Dr. Slusser: Dr. Jonathan Fielding served as the Public Health Director and Health Officer for Los Angeles County for 16 years, where he created among other things, the Restaurant Rating ABC Grading System. He also directed major improvements in preparedness for major public health threats, increased the use of evidence based policies and programs, and oversaw the Los Angeles County Health Survey, which provided essential information on the health, health risks, and health attitudes of different sociodemographic set populations.

Dr. Slusser: Today we're chatting with Dr. Jonathan Fielding about his insights and perspectives on some of the most pressing public health issues of our time. Jonathan is currently a distinguished Professor of Health Policy and Management, and of Pediatrics in the schools of Public Health and Medicine at UCLA. A brief list of some of his accomplishments include founding the UCLA Center for Health Advancement, serving as the Director and Chair of the Truth Initiative, which is dedicated to ending youth smoking. And, in 2011 he was appointed by President Barack Obama to the National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. In addition to having earned three Master's Degrees and an MD, he has Authored or Co-Authored more than 300 original articles, commentaries, editorials, and chapters on various aspects of public health, preventative medicine, and health services. Please welcome Dr. Jonathan Fielding.

Dr. Slusser: Thank you so much Jonathan, for coming today. It's just such a pleasure to be able to talk to you, and learn about your life journey, and your wisdoms that you can share with me, and the whole world-

Dr. Fielding: Mm-hmm (affirmative).

Dr. Slusser: ... on this podcast. I have to say that you were one of the first people I met when I first came to UCLA, and you just were so open, and receptive, and generous with your sharing of knowledge around employee health, and employee health programs, and really helped stimulate me to be able to do a study that I had no skills to do at the time, and you really gave me the confidence and also the chops to be able to actually do it, and get something published with a big insurance company that was doing a study across the country. Welcome.

Dr. Fielding: Thank you, very glad to be here.

Dr. Slusser: The other thing I think that's important, and you're going to pick this up I think in this conversation, is how Jonathan has this incredible ability to have a sense of humor, and bring to light very complex ideas in a way that can be communicated to the lay person, as well as to researchers, and policy people.

Dr. Fielding: Hmm, sounds interesting person, I'd like to meet him.

Dr. Slusser: Well, we'll get to know him through this conversation. Anyway, it's hard to know where to start. You've served as the Director of the LA County Department of

Public Health for 16 years, but this is just a small part of what you've accomplished. How have you been able to build a career with such a lifelong trajectory?

Dr. Fielding: I don't believe in careers, I don't know what a career is. It seems to me that you can have a job, which could be good or bad, and unfortunately not enough people have a job that they consider good or rewarding. Or, you can have a calling, and that really translates into a mission. If you have a mission, then you don't really consider it a career, you consider it part of your mission. I think that gives you a very different perspective on the things you do, the things you decide not to do, and how you use your time because ultimately the thing that all of us have in the shortest supply and most valuable, is time.

Dr. Slusser: How would you describe your calling and mission?

Dr. Fielding: Well, I always wanted to help people, to make a difference. First I thought I was going to do that by one on one clinical care, but when I had patients whose problems could not be remedied by anything we knew in medicine, I realized that it was the population based problems that we had to solve. The issues of poverty, the issues of poor transportation, inadequate housing, and educational system which is not very equal depending on who one is. The different levels of literacy, the different family situations, family violence, all that. You just get the feeling that unless you attack those issues, and one of the underlying issues of course that crosscuts is poverty, you're not going to get where you need to get, you're not going to fulfill the mission. I can say I've made very little progress when you think about what there is to do, but I feel at least I've tried hard, and in maybe some small way made a difference.

Dr. Slusser: I feel that you've made a big difference in so many people's lives, not only individuals that you've mentored here at UCLA, but also across Los Angeles and the country, with all the different roles that you've played. It's curious to me, you were very ... I mean, that's kind of a revolutionary thought when you were having it at the time. I mean, when was it that you were doing one on one care?

Dr. Fielding: I was doing, I graduated from medical school in 1969, and I was in my internship then and residency, and it was during that time-

Dr. Slusser: In Pediatrics?

Dr. Fielding: ... In Pediatrics in Boston, and I just got clearly the feeling that the more that I looked at the situation, the more we had to look at what we do for populations, not just one on one. Or at least not only, I mean I would not in any way disparage medical care, I think it's really important and made a huge difference. But, let's focus on the preventative side, and let's focus on the broad determinants of our wealth and wellbeing, not just those that we wind up facing and being talked about in medical schools, which I think is not the whole picture.

Dr. Slusser: Mm-hmm (affirmative). At the time in 69, would you say that some of the issues or challenges that you were confronted with were different, or are you feeling that there's a theme that's permeated throughout your career?

Dr. Fielding: I think the challenges get better delineated, and better refined. I think our tools to attack some of them are definitely better. I think there's much broader recognition of the importance of what we call the social determinants of health. So, I don't think the problems have changed as much as I'd like to see, but I think there's greater recognition. Unfortunately the greater recognition has not necessarily come with greater resources, and I think we have to be very careful because we spend so much more than any other country per capita on medical care, I'm not going to call it healthcare. And yet, our results are worse than any one of the developed countries.

Dr. Fielding: Our efficiency is very, very poor, and unfortunately what that's doing is starving the other potentially uses, better uses of those funds. If we're spending four trillion dollars, maybe we're wasting a trillion dollars. Just think what you could do with a trillion dollars a year, that's every year. And what you could do with infrastructure, what you could do with education, what you could do with nutritional programs, what you could do with transportation, and what you could do with housing, and the general issue of support for people that really need it. I'm not very content with how we allocate and prioritize what we spend to try and improve health and wellbeing, and unless we change that to be more consistent with other developed countries, I think it's going to be very hard to make the kind of progress we all envision is possible.

Dr. Slusser: Well, what you just said, I want to unpack it because I want to make sure everyone understand some of the areas and nuances that you just describe because I think they're really profound, starting with medical care, not healthcare. Why do you call it medical care, not healthcare?

Dr. Fielding: Well, because I think that when you call it healthcare you're assuming that it assumes all those opportunities in policy, in program, in the like to improve health and wellbeing, and wellbeing isn't just the same thing as lack of a particular disease or risk factor. I feel that it's critical that we take a very broad view of what contributes to health and say, "Well, medical care is an important part of that." The estimates are that it contributes 10 to 20% of the contribution to better health, but what about the other 80 or 90%? Those are the things we don't spend enough time on, and we don't always realize, the public doesn't always realize that they are critical contributors to health, particularly in the economic.

