DURHAM REGION

RRFSS

Rapid Risk Factor Surveillance System

HEALTH DEPARTMENT

May 2016

Shake Your Salt Habit!
Sodium Reduction in Durham Region

Sodium is a mineral that is found in salt and many other foods. Very few Canadians understand what a healthy amount of sodium is, and most continue to have high dietary intakes. It is recommended that adults consume no more than 2,300 mg of sodium a day, which is about 1 teaspoon of salt. [1,2] Most of the sodium we eat is added to food, especially in processed, packaged, ready to eat, fast food, and restaurant food. Eating too much sodium can cause hypertension or high blood pressure in some people. [3] Hypertension is one of the leading preventable causes of death in Canada. [3] It affects one in five Canadians and increases their risk for stroke, heart and kidney disease. [3]

RRFSS Data Collection

In 2011, 2012, and 2014, the Rapid Risk Factor Surveillance System (RRFSS) was used to measure sodium reduction behaviours among Durham Region residents. They were asked about awareness of the daily guidelines for sodium intake, how often they read the nutrition facts label when purchasing food, whether they make food choices based on salt, and what they thought the best way to reduce the amount of sodium in their diet was. Between September 2011 and August 2014 RRFSS surveyed a total of 1,811 Durham Region residents aged 18 and older regarding their sodium reduction behaviours and knowledge.

Summary of Results

Awareness of Sodium Reduction

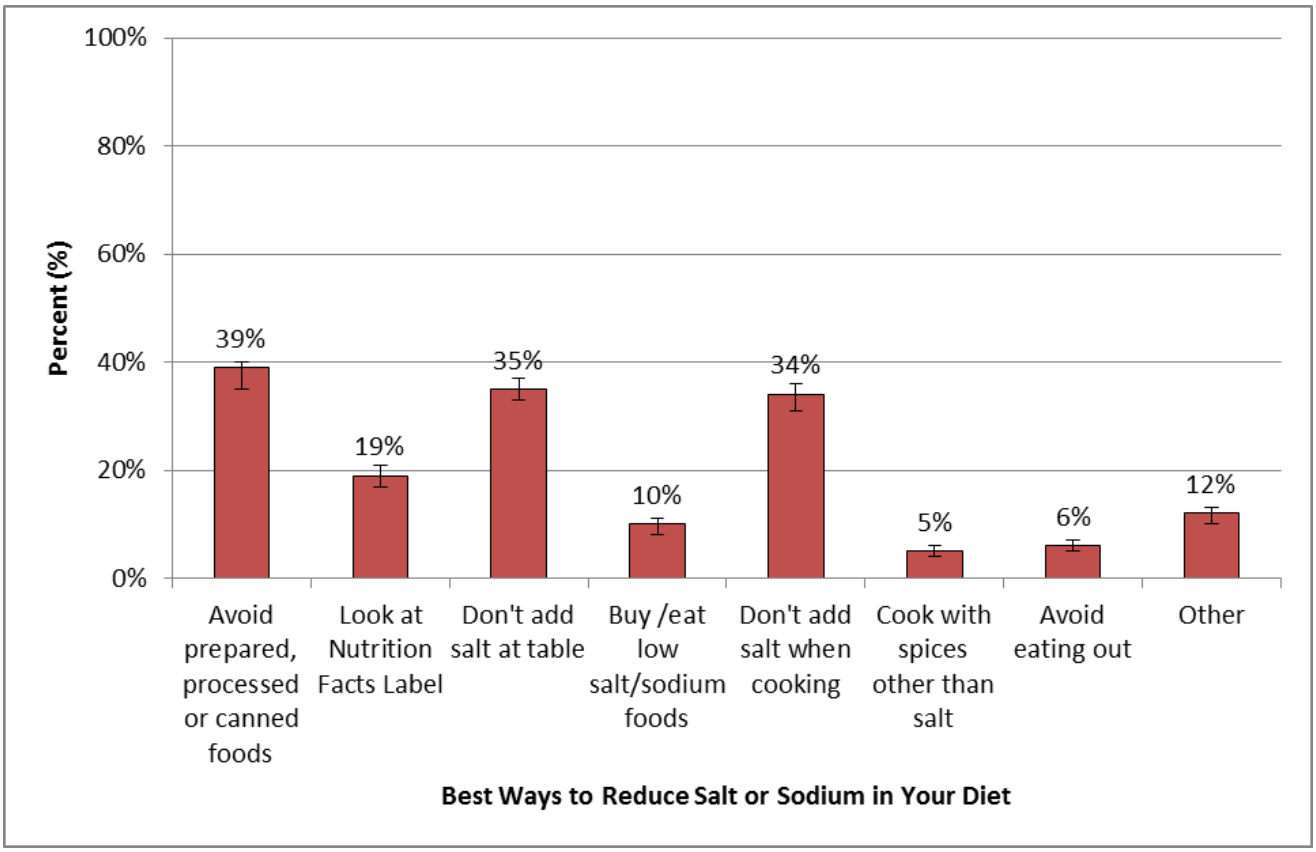
Between 2011 and 2014, less than 70% (± 3%) of adults in Durham Region knew whether there were guidelines on how much salt or sodium you should eat or drink every day. There were no significant changes in the results over time.

