

Contents

Proem.....2

Podcast intro 01:46.....2

Health is fragile 02:20.....2

Health class 03:35.....3

Introducing Ambassadors 04:53.....3

Sustaining the Ambassadors program 06:42.....4

Three points of contact 07:52.....4

New student defined 08:27.....4

Back to school after a life-changing event 09:30.....4

Kathy’s table 13:50.....5

Prevention is invisible 15:26.....6

A word from our sponsor, Abridge 18:18.....6

Support and continuity 19:00.....7

Continuity and diversity 21:23.....7

Team leadership 22:42.....7

Ninth grade 23:55.....8

Perhaps they don’t want help 25:04.....8

A lesson from failure 25:51.....8

Standardization, data 27:53.....9

Social health, a safe place 29:21.....9

Loneliness, belonging, hope 30:50.....10

Captain, CEO of your health team 32:48.....10

What can we do to help young people? 33:42.....10

Wisdom shared 36:06.....11

Reflection 39:53.....11

Nuggets from the Mine 40:42.....12

What’s next? 41:18.....12

Dr. Bonnie Engelbart, Primary Care 41:38.....12

Podcast Outro 43:44.....12



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Proem



Welcome to episode #5 of the series: Emerging Adults with Mental Illness. So far, we've heard from two emerging adults and one parent, Emeka, Erika, and Annie. As we expand the circle around them, I wanted to hear from a high school teacher. I could have included a counselor or an administrator, but when I listened to my dear friend, teacher, and [previous guest](#), Matt Neil, speak about the Ambassadors Program he sponsors, I knew this was righteous. Having already interviewed sixteen people for the series, I often feel hopeless. What a mess we're in! Everything seems reactive to an inadequate, fractured, byzantine national mental health unsystem. Reactive by needful, helpful participants worn down beating their heads against walls. Reactive, not preventative. Matt offers a hopeful story. He's not focusing on mental health per se but on belonging and inclusion in a typically lonely time – high school. Other than with family, emerging adults spend most time in school. Here we go. Enjoy and thanks for joining me.

Podcast intro 01:46

Welcome to Health Hats, the Podcast. I'm Danny van Leeuwen, a two-legged cisgender old white man of privilege who knows a little bit about a lot of healthcare and a lot about very little. We will listen and learn about what it takes to adjust to life's realities in the awesome circus of healthcare. Let's make some sense of all of this.

Health is fragile 02:20

Health Hats: Thanks for joining me.

Matt Neil: Danny. It's great to be here.

Health Hats: When did you first realize health was fragile?

Matt Neil: When my mother-in-law had cancer, my wife took care of her. How challenging that was with her being a caregiver. And she went to stay with her in Ohio for a while. And then her passing, and then also like my father-in-law, who was at the time seemed to be super healthy. He was doing burpees in my living room one week, and then the next week, he was gone. And those moments were just brutal. And I also think my grandfather had heart disease and got cancer, and I struggled with that when I was younger. I realized that, too, because he wasn't that old in my mind at that time. And still, he was a younger guy when he got sick. And I think it's just when you realize when you have loved ones who that happens to it makes you realize how important health is.



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Health class 03:35

Health Hats: There's a health class in high school, right? Do they ever talk about this kind of stuff in those health classes?

Matt Neil: I'm probably the wrong guy to ask that question because I'm a social studies teacher primarily, but I'm buddies with physical education teachers who primarily teach health.

Health Hats: Okay. So, it's through physical education?

Matt Neil: Yeah. I would say that's probably the number one way a high school addresses it. Let me give you the 32-second version: I think every state and school district is different. It almost always depends on. Do you have a good teacher in that position and a good curriculum that they're supposed to teach? So, I think there's this thing I like to call a new age or new wave physical education teacher who focuses more on health and a holistic approach to health and less gets on the line, we're going to climb the ropes. When you think of a physical education teacher, and I'm friends with a few of those, and they do good work.

Introducing Ambassadors 04:53

Health Hats: Okay. So, I wanted to talk to you because you've mentioned many times about the club you have where you welcome new students. That fascinates me, and I wonder if you could tell us about that?

Matt Neil: Thank you. I'm glad it fascinates you, and I'd love to tell you about it. I have a group of kids at our school called the Ambassadors. It's hard to define because they're like a club, but they're also a group of students who are running a school program. And in our school, when you talk about clubs, often you talk about the other club I sponsor, the table tennis club.

