Alaska
Rural Primary Care Facility Needs Assessment

Volume I • Overview

Final Report

ALASKA RURAL PRIMARY CARE FACILITY NEEDS ASSESSMENT PROJECT

FINAL REPORT

VOLUME I

OVERVIEW

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LIST OF ACRONYMS

ACRH ..... Alaska Center for Rural Health
ADA ..... Americans with Disabilities Act
ANHB ..... Alaska Native Health Board
ANMC ..... Alaska Native Medical Center
ANTHC ..... Alaska Native Tribal Health Consortium
APCA ..... Alaska Primary Care Association
APCD ..... Alaska Primary Care Database
APCDS ..... Alaska Primary Care Data System
ARC ..... Appalachian Regional Commission
ARPCFNA ..... Alaska Rural Primary Care Facility Needs Assessment
BTU ..... British Thermal Unit
CDBG ..... Community Development Block Grant
CHA ..... Community Health Aide
CHAP ..... Community Health Aide Program
CHA/P ..... Community Health Aide/Practitioner
CHC ..... Community Health Centers
CLIA ..... Clinical Laboratory Improvement Act
C/MHC ..... Community/Migrant Health Center
DCED ..... Alaska Department of Community and Economic Development
DHHS ..... U.S. Department of Health and Human Services
DHSS ..... Alaska Department of Health and Social Services
HUD ..... U.S. Department of Housing and Urban Development
EMS ..... Emergency Medical Service
EMT ..... Emergency Medical Technician
FNAQ ..... Facility Needs Assessment Questionnaire
FQHC ..... Federally Qualified Health Centers
FTE ..... Full Time Equivalent
GIS ..... Geographic Information System
GSF ..... Gross Square Feet
HRSA ..... Health Resources and Services Administration
HTML ..... Hyper Text Markup Language
HVAC ..... Heating, Ventilation, and Air Conditioning
ICDBG ..... Indian Community Development Block Grant
IHS ..... Indian Health Service
M&I ..... Maintenance and Improvement
MLP ..... Mid Level Provider
MRP ..... Multi-disciplinary Review Panel
NFPA ..... National Fire Protection Association
O&M ..... Operation and Maintenance
PITS ..... Project Information Tracking System
RDM ..... Resource Distribution Methodology
RFP ..... Request for Proposal
RHC ..... Rural Health Clinic
SOW ..... Scope of Work
UBC ..... Uniform Building Code

UFC.....Uniform Fire Code
USDA.....U.S. Department of Agriculture
WIC.....Women, Infants, and Children
YKHC.....Yukon-Kuskokwim Health Corporation

PREFACE

The Denali Commission Act of 1998 (Division C, Title III, P.L. 105-277) created the Denali Commission (Commission). The Commission is an innovative federal-state partnership established by Congress to provide critical utilities, infrastructure, and economic support throughout Alaska. Its mission is to lower the cost of living --- and raise the standard of living --- throughout rural Alaska in the most cost effective manner possible. The Commission receives an annual appropriation from Congress and then, through its Commissioners, allocates these funds for specific projects. Criteria for funding and an annual work plan are developed with public participation. Priority is given to comprehensive, community based and regionally supported, sustainable projects. The original enabling legislation identified three areas of focus for the Commission including job training, economic development, and infrastructure development.

The Commission has seven members who are listed below.

- Fran Ulmer — Lt. Governor, State of Alaska and State Co-Chair
- Jeffrey Staser — Federal Co-Chair
- Mark Hamilton — President, University of Alaska
- Julie Kitka — President, Alaska Federation of Natives
- Mano Frey — Executive President, Alaska State AFL-CIO
- Kevin Ritchie — Executive Director, Alaska Municipal League
- Henry Springer — Executive Director (Retired), Associated General Contractors of Alaska

In general, the Commission is based upon a format similar to the Appalachian Regional Commission (ARC), which was created in 1965 to fulfill a similar mission for 13 eastern seaboard states. Of interest to the Denali Commission and Alaskans is that one of ARC's primary goals was to insure that: "Appalachian residents will have access to affordable, quality health care." As further evidence that Congress intended for the Denali Commission to address health care issues, amendments to P.L. 105-277 were enacted at the end of 1999 authorizing demonstration projects between the Commission and the U.S. Department of Health and Human Services (DHHS) --- that can extend beyond primary care facilities, e.g., into hospitals, mental health facilities, elder care and child care facilities (see Appendix I for

full text of referenced amendment). Accordingly, the Denali Commissioners adopted Resolution 00-01 on January 28, 2000 identifying rural health care facilities and services as the second area of focus or theme for infrastructure related projects funded and supported by the Commission. Their first infrastructure focus was rural energy projects.

The following report provides background on the goals and objectives of the Alaska Rural Primary Care Facility Needs Assessment (ARPCFNA) Project --- one of the first health care related initiatives undertaken by the Commission. It includes an initial estimate of the unmet need with respect to primary care facilities in rural Alaska, and describes the Alaska Primary Care Data System (APCDS) and Resource Distribution Methodology (RDM) developed as part of the project.

The following websites contain more specific information about the Denali Commission itself and the Rural Primary Care Facility Needs Assessment Project.

- *www.denali.gov*
- *www.apcds.org*

A. EXECUTIVE SUMMARY

In October 1999, the Denali Commission approved funding for a project with the Alaska Native Tribal Health Consortium (ANTHC) to develop an assessment of rural primary care facilities related needs throughout Alaska. The Commission and ANTHC subsequently formed a partnership with the State of Alaska Department of Health and Social Services (DHSS) and the Indian Health Service (IHS) to:

1. Build a statewide database of detailed information on rural primary care facilities and program services.

2. Develop a set of goals and guidelines that can be used as a benchmark for estimating the statewide unmet need related to primary care facilities.

3. Establish a resource distribution methodology for rural primary care facility projects funded through the Commission.

The purpose of this final report is to document the results of the Alaska Rural Primary Care Facility Needs Assessment (ARPCFNA) Project. The report includes an initial estimate of the unmet facility related needs.

A relational database has been developed that includes detailed information on primary care facilities and program services for 288 communities throughout rural Alaska (all locations with year-round populations greater than 20 and no existing in-patient facility). The final database and associated applications are being referred to as the Alaska Primary Care Data System (APCDS) which has the following capabilities.

- Web Enabled
- Ad Hoc Queries
- Graphical Analysis via a Geographic Information System (GIS) Component

A set of primary care program goals and space guidelines have been established for rural Alaska. These goals and guidelines (reference Tables 8 and 9 on pages 24 and 25) were used as a benchmark for establishing unmet, rural primary care needs for the state. Table 1

summarizes the new statewide space requirements derived from these goals and guidelines. Also included in the table is an allowance for 12 - 14 new multi-community clinics around the state where it may be more appropriate to construct a single but somewhat larger facility to serve several small communities within a common service area. This multi-community or "sub-regional" concept is a proven model and is being successfully implemented by entities such as the Yukon-Kuskokwim Health Corporation (YKHC). The last entry in the table is an estimate of the funding required to correct the backlog of needed renovations and repairs at existing rural primary care clinics.

Table 1: Unmet Need Data

Unmet Need Category	**Basis (GSF)**	**Amount (millions)[1]**
New Space at Individual Locations	305,000	$99
New Multi-Community Clinics	130,000	$52
Backlog of Repairs	330,000	$102
Total		**$253**

1. In terms of May 2000 dollars

The dollar estimates summarized above include design, construction, and equipment. They do not include unmet program needs (staffing and other operational costs).

A resource distribution methodology has been developed for prioritizing funds made available through the Denali Commission for primary care design and construction projects. Significant public and stakeholder input was solicited during the development of this management tool. The three-part process is outlined below.

Part I: Community Prioritization

Comparison of all eligible communities based on data in the APCD and a prioritization formula that includes seven factors.

1. Facility Related Deficiencies
2. Overall Regional Health Status
3. Isolation
4. Dependency Ratio (Ratio of Young and Old to Working Age Residents)

5. Economic Status
6. Local Incidence Rates of Trauma Related Hospitalizations
7. Seasonal Population Increases

Part II: Proposal Review and Capability Measurement

Based on available funding, a short-list of communities from the top of the Part I prioritization list will be invited to submit detailed project proposals. Proposals will be evaluated by a multi-disciplinary review panel (MRP) with respect to the following criteria.

1. Local Support for Project
2. Site Availability and Control
3. Utility Extension Plan
4. Cost Sharing
5. Service Delivery Plan
6. Business Plan
7. Facility Related Deficiencies
8. Consistency With Overall Community Development Plan
9. Multi-use Components of Project
10. Project Management Plan

If proposals are determined to be inadequate with respect to any of these factors and/or specific data needs to be verified, the proposal will be referred back to the community for amendment. In these instances, recommendations may be provided on where to secure technical assistance to develop the appropriate amendments. Based on the Part II results, an annual approved project list will be published.

Part III: Funding

Funding agreements and transfers will be initiated once the Denali Commission's Program Manager has determined that all appropriate planning, design, permit and construction related documents are in place.

The recommended methodology is intended to be an equitable system for the distribution of federal funding to those communities with the greatest need, recognizing that the successful delivery of health services includes the ability of a community to operate and maintain the facility over the long term. More detail on the distribution methodology can be found beginning on page 31. Appendix XII contains the FY01, Part I Community Prioritization.

In September 2000, the Denali Commission selected ANTHC as the Program Manager for the APCDS and most of the rural primary care facilities related projects funded through the Commission. ANTHC is providing a database administrator who will maintain the APCDS. The four primary partners in the project will have full access to all data in the system. For data confidentiality reasons, other organizations and/or the general public will only have access to aggregate data summarized on a regional or service area basis.

B. BACKGROUND

In most parts of the country, the highest cost of delivering health care service is found in urban areas. This does not hold true in Alaska where rural residents generally face higher costs than those found in the state's major population centers. Rural residents are isolated from the regional hospitals and health centers by immense distances, climatic extremes, and geographic barriers.

Initial access to either the native or private health care system for most rural residents in Alaska is through a small, village-built clinic facility. Most are locally staffed with a Community Health Aide / Practitioner, funded in part by IHS. Services are generally limited to basic primary care and emergency medical treatment. Most clinics do not provide behavioral or dental health services. The IHS provides minimal lease funds (typically $20,000 annually to a community) for some 168 such facilities to cover basic utility and janitorial costs. IHS has no recurring capital improvement program for these facilities. A large number of these facilities are in need of repair, renovation or replacement. Many are not even connected to a water and wastewater system. Small, non-native communities scattered around the state have similar facility and program issues. In 1994, DHSS compiled basic information on most village health clinics in the state (reference *DHSS Village Health Clinic Survey*). Of the 174 facilities that were subjectively "rated" with respect to physical condition, approximately 33 percent were categorized as needing replacement or major renovation. Seventy-nine facilities (40 percent) were still using a honey bucket and/or pit privy system for sewage disposal. Currently no one federal or state agency is tasked with oversight or prioritization of improvements for these facilities. There are unmet needs both with respect to program and facility funding.

There has never been a comprehensive one time or recurring funding source to build or renovate primary care clinics for rural Alaska. Nor can small rural communities participate in the normal (and backlogged) IHS health facilities priority system, which is solely for building and replacing regional and referral facilities. The limited capital funding made available for rural clinic projects to date has come largely from the U.S. Department of Housing and Urban Development (HUD) - Community Development Block Grant (CDBG)

Program, Department of Agriculture (USDA) - Rural Development Loan Program, special state appropriations, and/or commercial loans. At best, communities are usually forced to patch a project together from several sources. More often, projects are either put on hold due to a lack of funding or significant compromises made with respect to space and/or construction standards.

C. NEEDS ASSESSMENT PROJECT

C.1.0 Authorization and Funding

In October 1999, the Commissioners approved funding for a project with ANTHC to produce an assessment of rural primary care facility related needs throughout the state. ANTHC offered to provide project management and a portion of their own funds for the effort. In light of its mission to provide federal services for all of Alaska, the Commission and ANTHC sought the participation of the Alaska DHSS. After DHSS agreed to collaborate on the project, the three parties then sought the participation of the IHS based upon their long history and in-depth knowledge of rural primary care programs and facilities. On February 24, 2000, the four partners finalized an agreement for carrying out the ARPCFNA Project.

C.2.0 Objectives and Schedule

The needs assessment project had three main goals.

1. Build a statewide database of detailed information on rural primary care facilities and program services.

2. Develop a set of goals and guidelines that can be used as a benchmark for estimating the statewide unmet need related to primary care facilities.

3. Establish a resource distribution methodology for rural primary care facility projects.

An overall schedule for the project appears below.

Table 2: Project Milestones (Calendar Year 2000)

Task	Start	Finish
Scoping and Project Start-Up	January	February
Establish Criteria	January	May
Data Collection	March	August
Design and Develop Database	April	July
Interim Report	July	
Develop Methodologies	May	September
Design and Develop Computer Applications	March	September
Final Report	October	

Information from the needs assessment project will be used by the partners to seek funding for both improvements and/or new facilities and primary care service enhancements. In the event Congress looks favorably on the results of the assessment, the distribution methodology should guide federal, state, municipal, and tribal managers on which projects to fund and in what order.

C.3.0 Project Team

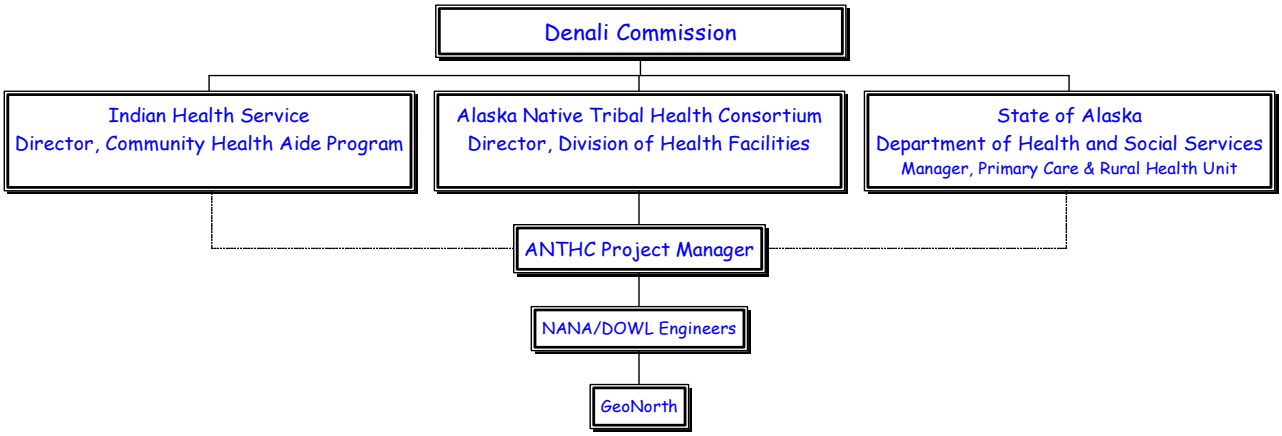
A project Steering Committee was formed that included representatives from the Denali Commission, ANTHC, IHS, and DHSS. A project organizational chart and primary contact list appears below.

Table 3: Primary Contacts

Name	Organization	Position	Phone	e-mail
Joel Neimeyer, PE	Denali Commission	SC	(907) 271-1414	jneimeyer@denali.gov
Pat Carr, MPH	DHSS	SC	(907) 465-8618	pat_carr@health.state.ak.us
Torie Heart, MS, RN	IHS	SC	(907) 729-3642	vheart@anmc.org
Rick Boyce, PE	ANTHC	SC	(907) 729-3601	rboyce@anthc.org
Gary Kuhn, PE	ANTHC	Project Manager	(907) 729-3604	gkuhn@anthc.org

SC = Steering Committee Member

Figure 1. Alaska Rural Primary Care Facility Needs Assessment Project Organizational Chart



ANTHC was tasked with the overall responsibility for developing a work plan and schedule to meet project goals. ANTHC and the Steering Committee received assistance from two primary consultants during the project: NANA/DOWL JV (health facility expertise) and GEONORTH, LLC (database design). These services were obtained through an existing indefinite delivery contract between ANTHC and NANA/DOWL. The Commission and ANTHC agreed to use this contract in order to expedite the project and meet the key milestone dates.

C.4.0 Basic Criteria

The project addressed needs in all native and non-native communities in the state that met the following basic criteria:

- Year-round community population of at least 20 individuals.
- No local in-patient health care facility.

In order to provide some practical limits to the assessment, the parties agreed to study only those communities without a local in-patient facility, i.e. a hospital. The assumption is that, in general, primary care services are available in these communities at a significantly higher level than most rural, “non-hospital” communities. A population threshold of 20 was used since the IHS has a program to lease clinic space from villages with 20 year-round residents or more. The parties accepted this existing federal program criterion as a reasonable lower community population limit for the needs assessment.

A list of the 288 communities meeting the above criteria appears in Appendix II. Both an alphabetical and ascending population sort are presented. The population figures are 1999 values as reported by the State Department of Community and Economic Development (DCED).

C.5.0 Website

A website was developed to facilitate communications during both the Needs Assessment Project and follow-on program implementation. The website has two levels; one for the general public and a more detailed one for use by the project / program management team. The current address is: *http://www.apcds.org*

C.6.0 Public and Stakeholder Input

The Steering Committee determined early on that developing public support through outreach to stakeholders and other interested parties would be essential to the success of the Needs Assessment Project. Accordingly, committee meetings were open to the public. The project team also conducted five regional workgroups during May. The primary purpose of these workgroups was to collect input and ideas on the factors used to develop a statewide resource distribution methodology for facilities related projects. Open workgroup meetings were held in Anchorage, Juneau, Fairbanks, Kotzebue, and Bethel. As well, there was a special statewide public meeting conducted on July 11 via both a teleconference with the twenty-two Legislative Information Office sites and a facilitated meeting at the Loussac Library in Anchorage. The partners also had on-going communications with interested organizations and individuals throughout the project by way of special mailings and presentations at related meetings (e.g., State MEGA meetings, Alaska Native Health Board [ANHB], Primary Care Partnership, and Community Health Aide Program [CHAP] Certification).

C.7.0 Phase II - Primary Care Program Development and Support

In September 2000, the Steering Committee presented a proposal to the Denali Commission for a Phase ll Primary Care Program Development and Support project to build on the program data collected as part of the initial needs assessment described in this report ("Phase

1"). The Phase ll scope of work focuses on working with communities to develop and support primary care programs. Public testimony received during Phase 1 emphasized the necessity for developing and supporting primary care programs as a complimentary component to the construction, renovation, and repair of primary care facilities.

C.8.0 Beyond Primary Care Facilities

It is anticipated that the work of the Denali Commission and their health care partners will be expanded to investigate other health related service delivery and infrastructure gaps in rural Alaska. There are unmet needs beyond those identified in this report and/or additional communities that should be evaluated. Undertaking this additional work would be consistent with the intent of federal legislation passed at the close of the 1999 Congressional calendar authorizing demonstration projects between the Commission and U.S. DHHS --- that can extend beyond primary care facilities (e.g. hospitals, mental health facilities, elder care, and child care facilities).

D. QUESTIONNAIRE

D.1.0 Overview

A Facility Needs Assessment Questionnaire (FNAQ) was developed and mailed to all 288 communities meeting the basic project criteria during the last week of March 2000. Copies of the questionnaire were also made available to Regional Health Corporations and Boroughs. All data received by September 1 was entered into the database and used to develop both the unmet need estimate and the FY 2001 community priority list. The Steering Committee encourages all 288 communities to submit responses; questionnaires are still being accepted. Communities submitting after the deadline will be eligible for subsequent fiscal year funding. Three mechanisms are available for submitting data: (1) Internet, (2) hard copy via mail, and (3) hard copy via FAX.

The FNAQ has an introductory section that requests information on the number of organizations/programs providing primary care services in the community and the total number of facilities being used to support these services. The body of the questionnaire is divided into two main sections that address current status and additional needs with respect to

facilities and services / programs. The Steering Committee agreed that a review of program needs must be a part of any facility condition and/or additional space needs evaluation. A summary of the Sections and Subsections in the main questionnaire appears below. A full copy of the questionnaire appears in Appendix III.

***Facilities*:**

- Basic Data
- Ownership / Lease Data
- Physical Deficiencies
- Space Related Deficiencies
- Medical Equipment Deficiencies
- Utility and Maintenance Data

Data from these sections were used to calculate the unmet need compared to the space guidelines developed as part of this project. Data were also used to estimate the backlog of repairs for existing space. The methodology to prioritize communities and distribute resources utilized some of this data.

Program:

- Services Provided and/or Needed
- Patient Transportation Data
- Program Administration Data
- Support Services Delivery Location and Mechanism
- Staffing Provided and/or Needed
- Clinical Caseload (Workload) Data
- Extended Patient Stay Data
- Living Quarters Information
- Telehealth Information

As discussed in Section C7.0, the program data collected via the FNAQ will become the basis for additional research and analysis under a Phase II assessment project. It is envisioned that this data will be instrumental in the development of program advocacy and

support strategies for numerous organizations and entities around the state involved with primary care issues.

D.2.0 Response Rate

The following is a summary of the responses received and entered into the database as of September 1, 2000.

Table 4: FNAQ Response Summary as of September 1, 2000[1]

Communities Responding To General Section	218
Total Program Section Responses	194
Total Facilities Section Responses	183

This represents a total response rate on the order of 76 percent. Numerous efforts were made (via phone, fax, and mail) to contact all locations that did not initially respond to the questionnaire. Documentation on the results of these efforts is on file at ANTHC. It should also be noted that some communities had multiple organizations, programs, and/or facilities.

E. ALASKA PRIMARY CARE DATA SYSTEM

The database and applications developed as part of the project are collectively referred to as the *Alaska Primary Care Data System* (APCDS). This is a web-enabled system comprised of the following core components.

- The Alaska Primary Care Database (APCD), containing all questionnaire responses and other relevant data from multiple external resources.
- An ad hoc query tool that facilitates data analysis and allows Primary End Users to create a variety of reports.
- A Geographic Information System (GIS) that provides for the graphical presentation of data.
- Applications for calculating unmet need and prioritizing communities.

The primary software used to develop the APCDS tools and applications are summarized in Table 5.

[1] As of October 20, the number of responses were 220, 196, and 185, respectively.

Table 5: APCDS Software

Name of Software	Purpose
SQL Server	Database platform
Cold Fusion	Web development language
QueryMill™	Ad hoc query tool
MapObjects Internet Mapping Server	Enables development of custom GIS applications
MapOptix™	Web-enables graphical and tabular information

E.1.0 Alaska Primary Care Database

Obtaining data from existing database resources was a key requirement for the development of the APCD. Various state and federal sources were reviewed and selected to provide additional data content for a variety of research and reporting needs. The following table summarizes the major data resources utilized for the APCD.

Table 6: APCD Data Resources

DATA CATEGORY	PRIMARY SOURCE	SECONDARY SOURCES	% of APCD
General Community Information	State DCED		85
Access	State EMS System	State DCED	
Existing Clinic Facility Information	FNAQ	IHS and 1994 State Survey	
Existing Health Program Information	FNAQ	State Public Health Nursing Survey	
Demographics	State DCED		15
Health Status Indicators	State DHSS		

The data content extracted from all external data resources is static, i.e. a one-time data download from each resource. The technology to create dynamic links to a variety of resources is available; however, this capability was not necessary since APCD updates will only be accomplished on an annual or semiannual basis.

A web-enabled application was developed for the APCD since the end users are geographically dispersed throughout the state. SQL Server was the underlying technology used to build the APCD. SQL Server is highly compatible with Access, Excel, GIS software and web applications, as well as many SQL compliant query tools. SQL Server was selected because it is a robust system and many of the external data resources and systems currently in place are already in SQL Server or Access. Also, the APCD had to be built in a manner that would support easy to learn solutions and require minimal help from support personnel at project turnover. Currently the APCD has 106 data tables and contains 1,447 data columns. In addition, it contains 32 views for querying with 747 data columns, and 12 QueryMill-specific tables with 88 data columns. The current size of the database is approximately 21.5 MB.

E.2.0 Queries and Reports

The APCDS provides both standard and ad hoc query and reporting capabilities. The various standard reports, such as the Unmet Need Report, are static reports in read-only format with limited access depending on the user's security level. Raw Data Reports are another example of standard reports. They contain all of the supporting data used to generate one of the summary reports, such as the Unmet Need or Part I Community Prioritization.

Ad hoc queries enable the Primary End Users to create a wide variety of unique reports depending on their specific area of interest. The query tool allows individual analyses to be saved and recalled at a later date. It also allows Primary End Users to share query results electronically. The primary categories for initiating queries are listed below.

- Census Area
- Borough
- Regional Health Organization
- Community
- State Election Districts, both House and Senate
- Data Dictionary

Each major category is further subdivided to refine the query. Ultimately, any query report can be produced in either MS Word, MS Excel or Hyper Text Markup Language (HTML)

format as specified by the Primary End User. Since this was a statewide project, Census Areas (see Appendix IV) have been designated as the primary method for organizing and summarizing data.

While analysis of the information collected during this Needs Assessment was beyond the scope of the project (except for unmet need estimates and an initial community prioritization). Appendix V contains a sample ad hoc query report. It is a summary by House Election District of all Emergency Medical Service (EMS) Level I and II communities with clinics that are not equipped to accommodate over night patients or have no existing clinic facility at all.

E.3.0 Geographic Information System

The APCDS includes a GIS component that provides for the graphical presentation of data using the following geographic boundaries:

- Census Areas
- State Election Districts, both House and Senate
- Boroughs

It can also display the following information for individual locations:

- Regional Health Organization Affiliation
- Unmet Need
- Communities With Hospitals
- Communities Without Any Primary Care Facilities

These layers are in addition to routine map elements such as major rivers and highways. The GIS application can be easily enhanced to meet future, additional requirements.

E.4.0 Access to Data

In September 2000, the Denali Commission selected ANTHC as the Program Manager for the APCDS and most of the rural primary care facilities related projects funded through the Commission. Accordingly, the APCDS was recently installed on a server at ANTHC. ANTHC is providing a database administrator who will maintain the system. The four

primary partners in the project will have full access to all data in the APCDS. For data confidentiality reasons, other organizations and/or the general public will only have access to aggregate data summarized on a regional or service area basis.