When Durham residents were asked what the best was to reduce the amount of salt or sodium in their diet, 39% (± 3%) of adults mentioned avoiding consumption of prepared, processed or canned foods. Other common answers included: not adding salt at the table (35% ± 2%), not adding salt when cooking (34% ± 3%), and looking at the Nutrition Facts label on foods (19% ± 2%). Fewer people responded with: buying or eating low salt and low sodium foods (10% ± 2%), avoiding eating out (6% ± 1%), and using spices other than salt when cooking (5% ± 1%).

Table 1. Awareness of Sodium Reduction Strategies, Adults 18+, Durham Region, 2011, 2012, 2014

Best Way to Reduce the Amount of Salt or Sodium in Your Diet	Estimate	95% CI
Avoid/minimize consumption of prepared, processed or canned foods	39%	35 - 40
Look at Nutrition Facts labels on foods	19%	17 - 21
Do not add salt at the table	35%	33 - 37
Buy or eat low salt and low sodium foods	10%	8 - 11
Do not add salt when cooking	34%	31 - 36
Use spices other than salt when cooking	5%	4 - 6
Avoid eating out	6%	5 - 7
Other	12%	10 - 13

Figure 1. Awareness of Sodium Reduction Strategies, Adults 18+, Durham Region, 2011, 2012, 2014



Watching Salt or Sodium Intake on a Regular Basis

For the years 2011, 2012, and 2014 combined, the results indicate that almost three quarters (74% ± 3%) of adults in Durham Region watch their salt intake on a regular basis.

There were significant differences in sodium eating habits between age groups. Among adults aged 45 years and older, over 80% watch their sodium intake on a regular basis. Younger adults are less likely to watch their sodium intake, with only 52% (± 12%) of respondents aged 18-24 years and 63% (± 5%) aged 25-44 years who watch their sodium intake on a regular basis.