This group is running our new student program. About six years ago, our principal came to me and said, we have this population of students in our school that are being, I think we miss them. I think they are lonely and being dropped into our school community, even though we're all very well-meaning and everything, that they're not supported. Will you do this? And I think he thought he was going to come to me, and I was going to go. But I just looked at him and said I would love to do that work. And that first year, our focus was, we were about halfway through the year when he talked to me about it. But our focus was no one eats alone, and we made sure that everyone in the cafeteria who wanted to sit with someone else had friends to sit with. And there's a difference between putting someone at a table and actually sitting together, right? So, a group of these students and I worked together to ensure those kids had some friends.



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Sustaining the Ambassadors program 06:42

Matt Neil: We had a lot of success that first year, but it was very scambly. It was me running around on my lunch, and it wasn't going to work. So, I went to my principal and said, hey, this isn't sustainable. We need time to meet. Let's get this together. Let's get it going. And in the past, there was a program that was doing this, but the school counselors ran it more, and it was an extra thing for them to do. Because of that, it was more like maybe you get a call to a kid, hey, give a kid a tour, then they're on their own. But our group takes a much more heart-centered approach, and we take a more wraparound full we just want to scoop these kids up and bring them on board. Where we are now is a group of 78 current members. Every student in that group is teacher recommended for their ability to work with others, their kindness, their heart, and their willingness to improve the lives of others.

Three points of contact 07:52

And that group, usually when a new student comes in, gets a tour of the building, that's a detailed tour, as well as the opportunity to connect with people around. They get somebody to eat lunch with, and they get a check-in at the end of the day. And those three points of contact, as opposed to no points of contact, before making the student feel welcomed into our school community. And then the goal is to have that student remain a contact and a first friend for those students in our building, in our school community.

New student defined 08:27

Health Hats: So, define a new student.

Matt Neil: A new student is anyone you traditionally think of as a new student - someone who doesn't live here and then moved into town and is starting fresh. That's your basic, what you think of. It also can be students reentering if they were in a different placement or moving back. That happens way more than I think people realize. I think it's kids between different parents or people changing their minds. They think they're going to move away. They move back for whatever reason. Sometimes it can be a student coming back from they've been online, on, online for a long time, even in the district, but they've just been away. And so, they need that help. And then we've also, this year, made the big switch to consider every ninth grader coming into our building a new student. So, they get a little bit of a different experience. But the goal is to support them as well because we have 200 plus of them yearly, and they're brand new to the building, even if they aren't new to the district.

Back to school after a life-changing event 09:30

Health Hats: I talked to a young man last week who had some real physical and mental challenges and ended up in the hospital for quite a while. After a challenging experience, their rehab was relearning to do almost everything. Yeah. And he said the hardest part was going back to school. That he had to learn to talk, to learn to walk, he had to learn to relate to his family and extended family. But he said it all paled to going to school because he had been in school before, but he was a different person from all this experience. He felt like a new student because he wasn't the same person and didn't want to hang



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out with people he knew before. And he had missed six months. And so, it made me think about your program because would he be considered a new student?

Matt Neil: Yes. When he re-enrolled, our school counselors identified the things you mentioned. So, I think this is an excellent opportunity to say that having caring, awesome human beings in positions where they work with kids matters. Because that student would sit with the school counselor and say, hey, here's what's going on, and they would say, I think you should be getting an ambassador because of this situation. And we do that with students who are reentering. And you saying that helps me because I'm going to flag that as a, I have a list of things and, just talking with counselors, here are the items that qualify. And I'm going to add, how would you say, how would you describe that kind of a student? Would it be a chronic I someone coming with a chronic illness or a lifeline?

Health Hats: I think it could be chronic or acute because it would range, it, it's like some kind of crisis that led to an extended- extended meaning I broke my leg, and I was out for a week this was I was out for a while, and so that could be somebody who had a severe accident or somebody who had some kind of breakdown or crisis in their life. It's great so much in, in my work of people managing these kinds of crises, whether acute or chronic. It's terribly lonely. And often, we think about treatment, and I think the thing that when I first heard you talk about this program, I thought this is the first preventative program. I imagine I'm making this up, but somewhere between five and 80% of further deterioration can be prevented by having a table for lunch.