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: If you had a trillion dollars a year, what could you do with that, and how could our lives be better? How could we have greater equity if we redistributed that money? We know from the studies in the Institute of Medicine, now the National

Academy of Medicine, where many of us have been involved that roughly 25% of what we spend on quote, "Medical care," is wasted, and that's basically close to a trillion dollars every single year.

Dr. Slusser: It's profound and overwhelming actually, to hear that. Before I followup on what you mean by 25% of it being wasted, I think that the description of what you're saying is looking at the determinants of health, which can be housing as what you listed, and economics, and education, which are outside of the quote/unquote, "Domain," of medicine. That is where you're describing that's where we should be spending monies to help enhance people's health and wellbeing, is that correct?

Dr. Fielding: Yeah, compared to the other develop countries and based on a very good analysis, we don't ... what we spend is a percentage of our gross domestic product, is not very different than other countries if you look at the full range of social services. But, the difference is that we spend so much more on medical care that it starves out the other things that we'd like to do with those funds, and social services. Are we doing enough for the elderly, are we doing enough for young kids-

Dr. Slusser: Right.

Dr. Fielding: ... what are we doing to try and help families stay together, and deal with problems? How good of a job are we doing with behavioral issues? Which are obviously critical and a major determinant. The study by the Institute of Medicine looked at the inefficiencies. How much are we spending, how are our prices different, how are ... what's the number of people we have per hospital bed compared to other places, what are we doing that doesn't have evidence, a good evidence base? So, they basically divided it into a bunch of different pieces. But, basically that was a study in 2009 came up with about 25% was wasted, unnecessary, overpriced.

Dr. Slusser: Yeah.

Dr. Fielding: There's definitely a lot of waste.

Dr. Slusser: Well, so how do you see us being able to shift to prioritize what I so strongly believe in too, which is this upstream health and wellbeing approach? Even, sort of even going beyond the determinants of health, but even looking at culture of health, like infusing health in everything, and prioritizing it?

Dr. Fielding: Well, we have to be careful not to make everybody think that we believe health is the only important outcome. Wellbeing is critical-

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: ... and not everybody defines it the same way. I think how you feel in your own skin, your relationships with family, with neighbors, with your community are vitally important. Obviously your economic wellbeing and stability are obviously critical, so there are a number of things that we all want to achieve. But, one point I would make in terms over the long haul is, unless we also start thinking hard and doing much more about climate change, we are going to wind up with our progeny having real tough times surviving.

Dr. Slusser: That's right.

Dr. Fielding: That recognition I think is increasingly widespread, but not universal. And, and certainly the kind of resources necessary both on the mitigation side, which is reducing the carbon footprint. And on the adaptation side, which is given what's happening, which we can all see right in front of us. What we need to do to minimize the effect on human health, we're going to miss an opportunity to help planet earth come to better health and wellbeing.

Dr. Slusser: Yes. I mean, we're so intricately involved and connected, and also in terms of resources. I'm already seeing it here in California, that so much of our resources are going towards responding to disasters. Which could, if we really again, had some foresight, we could invest in human capacity and reduce this carbon footprint and other climate change.

Dr. Fielding: It's going to be hard in the short term to reduce the carbon footprint because of India and China whose footprint continues to grow, and Indonesia, other very populous nations. But, what we can do in the very short term is to point the way we have to move as a planet. Think of the planet as a patient. What do we do to keep that patient in good health? And in the meantime what we have to do is realize two things. One, that ultimately the worst part of climate change is all going to be on human health. I mean, if you're looking at, there's all kinds of issues with the ecosystems and the like. But, human health is going to be the thing that suffers, and that we have to be really concerned about. And the second point there is, that while climate change is really important, it's also critical that people understand what they can do today. There are a lot of things that one can do, but we have to think ahead for example, of the changes in the vectors that we're going to see. So-

Dr. Slusser: Mm-hmm (affirmative), like mosquitoes. Mm-hmm (affirmative), ticks.

Dr. Fielding: ... Yeah, right. Mosquitoes and ticks, I mean we're going to see diseases we hadn't seen before, hadn't seen in a long time, and that's pretty scary because we don't have vaccines for some of those, and they can be very widespread, and can be very dangerous and create serious illness and mortality, so that's one. The whole issue of water, there are places in the world that don't have enough water now, and we know that one of the predictions that's coming true is we're going to have fewer storms, but they're going to be much more intense. I mean, look at Katrina, look at Sandy. We are going to have that, so we don't know what to do

about that exactly. How do we keep that water? For example, now in Los Angeles most of the water from that goes into the storm drain system right into the oceans, not water that's really used.

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: Even at the local, at the house level. We need gray water systems that basically use water from things like showers and stuff, and repurposes that to water grass and stuff. We need permeable surfaces, because the hard scape is what stops water from being recaptured unless it goes directly into a system that recharges the aquifer. So, there's a lot of things that we can do. We can have much more foliage, which is a critical piece. Tree People here, has done a wonderful job of making that a front and center issue. But still, there's huge amounts to go. There are things we can do in the short term, we need to worry about people who are vulnerable when we have extreme heat.

Dr. Slusser: That's right.

Dr. Fielding: We know extreme heat kills, and we're going to have more and more extreme heat. Some major cities are up five or six degrees on average.

Dr. Slusser: Yep.

Dr. Fielding: Because of the hard scape. We need to have roofs that are not dark, that are basically light colored that reflect the sun. We can go through a long list, but it needs to be at a human level, and a community level, and I'm not sure that everybody is giving it the priority, attention that it not only deserves, but it absolutely needs.

Dr. Slusser: Is that something that the public health department has been active in, in terms of trying to propagate this information?

Dr. Fielding: Yes, the Los Angeles County Department of Public Health has been involved in this issue, has taken a leadership role within the County on this issue. But, this is one that has to be a large family, it's not just about public health. Public health can be the coordinator, public health can provide the impetus, and can provide the statistics that show how important addressing this is, and what works and what doesn't. But, it's much too broad to just be a public health issue, it's a public issue.

Dr. Slusser: That's right. Do you feel that our leadership here in California is taking this seriously?

