino	Papanicolau	5%
Adultos 40 y más años	Dislipidemia	Colesterol total	15%
Mujeres 50 años	Cáncer de mama	Mamografía	20%
Adultos 65 y más años	Autonomía funcional	Evaluación funcional del adulto mayor (FFAM)	40%

Clinical Guidelines, Cardiovascular Health Program



REORIENTACION DE LOS PROGRAMAS
DE HIPERTENSION Y DIABETES



Clinical Guidelines for Arterial Hypertension





Así funciona el AUGE



Explicit Rights: Hypertension

Text of Legal Decree, 1 July 2007

21. HIPERTENSIÓN ARTERIAL PRIMARIA O ESENCIAL EN PERSONAS DE 15 AÑOS Y MÁS Disease Definition



Definición: Se considera hipertenso a todo individuo que mantenga cifras de presión arterial (PA) persistentemente elevadas, iguales o superiores a 140/90 mmHg. La hipertensión primaria o esencial, es aquella que no tiene causa conocida.

Patologías Incorporadas: quedan incluidas las siguientes enfermedades y los sinónimos que las designen en la terminología médica habitual:

Access to diagnostic confirmation, treatment & follow-up

Hipertensión Arterial Primaria o Esencial



a. Acceso:

Todo beneficiario de 15 años y más.

- Con sospecha, tendrá acceso a confirmación diagnóstica.
- Con confirmación diagnóstica tendrá acceso a tratamiento.
- En tratamiento, tendrá acceso a continuarlo.
- Acceso a monitoreo continuo de presión arterial, según indicación médica.

Opportunity for diagnosis, treatment



b. Oportunidad:

□ Diagnóstico

- Confirmación diagnóstica: dentro de 45 días desde 1º consulta con presión arterial mayor o igual a 140/90 mmHg.

Treatment: Define opportunity



Tratamiento

- Inicio dentro de 24 horas desde confirmación diagnóstica.
- Atención con especialista: dentro de 90 días desde la derivación, según indicación médica.

c. Protección Financiera: Intervention list

Cost and co-payment

Problema de salud	Tipo de Intervención Sanitaria	Prestación o grupo de prestaciones	Periodicidad	Arancel \$	Copago %	Copago \$
HIPERTENSIÓN ARTERIAL PRIMARIA O ESENCIAL EN PERSONAS DE 15 AÑOS Y MÁS	Diagnóstico	<i>Evaluación Inicial Hipertensión Arterial en Nivel Primario</i>	cada vez	14.400	20%	2.880
		<i>Monitoreo Continuo de Presión Arterial</i>	cada vez	16.840	20%	3.370
	Tratamiento	<i>Tratamiento Hipertensión Arterial Nivel Primario</i>	mensual	1.010	20%	200
		<i>Control en pacientes hipertensos sin tratamiento farmacológico en Nivel Primario</i>	por control	4.280	20%	860
		<i>Exámenes anuales para pacientes hipertensos en control en Nivel Primario</i>	anual	11.450	20%	2.290

