



Introduction

Intentionally Blank



Introduction

Background

The Tucson Area Health Service provides access to healthcare to over 23,000 American Indians and Alaska Natives (AI/AN) throughout the Tohono O'odham and Pascua Yaqui Nations. Sponsored by the Tucson Area Indian Health Services, and in conjunction with the Tohono O'odham and Pascua Yaqui Nations, a Tucson Area Health Services Master Plan was requested to update the health service and health facility needs of the Tucson Area.

The Master Plan included participation from eight Primary Care Service Areas (PSAs) within the two (2) Service Units of the Tucson Area. A range of direct care services is provided from the one (1) hospital, six (6) health centers, and one (1) urban program in the Tucson Area. Referral services are also available through Contract Health Service funding. Of the eight PSAs, three have current planning efforts underway which are incorporated in the Master Plan. Two new PSAs, Ajo/Why and North have been included in this study reflecting the desire to grow the existing system to the north and to the west.

The planning activities proposed by this scope of work were intended to analyze, justify, and design a comprehensive Tucson Area Health Services Master Plan. The effort was based on service area populations, locations (accessibility), travel distances, workload threshold, provider capacities, space capacities, resource deficiencies, and related data. Consultation and consensus building strategies were provided by the respective Strategic Planning workgroups throughout this process.

Purpose

The purpose of this project was to develop a Health Services Master Plan to address the short and long-term healthcare requirements for each PSA within the Tucson Area, and for the Tucson Area as a whole. The Master Plan establishes the primary care and specialty care needs, referral patterns, and resource distribution throughout the Tucson Area; and compares the future resources necessary to the existing resource distribution within the Area.

History of Tribes and Medical Services Delivery in the Area

There are no treaty based tribes in the Tucson Area. San Xavier was established as a reservation in 1871 while the main O'odham reservation was established in the 1880s. Sells was established as a town in 1908, named for the first BIA Superintendent (it was previously named Indian Oasis prior to this). The first organized medical care provided by BIA started in the early 1920s when the Old Sells hospital was constructed. It later burned in 1947. Hospital care was transferred to San Xavier, which ran as an inpatient facility until 1961 when the present Sells Hospital was built. San Xavier utilized, and does to this day, the old Regional TB Hospital built in 1931 until it closed in 1947 with the discovery of INH to treat TB. San Xavier was converted to a clinic in the early 1960s. Santa Rosa Health Center was constructed in the early 1960s. The new Westside Health Center, west of Sells is currently under construction. Pascua Yaqui Tribe was recognized federally in 1978. The initial 600 acre reservation was purchased soon after recognition by the Federal Government. The first Urban Clinic in Tucson contracted with IHS in the early 1980s

Consensus Strategy

Each PSA established a Strategic Planning workgroup to identify and facilitate the needs for their respective healthcare facilities and service areas. An Area-wide Strategic Planning advisory workgroup was established to facilitate the needs of the Tucson Area as a whole. Based on guidance from the Strategic Planning workgroup throughout the process outlined below, the Tucson Area developed a Master Plan to address the health services and health facilities needs for the Area.



The Area-wide Strategic Planning workgroup was responsible for seeing that consensus was achieved. In the event that the Area-wide Strategic Planning workgroup could not achieve consensus, the issue was referred to the Director of the Tucson Area Indian Health Service.

The contractor and the IHS project officer were responsible for setting up and coordinating all review meetings required for each phase.

Participants

Tucson Area Service Units and Primary Care Service Areas (PSA) included in this master plan project are:

<u>Service Unit</u>	<u>Primary Care Service Area</u>
Sells Service Unit	San Xavier Health Center Santa Rosa Health Clinic West Side Health Station (previously Pisinimo) Sells Hospital Ajo/Why PSA North PSA
Yaqui CHS	Pascua Yaqui Health Center
Urban Programs	Tucson Indian Center (Tucson Urban)

Primary Care Service Area Master Plans

The PSA Master Plan provides a comprehensive definition of services for each health delivery program. The list of services includes currently provided services to be continued and expanded where appropriate, along with any new services to be provided. Where appropriate, the Master Plan defines how services provided at each facility may relate to a larger service network that may encompass other facilities in their respective states.

