



## Successful Community Health Needs Assessments in Rural Communities

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## Affordable Care Act & CHNAs

By the numbers:

- 3
- 50,000
- 2
- 5 months
- 21

## Affordable Care Act

Mandates Community Health Needs Assessment (CHNA) be conducted every 3 years by all non-profit hospitals.

Enforced by: IRS

Penalties:

- \$50,000 excise tax per year of non-compliance.
- Puts tax exempt status in jeopardy.

Need: (1) CHNA Report  
(2) Implementation Strategy

Keep in mind assessment is only part of overall requirement. An implementation strategy to meet needs also is required.

## Affordable Care Act – 2011 Regulation

IRS Notice 2011-52 (July 7, 2011):

Provided guidance on assessment/report requirements. Included some detail on what must be documented in CHNA report.

Primary focus:

- Take into account broad interests of community, including:
  - Public health
  - Medically underserved, low-income, minority populations, and populations with chronic diseases
  - Federal, tribal, regional, state, or local health depts. or agencies

## Affordable Care Act – 2011 Regulation

- Also set forth requirements of Implementation Strategy.
- Allows hospitals to rely on these anticipated regulations until 6 months after next guidance issued (**October 5, 2013**).

## Affordable Care Act – 2013 Regulation

IRS REG-106499 (April 5, 2013):

- IRS relaxes stance on penalties: No penalty if failures to meet requirements were **minor, inadvertent, and due to reasonable cause**.
- Errors/omissions not **willful** or **egregious** will be excused if corrected and disclosed.

## Affordable Care Act – 2013 Regulation

- Must identify **“significant”** needs, prioritize significant needs, and identify measures and resources to address those needs.
  - Determine whether need is significant “based on all the facts and circumstances present in community.”
- Examples of prioritization criteria include:
  - Burden, scope, severity, or urgency of the health need
  - Estimated feasibility and effectiveness of possible interventions
  - Health disparities associated with need
  - Importance the community places on addressing the need
  - But: Hospital “may use any criteria it deems appropriate.”

## Affordable Care Act – 2013 Regulation

- Must take into account input from persons who represent the **broad interests of the community**, including those with special knowledge of, or expertise in, **public health**.
- At a minimum, must take into account input from:
  - (1) at least one state, local, tribal, or regional governmental public health department;
  - (2) members of community’s medically underserved, low-income, and minority populations, or individuals/organizations representing interests of such populations; and
  - (3) written comments received on hospital’s most recent CHNA and implementation strategy.

## Affordable Care Act – 2013 Regulation

### CHNA Documentation Requirements

#### 1. Definition of community/how determined



## Affordable Care Act – 2013 Regulation

### CHNA Documentation Requirements (cont’d)

#### 2. Description of process/methods

- Describe data and how collected
- Identify collaborators/contractors

#### Assessment Methodology

Pine Valley Medical Center serves an area in northwestern North Dakota and northeastern Montana. The majority of patients come from an area within a 60-mile

##### Community Group

A Community Group consisting of 19 community groups was formed in October 2012. During this first Community Group

##### Interviews

One-on-one interviews with key informants were conducted on October 30 and 31, 2012. A representative of the Center

##### Survey

A survey was distributed to gather feedback from the community. The survey was intended to be a scientific or statistically valid sa

##### Secondary Research

Secondary data was collected and analyzed to provide a snapshot of health conditions, behaviors, and outcomes. Information was collected

## Affordable Care Act – 2013 Regulation

### CHNA Documentation Requirements (cont’d)

#### 3. Description of how hospital took into account input from broad interests of community

- May summarize how/when input provided (meetings, focus groups, interviews, surveys, written comments, etc.)
- No need to include names/titles, but should identify organizations providing input
- Describe medically underserved, low-income, or minority populations being represented by organizations or individuals providing input

## Affordable Care Act – 2013 Regulation

### CHNA Documentation Requirements (cont’d)

#### 4. Prioritized description of the significant health needs identified/process and criteria used

- Include description of process/criteria used in prioritizing these needs

#### Appendix I – Prioritization of Community’s Health Needs

##### Tier 1

- Limited number of primary care providers (7 votes)
- Limited number of mental health care providers (6 votes)
- Elevated rate of excessive drinking (5 votes)
- Lack of affordable housing (5 votes)

##### Tier 2

- Elevated motor vehicle crash death rate/Traffic concerns (4 votes)
- Mental health needs (3 votes)
- Elevated rate of adult smoking (2 votes)