F. PUBLISHED PROGRAM GUIDELINES AND REGULATIONS

As with many issues related to the delivery of health care services, Alaska is unique. National recommendations, where they exist, do not adequately provide for the variables encountered in Alaska with respect to remoteness, weather, and lifestyle. Therefore, most national standards and guidelines that do exist must be adapted for use in Alaska or not used at all. The recommended program goals in this report were developed after a review of the following.

(1) Federal Section 330 Community Health Center Program

(2) DHSS "Community Levels-of-Care" system

(3) IHS Community Health Aide Program

(4) Alaska Assistance for Community Health Facilities Program

(5) Federal Rural Health Clinic Program

F.1.0 Federal Community Health Center Program

Community health centers (CHCs) are publicly funded organizations that provide primary health and related services to residents of a defined geographic area that is medically under served. Community health centers are authorized under Section 330 of the Public Health Service Act (42 USC, 254b.). Section 330 was revised in 1996 by the Consolidated Health Centers Act, which combined community health centers with migrant health centers, health care for the homeless, and public housing health care programs. The CHC program is administered by the U.S. DHHS, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care.

Community health centers are required by law to provide primary health services and additional health services as necessary to the residents of the area served by the center. Primary health services are defined as 1) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology, 2) diagnostic laboratory and radiology services, 3) preventive health services, 4) EMS, and 5) pharmaceutical services. Additionally, primary health services include patient case management services, enabling services such as transportation and language translation, patient education, and referrals to providers of substance abuse and mental health services

The guidelines for health center structure, population served, service area, services provided, personnel, financial characteristics, organizational arrangements, governance, community participation, and referral systems are specified by the Bureau of Primary Health Care.

CHCs are recognized as federally qualified health centers (FQHCs). FQHCs meet statutory requirements for receiving federal community or migrant health center grant or health care for the homeless program funds. Certification as a FQHC reserves a health center's right to cost-based reimbursement for Medicaid services in states which have not received special waiver provisions. Health centers receiving federal Community/Migrant Health Center (C/MHC) funding are automatically eligible for certification as Medicaid and Medicare FQHCs.

The information included in the Consolidated Health Center Act of 1996 and the guidelines issued by HRSA, Bureau of Primary Health Care, were instrumental in defining the program related questions and establishing the program goals for this Rural Primary Care Needs Assessment Project.

F.2.0 State Emergency Medical Service Program

Alaska EMS Goals (February 1996) describes Community Levels-of-Care and makes recommendations for EMS services. It is based on a regional approach / organization as described in the 1984 *Alaska State Health Plan.* This approach identifies appropriate health resources and services for five community levels. These are:

Table 7: Community Levels

LEVEL	DESCRIPTION	POPULATION IN IMMEDIATE COMMUNITY
I	Village	50 – 1,000
II	Sub-Regional Center	500 – 3,000 +
III	Regional Center	2,000 – 10,000 +
IV	Urban Center	10,000 – 100,000
V	Metropolis	100,000 +

There is no counterpart to the EMS goals document, which makes a recommendation on the level of primary care services that should be provided in Alaska communities. A key discriminator in establishing EMS levels of service is how people get to and from a community, i.e. access. The *EMS Goals* document identifies communities as either "Isolated" or "Highway". Highway refers to those major roadways in the state, including:

- Alaska
- Copper River
- Dalton
- Denali
- Edgerton/McCarthy Road
- Elliott
- George Parks
- Glenn
- Haines
- Klondike
- Richardson
- Seward
- Steese
- Sterling
- Taylor/Klondike Loop
- Marine

The Marine Highway is Alaska's marine transportation system, which provides year-round ferry service to Alaska's coastal communities and to Washington and British Columbia. A map showing the major roadways in relation to organized boroughs within the State appears in Appendix VII.

F.3.0 IHS Community Health Aide Program

The IHS has the responsibility for providing health care services to Alaska Native and American Indian beneficiaries in Alaska. The total beneficiary population is 17 percent of

the state's population. Historically, the Alaska Native population lived mainly in the more isolated village communities.

The Community Health Aide Program (CHAP) was developed in the 1950s in response to a number of health concerns including the tuberculosis epidemic, high infant mortality, and the high rate of injuries in rural Alaska. In 1968, the CHAP received formal recognition and congressional funding. The program was established under the authority of 25 U.S.C. §16161. The long history of cooperation and coordination between federal and state governments and the Native regional health corporations has facilitated improved health status in rural Alaska. The CHAP is considered a model for delivering primary health care services in a remote area. In addition to strong training and supervision components, there is an established referral relationship that includes mid-level providers, physicians, regional hospitals, and the Alaska Native Medical Center (ANMC). One hundred forty (140) villages with less than 500 population have a clinic facility staffed by Community Health Aides / Practitioners (CHA/P) providing primary care and emergency medical services. Another 38 communities with a population greater than 500 have a Community Health Aide (CHA) clinic. In the non-Native health care delivery system, there is no model. Communities vary in their level of organization, resource base, and ability to partner with other agencies to provide primary care and emergency services at the local level.

F.4.0 Alaska Assistance for Community Health Facilities Program

The Assistance for Community Health Facilities Program is outlined in Alaska Statute (AS 18.23.100 and 18.25.010 – 18.25.120) and Alaska Administrative Code (7 AAC 13.010 – 13.140 and 13.845 – 13.900).

The scope of authority is subject to legislative appropriation and the provisions of AS 18.25.070-18.25.110. The Alaska DHSS awards grants to assist in the operation of community health facilities when there are operational deficits. Statutes outline the requirements of facilities that are receiving monies such as the application procedure, an overview of service areas to be considered, government and advisory boards, collection of fees for services, self-sufficiency issues, coordination and non-duplication issues, capital expenditures, other monetary issues, and personnel.

The Assistance for Community Health Facilities Program through the Alaska DHSS currently supports grants to 12-15 communities to partially support primary clinics. Most of the funds are used to help cover salaries of mid-level practitioners. Primary care clinics follow state statutes, regulations, and program guidelines in the areas of administration and program reporting.

F.5.0 Federal Rural Health Clinic Program

In 1977, Public Law 95-210 was enacted by Congress and authorized Medicare and Medicaid reimbursement to non-physician primary care practitioners in rural health clinics. This program was created because many isolated rural communities are not able to attract or retain physicians. Congress recognized that many clinics were staffed by non-physician providers who were not covered by Medicare unless they were under the immediate supervision of a physician. There was concern was that these clinics would never become self-sufficient; they would continue to have financial difficulties and may be forced to close.

The Rural Health Clinic (RHC) Program is one of the few federal programs that is able to address under-service in small communities that do not have a traditional health care system in place. The RHC program is administered nationally by the Health Care Financing Administration.

In Alaska, the RHC certification process is administered by the DHSS, Division of Medical Assistance, Health Facilities Licensing and Certification.

Guidelines for the RHC Program and the Rural Health Clinic Survey Reports were considered in the development of the ARPCFNA program goals described in this needs assessment final report.

G. PUBLISHED SPACE STANDARDS AND GUIDELINES

Specific space planning information was collected from recent projects and existing institutional / organizational standards (e.g. prototype designs produced by the Yukon-Kuskokwim Health Corporation (YKHC), Maniilaq Association, North Slope Borough, DHSS Public Health Nursing Center Design Standards, etc.). That data is summarized in

Appendix VIII. It includes summary information for a full range of clinic sizes, from small up to and including multi-community (sub-regional) facilities.

H. ALASKA RURAL PRIMARY CARE GOALS

Based on a review of the existing program and space guidelines, standards, and regulations summarized above, the Steering Committee developed the general Rural Primary Care Program Goals and Space Guidelines outlined in Tables 8 and 9. These criteria are presented as a minimum benchmark. The detail provided should not be interpreted as a prescriptive design standard. These are general guidelines only. They were used for estimating unmet needs and establishing criteria for the funding of projects through the Denali Commission.

It should be noted that permanent staff quarters are not included in the recommendations based on the assumption that these facilities are more appropriately provided by private individuals and/or businesses in the community.

Table 8: Minimum Program Goals

EMS CATEGORY			POPULATION		
			20 - 100	101 - 500	> 500[1]
Access		Community Level	Space Guideline Small = 1,535 GSF Medium = 1,990 GSF Large = 2,460 GSF		
Designation	Description				
Isolated	Limited air / water access and / or Road access > 60 miles; Daily air/water access	**I & II**	Small	Medium	Large
Highway	Considered a subregional center **and** < 60 minutes travel time to next care level	**II**		Medium	Large
Highway	< 60 minutes travel time to next care level	**I**	*EMS Only*	Designated Itinerant Space[2]	Medium

1. Some communities in this population range may be candidates for multi-community or sub-regional centers. While services, staffing & square footage will be unique for each individual subregional center, a general guideline of 10,000 GSF is recommended.
2. 500 GSF of designated space in community building, school, etc.

STAFFING	Dedicated Itinerant Space	Small Clinic	Medium Clinic	Large Clinic
Resident Providers	EMT	EMT CHA/P	EMT CHA/P	EMT CHA/P MLP
PHN	Itinerant	Itinerant	Itinerant	Itinerant
Dental	Itinerant	Itinerant	Itinerant	Itinerant

PROGRAMS AND SERVICES[3]	Dedicated Itinerant Space	Small Clinic	Medium Clinic	Large Clinic
Basic EMS	X	X	X	X
Preventive Health Screenings	X	X	X	X
Other Preventive Health Services		X	X	X
Basic Primary Care		X	X	X
Limited Laboratory & Pharmacy		X	X	X
Patient Case Management			X	X
Outreach, Transportation & Interpreter			X	X
Community Health			X	X
Advanced EMS			X	X
Limited Radiological				X
On-site Administration & Support				X

[3] *See Pages 14-17 and 20 of FNAQ (Appendix III) for more detail*

Table 9: Space Guidelines

	Designated Itinerant Space			Small Clinic			Medium Clinic			Large Clinic		
Purpose / Activity	**Size**	**#**	**Net Area (SF)**	**Size**	**#**	**Net Area (SF)**	**Size**	**#**	**Net Area (SF)**	**Size**	**#**	**Net Area (SF)**
Arctic Entries			0	50	1	50	50	2	100	50	2	100
Waiting / Reception / Closet	150	1	150	100	1	100	150	1	150	170	1	170
Trauma / Telemedicine / Exam	200	1	200	200	1	200	200	1	200	200	1	200
Office / Exam			0	150	1	150	150	1	150	150	2	300
Admin./Records			0			0	110	1	110	110	1	110
Pharmacy / Lab			0	80	1	80	80	1	80	80	1	80
Portable X-ray			0			0			0	40	1	40
Specialty Clinic / Health Education / Conference			0	150	1	150	150	1	150	150	1	150
Patient Holding / Itinerant Sleeping Room			0	80	1	80	80	1	80	150	1	150
Storage	150	1	150	80	1	80	100	1	100	120	1	120
HC Toilet	Access To			60	1	60	60	2	120	60	2	120
Janitor's Closet	Access To			30	1	30	30	1	30	30	1	30
Subtotal			500			980			1,270			1,570
Circulation & Net to Gross Conv. Factor @ 45%						441			572			707
Subtotal (GSF)			n/a			1,421			1,842			2,277
Mechanical Space @ 8%						114			147			182
Total Heated Space			**500**			**1,535**			**1,989**			**2,459**
Morgue (unheated enclosed space)			0	30	1	30	30	1	30	30	1	30
Exterior Ramps, Stairs, Loading Area	HC Accessible			As Required			As Required			As Required		

I. UNMET NEED

I.1.0 Additional Space for Individual Locations

The unmet space need for individual locations was derived by subtracting the existing square footage at that location from the appropriate space standard in Table 9. The cost of this new space was calculated using the following algorithm.

$$C = S \times B \times Z \times LI$$

Where:

C = **Cost of Additional Space**

S = **Additional Space Need = Space Standard - E**

E = **Existing Square Footage**

B = **Unit Construction Cost** of new clinic space in Anchorage (construction only)
= $183.20 per gross square foot (May 2000 dollars)

Z = **Other Project Cost Factor** (accounts for design, movable equipment and furniture, construction inspection and contingencies), expressed as a decimal percentage of B
= 1.45

LI = **Location Index** (adjusts Anchorage base costs to specific locations)

The unit construction cost and location factors were developed by Estimations, Inc., a professional cost estimating firm with extensive rural Alaska experience. As a check on the base unit cost and the location indices, an algorithm estimate was compared to the actual bid costs for the new 2,430 gross square feet (GSF) clinic in Noorvik. This project is now complete and occupied. The May 1999 bid price reduces to $320.93 per GSF when adjusted to the spring of 2000 at an annual inflation rate of 2.5 percent. This compares very well with the algorithm estimate of $320.60 per GSF (construction only).

The total, statewide unmet need based on the algorithm is 305,000 GSF, which extends to $99M. These costs include and/or assume the following:

- Site Work
- Design Fees
- Permits
- Construction Inspection

- Construction Contingency
- Communications System
- Movable Medical Equipment and Furnishings
- Competitive Pricing on Construction
- Prevailing State Construction Wage Rates

They do not account for:

- Land Acquisition
- Off site Utility or Road Extensions
- Special Purpose Equipment (e.g. radiography, dental)
- Special Local Taxes

I.2.0 Multi - Community and/or Larger Facilities

A preliminary analysis indicates that there are probably 12 – 14 locations around the state where it may be more appropriate to construct a single but somewhat larger clinic, which in most cases would serve several small communities within the same service area (above and beyond these types of facilities that are already in place or currently under construction). This multi-community or "sub-regional" concept is a proven model and is being successfully implemented by entities such as the YKHC. Assuming a 10,000 GSF new facility and applying an average location factor of 1.5 yields a total multi-community facility unmet need of $52M.

I.3.0 Backlog of Repairs

The total cost to correct deficiencies (other than new space) at existing facilities was estimated based on the deficiency data for each facility in the APCD. The FNAQ had requested data on each of the following eight categories and an overall condition rating.

- Structural
- Mechanical
- Electrical
- Energy Management
- Handicap Access
- Site / Environmental
- Fire / Life Safety
- Floor Plan

The *1994 State Clinic Survey* also contained an overall "status" rating for most rural clinics in the state. Each facility was evaluated against the following three algorithms in the process of assigning an estimated backlog repair cost to it. If a facility did not fall into one of these categories or if insufficient data was available to run the algorithm, then it was assigned a backlog cost of zero.

1. If data in the APCD indicated that a facility needed "replacement" or was in "poor" condition, then the new space algorithm was applied to the existing space, i.e.

$$BRC = E \times B \times Z \times LI$$

2. If data in the APCD indicated that a facility had "deficiencies needing correction", needed "major renovation" or was in "fair condition", then the following algorithm was applied to the existing space.

$$BRC = E \times K \times Z \times LI$$

3. If actual cost estimate data was submitted in response to the FNAQ, and it exceeded either of the above, then BRC was set equal to that self reported value.

In these algorithms:

BRC = Backlog Repair Cost

K = Base Renovation Cost = $119.08 per gross square foot

The base renovation cost of $119.08 is 65 percent of the Anchorage based unit cost for new construction, i.e., 0.65 x (B). The IHS Health Facility Budget Estimating System uses this factor for renovations that involve the replacement of interior walls and finishes. This is the "middle" factor in the IHS system; they use 25 percent for projects that only involve the upgrade of finishes, but 85 percent where facilities are completely gutted on the interior and then rebuilt.

The total estimated cost to correct existing deficiencies based on this methodology is $102M for 330,000 square feet of evaluated space. This figure includes design, construction, equipment and contingencies.

As more accurate and site specific code and condition data is collected by ANTHC in support of the Denali Commission's primary care facilities program, it will be entered into the APCD. Through this process, the statewide unmet need estimate will be continuously refined and updated.

I.4.0 Routine Maintenance and Improvement

The IHS methodology for identifying the annual maintenance and improvement (M&I) funding requirement for health care facilities is based on the "Oklahoma Formula". This is a methodology developed at the University of Oklahoma specifically for health care facilities. It estimates the recurring annual cost for benchstock supplies and materials, service contracts, in-house repairs and minor renovations, routine replacement of fixed equipment, and maintenance training. It does not include wages for maintenance staff or the cost of utilities. The methodology is summarized below.

$$M\&I = S \times B_1 \times CC \times UI \times LI$$

Where:

M&I = **Annual Maintenance & Improvement Funding**

S = **Additional Space Need = Space Standard - E**

E = **Square Footage of Facility**

B_1 = **Unit Cost** of new clinic space in Anchorage (design and construction)
= $262.32 per gross square foot (March 2000 dollars)

CC = **Construction Classification**

UI = **Use Intensity**

LI = **Location Index** (adjusts Anchorage base costs to specific locations)

Applying this methodology to the total existing and total new space requirements using a construction classification factor of 0.0175 (wood frame), a use intensity of 1.00 (moderate), and an average location index of 1.5 results in a total annual M&I requirement of approximately $5M.

Apart from the work of the Denali Commission, there should be an evaluation of the IHS Village Built Clinic appropriation currently being used to lease clinics in support of the CHA

Program and its relationship to the M&I unmet needs reported here. There is some question about whether or not the lease funds being provided are sufficient to warrant these arrangements being classified as true full service leases. In communities without an IHS leased clinic, there is in all likelihood, even less chance that an adequate routine M&I funding stream is available. In the long term, this issue could represent a significant unmet need for all program providers and/or communities in rural Alaska.

I.5.0 Summary

Appendix IX contains an unmet need summary by census area. A statewide summary appears below.

Table 10: Unmet Need Data

Unmet Need Category	Basis (GSF)	Amount (millions)	Type
New Space at Individual Locations	305,000	$99	Capital
New Multi-Community Clinics	130,000	$52	Capital
Backlog of Repairs	330,000	$102	Capital
Subtotal		$253	Capital
Routine Maintenance and Improvement	765,000	$5	Recurring

J. RESOURCE DISTRIBUTION METHODOLOGY

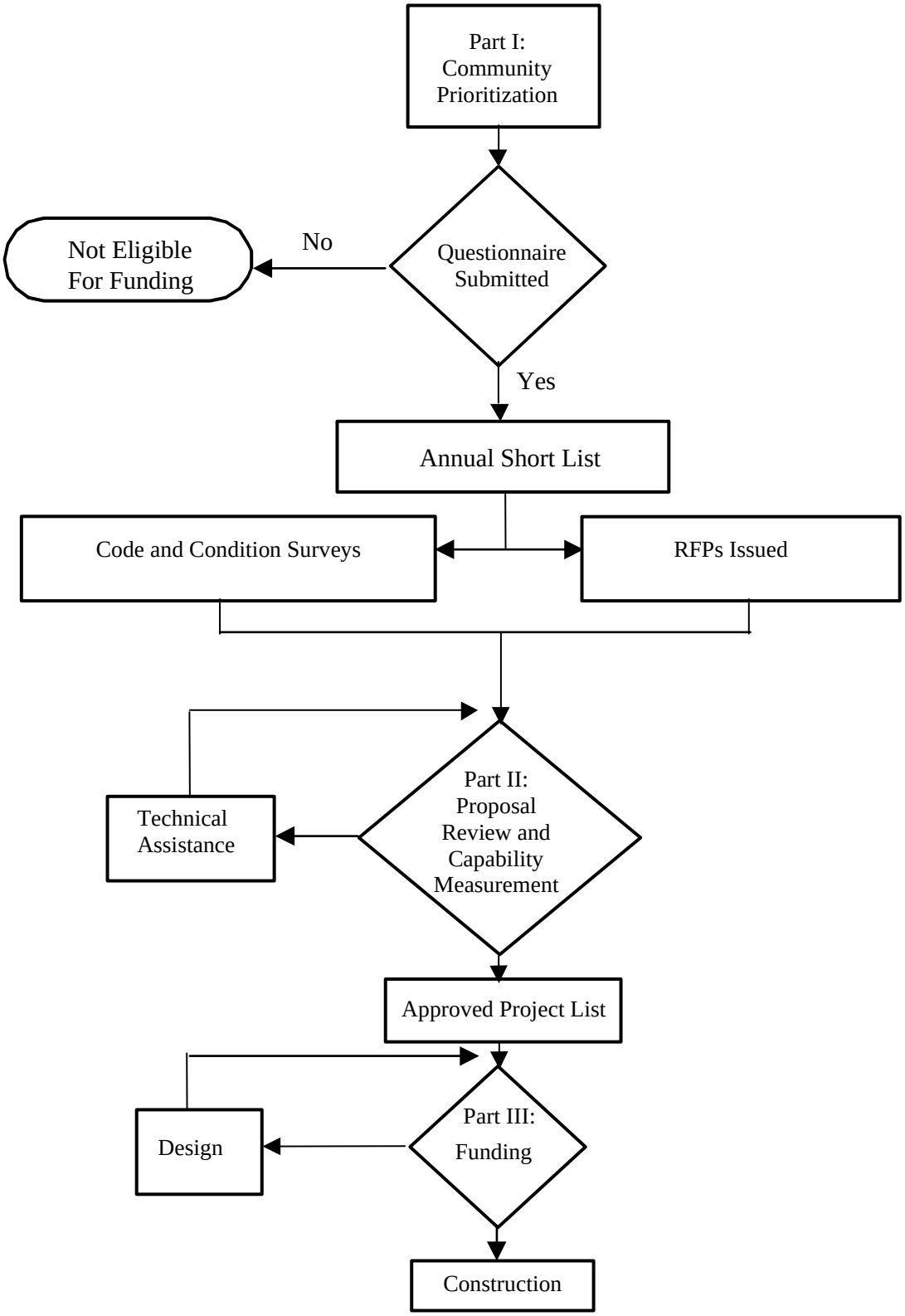
The Steering Committee has developed a three part process for funding "small", individual community primary care facilities projects through the Denali Commission[1]. Figure 2 is a simplified flowchart of the process. A preliminary multiple year schedule appears in Appendix X. Facilities constructed using Denali Commission funds must be operated by not-for-profit entities, and everyone in the service area must have access to the primary care services provided in the facility. Projects funded through this methodology may include the following, but are limited to a total of one million dollars.

- Planning and Pre-Design
- Design
- Repair of Existing Structures
- Renovation and/or Expansion of Existing Structures
- Construction of New Facilities
- Non-expendable Medical Equipment

This methodology will be reviewed annually by the Steering Committee and amended as appropriate.

[1] The Steering Committee has recommended that an additional funding methodology be developed for communities with populations greater than 800 (needing larger facilities) and/or those locations that may be logical candidates for a subregional or multi-community type facility. The committee will continue to work on an RFP type process for such communities. It is anticipated that this second methodology will follow a format similar to the resource distribution methodology described in this report for small individual communities. In addition, it is noted here that on 14 September 2000, the Commission approved design funding for two replacement health centers in St. Paul and Metlakatla. Extensive project justification documents have already been prepared for both projects and they have been on the IHS National Priority List since 1995. These are the only two outpatient facilities in Alaska currently on the national IHS list. Denali Commission funding for St. Paul and Metlakatla is for design only; it is assumed that IHS will construct and staff the facilities once the designs are complete. Accordingly, these two locations were excluded from the final FY 2001 Part I Prioritization analysis described in this report.

Figure 2: Denali Commission Resource Distribution Methodology for Rural Primary Care Facilities Projects



This model is based, to a large degree, on the comments and input received during the five regional workgroup meetings held in May, the public hearing held on July 11, and via feedback on the numerous draft methodologies distributed for comment in August and September. The outcome of this effort is intended to be an equitable system for distribution of federal funding to those communities with the greatest need, recognizing that the successful delivery of health services includes the ability of a community to operate and maintain the facility over the long-term.

J.1.0 Part I – Community Prioritization

The goal of Part I is to prioritize basic needs. Using responses to the FNAQ and other data, a rating score was developed for each community meeting the basic requirements described in Section C4.0. Points were assigned based on the following seven criteria. A more detailed summary of the Part I prioritization formula and the measurements developed for each criteria can be found in Appendix XI.

Criteria	**Maximum Points**
1. Facility Deficiency	45
2. Health Status	20
3. Isolation	10
4. Dependency Ratio	10
5. Economic Status	9
6. Trauma Rates	5
7. Seasonal Population	1
TOTAL	**100**

Results for the FY 2001 cycle are presented in Appendix XII. Using this information, the Steering Committee will develop a "short list" of communities based on anticipated FY 2001 funding and estimated unmet need for the communities at the top of the list. Short listed communities will then be invited to submit project proposals for consideration by a multi-disciplinary review panel (MRP) convened by the Steering Committee. The Denali Commission's Program Manager, ANTHC, will also conduct on-site code and condition

surveys at existing facilities in those short listed communities needing this type of information in order to prepare a complete proposal. ANTHC may also conduct on-site surveys to validate information used in the Part I analysis.

It should be noted that communities have been listed alphabetically within point ranges on the Part I Priority List. Individual points have not been reported, nor have individual ranks been assigned --- to emphasize that the Part I formula is only an initial screening tool.

Communities must have submitted a FNAQ by September 1, 2000 to be eligible for the FY2001 shortlist. While questionnaires are still being accepted, communities submitting after the deadline will only be eligible to compete for funding in subsequent fiscal years.

J.2.0 Part II – Proposal Review and Capability Measurement

Using a Request for Proposal (RFP) type format, ANTHC will assemble project proposals for review by a MRP made up of individuals from organizations that have both facilities and health program expertise. The review panel will evaluate proposals based on the following Part II criteria. A more detailed summary of the Part II capability scoring criteria appears in Appendix XIII.

Criteria	**Maximum Points**
1. Local Support for Project*	0
2. Site Availability and Control*	0
3. Utility Extension Plan*	0
4. Cost Sharing*****	20
5. Service Delivery Plan*****	10
6. Business Plan*****	10
7. Facility Related Deficiencies	45
8. Consistency with Overall Community Development Plan	5
9. Multi-Use Components of Project	5
10. Project Management Plan	5
TOTAL	**100**

***** *The proposal must meet minimum standards for these six elements. If the proposal does not meet these minimum standards, it will be set aside and a recommendation made to the community that they seek technical assistance to develop more capability.*

Communities will have two project funding cycles to establish capability, after which time they will be reprioritized in the current year Part I cycle.

The primary focus during Part II is to determine if the community has the capability to manage the proposed health programs and maintain the facility. The detailed data and information presented during this phase will also refine and validate the initial Part I prioritization. The final recommendations developed by the MRP will be submitted to the Steering Committee after considering the specific scores per the above criteria, and more general judgements related to capability based on professional experience.

