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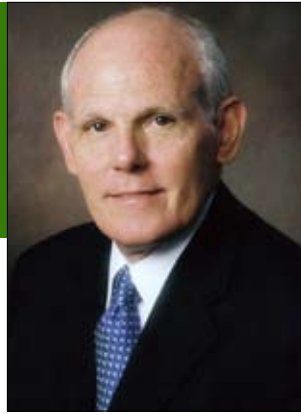
**2013-2014  
ANNUAL REVIEW**

*The Path to*  
**HEALTH**



# *The Path to* **HEALTH**

## Where will the path lead us?



**Harvey L. Fishero**  
LFACHE  
Chair, DFWHC Foundation Board



**Kristin Jenkins**  
JD, FACHE  
President, DFWHC Foundation

**THE PATH TO ENLIGHTENMENT** is fueled by our nature. It is also inspired by our good health. What is the purpose and meaning of enlightenment? We believe the attainment of good health is a form of enlightenment, and the greatest possible happiness for a human being.

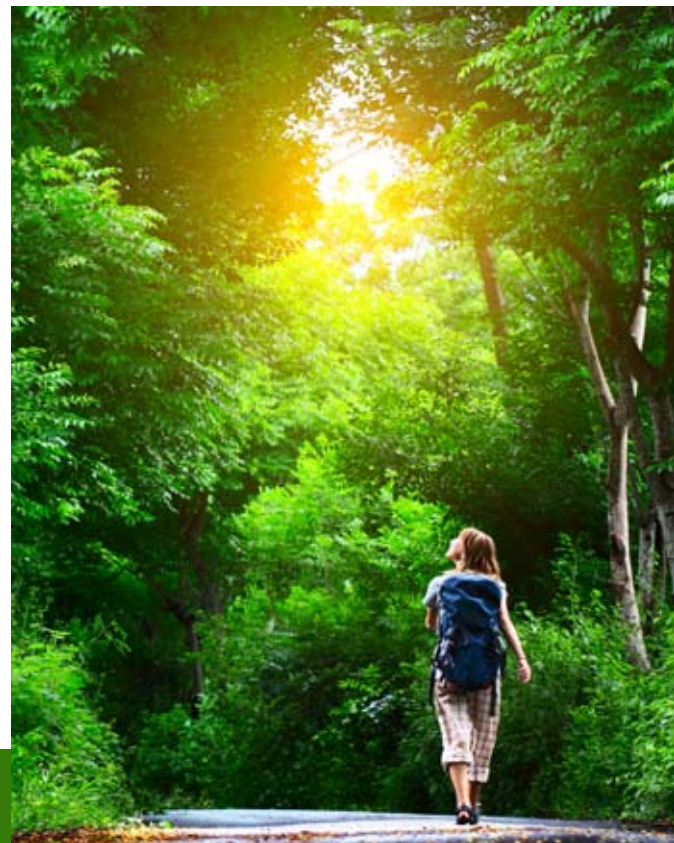
Good health starts with knowing the facts. Here at the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation), we have attempted to forge solid facts from our extensive database. We have created focus groups based on these facts. We have implemented plans to assist the community in attaining and maintaining good health through these facts.

There is so much more we wish to do at the DFWHC Foundation. We want to host more educational events. We wish to guide additional interns traveling their own path towards healthcare degrees. We hope to coordinate future projects to assist patients in obtaining knowledge so their own path does not lead to readmission. All paths have a beginning, and we have just started ours.

Knowing our body and the teachings that flow from the minds of healthcare providers is yet another path towards good health. Ultimately, when we travel this enlightened route, we come to know that our world can be multidimensional, extending forward where we have the opportunity to discover ourselves. Such a journey is synonymous with good health.

We are proud of what we have achieved at the DFWHC Foundation in 2013-2014. At times the path was uphill, but we moved forward in assisting hospital partners, accumulating information, identifying troubled areas of North Texas and implementing plans to improve residents' knowledge.

