



S2:E7 Networks for arts, culture, health, and wellbeing

Rosie Dow in conversation with Stephanie Fortunato

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[THEME MUSIC]

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Stephanie Fortunato: Hello and welcome to The Three Bells. This podcast is one of a series brought to you by AEA Consulting and The Binnacle Foundation for the Global Cultural Districts Network, in which we explore what's happening around the world at those busy and sometimes congested intersections of culture and urban life.

You'll find the series and supporting materials at www.thethreebells.net. And if you like our content, please tell your friends, subscribe and give us a positive review on your podcast listening platform of choice.

Today I'm speaking to you from Providence, Rhode Island, the ancestral land of the Narragansett. I pay my respect to the Narragansetts and other indigenous people's past, present, and emerging who have, and continue to live here. And to all First Nations people on the many lands on which we are listening from today. I'm Stephanie Fortunato, Director of Special Projects for the GCDN. Today, The Three Bells will be exploring a topic at the forefront of many communities' agendas as we emerge from the global pandemic: arts, culture and wellbeing.

I am thrilled to be joined here by Rosie Dow. Rosie has been working at arts and health for about a decade and her expertise spans arts and health programme delivery, strategy, policy, research, and network development. After leading HARP, an incredible arts, health and wellbeing initiative in Wales – that we'll hear more about later, she has recently joined the World Health Organisation's Collaborating Centre for Arts & Health at University College London.

Hello, Rosie!

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Rosie Dow: Hi, Stephanie.

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Stephanie Fortunato: How are you today?

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Rosie Dow: I'm very well, thank you. It's great to be dialling in from a sunny South Wales,



where it's yeah, it's a balmy kind of 24 degrees, which is, pretty much as good as it gets here.

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Stephanie Fortunato: Oh, that sounds lovely. It's quite steamy here in Providence today. So I'm a little jealous of that. And this is a busy moment for you. You've just made a pretty huge transition in your work life.

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Rosie Dow: I have, yes. My role at Nesta, leading the HARP programme – which you just mentioned, and I'm sure we, we will talk more about, has just come to an end. And I've recently therefore started my new role, as you say, at UCL here in the UK.

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Stephanie Fortunato: Oh, that's great. Yeah, so let's just jump in right there. We're always interested in people's careers and journeys, especially the unexpected along the way. How did you make a career of arts and health and wellbeing?

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Rosie Dow: Oh, the short answer to that is I don't really know. It just sort of, it just sort of happened. Um, I think I'm one of those people where if you looked at my CV, it doesn't, really have a kind of logic to it that says, yeah, she was always destined to work in arts and health. But to me it makes a lot of sense.

And I think it's a kind of combination of developing project management skills, you know, relationship development skills. I started my career working in kind of administrative environments before moving into sales environments, and from there into non-profit. And I think it's that kind of combination of being a good administrator, being good at influencing people and winning people over to things.

But also having a kind of, you know, a social conscience and wanting to do good in the world that really brought me into the third sector and into the health sector to do this kind of work. And they're all skills that work really well for a developing area or strategy like arts, health, and wellbeing.

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Stephanie Fortunato: So you're not a musician. I would've thought you were a musician actually.

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Rosie Dow: Ah, so, I am a musician.

Stephanie Fortunato: Wow!

Rosie Dow: And so that's one of my kind of personal interests have finally merged with my professional ones, which is a really great privilege actually. But I started off playing the flute and the recorder when I was just a little kid. And I was quite good at those instruments and therefore kind of got put on this quite academic pathway of doing exams and studying. And I think I always found that a bit intense actually. And, I can't



really look back and say, I loved playing the flute and I loved music at that age. But when I was in secondary school, I got asked to join the school choir.

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Rosie Dow: And that was just something you just did for fun. You just did it in your spare time, outside your academic career. And we had the most inspirational music leader. She was Ms. Smith and she became Mrs. Jones. And she taught us how to sing things like Sister Act? Like she was just really, and she would stand in front of us and she'd be standing there just saying, Come on, girls, sock it to me.

