

Integrating potassium-enriched salt recommendations
into usual healthcare practice for hypertension
management in Australia

Co-development workshop summary report

January 2026

Recommended citation

Crowther J, Trieu K, Kissock K. Integrating potassium-enriched salt recommendations into usual healthcare practice for hypertension management in Australia: Co-development workshop summary report. Sydney: The George Institute for Global Health; January 2026.

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Abbreviations

BP	Blood Pressure
CVD	Cardiovascular disease
TAG	Technical Advisory Group
GP	General Practitioner
HCP	Healthcare professionals

Acknowledgements

This report was written by Juliette Crowther, A/Prof Kathy Trieu, and Dr Katrina Kissock from The George Institute for Global Health. This work was supported by the University of New South Wales Cardiac, Vascular and Metabolic Medicine (CVMM) Theme Collaborative Grant Scheme.

We would like to extend a big thanks to our consumer advisor Audrey Lee who provided valuable feedback in planning and developing an inclusive workshop that adequately considered the needs of people with lived experience. We gratefully acknowledge the contributions of Dr Luna Xu, Prof Eleanor Beck, and Prof Bruce Neal who provided expert advice and assisted with participant recruitment. We would also like to thank Dr Mary-Anne Land for her time and expertise in organising and conducting pre-workshop meetings with all participants, and for her skilled facilitation throughout the workshop. Finally, we are incredibly grateful to all participants for generously sharing their time, expert opinions, and professional insights. The success of the workshop was only made possible by the generosity, respect, and thoughtful contributions of everyone involved.

Executive Summary

Despite strong evidence that replacing regular salt with potassium-enriched salt can reduce blood pressure and cardiovascular risk, population-level adoption in Australia remains limited. Healthcare professionals are uniquely positioned to identify individuals who would benefit from switching to potassium-enriched salt while ensuring safe use and mitigating risk among those for whom it may not be appropriate, such as people with advanced chronic kidney disease or taking potassium-retaining medications. To explore how best to support this recommendation in clinical practice, The George Institute convened a Technical Advisory Group (TAG) comprising healthcare stakeholders and consumers with lived experience of hypertension.

A virtual co-development workshop held on 16 July 2025 brought together 16 participants across clinical practice, professional associations, public health organisations, and consumer groups. The workshop explored how and when potassium-enriched salt could be recommended within hypertension care, identified barriers to recommendation, and prioritised strategies to support healthcare professionals make the recommendation. Participants contributed through structured brainstorming, group discussion, and independent ranking of proposed strategies based on feasibility and impact.

Participants agreed that potassium-enriched salt could be recommended at multiple points in the care pathway, particularly during prevention and early diagnosis. They highlighted the need for healthcare professionals to assess suitability based on comorbidities, medications, dietary habits, and social context. Key challenges included limited consultation time, competing clinical priorities, low awareness among both clinicians and consumers, affordability and availability barriers, and broader system issues, such as the dominance of packaged foods contributing to sodium intake.

There was strong alignment in the prioritisation of strategies. Updating Australian hypertension guidelines to include clear, evidence-based recommendations on potassium-enriched salt was ranked as both the most feasible and impactful action to support healthcare professionals recommend potassium-enriched salt to patients. Participants emphasised the importance of embedding practical decision-support tools such as checklists, flowcharts, and algorithms into guidelines and platforms to streamline clinical assessment and safe recommendation. Training and education for healthcare professionals were also identified as essential to build confidence and awareness, alongside the development of clear, culturally appropriate patient education materials. Public awareness campaigns were proposed for improving general understanding and increasing consumer receptiveness to clinical advice.

In conclusion, the TAG reached a clear consensus that progress requires a dual approach: strengthening clinical systems and professional capability while improving consumer awareness and understanding. The priority strategies included: updating clinical guidelines, providing decision-support tools, delivering targeted professional education, developing accessible patient resources, and raising public awareness. Together these actions support the safe recommendation of potassium-enriched salt within hypertension management in Australia.

Introduction

Background

In Australia, one in three adults have high blood pressure (BP) (1), a major risk factor for cardiovascular disease (CVD). Excess sodium and insufficient potassium intake contribute to elevated BP. Achieving sodium reduction in Australia has been difficult (2), and no country across the globe, including Australia, will meet the World Health Organization 2025 goal of reducing sodium intake by 30% (3,4). As such, this target has now been extended to 2030, aligning with the 2030 Agenda for Sustainable Development.

