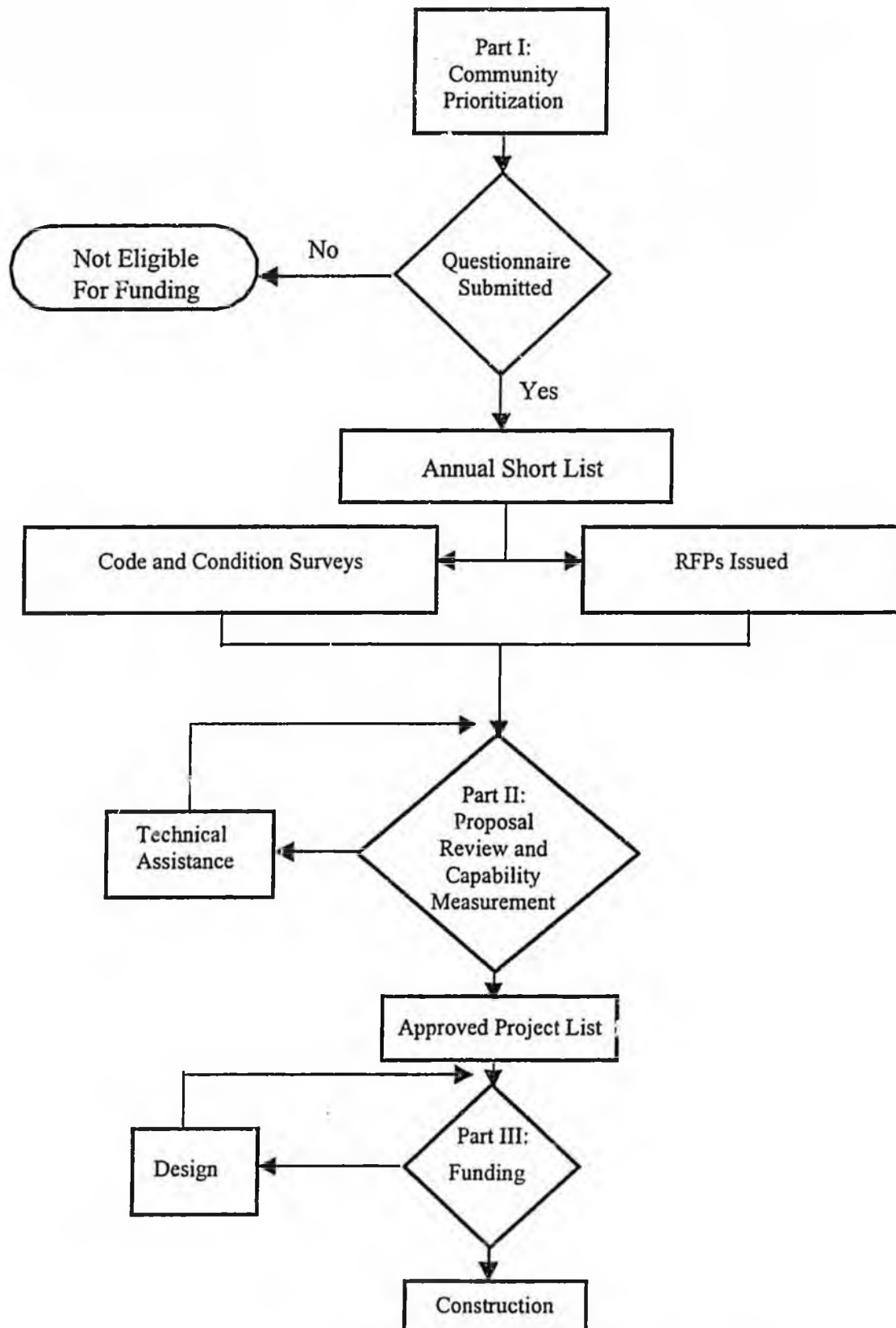


ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

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**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.

<u>Criteria</u>	<u>Maximum Points</u>
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.