And it was just amazing. And it just gave me this feeling of being together with other people and achieving something and just the sound that we created and the fun that we were all having. I think she sort of stirred something in me from a very early age. And so actually it was kind of singing, which was the thing I was probably less good at than playing the flute that became the thing I really loved doing. And so I've, yeah, set up community choirs, um, I've written a book about singing as well and all the benefits it can bring your health and wellbeing. I've done some research studies around that and most recently led a very uh, large project developing a network of choirs for people in Wales who are affected by cancer.

So it's kind of how all that project management stuff overlaid with my love for bringing people together to sing, which started as a teenager and has always been with me.

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Stephanie Fortunato: You're following the muse or the muse-sic in this case. (laughs)

Rosie Dow: (laughs)

Stephanie Fortunato: What is it about singing together that makes it such a powerful activity? I have to tell you in researching for this interview, I was letting the Tenovus Cancer Care choir play in the background and it was so uplifting and inspiring, but I know you've researched the health benefits of singing together.

Can you talk a little bit about that?

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Rosie Dow: It's a brilliant area of research because singing is actually one of those things, scientifically is quite mysterious. We don't a hundred percent know everything that's going on in your body when you sing. And we definitely don't know everything that's going on in your brain when you sing.

And when you multiply that with all the social factors of being with other people, there's a lot to explore from a research perspective. Questions like, well, how does singing impact our mental health? So there are studies that I've been involved in where we've asked people to complete quality of life questionnaires.

What we call validated scales. So health-related quality of life, vitality, those sorts of things. We ask people questions that can indicate how they're feeling. And we've done that before they start a singing programme. And then again, after three and six months.



And if you have enough people in that, a big enough sample size of people all doing that same thing, you can start to draw out trends and statistics about how people are experiencing the benefits of something like singing.

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Rosie Dow: And the research that we've done shows that three to six months of singing can lead to improvements in people's vitality, in their mental health, in their social connectedness. So their feelings of being connected to others. And we know from other research that all these things can be fairly big markers for physical health later in life as well.

We've also done what we call bio-psychosocial research. We would go to some of our choirs and we got them to give a saliva sample before and after one hour of singing. If you then deep freeze it, you can send that off to a lab and they will analyse it for biomarkers. And the sorts of biomarkers we were looking at were quite broad ranging, but we looked at people's cortisol levels, which is a stress hormone – whether they were increasing or decreasing because of an hour of singing.

We also looked at biomarkers related to bonding. So oxytocin, which is a bonding hormone. We looked at immune function and inflammation as well. And we found through that study that singing for an hour with other people has quite significant effects on these things. So we saw that people were less stressed, their cortisol levels were going down, but that, that seemed to be correlated with an improvement in people's inflammation and immune response.

So people were people's immune functions and inflammation markers were actually down regulated by that hour of singing, which sort of suggests that they were basically generally just calmer after the hour of singing. And that meant that their bodies were less in this kind of stress response place and that could explain some of, of why then over a period of time, people are reporting that their mental health improves and that they feel less stressed. And we know that's actually happening in their bodies as well.

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Stephanie Fortunato: I mean, particularly, I think over these recent years when we've seen some of these community choirs come together virtually, you know, it's sort of logical that singing is one of those activities that can help us overcome isolation and sort of the anxiety that's associated with that and the other mental health risks.

It's kind of incredible. It's both logical and totally natural, right?

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Rosie Dow: Yeah, absolutely. And it's one of those research areas that's incredibly complex for all the reasons I've described, but actually there's something really intuitive about, okay, yeah, well, of course it's gonna be good for you. Of course it's gonna be nice for people. And it's gonna make them feel better if, especially if they've been feeling low and facing health challenges, which nearly everybody does from time to time and some people do permanently. So that's, I think what drives my passion in this area.



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Stephanie Fortunato: Now that's what you were researching through HARP. What does HARP stand for?

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Rosie Dow: HARP stands for Health, Arts, Research, People. And that was an innovation and research programme with the Arts Council of Wales, Nesta and Cardiff University with support from some other partners as well, including the Welsh NHS Confederation and the Wales Arts Health Well-being Network. So it was always good to name drop everybody who's involved in these programmes.

But that was actually not related to the singing programme that I did. It was kind of something that I did later. And that was where we were operating in a kind of capacity building space. So we were developing a network of people who were, who were running projects like the singing for cancer project.