Based on recommendations from the MRP, the Steering Committee will publish an annual list of approved projects. With appropriate justification, the MRP and/or the Steering Committee may recommend funding at an amount less than requested in any individual proposal.

The Steering Committee will have the authority to remove a community from further Part II consideration at any time, based on current assessments of need, facility deficiencies and other Part I or II criteria. However, the committee will also develop an appeals procedure for the proposal evaluation and capability measurement process.

J.3.0 Part III – Funding

The appropriate funding documents and agreements will be prepared for projects on the approved Part II list once ANTHC has determined that all of the following conditions have been met and the appropriate documents are in hand.

1. Verification of original planning assumptions
2. Community and/or regional resolutions
3. Stamped design documents
4. All applicable permits and regulatory approvals
5. Site control documentation
6. Utility extension plan and funding (by others)
7. Project budget and progress payment schedule
8. Construction Schedule
9. Construction quality control and inspection plan

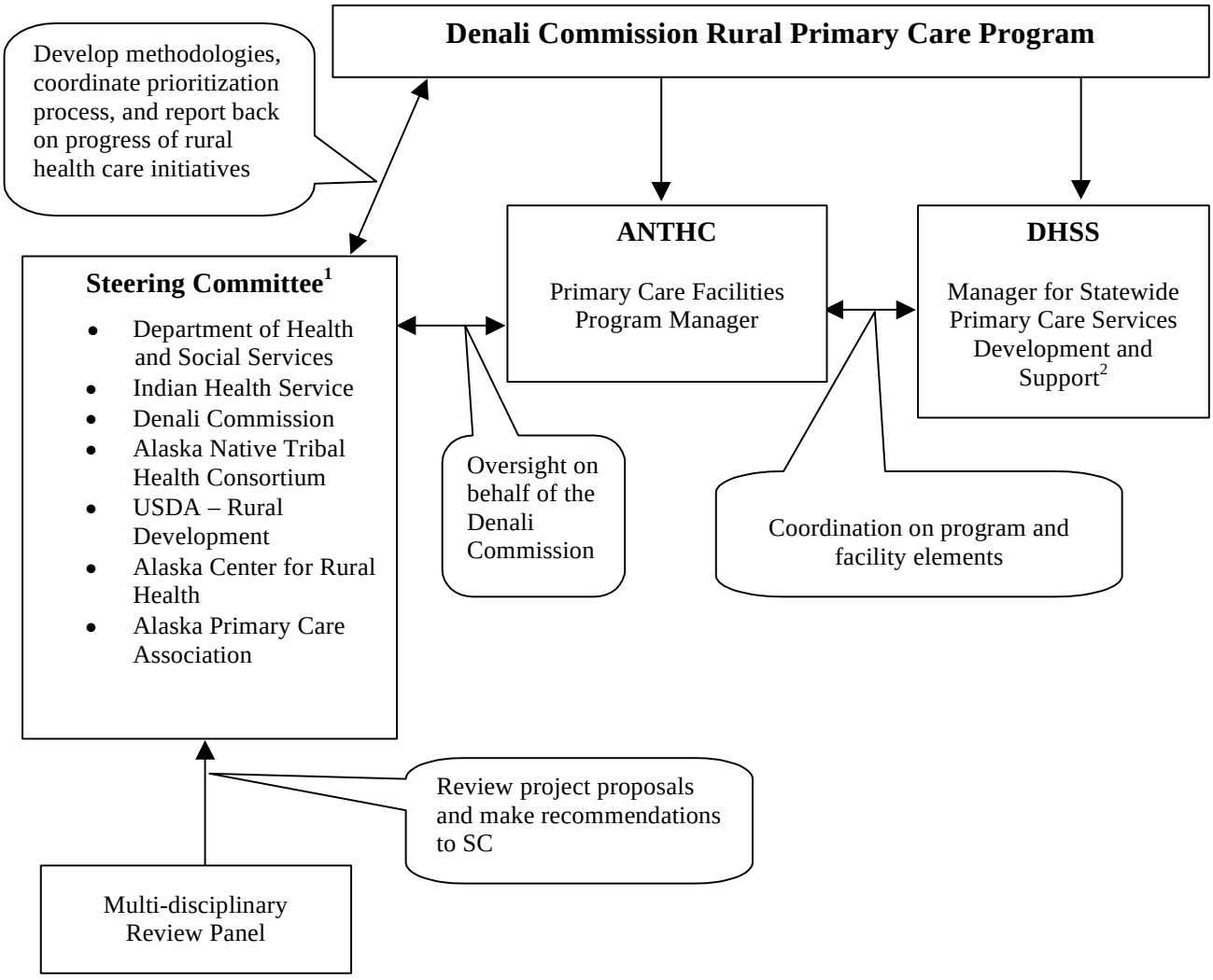
ANTHC will develop a menu of off-the-shelf design and construction management services to assist individual communities in completing these tasks.

Funding may be phased for design and/or construction. The number of projects funded in any given fiscal year will depend on actual appropriation levels. Once a community reaches Part III, the project will remain eligible for funding until all the above readiness elements are in place and sufficient funds become available. Projects approved in any given fiscal year will have priority over projects approved in subsequent years.

K. PROGRAM MANAGEMENT

As previously mentioned, in September 2000 the Denali Commission named ANTHC as the Program Manager for implementing its goals related to improving primary care facilities throughout rural Alaska. DHSS will also continue to partner with the Commission, both as the Steering Committee lead, and manager of an initiative to review and document current health care delivery issues in rural Alaska. Figure 3 is a model of how the Rural Primary Care Program will be administered. Note that the existing Steering Committee will be expanded to include the Alaska Center for Rural Health (ACRH), the Alaska Primary Care Association (APCA) and the USDA – Department of Rural Development. The expanded Steering Committee will provide oversight for the Denali Commission on all aspects of the program.

Figure 3: Rural Primary Care Facilities Program Model



[1] Lead = Director, Division of Public Health, DHSS
[2] Pending approval of scope of work by Commission Co-chairs

L. RECOMMENDATIONS

This Phase I final report focuses on the statewide unmet needs of rural primary care facilities in 288 communities without hospitals, and a methodology for distributing resources to address those needs. An expanded steering committee is being formed to assist with the implementation of Phase I, work on primary care program development and support (Phase II), and begin to address other health related service delivery and infrastructure gaps in rural Alaska. The Phase I Steering Committee's specific recommendations to the Denali Commission are:

Overall

- Maintain a statewide commitment and focus on the unmet needs of rural primary care facilities and programs in the 288 communities without hospitals identified under Phase I of the project.
- Maintain a public access website (www.apcds.org) for the Commission's Alaska Rural Primary Care Program.
- Support on-going public participation in an annual review of the resource distribution methodologies developed by the Steering Committee.

Phase I

- Implement Phase I by awarding FY 2001 funds for the repair, renovation, and construction of new rural primary care facilities.
- Develop a resource distribution methodology and request for proposals (RFP) process for multi-community and/or large (e.g. over $1 million) projects.
- Collaborate with complimentary funding sources (e.g. HUD and USDA) to maximize resources and streamline processes to fund the repair, renovation, and/or construction of new primary care facilities.

- Complete data collection for the 70 communities that did not submit a FNAQ prior to September 1, 2000.

- Provide leadership to locate funding for the delivery of technical support to those communities that are prioritized as having the greatest unmet need but fail to qualify for funding due to an inability to meet the capability criteria.

Phase II

- Initiate Phase II of the needs assessment project: Primary Care Program Development and Support.

- Provide leadership to locate funding for the development and support of primary care programs in small, rural communities.

Beyond Phase I and Phase II

- Assess and prioritize the unmet primary care facility needs of rural communities that were not included in Phase I.

- Define and authorize demonstration projects that extend beyond primary care facilities as defined in the enabling legislation found in Appendix I.

M. LIST OF RESOURCES AND REFERENCES

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APPENDIX I

DENALI COMMISSION LEGISLATION

Denali Commission

The conference agreement amends Section 307 of Title II -- Denali Commission of Division C -- Other Matters of P.L. 105-277 by adding a new subsection that authorizes the Secretary of HHS to make grants to the Denali Commission to plan, construct, and equip multi-county demonstration health, nutrition, and child care projects in accordance with the Work Plan referred to under section 304. The House and Senate bills contained no similar provision.

Conference Report for H.R. 3194 as printed in the Congressional Record of November 17, 1999

TITLE VII--DENALI COMMISSION

Sec. 701. Denali Commission, Section 307 of Title III -- Denali Commission of Division C - Other Matters of Public Law 105-277 is amended by adding a new subsection at the end thereof as follows:

(c) Demonstration Health Projects. In order to demonstrate the value of adequate health facilities and services to the economic development of the region, the Secretary of Health and Human Services is authorized to make grants to the Denali Commission to plan, construct, and equip demonstration health, nutrition, and child care projects, including hospitals, health care clinics, and mental health facilities (including drug and alcohol treatment centers) in accordance with the Work Plan referred to under section 304 of Title III -- Denali Commission of Division C -- Other Matters of Public Law 105-277. No grant for construction or equipment of a demonstration project shall exceed 50 percentum of such costs, unless the project is located in a severely economically distressed community, as identified in the Work Plan referred to under section 304 of Title III -- Denali Commission of Division C -- Other Matters of Public Law 105-277, in which case no grant shall exceed 80 percentum of such costs. To carry out this section, there is authorized to be appropriated such sums as may be necessary.

APPENDIX II

COMMUNITY LIST

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
1	Adak	106	Wiseman	20
2	Akhiok	101	Gakona	22
3	Akiachak	560	Port Clarence	22
4	Akiak	338	Alcan	23
5	Akutan	408	Evansville	24
6	Alakanuk	659	Kupreanof	24
7	Alatna	34	Ivanof Bay	29
8	Alcan	23	Harding Lake	30
9	Aleknagik	244	Meyers Chuck	30
10	Alexander Creek	39	Paxson	30
11	Allakaket	204	Alatna	34
12	Ambler	286	Bettles	35
13	Anaktuvuk Pass	314	Birch Creek	35
14	Anchor Point	1227	Circle Hot Springs	35
15	Anderson	517	Stony River	35
16	Andreafsky	442	Pedro Bay	36
17	Angoon	576	McCarthy	37
18	Aniak	604	Lake Minchumina	38
19	Anvik	93	Alexander Creek	39
20	Arctic Village	138	Nikolski	39
21	Atka	105	Jakolof Bay	40
22	Atmautluak	296	Karluk	41
23	Atqasuk	274	Platinum	43
24	Beaver	126	Red Devil	44
25	Bettles	35	Prudhoe Bay	47
26	Big Delta	511	Tonsina	47
27	Big Lake	2162	Hobart Bay	48
28	Birch Creek	35	Kasaan	48
29	Brevig Mission	279	Takotna	48
30	Buckland	428	Elfin Cove	50
31	Butte	2699	Game Creek	50
32	Cantwell	166	Port Protection	50
33	Central	62	Point Baker	51
34	Chalkyitsik	102	Chistochina	52
35	Chase	55	Lutak	53
36	Chefornak	416	Chase	55
37	Chenega Bay	69	Edna Bay	55
38	Chevak	763	Slana	55

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
39	Chickaloon	212	Dot Lake	61
40	Chignik	103	Healy Lake	61
41	Chignik Lagoon	68	Central	62
42	Chignik Lake	136	Igiugig	62
43	Chiniak	75	Lime Village	62
44	Chistochina	52	Primrose	62
45	Chitina	94	Whale Pass	62
46	Chuathbaluk	105	Oscarville	64
47	Circle	89	Rampart	66
48	Circle Hot Springs	35	Covenant Life	67
49	Clam Gulch	113	Chignik Lagoon	68
50	Clark's Point	68	Clark's Point	68
51	Coffman Cove	228	False Pass	68
52	Cohoe	602	Chenega Bay	69
53	Cold Bay	97	Halibut Cove	71
54	College	12122	Skwentna	72
55	Cooper Landing	285	Ferry	74
56	Copper Center	553	Chiniak	75
57	Copperville	194	Twin Hills	76
58	Covenant Life	67	Hughes	80
59	Craig	2136	Mendeltna	80
60	Crooked Creek	137	Port Alexander	86
61	Crown Point	91	Tanacross	86
62	Cube Cove	139	Nelson Lagoon	87
63	Deering	148	Manley Hot Springs	88
64	Delta Junction	889	Port Alsworth	88
65	Dot Lake	61	Circle	89
66	Dry Creek	115	Tetlin	89
67	Eagle	152	Gulkana	90
68	Edna Bay	55	Crown Point	91
69	Eek	281	Pilot Point	92
70	Egegik	117	Stevens Village	92
71	Eklutna	434	Anvik	93
72	Ekwok	125	Iliamna	93
73	Elfin Cove	50	Tenakee Springs	93
74	Elim	306	Chitina	94
75	Emmonak	818	Kobuk	94
76	Ester	240	Mosquito Lake	94

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
77	Evansville	24	Cold Bay	97
78	Eyak	162	Akhiok	101
79	False Pass	68	Koyukuk	101
80	Ferry	74	Chalkyitsik	102
81	Fort Yukon	570	Perryville	102
82	Fox	332	Chignik	103
83	Fox River	439	Sleetmute	103
84	Fritz Creek	2097	Atka	105
85	Gakona	22	Chuathbaluk	105
86	Galena	563	Nikolai	105
87	Gambell	668	Tatitlek	105
88	Game Creek	50	Adak	106
89	Glennallen	494	Hollis	111
90	Golovin	141	Clam Gulch	113
91	Goodnews Bay	256	Northway	113
92	Grayling	184	Dry Creek	115
93	Gulkana	90	Northway Junction	116
94	Gustavus	377	Egegik	117
95	Haines	1775	Moose Pass	118
96	Halibut Cove	71	Whitestone Logging Camp	118
97	Happy Valley	401	Ekwok	125
98	Harding Lake	30	Mentasta Lake	125
99	Healy	646	Port Heiden	125
100	Healy Lake	61	Beaver	126
101	Hobart Bay	48	Hyder	126
102	Hollis	111	Hope	130
103	Holy Cross	247	Levelock	131
104	Hoonah	877	Lignite	131
105	Hooper Bay	1028	South Naknek	132
106	Hope	130	Chignik Lake	136
107	Houston	836	Klukwan	136
108	Hughes	80	Little Diomede	136
109	Huslia	272	Crooked Creek	137
110	Hydaburg	369	Larsen Bay	137
111	Hyder	126	Pelican	137
112	Igiugig	62	Arctic Village	138
113	Iliamna	93	Cube Cove	139
114	Ivanof Bay	29	Shageluk	140

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
115	Jakolof Bay	40	Golovin	141
116	Kachemak	419	Pitka's Point	146
117	Kake	745	Deering	148
118	Kaktovik	259	Eagle	152
119	Kalifonsky	338	Tyonek	160
120	Kaltag	254	Eyak	162
121	Karluk	41	Kokhanok	163
122	Kasaan	48	Naukati Bay	164
123	Kasigluk	528	Cantwell	166
124	Kasilof	548	McKinley Park	169
125	Kenai	7005	Nanwalek	170
126	Kenny Lake	507	Wales	170
127	Kiana	398	Saint George	173
128	King Cove	691	Newhalen	178
129	King Salmon	499	Port Graham	178
130	Kipnuk	573	Sheldon Point	181
131	Kivalina	366	Grayling	184
132	Klawock	673	Ruby	184
133	Klukwan	136	Mekoryuk	193
134	Knik	483	Copperville	194
135	Kobuk	94	White Mountain	197
136	Kokhanok	163	Allakaket	204
137	Koliganek	205	Koliganek	205
138	Kongiganak	359	Chickaloon	212
139	Kotlik	579	Point Lay	217
140	Koyuk	280	Shaktoolik	218
141	Koyukuk	101	Nondalton	224
142	Kupreanof	24	Coffman Cove	228
143	Kwethluk	714	Nightmute	230
144	Kwigillingok	360	Venetie	232
145	Lake Minchumina	38	Ester	240
146	Larsen Bay	137	Port Lions	243
147	Lazy Mountain	1109	Aleknagik	244
148	Levelock	131	Holy Cross	247
149	Lignite	131	Minto	248
150	Lime Village	62	Kaltag	254
151	Little Diomede	136	Shungnak	255
152	Lower Kalskag	310	Goodnews Bay	256

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
153	Lutak	53	Ouzinkie	256
154	Manley Hot Springs	88	Kaktovik	259
155	Manokotak	399	Upper Kalskag	261
156	Marshall	318	Teller	266
157	McCarthy	37	Huslia	272
158	McGrath	423	Atqasuk	274
159	McKinley Park	169	Old Harbor	276
160	Meadow Lakes	5232	Brevig Mission	279
161	Mekoryuk	193	Koyuk	280
162	Mendeltna	80	Whittier	280
163	Mentasta Lake	125	Eek	281
164	Metlakatla	1537	Newtok	284
165	Meyers Chuck	30	Seldovia	284
166	Minto	248	Cooper Landing	285
167	Moose Creek	677	Ambler	286
168	Moose Pass	118	Tazlina	294
169	Mosquito Lake	94	Atmautluak	296
170	Mountain Village	766	Tanana	301
171	Naknek	624	Elim	306
172	Nanwalek	170	Lower Kalskag	310
173	Napakiak	363	Russian Mission	311
174	Napaskiak	406	Anaktuvuk Pass	314
175	Naukati Bay	164	Marshall	318
176	Nelson Lagoon	87	Tununak	331
177	Nenana	435	Fox	332
178	New Stuyahok	475	Akiak	338
179	Newhalen	178	Kalifonsky	338
180	Newtok	284	Trapper Creek	344
181	Nightmute	230	Tuntutuliak	350
182	Nikiski	3038	Kongiganak	359
183	Nikolaevsk	488	Kwigillingok	360
184	Nikolai	105	Napakiak	363
185	Nikolski	39	Talkeetna	363
186	Ninilchik	687	Kivalina	366
187	Noatak	423	Hydaburg	369
188	Nondalton	224	Saxman	371
189	Noorvik	632	Gustavus	377
190	North Pole	1616	Nulato	381

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
191	Northway	113	Saint Michael	381
192	Northway Junction	116	Salcha	387
193	Nuiqsut	486	Kiana	398
194	Nulato	381	Manokotak	399
195	Nunapitchuk	471	Happy Valley	401
196	Old Harbor	276	Napaskiak	406
197	Oscarville	64	Akutan	408
198	Ouzinkie	256	Chefornak	416
199	Paxson	30	Kachemak	419
200	Pedro Bay	36	McGrath	423
201	Pelican	137	Noatak	423
202	Perryville	102	Buckland	428
203	Pilot Point	92	Eklutna	434
204	Pilot Station	544	Nenana	435
205	Pitka's Point	146	Fox River	439
206	Platinum	43	Andreafsky	442
207	Pleasant Valley	584	Tuluksak	443
208	Point Baker	51	Sutton	470
209	Point Hope	794	Nunapitchuk	471
210	Point Lay	217	New Stuyahok	475
211	Port Alexander	86	Saint Mary's	475
212	Port Alsworth	88	Knik	483
213	Port Clarence	22	Scammon Bay	484
214	Port Graham	178	Nuiqsut	486
215	Port Heiden	125	Nikolaevsk	488
216	Port Lions	243	Glennallen	494
217	Port Protection	50	King Salmon	499
218	Primrose	62	Kenny Lake	507
219	Prudhoe Bay	47	Willow	507
220	Quinhagak	595	Big Delta	511
221	Rampart	66	Toksook Bay	513
222	Red Devil	44	Anderson	517
223	Ridgeway	2382	Stebbins	524
224	Ruby	184	Kasigluk	528
225	Russian Mission	311	Pilot Station	544
226	Saint George	173	Wainwright	545
227	Saint Mary's	475	Kasilof	548
228	Saint Michael	381	Copper Center	553

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
229	Saint Paul Island	673	Shishmaref	556
230	Salamatof	1122	Akiachak	560
231	Salcha	387	Galena	563
232	Sand Point	842	Fort Yukon	570
233	Savoonga	653	Kipnuk	573
234	Saxman	371	Angoon	576
235	Scammon Bay	484	Kotlik	579
236	Selawik	767	Thorne Bay	582
237	Seldovia	284	Pleasant Valley	584
238	Shageluk	140	Quinhagak	595
239	Shaktoolik	218	Cohoe	602
240	Sheldon Point	181	Aniak	604
241	Shishmaref	556	Naknek	624
242	Shungnak	255	Noorvik	632
243	Skagway	825	Healy	646
244	Skwentna	72	Savoonga	653
245	Slana	55	Alakanuk	659
246	Sleetmute	103	Two Rivers	660
247	South Naknek	132	Gambell	668
248	Stebbins	524	Klawock	673
249	Sterling	6138	Saint Paul Island	673
250	Stevens Village	92	Womens Bay	675
251	Stony River	35	Moose Creek	677
252	Sutton	470	Ninilchik	687
253	Takotna	48	King Cove	691
254	Talkeetna	363	Kwethluk	714
255	Tanacross	86	Yakutat	729
256	Tanana	301	Kake	745
257	Tatitlek	105	Chevak	763
258	Tazlina	294	Mountain Village	766
259	Teller	266	Selawik	767
260	Tenakee Springs	93	Point Hope	794
261	Tetlin	89	Unalakleet	805
262	Thorne Bay	582	Emmonak	818
263	Togiak	841	Skagway	825
264	Tok	1235	Houston	836
265	Toksook Bay	513	Togiak	841
266	Tonsina	47	Sand Point	842

	Communities by Alpha Sort		Communities by Population	
	Community	**Population**	**Community**	**Population**
267	Trapper Creek	344	Hoonah	877
268	Tuluksak	443	Delta Junction	889
269	Tuntutuliak	350	Hooper Bay	1028
270	Tununak	331	Lazy Mountain	1109
271	Twin Hills	76	Salamatof	1122
272	Two Rivers	660	Anchor Point	1227
273	Tyonek	160	Tok	1235
274	Unalakleet	805	Metlakatla	1537
275	Unalaska	4178	North Pole	1616
276	Upper Kalskag	261	Haines	1775
277	Venetie	232	Fritz Creek	2097
278	Wainwright	545	Craig	2136
279	Wales	170	Big Lake	2162
280	Wasilla	5213	Ridgeway	2382
281	Whale Pass	62	Butte	2699
282	White Mountain	197	Nikiski	3038
283	Whitestone Logging Camp	118	Unalaska	4178
284	Whittier	280	Wasilla	5213
285	Willow	507	Meadow Lakes	5232
286	Wiseman	20	Sterling	6138
287	Womens Bay	675	Kenai	7005
288	Yakutat	729	College	12122

APPENDIX III

QUESTIONNAIRE

Alaska Rural Primary Care Facility Needs Assessment

Denali Commission

Dated Material – Please Read Immediately

ALASKA RURAL PRIMARY CARE FACILITY NEEDS ASSESSMENT

March 22, 2000

Dear Community Leader:

The Denali Commission is undertaking a process to determine the status of rural primary care facility infrastructure and health care delivery systems throughout Alaska. This work is being accomplished in partnership with the Alaska Native Tribal Health Consortium (ANTHC), Indian Health Service (IHS), and the Alaska Department of Health and Social Services (DHHS).

The "Alaska Rural Primary Care Facility Needs Assessment Questionnaire" was developed to determine the unmet primary care facility needs in your community. You were identified as a contact person for your community. We anticipate that you will talk with the other people in your community who can best assist you with the technical parts of this questionnaire. You may need to talk with several people with health care and facilities expertise to provide the most accurate responses. A project overview and detailed instructions are included with the attached questionnaire. **The questionnaire must be completed and returned by April 25, 2000.**

Your participation in this project is entirely voluntary but very important. If information is not received from your community, it may affect the ability of the Denali Commission to address any primary health care facilities needs in your community.

Many of you responded to our earlier request (January 2000) for input on criteria to be used to determine a prioritization methodology for allocation of funding. You will have additional opportunities to contribute to that process. There will be a teleconference at the twenty-two Legislative Information Office sites throughout Alaska on July 11, 2000 from 9:00-11:00 AM. On the same date, July 11, there will also be a Denali Commission Public Hearing in Anchorage at the Assembly Chambers in the Loussac Library. A presentation is scheduled for 12:30 – 1:00 PM followed by public testimony from 1:00 – 4:00PM.

If you have any questions after reviewing the materials, please do not hesitate to contact the Project Manager, Gary Kuhn, P.E., either on the web site or by calling him in Anchorage at 1-800-560-8637 ext. 3604.

Sincerely,

Paul Sherry
President, CEO
Alaska Native Tribal Health Consortium

Karen Perdue
Commissioner
Department of Health and Social Services

3925 Tudor Centre Drive, Anchorage, Alaska 99508
Phone: (907) 729-3606 Facsimile: (907) 271-4735
Web: http://ruralhealthcare.geonorth.com

PROJECT OVERVIEW

Denali Commission and Health Care Facilities

The Denali Commission Act of 1998 (see *www.denali.gov*) created the Denali Commission (Commission). Three general areas of focus were identified for the Commission including job training, economic development and rural infrastructure development. The Commission is based upon a format similar to the Appalachian Regional Commission (ARC), which was created in 1965. Of interest to the Denali Commission and Alaskans is that the ARC (in partnership with the 13 eastern-seaboard states it serves) arrived at five broad goals including: "Appalachian residents will have access to affordable, quality health care." Correspondingly, the seven Denali Commissioners recently identified rural health care facilities and services as the second area of focus or theme for infrastructure related projects funded and supported by the Commission. The first infrastructure focus for the Commission was rural energy projects.

