

**Little River Medical Center, Inc.**

Community Health Needs Assessment

July 2018



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## Introduction

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include, in part:

- Conducting a community health needs assessment every three years.
- Adopting an implementation strategy to meet the significant community health needs identified through the assessment.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including at least one state or local public health official and members of medically underserved, low-income and minority populations within the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document Little River Medical Center, Inc.'s compliance with these requirements. Health needs of the community have been identified so that Little River Medical Center, Inc. (the Medical Center) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key interviewees who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessments required by the IRS during tax year 2016. It will serve as a compliance document as well as a resource until the next assessment cycle.

## Acknowledgements

The community health assessment research team would like to thank all those who contributed to the community health assessment described herein. We are grateful for the many key informants that gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

## Summary of Community Health Needs Assessments

The purpose of community health needs assessments is to identify and understand the unique health needs of the community served by the Medical Center and to document compliance with new federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

The Medical Center engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,600 partners and employees in 38 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from April 2017 through July 2018. The assessment was not available at June 30, 2016, due to financial constraints.

Based on current regulations and other guidance from the U.S Treasury Department and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publicly available information is not consistent among the various sources, so not all data tables refer to the same year. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement are noted in the section entitled Health Status of the Community.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through interviews of nine stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

### ***General Description of the Medical Center***

The Medical Center is a not-for-profit organization located in Ashdown, Arkansas. The Medical Center provides a wide range of services, including a 24-hour emergency department.

### **Community Served by the Medical Center**

The Medical Center is located in Ashdown, Arkansas, in Little River County. Ashdown is 20 miles north of Texarkana, Arkansas, the closest metropolitan area. Ashdown is approximately 12 miles from the nearest interstate highway.

### ***Defined Community***

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by the Medical Center has been determined to be Little River County.

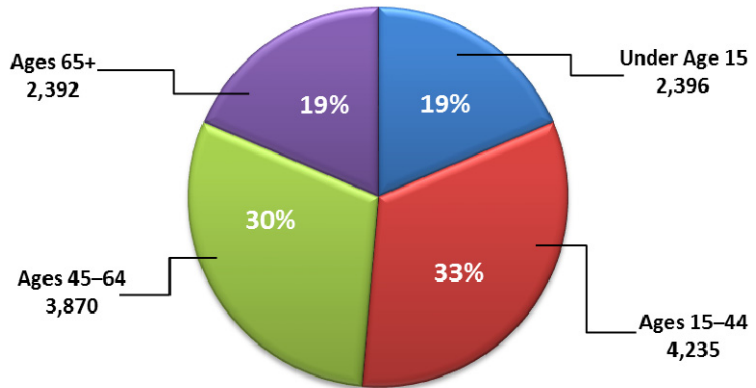
## Community Characteristics

### Community Population and Demographics

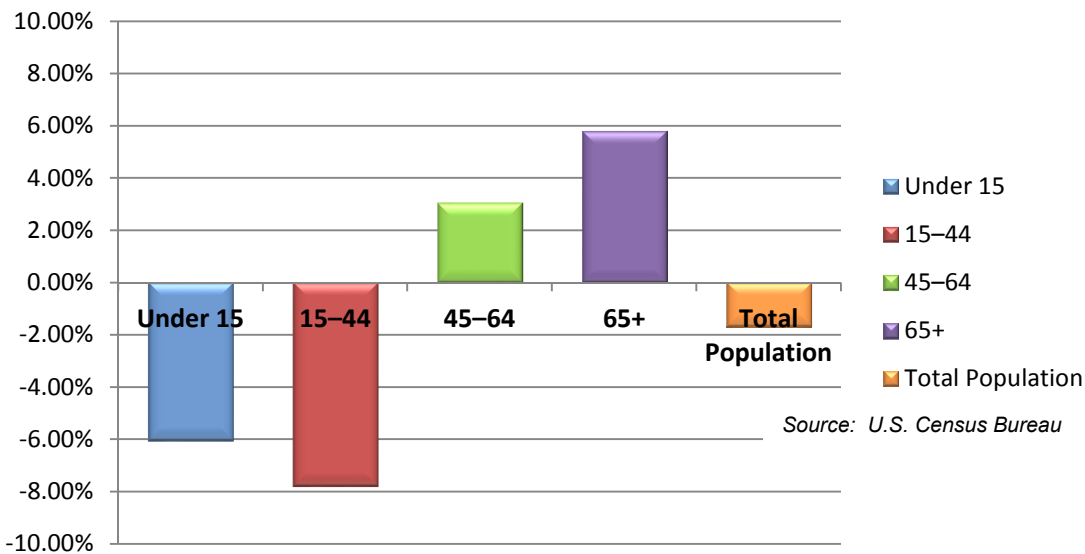
The community served by the Medical Center is a rural area in southwest Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 13,000 people live in Little River County.

