Brenda Blunt:

So then we talk about serving sizes. The serving sizes are not realistic. We all know that. If you look at a bag of chips, whatever that serving size says is not the serving size you're going to eat, right? But it's like that with almost all the foods. If you actually look at the serving size and weigh it out, that's not what you're eating. Cereal, cereal's always driven me crazy. Cereal and ice cream. I'm like, "You think there's four servings in this pint of ice cream? Are you crazy?"

Speaker 2:

You're listening to Further Together, the ORAU podcast, join Michael Holtz and his guest for conversations about all things ORAU. They'll talk about ORAU's storied history, our impact on an ever-changing world, our innovative, scientific and technical solutions for our customers, and our commitment to the communities where we do business. Welcome to Further Together, the ORAU podcast.

Michael Holtz:

Welcome to Further together the ORAU podcast. As always, it is me, your host, Michael Holtz from the Communications and Marketing Department at ORAU. And I'm really excited about this episode. We have so much to talk about. Matthew Underwood, thank you for co-hosting this episode with me, 'cause it's a lot. And we sort of know where we're going with this conversation, but we also know we could go anywhere. How are you, sir?

Matthew Underwood:

Good, Michael. And like you said, I'm super excited about this conversation. The world is changing, as we all know, things are headed in different directions, but I'm super excited to talk about a topic that so many people are interested about, and hopefully we can interest some people along the way in this conversation.

Michael Holtz:

Awesome. Well, I am super excited to have, I think we can call Brenda Blunt friend of the show at this point, 'cause we've had a couple of conversations on the pod together. So Brenda Blunt, friend of the show, senior director of health policy at ORAU. And we're talking about some big issues, a bit of a change in maybe mindset, perception, direction, whatever choice of words we want to use at the federal government when it comes to focus on health. And this is a huge, huge area of interest I know for you, Brenda. So at the risk of sort of putting you on the spot, I wanted to start with the question, why do you care about this? Why is this important to you?

Brenda Blunt:

So, I have a deep passion around health and healthcare and anybody who has spent any time talking to me about my personal interests will hear these soap boxes. And so I'm very excited to see the movement really start to get national attention. So, as a background, I am a mom, I'm a grandmother, I am a wife, I am a nurse, I have a primal health coach certification, I have been a farmer, I'm a policy wonk. And all of those roles together, make health so important to me.

And really have educated me on the interrelatedness of how we live our lives, how that's directly connected to our own health and wellness, and what we expose ourselves to, whether it be what we eat, whether it be toxins in the air, whether it's water. There's been stories over the years about lead and municipal water sources or contamination from other things, whether it's what do we put on our skin, what's in the lotions that we use, what's in cosmetics that we use, what's in the medications that we take or put on our skin, all of these things impact our bodies and our health.

And we fundamentally have to be stewards of the body that we have, as well as the land that we are on, the people that are around us. So to me, it becomes a fundamental basis for how we live life. And as I think about, I've cared for some of the most vulnerable patients, whether it was when I was in the neonatal intensive care unit, taking care of the tiniest babies, to when I did palliative care and hospice, whether it was with geriatric patients, or I really focused on caring for those pediatric patients that needed to be in hospice. A lot of Medicaid patients, and then a lot of my policy work was in Medicaid. I've really looked at these very vulnerable populations and their families.

So it's not always just the patient that we're caring for, but it's the families, and we are all interconnected. So the health of one person impacts the health of another person. And there's so many things that are within our control. There are diagnoses that are outside of our control, we cannot control. But when we talk about what we're seeing nationally now and the conversation that we're going to get into, we are focused on what are those chronic diseases that we can have an impact on by some choices that we make in our life?

And it's not to blame. It's not to cause shame. It's about starting the conversation of where we have personal responsibility, or should be empowered to make different choices, how nationally and at the policy level we can really impact those things that we get exposed to, and how do we bridge those, and how do we educate, and how do we get to a better place? That's the conversation that we need to have. And it's so important.

And I love to see people who make lifestyle changes, and they start small and then all of a sudden their health is better. They're like, "You know what? I feel better." And then they want to do something else. They add in another change. And sometimes it's a devastating diagnosis that we get that forces us to start those changes and look at it. And so through my career, it started when I was in nursing school, that I started thinking and asking questions like, "Why would this be good for somebody?"

And then I had my own health journey, and didn't want to be become a victim to the slew of pharmaceuticals that everybody wanted to give me as the answer. I was like, "There has to be a better way." So I did my own research and found little bits and pieces of research that had been done that said, "Artificial sweeteners caused these things. Introducing more movement in your day can help with pain doing this." So finding those things and then thinking, "Wow, if I have control over that and can minimize my dependence on pharmaceuticals, or how many days I'm not going to be enjoying my life, why wouldn't I? And hopefully we'll get to this too, it's not to say that that's easy.

Michael Holtz:

Sure, sure.

Brenda Blunt:

Very much some of these are the harder options, but they are the healthier options. So when we look at diagnoses like cancer, there are genetic predispositions for certain cancers. There are other cancers that we know, fundamentally, you get because of exposures, whether it's exposures to chemicals in food exposures to the toxins through smoking. There's a lot of things that we know impact your likelihood of getting some of these diseases.

