MAN ON FIRE PRESENTS

# THE COMBUSTION CHRONICLES

## EPISODE EIGHT
## TREND WEAVING

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AUGUST 12, 2020

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# EPISODE EIGHT Trend Weaving

## WITH JANE SARASOHN-KAHN

COVID-19 has disrupted healthcare like a Cat 5 hurricane. So what comes next? And how do we create positive change on the other side of the pandemic? Jane Sarasohn-Kahn thinks she knows. The CEO of THINK-Health and founder of the Health Populi blog, Jane is a health economist, advisor, trend weaver, and author. Join us as she shares her insight about three Ts—telehealth, trauma, and trust—the importance of self-care, and what it means to be a health citizen.

## THEMES & INSIGHTS

1. We are citizens of a larger health ecosystem and are responsible to each other. Your health behaviors impact the people around you, and their health behaviors impact the people around them.
2. Social determinants like food security, housing security, clean air, and clean water affect individuals' health outcomes. Effective digital health solutions in the future need to solve these deeper problems.
3. Start a virtuous cycle of self-care, and your actions will inspire other people's actions in your network and beyond.

## COMBUSTION QUOTES

- "So the trend weaving comes in terms of working throughout the ecosystem and having a portfolio beyond just healthcare and medical care. So that's really the value that I hope I bring in my perspective, which is a birds-eye view over the ecosystem and understanding the dynamics between this growing ecosystem of healthcare, medical stuff, which we're learning now that we're sitting in the midst of the COVID pandemic, is really very interrelated."
- "I think this is how we have to look at the world now, this world of uncertainty, which is healthcare but also all these elements that surround healthcare; the social determinants, the politics, technology, regulation, increasing globalization, and technology, of course, which is evolving so quickly, and consumer and sociological trends."
- "So what digital tech and digital health companies can do and have begun to do is to help scale social-determinants solutions where they need to be. And I think we've started to see a lot of that inspired in the COVID area. But even in the last couple of years, more and more recognition that digital health isn't an app; you need to solve a real problem."

## RESOURCES

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**Shawn**: Welcome to "The Combustion Chronicles" podcast, where bold leaders combined with big ideas to create game-changing disruption. I'm Shawn Nason, founder of Man on Fire, and your host for "The Combustion Chronicles." Throughout this series, we're bringing together the most unique and influential minds we could find to have honest conversations about not being okay with the status quo, blowing shit up, and working together to influence our shared future. We believe that when bold leaders ignite consumer-centric ideas with passion and grit, the result is an explosion that creates a better world for all of us. I'm here with my co-host Matthew Nadu.

[00:00:44]
**Shawn:** On today's episode, we're speaking with Jane Sarasohn-Kahn, CEO of THINK-Health. I met Jane several years ago at some conferences and some great thought leader events. Just to give you a little background on Jane, Jane is a health economist, advisor, trend weaver, and most recently an author. And she supports many organizations around this intersection of health technology and people, which is so much why I love Jane and her work that she has done here, not only within the United States but globally. And then she founded a blog in 2007 called "Health Populi." I've followed that for probably 10 years now of her 12 years. And always, Jane, I have loved your thinking. So, we just wanna welcome you on to this episode, Jane.

[00:01:36]
**Jane:** I'm so happy to be with you and the only frustration is I always love giving you a big hug when I see you. So I'm doing that right now virtually.

[00:01:45]
**Shawn:** We're taking it and we so appreciate it.

[00:01:49]
**Shawn:** So, Jane, you have done this brilliant marriage to describe yourself. And, you know, Mike and I have some creative titles, but this is awesome. You're the health economist, communicator, and trend weaver. What does it mean to be a communicative health economist who weaves trends?

[00:02:08]
**Jane:** It's a good question. My own family hardly know what I do for a living. So u,...

[00:02:13]
**Shawn:** Don't feel bad.

[00:02:14]
**Jane:** The phrase "trend weaver" came from my great friend and you probably know him, Andre Blackman used to write the "Pulse + Signal" blog, great social media, public health person and now runs on Board Health. Andre and I have been friends for a long-time and he called me the trend weaver a few years ago and it stuck. So, my training was in health economics pretty early in the field at University of Michigan 30-ish years ago, just under that. And I worked in the U.S. as a healthcare consultant my whole life since graduate school. That's the core of the living in the

U.S. And then after I married my husband, moved to London for a few years and worked as a healthcare advisor there.

