

CCHN/CHAMPS Cultural Competency Team Rural Social Determinants of Health Game Toolkit Facilitator's Guide

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Acknowledgements

The Rural Social Determinants of Health Game Toolkit was developed in 2017-2018 by the **Cultural Competency Team**, an inter-office collaboration between **Colorado Community Health Network (CCHN)** and **Community Health Association of Mountain/Plains States (CHAMPS)**. CCHN is the Colorado Primary Care Association, and CHAMPS is the Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming) Primary Care Association. Both CCHN and CHAMPS provide support to Community Health Centers (CHCs), and this game has been designed specifically for use by CHC staff in the western mountain and plains states.

To learn more about CCHN, please visit www.cchn.org.

To learn more about CHAMPS, please visit www.champsonline.org.

The Cultural Competency Team wishes to acknowledge that the original concept for this game is derived from the **CityMatCH Life Course Game**. This game was developed by CityMatCH and its partners, **Contra Costa Health Services** and the **California Endowment**. The CCHN/CHAMPS Cultural Competency Team has adapted all game materials with the express written permission of CityMatCH, and we sincerely thank CityMatCH and their partners for allowing us to build upon their amazing work.

To learn more about CityMatCH, please visit www.citymatch.org.

To access the Life Course Game Toolkit, please visit www.citymatch.org/mch-life-course.

The Cultural Competency Team also wishes to thank **William Chamu** for designing the game board for this toolkit. We truly appreciate the dedication and artistic skill that Willy brought to this project, which he completed as a student volunteer.

Introduction to the Game

Why play this game?

The purpose of the Rural Social Determinants of Health Game Toolkit is to educate healthcare professionals about the ways that social, cultural, economic, environmental, and other factors impact the health and wellbeing of rural patients. The game is appropriate both for staff who are already familiar with the social determinants of health, health disparities, and other related concepts, and for staff who are new to these terms and ideas. Ultimately, the goal of this game is to broaden players' understanding of rural patient experiences and the many factors inside and outside of the clinic that can lead to better or worse health, as well as to foster productive discussions about these effects.

What is this game all about?

The three main concepts broadly explored in this game are health equity, health disparities, and the social determinants of health. The Health Equity Institute defines the pursuit of **health equity** as “efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.” The World Health Organization (WHO) defines the **social determinants of health** as “the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.” The social determinants of health are primarily responsible for **health disparities**, which WHO defines as “unfair and avoidable differences in health status.”

The Rural Social Determinants of Health Game Toolkit specifically touches on the following social determinants of health and their impact upon rural patients:

- Race/ethnicity
- Gender Identity
- Sexual Orientation
- Education
- Employment
- Income
- Health Insurance
- Legal Status
- Disability Status
- Age
- Family Status
- Location of Home
- Transportation

Facilitators may incorporate other social determinants of health by writing their own risk factor and protective factor cards using the blank cards at the end of each deck, and are encouraged to tailor their introduction and discussion questions to address factors that are most relevant to their CHC's patients and community.

How does the game work?

This game is designed to represent one year in the life – and health – of fictional patients living in a rural western community. At the start of the game, each player chooses a profile card that provides information about who they are. Players move across the game board by rolling two dice, stopping on orange squares (risk factors) and blue squares (protective factors) that either harm or improve their health and wellbeing. Players also make four “clinic stops” at their local CHC, and roll one die each time to determine the quality of their experience there. At the end of the game, players calculate their overall health status at the year’s end. After the game is over, the facilitator leads players through a discussion of the game so that they can process their experiences together and consider the connections between the game and the lives of the patients they serve.

Who Should Use This Tool?

CHCs and other safety-net health facilities that operate in rural areas may use this game as a fun, simple introduction to the social determinants of health for staff, students, and/or board members. Others may use this game to begin conversations about how to integrate the pursuit of health equity into clinical practice. This game is also appropriate for partner organizations such as schools, religious organizations, or community groups that wish to better understand how the social determinants of health affect rural communities.

