Priorities

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Priorities

Overview

Resources for capital and operational expenditures are consistently limited. Clear priorities are necessary for the development of a reasonable, supportable and attainable Master plan. Clear priorities are arrived at through the consistent application of mutually agreed upon criteria reflecting the concerns and support of all interested parties whom the Master plan will impact. For the Bemidji Area, these priorities are developed based on the Health Services Master Plan Work Group's criteria developed over the course of this project.

First Meeting – June 17-18, 2004

The Work Group was first asked to identify the strengths and weaknesses of the Bemidji Area as it exists today. The following items were identified.

STRENGTHS	WEAKNESSES
Qualified Staff (Highly Trained)	Inadequate Funding
Bemidji area has an existing Healthcare System within Reservation boundaries	Long Term (5yr.-10yr.-20yr.) Funding Allocations
JCAHO Accreditation	Need More Funding
Dedicated Staff (X2)	CHS $
Staff (X2)	Not Enough Funding for Needs
Familiar Staff	Lack of $
Tribal Management of Health Services	Lack of Funding (X3)
Self-Governance	CHS Funding
Tribes	Funding
638 Tribes Understand Local Needs and Problems	Finance- Limited funding
Future Data for Planning	$ $
Increased IT Staff	Inadequate Funding- AODA
Good Leadership I/T/U	Poor Contract Health Funding- CHEF
Good Leadership/ Unified Around a Mission	Lack of Space/Staffing
Contract services	Space for Staff
Diabetes Programs	Lack of AODA Treatment Facilities
Biomedical Services	User Population Determination
Variety of Services Offered	Data(Vikings)
Engineering Services	Data Collection is not Uniform for Urbans
Facility Engineering Consulting is Very Good	Data Quality
Professional Recruitment	RPMS
Team Approach to Problem Solving and Planning	IT
I/T/U Partnership (Packers)	Technical Equipment
Customer Service	MIS Support (HQ, Area, Local)(X2)
Budgeting: M+M Planning/FEMP	Computer Infrastructure
Communication	Computer Networking Needs a Lot of Improvement
	MIS Interface
	Recruitment is Difficult
	Provider Staffing (Quantity)
	Failure to Treat Professional Staff Properly
	Retaining Professional Staff
	Staff Shortage
	Long Term Nursing Home Care
	Home Health Care
	Old School -Lack of Transfer of Knowledge
	Smaller Tribes-Different Priorities

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STRENGTHS	WEAKNESSES
	Economy of Scale in Rural America
	No Shows
	Rural Setting Challenges: Transportation; Recruitment
	Communication to Tribal Members
	HQ Visits
	Lack of Team Effort
	No IRB's (Institutional Review Boards)

In addition to collecting the Work Group response at the Kickoff Meeting, each Service Area was asked to identify the strengths and weaknesses of their own Service Area. Responses were collected directly from the questionnaires completed at each area site visit:

2. What are your strengths in terms of serving your community (service area)?	
Bad River Health Services	▪ Dedicated staff ▪ Team work ▪ Networking/collaboration with local, tribal, state and federal agencies ▪ Low turnover rate
Bay Mills Health Center	▪ Majority of employees are tribal members and know the clientele/their need ▪ Geographically centered enables us to monitor their needs ▪ Community entrusts the HC and their dedication ▪ Enterprise – contribution by tribe to help where funding is limited ▪ All inclusive services: Substance/CH/MH/PC/Dental ▪ Collaborates well with other agencies; referrals available to augment care ▪ Outreach & Specialty services and preventive clinics/screenings ▪ Open to the public – not just tribal members ▪ Telemedicine
Bois Forte Health Services	▪ Qualified staff ▪ Continuity of care ▪ Very little turnover in medical staff ▪ Good working relationship with outside providers & specialists
Min No Aya Win Human Service Center & CAIR	▪ We have great staff and an excellent new facility to deliver care out of. ▪ Our Tribal Council is supportive of our human service programs.
Forest County Pottawatomie Community Health Center	▪ Our strengths are many. We are one facility be house and umbrella of services within our walls. We provide a variety of services in our Medical Department. These include OB/GYN; Internal Medicine; Pediatrics; Psychiatrist; Podiatry; Audiology; and Family Practice. This allows our clients to become familiar with a core set of services and providers locally. This reduces travel issues and decreased transportation concerns. We have a strong MCH program. Our dental department is well staffed with 3 dentists and two hygienists. ▪ We are able to provide orthodontics and advanced crown and bridge prosthetic procedures. Our dental program excels in prevention. We have a strong Physical Rehab program consisting of Physical Therapy, Speech Therapy, Chiropractic and Massage Services. ▪ We have experience counselors in both Mental Health and AODA Services and provide access to clients needing a Psychiatrist or Psychologist for related needs. We have a full time in house optical program which provides assessment and treatment for all types of eye concerns. We also have an array of fashionable eyewear from which to choose.

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Grand Portage Health Services	▪ Well trained, good staff, good communication. Staff from this community – know the people who live here. ▪ Diversity of staff – community members/no-community members bring a wide variety of skills and experience. ▪ Local people working here – The people who are not from here want to be here – provide personalized care. MD's come here. ▪ Being more involved at SMC – Vivian being on the CVD team. More information is being shared on Diabetes. Foot care/massage clinics are positive. Increased numbers of first responders. ▪ More trained people coming into the community and taking account of the living situations of people – Sensitivities are good. ▪ Highly responsive staff.
Grand Traverse Band Medicine Lodge	▪ Easy access for services ▪ Basic physical infrastructure to build on "Medicine Lodge" ▪ Dedicated staff ▪ Culturally competent providers
Match-E-Be-Nash-She-Wish Tribal Health Clinic	▪ We are a relatively small tribal community with close economic and social ties, easier to assist and advocate for services for our membership. ▪ The community trusts in our ability to do our best and we value that trust relationship by working with the members to find ways to assist them.
Hannahville Health Center	▪ Location of Health Center related to population is favorable ▪ Within CHSDA, area that is served is not considered large by mileage standards to/from clinic. Offer transportation through CHR program
Ho-Chunk Health Center	▪ I think a strength in serving our community is our ability to provide optical, dental, and medical services (lab, x-ray, pharmacy) to our Ho-Chunk and Native American communities. These services are not always readily available for many Native Americans around the country. ▪ We are also fortunate to have a tribal government that supports our health initiatives. Because of that support, we have been able to apply and receive grants that focus on specific initiatives that are problems in Indian Country such as diabetes management and prevention, Cardiovascular prevention, etc. ▪ We also have a new building that gives us the ability to see more patients throughout a given day. Because we are duel funded by the tribe and IHS, we are able to see a variety of clients such as all Native American and employees/families of the Ho-Chunk Nation.
Ho-Chunk House of Wellness	▪ Having lived in the community on and off for the last 27 years, you know who a lot of people are and have watched them grow from children to adults or adults to elders. We ask our staff to treat all patients with respect and dignity, as we would all like to be treated. Since many of our patients come to the clinic because we have earned their trust, we need to help them understand their health and conditions/concerns. ▪ We attempt to explain things in basic terms, as people will often not acknowledge they do not understand a medical term. We are not judgmental of our patients as they pick up on this right away and would not return. ▪ We provide accessible pharmacy, medical, dental, optical, and podiatric care to our patients in a modern clinic owned by the Ho-Chunk Nation.
Huron Pottawatomie - Nottawaseppi Health Clinic	▪ None listed
Donald A. LaPointe Health Center	
Lac Courte Oreilles Community Health Center	▪ Try to get providers that meet the needs of the community ▪ Try to provide as many services on-site as possible ▪ Good support from Governing Board ▪ Low turnover rate of employees
Peter Christensen Health Center	▪ Strong Provider Base and Support Staff ▪ (Primary Care, OB, Dental, Pharmacy, Outreach)

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Lac Vieux Desert Health Center	▪ Centralized services ▪ Services well connected and integrated ▪ Staff Stability - Med Staff related to general area ▪ Management Team Concept ▪ Division of Authority ▪ Medical Staff ▪ Behavioral Health ▪ Financial staff
Leech Lake PHS Indian Hospital	▪ Stable medical staff ▪ Staff from the community ▪ Recent Critical Access (Rural Hospital designator Medicare/Medicaid designation will allow add'l collection) and Swing Bed status (skilled nursing may be kept here would require PT/OT on-site) ▪ Collaboration with other healthcare providers, i.e. staff privileges at community hospital, call sharing with Northern Medical ▪ Collaboration with Tribal Health Division ▪ Diabetes Center and new metabolic syndrome clinic ▪ Collaboration and MOU with local Hospice group
Little River Band Tribal Health Clinic	▪ Service site is located on the reservation territory the Tribe claims in the 1836 Treaty of Washington ▪ Culturally driven services with majority of Native American or Indian Preference Personnel ▪ "One Stop (Limited) Shop" ▪ Highly qualified personnel, committed to Native American Health Delivery ▪ Community Health Resource personnel provide access to care delivery
Little Traverse Bay Band Clinic - Mskiki Gumic Health Clinic	▪ Primary care ▪ Referral services ▪ CH services ▪ Outreach ▪ DM Education ▪ Youth & Fitness Programs ▪ Diversity and awareness
Lower Sioux Indian Community	▪ Education ▪ Control of patient compliance ▪ Accessibility ▪ Inpatient & Outpatient CD Program
Menominee Tribal Clinic	
Mille Lacs Ne-la-Shing Clinic, Aazhoomog & East Lake Clinic	▪ Financially support Tribe ▪ Band members get payments ▪ Eligible for insurance for all Band members ▪ Some Tribal members like the service
Oneida Community Health Center	▪ Longevity in the Oneida community ▪ Continuum of Care concept ▪ Low Staff Turnover ▪ Providers with Longevity with Oneida Community Health Center ▪ No citations at Anna John Nursing home (AJNH) ▪ Credentialed and billable Behavioral Health Providers ▪ Primary Care Specialists (Internists) ▪ Tribal Government Support
Pokagon Pottawatomie Health Clinic	
Prairie Island Indian Community	▪ Provide Self-insurance which can be used anywhere ▪ Availability of Contract Health

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Red Cliff Community Health Center	▪ Longevity of current staff ▪ Strong Community support ▪ Specialty services in close proximity (30 miles)
Red Lake Hospital & Healthcare Facility and Ponemah Health Center	▪ Program size/foundation in place. Still know the community/live here. ▪ Hospital on location in SU and satellite clinic in Ponemah. ▪ Collection/partnership of tribal and federal government (IHS) in same building and work well together. ▪ Partnerships
Saginaw Chippewa - Nimkee Memorial Wellness Center	▪ Dental, Medical, Pharmacy, Public Health all contained in one building ▪ Diversity among staff ▪ Location ▪ Working relationships with local community/Health Department/Hospitals ▪ Women's Health/Men's Health clinics ▪ Pediatric Endocrinologist works with providers ▪ Orthotics ▪ Diabetic Retinal screening ▪ Optometrist on site once a week ▪ Same Day Services via PA ▪ Infrastructure ▪ Tribal Funding Support
Sault Ste. Marie - Mish KeKe Gamig Health Center, Lambert Health Clinic, Kinross Community Care Clinic, Manistique Health Center, & Munising – Wetmore Health Center	▪ Excellent Administrators and healthcare staff. ▪ Board of Directors committed to health and eldercare. ▪ Health is the #1 Priority in the Tribe. ▪ Infrastructure in place for outstanding delivery system. ▪ Tribe supports programming with almost ½ of our resources. ▪ We have ten health sites distributed throughout our current seven county service area.
Shakopee Dakota Clinic	▪ Case management model currently ▪ Low turnover ▪ Well recognized in the community
Sokaogon Chippewa Health Clinic	▪ Steady provider, gaining a positive community image ▪ New leadership
St. Croix Tribal Clinic	▪ Dental - Can provide comprehensive care (getting patients involved in decision making in their treatment resulting in high patient satisfaction). ▪ Primary Care - Have FTE, physician providers, outpatient services. ▪ Clinic is centrally located with one outreach clinic. ▪ Mental Health – Based in the community, collaborative approach with other tribal entities, flexible, culturally sensitive. ▪ Ability to offer pharmacy and transportation services in addition to the regular array of services provided at a tribal health clinic.
Stockbridge-Munsee Tribal Health Center	▪ Accessibility ▪ Broad range of services ▪ CHS payment unrestricted by medical priority ▪ New facility ▪ Modern equipment
Upper Sioux Community Health Services	▪ Small intimate staff and community allows our staff to have greater understanding and knowledge of health needs. ▪ The Tribe is self insured giving our members better access to health care that is not provided in our rural area. ▪ At the present time we are retaining staff longer which is giving us better continuity of service.
White Earth Health Center & Naytahwaush Clinic	▪ New facility at White Earth – however have maxed out space ▪ Remodeled facility at Pine Point ▪ Excellent, qualified and dedicated staff. Many staff are Native American and members of the local community. Genuine care, concern and responsiveness. ▪ Adequate number of staff with exception of Dentists. Vacancies filled in short order. Providers usually stay a long time (Loyalty) ▪ Internal Medicine Providers (2) ▪ Utilize Team Approach