Switching regular salt to potassium-enriched salt, where a proportion of the sodium chloride is replaced with potassium chloride, is a proven strategy to lower sodium and increase potassium intake, with clear benefits for reducing BP, stroke, and CVD risk (5,6). While the evidence supporting its health benefits is robust, implementing this switch at the population level remains a challenge. One challenge is the potential risk of hyperkalaemia in patients with advanced kidney disease or those taking potassium-retaining medications. These individuals have been excluded from most potassium-enriched salt trials to date and further consideration, and evidence is needed to ensure safe use in these groups.

Incorporating potassium-enriched salt recommendations into healthcare may offer a way to manage these risks, by enabling evidence-based guidance and allowing healthcare professionals to assess whether the recommendation is appropriate for individuals. Clinical oversight by healthcare professionals alongside strategies such as awareness raising and product labelling could support safe implementation and requires further exploration. Formative research conducted by The George Institute highlights the importance of involving healthcare professionals in promoting this switch. An online survey of over 4,000 Australian consumers, designed to be broadly representative of the general population and recruited via a commercial survey panel, found that 75% would switch to using potassium-enriched salt if recommended by a healthcare professional (7). Additionally, interviews with 36 Australian healthcare professionals, including general practitioners, cardiologists, nephrologists, pharmacists and dietitians whose work includes the management of hypertension, revealed limited awareness but a willingness to consider recommending potassium-enriched salt in their usual practice (unpublished).

While there is broad recognition of the importance of involving healthcare professionals in recommending the switch to potassium-enriched salt, it is unknown what implementation strategies can help achieve this. To help address this knowledge gap, a Technical Advisory Group (TAG), including relevant healthcare professionals and consumers with lived experience of hypertension and related conditions, was established to identify and co-develop strategies for integrating potassium-enriched salt into routine hypertension care. Involving consumers and relevant stakeholders ensures that strategies are grounded in real-world experiences, reflect both clinical and patient perspectives, and are more likely to be acceptable, feasible, and effective in practice. This work will inform future research and the development of an implementation roadmap.

Report Objective

This report summarises key insights from the first 3-hour co-development TAG workshop, focused on supporting healthcare professionals to recommend potassium-enriched salt as part of routine hypertension management.

Workshop Overview

A virtual workshop was hosted by The George Institute for Global Health on 16 July 2025. The workshop brought together 12 healthcare stakeholders with representation across professions, roles, organisations, and geographies, with some holding multiple positions and representing multiple organisations, and four consumer stakeholders with lived experience of hypertension, to form a Technical Advisory Group (TAG) for integrating potassium-enriched salt into Australian healthcare practice (Table 1).

Table 1: Workshop participants

Stakeholder type	Stakeholder sub-type	Main role	Number of attendees
Healthcare stakeholder	Healthcare practitioner	Dietitian	3
		General practitioner	1
		Nephrologist	1
	Other healthcare stakeholder	Professional association*	3
		Local health district	1
Public health organisation*		3	
Consumer stakeholder	Consumer stakeholder	Living with hypertension	4
Total			16

*One member representing a professional association was also a practising nephrologist, one other was also a practising pharmacist. One member of a public health organisation was also a practising dietitian.

The workshop aimed to co-develop priority strategies for integrating potassium-enriched salt into routine healthcare for hypertension management. To prepare TAG members for the workshop, participants received a background brief summarising current evidence and workshop objectives and joined a 10-minute briefing call with the workshop facilitator to ensure they had an adequate understanding of the topic and were ready to contribute their ideas in the workshop.

First the workshop explored perspectives on: 1) How and when healthcare professionals could recommend potassium-enriched salt to patients with hypertension within clinical practice, and 2) The challenges and strategies to support recommending potassium-enriched salt to patients with hypertension as part of routine practice. Next, participants were asked to rank the proposed strategies to support recommendation by healthcare professionals based on likely feasibility and impact. The workshop guide and questions were informed by prior interviews with Australian healthcare professionals.

Participants were asked to share their responses by posting virtual 'sticky notes' on Mural – a web platform for virtual brainstorming, or the Microsoft Teams chat if they were unable to post on Mural. Subsequently, participants were invited to discuss their response verbally with the group.