Dr. Fielding: Well, we'll see. We have a new governor.

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: And, we have some changes in the legislature, so I'm optimistic that they're going to. But, this is not something that gets fixed overnight, and it never gets entirely fixed. So, the question is what level of investment, priority, is this given compared to the other needs that people see, and that are right in front of it? This is not a tomorrow issue, although in some cases it can be. But, it is an issue of the next 100 years. By that I mean, we have plenty of problems today leading to potentially catastrophic, or cataclysmic impacts within the generation.

Dr. Slusser: Yeah. So Jonathan, in your past have you been confronted with a similar kind of challenge as what you're just describing to me in regards to climate change?

Dr. Fielding: No, I don't think ... way back when I was Commissioner of actually Massachusetts Department of Public Health, and I was young and didn't know nearly as much. But, this was not on the horizon. We did not see this as a threat, it hadn't been globally recognized, it hadn't been locally recognized, so this is new. Not that new, but certainly it's in the last couple of decades that this has really come to the floor, and the evidence is just irrefutable now. But, it was not on the agenda, it was not part of the agenda when I was a Commissioner of Public Health, which was in the late 70's.

Dr. Slusser: Have you seen any models in our country or other countries that could be used as a roadmap?

Dr. Fielding: I don't think there's one model, I think we can take different things from different places. What has Australia done about the extreme heat, what have other places done about wildfires, and what has been done to try and get better water capture? Because, drought is a huge issue, and de-certification is terrible, and it's leading to inadequate crops, and a lot of starvation. Those issues were, the issue of not having enough food was there a long time ago, it's been there for as long as I can remember. And, the social issues have always been there, but these other ones are relatively new, and we were ignorant before, and the evidence wasn't as clear.

Dr. Slusser: Right. Well, so this clearly is something that is on your mind and on mine for sure, this climate health. What would you say keeps you awake at night?

Dr. Fielding: Well, I'm concerned about the level of violence in all forms. Child abuse, elder abuse, intimate partner violence criminal violence. I mean, we have a violent culture, or subculture, and I'm afraid that, that is exploding. But, firearm safety. We've made huge progress in computers, and I can't open my computer without putting my fingerprint on it. But, there's been virtually no progress in terms of firearm safety in the sense that, why shouldn't we have a thing where you have to have your own hand, your own finger to be able to press a trigger-

Dr. Slusser: That's right.

Dr. Fielding: ... then nobody else could use it.

Dr. Slusser: Right.

Dr. Fielding: As an example. We're not using the things that we know that could make firearms safer.

Dr. Slusser: Right.

Dr. Fielding: And, I think that the National Rifle Association unfortunately has taken a, if you give them an inch, they'll take a mile. But, they're commonsense things that we should all consider, and this shouldn't be such a partisan issue.

Dr. Slusser: Yeah.

Dr. Fielding: That's one thing that keeps me up at night. The other thing that keeps me up at night is the issue of pandemics. The most common pandemic we have is the flu, and we don't know exactly how, when it's going to mutate, and how much it's going to mutate, and we do a lot of guessing. There's better work going on to try and predict that, but we could have had a pandemic of SAR's, we were lucky we didn't.

Dr. Slusser: Yes.

Dr. Fielding: You know? We were just very fortunate that somebody in China who was infected decided to go to Toronto instead of Los Angeles. Look at Ebola, which is now in its, I don't know how many times there's been an Ebola outbreak, and now an epidemic in parts of the Democratic Republic of Congo. There, the part that now is affected is near several neighboring countries, and it's not very ... it's remarkable that we have not had it spread from the Democratic Republic of Congo to the other nearby countries that have no experience with it.

Dr. Fielding: We saw what happened with the Ebola outbreak epidemic. I mean, the three countries which took a huge amount of effort to try and-

Dr. Slusser: Maintain.

Dr. Fielding: ... control, yeah.

Dr. Slusser: Yeah, mm-hmm (affirmative).

Dr. Fielding: I mean, Ebola's a-

Dr. Slusser: Some came out here, some ended up in the United States.

Dr. Fielding: ... A couple, a few-

Dr. Slusser: Yeah.

Dr. Fielding: ... ended up in the United States, in New England and Texas. But, we need to think about all those things that can cause pandemics, and be better prepared for them. This is not just a US issue, it's a WHO issue, and it's other, it's the nationalities that all need to be prepared, and I don't think we're as prepared as we need to be. We had those Anthrax attacks after 911, what happens if ... I can give you a bunch of scenarios that would lead to very, very disastrous consequences, so I think those are the things, those are the two things that keep me up at night. But, if you want others I can probably think of them.

Dr. Slusser: Oh.

Dr. Fielding: I have to go back to my dreams.

Dr. Slusser: Yeah, well maybe, I'd love to hear what your solutions are? The violence piece, I hear a lot of what you're saying is what you've really, what I've observed you do all along, which is find evidence based practices, or practice based practices like the thumbprint on a computer and applying it to another challenge that could be solved through that kind of solution. But, what would be, like if you had a magic wand, what would you like to see in terms of, how would you see violence reduced here, one of the steps?

Dr. Fielding: Well, there's so many parts of the violence picture that I'm not sure I have a ... one of the things I've most enjoyed is cheering the Community Preventative Services Taskforce, which is a 15 member Blue Ribbon, independent, not paid group that looks at the evidence for interventions, programs, policies, and systems change that can improve health at the population level, and improve health equity. We've got over, we now have 200 some odd recommendations, a really good staff at CDC working with other people as well, and that to me has really been a ... it's not enough, but it's been an important step.

Dr. Slusser: One of the areas that I'm really scratching my head on is at the population level, how to promote social wellbeing since I've been reading, like for instance some longitudinal studies around the aging population in the United States, a lot of the poor health outcomes are related to poor social wellbeing, and community engagement. I know there's smaller kinds of interventions that we have found that have worked, like support groups and things like that. But, wondered if you've run across anything in your role at the Preventative Task Services, or other research, or reviews, or even practice based work that you've seen that has been effective?

Dr. Fielding: Loneliness is a big problem, and being alone greatly increases mortality, and increases risk of a number of chronic diseases, so we need ways to kind of bring people who are alone in communities together. It can be anything from bingo, to Tai Chi, or it could be a dance class, or it could be swimming. So, physical activity is one good way to get people together, but it does take some resources, and it takes some initiative, and some people need to be coaxed because it's not part

of their normal social repertoire to make new friends at age 75, or 80 or whatever. But, it can work, and there are plenty of examples around the country, have brought people together in good ways.