Agreement for the Needs Assessment

In October 1999, the Commissioners approved funding for a project with the Alaska Native Tribal Health Consortium (ANTHC) for a needs assessment of rural primary care facilities. ANTHC offered to provide project management and a portion of their own funds for a needs assessment project. In light of the mission to provide federal services for all of Alaska, the Commission and ANTHC sought the participation of the Alaska Department of Health and Social Services (DHSS) to obtain representation for all rural communities. After DHSS agreed to participate in the needs assessment project, the three parties then sought the participation of the Indian Health Service (IHS), based upon their long history and in-depth knowledge of rural primary care programs and facilities. On February 24, 2000, the four partners entered into an agreement for carrying out the Alaska Rural Primary Care Facility Needs Assessment project. The project will address needs in all Native and non-Native communities in the state that meet the following basic criteria:

- Year-round community population of at least 20 individuals
- No direct access to an in-patient health care facility

Goals of the Needs Assessment Project

The needs assessment project will accomplish three main tasks. First, a database will be created that provides detailed information on health care facilities and program services. Data will be obtained via a statewide questionnaire. Additional information from existing databases maintained by other agencies will also be gathered to complement information obtained from the questionnaire. Second, a report with a statewide cost estimate will be generated that summarizes the magnitude of primary care facility needs in Alaska. The goal is to provide this report to the Alaska Congressional delegation by July 1, 2000. Third, the needs assessment project will develop a resource distribution methodology for rural primary care facilities by October 1, 2000. The partners will strive to obtain maximum public participation in developing this methodology. The outcome of this effort is intended to be an equitable system for distribution of federal funding to those communities with the greatest need, recognizing that cost effective delivery of service includes the ability of a community to operate and maintain the facility over the long-term.

Information from the needs assessment project will be used by the partners to seek funding for both facilities and primary care services. In the event Congress looks favorably on the July 2000 report, the methodology should guide Federal, State and Tribal managers on which projects should be funded.

Project Team

A project Steering Committee has been formed that includes representatives from the Denali Commission, ANTHC, IHS and DHSS. The committee and all four parent organizations will be collaborating with stakeholders throughout the project.

ANTHC has been tasked with the overall responsibility for developing a work plan and schedule to meet project goals. ANTHC and the Steering Committee will receive assistance from two primary consultants during the project; NANA/DOWL JV (health facility expertise) and GEONORTH, Inc. (computer expertise). These services were obtained through an existing indefinite delivery contract between ANTHC and NANA/DOWL. The Commission and ANTHC agreed to use this contract in order to expedite the project and meet the July 1 report milestone.

Future Efforts

The four partners have accepted that this needs assessment project is only the beginning. They are in the process of developing a follow on scope of work to address more specific program needs and "deep look" surveys (to document code and other deficiencies at existing facilities).

At the close of last year's Congressional calendar, legislation was passed that authorized demonstration health projects between the Commission and U.S. Department of Health and Human Services. Demonstration projects can extend beyond primary care facilities, for example, into hospitals, mental health facilities and child care facilities. Although no funding was appropriated, one avenue is now in place for future federal support. Hopefully, the efforts of the Alaska Rural Primary Care Facility Needs Assessment project will help convince Congress to address unmet primary care needs in rural Alaska.

Communications

A web site has been established to facilitate communications during the project. Please refer to *http://ruralhealthcare.geonorth.com* for additional information on this initiative and e-mail links to the ANTHC project office. You can also contact the project office toll free by calling 800-560-8637 ext. 3606.

QUESTIONNAIRE

Alaska Rural Primary Care Facility Needs Assessment

Developed by:

Alaska Native Tribal Health Consortium
Indian Health Service
State of Alaska, Department of Health and Social Services

Prepared for:

Denali Commission

Return by April 25, 2000

to

Alaska Native Tribal Health Consortium
3925 Tudor Centre Drive
Anchorage, Alaska 99508

Phone: (800) 560-8637 ext. 3606 • Fax: (907) 271-4735
Website: http://ruralhealthcare.geonorth.com

INSTRUCTIONS

Questionnaire Design

The questionnaire is divided into two main sections that address the status and additional needs with respect to primary health care facilities and services/programs. All subsections and questions in the main questionnaire are identified with either an F (facilities) or P (program) prefix. The partners in the project have agreed that an assessment of program needs is essential and must be included in any evaluation of facility condition and/or additional space needs. Please be aware that the data you submit now may be enhanced in subsequent phases of the project.

Getting Started

1. Locate your 3-digit unique identifying number on the mailing label on the back of this packet.
2. Determine how many "Facilities" and "Program" sections of the questionnaire should be completed for your community. You will be able to make this determination after completing the "General" section of the questionnaire. Make the appropriate number of copies of the Facilities section and the Program section.
3. Review the major headings in each section of the questionnaire and then identify the appropriate people to assist with data collection for your community. You may need to talk with several people with facilities and health care expertise to provide the most accurate responses.
4. Determine if your site will submit data electronically (via the Internet), by mail or by fax. If you are submitting by mail or fax, please remember to fill in all the identifying information (Organization, Facility Name and Unique Identifying Number) at the top of each section that will be submitted.
5. Complete the questionnaire. *Note: even if you intend to submit the final data via the Internet, it is recommended that you first complete a "working paper copy" of the questionnaire.*
6. Submit your data.

⇒ Complete Questionnaires and Submit Data by April 25, 2000 ⇐

THREE WAYS TO SUBMIT YOUR DATA

❶

INTERNET

Access the project web site:
http://ruralhealthcare.geonorth.com

Then click on the questionnaire icon and follow the on-line instructions

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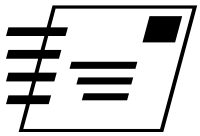
❷

Mail completed questionnaire to:

Alaska Native Tribal Health Consortium
Alaska Rural Primary Care Facility Needs Assessment
Project Office
3925 Tudor Centre Drive
Anchorage, Alaska 99508



MAIL

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❸

FAX

You may also submit your data by faxing a completed questionnaire to:

(907) 271-4735

Have a question? See the Help Desk on the project web site:
(http://ruralhealthcare.geonorth.com)
or call…

General & Facility Related Questions	Program Related Questions
Alaska Rural Primary Care Facility Needs Assessment Project Office Alaska Native Tribal Health Consortium 800-560-8637 extension 3606	Patricia Carr, MPH, Program Manager Primary Care & Health Promotion Unit Alaska Department of Health and Social Services 907-465-8618 e-mail: *pat_carr@health.state.ak.us*
Gary Kuhn, P.E., Project Manager e-mail: *gkdenali@anthc.org*	Torie Heart, MS, RN, Director Community Health Aide Program Alaska Area Native Health Service 907-729-3642 e-mail: *vheart@anmc.org*
Rebecca Woodall, Project Assistant e-mail: *rwdenali@anthc.org*	

Other Information

Other existing data sources will be used to enhance the information that each community is able to provide via this questionnaire. At this time, the project team envisions using the following existing data sources to round out the database:

- State of Alaska, Department of Community and Economic Development, community profile database Web site: *http://www.dced.state.ak.us/mra/CF_COMDB.htm*
- Alaska EMS Goals, (Fourth Edition)
- Indian Health Service Data System, (Health System Workload Data)
- Indian Health Service Facilities Database
- State Public Health Nursing Database
- ADOT&PF Airport Runway Inventory

Estimated Time to Complete

It is anticipated that if support people and data are readily available, the questionnaire will take at least 90 minutes to complete. If there are multiple facilities and/or primary care organizations in your community, it may take longer.

Confidentiality

Although the general public can access the project web site, all electronic responses are confidential. All responses received by mail and fax are also confidential.

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GENERAL

Community_____Unique ID #_____

G1.1 Is there an existing primary care facility (or facilities) in your community? Check the box that best describes the situation in your community (see subsection P1 in the Program section of the Questionnaire for more detail on the categories of primary care services being used in this survey)**.**

☐ (a) NO – but there is a facility in an adjacent community that provides primary care services for us; we do not need a stand-alone facility of our own.

If you answered NO to (a), enter the name of the adjacent community below, sign the certification on page 2 and then stop. You do not need to complete any other sections of this questionnaire.

Adjacent Community: _____

☐ (b) NO – and our community needs one.

If you answered NO to (b), complete the entire Program section and subsection F4.0 of the Questionnaire.

☐ (c) YES – one central facility that houses all health related services is currently available.

If you answered YES to (c), complete one Facilities and one Program section of the Questionnaire.

☐ (d) YES – one organization / program, but somewhat decentralized. One or more primary care services are housed in stand-alone building(s) remote from the main facility.

If you answered YES to (d), list all the different facilities (major stand-alone buildings, separate leased space in larger buildings and/or donated space) that are used to deliver primary care services in the community, then complete a Facilities section of the Questionnaire for each major facility. Please also complete the Program section. For example, if the organization / program providing services utilizes two different major buildings, you would complete one Program section and two Facilities sections of the Questionnaire.

	Facility Name	***Services Provided***
1.	_____	_____
2.	_____	_____
3.	_____	_____

☐ (e) YES - and there are two or more different organizations that provide primary care services in the community.

If you answered YES to (e), list all the different organizations and facilities (major stand-alone buildings, separate leased space in larger buildings and/or donated space) that are used to deliver primary care services in the community, then complete one or more Program sections of the Questionnaire. Complete an entire Program section for each separate organization that provides primary care. The total number of Program sections to be submitted will depend on your assessment of how many it takes to adequately paint a complete primary care picture for the community. You should also complete a Facilities section for each major facility used to deliver services, regardless of the organization that delivers the service. For example, if there are two organizations in the community that provide various primary care services, one utilizing three different major buildings and one that only operates out of one building, you would complete two Program sections and four Facilities sections of the Questionnaire.

	Organization	***Facility Name***	***Services Provided***
A.	_____	_____	_____
			_____
		_____	_____
			_____
B.	_____	_____	_____
			_____
		_____	_____
			_____
C.	_____	_____	_____
			_____
		_____	_____
			_____

Note: *If you answered YES to either (d) or (e) please do not fill out a separate Facilities section for small ancillary structures (i.e., unheated storage buildings, etc.). Instead, associate them with an appropriate major building and then provide an overall response to the questions for that "facility". If you are not sure how many sections of the questionnaire to complete, due to a unique multiple building, program and/or mixed use situation, please call the HELP DESK for guidance (800-560-8637 extension 3606).*

This section of the Questionnaire was completed by:

_____ _____

Signature *Date*

_____ _____

Printed Name *Position*

FACILITIES

Community_____ **Unique ID #**_____

Organization_____

Name of Facility_____

F1.0 Basic Data

F1.1 Is this facility included in a written facilities master plan for the organization / program?

☐ NO

☐ YES

☐ Master plan is under development

If yes, has the plan been coordinated with any of the following? Check all that apply.

☐ Main referral facility (next level of care)

☐ Regional Native Health Corporation

☐ Parent Organization

☐ Other *(list)* _____

F1.2 Is the facility included in the Indian Health Service (IHS) Facilities Database?

☐ NO

☐ YES

If yes, please provide the unique identifying number(s) from the IHS database so we can match the data provided in this questionnaire with the correct building in their database.

Facility No. _____

Building No. _____

F1.3 Does the health program share the facility with other non-medical tenants?

☐ NO

☐ YES

If yes, total non-medical space in the building = _____ *Gross Square Feet (GSF)*

☐ Don't Know

F1.4 Is a detailed floor plan available for the space occupied by the health program?

☐ NO

☐ YES

F1.5 How much space does your health program use in the facility?

Direct services & support: _____ *GSF*

Staff quarters: _____ *GSF*

Other (list) _____*:* _____ *GSF*

☐ Don't Know

☐ Use values in IHS Facilities Database

☐ Use value in 1994 State DHSS Village Clinic Survey

F1.6 Check the box below that most closely describes the construction of the facility.

☐ Wood Frame – single story

☐ Wood Frame – multi-story

☐ Steel Frame (commercial type building) – single story

☐ Steel Frame (commercial type building) – multi story

☐ Other

F1.7 Is the facility protected with an automatic sprinkler system?

☐ NO

☐ YES

F1.8 Does the facility have a central fire alarm system?

☐ NO

☐ YES

F1.9 Does the facility have a standby generator?

☐ NO

☐ YES

F1.10 Is the facility insured against loss by fire and other perils through a commercial premium-based policy?

☐ NO

☐ YES

Comments:

F2.0 Ownership / Lease Data

F2.1 Who owns the facility?

- ☐ City
- ☐ State
- ☐ U.S. Public Health Service
- ☐ IRA
- ☐ Regional Native Health Corporation
- ☐ Village Corporation
- ☐ Private Individual
- ☐ Other *(list)* _____

F2.2 Is the facility leased from another party?

- ☐ (a) NO *If no, go to question F2.3.*
- ☐ (b) YES

If yes, check the box that best describes the type of lease.

- ☐ Full service (owner provides all repairs, utilities and maintenance)
- ☐ Triple Net (tenant provides all repairs, utilities and maintenance)
- ☐ Other *(list)* _____

Are there adequate funds to cover the entire lease and/or your share of the ownership, repair, utility and maintenance costs?

- ☐ (c) NO
- ☐ (d) YES

F2.3 If the facility is owned by a local or regional organization, and another entity pays lease money to operate the clinic, are the funds adequate to cover the cost of ownership, repairs, utilities and maintenance?

- ☐ NO
- ☐ YES
- ☐ N/A

F2.4 If your organization owns the facility and is self supporting, are there adequate funds to cover the cost of ownership, repairs, utilities and maintenance?

- ☐ NO
- ☐ YES
- ☐ N/A

F2.5 If you answered "NO" to F2.2(c), F2.3 or F2.4, check the box that most accurately describes the annual funding shortfall at the facility with respect to ownership, repair, utility and maintenance costs.

- ☐ $1 - $10,000
- ☐ $10,001 - $25,000
- ☐ $25,001 - $50,000
- ☐ Greater than $50,000

Comments:

F3.0 Physical Deficiencies

Rate the condition of the facility with respect to the following categories. Use the good, fair, and poor guidelines summarized below.

Structural: *Related to structure or fabric of the building, including foundation, roof, framing, windows and interior finishes*

Mechanical: *Plumbing, heating, ventilation and other special systems (e.g., medical gas)*

Electrical: *Electrical distribution and emergency/standby power systems. Also includes low voltage wiring and control systems for telephone, paging, alarm systems, etc.*

Energy Management: *Energy efficiency of building envelope and mechanical and electrical systems*

Handicap Access: *Compliance with the Americans with Disabilities Act (ADA)*

Site / Environmental*:* *Flood hazard, inadequate water and sewer connections, setback problems and known spills of hazardous materials on the immediate property, etc.*

Fire / Life Safety*:* *Construction requirements related to fire protection contained in the Uniform Fire Code (UFC), Uniform Building Code (UBC) and the National Fire Protection Association Life Safety Code (NFPA 101)*

Floor Plan: *Overall workflow issues related to staff and patient circulation patterns, room proximities, etc. This category is not meant to cover additional space needs, only the layout of existing spaces.*

****

Good = *System(s) less than 10 years old and/or no documented major problems. Only routine maintenance required to keep building completely functional.*

Fair = *System(s) more than 10 years old and/or some components need replacement. Documented problems could be corrected with a renovation project and useful life of building extended for at least another 10 years.*

Poor = *System(s) of any age which are approaching or are beyond the end of their useful life. Complete replacement necessary to maintain a proper environment for patients and staff.*

	Category / System	Good	Fair	Poor	Don't Know
F3.1	Structural				
F3.2	Mechanical				
F3.3	Electrical				
F3.4	Energy Management				
F3.5	Handicap Access				
F3.6	Site / Environmental				
F3.7	Fire / Life Safety				
F3.8	Floor Plan				

Comments:

Structural:_____

Mechanical: _____

Electrical:_____

Energy Management:_____

Handicap Access:_____

Site / Environmental:_____

Fire / Life Safety:_____

Floor Plan:_____

F3.9 Check the box below that best describes the overall condition of the facility.

☐ Good

☐ Fair

☐ Poor

F3.10 Check the box below that best describes what your organization and the community as a whole think should be done with the facility.

- ☐ Correct deficiencies, renovate and/or add space and remain in service
- ☐ Replace with new facility
- ☐ Don't know or no consensus

F3.11 Is there a system for documenting deficiencies in the facility?

- ☐ NO
- ☐ YES

If yes, please describe _____

F3.12 Is there a cost estimate to correct some or all of the physical deficiencies summarized above?

- ☐ NO *If no, go to subsection F4.0.*
- ☐ YES - All
- ☐ YES - Some

If yes, estimate = $ _____

Date of estimate: _____

Check the boxes that apply to the estimate.

- ☐ Prepared by an Engineer or Contractor
- ☐ Includes design and project management fees
- ☐ Includes a construction contingency

F3.13 Has your organization and/or the community received a commitment from a funding source to correct the above deficiencies?

- ☐ NO
- ☐ YES
- ☐ PARTIAL

If yes or partial, please list

1. Source: _____ *Amount: $* _____

2. Source: _____ *Amount: $* _____

3. Source: _____ *Amount: $* _____

Comments:

F4.0 Space Related Deficiencies

F4.1 Do you need a facility where none exists now, or more space in an existing facility? Check all that apply.

☐ NO *If no, go to subsection F5.0.*

☐ YES – and a planning document has been prepared for either an addition, replacement or new first time facility

☐ Addition = _____ *GSF*

☐ New facility = _____ *GSF*

☐ YES – but don't know how much

F4.2 Is there a business plan that details how additional services and space will be financially supported?

☐ NO

☐ YES

If yes, please check the box below that best describes what the total ownership, repair, utility and maintenance budget would be for the new facility (do not include program costs).

☐ $1 - $50,000

☐ $50,001 - $100,000

☐ $100,001 - $200,000

☐ $200,001 - $300,000

☐ $300,001 - $400,000

☐ $400,001 - $500,000

☐ Greater than $500,000

☐ Don't Know

F4.3 Is there a cost estimate to construct the new space?

☐ NO *If no, go to question F4.4.*

☐ YES

If yes, estimate = $ _____

Date of estimate: _____

Check the boxes that apply to the estimate.

☐ Prepared by an Engineer or Contractor

☐ Includes design and project management fees

☐ Includes a construction contingency

☐ Includes cost of new medical equipment

F4.4 Has your organization and/or the community received a commitment from a funding source to correct the space related deficiencies?

☐ NO

☐ YES

☐ Partial

If yes or partial, please list

1. Source: _____ *Amount: $* _____

2. Source: _____ *Amount: $* _____

3. Source: _____ *Amount: $* _____

F4.5 Has the community made a commitment to provide in-kind contributions for the project?

☐ NO

☐ YES

F4.6 Are matching funds available for the project? Check all that apply.

☐ Regional Native Health Corporation

☐ State

☐ Federal Government

☐ Other *(list)* _____

F4.7 Is a design complete for the project?

☐ NO

☐ YES

☐ Under development

F4.8 Has a site been identified for the project?

☐ NO *If no, go to question F4.11.*

☐ YES

F4.9 Have all site control issues been resolved?

☐ NO

☐ YES

F4.10 Is the site close to existing infrastructure and primary community services, including water/sewer lines, power, local roads, airstrip, EMS office, school(s), etc. Check the box that best describes the site in this regard.

☐ Good – no major off site work required and in a convenient location to other primary community services

☐ Fair – some off site work required to connect utilities and/or location is inconvenient with respect to one or two other primary community services

☐ Poor – significant off site work required to connect to utilities and/or location is remote from most other primary community services

F4.11 Are there other funding sources or potential resource enhancement opportunities that would be more accessible if a new facility was constructed in the community?

☐ NO

☐ YES

If yes, please list

1. _____

2. _____

3. _____

☐ Don't Know

F4.12 Is there a new clinic or major clinic renovation project for the community that is approved and awaiting funding by a government entity or other outside source?

☐ NO

☐ YES

If yes, check the box that most closely describes the status of your project.

☐ Funding anticipated within 2 years

☐ Funding anticipated between 2 and 5 years

☐ Funding year uncertain

Comments:

F5.0 Medical Equipment Deficiencies

F5.1 Is the existing facility in need of new or replacement capitalized medical equipment? *Note: capitalized medical equipment is fixed or movable medical equipment greater than $500 in value.*

☐ NO

☐ YES

If yes, is there a cost estimate for the needed equipment?

☐ NO

☐ YES *Estimate = $* _____

F5.2 Does the facility have access to funds from any of the following sources for capitalized medical equipment?

☐ IHS

☐ State

☐ Regional Native Health Corporation Medical Equipment Fund

☐ Medical Equipment Fund at your parent organization

☐ Other *(list)* _____

If you checked any of the above five boxes, what is your estimate of the remaining funds necessary to meet your current medical equipment needs?

Estimate = $ _____

Comments:

F6.0 Utility and Maintenance Data

F6.1 Please provide the following energy data for calendar year 1998.

Total electrical usage at facility = _____ Kilowatt-hours

Total fuel oil usage at facility = _____ Gallons

Total natural gas usage at facility = _____ Cubic Feet

Total other energy sources (e.g. waste heat, coal etc.) = _____ Million BTU's

Other *(list)* _____

F6.2 On average, what are the annual costs for utilities and routine maintenance activities at the facility? Include costs for all utilities, building service contracts, maintenance benchstock and supplies, maintenance training, and small (less than $10,000) in-house repair / remodel projects. Do not include wages for maintenance staff.

$ _____ *per year*

F6.3 What funds are used to pay for ownership, repair, utility and maintenance costs at the facility? Check all the boxes that apply.

- ☐ IHS Village Built Clinic lease funds
- ☐ IHS / ANTHC Maintenance and Improvement funds
- ☐ Regional Native Health Corporation Funds
- ☐ Clinic Operating Funds
- ☐ City Funds
- ☐ State Funds
- ☐ Private Funds (e.g. contributions by building owner)
- ☐ Other *(list)* _____

F6.4 Is there a regional or other non-local support system for facilities management issues that your facility / staff can access?

- ☐ NO
- ☐ YES

If yes, indicate the lead organization for this support _____

F6.5 Does the owner of the facility have a building replacement and depreciation fund?

- ☐ NO
- ☐ YES
- ☐ Don't Know

Comments:

Certification: *The above information is true and accurate to the best of my knowledge.*

_____ _____
Signature *Date*

_____ _____
Printed Name *Position*

The following additional individuals participated in the completion of this section of the questionnaire.

_____ _____
Printed Name & Position *Printed Name & Position*

_____ _____
Printed Name & Position *Printed Name & Position*

The facilities section is now complete.

PROGRAM

Community _____ **Unique ID #** _____

Organization _____

P1.0 Services

The services listed in questions P1.1 – P1.41 and P4.1 – P4.7 may be considered components of comprehensive primary care. These services may be provided by a variety of health care providers, including Community Health Aides / Practitioners, Nurse Practitioners, Physician Assistants, Physicians, etc. Please indicate whether your program provides these services and functions. A "YES" answer implies that these services are provided on a regular basis by full or part time local staff. If you answered "NO" or "Itinerant Basis Only" please indicate why by checking one or more boxes to the right, and then indicate if any of the services should be provided on a regular basis to meet local program and/or community goals.

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Basic Primary Care Services Related To													
P1.1	Family Health												
P1.2	Emergency Medical Treatment												
P1.3	Substance Abuse Diagnosis												
P1.4	Substance Abuse Treatment												
P1.5	Mental Health Diagnosis												
P1.6	Mental Health Treatment												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Preventive Health Services													
P1.7	Prenatal and Perinatal Services												
P1.8	Breast and Cervical Cancer Screening												
P1.9	Well-Child Services												
P1.10	Immunizations												
P1.11	Supplemental Nutrition Program (WIC)												
P1.12	Family Planning Services												
P1.13	Preventive Dental Services												
P1.14	Dental Treatment Services												
P1.15	Patient Education												
P1.16	Other (list)												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract
CLIA = Clinical Laboratory Improvement Act

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Laboratory, Radiological and Pharmacy Services													
P1.17	CLIA Waived Tests												
P1.18	Specimen Collection for Shipment to Referral Lab												
P1.19	Provider Performed Microscopy												
P1.20	Moderate Complexity Lab												
P1.21	Ultrasound												
P1.22	X-Ray												
P1.23	Mammography												
P1.24	Pharmacy Services												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Patient Case Management Services													
P1.25	Referral of Patients to Providers												
P1.26	Counseling and Follow-Up Services to Assist Patients to Become Eligible for Health Care Coverage												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Services That Help Individuals to Use Clinic													
P1.27	Outreach												
P1.28	Home to Clinic Transportation												
P1.29	Language Interpretation												
P1.30	Sliding Fee Scale / Reduced Rates												
P1.31	Alternate / Extended Hours												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Community Health Services													
P1.32	Education on Availability and Appropriate Use of Services												
P1.33	Off Site Services (e.g., school, senior center)												
P1.34	Home Health Visits												
P1.35	Personal Care Services												
P1.36	Community Health Education & Health Promotion												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		*Currently Provided**?***			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Emergency Medical Services													
P1.37	First Responder Services												
P1.38	Ambulance Services												
P1.39	Ability to Provide Advanced Cardiac Life Support in Clinic												
P1.40	Dedicated Area for Dealing with Emergency Patients												
P1.41	Radio Communications Between Clinic & Emergency Medical Personnel												

Comments:

P2.0 Transportation

P2.1 Do you arrange for transport to other communities for care?

- ☐ NO
- ☐ YES

P2.2 What is the primary mode of travel to the next level of care?

- ☐ Motor Vehicle
- ☐ Airplane
- ☐ Boat
- ☐ Other *(list)* _____

P2.3 For routine referrals, what is the average travel time to the next level of care (door-to-door)?

- ☐ Less than 1 hour
- ☐ 1 – 2 hours
- ☐ 2 – 6 hours
- ☐ more than 6 hours

P2.4 In emergencies, what is the average travel time to the next level of care (door-to-door)?

- ☐ Less than 1 hour
- ☐ 1 – 2 hours
- ☐ 2 – 6 hours
- ☐ more than 6 hours

P2.5 What were your total travel costs for patient and accompanying staff to the next level of care in calendar year 1998?

$ _____

- ☐ Don't Know

Comments:

P3.0 Administration

P3.1 What term best defines the organization that provides administration of your program?

- ☐ Private, for profit
- ☐ Private, not for profit
- ☐ City/Borough
- ☐ PL 93-638 Contract / Compact
- ☐ Other *(explain)* _____
- ☐ N/A *If n/a go to question P3.3*

P3.2 Does the facility have a governing board / body?