<u>Criteria</u>	<u>Maximum Points</u>
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

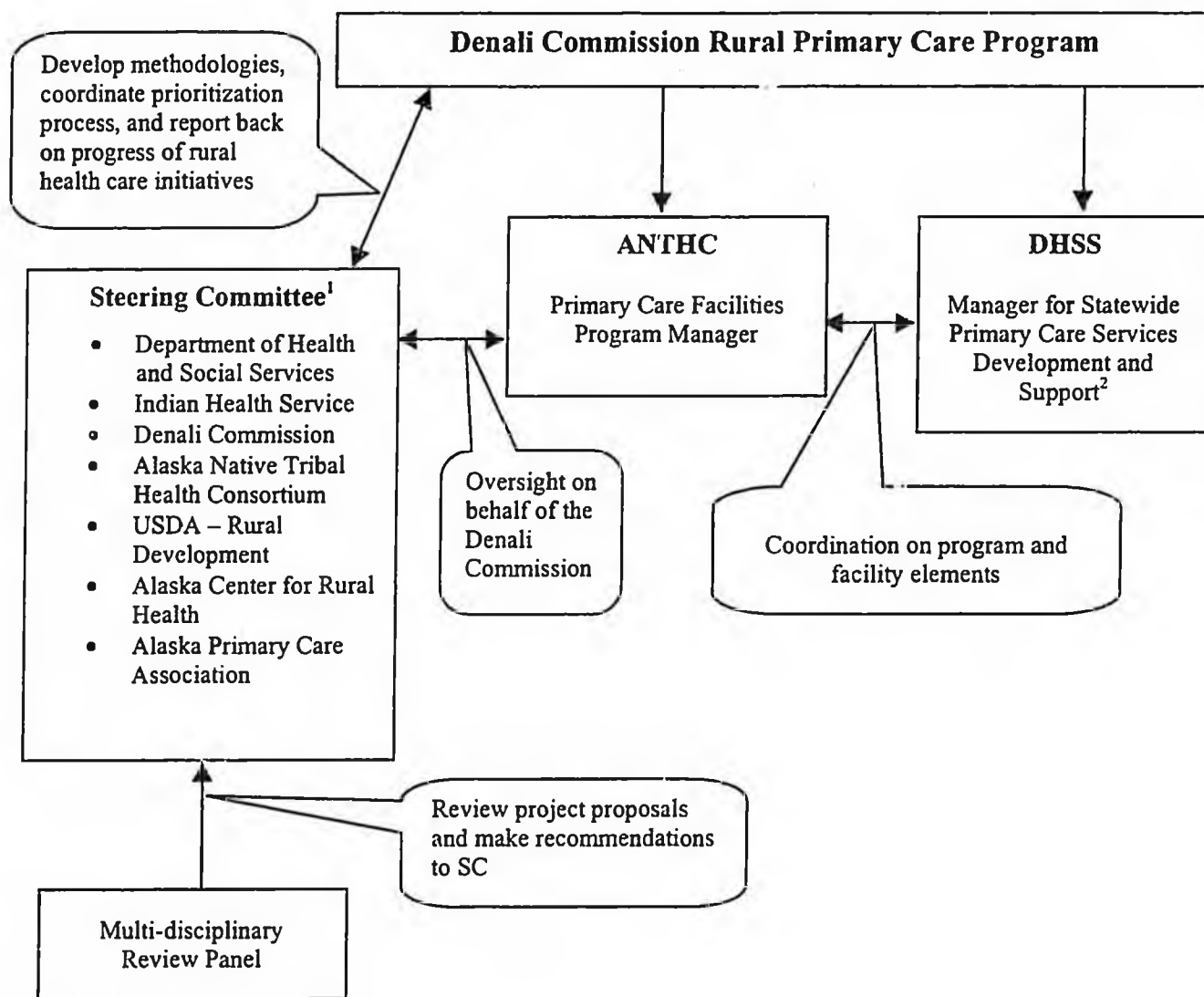
ANTHC will develop a menu of off-the-shelf design and construction management services to assist individual communities in completing these tasks.

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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- U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Health Resources and Services Administration, Bureau of Primary Care. Program Assistance Letter 99-14, Community Health Centers: A Review of the Literature, April 5, 1999.
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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.

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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	95

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 Diomedede	136
109	Huslia	272	Crooked Creek	137
110	Hydaburg	369	Larsen Bay	137
111	Hyder	126	Pelican	137
112	Igigigig	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	Centwell	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	
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
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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
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93	Gulkana	90	Northway Junction	116
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108	Hughes	80	Little Diomed	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	
153	Lutak	53	Ouzinkie	256
154	Manley Hot Springs	88	Kaktovik	259
155	Manokotak	399	Upper Kalskag	261
156	Marshail	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	Cheformak	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	521
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	Saicha	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	Unaiaska	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

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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.