So we worked with 17 projects across Wales. Each of them had a health partner and an arts partner who'd come together to collaborate on a project. And so some of the projects we've supported in HARP have been things like singing for dementia, for people who are currently in hospital, which actually can imagine during the pandemic was a particularly tough time for those people.

And they had to be particularly innovative about how they reach them as well. Some of the other projects included an arts on prescription project in the Swansea area of South Wales, where-

Stephanie Fortunato: What was that?

Rosie Dow: Well, it was a collection of arts activities and interventions that people could be referred into by their general practitioners, their doctors if they had kind of low level mental health problems.

So that one was really aimed at preventing people from becoming more isolated and their mental health worsening. So it was kind of early intervention type of project. It's a really growing movement and actually in the UK, there's been quite a significant investment in it from the government in something called the National Academy for Social Prescribing.

And they are actually funding what are called link workers who work alongside doctors to refer people out of medical care and into social cultural community assets and projects, to help them with their wellbeing and with loneliness and isolation and, and low level mental health problems.

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Stephanie Fortunato: So that's some incredible examples of interventions that you've helped to facilitate. Has there been an influence on policy in Wales as a result of these interventions in the research?



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Rosie Dow: Definitely. And I think, I think it's always interesting to explore the intersection between really big picture policies happening at that government level and what are often quite small community-led interventions happening around arts and health, but there definitely is a relationship and connection.

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Rosie Dow: And somewhere like Wales is actually a great place to do it because we only have a population of sort of 2 to 3 million people, a relatively small and devolved administration in terms of the government here. So there is quite a good opportunity, you know, everybody sort of knows everybody in the health and policy world, so it's quite a good opportunity to influence things, to get done.

But here in Wales, we have something called the Well-being of Future Generations Act, which mandates our public bodies to talk to each other about how they're developing services and how those services contribute to things like our wellbeing and our health and our culture and the fulfilment of all of our lives.

And on all public services have to think about this in Wales, regardless of whether they're developing cultural strategies or developing health strategies, they all have to consider everything holistically by law. So those are really, there are really interesting policies that are developing around this sort of work and these sorts of ideas.

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Stephanie Fortunato: That's sort of astounding actually, that there is that care-centred, human centred approach on such a societal level in Wales. I feel like that's a really rare achievement for any community. It's quite incredible. Are there some long term results that, that have come out of thinking about future generations today?

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Rosie Dow: The policy was launched in 2015. So we're sort of seven years in, which you think, well, that sounds like a long time, but actually in policy, getting policy into practice terms, it's not that long, but we definitely do see the impact of it in things like the public agencies that are involved in say, delivering the arts here in Wales, actually joining up and forming memorandum of understanding with say the Welsh NHS Confederation with Natural Resources Wales as well, which is the um, which is concerned with the kind of ecology and environmental aspects of life here.

What you see through these memorandum of understanding are actual initiatives and funding streams and investment which, which aims to cut across these different areas and say, okay, well, we are not just gonna think about arts, for example, we are gonna think about how the arts and culture intersects with our natural environment and what projects and innovations we can fund and support that will draw from both and be to the benefit of both. So it's interesting to see how that act has encouraged our public agencies here to work together.

And then obviously it needs to happen at the next level down as well. So actual health organisations, for example, then need to feel empowered to say, okay we are gonna think about our art strategy and our nature and culture strategy. Whether I think that is, that level is actually happening here yet I'm not too sure. And I think it's very hard. One



thing I've perceived is very hard for system leaders at that level to sort of say we're gonna do more than just do the thing we're here to do, which is provide a healthcare system, for example, we're also gonna think about arts and nature and culture and all these things.

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Rosie Dow: I still think that is quite difficult for our leaders to do, but the policy environment is there and we are making steps in the right direction.

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MUSIC BREAK

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Stephanie Fortunato: Well, and it must be also hard for the artists and culture bearers who are coming into those non-art settings and sort of having to translate the value of their work. Are you helping to support those artists on the ground as they enter healthcare centres or other medical facilities to do some of this work?