- ☐ NO
- ☐ YES

P3.3 Check the box in each column that most accurately describes the budget situation for your health services delivery program. *Note: this question relates only to "program" budget, i.e., excludes facility ownership, repair, utility and maintenance costs, which are addressed separately in the Facilities section of the questionnaire.*

	Current Operating Budget	***Current Deficits***	***Total Projected Operating Budget if all Needed Services Were Provided***
Annual Amounts			
$0			
$1 - $50,000			
$50,001 - $100,000			
$100,001 - $150,000			
$150,001 - $200,000			
$200,001 - $250,000			
$250,001 - $300,000			
$300,001 - $350,000			
$350,001 - $400,000			
$400,001 - $450,000			
$450,001 - $500,000			
Greater Than $500,000			

P3.4 Check all the funding sources that apply, or would apply, to your health services program. Checking a box is the same as answering yes. Blank boxes will be interpreted as either a NO or Don't Know response. *Note: this question relates only to "program" budget, i.e., excludes facility ownership, repair, utility and maintenance costs, which are addressed separately in the Facilities section of the questionnaire.*

		Using Now	***Would Use if all Needed Services Were Provided***
Funding Sources			
P3.4.1	Medicaid		
P3.4.2	Denali KidCare		
P3.4.3	Medicare		
P3.4.4	Other Health Insurance		
P3.4.5	Federal Grants		
P3.4.6	State Grants		
P3.4.7	Other Grants		
P3.4.8	Private Pay		
P3.4.9	P.L. 93-638		
P3.4.10	Community Subsidy		
P3.4.11	Other *(list)*		

Comments:

P4.0 Support Services

The following is a list of support services. Please check all the boxes that apply.

		Done On-Site by Local Staff?	***Done On-Site by Itinerant/Contract Staff?***	***Done Off Site?***	***Not Done***
Support Services					
P4.1	Medical Records				
P4.2	Accounting / Budget				
P4.3	Billing / Collections				
P4.4	Computer Information Support				
P4.5	Facilities Management				
P4.6	Janitorial Services				
P4.7	Staff Development / In-Service				

Comments:

P5.0 Staffing

The following is a list of staff. For each type of staff, please indicate the number of funded positions you have, the number of positions filled and the number needed. Also indicate if you use Itinerant or Contract staff. Please report positions in terms of "Full-time equivalents (FTE's)".

Key:	
Full-time employee	1.0 FTE
4 days/week	.8
3 days/week	.6
Half-time	.5
2 days/week	.4
1 day/week	.2
0 days/week	0

		Number of Funded Positions	***Number of Filled Positions***	***Additional Number of Positions Needed***	***Itinerants or Contract Staff***	
					Current	***Additional Needed***
Staffing Services						
P5.1	Director / Clinical Manager					
P5.2	Business Manager					
P5.3	Billing / Collections Staff					
P5.4	Computer Information Staff					
P5.5	Clerical / Reception/Travel					
P5.6	Medical Records Staff					
P5.7	Maintenance / Janitorial Staff					
P5.8	Community Health Aide / Practitioner					
P5.9	Community Health Representative					
P5.10	Rural Human Services Worker					
P5.11	WIC Staff					
P5.12	Emergency Medical Technician					
P5.13	Nurse					
P5.14	State/Contract Public Health Nurse					
P5.15	Nurse Practitioner					
P5.16	Physician Assistant					
P5.17	Physician					
P5.18	Dental Hygienist					
P5.19	Dentist					
P5.20	Other (list)					

Comments:

P6.0 Clinical Caseload (Workload) Data

P6.1 Is caseload data available for your program?

☐ NO *If no, go to question P6.5.*

☐ YES

☐ N/A *If n/a, answer question P6.5 and then skip to section 8.0.*

P6.2 How many total patient encounters / visits were reported in your program in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.3 How many total dental encounters / visits were reported in your program in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.4 How many emergency medical patients were seen in your facility in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.5 Is there a significant seasonal or itinerant population in your community that requires health services?

☐ NO *If no, go to subsection P7.0.*

☐ YES

If yes, is the population high risk? Check all that apply below.

☐ Fishing

☐ Logging

☐ Tourism

☐ Other *(list)* _____

If yes, do many of these individuals experience a language barrier at your facility?

☐ NO

☐ YES

Comments:

P7.0 Extended Patient Stays *(greater than 4 hours)*

P7.1 Does your primary care facility ever treat patients for extended stays including overnight?

- ☐ NO *If no, go to subsection P8.0.*
- ☐ YES

P7.2 If you answered "YES" to question P7.1, how often were patients treated for extended stays in calendar year 1998?

- ☐ 1-5 times
- ☐ 6-10 times
- ☐ 11-20 times
- ☐ More than 20 times

P7.3 Why did these patients require extended stays in your facility? Check all that apply.

- ☐ Lack of adequate transportation
- ☐ Could not transport patient(s) out of community due to weather
- ☐ Condition of patients(s) required extended observation or treatment, but not out of community
- ☐ Other circumstances *(please explain below)*

_____

P7.4 Is your facility equipped to accommodate patients overnight?

- ☐ NO
- ☐ YES

Comments:

P8.0 Living Quarters

P8.1 Do you have living quarters available for Itinerant / Contract staff? Select one response that best describes the situation.

- ☐ NO
- ☐ YES – in clinic
- ☐ YES – in community

P8.2 Do you have living quarters available for permanent staff? Select one response that best describes the situation.

- ☐ NO
- ☐ YES – in clinic
- ☐ YES – in community

P8.3 If you answered "NO" to question P8.1 or P8.2, do you believe that dedicated living quarters for clinic staff are needed? Check all responses that apply.

- ☐ NO
- ☐ YES – in the clinic
- ☐ YES – in the community but not in the clinic
- ☐ YES – this affects our ability to provide certain health care services

Comments:

P9.0 Telehealth

P9.1 Does your main referral facility have an advanced medical communication system in place that takes advantage of new telemedicine technology?

- ☐ NO
- ☐ YES
- ☐ Under Development
- ☐ Don't Know

P9.2 If you currently have, or plan to have telemedicine equipment available in your facility, do you have adequate space for it?

- ☐ NO
- ☐ YES
- ☐ Don't Know

Comments:

Certification: *The above information is true and accurate to the best of my knowledge.*

Signature	*Date*
Printed Name	*Position*

The following additional individuals participated in the completion of this section of the questionnaire.

Printed Name & Position	*Printed Name & Position*
Printed Name & Position	*Printed Name & Position*

ADDITIONAL COMMENTS

Community _____ **Unique ID #** _____

Organization _____

Name of Facility _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

ADDITIONAL COMMENTS

Community _____ **Unique ID #** _____

Organization _____

Name of Facility _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

Question Number ☐ _____

DID YOU REMEMBER TO

For Hard Copy Submissions

☑ Enter the community, facility and program identification information at the beginning of the General, Facilities, and Program Sections of the questionnaire.

☑ Sign the certification at the end of all applicable sections of the questionnaire.

☑ Return the General Section of the questionnaire.

☑ Return the appropriate number of Facilities and Program Sections of the questionnaire.

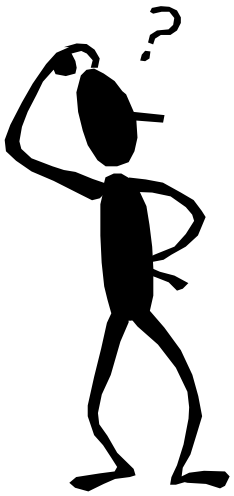
☑ Keep copies of all sections for your records.

For Electronic Submissions via the Project Web Site

☑ Complete the appropriate number of Facilities and Program Sections of the questionnaire.

☑ Print a copy of all sections for your records.

Complete Questionnaires and Submit Data by April 25, 2000



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Questionnaire

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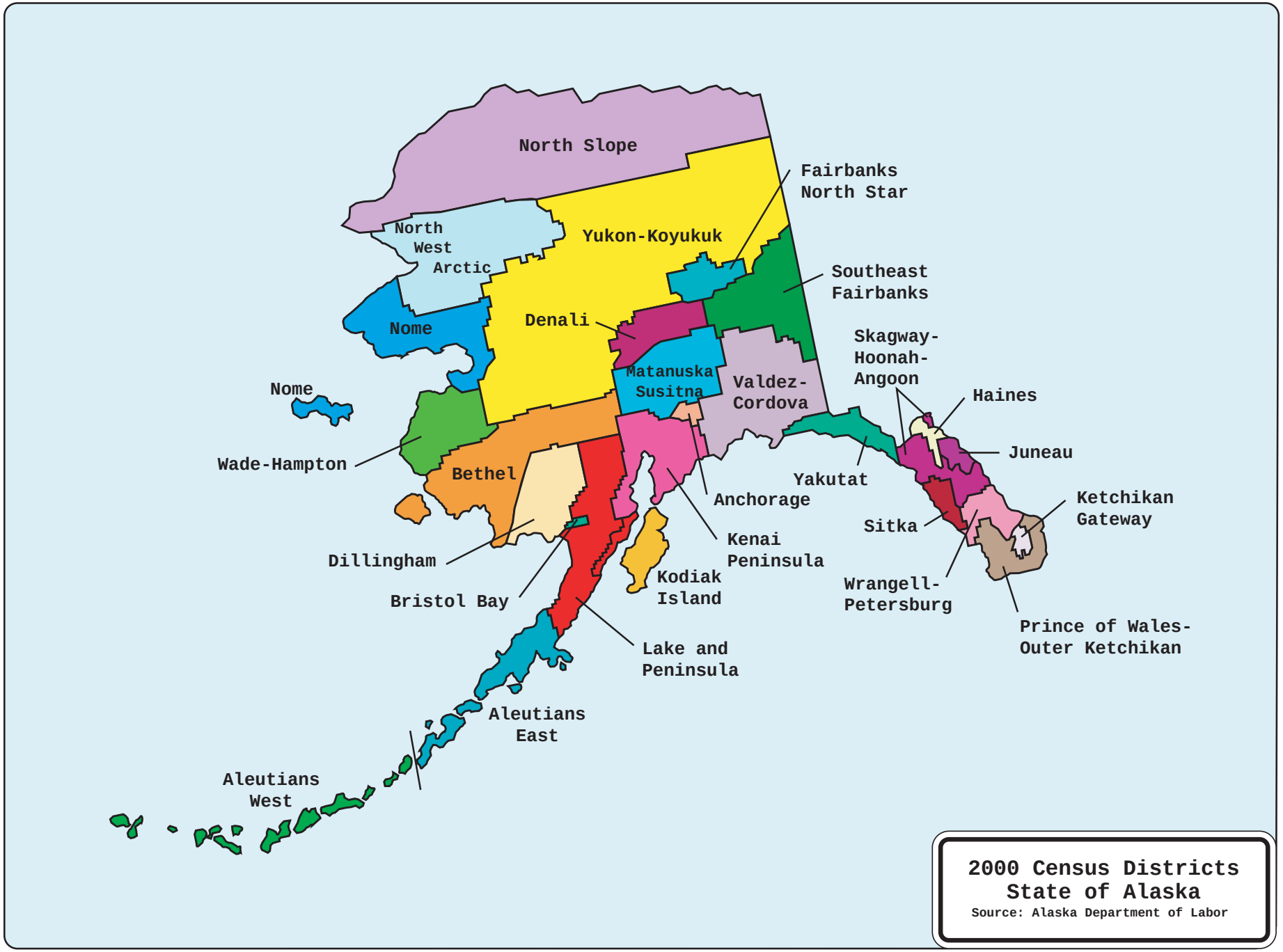
APPENDIX IV

2000 CENSUS DISTRICTS


North Slope
Fairbanks
North Star
North
West
Arctic
Yukon-Koyukuk
Southeast
Fairbanks
Nome
Denali
Skagway-
Hoonah-
Angoon
Matanuska
Susitna
Valdez-
Cordova
Nome
Haines
Juneau
Wade-Hampton
Bethel
Yakutat
Anchorage
Ketchikan
Gateway
Sitka
Kenai
Peninsula
Dillingham
Kodiak
Island
Wrangell-
Petersburg
Bristol Bay
Prince of Wales-
Outer Ketchikan
Lake and
Peninsula
Aleutians
East
Aleutians
West
2000 Census Districts
State of Alaska
Source: Alaska Department of Labor

APPENDIX V

SAMPLE AD HOC QUERY

Alaska Primary Care Data System

EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

The following information is sensitive and restricted from public release

	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
1	1	Hyder	1-Isolated	Y	0	0	300	N
2	1	Saxman	1-Highway	Y	0	0	288	N
3	2	Kupreanof	1-Isolated	N	0	0	0	N
4	5	Angoon	1-Isolated	Y	1950	0	1950	N
5	5	Coffman Cove	1-Isolated	N	0	0	0	N
6	5	Covenant Life	1-Isolated	N	0	0	0	N
7	5	Craig	2-Isolated	Y	2800	0	3730	N
8	5	Cube Cove	1-Isolated	N	0	0	0	N
9	5	Edna Bay	1-Isolated	N	0	0	0	N
10	5	Elfin Cove	1-Isolated	N	0	0	0	N
11	5	Game Creek	1-Isolated	Y	108	0	0	N
12	5	Gustavus	2-Isolated	Y	800	0	0	N
13	5	Haines	2-Isolated	Y	6000	1561	0	N
14	5	Hobart Bay	1-Isolated	N	0	0	0	N
15	5	Hollis	1-Isolated	N	0	0	0	N
16	5	Hoonah	2-Isolated	Y	0	0	2740	N
17	5	Kake	1-Isolated	Y	3300	3295	3134	N
18	5	Kasaan	1-Isolated	N	0	0	0	N
19	5	Klawock	2-Isolated	Y	6772	6769	1176	N
20	5	Klukwan	1-Isolated	N	0	0	0	N
21	5	Lutak	1-Highway	N	0	0	0	N
22	5	Metlakatla	2-Isolated	Y	8255	8273	0	N
23	5	Meyers Chuck	1-Isolated	N	0	0	0	N
24	5	Mosquito Lake	1-Isolated	N	0	0	0	N
25	5	Naukati Bay	1-Isolated	N	0	0	0	N
26	5	Pelican	2-Isolated	Y	1600	0	0	N
27	5	Point Baker	1-Isolated	N	0	0	0	N
28	5	Port Alexander	1-Isolated	N	0	0	0	N
29	5	Port Protection	1-Isolated	N	0	0	0	N
30	5	Skagway	2-Isolated	Y	0	0	720	N
31	5	Tenakee Springs	1-Isolated	N	0	0	0	N
32	5	Thorne Bay	2-Isolated	Y	1102	0	0	N
33	5	Whale Pass	1-Isolated	N	0	0	0	N
34	5	Whitestone Logging Camp	1-Isolated	N	0	0	0	N
35	6	Chiniak	1-Isolated	N	0	0	0	N
36	6	Karluk	1-Isolated	Y	0	0	392	N
37	6	Larsen Bay	1-Isolated	Y	615	0	615	N
38	6	Old Harbor	1-Isolated	Y	784	0	784	N
39	6	Ouzinkie	1-Isolated	Y	1056	0	960	N
40	6	Port Lions	1-Isolated	Y	1655	0	1465	N
41	6	Womens Bay	1-Highway	N	0	0	0	N
42	7	Anchor Point	2-Highway	N	0	0	0	N
43	7	Clam Gulch	1-Highway	N	0	0	0	N

Alaska Primary Care Data System

EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

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	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
44	7	Cohoe	1-Highway	N	0	0	0	N
45	7	Fox River	1-Highway	N	0	0	0	N
46	7	Fritz Creek	1-Highway	N	0	0	0	N
47	7	Halibut Cove	1-Isolated	N	0	0	0	N
48	7	Happy Valley	1-Highway	N	0	0	0	N
49	7	Jakolof Bay	1-Isolated	N	0	0	0	N
50	7	Kachemak	1-Highway	N	0	0	0	N
51	7	Kalifonsky	1-Highway	N	0	0	0	N
52	7	Kasilof	1-Highway	N	0	0	0	N
53	7	Nikolaevsk	1-Highway	N	0	0	0	N
54	7	Ninilchik	1-Highway	Y	3202	0	0	N
55	7	Port Graham	1-Isolated	Y	0	0	530	N
56	8	Cooper Landing	1-Highway	N	0	0	0	N
57	8	Crown Point	1-Highway	N	0	0	0	N
58	8	Hope	1-Highway	N	0	0	0	N
59	8	Moose Pass	1-Highway	N	0	0	0	N
60	8	Primrose	1-Highway	N	0	0	0	N
61	8	Ridgeway	2-Highway	N	0	0	0	N
62	8	Sterling	2-Highway	N	0	0	0	N
63	9	Kenai	2-Highway	Y	0	3600	0	N
64	9	Nikiski	2-Highway	N	0	0	0	N
65	9	Salamatof	1-Highway	N	0	0	0	N
66	26	Wasilla	2-Highway	N	0	0	0	N
67	27	Butte	1-Highway	N	0	0	0	N
68	27	Chickaloon	1-Highway	N	0	0	0	N
69	27	Lazy Mountain	1-Highway	N	0	0	0	N
70	27	Sutton	1-Highway	N	0	0	0	N
71	28	Alexander Creek	1-Isolated	N	0	0	0	N
72	28	Big Lake	2-Highway	N	0	0	0	N
73	28	Chase	1-Isolated	N	0	0	0	N
74	28	Houston	1-Highway	N	0	0	0	N
75	28	Knik	1-Highway	N	0	0	0	N
76	28	Meadow Lakes	2-Highway	N	0	0	0	N
77	28	Skwentna	1-Isolated	N	0	0	0	N
78	28	Talkeetna	2-Highway	Y	3000	0	0	N
79	28	Trapper Creek	1-Highway	N	0	0	0	N
80	28	Willow	1-Highway	N	0	0	0	N
81	29	Ester	1-Highway	N	0	0	0	N
82	33	Fox	1-Highway	N	0	0	0	N
83	33	Pleasant Valley	1-Highway	N	0	0	0	N
84	33	Two Rivers	1-Highway	N	0	0	0	N
85	34	Anderson	1-Isolated	N	0	0	0	N
86	34	Cantwell	1-Isolated	Y	0	0	589	N

Alaska Primary Care Data System

EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

The following information is sensitive and restricted from public release

	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
87	34	Ferry	1-Isolated	N	0	0	0	N
88	34	Harding Lake	1-Isolated	N	0	0	0	N
89	34	Healy	2-Isolated	N	0	0	0	N
90	34	Lignite	1-Isolated	N	0	0	0	N
91	34	McKinley Park	1-Isolated	N	0	0	0	N
92	34	Moose Creek	1-Highway	N	0	0	0	N
93	34	North Pole	2-Highway	N	0	0	0	N
94	34	Salcha	1-Highway	N	0	0	0	N
95	35	Big Delta	2-Isolated	N	0	0	0	N
96	35	Chenega Bay	1-Isolated	Y	0	0	545	N
97	35	Delta Junction	2-Isolated	N	0	0	0	N
98	35	Eyak	1-Highway	N	0	0	0	N
99	35	Gakona	1-Isolated	N	0	0	0	N
100	35	Glennallen	2-Isolated	N	0	0	0	N
101	35	Kenny Lake	1-Isolated	N	0	0	0	N
102	35	Mendeltna	1-Isolated	N	0	0	0	N
103	35	Paxson	1-Isolated	N	0	0	0	N
104	35	Tazlina	1-Isolated	N	0	0	0	N
105	35	Tonsina	1-Isolated	N	0	0	0	N
106	35	Whittier	2-Isolated	Y	900	0	0	N
107	36	Alatna	1-Isolated	N	0	0	0	N
108	36	Alcan	1-Isolated	N	0	0	0	N
109	36	Allakaket	1-Isolated	Y	0	0	437	N
110	36	Aniak	2-Isolated	Y	6300	7538	841	N
111	36	Anvik	1-Isolated	Y	944	1055	765	N
112	36	Arctic Village	1-Isolated	Y	0	0	1240	N
113	36	Beaver	1-Isolated	Y	0	0	480	N
114	36	Bettles	1-Isolated	N	0	0	0	N
115	36	Birch Creek	1-Isolated	Y	500	0	0	N
116	36	Central	1-Isolated	N	0	0	0	N
117	36	Chalkyitsik	1-Isolated	Y	0	0	480	N
118	36	Chistochina	1-Isolated	Y	0	0	768	N
119	36	Chitina	1-Isolated	Y	540	0	980	N
120	36	Chuathbaluk	1-Isolated	Y	840	720	720	N
121	36	Circle	1-Isolated	Y	0	0	480	N
122	36	Circle Hot Springs	1-Isolated	N	0	0	0	N
123	36	Copper Center	1-Isolated	Y	140	2977	980	N
124	36	Copperville	1-Isolated	N	0	0	0	N
125	36	Crooked Creek	1-Isolated	Y	680	680	680	N
126	36	Dot Lake	1-Isolated	Y	384	0	363	N
127	36	Eagle	1-Isolated	Y	0	0	448	N
128	36	Evansville	1-Isolated	Y	720	0	0	N
129	36	Fort Yukon	2-Isolated	Y	0	5920	0	N

Alaska Primary Care Data System

EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

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	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
130	36	Galena	2-Isolated	Y	2307	0	3702	N
131	36	Grayling	1-Isolated	Y	899	898	768	N
132	36	Gulkana	1-Isolated	Y	50	0	816	N
133	36	Healy Lake	1-Isolated	N	0	0	0	N
134	36	Holy Cross	1-Isolated	Y	768	1125	768	N
135	36	Hughes	1-Isolated	Y	896	0	265	N
136	36	Huslia	1-Isolated	Y	0	0	832	N
137	36	Kaltag	1-Isolated	Y	117	0	713	N
138	36	Koyukuk	1-Isolated	Y	0	0	805	N
139	36	Lake Minchumina	1-Isolated	N	0	0	0	N
140	36	Lime Village	1-Isolated	Y	0	480	480	N
141	36	Lower Kalskag	1-Isolated	Y	768	768	768	N
142	36	Manley Hot Springs	1-Isolated	Y	0	0	488	N
143	36	Marshall	1-Isolated	Y	1632	1632	696	N
144	36	McCarthy	1-Highway	N	0	0	0	N
145	36	McGrath	2-Isolated	Y	0	0	1600	N
146	36	Mentasta Lake	1-Highway	Y	400	0	980	N
147	36	Minto	1-Isolated	Y	636	0	792	N
148	36	Nenana	2-Highway	Y	0	0	513	N
149	36	Nikolai	1-Isolated	Y	576	0	520	N
150	36	Northway	1-Isolated	Y	0	0	673	N
151	36	Northway Junction	1-Isolated	Y	0	0	673	N
152	36	Nulato	1-Isolated	Y	864	910	757	N
153	36	Pilot Station	1-Isolated	Y	1200	768	768	N
154	36	Rampart	1-Isolated	Y	0	0	320	N
155	36	Red Devil	1-Isolated	Y	0	0	336	N
156	36	Ruby	1-Isolated	Y	0	0	653	N
157	36	Russian Mission	1-Isolated	Y	1280	1000	1000	N
158	36	Shageluk	1-Isolated	Y	538	288	810	N
159	36	Slana	1-Isolated	N	0	0	0	N
160	36	Sleetmute	1-Isolated	Y	840	840	1408	N
161	36	Stevens Village	1-Isolated	Y	396	0	443	N
162	36	Stony River	1-Isolated	Y	956	437	437	N
163	36	Takotna	1-Isolated	Y	376	0	575	N
164	36	Tanacross	1-Isolated	Y	710	0	495	N
165	36	Tanana	2-Isolated	Y	0	55772	0	N
166	36	Tetlin	1-Isolated	Y	0	0	480	N
167	36	Tok	2-Isolated	Y	7780	0	1338	N
168	36	Tuluksak	1-Isolated	Y	1008	1000	837	N
169	36	Tyonek	1-Isolated	Y	800	0	900	N
170	36	Upper Kalskag	1-Isolated	Y	960	960	504	N
171	36	Venetie	1-Isolated	Y	0	0	1200	N
172	36	Wiseman	1-Isolated	N	0	0	0	N

Alaska Primary Care Data System

EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

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	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
173	37	Ambler	1-Isolated	Y	870	0	870	N
174	37	Anaktuvuk Pass	1-Isolated	Y	2623	0	4400	N
175	37	Atqasuk	1-Isolated	Y	2623	0	4400	N
176	37	Buckland	1-Isolated	Y	805	0	805	N
177	37	Deering	1-Isolated	Y	725	0	725	N
178	37	Kaktovik	1-Isolated	Y	0	0	4400	N
179	37	Kiana	1-Isolated	Y	780	0	1083	N
180	37	Kivalina	1-Isolated	Y	930	0	867	N
181	37	Kobuk	1-Isolated	Y	805	0	805	N
182	37	Noatak	1-Isolated	Y	800	0	800	N
183	37	Noorvik	1-Isolated	Y	2500	3284	0	N
184	37	Nuiqsut	1-Isolated	Y	0	0	4400	N
185	37	Point Hope	1-Isolated	Y	4000	0	870	N
186	37	Point Lay	1-Isolated	Y	5246	0	4400	N
187	37	Prudhoe Bay	2-Isolated	N	0	0	0	N
188	37	Selawik	1-Isolated	Y	2100	884	768	N
189	37	Shungnak	1-Isolated	Y	1620	0	0	N
190	37	Wainwright	1-Isolated	Y	0	0	4400	N
191	38	Alakanuk	1-Isolated	Y	1344	1344	1344	N
192	38	Andreafsky	2-Isolated	N	0	0	0	N
193	38	Brevig Mission	1-Isolated	Y	0	0	1260	N
194	38	Chevak	1-Isolated	Y	2816	2836	1977	N
195	38	Elim	1-Isolated	Y	737	0	954	N
196	38	Emmonak	1-Isolated	Y	1792	13473	869	N
197	38	Gambell	1-Isolated	Y	2587	1048	1260	N
198	38	Golovin	1-Isolated	Y	1267	0	992	N
199	38	Hooper Bay	1-Isolated	Y	1790	2838	1790	N
200	38	Kotlik	1-Isolated	Y	2400	960	960	N
201	38	Koyuk	1-Isolated	Y	1110	0	1120	N
202	38	Mekoryuk	1-Isolated	Y	966	800	768	N
203	38	Mountain Village	1-Isolated	Y	1656	1899	1900	N
204	38	Newtok	1-Isolated	Y	442	442	442	N
205	38	Nightmute	1-Isolated	Y	910	910	417	N
206	38	Nunam Iqua (Sheldon Point)	1-Isolated	Y	768	768	840	N
207	38	Pitka's Point	1-Isolated	Y	1000	999	374	N
208	38	Port Clarence	1-Isolated	N	0	0	0	N
209	38	Saint Mary's	1-Isolated	Y	720	720	0	N
210	38	Saint Michael	1-Isolated	Y	1800	0	0	N
211	38	Scammon Bay	1-Isolated	Y	1020	1019	880	N
212	38	Stebbins	1-Isolated	Y	722	0	1833	N
213	38	Teller	1-Isolated	Y	1472	0	910	N
214	38	Toksook Bay	1-Isolated	Y	1440	1440	1200	N
215	38	Tununak	1-Isolated	Y	768	768	768	N