## Affordable Care Act – 2013 Regulation

### CHNA Documentation Requirements (cont'd)

#### 5. Description of potential measures and resources identified to address needs

All three counties lag behind the state average in terms of individuals with a bachelor's degree or higher. The rate of Forest County residents with a bachelor's degree or higher trails the state average by more than seven percentage points, with Mountain County trailing by nearly nine points and Ocean County trailing by nearly six points. High school graduation rates tend to be closer to the state average. The educational backgrounds of area residents can affect a health care facility's ability to find qualified staff members. Pine Valley State College, a two-year public college, offers associate degrees in health professions such as administrative assistant medical, health information management, medical billing coding, medical transcription, mental health/addictions technician, nursing, and speech language pathology assistant.

#### Community, Health Care Facilities, and Other Resources

Pine Valley is located in the northwest corner of the state. Its economy is based primarily on the oil and gas industry, agriculture, and the service sector.

## Affordable Care Act – 2013 Regulation

- Must make CHNA report widely available to public.
  - Conspicuously post report on hospital's website (or link to other website with report).
  - Report must remain on the website until two subsequent reports have been posted.
  - Must make a paper copy available for public inspection at hospital without charge.
  - May post **draft** of report without starting 3-year cycle.

## Affordable Care Act – 2013 Regulation

### Transition Rules

- For CHNAs "conducted" in first taxable year beginning **after March 23, 2012**, implementation strategy requirement satisfied if adopted by 15<sup>th</sup> day of fifth calendar month following that tax year.
  - Example: If hospital conducts CHNA between July 1, 2012 and June 30, 2013, it must adopt implementation strategy by **November 15, 2013**.
- For CHNAs "conducted" in taxable year that began **before March 23, 2012**, hospital does not need to meet CHNA requirements again until third taxable year following taxable year CHNA was conducted.

## Affordable Care Act – 2013 Regulation

### Implementation Strategy – Basics

For each significant health need, must:

1. Describe how hospital plans to address need
  - a) Describe actions and anticipated impact.
  - b) Identify programs and resources to commit.
  - c) Describe collaboration with other facilities/organizations.
2. Or: Identify need as one hospital does not intend to address and explain why.
  - Brief explanation is sufficient.

Hospital must adopt implementation strategy in same taxable year CHNA is conducted.



## Center for Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs

#### Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

ruralhealth.und.edu

## CHNA Goals



### Purpose:

1. Describe community health.
2. Present snapshot of health gaps, needs and concerns.

### Goals:

1. Identification and prioritization of health needs.
2. Develop strategic implementation.

## Rural Communities



Total N.D. population: 683,932 (2010 Census)

- 74% (263) of towns in North Dakota have fewer than 500 people.
- 96% (342) of towns in North Dakota have fewer than 2500 people.
- 37 counties (of 53) are designated as Frontier: > 7 persons per square mile.

## Rural Communities

### Rural Community Group Model (RCGM)

- Attend to word-of-mouth dissemination
- Recognize social capital within small towns
- Utilize CEO to gain entrée
- Utilize community leaders for distribution
- Beware of group think and social stigma

## Methodology

Adapted from National Center for Rural Health Works.

### Mixed methods

1. Primary data
  - a) Community Group – Focus Group
  - b) Interviews
  - c) Surveys
2. Secondary data

## RCGM Planning

### Timeline: Two site visits

- 3-6 months to complete report
- Cost: \$5-15,000 using existing personnel
- \$15-60,000 using outside consultants

### Resources needed:

- Survey software
- Data entry
- Researcher/Facilitator
- Laptop & projector

## Rural Community Group Model

### Convene broad-based Community Group:

1. Meets at least twice.
2. Serves as focus group.
3. Reviews data and information to identify health needs.
4. Prioritizes needs.

## Rural Community Group Model

### Community Group composition

1. Represent broad interests of community
2. 15-20 individuals
3. Selected by CEO



## Demographic Spreadsheet

To ensure that the CEO is not selecting a convenient sample but is identifying people that represent the broad demographics of the community:

	Business Community	Faith	Agriculture	Health care	Social service	Political leaders	50 and over	Young w/ family	Male	Female
Name	X		X				X		X	
Name		X						X		X

## Interviews & Focus Group

- One-on-one interviews held with key informants (6-8) who can provide insights into community's health needs.
- Selected by hospital CEO.
- Must interview public health professional.
- IRB consent; limits of confidentiality.
- Topics include:
  - general health needs of the community;
  - awareness/use of health services offered locally;
  - suggestions for improving collaboration within the community;
  - barriers to local care; and
  - reasons community members use local health care providers, and reasons community members use other facilities for health care.



