

Interview Type: Social Science Spotlight

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DONOVAN: IN THIS EPISODE, I'LL BE TALKING WITH DR. SELENA ORTIZ, ASSISTANT PROFESSOR OF HEALTH POLICY AND ADMINISTRATION AT PENN STATE AS WELL AS MR. BRYCE MARETZKI, DIRECTOR OF STRATEGIC PLANNING AND POLICY FROM THE PENNSYLVANIA HOUSING FINANCE AGENCY. THANK YOU BOTH FOR JOINING ME TODAY.

ORTIZ: Thank you. Thank you for having us.

MARETZKI: Thank you.

DONOVAN: TO START THINGS OUT, I REALLY WANNA KIND OF JUST ENTERTAIN THE QUESTION THAT WE HAVE TOSSED AROUND IN MANY AREAS, AND FOR MANY PEOPLE IT IS DECIDED SOLID SCIENCE. HOUSING AS HEALTH, WHAT DOES THIS MEAN, AND WHAT DOES IT MEAN FROM YOUR PERSPECTIVES?

ORTIZ: I think I just wanna start off by just simply saying that housing is a critical social determinant of health, and it's been viewed this way for quite some time among health researchers, particularly population health researchers and, I would say, also housing advocates. Past research has shown the complex ways in which housing is connected to health. I think, first and foremost, we tend to think about substandard housing quality having direct impacts on risk of experiencing adverse physical and mental health conditions. What we think about, what comes to mind readily is lead poisoning, asthma, injury, stress. Another way is unhealthy neighborhood characteristics such as a lack of recreational areas or areas that have low walkability and certainly access to full-service grocery stores. All those things are associated with decreased opportunities for physical activity and ability to access healthy food.

We also think about poor social and community attributes, and that might include low levels of neighborhood security and social cohesion, segregation, and of course concentrated poverty. Of course, all those things bring with it increased physical and mental stressors, as well. I think that the topic and the area that I'm most interested in is this issue of housing affordability and its impact on health. I think that is one of the biggest areas of research. Others have done a phenomenal job in raising this issue, and I'm interested in really identifying how the public views housing affordability as a social determinant of health.

DONOVAN: THAT'S GREAT. BRYCE, THAT'S AN EXCELLENT SEGUE INTO YOUR LINE OF WORK AND HOW THE PHFA SUPPORTS PENNSYLVANIANS EVERY

DAY. DO YOU WANT TO TALK ABOUT YOUR PERSPECTIVE, HOW HOUSING IS HEALTH AND WHAT THE MISSION OF THE PHFA IS?

MARETZKI: Thank you, Michael, and thank you, Selena. Yeah, so Pennsylvania Housing Finance Agency is really sort of the state-wide organization, quasi-governmental entity that addresses affordable housing, community development needs across the commonwealth. We do things like first-time home buyer. We service and provide mortgages for home ownership opportunities. We finance about 6 to 8,000 units of affordable rental housing each year with the Federal Low-Income Housing Tax Credit. We provide other resources to address housing needs across the commonwealth. Again, what we see as affordability continues to be a struggle for thousands and thousands of families across the commonwealth.

The mismatch in supply and demand of housing continues to grow. There's probably now about a mismatch of somewhere around 300 to 400,000 units needed for families to be able to afford them. We are struggling to swim upstream against the growing affordability gap across the commonwealth for families. We also see it as a multi-generational issue. We know we have communities and neighborhoods where a family, a mom and child is in a poor neighborhood, and the child continues to remain in that neighborhood. We see a second generation and third generation of poverty continuing to go. We are continuing to look at creative approaches to addressing housing needs, whether it's to rental assistance, other kinds of affordable housing, whether it's manufactured housing, and other strategies to address housing needs across the state.

DONOVAN: THE POINT ON MULTI-GENERATIONAL ISSUES, REALLY FASCINATING AS WELL AS IT COMPOUNDS THE EFFECTS ONTO THE YOUNGER GENERATIONS MOVING FORWARD, AS WELL AS HOUSING BEING A BULWARK FOR THE SOURCE OF WEALTH, AS WELL.