Pre-Game Preparation

The Rural Social Determinants of Health Game Toolkit is designed to be easy to access, prepare, play, and discuss. However, make sure that you give yourself enough time to prepare, especially the first time you play. Here is a suggested timeline to keep you organized:

Two Weeks Before:

- Review this Facilitator’s Guide.
- Think about your purpose in facilitating this game. For example, will this be a purely educational exercise, an orientation for new staff, or the launching point for a strategic or quality improvement planning discussion? It is important to know your purpose from the beginning so that you can tailor the game experience appropriately for your players.
- Check out the room where you will be facilitating the game. Make sure there is enough space, and decide whether you will play at a round or square table or on the floor.
- Make sure you know how many players you will have. For larger groups, you will either want to prepare several sets of game boards and materials, or have players form teams.
- Consider how long you will have for the entire session. Make note of how much time that means you can spend on your introduction, playing the game, and discussion.
- Print or order a large copy (or copies) of the game board, if you do not already have one. If you are going to run multiple games at once you will need multiple game boards. Consider whether you plan to facilitate this game again in the future – if so, you may want to order a more durable copy of the board (many printing companies offer laminated paper, foamboard, foldable chipboard, etc.).
- Locate enough player pieces for the number of people or teams you will be playing with, and one die (you may use two dice if you want the game to move faster). You may choose to purchase these items, or borrow pieces from another board game.

One Week Before:

- Reread the “Playing the Game” section of this Facilitator’s Guide to make sure you understand how the game will flow. If possible, play the game in advance of facilitating it to gain firsthand experience.
- Reread the “Tips & Tricks for Facilitators” section and select your discussion questions. Think about how much your players already know about the social determinants of health – this will impact what you say during your introduction of the game, as well as how you guide the discussion afterward.
- Create a PowerPoint and/or handouts for your players, if desired. These may include definitions of key terms, the discussion questions, additional resources, etc.

Day Before:

- Print and cut all game materials, including the risk factor and protective factor cards, the player profiles, and the Instructions Sheet. Write your own risk factor and/or protective factor cards on the blank cards in each deck, or remove these cards from the deck.

Day Of:

- Set up your game materials. Consider ordering the cards in a certain way if you want to ensure that specific cards are played and discussed.
- Play the game.
- Discuss.

Playing the Game

Timeframe

This game takes 45 to 60 minutes to play, depending on the number of players or teams. Facilitators are encouraged to provide 5 to 10 minutes of introduction to the game, including a brief overview of the social determinants of health, any specific concepts you would like players to think about during the game, the game instructions, etc. Facilitators should also set aside a minimum of 15 to 20 minutes for guided discussion after the game is over. If possible, set aside at least an hour for the full game experience from start to finish.

Game Instructions

This information is also provided in the separate Game Instructions document.

Starting the Game

- If you are playing with more than 10 people, form teams.
- Select one person to be in charge of the instructions (this is usually the facilitator).
- Player profile selection:
 - Each player/team should select one profile card without looking at its contents.
 - Select game pieces and place them at the start position on the game board.
 - Take turns reading the player profiles out loud.
 - Take turns rolling the die to determine the order of play.

Playing the Game

- Roll the die and move forward that number of spaces.
- If you land on a blank space, do nothing.
- If you land on an orange space, take an orange “risk factor” card and follow the instructions. Keep the cards that you draw.
- If you land on a blue space, take a blue “protective factor” card and follow the instructions. Keep the cards that you draw.
- If you land on an orange or blue space after completing the directions on a risk factor or protective factor card, stay where you are (do not draw another card or move again).
- When you reach a clinic space – STOP!
 - Each time you reach a clinic you must stop for a visit. On your next turn after stopping, roll the die. You must roll a number at least as high as the “Clinic Experience Number” on your profile before you may continue. Each failed roll represents a poor clinic experience that keeps you from accessing the care and

services you need. Once you roll your clinic experience number or higher, move the number of spaces indicated on the die and continue playing.