## Community Group - 1<sup>st</sup> Meeting

- Group members introduced to needs assessment process.
- Review basic demographic information about counties in service area.
- Examine county characteristics compared to state averages.

	Prairie County	Mountain County	North Dakota
Population	2,420	1,975	672,591
Population change, 2000-2010	-12.1%	-12.5%	4.7%
Land area, square miles	709	712	69,001
People per square mile	3.4	2.8	9.7

## Member Checking

- A continuous process used during data analysis to help improve:
  - accuracy;
  - credibility; and
  - validity of information received by verifying responses with participants.
- At end of interviews and focus groups the researcher summarizes the responses and questions the interviewees for accuracy.

## Survey Instrument Design

- Designed to:
  - understand community awareness about and use of local health services;
  - understand community's need for services and concerns about delivery of health care;
  - gauge reaction to potential barriers to care;
  - determine preferences for using local health care vs. traveling to other facilities; and
  - solicit suggestions and help identify any gaps in services.
- Flexible and Customizable:
  - Additional questions -- foundation awareness, extension of clinic hours, community violence.

a) Aware of services at XXX?		Type of service offered:	b) Used services, either at XXX or another facility? (Check both if applicable)	
Yes	No	Screening/Therapy Services	Used Services at XXX	Used Services at Another Facility
<input type="checkbox"/>	<input type="checkbox"/>	Diet instruction		
<input type="checkbox"/>	<input type="checkbox"/>	Health screenings		
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory services		
<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy		
<input type="checkbox"/>	<input type="checkbox"/>	Physical therapy		
<input type="checkbox"/>	<input type="checkbox"/>	Social services		
<input type="checkbox"/>	<input type="checkbox"/>	Speech therapy		

a) Aware of services at XXX?		Type of service offered:	b) Used services, either at XXX or another facility? (Check both if applicable)	
Yes	No	Radiology Services	Used Services at XXX	Used Services at Another Facility
<input type="checkbox"/>	<input type="checkbox"/>	ECG - Electrocardiography		
<input type="checkbox"/>	<input type="checkbox"/>	CT scan		
<input type="checkbox"/>	<input type="checkbox"/>	Echocardiogram		
<input type="checkbox"/>	<input type="checkbox"/>	General x-ray		
<input type="checkbox"/>	<input type="checkbox"/>	Mammography		
<input type="checkbox"/>	<input type="checkbox"/>	MRI		
<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound		

Q. 8 Health Concerns	Less of a concern					More of a concern
	1	2	3	4	5	6
Access to needed technology/equipment						
Accident/injury prevention						
Addiction/substance abuse						
Adequate number of health care providers and specialists						
Cancer						
Diabetes						
Distance/transportation to health care facility						
Emergency services (ambulance & 911) available 24/7						
Financial viability of hospital						
Focus on wellness and prevention of disease						
Heart disease (e.g., congestive heart failure, heart attack, stroke, coronary artery disease)						
Higher costs of health care for consumers						
Mental health (e.g., depression, dementia/Alzheimer's)						
Not enough health care staff in general						
Obesity						
Suicide prevention						
Violence (domestic, workplace, emotional, physical, sexual)						

b) How do these concerns impact your community? \_\_\_\_\_



### RCGM - Feedback

- Important to hear from participants in own words.
- Channel for feedback without stigma.
- Validates open-ended questions.

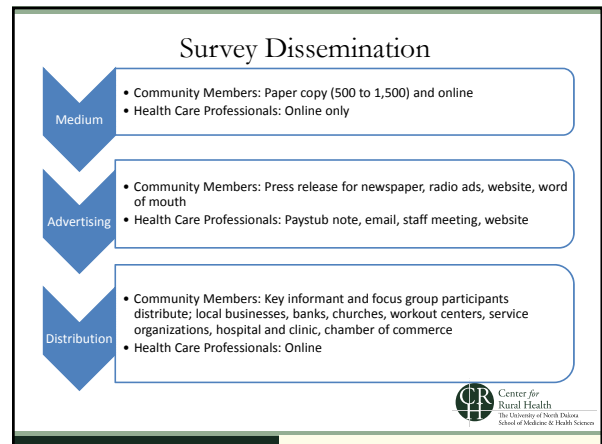
"Clinic needs to be open on weekends, holidays and evenings, not every other Saturday."