The potential strategies proposed by participants to support recommendation by healthcare professionals were then compiled into a Qualtrics survey and prioritised by the participants using the nominal group technique, a structured method for achieving consensus through anonymous input. Participants independently ranked their top five strategies based on:

- **Feasibility** - the likelihood that the strategy can be successfully implemented, considering practicality, resource availability, such as cost, time constraints, and the ability to integrate the strategy into current practice.

- **Impact** - the extent to which the strategy, assuming it is successfully implemented, would change healthcare professional practice to include recommending potassium-enriched salt to patients with hypertension.

Rankings were pooled to identify the highest-priority strategies, with each participant's rankings weighed equally, regardless of stakeholder type. The survey results were then presented to participants and discussed as a group.

Data from the Mural platform, workshop audio recording and transcript, and from the Qualtrics survey were used to compile this report, identifying key ideas and the most feasible and impactful strategies identified by consumer and healthcare stakeholders.

Workshop findings

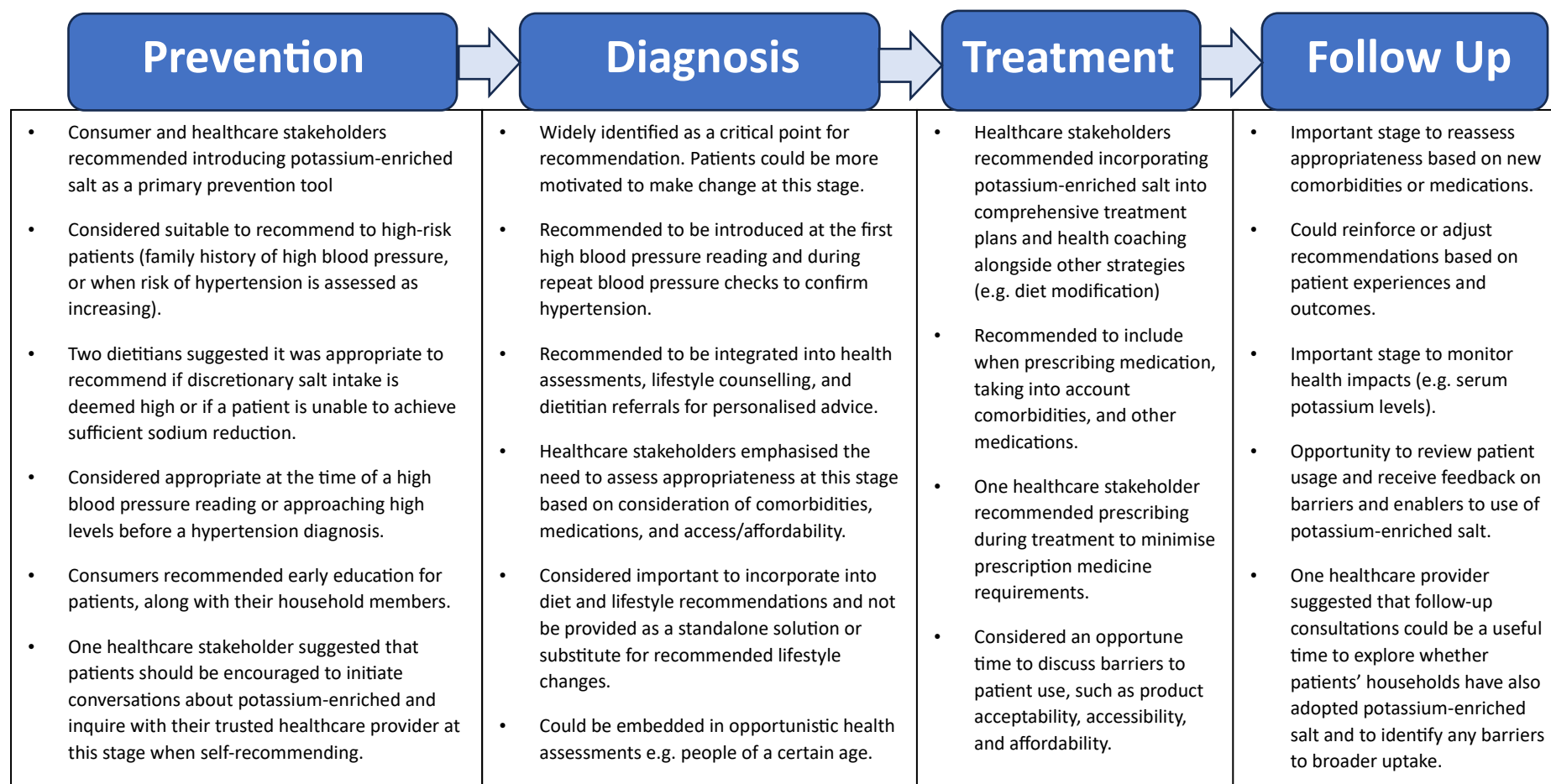
Drawing from participant responses on Mural, MS Teams chat, and verbal discussions, the following outlines the key themes raised across the four questions proposed in the workshop.

