

## **Community Health Needs Assessment Implementation Strategy Fiscal years 2017-2019**

Mercy Fitzgerald Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 19, 2016. Mercy Fitzgerald performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.mercyhealth.org/about/>, or printed copies are available at:

Mercy Fitzgerald Hospital  
Administrative Office  
1500 Lansdowne Avenue  
Darby, PA 19023

### **Hospital Information and Mission Statement**

Established in 1933, Mercy Fitzgerald Hospital, located in Darby, Pennsylvania, is a 204-bed acute care teaching hospital serving Delaware County and the West/Southwest Philadelphia communities. The Hospital's mission is characterized by a dedication to the poor and disadvantaged and by providing compassionate care to all patients. Mercy Fitzgerald is dedicated to being a transforming, healing presence in the community it serves while addressing the diverse health needs of individuals at every stage of life and ensuring quality care is available to every patient regardless of their socioeconomic status. This is the core of Mercy Fitzgerald Hospital's Catholic identity and mission.

Mercy Fitzgerald provides high quality healthcare services, education and outreach. Clinical excellence and patient safety are top priorities at Mercy Fitzgerald. The Hospital has been consistently recognized for its achievements in these areas, including the following:

- Blue Distinction Center for Cardiac Care,
- Bariatric Surgery Center of Excellence,
- Achievement Awards from the American Heart/Stroke Associations
- Certified Primary Stroke Center

Mercy Fitzgerald's comprehensive services include heart and vascular care, cancer care, bariatrics, orthopedics and ambulatory services, advanced diagnostic and interventional radiology, diabetes education, an endoscopy center, a sleep center, wound care, behavioral health services, acute inpatient rehabilitation, physical and occupational therapy. In addition, affiliations with Penn Medicine Heart and Vascular Network and the Jefferson Neurosciences Network bring world-class cardiovascular and neurosurgical services, respectively, to the communities served by the hospital.

Beyond the Hospital walls, Mercy Fitzgerald Hospital's healthcare team continually demonstrates its commitment to the well-being of the communities Mercy Fitzgerald

serves. A comprehensive community outreach program offers free education, screenings and health events throughout the year, including the popular and free Dine with the Docs series. The Hospital also works collaboratively with first responders and local organizations to be a healing presence in its communities, especially in times of emergencies and disasters.

Mercy Fitzgerald Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley and is a part of Trinity Health, sponsored by Catholic Health Ministries.

A diverse, integrated system providing comprehensive health care services, Mercy Health System supports the Delaware Valley with three (3) acute-care hospitals (Mercy Philadelphia Hospital, Mercy Fitzgerald Hospital and Nazareth Hospital), a home healthcare organization, several wellness and ambulatory centers, physician practices, a federal PACE program and a managed care plan. The vision of Mercy Health System is to be a leading provider of compassionate care and community access to quality health services that improve the health of individuals and communities. To learn more about Mercy Health System, visit <http://www.mercyhealth.org>.

### **Mission**

We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged.

### **Health Needs of the Community**

The CHNA conducted in 2016 identified 15 significant health needs within the Mercy Fitzgerald community. The community (2015 Population 316,848) for purposes of this needs assessment was defined as the 11 zip codes where 80% of Mercy Fitzgerald’s inpatient admissions derive.

<b>Mercy Fitzgerald Service Area</b>					
<b>Zip code</b>	<b>Post Office</b>	<b>County</b>	<b>Zip code</b>	<b>Post Office</b>	<b>County</b>
19023	Darby	Delaware	19082	Upper Darby	Delaware
19050	Lansdowne	Delaware	19079	Sharon Hill	Delaware
19142	Paschall	Philadelphia	19036	Glenolden	Delaware
19143	Kingsessing	Philadelphia	19139	Sixtieth Street	Philadelphia
19153	Eastwick	Philadelphia	19026	Drexel Hill	Delaware
19018	Clifton Heights	Delaware			

The 15 significant health needs identified, in order of priority include:

