Webinar: September 20, 2017

Operator: Thank you for standing by. At this time, all participants are in listen-only mode. During the question and answer session, you may press star 1 if you'd like to ask a question. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I'd now like to turn the meeting over to Ms. Tara Nokelby. You may begin.

Tara Nokelby: Thank you. Good afternoon, thank you for joining us today. My name is Tara Nokelby, and I will be facilitating your webinar. Today we will be having Mary Weston and Barbara Higgins speaking on Reach into Indian Country. There will be a question and answer session at the end of the presentation. At that time, please press star 1 to open up your line or you can use the chat option on WebEx. This presentation will also be recorded and posted on Older Indians at a later date. If you would like the presentations to be sent to you, please put you email address in the chat box on WebEx. At this time, I will turn it over to Barbara Higgins to begin. Thank you.

Barbara Higgins: Okay, hello everybody. I am Barbara Higgins, and I am the Program Trainer and Coordinator for Reach into Indian Country. It is a pleasure to be with you all. Last week I had the opportunity to attend the Title VI conference in Minnesota and I am still basking in all of the wonderful experiences I had last week. It was a great time to share experiences with others, sharing information, had a great opportunity to meet some new friends and reunite with some very dear ones.

Today, we're going to introduce and discuss the Reach into Indian Country program and I [inaudible] may be familiar with the program through other webinars or staff who've been trained or may be even heard about it at a conference. If you have not been made aware of this program, then now will be an opportunity to learn more about it and decide how [inaudible] in your community. I selected this quote because it really does summarize the Reach into Indian Country experience. This was from one of our program coached in Cherokee community and who states, "Our caregivers change from viewing the issues with their loved ones into thinking proactively by addressing small parts of the issues. The book helped them to break things down into a doable level, and the program in our experience was very user-friendly." And those are all the things that we constantly hear about the program. And again, a key feature--Reach really is a simple program. We really do advocate people definitely at every step making sure that it is simple, that it is easy, and that caregivers are a part of the team in managing whatever their concerns or their issues are. So, what is Reach? Reach stands for Resources for Enhancing Alzheimer’s Caregivers' Health. And we at the Memphis Caregivers Center have received money from the RX Foundation to implement Reach into tribal communities. The program goal is to have Reach available in at least fifty tribal communities over a three-year period, and we're now at the two-and-a-half-year point of that three-year cycle. Reach is a proven dementia caregiving intervention. It is based on twenty years of research and, as I said, our focus now with Reach into Indian Country is to see how well this program fits and can be used as a viable intervention in tribal communities.

I have to get used to advancing that. Okay.

Now, resources for enhancing Alzheimer’s caregivers' health in tribal communities. A staff member who is trained to become a program coach will work, as I said earlier, as a team with the caregiver. And they'll work on providing education about memory loss and dementia. And as I have been able to participate in other conferences, this certainly is an area that is a primary concern for many communities where the concept of dementia and what that means is not clear. So, program coaches, Reach program coaches, really do work on educating the caregiver about what dementia is and how it might be manifest with their loved one. They'll also work on developing problem-solving skills and then teach mood management, which is a technique that helps the caregiver better cope with events and situations where the only thing that they can change is the way that they think about it. Caregivers manage problem behaviors. There are certainly unique issues that a loved one who is experiencing memory loss may exhibit [inaudible] caregivers in managing those problems, like bathing and eat [inaudible]. The program involves four core sessions, and that caregiver will have the opportunity to

have more sessions if they need it. But we want everyone who is enrolled in the program to [inaudible] at least four sessions because we know that they will get the essential components of the program if they-and they'll have positive outcomes if they can get at least the four sessions. The sessions will be customized to that caregiver and their specific needs. So, there are general information that every caregiver will get, but we are able in Reach to target it to areas that that caregiver feels is most important and most relevant to them.

