DANNY LENNON: Jake, welcome back to the podcast. Great to have you here again.

JAKE MEY: Yeah, happy to be back. Thanks for having me on. It's always good to chat with you.

DANNY LENNON: Yeah. So we had a, I think very deep and informative discussion last time you were on, specifically talking about sugar, and I think a lot of people had a lot of nice things to say about that particular episode. But just for anyone who's listening who didn't listen to that episode, or who hasn't come across your work before, can you give a brief introduction to who you are, the work you do, and a bit about your background that may be relevant?

JAKE MEY: Yeah, absolutely. So I'm Jake Mey. I am a nutrition scientist. My current position is called a postdoctoral research fellow. So for those that aren't really involved with the research realm, that essentially means I'm not pulling in big multimillion dollar fundings just yet to do my own research, I work in someone else's lab who pulls in the big money, but I'm working on doing that myself. So that's where I'm at in terms of the career stage, but we do have a lot of really interesting nutrition data that we've been putting out, so pretty excited to keep doing that. In terms of my background, my

undergraduate training was in nutrition at Case Western Reserve University, and it was actually in a didactic program for dietetics. So if any of you dietitians are listening, I absolutely love dietitians, and I do maintain my RD credentials. So I really enjoy having a clinical nutrition focused aspect to the nutrition research that I particularly do.

So after my undergraduate degree, I went out to the University of Illinois at Chicago and that's where I did my PhD, and this was actually a dual program between nutrition and kinesiology or exercise science. And so, it really broadened my perspectives to kind of include that exercise world, you know, exercise was something personally I did a lot, I was collegiate athlete. So you're always trying to be bigger, stronger, faster. But getting into it from the research perspective, a whole new level of appreciation for that. So I'm a big advocate for the combination of nutrition and exercise to really help a variety of areas. But nutrition is my true focus.

DANNY LENNON: One of the core messages you often put across or get people to think about is, okay, here we can interpret and appraise data in the most effective way possible let's say, and come up with conclusions in nutritional science. But where's the next step then in terms of that getting implemented, either at a public health level or at an individual level with a dietitian and their patient, for example? And they're both two very different things that hopefully we'll discuss both here. I think maybe a good way to set the stage for this conversation is if we talk about the dietary guidelines that are pretty similar across most nations, broadly in terms of the conclusions they come to and the targets that we want to make. But there's also this strange narrative that exists on the internet and elsewhere that the guidelines are wrong in some way or that the fact that we have the prevalence of chronic disease or obesity is some sort of indication that these guidelines

are wrong. Can you maybe give your thoughts on that type of narrative?

JAKE MEY: So I'll say for the argument that you may see out there, and if some of you are wondering, oh my gosh, is this true, you know, there's a concept that perhaps the dietary guidelines were really directed by industry funding. And industry funding was involved in a lot of the research and what went into the dietary guidelines. So that’s a part of it, but that doesn't mean they necessarily directed the data that we got to form these dietary guidelines. So I would say, I do trust the dietary guidelines. I do not think they contribute to the disease. And a lot of the information that we have shows that if you are effectively following the dietary guidelines, you prevent or reduce your risk for disease. And that's something that I think is really important to bring up is that, for the studies we have that appropriately detail individual's nutrition, even across large and diverse populations, the same core concepts always come through – not having a lot of added sugar, not having a ton of saturated fat, eating fruits and vegetables. So those are the core concepts that tend to be related, no matter where you're looking to good quality health.

DANNY LENNON: Yeah, I think that's a crucial point. The fact that we've had this increase in prevalence of, let's say, certain chronic diseases, the fact that that's coexisted alongside the guidelines being the way they are isn't an indication that everyone started following these guidelines to the tee, and therefore this happened. The second point that you outline is, there's those consistent things we see, whether that's limiting added sugars, whether it's keeping saturated fat below a certain limit, but the translation of those is perhaps where we can have room for more work to be done. And so, if we take maybe saturated fat as an example, we could say, yeah, we're pretty confident that you should aim for less than 10% of your calories coming from saturated fat. However, that piece of advice is, number one, probably not that actionable. And

number two, to a lot of people, doesn't mean anything, like, what does that even mean. So how should we start thinking of that problem of we have a clear conclusion that has a lot of evidence, but how do we action that with people?