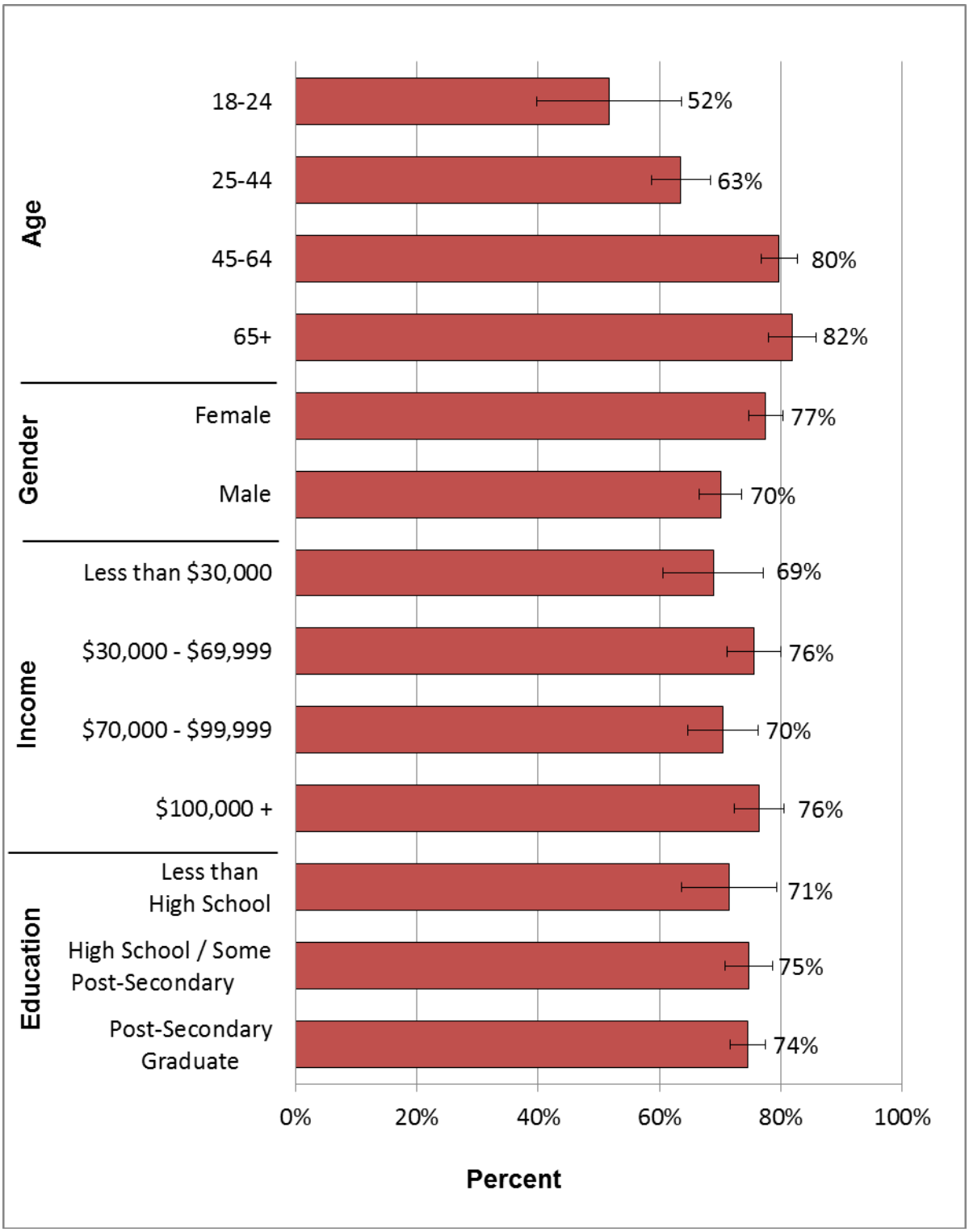
Significant differences in sodium behaviours were also seen between genders. More females watch their salt or sodium intake (77 ± 3%) compared to males (70 ± 4%).

There were no significant differences between income and education groups.

Table 2. Watch Salt or Sodium Intake on a Regular Basis, by Selected Socio-Demographics, Adults 18+, Durham Region, 2011, 2012, 2014

Age Group	**Estimate**	**95% CI**
18 – 24	52%	40 – 64
25 – 44	63%	59 – 68
45 – 64	80%	77 – 83
65+	82%	78 – 86
Gender	**Estimate**	**95% CI**
Female	77%	75 – 80
Male	70%	66 – 74
Income	**Estimate**	**95% CI**
Less than $30,000	69%	61 – 77
$30,000 - $69,999	76%	71 – 80
$70,000 - $99,999	70%	65 – 76
$100,000 or more	76%	72 – 80
Education	**Estimate**	**95% CI**
Less than High School	71%	64 – 79
High School/Some Post-secondary	75%	71 – 79
Post-secondary Graduate	74%	72 – 77

Figure 2. Watch Salt or Sodium Intake on a Regular Basis, by Selected Socio-Demographics, Adults 18+, Durham Region, 2011, 2012, 2014



Making Food Choices Based on the Amount of Salt

For the years 2011, 2012, and 2014 combined, less than half (45% ± 3%) of Durham Region residents chose foods based on the amount of salt all or most of the time.

More adults aged 45-64 (48% ± 4%) and adults aged 65 and older (58% ± 5%) chose foods they eat based on the amount of salt all or most of the time. Younger age groups are less likely to make food choices based on the amount of salt. Only 28% (± 11%) of adults aged 18-24 years and 33% (± 5%) of adults aged 25-44 years reported that they make food choices based on the amount of salt.

Significant differences in food choice behaviours were also seen between genders. More females choose foods based on the amount of salt or sodium all or most of the time (51 ± 3 %) compared to males (37 ± 4%).