Dr. Fielding: Of course, one of the growth industries is the retirement quote, "Homes." And, step down so you can start when you're fully functional and have all your marbles, and then as the aging process goes on, they have different levels and different levels of care. It's also expensive, and most people don't easily have the resources. This is another way that some of that trillion dollars might be well used.

Dr. Slusser: That's right. I think you're right. There's, I think peaks and troughs with loneliness too. I remember, it was really insightful for me to learn, unfortunately it was after the fact, but that apparently when you have a two year old, both parents are considered to be among the most lonely in their lives because they're transitioning from their single friends to people who might have children, and they don't know them yet. I wish I had known that, because I was quite lonely and a little bit sad, and if I had only known that I might have tried the dance group or something else, you know? With the kids, but some of it's insight too, isn't it? Because I think people who are lonely, they're ashamed of feeling lonely, and it might not be-

Dr. Fielding: A lot of people are taught to be self sufficient.

Dr. Slusser: ... Right.

Dr. Fielding: Not to have to ask for help.

Dr. Slusser: Exactly.

Dr. Fielding: Whereas others, it may be part of a culture that people help each other, and even in an extended family or beyond, in a neighborhood, in a community. So, part of it is the culture.

Dr. Slusser: That's right. Sort of pivoting to another sort of less sort of broad strokes or the big question arena, to something about you, Jonathan, is I mentioned it earlier in when I was welcoming you about your ability to always maintain incredible access as a leader. I wanted to understand, how do you keep a balance of working in a high pressure role with high expectations of science based approaches, and also being so relatable and accessible?

Dr. Fielding: Well as I said before, time is what we have least of, and most precious asset. As you get older you realize you have less time in the future, so you have to be even more careful. I don't really know how to answer your question. I mean, I've always worked very hard, and I have a wonderful wife who's put up with me, and who does a lot of things herself so she has her own life and priorities. I think what's important is to be approachable, and I think if we don't train the next

generation of leaders, shame on us. And, the people who ask questions, and come up, and the students who have a problem, or want to know something about what happened in the past. We can't ignore that, that has to be part of a high priority.

Dr. Fielding: But at the same time, you want to keep your vision to what could make a difference. Where could your voice help? And the more, and the broader scale at the city level, at the County level, at the state level, and at the national level. Overtime things usually come to you, rather than having to look for them. But, I would have no hesitation if there was something I thought was really important and I had particular skills to help, I'd just volunteer. I think it's really important to keep aware of what's going on very broadly, and it's easier now than it ever was. But on the other hand, you're bombarded with so much stuff that you have to also make sure that your priorities are clear because it's easy to get sucked into things that, in retrospect maybe they weren't the best use of your time.

Dr. Slusser: Well it sounds like based on some of your boards you're on, the nonprofit boards, you also dedicate your time to some of those efforts that are related to your big mission of, like the Tree People for instance.

Dr. Fielding: Sure. I mean, I divide myself into things I do at the school, which of course I'm very excited to do, and wonderful to see the optimism, and the enthusiasm, and the intelligence of the people coming through, and their commitment to social justice, and to improved health. That's really an important base for me. The second is what's going on in government, because that's how a lot of things ... policy is what makes the biggest difference long term in public health, so you have to stay close to that, where I spent decades fighting the tobacco industry.

Dr. Slusser: Right.

Dr. Fielding: The fight's not over.

Dr. Slusser: Right.

Dr. Fielding: We have Juul's now, which are E-cigarettes, basically very fast take up by adolescents, and unfortunately leading in too many cases to their use of combustible cigarettes with all the carcinogens and the like. The fight is not over. Another area that's really important to health is nutrition, and we are over caloried, that's for darn sure. If you look, we still have continuing increase in overweight and obesity, and we know how terrible that is, what kind of diseases that leads to, particularly type 2 diabetes, and all the problems it has with complications and the like. That's a lifelong problem, it leads to problems with high blood pressure, it can complicate high cholesterol, it has a bunch of bad effects. But, one thing we know is that we can provide incentives and disincentives, and that those could make a big difference.

Dr. Fielding: The best current example is the sugar tax. Places that have put in place a sugar tax have found that it does reduce consumption. Not huge, but significant, enough to make a difference at the population level. We know that the use of incentives and disincentives really works in almost all areas. At the state level, the federal government when it wanted to get seat belts used said basically, "You need to do that or you're going to have problems with the government." In one area that I thought it was really interesting was when they wanted to, when the federal government wanted to get the blood alcohol level that defines you as being under the influence down from .1 to .08. What did it do? It basically said to states, because the states have the jurisdiction, "If you don't put your blood alcohol level down, we're going to reduce your payment for transportation projects." So, not surprisingly all of a sudden-

Dr. Slusser: That's an incentive, yeah.

Dr. Fielding: ... all the states did that. We really have to think of incentives, and how to make the easy choice, the healthful choice.

Dr. Slusser: Right.

Dr. Fielding: I think that we've made progress, but you have to realize that they have very strong private interests, whether it's the tobacco industry, or the sugar industry, or the breakfast cereal industry, or the alcohol industry. It's not like you're in a neutral position, you really have to be prepared to fight, and you almost always have fewer resources than the folks you're fighting against, the private interest. So you have to be smart about it, and you have to be collaborative, you have to develop coalitions.

Dr. Slusser: What would you say would be a secret sauce that you've found to be helpful in the past? Like tobacco for instance?

Dr. Fielding: With tobacco it wasn't one thing, it was a bunch of things. We can be very proud in California because a number of things started here. The issue of non smokers rights was very, very strong and important here. The fact that tobacco smoking leads to side stream smoke that affects other people and increases their risk of lunge cancer and other respiratory conditions, made it not just an issue with smokers, it made it an issue for everybody. That then was, it was easier to get people to say, "Oh yes, we have to be careful about that. We don't really want to see that because it's affecting us, it's not just affecting the people who are smoking."

Dr. Fielding: I think revealing some of the tactics they use, and the fact that they knew that people were dying from smoking, and yet they all said that they didn't think it caused lung cancer. When people saw how they were basically lying, it changed the view of cigarettes, and of the tobacco industry. I think that was also helpful.

