John Clymer: We now turn to a panel that broadens our perspective and challenges us to think more holistically about the root causes of hypertension. Becky Payne is CEO of the Rippel Foundation and she will lead this important discussion on the vital conditions for health and well-being, the essential community-level factors that shape health outcomes and life opportunities. From access to humane housing and reliable transportation to economic stability and a sense of belonging, these vital conditions influence blood pressure control in powerful and often overlooked ways.

Joining Becky are two distinguished panelists, Mayor Angie Nelson Deuitch of Michigan City, Indiana, who brings a community leaders lens to addressing hypertension at the local level, and Dr. Dan Lackland, Professor of Epidemiology at the Medical University of South Carolina and another past president of the World Hypertension League, who brings deep expertise in both clinical and public health science. This panel is going to explore how improving the vital conditions can reduce hypertension prevalence in the Stroke Belt and elsewhere and how we can design multi-solving strategies that produce wide-ranging health benefits, including lower blood pressure. Let us welcome Becky and the panel.

Becky Payne: Thank you, John, so much for welcoming us and all of our guests and for hosting this panel today. As you said, I am Becky Payne, President and CEO of the Rippel Foundation, and we are thrilled to have Mayor Angie and Dr. Lackland joining me in a discussion today about hypertension and the vital conditions for well-being. To set the stage, I am just going to share a couple of slides and orient us to a common view of what we are talking about when we are talking about the vital conditions and how hypertension fits within the context of community conditions and the conditions of our patients in the broader community context.

If you think about what does it really mean to have a thriving life, it means we are free from struggling and suffering. Many of you see patients day in and day out who are leading quite full lives. They might consider themselves thriving. But in reality, we know that most Americans report that they are not currently thriving. We see differences among race, ethnicity, not as much as you might expect in terms of disparities. I think the key feature I want to make sure we are keeping in mind is that from a society that wants to take care of each other, take care of our shared humanity, and build conditions for folks to thrive, we have never as a country reached above 60 percent of Americans thriving. Currently, we are way down around 52 percent when you aggregate the data

together. I think we would all agree that that is failure by any measure. That causes us to ask this question of how might we reach greater heights of well-being, equity, and thriving in that pursuit?

I know many in our audience and our panelists are very familiar with social determinants of health. I want to talk a little bit about shifting our mindset and how we think about actually making progress on the social determinants of health. We at Rippel with hundreds of other collaborators many years ago were very curious about how could we do more? We have made the case about social determinants of health. We have been successful in sounding the alarm. If we are honest, we have failed to make the kind of progress that would reflect the degree of resources and time and effort that we have been putting into social determinants of health. Born out of that inquiry about how could we improve our actions and really activate progress, we gathered together to ask ourselves what is needed? How are we failing to not just make the case that there is a problem, but move people to action in progressive ways that actually demonstrate the conditions we know can produce well-being?

That is how we came to the Vital Conditions for Health and Well-Being Framework. I know for those of you who have attended this series of seminars for the last couple of years, you may have been exposed to the vital conditions. Hopefully, some of you are actively using them in your communities. I want to just point out a couple of key features and then we are going to dive into discussion with our panel.

The vital conditions, there are seven of them. They represent the kind of conditions that any individual and community needs in order to support people to have the opportunity to thrive. We would certainly place hypertension and the ability to have freedom from cardiovascular disease in that category. Once you have that, we would also want you to be able to not just have treatment but also have the conditions that support you to reclaim your health, your well-being, despite the conditions you might have, and enjoy community living, connecting with others and all of the things that we know lead to thriving.

When you look at these, you see a pretty wheel. Sometimes people stop there. I want to call your attention to the right side of the slide and just point out that this is not left up to anyone's discretion. When we talk about the vital conditions, we have very measurable, benchmarkable standards for what that means, things like a

thriving natural world. If I need to get out and have exercise in order to be meeting my care continuum, then can I do that in a way that has clean air, clean water, safe routes for getting exercise? Of course, basic needs for health and safety are seen there, pointing out that this goes beyond delivery of crisis care but is about prevention and access to all the things that produce health. Humane housing, for example, meaningful work and wealth, lifelong learning, reliable transportation, and then at the heart space of this framework is belonging and civic muscle. I think this is something as we talk about mental health and social connection being at all-time lows and having parallel crises. We think about belonging and civic muscles as antidotes to those health conditions and concerns.