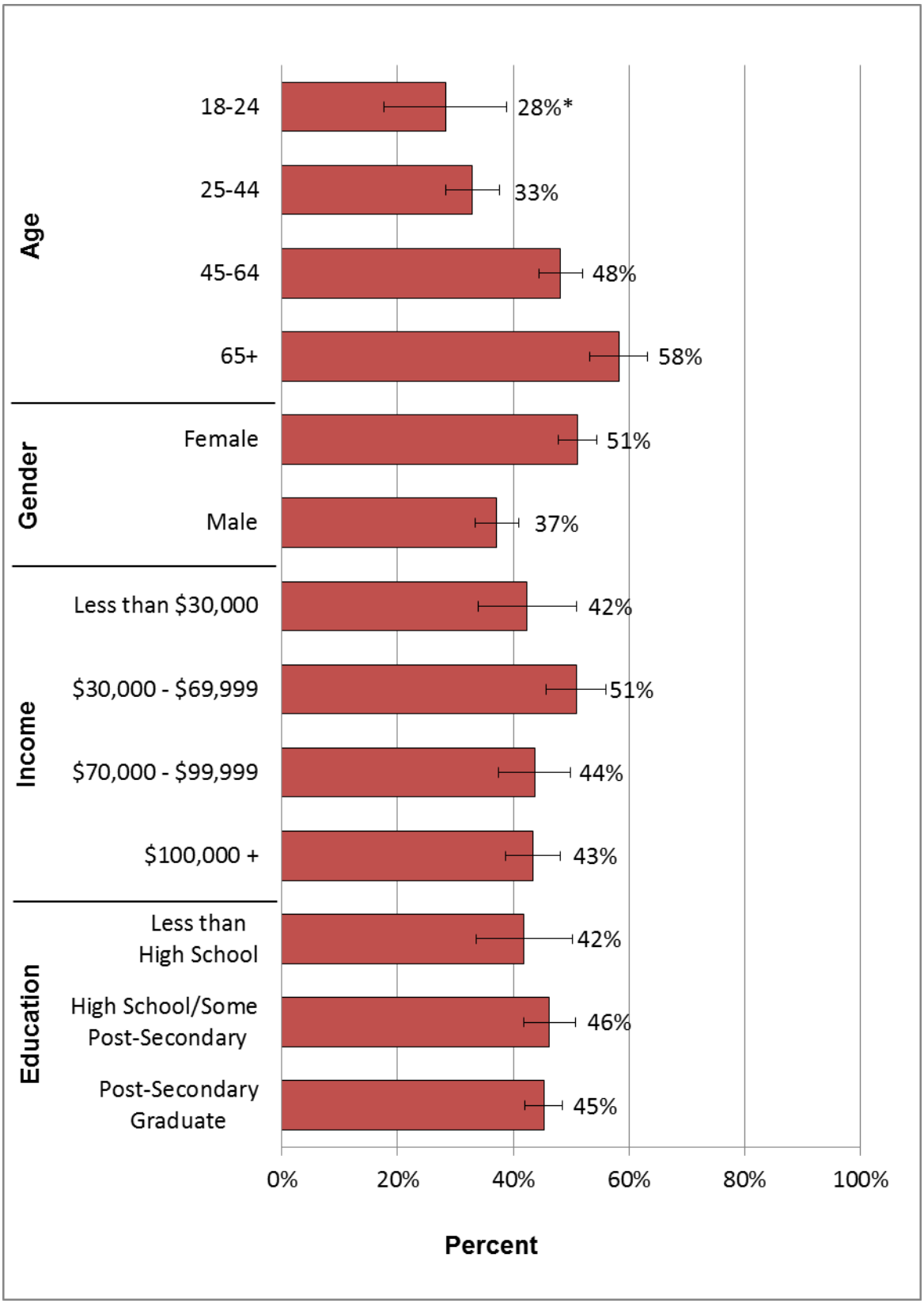
There were no significant differences between income and education groups.