In the coming year, we hope to serve as a catalyst for forward motion and continual improvement in community health and healthcare delivery. We will try to reach this destination through education, research, communication, collaboration and coordination. It is a worthy path and one we shall to continue to travel. We appreciate your support. ■



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# The DFWHC Foundation

- Established in **1968** as a **NON-PROFIT CORPORATION**
- Promotes safe, high quality, cost effective, accessible and equitable **HEALTHCARE**
- A **501(c)(3)** tax-exempt organization
- Works under the **Dallas-Fort Worth Hospital Council (DFWHC)** umbrella
- Established to answer the need in healthcare for **HIGH QUALITY DATA** to measure improvement

## Departments

- With a North Texas nursing shortage, the **WORKFORCE CENTER** develops programs linking nurses to hospitals. These programs increase the quality and number of nurses as well as the healthcare workforce.
- **THE COMMUNITY, PUBLIC AND POPULATION HEALTH DEPARTMENT** empowers healthcare through data to create programs that benefit the community and provide action plans.
- The **RESEARCH DEPARTMENT** works with universities, health departments and hospitals to improve health and knowledge dissemination. Resources are used to investigate health practices and continually improve them.
- Through hospital collaboration, patient visits are recorded in a data base. The **INFORMATION AND QUALITY SERVICES CENTER** transforms this data into knowledge to improve patient care.
- The **QUALITY AND PATIENT SAFETY DEPARTMENT** gives hospitals an opportunity to collaborate on issues involving quality and patient safety. Participants identify best practices while developing initiatives to address improvement in multiple areas.
- The **NORTH TEXAS REGIONAL EXTENSION CENTER (NTREC)** provides assistance to primary care providers in overcoming the barriers of "Meaningful Use" of Electronic Health Records. NTREC has assisted more than 1,500 providers to Meaningful Use over the last four years.
- **THE TEXAS QUALITY INITIATIVE'S (TQI)** mission is to improve cardiothoracic care, identify best practices and reduce cost to the patient. Leaders share detailed clinical information within a Society for Thoracic Surgery registry in an un-blinded manner (as to hospital and physician), utilizing business intelligence tools.



*“All truly great thoughts  
are conceived while  
walking the path.”*

-- JANE AUSTEN



# Workforce Center

## PROJECTS 2013-2014

### EMPLOYEE OF THE YEAR LUNCHEON

The Workforce Center annually recognizes more than **100 hospital non-management employees**, physicians, volunteers, preceptors and students during its Employee of the Year Luncheon. These employees, nominated by their hospitals or schools, were introduced for their outstanding contributions at the event held April 22 at Irving Convention Center. This was the first year for the Nurse Preceptor of the Year Award. Winners came from a wide range of employee professions including a security guard, a chef, a father/daughter volunteer team, a graphic specialist and a chaplain. This was the 18th year for the luncheon, with more than 50 hospitals participating.

### NORTH TEXAS REGIONAL WORKFORCE PLANNING COLLABORATIVE

The goal of the North Texas Regional Healthcare Workforce Planning Collaborative is to bring together stakeholders to better understand healthcare workforce supply and demand. Participants include Baylor Scott & White Health, HCA North Texas Division, Parkland Health & Hospital System, Texas Health Resources, UT Southwestern University Hospitals and Orca Eyes. A tool has been developed to gather hospital data and create benchmarks on North Texas workforce needs. **More than 75 jobs and 25 nursing positions are benchmarked.** Area collaboration includes aggregated data for over 59,000 hospital employees. Collaborative tactics include skills development training, leadership workshops, regional reports, grants and targeted healthcare jobs.

### NORTH TEXAS NURSING RESOURCE CENTER

The North Texas Nursing Resource Center was created by a grant from the Texas Team for the Future of Nursing Coalition to Advance the Health of Texans and the Perot Foundation. It serves as a tool for clinical placements, a faculty resource center, a recruitment tool and a website for communication. **In 2013, there were 9,230 student nurse placements created through the site.** The website also serves as a resource for immunizations, hospital student orientation standards and background/drug screening standards. Visit the website at [www.texasnrc.org](http://www.texasnrc.org).