So, on a personal level, and because I care about people, since I was a nurse, it's about I want people to feel better. I want people to enjoy life to the fullest, whatever that is for them. On a national level, we want to be a healthy nation. We want to be a strong nation. When you look at our military, there are certain physical requirements. Right now, there is an epidemic that people would not qualify for the military today, we should fix that. That's a national security issue. There's a funding issue, there's a financial cost to all of these things.

And those are the levels people don't like to talk about, but it's part of the conversation, and it's part of, fundamentally, I want people to be healthier. As a nation, we want our people to be healthy and have great lives, but we also have to think about the other things that it takes to run a nation and how our people impact that.

So, I have taught classes and communities to help people make better choices because they just don't know the choices to make. You go to the doctor and this is part of the issue, "Well, you need to lose weight." And then they send you home and you don't have any idea where to start. And if you do a Google search, you're going to get 50 different ways that you should lose weight, and not have any idea how it relates to your life or how to do it, or support or any of those things.

So as you really start to get down that path, then you start to look at food when you get to a starting point, and you start to look at the differences in processed foods, ultra processed foods, the differences between meat raised by a regenerative agriculture farmer and the meat raised on a feedlot. The composition of the fats and that are different, what are the chemicals that are in our meat? All of those things. And that's why it's important to me. And I was down this path long before it was a national conversation.

And I will also caveat this to say that if anybody looks deep into my family, even our adult children and grandchildren, even among my family, we make different choices And we accept that, because the other part of this is about freedom to make those choices, to do better when you know better, to make a different choice five years later because now you've learned a little bit more and you're comfortable with making this other choice and introducing it.

So anything that I say in this is to say, I am all about freedom and starting where you are today with what you know what's important to you and what you can do for yourself. And on a national level, it's time to take on the big fights, and it's time to make the change so that our people can be healthier without having to do so much research on their own.

Michael Holtz:

Right. Which is hard to do anyway. As you said, you do a Google search and you get 50 different ways to lose weight. And many of them are, "Here's my plan and it's going to cost you blah, blah, blah." And the simple things we can do from a starting point shouldn't make you poor to get there.

So, I want to start from kind of a 30,000-foot view of we live in one of the countries in the world, but we're also one of the unhealthiest countries. Right? 6 in 10 people have at least one chronic illness, obesity, heart disease, diabetes, arthritis, COPD, et cetera. And 4 in 10 have at least two of those. Right? And then on top of that, one in five people has a mental illness, mental health condition of some nature. How did we get here?

Brenda Blunt:

So, it's a complex answer. Again, being a nurse, I love what's called the Swiss cheese model, and it came out of the aircraft industry, filtered into healthcare. When we talk about safety, and it's the slices line up and then the holes line up through the Swiss cheese to get here. So, part of the issue, and I'm going to say it, there's no profit if you're healthy. So there's fundamentally what do we incentivize?

And I'm not calling pharmaceutical companies evil. We all work for businesses, and they see a need and they produce a product that's works for that need and they do what is needed. So they are doing the research. So there's profit in the pharmaceuticals. When you look at the food industry, again, it's an industry, we have to make money, but there's a lot of things that led to high fructose corn syrup being in almost all ultra processed foods, that led to ultra processed foods.

If you go back, I hate to say 50 years ago, 'cause it was longer than that, but we're all getting older. So 60 to 70 years ago, you didn't have as many ultra processed foods, and people went to their corner market that had produce from their local farmer, or they had their own garden and they ate more seasonally. And as our society has changed, we have developed a liking for ultra processed foods. They're convenient.

There is a whole science around how to make them taste better and what to put in them, and how much sugar to put in them. And they use the high fructose corn syrup because we have an excess of the corn, and then we need to use that. The problem is then we subsidize the healthcare. So we're subsidizing the farming and the raising of the corn, and then we subsidize the healthcare on the other end. But the food companies are producing what people buy and what people eat, so we as a consumer have choices to make around that.

There's a lack of education. And I think this is one of my really struggles and where I think it's going to take longer to overcome a little bit of this, is we are now generations away from that cooking your own food, and going down to the local corner farmer, or going to your neighbor and getting produce from them, or buying a half a cow from the farm down the road. We are generations away from that. And there are pockets that do that. I have changed my lifestyle, that's what we do.

But it takes time to then learn how do you cook that. Grass-fed, grass-finished beef cooks differently than beef raised in a feedlot. The chicken, the pasture-raised chicken cooks differently than the chicken you buy in the grocery store, because the compositions are different of the meat and the muscle matter. And so there's a lot of education, and we're so far removed from, what should we be eating? What fuels our bodies? Well, what influences things like heart disease and cancer and obesity?

We don't educate around that in our little children all the way through high school and early adulthood, but we also don't educate our physicians about it. We don't educate our nurses and other providers, and we don't necessarily pay for nutritionists. So some insurance plans have some coverage, but largely, most people, that's not a covered thing under their insurance. They can go get their prescription filled, but they can't work with a nutritionist to change their diet, and they can't afford to pay for that out of pocket.

And then as we just talked about our food systems. So the ultra processed foods and the differences in the meats that are available, the differences in farmed fish versus wild caught fish, and it goes on and on. When you start coupling all of these things together, it has pushed us down this road of these poor health outcomes, not knowing how to get away from them, struggling to be better.

