

2-5-2007

Interview with Mr. Dennis Murray

Caitlin Blake

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Recommended Citation

Blake, Caitlin, "Interview with Mr. Dennis Murray" (2007). *Interviews*. 5.
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Accession Number: FFT-MS-TR-BLAKEC-020507

Researcher's Name: Caitlin Blake (CB)

Event: Interview with Mr. Dennis Murray (DM)

Place: Knox County Health Department; Upper Gilcrest Rd.; Mt. Vernon, Oh

Coworkers Present: none

DM: Where are you from?

CB: I'm from Erie, Pennsylvania, so not too far from here.

(We talked about Kenyon College for awhile because Mr. Murray is an alum of Kenyon. He asked me why I chose Kenyon, where his daughter was going to college, and his children)

DM: I will do my best answering your questions. I have staff that I can pull things from.

CB: You kind of touched on this, but what was our path in becoming Health Commissioner?

DM: Well, actually, when I graduated from Kenyon with my bachelors in biology I didn't quite know what I wanted to do, I knew it wasn't research because I had spent an extern program up in New Jersey in a medical research lab for cancer research. That was not my thing. So, I knew I wasn't going to go into medicine. That wasn't my path. Um...one of my friends had me try environmental health. And that's sorta how I found my way; through environmental health. Which is, you would call them the health inspectors; check food, water, sewage, those kinda things. And I did get a job here at a local health department in Ohio as an environmental health sanitarian, and that's sorta the heart of my career. I spent most of my career doing that. I worked in Ohio as well, but I worked in Ashland and Medina counties, which is near Cleveland. And then, um...in 86/87, I decided this is really what I want to do, but in order to move up and become a director and health commissioner in an organization you really need a masters degree. So, like a lot of Kenyon grads, I went back to graduate school full time with my wife when I was married. She pretty much supported us, and I went back to school at University of Michigan Public Health. So, I went out of state to Ann Arbor for two years. I am from Ohio, so....(phone call interruption
Um...so...

CB: Where in Ohio are you from?

DM: Actually, I'm from about ten minutes from west of Oberlin, about halfway to Cleveland and Toledo. Very small town, smaller than Gambier. At the time, there was about 500 people. So, I was used to small town...don't ask me how I got to Kenyon (continued to talk about his route to Kenyon College as an undergraduate.) Anyways, so we lived in Ann Arbor for two years. I take a lot of grief here because I'm a UofM fan, and this is buckeye country. My staff and I have a lot of fun at that

time of year. But at the time, back in the 80's, Ohio did not have a lot of graduate schools for what I do in public health. Ohio State does have one now, about 10 years old, and so does the medical college up in UT and there's one in northeast Ohio, and southwest Ohio. They sorta found their way in Ohio, and now folks can stay in Ohio for graduate school. But, at the time you had to go to Pittsburgh, Minnesota, or Michigan they were the closest ones. I applied to all three, got into all three, and made the decision to Ann Arbor was really closer for my family and my wife's relatives. So, it just worked easier to go to Michigan. It wasn't a bad decision, I loved the school, and got a great education. And, it got me to where I needed to be. I came back to Ohio and became an environmental health director, over the whole environmental health division. And then in 97', this job opened in the Knox County area. I had come back here, and um...I'm governed by a board of health, kinda like a school board. I'm not elected but I'm appointed, so they hire me. And so, of the candidates that submitted applications, I was picked. And I've been here since then. So, October of 97', I've been here about 10 years. Not quite there yet. Um...I love it, I think I've brought the agency really forward with my forward thinking of what I think public health is about. I think it was a little stagnant when I first came here, with the services we were providing. Um...we've expanded the staff from about 35 to 50 people that now work here. Plus, we have about 15 (?), that's pretty large for a county this size. The county is about 56,000 if you were wondering. And um, which is considered really rural county in Ohio. It helps that we are close to the Columbus area. We are one county away from Delaware county, sorta between us, which is the growing county. If you get down that direction, towards all the shopping...

CB: Isn't that one of the fastest growing counties?

DM: It is the fastest growing county, and what is now happening is that people are starting to migrate down into our Southwest part of our county, which touches that area because they are trying to get away from some of that growth. Particularly, some of those that probably moved out of there from the city trying to get to the suburbs and the rural kinda setting, and now they are all trying to come into our county. I think your county is working really well together, not to totally stop the growth but to make the growth such a way that there is, how it needs to be in terms of planning. And I think the whole food concept, which I know Howard is working on with his students at Kenyon, maybe that's a piece of that that's important to us. I'm very much a supporter of that.