Question 1 - How can healthcare professionals recommend potassium-enriched salt to patients with hypertension?

- **Recommendation by General Practitioners (GPs)** - Both consumer and healthcare stakeholders saw GPs as critical in recommending potassium-enriched salt during diagnosis, regular check-ups, and ongoing care, due to their role in prevention and monitoring and their level of influence on patients.
- **Integration into Existing Dietary Advice** - Healthcare stakeholders emphasised that information about potassium-enriched salt should be incorporated into broader dietary and lifestyle advice already provided to hypertensive patients by GPs, practice nurses, and accredited practising dietitians.
- **Individualised and Patient-Centred Approach** – Several healthcare stakeholders and one consumer highlighted the need for one-on-one discussions, and tailoring recommendations based on individual factors (e.g. diet history including salt use, medications, existing comorbidities, and social and financial situation). This was considered especially relevant due to the potential risk of contraindications in patients with advanced kidney disease or those using potassium-sparing medications.
- **Patient Resources and Education** - Pharmacies and general practice clinics were identified by both consumers and healthcare stakeholders as useful distribution points for written educational resources. One healthcare stakeholder recommended factsheets or brochures that are easy to read for lay patients and that consider cultural and linguistic diversity.
- **Health Promotion and targeted consumer campaigns** - Both consumers and healthcare stakeholders suggested targeted campaigns were necessary for raising public and professional awareness of both the harms of excess sodium, the benefits of potassium, and to clarify who potassium-enriched salt is and is not appropriate for. One healthcare stakeholder recommended consistent messaging across providers and sectors to reduce ambiguity and increase consumer confidence. Others noted that unified messaging may only be feasible for simple messages, and that more tailored approaches may be needed to support behaviour change in culturally diverse communities. Family and caregiver involvement was also highlighted as important for supporting dietary changes, particularly in cultures where food preparation is shared or centralised.
- **Integration into Healthcare Tools and Guidelines** – To support healthcare professionals in recommending potassium-enriched salt, participants recommended integrating potassium-enriched salt into clinical tools and guidelines (e.g. Australian Hypertension Guidelines, RACGP Handbook for Non-Drug Interventions (HANDI), Australian Medicines Handbook, local HealthPathways content, and WHO hearts). Resources that streamlined the recommendation, including flowcharts and/or a “prescription-style” format, were encouraged.

Question 2 – At what point during the care process should the recommendation to use potassium-enriched salt be made?

Participants generally agreed that if potassium-enriched salt was considered appropriate for a patient, that the prevention and diagnosis stages are the most suitable points for introducing it as part of dietary and lifestyle advice. However, they also highlighted that recommendations could also be made across all stages of the care process but should be tailored to individual patient needs and clinical context. It was identified that health professionals need to be equipped with the tools and training to assess suitability, determine when and how to recommend potassium-enriched salt, and to communicate information on costs, availability, and safety.



Question 3 – What are the challenges associated with the identified approaches for healthcare professionals to recommend potassium-enriched salt?