ORTIZ: Yeah, absolutely. When you think about the—I think of the housing affordability issue. Sometimes, we use the term, “Crisis,” but I sometimes think that that is the inappropriate term to use because this is sort of a chronic condition in the United States. It's reached peak levels, but it just continues to grow. It's a crisis that has just continued on for quite some time. It really is sort of a tale of two things, and that's as was mentioned. It's this issue of availability of housing and the cost of housing, yes. But, then, when you think about wage growth and how wages have been stagnant for quite some time, since the 1960s, you really then begin to see this picture of, well, you've got unavailable housing, unaffordable housing, and, then, stagnant wage growth. It really compounds. This issue of wealth-building is an interesting one. Generational impacts on the inability to create wealth and transfer wealth are going to continue to have significant impacts on the health throughout the lifecycle.

DONOVAN: THAT'S RIGHT. I'M WONDERING, BRYCE, IF YOU COULD JUST TOUCH ON, IN YOUR WORK OVER THE YEARS AND IN OTHER PLACES, WHAT ARE SOME UNIQUE CHARACTERISTICS OR SOME TRAITS ABOUT

## PENNSYLVANIA IN PARTICULAR THAT ARE CAUSING OR EXACERBATING SOME OF THESE CONDITIONS?

MARETZKI: One of the issues in Pennsylvania is its bifurcation of two very urban places with, obviously, significant urban issues, being Pittsburgh and Philadelphia, and Philadelphia being significantly larger than anywhere else in the commonwealth, then, the really profound, left-behind issues that exist in many of our rural communities, some of them looking along the Appalachian path in the southwest of the state up into the coal region of the northeast, into the central part of the state, up in the northern tier part of the state. The rural-urban disparities, I think, are more pronounced in Pennsylvania than in so many other places. I think the other issue is, Pennsylvania continues to get older and has not been a state that's seen significant population growth. Issues like health and health of aging populations and how to tackle housing needs for an aging population continue to be significant. How do we help people age in place or find appropriate places for them to age, continue to be issues that we're focusing on from a housing perspective.

MARETZKI: Then, in Pittsburgh and Philadelphia, where you have significant gentrification going on, I mean, in some neighborhoods—and we were just looking at some data recently where that change—Philadelphia has lost about 115,000 homeowners, owner-occupied residents that have transitioned, that have flipped to become owner-occupied. The loss of that core bedrock of neighborhoods, in terms of homeowners, in a city like Philadelphia, is significant. How do we look at addressing gentrification issues in neighborhoods that are rapidly changing, is one that we are struggling with all the time.

ORTIZ: Americans are more likely to attribute health to very individual-based factors as opposed to what we're talking about today, economic and social factors such as housing, employment, education, those sorts of things. In 2010, the Robert Wood Johnson Foundation launched a study to ascertain public beliefs about variations in health and why these variations exist in certain subgroups. They're really interested in finding out how Americans view that.

Going back to this issue first and foremost of social determinants of health, we can say it again and again and amongst our colleagues and within the space, and we get it. We know exactly what that means. What RWJ found was that that term, in and of itself, elicited very negative public reactions. The good news, though, was that most respondents understood what was meant by that term, and it was well-received. It could be a framing issue. It could be how we talk about these things. Other recent studies are beginning to reveal that Americans are increasingly understanding the impact. It could be because they're personally experiencing it for the first time or their families or their loved ones or neighbors. They see neighbors leaving, things like that. For me, I wanted to examine, where other studies in the past only examined the importance of housing quality on health and how Americans viewed that. To my knowledge, there have been no studies explicitly testing whether people believed that housing affordability is a key driver of health, even though we talk about it quite a bit. Our initial task was to examine

whether and in what specific ways Americans regarded housing affordability as a fundamental driver of health.

ORTIZ: We used data from a survey that was administered by the FrameWorks Institute in Washington, DC who does amazing work examining, what are some of the best ways to talk about these social problems and these issues, and the Enterprise Community Partners, which is a non-profit organization that works with low- and moderate-income people to find affordable housing. What we found was that the understandings of the relationship between housing affordability and health were primarily politically driven and income-based driven, as well, where you had Republicans and those who earned higher income less likely to acknowledge the effects of housing affordability on health. We also found that the varied frames of communication about the relationship between housing affordability and health produced significantly different reactions among these political and income subgroups. Even though, overall, respondents agreed that housing affordability is important to health, there were significant differences and less agreement among Republicans and higher income groups pertaining to the second outcome. We identified these eight emerging themes that were most referenced, and we found that the themes of personal responsibility and stability and security significantly resonated with Republicans and high-income earners. It was also seen as, when Republicans and high-income earners did agree that housing affordability was connected to health, it was more seen as a means in which to exercise personal responsibility. In other words, assistance from the government to increase or improve housing affordability was accepted as long as it was understood to be a means to individuals being able to exercise personal responsibility.