Through the Nursing Resource Center, the North Texas Nursing Consortium hosts The Summer Institute, an annual event for nurse educators to provide continuing education. The 2013 event was titled "Impact of Limited English Proficiency in Students and Staff." The North Texas Preceptor Academy was also added in 2013. This event provides



training for nursing preceptors, critical to the smooth transition of new nurses in the workplace. The combined events attracted a total of 225 attendees with 2,000 CNE hours earned.

### STATEWIDE AND NATIONAL ACTIVITIES

The Workforce Center continues to be active in state committees including the Texas Center for Nursing Workforce Studies Advisory Committee, the Texas Board of Nursing Education Task Force and the Texas Team Regional Action Committee. This year also included a Workforce Center staff presentation in September at the American Society of Healthcare Human Resources Association National Conference in Washington, D.C. ■



# Community, Public and Population Health

## PROJECTS 2013-2014

**THE COMMUNITY, PUBLIC AND POPULATION HEALTH DEPARTMENT** has many irons in the fire, contributing to the Dallas County Child Death Review, Dallas County Intimate Partner Death Review, Dallas County Infant and Maternal Mortality Review, the Texas Center for Health Disparities, Childhood Obesity Prevention in Dallas, the Healthy Tarrant County Collaborative, Regional Health Partnerships (RHC) and county public health departments. In addition:

### **NORTH TEXAS COMMUNITY HEALTH COLLABORATIVE (CHC)'S DIABETES STRATEGIC PLAN**

The North Texas Community Health Collaborative is comprised of professionals with expertise in public health, data analysis, health disparities and strategic planning. This collaborative is working towards understanding health and disease disparities in the community while creating plans to promote healthier lives for North Texas residents. **It is focused on the prevalence of diabetes, with an estimated 500,000 people suffering from the ailment in the Dallas-Fort Worth area alone.** The cost of diabetes to the state is \$12 billion a year. Such intimidating numbers have inspired the development of a Diabetes Strategic Plan. CHC met with community leaders in high-prevalence zip codes to discuss steps to improve health and reduce diabetes.



### **HEALTHY NORTH TEXAS COMMUNITY HEALTH WEBSITE**

The Healthy North Texas Community Health website at [www.healthyntexas.org](http://www.healthyntexas.org) is an education resource. The site has real-time and interactive reporting capabilities. Its community health and population data serves **7.1 million residents in a 12-county region** including Collin, Dallas, Denton, Johnson, Parker, Tarrant, Ellis, Erath, Johnson, Kaufman, Wise and Rockwall.

### **EMERGENCY ROOM VISITS IN NORTH TEXAS (2010-2012)**

Economic disparities have determined non-urgent use of hospital emergency rooms (ER). In order to document North Texas ER usage, the Community, Public and



Population Health Department conducted a study utilizing the DFWHC Foundation database to determine “outpatient ER” usage. Analysis with GIS mapping identified patients with the most ER visits. Results indicated that in 2012 in Dallas, **only 12 percent of the visits were true emergencies, while 21 percent were non-emergencies, 23 percent were primary care treatable and 7 percent were preventable visits.** A combination of healthcare informatics and analytical tools can help identify disparities in city zip codes, hot blocks and patient levels. For the complete study, please visit the published white paper at [www.dfwhcfoundation.org/about/research](http://www.dfwhcfoundation.org/about/research).

#### **READMISSIONS IN NORTH TEXAS: A COMPREHENSIVE OVERVIEW**

Since 2013, the Centers for Medicare and Medicaid Services (CMS) has penalized hospitals for higher readmissions rates for avoidable conditions. This study investigated the trend of North Texas readmissions in 2010-2012. **Evidence indicated rates fell during this span from 14.67 to 12.83 percent.** Patients admitted for congestive heart failure had the highest number of readmissions in 2010 and 2011, while septicemia was the culprit in 2012. This is the first effort to identify disparities associated with readmissions in North Texas. Health care resources can be efficiently targeted for prevention and management.

#### **PUBLICLY REPORTED HEALTH CARE QUALITY METRICS FOR TEXAS**

Although attempts have been made to measure the overall quality of health care, reports vary in purpose and clarity. No attempts have been made to evaluate existing health care quality reports for Texas. This study was conducted to evaluate the publicly reported quality metrics for the state. **The final evaluation included 35 peer reviewed publications and nine reports** from such sources as the Centers for Medicare & Medicaid Services, Leapfrog Group Hospital Safety Score and the U.S. News and World Report. Seven measures for comparison and evaluation of quality were selected. This study provides a comparison for Texas.

