

“Sukoshio” Survey



~Comparison of Staff and Health Cooperative Members~

Oizumi Health Cooperative Hospital, Tokyo Health Cooperative Association (Tokyo, Japan)

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In order to promote health in the community through a low-salt diet, we conducted a survey of hospital staff and local health cooperative members for salt intake and considered the effective measure of “Sukoshio.”

◆ Subjects and Methods

The subjects of the survey were our hospital’s staff and health cooperative members who participated in local HPH events. Using Tsuchihashi et al.’s “Salt Check sheet,” reported to the Japanese Society of Hypertension, we performed a comparative analysis of hospital staff and cooperative members’ dietary habits and frequency of consumption of high salt foods. Also, staff measured salt in their own urine with salt paper.

▼ Urinary Sodium Categories

| | Sukoshio | Normal | High |
|---------------------|----------|--------|------|
| Urinary sodium(g/L) | ~4 | 6~8 | 10~ |

▼ Salt Check sheet Categories

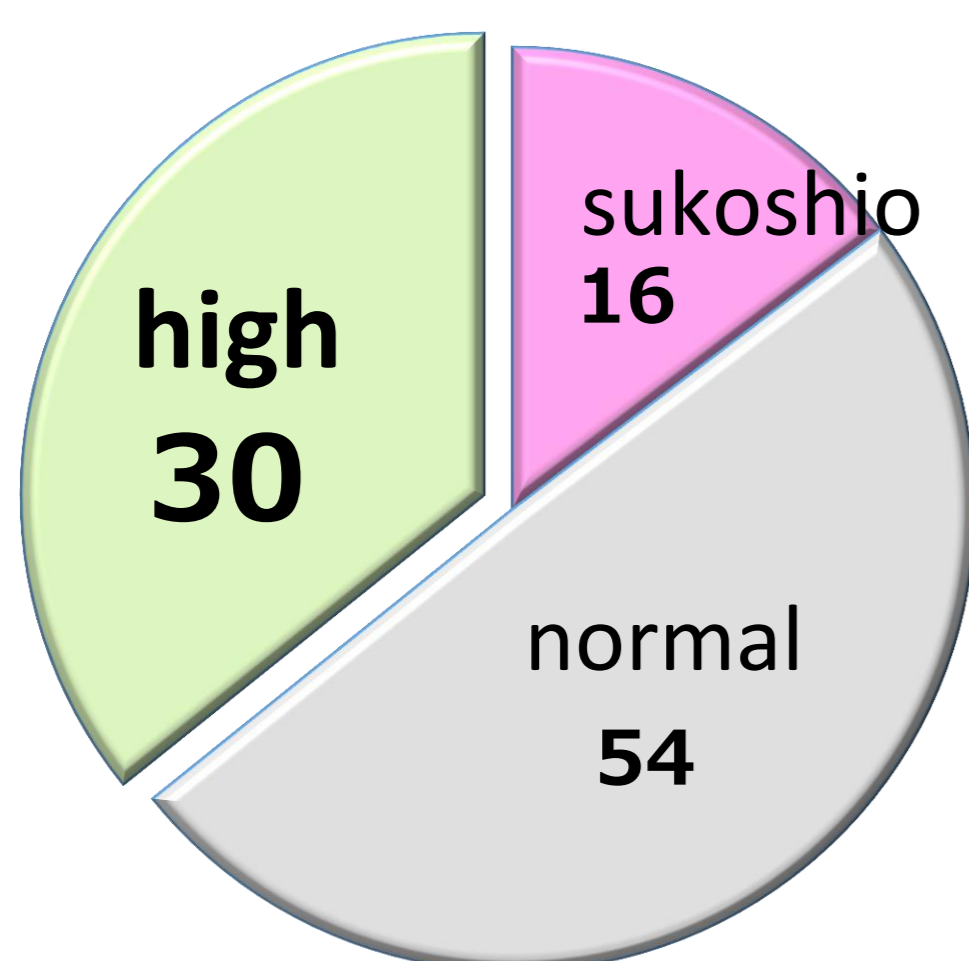
| | Low | Average | High | Very High |
|--------------|-----|---------|-------|-----------|
| Total points | 0~8 | 9~13 | 14~19 | 20~ |

◆ Results

Survey Subjects: Staff (n=170) Cooperative Members (n=143)
Mean age: Staff 43.3, Cooperative Members 75.5

① Staff Urinary Sodium

30% tested high



For the majority of staff participants, this was their first time taking a urinary sodium test. The difference in expectations and reality led some to voice surprise.