Now, the Reach Caregiver Notebook is something that every caregiver who is enrolled in the program will receive, and it contains a multitude of suggestions and strategies. It's written in large print so that our senior caregivers find it easy to use and it's written on a fifth-grade reading level. And this is what it looks like. This is sort of the crown jewel of our program. And this, as we talk to caregivers, and we get feedback from program coaches, the response is that caregivers love this book. And so, we really, really are putting an emphasis at this point in the program to get this into the hands of as many caregivers as we can. The notebook is meant to be the first resource for the caregiver and it includes topics on stress and coping and educational materials, safety information. As I said, it's given to every caregiver who's enrolled in the program, and it's used in every session that the coach has with the caregiver. Now, I wish you could see this. Not only does it have a wealth of information, but there are pockets in the back of the Caregiver Notebook where caregivers can insert any information that they get from other sources. So, there's a pocket that has nothing but information on dementia and memory loss. The second pocket includes information on safety and whether that is falls or information on disaster preparation, driving, firearms in the home which increase the risk if they are there with the loved one who has memory loss.

This is just a snapshot to give you an idea of the type of topics that's covered in the book. We divided it into two sections. The first section are related to behavioral concerns that an individual with dementia might exhibit, and as you can see, there is just a wealth of things everywhere from information on bathing and confusion and eating, incontinence, shadowing, sundowning, wandering. All things that are concerns that caregivers have for their loved one. The other one, other section is caregiving issues. So, we have a completely different section that is devoted to caregiver issues. And whether that's asking for help, or making sure that they are maintaining a healthy lifestyle to making new friends and communicating with the healthcare provider. So, a wealth of information and topics that were selected by caregivers. We asked caregivers what would be topics that would be topics that would be most useful to them, and this is what they selected. So, again the Caregiver Notebook is a wonderful resource and we really like to present it to caregivers as it being their caregiver center in their home.

Just a brief review of why it's important, why should we have programs like Reach. We certainly know that caregivers are at risk for having negative outcomes in multiple areas of their lives. Many caregivers have additional stressors whether that is not only taking care of their loved one but working outside of the home. In multigenerational homes, caregivers are taking on the responsibility of their elders as well as maybe other family members who need help. So, if this goes on, if the stressors go on for a continuous time, they are at-risk for having depression, and anxiety, and PTSD, and low sense of satisfaction in their lives, their marital experience. It's not uncommon for caregivers to have higher rates of illness, and if they have underlying health conditions, such as high blood pressure or diabetes, these conditions are worsened because of unmanaged stress and frustration. And then there's the social isolation. Many times, caregivers become so consumed with their role as a caregiver they start to withdraw, and they don't participate in the activities that maybe once brought them a sense of satisfaction and reward.

So, Reach, and programs like Reach, are developed to intervene in these cycles and help caregivers realize that there are still things that they can enjoy, that they can better manage some of the issues that might cause them concern. And with a little guidance, they can improve their quality of life. There are other risks that relate to quality of care. Many times, caregivers are not in the loop between learning or knowing how to talk to the healthcare provider. And those of you who have experience with loved ones with memory loss, you know that they can have a social face. So, if you're only

communicating with them for a short period of time, you may not be aware that there are some concerns. And we oftentimes find this with healthcare providers where they are talking to the person who has memory loss, and they're getting a very skewed picture of what's actually going on. The caregiver may be reluctant to communicating with the healthcare provider. And so, even in the Caregiver Notebook, ways and techniques that make that easier and more productive.

If caregivers aren't talking to the doctor and they're not talking to someone else to let them know what-to give them an accurate sense of what's going on-this is where there are medication errors. And this is where we see that there may not be a follow through in the recommendations because there is a lapse in communication as well as neglect and burnout. And the caregivers are notorious for not taking care of themselves. They spend more time focusing on their loved ones than attending to their own health needs. So, we see caregivers missing their own doctor's appointments or not eating properly, not exercising, not sleeping.

Now, a successful caregiver intervention-and there are many other models and many other programs that target the wellness of caregivers-but all successful programs are going to have some common topics because we know that while all caregivers don't have the same risk factors, they can benefit from some universal information, such as a better understanding of the disease or the condition. In this case, it would be dementia, an overview of safety facts that can help make their environment safer for their loved ones. Helping caregivers understand how to better take care of themselves and getting the social support, asking for help, knowing where to ask for help, and then ultimately receiving that help. And we've already talked about just the management of some of the behavioral issues that dementia patients can exhibit. With Reach, we are able to give general information, but also target the intervention to needs and concerns of that specific caregiver, and we do this through a process that's called the Risk Priority. And the Risk Priority is a series of questions where it's designed to target very quickly where their high and moderate risk areas are for that caregiver, and then allow that caregiver to decide what it is that they'd like to work on.