There's a divide. As you said, it shouldn't cost you your life or your life savings to try and get healthy, but sometimes trying to make that switch is an investment upfront. Now, in the back end, you start to recoup some of those costs because you don't have as many doctor's appointments, you don't have the prescriptions, but there's an investment, and there's a little bit of time before you recognize that return on the investment. And right now, unfortunately, a lot of our society can't afford to do that.

And making that switch from your conventional produce to organic can really change your grocery bill. Really making changes in your exposure, so looking for makeup that doesn't have all the chemicals and is cleaner. It's more expensive than the other stuff. So, it's shock, and it becomes a commitment both financially and mentally to find the education, to make those changes. And we really just don't look to heal.

Our system and our society is around just treating symptoms and doing the quick fixes. And unfortunately, we didn't get here quickly. We're not going to get out of it quickly, whether that's personally or on a national level, but we have to take the first step.

Matthew Underwood:

You talk about education as a whole and how that's an important step, and one of the first steps, and why it's so important to take those small steps to get, like you said, it's not going to change overnight from where we were to where we are now.

But as a first step, the White House and Robert F. Kennedy, the new Secretary of Health and Human Services, they've developed new plan called Make America Healthy Again, that focus on reducing some of those chronic illnesses that we mentioned, some of those statistics that we mentioned earlier. Can you talk a little bit about what that kind of process is and what Make America Healthy Again is really about?

Brenda Blunt:

Absolutely. So first, I want to start by saying MAHA is a movement that was started before that term was ever coined. And I was down this road, and I have attended conferences, and I have attended social events, and followed different things on social media, and did my own research and education. And really have met people across all walks of life, all political beliefs, all socioeconomic status, various cultural backgrounds. I have met nuns at some of these events. Just there is not a spectrum of people that you don't meet if you go to these events that focus on food freedoms and the medical freedoms. So this is not a political issue. This is something that started, if you go looking for it says about 10 years ago, I would say there were pockets before that, but really started kind of coming together and the pockets were finding each other probably about 10 years ago.

And so MAHA is the coined term, or Make America Healthy Again, that becomes the national strategic approach to almost formalizing this movement, and starting to put these things in place in a policy level that drives some of these changes. So, an example of that is when you talk about food freedom, one of the controversial topics is raw milk, and different states manage raw milk sales differently. The USDA has had its statements on raw milk in the past. There's a lot of differences, again, in how the cattle are raised, how they're fed just like there are with the meat. But now, it's at it really at a national level. How do we tie something like raw milk with health? How do we look at what the science says and what the research says, and allowing people to make a choice, do they want to drink raw milk or do they want the pasteurized homogenized milk that you buy in the grocery store?

And that's just one example of where our agencies need to come together to work on the policy of it, because you can't separate how food is raised or grown from the health or from the freedom aspect. And our agencies need to work together. So, Make America Healthy Again, it was Secretary Kennedy when he was running for president, this was a part of his base, were people that wanted this and they were part of this movement. And they really have targeted, initially, pediatric chronic disease. And our children are our future, so what better place to start? Then let's get them healthy, right? And if you're working to get your children healthy, you're probably going to make choices for yourself that are different. So there becomes this generational impact of it.

And we should be seeing the national strategy come out soon from the commission, but it's about driving this national change in policy. It's about driving change in the various industries, the pharmaceutical industries, the food industries. It's about exposures. So, at ORAU, we do a lot of epidemiology and exposure science. And we tend to think about that as workers' health when you talk to the public at large, but all of us are exposed to toxins, and whether they're chemicals or metals or other things every day. So it's about looking at that, how do we make Americans healthy again through reducing their exposures?

It's about the processed foods and looking at what's our exposures to the chemicals that are in the processed foods, and not just that initial exposure, but the cumulative effect of these exposures. So, the first time you're exposed to something, you might not have an issue, but if you're ingesting it every day, it might start to cause inflammation. If you're breathing it in every day, it could cause inflammation in your lungs and lead to asthma. It's bridging all of those pieces together to really drive better health outcomes, because none of those are in isolation. If you [inaudible 00:22:50] over here in USDA, you're going to impact stuff that the CDC is working on.

Michael Holtz:

Sure.

Brenda Blunt:

You're going to impact what CMS or the Centers for Medicare and Medicaid Services has to pay in Medicare or Medicaid. But it's all interconnected, so MAHA is about bringing all of that together and having these conversations. And making the hard choices, because change is painful sometimes, but fighting that fight to drive us forward so it's reducing the exposures.

It's about true informed choices, whether it's in food or your medical care. It's about empowering us to take back our health, to be active participants in our healthcare, not just sick care. It's about having leaders that recognize different populations will face different challenges to get to the same outcome. And I talk about this a lot when I talk about rural healthcare versus urban healthcare.

Michael Holtz:

Sure.

Brenda Blunt:

So, people in a rural area face different challenges to getting quality healthcare than people in an urban area.

Michael Holtz:

Absolutely.