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) 560-8627 ext. 3606 • Fax: (907) 271-4735
Website: <http://ruralhealthcare.geonorth.com>

QUESTIONNAIRE

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

1



INTERNET

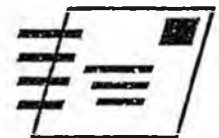
Access the project web site:
<http://ruralhealthcare.alconorth.com>

Then click on the questionnaire icon and follow the on-line instruction :

2

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

3



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

Alaska Rural Primary Care Facility Needs
Assessment Project Office
Alaska Native Tribal Health Consortium
800-560-8637 extension 3606

Gary Kuhn, P.E., Project Manager
e-mail: gkdenali@anthc.org

Rebecca Woodall, Project Assistant
e-mail: rwdenali@anthc.org

Program Related Questions

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

Torie Heart, MS, RN, Director
Community Health Aide Program
Alaska Area Native Health Service
907-729-3642

e-mail: vheart@anmc.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.

	<u>Organization</u>	<u>Facility Name</u>	<u>Services Provided</u>
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.

		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	No. 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 Provided											
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

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

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

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 Drugs

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

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.*

	<i>Current Operating Budget</i>	<i>Current Deficits</i>	<i>Total Projected Operating Budget if all Needed Services Were Provided</i>
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
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
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 Categories		Number of Funded Positions	Number of Filled Positions	Additional Number of Positions Needed	Itinerants or Contract Staff	
					Current	Additional Needed
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 patient(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.

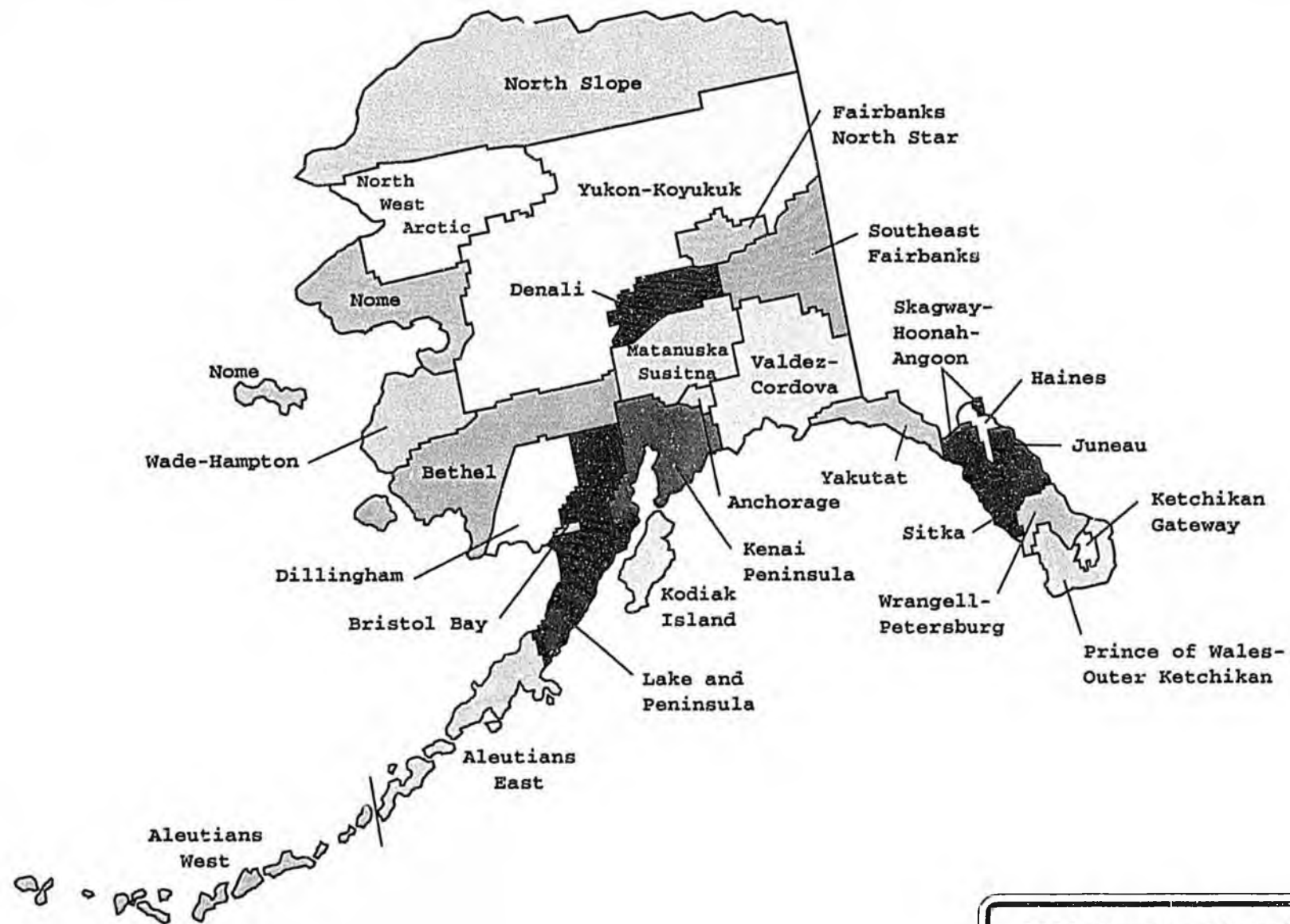
For Electronic Submissions via the Project Web Site