#### **CULTURAL AND LINGUISTIC COMPETENCE IN HEALTH CARE STUDY**

The Health Access and Equity Committee conducted a study to evaluate cultural and linguistic competence in Dallas-Fort Worth health care. This is recognized as a fundamental aspect of quality, particularly for North Texas’ diverse patient population. The study inspires strategies for reducing disparities. Results indicate many hospitals are addressing language and culture needs. Outcomes from the study will serve as initial reporting standards. ■



*“If you seek creative ideas, go for a walk on the path of your choice.”*

-- BILL BRYSON





# Research Department

## PROJECTS 2013-2014

### CONGESTIVE HEART FAILURE

An estimated 5.1 million adults in the United States have Congestive Heart Failure (CHF). Hospitalizations for this chronic condition account for **\$39 billion annually**. Approximately 25 percent of CHF patients are readmitted within 30 days of discharge, making it a primary area of focus for many hospitals. Studies show that language and cultural barriers contribute to lack of compliance with discharge instructions.

**In an effort to reduce readmissions of CHF patients by 20 percent**, the Research Department continues its trial in which patients receive standardized discharge instructions related to their CHF through a **pre-loaded tablet device**. Patients take the device home and are followed over a three-month period to determine efficacy and if readmission occurred. Discharge instructions are made available in English, Spanish, Russian and Vietnamese.

Results are promising. Research staff will continue with data collection and analysis and provide results and recommendations to the Quality Department for dissemination to hospitals by September.

### HEALTH LITERACY

**Almost 90 percent** of adults have difficulty using everyday health information readily available in healthcare facilities, retail outlets, pharmacies and media. Limited health literacy has a negative impact on health and healthcare costs. Many efforts at the local, state and national levels attempt to improve health literacy rates through legislation, funding and evidence-based practices.

The Dallas-Fort Worth Hospital Council Foundation continued its collaborative relationship with the University of North Texas Health Science Center Center for Community Health and other stakeholders in an effort to engage healthcare providers in a practice-based approach to promote health literacy. Research staff provided expertise in the planning and development of the second annual



*“Walking a path is how the body measures itself against the earth.”*

-- REBECCA SOLNIT



health literacy symposium, targeting physicians, pharmacists, nurses, social workers and other healthcare professionals. The event provided education and increased awareness regarding the importance of health literacy to providers and patients in an effort to reduce disparities, inequities and improve health outcomes in Tarrant County.

### CHILDHOOD HUNGER AND OBESITY

Food insecurity is an issue too real for about **1 in 6 people** in the U.S. It is defined as limited or uncertain availability of nutritionally adequate foods. According to the Tarrant Area Food Bank, **1 in 4 children** face hunger each day.

In some parts of the Dallas-Fort Worth area, hunger is compounded by the inability to access and identify high-quality, low-calorie foods in neighborhoods without grocery stores. These areas are known as food deserts. Hunger often leads to childhood obesity. A child who is hungry may overcompensate by eating a large amount of food if he does not know when he will receive another meal.

The DFWHC Foundation, along with other stakeholders across Fort Worth, worked together to begin to address the issue of childhood obesity by raising awareness, evaluating the health literacy of students, and developing intervention to change behaviors. Psychological intervention was used to facilitate changes in behavior. Specifically, positive peer-pressure as displayed in a video cast with Fort Worth Independent School District soccer players was employed to reinforce healthy choices. The program has been implemented in an elementary school and high school, with plans to expand to other schools and community programs.

### CULTURAL COMPETENCY

Studies show that minority Americans experience poorer than average outcomes from “cradle to the grave.” **More than 30 percent** of direct medical costs faced by African Americans, Hispanics and Asian Americans are due to health inequities—almost **\$60 billion each year**. Research has shown that cultural competency can improve care for ethnic groups and reduce costs over the life of a patient.

