

2013





2013 Community Health Needs Assessment  
IMPLEMENTATION STRATEGY

**Adopted by the Hillcrest Baptist Medical Center Board of Directors on June 28, 2013**

**Introduction**

Hillcrest Baptist Medical Center (“Hillcrest” hereafter) conducted a community health needs assessment (a “CHNA”) of the community served by Hillcrest pursuant to requirements of Section 501(r) of the Internal Revenue Code (“Section 501 (r)”). The CHNA findings were published along with this document on the Hillcrest’s website at <http://Hillcrest.net/about-Hillcrest> August 2013.

This implementation strategy outlines the actions through which Hillcrest intends to address a number of identified needs that are aligned with Hillcrest’s mission during the 2014-2016 fiscal years as part of its community benefit programs and services. Beyond the services discussed in the strategy, Hillcrest is also addressing many other health needs through the daily commitment of providing care to all regardless of their ability to pay.

Hillcrest anticipates the strategies may change because of resources and situations needing immediate action and therefore, intend to maintain a flexible approach in developing this response to the 2013 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives previously identified by Hillcrest in the strategy. Over the next three years, other community organizations may address certain needs, indicating that Hillcrest’s strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2013 CHNA. In addition, changes may be warranted based on the publication of final regulations by the Internal Revenue Service.<sup>1</sup>

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<sup>1</sup> Final guidance as to the substance and format of a CHNA and implementation strategy has not been published and has been provided only on an anticipatory basis as of the publication of this document.

# Overview of the Strategy

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**The Strategy Document includes the following information:**

- |  |         |
|--|---------|
| 1. Mission and Vision Statement                            | page 3  |
| 2. Community Served by Hillcrest                           | page 5  |
| 3. Implementation Strategy Development                     | page 7  |
| 4. Priority Community Health Needs                         | page 10 |
| 5. Implementation Strategies – 2014-2016                   | page 13 |
| 6. Needs Beyond Hillcrest’s Mission<br>or Service Programs | page 17 |
| 7. Implementation Strategy Development Coordinators        | page 19 |

# 1. Mission and Vision Statement

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Hillcrest Baptist Medical Center is part of Scott & White Healthcare and shares the system's goal of empowering patients and communities to live better lives.

## **Our Mission**

To personally provide the highest quality healthcare in a compassionate and Christian environment, enhanced by medical education and research.

## **Our Vision**

By uniting the physicians, associates, and resources of the communities we serve, Hillcrest will become the most Trusted and Valued healthcare system in Central Texas.

## **Our Values**

Patient-centered, Innovative, Excellence, Integrity, Ownership, Teamwork

## **Serving a great purpose: Hillcrest's Community Benefit Program**

For nearly a century, Hillcrest has assembled the right resources to diagnose and treat thousands of patients, earning a reputation as a comprehensive and dependable healthcare resource. We take very seriously our commitment to clinical patient care and the advancement of community health. In a rapidly changing healthcare environment, we bring to each patient a dedicated team set in convenient locations to ensure the best possible healthcare outcome and experience.

Yet, it's not enough to care for one person at a time. We understand that the health of individuals is strongly influenced by personal behaviors, family and friends, and the broader environment in which they live day-to-day. To promote health of individuals, we must also promote the health of our communities.

The goal of the Hillcrest Community Benefit Program is to improve access to healthcare and empower citizens to make healthy life choices. To help people live better lives, Hillcrest maintains ongoing relationships with our communities; assessing and addressing local needs to improve the community's health profile. We impact

community health by increasing access to healthcare services for all, including at-risk and underserved segments, and help community residents make choices that enhance their well-being.

Hillcrest helps remove barriers to care by sponsoring programs and forming partnerships with local community organizations who share the goal of improving community health. By leveraging resources effectively, we meet identified and emerging local health needs collaboratively. By expanding access to health information and services, we engage individuals in their own health management, and improve workplace and other environmental conditions that impact health.

As a member of a major non-profit organization and one of the largest employers in Central Texas, Hillcrest takes a leadership role in ensuring the health and well-being of our communities.

