

*John Clymer:* Thank you. Hello, I'm John Clymer, Executive Director of the National Forum for Heart Disease and Stroke Prevention. The National Forum welcomes you to this briefing. People are wondering what they can do to protect themselves from COVID-19 besides getting vaccinated, wearing face masks, social distancing, and washing hands.

A new study provides an answer, and mayors can translate it into action in their communities. Happily, taking action will benefit people in communities in the long-term, too.

To lead today's briefing and pull back the curtain on the answer, I am pleased to introduce The Honorable Acquanetta Warren, Mayor of Fontana, California, and Chair of the Forum for Community Leaders. Mayor Warren was elected in 2010 and re-elected in 2014 and 2018. A full bio sketch for Mayor Warren and the other speakers is at [NationalForum.org](http://NationalForum.org).

Now, Mayor Warren.

*Acquanetta Warren:* Thank you so much, John, and welcome, everyone, to what I consider the beginning of a discussion that we can all take back to our respective communities. We all understand how important it is to lead, but it's even more important to be educated to do that leading, and these are the types of programs that allow us that opportunity.

Before I get started, I just wanna talk about how we in Fontana have found the success of Move with the Mayor. And moving with the mayor can also be mentally, also. That means that you are able to adapt and develop programming that allows you to work with your great public.

So, as we start this, I'd like to introduce Dr. Sallis to speak, and if I mispronounced your name, Dr. Sallis, please correct me.

*Bob Sallis:* No, that's correct.

*Acquanetta Warren:* Alright! Dr. Robert Sallis is a Board Certified Family, Medicine, and Sports Medicine Physician at the great Kaiser Permanente Fontana Medical Center. And as you probably understand by now, I'm very partial to Fontana. His primary specialty is Family Medicine, caring for patients, a Medicine fellowship training program, and he is the Team Physician for Pomona College and Los Osos High School and is past President of the American College of Sports Medicine. Dr. Sallis is the local or lead author of

a recent study in the *British Journal of Sports Medicine* that brought on to light the connection between physical inactivity and severe COVID-19 disease. He will share with us the important findings and what they tell us about how mayors can empower residents to reduce their risk of severe COVID.

And I can't wait to hear your presentation, and more importantly, can share our journey here, and Dr. Sallis, thank you.

*Bob Sallis:* Thank you very much, Mayor Warren, and John, thank you for inviting me. I'm gonna go ahead and share some slides here, if I can. Okay, where are they? Let's see, here we go. Are you able to see my slides?

*John Clymer:* Yes.

*Bob Sallis:* Okay, great. So, as Mayor Warren indicated, I'm gonna talk about a study showing that physical inactivity or a sedentary lifestyle is associated with a much higher risk for severe COVID-19 outcomes.

Throughout my career as a family medicine physician, it's just become so clear to me that people who are regularly active do so much better, they live longer, healthier, better lives. And since the beginning of the pandemic, I have been watching the literature and found very strong evidence that would suggest that doing regular exercise might improve COVID-19 outcomes, and really, even starting before the pandemic, we have multiple studies that show people who exercise regularly have better immune function, their immune system works better. We also know that when we measure certain variables, certain factors in the blood that indicate systemic inflammation, those are lower in people that exercise, and we know that this inflammatory response is central to the damage being done by COVID.

We also know that regular exercise has tremendous benefits for the cardiovascular system, for the lungs, muscle strength improves, and even more importantly, your mental health improves. All of these have been shown to be strong risk factors for COVID. We also know that regular physical activity reduces the severity and the incidents of almost all of the chronic diseases which have been proven to be risk factors for severe COVID-19 outcomes. And I define severe outcomes as being admitted to the hospital, going into the Intensive Care Unit, and going on a—being intubated and then finally dying.

So, with all this as a backdrop, this led me to really question, I wanted to compare the risks of severe COVID-19 outcomes among patients who were consistently active, meeting the physical activity guidelines, those who are doing just some activity and then comparing those to people who do virtually no regular physical activity.