These are the major components of the program: problem-solving, positive thinking, and stress management. Now, problem-solving. Problem-solving is something that we all do in our daily lives. Some of us do it to a greater or lesser degree, but we all come up with situations that we need to think through and come up with a solution. In the Reach program, we work with caregivers using eight very simple but integrated steps. So, each step builds on the other, and again, breaks what may seem like a huge, insurmountable problem into very easy, workable steps. The first one is helping caregivers determine what the problem is. A caregiver might say that their loved on is difficult. Well, difficult can have a lot of different meanings. And so, we need to break that down moving from a global perspective to a more specific, identified understanding. What does that mean? Does it mean he's not taking his medication? Does it mean that he's being combative? Does it mean that he's not communicating? Or that he's being stubborn? Whatever that is, what's going on when you identify the problem? And then we want to operationalize it. And operationalize it means that we really are getting into those fine details. So, tell me what's going on. When does it happen? Why do you think it happens? Who's around when it happens? Are there any patterns that you've recognized about what's going on? Is there someone who can help you? At the end of that process, even the caregiver has a clearer understanding, and we really do want the caregiver, when they're no longer working in the program, we want them to have these skills so as other things arise, they are able to kind of walk through and say, "Well, let me really step back and look at this and see what really is going on." We want to know what they've done in the past because caregivers do come up with some great solutions all on their own. So, what we want to do is help them identify those things that worked, and if you came up with a solution that worked, let's continue to use that. But this time let's do it in a consistent way so that it becomes something that you can go to, use again, and know that you've got a good chance of it being successful.

The next thing is determining goals. It's easy sometimes to be unrealistic in knowing what you want as a caregiver. Let's say you've got a loved one or an elder who continues to ask the same question all the time, the same question. The goal may be: "I want them to stop." You know every time they're going,

"Where are we going? Where are we going? Where are we going?" And that's really, you know I can't think. It makes me feel stressed. I answer him and he keeps asking me the same question. The goal might be initially, "I just want him to stop." Well, he has dementia and he's not going to stop, or may not be able to stop on his own. So, what might be a more realistic goal? In this case, if he's asking you the same question every five minutes, how about if we get him to ask every ten minutes or every fifteen minutes. That's doable and it's realistic. Another goal may be simply to help that caregiver better cope instead of allowing it to become stressful. Helping the caregiver understand what the disease process is, and that he's not doing it on purpose, and that when he asks the same question, it may be his way of showing his anxiety.

And then we're going to develop a plan. And the plan is very simple. We use the caregiver notebook, we select a topic. In this case, it would be repeated questions. And there are over four pages of different strategies/suggestions on what the caregiver can do to help achieve her goal of getting her loved one to reduce the frequency of times that he's asking the same question. The key part here is that the caregiver again, as a partner, gets to choose what they want to work, which strategy would they like to try. And it doesn't really matter what strategy they try. We want them to try it because in the trying, they feel empowered. They feel that they're doing something. And they're feeling that they're going to use something that they're comfortable with. We review and troubleshoot just to make sure. I call this the Boy Scout part of [inaudible] the caregiver and the program coach is saying, "So this is a great plan. Have you thought about how this might happen? How are you going to, what's the first step you're going to do? What if this happens?" So, when the program coach is not with the caregiver, she's got plan A and she's got a backup because they've talked about things that might happen. So, she feels very prepared.

This is a good example. They say a picture is worth a thousand words. So again, the solutions in the notebook are simple, they don't cost, generally don't take a lot of time to do. Things the caregivers have the ability to do fairly immediately. This was an example of a caregiver who was having problems with her mom dressing. She, the mother, would just really get very anxious when she told her to go in the room to dress. She would get anxious and then she would come out and she hadn't done anything. She hadn't put on any clothes. And the caregiver was becoming very stressed because getting dressed was just a battle royale every day. And we were able to just go with their possible solutions. Maybe if her mom is getting agitated, medication might be one solution, getting an attendant to come in and help with home healthcare, maybe laying out the clothes, limiting her choice, modifying the environment. These are all potential solutions, but when we took a look at the closet, this is what we saw. The picture on the left. And we helped the caregiver see to a demented person, or a person who's experiencing dementia, this could be very overwhelming, and she may not know exactly what to do. A simple solution is to declutter, close the door, and just hang out one outfit so that it's very simple, it's not intimidating, and the caregiver is much more likely to understand what the caregiver wants her to do.