Primary Unmet Needs	Target Population	2016 Rationale
<b>First leading cause of death among residents: cancer</b>	<ul style="list-style-type: none"> <li>All Residents</li> </ul>	<ul style="list-style-type: none"> <li>Cancer is the first leading cause of death, all forms of cancer 219 per 100,000 population.</li> <li>The highest mortality rates occur among those with lung, prostate, and breast cancer</li> <li>About one-third (29%) of adults 50 years of age and older did not have a colonoscopy in the past ten years.</li> <li>Over one-third (35%) of women did not receive a mammogram in the past year.</li> <li>About one-half (49%) of men aged 45 years and over did not have a screening for prostate cancer in the past year.</li> </ul>
<b>Prevalence of high blood pressure, which is a risk factor for heart disease and stroke</b>	<ul style="list-style-type: none"> <li>All Residents</li> </ul>	<ul style="list-style-type: none"> <li>One in four (39%) adults have been diagnosed with high blood pressure.</li> </ul>
<b>Second leading cause of death: heart disease</b>	<ul style="list-style-type: none"> <li>All Residents</li> </ul>	<ul style="list-style-type: none"> <li>Heart disease causes 150 deaths per 100,000 population, or an average of 473 deaths annually.</li> </ul>
<b>Third leading cause of death: stroke</b>	<ul style="list-style-type: none"> <li>All Residents</li> </ul>	<ul style="list-style-type: none"> <li>Stroke is the cause of 48 deaths per 100,000 population</li> </ul>
<b>Cases of diabetes among adult residents</b>	<ul style="list-style-type: none"> <li>Adults</li> </ul>	<ul style="list-style-type: none"> <li>About one in six (16%) adults have been diagnosed with diabetes.</li> </ul>
<b>Higher percentage of overweight and obese children and adults</b>	<ul style="list-style-type: none"> <li>Adults</li> <li>Children</li> </ul>	<ul style="list-style-type: none"> <li>Obesity is a contributing factor to heart disease, stroke, and diabetes.</li> <li>Over one-third (35%) of adults and over one-third of children (36%) are obese. This percentage of children is higher than the surrounding counties and region.</li> <li>A similar percentage (34%) of adults are overweight.</li> </ul>
<b>Smoking, interventions, and cessation programs</b>	<ul style="list-style-type: none"> <li>All Residents</li> </ul>	<ul style="list-style-type: none"> <li>22% adults, or 51,900 adults, report smoking cigarettes. This does not meet the HP 2020 goal of 12%.</li> <li>62% of smokers have tried to quit during the past year.</li> <li>This does not meet the Healthy People 2020 goal of 80% of smokers trying to quit.</li> </ul>
<b>Access to mental and behavioral health care for residents</b>	<ul style="list-style-type: none"> <li>All Residents</li> <li>Low Income Residents</li> <li>Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>Mental health has an impact on physical health.</li> <li>Over one in six adults (17%) have been diagnosed with a mental health condition, and about half (52%) are not receiving treatment.</li> <li>The rate of deaths due to accidental substance abuse overdose is 3.8 per 1,000.</li> <li>Reported need for education on the consequences of sharing prescription drugs.</li> <li>Addiction is the top health problem in Delaware County, according to meeting participants.</li> </ul>

Primary Unmet Needs	Target Population	2016 Rationale
<b>Access to health care for low income residents and the uninsured</b>	<ul style="list-style-type: none"> <li>• Low Income Residents</li> <li>• Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>• One in seven adults (13.4%) unable to receive needed health care due to cost.</li> <li>• About one in seven (15%) of adults age 18-64 report they are uninsured.</li> </ul>
<b>Prescription drug coverage for low income</b>	<ul style="list-style-type: none"> <li>• Low Income Residents</li> <li>• Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>• One in four (24.5%) adults did not have prescription insurance coverage.</li> <li>• 17% reported that they had not filled a needed prescription due to cost</li> </ul>
<b>The large percentage of older adults in poor health</b>	<ul style="list-style-type: none"> <li>• Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>• 16,700 older adults 60+ are in fair or poor health (29%)</li> <li>• <i>“The Elderly suffer from chronic illness and disease, like diabetes, HBP, coronary artery disease and they have problems with access to medical care, compliance and health literacy.” Delaware County Department of Intercommunity Health</i></li> <li>• Need to recognize that elders have a lot of the issues: suicides in elders is highest; long-term care needed in both behavioral and physical health; high stress-level in middle age and elders.</li> </ul>
<b>Access to health care for immigrants</b>	<ul style="list-style-type: none"> <li>• Immigrants</li> </ul>	<ul style="list-style-type: none"> <li>• About 12% of residents do not speak English or Spanish, and need more interpreter services.</li> <li>• Fear of healthcare system causes individuals to delay seeking care.</li> <li>• Health information can be misinterpreted by family members</li> </ul>
<b>Dental care for adults and children</b>	<ul style="list-style-type: none"> <li>• Low Income Residents</li> <li>• Children</li> </ul>	<ul style="list-style-type: none"> <li>• Four in ten (39.5%) adults and one in five children (21.5%) did not see a dentist in the past year</li> </ul>
<b>Access to prenatal and natal care for women and infants.</b>	<ul style="list-style-type: none"> <li>• Low Income Residents</li> <li>• African-American</li> </ul>	<ul style="list-style-type: none"> <li>• Almost one-half (46%) of women in the Mercy Fitzgerald service area receive prenatal care beginning after the first trimester or receive no prenatal care</li> <li>• The majority of Black women in the service area (52%) receive late prenatal care or none at all.</li> <li>• The Mercy Fitzgerald service area’s infant mortality rate (9 per 1,000 live births) does not meet the HP 2020 goal of 6 infant deaths per 1,000 live births.</li> </ul>
<b>Access to care for homeless</b>	<ul style="list-style-type: none"> <li>• Homeless</li> <li>• Older Adults</li> <li>• Young Men</li> <li>• LGBT Teens</li> </ul>	<ul style="list-style-type: none"> <li>• Reported unmet needs for medical/surgical care, prescription medications, mental health care, eyeglasses, and dental care. The most frequently cited reasons for each type of unmet need were inability to afford care and lack of health insurance coverage.</li> <li>• The total number of homeless persons was 436 at the time of the assessment.</li> </ul>