Ending the Game

- Once you reach the final space on the board, the game ends.
- To determine your final health status: Count your risk factor cards and your protective factor cards. Subtract the number of protective factor cards from the number of risk factor cards. Add the clinic experience number on your player profile.
 - <0 = Excellent
 - 0-1 = Very Good
 - 2-3 = Good
 - 4-5 = Fair
 - 6+ = Poor

Shortening the Game

If you do not have at least an hour to set aside for facilitating this game, consider making one or more of the following adjustments:

- Use only some of the player profiles, and have players form teams.
- Have players start at different places on the game board based on their clinic experience numbers – this will allow them to reach the end faster.
- Allow the game to progress for as long as you are able; when you have 10 minutes remaining in your session, ask players to calculate their health status and move into the discussion.

Personalizing the Game to Your Organization

It is likely that some of the materials in this toolkit will not accurately represent the community that your CHC serves. To make the game more personalized for your organization, consider making one or more of the following adjustments:

- Select the most relevant risk factor and protective factor cards and place them at the top of each deck to ensure that they are drawn during the game.
- Create your own risk factor and protective factor cards using the blank cards provided at the end of each deck. Print as many copies of these blank cards as you want – you can even create a whole deck of your own!
- Create new player profiles with characteristics that are representative of patients in your community.

Tips & Tricks for Facilitators

What aspects of this game should I emphasize?

It is important to remind players that even though they are playing the game as specific individuals, the game's purpose is to highlight population-level trends for the social determinants of health in rural communities. The statistics on the risk factor and protective factor cards are designed to serve as a reminder of this population health focus; some players may find it helpful to focus on these statistics rather than on their individual "progress" in the game. Facilitators are encouraged to ask the question "What usually happens during board games?" during their introduction – this question often prompts the answer "winning and losing," and allows the facilitator to explain that this game has a different objective: helping players identify the factors that make different people more or less healthy over time.

How do I engage players?

Sometimes players are not enthusiastic about learning through games. Reluctant players may be engaged by grouping them into teams. Facilitators are advised not to push players to participate; some players gain the most by watching. Ultimately, many players who are skeptical at the start of the game find they have had an enjoyable and educational experience by the end. The most important thing for a facilitator is to meet players where they are at that day, and look for creative ways to engage them.

What if players begin to have a negative experience?

If players become overly competitive, remind them that the point of the game is not to "win," or to achieve a certain health status, but instead to participate in a shared learning experience. Some players may also become upset if they relate to their "fictional" player profile on a personal level, especially if they begin to experience negative health effects during the game. Remind these players that events in the game are based on large-scale health trends, and do not represent any one person's reality. Instead of narrowing in on one's own cards and experiences in the game, encourage these players to think about the experiences of all the players, and about the ways that different factors contribute to diverse individuals' health and wellbeing.

What is the purpose of the "clinic experiences"?

Each player is assigned a clinic experience number at the bottom of their profile card; this number is intended to reflect the relative likelihood that they will experience a healthcare setting positively or negatively (players with more "complex" identities have higher numbers). Clinic experience can reflect any part of a player's visit to a health center, from being unable to afford any fees, to rude behavior from staff or other patients, to an unwelcome diagnosis. Players are encouraged to discuss likely factors that would contribute to a poor clinic experience, both generally and at their CHC.

What discussion questions should I ask?

Facilitators should be aware that the thoughts and feelings inspired by this game – as well as any discussion of the social determinants of health and other related concepts – are complex and often personal. It is important to be well prepared before discussing this game with the players. Consider asking some of the following questions:

- What were the most memorable things that happened to you during the game?
- What kinds of comments did you and those around you make as you were playing the game?
- Did any of the events during the game remind you of things that have happened in your own life? If so, are you willing to share any of those connections?
- What did you think of the clinic visits and your clinic experience number? Did you feel this was an accurate way to represent CHC patient experiences in general? To represent patient experiences at our CHC?
- How do you feel about your health status at the end of the game? Do you think it is accurate, based on the events that happened to you? What do you imagine would happen next, if the game were to continue?
- What was disheartening about this game? What was inspiring?
- What did you learn by playing this game?
- What does this game tell us about our community?
- After playing this game, how would you explain the social determinants of health to someone else? To a fellow healthcare professional? A patient? A family member or friend? A child?
- How has your experience with this game changed the way you will interact with patients?
- What questions has playing this game raised for you? How will you find answers?

Where can I learn more?