DONOVAN: HOW DO WE FRAME THIS CONVERSATION TO CAPTURE AS MANY PENNSYLVANIANS AS WE CAN, TO LIFT UP THE MESSAGE THAT HOUSING IS HEALTH IN A SALIENT WAY TO AS MANY PENNSYLVANIANS? I'M WONDERING IF THERE ARE ANY OPPORTUNITIES THERE OR THINGS THAT WE CAN PULL FROM THIS WORK THAT ARE RELEVANT TO YOUR WORK, BRYCE.

MARETZKI: I actually think there are. I give, actually, this administration under Governor Wolf has really begun to reframe housing in a health-related response. They have actually, the governor's policy office has been putting together a high-level policy group across agencies, Department of Human Services, mental health departments, community and economic development department, housing people, to really think about, how do we look at housing and address it as a fundamental need and a social determinant in terms of better health for people and better health for the communities in which those people reside? I think you are seeing data now beginning to come out. The managed care organizations across Pennsylvania are beginning to think about housing in a role that they have as a healthcare provider. UPMC Health Plan in the southwestern part of the state has really been investing, actually, in housing developments and rental assistance and homeless shelters because they see it as a way of helping to drive down health costs. If they can find ways to put people into stable, secure, long-term housing rather than have them on the street or insecure in

their housing situation, having to bounce from place to place, they don't see them as frequently in their emergency rooms.

I think the message is beginning to filter out across a broader range of organizations and institutions that are thinking about it. Up in Erie, the Erie Insurance Company is doing a great deal in that community in terms of looking at housing and other community development needs as a part of a healthy community. How do we expand some of those demonstration efforts and roll them out in a larger setting, set of policy strategies, I think, becomes important. Having the healthcare institutions, whether it's the insurance providers, the healthcare providers themselves, really beginning to understand that housing is part of the diagnosis and part of the prescription that they need to be talking to their patients about earlier on, I think, begins to reframe that debate.

DONOVAN: IN STATES THAT HAVE A GOVERNOR'S MANSION THAT MIGHT NOT BE AS OPEN TO VIEWING THIS CRITICAL ISSUE AS A HEALTH ISSUE, I WONDER WHAT KIND OF STRATEGIES WE COULD EMPLOY, BOTH FROM THE ACADEMIC SIDE AND FROM THE POLICY SIDE TO REALLY GET THE MESSAGE TO AS MANY MINDS AS WE CAN.

ORTIZ: In 2015, the Centers for Medicare and Medicaid Services launched this opportunity to charge or use Medicaid as a leverage to provide or pay for supportive housing services. The state of Pennsylvania has done a really fantastic job in developing a crosswalk, identifying the areas that need attention. One of those may be even how do, say, non-medical organizations, housing organizations, those that provide social services, how do they learn how to bill CMS for providing supportive housing services, for example. That's an issue that, I think, Pennsylvania is going to need to be dealing with. This helped me to develop a proposal, and I've got seed funding right now to examine the extent to which states in the United States actually leverage Medicaid dollars to provide supportive housing services.

This question is right on point in that our preliminary findings, certainly, are that there are many states whom haven't even begun to take advantage of section 1115 waivers. Their Medicaid plans and their amendments don't include coverage for supportive housing services. Again, these are preliminary findings, but the next question is to ask, well, why is that? We've got a number of different questions that we want to explore. Then, relatedly, it's how can we get this message out that this is an important opportunity, and this is what residents are in need of?

DONOVAN: IT IS INTERESTING, IN BRYCE'S EXAMPLE, OF HOW PRIVATE INDUSTRY IS SEEING THE BENEFITS OF SOME OF THIS, SEEING THIS AS REALLY KIND OF ALMOST PREVENTIVE CARE TO REDUCE COSTS ON THE OTHER END. IT'S A LOT OF THEIR PERCEPTIONS THAT MAY BE AFFILIATED WITH CERTAIN GROUPS. IT'S INTERESTING TO THINK HOW PRIVATE INDUSTRY IS STEPPING IN.