The 15 identified significant health needs were then prioritized. The Mercy Health System Prioritization Workgroup reviewed and prioritized the defined health needs. The priority setting methods utilized to determine the community health needs that Mercy Fitzgerald would respond to were (1) the Simplex Method, and (2) the Nominal Group Planning Method.

First, under the Simplex Method each workgroup member prioritized the identified health need by scoring on a scale of 1-5 (5 = high; 1=Low) for each of the six criteria:

- Severity, Magnitude, Urgency
- Feasibility and Effectiveness of Possible Interventions
- Potential Impact on Greatest Number of People
- Importance of Addressing the Need
- Outcomes within three (3) Years are Measurable and Achievable
- Consequences of Inaction

The Workgroup proceeded with the Nominal Group Planning Method where voting and ranking of the needs was determined after exhaustive group discussions. The specific questions considered for each identified priority healthcare need were:

- Does the healthcare need affect a specific vulnerable population?
- Do existing programs exist to address the healthcare need?
- Does Mercy Fitzgerald have the capability to address the healthcare need?
- Will the community support intervention to address the healthcare need?
- Will addressing the healthcare need be in alignment with the Mercy Fitzgerald mission?

The prioritization process resulted in the identification of 12 out of the 15 needs that Mercy Fitzgerald will address under three (3) priorities:

Priority	Unmet Needs
1. Improve access to healthcare services for persons who are poor and vulnerable.	• Access to health care for low income residents, older adults, and the uninsured.
	• Prescription drug coverage for low income and older adults.
	• The large percentage of older adults in poor health.
	• Access to health care for immigrants.
2. Improve access to Mental and Behavioral Health Care.	• Access to mental and behavioral health care for residents.
3. Improve Chronic Disease Prevention and Management.	• First leading cause of death among residents: cancer.
	• Smoking prevention, interventions, and cessation programs.
	Heart Disease Prevention:
	• Prevalence of high blood pressure, which is a risk factor for heart disease and stroke.
	• Second leading cause of death: heart disease.
	• Third leading cause of death: stroke.
	Obesity Control:
	• Higher percentage of overweight and obese children and adults.
• Cases of diabetes among adult residents.	

# Hospital Implementation Strategy

Mercy Fitzgerald resources and overall alignment with the Hospital's mission, goals and strategic priorities were taken into consideration with the significant health needs identified through the most recent CHNA process.

## Significant health needs to be addressed

Mercy Fitzgerald will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

1. Improve access to healthcare services for persons who are poor and vulnerable.
  - Detailed Need Specific Implementation Strategy on Page 7
2. Improve access to Mental and Behavioral Health Care.
  - Detailed Need Specific Implementation Strategy on Page 8
3. Improve Chronic Disease Prevention and Management.
  - Detailed Need Specific Implementation Strategy on Page 9

## Significant health needs that will not be addressed

Mercy Fitzgerald acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence.