Brenda Blunt:

People in rural communities, like where I live today, and I've lived in both sets of communities, but people in rural communities, it's easier for me to go find the farmer down the road, have the conversation, know how he raises his cattle, know how he grows his produce and buy from him than it was when I lived in Baltimore.

So the challenges are different to get to that same outcome, which means you need different strategies. So having the leaders that recognize that, having the leaders that recognize there are different cultures in this nation. And one of the most impactful books I read at nursing school was The spirit Catches You and You Fall Down.

And it was this book that really put into perspective for me how different cultures see something like seizures, and how they think about them, and how we as medical care providers need to be able to engage with them to understand what is their understanding, how to approach that conversation, versus just coming in and saying, "Nope, this is the way that we treat it in this country" and being done, because we have a lot to learn.

And as we've done on our podcast, I am a big proponent of involving, it's called complementary and alternative medicine. It really shouldn't be alternative, but involving some of those strategies, especially from the eastern medical societies to drive health.

And when I want to tie this more to, as I think about MAHA, it takes me back to Florence Nightingale, which is probably the other most impactful book for me, and I still carry these things with me today, and probably kicked off my journey, really. And her environmental theory was that we needed to create environments that heal.

So back in 1859, that meant she focused on external factors. She said, "We need fresh air, we need pure water, we need to manage our waste and sanitation, we need cleanliness, and we need direct sunlight." And if you sit back and think about that, everything that we're talking about today, you can fit into those if you adjust for the fact that we are now in 2025, and this was written in 1859.

She also said, "We need to consider not just the physical needs, but the mental and spiritual needs of people. We need to observe and document, and that all of this is an art and a science, which means there's no one black and white right answer across the board."

Michael Holtz:

For everything. Yep.

Brenda Blunt:

So-

Michael Holtz:

Absolutely. Sorry, go ahead.

Brenda Blunt:

The other thing I would just add to that is, and we've kind of touched on this a little bit, this movement is about progress for me, is how I see this movement. And not everyone will make the same choices. And as I opened up, even among my own adult children and their families, we don't all make the same choices.

Michael Holtz:

Sure. Sure.

Brenda Blunt:

So hey, it's about respecting that. It's about being able to have the dialogue. "Well, why do you think that? Help me understand." It's about sharing information and then letting people understand what that means for them, and having agencies that are looking out for us and our health.

Matthew Underwood:

Well, and something else that you bring up that I think is really important, too, is you mentioned it's just an informed decision. People can make their own decisions. It really is about that freedom, but just the informed decisions of at least people know the choices that they're making and have more information. I think that's really a key takeaway, too.

Brenda Blunt:

Yes, absolutely. And the informed part is critical, because that's part of what we don't really get a lot of today. We have informed consent, but we all know you get a paper that's given to you and says, "Here's the possible side effects." We don't really have the time to sit down with a provider and say, "Well, if you go this road, if this is the choice that you make for this medication, these are the side effects, these are the likely outcomes. If you choose to do this, it may take a little longer, but you won't have the side effects, and we can still do the medicine later if you want." We don't have those types of conversations.

Michael Holtz:

Right. It's all about the quick fix and the, "Let's do it today, and here's how we can do that." Sort of hearkening back to what you said earlier about we want a pill because the pill gets me there quicker than the choice to eat healthier, exercise more, all of the things that we hear, but again, we don't always know how to do, or we may not be in a place that we can do it even if we do.

So, I think that's a huge part of it too, is just understanding, again, where people are, meeting them in their moment where they are and giving them information. And that sort of speaks to, not toot our horn or anything, but more of our capabilities of our health communications team knows how to target communications.

As you said, you talk to a farmer differently than you talk to say the grocer in the big city about where the food comes from. And so, we help people understand and how to ask those questions, and sort of where they are and what they need to know. And here's information for folks who live in rural communities versus urban communities, versus in food deserts or food swamps as the case may be, how to make those choices and how to communicate about all of those things. And we have good folks who know how to help people do that, and we do that consistently.

Brenda Blunt:

We do. And the other thing, Michael, that I would add that we do is we also create technical assistance programs and training programs so that it's not always about reaching the consumer at the end of the day. Sometimes it's about facilitating capacity building so that your community organizations, your local nonprofits, your community leaders know how to message, how to talk about these things. What are the impacts of the changes? What could they expect to see? If they're able to reduce the opioid substance use disorders in their community, what is the impact on their community? If they're able to reduce heart disease in their community, what are those long-term impacts for their community?

And these are people they know, so the messages tend to get received better. But those aren't always skillsets that community organizations and local leaders have, so we create those technical assistance programs and we work with the providers to understand, "What are the challenges facing your community, what are the challenges?" And sometimes it's multiple challenges because you have different populations in the same community and different needs.

As I said, I live in a very rural area right now, but whether I lived in a rural area now where I lived in Baltimore, you had very, very, very poor people and you had very, very wealthy people. The messaging for those two groups is different, because what somebody may be able to go pay for a health coach or pay for a nutritionist themselves, and go throw everything away that's in their pantry and go buy all new food, the next person may look at you and say, "All I can afford is a bag of rice and you want me to do what?" So they need a different level of support and a different level of education, and you have to start somewhere different to work with them. And it becomes a process to help them make the progress that they can make.