Well, at Kaiser Permanente, we have used now for the past 12 or 13 years what we call an exercise vital sign. We ask every patient at every outpatient encounter about their exercise habits, and on this screen, you can see a screen shot of our electronic medical record and the exercise vital sign. You can see underneath traditional vital signs like blood pressure, pulse, respiratory rate, we have a tab for exercise vital signs, and as each patient is being roomed, the Medical Assistant asks that patient, on average, how many days a week do you do moderate to strenuous activity like a brisk walk, we click 0 through 7. The follow-on question is, on those days, on average, how many minutes do you exercise at this level. And then the computer—they click 10, 20, 30, 40, so on. The computer then multiplies those together and we get a measure of minutes per week that these patients report they are doing.

And we are looking for patients to do at least 150 minutes, that's what the U.S. Physical Activity Guidelines call for, and if they're not, they're flagged with what we call a best practice alert that we should remind that patient they're not doing the exercise they need to stay healthy.

So, what we did in this study is looked at all of our patients with a COVID diagnosis between January 1st, 2020, sort of the onset of the pandemic, and October 21st, 2020, that's when we did the data pull, and at that time, within our Kaiser Permanente system in Southern California, we had over 103,000 patients with a COVID diagnosis. I then whittled that down to hide those who had been Kaiser Permanente members for at least six months and were over the age of 18—and you can see that got us down to a little over 84,000 COVID patients.

And then I wanted to measure their consistency of exercise, so we looked at those who had at least three or more visits with an exercise vital sign. So, that whittled it down to roughly 50,000 patients. And again, we broke those down into groups who were consistently inactive, that is, they were doing less than 10 minutes a week, self-reported; those who were doing some activity, the big measure was between that and the group that would consistently come in and say, "I'm doing at least 150 minutes a week." And

then we had a group in between which was, they were sometimes maybe getting some exercise, sometimes not, but it was less than consistently being 150 minutes a week.

So, we looked at those three different groups. And you can see right off the bat, when we looked at the group that was consistently meeting guidelines—that is, their exercise vital sign said 150 minutes or more—they were about 70 percent less likely to be hospitalized compared to those who were reporting doing very little exercise, virtually no exercise, and about 80 percent less likely to die.

Now, what we did with this data, we did something called a multivariate regression analysis. And basically, I was able to take all of the risk factors that the CDC lists for severe COVID and then compare those. I was able to control for those factors, and then compare that to patients who were active compared to inactive, compared to doing no activity at all. So, you can see right away, in terms of the risk for hospitalization, the odds ratio, the risk ratio that somebody would be admitted to the hospital if they were inactive compared to active people was 2.26, meaning they were over twice as likely to be admitted to the hospital if they got COVID.

Now, it's interesting if you scroll up the other risk factors, you can see the only risk factors that are greater were being over the age of 60, and the second is having a history of an organ transplant. So, that's astounding to me that being sedentary trumps being diabetic, for instance, being obese, being a smoker, having kidney disease, having cancer, having high blood pressure. It was astounding to me that this was the biggest risk factor other than age and a history of organ transplant. And if you'll look, we also compared those who were just doing some activity to the inactive group, and you can see that even doing some activity was predictive.

And then moving on to look at death, we found the same patterns. You can see the risk of an inactive person coming in with COVID, their risk of dying compared to an active person was almost two and a half times more likely to die if you are sedentary and get COVID as that active person doing 150 minutes a week. And again, this is not highly active, this is just meeting the U.S. Physical Activity Guidelines of walking—30 minutes, 5 days a week. You can scroll up and see for dying, the only risk factors that were bigger were age, over 60, and a history of organ transplant. Now, we can't do anything about those. You can't change your age, but you can certainly modify your activity level.

And again, as we scroll through, we see, also, just doing some activity, you got some benefit. It wasn't as strong as meeting the guidelines, but you still got benefit. What I found interesting is that, when we control for the other factors, things like obesity really wasn't a risk until you got to really significant levels of obesity with a BMI over 40. If your BMI was less than 40 and you control for all these other risk factors, there was no risk of being overweight. In a similar fashion, we saw no difference in race when you control for these other factors. I think this is very good news that, you know, again, we can't modify some of these other things easily, but we can modify our physical activity levels.