Dr. Fielding: Increasing taxes is one way to change the incentives, and so states have differing levels of taxes, but a number of them have put it up quite a bit. And then, the agreement with the Attorney's General of the states with the tobacco industry, led to money being given to what was then called the American Legacy Foundation, now called the Truth Initiative. It gave over a billion dollars to put into basically helping people understand that tobacco was not good for them, and using the best media approaches. That's made a big difference as well, because it's been used effectively. I was, had the honor of being Chair of that board for a while, and to see how effective counter advertising can be is heartening.

Dr. Slusser: I want to ask you a couple more questions about your tenure at the LA County Department of Public Health, and then some other questions that you could offer up advice to our listeners and myself as well. One is, what do you think your biggest challenge was, and what do you feel the most proud about your work at the Department of Public health in Los Angeles?

Dr. Fielding: Well, the biggest challenge is trying to get, when I was there, was trying to get agreement from the board of supervisors on with a way forward. They represented very different perspectives, and now they represent almost the same perspectives, so things are a lot easier to get through, but it was much more difficult when I was there.

Dr. Slusser: What do you mean by perspectives? On health?

Dr. Fielding: Well, you had people who, they had two Republicans and three Democrats, and the difference on the spectrum of how they viewed health issues, based in part on their ideology. That was one that was a challenge. Again, the private interest, we don't know all the things that went on, but when something came up and you had contracts, who gets the contract? You want to resist political pressures, and so that was always a challenge. And, trying to recruit in a timely manner, and trying to get things through the bureaucracy in a timely manner was always a problem.

Dr. Fielding: But, what I'm most proud of is the quality of people at the department, and both the people that were there, and the people that we were able to recruit. It made such a huge difference, great leaders, great thinkers, the right spirit, very collaborative, that was a great positive. That's what I'm most proud, to have been working with those folks, and towards the common goals.

Dr. Slusser: I can echo that because I felt when you were leading the group, and also what a legacy you've left has continues to have that same kind of work, climate, and its capacity to also be so welcoming to not just people like me, but students go and work there on a regular basis in the summers, and [crosstalk 00:38:10].

Dr. Fielding: No student, no student should graduate the Master's degree from UCLA or any place else without having some idea of what governmental public health is and does.

Dr. Slusser: That's right, I totally agree with you.

Dr. Fielding: So, spending time there for a lot of students is an eye opening experience.

Dr. Slusser: Yeah, I agree because I think a lot of people are even in the field, don't realize the role, and the critical role that the Departments of Public Health play in our community, because it's sort of almost taken for granted, just like clean water's been taken for granted. People don't realize the score.

Dr. Fielding: Well, remember that the Department of Public Health in Los Angeles is a County function, not a city function. And so, it has the responsibility for 10 million people, which is most, more than most states. It's, in one sense it's a hybrid. It has some of the capacities of a big state health department. On the other hand, it has to act because varied local issues.

Dr. Slusser: That's right.

Dr. Fielding: Which, is really important.

Dr. Slusser: It's very geographically spread out too, right?

Dr. Fielding: Right, geographically spread out, and different environments, social environments, physical environments. And, 16 years was a long time, I think that's probably three or four times the average length of a tenure of somebody in that position so I asked myself, "Why did I stay so long?"

Dr. Slusser: Now, that is what I was going to ask. Why were you, why did you?

Dr. Fielding: Well, the reason I stayed so long, people would come up to me when I had a hard time, and I would be sitting in front of the board of supervisors and they would be berating me on some subject and they'd say, "Well, how can you kind of take that, kind of year after year, month after month? Isn't it embarrassing?" I said, "You know what? The real issue is I'm working for the people of Los Angeles County="

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: ... "And the supervisors, I have to respect their judgment. But, ultimately the group that I have to be accountable for, and make progress with is everybody in LA County, so I can't let the political stop me from doing the things that I think can make a big difference."

Dr. Slusser: That gets back to your mission, right?

Dr. Fielding: Yes.

Dr. Slusser: Yeah. I notice that you had put Vimeo tapes up about just speaking to the people directly.

Dr. Fielding: Yeah.

Dr. Slusser: Which, I guess goes along with what you just said.

Dr. Fielding: Well, now one has to take advantage of social media, which was not a big issue when I was there.

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: It was just becoming significant size. But, we have to take full advantage of the ways to reach people, and to reach people in ways that they find meaningful.

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: Now for example, if you have something, a sentence that's more than four or five words, I'm not sure people will read it.

Dr. Slusser: That's true, that's a good point. I mean, one of the things that you did also I think that, which was quite upfront and meaningful to people was your rating of restaurants. How did you get that idea in the first place, and what is it?

Dr. Fielding: I want to relate it to another issue which is one of the things that I'm most proud of, is I institutionalized this notion of the Health Officer, Public Health Officer, but Health Officer. Because, you'd like to have a person who, when there's a problem, you recognize the individual, you trust, you've built this trust with the individual, and I think that I was able to do that when I was there. So, the people expected me on an issue to be front and center, they knew I was going to tell the truth, and it wasn't about me it was about trying to get that position as one that people could see, kind of has their back but also has the smarts, and the support from staff to make the right decisions. Even difficult decisions, and to tell people when you don't know, one of the hardest things to do when you're in my kind of position there, and you have television cameras and the like is to say, "I don't know."

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: Sometimes you have to say that you don't know everything.

Dr. Slusser: And people appreciate that, right?

Dr. Fielding: And people appreciate that.

Dr. Slusser: Yeah.

Dr. Fielding: Yeah, I think so.

Dr. Slusser: Well, I remember with SAR's, I remember you being upfront and center in that, and I felt that you gave everyone a lot of confidence, because there was a lot of fear in our country around that. And also, commitment from the emergency rooms and all the other surveillance systems to be vigilant. I mean, you got your message out really well, I thought.

Dr. Fielding: Well, public health cannot be effective alone, so that's a good example where we needed all the Physicians, we needed the emergency rooms, we-

Dr. Slusser: Yeah.

Dr. Fielding: ... needed people at the airports, we needed-

Dr. Slusser: That's right.

Dr. Fielding: ... That's critical. It's critical to have those kind of collaborations.