Kathy's table 13:50

Health Hats: I remember I was 18, and I got this job at a Catholic hospital in the laundry room, and a friend of mine, Kathy, got me this job. One of the things I noticed on my first week on the job is there were doctors' tables and nurses' tables. There were tables of housekeepers. And then there was Kathy's table, which was just the most eclectic group. People wanted to sit at Kathy's table because it was so diverse. And at that time, my idea of diversity was doctors, nurses, housekeepers, and laundry guys.

Matt Neil: Class. Yeah.

Health Hats: It was just fun. And it made the job. This was when it was throwing the laundry down the chute, and I was the guy that emptied the chute and whatever. So, then I'm getting dirty laundry. You're walking around the place and people, whether they're a doctor or nurse, and I don't know what these people are. Everybody's wearing scrubs. And it was just made like this horrible job of dirty laundry really fun.

Matt Neil: You're on the team. You're part of the crew.

Health Hats: I was part of the team.



Prevention is invisible 15:26

Matt Neil: Right? I could see you lighting up just talking about it right now. You just remember it. It's this really fun thing. I agree with you. Boy, that makes me reflect just a little bit on my lunches the last few years with the pandemic being eating by myself most of the time. That that I'm missing, I'm missing that as well. That's wild. Yeah. I will tell you that when we are successful, we're mostly invisible in our work. Right? So, you don't have the kid in. I do think you're saying preventative, right? That preventative aspect. You head stuff off at the pass, and that kid is doing well, so none of the usual alarms trip that would say, this kid needs an intervention. Now we do stuff like that when the student needs extra support. But I just think that what you're saying, I don't know what it is. It's the human connection thing. It's the, yeah. Being more than just your role but being a person, and yeah. I think that's how many kids feel about high school too, and about school in general, are they feel like a number and like they're being processed. Yeah. So, when you put them, you say, Hey. We're so happy you're here. Every student that comes into the building gets brought to me, too, because our principal thought they should have one adult who welcomes them. Who sees every new student, who gets that kind of almost institutional knowledge that here's the whole population,

Health Hats: Man, what a gift!

Matt Neil: it is. Because then you see those kids in situations where, you know, at the water fountain, and you say, hey, how's it going? And they go, I remember you from, and it's yeah and, I'm doing great, and usually it's that, sometimes it's not. But often you get that, how's it going here? And how many years ago was that? And sometimes you can dig a little bit more, but I believe what you were saying watching you light up like that.

Health Hats: Oh, I'm 70 now. I was probably 17.

Matt Neil: And you still are lighting up like about it because it is. My, when I think about my lunch, yeah.

Health Hats: I only worked there for eight months.

Matt Neil: Yes. When I think about my lunch crew from a decade ago at my previous school, I think about my lunch crew here at my current school before I started eating by myself. I smile. You feel like you're part of the crew.

A word from our sponsor, Abridge 18:18

Now a word about our sponsor, [ABridge](#). Record your healthcare conversations with doctors and other clinicians with Abridge. Push the big pink button and record. Read the transcript or listen to clips when you get home. Check out the app at [ABridge.com](#) or download it from the Apple app store or Google play store. Let me know how it went.



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Support and continuity 19:00

Health Hats: How do the ambassadors like to help each other out? Or even they age out of school, so you constantly need a pipeline of ambassadors. And I imagine that some of the work of being an A ambassador is just a hoot and itself motivates and self-drives. And then I think there are probably some significant challenges. Because some of us are just odd ducks. And sometimes, odd ducks are challenging.

Matt Neil: That's three questions, but I love all of them, so I'll answer them all. That's great. The first thing you said is, how do they help each other? We started with, hey, here is your new student. You were your responsibility. And then we realized along the way that what the problem with that, there are several problems with that. If the relationship doesn't work for whatever reason, you have someone who clashes, there's no what do you? And then the second thing is you have no one with that context to talk to and work together to help. So, we started assigning two ambassadors to every new student. So, when they're giving a tour, they have a partner. When they're eating lunch, we can't always get it with lunch, but usually, that doubles the chances that they'll have lunch with them as well. And so, they work together. Every new student who comes in throughout the year gets two ambassadors and their teammates that support each other. And that was one of the first things I realized when I started the group was the group had to have an identity, right? The group I needed to spend time building culture and training, training those kids. And it couldn't just be a one-off training of here's how you give a tour, yada yada, and you're done. It must be transmitting and sharing values and how we do things. This is people like us do something like this, right? There's a lot of that, right?