JAKE MEY: You bring up really a great point, because no one goes into a meal or a food selection process, whether they're at a restaurant or making their own food and think, okay, how many grams of saturated fat am I putting in. No, you're like, alright, what do I want to eat right now, what's going to taste good, what fits my nutritional goals. But very few people are going into the details of anything related to macronutrients or even deeper than that, as you mentioned, the specific types of fats. So, yeah, how do we implement that? Before touching on that, I do want to make one point very clear, because we talked a little bit about if you follow the guidelines, and I want to make sure I'm not putting out the perspective that I think people are making an active choice to not follow the guidelines. I think there's a lot that goes into whether or not you're following the guidelines and I really want to distance this from anything related to willpower or desire to eat healthy, because certainly those things play a role, I don't want to diminish the aspect of that. Some people can be very dedicated, I mean, you see what the fitness community and bodybuilders do. But for most people, you're a little bit prey to your environment, and especially, I'm here in the United States, we have a big issue with obesity, and that comes right along with what you see when you go into our different shopping centers. I mean, you're just surrounded, at every checkout, there's just a whole bunch of high calorie candy bars that are enticing to eat, and you've just been shopping for an hour or whatever, so you're obviously hungry, because you've been walking around and shopping, and it's just – it puts everything in a tough situation. So I just want to be really clear that for individuals that aren't following the guidelines, or for people that say

they're following the guidelines but aren't getting the results, I don't think that has anything to do with the effort or anything with that individual person. So I do want to make sure I just make that delineation first. And then after I mentioned all that, I kind of forgot what you had asked about.

DANNY LENNON: No, that's totally cool. I do think it's incredibly crucial that you bring up that point, and actually recently on the podcast, we've been at pains to discuss this distinction between that personal responsibility narrative and the fallacy of that versus what needs to happen at a public health level and regulation, I suppose that influences things around the food environment and so on. So I'm delighted you bring that point up, and it’s one we'll probably circle back to later here in this discussion. The previous point was thinking about that ability for someone to translate some of these guidelines into something that's actionable. And with the example I gave being saturated fat, limited to less than 10% of your calories, kind of, doesn't mean anything to anyone, and even when it does mean something to us, it's still not something that I would even action on a day to day basis of thinking what percentage of my calories has been saturated fat. So given that disconnect between a solid evidence-based guideline, but then how we act in the real world, how do you think about that problem of trying to bridge that gap?

JAKE MEY: Yeah, okay. So this is really a great question, that's probably why I went off on a tangent at first. So I think for someone to effectively, if they say, okay, look, I understand, I want to keep my saturated fat below, let's say, the number 10% – how do they do that without, really diving into the details of the nutrition facts of every food item they're eating? And I think the simplest way to do this is a core concept in the dietary guidelines, which is the utilization of MyPlate. So for those of you that aren't familiar, MyPlate is this concept where if you envision every one of your meals being on

a big circular plate, you want to have roughly half of that filled with fruits and vegetables, a quarter of that filled with a lean protein, and a quarter of that filled with whole grains. And that's the basic concept, and no matter where you're at, or no matter what you're trying to eat, you can try and build your meal according to the MyPlate paradigm. Right? And then everything else that you may be desire to eat or want to eat, or if you're still hungry, can kind of go on top of that. But if you start with that dynamic and say, okay, here I am, I'm eating lunch, where's my fruit, where's my vegetable, where's my lean protein – and the lean protein is where you can say, hey, if I have something like fried chicken, that's something that is obviously a higher saturated fat item. If the general public doesn't know that, I could be a little off in my understanding, but I think most people would understand that fried foods are higher in saturated fat – the option to say, okay, I need a lean protein, let me get a baked chicken sandwich.

And so it’s that sort of simple switch that you can say, okay, this is a high saturated fat item, this is a low saturated fat item, I'm not going to pay attention to the exact numbers, but I'm going to make my choices towards the low saturated fat item and plug that into your MyPlate. That's how I really think kind of the best application of this could be is if everyone just has in their mind this MyPlate image and says, okay, I'm going to eat a meal, where's my fruit, where's my vegetable, where's my lean protein, where's my whole grain, and you've essentially created a really nice core concept for you to go on there. Now, this might not work if you have specific goals in terms of weight loss or weight gain. There may be things you need to cut out. Just to add a little bit of perspective, I'm a researcher, but I also have a private practice. I do nutrition consultation, typically for weight management, and I utilize these MyPlate concepts and it goes over fairly well. And one of the items we focus on when someone is interested in weight loss is we use

the same MyPlate paradigm and we just cut off the grains, and so we say, hey, build your meal, have a fruit, vegetable, lean protein, and then go from there. But I think if everyone starts their meal with that original core concept and makes those decisions on a food by food basis, okay, a high saturated fat versus a low saturated fat, I think everyone can work towards that goal of getting their saturated fat. I don't think there's a magic number at 10%, where it has to be good, but now you're making every decision, hey, how do I reduce this and still enjoy what I'm eating.