ORTIZ: Absolutely, yeah, absolutely. I would just add that it's important that you've got, say, your traditional social service agencies and housing agencies understanding the opportunities within, say, CMS, but that there's not this, "Well, we're gonna do this so you can save on the health end." It really—how we communicate with each other is an important question.

MARETZKI: Yeah, I think that's right. I mean, another group that, from a policy standpoint, across states that may be less purple might be the National Governors Association. They have been willing to think about housing issues a little bit, and they might be the kind of group. I think most of this work is really—we can talk about the Department of Housing and Urban Development and having a secretary who's a surgeon and healthcare providers. The secretary might be a good thing. HUD has begun to move their homeless world into a housing first strategy which, again, I think is part of an effort to think about housing as a determinant and as a primary determinant of health outcomes. It's really governors and at the state level where, I think, the strongest innovation is gonna go on. I think the more that somebody like, a group like the National Governors Association or some of the major foundations, Robert Wood Johnson, Annie E. Casey, some of the other national foundations that can convene and put resources behind thinking about this role of housing and the affordability of housing as a real health determinant. I think it would be an interesting idea.

DONOVAN: YEAH, ABSOLUTELY, AND I THINK ONE, ANOTHER SECTOR THAT CAN REALLY LEND A REMARKABLE AMOUNT OF SUPPORT HERE IN ESTABLISHING AN EVIDENCE BASE IS ACADEMIA AS WELL. THE INTERSECTION BETWEEN THE ACADEMY AND THE POLICY AUDIENCE IS, I THINK, IS REALLY, REALLY CRUCIAL. WORK LIKE SELENA'S CAN INFORM PERSPECTIVES ON WHAT'S ACTUALLY PENETRATING. WHAT IS THE STATE OF THE AMERICAN PERSPECTIVE?

ORTIZ: Yeah, and, so, the follow-up paper to this one, which is in review, is examining a particular group of Americans, and that would be economic elites. We know through economic elite theory, particularly by Gilens and Page's work showing that policy agenda is really developed by a very small segment of the public. Now, that's not to say that that's always the case and true, but it does speak to the importance of being able to communicate with that group. When we think about private businesses or developers or other high-income groups who really set the agenda or work with policy-makers or influence policy-makers. We can't turn a blind ear to them or turn off our ear. We really need to also understand how they think about this issue.

The exciting thing is that we have found that when you frame and communicate a message of housing affordability as a key component of health, there is positive reaction to it. For me, I'm quite excited by this idea of housing as health. Maybe we just haven't gotten the nuanced phrases correct yet. We're working our ways through that. How we sort of beat that drum and make a very salient—you mentioned it being a salient issue. We need to make that message stick so that it comes first and foremost in people's minds and in a particular group of economic elites who—it's one thing to pass

policy. It's another thing for that policy to be successful. I really do think that that is where the influence lies. Sustainability of policies and the effectiveness of policies throughout time is going to continue to mandate support.

MARETZKI: I think continuing to make this message, figuring out ways to spin that message about housing affordability as a key determinant of health, it is a great message, and how we embed it in more and more work, I think, really is the next phase of the implementation of these kinds of more academic studies about how we can do this. We, as a housing finance agency—and there are 50 of us across the state, across the nation—all have an annual plan about funding for multi-family rental housing. We should all be building in the health component into our plans for tax credits. Developers who are really doing the deals in creating 300,000 to 500,000 units of affordable housing every year then really see it, and that's the incentive that they have. They get points, and they get projects awarded. The more that Pennsylvania and other states can show how to do it through both carrots and sticks a little bit does become a way to move this message out.

ORTIZ: Completely agree with Bryce on that point. Absolutely, and it's made me think that, as researchers, here's an opportunity for simulation models. In other words, how do we think about policies to increase housing affordability and, then, examine the health impacts associated with those policies over the course of time. There's researchers who do work—Markov chain modeling, simulation models—that could really help policy-makers see the impact of what it would mean in regard to the health of their community they serve if these policies are enacted. Researchers who are doing work in that area are really called upon right now, I think, to help us think through that.

MARETZKI: I'd love to see some of that work being done in partnership with healthcare providers, insurance companies, housing developers, state housing finance agencies and others to really look at some of that modeling. That would be very interesting.