Michael Holtz:

Yep. I love it. And Brenda, I know we've talked a lot about the physical side, but the Make America Healthy Again movement is also mental health is an important part of that, as we see rising numbers of folks with mental illnesses like depression and anxiety and ADHD. I guess I know from my own health history, there are huge connections between the physical and the mental. We don't always talk about it in those terms, but those connections are definitely there.

Brenda Blunt:

They are. And MAHA is very concerned about not just the physical but the mental health, because that is part of our chronic disease. We don't talk about it that way, but our mental health diagnoses become chronic diseases. And our bodies, to break it down to the simplest form, we are a bunch of chemicals and electrical impulses, and they drive everything from I can lift my hand to what my brain is thinking. And there's a lot that we understand about the physical piece to that. We don't know as much about how the mind works when it comes to emotions and thoughts. And we learn more all the time, but the brain is still a very complex organ, as is our whole system.

So that's the first point, is that they're not disconnected. All of the chemicals and electrical impulses that run our bodies as a complex integrated system are connected. So if you throw one of those out of whack, it has the potential to throw others out of whack. So probably the best kind of example that I think everybody would resonate with, is how these things are connected, is if you think about premenstrual syndrome, PMS, everybody knows that that's based on the monthly changes in a woman's hormones. Well, that right there tells you that is a physical process, but it impacts the emotions.

Michael Holtz:

Absolutely.

Brenda Blunt:

It impacts all kinds of other symptoms. And I hate that we don't use that example more, because I think it's so glaringly obvious how the things are related, that we don't talk about, but our minds and our emotions, and how our mind is working, is based off of those same chemicals and electrical impulses that tell our gut how to work. So anxiety, how many of us, when we're really anxious, have some GI troubles or intestinal troubles?

We know that high levels of stress or chronic stress can increase your risk for heart disease. It can also increase your risk for depression. What's interesting, is people who have depression are more likely to get heart disease. People who have heart disease are more likely to become depressed. And inflammation plays a role in both of those. So it's not disconnected, and we've researched it as being too distinct things.

And for a long time, we've pushed mental health off as, "It's just in your head. You just need to do whatever." And it's not a just. It very much impacts our ability to live life and be healthy just as a physical diagnosis would. And again, they're all related. And we know everything that we impact or everything that we ingest impacts those chemicals and electrical impulses.

So there's no targeted, there's no system in your body that's saying, "Oh, you ate too much sugar, so it's just going to impact what you weigh." Your body says, "Too much sugar." That affects dopamine, it affects insulin, which insulin affects your other hormones. There's a cascading series of events that happens because that's how our bodies operate.

And for too long, we have avoided that connection. We know that our GI tracks are filled with bacteria. We are just now learning the diversity of that bacteria and how the different types of bacteria release different types of chemicals. And so something that I can eat, Michael, you can't eat, and how that impacts inflammation, how that impacts bloating, how that impacts our mental health, and are we depressed? Do we have energy?

That's a very complex system in and of itself. And then again, it's back to those levers, okay, you push this lever, it's going to move that lever over here within your body. And then we think about our children and what our children are exposed to, when you think about the food dyes, when you think about the amount of sugar that's put in our foods. And the World Health Organization for an adult says 25 grams of sugar a day for an average adult. A can of soda can have over 36 grams of sugar, a 12 ounce can of sugar.

Michael Holtz:

One can. Yeah.

Brenda Blunt:

Your average spaghetti sauce that you go buy in a jar on the shelf has 12 grams of sugar in a half a cup. So then we talk about serving sizes. The serving sizes are not realistic. We all know that. If you look at a bag of chips, whatever that serving size says is not the serving size you're going to eat, right?

But it's like that with almost all the foods. If you actually look at the serving size and weigh it out, that's not what you're eating. Cereal, cereal's always driven me crazy. Cereal and ice cream. I'm like, "You think there's four servings in this pint of ice cream? Are you crazy?" But they put that so people think, "Oh, there's not much sugar in there." Well, if you actually eat that serving size, but how many people are measuring out their serving size?

Michael Holtz:

A half cup of ice cream or whatever? Yeah.

Brenda Blunt:

So if you think half a cup of spaghetti sauce has half of your daily recommended amount by the World Health Organization of added sugars, and sugar, we know impacts ADHD, and then you add food dyes into all those processed foods because they make them look pretty. And all of that is going into our kids' brains while they're growing and developing. And so, that mental health part is so important to think about as part of the whole.

Michael Holtz:

Right. Absolutely.

Brenda Blunt:

Years ago it was dental health. It was like, "Oh, oral care is really important because oral care can lead to heart disease, because you get infection in your mouth." So, we've kind of all accepted that now, this connection with mental health is we are in that conversation now, and really thinking about how do what the exposures that we have impact our mental health, because it's driven by the same processes that our physical health is.

Michael Holtz:

Sure.

Brenda Blunt:

And again, I'll go back to Lawrence Nightingale at 1859 said, "We have to pay attention to both."

Michael Holtz:

Yeah. Well, and you talked about gut health in kids, there's research that has come out recently related to early onset cancers. And gut health in kids has been shown to potentially be part of that issue, of what you're either overexposed to or not exposed to enough from a gut biome perspective before the age of 10 can impact your risk for cancers in your 20s, 30s, and 40s, which is incredible to think about.