The chart to the right shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, about 49% of the community's population is over age 45. The percentage of the community population age 45 and older is expected to increase over the next five years, as shown on the chart below. These age groups use more health services than any other, consequently, the Medical Center could experience an increase in patient volume in the near future. However, the overall community population is expected to decrease, which might cause a decline in patient volume. Additionally, the percentage of the community population ages 44 and below is expected to decrease significantly over the next five years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

**Community Population by Age Group**



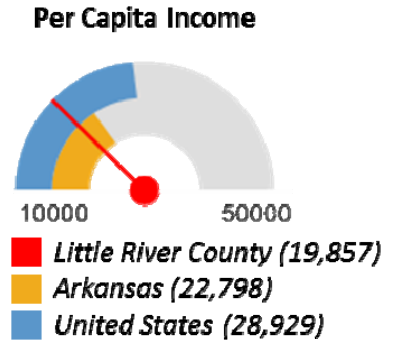
**Projected Change in Population by Age Group, 2015-2020**



### Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health status of a community.

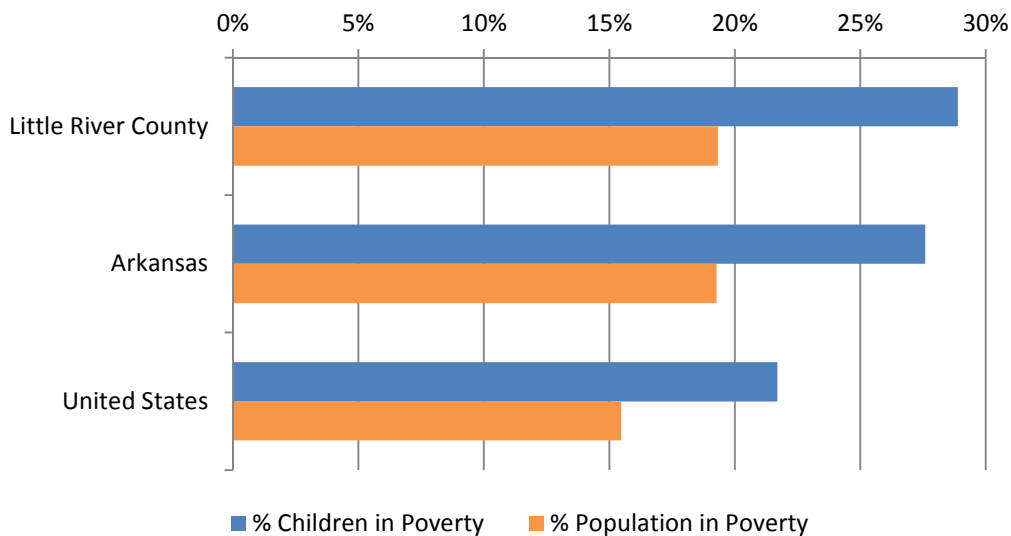
Educationally, the community served by the Medical Center is ranking significantly lower than the state of Arkansas as a whole. About 16% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S. and 27% in Arkansas. Approximately 15% of the population does not have a high school diploma, compared to about 13% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.



Source: U.S. Census Bureau American Community Survey

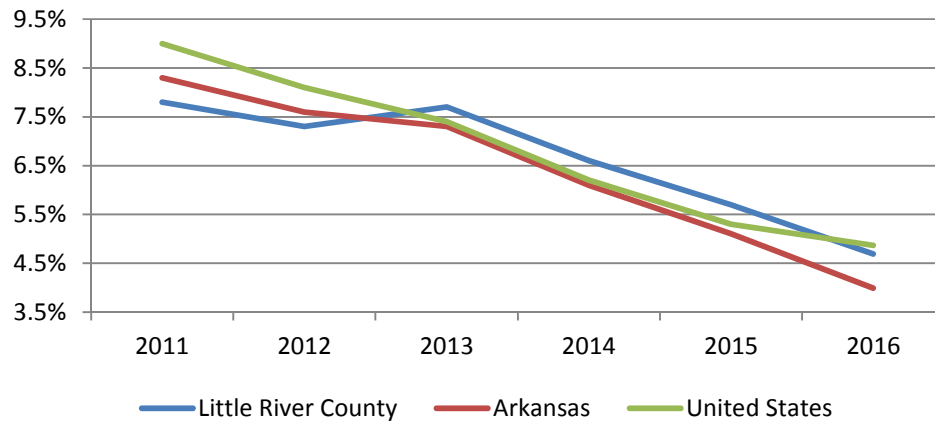
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average per capita income in the Medical Center’s community is \$19,857, compared to \$22,798 for the state of Arkansas and \$28,929 for the United States. Lower than average per capita income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. However, the levels of poverty are not much different than the rates in the state of Arkansas and the United States. The chart below shows the percentage of the communities’ population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

### Population in Poverty



Source: U.S. Census Bureau American Community Survey

## Unemployment Rates, 2011–2016



Some socioeconomic measures in the community have improved significantly over the past few years. One such measure is the percentage of the community that is unemployed. The above chart shows that the unemployment rate of the community has been dropping sharply over the past six years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved.

