

Behavior change communication to reduce salt use

WHAT IS IT?

Behavior change communication educates the public in order to both motivate them and empower them to achieve a specific objective, such as reducing salt consumption.

Includes both health education and media campaigns (mass media or social media).

One approach that has been successful is the “communication for behavior change” or COMBI method. These campaigns can help change cultural norms and increase demand for healthier products by communicating a clear, simple message across multiple channels over time.⁴

Components include:

- Administrative mobilization and public advocacy
- Community mobilization
- Advertising (TV, radio, billboards, social media)
- Interpersonal communication
- Point-of-service promotion⁷

RATIONALE

- Increasing consumer knowledge and motivation to reduce sodium is one of the only interventions available when the main source of salt is salt added in the home, as in many low- and middle-income countries
- Campaign supports other interventions by increasing demand for lower sodium products, educates the population about changes in institutions, and provides broader support for environmental changes related to reducing sodium consumption
- Graphic ads with explicit warnings for other risk factors, such as smoking, have been shown to change knowledge, attitudes and behaviors in both high and low-income countries^{8,9}

HOW TO IMPLEMENT

1. Identify main source of salt in the diet (added at home, processed foods, restaurant foods)
2. Develop behavioral objectives(e.g. use low salt condiments; choose lower sodium packaged foods)
3. Conduct research with target audience (e.g. food preparers; grocery purchasers), including focus groups and message testing
4. Develop education and communications strategies
5. Test and refine messages
6. Implement campaign and monitor impact¹⁰

WHAT IS NEEDED

- Government leadership to ensure coordination of messages across channels and agencies
- Integrated strategy to address food industry, institutions, and consumers through multiple avenues using messaging that addresses main source of sodium in the diet
- Political commitment to fully integrate the campaign with other components, such as promotion of low-sodium salts, implementation of nutrition standards, and monitoring of salt intake
- Support for rigorous pre- and post-evaluation to assess change in knowledge, attitudes and behavior related to salt, along with change in sodium intake; gold standard is 24-hour urine collection pre- and post-intervention
- Funding to develop and message test materials and mass media placement

WHERE HAS THIS BEEN IMPLEMENTED

- In Vietnam, an integrated Eat Less Salt communication program was put in place in Viet Tri province that, over a year, used mass media communication, school-based interventions, community-based communication programs and communication targeted at people with hypertension. In Vietnam 70-80% of sodium intake is from salty condiments added during cooking or at the table, and the program aimed primarily to reduce salt from these sources. Sodium intake was reduced by 5%, and overall knowledge about the link between sodium consumption and health risks increased.²⁰
- In Australia, the majority of sodium intake is from processed foods. Over 18 months, a multi-pronged communication plan was put in place to reduce sodium intake both from packaged foods using an app and in the home by using low-sodium salts. After 3 years, measured sodium intake was reduced from 8.8g per day to 8g per day (10% reduction).¹