DANNY LENNON: And it seems like it's getting people to think in food based terms, because that's how we operate in the world anyway. And I think this is probably particularly useful for dietitians and nutritionists listening, in that, yes, it's important for those of us who are practitioners to look at nutrition science and be able to understand certain targets of macronutrients and micronutrients. But that doesn't mean that we then go and regurgitate that to a patient or a client. It's about how do we translate that to a food based recommendation as you've outlined. So we can know we want someone to not have a really high saturated fat intake, so how do we counsel about them, what meals might look like, that kind of seems like a productive way to go.

JAKE MEY: Yeah, I think you're dead on with that. I think most dietitians in practice would kind of agree with that concept. A lot of them, especially in the clinic or private practice room, do a lot of nutrition consultations, and it’s not very often we talk to participants in terms of, or patients, in terms of gram per kilogram dose of something. Right? It’s always, okay, how can we talk about this in some sort of food or meal-based concept.

DANNY LENNON: Right. So I think that will extend beyond the saturated fat example. We could include things like sodium or macronutrients or fiber and so on. There's often many different barriers for

different people to achieving an appropriate dietary pattern that would characterize as healthful. And there's, again, those two routes that we mentioned earlier that we could look at this through, one would be public health messaging broadly, which is its own distinct thing. But then second to that, we could think about a context where a dietitian or nutritionist is working with a certain individual, and that individual still may have certain barriers to achieving some of these guidelines. Given that there's a whole host of barriers we could potentially discuss, what implications does this have for how a dietitian works in practice, and how they go about communicating with individuals?

JAKE MEY: Yeah, so this is really along the area of counseling, and it's a little less along nutrition expertise. It's more, how do I communicate with an individual, identify the issues they're having whether they recognize it or not, and then how do we try and address that, or are they even willing to address that. So there are counseling strategies and ways to communicate with people that are built into the dietetic curriculum. So this is one of the reasons I think dietitians are specifically able to do what you mentioned in terms of finding, okay, with this person, they need to focus on X and Y, with this person they need to focus on A and B. So that really comes from training and experience, so I think it's a little less about having some sort of very intricate knowledge of all the different interacting factors and just more about having that ability to counsel with people.

DANNY LENNON: Given that we're talking about barriers, I think most people are kind of aware that a patient or client will have certain barriers to achieving whatever outcome and intervention is targeted at, but what is probably less discussed, and I've only seen a few studies related to this is looking at the barriers that dietitians face in terms of actually implementing evidence-based practice, which is ideally our goal, and they can be individual barriers, institutional barriers,

whether that's like a lack of time to keep on top of evidence base all the way to an absence of like cultural support and so on, there's a number of these different barriers. So I'm just interested to hear your perspective, given your background on what is your overall thought on those barriers dieticians can face in order to ensure their practice is evidence-based, and are there ways to navigate around them effectively?

JAKE MEY: Another really great question. This is awesome. You have a really cool perspective of the environment of both the dietetic and health and nutrition realm. I love these conversations, I very rarely get to talk about this stuff. This is really cool. So there's, as you mentioned, a couple of issues with this quote-unquote, evidence-based practice. And I think, first and foremost, it's understanding what evidence-based practice really is, because unfortunately, what you see out there in terms of a lot of messaging on social media, especially advertisements or if you're in some sort of supplement store and you look on the back of a protein container, a lot of times they reference a research study. And so it’s easy to confuse the concept of evidence-based practice to say, do I have any evidence to make a statement, and that's, I think, what can get washed into this issue and make it a little muddy. Because evidence-based practice isn't just finding one study to just justify a concept, an example of this would be someone reads a study in cell culture and B vitamins and it impacts energy metabolism, and then saying, hey, as a human, we need to consume supplemental B vitamins, and that will give you more energy. And so there's sort of this fallacy of taking, okay, there's evidence behind a statement that B vitamins are used to generate energy within what the cells need to do, and energy as in terms of a person and being active and having what we would call energy. Right?