CB: Okay. Great. Yeah, I did talk to some farmers and that was one of their concerns; the urban sprawl and losing land.

DM: Right, and I think it's still happening but it's not happening at the rate it was a few years ago.

CB: Okay. And what are your main tasks and duties as Health Commissioner?

DM: Well, let's see, I'm gonna give you on the way out a brochure that has all our programs and things. But basically, I oversee about 50 staff and another 15 under

contract with us. But we do everything from medical services to dental services. We serve the underinsured, no-insured, lower-income, but we also serve anyone willing to pay. We don't take all the private insurances in our clinics. But we treat our medical and dental clinic very much like a doctor's, dental office. I have a full-time dentist that works here 5 days a week. We have a doctor or nurse practitioner that works in our clinics. Um, everyday we have somebody that works in the clinic. Someone came in and they don't have a primary physician and they have a cold or need their medication filled, they can see our doctor. So, it takes some of the pressure off the emergency staff at the hospital. They need to be dealing with emergencies, not dealing with somebody that has a cold. And so, we sorta fill some of that void through our clinic services. We also have an extensive home health program, which is really for the aging. It's a program where folks that are in the hospital and we've been doing that, they discharge people sooner than ever. So if you have heart surgery or knee replacement, they discharge you very quickly sometimes to a long-term facility and sometimes to your home. If they do, we have skilled nurses and aides that will go out into your home. We also have therapists that will go out into your home and work with the patient and their family on a day to day basis. And that's a fairly large staff that we have there as well. In fact, we are probably the largest agency in the county and the oldest in serving agency in the county in home health services. Then we also have the environmental health division, that I'm most familiar with. They oversee, and I oversee the birth and death records for the county. Anyone who was born or died in this county, those certificates are certified with our agency. So, if you were born in this county, you would have to come to us for a certified certificate with our agency. I don't know how it works in Pennsylvania, but that's how it works in Ohio. Every state can be a little different in how they govern. Federal government will come down with certain guidelines for health and food services area, but each state can interpret that through their rules and laws and how they want to handle that. and then I also have an extensive health education and promotion department. Right now, their main program that they work in is abstinence only education at our schools. They also work on STD's in our schools. We so not have funding for family planning. That's with another agency in town. So, we don't do, we aren't here to pass out condoms. But, we refer the kids and clients to the other agency. It's a committee action that has that particular funding here in town. But we talk about abstinence only, in our educational material. But the big emphasis is on STD's and how you determine an STD. Um, we also have a large tobacco program. We have sufficient funding from the state to do tobacco education. We are also doing tobacco sensation programs. Now with the new law in Ohio that got passed in November about no smoking. Does Pennsylvania, I don't think they have that.

CB: Not yet. It actually unfortunately didn't even come up for discussion.

DM: We are the first in the Midwest, and I think they looking, the other states around us, like Illinois, on how it goes in Ohio. How much it gets challenged in Ohio. It's been a little bit of a struggle in Ohio. The law passed in, went into effect, in November, but the actual rules and enforcement are not there yet. So it's even been

a struggle for us locally. In terms of what we can and can't enforce. But our health promotion area does all the tobacco, and they also do, one nutritionist that works in there. She works a little bit on nutrition, obesity in the schools and talks with the kids for a little bit. And I also have a WIC program. If you've ever heard of a WIC program, it's a food supplement program for zero to five age group, and pregnant mothers or women who have had their children. It's basically to get them on the right start, in terms of nutrition and food for the child and mother. We teach them how to breastfeed properly. We have a lactation consultant on staff that can help them with breastfeeding because we really promote that. We provide formula if they don't or can't breastfeed. And we provide other food supplements, or food composite that they can then take to WalMart or Kroger grocery stores in the community. We get them to thinking milk and cheese, some of the good foods that they need to be getting into their bodies and into their children. And it is an income eligible program, but it is a very (?) program, and it's been a very successful program for years. On the federal level, right down to the states. And you'll find that most states have a WIC program in place because it's been so well funded and promoted at the federal level. Many of our funding here at the agency comes through grants. About 30-40% through grants, and many of those grants come through federal government and are funneled through the state health department down into the locals. Ohio, we are a home rule state, meaning everything really starts local. And so, um, many of the rules might be state or federal but they are administered and enforced locally through us in the local health districts. So, even though it says Knox County Health Department, we are yes apart of the county government, but at the same token I have my own board and I'm appointed by a board of commissioners at a county level who do not have control on my funding or the agency as the board of health does. They meet on a weekly basis with me and the staff. Hopefully that doesn't sound too confusing.