It is intended that the Master Plan for each facility establish a conceptual direction for existing and new healthcare services based on analysis of the community health needs, projected service area population statistics, and other pertinent data. The IHS Health Systems Planning (HSP) standards were used as part of the analysis. Where necessary "out-of-template" programs proposed for a PSA were examined and justified accordingly.

The Master Plan also includes a prioritized ten-year Development Plan for each PSA and the Tucson Area as a whole. The Development Plan includes a prioritized list of recommendations based on analysis of needs, projections, and other pertinent data. The Master Plan does not include projected costs and potential funding sources.

None of the Master Plans are intended to include facility design activities.

Area Master Plan

The Area Master Plan is an assimilation of all service unit Master Plans into one document. If it is deemed feasible to share or regionalize any healthcare programs among the PSAs, or if area-wide services from a centralized location are proposed, these options are detailed in the Master Plan Summary.

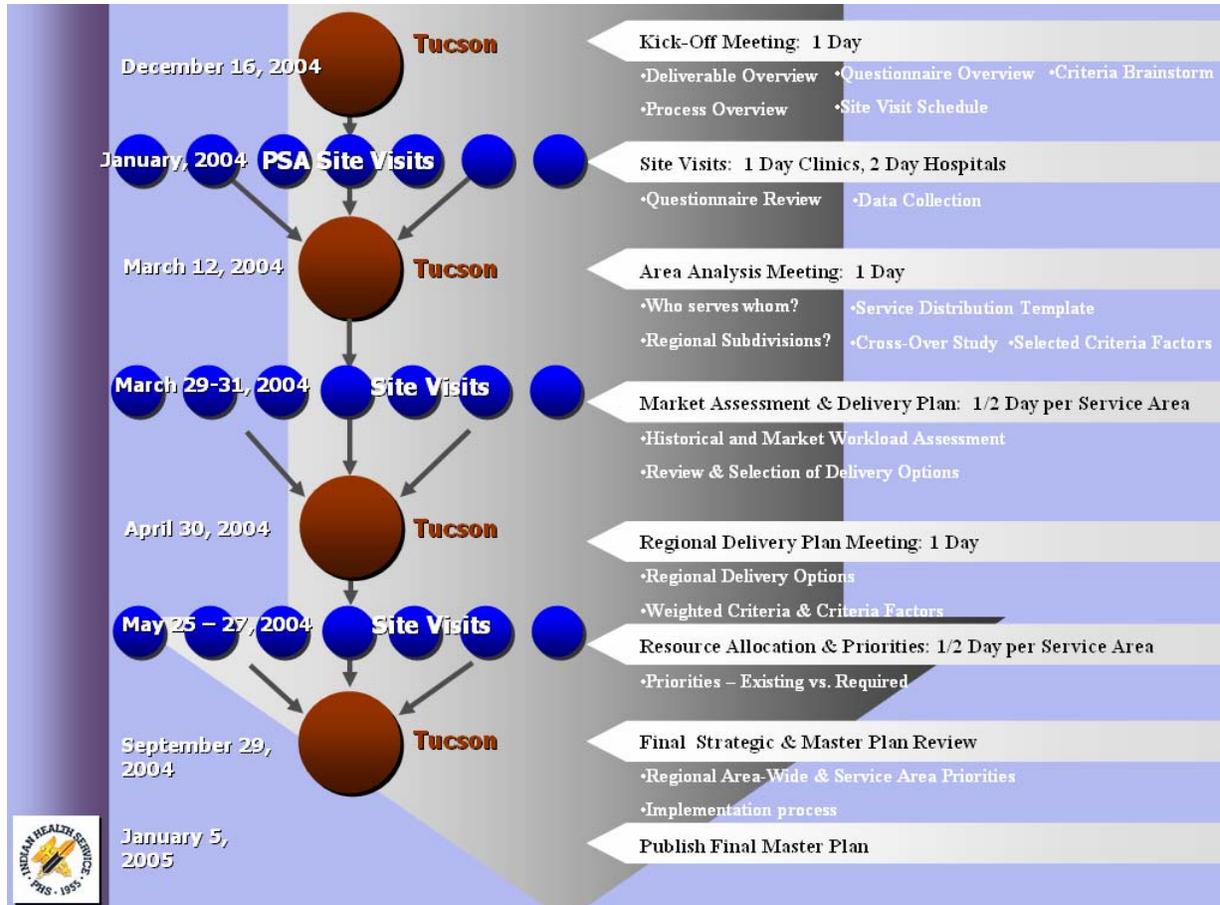


Process

This report represents the final step in an eight step creation of a Ten Year Master Plan for the Tucson Area. It represents the future healthcare demand of the Area as a whole and each Primary Service Area (PSA) contained therein; as well as the capacity of the Area and each PSA to supply or prepare for this demand.

The steps in the planning process already completed are identified in the brief review below:

- Step One: the Kickoff Meeting in Tucson on December 16, 2003 and a supplemental Kickoff Meeting in Sells January 9, 2004.
- Step Two: site visits for each of the Primary Service Areas (PSA) in January 2004.
- Step Three: analysis of three years of RPMS and CHS data (2000-2002) resulting in the Area Analysis Deliverable and its supporting meeting held March 12, 2004 in Tucson.
- Step Four: population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population, forecasting the key characteristics required for each service. From this documentation, a PSA/consultant team worked at each site in late March, 2004, to draft a Service Delivery Plan.
- Step Five: the Regional Delivery Plan meeting in Tucson, April 30, 2004, to review Regional Delivery plan options and implications flowing from individual PSA delivery plans. Criteria factors and weighting were also refined.
- Step Six: site visits in late May to mid July to review Resource Allocation needs required to support the delivery plan as well as resource needs prioritization.
- Step Seven: pre-final meeting (Strategic & Master Plan Review) in Tucson, September 29, 2004





Additional meetings were held throughout the process to help achieve consensus or present material to interested or leadership bodies. These meetings are listed below:

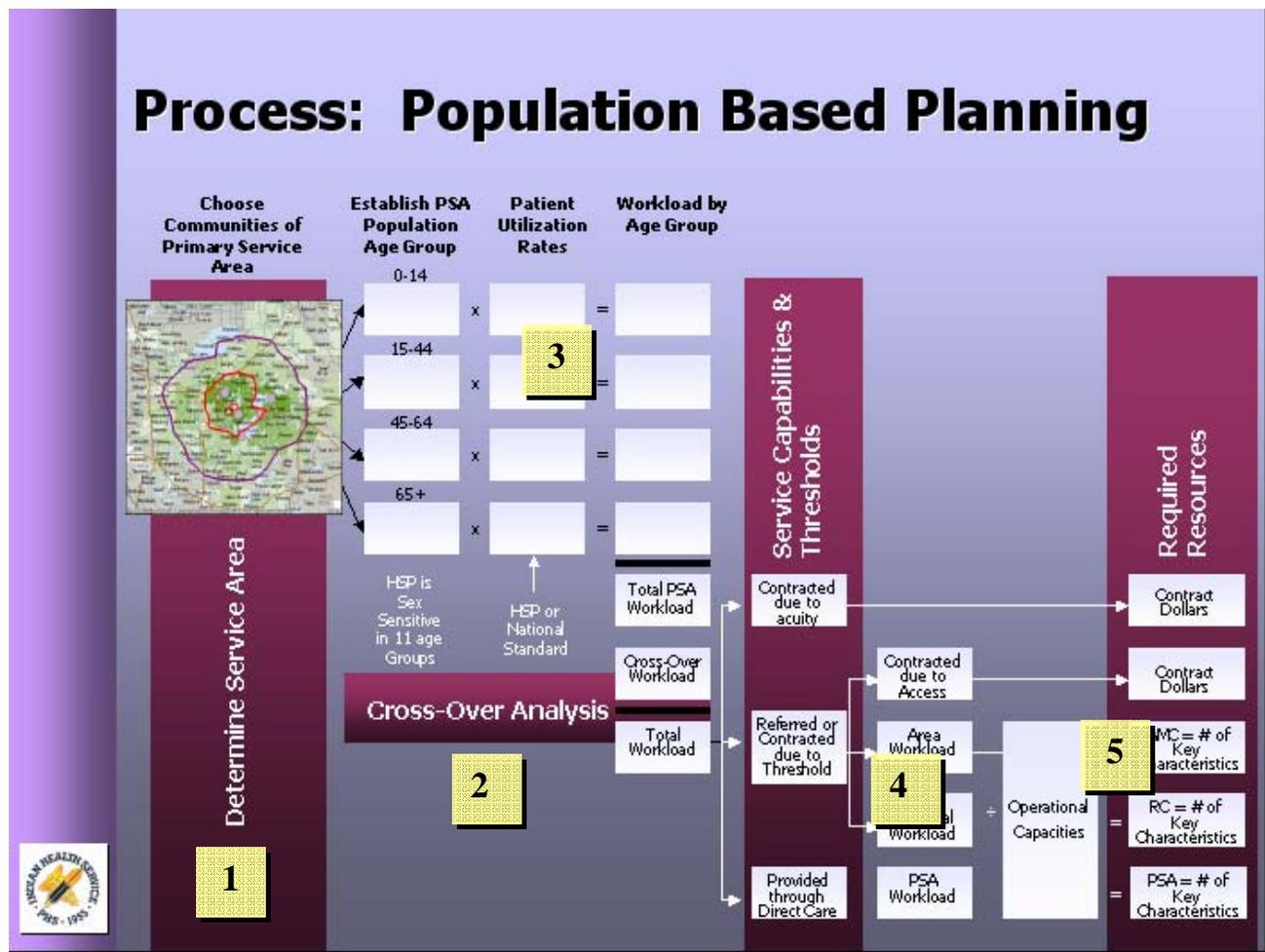
- An additional meeting occurred June 7, 2004 between the master planning project leader and the TON legislative and chairwoman to review Regional Delivery Options and their specific implications for Sells. Out of this meeting, the Tohono O'odham Nation adopted a tribal resolution selecting a 32 bed hospital in Sells as the preferred asset to plan for. This resolution "drove" the supporting satellite PSA plans in so far as how they planned for inpatient care.
- A special presentation to the Westside Coalition October 8th in Sells to review the formation of a new PSA in the Ajo/Why area and the services that would be approved under Small Ambulatory Care Criteria.
- A special meeting with the TON legislative and Chairwoman had been suggested out of the pre-final meeting to discuss "right-sizing" the Hospital at Sells, reviewing what services were feasible in light of additional counsel from the medical providers and the master planning project leader. However, following a meeting between Taylor Satala, Rod Gardner and TON leadership, this meeting was deemed unnecessary at the present time.
- A special meeting was held on November 10, 2004 to review additional services and their support of HPDP efforts in relationship to original project priorities. This meeting was held at San Xavier and was facilitated by Dr. John Kittredge in consultation with the TON Health Department and Rosemary Lopez. Out of this effort came a comprehensive Additional Services Matrix and service staffing projections to support tribal priorities.



Methodology