These all provide opportunities for us to think about. When we talk about hypertension and we are in the room with a patient, the broader community context that they are showing up in, and then returning back out to, how do we think about really making sure that those of us responsible for those conditions – mayor – and those of us responsible for counseling our patients – doctor – are also keeping in mind the role that we each can play to improve those community conditions, the investments that are being made not just by us as individuals, but by those leaders in our community being called to a standard that values producing conditions for well-being?

I am going to pause there and I am going to invite my fellow esteemed panelists to start with introducing yourselves. Then I would like for you to reflect on how strengthening vital conditions might be a viable strategy for reducing the prevalence of hypertension and support better health outcomes in your context. I will start with you. Dr. Lackland, and then we will go to you, mayor.

Dan Lackland: Great. Thank you. Dan Lackland. It is great to be here. I am an epidemiologist and a faculty member at the Medical University of the University of South Carolina. I am the past president of the World Hypertension League. Hypertension is something that just fits in my full career. I am so excited about being here with you and with Mayor Angie because I think it is essential that we be together, we be in the same room, because there is not one synergistic benefit that is here, but we complement one another. I am not sure we can do it separately.

If I look at hypertension, I look at hypertension control, and I look at the metrics that you put forward in the different categories that

you put into there that we want to address, you have something there, every piece for hypertension. One is just simply the awareness, the knowledge of the patients. If you do not know what your blood pressure is, you do not have access to getting a blood pressure measurement, but further, what does the blood pressure mean? And having this done with a valid device. Someone cannot look at me and say, "Well, you are hypertensive" or "You are not hypertensive." You have got to have that blood pressure measurement, and they are validated devices to have that blood pressure measurement.

There is a good piece that fits in exactly with having access to validated measurements, and then someone to tell you what it means. Then, as many of us know, it leads into a treatment effect. You have to have access to the treatment, being able to get it, being able to bring it in. We will talk about it more, is one of our exciting parts and that is the prevention. It is a whole lot better to prevent it. How do we prevent it? With all the things you just said: getting that exercise, not smoking, reducing your salt – which we will talk more about. All of those pieces. That is why I am so excited to be here, because here it is. We have people implementing a plan, describing what is bad. If we all work together, we can do something that I am interested in, and that is controlling blood pressure for the whole population.

Becky Payne: Thank you, Dr. Lackland. Mayor Angie, let us bring your voice into this.

Angie Deuitch: Thank you, Becky. Just to agree with Dr. Lackland, same thing. I was diagnosed with hypertension at 39 years old. The reason why I found out was I have a cousin who had a debilitating stroke at the same age. He said, "Hey, cousin, you need to go get checked." I said, "Well, I go to my appointment once a year every year." I happened to come back from visiting him and there was a lady at our local supermarket doing blood pressure screenings. Let me tell you, I did not believe anything that the screening said. She took my blood pressure and "That cannot be right. I feel fine." Then I walk over to the local pharmacy, one of the national chains, I sit down in the chair, I check my blood pressure. "That is not right." I call a friend, then I call my doctor, and he says, "You need to come in." And I was like "Okay."

From there I realized, just like everybody's story, it is about stress being super busy. I was going to school, raising kids, working two jobs, and at that time I did not even have insurance. It is one of those walking time bomb things because of not even thinking

about access or about my health because I felt fine. What I have learned, it is not just about medication; it is really about taking those steps about realizing what you do on a day-to-day basis. I am using this habit tracker right now. I am getting used to it, but taking that time at the beginning of the day just to kind of breathe and to reflect and then think about the food that I eat. Just being mayor for this first year, I have found myself just sitting at my desk all day and never leaving the office and not thinking about eating food. I am like "Okay, I have to be better." I have to be better, not only for myself, but for my family, for the residents and making sure that they understand there are better ways for us to give you access to not only medication and treatment, but outdoors and wraparound services and things of that nature.

My goal is really that holistic approach to our residents. The healthier they are, the more able they are able to not only volunteer, join a board, assist others, it really is like a trickle-down effect that can impact everybody in the city. From personal experience, I am that walking example of not even knowing, but someone was at a grocery store doing blood pressure screenings and that is how I found out.

Becky Payne: Thank you. I will just share from where I sit in our vantage point looking across the country. We see a number of communities that are starting to step back and say this and many other conditions that are really causing harm to the community, to the residents in our community, to our workforce, to our economic viability, these are things that are preventable and yet here we are. They are starting to come together to have honest conversations about the ways that what we have been doing are not delivering the desired benefit. That is really pushing people to not to stop caring about prevention, but to acknowledge that it alone is not sufficient and that there really need to be these partnerships. Dr. Lackland, like you said, having all of us in conversation is a good role model for that.