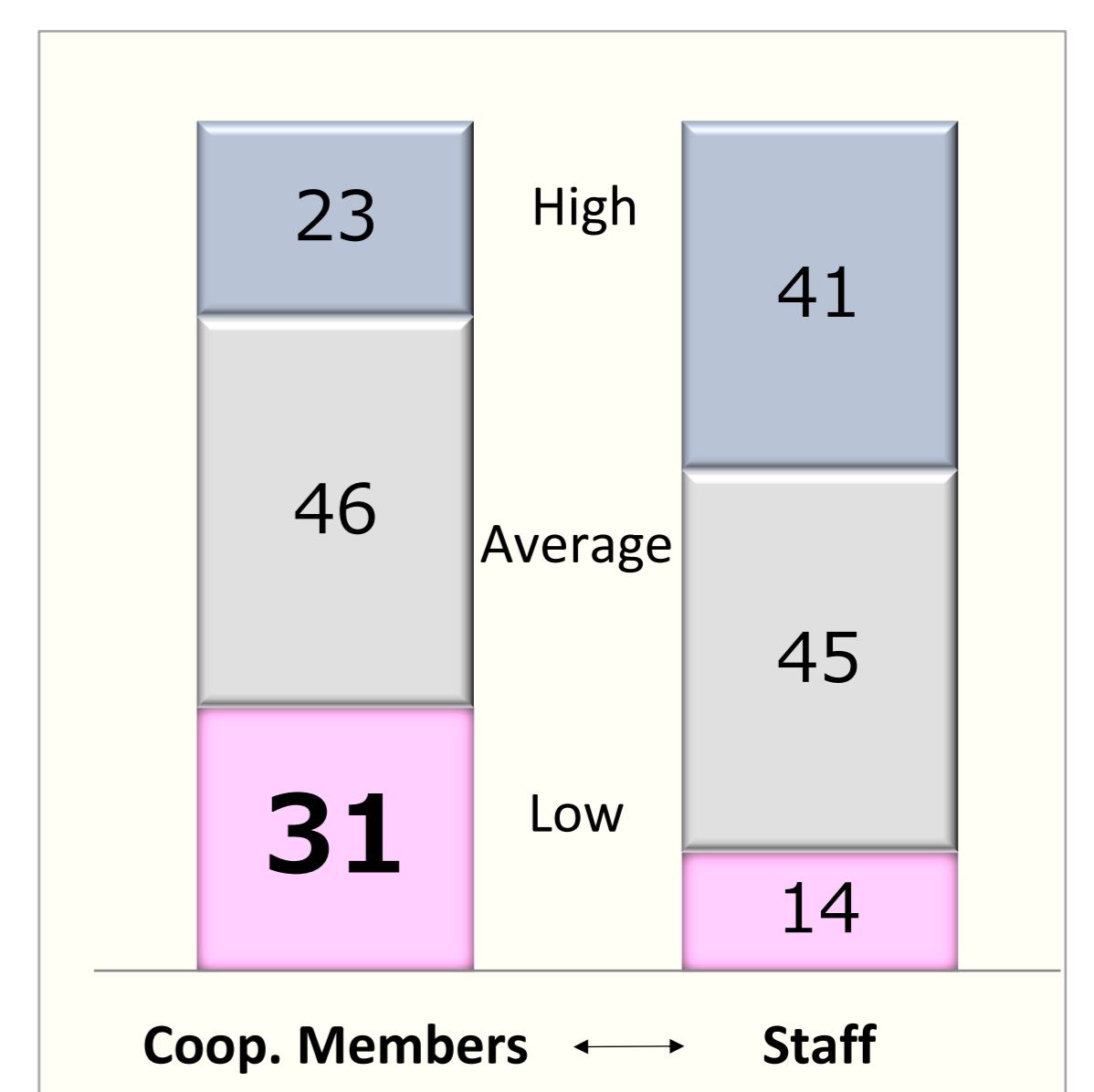
② Salt Check Sheet: Staff and Cooperative Members

▼ Cooperative Members and Staff Differences

| | Staff | Coop. Members |
|---|-------|---------------|
| Dining out/packaged meals (prepared food/convenience store meals) | ↑ | |
| Drinking ramen/udon soups | ↑ | |
| Ham/sausage | ↑ | |
| Homemade meals are less seasoned than restaurant food | | ↑ |
| Dried fish (opened horse mackerel, mirinboshi, salted salmon) | | ↑ |
| Pickled vegetables, pickled plums | | ↑ |