Our next component of the program is stress management. And we really want stress management to be a focal point for our caregivers. We want it to be a priority. And so, in the very first session, we teach the first stress management technique. In this case, it's the signal breath. It's very simple, very portable. Caregivers can use it anytime, anywhere, as many times as they'd like to use it. If you have a caregiver, and they meditate they may already be familiar with the benefits of simply focusing their breath and taking a time out, but if they're a stressed caregiver they may not remember the benefits. They certainly may not be engaging in it. So, it's a simple technique where we teach caregivers to take a breath, think of a pleasant word or something that brings them comfort and joy, and to slowly exhale while they feel the tension in their arms and shoulders and back just slowly flow away. And they take three breaths very, hold them, and very slowly exhale saying a very comforting word. We teach them this and we actually use a worksheet with the signal breath where they get to rate their level of tension before they use the technique and they rate their level of tension after it. And, invariably, every single caregiver is amazed. And we're always amazed at how they love this technique simply because it is that easy, it is that simple, and it most importantly, it works.

There are additional stress management techniques that caregivers can learn. If they get no more than the first and last, fourth session, we teach them mood management. And mood management is a form of cognitive reframing. The most important thing here is that we teach caregivers to use this technique when there is absolutely nothing else they can do but change the way they think. And you can easily do that in five steps by identifying the situation, thinking about what your thoughts were when that situation upset you, recognize feelings that those thoughts generate, change or modify those thoughts, and then experience different feelings. Very, very simply this is an example of how this would work: Step one, my sister was supposed to help me and she didn't come-not uncommon. What were the thoughts? She always does this to me, I shouldn't depend on her. I never have time for myself. My whole day is ruined. Current feelings that are associated with those particular thoughts: trapped, stressed, disappointed, angry, sad. If we challenge those thoughts, and I'm not saying make them just sunshine and rosy thoughts. We just make them not so negative. So, she's been there for me in the past, instead of thinking and focusing on that she didn't show up this time. The day is not over. I still got some things done. And maybe instead of saying, "I never have time for myself. Say I don't have as much time for myself." If you change and replace those thoughts, make them a little less negative, they're gonna generate different feelings. And the feelings may be: less trapped, understanding, annoyed, hopeful. Any one of those are better than: trapped, stressed, disappointed, angry, sad. And the only thing that changed in that whole situation was the way the caregiver was thinking. Okay.

Additional techniques that we do provide are the power of music, pleasant events, stretching, guided imagery. Power of music, again, takes no more than three to five minutes because most musical selections are no longer than three to five minutes. But, listening to music for three minutes is a huge mood enhancer. Pleasant events, going to simple things. Whether that's renewing a hobby that they once enjoyed, talking to friends, stepping outside and looking at the stars. Any one of those things can be a pleasant event that caregivers oftentimes forget to engage in. Stretching, great for relieving achy muscles during the day, just taking a moment and stretching out your arms so that any of those little kinks that come from being overwhelmed and stressed go away. As well as guided imagery, guided imagery is a wonderful form of daydreaming where people think of places that make them happy, make them calm, they have memories. And they simply, they can't physically get away, but they can mentally get away. Here is a quick flow chart. Who is eligible for Reach? It's anyone who is taking care of an elder who is providing significant care on a regular basis. And that part is really key. If an individual is simply coming in and they're supervising, but they're not having any real hands-on, they see their loved one once a week for thirty minutes. They're probably not the best person for Reach. But even if they don't live with their elder, if they simply are coming in sharing meals with them, doing a few tasks with them, this would be a better person, a better fit. There is an enrollment process where caregivers, the program coach will do a risk priority. And that is so that we understand where the high-risk areas are for that loved one-I mean that caregiver. Then, they enter into the active phase. The active phase is where they meet with the program coach for four sessions. That can be over the phone, it can be face to face, it can be at the facility. Any way that they can meet or interact with the caregiver. They conduct the four sessions, more if needed, and then they enter into the maintenance phase. And the maintenance phase simply means at any point if the caregiver needs to contact their coach to get a little coaching, they have that ability to do that.

