

Implementing the *Communication for Behavioral Impact* Framework to Reduce Population Salt Consumption

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INTRODUCTION

Elevated blood pressure is a leading cause of premature mortality estimated to cause 9.4 million deaths every year.¹ There is evidence to suggest that reductions in salt consumption may lower blood pressure in people with both normal and elevated blood pressure.^{2,3} It is projected that lowering salt intake from the estimated global average of 9–12 g/d to the World Health Organization–recommended maximum of 5 g/d would avert at least 1 million premature deaths each year.⁴ Consequently, programs to reduce population salt intake have been identified as an action that should be undertaken to produce accelerated results in terms of lives saved, disease prevented, and costs avoided.⁵

The *Communication for Behavioral Impact* Framework

The *Communication for Behavioral Impact* (COMBI) framework was a structured and strategically planned communication intervention that began with a situational analysis to assess individual and community perception of the recommended health behavior.⁶ This information identified key players and organizations within the commu-

nity, the extent of the health burden, existing programs, current knowledge levels, cultural attitudes, and perception of risk. It also assisted in identifying the communication content, appropriate channels, and potential tools of influence to sensitize and stimulate behavioral impact.⁷ Once the assessment was made and the community was engaged, a plan of action was developed under 5 broad intervention components: administrative mobilization and public advocacy to engage key stakeholders, community mobilization, a comprehensive advertising strategy, interpersonal communication, and point of service contact.

COMBI for Salt Reduction Intervention

The objective was to reduce the salt consumption of the adult population of Lithgow, New South Wales, Australia, by approximately 1 g (approximately 10%) over 18 months from 2011 to 2014 using the COMBI framework.

IMPLEMENTATION

Situational Analysis

A baseline assessment identified that this Australian adult population (n = 419) was consuming an average of 8.8 g/d (± 3.8 g/d) salt, far in excess

of the recommended maximum daily consumption.⁸ Almost all participants (95%) correctly identified the association of high-salt diets and serious health problems. Few participants could identify the recommended upper limit of salt intake, and few identified salt reduction as a priority or indicated that they were taking regular action to reduce their salt intake.⁹

Community Advisory Committee and Plan of Action

A community advisory committee was established by the project lead, which included 2 members of the local council, a local dietitian, a physician, and a teacher (all residents of Lithgow). Through this consultative process, 2 novel tools of influence to increase the engagement of the community and potential strategies to stimulate impact were identified. The committee determined the content of key messages and channels for communication, local champions, and groups to advocate for salt reduction. To demonstrate the plan of action clearly, a logic model¹⁰ was adapted (Figure 1).

Tools of Influence

Two tools were chosen to engage the community, which added a stickiness factor¹¹ to the key messages and assisted with salt reduction. The first, *FoodSwitch*, a smartphone application that allowed users to scan the barcodes of packaged foods, received color-coded ratings for 4 key food components (total fat, saturated fat, sugar, and salt) and obtained a list of similar foods that are lower salt choices.¹² The second was a salt substitute composed of a salt blend of 136 mg sodium and 176 mg potassium per 0.8-g serving, a formula