What I wake up every day thinking about in our rule is designing systems. Redesigning systems and really transforming systems, not just making sort of fractional changes around the edges of already transactional and unjust systems where we have huge disparities. I wonder if you could help me reflect a little bit about this notion we talk about called multi-solving. I am going to sketch a little bit about what that is and then invite you in your respective roles to think about that. When we talk about multi-solving, we talk about the elegance of an intervention that is maybe primarily designed to hit one aim, but because we have been thoughtful about the

connection it has to other potential sectors or other potential issues that an individual might be facing, you can design it in a way through partnership that actually lets you offer more co-benefits than in a narrow kind of program delivery mindset.

When we talk about that, that is one way that we get out of a scarcity mindset, that we always need more money and new programs, but we actually start to leverage and be more efficient with the assets at our disposal. Mayor Angie, I love that you brought in this idea that as people feel better they can start engaging in their community, they can start volunteering. That is what we think about when we talk about going from scarcity to abundance, that our budgets a fixed pie and today perhaps a shrinking pie, unfortunately, but that is reality. In that reality, the place we can turn to look for untrapping more assets is the power of people in our communities and joining in communities.

If you could think a little bit about those vital conditions, those conditions that we know impact whether or not you are able to do all of the things you described and needing to take care of yourself and others needing to take care of themselves, and thinking about this idea of multi-solving, Generating multiple benefits not limited to hypertension but going beyond, I wonder if you could share a few of the things that you see, bright spots where you see that happening? Mayor, I am going to start with you because as a native of Michigan myself, I know you have a beautiful lake shore. You have many outdoor assets, even in the winter. You have spoken about a few of those in the past. Why do you not talk a little bit about multi-solving first.

Angie Deuitch: What I will say is one of the things that I learned in going through this process to be here today is that I knew a lot about social determinants of health but not really anything about vital conditions of health and well-being and what that continuum and what that looks like is what I try to do every day. That is actually my job, is providing reliable transportation, making sure our residents are educated and learning new skills, making sure that they belong to boards and commissions and are volunteering, making sure they have safe housing, all those basic needs. I love the fact that this is the kind of the transition of action. A lot of the new programs – we are doing the Move with the Mayor®. We are kicking that off in a couple weeks. Now, that is new. I tell everybody "The mayor needs to lose a little weight as well and learn how to eat healthier."

That is just one of the programs. The Move with the Mayor® program is really engaging community members that focus on health and wellness. We have a new taekwondo studio. We have a person that owns their own gym. We have someone who does step aerobics, someone who does line dancing. We are trying to bring all those cultural things to the table. Also, we are having speakers who are professionals. We have doctors. We have people doing screenings. Then we have giveaways. We have things for young people. Then we are at different parks in Michigan City.

We are trying to create this comprehensive thing that is a fun thing. Even though we know what we are really trying to do, we want people to be screened, we want to teach them about hypertension, but we want it to be fun and engaging. We are looking at doing some neighborhood cleanups and trying to figure out how to piggyback that with this program as well. When I think about it from that lens and that multi-solving way, it is like "Okay, how can I engage different departments within the city as far as our employees, different boards and commissions, like our sustainability commission, to really be a part of this so that residents feel engaged but also feel empowered?" I think that is really truly what we are trying to promote, getting people outdoors, but also teaching them about the city and the services as well and also getting them screened. We are looking at all of those approaches because, again, the more they know about what we are trying to do and what we can offer them and the more that they can learn about their health, I think the better.

Becky Payne: That is wonderful. You wove in lessons in multi-solving and you also really anchored in, like I said, the heart space of the whole framework because all of those events, bringing in local residents, honoring culture, getting them engaged and volunteering, that helps build belonging and it gives them outlets for civic engagement. Civic engagement is not just voting. It is all the things that you described. We know from recent data that many people feel like they do not belong. They are hungry to participate and join but they feel like they lack opportunities. I just want to lift up that all the things you described. Beautiful multi solvers and really leaning into the heart space of belonging and civic muscle, which we call the superpower of building momentum.

Angie Deuitch: Yes.

Becky Payne: Thank you for that. Dr. Lackland, let me ask you a slightly different question. In thinking about the vital conditions, how do you think about opportunities for us to change conditions that

would improve blood pressure management in the Stroke Belt? I am coming to you from Atlanta now, and have worked in Louisiana so I'm very familiar with the Stroke Belt. Stroke Belt specifically, but also other regions with high hypertension prevalence.