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Rosie Dow: Yes. That was a big part of what we did in HARP. So we ran something called the HARP Seed programme, which was where we put a call out for health partners who were interested in doing something different and doing something new to come to us and tell us what they were finding challenging. So what was their innovation need?

I'll just tell you about one example, which is an organisation called New Pathways based in Wales. And they support people who are affected by sexual violence. They provide counselling services and other kinds of therapeutic services, but they came to us and said there were still things they were finding challenging.

And in particular, the thing they found the hardest was to encourage people to seek support in the beginning. And that was a lot to do with kind of stigma, and how stigmatised the issue of sexual violence is. And they came to us and said, is this something you think arts and culture could help us with?

And we were delighted because of course we think it is. And we thought it was. So what we did was we paired them up with two independent freelance artists and we literally just put them in a room and said, You know, we got them to try and find areas of synergy to sort of develop some of that shared language.

You talked about translation and to just connect as humans as well and, and set some goals for themselves and say, okay, well, we, we all want to work towards these goals of reducing stigma, encouraging people to come forward for support and also helping people to deal with what they've been through and process their trauma.

And so they embarked on this journey of saying, okay, well, how are we gonna do this? And the first thing that they did was recruit a series of past clients of New Pathways who had sort of been through some of their services and engaged with them. They actually ran some creative workshops with them.



So they, they got them writing poetry, making films, drawing pictures, and they were so sort of motivated and inspired by this because it really helped New Pathways to see those people differently. And actually what they sort of felt was that they still had work to do themselves in terms of overcoming some of that stigma.

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Rosie Dow: And what they did in the end was put all these artworks and creative works into an exhibition. It was an online exhibition and they ran a campaign in loads of newspapers in Wales to get people to engage with this exhibition, all with the aim of getting people to realise that, Okay, actually through this artwork, I can see that these people have sought support and know that it's been helpful to them. And it was very successful. They actually, really, we really did manage to increase their referrals into their service. In some areas, the referrals were up by sort of 40-50%, which was really great result for them and really meant that loads of people who needed that support could come forward and access it. And so, you know, not everything's always about kind of, we did something and this thing was 50% better because of it. But I think those sorts of stories really helped unlock the power of creativity in, really in, in what you might think are unlikely places like health systems and counselling services.

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Stephanie Fortunato: Such a humanising factor when you bring people's real stories to bear on, just wider issues and mental health in particular, which is so stigmatised in society. It's a beautiful example of how individual experience can help to at least influence some of the systems that they're part of there or the, the structures with the New Pathways organisation.

Rosie Dow: Absolutely.

Stephanie Fortunato: Yeah, and I had the opportunity recently to hear you speak at the GCDN annual convening, and you said something about the power of networks, about making space for people powered collaborations. Could you sort of expand on that a little bit?

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Rosie Dow: Sure. So when I, you know, when I first started out in arts and health about 10 years ago, I was working for a cancer charity. It's when I, when I ran the choirs project and I just had never really heard of this type of work at all. And it's took me many years to realise that there were in fact lots and lots of people doing these types of projects.

And I couldn't help thinking why don't I know more about this? Why doesn't everyone know more about this and why aren't people having conversations about this? Because there's loads of artists and creatives just getting on and doing these amazing projects, working in partnership with health, and nobody knows about it.

And I have to say, here, 10 years later, things have really changed in that respect. There are so many more networks and infrastructure projects like HARP happening, like the WHO Collaborating Centre for Arts & Health, you know, a dedicated group of researchers in a prestigious university. Not just thinking about the impact of the arts on our health and wellbeing, but also how we get this stuff embedded in health systems.



There's been so much development there and I, I think the reason that networks are good, they, there, there are loads of benefits to them, but they help the people who are their members to feel less isolated, especially in the arts and in arts and health. Artists and arts practitioners can be very isolated. And so bringing them together helps them all to feel less isolated, but it also helps them all to be better at their jobs.

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Rosie Dow: They learn from each other. But also networks can do more than that. Once they have these bodies of members, they can learn about their members, they can start to draw conclusions about what their members need, what they can do, what assets they have and capabilities that could be influential or beneficial for other sectors.

And they can start to advocate for that. And they can advocate with policymakers. With say, health leaders and when that starts to happen, that's when you start to build a movement around something and spaces for collaboration and spaces for other people to join that conversation.