Wilcoxon Sign-Ranked Test *P<0.01

▼ General Assessment



Wilcoxon Sign-Ranked Test *P<0.01

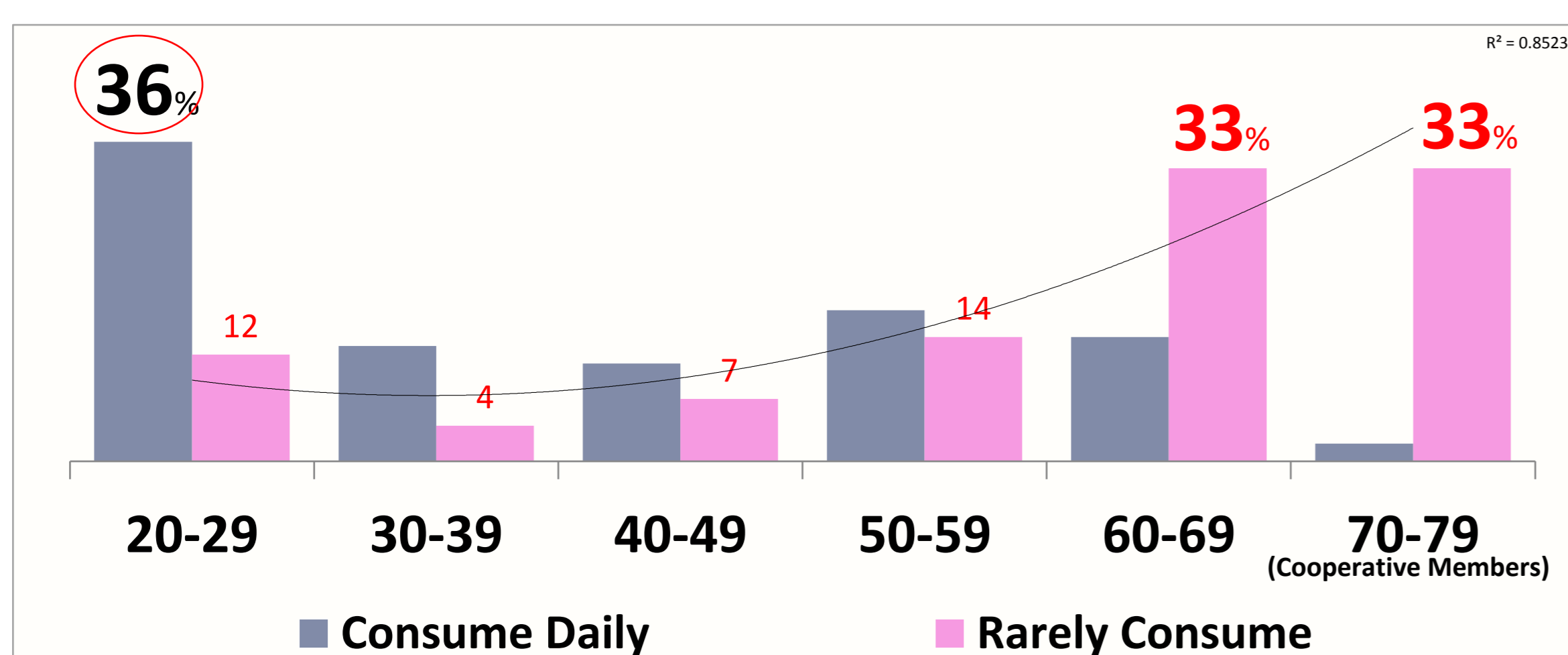
Staff → Diets included high amounts of restaurant food, prepared food/meals, the drinking of ramen/udon soup, ham, sausage, and other processed meats. In particular, 90% of staff regularly eat meals at restaurants and consume prepared foods, a level greatly exceeding the average of Tokyo residents.

Cooperative Members → In the general assessment, 30% of cooperative members report low salt intake, significantly higher than staff. In self evaluations, cooperative members reported that they commonly cook and “homemade meals are less seasoned than restaurant food.” However, members commonly consume dried fish, pickled vegetables, pickled plums, and other salt-preserved foods that are part of Japanese cuisine.