So there's a difference between that and evidence-based practice, which is really looking at everything out there, looking at both sides,

looking at information that support the concept that you're talking about, and information that are against the concept you're talking about, and putting that together and saying, okay, you know what, there's 150 studies that say, X is good, and there’s 15 that dispute it, some of the reasons could be this and that. But ultimately, this is what we think is good. And then beyond that, it's taking it into actual practice and saying, okay, we have the information, we think we know about nutrition, when we take it and put it into practice, does that work as well. So it's this combination of taking, okay, the science, a good understanding of the science, not just taking any science, and combining that with actual practice application and experiences with practitioners and patients, participants, whatever, and putting that all together. And that's how you can really have the best evidence-based practice.

A major issue that I have seen, especially in the dietetic community is going into nutrition training with a preconceived notion on nutrition that is really easy to have. There's so many different takes on nutrition out there, it's really easy to fall in love with one, and then go into the field of research and say, I'm leading with this core concept that gluten is bad for everybody, and then go into training with that in mind. And there are some accelerated dietetic programs that just take less time to complete, which is a good thing if you're a professional trying to get a dietetic degree, but it doesn't necessarily give you the time to really truly understand and refute your own original biases that you come in with. So it is something that I think is built into part of the training styles or different programs that we have as dietitians that I think we need to do a better job as educators for dieticians to really try and remove – first identify and then help people reduce their kind of internal biases or preconceived notions on nutrition. And that allows you to be evidence-based, right? If you come in with a core concept, and you say, look, I know that gluten is bad for everybody, how do

I justify that – you'll find ways to do it, there's plenty of great research out there. But you really need to take into account all the science, and if you go in without that bias, which is admittedly sometimes difficult to realize. Right? It’s hard to look inside and try and figure out your own internal biases, but it's something that a lot of people need to do, and especially young dieticians really need to do as well. I'd be hopeful that most that stay in dietetic practice and go through continuing education are able to reduce their bias over time, but it is something that I think really plays towards long term undergraduate based nutrition programs for dietetics versus short term, one to two-year master's programs. And that's just my personal take. That's a bit of an offshoot, but I think it's a conversation that needs to be had in the dietetic realm a little more. So I did want to share it on your podcast just because of your listeners.

DANNY LENNON: For sure. And I think it's actually incredibly insightful because when we think about someone that is going to begin a dietetic program, their interest in nutrition has to have preceded that point, because otherwise, why would you go study dietetics. So if you've already been interested in nutrition, you've, of course, then been trying to read about and you've got interest in hearing different perspectives, but you've been doing so without yet having received your training of evaluating nutrition science. And so, of course, everyone can come in with some degree of bias. And so, based on what you said, we could probably think of as two general mindsets someone may enter a program, one would be the way that you would advocate of, I'm going into this program to learn all I can about this field to try and gain these insights from these people who are lecturing to me to learn how to critique science and learn that way versus an opposite mindset which is problematic of, oh I kind of know these things about nutrition but I need to get an RD in order to be able to practice. So let me just like rush to this program to get a

qualification, and then I can go and start telling people the stuff I already know. And there are two like polar opposite positions, I guess, which seems to be like the crux of the problem you're highlighting.

JAKE MEY: Yeah, it's a great point, and it's part of another issue in dietetics as well. Certainly with the big push to really improve diversity and minimize racism, the dietetic credential is very expensive to obtain, it takes a lot of time, it takes a lot of money, and it's very difficult for people of low socioeconomic status to be able to get into that profession; even though they may have great skill sets, you need to be able to just take years of your time and dedicate it and most of these programs are not paid and you get in large student loan debt, it creates a new barrier. So now, from the dietetic training perspective, if we minimize those barriers, that would do great things for improving diversity of the population and really give people opportunities in this field that they should have. The risk you run of doing that is if you make it easier to obtain the RD credential, you have what I would perceive as a higher percentage of people under that second area you mentioned where you come in with a preconceived notion, I just need an RD so I can practice what I want to practice, as opposed to really having an evidence-based practice. I think you run the risk of really increasing those individuals. So how do we find a way to balance this is really necessary for the dietetic profession to continue to build and elevate itself. They've done a really awesome job over the last 100 years. I mean, just to give perspective, maybe some of the dietitians out there know this, some don't, but dietetics is a really young profession, if you compare this to other areas, doctors, nurses. Dieticians are a little over 100 years old. So this is really, really new in terms of the age of all the different knowledge we have on science. And the profession is lagging behind in certain areas, especially in diversity, and so there's a lot of improvements we can still have, and I expect over the next few