Alaska Primary Care Data System

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	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
216	38	Unalakleet	2-Isolated	Y	3202	1400	1440	N
217	38	White Mountain	1-Isolated	Y	0	0	768	N
218	39	Akiachak	1-Isolated	Y	0	1791	768	N
219	39	Akiak	1-Isolated	Y	1628	831	1628	N
220	39	Aleknagik	1-Highway	Y	0	0	623	N
221	39	Atmautluak	1-Isolated	Y	768	4425	768	N
222	39	Chefornak	1-Isolated	Y	960	936	609	N
223	39	Clark's Point	1-Isolated	Y	0	0	240	N
224	39	Eek	1-Isolated	Y	729	1399	768	N
225	39	Ekwok	1-Isolated	Y	0	0	439	N
226	39	Kasigluk	1-Isolated	Y	768	768	768	N
227	39	Kipnuk	1-Isolated	Y	1536	1536	960	N
228	39	Kongiganak	1-Isolated	Y	960	960	768	N
229	39	Kwethluk	1-Isolated	Y	1792	1791	792	N
230	39	Kwigillingok	1-Isolated	Y	946	1039	946	N
231	39	Napakiak	1-Isolated	Y	1008	1000	768	N
232	39	Napaskiak	1-Isolated	Y	960	1959	0	N
233	39	New Stuyahok	1-Isolated	Y	800	0	1000	N
234	39	Nunapitchuk	1-Isolated	Y	1679	1678	775	N
235	39	Oscarville	1-Isolated	Y	320	320	320	N
236	39	Platinum	1-Isolated	Y	0	0	427	N
237	39	Quinhagak	1-Isolated	Y	1161	1139	1139	N
238	39	Togiak	2-Isolated	Y	0	0	784	N
239	39	Tuntutuliak	1-Isolated	Y	1440	1439	1440	N
240	39	Twin Hills	1-Isolated	Y	0	0	725	N
241	40	Adak	2-Isolated	N	0	0	0	N
242	40	Akutan	2-Isolated	Y	960	0	720	N
243	40	Atka	1-Isolated	Y	960	0	960	N
244	40	Chignik	2-Isolated	Y	1200	0	0	N
245	40	Egegik	1-Isolated	Y	400	0	432	N
246	40	False Pass	1-Isolated	Y	0	0	530	N
247	40	Igiugig	1-Isolated	Y	854	0	640	N
248	40	Iliamna	1-Isolated	Y	0	0	750	N
249	40	Ivanof Bay	1-Isolated	Y	0	0	576	N
250	40	King Cove	2-Isolated	Y	790	0	2000	N
251	40	King Salmon	1-Isolated	Y	0	0	528	N
252	40	Levelock	1-Isolated	Y	0	0	912	N
253	40	Naknek	2-Isolated	Y	0	0	672	N
254	40	Nelson Lagoon	1-Isolated	Y	0	0	670	N
255	40	Newhalen	1-Isolated	Y	0	0	440	N
256	40	Nikolski	1-Isolated	Y	820	0	382	N
257	40	Nondalton	1-Isolated	Y	100	0	660	N
258	40	Pedro Bay	1-Isolated	Y	800	0	400	N

Alaska Primary Care Data System

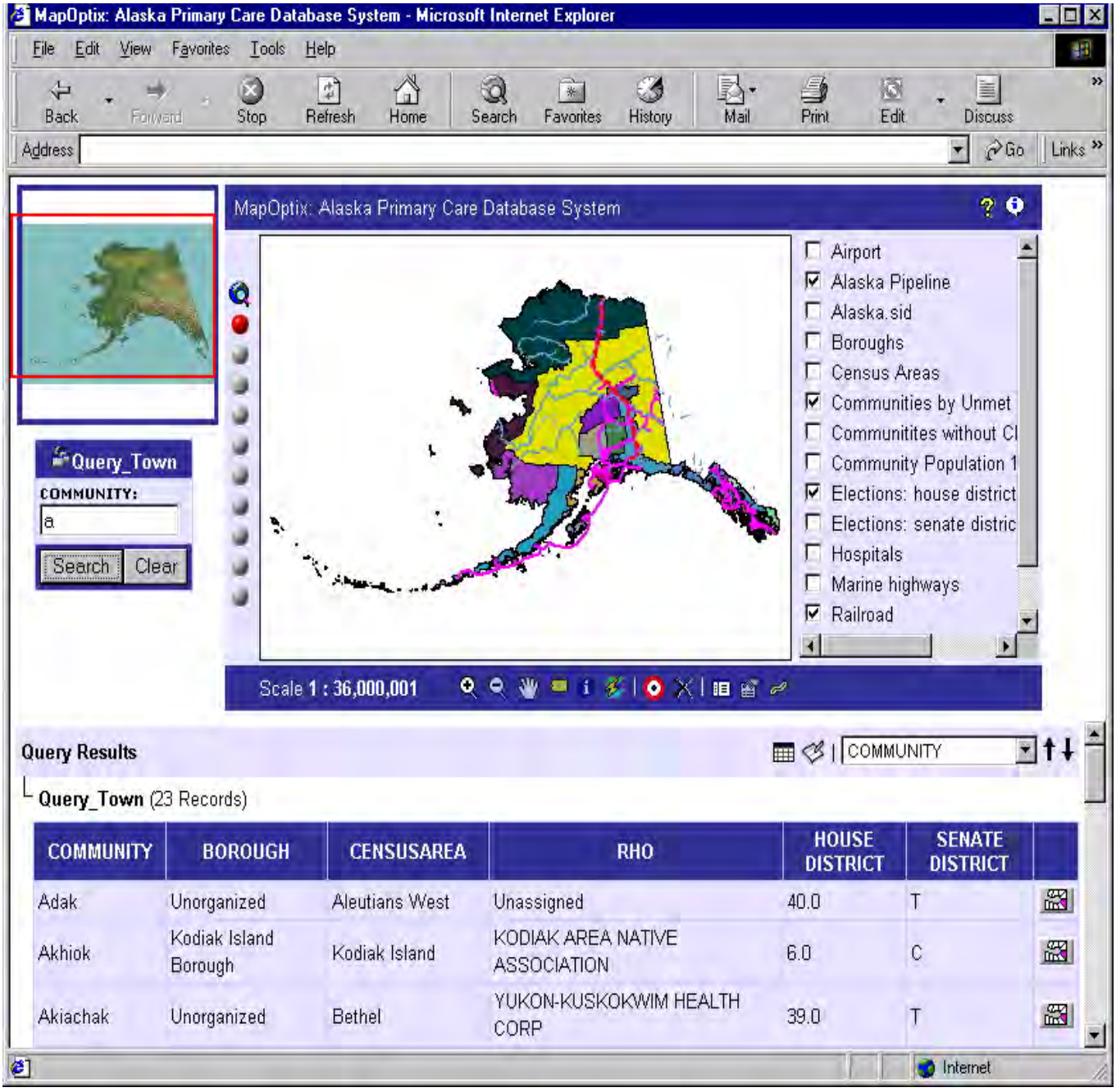
EMS Level 1 or 2 Communities Without A Clinic, or Not Equipped for Overnight Stays

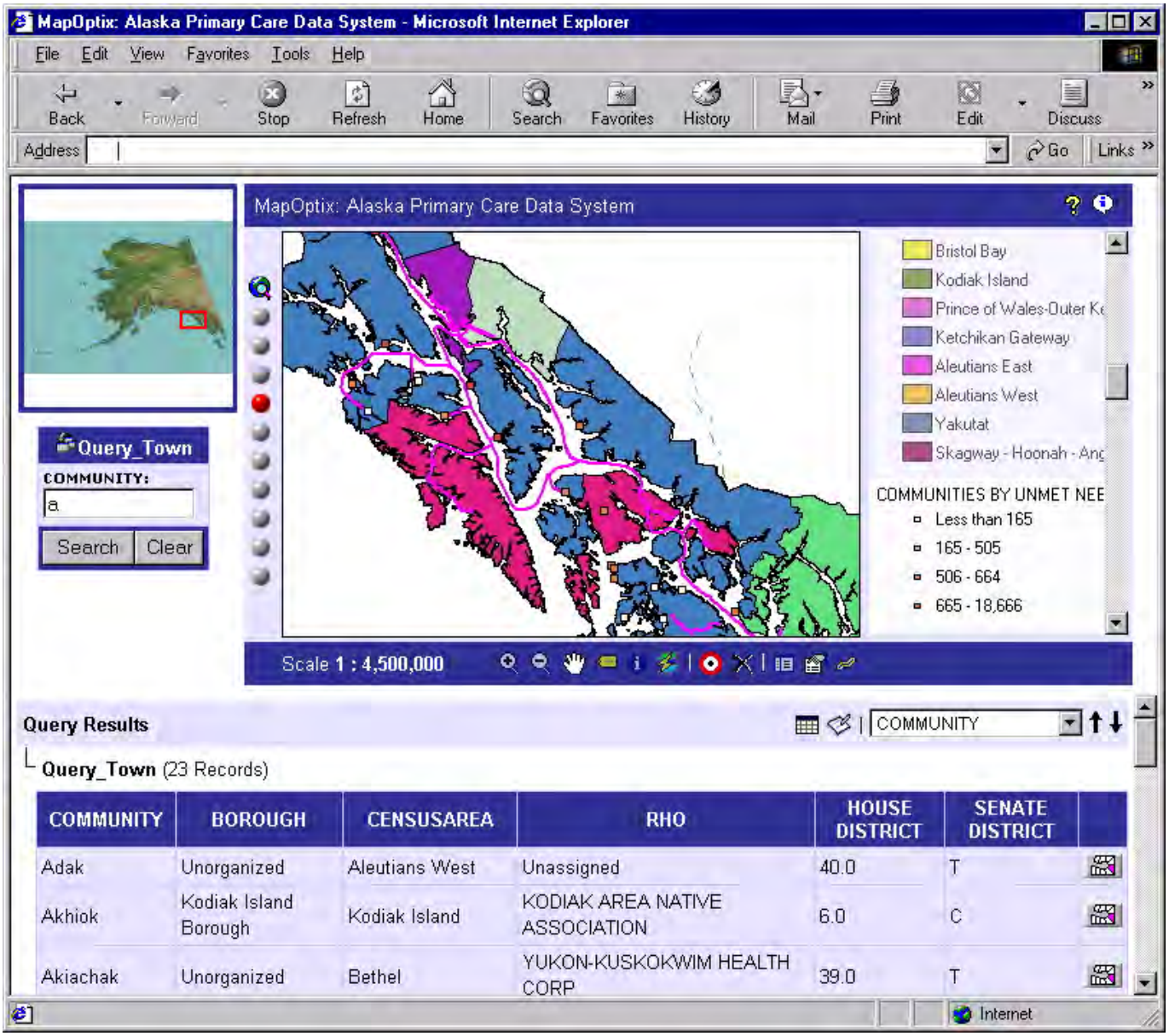
The following information is sensitive and restricted from public release

	House Election District	Community	EMS Level	Has Clinic	FNAQ GSF	IHS GSF	1994 Clinic Survey GSF	Equipped for Overnight
259	40	Perryville	1-Isolated	Y	600	0	760	N
260	40	Port Alsworth	1-Isolated	N	0	0	0	N
261	40	Port Heiden	1-Isolated	Y	0	0	710	N
262	40	Saint George	2-Isolated	Y	2100	0	2100	N
263	40	South Naknek	1-Isolated	Y	0	0	1045	N
264	40	Unalaska	2-Isolated	Y	1796	0	3100	N

APPENDIX VI

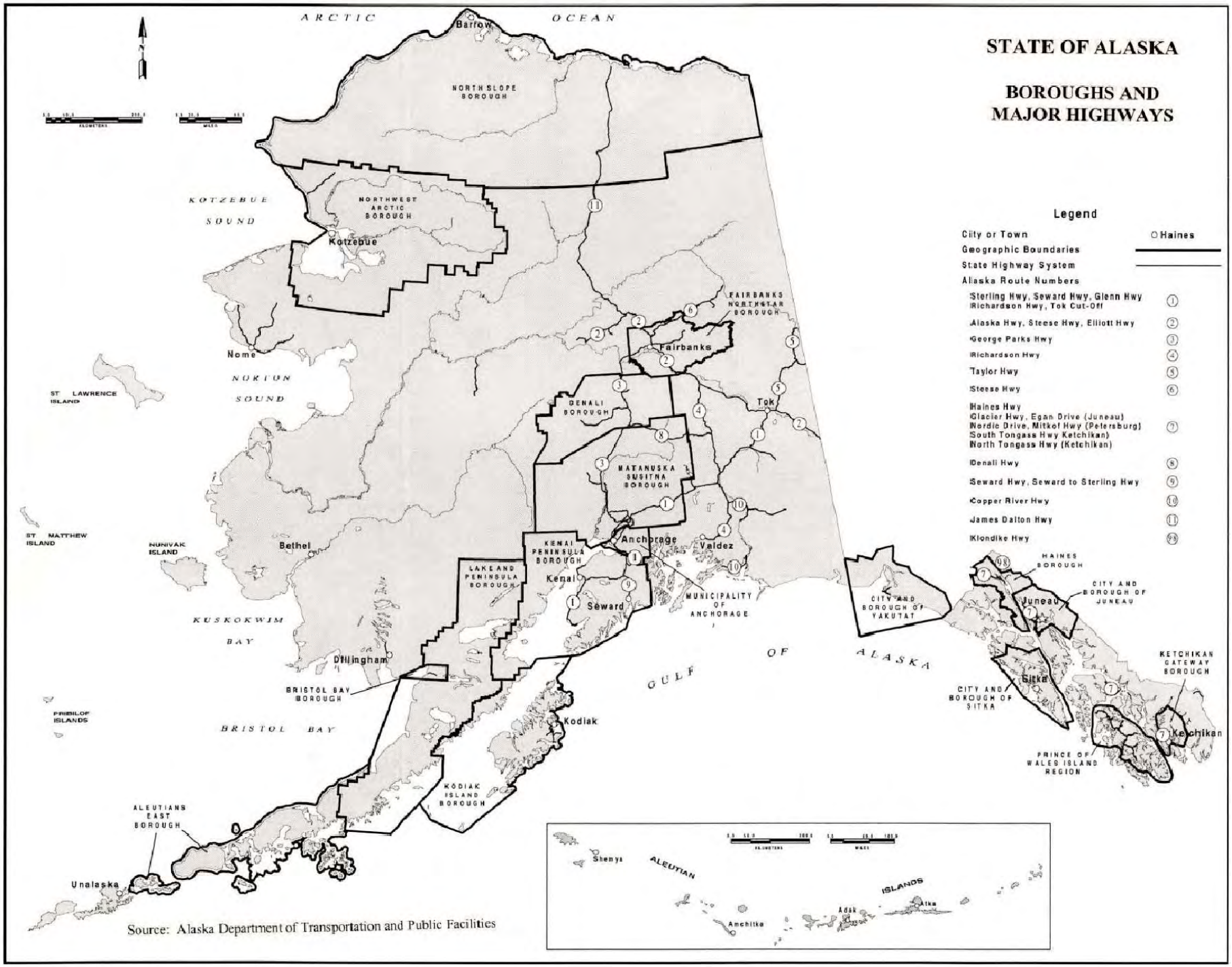
SAMPLE GEOGRAPHIC INFORMATION SYSTEM DISPLAY


MapOptix: Alaska Primary Care Database System - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss
Address
Go Links
MapOptix: Alaska Primary Care Database System
Airport
Alaska Pipeline
Alaska.sid
Boroughs
Census Areas
Communities by Unmet
Communitites without Cl
Community Population 1
Elections: house district
Elections: senate distric
Hospitals
Marine highways
Railroad
Query_Town
COMMUNITY:
a
Search
Clear
Scale 1 : 36,000,001
Query Results
COMMUNITY
Query_Town (23 Records)
COMMUNITY
BOROUGH
CENSUSAREA
RHO
HOUSE DISTRICT
SENATE DISTRICT
Adak
Unorganized
Aleutians West
Unassigned
40.0
T
Akhiok
Kodiak Island Borough
Kodiak Island
KODIAK AREA NATIVE ASSOCIATION
6.0
C
Akiachak
Unorganized
Bethel
YUKON-KUSKOKWIM HEALTH CORP
39.0
T
Internet


MapOptix: Alaska Primary Care Data System - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss
Address Go Links
MapOptix: Alaska Primary Care Data System
Query_Town
COMMUNITY:
a
Search Clear
Bristol Bay
Kodiak Island
Prince of Wales-Outer K
Ketchikan Gateway
Aleutians East
Aleutians West
Yakutat
Skagway - Hoonah - An
COMMUNITIES BY UNMET NEE
Less than 165
165 - 505
506 - 664
665 - 18,666
Scale 1 : 4,500,000
Query Results
COMMUNITY
Query_Town (23 Records)
COMMUNITY BOROUGH CENSUSAREA RHO HOUSE DISTRICT SENATE DISTRICT
Adak Unorganized Aleutians West Unassigned 40.0 T
Akhiok Kodiak Island Borough Kodiak Island KODIAK AREA NATIVE ASSOCIATION 6.0 C
Akiachak Unorganized Bethel YUKON-KUSKOKWIM HEALTH CORP 39.0 T
Internet

APPENDIX VII

BOROUGHS AND MAJOR HIGHWAYS



Source: Alaska Department of Transportation and Public Facilities

APPENDIX VIII

SPACE STANDARDS COMPARISON

Space Standards Comparison

	STANDARD or PROJECT	Size (Sq. Ft.)	Design Pop.	Code Criteria: UBC Type V-N	Code Criteria: Bus. Occupancy	Code Criteria: ADA	Code Criteria: Other	Designer or Standard	Year Planned or Designed
line	column	a	b	c	d	e	f	g	h
1	**YKHC PROTOTYPES**								
2	Small	1,078	20 - 300	X	X	X		Winchester AK	1999
3	Medium	1,470	300 - 600	X	X	X			
4	Large	1,870	> 600	X	X	X			
5	Sub-Regional	10,607**	varies	X	X	X			
6	**MANIILAQ PROTOTYPE**								
7	One Size Fits All	5,150	100 - 800	X	X	X		Bettisworth and Co.	2000
8	**NORTH SLOPE BOROUGH STANDARDS**								
9	Original Prototype	4,400	150 - 500	X	X			McCool - McDonald	1982
10	Upgrade Standard - Level 1	4,400	< 300	X	X	X		ECI - Hyer	1995
11	Upgrade Standard - Level 2	5,020	> 300	X	X	X		ECI - Hyer	
12	Upgrade Standard - Level 3	6,060		X	X	X		ECI - Hyer	
13	**IHS PLANNING STANDARDS**								
14	Small Leased Facilities	3,022 - 8,250	> 500	X	X			HFPM Addendum	1991
15	St. Paul PJD	18,697	1011*	X	X	X	NFPA	HFPM (1986 Ed.)	1994
16	Metlakatla PJD	28,632	1576	X	X	X			1995
17	**AANHS VBC STANDARDS**								
18	Small	400	20 - 200	No reference to UBC or ADA in Circulars			NFPA NEC UPC	AANHS Circulars 93-74 & 91-75	1986
19	Medium	800	200-450						
20	Large	1,000 - 2,500	>450						
21	**DHSS PUBLIC HEALTH CENTER STANDARDS**								
22	Small	2,162	n/a					Livingston - Slone & Dept. of Admin.	1988
23	Intermediate	3,798							
24	Large	7,345							
25	**SPECIFIC RECENT PROJECTS**		**Current Pop.**						
26	Crooked Creek	1,078	137					YKHC	1999
27	Holy Cross	1,078	247					YKHC	1999
28	Lower Kalskag	1,470	310					YKHC	1999
29	Kwigillingok	1,470	360					YKHC	1999
30	St. Marys **Sub-Regional**	10,607	**3012**					YKHC	1999
31	Aniak **Sub-Regional**	6,250	**2636**					Livingston Slone	1993
32	Noorvik	2,432	632					NANA/DOWL	1999
33	Alakanuk	1,870	659					YKHC	1999
34	King Cove	9,541	691					Planning For Health	1999
35	Selawik	1,707	767					Whitmore Johnson	1996
36	Unalakleet **Sub-Regional**	14,500	2157					Architects Alaska	2000
37	Emmonak **Sub-Regional**	10,607	**3749**					YKHC	1999
38	Craig	11,000	2,136					Livingston Slone	1996
39	Unalaska	16,000***	4,178					ECI - Hyer	1993

Space Standards Comparison

	STANDARD or PROJECT	Services									Annual Outpatient Workload			Staffing				COMMENTS
		Ambulatory	Admin. / Support	Community Health	Behaviorial Health	Diagnostic	Dental	EMS	Quarters	Other	CHA Patient Encounters	PCPV's	Total Recorded OPV's *	CHA / CHR	PCP	Other	Total	
line	column	I	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	
1	**YKHC PROTOTYPES**																	
2	Small	X	X											X				3 exam rooms + ofc.
3	Medium	X	X											X				4 exam rooms + ofc.
4	Large	X	X											X				5 exam rooms + ofc.
5	Sub-Regional	X	X	X		X	X			X				X	X	X		
6	**MANIILAQ PROTOTYPE**																	
7	One Size Fits All	X	X				X		X	X				X		X		
8	**NORTH SLOPE BOROUGH STANDARDS**																	
9	Original Prototype	X	X			X		X	X									EMS = ambulance garage
10	Upgrade Standard - Level 1	X	X			X		X	X				< 2000					
11	Upgrade Standard - Level 2	X	X			X		X					2000 - 3000					distinction between level 2 and 3 based
12	Upgrade Standard - Level 3	X	X		X	X		X					> 3000					primarily on demographics & workload
13	**IHS PLANNING STANDARDS**																	
14	Small Leased Facilities	X	X	X			X					1,115 - 4,400		X	X	X	4+	
15	St. Paul PJD	X	X	X	X	X	X			X	n/a	5,237	10,458	X	X	X	30	proj. not yet designed
16	Metlakatla PJD	X	X	X	X	X	X	X		X		9,477		X	X	X	60	proj. not yet designed
17	**AANHS VBC STANDARDS**																	
18	Small	X	X								No Specific Standards			X			1	1 exam room + ofc.
19	Medium	X	X											X			1	2 exam room + ofc.
20	Large	X	X											X			2	2 exam room + ofc.
21	**DHSS PUBLIC HEALTH CENTER STANDARDS**																	
22	Small										No Specific Standards				X	X	3	
23	Intermediate														X	X	6	
24	Large													X	X	X	16	
25	**SPECIFIC RECENT PROJECTS**										**FY 98 IHS DATA**							
26	Crooked Creek	X	X								877			X			4	
27	Holy Cross	X	X								1,083			X			3	
28	Lower Kalskag	X	X								2,091			X			3	
29	Kwigillingok	X	X								2,696			X			5	
30	St. Marys **Sub-Regional**	X	X	X		X	X			X	3,160			X	X			under construction
31	Aniak **Sub-Regional**	X	X	X		X	X			X	6,966	7,898	11,549	X	X			original YKHC subregional design
32	Noorvik	X	X							X	3,836			X				
33	Alakanuk	X	X								3,894			X			6	
34	King Cove										2,154	1,921	3,811	X				in planning stage
35	Selawik	X	X	X					X		5,414			X				
36	Unalakleet **Sub-regional**										2,989			X				in planning stage
37	Emmonak **Sub-Regional**	X	X	X		X	X			X	4,725			X	X			under construction
38	Craig													X	X			
39	Unalaska	X	X	X	X	X	X	X		X								

Notes:

* Total OPV may not = CHAP + PCPV's since CHAP encounters are not "adjusted" values, and not all CHAP data finds its way into the official OPV reporting system.
** There is an additional 3,430 sf of open storage space on the mezanine storage level.
*** City clinic (Illiuk) only, i.e., excludes second floor space leased by APIA for their health programs: total building = 19,130 sf
Blank cells indicate either N/A or no data available.