But again, it speaks to everything is a system of systems, and how you treat the systems early impacts what happens to them later. We see that with obesity and other chronic diseases. So it makes perfect sense that for illnesses that typically are, "Old people diseases," quote, unquote, we're seeing younger, because there's a lack of or an overexposure of something in those formative years.

Brenda Blunt:

Yes. And we've started thinking about that, but we are very slow on that path. So we knew a long time ago breast milk was best. The colostrum, that first little bit that babies can get is the absolute best. If nothing else, at least give them that. Now there are studies that show the differences in the bacteria that are in the GI tracts of babies that were exclusively breastfed, those that were formula fed, and those that had a mix.

The differences in that gut biome is important because it does set them up for their future health. It's also, as you said, that 10 and under, well, how many antibiotics have they been on? Because that changes your gut biome. How many, the glycophosphates, one of the big controversial topics right now, how much glycophosphate did they eat, because they ate peanut butter sandwiches the entire time they were growing up so they've had tons of plain bleached white bread? Right?

Michael Holtz:

Right. Right.

Brenda Blunt:

Or oatmeal, or even if you try to do healthy, because sometimes the chickpea pastas have more glycophosphate than the regular. So, even when you think you're trying to do healthy, sometimes it's really hard to get this right. And we're all making the best decisions with the information that we have that, but it does, it impacts our kids' GI tracts, which then again, to bring it back, impacts their mental health, which is the ADHD, the learning disabilities, the ability to focus.

And then the exposures to screen time in blue light, we don't fully understand the impacts that those have on the developing brain. So we're talking about the GI tract, we're talking about the chemical exposures to the brain with what we eat, but it's also we have blue light is a new thing, relatively speaking. We didn't grow up well, Matthew may have, but Michael, you and I did not grow up attached to a screen.

Michael Holtz:

Absolutely not.

Matthew Underwood:

Not. It's even taken off way since even when I was little, which wasn't that long ago. I think even in the last 10 years, we've seen a major impact of that.

Brenda Blunt:

Right. And we don't know what that does to our eye health. We know that it impacts sleeping because it's throwing off circadian rhythm. So we know that now. We just don't know really what to do about it. So there's all these things that we don't know, that as we've evolved as a society, great inventions, I love being able to have FaceTime with my grandbabies that don't live near me, but what does that cumulative effect over the years then do? And we won't know that. So innovation is great. I love the ability to have the technologies, but we have to think about what those exposures do to us as a system of systems.

Michael Holtz:

Right.

Matthew Underwood:

We've talked about some of the factors, whether it's not knowing, it's not being able to afford proper care or whatever it may be, we've talked about some of those factors, but you hear all the time, "Hey, the way to get healthy is eating right and exercising." It's something that we're taught from a young age all the way up. Why do you think people aren't doing that? What are those factors that are really keeping people away from doing those things?

Brenda Blunt:

So, I love that you asked that, because we have to change, fundamentally change generations of behavior. So, I will use myself as a personal example because this is who I am, and I am on my journey and I am at where I'm at, and hopefully next year I'll be in a different destination. So, when I grew up, standard American diet, I was not a physical kid. I did things like mock you in and debate club and mock trial.

I didn't do sports, so I wasn't particularly physically active. I would do some Jane Fonda DVD. Or I guess they weren't DVDs back then, we had VHS tapes that my mom had. So I would do those periodically, but that was it. But standard American diet. As I've started on my health journey, I have found that it's hard for me to change habits then. And so then you fast-forward a few decades, well, a couple of decades, 'cause I probably started in my 20s and I started to learn, "Okay, I need daily movement to impact this diagnosis. I need to reduce artificial sweeteners."

Those were both processes. The artificial sweeteners, it was like, "Well, what do I put in my coffee now?" And I used a lot of sweetener in my coffee and I weaned myself off of it. I did not try to go cold turkey 'cause it wasn't working, so I weaned myself. And now, I still put cream in my coffee, but I have no sweeteners in my coffee. And now, if you give me a sweetened coffee, I cannot drink it. So my tastes will change as you make changes.

But even for me, I've been on this journey now for a couple of decades, and some days it's still hard to get up and push play on my workout. I don't want to, but I have never regretted a workout that I did. I've regretted not doing them. I've never regretted doing them. But it's hard to overcome these habits. And when we live in a society that's very fast, we're very busy, it's hard to make the time to say, "I have to get my workout in."

It's hard to decipher the mixed information that's out there. As we kind of opened in the beginning with is, if you go to Google, you're going to find somebody that says, "Oh, you can eat carbs and you can eat all the veggies and fruit that you want. Don't eat meat." Then you go and you find somebody that says the carnivore diet is best, which all you're eating is meat. Then you hear paleo, then you hear Whole30, then you hear name any of the other diets that are out there. How do you decipher that?

And then, okay, "Well, now, I got to prepare food at home." Because I don't care what diet you go on, if you go to a restaurant, whether it be fast food or a sit down meal, you don't know what's in the food. "So now, I got to everything at home, but I also have to get kids to soccer and I work a full-time job and I have to deal with traffic, and now you want me to come home and spend an hour cooking? And how do I buy this stuff at the grocery store? How do I find grass-fed, grass-finished? How do I find pasture-raised chicken?" So there's a lot of barriers to seeing-

Michael Holtz:

"And then once I do, how do I cook it? What do I do with this bag of potatoes?"