decades to really see some good core changes in dietetic training and the avenues we have available for people, but we have to keep in mind the major issue that you brought up which is we still need to ensure that the majority of practitioners are performing high level dietetic practice, evidence-based practice. And one way to do that is by having these different issues of how you can actually get the credential.

Now, another concept on this, and this is something that plays to, you know, you kind of mentioned, how can practitioners ensure they're performing evidence-based practice, it is difficult to stay up-to-date on all the research. But to maintain your dietetic credentials, you have to earn continuing education units, and that means seeing presentations or reading certain research or going to conferences, and it's really important for dietitians to take their continuing education very seriously as a way to improve themselves and not as a task I need to do to maintain my credential. And I think having a different mindset on what the continuing education units are, is really important for dietitians to maintain that evidence-based practice because that's your opportunity – That's your opportunity to learn the top research, the newest research, to learn what the expert professionals in the field are talking about and what they think the major issues are. That helps you bring it back down to what you're actually doing in your practice or in your clinic. I think, it's really, really important to just have that mindset. These continuing education units are crucial to be able to perform evidence-based practice.

DANNY LENNON: That point you just raised was that one of the questions I was hoping to ask you about, what if any advances would you like to see within the field of dietetics, and, I guess, there's two elements to this. One would be at that institutional level that we've just discussed, and maybe how dietitians can be better supported;

and then, I suppose, the other would be more directed at how can we find future directions for dieticians themselves to go and improve. And we've touched on both just there, but as a more kind of formal question, maybe if we take the first one, is there anything at a larger institutional level in order to support dieticians in the future, but also support their patients – is there something in the system level that could benefit dietitians and patients alike, do you think?

JAKE MEY:

It's a good question. It’s hard for me to give a really great perspective on this, because I am not ahead of any departments or institutions, I don't coordinate training programs, but I can just share my experience and my feeling. So for anyone listening, take this with the understanding that I'm not running any programs, I don't have some really outstanding insight on that, but something that I think is very clear, and that I would like to see sooner than later is grants and tuition waivers for individuals that have low income, because it's such a barrier to getting into this profession. I think that is one of the primary items we can do to increase the diversity of the dietetic profession. And that's not just to increase diversity. We know that an increase in diversity means you're going to be better as a profession, you're going to function better, you're bringing in skills of people that need to be present for the profession to really be exceptional. And so I think that's really the best change that I think that can functionally happen sooner than later is finding ways to remove these cost barriers for individuals that have the passion and drive and knowledge base to start nutrition and dietetic training and get them in the field, and that will kind of brought in everything else. Right? If you start from ground level zero and you just improve the quality of all dieticians, you're going to have better dietetic practice, and that trickles down to your patients and clients as well. So that would probably be my number one.

I do think there's another area that is in the healthcare realm specifically, and increasing the time and compensation that dietitians get to see patients or clients. So typically, if someone has diabetes and we do a diabetes consultation, you'll probably get a half hour to 60 minutes of face time with that person. But until they have that diabetes diagnosis and get consulted to you, they're just out there and they don't see a dietitian. What I would like to see is just how everyone, from when they're a young child through adulthood, they have a primary care physician; and this is the doctor that gives them yearly checkups and makes sure all their vitals are in order and everything is just working properly and there's nothing major; or if they have an issue, they can go to the doctor and say, hey, I fell down and broke my elbow. I want to see that for dieticians as well. I think everyone should have a dietician just like they have a primary care physician, because it's someone to talk to about your nutrition, something that happens on a daily basis. And just having that sort of guidance, even if it was just once a year, add that up over a few decades, and all of a sudden, you've got 30 hours of dietetic consultation that you've had versus zero, and that happens before the onset of a lot of these chronic nutrition related diseases.