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	▪ Diabetes and Chronic Disease Care ▪ Urgent/Same Day appointment services ▪ Field Clinics (NTW & PP) to help access to Health Care ▪ Collaboration with Tribal Health Division to enhance communication & patient care (Life Program, Head Start, etc.) ▪ Contract Physicians that come to WEHC to provide specialty clinics ▪ Great Tribal Support ▪ Beautiful expansive historical artwork ▪ Transportation resources
American Indian Health Service-Chicago	▪ We are open and available to our community ▪ Only three Indian Organizations still open in Chicago, we are one of them. ▪ Offer improved Public Relations representing Native Americans to Chicago
American Indian Health & Family Services of SE MI (AIHFS)	▪ Only IHS Center in SE Michigan. ▪ > 25,000 NA/AN in area. ▪ Known to community – Health care center 10-20 years.
United Amerindian Center - Green Bay Urban	▪ Excellent Location in community ▪ Good relationship with Oneida ▪ Dedicated, good Staff ▪ Improved relationships with State and Federal Programs in Green Bay ▪ Ho-Chunk providing for its Tribal Members
Gerald L. Ignace Health Center	▪ Board and Staff are committed to fulfilling the mission to improve health, peace and welfare of Milwaukee's Urban Indian Community. ▪ Staff are highly skilled and representative of our community. ▪ We are into our fifth year of operations and have demonstrated our ability to manage resources effectively ▪ Our location is accessible for the majority of our people who lack transportation
Indian Health Board of Minneapolis	▪ Administration – Long history (30 years) of delivery health services, excellent and respected providers, good location, committed stable staff, and diversified funding. ▪ Medical – Offer a wide array of services at a variety of clinical times. ▪ Dental – Offer emergency hours every day for urgent care. ▪ Counseling & Support – Positive regard of mental health services – numerous referrals (many are "word of mouth") and always "at capacity"; low staff turnover, continually addressing and improving cultural proficiency through departmental training, consultations, and talents of committed providers and staff, Psychology Training Internship – training and equipping new professionals to appropriately work with the urban Native Community, which rejuvenates our experienced staff too.

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3. What are your weaknesses in terms of serving your community (service area)?	
Bad River Health Services	▪ Insufficient funding to cover the cost of needed health care ▪ Insufficient number of staff ▪ Insufficient space for clinic operations ▪ No dental care for the adult population
Bay Mills Health Center	▪ Provider turnover; continuity of care interrupted ▪ RPMS not utilized well due to lack of FTE data personnel; handicaps ▪ Inadequate funding for staff/services ▪ Isolated location – especially transportation during inclement weather ▪ Access – patients don't follow up with PT for cardio rehab due to travel distances ▪ Other specialty services should be provided; i.e. PT ▪ No radiation/chemo available
Bois Forte Health Services	▪ Access/transportation – distance to other core sites ▪ Space (scrunched) ▪ High turnover dental – being remedied ▪ Lack of follow-up of referrals/specialties ▪ Need more staffing/nurses/support
Min No Aya Win Human Service Center & CAIR	▪ We need to continue to assess the effectiveness of our programs and demonstrate health improvements in our community.
Forest County Pottawatomie Community Health Center	▪ Our internal multi-disciplinary referral system and overall communications need improvement. In order for us to meet our goal of holistic treatment and strong integration we need to continue to refine processes and systems and provide means for communication. We are weak in our ability to assess specific community need. We are in our infancy with regard to data gathering, statistical analysis and outcome based treatment. We could use a resource list for both internal and external referral sources to assist all providers in working towards a more holistic treatment of our clients. We have a large non-native workforce. This results in a lack of experience/knowledge of the tribal culture and affects our ability to provide culturally sensitive services in some areas. Transportation to and from the clinic is sometimes a concern. Out tribal transportation department spends a good deal of time transporting outside the community. This leaves a void for transportation.
Grand Portage Health Services	▪ Isolation; so far removed from specialists. Small community and the nature of health (privacy) ▪ Getting too busy following the medical model – Need to make a conscious effort to follow a Public Health model. ▪ Not having regular doctor care – inconsistency leads to lack of care – back up care is in town. ▪ Lack of lab. ▪ Lack of dental.
Grand Traverse Band Medicine Lodge	▪ Unstable leadership ▪ Out of control health dollar spending (cost) especially in Contract Health that negatively impacts other services ▪ Under utilized Clinic ▪ No strategic planning ▪ Poor functioning of services due to high staff turnover
Match-E-Be-Nash-She-Wish Tribal Health Clinic	▪ Infrastructure is new, in process of building systems for departments that will help us do our jobs more proficiently. ▪ The funding sources for our small tribe is inadequate to meet the needs (Health or other Program related services i.e. Social Services) we find that we have to make hard choices about what we can do feasibly, and maintain fiscal responsibility. ▪ Inability to access grants like community block grants or larger CDC grant due to our small size, we can't provide the data (numbers) that those larger agencies need to satisfy the reporting requirements, yet our needs can be just as important as those of larger populations. There are data requirements that drive funding resources and this is a great inequity to smaller agencies.

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Hannahville Health Center	▪ Many clients have to be sent outside of our service area for specialty care ▪ Not enough affordable training for staff ▪ Inadequate nursing staff ▪ Inadequate ancillary staff ▪ Inadequate funding
Ho-Chunk Health Center	▪ One of our weaknesses revolves around our accessibility to our tribal members. Because the Ho-Chunk Nation's tribal members are scattered over 16 counties in Wisconsin, it is difficult for some patients to travel here due to the distance. I believe it is a major barrier to many Ho-Chunk members.
Ho-Chunk House of Wellness	▪ We need to put a lot of focus in the area of health behavior/health education and have just hired someone in this capacity last month. We want our patients to make lifestyle changes, but one needs to pinpoint what is important in a person's life in order for them to decide to make the changes. ▪ We need to help our patients become more responsible/accept responsibility for their own health (i.e. call in several days in advance for a med refill rather than waiting till they take their last pill). ▪ We need to look at developing some groups so patients can accept their health condition and share their commonalities/support one another. ▪ To look at incorporating alternative therapies in the clinic.
Huron Pottawatomie - Nottawaseppi Health Clinic	▪ None listed
Donald A. LaPointe Health Center	
Lac Courte Oreilles Community Health Center	▪ Short a dentist ▪ Inadequate Dental program ▪ Strapped for space, no storage or office space ▪ Currently function as Crisis care rather than Prevention ▪ Budget ▪ Outstanding bills with local hospital
Peter Christensen Health Center	▪ Management of Contract Health Funds ▪ Need Utilization controls-specifically CHS $'s
Lac Vieux Desert Health Center	▪ Funding ▪ Professional Recruitment/Retention ▪ Limited Services ▪ Political instability affects employees
Leech Lake PHS Indian Hospital	▪ Inadequate facility size ▪ Inadequate staffing levels (short staffed due to vacancies) in patient care, lack of resources to hire support staff ▪ Services to the youth ▪ Prevention activities ▪ Resources to deal with drug problems ▪ Elder clinic ▪ Men's clinic ▪ No present nursing home although sufficient capacity outside of reservation – but not culturally sensitive to their patients needs.
Little River Band Tribal Health Clinic	▪ Lack of space to expand services beyond the current capacity of physician/nursing ▪ Building does not meet the code requirements for life safety, HVAC, electrical ▪ No on site pharmacy, third party billing staff ▪ Not able to add counseling staff due to lack of available office space ▪ Data and IT systems are inadequate to support the current patient service load and data needs ▪ Large geographical area, majority of population is south of the service site and large amount of population is beyond 90 minute one-way surface travel

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Little Traverse Bay Band Clinic - Mskiki Gumic Health Clinic	▪ Large service area ▪ Limited funds ▪ Somewhat limited staffing resources ▪ Fragmented services ▪ Reduced Contract Health $ via beginning dental program ▪ Currently only 2 providers can see patients at one time (4 exam rooms)
Lower Sioux Indian Community	▪ Not enough staff ▪ Lack of transportation aide
Menominee Tribal Clinic	
Mille Lacs Ne-la-Shing Clinic, Aazhoomog & East Lake Clinic	▪ Confidentiality Issues ▪ High turnover rates
Oneida Community Health Center	▪ Reluctance to impact on care provision within the Group Health Insurance provided to Oneida Employees ▪ Inability to fund all health services ▪ HRD hiring processes have improved but could be more expeditious ▪ General bad Health status of Population ▪ Funding disparity ▪ Success attracts outside users, consumes our funding
Pokagon Pottawatomie Health Clinic	
Prairie Island Indian Community	▪ Not a full service clinic ▪ Lack of participation in Education classes ▪ Lack of Pharmacy
Red Cliff Community Health Center	▪ Inadequate mental health services funding ▪ Limitations of physical plant, i.e. size ▪ Limited facilities for wellness activities, exercise, etc. ▪ Inadequate AODA funds (no money for detox)
Red Lake Hospital & Healthcare Facility and Ponemah Health Center	▪ Pharmacy cannot handle demands/limited meds ▪ Appointment system (6-8 weeks delay and longer for dental) ▪ Lack contract health $ - must refer out ▪ Adequate funding for needed staff ▪ Grants expire and renewal funding not assured ▪ Lack dental services/assets
Saginaw Chippewa - Nimkee Memorial Wellness Center	▪ None listed
Sault Ste. Marie - Mish KeKe Gamig Health Center, Lambert Health Clinic, Kinross Community Care Clinic, Manistique Health Center, & Munising – Wetmore Health Center	▪ Large geographic area – covers seven county service area in the Upper Peninsula of Michigan. Growing population and increased needs. Funded at 38% of the need.
Shakopee Dakota Clinic	▪ Lack of space ▪ Privacy concerns
Sokaogon Chippewa Health Clinic	▪ Limited Resources - Current contract with Ministry Medical is expensive ▪ Distribution of professional staff. ▪ Need more R.N.'s