Healthcare is a population-based business. The goal of this exercise was to allow the Area planning teams and the PSA workgroups to view the complexity of the healthcare industry in such a way as to allow each service to be considered at its simplest element. We define that element as a Key Characteristic. Key Characteristics are typically the most expensive attribute to a service and range from Dental Chairs to Providers to FTEs. Making decisions along the way, based on these Key Characteristics, allows us in the end to define a Delivery Plan per Service. That Delivery Plan mandates the Required Resources. Required Resources as indicated below can include Contract Health Dollars, Key Characteristics, as well as Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan. The process envisioned for each product line is indicated below. The key decisions in this process are as follows:

1. Determine Service Area
2. Crossover Analysis
3. Project Workload
4. Regional Area Determination
5. Apply Operational Capacities





Wrap-Up

The Master Plan presented on the following pages starts at the community level and builds. This development of needs has considered Tribal and IHS input, historical and national norms of patient utilization and productive models of health care delivery. This proposed system has been viewed from the community level as well as at the Regional and Area-wide level. It is a plan built on age sensitive projection of population and the user's historical tendency to crossover for care to other centers of greater specialization and market activity. It provides a framework for local organizations, Service Areas and the Urban Program to guide their own resource allocation, showing needs as well as establishing local priorities. It also provides the Master Plan Workgroup with a ranking system which de-politicizes what community needs should be prioritized.