[00:03:01]
Came back to the States and over time, my clients in healthcare morphed from the legacy system, hospitals, health plans, doctors, pharma, in the last decade to 12 years or so more in consumer-facing things, consumer electronics, things like Fitbits and wearable tech and, you know, online search, and big food as medicine, and even automotive. The trend weaving comes in terms of working throughout the ecosystem and having a portfolio beyond just healthcare and medical care. So that's really the value that I hope I bring in my perspective, which is bird's eye view over the ecosystem and understanding the dynamics between this growing, again, ecosystem of healthcare, medical stuff, which we're learning now that we're sitting in the midst of the COVID pandemic, is really very interrelated.

[00:04:03]
**Shawn:** Yeah. So you mentioned something and, again, mind-blowing to me, Jane, what has made you able to be so successful in this space for the past three decades?

[00:04:16]
**Jane:** Humility. I'm a lifelong learner. I work really hard at consuming information from everywhere. So if you look at the pile of magazines, I still get paper magazines, everything from "Rolling Stone" to "The Economist," to "Jama" and "New England Journal," to "Bloomberg Businessweek," the "Ad Week" and food magazines because I'm a foodie too, both in terms of loving to be part of the slow food movement in Italy, but also just cooking at home during this pandemic. I guess I was an inquisitive kid. I was bookish and was allergic to summer for a lot of reasons. So, I just read a lot and consume information. So I'm lucky to have a brain that can take things in and put them in places that really can interrelate trends and data points that some people might not see obviously, but to me, they're just very clear. So maybe it's a little ADHD which was never diagnosed, but it's really the ability to and love of reading and consuming information and listening, and then not being too proud to stop learning every single day.

[00:05:34]
**Shawn:** So, I love, actually the very first thing, I think, a key nugget of what you just said, and that, Jane, is your humility. Knowing you for almost 10 years and watching you, you live that, you breathe it, you see it when you're on stage, and I always have appreciated to you always are willing to help anyone. This is a prime example. You know, you were so willing to jump on and do this podcast with us with open arms, and so appreciate that that spirit comes through in everything you do.  Where do your trends come from and then how do you weave them together when you start to talk, and share, and write about this?

[00:06:21]
**Jane:** So, it's a really good question to kind of step back and think about how I go at this. After working 10 years with big consulting firms, I started THINK Health my practice, my sole proprietorship, LLC. And one of my first clients, which really helped me launch my business was Institute for the Future in Menlo Park, California, when Ian Morrison was still running the healthcare group. That's when I met Matthew Hoult for the first time. He became like a brother

in many ways when he got out of Stanford grad school. And he and I worked on many forecasts there with Mary Kane and a whole host of people looking at the early era of the internet, etc.

[00:07:06]
But that's really where I honed my skills as a forecaster and learned about scenario planning. So this is how my brain works now. I think about what I know I know, that's the unhumble part, the statistics that we know we know, demographics, and stuff about current technology and current politics. And then we think about what we know we don't know. So, questions and uncertainties. And then the third category is what we know we don't know, which are the wildcards or, like, the Black Swan events of COVID. We've always when we look at forecasting healthcare, think about what could happen. And so bioterrorism a few years ago became a wildcard and then pandemics like SARS and such.

[00:07:52]
But the one we're going through now is sort of the unsinkable in the Stanley Kubrick kind of a way when thinking about the future. So I really start from those principles, what I know I know. And so in my blog in "Health Populi," which you were sweet to mention, I write almost every day and I look at a data point that came out of a survey, or a study, or a news event above the digital fold, or the hot points that are below when I think about that data point. But I like to know what I know first, so I gather data. And then I filter it through these many years of experiences that I've had with different stakeholders' clients, and as I said, listening to people and defining stuff through the work you do and lots of smart people.

[00:08:41]
So I think this is how we have to look at the world now, this world of uncertainty, which is healthcare, but also all these elements that surround healthcare, the social determinants, the politics, technology, regulation, increasingly globalization, and technology, of course, which is evolving so quickly, and consumer and sociological trends. So really, those are the buckets that I think about. And then I continually, literally every day, I'm getting my Google Alerts and, again, the reading I'm doing from media and other sources, other studies and, again, feeding my head, my little AI engine in my head, my little brain of what I know I know. And then continuing to ask, "What don't I know about what I know?" And then evolving those wildcards, which are getting wilder by the day.