Mercy Fitzgerald believes that the following three (3) needs fall more within the purview of other County and community organizations, and limited resources and/or lower priority excluded these needs from those chosen for action:

- Access to Dental Care
- Access to Prenatal and Natal Care for Women and Infants
- Access to Care for Homeless

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three (3) years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

<b>CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017-2019</b>			
<b>HOSPITAL FACILITY:</b>	Mercy Fitzgerald Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Access to healthcare services for persons who are poor and vulnerable.		
<b>CHNA REFERENCE PAGE:</b>	52-56, 59-60, 65-66	<b>PRIORITIZATION #:</b>	1
<b>BRIEF DESCRIPTION OF NEED:</b> The poor and vulnerable frequently do not access health services because of cost or other social determinants of health.			
<ul style="list-style-type: none"> <li>• Access to health care for low income residents, older adults and uninsured.</li> <li>• Prescription drug coverage for low income and older adults.</li> <li>• A large percentage of older adults in poor health.</li> <li>• Access to health care for immigrants.</li> </ul>			
<b>GOAL:</b> Improve access to healthcare services for persons who are poor and vulnerable.			
<b>OBJECTIVE:</b> Provide resource information on accessing care and improving health through referrals, community partnerships and education.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Develop a resource guide of community partners.</li> <li>2. Provide community sessions to access ACA/Medicaid referrals for insurance access.</li> <li>3. Develop a plan for translation of needed materials and a schedule of screening and educational programs.</li> <li>4. Partner with Aging at Home to provide seniors with education and resources to improve health status.</li> <li>5. Partner with community groups to assist with good food choices and exercise.</li> <li>6. Establish hot line number to assist with access to mental health care.</li> <li>7. Promote and expand Peer Support Groups.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increase referrals for healthcare coverage by 20% over baseline.</li> <li>2. Increase access to affordable prescription drugs by 15% over baseline.</li> <li>3. Increase referrals to MFH clinic by 10% over baseline.</li> <li>4. Increase referral to MPN by 5% over baseline.</li> <li>5. Increase participation in peer support group by 20% over baseline.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Audit baseline data from MFH Ambulatory, HRSI, etc. regarding the number/percent of patients who have no insurance coverage by quarter.</li> <li>2. Identify baseline data though the Mercy Pharmacy and the Mental Health Programs.</li> <li>3. Track number of participants at community programs by quarter.</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
<ol style="list-style-type: none"> <li>1. Develop a resource guide.</li> <li>2. Provide low cost, no cost prescription medications through the Mercy Pharmacy.</li> <li>3. Develop translated materials for additional immigrant populations.</li> <li>4. Partner with Lansdowne Economic Development Corp (LEDC) to provide recipe analysis for restaurants as well as collaboration with walking tours.</li> </ol>			
<b>COLLABORATIVE PARTNERS:</b>			
Mercy Pharmacy, HRSI Parish Nursing, Mercy Home Health, Mercy LIFE Program, LEDC			

<b>CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017-2019</b>			
<b>HOSPITAL FACILITY:</b>	Mercy Fitzgerald Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Access to Mental and Behavioral Health Care</b>		
<b>CHNA REFERENCE PAGE:</b>	50-51, 65	<b>PRIORITIZATION #:</b>	2
<b>BRIEF DESCRIPTION OF NEED:</b> Mental and behavioral healthcare issues impact all residents: <ul style="list-style-type: none"> <li>• 17% of adults have been diagnosed with a mental health condition and 52% are not receiving treatment</li> <li>• The rate of deaths due to accidental substance abuse overdose is 3.8 per 1,000</li> </ul>			
<b>GOAL:</b> Improve access to Mental and Behavioral Healthcare Services.			
<b>OBJECTIVE:</b> Improve coordination and access of community mental and behavioral health services through partnerships/collaborations.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Partner with Mercy Home Health and Mercy LIFE to develop programs for the elderly.</li> <li>2. Engage in advocacy activities for appropriate legislative policy change to increase accessibility to affordable mental and behavioral healthcare services.</li> <li>3. Collaborate with community stakeholders to provide education, resources and support to address the opiate epidemic especially in adolescents in our schools.</li> <li>4. Identify primary stressors and develop adaptive coping skills in adolescents.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. 65% retention and 75% program attendance for students participating in program.</li> <li>2. Decrease by 10% from year 1 baseline of Narcan administration by local law enforcement.</li> <li>3. Decrease by 10% from year 1 baseline the Opiate-related ED visits.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b> <ol style="list-style-type: none"> <li>1. Participants will submit a pre- and post-program survey to measure improved coping skills.</li> <li>2. Measurement of retention/attendance of program participants.</li> <li>3. Annual audits of Opiate-related ED visits and Narcan administration by local law enforcement.</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b> <ol style="list-style-type: none"> <li>1. Development of survey and adolescent program</li> <li>2. Education material</li> <li>3. Appropriate staffing</li> </ol>			
<b>COLLABORATIVE PARTNERS:</b> Crozer Chester Medical Center (CMC), Upper Darby Police Department, Malvern Institute, Delaware County, William Penn School District, Parish Nurse, Lansdowne Economic, Development Corporation, Mercy LIFE, Mercy Home Health			