This project has involved the people on the following pages and has brought together IHS, Tribal and Urban Program Leaders to establish and share goals and priorities for their communities.



Points of Contact

The table below lists the points of contact for each of the 7 Primary Service Areas and the 1 Urban Program involved in the development of the Tucson Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email

Indian Health Services, 7900 S. J. Stock Rd., Tucson, AZ 85746, 520-295-(+ extension), FAX (520) 295-2602

Tucson Area Office

Taylor J. Satala	Area Director	520-295-2405	taylor.satala@mail.ihs.gov
George W. Bearpaw	TAO	520-295-2402	george.bearpaw@mail.ihs.gov
Rod Gardner	Office of Environmental Health & Engineering	520-295-2580	rod.gardner@mail.ihs.gov
Capt John Kittredge, MD	Chief Medical Officer	520-295-2401	john.kittredge@mail.ihs.gov
Roger Carmichael	Facilities Management & Biomedical Manager	520-295-2580	roger.carmichael@mail.ihs.gov
Doug Tsosie	Facility Manager, TAO/SXHC	520-295-2486	
Bob Drummond	TAO	520-295-2483	Robert.drummond@mail.ihs.gov
Karen Higgins	TAO	520-295-2532	Karen.higgins@mail.ihs.gov
Rozina Taylor	TAO/SXHC	520-295-2680	rozina.talor@mail.ihs.gov
Phyllis Spears	Nurse Specialist	520-295-2544	Phyllis.spears@mail.ihs.gov
Janice Chase	Compliance Officer, Sells Service Unit	520-295-2477	

Pascua Yaqui CHS (Yaqui Service Unit), 7490 S. Camino de Oeste, Tucson, AZ 85750, 520-879-6019

Pascua Yaqui Health Center

Reuben Howard	Health Director, Pascua Yaqui HC	520-879-6019	reuben.howard@mail.ihs.gov
Rebecca Martinez	Program Manager Pascua Yaqui HC	520-879-6011	rmartinez@pascuayaquitribe.org
Diana Guzman	Sr. Business Manager, Health Budget Office	520-879-6027	dianaguzman@pascuayaquitribe.org
Tina V. Molina	Office Manager/Admin Ast.	520-879-6014	
Sandra M. Smith	Chief Medical Officer		
Linda Salamon	Business Manager	520-883-5020 (x6039)	
Diane Anthony	WIC	520-879-6302	
Helen Forshee	Diabetes Prevention	520-879-6002	hforshee@pascuayaquitribe.org
Lydia Goudeau	CHR Director	520-879-6120	
Maria Garcia	Traditional/Alternative Medicine	520-879-6132	
Maria R. Paisano	Director - Healthy Families	520-879-6117	
Sara Mendoza	Director - MCH Services	520-879-6004	noesara@cs.com

Sells Service Unit, FAX (520) 383-7251

Ajo/Why PSA

Elizabeth Spinasanto		520-383-7251	Elizabeth.spinasanto@mail.ihs.gov
----------------------	--	--------------	-----------------------------------

North PSA

Rosemary Lopez	Tohono O'odham Nation	520-383-6000	lopezr@todhs.com
Elizabeth Spinasanto		520-383-7251	Elizabeth.spinasanto@mail.ihs.gov
Nina C. Jose	Sif Oidak	520-361-2360	
Mildred Pable	Sif Oidak	520-361-2360	
Camillus Lopez	Gu Achi	520-361-2404	gadistrict@toua.net
Tommy Carlos	Gu Achi	520-361-2404	gadistrict@toua.net

