



Organized Village of Kasaan Clinic Prototype

Programming Discussion Meeting Minutes October 8th 2009

**For the meeting held October 8th 2009
Denali Commission Conference Room
510 L Street Suite 410, Anchorage**

ATTENDEES:

Organized Village of Kasaan (OVK) – Jon Wunrow, Paul Voelckers (phone)
Denali Commission – Nancy Merriman
Foraker Group – Chris Kowalczewski
McCool Carlson Green (MCG) – John Weir, Brittany Gershel, Garrett Burtner
Mark Foster Associates (MAFA) – Mark Foster
Rasmuson Foundation – Joel Neimeyer
ANTHC – Paul Morrison

9am-11:30am Programming Update

The meeting began an overview of the progression of the schedule; an extra week was suggested for review of the 35% documents, week of November 16th rather than the 11th. Nancy Merriman and Jon Wunrow will coordinate and put together a team for this review. We touched on what aspects of the clinics would be part of the 65% and 95% documents, when being more site specific would have to be taken into account. Cost funding/issues, a vetting process for which villages would get which clinic option, and the need for a micro-clinic were some of the key points discussed:

- 35% Review November 16th (week later than scheduled), Nancy and Jon Wunrow to coordinate a team for this
- Site specific planning should be part of the 65% documents, system variables should be part of 95% documents
- Cost funding – preliminary research on funding options would be beneficial, Nancy is putting together/has a funding matrix. Noted: Rasmuson does not fund clinics for populations of fewer than 100 people
- Clinic options available for communities without a stable C.H.A (Community Health Aid) spurred the conversation for designing a prototype micro-clinic of <500 square feet



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- Thoughts are that it would be most beneficial for the decision of the clinic size a village qualifies for be in the hands of the Denali Commission. Chris Kowalczewski reminded the group that they were trying to involve the communities in these decisions to encourage investment in their clinics, and this works opposite of that idea
- Issues of how much money would have to be spent each time a clinic was built to have the plans reviewed and customized induced the idea that the prototype clinic be a set of 35% (more similar to a usual 65% set) documents with solid specifications to reduce the amount paid over and over on review and redesign. Lumping 4 or 5 clinics into one contract with one team may relieve this somewhat but for this to happen funding would have to be lined up and ready
- Diagram Development – questions on whether or not the telepharmaceutical machine would really be necessary, as well as having a bath tub at least in the more northern communities for the treatment of hypothermia

11:30am-2:00pm

Cost Model Update and Discussion

Mark Foster put together a clinic selection tool to compare the costs of various floor plan options in various locations. This spreadsheet allows users to answer basic questions about location and site and then generates preliminary estimates of both construction costs and operation costs. Key points:

- Denali Commission will only fund up to 150 ft. for connection to sewer/water. If they aren't within this distance does it kill viability of a clinic in that location?
- Is site accessible by road? If not does it kill viability of clinic in that location?
- Keep in mind that piped water is the exception, not the rule – system options: flush/haul water, well & septic, Life Water System
- Clinics need running water – same for micro-clinic?
- Solar energy options will be more adequately addressed in the next meeting, but are looking to be out of the budget and have a long payback horizon



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- The selection tool used to identify what a village can afford will be gone thru by the village with someone @ the Denali Commission
- There is a minimum community match expected (% of total cost), add this in a question format to the selection tool

Conclusion

This meeting raised the question of the need for an even smaller “micro-clinic” size plan of 500 SF. Mark’s village/clinic selection process tool was gone over and refined; he highlighted some key cost decisions that may make/break the project (water/sewer hook up, road access). A question addressing the minimum “match” amount a village would be responsible for will be added to the form; operating costs, and utilities are key as well. Paul (ANTHC) will be able to get the specs to the original clinic prototype for us to reference. The 35% review will be changed to the week of November 16th, a team will be put together by Nancy and Jon Wunrow.

END