Table 3. Making Food Choices Based on Salt, by Selected Socio-Demographics, Adults 18+, Durham Region, 2011, 2012, 2014

Age Group	**Estimate**	**95% CI**
18 – 24	28%*	18 – 39
25 – 44	33%	28 – 38
45 – 64	48%	45 – 52
65+	58%	53 – 63
Gender	**Estimate**	**95% CI**
Female	51%	48 – 54
Male	37%	33 – 41
Income	**Estimate**	**95% CI**
Less than $30,000	42%	34 – 50
$30,000 - $69,999	51%	46 – 56
$70,000 - $99,999	44%	38 – 50
$100,000 or more	43%	39 – 48
Education	**Estimate**	**95% CI**
Less than High School	42%	34 – 50
High School/Some Post-secondary	46%	42 – 51
Post-secondary Graduate	45%	42 – 49

* Interpret with caution due to high variability. Coefficient of Variation between 16.6% - 33.3%.

Figure 3. Making Food Choices Based on Salt, by Selected Socio-Demographics, Adults 18+, Durham Region, 2011, 2012, 2014



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Reading the Nutrition Facts Label

Adults in Durham Region are more likely to read the Nutrition Facts label for foods that they don't purchase regularly compared to foods which are purchased regularly. About 71% (± 3%) of adults in Durham Region often read the Nutrition Facts label for foods not purchased on a regular basis.

When buying foods purchased regularly, only 37% (±3%) of adults often read the Nutrition Facts label.

Discussion

Sodium reduction behaviours among Durham Region residents varied depending on age and gender, with adults aged 45 and older and females more likely to watch their sodium intake and make food choices based on the amount of salt. One of the best ways to reduce sodium in your diet is to avoid eating prepared, processed or canned foods, yet less than 40% of adults in Durham Region knew this. It is important to read the Nutrition Facts label to help you make healthy decisions about your food choices and to know which foods contain the most amount of salt. Use our Food Label Reading Made Easy guide to help you understand and read food labels**.** We encourage you to check out the other Key Resources listed below to learn how to make food choices to improve your health.

Health Department Initiatives

In 2016, the Durham Region Health Department (DRHD) will continue to provide Durham residents with information related to dietary sodium and chronic disease. DRHD plans to develop information products and strategies to reduce sodium consumption, particularly in children.

Key Resources

More information about sodium reduction and DRHD initiatives and resources is available on the following links:

- Food Label Reading Made Easy
- Where's The Salt?
- Workplace Toolkit for Sodium Reduction
- Your Menu for Eating Out

Data Notes

The **Rapid Risk Factor Surveillance System (RRFSS**) is a random-digit-dialed telephone survey of adults aged 18 years and older, conducted by the Institute for Social Research at York University, on behalf of the DRHD. Since 2001, a sample of at least 100 Durham Region residents has been surveyed on a monthly basis regarding health risk behaviours such as smoking, alcohol use, immunization, etc. For further information see rrfss.ca and durham.ca (public health/health statistics). The information is essential to the DRHD for planning and evaluating programs and services, as well as for monitoring emerging health issues.

95% Confidence Interval (CI) refers to the variability around the estimate. Percentages are expressed in the form of the point estimate and the 95% CI around the estimate. The true or actual percentage falls within the range of values 95 out of 100 times. A wide confidence

interval reflects a large amount of variability or imprecision. Usually, the larger the sample size the narrower the confidence intervals. In bar charts, the 95% confidence interval is represented by an error bar at the top of each bar.

Coefficient of Variation (CV) refers to the precision of the estimate. When a CV is between 16.6% and 33.3%, the estimate should be interpreted with caution because of high variability. An estimate with a CV over 33.3% is not releasable.

Significant Difference refers to a difference between two estimated percentages that is not likely due to chance. If the 95% confidence intervals of two estimates do not overlap there is considered to be a significant difference between the estimates.

Household Weights are applied when calculating the estimates to compensate for the unequal probability of respondent selection based on the number of adults in the household.

References

1. Government of Canada. Sodium: the basics. 2013. Available at: http://www.healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/nutrients-nutriments/sodium/basics-savoir-eng.php#a1
2. Canadian Liver Foundation. Sodium Guidelines. 2015. Available at: http://www.liver.ca/liver-disease/having-liver-disease/healthy-living-guidelines/sodium-guidelines.aspx
3. Heart and Stroke Foundation. Dietary Sodium, Heart Disease and Stroke. 2014. Available at: http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.5263133/k.696/Dietary_sodium_heart_disease_and_stroke.htm