Brenda Blunt:

Right. So there's all these barriers that add to that. I've heard them all. I probably have all of the different tools and resources and umpteen cookbooks that you can buy for any diet that you want to do, but still you get these mixed messages. So then their support is not there.

And I think this is the key strategy, is health insurance will pay for you to go on a medication for high cholesterol, or your medications for high blood pressure, but they won't pay for you to meet with a nutritionist or a counselor to work on changing the habits. You leave your doctor's office with a prescription and lose weight, and what are you supposed to do with that? Even Weight Watchers costs money.

Michael Holtz:

Right, exactly.

Brenda Blunt:

So, the support system, and when I did a lot of work in substance use disorder, and my master's was around this, it was that support system that made a difference about whether somebody was able to stay in recovery or not. It's the same here. If you have to make lifestyle changes, even the most motivated person, it's difficult.

So you have to sort through all this opposing information that you can find. You have to find or create your own support system, which is difficult in this world of connectedness, yet loneliness. And then you have the, "Okay, I'm going to go buy what I think is healthy. I'm going to buy Greek yogurt to take with me for lunch." 'Cause you hear all the diets, unless you're vegan, yogurt's good. Right?

Michael Holtz:

Right. Right.

Brenda Blunt:

If you look at the label, the amount of sugar, some of them have 18 or 20 grams of sugar, of added sugars in them. So now, it's like even if I think I'm trying to do the right thing, the food industry's working against me. And then I want to buy produce, but I can't find organic, or I don't know.

So all of these things make it really hard, but it's fun for me. It comes down to you've got to change generations of behavior, which does not happen overnight, and we have to develop the support systems and fund the support systems that will help people embrace the change and stick with it. And we have to stop the blaming and shaming.

And I don't want to make this all about losing weight, because I think there's a lot we can do to be healthy without focusing on the number of the scale. But if you're trying to work with your doctor, or your doctor told you to lose weight, so you're trying to do that and you're going to go back, and you've lost five pounds, but then one weekend you're like, "I just want a brownie sundae." You've got PMS and you're like, "I just want a brownie sundae."

Helping people understand you can eat the brownie sundae and not shame yourself, not beat yourself up, but being conscientious enough about it, knowing that you're probably going to crave more sugar after you eat that. So you need to be focused on, "Nope, getting back to porting my health and looking at, 'I want my weight to be this,' or, 'I want my blood pressure to be this,' so I'm going to refocus on that, but I'm not going to beat myself up because I ate a brownie sundae."

Now, I'd like to see that the food industry's removed the high fructose corn syrup and the coloring, and all of that stuff that goes into it that makes it even worse than just the sugar. But being able to have those supports, and changing the conversation around how do you make the changes.

Everybody should start with, "What's the 1% I can do?" Because I think the other part of being overwhelmed is, and this happens to me, when I start going down a rabbit trail of like, "Okay, I'm going to start changing this next thing in my life," all of a sudden you're like, "Oh, that's a whole lot and I don't know if I can do that."

And so you have to stop. And I say things like, if you don't work out today, start by adding in a 30-minute walk a day. Go for a walk after dinner, get up a little earlier and go for a walk. Depending on where you live, what your circumstances are, go for a walk after lunch. If it can't be 30 minutes, do 10 minutes in the morning, 10 minutes at lunch and 10 minutes. Start with a walk. If you drink mostly soda or coffee, change half of that out for water. Start small.

What is the 1% that you can work on until that's routine for you? Then if it's the water thing, okay, great, you've switched out 50% of what you drink. Now switch out 75%. Make the change is incremental. You're more likely to stick with them if you build them in a way that you can absorb them and then build.

Some people, cold turkey works, throw everything in your pantry out, go buy all new and that's all you're ever eating again, but the vast majority of people have to make these incremental changes. So pick the one thing that you want to start with. Do you want to reduce the sugar in your diet? Pick one meal that you're going to work on looking at the sugar content and changing it first. Then you go to the next meal.

And build that in, because then you start to build awareness, it starts to get easier. Because then if you've changed one meal over, your taste buds will start changing, but you're also going to start thinking, "Well, if I'm not using salad dressing at dinner anymore because it has that much sugar, well, actually, I don't want it at lunch either," or, "I want to use this kind of dressing."

So you start to find the things and then it builds, and it becomes the snowball rolling down the hill, it gets easier. Again, not to say that there won't still be days that you're like, "I want the brownie sundae."

Michael Holtz:

Absolutely.

Matthew Underwood:

Absolutely. Yep.

Michael Holtz:

Well, and it's the same with exercise too. Right? I am someone, I have struggled with my weight since high school, 'cause again, I wasn't a physical kid. I was born built like a football player, but I was not that guy. But on those weeks that I tell myself, "I am going to work out every day this week," those are the weeks that I don't want to work out at al. And if I work out one day, that's the victory, is just go and do it once and then maybe we'll do it tomorrow.