Continuity and diversity 21:23

Matt Neil: So that addresses your second question, which is the aging out. One of the things I love about the group, it's the biggest challenge running the group, and it's also one of our biggest strengths, which is a lot of other groups in the school, for better or for worse, is made up of similar types of kids. and you know the simplest exp chess, club. Yeah. The simplest thing would be the chess club and the baseball club or a different group of people. Sometimes there's a little overlap, but not a lot. But this group, we intentionally, it's, to me, the biggest challenge when you're putting the group together is trying to make it as diverse as possible.

And by diverse, I mean racial diversity, gender diversity, religion, all those things. We traditionally think of d diversity, but we also think of the different types of kids, like the drama kids and the nerdy kids, and I mean that in the best way. The athletes. Yeah. Yeah, totally. All sorts of kids because then you have more. Kids to pull from, to connect with. If that makes sense. Oh yeah. So that group comes in 10th grade, and I have had them for three years, which is super cool because the seniors mentor juniors, and juniors mentor sophomores.

Team leadership 22:42

Matt Neil: And what's nice is, like, my leadership team running the group now are seniors and juniors who I've had for two, three, or four years. And so, they've grown, right? That first year it was not



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student-run. I was running around trying to help these kids. And as time has gone on, I've tried to put as much of the decision-making, running, day-to-day group, and everything with the kids. So when a new student starts, the school counselor will email us. Usually, sometimes it's a phone call, and that email goes to my officers and me. And the officers then select our ambassadors to match up, arrange it, and get them there. They do that whole thing so that they begin the process. Then they get the tour. Then afterward, those two who work together have a little sheet they fill out like how'd to go, and then that same group, a small group, follows up with them to see how it is. So that's a thing. So, to answer your challenge question, like them aging out, it's an excellent mentorship opportunity for me with those kids, which I just relish.

Ninth grade 23:55

Health Hats: And I assume that all right away, even with the ninth graders as they're meeting them, they're like flagging kids. Ah, this person is ambassador material. Yes. So that the pipeline is primed.

Matt Neil: Yes. And I've taught ninth grade for 16 years. One of the reasons I've continued to do it is you're able to see kids grow. Yeah. Because you know them when they're 14, and you know them when they're 18, and you see that growth. Oh yes. And I, my current president, I think I knew on day two or three of her being in my class in civics class. Oh, this, she's one of, she's one of us. Yeah. And it was because she was just helping everyone around her without, she, I was just like trying to I'm, looking over and she's helped three people, and I haven't even asked her to do that. And I'm like, oh, you're one of us. That's a good thing. I have a couple this year, too, where I'm like, oh, this one and that one, yeah. That's a good point, Danny.

Perhaps they don't want help 25:04

Matt Neil: The challenge is that some kids don't want help for whatever reason. Or at least they have a rough exterior. And to me, that's the art of understanding teenagers. They don't. They quote-unquote don't want to bother them. I work with them on the difference between being too persistent, being in the kid's face too much, and being too laissez. Usually, the kids, if they said, oh, I don't need any help, they go, oh, okay. They take that very literally, and there is no second or third attempt. Hey, most of these kids think you're fake friends. So, you have to overcome that with no, we want to be your friend, which is hard.

A lesson from failure 25:51

Matt Neil: Our current treasurer is a serious athlete dude. Nice kid. I think he's a state-qualifying pole vaulter. He is someone who, if you're picturing a stereotype of like the big man on campus, would be, if you described him, the kid has a heart of gold. He is a great kid. He cares about others and is just a great, extraordinary human being. He shared a story last year in a big meeting. We were in the auditorium with everyone, and he said, I think I failed. And to admit that, he said, my new student got into a fight. Everyone couldn't believe that this is what him, but this was him sharing out with a big group. And that moment changed our whole year because everyone realized he had said what had happened. Tell us about it. And he started telling the story and, here, he had done everything. Here's what I tried and what



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didn't work. But you can't. There's no saving. There's only helping, right? And the kid chose to get into a fight, and he can't keep him out of a fight, right? And so that was a great lesson for him. The humility was incredible. When you have this serious athlete, this popular kid sharing this out here's my failure, I feel like I failed. The brand-new 10th graders who were in different cliques of students or whatever, who were ambassadors, go. He's having this issue, so by sharing that, it's okay to say, " Hey, this didn't go well. How? And he was asking for help, and they supported him.