CB; No, no it sounds good. You have a lot going on.

DM: So, we do a lot of programming. I'll give you one of our directories of service to give you more detail. Are you aware of our women's health even that we put on?

CB:No

DM: We put it on the last couple of years over at Gund. We've collaborated with the Crozier Center. My staff had to put out a women's health event out in December, which is women's health month. And so, we brought a speaker in and had a dinner. I know some of the student's have come.

CB: Oh, I'm sad I missed out on that because usually I'm pretty into female issues.

DM: Are you involved at the Crozier Center.

CB; A little bit but I'm highly involved in women's issues.

DM: And we've done a number of things with the Crozier Center. And know, I think there's been discussions with Howard, I think that's who I met with the other day. We are gonna have a big community health event, happening at the KAC. Collaborating with us and Knox Community Hospital and Kenyon College. And put on a community health event in April, somewhere around Earth Day. I think they are gonna put on some sort of marathon, or something over at Kenyon. Trying to tie is all together. This april. They just started to have some meetings, so we think it's gonna happen. I don't think it's all been confirmed, but hopefully we can get into the KAC and use that.

CB: yeah, it's nice and open.

DM: You've been fortunate enough to be able to use is for part of your time.

CB: yeah, part of my time. They pretty much started building it as soon as I got there. And then I was abroad last year so I wasn't here for the opening.

DM: I don't know how, when folks come to Kenyon how much that attracts, maybe to the athletic kids? (we preceded to talk about the KAC and it's affects on Kenyon, the old swimming pool, ghost stories, and Old Kenyon)

CB: So, as Health Commissioner, do you see yourself personally and directly working with the community?

DM: All the time, on a day to day basis. I go to a lot of community meetings, I'm involved in the community. I'm very involved in the Kiwanis Club here in the community. I'm an officer; I'll be president in 2 years. It's important to me to be involved in community. I'm on the United Way board here in the community. I used to be on the Knox County Head Start board. I do get after sports, I'm the chairman of the Family and Children First Council. That's a council of all the social services agencies in the community, plus the schools. All the agency executive directors will meet on a monthly basis, and then the chairmen. I've been the chairman of that for the last 2 years. I don't know if that's good or bad because sometimes you become the chairman because nobody else wants it. And then once you get it, you can't lose it. You get on a board and volunteer because you are doing a nice thing, and then you can't get rid of it. But I enjoy doing it. I'm very involved. I try to be very involved with my kids and in the schools as well. Um, that's a little hard at time because of meetings. I'm very involved. We have what we call townships in the community. They are run by trustees, so I go to township meetings, the quarterly dinner. I make sure to go to all of those things. You make yourself known. One of the presidents, said 80% of success is showing up. When I first came into the community, I showed up and I still show up a lot. Showing your face, and being the face of public health, the first face they see, and being someone approachable that they know they can come and talk with, or have breakfast or lunch with, that's the kinda person I want to be. And so, I am not one of those executive directors that stays in their office. I like to be out. I want my staff to be representative of me too. I aspire to do that. I am in the community all the time, have conversations, people can

pick up the phone and call me and know they'll get me. I have a direct line. They don't even have to go through switchboard. And that's great. The mayor can call me or I can call him here in town, or the county commissioners, whoever needs to talk to me, we can have that conversation back and forth. I've been a little bit involved in Kenyon, but not as much. I've been invited to President Nugent's house as a community member, and I think that's important. I think it's important because at one time Kenyon wasn't as connected to the community. Just as Nazarene University is connected, Kenyon also has to have that connection. And I think Kenyon's done a better job of that in the last couple of years. And there are a few of us in the community that do have Kenyon ties, so I think that helps as well.

CB: Yeah, it's definitely an awareness that becomes, as you go through your four years at Kenyon, you realize how important it becomes. Because I've definitely noticed through this class and stuff that it's just nice to be aware of your surroundings and not just get so stuck in that little bubble.