[00:09:42]
**Michael:** When speaking of things getting wild, we're living in this new normal, right? We're living in this world where if you look at the COVID-19 pandemic as the ultimate disrupter, and now we're trying to figure out what's gonna happen after we get back to some sense of normal. And you wrote just recently about what should happen or should not happen when we get back to this new normal. And I loved you talking about the three Ts of telehealth, trauma, and trust. Can you just explain a little bit about how those bubbled up for you and if we can't go back, where do you think we should be going moving forward?

[00:10:21]
**Jane:** We can't go back. We're all part of this experiment, you know, unwitting experiment of this stay home era, this pandemic, which goes way beyond what happened in our lifetime and

9/11 or in the great recession of 2008. This is a new, new thing and we don't have a lot of new, new things, you know, that happen. So, the three Ts came out of...I coined the three Ts but I teased the Ts out of new PwC report, PricewaterhouseCoopers, great people at the Health Research Institute there, Benjamin Isgur and Kelly Barnes, etc. They're great and they're smart people. And you should follow, you know, the work that comes out of HRI. I do.

[00:11:03]
So that report came out a few days ago, maybe late last week or Monday this week. Anyway, the report was on their latest health consumer research since COVID-19 hit. So it's very current data on a variety of things, but what I pulled out of it were these three Ts. First, the quick take up of telehealth, virtual health. And what's interesting about that is, you know, for 20 years, I've been forecasting telemedicine, wrote a report about 13 years ago for California Health Care Foundation on telemedicine pioneers and what we can learn. **(Shawn laughs),** I mean, I've been on this for a long time. And now since the advent of the coronavirus, we've seen quick uptake aligning patients and clinicians. So, people, consumers, patients haven't been on the same page as doctors. Many younger people have been clamoring for this for a long time. And many physicians have not wanted to do it because of workflow, and reimbursements, and regulation. Those were the three barriers.

[00:12:13]
But all of a sudden, literally in about a week, we saw this alignment happen, say the example of Teladoc, which saw wait times of three, four hours, the first week the word pandemic was uttered for people waiting, queuing up virtually to talk to doctors. Because all of a sudden, people enrolled in Medicare, older people, who were in the early days of the pandemic, the biggest high-risk pool here. We've subsequently found there are lots of other people at high risk of developing bad symptoms from the coronavirus. But telehealth was taken up because all of a sudden, older people said, "I do not want to risk my immune system or my frailty by going to see my doctor," which is a big life flow for a lot of older people. So, we saw older people coming on to FaceTime, and Zoom, and Google Hangout to talk to a doctor and, of course, the commercial services like Teladoc, Doctor On Demand, etc.

[00:13:16]
But at the same time, clinicians also risk-managing saying, "Stay out of my office because we don't want you in here. If you have these symptoms, we will be happy to consult with you virtually." So, what we've been waiting to happen for 20 years happens in the course of a week and it's called COVID-19, which brought people on the same page. So telehealth, telehealth, telehealth. I don't think that's gonna go away now. We've seen relaxation of regulations between states. We've seen Medicare reimbursing for even on HIPAA compliant platforms, which is something, you know, that we should put in the parking lot to talk about another time because there's a lot about HIPAA and privacy that we're gonna have to deal with in the post-COVID environment.

[00:14:06]
The second T I talked about trauma, and that is the fact that our frontline workers are, of course, exposed to moral hazard. The tragic, tragic suicide of Dr. Breen. I can't stop thinking about her this week. She and all the frontline medical folks are on my mind. And then the folks in my

grocery store, who I thank every time I'm in there once a week making a run with my mask and my gloves and, you know, my own armament.

[00:14:35]
And then the third T is trust. And so, you know, we've seen the erosion of trust with institutions over the last decade, which Adelman whose trust study I refer to every January when it comes up from Davos, the "World Economic Forum Time." But trust now is in short supply. And so, if you look at some of the latest research and every day I'm seeing another study on this. This morning, I saw one that showed people trust Dr. Fauci more than anyone as well in the U.S., by the way, and as well as the World Health Organization, which has come under some controversy in the last couple of weeks, but people still will trust that. And so, trust is really important because we also have to trust the fact that someday we may have to go back to a workplace, or go back to a school, or go back to the gym. And what information are we going to believe that's going to compel us to actually leave our houses again? So there are many layers to that trust question, which I explored in that blog. So, you have the Ts inspired by the PwC report.