↑ Financial protection

WHO-CHOICE Project: CHOosing Interventions that are Cost-Effective

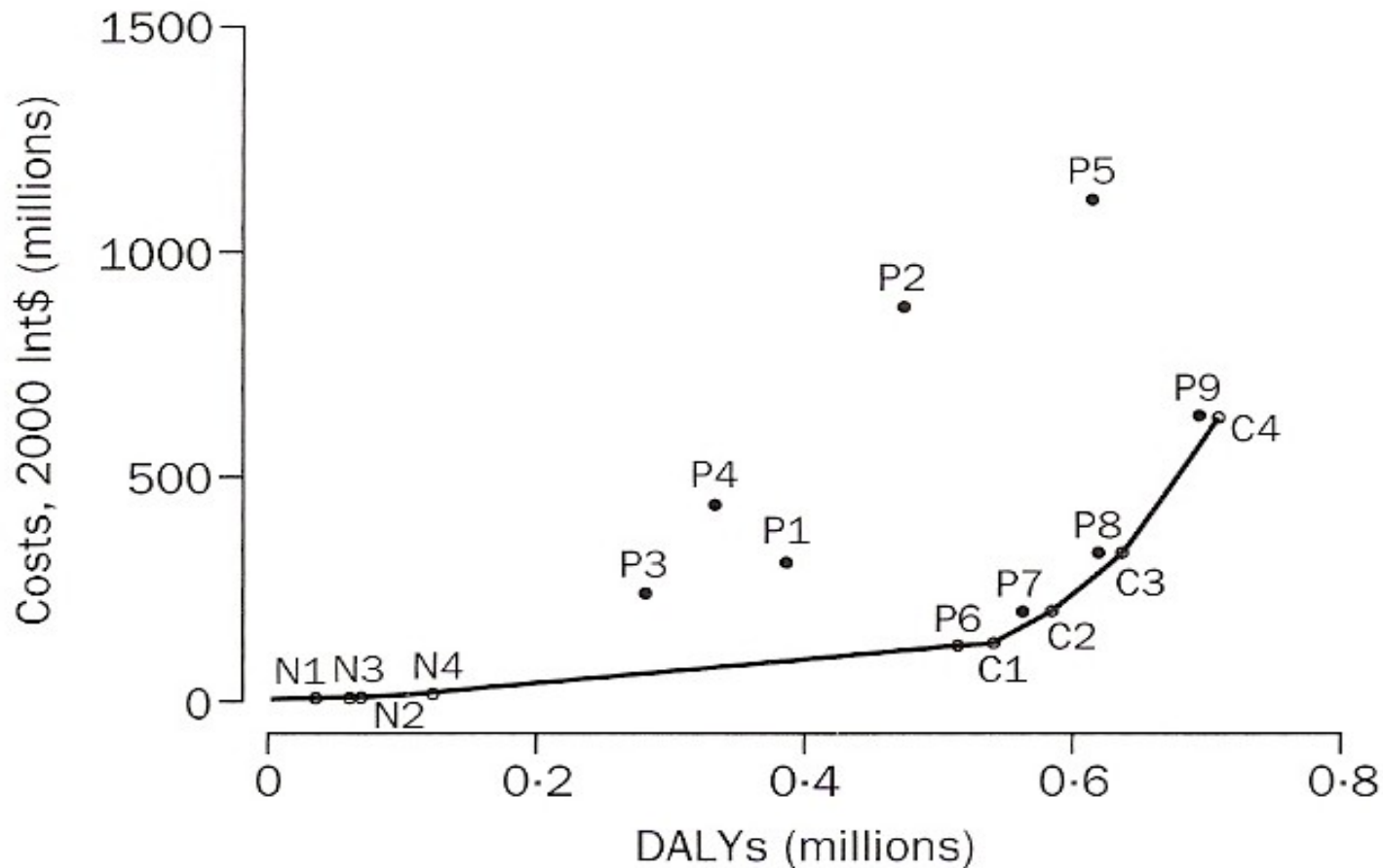
Programme costs in the economic evaluation of health interventions

Johns B, Baltussen R, Hutubessy R, 26 February 2003

<http://www.resource-allocation.com/content/1/1/1>

- Delivers information on costs and effects of different health interventions throughout the world, provides input for discussion and to establish health priorities.
- Classifies interventions into major categories:
 - Very cost-effective
 - Cost-effective
 - Not cost-effective

Annual Costs & Effectiveness (DALYs avoided), AmrA



Objective of the Task Force

Define an action plan to reduce salt consumption in the Chilean population.

- Form a permanent, intersectoral, interdisciplinary working group with the following objectives:
 - Document the current situation.
 - Define lines of work of each sector as well as their and contributions and commitments

November 2008

Institutions/Organizations Convened

- **Academia**
 - Academia de Medicina, Instituto de Chile
 - INTA, U de Chile
 - Universidad Iberoamericana de Ciencias y Tecnología
- **Scientific Associations**
 - Cardiology
 - Hypertension
 - Nefrology
 - Pediatrics
- **Hypertension & Heart Foundations**
 - Fundación Chilena de Hipertensión
 - Corazón y Salud
- **Private Sector**
 - NUTRAMED
- **Industry**
 - Sociedad de Fomento Fabril (manufacturing)
 - ACHIGA (gastronomy)
 - APA (poultry)
 - Chile Alimentos (food)
 - FECHIPAN
- **Chilean Consumer & User Organization**
(Organización de Consumidores y Usuarios de Chile / ODECU)
- **PAHO/WHO**
- **Ministry of Health**
 - Public Policy Division
 - Health Planning Division
 - Disease Prevention & Control Division



Executive Summary



Information on domestic salt consumption

- Domestic salt consumption in Chile has been decreasing year by year to an average rate of 1.5%.
- From the entire marketplace, it can be deduced that, from the source of domestically used salt, the average daily *per capita* consumption among Chileans is 5.7 grams.
- Low-sodium salt is becoming more and more important:
 - A sustained growth in sales has been replicated year by year.
 - It currently represents nearly 20% of the total value of salt sales.
 - 18% of Chilean homes purchased light salt last year.

Information on salt consumption from the food industry

- The food industry has been increasing its salt consumption in relation to the sales of its products. Last year it grew by 3%.
- From our total sales, it can be deduced that food contributes an average daily *per capita* salt consumption of 6.5 grams.
- The industrial categories apparently most intensive in salt are breads/baked goods, beef jerky, pickles, and dairy (cheese, butter, and margarine).



Executive Summary



What are we doing to contribute to the reduction of salt consumption in Chile?