### Health Status of the Community

This section of the assessment reviews the health status of Little River County residents, with comparisons to the state of Arkansas. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify significant issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

**Health Outcomes and Factors**

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.



Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (seven measures)
  - Physical environment (two measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2015 health outcomes and factors for Little River County. Measures underperforming the state average are highlighted in red. The data upon which the uninsured patients measure was based is from 2012 and, therefore, does not reflect the improvement discussed earlier resulting from the 2014 Medicaid expansion.

Health Outcome/Factor	Little River County		Arkansas	National Benchmark
	Metric	Rank		
<b>Health Outcomes</b>		9		
<b>Length of Life</b>		6		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,900		9,100	5,200
<b>Quality of Life</b>		32		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	21%		23%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6		4.7	2.9
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.2		4.4	2.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	9%		9%	6%
<b>Health Factors</b>		18		
<b>Health Behaviors</b>		17		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	21%		25%	14%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	33%		33%	25%
<b>Food environment index</b> – Ranking from 1–10 that considers accessibility of healthy foods	6.8		6.1	8.3
<b>Physical inactivity</b> – Percent of adults reporting no leisure-time physical activity	33%		32%	20%
<b>Access to exercise opportunities</b> – Percent of individuals who live within three miles of a recreational facility	49%		61%	91%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	14%		14%	12%
<b>Alcohol-impaired driving deaths</b> – Percent of motor vehicle crash deaths with alcohol involvement	17%		30%	14%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100,000 population	750.8		523.8	134.0
<b>Teen birth rate</b> – Per 1,000 female population, ages 15–19	59		53	19
<b>Clinical Care</b>		50		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	19%		19%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,820:1		1,540:1	1,040:1
<b>Dentists</b> – Ratio of population to dentists	3,130:1		2,300:1	1,340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	12,530:1		520:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	81		66	38
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	75%		83%	90%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	54%		58%	71%
<b>Social and Economic Factors</b>		25		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	84%		85%	93%
<b>Some college</b> – Percent of adults aged 25–44 years with some post-secondary education	51%		55%	72%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	26%		26%	13%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to that at the 20th percentile	4.8		4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	37%		37%	21%
<b>Violent crime rate</b> – Violent crimes per 100,000 population	205		484	59
<b>Injury deaths</b> – Deaths from intentional and unintentional injuries per 100,000 population	83		77	51
<b>Physical Environment</b>		5		
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter	10.8		11.8	9.5
<b>Severe housing problems</b> – Percentage of households with severe housing problems in facilities, crowding, or cost	8%		15%	9%

## Health Care Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Little River County.

### ***Acute Care Hospitals***

The Medical Center is one of the primary health care providers for Little River County, receiving 11% of admissions for Little River County residents. However, while critical access hospitals such as the Medical Center provide essential health care services for a variety of conditions, they are not designed or intended to handle every circumstance that may arise. In order to allow the Medical Center to focus on providing care for common conditions, it is important that there are acute care hospitals nearby to handle cases involving longer inpatient stays or more complicated medical problems. Little River County residents mainly utilize acute care hospitals located in Texarkana, Texas. The nearest Texarkana hospital is about a 20-minute drive from Ashdown. Approximately 59% of Little River County resident discharges are from acute care hospitals located Texarkana, Texas.

### ***Other Health Care Resources***

Besides the Medical Center, Little River County residents benefit from many other health care resources:

***Primary Care Providers*** – Little River County has multiple primary care physicians, including two pediatricians. There are also registered nurse practitioners who provide primary care.

***Area Clinics*** – Little River County has multiple health clinics. These clinics help to ensure that Little River County residents are able to access affordable health care, regardless of their financial situation.

***Area Nursing Homes*** – There are two nursing homes in Little River County with a total of 163 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

***Little River County Health Unit*** – The Little River County Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care and environmental services.