[00:15:45]
**Shawn:** Yeah, just staying in my roots, to me, what this has exposed is a lot of bullshit bureaucracy. **(Jane: "yeah")** We just cut through, right? So you talk about telehealth. I actually, at the beginning of this year thought, "If something doesn't change, telehealth is dead." **(Jane: "yeah, I get it")** Right? Like, it's just not getting anywhere. And I actually had this conversation last night with a colleague as well who had been working on a pilot with the whole telehealth thing. And the whole barrier to it was these regulations and these codes, but yet all of a sudden in five days, we get through it. And as you mentioned, the privacy things, which also is, to me, in the HIPAA stuff can be a bunch of bullshit as well in it. Right? Like, but the trust piece is rising up even more and more. We can have a whole another conversation around what this is doing to frontline workers, you had mentioned, Dr. Breen, who was a survivor treated in the ER, but still got to this place in her life, right?

[00:16:50]
**Jane:** Yeah.

**Shawn:** And sadly, she's gone now. It's a powerful thing to just figure out... We've talked about this for months, Michael. We started... And I think Jane, when we saw you last was at CES.

[00:17:03]
**Shawn:** Big announcement there happening, and Michael's gonna talk to you about that. But at CES, we actually launched this whole concept around #humanize. **(Jane: "yeah")** And it wasn't just around humanize care or human...but it was just around humanize. And what I hear in that trust piece is that we have to humanize the world again, right? Like, we are in a space where we had lost connection with each other. We're so busy that we're forced to do it. We're doing it in different ways. So love those three Ts. Taking some great nuggets from that, just in the work we're doing going forward. But as I mentioned, last time we saw you at CES, um, you had this great thing. Michael, you wanna talk about this? Right?

[00:17:48]
**Michael:** We are super excited about the new book with the health consumer to help citizen. Huge.

[00:17:54]
**Jane:** Thank you.

**Michael:** And disruptive in terms of thinking about what it means for people, for humans to not just be passive in their healthcare journeys or in the words used, as consumers in their healthcare journey but rather to be active citizens in that. So, what is your vision for that? What has to switch? What can we do to get there faster even?

[00:18:17]
**Jane:** Sure. Well, COVID is helping us get there real fast and revealing all the non-citizen aspects of our health non-system. So, the roots of this are quite personal and unique to me. This is one area I have a uniqueness and that is that I carry a passport from the country of Italy, which means I'm an EU citizen, in addition to being a U.S. citizen. In the EU, people who live within that area are considered health citizens. That is a phrase that I learned a long time ago when I worked in London and knew a man called John Paul Healy, H-E-A-L-Y, not Jean-Claude Killy the skier, because I know that might sound like that, but his name was Healy. Sadly, he's no longer with us. But he was one of the first e-health experts that I ever met in the world. And he was based with the World Health Organization on the continent. So, I knew him when I worked in London in the late '80s, early '90s, when the internet was not really the internet yet. It was still AOL, CompuServe, and Prodigy.

[00:19:29]
But in any case, health citizen as a phrase is used in Europe. And Microsoft uses the word citizen now a lot in talking about health consumers. So, I think we're getting some traction on the concept. The concept that I am honing continually that I talk about in my book in the last chapter, which the previous seven chapters of it make the argument for, is that healthcare is a civil right, should be a civil right in the United States, isn't now. I never use the phrase Medicare for all or single-payer or anything, I use the phrase universal healthcare. Because how we get to universal healthcare will be in American style and it may be through a public option. It may be Medicare for all. I can't know right now. I know we are broke, economically. And so, how we get there may be different in being a broke country versus being a wealthy country over the next year or two. But universal healthcare, healthcare for everyone in the United States is a right.

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I also believe part of being a health citizen is having really good privacy rights like an American-style GDPR. When I use Facebook or Google when I'm living in Brussels, I'm covered by the GDPR. But when I'm in the States as I am now on those same social networks or search engines, I'm not covered by much of anything. I'm covered by HIPAA for healthcare, by GINA, from my employers. I may have my genetic information, so my employers don't have access to it. If I'm a kid, I'm covered by COPPA Online, COPPA, etc. It is a patchwork quilt and it has very little to do with the digital life that we're living now, all connected and needing to be connected right

now to survive social, emotionally, and clinically. So, we need universal health care and we need a new era of privacy of opting in not having to opt-out.