To access a compilation of educational and action-oriented resources specifically designed to help CHCs and Primary Care Associations pursue health equity and address health disparities by affecting the social determinants of health in their communities, please visit the CHAMPS Health Equity webpage (<http://champsonline.org/tools-products/quality-improvement-resources/health-equity-resources>) and the CHAMPS Social Determinants of Health webpage (<http://champsonline.org/tools-products/quality-improvement-resources/social-determinants-of-health-resources>).

Tell us what you think!

Complete an evaluation of this Game Toolkit at www.surveymonkey.com/r/CCTRuralSDOHGameEval.

Citations

The numbers of the citations in this section refer to the numbers listed after the statistics on the risk factor and protective factor cards.

1. Adair R, Wholey DR, Christianson J, White KM, Britt H, Lee S. Improving chronic disease care by adding laypersons to the primary care team: a parallel randomized trial. *Ann Intern Med.* 2013 Aug 6;159(3):176-84. doi: 10.7326/0003-4819-159-3-201308060-00007.
2. American College of Obstetricians and Gynecologists. Health disparities in rural women. Committee Opinion No. 586. *Obstet Gynecol.* 2014;123:384–8. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co586.pdf?dmc=1&ts=20180330T1943327799>. Accessed April 3, 2018.
3. American Public Health Association. School-Based Health Centers: Improving Health, Well-being, and Educational Success. http://www.schoolbasedhealthcare.org/~media/files/pdf/sbhc/well_being_in_schools.ashx. Accessed April 3, 2018.
4. Antezana L, Scarpa A, Valdespino A, et al. Rural Trends in Diagnosis and Services for Autism Spectrum Disorder. *Front Psychol.* 2017;8:590. doi: 10.3389/fpsyg.2017.00590.
5. Aschbrenner K, Cornish DL. Barriers to breastfeeding among rural women in the United States. *Universitas.* 2016-2017;12. <https://universitas.uni.edu/article/barriers-breastfeeding-among-rural-women-united-states-0>. Accessed April 3, 2018.
6. Beck LF, Downs J, Stevens MR, Sauber-Schatz EK. Rural and urban differences in passenger-vehicle-occupant deaths and seat belt use among adults – United States, 2014. *MMWR Surveill Summ.* 2017;66(No. SS-17):1-13. doi: 10.15585/mmwr.ss6617a1.
7. Bishaw A, Posey KG. A comparison of rural and urban America: household income and poverty. https://www.census.gov/newsroom/blogs/random-samplings/2016/12/a_comparison_of_rura.html. Accessed April 3, 2018.
8. Bolin JN, Bellamy GR, Ferdinand AO, et al. Rural Healthy People 2020: New Decade, Same Challenges. *J Rural Health.* 31 (2015) 326–333. doi: 10.1111/jrh.12116.
9. Cabana MD, Jee SH. Does continuity of care improve patient outcomes? *J Fam Pract.* 2004 Dec;53(12):974-80. <https://www.ncbi.nlm.nih.gov/pubmed/15581440>. Accessed April 3, 2018.
10. Centers for Disease Control and Prevention. Condom distribution as a structural level intervention. <https://www.cdc.gov/hiv/programresources/guidance/condoms/>. Accessed April 3, 2018.
11. Community Health Association of Mountain/Plains States. CHAMPS Job Opportunities Bank Data Comparison Infographic 2017-2018. <http://champsonline.org/tools-products/publications-electronic-media/champs-publications#job>. Accessed April 3, 2018.