Dr. Slusser: And, they knew that you, I mean I felt that people felt this was something that could be contained, and were confident based on your leadership, just an interesting-

Dr. Fielding: Yeah, it was, well I-

Dr. Slusser: ... dynamic.

Dr. Fielding: ... Again, I think it's not about me, it's about the position and trying to get people to feel good about the quality of leadership that they have-

Dr. Slusser: Yeah.

Dr. Fielding: ... in the County government-

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: ... to deal with these kind of problems. It's not about me, it's about trying to get people to feel comfortable about the whole public health function.

Dr. Slusser: Right. How do you think you did that?

Dr. Fielding: I was willing to be upfront, I was willing to do media. It was just a natural part. I think actually one of the most important parts of the job is communicating.

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: It's not a nice to have, it's not maybe, it's noise. Yes.

Dr. Slusser: Yes. Yes, I remember you also had a Physician help write a column in the LA Times for a period of times as well.

Dr. Fielding: Yes, I had a column, and I still have a column now. I have a column in The Hill, which is a-

Dr. Slusser: Oh, that's really good. Talk about policy.

Dr. Fielding: ... Yes, which goes to all the ... exactly, which goes to all the people on Capitol Hill.

Dr. Slusser: Yeah.

Dr. Fielding: Well read, and I have the only health column on it. I do it once a month.

Dr. Slusser: How do you decide on what to talk about?

Dr. Fielding: I just try and think about what I haven't talked about, and what might be timely. I mean, I've done several things on vaccine hesitancy, and-

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: ... recently as an example, because that's a big issue.

Dr. Slusser: That's right.

Dr. Fielding: I've done things on opioids because that's a ... I did one on loneliness.

Dr. Slusser: Oh, you did?

Dr. Fielding: I'm not sure if people understood the-

Dr. Slusser: Oh, I'll have to check that.

Dr. Fielding: ... Yeah, you can go to The Hill.

Dr. Slusser: Yeah.

Dr. Fielding: Jonathan Fielding, and you'll see all my-

Dr. Slusser: Can we pitch ideas to you?

Dr. Fielding: ... Sure, sure.

Dr. Slusser: Right on.

Dr. Fielding: You sure, you sure can pitch ideas to me.

Dr. Slusser: Yeah, that'd be great. Could we circle back to a little bit more detail on how you got started with the restaurant ratings?

Dr. Fielding: Well, there was an exposé on one of the TV stations by an investigative reporter who had gotten some footage surreptitiously in the back room in the kitchens of well known restaurants, and saw practices which were frankly not-

Dr. Slusser: Pretty disgusting.

Dr. Fielding: ... not mouth watering.

Dr. Slusser: Yes, exactly.

Dr. Fielding: They were pretty disgusting, frankly.

Dr. Slusser: I remember them.

Dr. Fielding: People with cigarettes, the ashes falling into the food.

Dr. Slusser: Oh, yeah.

Dr. Fielding: And, things are falling and then being picked up, and it was not good. We had a restaurant inspection system, but people really didn't know much about what we were doing, or how we're doing it, and it wasn't as obvious to the consumer. We put together a revamped system that gave grades to restaurants and other retail food facilities based on a whole set of criteria that had to do with risk of foodborne illness. What we would do, is we gave restaurants 100 points, and then they got basically points deducted for problems. Was the food not at the right temperature, was there not, they didn't have information of where the fish came from, they were using the same chopping board for fresh fruit and vegetables and uncooked meat, and a bunch of things. Basically 90 to 100 is an A, and 80 to 89 is a B, because people understand ABC's-

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: From kindergarten, all the way through.

Dr. Slusser: That's right. I love starting with a bunch of points.

Dr. Fielding: Yeah.

Dr. Slusser: I think that's great, rather than adding.

Dr. Fielding: Everybody starts at 100 points.

Dr. Slusser: Yeah.

Dr. Fielding: But, then we also had placards, and the placards said what the grade was. But, the most important part of it is what most people don't know is, the real secret of it was the incentives. We wouldn't allow them to have more than, to apply for more than one re-inspection. If, let's say you got a B and you really felt you had to have an A, you could ask once in a 12 month period to be reinspected, but you had to pay for two inspections. They were all unannounced of course, and that you had to live with that. So you couldn't keep repeating, and repeating, or look at it again till you got the grade you wanted. What we wanted to do was always have food safety be top of mind, and I think we were able to do that, and it's-

Dr. Slusser: Because they have to be on the spot.

Dr. Fielding: ... Exactly, and it was widely copied. But it was that incentive, not allowing them to have an unlimited number of re-inspections, and having to pay for those, for two. And, they could only do it one time in 12 months that I think made a big difference. The thing that I think is most important about what we did was, it gave public health a brand.

Dr. Slusser: Right.

Dr. Fielding: When you ask people out in the community, "What is public health?" They don't have a clue in many cases. You say, "Well we're the folks who do the ABC's." "Oh wow, that's the best thing ever. We think that's great-"

Dr. Slusser: Yeah.

Dr. Fielding: ... "And, we don't even go to a B restaurant," you know? It really gave a brand to the Department of Public Health, and it gave us an anchor in the public mind.

Dr. Slusser: Yeah, it was another way that you instilled confidence it sounds like. Did you look to see if there was a reduction in foodborne illnesses?

Dr. Fielding: Yes, we had a paper, the only paper I know of in this regard looked at surrounding Counties, and looked at LA, and looked at the time series of foodborne illness, severe foodborne illness that led to hospitalization, and clearly ours was going down.

Dr. Slusser: Nice.

Dr. Fielding: And, the others weren't. Yeah, it did make a difference, there was no question about that. And, the other thing was that we found that we went from about 15% having either a C grade or a number grade which was even lower than a C,

to maybe one and a half percent. Because, the other ones, most of them didn't stay in business, or they had to get their act together.

Dr. Slusser: Uh-huh (affirmative), right.

Dr. Fielding: It really worked well. There were of course violations that would lead to immediate closure.

Dr. Slusser: Like what?

Dr. Fielding: Well, if you had contaminated food, or you didn't have the right temperature they were maintaining things at, that would be immediate closure. There were, I don't know, maybe 10 things. But, the important thing is we had to make clear to the restaurateurs and to the public, that we weren't there to help the restaurateurs. I mean, we'd help them understand what they needed to do of course, but we're there to protect the public.

Dr. Slusser: That's right.