### **System Recognition: A National Reputation for Excellence**

Committed to patient care, education and research, Scott & White Healthcare has earned a reputation for excellence in cancer, orthopedics, neuroscience, pediatrics and cardiovascular care. Our dedicated physicians have built a nationally-acclaimed healthcare organization, recognized by organizations including *U.S. News & World Report*, *Thomson Reuters* and *Newsweek*.

## 2. Our Community Served

Hillcrest Baptist Medical Center serves McLennan County, where the majority of its patients reside. The primary community served was determined based on:

- 1) Examination of inpatient utilization data for fiscal year 2012
- 2) Majority of total hospital discharges live in McLennan County
- 3) All Hillcrest hospital campuses and clinics are located in McLennan County

In the past year, Hillcrest has seen	
Inpatients admitted	<b>12,979</b>
Outpatients treated	<b>142,221</b>
Emergency Department Visits	<b>57,494</b>
Number of Employees (FTEs)	<b>1,395</b>

The McLennan County community is comprised of approximately 238,564 individuals. The most recent data show that the population has grown nearly twelve percent from the year 2000, with a forecasted increase of two percent per year through the year 2015 when the population of McLennan County is projected to reach 250,000 residents. As a community realizes population growth and/or a change in demographics, it will most certainly experience and see the effect on the community's health status.

Many demographic and socioeconomic characteristics are associated with health-related risks and thus the overall health status of the community. The population characteristics to monitor are age, gender, race, and ethnicity, culture, urban and rural geography, income, literacy, access to care and other contributing factors. This strategy allows Hillcrest to better understand and reach the most vulnerable sectors of the community while meeting pressing health care needs. The end result is to improve the community's health status where its residents are empowered, knowledgeable consumers making healthy life style choices.

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The demographic distribution of McLennan County residents as of 2012:

Demographics	McLennan Co.	Texas
Population	238,564	25,674,681
Percent of Persons under 5 years	7.0%	7.6%
Percent of Persons under 18 years	25.1%	27.1%
Percent of Persons 65+ years	12.5%	10.5%
Percent of Female Persons	51.3%	50.4%
Native-American	1.1%	1.1%
Asian	1.6%	4.0%
African-American/Black	15.1%	12.2%
Hispanic/Latino	24.2%	38.1%
Pacific Islander	0.1%	0.1%
Caucasian/White	58.3%	44.8%
Multi-ethnic	1.7%	1.7%
Foreign Born	8.2%	16.1%
Language other than English spoken at home	18.2%	34.2%
High school graduates – persons 25+ years	80.3%	80.0%
Bachelor’s degree or higher – persons 25+ years	20.6%	25.8%
Veterans	17,934	1,635,367
Unemployment Rate	7.4%	
Residents living below Poverty Rate	18.3%	
Children below Poverty Rate	31.4%	
Uninsured 0-64 years	27.5%	
Uninsured 0-17 years	17.4%	
Medicaid Enrollment	15.5%	
Medicare Enrollment	11.1%	
Texas CHIP Enrollment	0.2%	
Health Insurance Coverage	76.9%	
Median Household Income	\$38,837	

*\*Source: U.S. Census Bureau – Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits, and Consolidated Federal Funds Report. Revised June 7, 2012*

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## 3. Implementation Strategy Development

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Scott & White Healthcare System established a Community Benefit and Community Health Needs Assessment (CHNA) Task Force to advise hospitals in the System, including Hillcrest Baptist Medical Center, on the development of local Implementation Strategies to address unmet community health needs. The task force is responsible for overseeing the CHNA process including the integration of the community benefit priorities into the System-wide strategic planning process.

The Task Force objectives include:

- Review and provide support for local hospital community benefit plans
- Ensure alignment of plans to System culture and strategies
- Provide guidance on tactics to address community health needs
- Ensure compliance with federal guidelines, regulations and filings
- Oversee program evaluation and tracking
- Secure successful adoption of plan by hospital board of directors.