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Stephanie Fortunato: You know what you were saying earlier about the cross sector, partnerships and collaborations that are coming together to implement the comprehensive public health policy in Wales, you know, there's something really transformative about all those actors deciding that they are going to do what is uniquely in their purview to advance those strategies for community health and wellbeing.

And it's interesting too, because there has been a rise in interest in this. And obviously that's part of the sort of times that we live in as we emerge from this public health crisis. And it seems that philanthropy has gotten on board and is helping to invest in some of these innovations across sectors, including the cultural sector. And so coming out of your work within, you know, sort of the more formal healthcare setting, there must be some community based and culturally based initiatives that you're seeing emerge.

Um, I wonder if you could talk a little bit about, how that approach is different when the work is being led by artists and cultural organisations, rather than by the sort of counterpart at the, in the healthcare setting.

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Rosie Dow: It's an interesting provocation. I don't know if I agree with all of that. I think that a lot of this work has always been rooted in arts and culture and artists and cultural institutions. In some ways that's often presented challenges because often health partners haven't been as involved as the arts and culture organisations would like them to be.

Um, but I think probably it's to do with the examples I presented as well. But I can, I definitely worked with, there's a, part of the HARP programme. There was a project called ar y Dilyn, which is in Welsh. It means on the brink, and it was run by an organisation called Theatr Genedlaethol Cymru, which means national theatre of Wales.

And they partnered up with Literature Wales who look after literature in this country. And they wanted to support people who were recovering from addiction. And that was



because they had been working with an artist who herself had lived experience of substance addiction and who really had this idea that she, she felt that the arts could be powerful and transformative for others like her in that situation. So that was a very kind of led from the cultural sector, from the creative sector and from an individual artist. And then it was kind of a gradual process of bringing health and third sector partners into that work and into that project.

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Rosie Dow: And I think it was, what's brilliant about that example is that because Theatr Genedlaethol Cymru has a national profile and operates across lots of different boundaries of health, for example. So lots of different health boards here in Wales, they can take an idea and spread it and scale it across the whole of a country to have an impact on people in lots and lots of different places and I think it's important that arts and culture institutions and cultural leaders are leading the way in this work. I think that's very important for the reasons of scaling and sustaining things, maintaining that artistic integrity and quality because you can't have impact without it.

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Stephanie Fortunato: Do you have any cautionary tales for artists and cultural leaders as they approach their health departments and, and health partners in this work?

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Rosie Dow: I think I've seen a lot of artists – in particular freelance artists, but also arts and culture organisations, really trying to go it alone. And I think there's something habitual in that kind of approach to this work, because historically I don't know if this is a UK reflection or if it works internationally as well, but if you think about our public services, arts and culture, it never quite seems to match the sort of profile and importance of perhaps some of our other sectors like health and like education.

Stephanie Fortunato: We're fighting with resources aren't we.

Rosie Dow: Yeah, for sure. And we certainly never get as many resources in the arts and culture sector. And I think what this does is create a culture of resourcefulness within our sector. So people are quite used to going it alone. They're quite used to just getting money for things from wherever they can, just kind of managing it all themselves and just getting on with it. And definitely in arts and health projects, that is often just the easiest way to do it.

Because as soon as you try to engage with say the NHS here in, in the UK, everything slows down, everything becomes more complicated. There's all of a sudden there's tons more paperwork. And there are boundaries and there are limitations and there are rules and artists and cultural organisations can sometimes struggle to kind of understand all those.

And often what that leads to is, projects where they are very isolated, they might struggle to recruit participants and to engage health partners. And often those are going to be the ones that peter out, it's where people don't work in partnership. They then find it very difficult to sustain their ideas long term, and they often get quite burnt out as well.



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MUSIC BREAK

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Stephanie Fortunato: And now you're embarking on a new journey at University College London. So what will you be doing?

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Rosie Dow: So my role at UCL is based within the social biobehavioural research group. And this is a research group that looks at lots of different things related to how social, cultural, and community assets interact with our health and wellbeing, not just short term, but on a long term basis as well. And they do that across a number of key areas, but that can be anything from epidemiology.