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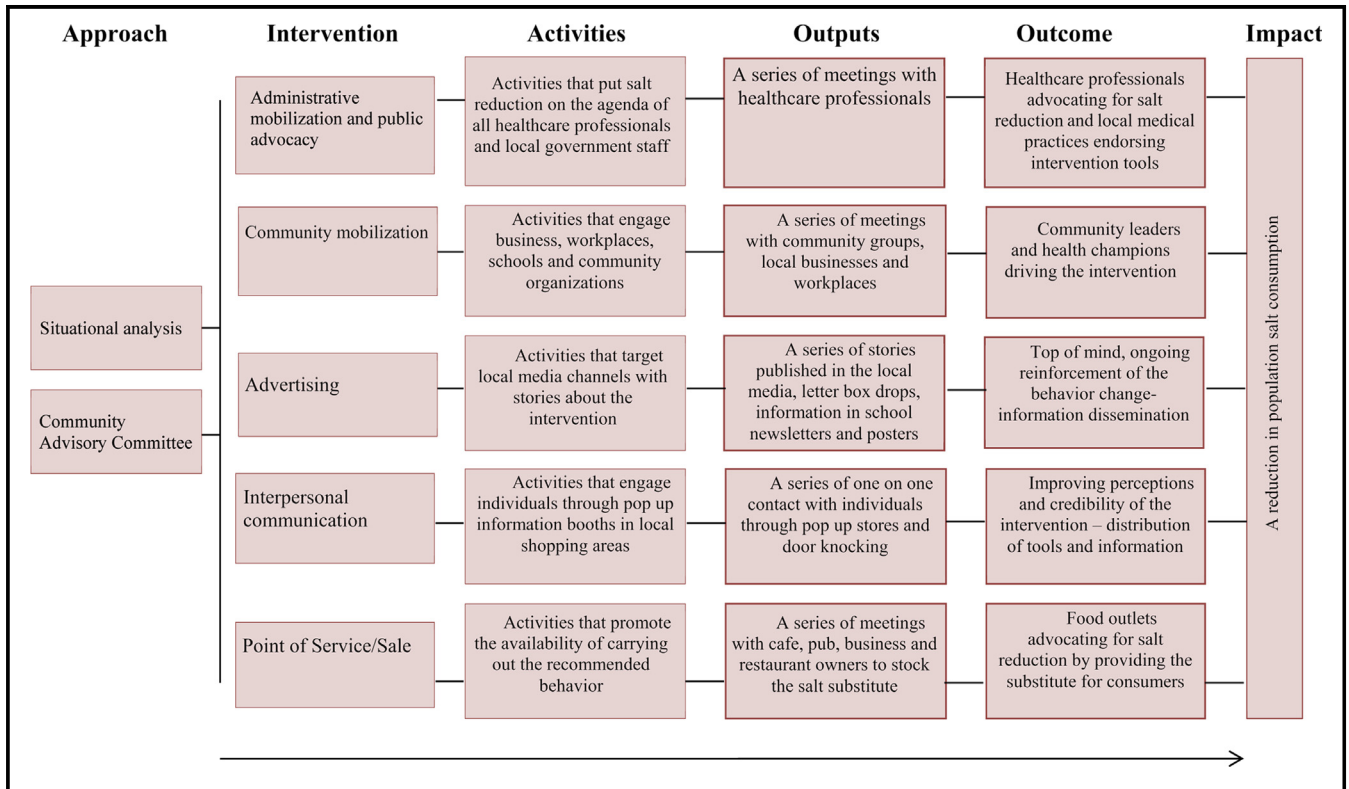


Figure 1. Logic Model: *Communication for Behavioral Impact (COMBI)* for salt reduction. Key Messages: (1) Use *FoodSwitch*, application which allows users to scan the barcodes of packaged foods, receive color-coded ratings for 4 key food components (total fat, saturated fat, sugar, and salt) and a list of similar foods that are lower salt healthier choices. (2) Swap table salt for the salt substitute, which comprises a sea salt blend of 136 mg sodium and 176 mg potassium per serving (0.8 g). This formula results in 70% less sodium than regular salt while retaining good sensory properties. (3) Use spices and (4) Avoid processed foods.

Table. Tools of Influence to Sensitize and Stimulate Behavioral Impact

Tools	Description
Reciprocity/incentives A free sample has long been an effective method to engage reciprocity.	<i>FoodSwitch</i> is a free application and free samples of the salt substitute were provided at stores as well as at pop-up information booths in local shopping centers. This provided an opportunity to speak with community members about salt reduction. By providing a free sample, it was hoped that community members would lower salt intake using the tools.
Commitment and consistency Individuals are more willing to agree to requests that are in keeping with the prior commitment.	When provided with the information and tools, community members were asked whether they would commit to reducing salt intake in their diets.
Social proof Individuals are often influenced by others.	Media channels including the local newspaper, radio, and Facebook were used to demonstrate the growing norm for reduced salt diets using the key messages of the intervention. Local champions were also engaged to promote the intervention using word of mouth.
Liking Individuals prefer to say yes to people they know and like.	Local respected members of the community were identified and asked to support and promote the intervention. This included local doctors, allied health professionals, business owners, community group presidents, and the lord mayor.
Authority There is strong pressure in society for compliance with the requests of an authority.	Local doctors agreed to promote the salt substitute within their practices; community members could take free samples from the medical centers.

Note: The table describes the *Tools of Influence, Science, and Practice* developed by Robert B. Cialdini⁴ and how the tools were applied within the salt reduction program.

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