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St. Croix Tribal Clinic	▪ Dental – Patients not showing up for appointments, or showing up late/randomly and demanding to be seen. Certain patients demanding narcotics – harassing phone calls, schedule goes 6 months out. Could use another dentist and trained assistants. ▪ Primary Care – A full time nurse practitioner would help us see more walk-ins and scheduled patients in a timely manner, and better service our outreach clinic. Transportation not always available. ▪ Mental Health – Limited resources (lack of psychiatric care, limited referral options, limited staff), lack of native personnel, transportation dependent. ▪ Doing more than what should be done to serve the community we are funded to serve.
Stockbridge-Munsee Tribal Health Center	▪ Unclear policies ▪ Lack of protocols and standards
Upper Sioux Community Health Services	▪ Small community with limited funding for programs. We also have reduced access to funding streams. We can collaborate with other tribes but our rural remote location does make that difficult. ▪ All health care in our area is more acute care oriented with only small emphasis placed on prevention.
White Earth Health Center & Naytahwaush Clinic	▪ Lack of adequate funding for space, equipment, salaries, etc. ▪ Inability to bill tribal insurance ▪ Space limits at all three Clinics ▪ Increased number of patients seeking services – Federal Open Door Policy & lack of appointment slots. Long wait time for appointments ▪ Limited lab services and no x-ray services at Field Clinics ▪ Field Clinics open later and close earlier than WEHC ▪ Significant need for Mental Health/Social Services at all sites ▪ No Pediatrics ▪ Limited OB/GYN and Orthopedic consulting services ▪ Medical Transportation. Expansive area – transportation is very challenging ▪ No evening clinic services ▪ Lack strategies for FAS/FAE assessment & recommendations ▪ No local dialysis (Services available in Detroit Lakes & Bemidji) ▪ Coordinating care with Tribal Health ▪ Providers at White Earth are unbelievably taxed with ever increasing patient loads; surveys, extra requirements, making staff responsible for increasingly providing information takes away valuable time (i.e. work release, social security documentation, unemployment, studies, etc.)
American Indian Health Service-Chicago	▪ Not enough Money ▪ Weak internal processes
American Indian Health & Family Services of SE MI (AIHFS)	▪ Client transportation especially for dental services ▪ Current location: high crime area, age of facility, layout of facility ▪ Electrical ▪ HVAC
United Amerindian Center - Green Bay Urban	▪ Funding-No CHS ▪ Transportation ▪ Unmet health needs ▪ No cooperation with neighboring Tribes, except Oneida ▪ Health issues definition…. Is living under a bridge a health issue?
Gerald L. Ignace Health Center	
Indian Health Board of Minneapolis	▪ Administration – Outdated information system, lack of electronic medical record, weak telephone call management. ▪ Medical – A need for more preventative services, a need for more pharmacy services, the agencies physical plan is aging, lack of outreach to St. Paul. ▪ Dental – Limited physical space for expansion. ▪ Counseling & Support – Difficulty expanding number of services – due to reduced/lack of physical space and resources to expand, no child psychiatry services on-site, no chemical dependency counseling on-site (assessment only).

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Also during the Kick-Off meeting, the Work Group answered and developed the following discussion topic:

"Prioritizing or Improving What Services will have the Greatest Impact on the Health of Your Population?"

(Numbers in parentheses indicate the additional votes of support a concept garnished during the group-think activity, in which Team Members were given three blue "dots", and asked to vote for the Future Priorities with which they most agreed.)

Responses are as follows:

- Preventative Care (18)
- Increasing CHS Funding (12)
- More $ Area Construction (11)
- Behavioral Health (8)
- Diabetes (6)
- More Area Joint Ventures (6)
- HP/DP (6)
- Increase of Trained Staff (4)
    - Nursing
    - Mental Health
    - Pharmacy
    - Substance Abuse
    - Community Health
- Elder Care (3)
- Invest in Staffing (Tribal) (2)
- Pediatric Care (2)
- Family Practice (1)
- Mental Health (1)
- Cardiovascular Disease (1)
- Invest in Care in Home Setting
- Ancillary Services (PT, OT, Rehab)
- Staff Training

During the Afternoon session of Day 1, there was a lengthy discussion further identifying the concerns of participants regarding establishment of priorities of need for the Area. It was suggested that the Tribal Advisory Board, scheduled to meet the First part of July, also be advised of this prioritization effort and possibly contribute as well.

In order to gain consensus on what is important, and to pursue that goal united, Master plan task force members were asked to work together in defining how priorities should be established. They were asked to develop such priorities with an "area wide leadership hat" on, so the needs/concerns of all would be represented. In order to understand the concerns of the group and to understand what the group thought was important, the group was asked to respond to the following question:

"What characteristics of a Service Area/ Facility/ Patient Population should dictate their level of Priority relative to Future Planning and Investment?"

Responses are as follows:

- Improvement of Facilities
- Greater availability of ASA Inpatient Facilities and Half-way Houses
- New Facility Space Need Staffing and Cost
- More Facility Space based on Growing Population
- Need for more Tribal Hire Providers
- Preventative Services
- Locations needing intervention for Specific Health Needs (diseases)
- More Facilities $'s for small Tribes that never received any
- Identify CHS $'s needed for the Area (especially small Tribes)
- Long range plans that will get the attention ($) from Congress
- Unmet needs relative to services, CHS, and Facilities
- Professional Staff Shortages (Dentists, Pharmacy, RN's/LPN's)
- Additional Medical Staff (Doctors and Nurses)
- Facility Upgrade
- CHS $
- List of all facilities that need replacement or expansion
- Total amount of additional $ necessary to fully fund all programs Area wide

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- Who needs CHS $
- Additional funding for CHS
- Money for Construction of new Facilities.
- Prioritize smaller tribes that do not have alternative $$ available
- Additional Funding $$

Second Day – June 18, 2004

In our Second Day of the Bemidji Kick-Off Meeting, June 18, 2004, the characteristics identified on Thursday were grouped into four criteria with the task presented to the Work Group to select the critical factors for each criterion that should determine a PSA's priority. The characteristics identified were grouped as follows. The criteria are the column's heading.

Health	Access	Resources	Patient Profile/System Profile
Disease Prevalence: • Suicide Rate • Alcohol & Drug Use • Obesity Epidemic • Diabetes Rate • Cardio-Vascular Disease • Cancer • Commercial Tobacco Use	Medical Appointment/ Waiting Time	Technological Remoteness	Innovative Health Delivery Plan
Prevention: Diseases Prevalent in Our Area are Primarily Due to Lifestyle	Limited Existing Services	Pharmacy Expansion	Partnerships
The Need for Lifestyle Changes - Incorporate Behavioral Health With Primary Care to Prevent or Control Diseases	Distance to Access/ Primary Care Services	Lack of Space+ Technology + Staff	Sharing Resources
Health Disparities		Facilities Adequacy Condition=Age Capacity	Economic Vitality
		Population Growth/ Funding Issues	3rd Party Coverage
		Population Growth/ Existing Land Base	Lack of CHS Coverage

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The Master Plan Work Group broke into four groups in order to develop the Criteria's measurable factors.

Criteria factors are specific measurable indicators, which will allow each PSA to be evaluated/scored for each criterion. In order to narrow the effort at the Friday meeting each group developing the Criteria's measurable factors were given the following rules:

- There would be multiple measurable factors for each criteria
- The factors would allow each Criterion to be isolated – "all else being equal", that Service Area's "Health" is a priority because_____.
- It would be measurable by objective means, by passing through the following tests:
  - Is it attainable? (Pass = yes)
  - Is it a reliable comparison? Can you trust its result? (Pass = yes)
  - Can it be gamed (manipulated)? (Pass = no)

The factor rules as developed at the June 2004 meeting, resulted in the following factors for each Criterion.

Health

Criteria Factor	Scoring Criteria	
Cardio-Vascular Disease Rate	% of User Population with Cardio-Vascular Dx Codes	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Diabetes Rate	% of User Population with a Diagnosis of Diabetes in 2000, 2001, 2002	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Tobacco Use Rate	% of User Population with a Diagnosis of 305.1-Tobacco Dependency	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Depression Incidence Rate	% of User Population with Depression Dx Codes	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3

It was determined in the Group discussion that we need to consult with Medical Professionals in the Area prior to determining these criteria. It seemed imprudent to the group to make these determinations outside the Medical Professionals employed in the Bemidji Area, or at least someone who could represent them.

Access

Criteria Factor	Scoring Criteria	
Primary Care Capacity	(% Provider Deficiency + % Exam Room deficiency + % Space Deficiency)/ 3	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Distance to Care	(% of User Pop >60 min to Prim. Care + % of User Pop> 30 minutes to Emergency Care + % of User Pop> 90 minutes to Specialty care)/3	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Limited Existing Services	Primary Care, Dental Lab, Pharmacy, Radiology	1 - Highest1/3
	Primary Care, Dental, Limited Lab and Radiology	2 - Middle 1/3
	Primary Care Only	3 - Lowest 1/3

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Resources

Criteria Factor	Scoring Criteria	
Funding Disparity	FDI (Federal Disparity Index)	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Facility Capacity	% of Existing to Needed Sq. Meters	3 - Lowest 1/3
		2 - Middle 1/3
		1 - Highest 1/3
Technology	Meets minimum Requirements TBD by Area Office	1 - Yes
		2 - No

Patient Profile

Criteria Factor	Scoring Criteria	
Third Party Coverage	% of Population with no 3rd Party Coverage	3 - Lowest 1/3
		2 - Middle 1/3
		1 - Highest 1/3
Lack of CHS Coverage	% of Population with no CHS Coverage (reside out of CHSDA)	3 - Lowest 1/3
		2 - Middle 1/3
		1 - Highest 1/3

It was determined by this group that we could only objectively measure the Patient Profile component of their criteria. We could not get equally measurable objective criteria for System profile at this time, but would be an interesting study for the future. During this meeting, additional measurement criteria were discussed. After review, it was determined that they be excluded.

Criteria **Reason for Exclusion**

Patient/System Profile
- Partnerships
- Shared funding
- Doing the Most with the Least

Access
- What Appointment slots are available 30 to 90 days out

Health
- Suicide Rate (attempted and completed as separate data points)

Resources
- Technology - Age/Condition/Training
- Pharmacy Service - Space/Technology
- Population - Growth/Recognition/Eligibility/Inmigration
- Staffing Impact
- Condition of Facility/Age

Upcoming PSA Resource Meetings/November-December 2004

At these Regional meetings, the criteria factors, as determined at the Kick-off meeting will be reviewed, with the Work Group's task being the weighting of the criteria and its factors.

The Criteria and its measurable factors are used to complete a criteria-ranking equation for each Service Area. The ranking equation will allow the Work Group to prioritize Service Areas within the Bemidji Area. While all Service Areas have needs, this priority exercise will identify which Service Area according to the Work Group's criteria should be addressed first. The use of this equation will remove the politicizing of priorities from the process.

A criteria's score will be dependent upon the measurable factors determined by the group. The criteria's weighting is determined by the groups' overall perception as to the importance of that criterion as a priority. That importance is determined by assigning a percentage (out of 100%) to each criterion.

The criteria's score works in a similar way. For example, if two factors affect "Access", individual Work Group team members would be able to assign a percentage importance to each factor. These individual understandings are then averaged to create a weighting of each measurable factor affecting the Criteria's score. Work Group members' assignment of importance to the two factors may differ greatly. However, the input of all Work Group members through such a vehicle facilitates a fair way to score each criterion's importance, ensuring every Work Group member has equal and discreet input.

This results in task force members being able to assign weighting by ballot according to the following formula.