The Task Force relied on valuable input from key hospital leaders throughout the process to support the Hospital in planning for implementation:

- The System CEO served as the Executive Sponsor
- The Vice President of Strategic Planning served on the task force providing regular feedback between the strategic planning process for the System and the needs identified in the CHNA
- The Hillcrest CEO stayed informed of deadlines and government regulations.
- Hillcrest representatives who had a deep understanding of hospital operations and strategic goals were appointed by the CEO to help develop and implement a plan to address identified community health needs.

The Task Force reviewed the CHNA findings for McLennan County and recommended priority areas to address to representatives of Hillcrest Baptist Medical Center.

***The following criteria were utilized to determine the priorities:***

- *Severity or prevalence of the issue*
- *Notable health disparities in specific populations*
- *Feasibility of possible interventions to affect change*
- *Community population readiness to change*
- *Ability to evaluate outcomes*
- *Resources available to impact the need.*

**In the McLennan County Community Health Needs Assessment, six health needs were identified as needing particular attention and action.**

- 1. Obesity**
- 2. Diabetes**
- 3. Breast Cancer Deaths**
- 4. Colorectal Cancer Incidence**
- 5. Hospitalization due to Pediatric Asthma**
- 6. Children with Health Insurance**

The Hillcrest implementation strategy was developed based on findings established by the Community Health Needs Assessment (CHNA). The assessment provides a snapshot of the community and health care needs of its residents. However, just as important in driving our planning and action steps is the ongoing feedback from community groups gleaned through community surveys and individual questionnaires.

In this portion of the Implementation Strategy document, we highlight categories that reflect how Hillcrest will address the issues impacting the health of those whom we

serve. It will also explain which of the identified needs we are not able to address at this time either because of resource limitations or because other organizations in the community are already working to address those needs.

By stewarding existing resources, strengthening partnerships, and creating innovative programs both on the hospital campus and within the community, Hillcrest hopes to have a positive impact on these prominent community health needs:

- Obesity and Diabetes
- Breast and Colorectal Cancer
- Hospitalization due to Pediatric Asthma

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## 4. Priority Community Health Needs

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### *Obesity & Diabetes*

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**Obesity** is a prioritized need that is included as part of our System-wide plan to improve population health. Reaching and maintaining a healthy weight through physical activity and nutrition and potentially weight loss is one area of need that Hillcrest will address in the community. According to the Texas Behavioral Risk Factor Surveillance System, 67.1 percent of adults living in Public Health Region 7 are overweight or obese. Texas Public Health Region 7 is comprised of 31 counties including McLennan County. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings. This measurement is based on the Body Mass Index (BMI) which is calculated by taking a person's weight and dividing it by their height squared in metric units. A BMI between 25 and 29.9 is considered overweight and a BMI greater than or equal to 30 is considered obese.

Data shows that there is a disparity among men between the ages of 45-64 and who are either Black or Hispanic. This population has a higher rate of obesity.

**Diabetes** and obesity share several similar causes and are inter-related. According to County Health Rankings, nearly 9.6%<sup>2</sup> of the McLennan County population over the age of 20 has been diagnosed with diabetes.<sup>3</sup> Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. The Texas Department of State Health Services reports that

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<sup>2</sup> Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

<sup>3</sup> County Health Rankings (2009) In Scott & White Healthcare HCI-CHNA System. Retrieved June 11, 2013. Retrieved from <http://Hillcrest.net/about-hillcrest/633-community-health-needs-assessment>

McLennan County is in the worst quartile of the state for having a higher rate of hospitalization due to short-term complications of diabetes and also the 25th-50<sup>th</sup> percentile for number of deaths attributed to diabetes. From 2006-2010, 314 deaths in McLennan County were attributed to diabetes.<sup>4</sup> According to the CDC, the prevalence of diagnosed type 2 diabetes has increased six fold in the last 50 years. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors.

### *Breast and Colorectal Cancer*

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Cancer is one of the leading causes of death in the State of Texas. Two of the top three leading forms are breast cancer and colorectal cancer.