DM: Well, I know some of your classes that come off the hill and into the town. Jan Thomas, I think she is one of the amazing this year. We work with Jan on a number of things. She typically brings, she has a...that class, she talks about public health a lot. Because she comes from a public health background and health education. So, she brings her class, typically over to us, and we talk to her. I talk to her, my health promotion advisor talks to her. We all talk to the class about various opportunities with health, things you can do with your liberal arts degree that maybe you didn't think you could do, and we talk about that with Jan's class. Right now, we are working with Jan's class in our clinic. Some of her class is going to do clinical work for us. Um, in our clinic, we are looking for some numbers in what kinda of people are we serving, how do they find us, why are they here, those kinds of things. I don't have staff that is expertise in that kind of stuff on a day to day basis, so it's a nice project for her students. I think that she seizes those opportunities. I know she's also had students in our Head Start, and our mental health agency here in town. She has used a number of our agencies, and I think there is a certain number of professors that have kinda done the same thing. Howard has sent some of his students, like you are here today. You aren't the first, I think I've talked to one or two others in years past. They come and talk to me as well, and he knows I went to Kenyon and am more than willing to talk to students.

CB: Ok. And have you ever dealt with a huge health crisis?

DM: Um, actually a couple. Back in 1998, we had a food borne outbreak in one of our elementary schools. They went on a fieldtrip to Mt. Vernon. One of our county schools took a field trip, and the restaurant is no longer here. It didn't close because of us, but they did, some food got contaminated and about 86 got sick, so we deal with that. We have to do all the follow-up, case management of the cases. My staff will try to track down, between the nurses and health staff, what would be the sources of the food outbreak. Sort of what you saw with the whole national spinach outbreak. And they will follow you through the investigation back to some sort of farm animal, or farmers in California or something. That's sort of exciting work for

us. We have an epidemiologist here under contract that works for us, who will also help us in terms of those follow-ups and outbreaks. We hope that they won't happen very often, but they do. Um, about 2 months ago, we had a Chinese restaurant in town that made the headlines, which closed. Hong Kong Buffet. They did reopen but closed because of our fear of bad sanitation practices. And we are there to protect the public, we don't want them to get sick if we can help it. That's why we are out there inspecting on a routine basis these facilities. All of the facilities at Kenyon get inspected by us. I know the staff right now is working with the kitchen staff about the new kitchen in Pierce, and how that's all going to be set up. We have to approve all of that, and we had to approve how it's set up. I haven't been into Ernst, but I hear that it's pretty sterile or army barracks kinda system.

CB: Yeah, it's definitely very interesting. Fortunately, the food is better there than it is at Gund. I find myself, even though I live in New Apartments driving there for all my food. It's a little depressing eating in a gym.

DM: See now, my daughter didn't think it was that bad. She takes, CAP, and her CAP classes are over there and she ate lunch there and didn't think it was that bad.

CB: Well, I think when you are used to Pierce, it's...And Pierce is such a heart of the campus. It's where everyone congregates, and not having that, it's kinda caused a divide in the school between north and south. So, that's unfortunate....(tape stopped)...

DM: (talked about OSU football)

CB: Have you noticed any major health issues, specifically regarding food and health, since you've been commissioner?

DM: Well, I was gonna tell you that back...we haven't had a lot of funding for, obesity is a problem in Knox County, and there is nationally and I don't think we are any different in Knox County. Being a rural county, going a littler further down here; one thing I've noticed since I've come back here ten years ago, the amazing amount of fast food restaurant that this strip has along here. There used to be very little of it, even 10 years ago. The growth of that. The growth of the fact that we all eat out a lot more, we don't eat at home anymore. And the portion sizes they give you in restaurant. When we go out, we'll split the meal because it's such a large portion. You think, oh my lord, but most people will eat the full portion. So, I think the portion sizes, the kinds of restaurants we see, the kinds of food processing that we see in these restaurants; it's not all natural sort of done anymore. It comes from a food processing plant, and goes to a chain restaurant, like a Ruby Tuesday, and those kind of things. And the additives, I think that all kinda plays into it. It's the overweight and obesity problem we see in the community. I think some is metabolism and some is genetics, you can't help that. But I think part of it is the food we are seeing in the community. The other thing in the community, is we don't exercise kind of issue that you always here about. I exercise but I don't do it on a day to day basis, about 2 times a week but I do the best I can. I can probably lose a

