

Alaska Native Tribal Health Consortium

A R e s e a r c h R e p o r t
P r e p a r e d
B y



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I N T R O D U C T I O N & B A C K G R O U N D

Introduction

CRG Research, a Division of Craciun Research Group, Inc. (CRG) was hired to assist the Alaska Native Tribal Health Consortium (ANTHC) to evaluate customer satisfaction regarding the quality of products and services provided by ANTHC.

The mission of ANTHC is to “provide the highest quality health services for all Alaska Natives.” CRG is pleased to provide this outcome evaluation report in support of this important mission.

The survey evaluated customers’ level of satisfaction, opinions and attitudes toward ANTHC products and services. The survey was structured to address the health facilities, environmental health, institutional environmental health, injury prevention, and Denali Commission programs at ANTHC.

Background

The CRG team is both experienced and committed to providing ethical and reliable research in meeting the evaluation needs of the ANTHC. Jean Craciun, a Sociologist served as Project Director and lead all aspects of the research. CRG Project Manager, Jenny Bell, an Alaskan Native from Southeast provided ANTHC with a single point of contact for all scheduling, reporting, submittals, approvals, and issue resolution on this project.

Team Approach

CRG has brought together a team of experts with a variety of backgrounds to provide superior project evaluation services. Each of our team members contributed their particular expertise to this evaluation; members of the CRG team have worked together on previous projects for many years.

CRG takes overall responsibility for the success of the project and primary responsibility for project direction, management, research design and data collection. In addition to project direction and management responsibilities, CRG took the lead in all research including the overall design, and the selected methods. Ms. Craciun served as lead analyst and directed the CRG professional interviewing staff.

Capacity

CRG has an extensive computer network and server and can accept large computer files in many formats. CRG has a variety of software packages to perform data analysis but generally uses SPSS. We have the capacity to produce all final reports as an Adobe Acrobat file that is word searchable and supply our client with ten bound copies as requested.

M E T H O D O L O G Y

Survey Instrument

Telephone interviews were conducted May 16, 2005 thru June 14, 2005. Professional interviewers contacted ANTHC customers using a predefined list provided by ANTHC. CRG was able to conduct interviews with sixty (n=60) ANTHC customers. The average length of time to conduct each survey was approximately ten minutes.

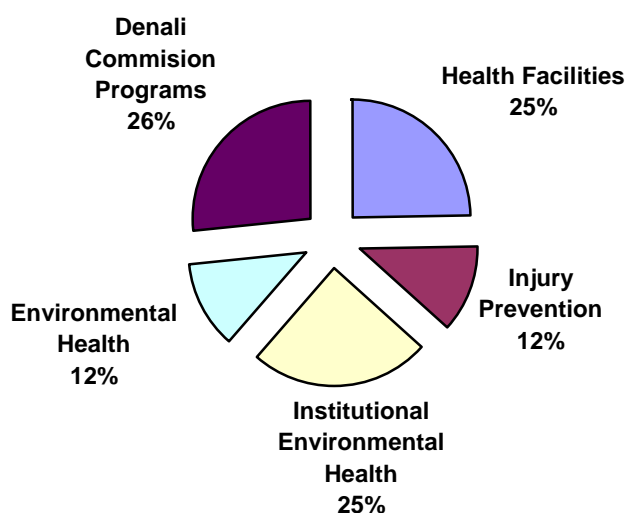
CRG contacted a total active population base of seventy-three (n=73) customers; this was the original list supplied by our client. The RFP had included an original list of 86 but such a list never materialized to work from for CRG calls.

Thus, we began with a list from ANTHC of 73 potential participants. For many different reasons including, out of the office, on vacation, to would not return our calls, the total available population was reduced from 73 to 60 individuals participating. Up to five attempts were made to contact each individual supplied to us.

LIST SUPPLIED ORIGINALLY AND FINAL LIST OF PARTICIPANTS

Program	Original	Final
Health Facilities	17	15
Environmental Health	7	7
Institutional Environmental Health	17	15
Injury Prevention	6	7
Denali Commission Programs	39	16
	86	60

TABLE 1.0: PROGRAMS SURVEYED



The sampling error is not the only way in which survey findings may vary from the findings that would result from talking to every resident in the population studied. Survey research is susceptible to human and mechanical errors such as interviewer recording and data handling errors. However, the standardized procedures used by CRG’s trained interviewers and CATI system eliminate such errors associated with paper and pencil methods; thus keeping the human error potential to a minimum.