- "I think hospital is doing a good job. We need local doctors; two PAs are going to retire soon."
- "Need better wages and improved benefits. Also need more administration involvement with staff."
- "Administration lacks promotional experience for new hospital. No clear policies."

- Demographics: gender, age, highest level of education, health insurance status, employment status, marital status, annual household income, years lived in community.
- Identify community assets: people, services & resources, quality of life, geographic setting, activities.

Q3. Considering the SERVICES AND RESOURCES in your community, the best things are (choose the top THREE):

Academic opportunities and institutions (benefits that come from the proximity to colleges and universities)	Public services and amenities
<input type="checkbox"/> Downtown and shopping (e.g., close by, good variety, availability of goods)	<input type="checkbox"/> Restaurants and food
<input type="checkbox"/> Health care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Quality school systems and other educational institutions and programs for youth	<input type="checkbox"/> Other (please specify) _____



## Community Group - 2<sup>nd</sup> Meeting

- Group members are presented with:
  - Survey results
  - Findings from key informants and focus group
  - Secondary data relating to general health of service area
- Tasked with identifying and prioritizing community's health needs

	X County	National Benchmark	North Dakota
Ranking: Outcomes	33 <sup>rd</sup>		(of 46)
Poor or fair health	17%	10%	12%
Poor physical health days (in past 30 days)	2.6	2.6	2.7
Poor mental health days (in past 30 days)	2.8	2.3	2.5
% Diabetic	10%	-	8%
Ranking: Factors	38 <sup>th</sup>		(of 46)
Health Behaviors			
Adult smoking	18%	14%	19%
Adult obesity	25%	25%	30%
Physical inactivity	20%	21%	26%
Excessive drinking	24%	8%	22%
Motor vehicle crash death rate	53	12	19
Sexually transmitted infections	1,075	84	305
Teen birth rate	63	22	28
Clinical Care			
Uninsured	8%	11%	12%
Primary care provider ratio	821:1	631:1	665:1
Mental health provider ratio	6,569:0	-	2,555:1
Preventable hospital stays	85	49	64
Diabetic screening	88%	89%	85%
Mammography screening	52%	74%	72%

## Secondary Data

Collected and analyzed to provide a snapshot of the area's overall health conditions, behaviors and outcomes.

	X County	North Dakota
Colorectal cancer screening rates	49.0%	55.5%
Pneumococcal pneumonia vaccination rates	40.0%	51.3%
Influenza vaccination rates	53.2%	50.4%
Annual hemoglobin A1C screening rates for patients with diabetes	80.9%	92.2%
Annual lipid testing screening rates for patients with diabetes	85.8%	81%
Annual eye examination screening rates for patients with diabetes	64.3%	72.5%
PIM (potentially inappropriate medication) rates	9.7%	11.1%
DDI (drug-drug interaction) rates	9.1%	9.8%

## Secondary Sources Used

- U.S. Census Bureau
- North Dakota Department of Health
- Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 14 primary data sources)
- North Dakota Health Care Review, Inc. (NDHCRI)
- North Dakota KIDS COUNT
- National Survey of Children's Health Data Resource Center
- Centers for Disease Control and Prevention
- North Dakota Behavioral Risk Factor Surveillance System
- National Center for Health Statistics

## Prioritization Criteria

Rank health concerns based on:

- ✓ Importance
  - ✓ Impact
  - ✓ Severity
  - ✓ Reach
- Not:
- ≠ Feasibility

### POTENTIAL COMMUNITY HEALTH NEEDS – (Listed in no particular order)

	IDENTIFIED NEED	VOTE
1.	Secondary data & Survey: Elevated rate of diabetics ✓	
2.	Secondary data: Elevated rate of adult smoking ✖	
3.	Secondary data & Survey: Elevated rate of adult obesity ✖	
4.	Secondary data: Elevated rate of physical inactivity ✓	
5.	Secondary data: Elevated rate of excessive drinking ✖	
6.	Secondary data: Elevated level of sexually transmitted infections ✖	
7.	Secondary data: Elevated motor vehicle crash death rate ✖	
8.	Secondary data: Elevated teen birth rate ✖	
9.	Secondary data: Elevated rate of uninsured adults ✖	
10.	Secondary data & Survey & Interview/Focus Group: Limited number of health care providers – not enough health care staff in general ✖	
11.	Secondary data: Limited number of mental health care providers ✖	
12.	Secondary data: Elevated level of preventable hospital stays ✓	
13.	Secondary data: Decreased rate of diabetic screening ✖	
14.	Secondary data: Decreased rate of mammography screening ✓	
15.	Survey & Interview/Focus group: Higher cost of health care for consumers	
16.	Survey & Interview/Focus group: Financial viability of hospital	
17.	Survey: Heart disease	
18.	Interview/Focus Group: Increase marketing efforts	
19.	Interview/Focus Group: Hire addiction/substance abuse counselor	
20.	Interviews/Focus Group: Hire social services liaison	
21.	Survey & Interviews/Focus Group: Access to needed technology/equipment including making CT scanner available	