APPENDIX IX

UNMET NEED BY CENSUS AREA

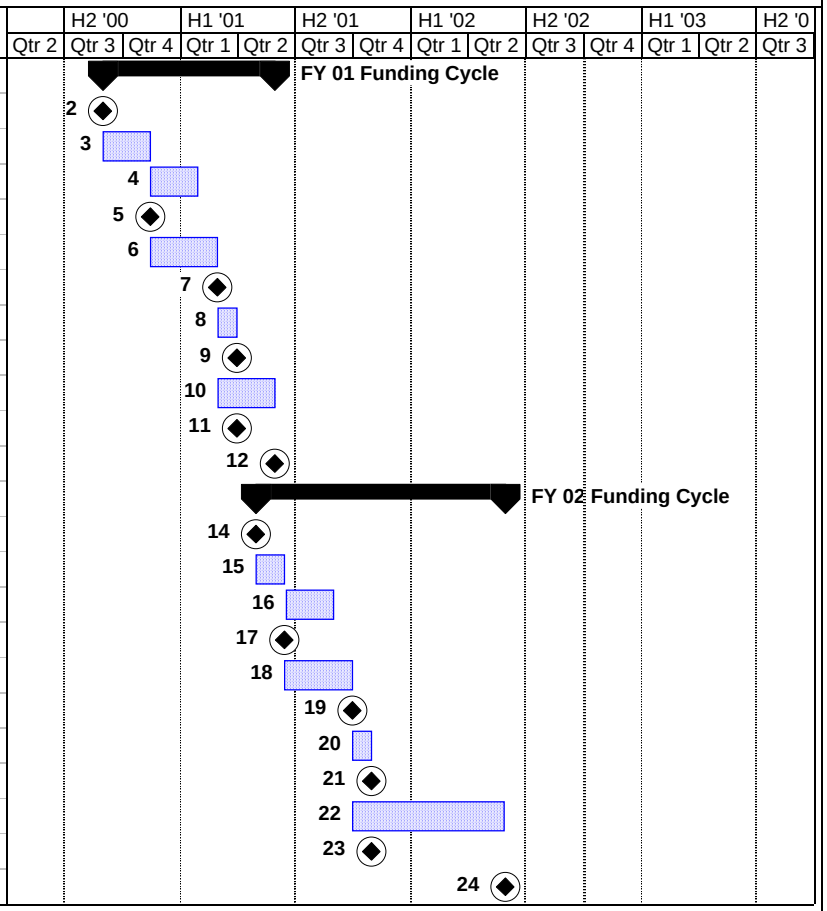
UNMET NEED BY CENSUS AREA

Census Area	Additional Space Need (sf)	Cost of Additional Space	Cost to Repair	Total Unmet Need
ALEUTIANS EAST	4,941	$2,011,941	$2,954,950	$4,966,892
ALEUTIANS WEST	3,436	$1,166,404	$6,740,817	$7,907,221
ANCHORAGE	0	$0	$124,320	$124,320
BETHEL	33,331	$14,648,422	$11,845,943	$26,494,365
BRISTOL BAY	4,192	$1,363,262	$406,897	$1,770,159
DENALI	11,831	$3,897,847	$121,023	$4,018,871
DILLINGHAM	8,897	$3,483,922	$2,375,556	$5,859,477
FAIRBANKS NSB	9,961	$2,522,281	$0	$2,522,281
HAINES BOROUGH	3,070	$1,072,402	$1,880,731	$2,953,133
JUNEAU	0	$0	$0	$0
KENAI PENINSULA	23,725	$8,111,283	$3,696,759	$11,808,042
KETCHIKAN	0	$0	$0	$0
KODIAK ISLAND	10,187	$2,305,513	$1,657,692	$3,963,205
LAKE-PENINSULA	17,648	$6,205,531	$3,885,523	$10,091,054
MATANUSKA-SUSITNA	19,938	$790,383	$1,020,058	$1,810,440
NOME	13,423	$5,511,953	$7,524,901	$13,036,854
NORTH SLOPE	1,535	$505,619	$8,846,655	$9,352,274
NORTHWEST ARCTIC	8,482	$3,626,833	$3,432,803	$7,059,636
PRINCE OF WALES	18,523	$4,674,042	$6,428,289	$11,102,331
SE FAIRBANKS	16,989	$4,332,912	$3,196,540	$7,529,452
SITKA	0	$0	$0	$0
SKAGWAY-HOONAH-ANGOON	15,825	$5,489,334	$1,779,964	$7,269,298
VALDEZ-CORDOVA	23,746	$7,941,851	$1,554,079	$9,495,930
WADE HAMPTON	12,075	$4,513,803	$6,098,352	$10,612,154
WRANGELL-PETERSBURG	3,070	$1,060,169	$585,000	$1,645,169
YAKUTAT	1,259	$394,640	$0	$394,640
YUKON-KOYUKUK	39,232	$13,415,306	$26,339,773	$39,755,079
TOTALS	**305,316**	**$99,045,654**	**$102,496,623**	**$201,542,277**

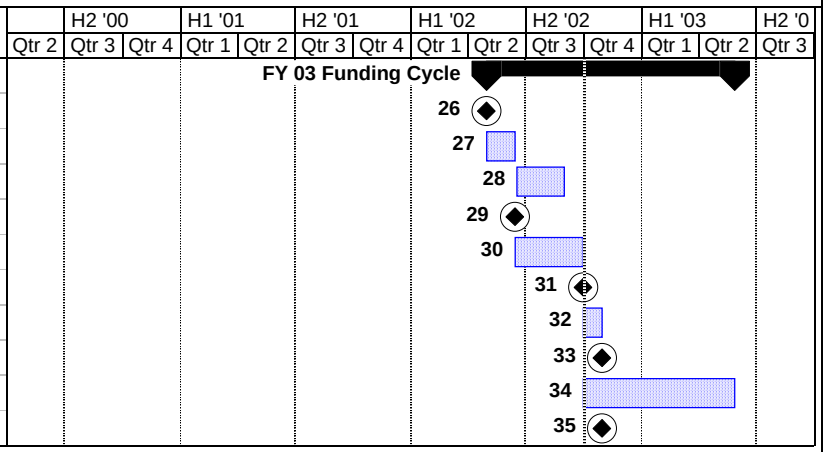
APPENDIX X

MULTIPLE YEAR SCHEDULE

ID	Task Name	Duration	Start	Finish
1	**FY 01 Funding Cycle**	**272 days**	**Fri 9/1/00**	**Thu 5/31/01**
2	FNAQ Due	0 days	Fri 9/1/00	Fri 9/1/00
3	Develop Community Short List	75 days	Fri 9/1/00	Tue 11/14/00
4	Code & Condition Surveys	75 days	Wed 11/15/00	Sun 1/28/01
5	RFP's Issued	0 days	Tue 11/14/00	Tue 11/14/00
6	Proposal Preparation Period	106 days	Wed 11/15/00	Wed 2/28/01
7	Proposals Due	0 days	Thu 3/1/01	Thu 3/1/01
8	MRP Evaluates Proposals	30 days	Thu 3/1/01	Sat 3/31/01
9	Publish FY 01 Approved Project List	0 days	Sun 4/1/01	Sun 4/1/01
10	TA Window For Projects Lacking Capability	90 days	Thu 3/1/01	Wed 5/30/01
11	Initiate Funding For Approved Projects	0 days	Sun 4/1/01	Sun 4/1/01
12	Updated Proposals Due For Projects Needing TA	0 days	Thu 5/31/01	Thu 5/31/01
13	**FY 02 Funding Cycle**	**395 days**	**Tue 5/1/01**	**Fri 5/31/02**
14	FNAQ Due	0 days	Tue 5/1/01	Tue 5/1/01
15	Develop Community Short List	45 days	Tue 5/1/01	Thu 6/14/01
16	Code & Condition Surveys	75 days	Sun 6/17/01	Fri 8/31/01
17	RFP's Issued	0 days	Fri 6/15/01	Fri 6/15/01
18	Proposal Preparation Period	108 days	Fri 6/15/01	Sun 9/30/01
19	Proposals Due	0 days	Mon 10/1/01	Mon 10/1/01
20	MRP Evaluates Proposals & Completed Design Projects	30 days	Mon 10/1/01	Tue 10/30/01
21	Publish FY 02 Approved Project List	0 days	Tue 10/30/01	Tue 10/30/01
22	TA Window For Projects Lacking Capability	240 days	Mon 10/1/01	Tue 5/28/02
23	Initiate Funding For Approved Projects	0 days	Wed 10/31/01	Wed 10/31/01
24	Updated Proposals Due For Projects Needing TA	0 days	Fri 5/31/02	Fri 5/31/02



ID	Task Name	Duration	Start	Finish
25	**FY 03 Funding Cycle**	**393 days**	**Wed 5/1/02**	**Wed 5/28/03**
26	FNAQ Due	0 days	Wed 5/1/02	Wed 5/1/02
27	Develop Community Short List	45 days	Wed 5/1/02	Fri 6/14/02
28	Code & Condition Surveys	75 days	Mon 6/17/02	Sat 8/31/02
29	RFP's Issued	0 days	Fri 6/14/02	Fri 6/14/02
30	Proposal Preparation Period	108 days	Sat 6/15/02	Mon 9/30/02
31	Proposals Due	0 days	Tue 10/1/02	Tue 10/1/02
32	MRP Evaluates Proposals & Completed Design Projects	30 days	Tue 10/1/02	Wed 10/30/02
33	Publish FY 03 Approved Project List	0 days	Wed 10/30/02	Wed 10/30/02
34	TA Window For Projects Lacking Capability	240 days	Tue 10/1/02	Wed 5/28/03
35	Initiate Funding For Approved Projects	0 days	Wed 10/30/02	Wed 10/30/02



APPENDIX XI

PART I - COMMUNITY PRIORITIZATION FORMULA

PART I - COMMUNITY PRIORITIZATION FORMULA

Total Point Score For Each Community = Sum of the Following:

	Maximum Points
1. Facility Deficiency Score (FDS)	45
2. Health Status Score (HSS)	20
3. Isolation Score (IS)	10
4. Dependency Ratio Score (DRS)	10
5. Economic Status Score (ESS)	9
6. Trauma Registry Score (TRS)	5
7. Seasonal Population Score (SPS)	1
TOTAL	**100**

FACILITY DEFICIENCY

This factor characterizes the physical condition of existing clinic facilities as well as the need for additional and/or new space. The basic assumption is that the ability to deliver quality health care services is affected by the quality of the facility or facilities that house the program. Physical condition was judged to be a function of the following:

- Available space compared to a recommended guideline
- Age of existing facilities
- Condition of basic building systems at existing facilities

FACILITY DEFICIENCY SCORE

$$\text{Facility Deficiency Score (FDS)} = \frac{G - (E \times AF \times CF)}{G} \times (45)$$

G = **Space Guideline** from Table 8 in ARPCFNA Final Report

1. For EMS Level I-IS or II-IS and Population = 20 – 100: **G_1 = 1535**
2. For EMS Level I-IS or II-IS and Population = 101 – 500: **G_2 = 1989**
3. For EMS Level I-IS or II-IS and Population > 500: **G_3 = 2459**

****

4. For EMS Level I-HI and Population = 20 – 100: **G4 = 0**
5. For EMS Level I-HI and Population = 101 – 500: **G5 = 500**
6. For EMS Level I-HI and Population > 500: **G6 = 1989**

****

7. For EMS Level II - HI and Population = 101 – 500: **G7 = 1989**
8. For EMS Level II - HI and Population > 500: **G8 = 2459**

****

9. For EMS Levels III and higher: **G_6 = 2459**

E = Existing Square Footage

Existing space data is taken from one of the following sources.

a. Response to F1.5 in the FNAQ
b. IHS Facilities Database
c. 1994 State Clinic Survey Database

If no data was available from any of these sources then E is set equal to G.
If a community indicated in the FNAQ that they do not have a clinic and they need one, then E is set equal to 0.

AF = Age Adjustment Factor per the attached Age Factor Table

Age data is obtained from one of the following sources.

a. DCED Database
b. IHS Facilities Database
c. 1994 State Clinic Survey Database

If no data is available, then AF is set equal to 1.0

FACILITY

AGE FACTOR TABLE

Age (yrs)	Age Factor
< 10 yrs.	1.0
10 – 14	0.95
15 – 19	0.90
20 – 24	0.85
25 – 29	0.80
≥ 30	0.75

CF = Condition Factor

= Sum of points from attached Condition Factor Table divided by 26.

Total points derived based on responses to F3.1 through 3.8 in the FNAQ.
If no response to any of the above or if response = "Don't Know", then the response to F3.9 in the FNAQ is used. If there is no response to any of the above, then a default response of "Good" is used.

FACILITY CONDITION FACTOR TABLE

CATEGORY	GOOD	FAIR	POOR
Structural	4	2	1
Mechanical	4	2	1
Electrical	4	2	1
Fire & Life Safety	4	2	1
Floor Plan	4	2	1
Energy Management	2	1	0.5
Handicap Access	2	1	0.5
Site / Environmental	2	1	0.5
Totals	26	13	6.5

HEALTH STATUS

This factor characterizes a community's health status based on the census area where the community is located. The overall factor is a combination of nine separate health status indicators that were selected to reflect differential conditions between the census areas. The indicators and the resultant overall factor reflect health status of the population as a whole, and the more specific requirements of various age groups. The nine health status indicators that have been included are:

- Fertility rate
- Percent of births to teens
- Post-neonatal mortality rate
- Age adjusted mortality rate
- Suicide death rate
- Unintentional injury death rate
- Homicide death rate
- Heart disease death rate
- Cancer death rates

This is a robust measure of health status due to the quantity and quality of vital statistics data. Differences within a given census area will be revealed with other community level measures (see Economic Distress, Dependency Ratio, Trauma Registry).

HEALTH STATUS SCORE

The nine health status indicators are being provided by DHSS on a statewide average and census area basis for incorporation into the APCD. For each indicator, DHSS compares the rate for the census area to the state average, creating a "rate ratio" for each indicator. The "rate ratios" for each of the nine indicators are then summed up for each of the census areas. Once imported into the APCD, an overall score is generated for each community as follows.

1. Divide 20.00 by the census area with the highest aggregate rate ratio sum to determine the Health Status Scaling Factor (HSSF).

2. The sum of the rate ratios for each of the other census areas is then multiplied by the scaling factor to generate the Health Status Score (HSS) for that particular census area.

3. The score for each individual census area is assigned to each community within that census area.

ISOLATION

The isolation factor is a measure of the inherent complications related to providing primary care services and managing a health program in an isolated setting. The assumption is that geographic isolation has a negative impact on both routine service delivery and emergent care.

ISOLATION SCORE

The isolation score is based on each community's EMS category, and the FNAQ responses, which characterize the mode of travel to and from a given community. The distance from the community to the nearest hospital is also considered. Based on these variables, a community is assigned a score from 0 to 10. Points are assigned according to the table below.

1. Primary mode of travel is determined based on the response to P2.2 in the FNAQ. If the P2.2 response = "Other" then the mode is set equal to *"Air or Water"*. If there is no response to P2.2, then the mode is assigned based on a review of the Economy and Transportation Section of the *Community Information Summary* in the DCED database.

2. Distance to nearest hospital is determined based on the following:

   - List of hospitals per the June 1998 Alaska Rural Health Plan.
   - Straight-line air miles to the nearest community with a hospital as calculated by a subroutine within the GIS application of the APCD.

3. All communities with an EMS level of III or higher are assigned an isolation score of 0, regardless of travel mode or distance to the nearest hospital.

ISOLATION SCORING TABLE

Distance To Nearest Hospital (miles)	EMS CATEGORY					
	ISOLATED I		ISOLATED II		HIGHWAY I	HIGHWAY II
	Primary Mode Of Travel To Next Level of Care					
	Air or Water	Motor Vehicle	Air or Water	Motor Vehicle	Motor Vehicle	Motor Vehicle
0 -100	7		4		1	0
101 - 200	8	2	5	2		
201 - 600	9	3	6	3		
> 600	10	4	7	4		

DEPENDENCY RATIO

The Dependency Ratio (DR) was selected as the best indicator of demographic differences between communities with respect to health care needs. The DR is the sum of the elderly and youth population divided by the working age population. Elderly = people 65 or over, youth = people under 18, and working age population = people ages 18 - 64. This ratio is the most reliable measure available of the different levels of "need" in communities related to the age structure of the population. It also suggests possible economic stress on a community if there is a very small population of working age adults supporting a large population of youth and elderly people.

The data used to determine this ratio is taken from the 1990 census information. This factor can be updated in 2001 with 2000 Census information. Census area, population estimates of age groups indicate that the dependency ratios have shifted slightly in some of the census areas and boroughs but not a great deal over the last decade. Those that were very high have moderated somewhat.

Like the health status indicators, the DR in one community can be compared with a state or project average to get the relationship to the state norm and the new ratio can be used as an index or score.

DEPENDENCY RATIO SCORE

DR data is being provided by DHSS on a community specific basis. Once imported into the APCD, a score is generated for each community as follows.

1. A statewide average DR or "ADR" is calculated using only the data for those communities meeting the baseline ARPCFNA Project criteria, i.e. only for those communities that received a FNAQ.

$$ADR = \frac{\sum \text{Youth} + \sum \text{Elderly}}{\sum \text{Working}}$$

2. A Dependency Ratio Index (DRI) is calculated for each community.

3. $DRI = \frac{\text{Community DR}}{\text{ADR}}$

4. Divide 10.00 by the highest individual DRI to determine the Dependency Ratio Scaling Factor (DRSF).

5. Multiply each individual DR Index by the DSF to determine the Dependency Ratio Score (DRS) for each community.

ECONOMIC STATUS

The most readily available measure of economic status at the community level based on the research conducted under this project is the per capita income of the community at the time of the last census (1990). An update with the 2000 census data will be possible in 2001. Other economic measures were considered such as subsistence income but they did not significantly change the ranking of communities in relation to each other. Therefore, per capita income alone is being used to define the economic status factor.

ECONOMIC STATUS SCORE

The State of Alaska, Division of Health and Social Services is providing per capita income (PCI) and population data for all communities in the state (based on 1990 census data). Once imported into the APCD, a score is generated for each community as follows.

1. A statewide average PCI or "APCI" is calculated using only the data for those communities meeting the baseline ARPCFNA Project criteria, i.e. only for those 288 communities that received a FNAQ.

   $$APCI = \frac{\sum (PCI \times Pop)}{\sum Pop}$$

2. The following ratio is calculated for each community.

   $$PCI\ Ratio = \frac{APCI}{Community\ PCI}$$

3. Divide 9.00 by the highest individual Income Ratio to determine the Economic Scaling Factor (ESF).

4. Multiply each individual community income ratio by the ESF to determine the Economic Status Score (ESS) for each community.

TRAUMA REGISTRY

The Trauma Registry factor offers an additional dimension of community level information related to demands on the local health care system. Trauma Registry data reports hospitalizations due to injuries (starting in 1993, poisonings were also included) by closest community of occurrence. Data is available beginning in 1991. Hospitalized injuries are assumed to be a proxy for the overall burden of injury occurrences in communities. The method of comparison for the community level data is similar to the vital statistics data on health status. Although in this case, the "rate" for a community is based on the occurrences which may be to nonresident workers, tourists or part-year residents or visitors, in relation to the resident population of the nearest community. Vital statistics data, in contrast, relate to the place of residence of the individual who is born or who dies, rather than the place of birth or death. Small communities in terms of resident population can have very high numbers of occurrences of serious injuries related to fishing, fish processing, extreme sports, etc. Thus, it is expected that places with a high frequency for the base population have a greater need for health service facilities than places of similar size that do not experience such high levels of serious injury.

TRAUMA REGISTRY SCORE

Predicted and Trauma Registry data on hospitalizations for injuries by closest community of occurrence are being provided by DHSS on a community specific basis. The predicted values are calculated based on state averages in terms of per 100,000 resident population. The actual values are corrected Trauma Registry data. DHSS is also providing a trauma rate ratio (TRR) for each community that compares each community's actual value to the state average. Once imported into the APCD, a Trauma Registry Score (TRS) score is generated for each community based on the following table.

TRAUMA REGISTRY SCORING TABLE

POINTS	TRAUMA RATE RATIO (TRR)
1	TRR < 1
2	1 ≤ TRR < 2
3	2 ≤ TRR < 3
4	3 ≤ TRR < 4
5	TRR ≥ 4

SEASONAL POPULATION FLUCTUATION

This factor is a measure of the demands on the local health care system as a result of an increase in a particular community's population --- due to seasonal or transient influences. The assumption is that seasonal increases in population related to industries such as tourism (high percentage of elderly clients) or fishing and logging (high accident rates) have a negative impact on both routine service delivery and emergent care.

SEASONAL POPULATION SCORE

If the first response to P6.5 of the FNAQ = YES, then the Seasonal Population Score (SPP) = 1; otherwise, SPP = 0.

APPENDIX XII

PART I - PRIORITIZATION SUMMARY

PART I - FY 01 PRIORITIZATION SUMMARY

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
75.00 - 85.00 Points							
Alatna	YUKON-KOYUKUK	Y	B	0	34	1-Isolated	1
Arctic Village	YUKON-KOYUKUK	Y	D	1240	138	1-Isolated	1
Birch Creek	YUKON-KOYUKUK	Y	C	500	35	1-Isolated	1
Grayling	YUKON-KOYUKUK	Y	C	899	184	1-Isolated	1
Holy Cross	YUKON-KOYUKUK	Y	C	768	247	1-Isolated	1
Kaltag	YUKON-KOYUKUK	Y	E	117	254	1-Isolated	1
Kobuk	NORTHWEST ARCTIC	Y	C	805	94	1-Isolated	1
Lake Minchumina	YUKON-KOYUKUK	Y	B	0	38	1-Isolated	1
Minto	YUKON-KOYUKUK	Y	C	636	248	1-Isolated	1
Nikolai	YUKON-KOYUKUK	Y	C	576	105	1-Isolated	1
Nondalton	LAKE-PENINSULA	Y	D	100	224	1-Isolated	1
Nulato	YUKON-KOYUKUK	Y	C	864	381	1-Isolated	1
Ruby	YUKON-KOYUKUK	N		653	184	1-Isolated	1
Scammon Bay	WADE HAMPTON	Y	C	1020	484	1-Isolated	1
Shageluk	YUKON-KOYUKUK	Y	C	538	140	1-Isolated	1
Stevens Village	YUKON-KOYUKUK	Y	C	396	92	1-Isolated	1
Wiseman	YUKON-KOYUKUK	Y	B	0	20	1-Isolated	1
70.00 - 74.99 Points							
Alakanuk	WADE HAMPTON	Y	C	1344	659	1-Isolated	2
Allakaket	YUKON-KOYUKUK	N		437	204	1-Isolated	2
Ambler	NORTHWEST ARCTIC	Y	C	870	286	1-Isolated	2
Beaver	YUKON-KOYUKUK	N		480	126	1-Isolated	2
Buckland	NORTHWEST ARCTIC	Y	C	805	428	1-Isolated	2
Chalkyitsik	YUKON-KOYUKUK	Y	C	480	102	1-Isolated	2
Chignik Lake	LAKE-PENINSULA	Y	C	441	136	1-Isolated	2
Clark's Point	DILLINGHAM	Y	C	240	68	1-Isolated	2
Crooked Creek	BETHEL	Y	C	680	137	1-Isolated	2
Deering	NORTHWEST ARCTIC	Y	C	725	148	1-Isolated	2
Egegik	LAKE-PENINSULA	Y	C	400	117	1-Isolated	2
Elim	NOME	Y	C	737	306	1-Isolated	2
Evansville	YUKON-KOYUKUK	Y	D	720	24	1-Isolated	2
Game Creek	SKAGWAY-HOONAH-ANG	Y	E	108	50	1-Isolated	2
Hooper Bay	WADE HAMPTON	Y	C	1790	1028	1-Isolated	2
Hughes	YUKON-KOYUKUK	Y	C	896	80	1-Isolated	2
Huslia	YUKON-KOYUKUK	Y	C	832	272	1-Isolated	2
Kasigluk	BETHEL	Y	C	768	528	1-Isolated	2
Kiana	NORTHWEST ARCTIC	Y	C	780	398	1-Isolated	2
Kivalina	NORTHWEST ARCTIC	Y	C	930	366	1-Isolated	2
Lower Kalskag	BETHEL	Y	C	768	310	1-Isolated	2
Newtok	BETHEL	Y	C	442	284	1-Isolated	2
Noatak	NORTHWEST ARCTIC	Y	C	800	423	1-Isolated	2
Nunam Iqua (Sheldon Point)	WADE HAMPTON	Y	C	768	181	1-Isolated	2
Perryville	LAKE-PENINSULA	Y	C	600	102	1-Isolated	2
Pilot Station	WADE HAMPTON	Y	C	1200	544	1-Isolated	2
Port Alexander	WRANGELL-PETERSBG	Y	B	0	86	1-Isolated	2
Port Alsworth	LAKE-PENINSULA	Y	B	0	88	1-Isolated	2
Rampart	YUKON-KOYUKUK	Y	C	320	66	1-Isolated	2

*See Appendix III, Page 1

PART I - FY 01 PRIORITIZATION SUMMARY

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Red Devil	BETHEL	Y	C	0	44	1-Isolated	2
Russian Mission	WADE HAMPTON	Y	C	1280	311	1-Isolated	2
Savoonga	NOME	Y	C	940	653	1-Isolated	2
Shungnak	NORTHWEST ARCTIC	Y	C	810	255	1-Isolated	2
Stebbins	NOME	Y	C	722	524	1-Isolated	2
Takotna	YUKON-KOYUKUK	Y	C	376	48	1-Isolated	2
Wales	NOME	Y	C	864	170	1-Isolated	2
65.00 - 69.99 Points							
Akhiok	KODIAK ISLAND	Y	D	315	101	1-Isolated	3
Chefornak	BETHEL	Y	C	960	416	1-Isolated	3
Chuathbaluk	BETHEL	Y	C	840	105	1-Isolated	3
Circle	YUKON-KOYUKUK	Y	C	480	89	1-Isolated	3
Covenant Life	HAINES BOROUGH	Y	B	0	67	1-Isolated	3
Eek	BETHEL	Y	C	729	281	1-Isolated	3
Elfin Cove	SKAGWAY-HOONAH-ANG	Y	B	0	50	1-Isolated	3
False Pass	ALEUTIANS EAST	Y	C	530	68	1-Isolated	3
Galena	YUKON-KOYUKUK	Y	D	2307	563	2-Isolated	3
Golovin	NOME	Y	D	1267	141	1-Isolated	3
Goodnews Bay	BETHEL	Y	C	600	256	1-Isolated	3
Igiugig	LAKE-PENINSULA	Y	C	854	62	1-Isolated	3
Iliamna	LAKE-PENINSULA	Y	C	750	93	1-Isolated	3
Karluk	KODIAK ISLAND	Y	C	392	41	1-Isolated	3
Kipnuk	BETHEL	Y	C	1536	573	1-Isolated	3
Kokhanok	LAKE-PENINSULA	Y	C	480	163	1-Isolated	3
Koyuk	NOME	Y	C	1110	280	1-Isolated	3
Koyukuk	YUKON-KOYUKUK	N		805	101	1-Isolated	3
Kwigillingok	BETHEL	Y	C	946	360	1-Isolated	3
Levelock	LAKE-PENINSULA	Y	C	912	131	1-Isolated	3
Lime Village	BETHEL	Y	C	480	62	1-Isolated	3
Mekoryuk	BETHEL	Y	C	966	193	1-Isolated	3
Meyers Chuck	PRINCE OF WALES	Y	B	0	30	1-Isolated	3
Mountain Village	WADE HAMPTON	Y	C	1656	766	1-Isolated	3
Newhalen	LAKE-PENINSULA	Y	C	440	178	1-Isolated	3
Nightmute	BETHEL	Y	C	910	230	1-Isolated	3
Nikolaevsk	KENAI PENINSULA	Y	B	0	488	Highway	3
Oscarville	BETHEL	Y	C	320	64	1-Isolated	3
Port Protection	PRINCE OF WALES	Y	B	0	50	1-Isolated	3
Shishmaref	NOME	Y	C	1879	556	1-Isolated	3
Sleetmute	BETHEL	Y	C	840	103	1-Isolated	3
Tazlina	VALDEZ-CORDOVA	Y	B	0	294	1-Isolated	3
Tetlin	SE FAIRBANKS	Y	C	480	89	1-Isolated	3
Tununak	BETHEL	Y	C	768	331	1-Isolated	3
Tyonek	KENAI PENINSULA	Y	D	800	160	1-Isolated	3
Venetie	YUKON-KOYUKUK	Y	C	1200	232	1-Isolated	3
White Mountain	NOME	Y	C	768	197	1-Isolated	3
60.00 - 64.99 Points							
Akiak	BETHEL	Y	C	1628	338	1-Isolated	4
Anchor Point	KENAI PENINSULA	Y	B	0	1227	Highway	4