In 2013, the U.S. Department of Health and Human Services Office of Minority Health released its enhanced standards for providing culturally and linguistically appropriate services (CLAS) in an effort to advance health equity, improve quality and help eliminate healthcare disparities by establishing a blueprint for health and healthcare organizations. An increasingly diverse population requires an equally diverse and competent healthcare workforce. To address this need, the DFWHC Foundation, along with community partners, is investing in better health outcomes and lower costs through education and training of healthcare leaders.

### INVESTING IN THE FUTURE OF HEALTHCARE WORKFORCE

Through its long-standing partnership with local universities, the DFWHC Foundation provided direct training and education to eight graduates of local health programs, totaling over **2500 contact hours** of hands-on experience. This is an invaluable benefit to the future of healthcare and public health in the North Texas region. ■



# Information and Quality Services Center

## PROJECTS 2013-2014

**THE INFORMATION AND QUALITY SERVICES CENTER (IQSC)** expresses its gratitude for hospital participants' efforts to the North Texas Health Information and Quality Collaborative (NTHIQC) in 2013. **Theresa Meadows**, senior vice president and CIO for Cook Children's Health Care System, serves as Chair of the NTHIQC. She is supported by Chair-Elect **Aaron Bujnowski**, vice president analytics and market intelligence for Texas Health Resources and our Past-Chair **Marcia Schneider**, assistant vice president for the UT Southwestern Medical Center.

We would also like to thank the following committee members for their service to the Foundation:

- **Dr. Sam Bagchi**, Methodist Health System
- **Carol Clark**, Medical Center of McKinney
- **Jan Compton**, Baylor Scott and White Healthcare System
- **Dr. Mark Hebert**, Texas Health Partners
- **Gina Luque**, Children's Medical Center Dallas
- **Dr. Christopher Menzies**, Children's Medical Center Dallas
- **Terri Morris**, Methodist Richardson Medical Center
- **Susan Partridge**, Parkland Health & Hospital System
- **Susan Shipp**, Baylor Medical Center of Irving
- **Nancy Sorensen**, JPS Health Network
- **Dr. Pranavi Sreeramoju**, Parkland Health & Hospital System

## INFORMATION AND QUALITY SERVICES CENTER "411"

The IQSC is pleased to report a successful year of continuing growth of the regional data warehouse. In 2013, we processed more than **5.2 million patient encounters from 80 facilities**. The data warehouse now holds more than 39 million patient encounters over the past 15 years.

In 2013, the NTHIQC approved 13 of the 14 new research requests submitted. Research request topics included heart studies, trauma, 1115 Waiver projects and emergency room usage.





The NTHIQC is supporting a 2014 project that will provide participant's the capability to group data by 3M's Potentially Preventable Readmissions (PPR) and Potentially Preventable Complications (PPC). This gives us a powerful way to find patterns in data while avoiding cost duplication. Our goal is to integrate predictive analytics to our combined data assets to further enhance value.

### ICD10 ROADMAP

Many are asking about new plans now that the ICD10 has been delayed. The DFWHC Foundation will complete its ICD10 Roadmap, in spite of the delays. This extra time will allow us to do more comprehensive testing of ICD10 conversion impacts. The key transition points:

- Testing of all EDI transactions from participants to ensure compliance;
- Establishing crosswalks to map backwards to ICD9 in place. These crosswalks will be fluid in the beginning;
- Establishing workgroups for ICD10 conversation.

The DFWHC Foundation has partnered with a **Jvion** for ICD10 support. A healthcare technology company, Jvion addresses the financial and operational impacts resulting from reforms and compliance. We are utilizing their products for ICD10 conversions.

Jvion's **RevCore** is a risk assessment tool that can provide analytics to determine areas of financial risk. This analysis will help identify top diagnosis codes that require the greatest amount of attention in creating meaningful crosswalks from ICD10 to ICD9. The analysis revealed our main focus should be on the 26 percent of diagnosis that do not have an approximate match between ICD9 and ICD10. Jvion's **RevWalk** will deliver context-based mappings and customized crosswalks. We will work closely with hospital partners in developing a crosswalk that is acceptable for all in continuing to use our data for analysis and research.