✓ = Not meeting state average ✖ = Not meeting national benchmark

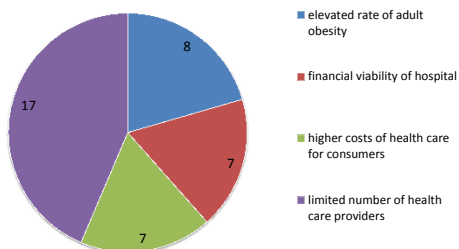
## Prioritization

Tier 1- (15 or more votes)	Tier 2 (10-14 votes)	Tier 3 (1-9 votes)
<ul style="list-style-type: none"> <li>Limited number of health care providers/ not enough health care staff in general (19 votes)</li> <li>Access to needed technology/equipment (18 votes)</li> <li>Financial viability of hospital (18 votes)</li> <li>Inadequate marketing efforts (16 votes)</li> </ul>	<ul style="list-style-type: none"> <li>Elevated rate of excessive drinking (14 votes)</li> <li>Elevated motor vehicle crash death rate (12 votes)</li> </ul>	<ul style="list-style-type: none"> <li>Elevated level of preventable hospital stays (8 votes)</li> <li>Hire addiction/substance abuse counselor (8 votes)</li> <li>Elevated rate of adult smoking (7 vote)</li> <li>Elevated rate of adult obesity (4 vote)</li> <li>Limited number of mental health care providers (2 vote)</li> </ul>

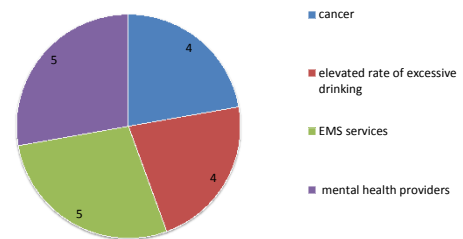
## Aggregate Findings: Emergent Health Trends for State of North Dakota

- CRH has conducted CHNAs for 21 out of 36 CAHs in North Dakota.
- Aggregated individual CHNA data.
- Thematic analysis of prioritized list of needs.

### Tier 1 Significant Needs Facing N.D.



### Tier 2 Significant Needs Facing N.D.



## Limitations

- Using key informants volunteered by the hospital may cause the participants to feel under pressure to present a particular picture of the hospital and the community health needs.
  - ✓ Researchers are aware of and explain at length prior to beginning an interview or focus group the purpose of the assessment.
  - ✓ Clarify any misperceptions or expectations at the onset of the participation to minimize potential bias.
  - ✓ Participants are encouraged to be frank in their responses about hospital's services.
  - ✓ Bounds of confidentiality reassure participants to speak with candor.

## Triangulation

- Employs 2 or 3 research methods tasked with the same question.
- Puts the researcher in frame of mind to:
  - regard own material critically,
  - test it,
  - identify its weaknesses,
  - identify where to test further doing something different.



## Combatting Group Think

Overcome small town group think to effectively promote participation and garner meaningful community feedback by:

- ✓ Integrating multiple sources of data collection to help thwart relying exclusively on a single data collection method.
- ✓ Providing a synthesis to present a more holistic understanding of the situation.
- ✓ Converging conclusions and reduce bias inherit in a particular data source.

## Best Practices: Lit Review

1. Most important to listen.
2. Identified needs show emerging health trends & provide snapshot of community health needs.
3. Responding to prioritized needs demonstrates care & trust of community feedback.
4. Enhance credibility by cross-posting results among hospital, public health, newspaper, social media.

## Best Practices: Methodology

1. Survey distribution: random mailings to focused delivery.
2. Even number survey options to omit neutral option.
3. Emphasize community feedback over secondary data.

## Questions?

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