Dan Lackland: It is a wonderful question. It does fit so very nicely in allowing me to focus on the blood pressure side of it. The first piece, I would like to go back to your earlier comment about money and how do we do this? If we really look at blood pressure and we consider hypertension now and elevated blood pressure, we are really looking at 50 percent of the adult population in the United States. There is no possible way we can put enough money to this and control blood pressure. We have got to have this working together and collaboration that you have just described that addresses these different pieces.

Blood pressure is something, though, that we can deal with. We know that we can treat blood pressure. Every study has shown we can treat and control everybody's blood pressure. There are very, very, very few handfuls of situations where we cannot control the blood pressure. In reality, we control less than 50 percent of the people with elevated blood pressure. Why is that the case? I think it is here. We have not implemented the strategies that we have that we brought in, as you described.

If Mayor Angie will allow me to focus back to her, that was a beautiful example. She went to a local drug store and had her blood pressure measured. One of the pieces that is very cost-effective is getting your blood pressure measured with a valid device and everybody getting their blood pressure measured. When we go to the social determinants of health and we look at the different demographics in the population, the South is notorious in this piece. If you ask that question "Do you know what your blood pressure is?" the number of people that do not know what their blood pressure is – unlike weight, like we can all look at somebody and say, "That person might need to lose a little bit of weight." We have some scales and we can confirm it. But with blood pressure, it is not that way. You cannot look at somebody. You need to have that blood pressure measurement.

In one sense, the population knows their weight and they are able to calculate their body mass index and subsequently there, there is no reason why we cannot have the same thing. Some of that might be access to out-of-clinic blood pressure measurement. Like, maybe we would measure blood pressure with the same level of

enthusiasm that we know our weight so that at any one given time everybody can pick it up. As Mayor Angie said, with some of the strategies, and I know Rippel does this too, lots of blood pressure measurements, health fairs and screenings where we are taking the blood pressure. I am amazed and I know both of you are as well, we always find those people that did not know they had the high blood pressure. They did not know it was there. Now that next piece is getting us into that realm.

The other aspect that we have spoken about is in the prevention side of it. As going specifically to the Stroke Belt, to the southeastern portion of the United States, and to show you the magnitude of it, we did some work a while back several years ago looking at nativity, not necessarily Christmastime, but in this case, where were you born? Did it matter where you were born and your risk of having a stroke? If you were born in the southeastern portion of the United States, your risk of a stroke was nearly twice as good as not being born in the Southeast. More alarming, if you were not born in the in the Southeast but you are living in the Southeast, your risk of a stroke was nearly half of what it was. That was true for Caucasians. It was true for African Americans. Being born – well, clearly it is not being born. That is just silly. But what it is are those lifestyle habits that we all pick up and adopt and deal with that we do in our early ages.

We have done some subsequent work, and it is those formidable years from zero to 20 years of age. If you are in the record industry, in the music industry, they call it the 20 rule, meaning the music you listen to at 20 years of age is the music you listen to at 70 years of age. I can myself testify to that. Those habits that I had when I was 20 I maintained throughout my life: foods, adding salt to my food, eating a high-fat diet, sitting around, all of these pieces kind of fit into there.

We have got to have these activities together. When I see Mayor Angie telling me "You really need to get – I do not care how old you are or anything else about you, you need to get some exercise, and this is what you need to do," I am going to look at this. I will say I cannot go anywhere without hearing somebody tell me that my lifestyle is going to affect where my life is going to be. I think that is one of the pieces. We identify these areas of high risk, but really the things that we implement are good for everybody and every segment of the population and putting that together. One, making sure that the awareness is there and then making sure we can adapt the environment to fit the activity and what we want to do to make sure that we can control the blood pressure. Because

you are right, 100 percent. There is no way we are going to throw enough money at a condition like hypertension and wipe it out. It is impossible.

Becky Payne: Yeah.

Angie Deuitch: Can I add something to that?

Becky Payne: Yes, please, Mayor.

Angie Deuitch: Dr. Lackland made me think of something. We were talking about athletics and children and youth sports and how competitive it has become and how they have shut down a lot of walkable schools, and so there are not as many schools, so the youth do not have as many activities. I think about that because I am like "We have to fill a gap to get families still involved in getting their students engaged and their youth engaged." Our Parks Department, we are adding all these new programs because there just are not enough slots for youth to participate in schools anymore. It made me think about how do we keep getting them more and more engaged without there being a cost? That is kind of where we are. Whether it is a nonprofit organization doing it or the city, I think we have to become more and more creative to keep younger people – like you said, by 20, you are set. If we do not have them doing anything by 20, we get into this mindset of in front of the TV, in front of gaming and all of those different things. That has really been something strategic that we are looking at, is how do we get more and more families involved in activities?