So, my take home messages, the key messages from this study were that sedentary COVID patients were much more likely to be hospitalized, admitted to the Intensive Care Unit and be intubated and die than active ones were. And other than advanced age and a history of organ transplant, being sedentary was the strongest risk factor for severe COVID outcomes. And this is a risk factor that is modifiable. It was the strongest modifiable risk factor.

And again, while meeting guidelines is the best thing, doing 150 minutes, 30 minutes, 5 days of walking, that provided the most benefit, but being active even at less than guidelines resulted in reduced risk of severe COVID as well. So, doing any amounts of exercise is beneficial.

I think it's an important message that race was not a risk factor for dying when you control for physical activity and these other COVID risks, and obesity as well. You don't have to lose enormous amounts of weight. Trying to keep your BMI under 40—very important. It was only when it got above 40 that we saw a risk.

Now, in my estimation, this data strongly contrasts with our current public health mitigation strategies, and the messaging that you hear around COVID. I believe, certainly, vaccination is absolutely the most important thing we can do, masking, distancing, all those things are important. But I have not heard our leaders in public health talking about the importance of physical activity. We have got to promote this to all of our citizens, that they need to get active to try to not only reduce their risk from this pandemic, but the next pandemic.

You know, what we have seen is multiple pandemics combined, and if you look up the term syndemic, this is what we have. We

have a pandemic of physical inactivity, a pandemic of chronic disease that has collided with a pandemic of COVID-19. And this has been synergistic, and it is the result of why we see the death rates highest in countries that have the lowest physical activity levels and the highest levels of chronic disease. These are things we can change, and I am so happy that there are groups of mayors around the country like you that have the ability to change some of these things by promoting physical activity in their communities. This is really where we need to start.

So, I'm happy—I'm gonna stop sharing my screen, here. Happy to take any questions that you might have.

*Acquanetta Warren:* If anyone has any questions, you can—I think we have raised hand capability or do we wanna wait 'til after all the presentations are done?

*Bob Sallis:* John, whatever you—

*Acquanetta Warren:* Anyone have any questions? [*Cross talk*]

*John Clymer:* We can go ahead now, Mayor Warren, with questions.

*Acquanetta Warren:* Are there any questions anyone has?

*John Clymer:* Well, Dr. Sallis, this is John. I just wanna make sure that I heard you accurately. I believe I heard you say that for people who can get in 150 minutes of moderate to intense physical activity a week, that's ideal, but that any amount of activity, any increase in your activity is beneficial and protective. Is that correct?

*Bob Sallis:* That's correct. We found even with severe COVID, even doing a little bit gave you benefit. It was better than doing nothing. The goal should be guidelines and, you know, 30 minutes, 5 days a week of moderate physical activity, that would be a brisk walk. And the way to gauge moderate is, you should walk at an intensity high enough that you couldn't sing, but not so intense that you couldn't talk. You shouldn't be—you don't have to be miserable to get these benefits. It's not an unattainable amount of exercise, for the vast majority of people.

*John Clymer:* Alright. That's a really important point, thank you.

*Acquanetta Warren:* I do have a question, John, for Dr. Sallis. One of the things you talked about was what happens after 40. I think we tend to find so many people that don't even wanna know their BMI, they don't

wanna deal with it. What are your thoughts about that? Is that something that's part of a goal or a plan we should be doing with even our city programs?

*Bob Sallis:*

Yeah, you know, the BMI issue, the weight issues are so tough. And I think an important message, and we find this in study after study, if we can get overweight and obese patients to do regular exercise, most of the risks of obesity go away. That is, if you're overweight and exercise, there's not such a tremendous risk with being overweight.

I'm not saying that we don't need to emphasize the importance of a healthy diet and maintaining what we consider a healthy weight—although, really, the healthiest weights are a BMI between 25 and 30. In the overall weight range, if you look at who lives the longest, it's people in the 25 to 30 range. I think our BMI guidelines are a little too strict, and actually, some people who are really on the low side of BMI, I worry more about when they get chronic disease.

But with that said, I think putting the emphasis more on physical activity, while trying to encourage people not to gain weight, to eat as healthy as possible, those are important messages. But I don't want people to lose hope just because they don't lose weight. The benefits of exercise have nothing to do with losing weight, and even if you don't lose weight from your exercise program, you get all these benefits, including protection from COVID-19.