This is kind of a quick, it's four sessions face to face, by telephone, and our focus is on education, problem solving, mood management, and stress reduction. Okay, we've been very, very lucky in the continuous growth of Reach over the years. We're happy that we have about 168 staff that are trained with diverse backgrounds in terms of job titles and education. We have 54 caregivers who've been enrolled and of the 168 trained staff, we have 68 who've become certified program coaches. We had a surge last year in enrollment, and that was, in part, due to Debra Johnson Fuller of the Minnesota Chippewa and Fondalack community. She enrolled 12 caregivers. And we have the Northern Navajo Medical [inaudible] 13 caregivers. We're hoping that we can get another surge of enrollments this year. There have been some program initiatives, and this is just a key thing I want to share with everyone on the call today. We've done some community-specific modifications to the program format. And that simply means, as in the case of Deb Johnson Fuller, she decided that she wanted to enroll a whole family. It was a large family. They were taking care of the elder, and each one was contributing, but

they all had their own issues, and they had some communication issues. And we listened to her, and she said this is how I'd like to use Reach in my community. And she was able to meet with the family once a week at a senior center or community center. They all had their caregiver notebooks. They all had an opportunity to discuss the issues that were important to them. We have expanded training opportunities just very recently. We are now working with the Archie Hendrix Senior Skill Nursing Facility in Arizona.

One of the things that we initially did, we did not open the training up to care facilities, but the education coordinator said what we'd like to do is have a community outreach where we want to train our staff to go into the communities and, as they see family members who are struggling with this, to be able to work with them. And we're like, "That's great." We think that that's a wonderful niche. And because of that we're looking at any other untapped opportunities, such as partnering with hospice or Alzheimer's association or any community agency that wants to use Reach as an outreach resource. So, for everybody on the call today, I want you to think about that. And then if you're interested, certainly get back in touch with us. For the education component, we do continuing education. We do provide 2.75 contact hours for nurses. Here are our upcoming training dates...to becoming a Reach program coach. Now, we are very happy to have Mary Wesson on the call today. And Mary was very instrumental in organizing and coordinating our first face to face Reach training. It was awesome, and Mary will talk to you about how she coordinated that effort and the outcomes of that training.

Mary Wesson: Thank you, Barbara.

Unidentified speaker: Let me change over. Hold on just a second, Mary. Where are you? There you are. There we go.

Mary Wesson: Okay, here we go. Well, hello everyone. It's great to be with you this morning and this afternoon depending on where you're located. I'm going to be sharing some information with you about how we first implemented the Reach program in Arizona. And at that time, I actually worked and served as the family caregiver support program coordinator for the intertribal council of Arizona, area agency on aging Region 8. And now I actually serve as the elderly services program coordinator at Gila River. So, we're gonna take a look at some things to keep in mind as you move forward with implementing the program in your community. Bear with me here. And before we get started, I just wanted to find out who we have with us. If you could share just briefly your name and where you're from.

Operator: This is the operator. Would you like me to open the lines?

Mary Wesson: Yes, thank you.

Operator: Okay, one moment. Participant lines are now open and interactive.

Mary Wesson: Yes, hello. who do we have with us this afternoon and this morning?

Betty Joe Kirk: Betty Joe Kirk from [inaudible] South Dakota.

Mary Wesson: Great, welcome.

Andrea Gaskill: Andrea Gaskill from Harbor Springs, Michigan.

Mary Wesson: Great, welcome.

Ashley Woodrow: Ashley Woodrow from Anchorage, Alaska.

Mary Wesson: Hi, Ashley. Welcome.

Arlene Gardopy: Arlene Gardopy, Reno, Nevada.

Mary Wesson: Great. Anyone else. Okay, anyone from Arizona? Okay, we'll go ahead and get started. Here in Arizona, I first actually, wanted to share with you, heard about the program through the Title VI conference, the national conference, and when I first heard about the program, my concern was the curriculum right for Indian Country. And after funding was provided to IHS and Barbara was brought onboard as the trainer, I got to hear her present on the new curriculum in the program, and I was instantly sold on the program and wanted to bring it to Arizona. So, that's how we got started. We actually had the opportunity here to train 24 participants through the Intertribal Council of Arizona, and those participants consisted of caregiver coordinators, senior service staff, health services staff, and we targeted the community health representatives and the community health nurses in the community. And we did do that through a coordinated effort. We actually had some help from Barbara and IHS in contacting the regional public health nurses and got help in getting the word out about the training.