Food Industry

- A one-on-one study has been carried out with our main clients to develop product lines low in sodium. Examples are as follows:
 - Baked goods: Castaño
 - Baked goods: Ideal
 - Dairy products: Loncoleche (Watt's) margarine
 - Snacks: Product lines aimed at children, Evercrisp
 - Snacks: Selz de Dos en Uno crackers
 - Snacks: Marco Polo potato chips and peanuts
- Projects underway
 - Soups and creams
 - Pickles
 - Ham
 - Flavored rice
 - Cheese products
 - Crackers

Bread Industry



Gestión - Educación - Estudios - Servicios

- "... People are beginning to realize that the percentage of salt present in bread needs to be reduced, and our trade association agrees with this and is fully willing to work together ..."
- "... The trade association for bread is concerned about the fact that a campaign to reduce salt content in breads that is not accompanied by adequate political control and incentives on the part of the authorities, would in our case hurt those industries that have made a commitment to this objective ..."

Report:

The crackers being consumed in Chile are not healthy

Consumer Association, November 2008

Methodology for analyzing labels

- 84 brands of crackers show increasing consumption across all age levels and social strata.

Conclusion

- 61% of the crackers analyzed have more than 0.5 g of salt per 100 grams.
- The crackers available on the market do not comply with the indexes considered to be healthy.
- Most of them contain very high levels of salt and saturated and trans fats that are harmful to health, besides having little dietary fiber.

Ibero American University of Science and Technology

(Universidad Iberoamericana de Ciencias y Tecnología)

October 2008, Ing. Hugo Torti

Sodium content in some foods

(in milligrams per 100 grams of the product)

Bread

– Brand A	435
– Brand A (Diet)	263
– Brand B	597

- School of Food Engineering: Technological seminars.**

Academy of Medicine of Chile, Institute of Chile

“Its main purpose is to study problems inherent to medicine and health and to propose solutions to them.”

- Dr. Ricardo Uauy offers this platform to disseminate scientific evidence and initiatives that have been shown to reduce salt consumption among the general population.

Society of Cardiology and Cardiovascular Surgery, through the Health and Heart Foundation

- It has two instruments of great value for reaching the community: its webpage and its magazine Health and Heart. Through these, we can carry out a specific educational program with warnings about salt consumption.
- In 2009, we hope to have a direct educational program in the schools, contingent upon the available economic resources.
- For the next issue of the magazine, an insert is being designed on salt consumption.

Chilean Foundation for Arterial Hypertension

Dr. Héctor Croxatto

Dr. Luis Hernán Zárate, Scientific Editor

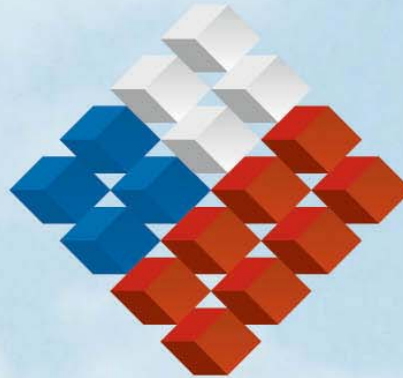
November 2008

Sodio & Potasio **En Busca del Equilibrio**

(Sodium & Potassium: In Search of Balance)

Institute of Nutrition and Food Technology, University of Chile (INTA)

- INTA maintains advisory and certification agreements with several food industries, among which:
 - Sodium content is evaluated.
 - Proposals are prepared for reducing sodium content (salt and sodium additives).
 - Consultation is offered for preparing nutritional information for labeling, at the request of interested businesses.
- Analyses are carried out by the INTA Food Center.
- It uses as a reference the 2000 FAO/WHO recommendation from, of 2.000 mg of sodium per day.



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Public Policies for Food & Nutrition



Estrategia Global Contra La Obesidad (Ego-Chile)

General Objective of the *Global Strategy Against Obesity (Ego-Chile)*

Promote policies and plans of action aimed at
**the population improving its eating habits and
increasing its level of physical activity**

GUÍA PARA UNA VIDA SALUDABLE



Instituto de Nutrición y
Tecnología de los Alimentos
Universidad de Chile



GOBIERNO DE CHILE
Ministerio de Salud
División de Políticas Públicas
Saludables y Promoción



Instituto de Nutrición y
Tecnología de los Alimentos



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Selección de Alimentos:
Uso del Etiquetado Nutricional para
una Alimentación Saludable.