The National Cancer Institute reports that the number of deaths due to **breast cancer** in McLennan County is 26.9 out of every 100,000 females. According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the United States. The Health People 2020 national health target is to reduce breast cancer death rates to 20.6 deaths per 100,000 females.

Specific to McLennan County, data from the National Cancer Institute show that there are 50.2 cases of **colorectal cancer** per 100,000 people. The Health People 2020 goal is to reduce the number of incidence to 38.6. Colorectal cancer is a term used to refer to cancer that develops in the colon or the rectum. These cancers are sometimes referred to separately as colon cancer or rectal cancer, depending on where they start. Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. Overall, the lifetime risk for developing colorectal cancer is about 1 in 20 (5.1%) and this risk is slightly higher in men than in women. Regular screening or testing is one of the most powerful weapons for preventing colorectal cancer. From the time the first abnormal cells start to grow into polyps, it usually takes about 10-15 years for them to develop into colorectal cancer.

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<sup>4</sup> Texas Department of State Health Services. (2013) Texas Health Data (2010). Retrieved from <http://soupfin.tdh.state.tx.us/cgi-bin/death10>

### *Hospitalization Due to Pediatric Asthma*

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Data from the Texas Department of State Health Services report that 25.8 hospitalizations due to pediatric asthma occurred annually per 10,000 children under the age of 18 in McLennan County. Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers.

Pediatric care has long been a prominent service line for Hillcrest. From newborn through the late teens, Hillcrest has provided dedicated units to meet the complex needs of the youngest of its patient populations. The incidence of asthma remains high in the community. The ER visits and resulting hospitalizations induced by the breathing difficulties suffered by this patient population continues to rise. Addressing the issue head on through enhanced education, better access and improved treatment compliance of the targeted population groups will lead to reduced admissions and better health for the kids.

Hillcrest educators will partner with the McLane Children's Hospital at Scott & White asthma educators to develop a comprehensive program to educate the community on the triggers of asthma and the effects asthma can have on our children.

## 5. Implementation Strategies 2014-2016

*How Hillcrest Baptist Medical Center Will Address Community Health Needs:*

### Priority Need #1: Obesity & Diabetes

#### Strategy #1: Increase access to affordable fruits and vegetables

**Expected Impact:** The average number of people who eat the recommended amounts of daily fruits and vegetables will increase.

#### Objectives/Actions

- Host a weekly farmers market from May through September for the community at the Hillcrest main campus that will be free and open to the community.
- Explore other potential venues for farmers markets at community events.
- Enhance relationships with local farmers.
- Pursue preparation of healthy recipes to provide at farmer’s market that will demonstrate cooking with available ingredients.

#### Strategy #2: Increase access to and promotion of available wellness activities sponsored by Hillcrest.

**Expected Impact:** Reduce the incidence of obesity in McLennan County through education, health fair screenings and sponsored exercise programs.

#### Objectives/Actions

- Introduce a weight management program to school age children through the Partners in Education program and Hillcrest’s affiliation with the YMCA program for children and parents.
- Address childhood obesity through a focused school-based wellness program partnering with University High School to improve physical activity and nutrition for children and their families.
- Continue to invest in and promote associate health and fitness programs
- Develop an associate weight management and weight loss education program.
- Promote available wellness programs that may be utilized regardless of receiving care at Hillcrest.
- Pursue other options for new exercise programs based on feedback of the participants.

**Strategy #3: Provide education on the dangers of diabetes as a leading cause of obesity.**

**Expected Impact:** provide assessment and intervention to a total of 100 underinsured and uninsured diabetics by August 2014.

**Objectives/Actions**

- Diabetes Educators will provide an in-service training to Emergency Room personnel.
- Diabetes educators will make available informational brochures to Emergency department staff for people with diabetes.
- Diabetes educators will offer free educational sessions or information on diabetes prevention and early-detection to the community.
- Offer glucose and cholesterol screenings, counseling and education to community through wellness and health fairs.