- 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 ≤



APPENDIX IV
2000 CENSUS DISTRICTS



**2000 Census Districts
State of Alaska**
Source: Alaska Department of Labor

APPENDIX V
SAMPLE AD HOC QUERRY

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

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
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	Fnik	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

The following information is sensitive and restricted from public relecese

	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

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
173	37	Ambler	1-Isolated	Y	870	0	870	N
174	37	Anaktuvuk Pass	1-Isolated	Y	2623	0	4400	N
175	37	Atkasuk	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	Nighthute	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

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
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	Atmaultuak	1-Isolated	Y	768	4425	768	N
222	39	Cheformak	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

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APPENDIX VI
SAMPLE GEOGRAPHIC INFORMATION
SYSTEM DISPLAY


MapOptix: Alaska Primary Care Database System - Microsoft Internet Explorer

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Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss

Address Go Links

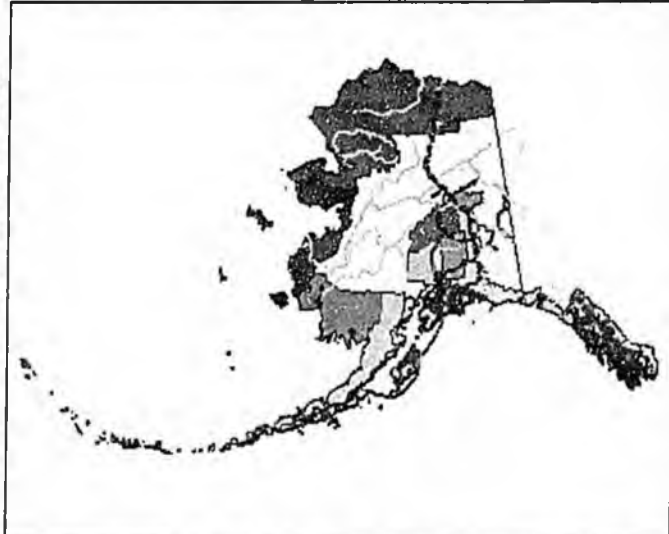
MapOptix: Alaska Primary Care Database System



Query_Town

COMMUNITY:

Search Clear



Scale 1 : 36,000,001

- Airport
- Alaska Pipeline
- Alaska sid
- Boroughs
- Census Areas
- Communities by Unmet
- Communitites without CI
- Community Population 1
- Elections: house district
- Elections: senate distric
- Hospitals
- Marine highways
- Railroad

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

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Address | | Go Links

MapOptix: Alaska Primary Care Data System

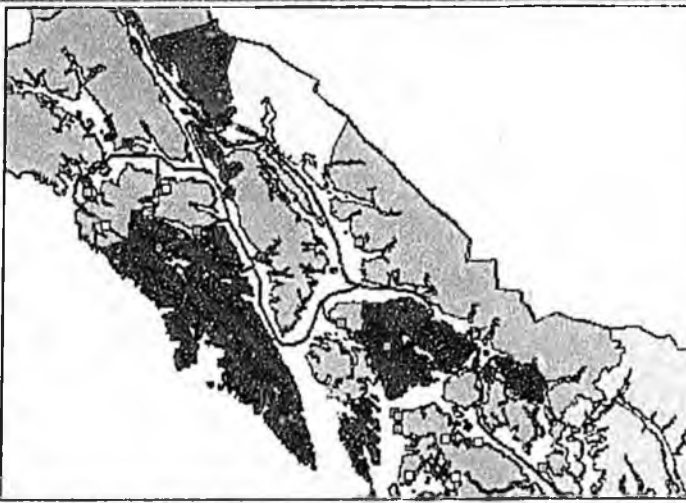


Query_Town

COMMUNITY:

a

Search Clear



Scale 1 : 4,500,000

Legend:

- Bristol Bay
- Kodiak Island
- Prince of Wales-Upernivik
- etchikan Gateway
- Aleutians East
- Aleutians West
- Talutal
- Shagway - Hoonah - Ati

COMMUNITIES BY UNMET NEED

- Less than 165
- 165 - 505
- 506 - 664
- 665 - 18,666

Query Results

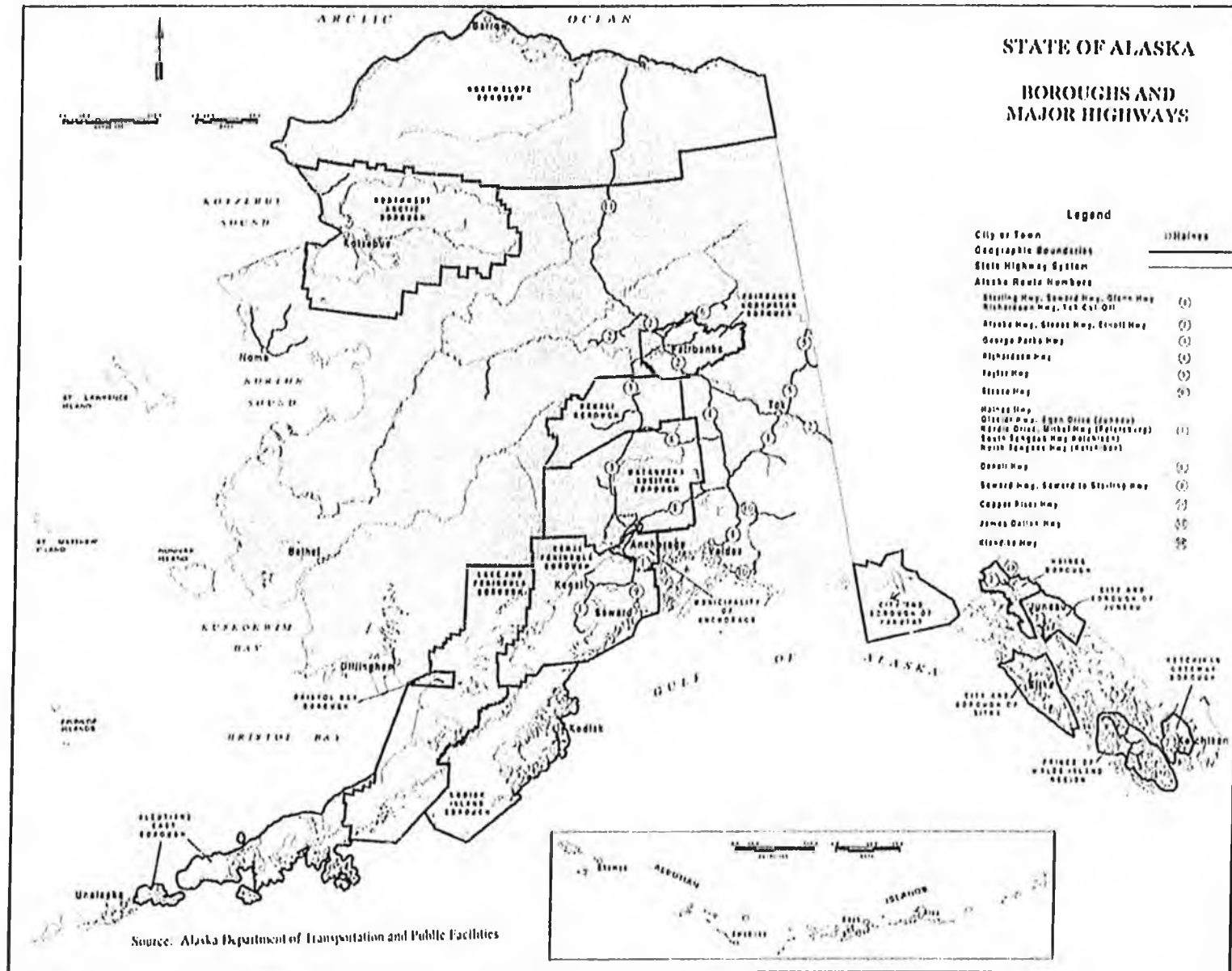
COMMUNITY

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
BOROUGHES AND MAJOR HIGHWAYS