*Bob Sallis:*

Mayor Warren, that was a great question and such important information from Dr. Sallis. Now, I think we have about six minutes left, and I know that we want to hear what you're doing with Healthy Fontana in your city, Mayor Warren, and then you have a couple more mayors to introduce who are doing a great job of empowering people in their communities to be active. Mayor Warren?

*Acquanetta Warren:*

I'm gonna rush through real quickly, because all of our programming is on our website and we invite you to join us there, that's [www.fontana.org](http://www.fontana.org).

Now, with that said, we're operating 33 school sites for Fontana Unified and other districts where we do after school healthy exercising with our children. It represents over 3,300 students and more. We do Fontana Walks, which is a monthly program, we have 3,900 people registered for that, and we've done almost 9,000,000,000 steps. Very easy to do, and I see Mike Wright on

the line as a resource if you'd like more information on how you can start your program.

Then, on top of that, we have community gardening, on our local network, we're doing healthy cooking, and then we are the founders of the Healthy Initiative in the San Bernardino County. Healthy Fontana started with myself, my own journey; during November, '18 to now, I'm down 89 pounds. But you have to talk, but you have to show the walk. And so, our programming has been just crucial to our residents in developing standards for them for diabetes or high blood pressure. We are constantly keeping up, and we're winning, because we're really putting the information out.

So, at this time, we're gonna have a big Let's Move, you're all invited to come out here to Cali and participate in October, we can give you more details later. And see what you can do in your city. Let's Move was the result from President Obama's wife, Michelle, started it, but we kept going with it.

So, now, at this time, I have the honor of introducing Mayor Clark—wait, let me see. I'm sorry, no, let me get my notes here straight. I moved to a site, and that's when I got mixed up. Here I go. Don't give up on my John, here I am.

Okay, I'd like to introduce Mayor Breea Clark from Norman and have her talk about her situation there. She was elected as Norman's 60th Mayor in 2019, after serving the city for three years as a Ward 6 Council Member. As the youngest female to hold that position, she is committed to living arts and serving as, she also—she is committed to the model Building an Inclusive Community. She currently serves as Vice President of the Mayor's Council of Oklahoma Municipal League, and is on the Board of Directors for the Association for Central Oklahoma Governments.

Welcome, Mayor Clark.

*Breea Clark:*

Thank you so much. It's been such fun participating in this initiative, and to share what we've been doing means a lot. So, a little background on Oklahoma. We're the only city in the state participating, and we have an obesity rate of almost 67 percent. So, I was inspired to create some sort of workout activity based on what we learned about COVID, you know, as part of our tools to get out of this pandemic. I'm actually buddies with Mayor Rochester, who's been involved with the program before, and she suggested it.

And so, the events that we're doing kind of morphed into this, and so, we're doing monthly events with different activities at different locations in my community. So, hopefully, we'll have something for everyone. I partnered with a local gym to offer a free month of classes if you attend all of the Move with the Mayor sessions, and we have had a few try everything from water Zumba to disc golf, so it's been a great time. We're also doing a 5K that I've invited our Governor and Lieutenant Governor to attend, and we're very excited about that. The flag you see behind you are gonna be little race medals, so I'm hoping it'll be a tradition that we do every year. And we're also partnering with our local hospital at that event to have tents with information and one of the participants will win a free heart scan, which matches up nicely with the Forum's goals to address heart disease and stroke prevention.

And one kind of fun side effect is, as these events become more popular, we have people suggesting events to us. So, I had a tai chi instructor reach out and ask if he could be added to the calendar. So, it's not just popular, it's growing. So, it's been wonderful to get involved, and I like to lead by example, as Mayor Warren was saying, so lots of fun activities, and I'm also hoping to partner with our local schools, to steal Kim's idea, Mayor Rochester's idea of a fitness challenge that elementary school kids can try and beat the records that I set. So, she was kind enough to share that information with me, and I will be happy to share any of the information that I have that would be helpful to you.

*Acquanetta Warren:* Outstanding. Are there any questions for the great Mayor Clark? Okay, we're gonna go to Mayor Ruben Pineda. He has a record of public service that began in 1998 when he was appointed to fill a vacant seat on the City Council in West Chicago's Third Ward. He has been Mayor since 2012. He was the first Hispanic Alderman in the City of West Chicago and has now developed healthy exercise habits through his outreach to schools, Healthy West Chicago, and the Move with the Mayor Initiative.