[00:21:36]
At the same time, as citizens, we have responsibilities along with those rights. As my great friend, Esther Dayson, said to me a few years ago, as this book was coming together, she says, "Remember we have to own our healthcare, not rent it." So part of owning it means we should have to vote and be politically involved because every vote we cast has impacts on health, healthcare, wellness, a civil society, as Shawn was just pointing out, kindness, right? So, we have a responsibility to vote. We also have a responsibility to care for ourselves, to self-care. And that's one of the gifts we're getting from COVID.

[00:22:19]
One of the things we're thinking about now is wearing masks. Most people in the U.S. are covering their faces when they go out, as I see when I'm in parts of Europe or Asia. It's becoming a norm. Will it last? I don't know yet. But the way Governor Cuomo talks about it, which I love, he says, "You're doing it for other people, not for yourself." That's selfless. That's important. That's generous. And so I think self-care in that way is really important, but also self-care if you're diagnosed with pre-diabetes. Wouldn't it be great if you paid a little more attention to how you eat, how you move, how you care for yourself, for your own health.

[00:23:05]
And then if you've read the works of Nicholas Christakis and Fowler, from their book "Connected," which I talk about in my book, you realize that your health behaviors impact the peoples around you, and their health behaviors impact the people around them. So if you start this virtuous cycle of quitting smoking, stopping binge drinking, being kind, your actions inspire other people's actions, not only in your network, but in your network's network's network. And so, by one choice, drinking less, moving more, losing weight, and I've seen this happen in my own life, in the life of people in my networks inspiring each other. So, that's real data, by the way. That's statistical stuff. So, I just think we have rights and responsibilities as health citizens. And that's part of the gift COVID's giving us now is we're starting to move in that direction, and we're not even realizing it.

[00:24:07]
**Shawn:** You gave some real nuggets there and I'm gonna dive into a couple of last questions here as we wrap up. I loved your comment around, "Own your healthcare, not rent it." That is powerful. I mean, this whole self-care movement that's coming about whatever that looks like, right? I have a great friend in this arena, you know him Jane, Sean Slovinski. You know, he said, "I don't need my doctor to look at me and tell me I'm fat and that I need to eat healthy." We know those things, right? But it's owning that self-care movement to say, "What does self-care mean to me may be very different to what it means to the person sitting in the room with me." But we have to focus on that.

[00:24:53]
You hit a word that has become a passion of mine. Anyone that is on my team, around me right now, and even on our social media, this whole spirit of generosity and that we need to live in a

world that's generous again. And that doesn't mean financial generosity, that can be a portion of it. But, you know, to help us a little bit here, we've put together this thought around there's a lot of health tech startups out there, and they're all trying to make it big in this time right now. So you're a trend weaver, and so we're hoping right now you can weave a trend together for us. So when you think about the health startup ecosystem, where do you see this generosity, this spirit of generosity, playing a significant role in the economics of healthcare transformation?

[00:25:50]
**Jane:** Yeah. I'm seeing it all the time now expressed, particularly in the private sector. So you're seeing it not only in companies advertising, but in the way people are really positioning, repositioning businesses in this spirit of generosity and dare I say public health. So we've lost this public health ethos and infrastructure, really over the last decade or so for a lot of reasons. But I think COVID is starting to bring some of this generosity out. So the fact that grocery stores were limiting our hoarding of toilet paper and hand sanitizer early on, you know, they were educating us to say, "Stop being selfish. Share with your community." And the fact that the brand for Charmin tissue had this art contest going on, "Design a sharing picture on a piece of toilet paper and share it. We'll donate money for one of the COVID relief funds." It's interesting to see the role of the private sector in all of this, when in fact...

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Most of the retail health companies are really stepping up and playing a huge role. I'm not just talking about the dog and pony show about testing. I'm not buying a lot of that right now until I see reagents and swabs, you know, on the street. But we are seeing before COVID, CVS quitting smoking, for example, Walmart with the new health clinics, Rite Aid with disposal and disposal of drugs over the years, illicit drugs, whatever, drop them off, nobody needs to know kind of thing, lots of health, coming through grocery stores and other places. So, I see health happening outside of the public sector a lot. And that I think has been a really good movement.