Rank = (((Rw) * (((RF1*RF1w) + (RF2*RF2w) + (RF3*RF3w) + (RF4*RF4w))/4)) + ((Hw) * (((HF1*HF1w) + (HF2*HF2w) + (HF3*HF3w))/3) + ((Aw) * ((AF1*AF1w) + (AF2*AF2w) + (AF3*AF3w))/3)/3) + (((Pw) * (((PF1*PF1w) + (PF2*PF2w)

Where;

RFw = Resources Available/Required .....(30.96% out of 100%)
HFw = Health Status .....(32.93% out of 100%)
AFw = Access to Care.....(22.15% out of 100%)
PFw = Patient Profile.....(13.96% out of 100%)
w = Weighted Priority (assigned to each criteria as follows)
1, 2, 3 = Criteria factor

The Primary Service Area's Priority Score equals the following:

Resources Criteria - the weighted percentage importance of the following Resources criteria factors:

Funding Disparity .....(50.52% out of 100%)
Facility Capacity .....(29.78% out of 100%)
Technology .....(19.70% out of 100%)

Plus (+)

Health Criteria - the weighted percentage importance of the following Health criteria factors:

Cardiovascular Rates .....(29.00% out of 100%)
Diabetes Rates .....(30.23% out of 100%)
Tobacco Use Rate .....(19.23% out of 100%)
Depression Incidence Rate.....(21.54% out of 100%)

Plus (+)

Access Criteria - the weighted percentage importance of the following Access criteria factors:

Primary Care Capacity .....(41.60% out of 100%)
Distance to Care.....(25.86% out of 100%)
Limited Existing Services .....(32.53% out of 100%)

Plus (+)

Patient Profile Criteria - the weighted percentage importance of the following Patient Profile criteria factors:

Third Party Coverage .....(48.69% our of 100%)
Lack of CHS Coverage.....(51.31% our of 100%)

The formula with the weighting factors as determined is as follows:

Rank = (((.3096) * (((Funding Disparity *R .5052) + (Facility Capacity * .2978) + (Technology * .1970))/3) + ((.3293) * (((Cardiovascular Rate * .2900) + (Diabetes Rate * .3023) + (Tobacco Use Rate * .1923)+ (Depression Incidence Rate * .2154)/4) + ((.2215) * ((Access to Care * .2586) + (Primary Care Capacity* .4160) + (Limited Existing Services * .3253))/3) + ((.1396) * (Third Party Coverage * .4869) + (Lack of CHS Coverage * .5131)/2))

Each Primary Service Area will then be scored with a 1, 2 or 3 based on each of the criteria listed, with the higher number indicated greater need and therefore higher priority. The following is the narrative detailing the data for scoring each criterion.

- **Resources**
  - **Funding Disparity**: The metrics with which to measure this criterion have yet to be developed. The 1/3 of the Primary Service Areas with the largest funding disparity will be awarded three points, the middle 1/3 will receive 2 points and the lowest 1/3 will receive 1 point.
  - **Facility Capacity:** This will be measured by the ratio of existing to predicted amount of square meters needed in the future. The lowest ratio 1/3 of PSA's will receive 3 points. The middle 2 points, and the highest ratio of existing to needed will receive 1 point.
  - **Technology:** Again, this metric has not yet been developed, but the Area Office will establish minimum standards of technology, with the worst 1/3 PSA gaining 3 points, the middle receiving 2 points, and the highest ranking PSA's receiving 1 point.

- **Health Status**
  - **Cardiovascular Rates:** Studies those accessing the system either inpatient or outpatient with a diagnosis of cardiovascular as a percent of unique individuals accessing the system. The 1/3 of service areas with the highest cardiovascular rate receives a score of 3; the 1/3 of service areas with the median cardiovascular rate receives a score of 2 while the 1/3 of service areas with the lowest cardiovascular rate receives a score of 1.
  - **Diabetes Rates:** Studies those accessing the system either inpatient or outpatient with a diagnosis of diabetes as a percent of unique individuals accessing the system. The 1/3 of service areas with the highest diabetes rate receives a score of 3; the 1/3 of service areas with the median diabetes rate receives a score of 2 while the 1/3 of service areas with the lowest diabetes rate receives a score of 1.

- **Tobacco Use Rate**: This will be measured by the number of Users who have had an ICD- 9 code of 305.1, Tobacco Dependency in the RPMS data set. The 1/3 of service areas with the highest user count will receive a score of 3; the 1/3 of service areas with the median use count will receive a score of 2 while the 1/3 of service areas with the lowest user count will receive a score of 1.

- **Depression Rate:** This measure will isolate the ICD-9 codes for Depression. The 1/3 of service areas with the highest rate will receive a score of 3; the 1/3 of service areas with the median rate will receive a score of 2 while the 1/3 of service areas with the lowest rate will receive a score of 1.

- **Access**

  - **Primary Care Capacity:** This will measure the existing Health System's ability to meet the Primary Care needs of the population. It will calculate the % of providers existing to the predicted need, plus the % of existing exam rooms to predicted, plus the % of existing Primary Care space to the predicted need, divided by three. The 1/3 PSA's with the lowest percentage of existing to needed criteria will receive 3 points, the middle 1/3 will receive 2 points, and the PSA's with the highest percentage of existing to need will receive 1 point.

  - **Distance to Care:** This metric will measure the weighted average of Percentage of users living outside a 60 mile radius to Primary Care, the percentage living outside a 30 mile radius to Emergency Care, and the percentage living outside 90 minutes to Specialty Care.

  - **Limited Existing Services:** This measure will stratify the PSA's by awarding 3 points to those PSA's offering Primary Care only, 2 points to those offering Primary Care, Dental Care and Limited Lab and Radiology Services, and 1 point to those offering Primary Care, Dental Care and full Lab and Radiology services.

- **Patient Profile**

  - **3rd Party Coverage:** This measure will calculate the % of User Population having 3rd Party coverage, and give the 1/3 PSA's with the lowest percentage 3 points, the middle 1/3 2 points and the highest 1/3 1 point.

  - **Lack of CHS Coverage:** This criterion will calculate the % of User Population living outside the CHSDA and therefore not eligible for CHS funding, and award the 1/3 PSA's with the highest percentage ineligible 3 points, the middle 1/3 2 points, and the lowest 1/3 1 point.

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PSA Priority Ranking

Overall, the Service Areas in accordance with the priority criteria is as follows:
(with all PSA's in rank order from lowest (most relative need), to highest (least relative need), keeping in mind that we all have needs, but this allows us to understand our relative position to other PSA's when all are measured against the same scoring criteria).

1	Greater Leech Lake PHS Indian Hospital
2	Little Traverse Bay Bands - Mskiki Gumic Health Clinic
3	Lower Sioux Indian Community
4	House of Wellness (Ho-Chunk)
5	Menominee Tribal Clinic
7	Naytahwaush Clinic (White Earth)
8	Saginaw Chippewa - Nimkee Memorial Wellness Center
9	Pokagon Potawatomi Health Clinic
10	St. Ignace - Lambert Health Clinic (SSM)
11	Ho-Chunk Health Center
12	Hannahville Health Center
13	Manistique Health Center (SSM)
14	Grand Traverse Band Medicine Lodge
15	Center for American Indian Resources (CAIR) (Fond du Lac)
16	Mish KeKe Gamig Health Center (SSM)
17	Huron Potawatomi - Nottawaseppi Health Clinic
18	Oneida Community Health Center
19	Kinross Community Care Clinic (SSM)
20	White Earth Health Center
21	Munising - Wetmore Health Center (SSM)
22	Upper Sioux Community Health Services
23	Lac Vieux Desert Health Center
24	Bay Mills Health Center
25	Peter Christensen Health Center (Lac du Flambeau)
26	Stockbridge-Munsee Tribal Health Center
27	St. Croix Tribal Clinic
28	Min No Aya Win Human Service Center (Fond du Lac)
29	Mille Lacs Clinics
30	Ponemah Health Center (Red Lake)
31	Red Lake Hospital & Healthcare Facility
32	Shakopee Dakota Clinic
33	Grand Portage Health Services
34	Donald A. LaPointe Health Center (Keweenaw Bay)
35	Lac Courte Oreilles Community Health Center
36	Prairie Island Indian Community
37	Bois Forte Health Services
38	Red Cliff Community Health Center
39	Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)
40	Sokaogon Chippewa Health Clinic
41	Bad River Health Services
42	Forest County Potawatomi Community Health Center

The following were not ranked, though some data is available in the supporting detail and could be utilized by the area office to determine future assistance.

Chicago Urban
Detroit Urban
Green Bay Urban
Milwaukee Urban
Minneapolis Urban

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PSA Priority Scoring Overview

- **Resources**
  - Greater Leech Lake, Lower Sioux, and Menominee ranked the highest in this area with a score of 8.
- **Health**
  - Stockbridge Munsee scored a 12 with seven other facilities scoring an 11 (Grand Traverse, Ho-Chunk, Ho-Chunk House of Wellness, Menominee, Saginaw Chippewa, White Earth, Naytahwaush).
- **Access**
  - Lac Vieux Desert and Little River scored a 9 followed by Greater Leech Lake, Lower Sioux, and Grand Portage scoring an 8.
- **Patient Population**
  - 14 facilities scored a 5 in this area (Bay Mills, Min-No-Aya-Win, Grand Portage, Huron Potawatomi, Donald A. LaPointe, Little River Band, Little Traverse Band, Menominee, Oneida, St. Ignace, Manistique, Munising, Shakopee, and Match-E-Be-Nash-She-Wish)