Certification and reporting requirements were reviewed by Barbara at the training. She actually provided a three-day training her in Arizona. And we decided to do that because we wanted to actually have the certification done on-site while she was here. On the third day, we actually did part of the certification training at one of the tribal communities, which was the Helo River Indian Community where I now work. So, their staff were actually trained on-site because it was several of them participating. So, that is something to keep in mind also in coordinating your training. We actually provided the training at a hotel and did utilize funds to provide breakfast and lunch. I want to remind you that if you have funding for Title VI, Title III, for caregiver training, this can be considered caregiver training. You could consider utilizing those funds. And you certainly don't have to use a hotel. You can utilize something comfortable that's in your community. You can also do a potluck instead of having food brought in. But I do recommend food, as that always helps when it's a long training day. Again, the staff were trained and certified on-site. It's part of the package deal that you get from Barbara when she does the training. She also provided follow-up training with the staff on a monthly basis where the staff that were certified, we were able to meet with her and discuss how things were going. We were able to discuss individual cases, concerns, questions that we had. And if you aren't able to do on-site training as we did, you certainly can consider that the training is available by webinar and still partner with others in the community to do that training together.

In marketing the program community-wide and actually statewide for us, through the Intertribal Council of Arizona, we wanted to ensure that the tribes got the word out to leadership, community professionals in the area. And we helped with that by actually sending out information about the program to the leadership in the community and information that can also be passed on to council members to actually introduce this training to the community and the importance of it. And once again, you want to take a look at your target groups [inaudible] if you have caregiver coordinators, staff out of senior services, health services, others in the community that work with caregivers, that you would like to invite to the training and that you can partner with to provide these, this training to the community.

Ways of getting the word out about the training that we utilized at the tribal level were flyers, community newspapers, PSA's, actual announcements and flyers through health fairs, support groups, other activities that you have in your community in getting the word out to caregivers and family members also. Targeting caregivers in your community, the caregivers served would be an adult family member or other individuals who serve as an informal provider of someone in the home, a loved one in the home that they are caring for with dementia or memory loss. And you've heard Barbara talk about that in her presentation.

It's important to partner for success, and I've mentioned some of the ways that we were successful here in Arizona. Take a look at your community and what's going to work best for you and develop your programming and your marketing for the program by partnering with other agencies, whether it's health services, IHS, or other helping agencies in the community. And certainly, you also want to bring onboard family caregivers, those that they're caring for and extended family that are involved to providing care for those with dementia or Alzheimer's. And certainly, your other community providers. And these are just some pictures from the, just some clips from the training that we had here in Arizona. In this particular picture, you can see that we had participation from the, this is just one of the PHN's that was involved, public health nurses, and some of the tribal staff that were actually sitting down and preparing for their actual certification that they were going to be doing later on with Barbara one-on-one.

Someone else preparing for, this is actually one of the managers from one of our senior service sites here, Tess Keyaki, in Arizona, preparing for her certification. And here we have some of the tribal staff actually discussing the training and other things. And on the right-hand side, we have one of our, actually both caregiver coordinators from Hoke and from the Salt River [inaudible] Indian community. And then, we enjoyed a great lunch together, which gave us time to talk and get to know each other. I want to mention at this time, that there is a new family caregiver support program coordinator with the Intertribal Council of Arizona at this time, and she is onboard. And her name is Jackie Edwards. I provided her contact information here, so if there are any tribes from Arizona who are wanting further information, they also have her listed as a point of contact also. Jackie, do we have you online with us this afternoon? Maybe not. Well, you all have her information. At this time, I am going to turn it back over to Tara.

Tara Nokelby: Thank you, Mary. So, again if you have any questions, please feel free to press star 1 to patch your line through or you can chat in the WebEx, and I can read them aloud. And if you would like the PowerPoint presentations, please put your email address in the WebEx chat and I can send that over to you shortly.

Operator: Once again, if you have a question from the phone lines, please press star 1 and record your name. Please remember to unmute your phone while you're doing this. One moment as we wait for questions.

Tara Nokelby: I'm sorry. I don't see any questions coming through. Mary and Barbara, I want to thank you so much for your participation today. Again, for the audience if you have any questions, please feel free to contact me and I can put you in touch with them as well. And have a good day. Thank you, guys.

Operator: This concluded today's conference. Participants may now disconnect.