*See Appendix III, Page 1

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Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Angoon	SKAGWAY-HOONAH-ANG	Y	C	1950	576	1-Isolated	4
Atka	ALEUTIANS WEST	Y	C	960	105	1-Isolated	4
Atmautluak	BETHEL	Y	C	768	296	1-Isolated	4
Chenega Bay	VALDEZ-CORDOVA	Y	C	545	69	1-Isolated	4
Chickaloon	MATANUSKA-SUSITNA	Y	B	0	212	Highway	4
Chignik	LAKE-PENINSULA	Y	D	1200	103	2-Isolated	4
Chitina	VALDEZ-CORDOVA	Y	C	540	94	1-Isolated	4
Cooper Landing	KENAI PENINSULA	Y	B	0	285	Highway	4
Copper Center	VALDEZ-CORDOVA	Y	C	139.5	553	1-Isolated	4
Dot Lake	SE FAIRBANKS	Y	C	384	61	1-Isolated	4
Ekwok	DILLINGHAM	N		439	125	1-Isolated	4
Emmonak	WADE HAMPTON	Y	C	1792	818	1-Isolated	4
Gambell	NOME	Y	C	2587	668	1-Isolated	4
Gulkana	VALDEZ-CORDOVA	Y	D	50	90	1-Isolated	4
Hope	KENAI PENINSULA	Y	B	0	130	Highway	4
Ivanof Bay	LAKE-PENINSULA	N		576	29	1-Isolated	4
Knik	MATANUSKA-SUSITNA	Y	B	0	483	Highway	4
Koliganek	DILLINGHAM	Y	C	480	205	1-Isolated	4
Larsen Bay	KODIAK ISLAND	Y	C	615	137	1-Isolated	4
Little Diomede	NOME	Y	C	768	136	1-Isolated	4
Manokotak	DILLINGHAM	Y	C	1120	399	1-Isolated	4
Marshall	WADE HAMPTON	Y	C	1632	318	1-Isolated	4
McGrath	YUKON-KOYUKUK	Y	C	1600	423	2-Isolated	4
Napaskiak	BETHEL	Y	C	960	406	1-Isolated	4
Nenana	YUKON-KOYUKUK	Y	C	513	435	Highway	4
Nikolski	ALEUTIANS WEST	Y	C	820	39	1-Isolated	4
Platinum	BETHEL	Y	C	427	43	1-Isolated	4
Port Graham	KENAI PENINSULA	Y	C	530	178	1-Isolated	4
Saint Mary's	WADE HAMPTON	Y	C	720	475	1-Isolated	4
Shaktoolik	NOME	Y	C	1792	218	1-Isolated	4
Stony River	BETHEL	Y	C	956	35	1-Isolated	4
Teller	NOME	Y	C	1472	266	1-Isolated	4
Tuntutuliak	BETHEL	Y	C	1440	350	1-Isolated	4
Twin Hills	DILLINGHAM	Y	C	725	76	1-Isolated	4
Wasilla	MATANUSKA-SUSITNA	Y	B	0	5213	Highway	4
55.00 - 59.99 Points							
Akutan	ALEUTIANS EAST	Y	C	960	408	2-Isolated	5
Anvik	YUKON-KOYUKUK	Y	C	944	93	1-Isolated	5
Cold Bay	ALEUTIANS EAST	Y	C	1200	97	1-Isolated	5
Dry Creek	SE FAIRBANKS	Y	C	192	115	1-Isolated	5
Eagle	SE FAIRBANKS	Y	A	448	152	1-Isolated	5
Eklutna	ANCHORAGE	Y	D	360	434	5	5
Hyder	PRINCE OF WALES	Y	B	300	126	1-Isolated	5
Kotlik	WADE HAMPTON	Y	C	2400	579	1-Isolated	5
Kwethluk	BETHEL	Y	C	1792	714	1-Isolated	5
Manley Hot Springs	YUKON-KOYUKUK	N		488	88	1-Isolated	5
Napakiak	BETHEL	Y	C	1008	363	1-Isolated	5
New Stuyahok	DILLINGHAM	Y	C	800	475	1-Isolated	5

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Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Nunapitchuk	BETHEL	Y	C	1679	471	1-Isolated	5
Pitka's Point	WADE HAMPTON	Y	C	1000	146	1-Isolated	5
Port Heiden	LAKE-PENINSULA	Y	C	710	125	1-Isolated	5
Saint Michael	NOME	Y	C	1800	381	1-Isolated	5
Skagway	SKAGWAY-HOONAH-ANG	Y	C	720	825	2-Isolated	5
Tanacross	SE FAIRBANKS	Y	C	710	86	1-Isolated	5
Tanana	YUKON-KOYUKUK	Y	C	4388	301	2-Isolated	5
Thorne Bay	PRINCE OF WALES	Y	C	1102	582	2-Isolated	5
Togiak	DILLINGHAM	Y	D	784	841	2-Isolated	5
Tuluksak	BETHEL	Y	C	1008	443	1-Isolated	5
50.00 - 54.99 Points							
Brevig Mission	NOME	Y	A	1260	279	1-Isolated	6
Cantwell	DENALI	Y	C	589	166	1-Isolated	6
Kake	WRANGELL-PETERSBG	Y	E	3300	745	1-Isolated	6
King Cove	ALEUTIANS EAST	Y	C	790	691	2-Isolated	6
King Salmon	BRISTOL BAY	Y	C	528	499	1-Isolated	6
Kongiganak	BETHEL	Y	C	960	359	1-Isolated	6
Naknek	BRISTOL BAY	Y	C	672	624	2-Isolated	6
Nelson Lagoon	ALEUTIANS EAST	Y	C	670	87	1-Isolated	6
Northway	SE FAIRBANKS	N		673	113	1-Isolated	6
Northway Junction	SE FAIRBANKS	N		673	116	1-Isolated	6
Old Harbor	KODIAK ISLAND	Y	C	784	276	1-Isolated	6
Pedro Bay	LAKE-PENINSULA	Y	C	800	36	1-Isolated	6
Port Lions	KODIAK ISLAND	Y	C	1655	243	1-Isolated	6
Quinhagak	BETHEL	Y	C	1160.55	595	1-Isolated	6
Saint George	ALEUTIANS WEST	Y	C	2100	173	2-Isolated	6
Unalakleet	NOME	Y	D	3202	805	2-Isolated	6
Upper Kalskag	BETHEL	Y	C	960	261	1-Isolated	6
Whittier	VALDEZ-CORDOVA	Y	C	900	280	2-Isolated	6
45.00 - 49.99 Points							
Atqasuk	NORTH SLOPE	Y	E	2623	274	1-Isolated	7
Chevak	WADE HAMPTON	Y	C	2816	763	1-Isolated	7
Chignik Lagoon	LAKE-PENINSULA	Y	C	1200	68	1-Isolated	7
Chistochina	VALDEZ-CORDOVA	Y	C	768	52	1-Isolated	7
Gustavus	SKAGWAY-HOONAH-ANG	Y	C	800	377	2-Isolated	7
Point Lay	NORTH SLOPE	Y	E	2623	217	1-Isolated	7
Sand Point	ALEUTIANS EAST	Y	D	2421	842	2-Isolated	7
Selawik	NORTHWEST ARCTIC	Y	C	2100	767	1-Isolated	7
South Naknek	BRISTOL BAY	Y	C	1045	132	1-Isolated	7
Tatitlek	VALDEZ-CORDOVA	Y	C	2532	105	1-Isolated	7
Toksook Bay	BETHEL	Y	C	1440	513	1-Isolated	7
Yakutat	YAKUTAT	Y	C	1200	729	2-Isolated	7
40.00 - 44.99 Points							
Akiachak	BETHEL	N		1791	560	1-Isolated	8
Aleknagik	DILLINGHAM	Y	D	400	244	Highway	8
Ouzinkie	KODIAK ISLAND	Y	C	1056	256	1-Isolated	8
Pilot Point	LAKE-PENINSULA	Y	C	5213	92	1-Isolated	8
Saxman	KETCHIKAN	Y	A	288	371	Highway	8

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Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Seldovia	KENAI PENINSULA	Y	E	2376	284	2-Isolated	8
35.00 - 39.99 Points							
Craig	PRINCE OF WALES	Y	E	2800	2136	2-Isolated	9
Haines	HAINES BOROUGH	Y	E	6000	1775	2-Isolated	9
30.00 - 34.99 Points							
Anaktuvuk Pass	NORTH SLOPE	Y	E	4400	314	1-Isolated	10
Bettles	YUKON-KOYUKUK	N		0	35	1-Isolated	10
Fort Yukon	YUKON-KOYUKUK	Y	D	9620	570	2-Isolated	10
Kaktovik	NORTH SLOPE	Y	E	4400	259	1-Isolated	10
Mentasta Lake	VALDEZ-CORDOVA	Y	C	400	125	Highway	10
Noorvik	NORTHWEST ARCTIC	Y	C	2500	632	1-Isolated	10
Nuiqsut	NORTH SLOPE	N		4400	486	1-Isolated	10
Pelican	SKAGWAY-HOONAH-ANG	Y	C	1600	137	2-Isolated	10
Point Hope	NORTH SLOPE	Y	C	4000	794	1-Isolated	10
Talkeetna	MATANUSKA-SUSITNA	Y	E	3000	363	Highway	10
Tenakee Springs	SKAGWAY-HOONAH-ANG	Y	C	0	93	1-Isolated	10
Unalaska	ALEUTIANS WEST	Y	C	1796	4178	2-Isolated	10
25.00 - 29.99 Points							
Andreafsky	WADE HAMPTON	N		0	442	2-Isolated	11
Central	YUKON-KOYUKUK	Y		0	62	1-Isolated	11
Circle Hot Springs	YUKON-KOYUKUK	N		0	35	1-Isolated	11
Healy Lake	SE FAIRBANKS	N		0	61	1-Isolated	11
Nanwalek (English Bay)	KENAI PENINSULA	Y	D	1774	170	1-Isolated	11
Wainwright	NORTH SLOPE	N		4400	545	1-Isolated	11
20.00 - 24.99 Points							
Anderson	DENALI	Y	E	0	517	1-Isolated	12
Aniak	BETHEL	Y	C	6300	604	2-Isolated	12
Cube Cove	SKAGWAY-HOONAH-ANG	N		0	139	1-Isolated	12
Delta Junction	SE FAIRBANKS	Y	A	0	889	2-Isolated	12
Edna Bay	PRINCE OF WALES	Y	A	0	55	1-Isolated	12
Fox River	KENAI PENINSULA	N		0	439	Highway	12
Gakona	VALDEZ-CORDOVA	N		0	22	1-Isolated	12
Klawock	PRINCE OF WALES	Y	E	6772	673	2-Isolated	12
Klukwan	SKAGWAY-HOONAH-ANG	N		0	136	1-Isolated	12
Mosquito Lake	HAINES BOROUGH	N		0	94	1-Isolated	12
Point Baker	PRINCE OF WALES	N		0	51	1-Isolated	12
Port Clarence	NOME	N		0	22	1-Isolated	12
Prudhoe Bay	NORTH SLOPE	N		0	47	2-Isolated	12
Skwentna	MATANUSKA-SUSITNA	Y	A	0	72	1-Isolated	12
Tok	SE FAIRBANKS	Y	C	7780	1235	2-Isolated	12
Tonsina	VALDEZ-CORDOVA	N		0	47	1-Isolated	12
Willow	MATANUSKA-SUSITNA	Y	A	0	507	Highway	12
15.00 - 19.99 Points							
Adak	ALEUTIANS WEST	N		0	106	2-Isolated	13
Alcan	SE FAIRBANKS	N		0	23	1-Isolated	13
Big Delta	SE FAIRBANKS	N		0	511	2-Isolated	13
Big Lake	MATANUSKA-SUSITNA	Y	A	0	2162	Highway	13
Butte	MATANUSKA-SUSITNA	Y	A	0	2699	Highway	13

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PART I - FY 01 PRIORITIZATION SUMMARY

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Chase	MATANUSKA-SUSITNA	Y	A	0	55	1-Isolated	13
Chiniak	KODIAK ISLAND	Y	A	0	75	1-Isolated	13
Clam Gulch	KENAI PENINSULA	N		0	113	Highway	13
Coffman Cove	PRINCE OF WALES	Y	A	0	228	1-Isolated	13
Cohoe	KENAI PENINSULA	N		0	602	Highway	13
Copperville	VALDEZ-CORDOVA	N		0	194	1-Isolated	13
Eyak	VALDEZ-CORDOVA	Y	C	0	162	Highway	13
Fritz Creek	KENAI PENINSULA	N		0	2097	Highway	13
Glennallen	VALDEZ-CORDOVA	N		0	494	2-Isolated	13
Halibut Cove	KENAI PENINSULA	N		0	71	1-Isolated	13
Happy Valley	KENAI PENINSULA	N		0	401	Highway	13
Healy	DENALI	Y	E	0	646	2-Isolated	13
Hobart Bay	SKAGWAY-HOONAH-ANG	N		0	48	1-Isolated	13
Hollis	PRINCE OF WALES	N		0	111	1-Isolated	13
Hoonah	SKAGWAY-HOONAH-ANG	N		2740	877	2-Isolated	13
Houston	MATANUSKA-SUSITNA	Y	A	0	836	Highway	13
Hydaburg	PRINCE OF WALES	Y	C	2967	369	1-Isolated	13
Jakolof Bay	KENAI PENINSULA	N		0	40	1-Isolated	13
Kasaan	PRINCE OF WALES	Y	C	0	48	1-Isolated	13
Kasilof	KENAI PENINSULA	N		0	548	Highway	13
Kenai	KENAI PENINSULA	N		3600	7005	Highway	13
Kenny Lake	VALDEZ-CORDOVA	N		0	507	1-Isolated	13
Kupreanof	WRANGELL-PETERSBG	N		0	24	1-Isolated	13
Lazy Mountain	MATANUSKA-SUSITNA	Y	A	0	1109	Highway	13
Lutak	HAINES BOROUGH	N		0	53	Highway	13
McCarthy	VALDEZ-CORDOVA	Y	A	0	37	Highway	13
Mendeltna	VALDEZ-CORDOVA	N		0	80	1-Isolated	13
Moose Pass	KENAI PENINSULA	Y	A	0	118	Highway	13
Nikiski	KENAI PENINSULA	N		0	3038	Highway	13
Ninilchik	KENAI PENINSULA	Y	C	3202	687	Highway	13
North Pole	FAIRBANKS NSB	Y	A	0	1616	Highway	13
Paxson	VALDEZ-CORDOVA	N		0	30	1-Isolated	13
Primrose	KENAI PENINSULA	N		0	62	Highway	13
Salcha	FAIRBANKS NSB	N		0	387	Highway	13
Slana	VALDEZ-CORDOVA	N		0	55	1-Isolated	13
Sutton	MATANUSKA-SUSITNA	N		0	470	Highway	13
Trapper Creek	MATANUSKA-SUSITNA	N		0	344	Highway	13
Whale Pass	PRINCE OF WALES	Y	A	0	62	1-Isolated	13
Whitestone Logging Camp	SKAGWAY-HOONAH-ANG	N		0	118	1-Isolated	13
0.00 - 14.99							
Alexander Creek	not a census designated place	Y	A	0	39	1-Isolated	14
College	FAIRBANKS NSB	N		0	12122	3	14
Crown Point	KENAI PENINSULA	N		0	91	Highway	14
Ester	FAIRBANKS NSB	N		0	240	Highway	14
Ferry	DENALI	N		0	74	1-Isolated	14
Fox	FAIRBANKS NSB	N		0	332	Highway	14
Harding Lake	FAIRBANKS NSB	N		0	30	1-Isolated	14
Kachemak	KENAI PENINSULA	N		0	419	Highway	14

*See Appendix III, Page 1

PART I - FY 01 PRIORITIZATION SUMMARY

Community (in alphabetical order)	Census Area	FNAQ Submitted by Sept. 1, 2000	FNAQ G1.1*	Existing Space (sf)	Pop.	EMS Level	Group
Kalifonsky	KENAI PENINSULA	N		0	338	Highway	14
Lignite	DENALI	N		0	131	1-Isolated	14
McKinley Park	DENALI	N		0	169	1-Isolated	14
Meadow Lakes	MATANUSKA-SUSITNA	Y	A	0	5232	Highway	14
Moose Creek	FAIRBANKS NSB	N		0	677	Highway	14
Naukati Bay	PRINCE OF WALES	N		0	164	1-Isolated	14
Pleasant Valley	FAIRBANKS NSB	N		0	584	Highway	14
Ridgeway	KENAI PENINSULA	N		0	2382	Highway	14
Salamatof	KENAI PENINSULA	N		0	1122	Highway	14
Sterling	KENAI PENINSULA	N		0	6138	Highway	14
Two Rivers	FAIRBANKS NSB	N		0	660	Highway	14
Womens Bay	KODIAK ISLAND	Y	A	0	675	Highway	14

*See Appendix III, Page 1

APPENDIX XIII

PART II - CAPABILITY MEASUREMENT

PART II - CAPABILITY MEASUREMENT

Total Point Score = Sum of the Following:

		Maximum Points
1.	Local Support For Project *	0
2.	Site Availability and Control *	0
3.	Utility Extension Plan *	0
4.	Cost Share Score *	20
5.	Service Delivery Plan Score *	10
6.	Business Plan Score *	10
7.	Existing Facility Deficiency Score	45
8.	Comprehensive Facility Development Plan Score	5
9.	Multi-use Facility Score	5
10.	Project Management Plan Score	5
	TOTAL	**100**

* Proposals must meet minimum standards with respect to items 1 – 6 in order to be considered for funding. Proposals that do not meet the minimum standards for these elements will be set aside and a recommendation made to the community that they seek technical assistance to develop more capability. If a proposal does meet the minimum standards for all six elements, then it will be further evaluated and points awarded based upon the quality of the submitted documentation.

LOCAL SUPPORT FOR PROJECT

Have all the necessary resolutions of support from local and regional organizations been passed? YES or NO

SITE AVAILABILITY AND CONTROL

Is there legal control of the proposed project site? YES or NO

UTILITY EXTENSION PLAN

If utility and transportation extensions of greater than 150 feet are required to develop the proposed site, has funding been identified for this additional infrastructure? YES or NO

COST SHARE

Description: In accordance with the authorizing language for the Denali Commission, minimum project cost shares are required based upon the economic conditions in a community. Communities categorized as economically distressed have a required cost share of 50 percent and communities that are severely economically distressed have a required cost share of 20 percent. The Denali Commission will prepare a list of what the cost share requirement will be for each community eligible for rural primary care facility funding. If an applicant does not have the minimum cost share available, then the project will not be funded.

Evaluation: Proposals should identify the amount of community and other non-Denali Commission contributions that will be applied to the project. For cash contributions or other grants, specify whether funds are immediately available or whether they represent a future anticipated commitment (e.g. HUD CDBG). If a future commitment, indicate whether the project would be viable if those funds do not become available.

Proposals meeting the minimum criteria will be scored based on the extent of non-Denali Commission resources available for the project according to the following table. In-kind contributions other then land will not be considered as a part of the cost share.

Community Cost Share		Points
Economically Distressed Community (%)	Severely Distressed Community (%)	
50.00*	20.00*	0
51.25	22.00	1
52.50.	24.00	2
53.75	26.00	3
55.00	28.00	4
56.25	30.00	5
57.50	32.00	6
58.75	34.00	7
60.00	36.00	8
61.25	38.00	9
62.50	40.00	10
63.75	42.00	11
65.00	44.00	12
66.25	46.00	13
67.50	48.00	14
68.75	50.00	15
70.00	52.00	16
71.25	54.00	17
72.50	56.00	18
73.75	58.00	19
75.00	60.00	20

*minimum requirements

SERVICE DELIVERY PLAN

Description: It is essential that new or expanded primary care facilities provide services that match the needs of the community, and meet the health program goals as recommended in the Final Report. Proposals must include documentation showing that the completed facilities will have an open door policy and score at least 6 overall points on this criteria. Proposals that do not meet these requirements will not be funded.

Evaluation: Proposals should contain a comprehensive, written service delivery plan that addresses population served, services, staffing and operational policies. State whether the completed facility will fully meet accreditation requirements. The applicants' ARPCFNA questionnaire will be reviewed as background information in evaluating the service delivery plan. Points will be awarded based on the criteria summarized in the following table.

SERVICE DELIVERY PLAN ELEMENTS	POINTS
Population Served • Identification of numbers of people served currently • Increases or changes in services anticipated with new / renovated facility • Population to be served in comparison to program and space guidelines presented in Final Report	**0 - 3**
Services • Services provided currently • Services to be provided with new/renovated facility • Services provided according to Final Report guidelines per facility size and population size • Level of service(s)	**0 - 3**
Staffing • Staff providing services currently • Staff anticipated in new/renovated facility • Staff employed compared to Final Report program guidelines	**0 - 2**
Service Delivery Policies and Agreements • Open door policy on seeing patients* • Referral agreements established	**0 - 2**

*minimum requirement

BUSINESS PLAN

Description: The capability to sustain a primary care clinic is dependent upon adequate funding and strong financial management practices. Proposals that do not score at least 6 points on this criteria will not be funded.

Evaluation: Proposals should contain a comprehensive, written business plan that addresses funding, operations, administration, and community support. The applicants' ARPCFNA questionnaire will be reviewed as background information in evaluating the proposed business plan. Points will be awarded based on the criteria summarized in the following table.

BUSINESS PLAN ELEMENTS	POINTS
Funding Status • Cost share for new facility • Current financial status • Sources of revenue, funding / income for the clinic • Projection of sources of funds to operate the facility after it is built • Plans for long term financial sustainability • Billing for Medicaid, Medicare, Tricare, private insurance and other sources	**0 - 3**
Clinic Administration • The organization that will administer the funding for the new / renovated clinic • Projected administrative staff for new/renovated clinic • Policies and procedures manuals • Quality of care, quality assurance procedures • History of providing care efficiently and effectively • Board of directors or other oversight body	**0 - 3**
Facility Operations • Budget for operating the current facility • Projected budget for operating new / renovated facility	**0 - 2**
Community Support • Resolutions and other documents that indicate community support • No adverse competition is created with private practices in the community • Evidence of community support through participation on boards • Description of the sources and commitment of funding for the cost share	**0 - 2**

EXISTING FACILITY DEFICIENCY

Description: The condition of building systems (structural, mechanical, electrical), energy management issues, handicap access, site / environmental conditions, compliance with fire / life safety codes, and space / floor plan issues all impact the ability to provide quality care in any facility.

Evaluation: Existing facilities will be evaluated via an in depth, on-site code and condition survey. The resultant information will be used to update the Part I Facility Deficiency score. These surveys will be performed by architects and engineers (A&Es), licensed in the State of Alaska, who are fully knowledgeable about life/safety/building codes and compliance issues associated with rural primary care facilities. The Denali Commission, or its agent(s), will hire the A&Es to perform these surveys. With Commission approval, individual communities, and/or their representatives, may directly contract with A&E firms to collect the necessary information. On-site surveys completed by individual communities must follow guidelines developed by the Commission and the results submitted for review by the Commission or its agent.

If it is determined that the facility is in much better condition than indicated in the FNAQ, the Commission reserves the right to revise the community's Part I score. This could lead to the community and the proposal being eliminated from any further consideration for funding.

While the specific Part II scoring criteria have not yet been developed, it is anticipated that they will be very similar to the criteria used in Part I.

COMPREHENSIVE FACILITY DEVELOPMENT PLAN

Description: The Denali Commission encourages community wide planning efforts. Since health clinics are an essential part of a community's overall infrastructure and services it is expected that proposed health facility projects would be addressed in existing community wide development plans.

Evaluation: Comprehensive community development plans that are submitted with a proposal will be reviewed to determine if the proposed project is consistent with the overall plan. A maximum of 5 points may be awarded based on this review.

MULTI-USE FACILITY

Description: Combining appropriate, but separate, services and programs in one building can result in operation and maintenance efficiencies. For example, a structure that houses both a community washeteria and a clinic can save heating costs, as well as reducing the capital cost of water and sewer connections to the clinic space. Head Start and other health care related services are also good examples of services that might be co-located in the same building. Of course, joint occupancies must make operational sense and not create significant conflicts for any of the programs or uses.

Evaluation: If there is a joint use aspect of the project, the proposal should include a written description of the multi-use facility / campus concept and summarize how the combined use enhances the performance of the structure and the delivery of primary care services. Only the clinic portion of the multi-use structure is eligible for Commission primary care facility funding; the balance of the building must be paid for from other sources. Up to 5 points may be awarded for this element based on the following table. Points are not additive, i.e., proposals will be assigned to one of the following categories.

PROJECT DESCRIPTION	POINTS
No significant multi-use aspect to the project.	**0**
The clinic facility is located in a central campus area to take advantage of improved and/or lower cost utility service, and/or to generally improve community access to primary care services.	**2**
25 to 50 percent of the structure (square footage basis) is occupied by other than the primary care clinic in an appropriate manner.	**3**
Over 50 percent of the structure is occupied by other than the primary care clinic in an appropriate manner.	**5**

PROJECT MANAGEMENT PLAN

Description: Having a well organized management plan that addresses both design and construction phase activities is essential for the successful completion of a project. The Commission encourages the development of such written plans.

Evaluation: Proposals should include a project summary document with a scope of work (new facility, replacement facility, expansion of an existing facility, or modernization / renovation of an existing facility), overall budget, schedule, design drawings (if available), summary of proposed contracting procedures, and an outline of the management team that will coordinate the project. Also describe the standards used in developing the plans (e.g. the IHS Health Facilities Planning Manual, the AIA Guidelines for Construction and Equipment of Hospitals and Medical Facilities, etc.) and other construction standards that will be followed (e.g. Uniform Building Code). Provide environmental review documentation and approvals, permits, etc. if available. Project Management plans that are submitted with a proposal will be reviewed to determine how well organized the project is and the status of all relevant project documentation. A maximum of 5 points may be awarded based on this review.

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