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Criteria	Ballot Scoring	Bad River Health Services	Bay Mills Health Center	Bois Forte Health Services	Min No Aya Win Human Service Center (Fond du Lac)	Center for American Indian Resources (CAIR) (Fond du Lac)	Forest County Potawatomi Community Health Center	Grand Portage Health Services	Grand Traverse Band Medicine Lodge	Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)	Hannahville Health Center	Ho-Chunk Health Center	House of Wellness (Ho-Chunk)	Huron Potawatomi - Nottawaseppi Health Clinic	Donald A. LaPointe Health Center (Keweenaw Bay)	Lac Courte Oreilles Community Health Center	Peter Christensen Health Center (Lac du Flambeau)	Lac Vieux Desert Health Center	Greater Leech Lake PHS Indian Hospital	Little River Band Tribal Health Clinic	Little Traverse Bay Bands - Mskiki Gumic Health Clinic	Lower Sioux Indian Community	Menominee Tribal Clinic	Mille Lacs Clinics	Oneida Community Health Center	Pokagon Potawatomi Health Clinic	Prairie Island Indian Community	Red Cliff Community Health Center	Red Lake Hospital & Healthcare Facility	Ponemah Health Center (Red Lake)	Saginaw Chippewa - Nimkee Memorial Wellness Center	Mish KeKe Gamig Health Center (SSM)	St. Ignace - Lambert Health Clinic (SSM)	Kinross Community Care Clinic (SSM)	Manistique Health Center (SSM)	Munising - Wetmore Health Center (SSM)	Shakopee Dakota Clinic	Sokaogon Chippewa Health Clinic	St. Croix Tribal Clinic	Stockbridge-Munsee Tribal Health Center	Upper Sioux Community Health Services	White Earth Health Center	Naytahwaush Clinic (White Earth)		Chicago Urban (American Indian Health Service)	Detroit Urban (American Indian Health & Family Services of SE MI)	Green Bay Urban (United Amerindian Center, Inc.)	Milwaukee Urban (Gerald L. Ignace Health Center)	Minneapolis Urban (Indian Health Board of Minneapolis)	Avg.
	Ranking	**42**	**28**	**38**	**35**	**15**	**39**	**33**	**18**	**8**	**11**	**13**	**10**	**20**	**34**	**36**	**24**	**32**	**3**	**5**	**1**	**2**	**4**	**29**	**21**	**7**	**37**	**40**	**30**	**26**	**9**	**23**	**17**	**12**	**14**	**19**	**25**	**41**	**27**	**31**	**16**	**22**	**6**							Avg
Resource	**30.96%**																																																		
Funding Disparity	**50.52%**	1	2	1	2	2	1	1	2	2	3	3	3	2	2	2	2	1	3	2	2	3	3	3	2	2	1	2	1	1	3	2	2	2	3	2	2	1	3	1	2	1	1							1.95
Facility Capacity (% of exiting to needed SM)	**29.78%**	3	1	2	1	3	1	1	2	2	2	2	2	2	3	2	3	3	3	3	3	3	3	2	2	3	1	1	1	2	1	2	2	3	1	1	3	1	1	1	1	2	3							2.00
Technology (meets minimum Requirement TBD)	**19.70%**	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2							2.00
Total	***100.0%***	***6***	***5***	***5***	***5***	***7***	***4***	***4***	***6***	***6***	***7***	***7***	***7***	***6***	***7***	***6***	***7***	***6***	***8***	***7***	***7***	***8***	***8***	***7***	***6***	***7***	***4***	***5***	***4***	***5***	***6***	***6***	***6***	***7***	***6***	***5***	***7***	***4***	***6***	***4***	***5***	***5***	***6***	***0***	***0***	***0***	***0***	***0***	***0***	***1.98***
Health	**32.93%**																																																		
Diabetes Rate	**30.23%**	1	1	2	3	3	1	3	3	2	3	3	3	3	1	1	1	1	2	3	3	2	2	2	2	3	2	2	2	2	3	1	1	1	1	1	1	1	1	3	2	2	2							1.95
Tobacco Use Rate	**19.23%**	1	3	1	2	2	2	1	3	2	2	3	3	1	3	1	2	3	2	1	2	1	3	1	2	2	3	2	1	1	3	3	3	3	3	3	1	2	2	3	2	3	3							2.14
Cardiovascular Disease Rate	**29.00%**	1	3	1	2	2	1	1	2	2	2	2	2	1	1	2	2	2	2	1	3	3	3	1	2	3	3	1	3	3	3	3	3	3	3	3	2	1	1	3	2	3	3							2.14
Depression Incidence Rate	**21.54%**	2	2	2	1	1	3	1	3	2	3	3	3	1	1	1	1	1	3	2	2	1	3	3	2	1	1	1	3	3	2	2	2	2	2	2	2	3	2	3	2	3	3							2.05
Total	***100.00%***	***5***	***9***	***6***	***8***	***8***	***7***	***6***	***11***	***8***	***10***	***11***	***11***	***6***	***6***	***5***	***6***	***7***	***9***	***7***	***10***	***7***	***11***	***7***	***8***	***9***	***9***	***6***	***9***	***9***	***11***	***9***	***9***	***9***	***9***	***9***	***6***	***7***	***6***	***12***	***8***	***11***	***11***	***0***	***0***	***0***	***0***	***0***	***0***	***2.07***
Access	**22.15%**																																																		
Primary Care Capacity	**41.60%**	2	2	1	1	2	3	2	1	3	1	1	2	3	1	2	3	3	3	3	3	3	1	1	3	3	1	1	3	2	2	2	1	2	1	1	2	2	2	1	3	2	3							2.00
Distance to Care	**25.86%**	1	2	3	1	1	2	3	2	2	2	2	1	1	1	2	2	3	2	3	2	2	1	3	1	1	1	3	3	3	1	2	3	1	3	3	1	2	3	1	3	2	3							2.00
Limited Existing Services	**32.53%**	2	1	2	1	2	1	3	2	3	2	1	1	3	2	1	1	1	1	3	3	3	1	1	1	2	3	1	1	2	2	1	2	3	2	3	2	2	2	1	3	1	2							1.83
Total	***100.00%***	***5***	***5***	***6***	***3***	***5***	***6***	***8***	***5***	***8***	***5***	***4***	***4***	***7***	***4***	***5***	***6***	***7***	***6***	***9***	***8***	***8***	***3***	***5***	***5***	***6***	***5***	***5***	***7***	***7***	***5***	***5***	***6***	***6***	***6***	***7***	***5***	***6***	***7***	***3***	***9***	***5***	***8***	***0***	***0***	***0***	***0***	***0***	***0***	***1.94***
Patient Population Profile	**13.96%**																																																		
3rd Party Coverage	**48.69%**	1	2	2	3	3	1	3	1	3	1	1	1	3	3	2	2	1	2	3	3	2	3	1	3	2	1	1	1	1	1	2	3	2	3	3	3	1	2	2	2	2	2							2.00
Lack of CHS Coverage	**51.31%**	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2							2.00
Total	***100.00%***	***3***	***4***	***4***	***5***	***5***	***3***	***5***	***3***	***5***	***3***	***3***	***3***	***5***	***5***	***4***	***4***	***3***	***4***	***5***	***5***	***4***	***5***	***3***	***5***	***4***	***3***	***3***	***3***	***3***	***3***	***4***	***5***	***4***	***5***	***5***	***5***	***3***	***4***	***4***	***4***	***4***	***4***	***0***	***0***	***0***	***0***	***0***	***0***	***2.00***
Unweighted Total		**19**	**23**	**21**	**21**	**25**	**20**	**23**	**25**	**27**	**25**	**25**	**25**	**24**	**22**	**20**	**23**	**23**	**27**	**28**	**30**	**27**	**27**	**22**	**24**	**26**	**21**	**19**	**23**	**24**	**25**	**24**	**26**	**26**	**26**	**26**	**23**	**20**	**23**	**23**	**26**	**25**	**29**	**0**	**0**	**0**	**0**	**0**	**0**	
Weighted Priority Scores		1.55	1.90	1.65	1.78	2.13	1.58	1.82	2.07	2.23	2.17	2.16	2.19	2.04	1.81	1.69	1.94	1.84	2.34	2.32	2.52	2.37	2.32	1.89	2.03	2.25	1.69	1.57	1.86	1.94	2.20	1.99	2.09	2.17	2.16	2.07	1.94	1.56	1.93	1.86	2.13	2.00	2.31	0.00	0.00	0.00	0.00	0.00	0.00	**4.50**

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Funding Disparity

Primary Service Area (PSA)	IHS FDI Index	Scoring
Bad River Health Services	41%	1
Greater Leech Lake PHS Indian Hospital	33%	3
Bois Forte Health Services	51%	1
Center for American Indian Resources (CAIR) (Fond du Lac)	35%	2
Bay Mills Health Center	34%	2
Forest County Potawatomi Community Health Center	59%	1
Grand Portage Health Services	48%	1
Grand Traverse Band Medicine Lodge	38%	2
Hannahville Health Center	32%	3
Ho-Chunk Health Center	33%	3
House of Wellness (Ho-Chunk)	33%	3
Donald A. LaPointe Health Center (Keweenaw Bay)	34%	2
Kinross Community Care Clinic (SSM)	34%	2
Lac Courte Oreilles Community Health Center	36%	2
Peter Christensen Health Center (Lac du Flambeau)	40%	2
Lac Vieux Desert Health Center	64%	1
St. Ignace - Lambert Health Clinic (SSM)	34%	2
Little River Band Tribal Health Clinic	39%	2
Lower Sioux Indian Community	31%	3
Manistique Health Center (SSM)	33%	3
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)	36%	2
Menominee Tribal Clinic	32%	3
Mille Lacs Clinics	30%	3
Min-No-Aya-Win Health Clinic (Fond Du Lac)	35%	2
Little Traverse Bay Bands - Mskiki Gumic Health Clinic)	40%	2
Munising - Wetmore Health Center (SSM)	34%	2
Naytahwaush Clinic (White Earth)	46%	1
Saginaw Chippewa - Nimkee Memorial Wellness Center	30%	3
Huron Potawatomi - Nottawaseppi Health Clinic	40%	2
Oneida Community Health Center	34%	2
Pokagon Potawatomi Health Clinic	35%	2
Ponemah Health Center (Red Lake)	52%	1
Prairie Island Indian Community	44%	1
Red Cliff Community Health Center	40%	2
Red Lake Hospital & Healthcare Facility	52%	1
Mish KeKe Gamig Health Center (SSM)	34%	2
Shakopee Dakota Clinic	35%	2
Sokaogon Chippewa Health Clinic	42%	1
St. Croix Tribal Clinic	31%	3
Stockbridge-Munsee Tribal Health Center	48%	1
Upper Sioux Community Health Services	40%	2
White Earth Health Center	46%	1
Chicago Urban (American Indian Health Service)		
Detroit Urban (American Indian Health & Family Services of SE MI)		
Green Bay Urban (United Amerindian Center, Inc.)		
Milwaukee Urban (Gerald L. Ignace Health Center)		
Minneapolis Urban (Indian Health Board of Minneapolis)		

3 = < 34
2 = 34 - 40
1 = > 40

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Facility Capacity

Primary Service Area (PSA)	Existing SM	2015 Proposed SM	Difference	Scoring
Bad River Health Services	673	2,253	29.9%	3
Bay Mills Health Center	2,295	2,802	81.9%	1
Bois Forte Health Services	1,937	2,809	69.0%	2
Center for American Indian Resources (CAIR) (Fond du Lac)	772	2,248	34.3%	3
Donald A. LaPointe Health Center (Keweenaw Bay)	757	1,917	39.5%	3
Forest County Potawatomi Community Health Center	2,806	3,720	75.4%	1
Grand Portage Health Services	717	390	184.0%	1
Grand Traverse Band Medicine Lodge	1,594	3,558	44.8%	2
Hannahville Health Center	1,157	1,856	62.3%	2
Ho-Chunk Health Center	2,418	3,723	64.9%	2
House of Wellness (Ho-Chunk)	1,078	2,580	41.8%	2
Huron Potawatomi - Nottawaseppi Health Clinic	400	643	62.2%	2
Kinross Community Care Clinic (SSM)	268	884	30.3%	3
Lac Courte Oreilles Community Health Center	2,315	3,609	64.1%	2
Lac Vieux Desert Health Center	325	1,808	18.0%	3
Greater Leech Lake PHS Indian Hospital	6,678	19,638	34.0%	3
Little River Band Tribal Health Clinic	390	1,125	34.7%	3
Little Traverse Bay Bands - Mskiki Gumic Health Clinic	847	2,841	29.8%	3
Lower Sioux Indian Community	195	1,224	16.0%	3
Manistique Health Center (SSM)	1,376	1,170	117.6%	1
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)	234	346	67.7%	2
Menominee Tribal Clinic	1,977	6,005	32.9%	3
Mille Lacs Clinics	5,110	9,838	51.9%	2
Min No Aya Win Human Service Center (Fond du Lac)	5,435	4,275	127.1%	1
Munising - Wetmore Health Center (SSM)	639	948	67.4%	1
Naytahwaush Clinic (White Earth)	571	2,053	27.8%	3
Oneida Community Health Center	11,139	16,791	66.3%	2
Peter Christensen Health Center (Lac du Flambeau)	520	3,086	16.8%	3
Pokagon Potawatomi Health Clinic	409	2,623	15.6%	3
Ponemah Health Center (Red Lake)	585	1,962	29.8%	2
Prairie Island Indian Community	556	390	142.7%	1
Red Cliff Community Health Center	1,903	2,528	75.3%	1
Red Lake Hospital & Healthcare Facility	10,585	13,481	78.5%	1
Saginaw Chippewa - Nimkee Memorial Wellness Center	6,954	6,538	106.4%	1
Shakopee Dakota Clinic	271	677	40.0%	3
Sokaogon Chippewa Health Clinic	539	373	144.6%	1
Mish KeKe Gamig Health Center (SSM)	4,710	7,607	61.9%	2
St. Croix Tribal Clinic	2,162	2,168	99.7%	1
St. Ignace - Lambert Health Clinic (SSM)	1,071	1,948	55.0%	2
Stockbridge-Munsee Tribal Health Center	2,677	2,178	122.9%	1
Upper Sioux Community Health Services	606	690	87.8%	1
White Earth Health Center	5,726	8,989	63.7%	2
Chicago Urban (American Indian Health Service)	409	5,250	7.8%	
Detroit Urban (American Indian Health & Family Services of SE MI)	1,842	4,781	38.5%	
Green Bay Urban (United Amerindian Center, Inc.)	453	2,196	20.6%	
Milwaukee Urban (Gerald L. Ignace Health Center)	730	3,879	18.8%	
Minneapolis Urban (Indian Health Board of Minneapolis)	1,817	8,684	20.9%	