Santa Rosa Health Center, Star Route, Box 71, Sells, AZ 85634, (520) 361-2261

Elizabeth Spinasanto		520-383-7251	Elizabeth.spinasanto@mail.ihs.gov
Meredith Soyster	R.N. Acting Health Center Director		

San Xavier Health Center, 7900 S. J. Stock Rds., Tucson, AZ, 85746, 520-295-2480

Bernard DeAsis	Facility Director	520-295-2480	Bernard.deasis@mail.ihs.gov
----------------	-------------------	--------------	-----------------------------



Points of Contact

The table below lists the points of contact for each of the 7 Primary Service Areas and the 1 Urban Program involved in the development of the Tucson Area Health Services Master Plan.

Administrative Unit				
Clinic/PSA/Office		Clinic/PSA/Office Address		
Name	Title	Telephone	Email	
CAPT John Kittredge, M.D.	Chief Medical Officer - TAO	520-295-2401	john.kittredge@mail.ihs.gov	
Doug Tsosie	TAO/SXHC, Facility Manager	520-295-2486		
CAPT Joseph Tortorice, R.N.	Utilization Review	520-295-2429		
Rozina Taylor	Administrative Officer	520-295-2680	rozina.taylor@mail.ihs.gov	
JoAnn Agee, R.N.	SXHC Nurse Mgr.	520-295-2410		
Andrea Ratzlaff, R.N.	Nurse Educator/ Quality Management	520-295-2550		
Janice Chase	Sells Service Unit - Compliance Officer	520-295-2477		
Elliott Ortega	Medical Rec Tech/ SX District Rep.	520-295-2550		
Norma Antonio	Public Health Advisor, IHS-OCC	520-295-2430		
Jim Powers	Public Health Advisor, IHS-CHS	520-295-2430	james.powers@mail.ihs.gov	
Sells Hospital, P.O. Box 548, Sells, AZ, 85634				
Patti Whitethorne	SUD, Sells Service Unit	528-383-7251	priscilla.whitethorne@mail.ihs.gov	
Sybil Cochran	Director, PHN/Sells Service Unit	520-383-7251	sybil.cochran@mail.ihs.gov	
Lauren Tancona	Sells Service Unit	520-383-7251	lauren.tancona2@mail.ihs.gov	
Ernest Reyes	Supv. Rad. Tech.	520-383-7339	ernie.reyes@mail.ihs.gov	
Lois Steele M.D.	Clinical Director SSU	520-383-7251	lois.steele@mail.ihs.gov	
Donna Hobbs	Nurse Manager SSU	520-383-7251	donna.hobbs@mail.ihs.gov	
Cynthia Norris	Community Health, TODHS - SSU	520-383-7251	nornse@todhs.com	
Donna M. Juan	Community Health Services - SSU	520-383-6200		
Michael Bitrick	Health Promotion - SSU	520-383-6240		
Diane Shanley	Deputy Service Unit Director - SSU	520-383-7251	diane.shanley@mail.ihs.gov	
Paul Weintraub	SSU MD	520-383-7200	paul.weintraub@mail.ihs.gov	
Gene Alvarez	Facility Engineering	520-383-7251	eugene.alvarez@mail.ihs.gov	
Peter Ziegler	SSU MD	520-383-7211	peter.ziegler@mail.ihs.gov	
West Side Health Center				
Elizabeth Spinasant		520-383-7251	Elizabeth.spinasant@mail.ihs.gov	
Non Hospital or Clinic Tribal Representatives				
Darrel Juan	Special Projects, Tohono O'odham Nation	520-383-6040	juanda@todhs.com	
Sylvia Parra	DHS, Tohono O'odham Nation	520-383-6000	parras@todhs.com	
Kenneth Williams	Legislation, Tohono O'odham Nation	520-383-5260		
Rosemary Lopez	Tohono O'odham Nation	520-383-6000	lopezr@todhs.com	
Ned Norris Jr.	Executive Office, Tohono O'odham Nation	520-383-2028	nnorrisjr@tonation.org	
Adam Andrews	Executive Office, Tohono O'odham Nation	520-383-2028	aandrews@tonation.org	
Bernad Lopez	Senior Services, Sells Service Unit	520-383-6075		
Idaleen Reyes	Senior Services, Sells Service Unit	520-383-6075		
Martin T. Pancho	Division of Health Transportation Service, Sells Service Unit	520-383-6050		
Jeanette Jose	HTS	520-383-6050	josej@todhs.com	
Juanita Homer	Behavioral Health	520-383-6165	homerj@todhs.com	
Marlin Pancho	AIS	520-383-6050	panchom@todhs.com	
Nina C. Jose	Sif Oidak	520-361-2360		
Mildred Pable	Sif Oidak	520-361-2360		
Camillus Lopez	Gu Achi	520-361-2404	gadistrict@toua.net	
Tommy Carlos	Gu Achi	520-361-2404	gadistrict@toua.net	
Elaine Broquet	TON Special Projects	520-383-6040	broquete@todhs.com	
Johnson M. Jose	Pisinemo District	520-362-2443		
Ryder Pilone	Hickiwan District	520-362-2363		