- **Clinical and Consultation Time Constraints & Competing Priorities** - The primary barrier identified by both consumer and healthcare stakeholders was the limited time available for health professionals, particularly general practitioners, to provide individualised dietary advice, given competing priorities during consultations. Limited GP consultation times mean acute care needs may be prioritised over preventive health recommendations. One healthcare stakeholder also noted the lack of allied health providers, such as dietitians and pharmacists, in primary care settings with a focus on preventive health, further limiting opportunities to deliver personalised nutrition advice and support.
- **Need for Individualised Assessment and monitoring** - Healthcare stakeholders highlighted that potassium-enriched salt is not suitable for all patients, such as those with chronic kidney disease, or other conditions that may place them at risk if given additional potassium. One clinical dietitian highlighted that for hospital inpatients, comorbidities often limit the appropriateness of potassium-enriched salt. This, along with other contextual factors such as current dietary practices and financial context, necessitates careful personalised evaluation before making recommendations. Furthermore, healthcare stakeholders emphasised the need for defined protocols to support healthcare providers in identifying and monitoring at-risk patients (e.g. those with advanced chronic kidney disease (CKD) or taking potassium-sparing medications) as well as standardised guidance on hyperkalaemia monitoring.
- **Limited Knowledge and Awareness** - Participants highlighted that healthcare providers may be unfamiliar with potassium-enriched salt and have limited awareness regarding the benefits, safety, and appropriate use of potassium-enriched salt products. Clinicians may also lack clarity on costs, accessibility and availability of potassium-enriched salt products. This knowledge gap hinders safe and individualised recommendation of potassium-enriched salt to patients. Likewise, lack of knowledge and awareness of potassium-enriched salt by patients mean they are also less likely to raise the issue with their healthcare providers.
- **Affordability, Accessibility, and Acceptability** - Consumers in particular highlighted poor supermarket availability and the higher cost of potassium-enriched salt compared to standard salt as key barriers to patient adoption. They also highlighted limited public awareness of the difference between regular salt and potassium-enriched salt. One consumer participant highlighted the challenge of changing consumer behaviour, requiring consumers to change purchasing habits, read labels, and potentially pay more.
- **Cultural and Equity Barriers** – Healthcare stakeholders identified the need for resources to accommodate cultural and language diversity. They also noted that disadvantaged, rural, and culturally and linguistically diverse (CALD) populations may face greater barriers related to cost, access, and cultural acceptability, and emphasised that addressing these challenges would require dedicated strategy development.
- **Reformulation Challenges** – Healthcare stakeholders highlighted that, in Australia, packaged foods make a greater contribution to sodium intake than discretionary salt added during

cooking or at the table (which is highly variable across individuals but generally contributes <25% of total sodium intake compared to >75% from packaged foods (8). Reformulating packaged foods was discussed as a strategy that could have broader health impacts, though challenges with industry engagement were highlighted. Some stakeholders raised concerns that reformulation would limit choice for vulnerable populations such as those with advanced CKD. It was considered essential that any reformulation efforts should be accompanied by clear potassium labelling and monitoring to protect these populations.

- **Messaging and Policy Lag** – Healthcare stakeholders highlighted that achieving unified messaging would be challenging, and that changing clinical guidelines and public health policies is a time and resource-intensive process.

Question 4 – What strategies could enable and support healthcare professionals to recommend potassium-enriched salt to patients with hypertension?

The workshop revealed three strategies that were most frequently mentioned by participants, indicating some consensus on their importance in supporting healthcare professionals:

1. **Public Awareness Campaigns** – A targeted campaign was frequently mentioned to raise consumer awareness, clarify and reduce potential misconceptions, and generate demand. Consumers recommended developing and implementing an integrated communication strategy that details key stakeholders involved and their role, target audiences and key messages for each group, and how communication should occur. Consumers also suggested replicating methods of successful health campaigns and using mainstream media to spark curiosity and encourage individuals to seek advice from healthcare professionals. One consumer highlighted that it would be important to engage cultural leaders and influencers to ensure messages are appropriate and to increase reach.
2. **Integration into Clinical Tools and Guidelines** – Updating hypertension guidelines, position statements, and other tools and platforms, such as HealthPathways*, to include recommendation for potassium-enriched salt was seen as essential. It was suggested that healthcare professionals be supported with practical tools such as flowcharts and checklists to simplify decision-making. Specific recommendations included embedding automated prompts into electronic medical records (EMRs), using smart-text notes, and developing decision algorithms linked to patient comorbidities and laboratory data to support safe and appropriate use.

**HealthPathways is an online local health information portal to support local GPs and health professionals at the point of care. It provides locally agreed clinical decision support frameworks on how to assess and manage medical conditions, and how to appropriately refer patients to local services and specialists in the most efficient way. HealthPathways teams operate in geographically defined catchments across Australia (as well as New Zealand, the UK, and Canada) allowing for tailored content that reflects local service availability and clinical practice. The platform is developed and maintained by Streamliners, an organisation that partners with health systems to deliver consistent, evidence-based care. (For more information visit <https://www.healthpathwayscommunity.org/About>)*

3. **Patient Education Resources** – Participants emphasised the need for clear, consumer-friendly materials (e.g. leaflets and factsheets) that healthcare professionals can easily share with patients. These resources should reflect clinical guidelines in consumer-friendly language and be designed to accommodate culturally and linguistically diverse (CALD) populations and First Nations people. They should help patients understand who potassium-enriched salt is appropriate for and for who it may not be. One health professional indicated that approved resources for both healthcare providers and patients could be embedded into local HealthPathways content as a useful communication and dissemination strategy.