1 = > 69.0%
2 = 41.8 - 69.0%
3 = < 41.8%

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Technology

Primary Service Area (PSA)	Existing Technology	Minimum Technology	Difference	Scoring
Bad River Health Services				2
Bay Mills Health Center				2
Bois Forte Health Services				2
Min No Aya Win Human Service Center (Fond du Lac)				2
Center for American Indian Resources (CAIR) (Fond du Lac)				2
Forest County Potawatomi Community Health Center				2
Grand Portage Health Services				2
Grand Traverse Band Medicine Lodge				2
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)				2
Hannahville Health Center				2
Ho-Chunk Health Center				2
House of Wellness (Ho-Chunk)				2
Huron Potawatomi - Nottawaseppi Health Clinic				2
Donald A. LaPointe Health Center (Keweenaw Bay)				2
Lac Courte Oreilles Community Health Center				2
Peter Christensen Health Center (Lac du Flambeau)				2
Lac Vieux Desert Health Center				2
Greater Leech Lake PHS Indian Hospital				2
Little River Band Tribal Health Clinic				2
Little Traverse Bay Bands - Mskiki Gumic Health Clinic				2
Lower Sioux Indian Community				2
Menominee Tribal Clinic				2
Mille Lacs Clinics				2
Oneida Community Health Center				2
Pokagon Potawatomi Health Clinic				2
Prairie Island Indian Community				2
Red Cliff Community Health Center				2
Red Lake Hospital & Healthcare Facility				2
Ponemah Health Center (Red Lake)				2
Saginaw Chippewa - Nimkee Memorial Wellness Center				2
Mish KeKe Gamig Health Center				2
St. Ignace - Lambert Health Clinic (SSM)				2
Kinross Community Care Clinic (SSM)				2
Manistique Health Center (SSM)				2
Munising - Wetmore Health Center (SSM)				2
Shakopee Dakota Clinic				2
Sokaogon Chippewa Health Clinic				2
St. Croix Tribal Clinic				2
Stockbridge-Munsee Tribal Health Center				2
Upper Sioux Community Health Services				2
White Earth Health Center				2
Naytahwaush Clinic (White Earth)				2
Chicago Urban (American Indian Health Service)				
Detroit Urban (American Indian Health & Family Services of SE MI)				
Green Bay Urban (United Amerindian Center, Inc.)				
Milwaukee Urban (Gerald L. Ignace Health Center)				
Minneapolis Urban (Indian Health Board of Minneapolis)				

At the time of this report the Bemidji Area Office is still working on developing a criteria to measure the level of technology each facility possesses. For this study everyone was given the score of a 2.

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Individuals with Diabetes-Related Dx by Service Unit (2000, 2001, 2002)

Tribe/Urban Program	APC (Direct Care) Outpatient	APC (Direct Care) %	Oupatient Direct Care	Unique Users	Summary Percentage	Summary Scoring
112601 - Leech Lake Tribe	1,828	17.41%	1,828	10,500	17.4%	2
113201 - Red Lake	1,134	14.59%	1,134	7,775	14.6%	2
113510 - White Earth Tribe	1,065	13.57%	1,065	7,851	13.6%	2
182210 - Menominee Indian Tribe	2,027	19.08%	2,027	10,626	19.1%	2
182211 - Oneida Indian Tribe	1,248	14.96%	1,248	8,344	15.0%	2
182212 - Stockbridge-Munsee Mohican	1,914	19.49%	1,914	9,822	19.5%	3
182230 - Ho-Chunk Nation	3,230	33.62%	3,230	9,606	33.6%	3
182310 - Sault Ste Marie Chippewa	2,041	13.54%	2,041	15,074	13.5%	1
182330 - Saginaw Chippewa	956	39.37%	956	2,428	39.4%	3
182331 - Bay Mills Indian Community	1,021	10.74%	1,021	9,506	10.7%	1
182337 - Huron Potawatomi Band	43	23.89%	43	180	23.9%	3
182338 - Little Traverse Bay Band	833	19.48%	833	4,277	19.5%	3
182339 - Little River Ottawa	54	21.69%	54	249	21.7%	3
182350 - Grand Traverse Bay Band	446	19.83%	446	2,249	19.8%	3
182356 - Pokagon Band	10	20.00%	10	50	20.0%	3
182410 - Fond du Lac Band	1,286	24.07%	1,286	5,343	24.1%	3
182550 - Grand Portage Band	177	25.43%	177	696	25.4%	3
182710 - Bad River Band	286	12.89%	286	2,219	12.9%	1
182711 - Lac Courte Oreilles Band	529	12.94%	529	4,088	12.9%	1
182730 - Red Cliff Band	281	13.77%	281	2,041	13.8%	2
182731 - St. Croix Chippewa Community	218	11.99%	218	1,818	12.0%	1
182810 - Lac du Flambeau Band	365	10.92%	365	3,342	10.9%	1
182851 - Sokaogon Chippewa Community	398	12.70%	398	3,134	12.7%	1
182852 - Forest County Potawatomi	399	12.65%	399	3,154	12.7%	1
182930 - Mille Lacs Band	428	15.64%	428	2,736	15.6%	2
183051 - Shakopee Mdewakanton Sioux	3	2.65%	3	113	2.7%	1
183052 - Prairie Island Indian Community	57	19.06%	57	299	19.1%	2
183053 - Lower Sioux Indian Community	2	15.38%	2	13	15.4%	2
183130 - Bois Forte Band	262	18.57%	262	1,411	18.6%	2
183430 - Keweenaw Bay Indian Community	167	7.50%	167	2,228	7.5%	1
183431 - Lac Vieux Desert Band	116	9.96%	116	1,165	10.0%	1
183450 - Hannahville Indian Community	381	23.55%	381	1,618	23.5%	3
Upper Sioux Indian Community			-	4	NA	2
Chicago Urban (American Indian Health Service)						
Detroit Urban (American Indian Health & Family Services of SE MI)					1 = < 13.5%	
Green Bay Urban (United Amerindian Center, Inc.)					2 = 13.5 - 19.1%	
Milwaukee Urban (Gerald L. Ignace Health Center)					3 = > 19.1%	
Minneapolis Urban (Indian Health Board of Minneapolis)						

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Individuals with Smoking-Related Dx by Service Unit (2000, 2001, 2002)

Tribe/Urban Program	APC (Direct Care) Outpatient	APC (Direct Care) %	Oupatient Direct Care	Unique Users	Summary Percentage	Summary Scoring
112601 - Leech Lake Tribe	835	7.95%	835	10,500	8.0%	2
113201 - Red Lake	270	3.47%	270	7,775	3.5%	1
113510 - White Earth Tribe	902	11.49%	902	7,851	11.5%	3
182210 - Menominee Indian Tribe	1,041	9.80%	1041	10,626	9.8%	3
182211 - Oneida Indian Tribe	651	7.80%	651	8,344	7.8%	2
182212 - Stockbridge-Munsee Mohican	964	9.81%	964	9,822	9.8%	3
182230 - Ho-Chunk Nation	943	9.82%	943	9,606	9.8%	3
182310 - Sault Ste Marie Chippewa	1,468	9.74%	1468	15,074	9.7%	3
182330 - Saginaw Chippewa	228	9.39%	228	2,428	9.4%	3
182331 - Bay Mills Indian Community	1,028	10.81%	1028	9,506	10.8%	3
182337 - Huron Potawatomi Band	8	4.44%	8	180	4.4%	1
182338 - Little Traverse Bay Band	344	8.04%	344	4,277	8.0%	2
182339 - Little River Ottawa	11	4.42%	11	249	4.4%	1
182350 - Grand Traverse Bay Band	214	9.52%	214	2,249	9.5%	3
182356 - Pokagon Band	4	8.00%	4	50	8.0%	2
182410 - Fond du Lac Band	432	8.09%	432	5,343	8.1%	2
182550 - Grand Portage Band	15	2.16%	15	696	2.2%	1
182710 - Bad River Band	136	6.13%	136	2,219	6.1%	1
182711 - Lac Courte Oreilles Band	189	4.62%	189	4,088	4.6%	1
182730 - Red Cliff Band	148	7.25%	148	2,041	7.3%	2
182731 - St. Croix Chippewa Community	140	7.70%	140	1,818	7.7%	2
182810 - Lac du Flambeau Band	302	9.04%	302	3,342	9.0%	2
182851 - Sokaogon Chippewa Community	197	6.29%	197	3,134	6.3%	2
182852 - Forest County Potawatomi	198	6.28%	198	3,154	6.3%	2
182930 - Mille Lacs Band	110	4.02%	110	2,736	4.0%	1
183051 - Shakopee Mdewakanton Sioux	1	0.88%	1	113	0.9%	1
183052 - Prairie Island Indian Community	31	10.37%	31	299	10.4%	3
183053 - Lower Sioux Indian Community	0	0.00%	0	13	0.0%	1
183130 - Bois Forte Band	88	6.24%	88	1,411	6.2%	1
183430 - Keweenaw Bay Indian Community	262	11.76%	262	2,228	11.8%	3
183431 - Lac Vieux Desert Band	112	9.61%	112	1,165	9.6%	3
183450 - Hannahville Indian Community	136	8.41%	136	1,618	8.4%	2
Upper Sioux Indian Community			0	4	NA	2
Chicago Urban (American Indian Health Service)					1 = < 6.2%	
Detroit Urban (American Indian Health & Family Services of SE MI)					2 = 6.2 - 9.0%	
Green Bay Urban (United Amerindian Center, Inc.)					3 = > 9.0%	
Milwaukee Urban (Gerald L. Ignace Health Center)						
Minneapolis Urban (Indian Health Board of Minneapolis)						

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Individuals with Cardiovascular-Related Dx by Service Unit (2000, 2001, 2002)

Tribe/Urban Program	APC (Direct Care) Outpatient	APC (Direct Care) %	Oupatient Direct Care	Unique Users	Summary Percentage	Summary Scoring
112601 - Leech Lake Tribe	347	3.30%	347	10,500	3.3%	2
113201 - Red Lake	274	3.52%	274	7,775	3.5%	3
113510 - White Earth Tribe	272	3.46%	272	7,851	3.5%	3
182210 - Menominee Indian Tribe	519	4.88%	519	10,626	4.9%	3
182211 - Oneida Indian Tribe	248	2.97%	248	8,344	3.0%	2
182212 - Stockbridge-Munsee Mohican	470	4.79%	470	9,822	4.8%	3
182230 - Ho-Chunk Nation	301	3.13%	301	9,606	3.1%	2
182310 - Sault Ste Marie Chippewa	657	4.36%	657	15,074	4.4%	3
182330 - Saginaw Chippewa	93	3.83%	93	2,428	3.8%	3
182331 - Bay Mills Indian Community	418	4.40%	418	9,506	4.4%	3
182337 - Huron Potawatomi Band	4	2.22%	4	180	2.2%	1
182338 - Little Traverse Bay Band	161	3.76%	161	4,277	3.8%	3
182339 - Little River Ottawa	5	2.01%	5	249	2.0%	1
182350 - Grand Traverse Bay Band	76	3.38%	76	2,249	3.4%	2
182356 - Pokagon Band	4	8.00%	4	50	8.0%	3
182410 - Fond du Lac Band	127	2.38%	127	5,343	2.4%	2
182550 - Grand Portage Band	13	1.87%	13	696	1.9%	1
182710 - Bad River Band	27	1.22%	27	2,219	1.2%	1
182711 - Lac Courte Oreilles Band	94	2.30%	94	4,088	2.3%	2
182730 - Red Cliff Band	27	1.32%	27	2,041	1.3%	1
182731 - St. Croix Chippewa Community	22	1.21%	22	1,818	1.2%	1
182810 - Lac du Flambeau Band	88	2.63%	88	3,342	2.6%	2
182851 - Sokaogon Chippewa Community	43	1.37%	43	3,134	1.4%	1
182852 - Forest County Potawatomi	43	1.36%	43	3,154	1.4%	1
182930 - Mille Lacs Band	60	2.19%	60	2,736	2.2%	1
183051 - Shakopee Mdewakanton Sioux				113	NA	2
183052 - Prairie Island Indian Community	13	4.35%	13	299	4.3%	3
183053 - Lower Sioux Indian Community	1	7.69%	1	13	7.7%	3
183130 - Bois Forte Band	27	1.91%	27	1,411	1.9%	1
183430 - Keweenaw Bay Indian Community	46	2.06%	46	2,228	2.1%	1
183431 - Lac Vieux Desert Band	33	2.83%	33	1,165	2.8%	2
183450 - Hannahville Indian Community	47	2.90%	47	1,618	2.9%	2
Upper Sioux Indian Community				4	NA	2
Chicago Urban (American Indian Health Service)						
Detroit Urban (American Indian Health & Family Services of SE MI)					1 = < 2.3%	
Green Bay Urban (United Amerindian Center, Inc.)					2 = 2.3 - 3.4%	
Milwaukee Urban (Gerald L. Ignace Health Center)					3 = > 3.4%	
Minneapolis Urban (Indian Health Board of Minneapolis)						