Dan Lackland: Great.

Becky Payne: I really appreciate you bringing that in. I think I recently spent some time with partners in the greater Cincinnati area and had their staff, which is multi-generational, multicultural, reflecting on kind of their experience in their community and what they want and need out of thriving. I think one of the things we continue to see both in polling data but also in those – as I travel around the country is hearing from young adults who had a very particular experience coming through the pandemic at the age and stage that they were. They look around and say, "I want to know my neighbors. I want to be able to engage and bump into people but I do not see that happening." We have so quickly forgotten and lost that muscle that that is what it used to be like, that you used to carry in the garbage can for your neighbor when they were out of town, and you used to spend time at the mailbox when you were all out there, or walk to events, whether it is parks or restaurants if

you are so lucky. In rural areas, having grown up in a slightly rural area, just taking off and being gone all day. The things that kind of design and those conditions afford you in terms of health and well-being and social connection.

I wonder if we could spend just another minute, Mayor Angie, you mentioned when you think about the vital conditions they really reflect your job. I think that is so true. It sounds so simple. And yet, you do have and carry that responsibility and that mission. These are conditions that are way beyond only the purview of government. And I do not know that any of us on this panel are suggesting that we can harm-and-risk-reduce our way out of any of the health crises that we are facing. That really places the burden unfairly and squarely on individuals. You have both eloquently described kind of the difference that individuals have to navigate depending on where they are and what is available to them.

That over-emphasis on harm and risk reduction does end up producing a societal impact that we all have to carry the burden of. It becomes a very circular argument of more crisis response versus investing in the things that would really create more equitable fair and life-giving conditions. Again, we refer to those as the vital conditions. Mayor Angie, when you step back and think about all of those conditions, what you beautifully own as your job, but also how you think about the partners available to you in your community, be they business leaders or residents, how do you think about engaging in those conversations and starting to build coalition to build will to invest in these conditions?

Angie Deuitch: Last year was my first year in office and we had a charitable gala and that all that money went to youth organizations. The reason for that, I felt like there was an opportunity before the summertime hit to reduce violence. Violence is a key thing. Having a safe neighborhood, walk in the neighborhood, and what better way to do that than getting people to donate and sponsor an event that makes everybody feel good, but also it benefited over 25 organizations. We just came off of our second one, which is benefiting neighborhoods. This year, our focus is really on beautification, urban gardens, arts in the park, things of that nature. I am really trying to figure out how to engage people, bring people together, because COVID showed us something. My kids are between the ages of 24 and 31, and one was in college and just that loneliness piece of it, being disconnected. I watched her and I watched our family members and even myself working from home and never meeting some of my employees that were in other states because I took a new position. It felt depressing.

How do you flip the switch? I think this has been an opportunity for me. I saw it that way. I said, "What can we do differently to get people more involved?" We have been hosting town halls and having people sign up for boards and commissions who never thought they could serve on a board. Now we have two task forces that are starting. One is called "Trash and beautification." Kind of an opposite, but nonetheless the same. We have a task force on opioids. We are really getting people who have a passion for things involved, but then asking, I have no problem asking for money, asking our local companies to participate and saying, "Hey, you have a vested interest in our workforce, so you should have a vested interest in our families." It has been working.

We just raised $145,000.00 for a neighborhood initiative. We are a smaller city, but I think people see the benefit and it is going to take not just money from the government or whatever that is for budgets, but it is going to take people. I think allowing people the opportunity to participate has been the biggest. I think people just wanted to be asked. I think we have not asked before. I look at it, and they said, "Well, nobody has ever asked me to do that." I think that is half the battle. It is just people want to belong, but they feel like "I do not have the qualifications" or "I have never been on a board. I do not want to feel like I do not have the ability." I am telling them "Your passion is enough. We can help you learn about the rest of the stuff."

That is really what it has been. It is just truly having those conversations with individuals, with organizations, using the radio and social media and these town halls to really engage people. This is the first time – we have so many new people on our boards and commissions now. I think we are just going to continue growing that.

Becky Payne: That is great. I think you are demonstrating one of the things that we have validated through lots of studies and modeling and anecdotal stories, is you are kind of keeping in mind the risk, the harms – you mentioned opioid, you mentioned crime – and yet you are calling people in with hope and opportunity to participate, and that the task before us is achievable. That is such an important role model that you are lifting up for our listeners, that we are really good at pounding the problems into people.

Angie Deuitch: Yes.