12. Community Health Association of Mountain/Plains States. CHAMPS Region VIII Summary of 2016 Bureau of Primary Health Care Health Center Program Grantee Uniform Data System Information. <http://champsonline.org/tools-products/publications-electronic-media/champs-publications#UDSSummary>. Accessed April 3, 2018.
13. Flores G, Abreu M, Chaisson CE, et al. A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children. *Pediatrics*. 2005 Dec;116(6):1433-41. doi: 10.1542/peds.2005-0786.
14. Garcia MC, Faul M, Massetti G, et al. Reducing potentially excess deaths from the five leading causes of death in the rural United States. *MMWR Surveill Summ*. 2017;66(No. SS-2):1-7. doi: 10.15585/mmwr.ss6602a1.
15. Healthy People 2020. Vision: National Snapshot. <https://www.healthypeople.gov/2020/topics-objectives/topic/vision/national-snapshot>. Accessed April 3, 2018.
16. Healthy People 2020 Midcourse Review. Physical Activity. <https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-C33-PA.pdf>. Accessed April 3, 2018.
17. Henley SJ, Anderson RN, Thomas CC, Massetti GM, Peaker B, Richardson LC. Invasive cancer incidence, 2004-2013, and deaths, 2006-2015, in nonmetropolitan and metropolitan counties – United States. *MMWR Surveill Summ*. 2017;66(No. SS-14):1-13. doi: 10.15585/mmwr.ss6614a1.
18. Henry J. Kaiser Family Foundation. Key lessons from Medicaid and CHIP for outreach and enrollment under the Affordable Care Act. <https://www.kff.org/report-section/key-lessons-outreach-and-enrollment-aca-issue-brief/>. Accessed April 3, 2018.
19. HIV.gov. U.S. Statistics. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>. Accessed April 3, 2018.
20. International Association of Fish and Wildlife Agencies. Economic Importance of Hunting in America 2002. <https://www.rosemonteis.us/sites/default/files/references/iafwa-2002.pdf>. Accessed April 3, 2018.
21. Matthews KA, Croft JB, Liu Y, et al. Health-related behaviors by urban-rural county classification – United States, 2013. *MMWR Surveill Summ*. 2017;66(No. SS-5):1-8. doi: 10.15585/mmwr.ss6605a1.
22. Migrant Clinicians Network. The Migrant/Seasonal Farmworker. <https://www.migrantclinician.org/issues/migrant-info/migrant.html>. Accessed April 3, 2018.
23. National Advisory Committee on Rural Health and Human Services. Intimate Partner Violence in Rural America: Policy Brief March 2015. <https://www.hrsa.gov/advisorycommittees/rural/publications/partnerviolencemarch2015.pdf>. Accessed April 3, 2018.
24. National Advisory Committee on Rural Health and Human Services. Understanding the impact of suicide in rural America: policy brief and recommendations.

- <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2017-Impact-of-Suicide.pdf>. Accessed April 3, 2018.
25. National Agricultural Workers Survey. Demographic Characteristics.
<https://naws.jbsinternational.com/table/2/12>. Accessed April 3, 2018.
 26. National Alliance to End Homelessness. Rural Homelessness.
<https://endhomelessness.org/resource/rural-homelessness/>. Accessed April 3, 2018.
 27. National Association of Community Health Centers. The Health Center Funding Cliff is Disrupting Access to Care Now.
https://d3n8a8pro7vhmx.cloudfront.net/nachc/pages/297/attachments/original/1507140623/NACHC_Funding_Cliff_Infographic_Oct_2017.pdf?1507140623. Accessed April 3, 2018.
 28. National Association of Community Health Centers. Health Centers Provide Cost Effective Care.
http://www.nachc.org/wp-content/uploads/2015/06/Cost-Effectiveness_FS_2015.pdf. Accessed April 3, 2018.
 29. Nevada Division of Public and Behavioral Health. Community Health Worker FAQs.
http://dpbh.nv.gov/Programs/CHW/dta/FAQs/Community_Health_Worker_-_FAQs/. Accessed April 3, 2018.
 30. Newkirk V, Damico A. The Affordable Care Act and Insurance Coverage in Rural Areas.
<https://www.kff.org/uninsured/issue-brief/the-affordable-care-act-and-insurance-coverage-in-rural-areas/>. Accessed April 3, 2018.
 31. O’Hare W. 2020 Census Faces Challenges in Rural America.
<https://carsey.unh.edu/publication/2020-census>. Accessed April 3, 2018.
 32. Robinson LR, Holbrook JR, Bitsko RH, et al. Differences in health care, family, and community factors associated with mental, behavioral, and developmental disorders among children aged 2-8 years in rural and urban areas – United States, 2011-2012. *MMWR Surveill Summ.* 2017;66(No. SS-8):1–11. doi: 10.15585/mmwr.ss6608a1.
 33. Rural Health Information Hub. Oral Health in Rural Communities.
<https://www.ruralhealthinfo.org/topics/oral-health>. Accessed April 3, 2018.
 34. Rural Health Information Hub. Rural Health Disparities.
<https://www.ruralhealthinfo.org/topics/rural-health-disparities>. Accessed April 3, 2018.
 35. Rural Health Information Hub. Rural Hunger and Access to Healthy Food.
<https://www.ruralhealthinfo.org/topics/food-and-hunger>. Accessed April 3, 2018.
 36. Rural Health Information Hub. Rural Mental Health.
<https://www.ruralhealthinfo.org/topics/mental-health>. Accessed April 3, 2018.
 37. Rural Health Information Hub. Telehealth Use in Rural Healthcare.
<https://www.ruralhealthinfo.org/topics/telehealth>. Accessed April 3, 2018.
 38. Rutledge SA, Masalovich S, Blacher RJ, Saunders MM. Diabetes self-management education programs in nonmetropolitan counties – United States, 2016. *MMWR Surveill Summ.* 2017;66(No. SS-10):1–6. doi: 10.15585/mmwr.ss6610a1.