So they're looking at, I don't know if you've ever heard of cohort studies, but that's, these are studies where say an institution will collect a cohort of people who are all born at the same time and then track them throughout their lives by sending them questionnaires every year or every six months.

These are actually hugely rich data sources. And they, they often have, as well as having kind of medical and health data, they often have data related to things like cultural engagement. So the team I'm working with can use this data.

They're, they've got this wiz team of statisticians and they'll look at things like, okay, well, how does cultural engagement intersect with say longevity? And lifelong mental health and lifelong physical health, which is actually really a like huge question to ask. And you think, how would, how could anyone ever answer that question?

But if the data sets are big enough it can be done and these guys are doing it. So for example they had a study in the British Medical Journal that showed that any kind of cultural engagement, even kind of going to watch things or, you know, it doesn't even necessarily need to be participatory, can have a significant effect on our longevity, even when you control for other factors, because an instinct to that sort of statement for some people might be to say, well, of course, but it might be the more, it's probably the more privileged in our society right, that are gonna go to the theatre more and engage in, say concerts and choirs and things.

And whilst that is true. The data actually shows that even if you account for all those things, people will still live longer if they're engaged in arts and culture. Um, so we are looking at that very big public health stuff, but we also run clinical trials and implementation science studies, which is where we might be looking at, say an individual social prescribing project or a dance project for a particular group of people and we are tracking those people to see how the arts and culture helps the arts engagement, sorry, helps their health and wellbeing over a shorter period of time.

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Stephanie Fortunato: Such a fascinating look at cultural participation with such long term implications on creative aging and so many other areas of our society. I can't wait to see what comes of all of that work, Rosie. I hope we stay in touch about that.



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Rosie Dow: Thank you. Well, my role's gonna be to think about how we can use those findings to influence things like policy, to support cultural leaders and practitioners in their decision making as well. And also just to advocate for investment in culture, and to advocate for, for not stopping investment in culture, because certainly that's something that often happens too, where say purses are being tightened and, you know, budgets are being cut.

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Rosie Dow: It can often be the first thing to go, and we need to make an argument that actually that's, will have an impact on public health if we do that. And I think that's quite a powerful statement for cultural leaders to be aware of.

And now that I'm working for an academic institution, one thing I would urge cultural leaders to do, if you're thinking about health and wellbeing strategies for your arts organisations, for example, or you're thinking about evaluation, because I know lots of cultural centres are thinking about that.

Then I would always urge you to look for what's already out there. Um, there are huge, huge bodies of knowledge and, and research and evidence. I think what's really exciting about my new role is that it'll give me an opportunity to hopefully synthesize some of this stuff into things that are useful for cultural practitioners. That doesn't happen a lot. Often academia can be quite detached from reality in that respect. But I would also urge cultural leaders just to kind of, to spend a bit of time looking for some of the evidence that's already out there, because you probably won't have to look that far to find some really powerful stuff that could really help you with your, with the arguments that you are trying to make.

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Stephanie Fortunato: I think you're gonna have a bit of fun, actually, just seeing the research that's available to you and then figuring out the creative strategies to make it intelligible to, you know, sort of a lay audience. Uh, I think it's gonna be kind of a great creative endeavour in itself. (laughs)

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Rosie Dow: For sure. And I also really want to hear people's ideas about that. I think that will only work if I'm engaging people in that. I don't think it will work if I just sit in my, in my room here just thinking, oh, what do people want? That's, that just never works. So, I'm looking forward to getting out there and asking people what would be useful for them. And then hopefully making that a reality.

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Stephanie Fortunato: oh, well, thank you Rosie for doing such good, inspiring work. It's a delight to learn a little bit more about your practice and about your plans for your future. Thank you so much for being with us on The Three Bells.

Rosie Dow: Thanks for having me.



Stephanie Fortunato: The Three Bells is produced by AEA Consulting and supported by The Binnacle Foundation for the Global Cultural Districts Network. The podcast and supporting materials can be found at www.thethreebells.net. If you haven't already done so, please subscribe to our feed and rate us positively on your podcast listening platform of choice. My name is Stephanie Fortunato. Thank you so much for being with us here today. And I look forward to joining you again soon.

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THEME MUSIC