Additional supporting strategies included:

- **Training and professional education** – Continuous professional development and education, consistently updated with the latest evidence, was considered necessary to ensure health professionals understand how and when to recommend potassium-enriched salt to patients. Conferences and webinars were proposed as avenues to communicate research findings on the topic and reinforce best practices. HealthPathways was also identified as a valuable platform for self-directed education. Likewise incorporating into secondary and tertiary education was also proposed.
- **Evidence Building & Dissemination** – Consumers and healthcare stakeholders highlighted the need for more peer-reviewed evidence to reassure clinicians and patients of the safety and efficacy of potassium-enriched salt and to clarify for which populations it is beneficial versus those it may not be appropriate. One consumer recommended conducting a pilot program where medical practitioners would recommend a switch to potassium-enriched table salt and sodium reduced foods containing potassium-enriched salt to suitable and eligible patients. It was suggested that the pilot be implemented over six months with a carefully selected group of medical practitioners, allowing for refinement of messaging and delivery strategies based on real-world feedback.
- **Whole-of-Household Messaging** – Participants noted that most households typically use a single type of salt, meaning recommendations for potassium-enriched salt often extend beyond the individual patient, underscoring the need for clear public messaging about who potassium-enriched salt is and is not appropriate for, and for engaging families and caregivers in the decision-making process to support safe and informed household-level adoption.
- **Improving Retail Affordability and Accessibility** – Some healthcare stakeholders raised the possibility of subsidies by government or private industry to reduce cost differences or broader strategies to reduce the cost of healthy foods, potentially extending to potassium-enriched salt products. One participant suggested that in addition to consumer demand, there may be other barriers faced by retailers and producers in making potassium-enriched salt more readily available and prominently marketed. Engaging with industry to understand these barriers could support more equitable access and visibility, particularly for disadvantaged populations.
- **Ethical Collaboration with Industry** – Cooperative advertising campaigns funded by manufacturers and retailers, and industry engagement to improve public awareness of potassium-enriched salt products were recommended. However, some healthcare stakeholders raised concerns about recommending specific products (noting there are limited available products in Australia and hence risk of appearing to promote certain brands), highlighting the need for ethical and transparent supply chains and regulated health claims.

- **Standardised Potassium Labelling** – Healthcare stakeholders considered it essential to develop national standards for declaring potassium content on product labels. Clear labelling of potassium content on products containing potassium-enriched salt was considered critical to informing both those who may benefit as well as those at potential risk of hyperkalaemia, helping them to avoid excess potassium intake. Front-of-pack potassium warnings were proposed; however, another participant noted that the government has shifted away from supporting multiple front-of-pack labels, favouring the Health Star Rating as the primary endorsed approach.
- **Addressing Broader Determinants of Health** – One participant highlighted the importance of considering social, cultural, and commercial factors in hypertension management, reinforcing that potassium-enriched salt is only one tool among many.

Strategy Prioritisation

Feasibility

The strategies ranked most feasible to support and integrate potassium-enriched salt recommendation into routine hypertension management across all participants were:

1. Updating clinical guidelines to include clear recommendations for the use of potassium-enriched salt in hypertension management.
2. Providing written education materials (e.g. brochures, leaflets) targeting patients.
3. Raising awareness through public health campaigns.
4. Providing checklists and flowcharts to support healthcare professionals.
5. Provide training and education to healthcare professionals.

While some strategies were ranked highly across both consumer and healthcare stakeholders separately, there were also notable differences (Table 2). Providing written education materials to patients was ranked highest by healthcare stakeholders, however, this was not ranked within the top 5 among consumers. Instead, consumers ranked public health campaigns the second highest. However, it was clear that it was considered feasible to support healthcare professionals through updating clinical guidelines, providing checklists and flowcharts, providing training and education, and sharing research findings. It was also considered feasible to raise consumer awareness, whether through written education material or through public health awareness campaigns.