Becky Payne: We know as much as that is our instinct because we have been trained that way through medical school, through public health school, through public policy school, it is so demoralizing to people and dehumanizing to people. Your approach to bringing people together to celebrate and invest and do something that is giving back to youth and neighborhoods gives them that hopeful future orientation that we at Rippel always love to see. I wanted to call that out because it is not just nice and window dressing; it is very much an evidence-based approach to bringing people and calling them in to a higher purpose. Thank you for that.

Angie Deuitch: Thank you because what I have found too is some of the – and I do not call them complainers. I call them opportunity makers because I had someone call in a couple of things now. I call that individual, I call him to bounce things off of him now because he had some very valid points. Letting people be heard and being recognized and saying, "Hey, I can use your input on this because you have some valid points" and not letting it just grow into a negative thing, but flipping it and using that person to help create the solution.

Becky Payne: I love that. I love that. Dr. Lackland, I do want to give you an opportunity because I know you have very important and insightful thoughts about strategies that we might be able to use to lower salt consumption. I want to make sure you get a chance to talk to us about that. Maybe if you have some bright spot examples given where we just ended in that exchange, that would be great.

Dan Lackland: Absolutely. I think one piece in addition to the salt is the blood pressure measurement. As technology has come up, knowing your blood pressure at a given time is so very important. That is knowledge and that is an understanding of blood pressure and getting that validated measurement. Like Mayor Angie said, that you get that and now you can do something with it. With the devices that are out right now that are validated that are very, very cost-effective, if you want to say what would help, it is to get the blood pressure devices in the hands of individuals. The skill level now versus in my day it was you had to listen and be able to hear and all of that and noise. Today the skill level is can you punch a button? Just one button, as a matter of fact, that will give you that accurate measurement.

Now imagine I am measuring my blood pressure all the time and I am sharing with my health care provider my blood pressure measurement at a better environment. When I go to the clinic, my blood pressure goes up. I do not know how you all are. I am a classic white coat, hypertensive, even though I am sitting with

people that are my dearest friends. It is that. If I am at home, that is the blood pressure you want to know. We are able to do that. I think with technology as it moves forward, I see us one day of having this for all people to have access to good, validated blood pressure devices, but more importantly, the patient's knowledge of what those blood pressure values need.

If you talk about hypertension, you have got to talk about salt. And we have known this going back to the Stroke Belt. This is in the South, you used to preserve your meats in particular with salt, which is why you have country hams, some people, whatever, it is going to be that are so salty. Our environment was filled with salt. The Southern diet, like many other populations, is a very high salt diet, and particularly this piece. You acquire a taste for salt. We have that kind of salt. The debate on the side – and this is a little bit of my view and my editorial – the debate that some will bring in as what is that minimum amount of salt that you need? And people say, "Oh, you need salt to live." Yes, you do. There is no segment of our population in the world that takes anywhere near the minimum salt intake. We are magnitudes above it with our salts. We get our salt from processed foods, and in this kind of state, we do not – at least in the United States and in the South, we get a little bit from adding salt to the cooking, but not very much. Other segments of the global population, they add salt to their food, and we have talked to them about cooking. Ours is more of the processed foods and those foods that you get into a restaurant.

You will say, "Well, maybe you should learn to read a label." Okay. Maybe we should. I feel like I can read a label. An example I will give you is I enjoy a chicken pot pie. I do not know whether that is good or bad, but I enjoy the chicken pot pie. If you look at the chicken pot pie, and it will say "700 milligrams of sodium," I say, "Okay, that is pretty good. That is beneath the 2000 milligrams that I would think." What I have failed to do for you is to look at the number of servings. That is 700 milligrams in one serving. Rhe servings can sometimes be labeled that would be very, very small. I always say maybe for a very, very small child, but not for an adult. The serving is not there.

I think the issue is we consume more salt because we do not know how much salt we are actually consuming. What happens from that standpoint, we come back into our healthcare provider, and who will ask "Are you eating much salt? You are hypertensive. Are you eating much salt?" I say, "No, I am not eating hardly any salt. I do not add salt in my food. I am not eating very much salt." In reality, I am eating a lot. What I do is I maybe get now overtreated

because he or she is thinking I am not eating as much salt and it is in that part.

I think this is an opportunity for us to improve awareness among the population, but more so that I am excited about what we have here. Where do we get our salt from processed foods from other groups? If we just want to live in a silo and scream and holler about how much salt is out there, we are not going to solve the problem. That is what we have been doing. What we need to do is to work, collaborate with industry, with restaurants and stuff such that we describe a meal that the person, the consumer understands what they are consuming and building this in. Plus, we can show the advantage to restaurants, to providers and show a low salt diet keeps your customers healthy, allows them to come back and keeps them on a more healthy part and showing this – again, that is why I am so excited about this particular program that we are doing now and us working together because this is the way that we can fix the salt problem: working together, lowering that part, and properly labeling so that everyone kind of understands.