The Evaluation Process and Analysis

Members of the CRG Research team, employing the Survey System¹, analyzed the sample. The primary analysis procedures reported are frequencies, cross tabulation and tables to illustrate results.

Included in the presentation of each question is a summary or example of any significant findings, followed by relevant tables.

Respondents were asked to rate DEHE on a scale from 1 to 7, where 1 is very dissatisfied and 7 is very satisfied. Since we did not have specific answer labels attached to numeric labels for all of the rating numbers in this report, we will use “dissatisfied” for a rating of 2 somewhat dissatisfied” for a rating of 3 “somewhat satisfied” for a rating of 5 and “satisfied” for a rating of 6, throughout the report.

Often times, a few respondents fail to answer a question. Unless the percentage that failed to answer is significant, these people are not included in the totals upon which the percentages are based. Percentages in the tables occasionally do not add to exactly 100% because of rounding procedures.

¹ Trademark registered.

Crosstabulations describe data that may be related in some way. In many crosstabulations, categories are combined or omitted because the numbers are too small to be statistically significant. This manipulation may change the totals on which percentages are based, but does not affect the relationships between percentages.

Crosstabulations may be used to indicate differences (or lack of differences) between subgroups of people. When a lack of difference is being shown, a footnote is appended to the table indicating that the differences are not “statistically significant”.²

² Statistical significance is determined by using a chi-square test with a significance factor of less than .05. The chi-square test is used by researchers to determine whether a result may be due to random variation, and is sensitive to sample size, since large random variation may occur in small samples.

A. Executive Summary of General Questions Asked of All ANTHC Customers

Question: Thinking of specific DEHE employees, how would you rate their....

- Respect for your local customs and culture?
- Listening to your questions and concerns?
- Responsiveness to your questions and concerns?
- Ability to communicate clearly?
- Technical knowledge?
- Knowledge of the problem?
- Accuracy and reliability of the information they provided?
- Ease of contacting them?
- Trustworthiness, believability and/or honesty?
- Interaction with local employees?
- Follow through or doing what they said they would do?
- Overall performance of DEHE?
- If you interact with more than one DEHE employee, how is the cohesiveness and consistency of their communications with you?

The overall level of satisfaction ratings for DEHE for the aforementioned service areas range from 5.77 to 6.33, indicating that most ANTHC customers are satisfied with DEHE and their performance in these areas.

The lowest rating of 5.77 was in response to the questions regarding DEHE's ability to maintain consistency and cohesiveness in their communication with their customers. The highest level of satisfaction was with DEHE's technical knowledge, 6.33.

Considering that the mission of ANTHC is to provide the highest quality service, the goal might be to achieve a minimum level of satisfaction rating of 6 for each area of service. If we accept a rating of 6 or higher as the goal for ANTHC, then the areas with a rating of lower than 6 are those that are in the greatest need of attention.

Our research demonstrates that some of the areas of greatest concern are those dealing with communication. *Ability to communicate clearly, ease of contacting them (DEHE,) interaction with local employees and consistency of communications* all received a rating of less than 6. Other areas with rating of below 6 were *knowledge of the problem, follow through and overall performance*.