Manual de consulta para
profesionales de la salud



Mandatory Nutritional Labeling for Packaged Foods

(November 2006)

Basic format with less/more than 3g total fat per serving

Formato Básico, con **menos** de 3 g de grasa total por porción

INFORMACION NUTRICIONAL		
Porción: unidades (... g)		
Porciones por envase:		
	100 g o 100 ml	1 porción
Energía (kcal)
Proteínas (g)
Grasa total (g)
Hidratos de carbono disponibles (g)
Sodio (mg)

Formato Básico, con **más** de 3 g de grasa total por porción

INFORMACION NUTRICIONAL		
Porción: unidades (... g)		
Porciones por envase:		
	100 g o 100 ml	1 porción
Energía (kcal)
Proteínas (g)
Grasa total (g)
Grasa saturada (g)
Ácidos grasos trans (g)
Grasa monoinsat (g)
Grasa poliinsat (g)
Colesterol (mg)
Hidratos de carbono disponibles (g)
Sodio (mg)

RSA

Art. 120 on Wording Used for Sodium

According to the normal serving consumed:

- **Free of, zero, 0%, without, does not contain, exempt:**
<5 mg of sodium
- **Very low, contains very little:**
maximum 35 mg of sodium♣
- **Contains little, low in, low content, low:**
maximum 140 mg of sodium♣.
- **Reduced, light, less, fewer:**
The sodium in the product has been reduced in a proportion equal to or greater than 25% with respect to the food being referenced.

♣ *In foods where the normal serving consumed is <30 g, the wording should not be over 50 g.*

Healthy Messages

Today, the RSA has authorized 18 healthy messages on sodium and potassium:

Sodium and Arterial Hypertension: This applies to food “low in sodium.”

Suggested phrasing: Developing arterial hypertension depends on many risk factors. A diet with a low sodium (salt) content can reduce the risk of developing arterial hypertension.

Potassium and Arterial Hypertension and Cardiovascular Disease: This applies to “a good source of potassium” or “high in potassium,” with a “low sodium content,” “low total fat content,” “low content of saturated fat,” “low cholesterol content,” and “trans fat free.”

Suggest phrasing: Among other factors, diets that contain foods that are “a good source of potassium” and have a “low sodium content” can contribute to reducing the risk of hypertension and cardiovascular disease.

Marinated Meats

- The process of marinating should be carried out according to good manufacturing practices (GMP) and indicated on the label in visible text, on the main part of the front of the package.
- In addition, marinated products should indicate the proportion of weight that the marinade represents with regard to the total weight of the product, by utilizing one of the following phrases: “Marinade up to X%” or “Contains up to % of marinade.”
- Self-regulation: Limit the marinade to <140 mg of sodium per normal serving consumed.

Summit on Nutrition and Health, 2008



Act of Valparaíso, 2008

Summit on Nutrition and Health

- To make progress in defining and implementing a **framework of guidelines**.
- To include provisions to help consumers make a **good food choice**.
- To protect the population, especially children, from the effects of **advertising**.
- To make progress in **defining an educational curriculum**.
- To introduce incentives and programs to facilitate **physical activity**.
- To promote policies for **agricultural development**.
- To establish concrete mechanisms to favor **community participation**.
- To implement a broad national plan for **education** and social communication.

Food and Advertising Law Project

(Main Points)

- The Ministry of Health will **determine which foods have a high calorie, fat, sugar, salt or other content** that the regulation considers that should be labeled as “**high in ...**”
- The content, form, size, messages, illustrations or images, proportions, and other characteristics of foods “high in ...” shall be determined by the **Food Health Regulations**. In addition, **fixed limits** can be set on the content of energy and nutrients in the foods previously indicated.
- The **Health Authorities** can **corroborate with their own analyses** the information indicated on food labelling.
- These foods **cannot be used, sold, promoted, or advertised within educational facilities**.
- In addition, it is **prohibited** to offer these foods or distribute them free of charge to **minors under 18, or to advertise them** through messages aimed at that age group.
- **Food sales especially targeted at minors cannot be carried out through commercial promotions** such as gifts, contests, games, or any other element that could attract a child.
- **Any food advertising** carried out through the mass media must contain a **message** with characteristics determined by the Ministry of Health to **promote healthy lifestyles**.



Other Initiatives

Ministry of Health, 2008–2009

- Coordination of the Task Force “Reducing Salt Consumption among the Chilean Population”
- 2nd National Health Survey (ENS), 2009: Measuring Urinary Sodium in the Chilean Population.”
- 1st National Survey on Food Consumption, 2009: Budget approval.



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Conclusions

- Salt consumption in the population has not been approached up to now as a health problem.
- Forming a “task force” for this area allows us to carry out a coordinated intervention among intra- and extrasectoral initiatives.
- In March 2009, the task force will define a plan of action to reduce salt consumption in the population over the next three years. Among the priority actions are:
 - Measuring urinary salt levels in the 2nd National Health Survey in 2009.
 - Supporting the promulgation of the Law of Food and Advertising.
 - Advancing voluntary agreements with industry.
 - 1st National Survey on Food Consumption, 2010.
 - Defining a plan for consciousness-building among health professionals and the general population on this topic and handing out guides on reducing salt consumption.



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Thank you!

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