<b>CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017-2019</b>			
<b>HOSPITAL FACILITY:</b>	Mercy Fitzgerald Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Chronic Disease Prevention and Management</b>		
<b>CHNA REFERENCE PAGE:</b>	57-58, 65	<b>PRIORITIZATION #:</b>	3
<p><b>BRIEF DESCRIPTION OF NEED:</b> Early detection and education can improve the survival rate for cancer and heart disease. And, smoking prevention and obesity control will also improve the prevention of chronic disease.</p> <ul style="list-style-type: none"> <li>• First leading cause of death among residents: cancer.</li> <li>• Smoking prevention, interventions and smoking cessation.</li> <li>• Heart Disease Prevention: <ul style="list-style-type: none"> <li>• Prevalence of high blood pressure, which is a risk factor for heart disease and stroke.</li> <li>• Second leading cause of death: heart disease.</li> <li>• Third leading cause of death: stroke.</li> </ul> </li> <li>• Obesity Control: <ul style="list-style-type: none"> <li>• Higher percentage of overweight and obese children and adults.</li> <li>• Cases of diabetes among adult residents.</li> </ul> </li> </ul>			
<b>GOAL:</b> Improve Chronic Disease Prevention and Management.			
<b>OBJECTIVE:</b> To promote and educate on early detection for cancer and heart disease and its contributing factors.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Provide and increase Low Dose CT Lung cancer screening and education.</li> <li>2. Provide and increase colorectal screenings and education.</li> <li>3. Reduce health risk by providing nutrition education and promoting healthy habits.</li> <li>4. Provide evidence-based diabetes education classes.</li> <li>5. Develop CDC-based Diabetes Prevention programming.</li> <li>6. Develop collaborative programming with community-based partners.</li> <li>7. Provide evidence-based Smoking Cessation Program.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increase the number of patients identified for intervention and referred for smoking cessation.</li> <li>2. Colorectal Screening - Baseline: 52% of MPN patients screened for Year 1 Goal: Increase to 58% of MPN patients screened increasing to 80% in Year 3.</li> <li>3. Low Dose CT Screening for Lung Cancer - Year 1 Goal: 5% increase up to 34 patients screened and a 5% increase in each subsequent year.</li> <li>4. Smoking prevention, interventions, and cessation programs - 5 % increase in referrals to smoking cessation over baseline number and 5% increase in each subsequent year.</li> <li>5. Improve A1C results for participants with diabetes.</li> <li>6. Through partnership with YMCA explore low cost memberships for our combined programs.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Audit and evaluate impact of actions annually based on quantifiable outcomes data on the number of participants receiving smoking referrals, colorectal screenings, low dose CT lung cancer screenings, and improvement of A1C results for participants with diabetes.</li> <li>2. Established reporting cycle.</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
Staff leadership and participation, educational and program resources			
<b>COLLABORATIVE PARTNERS:</b>			
Mercy Physician Network (MPN), Mercy Catholic Medical Center (Mercy Fitzgerald & Mercy Philadelphia Hospitals) Staff, Mercy Home Health, Mercy LIFE, Parish Nursing, Lansdowne Economic Development Corporation			

## Adoption of Implementation Strategy

On September 22, 2016, the Board of Directors for Mercy Catholic Medical Center (Mercy Fitzgerald Hospital and Mercy Philadelphia Hospital), met to discuss the 2017-2019 Mercy Fitzgerald Implementation Strategy for addressing the community health needs identified in the 2016 Mercy Fitzgerald Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Susan Cusack, Executive Director

Name & Title

9/22/2016

Date