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APPENDIX VIII
SPACE STANDARDS COMPARISON

Space Standards Comparison

Line	STANDARD or PROJECT	Size (Sq. Ft.)	Design Pop.	Code Criteria				Designer or Standard	Year Planned or Designed
				U9C Type V-N	Bas. Occupancy	ADA	Other		
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			
6	Sub-Regional	10,607**	varies	X	X	X			
6	MANILAQ PROTOTYPE								
7	One Size Fits All	5,150	100 - 800	X	X	X	Bettsworth 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			
12	Upgrade Standard - Level 3	6,060		X	X	X			
13	IHS PLANNING STANDARDS								
14	Small Leased Facilities	3,022 - 8,250	> 500	X	X		IIFPM Addendum	1991	
15	St. Paul PJD	18,697	1011*	X	X	X	IIFPM (1986 Ed.)	1994	
16	Meilakata PJD	28,632	1576	X	X	X		1995	
17	AANHS VBC STANDARDS								
18	Small	400	20 - 200	No reference to U9C or ADA in Circulars	NFPA NEC UFC	AANHS Circulars 93-74 & 91-75		1986	
19	Medium	800	200-450						
20	Large	1,000 - 2,500	>450						
21	DISS PUBLIC HEALTH CENTER STANDARDS								
22	Small	2,162	n/a				Livingston - Stone & Dept. of Admin.	1958	
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 Stone	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	1,136				Livingston Stone	1996	
39	Unalaska	16,000***	4,178				ECI - Hyer	1993	

Space Standards Comparison

line	column	STANDARD OR PROJECT	Services									Annual Outpatient Workload			Staffing				COMMENTS
			Ambulatory	Admin. / Support	Community Health	Behavioral Health	Diagnostic	Dental	EVS	Quarters	Other	CHA Patient Encounters	PCPV's	Total Recorded OPV's *	CHA / CER	PCP	Other	Total	
1		YKHC PROTOTYPES																	
2		Small	X	X										X					
3		Medium	X	X										X					
4		Large	X	X										X					
5		Sub-Regional	X	X	X		X	X						X	X	X			
6		MANHUAQ 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									
10		Upgrade Standard - Level 1	X	X			X		X	X			< 2000						
11		Upgrade Standard - Level 2	X	X			X		X				2000 - 3000						
12		Upgrade Standard - Level 3	X	X		X	X		X				> 3000						
13		IHS PLANNING STANDARDS																	
14		Small Leased Facilities	X	X	X			X				n/a	1,115 - 4,400		X	X	X	41	
15		St. Paul PJD	X	X	X	X	X	X					5,237	10,458	X	X	X	30	
16		Metlakatla PJD	X	X	X	X	X	X					9,477		X	X	X	60	
17		AANIS VBC STANDARDS																	
18		Small	X	X														1	
19		Medium	X	X														1	
20		Large	X	X														2	
21		DISS PUBLIC HEALTH CENTER STANDARDS																	
22		Small													X	X		3	
23		Intermediate													X	X	X	6	
24		Large													X	X	X	16	
25		SPECIFIC RECENT PROJECTS																	
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					3,160		X	X			
31		Aniak Sub-Regional	X	X	X		X	X					6,966	7,898	11,549	X	X		
32		Noorvik	X	X									3,816		X				
33		Alakanuk	X	X									3,894		X			6	
34		King Cove											2,154	1,921	3,811	X			
35		Selawik		X	X								5,314		X				
36		Unalakleet Sub-regional		X	X								2,989		X				
37		Emmonak Sub-Regional		X	X		X	X					4,725		X	X			
38		Craig													X	X			
39		Unalaska	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 mezzanine storage level.
 - *** City clinic (Iliuk) 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