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Individuals with Depression-Related Dx by Service Unit (2000, 2001, 2002)

Tribe/Urban Program	APC (Direct Care) Outpatient	APC (Direct Care) %	Oupatient Direct Care	Unique Users	Summary Percentage	Summary Scoring
112601 - Leech Lake Tribe	486	4.63%	486	10,500	4.6%	3
113201 - Red Lake	477	6.14%	477	7,775	6.1%	3
113510 - White Earth Tribe	306	3.90%	306	7,851	3.9%	3
182210 - Menominee Indian Tribe	524	4.93%	524	10,626	4.9%	3
182211 - Oneida Indian Tribe	91	1.09%	91	8,344	1.1%	2
182212 - Stockbridge-Munsee Mohican	496	5.05%	496	9,822	5.0%	3
182230 - Ho-Chunk Nation	343	3.57%	343	9,606	3.6%	3
182310 - Sault Ste Marie Chippewa	303	2.01%	303	15,074	2.0%	2
182330 - Saginaw Chippewa	36	1.48%	36	2,428	1.5%	2
182331 - Bay Mills Indian Community	173	1.82%	173	9,506	1.8%	2
182337 - Huron Potawatomi Band	1	0.56%	1	180	0.6%	1
182338 - Little Traverse Bay Band	91	2.13%	91	4,277	2.1%	2
182339 - Little River Ottawa	2	0.80%	2	249	0.8%	2
182350 - Grand Traverse Bay Band	50	2.22%	50	2,249	2.2%	3
182356 - Pokagon Band	0	0.00%	0	50	0.0%	1
182410 - Fond du Lac Band	28	0.52%	28	5,343	0.5%	1
182550 - Grand Portage Band	0	0.00%	0	696	0.0%	1
182710 - Bad River Band	20	0.90%	20	2,219	0.9%	2
182711 - Lac Courte Oreilles Band	27	0.66%	27	4,088	0.7%	1
182730 - Red Cliff Band	15	0.73%	15	2,041	0.7%	1
182731 - St. Croix Chippewa Community	23	1.27%	23	1,818	1.3%	2
182810 - Lac du Flambeau Band	22	0.66%	22	3,342	0.7%	1
182851 - Sokaogon Chippewa Community	117	3.73%	117	3,134	3.7%	3
182852 - Forest County Potawatomi	117	3.71%	117	3,154	3.7%	3
182930 - Mille Lacs Band	60	2.19%	60	2,736	2.2%	3
183051 - Shakopee Mdewakanton Sioux				113	NA	2
183052 - Prairie Island Indian Community	3	0.70%	3	427	0.7%	1
183053 - Lower Sioux Indian Community	0	0.00%	0	13	0.0%	1
183130 - Bois Forte Band	18	1.06%	18	1,692	1.1%	2
183430 - Keweenaw Bay Indian Community	20	0.74%	20	2,685	0.7%	1
183431 - Lac Vieux Desert Band	8	0.53%	8	1,521	0.5%	1
183450 - Hannahville Indian Community	45	2.31%	45	1,948	2.3%	3
Upper Sioux Indian Community				4	NA	2
Chicago Urban (American Indian Health Service)						
Detroit Urban (American Indian Health & Family Services of SE MI)					1 = < 0.8%	
Green Bay Urban (United Amerindian Center, Inc.)					2 = 0.8 - 2.1%	
Milwaukee Urban (Gerald L. Ignace Health Center)					3 = > 2.1%	
Minneapolis Urban (Indian Health Board of Minneapolis)						

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Primary Care Capacity

Primary Service Area (PSA)	% of Need for Provider	% of Need for Exam Rooms	% of Need for Primary Area	Average % of Need in 2015	Scoring
Bad River Health Services	200%	100%	58%	119.4%	2
Bay Mills Health Center	111%	150%	88%	116.4%	2
Bois Forte Health Services	163%	125%	115%	134.2%	1
Center for American Indian Resources (CAIR) (Fond du Lac)	91%	125%	60%	91.9%	2
Donald A. LaPointe Health Center (Keweenaw Bay)	169%	175%	63%	135.6%	1
Forest County Potawatomi Community Health Center	97%	108%	55%	86.8%	3
Grand Portage Health Services	38%	100%	156%	97.9%	2
Grand Traverse Band Medicine Lodge	82%	175%	120%	125.7%	1
Hannahville Health Center	120%	200%	76%	132.0%	1
Ho-Chunk Health Center	121%	225%	97%	147.6%	1
House of Wellness (Ho-Chunk)	125%	138%	46%	102.9%	2
Huron Potawatomi - Nottawaseppi Health Clinic	133%	33%	29%	65.1%	3
Kinross Community Care Clinic (SSM)	91%	100%	93%	94.7%	2
Lac Courte Oreilles Community Health Center	67%	183%	97%	115.7%	2
Lac Vieux Desert Health Center	71%	67%	39%	58.9%	3
Greater Leech Lake PHS Indian Hospital	52%	60%	32%	48.1%	3
Little River Band Tribal Health Clinic	69%	57%	64%	63.4%	3
Little Traverse Bay Bands - Mskiki Gumic Health Clinic	87%	100%	47%	77.8%	3
Lower Sioux Indian Community	0%	0%	0%	0.0%	3
Manistique Health Center (SSM)	145%	200%	220%	188.3%	1
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)	0%	0%	100%	33.3%	3
Menominee Tribal Clinic	135%	217%	76%	142.5%	1
Mille Lacs Clinics	176%	138%	83%	131.9%	1
Min No Aya Win Human Service Center (Fond du Lac)	196%	450%	227%	291.3%	1
Mish KeKe Gamig Health Center	97%	142%	76%	104.9%	2
Munising - Wetmore Health Center (SSM)	94%	200%	161%	151.6%	1
Naytahwaush Clinic (White Earth)	96%	100%	30%	75.5%	3
Oneida Community Health Center	62%	113%	80%	84.7%	3
Peter Christensen Health Center (Lac du Flambeau)	106%	100%	43%	83.0%	3
Pokagon Potawatomi Health Clinic	64%	25%	41%	43.3%	3
Ponemah Health Center (Red Lake)	100%	100%	111%	103.7%	2
Prairie Island Indian Community	250%	200%	229%	226.3%	1
Red Cliff Community Health Center	200%	175%	64%	146.3%	1
Red Lake Hospital & Healthcare Facility	107%	63%	36%	68.3%	3
Saginaw Chippewa - Nimkee Memorial Wellness Center	131%	100%	102%	111.0%	2
Shakopee Dakota Clinic	250%	67%	41%	119.4%	2
Sokaogon Chippewa Health Clinic	100%	100%	140%	113.4%	2
St. Croix Tribal Clinic	108%	175%	76%	119.5%	2
St. Ignace - Lambert Health Clinic (SSM)	118%	175%	99%	130.4%	1
Stockbridge-Munsee Tribal Health Center	167%	250%	132%	182.7%	1
Upper Sioux Community Health Services	0%	0%	0%	0.0%	3
White Earth Health Center	134%	117%	96%	115.6%	2
Chicago Urban (American Indian Health Service)	5%	17%	10%	10.6%	
Detroit Urban (American Indian Health & Family Services of SE MI)	17%	25%	11%	17.8%	
Green Bay Urban (United Amerindian Center, Inc.)	100%	100%	100%	100.0%	
Milwaukee Urban (Gerald L. Ignace Health Center)	53%	63%	40%	51.8%	
Minneapolis Urban (Indian Health Board of Minneapolis)	22%	38%	19%	26.4%	

1= > 119.5%
2 = 91.9 - 119.5%
3 = < 91.9%

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Distance to Care

Primary Service Area (PSA)	2001 User Pop	User Pop >60 Min to Primary Care	User Pop > 30 Minutes to ER	User Pop > 90 Minutes to Speciality Care	Average %	Scoring
Bad River Health Services	1,960	0.0%	1.1%	65.5%	22.2%	1
Greater Leech Lake PHS Indian Hospital	9,301	8.8%	34.1%	45.2%	29.4%	2
Bois Forte Health Services-Nett Lake	1,183	42.3%	65.8%	88.9%	65.7%	3
Center for American Indian Resources (CAIR) (Fond du Lac)	2,303	0.0%	0.0%	0.0%	0.0%	1
Bay Mills Health Center	1,155	4.8%	0.0%	98.9%	34.5%	2
Forest County Potawatomi Community Health Center	1,338	0.9%	100.0%	0.9%	33.9%	2
Grand Portage Health Services	475	0.0%	85.7%	100.0%	61.9%	3
Grand Traverse Band Medicine Lodge	1,877	6.5%	68.1%	3.8%	26.1%	2
Hannahville Health Center	897	5.7%	7.7%	93.9%	35.8%	2
Ho-Chunk Health Center	3,001	21.5%	48.0%	33.6%	34.4%	2
House of Wellness (Ho-Chunk)	1,128	12.3%	12.9%	0.0%	8.4%	1
Donald A. LaPointe Health Center (Keweenaw Bay)	1,601	7.1%	3.1%	3.5%	4.6%	1
Kinross Community Care Clinic (SSM)	1,155	0.0%	0.0%	57.7%	19.2%	1
Lac Courte Oreilles Community Health Center	3,487	16.9%	99.6%	0.0%	38.8%	2
Peter Christensen Health Center (Lac du Flambeau)	2,652	0.0%	94.9%	0.0%	31.6%	2
Lac Vieux Desert Health Center	511	4.7%	100.0%	100.0%	68.2%	3
St. Ignace - Lambert Health Clinic (SSM)	2,163	0.0%	26.5%	100.0%	42.2%	3
Little River Band Tribal Health Clinic	171	28.7%	52.0%	85.4%	55.4%	3
Lower Sioux Indian Community	14	0.0%	0.0%	100.0%	33.3%	2
Manistique Health Center (SSM)	1,055	37.2%	41.2%	91.7%	56.7%	3
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)					NA	2
Menominee Tribal Clinic	6,602	0.4%	34.8%	6.4%	13.9%	1
Mille Lacs Clinics	2,164	24.5%	36.8%	73.5%	44.9%	3
Min-No-Aya-Win Health Clinic (Fond Du Lac)	2,915	0.0%	9.3%	0.0%	3.1%	1
Little Traverse Bay Bands - Mskiki Gumic Health Clinic)	1,687	37.5%	51.9%	5.3%	31.6%	2
Munising - Wetmore Health Center (SSM)	983	62.8%	37.3%	29.6%	43.2%	3
Naytahwaush Clinic (White Earth)	1,826	0.0%	100.0%	100.0%	66.7%	3
Saginaw Chippewa - Nimkee Memorial Wellness Center	2,172	4.2%	18.1%	6.1%	9.5%	1
Huron Potawatomi - Nottawaseppi Health Clinic	96	1.0%	41.7%	0.0%	14.2%	1
Oneida Community Health Center	7,168	0.0%	5.0%	0.0%	1.7%	1
Pokagon Potawatomi Health Clinic	39	7.7%	53.8%	0.0%	20.5%	1
Ponemah Health Center (Red Lake)	1,230	0.7%	100.0%	100.0%	66.9%	3
Prairie Island Indian Community	384	0.0%	1.0%	0.0%	0.3%	1
Red Cliff Community Health Center	1,518	0.7%	92.3%	32.2%	41.7%	3
Red Lake Hospital & Healthcare Facility	5,864	5.3%	46.1%	99.9%	50.4%	3
Mish KeKe Gamig Health Center (SSM)	4,400	5.3%	9.7%	100.0%	38.3%	2
Shakopee Dakota Clinic	145	0.0%	1.4%	0.0%	0.5%	1
Sokaogon Chippewa Health Clinic					NA	2
St. Croix Tribal Clinic	1,543	26.2%	80.0%	74.8%	60.4%	3
Stockbridge-Munsee Tribal Health Center	1,343	0.0%	41.7%	25.4%	22.4%	1
Upper Sioux Community Health Services	7	100.0%	0.0%	100.0%	66.7%	3
White Earth Health Center	5,707	4.3%	60.5%	55.2%	40.0%	2
Chicago Urban (American Indian Health Service)						
Detroit Urban (American Indian Health & Family Services of SE MI)						
Green Bay Urban (United Amerindian Center, Inc.)						
Milwaukee Urban (Gerald L. Ignace Health Center)						
Minneapolis Urban (Indian Health Board of Minneapolis)						