So I think that's something that is probably a lot farther off from actually happening, but you want to talk about pie in the sky, what I love to see for the dietetic profession is that everyone has a dietician, everyone has a doctor, everyone has a dietician, or even if it's more specialized, like, having a therapist is getting a lot more normalized these days which is really awesome. I love for having a dietitian to be super normalized, like, oh yeah, I was talking to my dietician last week, and that's the normal thing. Those are the two kind of areas that I think I would love to see and I think would have the most impact on the dietetic profession and patient care.

DANNY LENNON: So maybe to tie this together, because I've realized I've opened up a number of different tabs randomly here and jumped around and asked them quite broad questions, so given that we've placed the focus here on dietetics, and that field itself, if you were to take the things that you've learned from your own experience and conversations with others, what are some final words related to anything we've discussed today that you would want dieticians to take away as a kind of key message that they can maybe ponder on and reflect on afterwards?

JAKE MEY: As a dietitian, I've mentioned this a couple times, the goal is to continue to elevate the dietetic profession. So I'm going to target my message on a way that I think, younger or even experienced dietitians can on their own personal level, contribute to that, assuming they're going to be in the field and want to be in the field. Right? And that is getting involved in research. That's going to sound a little biased. I'm a researcher. No, but seriously, MDs do this, lots of different health professions get into research, and that's how you elevate your profession. You find scientific evidence as to why your profession is more important. And with that, you justify the elevation of your salary, and you justify the elevation of the dietetic profession maybe to those big areas that I love to see everyone has a dietitian, that sort of thing. How can you functionally do that, whether you're at a learning institute, if you're an RD in training, or if you're an experienced RD at a hospital or a clinic? Contact, find people that do research in there. I mean, it's not that hard to Google up whatever university or hospital you are at and Google researchers and see who's doing research and what's going on, and get involved – just ask to get involved and do some sort of research and build that into your practice. Get some training on it and build it into your practice. As from a personal note, so one of the research projects I work on – so I don't practice clinical dietetics, I'm 100% researcher. But one of the items that I do is I'm working with a team of clinical dietitians up at

the Cleveland Clinic, and they're conducting the research and my role is overseeing the project and helping them learn how to write abstracts and manuscripts and develop timelines. And so it’s really this pay it forward between people that have the research experience and the dietitians that want research experience, especially people that are dietitian-researchers like myself. I'm super passionate about helping dieticians getting them into the research realm, helping them find ways to break into that area. And certainly anyone listening, feel free to shoot me an email if you have a specific question about this or you don't really know where to go from your personal standpoint. But to summarize everything, yeah, getting dieticians in research is what I would say, even from early on, have that as some part of your goal is to be in research, because it's not just being a 100% research, you can do 95% of your time clinical practice, but just having that as a factor I think is really important.

DANNY LENNON: Wonderful. I love it. Before I get to the very final question that we end the podcast on, let people know where they can find you on social media, the internet, and anywhere else you'd like to send their attention.

JAKE MEY: Yeah, absolutely. So if anyone is in the research realm, my name is Jacob T. Mey. So search on Research Gate and we'll have a chat. I really love just talking with other professionals. For social media, I'm @CakeNutrition, and if anyone wants to shoot me an email, the permanent email address that I have is jxm347@case.edu. So yeah, happy to contact anyone in terms of social or via email. I'd love to continue this sort of conversation with anybody.

DANNY LENNON: And that brings us to the final question that we end the podcast on, you've likely faced this question before. But if I were to ask you right now, what is one thing you think people could do each day that would have a positive impact

on any area of their life, what might that one thing be?

JAKE MEY: Boy, actually this was my last social media post yesterday, and I just said, hey, just remember eat a fruit today, eat a vegetable today, and I think that's just a great start. I think it's really easy to get in really poor eating habits and then you don't just notice those things, but have a fresh fruit, have a fresh vegetable, great way to just move forward.

DANNY LENNON: Jacob, thank you so much for this. I've really, really enjoyed this conversation and I'm sure people will get a lot out of it. So thank you so much for the time you've taken to do this, it's very much appreciated.

JAKE MEY: Yeah, Danny, thanks for having me on. It is really awesome to chat with you. I think your podcast is absolutely phenomenal. You have some really awesome perspective, and I love the different areas that you kind of bring in and talk to professionals about. So it's really awesome. Happy to be here. Happy to come back on.