**Priority Need #3: Breast and Colorectal Cancer**

For more than two decades, Hillcrest has provided radiation therapy through the Fentress Cancer Center. Since its inception, The Center has served the needs of cancer patients on a local basis, enabling the patient the benefit of staying at home instead of traveling great distances to receive treatment. Now with a key partner in Scott & White, Hillcrest will open a new fully integrated Cancer Center on the I-35 campus. The Center will provide high-quality, culturally competent outreach, education, screenings, ambulatory treatment and case management services.

**Strategy #1: Open a new comprehensive Cancer Center on the Hillcrest I-35 Campus**

**Expected Impact:** Reduce health disparity rates related to cancer deaths.

**Objectives/Actions**

- By the Fall of 2013, open a center of excellence for the care of cancer patients focusing on the leading causes of cancer-related deaths for women (breast) and for men (colorectal).
- The Center will reach out to both men and women of Central Texas on the importance of early detection and preventive care while offering a focused treatment plan.

**Strategy #2: Enhance education efforts on breast health**

**Expected Impact:** Reduce the incidence of late stage cancers going undetected.

**Objectives/Actions**

- Provide educational materials outlining how often a woman should be screened and what to look for.
- Begin minority and community outreach programs that focus on engaging women in understanding prevention and early detection of breast cancer; including mammograms and self-examination.

**Strategy #3: Provide more opportunities for cancer screenings for the underinsured with plans for follow-up treatment.**

**Expected Impact:** Improve the number of early detection rates among by screening a larger number of un-insured or underinsured members of the community

**Objectives/Actions**

- Plan and promote opportunities for free screenings
- Set procedures for providing financial assistance when needed for follow up treatments
- Incorporate screenings as part of health fairs at locations across the service area.
- Establish procedure for navigating through the system if follow up is required.

**Priority Need #4: Hospitalization due to Pediatric Asthma**

**Strategy #1: Utilize a new full-time asthma educator in partnership with McLane Children’s Hospital Scott & White to coordinate outreach and education for asthma. The educator will also help identify patients who are “at risk” and may need additional follow-up care.**

**Expected Impact:**

Short Term: Identify patients at risk for life threatening asthma exacerbation due to recurrent ER visits and hospitalizations.

Long Term: Decrease number of cases of recurrent hospitalized children. Track successes through Pediatric Asthmatic Database (PAD) which tracks patients’ medications, ER visits, and admissions.

**Objectives/Actions**

- Increase education and outreach for parents and children on the causes and treatment of asthma symptoms, and the importance of inhalers.
  - Provide Standardized Education Material available to patients upon discharge

<ul style="list-style-type: none"> <li>• Hold segment on local TV stations on dangers and triggers.</li> </ul>
<ul style="list-style-type: none"> <li>• Have trained professionals conduct in home assessments of possible asthma triggers for families identified as “at risk” beginning in FY16.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish partnerships with local Independent School Districts to teach asthma education within the schools and teach how to properly follow an asthma action plan.                             <ul style="list-style-type: none"> <li>• Present at the School Nurse University to share the McLane Children’s Asthma Action Plan with the intent that schools will implement within their districts. As well as teaching the school nurses proper asthma medication techniques.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Enhance medical education of Hillcrest physicians and other medical providers in the community.                             <ul style="list-style-type: none"> <li>• Asthma Education dinner</li> <li>• Set protocol for communicating new policies (Clinical Asthma Score) and sharing materials (Asthma Control Test) to physicians that deal with asthma patients (pediatrician, subspecialists, family medicine, etc.)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Through a partnership with Scott &amp; White Health Plan (SWHP) and its RightCare insurance plan for Medicaid families, provide essential controller medications at Tier 1 cost. Communicate this through SWHP health coaches and the Scott &amp; White website</li> </ul>
<ul style="list-style-type: none"> <li>• By FY15 secure resources to have inhaler spacers available at all clinic sites for patients unable to afford them.</li> </ul>
<ul style="list-style-type: none"> <li>• Address disparity through partnerships with local churches to provide standardized education information and action plan materials to congregations.</li> </ul>

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## 6. Identified Needs Beyond Hillcrest's Mission or Service Programs:

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### *Community Needs Not Being Addressed and Reasons Why*

Hillcrest recognizes the importance of all needs identified by the community, but the hospital will not directly address the following focus areas identified in the CHNA at this time as other programs or organizations are better equipped to address them.