Becky Payne: Thank you. We are almost at time, so I am going to try to wrap us up and then invite each of you to say just one quick thing that you want each of our participants to walk away and think about doing tomorrow as a takeaway. I am going to say thank you to my panelists. Thank you for helping us lift up opportunities to improve hypertension at a community level, thinking about the vital conditions and really the important role belonging and civic muscle play in that. Dr. Lackland, I am guessing you are going to suggest that everybody should know their number and know what it means. I am going to bridge that into belonging and civic muscle and ask everyone to also know their loved ones' numbers and their neighbor maybe who does not have somebody checking in on them all the time. Dr Angie, I am going to give you the last word. If you could offer one actionable thing that folks could do to help improve conditions in their community tomorrow. What would that be?

Angie Deuitch: It would be to get checked. I mean, get checked and be more active, whether it is walking outside for five minutes, walking inside for five minutes, doing arm wrestling with yourself if you have to, whatever the fun might be. Do something fun that makes it active and makes you feel good about what you are doing.

Becky Payne: Thank you both so much. I really enjoyed being able to talk to you.

Angie Deuitch: Thank you.

John Clymer: All right, great panel. Thank you, Ms. Payne, Mayor Nelson Deuitch, and Dr. Lackland for an exciting and thought-provoking discussion. You have helped us see that blood pressure control is not just a clinical issue; it is deeply connected to the environments we live in, the opportunities we have, and the conditions we navigate each day. By strengthening the vital conditions for health and well-being, Becky Payne, we not only improve blood pressure management but also advanced fairness and unlock broader benefits for the community, for actually communities across the country.

We now invite you all to continue the conversation in this question and answer session. This is a chance for meeting participants to ask questions, share reflections, and explore how the vital conditions framework can be applied in your own work. A reminder to please use the Q&A feature in Zoom to submit your questions. We will do our best to address as many as time allows. We already have some great questions that people have submitted. I would like to begin with a question from Jenice Hall. I hope I am pronouncing your name correctly. Jenice is asking Mayor Angie what you have seen work well to get younger people active in the community.

Angie Deuitch: Good afternoon. I will say that you have got to find young people, to engage young people. There are so many different organizations that do this kind of work and so they need funding, of course, but they also need location. They need space. We are blessed to be on the lakefront and to have a lot of parks. That is why it is really important to try to identify those organizations and a broad, vast group of organizations because we have anywhere from gaming to droning to sports and athletics to double Dutch jumping. I mean, there are organizations all over. I think they see me as the cool mayor, I hope, because I know how to double Dutch. I just think me being engaged, it shows that "Hey, I am connected," but also that I am trying to embrace younger people to do the good work and to keep them healthy and active.

John Clymer: All right. Thank you. Lanais Gilmore asks a great question. "Patterns of access to capital means that entrepreneurs and business owners with less capital are often attracted to low threshold startups like liquor stores and convenience stores or even smoke shops. It would be great to hear Mayor Deuitch talk about her vision for community investment for a healthy environment." Becky Payne, I would like for you to comment on that as well. Your honor?

Angie Deuitch: Yes. I am in my second year as mayor. I was on the city council prior to this. One area where I grew up actually has the liquor stores, has the pawn shops, has all those different things that we are talking about. Prior to me joining, we implemented an opportunity for some funding through our redevelopment commission where we could provide some facade grants and some other things because there were no tools in place to allow businesses to thrive there. We ended up with the low threshold, like you say, those cheap parking lot, car lots and things like that. That was one thing.

The second thing is beautification and neighborhood groups. We were able to use our American rescue dollars. I asked the council last year right when I became the mayor to set aside some funds for beautification but also to establish new neighborhood groups. I think the more that you have engaged neighbors, the more they will push back on certain types of businesses coming into their area. We had not had that. We provided funding to our established neighborhood groups but we also set aside money to establish new ones. I think that is important.

Also, we are in our second class of our Neighborhood Leadership Academy. We just graduated our first class and basically we are finding individuals from throughout the city and each of the neighborhoods to learn about city services and things we can do better. I think all of these things are kind of wraparounds to kind of figure out how do we elevate areas that have been disinvested. That is really through people and having a voice. Those are the things that we are working on. Pretty much it is beautification neighborhood groups because there was no voice and that is how you end up with liquor stores, pawn shops all in one area with no grocery store with healthy food.