Welcome, Mayor Pineda.

*Ruben Pineda:* Well, thank you very much, and thank you for the invitation for today and I think it's amazing. I look back, John was mentioning that I was here pretty much from the beginning with the National Forum and it's wonderful to see all these other communities that are being involved and getting involved across the country.

I'm working hard right now with the mayors in our county, DuPage County, and over the last couple of years, just putting

our—you know, bragging about our community and everything that we do here. I've been able to get at least five or six other mayors, neighboring mayors, to get involved in doing the whole Move with the Mayor programs.

We have been doing this for almost seven years now, very excited to do it. We have all kinds of events that we do. We do them all year long, and we actually hired a Coordinator, Carly Smitherton, who is on the program today, but she does a wonderful job, and she takes care of all our programs. So, we have yoga on the lawn, we have one thing that's very popular with our kids is, we have online cooking classes. We used to have them in one of our small churches here in town, and actually, that's the only good thing that COVID has brought to West Chicago, and that's, our kids have been able to do these cooking classes via Zoom, and it's just packed. And we've got chefs that are volunteering their time, teaching these kids how to cook healthy-wise, and just learning how to cook in general. I was a former chef, so I appreciate that program.

But we just had our 5K run this past weekend, and we had around 120 to 140 people that participated. It was very well attended, but it's been great. Everything that we do here, I spend a lot of time with our kids in our grade schools and we work very hand in hand with our WeGo Together for Kids, which are after school programs for our elementary schools.

We're about 51 percent Hispanic, and it was kinda hard at the beginning to try to get that half of our community to get motivated. Now, you walk—I mean, you drive around and you see more people out bike riding or walking or the families together. So, it's pretty—it's been very exciting for us, and it's been a pleasure to be able to do this for our communities.

I put Team Pineda together a few years back and we have ten 5Ks that we can walk in our community. And because of COVID, we haven't been able to walk every weekend, but every weekend for the past few years with Team Pineda, we were able to walk, 30-minute exercise and movement on Saturdays and a 5K every Sunday, pretty much all year long.

So, these programs are great. I've been excited to be a part of it for all these years, and being able to actually beat a lot of the communities when it comes to activity across the country, which is very exciting for a community of less than 30,000 people.

So, I always mention the fact that when I go to visit these kids, that's the only chance they get to be a rock star. And they are very appreciative of me visiting those schools and letting them know that you don't have to lose weight to be healthy, just keep active and keep moving and keep working with these programs, and we'll be—well, we are already known as a very healthy community. So, thank you for the opportunity to speak today.

*Acquanetta Warren:* Thank you so much, mayors. Are there any questions for Mayor Pineda? That yoga on the lawn got my attention—tell us about that.

*Ruben Pineda:* The what?

*Acquanetta Warren:* The yoga on the lawn

*Ruben Pineda:* That's at our public library here, and everybody comes out, and they actually bring their yoga mats and their yoga pants and their yoga outfits, and they exercise on the lawn right outside, in front of the library. So, it's a very, very good program.

I do wanna mention one last thing, I have an 85-year-old mother that lives with me, and she walks twice a day, so, God bless her.

*Acquanetta Warren:* Wow! That's amazing. Well, that finalizes the mayors' presentations for today. John, do you have any additional comments?

*John Clymer:* Yes, thank you, Mayor Warren, for your leadership today, and thank all three mayors, not only for speaking today, but for leading by example every day in your communities. Thanks to Dr. Sallis for sharing his study. [*Silence 28:33 – 28:58*]

You're empowering people through your examples, mayors, and it's wonderful how you are equipping people to take advantage, to take Dr. Sallis' teachings and put them into action. So, with that, I want to thank, once again, all of our speakers, and let everybody know that this briefing has been recorded and you can get more information about Move with the Mayor by contacting either Jen Childress or myself, or going to [Bit.do/MWTM](https://bit.ly/MWTM), that's on the screen right now, so you can just copy that down, [Bit.do/MWTM](https://bit.ly/MWTM).

And now, have a healthy day.

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