Dr. Fielding: That's what guides us.

Dr. Slusser: Yeah.

Dr. Fielding: That's what guides public health.

Dr. Slusser: That's what you said before about even standing with the supervisors, that you're there for the people. One other topic that we didn't fully delve into which I'd love to hear your thoughts on is this teen E-cigarette use that's gone up 78%, that you did mention earlier. It has been leading to combustible tobacco use for children.

Dr. Fielding: Well, when you see Altria buying a significant portion of that company, you realize that this is just the new war with the tobacco industry.

Dr. Slusser: Yeah.

Dr. Fielding: Big tobacco has really now taken the upper hand in terms of the ownership and direction of Juul, and it's just really sad to see. Sad to see young people again get hooked, be the victims.

Dr. Slusser: That's right.

Dr. Fielding: They start with Juul, and they become nicotine dependent or addicted, and then they graduate up to combustibles not realizing that the level of increased risk is huge.

Dr. Slusser: Yeah.

Dr. Fielding: About a third of the people who smoke cigarettes die of a tobacco related disease, so I'm really very, very concerned about that. It just shows that you can't ever rest on your laurels, you have to assume that those in private industry, what they're trying to do is maximize shareholder value.

Dr. Slusser: Yes.

Dr. Fielding: Well, that's not at all what we're interested in. We're interested in maximizing health value, and the answer to that is don't do any of these behaviors.

Dr. Slusser: That's right. So looking back at some of the steps that you thought really helped enhance your ability to reduce cigarette use, what's the arsenal that you're going to be able to use on this one?

Dr. Fielding: Well, it's unclear what's going to be most effective and where the fund's going to come from to do it. Dr. Gottlieb made a big mistake in deferring action on the E-cigarettes for a number of years, and then he admitted it. He came back and said, "We need to move more quickly," but now he's leading the department.

Dr. Slusser: Right. [crosstalk 00:51:37].

Dr. Fielding: I think that was a critical mistake, and it gave them more opportunity to have more than a foothold, to have really a stranglehold on young people. I think it's going to take again, federal regulation. If you're going to have those kind of things you want to have them without levels of nicotine that can lead to addiction. Nobody wants to be an addict, and be out of control, which an addict is basically with respect to the ingestion of any, or inhalation of any substance. But, nicotine dependence is not nearly as serious as smoking combustibles, because that's nicotine dependence, but it's also the several thousand product of combustion, many of which are carcinogens. There are other potential, there are other issues. Menthol cigarettes for example, to eliminate menthol.

Dr. Fielding: The FDA has the authority to reduce, excessively reduce the nicotine in cigarettes. It can't eliminate it entirely, but it could get it to a level that is non addictive. But, so far the FDA has not had the gumption to do that.

Dr. Slusser: Uh-huh (affirmative), that sounds like a good solution, if we could get the right person in there, right?

Dr. Fielding: It's one of them. It's one of them, yeah.

Dr. Slusser: Yeah. This next chapter in your, which is the center that you've developed here at the Jonathan Fielding School of Public Health called UCLA Center for Health Advancement. It's really incredibly intriguing to me, this center, in so many ways. Especially what you're doing with looking at models, and policies, and programs

to improve health and health equity, education, criminal justice system. I'd love to hear what your mission and vision for that is.

Dr. Fielding: Really, there's two things. One that does modeling in our Win/Win Program that does look, just as you stated, at policies, and looks at the impact of implementing those policies on health, on criminal justice, on the educational system, and on economics, on the cost versus the benefits in dollar terms. That's one piece, and I think it's a really important piece. The other piece-

Dr. Slusser: So that's looking for evidence of what's working?

Dr. Fielding: ... That's taking what we know works, and putting it into broader context so people can particularize it to their jurisdiction. The other thing we do is look at the waste issue. We had things published for example on the great increase in knee and hip replacements, much more than in other countries. And, the fact that a lot of younger people are getting these replacements now, and perhaps not being aware that they're not going to last forever, and they're going to probably need revisions, and replacements, and those are going to be much more difficult operations with probably higher levels of complications. But, none of that gets said.

Dr. Slusser: Mm-hmm (affirmative).

Dr. Fielding: So, the incentives, what are the incentives for the Orthopedist?

Dr. Slusser: Right.

Dr. Fielding: These are not simple issues, and we don't want to interfere with the practice of medicine. But, on the other hand we want to make sure that people are getting accurate, timely, objective information to make decisions about their own health. These are the problems and the balance.

Dr. Slusser: Health equity education, criminal justice systems, are there other areas that you're doing in your analysis?

Dr. Fielding: Those are mainly the areas, but it could be a transportation issue, it could be on an educational issue, it could be on a housing issue. I think that's what's important is the general methodology, and the fact that we can put it in understandable form. In graphic form, as well as in print.

Dr. Slusser: How are you pushing that out to the jurisdictions?

Dr. Fielding: Well, it's not easy. I think we're pushing, we have limited funds, but we've worked with several jurisdictions, including LA County. I think we need to continue to branch out, and find companions who say, "This is a critical issue for me in my jurisdiction, what can we do about it?"

Dr. Slusser: Mm-hmm (affirmative). And, have them also feedback ideas to you.

Dr. Fielding: Have them as partners.

Dr. Slusser: Yeah.

Dr. Fielding: Yeah.

Dr. Slusser: Yeah. Is it, so what you're developing are models that can be utilized by policy makers?

Dr. Fielding: Yes, exactly. It can be used by policy makers to decide what programs, and policies, and system change they want to advance.

Dr. Slusser: Uh-huh (affirmative).

Dr. Fielding: Absolutely.

Dr. Slusser: One of our big goals, some of Healthy Camp's initiative is to infuse the culture of health and wellbeing into every day life.

Dr. Fielding: Mm-hmm (affirmative).

Dr. Slusser: From the police department, to the Professor's classroom, and beyond. I'm curious, because I'm particularly interested in the fact that UC's are the number one employer in the state outside of the federal and state government, and there are 13 other states in the country like that, that are the number one employer are the public universities. And, quite diverse states like Iowa, North Carolina, New York, Wisconsin, Michigan. I feel that we as anchor institutions could actually infuse a culture of health within our states, and utilize that mission as a way to really shift the conversation just like you were talking about with climate change for instance. Like, really bring to light how important and paramount our health and wellbeing is, not just individually community wise, but our planet in order to enhance and move forward in a more productive, constructive, and meaningful way for individuals and communities.