Health Hats: Oh, it gives me goosebumps.

Matt Neil: Oh, me too. I tell that story way too much. And he said, stop telling that story. I have permission to share that, but he says all I did was be honest. I said, but that honesty is what gets us somewhere.

Standardization, data 27:53

Health Hats: Oh, it's huge. Yeah. Okay. What should we have talked about that we haven't related to this?

Matt Neil: I love this question. I'm stealing this question from you, by the way. I want to ask you a question at some point, but I want to save that for a minute. I think we misunderstand how we should run all our organizations, especially our schools. We are very focused on the results of standardized tests and standardizing everything. And that standardization is the goal because we want to achieve good outcomes for kids. So, we want to standardize certain things, and there's a place for it. But I genuinely believe that we have made a colossal mistake in the direction we take with education, where we have focused on how we can make these kids fit into the system. Even if we are adjusting for the kids, it's still about driving those metrics and focusing on many buzzwords, the data. I have seen the data be kept for many different things. Often, we already know what to do. So, we need to do that.

Social health, a safe place 29:21

Matt Neil: To me, a big part of what we already know is to focus on the social health of these young people. I have seen in my time teaching that the social health of most, if not all, young people, is much worse than it was before. And we have seen that correlate with worse outcomes. Whether you want to talk about attendance, grades, risky behaviors, or whatever you want to say. If you feel like you're a part of your community, you treat every moment there differently. And we need to be focusing on that. And I don't know if you want to call it culture or what, social health or whatever you want to do, but the kids are happier, and the adults are happier in the building. The teachers are happier. Everyone does better when you focus on social health. And people talk about social-emotional learning, and it is that, but really, is this place for me? Is this a place I can feel safe? Is this a place I can learn? And that doesn't mean you're not challenged, because I think that's another thing, a safe space people do. But what it means is, this place for me, do I belong here? Do people see me? And I think we need to spend a lot more time on that.



Loneliness, belonging, hope 30:50

Health Hats: The episode I posted today was from a conference with almost a hundred patient advocates, and I interviewed 26 of them. I asked three questions with one of the questions, how do you recognize success in your advocacy? And I often heard three things: I'm not alone, I belong, and there's hope. It's profound. It's so simple; as you said, we don't need a study to know that those are important. I don't care what the evidence shows. Aren't religions based on this stuff?

Matt Neil: There are probably a ton of studies around this type of stuff, but we get so focused on looking at the data. Let's do this. Let's look at the people in front of us. Let's listen to the people in front of us. There. There's the evidence there, which are you. I have kids telling me that they feel lonely. I have kids telling me they're stressed, have a ton of anxiety, and then when we put some of these things into place, I see thriving children. So, you want to do more. And, to me, that's one of the ties to healthcare.

Captain, CEO of your health team 32:48

Matt Neil: I've heard you talk about being the captain of your healthcare team, right? I don't know if captain is the right word.

Health Hats: No, I've said the CEO, but it doesn't matter.

Matt Neil: Yeah. The CEO of your health. Yeah. When I've had small healthcare things going on in my life, I have felt that you're on your own so much. That is one of the hardest things. I think across disciplines here. We should start to build the capacity and the understanding that this is the thing. It doesn't mean other things aren't also important, but this is the foundation for me. People are in a community rather than just being individuals alone. It's individuals together, not individuals alone.

What can we do to help young people? 33:42

Health Hats: You wanted to ask me something?

Matt Neil: Yeah, I wanted to say what, so you, I know you told me a little bit about how this kind of came up for you, and it was sticking out to you. Two questions. It's a two-parter. One is how do you think, based on your experiences? I know you've talked to a lot of young people who have different challenges going on. What are some things that we could do to help those young people, especially when they're coming into school?

Health Hats: Oh, gosh. I think you're doing it. I talk to people. It skews towards people with so many issues to deal with. And I don't want to say that it's more than anyone else because your issues are your issues. I don't know what value comparing has. But I think that the things we've been talking about, belonging, recognition, a feeling something positive might happen in this day, are so important. So, I don't know that I have anything to add. I think it's incredible. It's so right, like Kathy's table.