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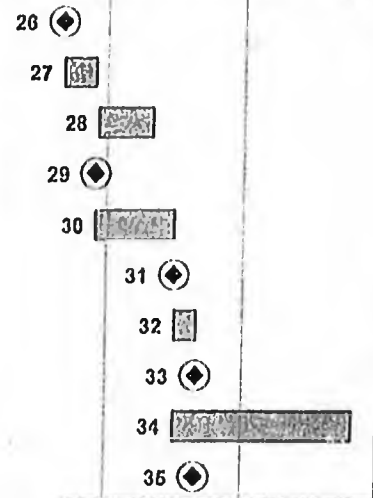
APPENDIX X
MULTIPLE YEAR SCHEDULE

DRAFT MULTI-YEAR SCHEDULE
PRIMARY CARE FACILITIES PROJECTS FUNDED THROUGH THE DENALI COMMISSION

ID	Task Name	Duration	Start	Finish	H2 '00		H1 '01		H2 '01		H1 '02		H2 '02		H1 '03			
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2		
1	FY 01 Funding Cycle	272 days	Fri Sep 01	Thu May 31	FY 01 Funding Cycle													
2	FNAQ Due	0 days	Fri Sep 01	Fri Sep 01	2	◆												
3	Develop Community Short List	75 days	Fri Sep 01	Tue Nov 14	3	■												
4	Code & Condition Surveys	75 days	Wed Nov 15	Sun Jan 28														
5	RFP's Issued	0 days	Tue Nov 14	Tue Nov 14	5	◆												
6	Proposal Preparation Period	106 days	Wed Nov 15	Wed Feb 28														
7	Proposals Due	0 days	Thu Mar 01	Thu Mar 01	7	◆												
8	MRP Evaluates Proposals	30 days	Thu Mar 01	Sat Mar 31														
9	Publish FY 01 Approved Project List	0 days	Sun Apr 01	Sun Apr 01	9	◆												
10	TA Window For Projects Lacking Capability	90 days	Thu Mar 01	Wed May 30														
11	Initiate Funding For Approved Projects	0 days	Sun Apr 01	Sun Apr 01	11	◆												
12	Updated Proposals Due For Projects Needing TA	0 days	Thu May 31	Thu May 31	12	◆												
13	FY 02 Funding Cycle	395 days	Tue May 01	Fri May 31	FY 02 Funding Cycle													
14	FNAQ Due	0 days	Tue May 01	Tue May 01	14	◆												
15	Develop Community Short List	45 days	Tue May 01	Thu Jun 14	15	■												
16	Code & Condition Surveys	75 days	Sun Jun 17	Fri Aug 31														
17	RFP's Issued	0 days	Fri Jun 15	Fri Jun 15	17	◆												
18	Proposal Preparation Period	108 days	Fri Jun 15	Sun Sep 30														
19	Proposals Due	0 days	Mon Oct 01	Mon Oct 01	19	◆												
20	MRP Evaluates Proposals & Completed Design Projects	30 days	Mon Oct 01	Tue Oct 30														
21	Publish FY 02 Approved Project List	0 days	Tue Oct 30	Tue Oct 30	21	◆												
22	TA Window For Projects Lacking Capability	240 days	Mon Oct 01	Tue May 28														
23	Initiate Funding For Approved Projects	0 days	Wed Oct 31	Wed Oct 31	23	◆												
24	Updated Proposals Due For Projects Needing TA	0 days	Fri May 31	Fri May 31													24	

ID	Task Name	Duration	Start	Finish	H2 '00		H1 '01		H2 '01		H1 '02		H2 '02		H1 '03	
					Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
25	FY 03 Funding Cycle	393 days	Wed May 01	Wed May 28												
26	FNAQ Due	0 days	Wed May 01	Wed May 01												
27	Develop Community Short List	45 days	Wed May 01	Fri Jun 14												
28	Code & Condition Surveys	75 days	Mon Jun 17	Sat Aug 31												
29	RFP's Issued	0 days	Fri Jun 14	Fri Jun 14												
30	Proposal Preparation Period	108 days	Sat Jun 15	Mon Sep 30												
31	Proposals Due	0 days	Tue Oct 01	Tue Oct 01												
32	MRP Evaluates Proposals & Completed Design Projects	30 days	Tue Oct 01	Wed Oct 30												
33	Publish FY 03 Approved Project List	0 days	Wed Oct 30	Wed Oct 30												
34	TA Window For Projects Lacking Capability	240 days	Tue Oct 01	Wed May 28												
35	Initiate Funding For Approved Projects	0 days	Wed Oct 30	Wed Oct 30												

FY 03 Funding Cycle



APPENDIX XI
PART I - COMMUNITY PRIORITIZATION FORMULA