It's really sort of the whole New Year's resolution thing, only you can start it any day without saying, "I'm going to work out every day in the month of January." Well, realistically you're probably not, but if you worked out on January 2nd and then you worked out on January 3rd, and you really took it one day, one meal, one 10 minute walk at a time, as you said, it becomes easier.

And so to break it down into, "I'm going to not drink three cups of coffee in the morning, I'm going to do two and a glass of water." Whatever that looks like to just get the process started. And I think you're right too, that if you don't have the support, I have often lived... My wife struggles with her weight too, and if we're not both on the same page with, wanting to do something about it, we're going to struggle. So you really do have to do it together.

Brenda Blunt:

You do. And it's so important to find that support system, find the way to start small and build that 1%, because guess what, in a year, if you focus on that 1% and keep adding, in a year, you're going to see a difference.

Michael Holtz:

Your whole life could be different from that 1%.

Brenda Blunt:

These are slow changes, but you have to stick with it. You have to be disciplined, you have to be motivated, and that's where the support system comes in. It's much easier to be accountable when you have a support system than it is when you're trying to just be accountable to yourself.

And some tricks that I use, if I start thinking, "I don't want to work out," I stop myself and I'm like, "That's it. We're getting up right now and we're doing it right now." I don't allow the thought process to build, because if I sit there too long thinking about it, the workout's not going to happen.

Exactly. Sometimes I'm like, "All right, I'm going to work out for five minutes," but once I've done it, once I've been in it for five minutes, I keep going. I'm like, "Okay, well, I'll go for another 15 minutes." And then by the time I'm done, my workout's over and I've gotten [inaudible 00:59:37].

So, it is playing those mind games, and it may be something you want to eliminate food dyes for your kids. Okay, well, start with the snacks they usually eat. Start reading those ingredients and start looking for alternatives that don't have the food dyes. So there's ways to start with that 1%.

Michael Holtz:

Right. It doesn't all have to be weight. I know we've talked a lot about weight, but it could be, I want to reduce inflammation in my body. So, I'm going to look at sugar, I'm going to look at caffeine, I'm going to look at salt, I'm going to look at stress because cortisol is a hormone created by stress that causes inflammation. So what can I do to reduce the stress in my life? And if I meditate for five minutes one day a week, I've done that 1% thing to help reduce inflammation, and hey, I might improve my mental health a little bit, too.

Brenda Blunt:

Yeah. And that's really important, and I'm glad you brought that up, because as I said, I don't want this all to be about weight. It's just what we tend to jump to when we talk about this. But some of the practices that I've embedded recently in my life is trying to focus on my circadian rhythm. When you get to be a woman of a certain age, your sleep gets a little messed up, and when you have high stress, your sleep gets a little messed up.

So the research that I've found is really connecting back to think about when we were first put on this earth, what we ate, how we lived, getting outside at first light. So I spend 5 to 10 minutes in the morning walking around my yard, because again, narrow, mountainous, rural road, not safe to walk on, especially sunrise. So I walk around my yard with the dogs running around.

And then at night, as the sun starts to set, I go out for another 5 to 10 minutes and just walk around the yard. So I'm getting a little more movement, but it's that it's also signaling to my body, "Time to go to sleep," which changes the melatonin in that your body's naturally producing. I try to turn the screen off 30 minutes to an hour before I go to bed. Not always successful, but I'm aware of how that impacts my sleep, so I'm making choices around that.

So sometimes it is that simple. And the other thing I have found, is by getting outside in the quiet, without the phone, without the computer, without the TV, and just walking, that eases my stress level. And getting fresh air, you start to notice the birds coming out. You start to notice the air smells different if we've gotten a storm versus a spring morning and the pollen is really high. On a daily basis, as a society, we don't notice those things anymore. And it impacts your mental health and your stress level, having that time of just being quiet.

Michael Holtz:

Right. Florence Nightingale would be so proud.

Brenda Blunt:

I love Florence Nightingale, I have always said my family doesn't get it, but the ultimate book for my collection, because I do, I collect a lot of books, read most of them, would be like a first edition of Notes on Nursing.

And it just has always stuck with me from when I read that in nursing school, and she really founded the basis of nursing today. It's everything that we're talking about goes back to what she said in 1859 and how we need to improve our health.

Michael Holtz:

Right. Right. So, we have covered a lot in this conversation, Brenda, and I know we could go on again. And we will have you back I think once the strategy is out, and you've had a little time to digest it and think more about it, we would love to have you come back and just keep this conversation going.

I think, again, it's so important for where we are, obviously where we are as a country from a politics and policy perspective, but even just the things we can do individually, it's so important to keep talking about. And of course, where we can come into the picture and help our partner agencies do the work that they're going to be tasked with doing.

Brenda Blunt:

Yeah, thank you, Michael. I

Matthew Underwood:

It's all about starting with the 1%. Right? Start people with the 1% of the conversation, and then we bring in another piece. Right?

Michael Holtz:

That's right. That's right.

Brenda Blunt:

Well, thank you. This has been great, and I am always happy to come back and talk more about this.

Michael Holtz:

Awesome. Thank you so much, Brenda Blunt, friend of the podcast. Look forward to having you back again soon. Thanks everyone for listening.

Speaker 2:

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