Wisdom shared 36:06

Matt Neil: Yeah, that's helpful.

Matt Neil: On Monday, at 7:20 in the morning, I'm going to see sleepy teenagers waking up. The ages are going to be 15 to 18. And those young people, I'm going to be starting the day, and if I wanted to say, hey, I talked to Danny Health Hats about this. I was on his podcast. We were talking about these different things. If there is one thing you wanted me to share with them, and I will share it with them, what would that be?

Health Hats: This is such honorable work they're doing. It is life critical. It has an impact for a lifetime. I think I've shared this with you before. My son is a first-grade teacher. One of the things that he does is greet everybody, all the kids, when they come in: I'm so glad you're here. We're going to have a good day. And then he shakes their hand on the way out. We had a good day. I look forward to seeing you tomorrow. Yes. And these are some troubled kids. They come from some rough experiences. And I just got the feeling that this might have been the most respect they've ever gotten. I think the ripple effect lasts a lifetime. It isn't just for the ambassadees. It's for them too. How easy it is. This is power. This is some awe-inspiring power. It's the power of charisma. It's the power of love. It's the power of caring, which is just monster. My hat's off. Thank you.

Matt Neil: That thing that you said about its honorable work, it's life-critical work. I want to say that to administrators, parents, and people who run schools, and they think about what we should be doing in schools when you help that one child when they need it the most. You help that kid. That's the number one thing. You change the trajectory of their life, or you could change them. Think about the thousands and thousands of people they impact. And how if you make their day and experience better, every negative thing if they're going down a different path gets put on. So, it's first, most importantly, for that kid. But then think about the impact that kid has and if you make their impact more positive, how that, thinking about ripple effects that can help your school, help our communities, and help everyone.

Health Hats: Yeah. Thank you.

Matt Neil: Thank you. This has been fun.

Health Hats: Very fun. Yeah. Alright. Thanks, man.

Reflection 39:53

Don't you wish you had Matt as a high school teacher?! I was fortunate enough to have had two. Matt and his student colleagues build leaders, create belonging, and promote equity through mindful hosting and inclusion. Not too shabby. Perhaps this humanness might prevent some angst from spiraling into mental illness or aid those recovering. I needed this dose of hope and inspiration.



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Nuggets from the Mine 40:42

Perhaps of interest to you, I started following [Jonathan Haidt](#), a social psychologist at New York University's Stern School of Business. He has been studying the contributions of social media to the decline of teen mental health especially teen women. Read his Atlantic article, [The Dangerous Experiment on Teen Girls](#).

What's next? 41:18

Next, I'll create an episode from my trip to Costa Rica, a nation welcoming people with disabilities. Then we'll return to our series with a chat with Dr. Bonnie Engelbart, a primary care physician. Here's a clip.

Dr. Bonnie Engelbart, Primary Care 41:38

Bonnie Engelbart: Certainly, as a family doctor, a lot of the care we provide is around mental health and depression and anxiety. Those are conditions that I would be managing, and I wouldn't refer out. Certainly not as an initial step. I think the times when I would refer out would be if I've prescribed medicine and I've been adjusting medications and trying different things, and the things that I'm trying are not working. Obviously, if someone is suicidal, I will send them to the hospital. For people with severe depressive symptoms, I often will try to refer, but the reality is that there aren't adequate resources. And so even with people who have significant illnesses, I am often the one that's carrying that care for months before they can access mental healthcare. For things that are a little more complex, Bipolar or schizophrenia, schizoaffective, or something like that, we do have what are called eConsults, so I can take a history. Do my best job to ask all the appropriate questions and then share that chart with a psychiatrist electronically. They'll review the history I've collected, and within a week, they'll get back to me with recommendations about medications.

Podcast Outro 43:44

I host, write, edit, engineer, and produce Health Hats, the Podcast. Kayla Nelson provides website and social media consultation and manages dissemination. Joey van Leeuwen supplies musical support, especially for the podcast intro and outro. I play bari sax on some episodes alone or with the Lechuga Fresca Latin Band. I'm grateful to you, who have the most critical roles as listeners, readers, and watchers. See the show notes, previous podcasts, and other resources through my website, www.health-hats.com, and [YouTube channel](#). Please subscribe and contribute. If you like it, share it. See you around the block.



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