[00:27:49]
But right now, I think in terms of economics in digital health companies, looking at the roots of health inequities and disparities in America, it is about social determinants. So food security, housing security, clean air, clean water. And ultimately, it really gets to the root that is income inequality and what we economists call the GINI coefficient, the widening of the rich versus the poor with the middle disappearing. So what digital tech and digital health companies can do and have begun to do is to help scale social determinants solutions where they need to be. And I think we've started to see a lot of that inspired in the COVID area. But even in the last couple of years, more and more recognition that digital health isn't an app that you need to solve a real problem.

[00:28:45]
And so, I am inspired by those companies doing more and more of that, what Livongo and Omada Health have been doing, the rise of more primary care where it needs to be. And I think one of the lessons that must come out of COVID is that we need to have a stronger primary care backbone in the U.S. And that doesn't mean more PCPs coming out of medical school, necessarily, it means use pharmacists to their highest and best use, use nurse practitioners, PAs,

dieticians at the grocery store, lots of people in retail health and community health organizations close to where people live, work, play, pray, and learn. Health is everywhere.

[00:29:31]
So digital health can scale social determinants and what we really need to happen in people's lives, in the community, in our homes, in the church, the faith-based institution. So, I am hopeful that that's one thing that will come out of this in my own forecast. Because these have been tough lessons learned, and if we don't take the lessons and recreate the health system immediately, meaning, you know, go to vote in November, and then let's move along, and get things happening for health and healthcare in America.

[00:30:08]
**Shawn:** Yeah, Jane, you took me back to my personal childhood there. You just kind of had a church moment. Waving the white hanky, right? Like, you just preached a sermon that the world needs to hear and can't wait to push this out to our audience here.

[00:30:26]
**Shawn:** To kind of have a little bit of fun to close up here, Jane, you know, in the spirit of the Combustion Chronicles, **(Jane chuckles)** we'll ask you, Michael's got three questions that he's been percolating on in this time that are gonna be fun questions. And we just need you to share with us your thoughts on them. And then I'll come back and ask one last question here in this episode. So, Michael.

[00:30:50]
**Michael:** Here we go. Here are your combustion questions, Jane. So, you're from Philadelphia, and this is a significant question, and it's really important. Which cheesesteak do you prefer, Pat's or Geno's?

[00:31:03]
**Jane:** Okay. This is complicated. So, I don't much care for cheesesteaks, so I'm gonna go for an Italian hoagie. And it's not from Geno's or Pat's, it's from Jim Steaks on South and 4th.

[00:31:16]
**Shawn:** Awesome.

**Michael:** And there we go.

**Jane:** Sorry to disrupt.

**Michael:** Number two, you go to the zoo, and when you walk in, you get a bonus opportunity to have a behind the scenes tour at any animal that you want. Which animal would that be to have that behind the scenes tour with?

[00:31:33]
**Jane:** Oh, that's a good one. I think the elegant giraffe. That's, like, a favorite of mine. But I'd rather look at pigs at a farm, frankly. I'm a big pig lover.

[00:31:47]
**Michael:** There you go. There you go. All right, final question. You ready?

[00:31:50]
**Jane:** uh-huh.

[00:31:51]
**Michael:** What do you think of pickles?

**Jane**: Dill, Kosher, big and fat lower East Side New York.

**Michael:** There you go.

**Shawn:** Awesome. Jane, thank you for sharing your insights of, you know, the wealth of knowledge, and nuggets, and notes I've been taking while you're talking. Is so powerful. So, thank you for being with us. We look forward to seeing you and giving you a big hug again as soon as we can. So, thanks. And uh, we'll talk to you later, Jane.

[00:32:19]
**Jane:** Well, lots of love and health to everybody. And thanks, Shawn, and team. It was wonderful to be with you.

[00:32:25]
**Michael:** Thank you so much.

**Jane:** Cheers.

**Shawn**: Thank you so much for listening to this episode of "The Combustion Chronicles." None of this is possible without you the listener. If you'd like to keep the conversation going, look up Man on Fire on Facebook, YouTube, Instagram, Twitter, and at manonfire.co. Give us a shout. Let us know what you think. And please, subscribe, rate, and review if you like what we're doing and if you don't do it anyways. And remember, always stay safe and be well.