③ Salt Check Sheet Age Cohort Comparison

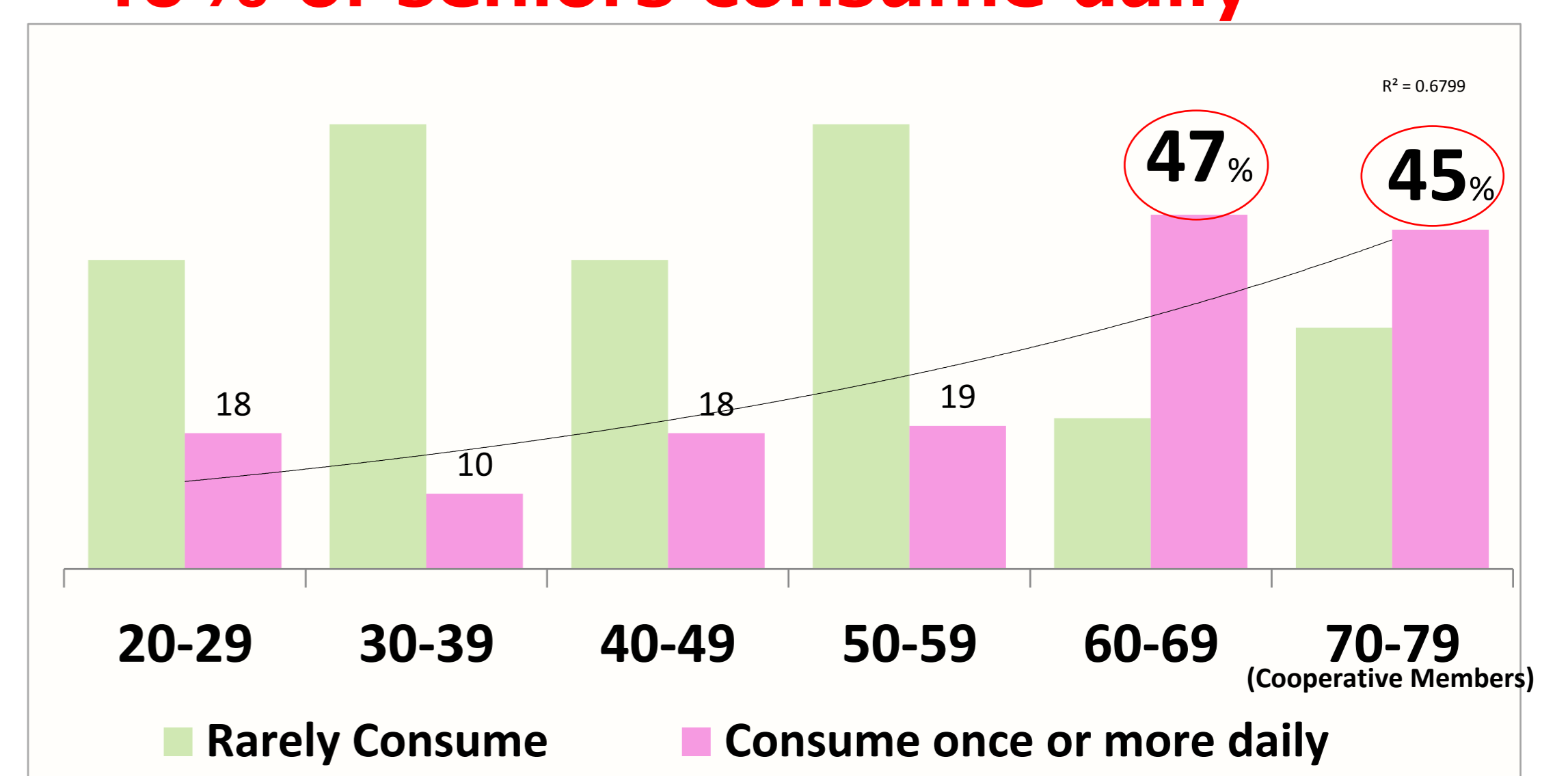
Dining Out and Packaged Meals

Most common in 20-29; declines in senior generations



Pickled Vegetables

40% of seniors consume daily



◆ Summary and Conclusion

- High levels of urinary sodium were found in 30% of staff. Staff frequently relied on prepared food and restaurants, and at a higher rate than the average for Tokyo residents.
- On check sheets, 30% of cooperative members in the community assessed their diets as “low salt.” Members who cook were common and the majority reported that their meals are less seasoned than restaurant food. However, salt-preserved foods in Japanese cuisine were also common, with 40% of cooperative members responding that they eat “pickled vegetables/picked plums” daily. Regarding this trend, the checklist was strongly viewed as an excessive task. This was true for senior staff in their 60s as well.
- **Sukoshio awareness and dietary habits varied greatly in relation to age and environment.**

For staff in their working years, we would like to continue to encourage awareness of salt content on food labels and the visualization of salt measurements. For elderly cooperative members, we are considering ways to implement the effective program of Sukoshio in pleasurable, social contexts so that its benefits of lengthening the healthy lifespan may be achieved. These include discussion and exchange of recipes that use substitutes for salt-preserved foods in Japanese cuisine and urinary sodium checks at luncheons and dinner parties.