1 = < 26.1%
2 = 26.1% - 40.0%
3 = > 40.0%

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Limited Existing Services

Primary Service Area (PSA)	Primary Care	Dental	Lab	Pharmacy	Radiology	Total Services	Scoring
Bad River Health Services	1	0	1	1	0	3	2
Bay Mills Health Center	1	1	1	1	1	5	1
Bois Forte Health Services	1	1	1	1	0	4	2
Center for American Indian Resources (CAIR) (Fond du Lac)	1	0	1	1	0	3	2
Donald A. LaPointe Health Center (Keweenaw Bay)	1	1	1	1	0	4	2
Forest County Potawatomi Community Health Center	1	1	1	1	1	5	1
Grand Portage Health Services	1	0	1	0	0	2	3
Grand Traverse Band Medicine Lodge	1	0	1	1	0	3	2
Hannahville Health Center	1	1	1	1	0	4	2
Ho-Chunk Health Center	1	1	1	1	1	5	1
House of Wellness (Ho-Chunk)	1	1	1	1	1	5	1
Huron Potawatomi - Nottawaseppi Health Clinic	1	0	1	0	0	2	3
Kinross Community Care Clinic (SSM)	1	0	1	0	0	2	3
Lac Courte Oreilles Community Health Center	1	1	1	1	1	5	1
Lac Vieux Desert Health Center	1	1	1	1	1	5	1
Greater Leech Lake PHS Indian Hospital	1	1	1	1	1	5	1
Little River Band Tribal Health Clinic	1	0	1	0	0	2	3
Little Traverse Bay Bands - Mskiki Gumic Health Clinic	1	0	1	0	0	2	3
Lower Sioux Indian Community	0	0	0	0	0	0	3
Manistique Health Center (SSM)	1	1	1	1	0	4	2
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)	0	0	0	0	0	0	3
Menominee Tribal Clinic	1	1	1	1	1	5	1
Mille Lacs Clinics	1	1	1	1	1	5	1
Min No Aya Win Human Service Center (Fond du Lac)	1	1	1	1	1	5	1
Mish KeKe Gamig Health Center	1	1	1	1	1	5	1
Munising - Wetmore Health Center (SSM)	1	0	1	0	0	2	3
Naytahwaush Clinic (White Earth)	1	1	1	1	0	4	2
Oneida Community Health Center	1	1	1	1	1	5	1
Peter Christensen Health Center (Lac du Flambeau)	1	1	1	1	1	5	1
Pokagon Potawatomi Health Clinic	1	0	1	1	0	3	2
Ponemah Health Center (Red Lake)	1	1	1	1	0	4	2
Prairie Island Indian Community	1	0	1	0	0	2	3
Red Cliff Community Health Center	1	1	1	1	1	5	1
Red Lake Hospital & Healthcare Facility	1	1	1	1	1	5	1
Saginaw Chippewa - Nimkee Memorial Wellness Center	1	1	1	1	0	4	2
Shakopee Dakota Clinic	1	1	1	0	0	3	2
Sokaogon Chippewa Health Clinic	1	0	1	1	0	3	2
St. Croix Tribal Clinic	1	1	1	1	0	4	2
St. Ignace - Lambert Health Clinic (SSM)	1	1	1	1	0	4	2
Stockbridge-Munsee Tribal Health Center	1	1	1	1	1	5	1
Upper Sioux Community Health Services	0	0	0	0	0	0	3
White Earth Health Center	1	1	1	1	1	5	1
Chicago Urban (American Indian Health Service)	1	1	1	0	0	3	
Detroit Urban (American Indian Health & Family Services of SE MI)	1	0	1	1	0	3	
Green Bay Urban (United Amerindian Center, Inc.)	0	0	0	0	0	0	
Milwaukee Urban (Gerald L. Ignace Health Center)	1	0	1	0	0	2	
Minneapolis Urban (Indian Health Board of Minneapolis)	1	1	1	0	0	3	

1 = 5 Services
2 = 3-4 Services
3 = 0-2 Services

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3rd Party Coverage

Primary Service Area (PSA)	Registrations with 3rd Party Noted	Total Registrations	Percentage	Scoring
Bad River Health Services	1,699	2,142	79.3%	1
Bay Mills Health Center	1,396	1,816	76.9%	2
Greater Leech Lake PHS Indian Hospital	7,700	10,075	76.4%	2
Bois Forte Health Services	1,035	1,359	76.2%	2
Center for American Indian Resources (CAIR) (Fond du Lac)	1,148	2,126	54.0%	3
Forest County Potawatomi Community Health Center	1,872	2,320	80.7%	1
Grand Portage Health Services	494	713	69.3%	3
Grand Traverse Band Medicine Lodge	1,608	2,060	78.1%	1
Hannahville Health Center	956	1,158	82.6%	1
Ho-Chunk Health Center	2,867	3,617	79.3%	1
House of Wellness (Ho-Chunk)	1,489	1,732	86.0%	1
Donald A. LaPointe Health Center (Keweenaw Bay)	1,576	2,322	67.9%	3
Kinross Community Care Clinic (SSM)	1,033	1,372	75.3%	2
Lac Courte Oreilles Community Health Center	2,856	3,918	72.9%	2
Peter Christensen Health Center (Lac du Flambeau)	2,483	3,256	76.3%	2
Lac Vieux Desert Health Center	823	1,030	79.9%	1
St. Ignace - Lambert Health Clinic (SSM)	1,418	2,679	52.9%	3
Little River Band Tribal Health Clinic	112	169	66.3%	3
Lower Sioux Indian Community	8	11	72.7%	2
Manistique Health Center (SSM)	986	1,444	68.3%	3
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)			NA	3
Menominee Tribal Clinic	5,180	8,052	64.3%	3
Mille Lacs Clinics	2,177	2,550	85.4%	1
Min-No-Aya-Win Health Clinic (Fond Du Lac)	2,080	2,933	70.9%	3
Little Traverse Bay Bands - Mskiki Gumic Health Clinic)	1,232	1,863	66.1%	3
Munising - Wetmore Health Center (SSM)	762	1,217	62.6%	3
Naytahwaush Clinic (White Earth)	1,346	1,823	73.8%	2
Saginaw Chippewa - Nimkee Memorial Wellness Center	2,046	2,404	85.1%	1
Huron Potawatomi - Nottawaseppi Health Clinic	79	130	60.8%	3
Oneida Community Health Center	4,854	8,891	54.6%	3
Pokagon Potawatomi Health Clinic	29	39	74.4%	2
Ponemah Health Center (Red Lake)	1,069	1,268	84.3%	1
Prairie Island Indian Community	254	292	87.0%	1
Red Cliff Community Health Center	1,597	1,983	80.5%	1
Red Lake Hospital & Healthcare Facility	4,997	6,203	80.6%	1
Mish KeKe Gamig Health Center (SSM)	5,081	6,577	77.3%	2
Shakopee Dakota Clinic	69	105	65.7%	3
Sokaogon Chippewa Health Clinic	657	810	81.1%	1
St. Croix Tribal Clinic	1,305	1,730	75.4%	2
Stockbridge-Munsee Tribal Health Center	1,537	2,143	71.7%	2
Upper Sioux Community Health Services	3	4	75.0%	2
White Earth Health Center	4,379	5,848	74.9%	2
Chicago Urban (American Indian Health Service)				
Detroit Urban (American Indian Health & Family Services of SE MI)				
Green Bay Urban (United Amerindian Center, Inc.)				
Milwaukee Urban (Gerald L. Ignace Health Center)				
Minneapolis Urban (Indian Health Board of Minneapolis)				

1 = > 77.3%
2 = 71.7 - 77.3%
3 = < 71.7%

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Lack of CHS Coverage

Primary Service Area (PSA)	2001 User Pop	2001 Pop outside CHSDA	% CHS Eligible	Scoring
Bad River Health Services				2
Bois Forte Health Services				2
Center for American Indian Resources (CAIR) (Fond du Lac)				2
Bay Mills Health Center				2
Forest County Potawatomi Community Health Center				2
Grand Portage Health Services				2
Grand Traverse Band Medicine Lodge				2
Greater Leech Lake PHS Indian Hospital				2
Hannahville Health Center				2
Ho-Chunk Health Center				2
House of Wellness (Ho-Chunk)				2
Donald A. LaPointe Health Center (Keweenaw Bay)				2
Kinross Community Care Clinic (SSM)				2
Lac Courte Oreilles Community Health Center				2
Peter Christensen Health Center (Lac du Flambeau)				2
Lac Vieux Desert Health Center				2
St. Ignace - Lambert Health Clinic (SSM)				2
Little River Band Tribal Health Clinic				2
Lower Sioux Indian Community				2
Manistique Health Center (SSM)				2
Match-E-Be-Nash-She-Wish Tribal Health Clinic (Gunn Lake)				2
Menominee Tribal Clinic				2
Mille Lacs Clinics				2
Min-No-Aya-Win Health Clinic (Fond Du Lac)				2
Little Traverse Bay Bands - Mskiki Gumic Health Clinic				2
Munising - Wetmore Health Center (SSM)				2
Naytahwaush Clinic (White Earth)				2
Saginaw Chippewa - Nimkee Memorial Wellness Center				2
Huron Potawatomi - Nottawaseppi Health Clinic				2
Oneida Community Health Center				2
Pokagon Potawatomi Health Clinic				2
Ponemah Health Center (Red Lake)				2
Prairie Island Indian Community				2
Red Cliff Community Health Center				2
Red Lake Hospital & Healthcare Facility				2
Mish KeKe Gamig Health Center (SSM)				2
Shakopee Dakota Clinic				2
Sokaogon Chippewa Health Clinic				2
St. Croix Tribal Clinic				2
Stockbridge-Munsee Tribal Health Center				2
Upper Sioux Community Health Services				2
White Earth Health Center				
Chicago Urban (American Indian Health Service)				
Detroit Urban (American Indian Health & Family Services of SE MI)				
Green Bay Urban (United Amerindian Center, Inc.)				
Milwaukee Urban (Gerald L. Ignace Health Center)				
Minneapolis Urban (Indian Health Board of Minneapolis)				

Data was not available, thus everyone received a score of a 2

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