few pounds. Um, in relation to what I was 15 years ago. And, um, but we are very much sort of, what's the word...sedentary in our ways, very lethargic. I have to get up moving because I sit at a desk, and all those kind of jobs. The schools, the phys ed program, my son plays a lot of dodgeball. Is that the right thing to be doing? And, he loves it, but maybe it's not the right thing they should be doing to keep these kids moving. In 2003/04, we did get some funding from a foundation down in Columbus, and it was an overweight/obesity initiative that my health education staff sort of wrote, and we were able to secure some funding for that. We were able to do some work with schools, private schools. We were able to provide odometers to all the health education teachers, phys ed teachers. We did a program called ShakeDown, which originated in California. It works individually with the really obese, overweight children and their families; trying to get them to eat differently, to think about how they exercise, to even get them to walk ever more. Um, and so the program was really starting to be successful, but then the funding started to dry out, because I don't have that extra funding here to keep it going, it really sort of a catch in catch in our community, which is unfortunate. I think the other fortunate thing in this community is that we have a lot of walking paths for the size of our community, and there's gonna be more. The Kokosing gap trail goes all the way from Mt. Vernon to the county line, through Gambier. That's widely used by the community, and I think that's a good thing. And our park system is improving in the last couple of years, which has helped. We are getting a new swimming pool complex here in the city of Mt. Vernon, it's being build as we speak. It's going to have a major lap pool, a recreational pool for the kids. I think It's gonna get people a little bit more moving, and trying to increase their activity. That's what we need to be doing a bit more. How you do that, it's really hard. How do you motivate them? It's really tough. Sometimes you have to be that self-motivation, and that can be really tough. A lot of my job is prevention, the kind of stuff you don't see. Trying to prevent disease. What I do to treat disease, we leave that to physicians at Knox Community Hospital. We want to catch them before they become 60/70 years old and are having their first heart attack or first stroke, high blood pressure, diabetes type 2. We are trying to catch them before they get here. We are always trying to think at the younger ages. We are thinking what can we do with the schools, with the younger pre-school ages, and the other problem is that the curriculum in schools are directed towards graduation tests. So, they don't get as much time to physical education, or to nutrition for that matter. In our schools, particularly our high schools have vending machines, pop machines. Now, they are turned off during the day buy they are after hours for the kids. They are never gonna go away, and the administrators will say it's really hard because they are being sponsored by the companies.

CB: Exactly, we had that problem in my high school as well. And we were suppose to turn them off during the day, but...

DM: And then the al a carte lines, we are going to try to get a grant, talking about getting rid of some of the a la carte lines, but that's really hard to do when the kids are eating the French fries. It's much easier to get a slice of pizza than eating the

fruits and vegetables that they should be eating. I was looking up something else this morning, one thing I noticed about eating fruits and vegetables, there is a study that shows (I think it's a little bit older, like from 3rd-8th grade) when they are in 2nd and 3rd grade, they tend to eat more vegetables. I don't know if that's parental influence, and then in 8th grade it becomes much less, and I think that's because we are letting that child choose. And they are going to choose the fast food over the healthy. If I let my kids choose, they would be doing the same thing. We try to sit down and eat supper every evening together. And we always forcing vegetables down them. Because you know they are gonna eat some of that fast food, because they are young.

CB: Oh yeah, I remember addicted to it at one point. When I think back, I think, what was I thinking.

DM: I tell that to my daughter. She's really thin, but I say just wait.

CB: Just wait.

DM: Look at your mom and dad, your mom was like that at one point too. But you hope that it becomes a life change for them, and it makes it really difficult. Even in a rural community, such as ours, I think it makes it really difficult. It's the kind of diets and foods we are used to. And they aren't used to eating the natural foods. I know that we've had this farmer's market downtown the last few years. Have you been down to that? That's, what a great opportunity for the community. For folks that maybe live in town here, that don't grow gardens or have that opportunity, and for the farmer's to come in, being able to share what they've grown and for it to be natural. That's been a real plus here.

CB: I love the farmer's market. It's really great. Um, well you said you had some statistics, but have you seen them increase, decrease, or remain static in regard to obesity?