Points of Contact

The table below lists the points of contact for each of the 7 Primary Service Areas and the 1 Urban Program involved in the development of the Tucson Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office		Clinic/PSA/Office Address	
Name	Title	Telephone	Email
Susan Kunz	TODHS	520-383-6200	Skun254@aol.com
Gloria Pancho	Special Projects, WSCP	520-383-6040	panchog@todhs.com

Tucson Indian Center, P.O. Box 2307, Tucson, AZ, 85702

Tucson Indian Center - Urban Program

Jacob Bernal	Executive Director/TIC	520-884-7131 x 12	tucsonindiancent@qwest.net
Taryn Kaye	Wellness Coordinator/TIC	520-884-7131 x 33	tkaye@ticenter.org
Albert Sombreno	CHR, TIC	520-884-7131	
Susan Kunz	Wellness Director/TIC	520-884-7131 x 2	Skun254@aol.com



Glossary of Terms

The Master Planning process is an extensive multi-month process that employs its own terminology, one not always known to all document users or process participants. The terms below are defined in an attempt to give some help in understanding how these terms are generally used, verbally as well as within the deliverable documents.

- Additional Services..... Medical or Healthcare support services offered that are typically not provided for by IHS. These services are usually tribal and hold no IHS supported planning metrics or thresholds.
- Alternative Care Alternative rural or urban hospitals within 90 miles of a Primary Service Area. These are profiled in the first phase of the Master Planning process as part of the PSA deliverable.
- Area..... The IHS consists of 12 large geographic and/or tribally organized administrative units responsible for the planning and provision of healthcare within each of their Service Units.
- CHS..... Contract Health Services. Healthcare services that must be purchased from Non-IHS providers, based upon threshold issues or high acuity. These are generally facility and professional services of greater scope and intensity than are available through IHS facilities and providers.
- CHSDA..... Counties defined all or in part as the Contract Health Services Delivery Area. To receive CHS payment for needed services outside of the IHS delivery system, a Native American must reside within this area.
- Crossover..... (See also “Migration”). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or “Out” crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or “In” crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- Deliverable A specific planned report from The Innova Group given to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as on the web for PSA download and printing as needed.
- Defining Characteristic..... The recognized significant component of a discipline’s ability to deliver care (e.g.: physician, radiology room).
- Discipline..... A specific medical specialty (e.g.: primary care, dentistry or radiology).
- Existing Delivery System A table of medical services presently offered by access distance.
- HSP Health Systems Planning process software. The computer application that manages the IHS tool for the planning, programming and design of health facilities.





