

HOW TO OPTIMIZE THE SALT REDUCTION INTERVENTIONS TARGETING ELDERLY POPULATION?

Matea Marjanović¹, Lea Kalajžić¹, Antonia Precali¹, Ema Kuhar¹, Emanuel Brađošević¹, Iva Lukačević Lovrenčić², Aleksandar Džakula²

¹University of Zagreb School of Medicine; ²Andrija Stampar School of Public Health, University of Zagreb School of Medicine



Background

Increased dietary sodium intake is a growing public health problem in developed countries and a risk factor contributing to a wide variety of non-communicable chronic diseases (NCD).

WHO recommends that daily salt intake for adults should be less than 5 g (2 g of sodium).

Average daily salt intake in Croatia amounts to 11.6 g/day.

19,41% of Croatia population is over the age of 65.

The specific aim of this study was to detect key valid sources of information, possible opportunities and risks, define main criteria and framework necessary to optimize future interventions and develop large-scale national programs.

Material & Methods

For the purpose of this policy analysis, the Policy coil, a tool developed within the PUB HUB program, was used. It encompasses both literature relevant for the topic of interest and information gathered in reality, ensuring a comprehensive approach and thus covering all steps necessary for policy development.

As a starting position for this policy analysis we used World Health Organization recommendations, and international studies focused on the salt intake in the elderly population.

Information for mapping of the needs and setting assessment were: national strategic documents, existing interventions, available project evaluations and published papers.

Results

- 1) **National Strategic plan for salt intake reduction after 2020 is not yet developed. A specific national program for salt intake reduction in elderly population does not exist. Few interventions for the general population have been developed, but still without noted relevant progress.**
- 2) **Which interventions could be the most effective among elderly population?**
 - a) Nutrition labeling with the so called „traffic light” method. This method displays the amount of salt in a product in a simple, intuitive way.
 - b) The products with the higher salt amount must contain a warning sign.
 - c) A designated symbol which would appear on the product packaging to indicate the lower sodium percentage.
- d) Influencing the people to choose healthier versions of products by promoting healthy nutritious products through the media.
- e) National guidelines for reduction of salt consumption in institutions which prepare meal for elderly population: retirement homes, delivery services for socially endangered, food banks, hospitals and jails.
- f) Engaging the food industry through projects and incentives to formulate new products with less salt.
- g) Legislation limiting the amount of salt in various products, like it currently exists for bread.
- 3) **SWOT analysis (Fig.2) is made based on the effectiveness hierarchy of salt reduction measures (Fig.1) and suggested interventions in this policy brief.**



Fig.1: Effectiveness hierarchy of salt reduction measures



Fig.2: SWOT analysis of the policy

Conclusion

Preserving or improving health in countries with rapidly aging population poses a significant public health challenge and requires long-term planning. Elderly population is comprised of several subgroups, each of them requiring separate interventions - salt reduction is not an “one size fits all” solution. More studies are needed to properly assess the optimal approach, but this policy analysis provides recommendations on how to perform specific mapping of stakeholders, setting assessment and vulnerable groups which may be useful in future planning of large-scale interventions.