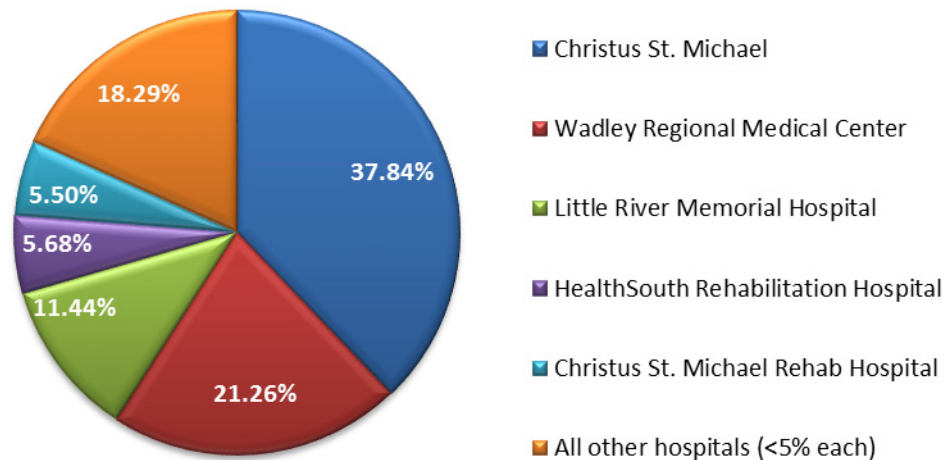
### ***Medical Center Market Share***

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility.

The chart below represents the relative market share of each hospital that had discharges of residents from the community (Little River County). This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community.

For 2014, the Medical Center maintained approximately 11% of all discharges from the community with Christus St. Michael at approximately 38% and Wadley Regional Medical Center capturing around 21% of all discharges. HealthSouth Rehabilitation Hospital and Christus St. Michael Rehab Hospital captured about 6% each. The remaining 18% percent of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.

## Community Market Share, 2014



Because Arkansas law prohibits the Arkansas Department of Health from providing hospital specific discharge information, the data in the chart above was estimated based on Medicare discharges by zip code and hospital, which is available from the Centers for Medicare & Medicaid Services.

### Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### Methodology

A survey was conducted with a key interviewee in June 2018. The interviewee was determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

The interview was conducted using a standard questionnaire. A copy of the interview instrument is included in the Appendix. A summary of opinions is reported without judging the truthfulness or accuracy of their remarks. Comments were provided on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents of the community
- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. The Interviewee was assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, information included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

### **Key Interviewee Interview Results**

The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

While many issues were raised during the interview, a few items stood out. These issues are summarized below:

- Economic factors, job availability and changing federal policies have contributed to the decline to health and quality of life.
- People in lower socioeconomic groups tend to suffer the most in quality of life.
- The most frequently mentioned issue in the community relates to access to health care, affordable housing and educational opportunities.

### **Identification and Prioritization of Health Needs**

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following list of significant needs was identified:

1. Obesity
2. Heart disease
3. Access to clinics and primary care physicians
4. Mental health providers
5. Health education

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. Public comments on this assessment may be directed to the Medical Center's management at 451 W. Locke St., Ashdown, Arkansas 71822.

## **APPENDICES**

**APPENDIX A**  
**KEY INTERVIEWEE QUESTIONNAIRE**

## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

# of years living in \_\_\_\_\_ County: \_\_\_\_ # of years in current position: \_\_\_\_

**Introduction:** Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over—up to 50 minutes total—once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in \_\_\_\_\_ the Community, which is defined as \_\_\_\_\_ County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the Community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

**To get us started, can you tell me briefly about the work that you and your organization do in the Community?**

Thank you. Next I'll be asking you a series of questions about health and quality of life in \_\_\_\_\_ the Community. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in the Community?
2. In your opinion, has health and quality of life in \_\_\_\_\_ the Community improved, stayed the same or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline or to health and quality of life staying the same)?
5. Are there people or groups of people in the Community whose health or quality of life may not be as good as others?
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?
  - b. Why do you think their health/quality of life is not as good as others?



6. What barriers, if any, exist to improving health and quality of life in \_\_\_\_\_ Community?
7. In your opinion, what are the most critical health and quality of life issues in \_\_\_\_\_ Community?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve health and quality of life in the Community?
10. Is there someone (who) you would recommend as a “key informant” for this assessment?

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in \_\_\_\_\_ the Community. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact \_\_\_\_\_ at **[Name of organization]**. Here is his/her contact information [provide business card]. Thanks once more for your time. It’s been a pleasure to meet you.

**APPENDIX B**  
**SOURCES**

## Sources

Total Population by County and Development District Projections.

[http://iea.ualr.edu/GregProjectionV2010/Total\\_POP\\_summary.xls](http://iea.ualr.edu/GregProjectionV2010/Total_POP_summary.xls).

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