- Children with Health Insurance

This priority did not meet the defined evaluation criteria, as described on page 8, and it was determined internally that Hillcrest does not have the ability to properly affect change within this need nor are there resources available to influence change. It was also determined there are other governmental organizations better aligned to address these priority.

The Children's Health Insurance Program (CHIP) was created in 1997 through an amendment to the Social Security Act to provide health care coverage to low-income children not already eligible for Medicaid. Like Medicaid, CHIP is jointly financed by states and the federal government. States have the option of using CHIP funds to expand their existing Medicaid program, create a separate stand-alone CHIP, or do a combination of both.

Hillcrest serves as a strong advocate for the enrollment of eligible children into the CHIP program. Our effort, to enroll children into the program, is a major component of the Hillcrest Financial Assistance Program. Yet, we are aware of our limitations in reaching all the children within our services area that meet the eligibility requirements for enrollment. Hillcrest, therefore, defers to those organizations identified by the State of Texas and CMS to enroll the States children in this vital insurance program. One such organization has been recognized by CMS for their continued efforts in meeting this critical benefit need.

The Centers for Medicare & Medicaid Services (CMS) announced that the Children's Defense Fund of Texas has been recognized for outstanding efforts to identify and enroll eligible children in Medicaid and the Children's Health Insurance Program (CHIP).

"The efforts of the Children's Defense Fund of Texas has helped eligible children get the high quality coverage and care that Medicaid and CHIP provide," said CMS Administrator, Donald Berwick, M.D. "These individuals have not only helped to improve participation in health coverage, but also have enriched our understanding of the best ways to help consumers obtain and keep health coverage."

The Children's Defense Fund (CDF) Texas is a strong and effective advocate for children. Partnering with the Texas Association of School Administrators, CDF-Texas has modeled effective school-based outreach and enrollment strategies that have been replicated across the State and nationally. CDF-Texas also has shown leadership building partnerships with local businesses, like its work with Fiesta Mart, Inc., to help get eligible children enrolled in coverage.

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## 7. Implementation Strategy Development Coordinators

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The following people were involved in the development and approval of the implementation strategy to address needs identified in the community health needs assessment. The same parties and others not named will work to ensure the outlined services and community benefit programs are implemented over the course of the coming years to impact change in our community and improve the overall health of the people that live here.

- Patricia Currie, Chief Operating Officer, Scott & White Healthcare
- Glenn Robinson, Chief Executive Officer, Hillcrest Baptist Medical Center - Scott & White Healthcare
- Tara Stafford, Director of Community Benefit, Scott & White Healthcare
- Bob Brace, Chief Compliance Officer, Hillcrest Baptist Medical Center
- Aleesa Walker, Community and Physician Relations, Hillcrest Baptist Medical Center
- Shawn Hernandez, Wellness Coordinator, Hillcrest Baptist Medical Center
- Alicia Dunn, Chief of Staff to the President and CEO, Scott & White Healthcare
- Clayton Wilber, Director of Corporate Tax, Scott & White Healthcare
- Maureen Halligan, Vice President of Strategic Planning, Scott & White Healthcare
- Angela Hochhalter, PhD, Research Scientist, Quality and Safety, Scott & White Healthcare
- Lorie Thibodeaux, Program Manager, Patient Engagement & Safety
- Brittney Bernard, Student Worker, Patient Engagement & Safety

**Approval:**

Hillcrest Baptist Medical Center- Scott & White Healthcare Board of Directors

Name: Billy H. Davis, Jr.

Board Chairman

Signature:  Date: 7/1/13

Name: Glenn Robinson

Board President

Signature:  Date: July 3, 2013