The translation analysis we have done at a regional level is also available. We want everyone to be able to take advantage of the analysis we perform on your data. We are working on a way to deliver the RevCore tool to all interested participants. We appreciate your support during this transition. ■



*“If I could not walk far along the path, I think I would perish.”*

-- CHARLES DICKENS



# Quality and Patient Safety

## PROJECTS 2013-2014

### 2013 PATIENT SAFETY SUMMIT

The Sixth Annual Patient Safety Summit was held Aug.14-15, 2013 in Irving, Texas. A total of 500 attendees viewed live and through video streaming. Participants were provided with information on surgical site infection prevention, methods to reduce readmissions, communication techniques and preventive actions for health care associated infections.

### INSTITUTE FOR SAFE MEDICATION PRACTICE (ISMP) WEBINARS

Working with the Institute for Safe Medication Practice, three webinars were hosted in 2013 focusing on safe medication practices. Each webinar detailed different adverse drug events including Opioid Safety, Anticoagulation Safety and Glycemic Management. The webinars gave participants an opportunity to learn about safe practices and share success stories.

### "BEDSIDE MATTERS" AND HEALTHCARE PRESENTATION

Partnering with Parkland Health & Hospital System, the special healthcare presentation "Bedside Matters: The Communication of Care," was held Nov. 16, 2013 in Dallas. Motivational speakers included Tim Durkin and T. Scott Gross and received high marks from attendees.

### HOSPITAL ENGAGEMENT NETWORK

Participants in the DFWHC Foundation Hospital Engagement Network (HEN) have shown significant improvement. Thirteen participating hospitals have met the **40 percent reduction** in aggregated Hospital Acquired Conditions. Five of the highest performers have also met 20 percent reductions in readmissions. An additional two hospitals have met a 30-39 percent reduction in aggregate harm. Pressure Ulcers were reduced by 99 percent compared to the baseline year 2010, which equals a savings of \$23,453,660. Venous Thrombosis (VTE) for both medical and surgical patients has been reduced by 77 percent. Efforts to eliminate early elective deliveries saw a 98 percent decline from 2010.

### PATIENT SAFETY & QUALITY COMMITTEE

The Patient Safety & Quality Committee is made up of members from hospital systems throughout the Dallas-Fort Worth area. Monthly meetings address topics of patient safety included in the **10 Adverse Event Areas**, along with addressing current healthcare issues. ■



*"Everyone deserves to live  
within walking distance  
of beauty."*

-- WILLIAM WORDSWORTH



# North Texas Regional Extension Center



## PROJECTS 2013-2014

With a grant of \$9,418,318 from the Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC), **THE NORTH TEXAS REGIONAL EXTENSION CENTER (NTREC)** was established in 2010.

NTREC, based out of the Dallas-Fort Worth Hospital Council Foundation, serves 42 counties that include Dallas, Fort Worth, Corsicana, Jacksonville, Longview, Texarkana, and Tyler. NTREC goals were to help **1,498 PCPs migrate on to an Electronic Health Record (EHR) and achieve Meaningful Use (MU)**. NTREC has achieved **117 percent** of its enrollment target, **108 percent** of its implementation target and **75 percent** of its MU target. NTREC expects 80-90 percent of eligible providers (EPs) will achieve MU by end of 2014.

A physician demographic study for the 42-county NTREC area by Merritt Hawkins was commissioned in 2013. Key findings include:

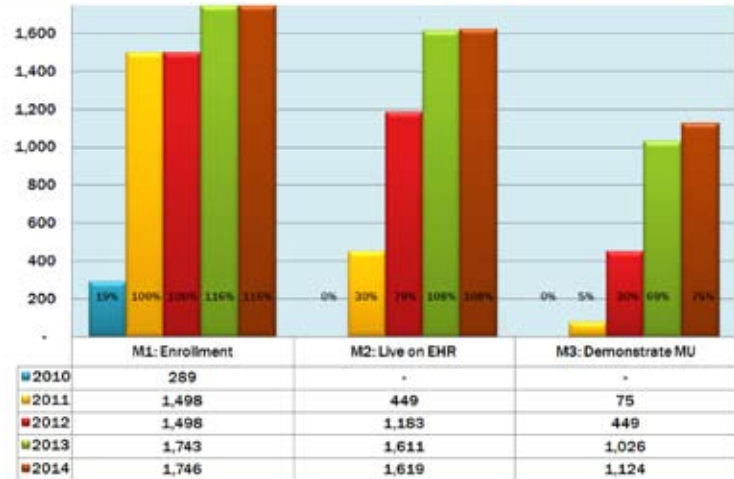
- NTREC's area includes 18,800 physicians, with only 16,500 physicians in active patient care;
- Rural counties of 40,000 or less account for only 304,417 people in NTREC's service area (3.4 percent of the total population) and 217 physicians (1.3 percent of the total population);
- Texas is known to be top heavy in specialty care;
- There are 90.5 PCPs per 100,000 population in the U.S., 70 PCPs per 100,000 in Texas, and 57.5 PCPs per 100,000 in the NTREC area;
- NTREC's service area includes 200 urgent care centers.

### PHYSICIAN DATA ANALYTICS PILOT PROJECT

In 2014, NTREC is developing the physician data analytics service. The DFWHC Foundation operates data analytics for 95 percent of the hospitals in North Texas including a data warehouse of inpatient claims complete with a proprietary Regional Enterprise

## NTREC Milestone Achievement by Number of PCPs

(As of April 10, 2014)



Master Patient Index (REMPI).

NTREC will develop a physician claims database and apply analytical tools to compare financial and clinical practice parameters. The goal is to expand the program to all physicians served by the NTREC, as well as adding other specialty physician groups.

Phase I will involve implementation of the Proof of Concept (POC) physician data analytics project. Phase II will include feedback from participants in preparation for full implementation in 2015.

To participate, physicians must provide claims from 2012-2013 and attend the review sessions.

The focus of the program is to create a tool that can follow patients across all areas of care, allowing physicians to develop best practices.

The data also allows researchers to identify health disparities and design prevention programs. ■



# Texas Quality Initiative

## PROJECTS 2013-2014

**IN 2013, NORTH TEXAS' CARDIOTHORACIC SURGEONS** and the hospitals where they operate enjoyed the second year of Texas Quality Initiative (TQI) work at the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation). TQI is a hospital-funded collaborative directed by physicians. It is designed to improve cardiovascular surgery for patients in North Texas. Participating hospitals and surgeons share a regional certified cardiovascular registry combined with a regional hospital all-payer claims data warehouse. The purpose is to identify and circulate best practice outcomes and value information to providers. TQI's goal is to make North Texas an example for innovative cardiac care worldwide. The National Quality Strategy's Triple Aim of better care, affordable care and better community health are served by this collaboration.

The TQI registry has been successfully "matched" to the DFWHC Foundation's all-payer claims data warehouse created by North Texas hospitals in 1999. **More than 35 million records can be analyzed for the approximately 25,000 cardiothoracic surgical patients found in the TQI clinical registry.** This work allows surgeons to identify best practices and best value in cardiothoracic care. Population studies for readmissions, mortality and disparity can be conducted based upon this unique clinical/claims information. On-site reviews of identified best practice hospitals are being conducted by TQI's leaders in an effort to share these practices in procedural and cultural conditions.

TQI held its second meeting on July 29, 2013 at the Marriott Las Colinas Hotel. Participants heard from national experts in cardiothoracic surgery and were presented with performance information for local hospitals and surgeons. Representatives of best practice sites also presented their reports on successful outcomes and high value performance.