Table 2: Feasibility ranking by stakeholder group

Ranking	Healthcare Stakeholders (n=10)*	Consumer Stakeholder (n=4)
1	Written education material for consumers	Updating clinical guidelines
2	Updating clinical guidelines	Raise awareness through campaigns
3	Checklists and flowcharts to support HCPs	Conducting and sharing research among HCPs
4	Training and education for HCPs	Checklists and flowcharts to support HCPs
5	Position statements by health professional organisations	Engaging with industry for a safe and accessible supply of K-salt products

*Two healthcare stakeholders did not participate in the prioritisation activity

Impact

The strategies ranked most impactful identified by both stakeholder groups were:

1. Updating clinical guidelines to include clear recommendations for the use of potassium-enriched salt in hypertension management.
2. Raising awareness through public health campaigns.
3. Providing checklists and flowcharts to support healthcare professionals.
4. Subsidies to reduce the cost of potassium-enriched salt.
5. Provide training and education to healthcare professionals.

Both consumers and healthcare participants ranked updating guidelines as the most impactful strategy. Seventy percent of participants ranked it in their top 2 and 86% in their top 3. Raising awareness through public health campaigns was ranked second most impactful by consumers, whereas healthcare participants ranked subsidising potassium-enriched salt as the second most impactful strategy and providing checklists and flowcharts as the third most impactful strategy (Table 3).

Table 3: Impact ranking by stakeholder group

Ranking	Healthcare Stakeholders (n=10)*	Consumer Stakeholder (n=4)
1	Updating clinical guidelines	Updating clinical guidelines
2	Subsidies to reduce cost of K-salt	Raise awareness through campaigns
3	Checklists and flowcharts to support HCPs	Conducting and sharing research among HCPs
4	Training and education for HCPs	Written education material for consumers
5	Raise awareness through campaigns	Clear potassium labelling on food

*Two healthcare stakeholders did not participate in the prioritisation activity

It was evident from the prioritisation activity that a two-pronged approach is needed, one targeting healthcare professionals and another targeting patients and the general population:

1. Supporting healthcare professionals – with updated guidelines, tools (e.g. checklists, flowcharts), and access to evidence and education on potassium-enriched salt.
2. Raising consumer awareness – through both targeted patient education materials and broader public campaigns.

Discussions highlighted that some overlap between some strategies may have diluted the prioritisation. For example, one healthcare professional suggested that checklists and flowcharts to support healthcare professionals in assessing clinical suitability would typically be included in clinical guidelines. Likewise training and education for healthcare professionals could include sharing research with healthcare professionals. One participant highlighted that a sequenced implementation may be more effective than simultaneous roll-out, starting with foundational strategies (e.g. updating guidelines) followed by consumer-facing initiatives, to maximise impact.

One clinician noted that the consumer responses in this workshop may not have been representative of the general population, noting that in their clinical experience, cost is most often the primary barrier to potassium-enriched salt uptake. However, as the primary aim of this workshop was to identify strategies to support healthcare professionals in recommending potassium-enriched salt, rather than strategies to directly increase consumer uptake, subsidisation and pricing strategies, ranked as the second most impactful by healthcare stakeholders, were considered to be outside the scope of this work.

Consensus statement on priority strategies to support healthcare professionals recommend potassium-enriched salt in hypertension management

This consensus statement reflects the shared views of consumer and healthcare stakeholders on the priority strategies to support healthcare professionals recommend potassium-enriched salt in hypertension management.

Overall, the recommendation of potassium-enriched salt by healthcare professionals is supported by consumers and healthcare stakeholders across all stages of hypertension management, particularly in the prevention and early diagnosis stages, ensuring that there are routine checks for at-risk populations, such as those with chronic kidney disease.

Clinical guideline updates and decision support tools

- Updating Australian clinical guidelines is a priority to ensure that they include clear, evidence-based recommendations for the use of potassium-enriched salt in hypertension management.
- Checklists, flowcharts, and/or algorithms should be included in clinical guidelines, tools, and resources to support healthcare professionals in clinical decision-making for providing potassium-enriched salt recommendations.

Training and education for healthcare professionals

- Training and education on potassium-enriched salt should be made available and provided to healthcare professionals. This may be provided through conferences, webinars, and integration into existing training and education programs and materials related to hypertension management.
- This should focus on the latest evidence on potassium-enriched salt, its accessibility and cost, and clear guidance on when to recommend it to patients with hypertension.