Dr. Slusser: I'm curious, in your process as you've moved along, have you found any kind of example of policies that have been able to move the needle on this kind of concept of culture of health? You know, meaning people are thinking about it, and operationalizing it at a community level.

Dr. Fielding: Well Wendy, I think you're in the forefront of this movement. I don't know, I can think of things that can be done. I mean for example, what would happen if these university systems mandated a one credit course on the future of the planet?

Dr. Slusser: Oh, that would be great.

Dr. Fielding: What we need to do as a community, different communities, and different collaborations, so there are things that could be done system wide. I'm sure there's all kinds of reasons why they'll say that it can't be done, but I'm not sure that they're ... I think if you persevere, you could potentially get that.

Dr. Slusser: I think so.

Dr. Fielding: I mean, it starts as voluntary, and then it becomes compulsory. But, we have to build a cadre of people who understand, even if they're not active.

Dr. Slusser: Right.

Dr. Fielding: And, they also need to know the things they can do in their own life that can make a difference.

Dr. Slusser: That's right.

Dr. Fielding: Not only to them, but to others in their community, and ultimately the planet.

Dr. Slusser: Mm-hmm (affirmative). And actually, I think that's a strong possibility. I don't know if we can mandate it, but we could at least-

Dr. Fielding: Offer it.

Dr. Slusser: ... offer it, exactly.

Dr. Fielding: And then, you advertise it, and you get the students who really learned a lot, and you get a dynamic teacher.

Dr. Slusser: That's right, and that-

Dr. Fielding: Yeah.

Dr. Slusser: ... that can be the tipping point.

Dr. Fielding: Exactly.

Dr. Slusser: Mm-hmm (affirmative). Well actually, one of your students in the School of Public Health is working with a Professor here who has a whole food print kind of calculation, and they just are testing this one unit kind of idea to see if they can shift the ingestion of ruminant animal levels from the students who are being exposed to this knowledge of, doing it through self analysis of how much food they've eaten each day, and how much does it impact the carbon footprint.

Dr. Fielding: Oh, wow.

Dr. Slusser: They're seeing if one unit can do it.

Dr. Fielding: Yeah.

Dr. Slusser: They, a freshman cluster class actually found significant changes in the females, in terms of shifting their ruminant intake based on learning about how just taking out one or two days worth of red meat in their diet made such a difference individually. There's some murmurs of this happening, so you're right on, on the idea of maybe expanding it not just to food, but to just the overall concept, just the subject of it.

Dr. Fielding: Yeah, let's remember that overweight and obesity is our biggest epidemic.

Dr. Slusser: That's true, yep.

Dr. Fielding: That has to be factored in as well. I mean-

Dr. Slusser: That's a good point.

Dr. Fielding: ... we are being significantly overfed.

Dr. Slusser: That's right.

Dr. Fielding: You can't go 20 feet without a snacking opportunity.

Dr. Slusser: Yep.

Dr. Fielding: That's really, I mean we've had a reduction the last three years of longevity, lifespan.

Dr. Slusser: Now, you think it's related to the [crosstalk 01:00:48]-

Dr. Fielding: It definitely, well it's related to several things related to the opioid epidemic. But, it's also related over a longer period of time to the just too many calories and not enough activity.

Dr. Slusser: That's right.

Dr. Fielding: I'm not a big fan of birds.

Dr. Slusser: Oh my gosh, neither am I.

Dr. Fielding: People should know, I think ... I hope everybody knows that when we're talking about birds, we're not talking about the ones that fly.

Dr. Slusser: That's right.

Dr. Fielding: We're talking the ones that crash.

Dr. Slusser: Crash, and also don't require any energy on your part-

Dr. Fielding: Exactly, exactly.

Dr. Slusser: ... to move.

Dr. Fielding: Yeah.

Dr. Slusser: I know, believe me. The only thing I have been grateful to birds for, is that it's accelerated the number of bike lanes that are on campus because of the safety factor of these motorized scooters. Which, I know also you were very involved in, getting more bike lanes here in Los Angeles.

Dr. Fielding: Yeah.

Dr. Slusser: I have to thank you for that as a biker, as a person who uses a bike, that's how you're supposed to call us.

Dr. Fielding: Oh okay, yeah.

Dr. Slusser: Not a biker, I'm so ... A person who uses a bike.

Dr. Fielding: Well, you're wearing leather.

Dr. Slusser: Yeah, exactly, yeah. Anyway, thank you so much Jonathan.

Dr. Fielding: You're more than welcome.

Dr. Slusser: Is there something that we didn't cover that you wish we had, and didn't have-

Dr. Fielding: We didn't cover the rest of the universe, we left at planet earth. But, I think that's enough for now.

Dr. Slusser: Yeah, I think so, for our lifetime.

Dr. Fielding: For our lifetime.

Dr. Slusser: Yes, and hopefully our future children.

Dr. Fielding: Thank you for what you're doing, I think it's really so important, this initiative that you've sponsored, spawned, corralled, pushed, and I think it's showing dividends so that's great.

Dr. Slusser: Well thank you, Jonathan. You've been one of my inspirations, and I've picked up along the way so many parts of your strategies that I have tried to adopt. One,

the communications piece, doing this podcast was a way for me to hopefully illuminate the light on people like you, and others on our campus that are doing such an amazing job in terms of inspiring not only our students, but also our community to make it a better place to live, learn.

Dr. Fielding: Well I'm glad to be on your team.

Dr. Slusser: Yeah.

Dr. Fielding: Thanks so much for having me.

Dr. Slusser: And I like to say, you also say play. Live, learn, work, and play.

Dr. Fielding: No, live, learn, work, play, and pray.

Dr. Slusser: Oh, and pray, I missed that part. Thank you. Thanks Jonathan. Thank you for tuning into Live Well Today. Today's podcast was brought to you by UCLA's Semel Healthy Campus Initiative Center. To stay up to date with Jonathan's public health perspectives, check out his monthly opinion piece on the health issues for The Hill. To learn more about Jonathan's research and involvements, please visit our website at Healthy.UCLA.EDU/LiveWellPodcast. To stay up to date with our latest podcasts, make sure to follow our Twitter and Instagram @LiveWell_UCLA.