39. Seguin R, Connor L, Nelson M, LaCroix A, Eldridge G. Understanding barriers and facilitators to healthy eating and active living in rural communities. *J Nutr Metab*. December 2014. <https://www.hindawi.com/journals/jnme/2014/146502>. Accessed April 3, 2018.
40. South Carolina Rural Health Research Center. Key Facts in Rural Health: Rural Minorities Lag on Flu, Pneumonia Immunization. http://sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/documents/73factsheetflupneu2008.pdf. Accessed April 3, 2018.
41. The Statistics Portal. Retail price of regular gasoline in the United States from 1990 to 2017. <https://www.statista.com/statistics/204740/retail-price-of-gasoline-in-the-united-states-since-1990/>. Accessed April 3, 2018.
42. Strosnider H, Kennedy C, Monti M, Yip F. Rural and urban differences in air quality, 2008-2012, and community drinking water quality, 2010-2015 – United States. *MMWR Surveill Summ*. 2017;66(No. SS-13):1–10. doi: 10.15585/mmwr.ss6613a1.
43. Substance Abuse and Mental Health Services Administration. A comparison of rural and urban substance abuse treatment admissions. <https://www.samhsa.gov/sites/default/files/teds-short-report043-urban-rural-admissions-2012.pdf>. Accessed April 3, 2018.
44. US Department of Agriculture. Rural America at a Glance: 2017 Edition. <https://www.ers.usda.gov/webdocs/publications/80894/eib-162.pdf?v=42684>. Accessed April 3, 2018.
45. US Department of Agriculture Economic Research Service. Rural Transportation at a Glance. https://www.ers.usda.gov/webdocs/publications/42593/30150_aib795_lowres_002.pdf?v=41262. Accessed April 3, 2018.
46. US Department of Health and Human Services Office of Inspector General. Improper Payments for Evaluation and Management Services cost Medicare Billions in 2010. <https://oig.hhs.gov/oei/reports/oei-04-10-00181.pdf>. Accessed April 3, 2018.
47. US Energy Information Administration. Beyond natural gas and electricity: more than 10% of US homes use heating oil or propane. <https://www.eia.gov/todayinenergy/detail.php?id=4070>. Accessed April 3, 2018.
48. Whited JD, Hall RP, Foy ME, et al. Teledermatology's impact on time to intervention among referrals to a dermatology consult service. *Telemed J E Health*. 2002 Fall;8(3):313-21. doi: 10.1089/15305620260353207.
49. Whitehead J, Shaver J, Stephenson R. Outness, stigma, and primary health care utilization among rural LGBT populations. Newman PA, ed. *PLoS ONE*. 2016;11(1):e0146139. doi: 10.1371/journal.pone.0146139.
50. Zhang X, Cotch MF, Ryskulova A, et al. Vision health disparities in the United States by race/ethnicity, education, and economic status: findings from two nationally representative surveys. *Am J Ophthalmol*. 2012 Dec; 154(6 0): S53-62.e1. doi: 10.1016/j.ajo.2011.08.045.