High blood pressure—a common result of excessive salt intake—causes cardiovascular disease, the nation’s leading cause of death. Lowering blood pressure saves lives, and reducing salt intake lowers blood pressure.

Reducing the amount of salt people consume requires action by individuals, governments and the private sector. Individuals can monitor and reduce their own intake. However, even highly motivated individuals find it difficult to adequately reduce their salt intake in the presence of the amounts added in manufacturing and preparation. Health organizations, including government agencies, can provide leadership and guidance and can raise awareness of the health benefits of lowering salt intake. The private sector can reduce the amount of salt in processed and restaurant foods—the main sources of salt in our diet—by reformulating its products.

Reducing salt intake has been a public health priority for decades. The Food and Drug Administration’s 1982 Dietary Sodium Initiative called on the food industry to voluntarily reduce sodium levels in processed foods, yet sodium intake has continued to rise. By the year 2000, men were consuming 48% more salt than they did in the early 1970s, and women were consuming 69% more. Gradual, but substantive, measurable reductions in the salt content of processed and restaurant foods must be achieved to improve public health and reduce the population risk of cardiovascular disease.

The undersigned agencies and organizations are committed to work toward the goal of reducing population salt intake by at least 20% during the next five years by setting targets and monitoring progress through a transparent, public process.
Marion County Public Health Department (Indianapolis)
Maryland Department of Health and Mental Hygiene
Massachusetts Department of Public Health
Michigan Department of Community Health
Minneapolis Health Department
Minnesota Department of Health
Mississippi State Department of Health
Mississippi Task Force on Heart Disease and Stroke Prevention
Missouri Council for Activity and Nutrition
National Association of Chronic Disease Directors
National Association of County and City Health Officials
NationalForum for Heart Disease and Stroke Prevention
National Hispanic Medical Association
National Kidney Foundation
New Hampshire Department of Health and Human Services, Division of Public Health Services
New Jersey Department of Health and Senior Services
New Mexico Department of Health
New York City Department of Health and Mental Hygiene
New York State Chapter, American College of Cardiology
New York State Department of Agriculture & Markets
New York State Department of Health
North Carolina Department of Health and Human Services Division of Public Health
North Dakota Department of Health
Northern Illinois Public Health Consortium
Northwest Kidney Centers
Oklahoma City-County Health Department
Ohio Department of Health
Oregon Health Authority, Public Health Division
Partnership for Prevention
Pennsylvania Department of Health
Philadelphia Department of Public Health
Preventive Cardiovascular Nurses Association
Public Health Institute
Public Health Law Center at William Mitchell College of Law
Public Health, Seattle & King County
Rhode Island Department of Health
Salt Lake Valley Health Department
Schenectady County Public Health Services
Shasta County Health and Human Services Agency—Public Health
Society for the Analysis of African-American Public Health Issues
South Carolina Institute of Medicine & Public Health
South Dakota Department of Health
Southern Nevada Health District
St. Louis City Department of Health
Steuben County Public Health
Summit County Health Department
Tarrant County Public Health
Tennessee Department of Health
Texas Association of Local Health Officials
Texas Medical Association
Utah Department of Health
Washington State Department of Health
West Virginia Department of Health and Human Resources, Bureau for Public Health
Wisconsin Heart Disease and Stroke Alliance
World Hypertension League

* Signatories as of July 2014