- Historical Workload Analysis..... The past workload generated by a PSA's communities. This workload reflects an average number over a 3 year period by service line. It is not countable for CHS purposes when the payor is a third party. This measure is typically visits but varies by service.
- IHS The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
- Justification Used within the context of whether or not workload, criteria and market assessment "justify" the placement of resources or services at an identified location.
- Market Assessment..... A part of the Delivery Plan report wherein a PSA's historical 3 year workload is compared to the United States National Average (USNA) workload understanding for an identical non-native population number, and the HSP understanding of expected workload for an identical native population number. The largest of these three is typically carried forward to the Delivery Plan as a planning assumption.
- Market Share..... The percentage of the user population from a specific community that is expected to be served at a facility for a specific discipline.
- Migration (See also "Crossover"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or "Out" crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or "In" crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- .
- Patient Utilization Rates..... The annual healthcare demand a single patient has for a discipline.
- Payor Profile..... An analysis of the payor mix for a Service Area, typically focusing on Medicare, Medicaid, Veterans and other third party payors that may or may not affect the Service Area's ability to raise third party billing thereby increasing revenue.
- Primary Care Service Area A group of communities and its population for which, at a minimum, the primary care disciplines are being planned and resourced. Referred to as the PSA.
- RRM Resource Requirements Methodology: The IHS staffing methodology.
- Regionalization/Referral Partners The grouping of workload from different PSAs for the purpose of stretching resources and improving access. A region may be as simple as a referral pattern among facilities creating effective leverage to purchase commonly needed services, or it may be a



facility where on site resources are justified and can be offered to one or more PSAs thereby stretching CHS dollars.

- RPMS..... Registered Patient Management System: the IHS standard Patient record system that forms the data basis for the master planning process.
- Resource Allocation Analysis that follows the Delivery Planning phase. This focuses on the capacities exceeded by Delivery planning decisions, documenting shortfall and need. Resource deficiencies identified and documented include providers, rooms, staff, square feet, and CHS dollars.
- Service Area..... The communities and its population intended to be supported by a specific discipline's resources.
- Service Delivery Plan..... Analysis that follows the Regional Analysis and Services Stratification Report. This plan is final component of a report that includes the historical workload and market assessment pieces as well. The Delivery Plan assigns a projected workload assumption to a specific delivery option for approximately 120 service lines. Options typically include one of the following: delivery on-site, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for consideration, referral to the Region for consideration, or referral to the Area for consideration.
- Service Access Distribution Template A table of medical services, either desired or planned, detailing services offered by access distance.
- Service Population The IHS understanding of the number of Native Americans living within a county which may or may not be users. Census based and projected into the future. Primarily used for growth projection and market opportunities.
- Service Unit..... An administrative unit overseeing the delivery of healthcare to a specific geographic area. May consist of one or more facilities, Service Areas, or PSAs.
- Threshold The minimum workload and/or remoteness necessary to justify the provision of a specific discipline.
- Travel Distance The distance a User has to travel from his home to a facility to receive care.
- User..... A Native American that has received or registered to receive healthcare in the past three years.
- User Population..... The number of Active Indian Registrants in the healthcare system from a specified area.



Small Ambulatory Care Criteria

In order to provide consistent appropriate healthcare to remote Native American communities, the Indian Health Service relies on a number of standard tools to distribute resources based on a community's population and medical workload. The standard tools, the Resource Requirements Methodology (RRM) and the Health System Planning software (HSP) do not adequately address communities of less than 4,400 primary care provider visits (PCPVs). Typically this is a population of approximately 1320 Active Users.

The Small Ambulatory Care Criteria was developed as a means of understanding and planning for needs in such communities as mentioned above. Most maps in this Master Planning document utilize a population number threshold based upon the Small Ambulatory Care Criteria developed by IHS. The numbers relate directly to typical delivery systems ranging from a Small Health Clinic down to a Health Location. The table below identifies the significance of each number and what facility might be justified for consideration at such a level.

User Population	Facility	Staffing & Service Concept
900-1319	Small Health Clinic	A Physician utilized between 70 – 100%. Two Dentists or a Dentist and Hygienist at all times
588-900	Large Health Station	Minimal facility to allow one full time dentist work with a medical provider 3 days a week.
256-587	Medium Health Station	Minimal facility that allows dentist to work 4 days a week and medical provider 2.5 days/week. One full time Public Health Nurse and Contract Health Clerk.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days/week
0-137	Health Location	Minimal facility with visiting providers less then one day per week.

Note: Other criteria must be applied to justify consideration for a small ambulatory care facility. Standard planning scenarios would apply to populations greater than represented in the table above.