

## 5.15 Physical Activity/Nutrition Meeting

- Habit formation in adolescence, change behaviors at that formative time because that is the key window
- Want to include sleep as part of the equation
  - CDC recommends seven hours for adults
- **Eva's research: fruits and vegetables**
  - Aim to increase not only consumption of fruits and vegetables but also nutrient-dense foods
  - Lots of focus around childhood obesity and teenagers in existing research
  - Can focus more on inner cities
  - Reduce health disparities resulting from poorer nutrition
    - This starts in childhood, keep encouraging adults to live healthier lifestyles
  - Food insecurity and food deserts
  - Program in New York for underserved populations
  - Role of schools
    - Information is out there but communication is lacking, need to improve education about nutrition
    - Language barriers, parents may not be able to read or write
    - Need reinforcement and motivation
    - Transfer that messaging into family environment and reach adults too
- **Meredith's research: sugar and sodium**
- Sodium
  - Access to healthier snack options
  - Role of schools
    - Educational component in classes
    - Better vending machines
    - Schools like to be recognized for excellence
    - Eva comments: SNAPed encourages curriculum on this, but limited success in schools to proceed with program as it takes a lot of time away from teachers
      - Need to engage with partners outside schools
      - Meetings during school hours while many parents are working
    - Available programs: Catch (CDC recommended)
    - Eva: There are some schools which we could promote as champions
  - Meredith: Encourage 2,300 mg/day of sodium
  - Surveys out there on what we eat in US show that Americans commonly consume more than 3,400 mg/day
  - Men, certain racial groups consume even more
  - Many of this higher-sodium food comes from outside the home
  - Not as much personal behaviors but a matter of the food being purchased – people adding sodium to their food is not the main problem
  - Most sodium consumed at lunch and dinner
  - Older adults tend to have higher healthy eating intake score, but sodium is their weakest link

- Not about individual behavioral change – what can we do on a larger scale?
- Create recommendations on how much should be served from certain foods
- Maybe mandate that stores carry lower-salt options
- Risks: Cardiovascular disease (risk of stroke, heart attack), hypertension, renal failure
- Education issue: People may be on medications which they expect will counteract higher sodium, meanwhile they should still be lowering their sodium intake
- Make it clear what's in it for school administrators and physicians, why they should emphasize decreasing sodium intake
- Sugar
  - Everyone's consuming way too much sugar
  - Asians tend to consume a lot less – the only exception to general overconsumption
  - Sugar tends to be consumed more away from home, like sodium
  - Mostly consumed as snacks rather than meals
  - Bulk of added sugars from sugary drinks, which most surveys consider as snacks
  - In NJ, at least 20% of residents have one of more sugary drink per day
  - Mistrust in safety of tap water, some people may want more interesting beverage over bottled water for the price they pay
- Tiffany: Physical activity
  - People getting outside more during pandemic but gyms closed
  - Financial, environmental factors creating inequity
  - Being sedentary is a separate but related issue
    - Still an increased health risk from 8 hours of sitting even if you get a good amount of exercise
    - Standing better than sitting – standing desks beneficial
  - Incorporate physical activity into your day
  - Built environment important – access to parks, streets safe for walking and biking, and other places nearby where one can go for physical activity
  - Employer role
    - In office
      - Incentive programs
      - Flexible dress codes that make moving at work easier
      - Walking clubs and similar programs
    - John: 97% of NJ employers are small businesses
      - Many corporate wellness plans are at large employers which have more opportunity for wellness initiatives
    - Tiffany: There's a lot that small businesses can do for minimal amounts or no money
    - Rebates for organizations that have these programs on insurance?
      - Meredith: Wellness program encourages employees to take part in personal health, can get check marks for categories where succeed, can get \$500 flex spending account if check all the boxes by end of the year
    - If partner with insurance companies, can work with some that have wellness programs
    - Can collaborate with a company as a starting point

- Employer is one of several important stakeholders
- Nicole asked about goals for next two weeks
  - Continue to research and refine
  - By June, have baseline starting point and more defined goals
- John will get further guidance from the Council
- In future, extend meetings to 90 minutes
- Next meeting: 5/29
  - Tiffany has a conflict from 10-12 that day
  - Convene at 12:30 instead