DONOVAN: I LOVE THE IDEA OF THE INTERSECTION OF THE ACADEMIC COMMUNITY AND THE LARGER POLICY AUDIENCE. I WONDER, WHAT WAYS COULD WE OPERATIONALIZE THAT? HOW DO WE FOSTER THAT EVEN FURTHER?

ORTIZ: I find it quite exciting that the governor's office has convened this group. It's something that I and other colleagues would be interested in learning more about, participating in. I've had the opportunity to participate in a governor's group in regard to, how do we communicate insurance enrollment, and I found that process quite enriching. I think that us being here at the university, we're ready and able and willing—I can't do this work, if I thought it wasn't gonna go anywhere, I don't think I could be doing it. Even on a personal level, that is really what makes this work valuable so that it actually means something to others. I would speak the same for my colleagues as well,.

MARETZKI: There's actually a group that the Healthcare Association of Pennsylvania is convening later this month with a group of housing providers and health insurance

groups about social determinants—it's called the Social Determinants of Health Collaborative. I think it is a message that's beginning, at least in Pennsylvania, to take on some traction. I do give credit to somebody like UPMC who really actually has been putting dollars behind it. They have actually made capital investments into a company doing affordable housing in Pittsburgh. I think the policies are now, and maybe this group could be the place where we try and do some of that modeling to bring academia and policy makers and practitioners together to really expand that message.

DONOVAN: THAT'S EXCELLENT. I THINK THE KEY IS THAT, BETWEEN PENN STATE AND OUR ACADEMIC PARTNERS ACROSS THE COUNTRY AND WORLD, THERE'S A VAST NETWORK OF READY AND ABLE RESEARCHERS WHO CAN KIND OF PROVIDE SOME OF THE RIGOR TO THESE PROPOSALS AND SIMULATIONS.

ORTIZ: Absolutely.

MARETZKI: I think some of that relationship needs to be built with some of the large, national housing advocacy groups. I know in Pennsylvania, the Pennsylvania Housing Alliance. At the national level, the National Low-Income Housing Coalition, so I think beginning to foster some of those kinds of bigger relationships between academia, doing some of that modeling, and some of these large national policy groups. Enterprise is obviously a huge one, has been looking at this issue for a long time. I think those kinds of relationships also are critical. We have a national council of state housing finance agencies that has a national group. Again, this message, the more we can spread the word and figure out different ways to look at this issue and embed this issue and infuse this discussion into policy and strategy and programs, I think the better off we'll be in the long run.

DONOVAN: EXCELLENT. ARE THERE PARTICULAR MEASURES THAT WOULD BE SUPPORTIVE TO YOUR WORK THAT COULD BE LIFTED UP?

ORTIZ: That's a great question. I think about the big national health surveys that exist that a lot my colleagues and I rely on. I think they are becoming better at thinking about this issue of housing and asking questions around housing, but we're not at that point yet. How do we think about national health surveys really expanding their social determinants of health questionnaire or the sets of questions that could help us? Longitudinal designs are especially needed. We talk about the life course and, so impact from womb to the elders, how do we measure these impacts?

Even when you think about simulations and modeling, you really do then have to go into the neighborhoods and on the ground. You have to do interviews, and you have to do other qualitative work that, then, helps inform what you find in surveys and vice versa. I would definitely argue that mixed method work is absolutely essential in regard to housing affordability and health.



DONOVAN: BRYCE, THERE MUST BE YOUR OWN WAYS OF MEASURING THE SUCCESS OF PHFA AND THE IMPACT THAT YOU'RE HAVING.

MARETZKI: There is. We are moving more and more towards looking at outcomes and being better about collecting good data and not just sort of saying, "How many units of housing have we funded or produced this particular year?" Where is that housing, and what are some of the effects of that housing at a larger level, at a neighborhood level? How are the units helping to address school issues or property tax issues, park issues? And vice versa, how do some of those issues impact where we need housing? I think, for us, the struggle is, in a place like Pennsylvania, is trying to get good data at a local level, whether it's—we oftentimes can get information at sort of a county level, but getting it at Census tract or ZIP code or even at legislative district level, I think, would be helpful when we're looking at the kinds of programs and projects, which is ultimately what we fund, that we're trying to do. We struggle; we see state-wide data, and we can sometimes get county data. We often get data for Philadelphia and/or Pittsburgh, but don't get it in the more rural parts of Pennsylvania. Again, I think getting good data for us continues to be a struggle. We're starting to ask for more data and for different kinds of data from our programs and projects on an ongoing basis, but we hope that over the next few years we'll get better and better at that. Working with academic institutions, non-profit think tanks and others in terms of that data analysis would be very helpful.