Patient education and resources

- Patient education materials should be developed or potassium-enriched salt integrated into existing materials (including factsheets and brochures) and provided to healthcare professionals to assist them in recommending potassium-enriched salt to patients. These resources should be adapted to meet the needs of diverse population groups and include clear safety information for individuals at risk of hyperkalaemia, such as those with advanced chronic kidney disease or taking potassium-retaining medications.

Public awareness and advocacy

- Broader consumer awareness on potassium-enriched salt should be raised through targeted public health campaigns.
- Campaign messaging should be coordinated with existing sodium-reduction initiatives and delivered through diverse communication channels, including health clinics, pharmacies, retail venues, and digital platforms.
- Increasing public knowledge will improve consumer interest, demand, and acceptability of potassium-enriched salt recommendations by individuals with hypertension.

By embedding clear guidance in clinical practice, supporting health professional education, developing patient resources, and raising public awareness, progress towards implementing the switch to potassium-enriched salt can be achieved to reduce the burden of cardiovascular disease in Australia.

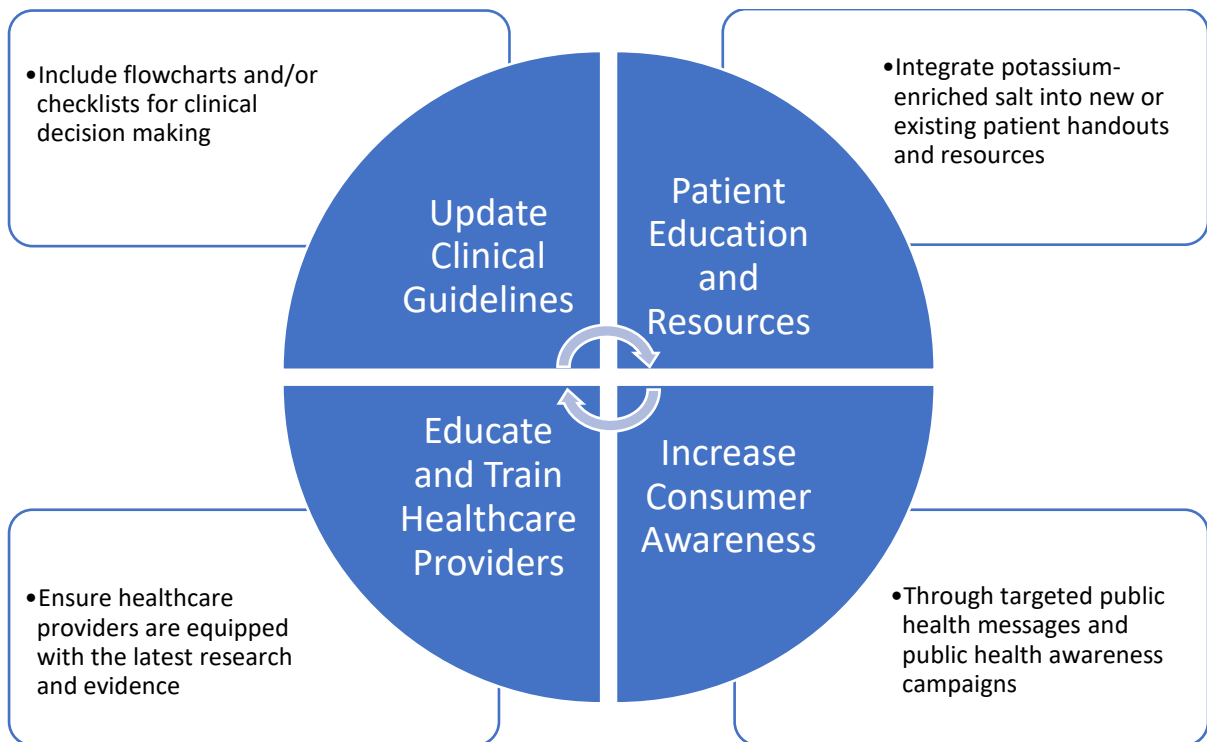


Figure 1: Priority strategies for integrating potassium-enriched salt into usual clinical practice for hypertension

Research Implications

The outputs of this workshop will inform advocacy efforts and support future funding applications to implement and evaluate the priority strategies. We plan to publish the findings of the research in a high-impact (Q1) journal and present the results at relevant national/international conferences.

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