DM: some of them, I don't have a lot because we don't keep it as such. I think it's stayed pretty stagnant from what I'm seeing. I was gonna refer you towards the Ohio Department of Health website. If you go to Ohio Department www.odh.gov, somewhere in there there is statistical warehouse. Somewhere in there you should get statistics on that, somewhere. So you may want to go to that website, see what the most recent. But I have a feeling their numbers probably go back to 2003/2004. Through the behavioral health survey...I think these numbers are back from 2002/2003, it indicates that 42% of Knox County residents are overweight, 16% are listed as obese, which is pretty high which I think goes along with national averages. And it shows that the national exam survey (too quiet here, and mumbled couldn't understand). And that's where we began to focus our energy, when we got these facts, we realized we have to focus on the kids based on the fact...get them started so that they don't run into obesity into adulthood. In adulthood, I think the most we can do is getting them to eat better and also exercise. A lot of them are not

exercising. Um, it is video games, but the city has got the right idea. They are putting in more side walks. This whole Coshocton Rd when they developed it all, has all this sidewalk area where you can walk, when they didn't used to have that all. So I think that's important here, at least in the city.

CB: Ok, um you kinda already touched on this, but do you see any push towards eating local foods here in Knox County?

DM: Well, we are certainly trying to do it every time we can. We are always trying to push them towards farming market. I think Kenyon is taking the lead in trying to eat locally. Um, with some of the initiatives that Howard and his group, I think there is talk in putting something in downtown Mt. Vernon, I think that's gonna be a plus if you ever get to that market downtown that we've been talking about. I think we are doing the best that we can with the farmer's markets that we have, but there is a lot more that needs to be done, always.

CB: What do you recommend to citizens for steering clear from diseases such as obesity?

DM: I think that we all need to watch the fast foods that we are eating, I've sort of already touched on this, um needing to eat a more balanced diet. I think it's very true, that eating after 7:30/8 in the evening, is very bad. A lot have a tendency to do that. Sit down and watch your favorite television program and all the sudden you are eating your favorite snack. I wouldn't do this, but I've heard people say they can eat the whole bag of chips, and they do! It's like, woah! And I don't think, I couldn't do that, but some people could and they watch the times of day they are eating, and maybe getting into an exercise program of something. They talk about, whatever it can be, if it's just a good waking program. My preference is, I swim. I'm not a champion swimmer or anything, but it's certainly the exercise of my choice because I don't like treadmills. I'm not the person who's gonna do that, but other people like doing that. and I'm not into weights, so everybody has to make their choice. But choose something you like to do and do it.

CB: And what has been your biggest challenge as Health Commissioner?

DM: I think your biggest challenge is, my challenge, is getting the word out, getting what we are all about in public health because public health is sorta being hidden. It's sort of the hidden bullet behind a lot of prevention. They don't see the work that we do, because it's sort of happening. I have folks that are inspecting restaurants everyday, and you don't see people getting ill everyday. And that's partly, I hope we can take some of the credit for that. People are not getting sick. We aren't seeing a large violence of communicable disease and STD's. We hope that part of that is through our good education efforts. We are seeing some reduction in smoking in the community. We are seeing more opportunity for people, more than ever, for smoking sensation classes ever, than we've ever had before. So we are hoping that down the road, our tobacco/smoking in the community will decrease, even further than they already have a little bit. Our teen pregnancy rate in this community was very high for a period of time, and that's gone down. For a rural community, that's

a real accomplishment. For so much of it is, sort of just happens. It's a hard sell on people, because it's not like a physician where you go in and see the doctor and they say take these antibiotics, I'll do this surgery, and you're better. It doesn't happen that way with us. It's sort of a progression that's an ongoing process for us. And that's the same way with the obesity/overweight issue. It's going to be eating healthy, and eating the right food, it's always going to be our hope for progression and that mind set, which is really a hard sell to people.

CB: OK, and just lastly, what do you think is the important way of thinking when eating food? We kinda talked about this a little bit.

DM: I think at times you need to look at the labels, because they can be very deceiving. We talked a little bit about food processing plants versus natural. Um, where our foods are coming from, in our local restaurants. I think you need to be a little wiser in terms of what you're picking out on a menu. I don't think you have to eat salads all the time either. I'm sorry, but I like my red meat, but you don't eat it all the time. Portion control. I think, sure chicken and fish is better for you in terms of what you want to eat. But I think a lot of it is portion control too and watching how much you consume on a day to day basis.

CB: Ok

DM: Did I give you enough?

CB: Yeah it's great!

DM: (asked me about the project and initiatives)