John Clymer: All right, thank you, Mayor Deuitch. Becky?

Becky Payne: Wonderful to see you all again. I will echo what Mayor Angie shared and validate that that is absolutely what we see in communities across the country. What she is speaking to is investments in belonging and civic muscle. We go back to that. I will also come at it from the business, the small business standpoint. If you have capacity and networks to be able to engage community members so that business leaders can hear what kind of businesses do you want in your community, then you can connect entrepreneurs and folks who are also of that community who are trying to invest in their backyard and trying to frankly trap those assets, which is a good thing in the economic structure of their

community. You need to help them have access to the kind of market analysis that most small businesses do not have. Connect them with other entrepreneurs, business mentors, community leaders who can help them understand how to get a business off the ground that is responsive to what the communities needs are. If you are responding to needs, you are going to have economic viability. As the mayor said, what we find is when those community voices are brought in, they know what they need and what they want and what they can support with their dollars. Then you have more stability and an economic core in a community. You do not have as much turnover of those businesses because they are actually providing those services.

You cannot underestimate the bright ideas and the sparks of innovation and small business that can come from hearing from community members the kinds of problems that they would like for their business community to help solve. You may spark a whole new line of entrepreneurship, small business owners, who simply also need some help to be connected, yes, to economic assets but also to the mentorship and the knowhow to do that community voice-driven market analysis and meet those needs.

The other thing I will say is I think that this comes down to – and we have seen in other communities across the country, Fox Cities is a region in rural Wisconsin who started using the vital conditions because they were looking at the shrinking and the drying up of their economic development in their community. They said, "Let us really understand what the community wants." They ended up deciding "We need to invest in belonging first and foremost because we were losing talent. We were losing businesses." They were an old industrial core that was not a viable future for them. Once they started investing in belonging, they realized the talent they had in community members who previously did not feel like they could contribute, and they have started a whole new economic engine in their community by engaging the health sector, the mayors, the county commissions in that region. It started with an investment in listening and an investment in belonging and civic muscle, and now a whole new economic engine that is keeping and retaining the talent that they are growing through their education system.

John Clymer: Wow. Thank you, Becky. By the way, a quick program announcement here or program note, we have a late addition to the program for this meeting. Please stay with us for a conversation that I will be having shortly with the newly appointed acting chief of staff and senior advisor to the US surgeon general, Dr.

Stephanie Haridopolos. I am excited to have that conversation. We will be talking about how MAHA ties into raising the priority on hypertension control and on improving cardiovascular and metabolic health. Please stay tuned for that.

Now, Dan, I know there is a heck of a storm going on outside your windows there in Charleston right now, so I am hoping your power stays on. A few minutes ago, you were talking about the problems with nutrition labels and how that is a challenge for people who are trying to eat healthy and particularly keep sodium down. Is technology going to solve this problem for us? I have read recently that many consumers are turning to apps such as Yuka to obtain nutritional information as they make up their grocery list or at they are shopping. Is that going to solve it for us or is there more that we need to do?

Dan Lackland: I think it is a wonderful question. This is a wonderful panel and I am learning so much. I think it has got to be simple. I am going to be very optimistic. I think we can get there. Now, if it is reading labels, you are trying to teach an old guy like me to read labels and I am getting screwed up and I am eating a lot of salt and I am eating a lot of calories.

John Clymer: Those pot pies.

Dan Lackland: That is right. But technology is so great now, apps, as you just mentioned, other aspects of it that I can now do. Maybe let AI come into me and now kind of read the label for me and help me. The most important thing is I need to understand. I do not want to just wallow out in ignorance and not understand exactly what I am consuming, particularly with things like salt. I need to understand. There are a lot of different mechanisms that are going to help us do that. And when I do understand, I now know if I am taking in and adjusting it. To give you an example that we see, it is not hypertension but more so in the diabetes world, boy, think of how you are doing those measurements. Most people with diabetes that are monitoring their blood sugar, they know what they can eat. They know what products are there. I think there are some wonderful models that are there. Technology is going to help. I think keeping with the theme that we brought in all the way, we can do this with a very cost-effective approach.

John Clymer: All right, thank you. We have more great questions that have been posed, and I would love to take the next half hour with you all to cover them. Unfortunately, we have reached the point where we need to transition. Let me thank Becky Payne for a great job of

leading this panel, as well as your contributions and your leadership. Mayor Angie Nelson Deuitch of Michigan City, and Dan Lackland, world famous in hypertension control, we are grateful for a very interesting and meaty panel. Thank you for giving us a lot to think about and act on.

[End of Audio]