For information about TQI, please contact the DFWHC Foundation at [foundation-info.dfwhcfoundation.org](mailto:foundation-info.dfwhcfoundation.org). ■



*"Go the extra mile upon  
your path and you will be  
the owner of you."*

-- ERNEST HEMINGWAY



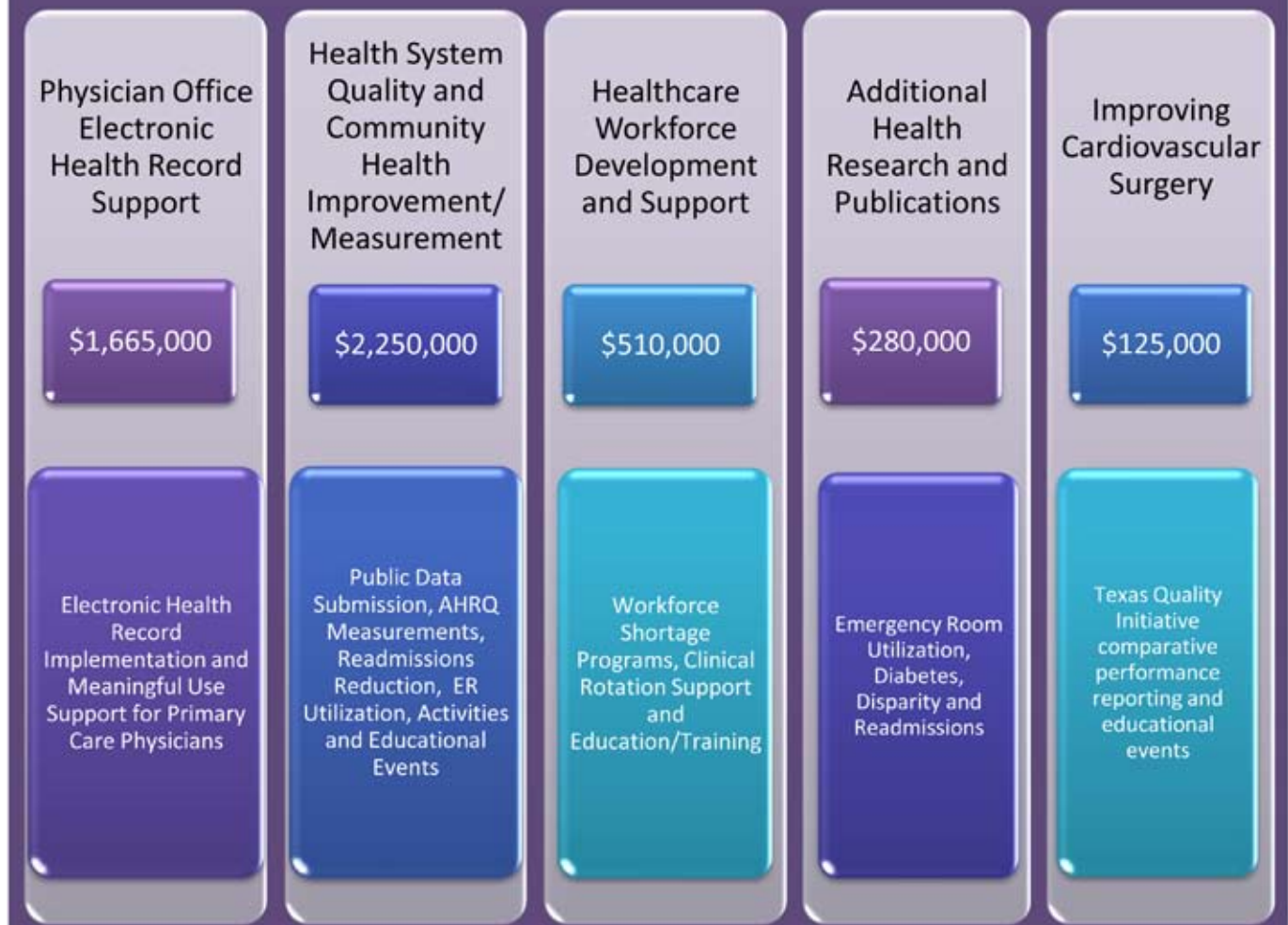
# Financials

## THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION

continued its sound fiscal performance in 2013. The region's participation in population health, community health and patient safety/quality initiatives heightened engagement and investment. Grant and federal contract revenues remained strong, but it is anticipated these may decline due to changes in federal funding. Overall, revenues declined slightly (4 percent) from 2012. DFWHC Foundation activities continued to support health and healthcare improvement bringing value to North Texas. ■



## Supporting Better Health and Healthcare – 2013 Community Investments



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