MARETZKI: Merging data sets is part of our challenge, too. Sometimes we get housing data, but it's in a completely separate file than the health data or the public library data. How do we make sure that we can really marry data together, for us is a challenge.

DONOVAN: RIGHT, AND THE SCIENCE OF INTEGRATIVE DATA SYSTEMS IS REALLY IMPROVING. IT'S CRUCIAL TO THINK ABOUT THE HOLISTIC PERSPECTIVE.

ORTIZ: Yeah, I also just wanted to add that, thinking about affordable housing as a health equity issue, and when I think about data and who we collect data about and from, I think about those most disenfranchised communities. When you think about Pennsylvania, you think about certainly individuals and their families who are suffering from opioid addiction, other substance abuse, those with severe behavioral mental health or severe mental illness, those very hard-to-reach yet very crucial—absolutely—so emphasizing their outcomes, as well.

MARETZKI: We actually had an experience where we were trying to do some work around a program with homelessness, and in Philadelphia we came to realize that the entire Hispanic community doesn't use the traditional ways of accessing homeless services. That whole community was sort of left out of the program, and we're now having to backtrack and go back and figure out, how does the Hispanic community access, use, and mobilize around homeless services in the city of Philadelphia, because the data was not capturing what was really happening at the community level. That was an eye-opening example for us, that what we were seeing at the data level wasn't really what was happening at the street level.

ORTIZ: I think what Bryce is talking about, to me, hearing that is the interaction effects of policies. Having to think about policies or sentiments expressed at the national level, when you think about the Hispanic community and maybe, perhaps, fear of accessing services for fear of, perhaps, being investigated by immigration services or whatnot, we have to think about how these policies interact with each other and take that into consideration when we think, why didn't that policy work? Why didn't that outreach service work?

DONOVAN: YEAH, AND ADDRESS MISSINGNESS IN DATA. WITH THAT, I THINK WE'LL COME TO A CLOSE HERE. I JUST WANTED TO SEE IF WE COULD GET ANY OF YOUR CLOSING THOUGHTS ON SOME OF THESE BROADER ISSUES, HOW WE LEVERAGE ACADEMIA TO SUPPORT THE POLICY-MAKING PROCESS TO ALSO LEVERAGE DATA TO FURTHER SUPPORT THE PROCESS OVERALL. BRYCE, DO YOU HAVE ANY THOUGHTS THERE?

MARETZKI: Yeah. I think this discussion has been really terrific and helpful. I think what my takeaway is this idea of modeling some ideas and really looking at some of the ways that different approaches for embedding housing affordability and housing issues as a key determinant of health outcomes and using that message and really looking at how to embed that message in a variety of different approaches was what I took away as the most critical piece of this.

ORTIZ: I concur as well. I think that I've become much more excited about the state of things here in Pennsylvania. I think it's exciting to know the opportunities that exist. I think it's exciting to think about how academia can work in partnership with the state to examine these issues. I'm actually much more encouraged by even thinking that, maybe, not just including this message of housing affordability as intrinsic to health, but even being very explicit about policy outcomes and to say, "This policy is intended to improve health in these ways," so that it's not just a spillover effect. It's actually the direct, intended effect of that policy. There are some policies out there that have done that, but why can't we lead the way in modeling that as well for the rest of the country?

DONOVAN: GREAT. WELL, WITH THAT, WE'LL BRING THIS EPISODE TO A CLOSE. MANY THANKS TO MY GUESTS, DR. SELENA ORTIZ, ASSISTANT PROFESSOR HERE AT PENN STATE IN HEALTH POLICY ADMINISTRATION, AS WELL AS MR. BRYCE MARETZKI, DIRECTOR OF STRATEGIC PLANNING AND POLICY, THE PENNSYLVANIA HOUSING FINANCE AGENCY, COMING TO US FROM HARRISBURG. THANK YOU BOTH SO MUCH. REALLY APPRECIATE YOUR TIME TODAY.