TABLE 2: OVERALL SATISFACTION RATINGS OF DEHE: GENERAL QUESTIONS ASKED OF ALL PROGRAMS

	Health Facilities	Injury Prevention	Institutional Environmental Health	Environmental Health	Denali Commission Programs	Rating by Question
Their respect for your local customs and culture?	5.73	6.86	6.67	5.71	5.94	6.18
Their Listening to your questions and concerns.	5.67	6.71	6.33	5.57	5.81	6.02
Their responsiveness to your questions and concerns	5.87	6.86	6.27	5.29	5.81	6.02
Their ability to communicate clearly	5.33	6.86	6.13	5.14	5.81	5.86
Their technical knowledge	5.80	7.00	6.60	6.14	6.13	6.33
Their knowledge of the problem	5.67	6.71	6.00	5.43	5.94	5.95
The accuracy and reliability of the information they provided	5.80	6.86	6.40	5.71	6.00	6.15
The ease of contacting them	6.00	6.71	5.87	5.29	5.94	5.96
Their trustworthiness, believability and/or honesty	6.07	7.00	6.60	5.57	6.06	6.26
Their interaction with local employees	6.00	6.86	6.40	5.00	5.56	5.96
Their follow through; doing what they said they would	5.73	6.71	6.20	5.43	5.69	5.95
Overall, how would you rate the DEHE performance	5.67	6.14	6.20	5.57	5.81	5.88
If you interact with more than one DEHE employee, how is the cohesiveness and consistency of their communications with you?	5.53	6.71	5.93	5.00	5.69	5.77
Rating by Program	5.76	6.77	6.28	5.45	5.86	6.02
Total Responses	15	7	15	7	16	60

Table 2 also presents the level of satisfaction ratings for each of the individual programs served by ANTHC. The survey revealed certain trends, which are worth mentioning.

The program with the highest ratings for DEHE was Injury Prevention, with an average satisfaction rating of 6.77. This program gave DEHE the highest rating possible of “very satisfied” or 7 in the areas of *technical knowledge and trustworthiness, believability and/or honesty*. The program with the lowest overall satisfaction rating was Environmental Health, with a rating of 5.45. The service areas that received the lowest satisfaction rating of 5 or “somewhat satisfied” for Environmental Health were *interaction with local employees and cohesiveness and consistency of communications*.

In addition to the general questions listed above, all ANTHC program respondents were asked a series of open-ended questions. For the purposes of this report, these responses have been organized by which program they originated from.

Question: Of all the things that DEHE does right what is most important to you?

Health Facility Responses:

- 1) The coordination of the M & H pool.
- 2) They provide technical assistance. In distributing funds from statewide to local levels and general statewide planning their involvement is good. They pursue their "pet projects" and need to realize the smaller village's needs are as great as theirs. There are limited resources from the top down.
- 3) Communication and follow-thru; and consistent field visits; actually being on site so they can view for themselves what's going on... they make field trips.
- 4) Customer service
- 5) Accuracy & reliability of their information.
- 6) Their honesty and responsiveness.
- 7) Their responsiveness to us as THOs, their communication and accuracy with information that they provide to us.
- 8) Facilitates meetings to take on listening approach and technical issues response time.
- 9) Advocacy. Support for their mission for THO. Not have ANTHC simply stand in place of government.
- 10) Track the M&I funds for us and release funds to us.
- 11) They find me funding. That's important. I use them for information and that is important because I'm fairly new here.
- 12) For location in Metlakatla there are no other resources so when I make a phone call I'm very concerned about the problem and they assist me in so many ways and receive so many services. Excellent resource in maintenance & improvement.
- 13) Their responsiveness to us as a THO.
- 14) Communication

Injury Prevention Responses:

- 1) Their program mentoring. They are good at not putting us all in one box.
- 2) Responsiveness to my needs.
- 3) Facilitation and support when we need help or when we need help coordinating with another THO they coordinate efforts between tribes and other organizations.
- 4) Being a point of contact for information and guidance.
- 5) Their follow through and willingness to problem solve and give support.

- 6) The program support; injury prevention program and instrumental in getting it started in our region in Norton Sound
- 7) Being an information source, a sounding board, gives him the right direction to go in

Institutional Environmental Health Responses:

- 1) DDAS
- 2) They stay involved in their responsibilities to my department.
- 3) They try and are sincere in their willingness to please customer. Assistance with meeting. JCAHO requirements and our on-campus life safety situations and other regulatory decisions. I rely on their expertise a lot.
- 4) Technical knowledge support and rural facility inspections.
- 5) Accurate information.
- 6) Regulatory Information.
- 7) Timely sharing of information.
- 8) Keeping us up to date with our radiation safety surveys.
- 9) The consistency and validity of technology information.
- 10) Communicating results back and their ability to convey information in normal terms back to us. No problem that we had that they did not have answer to.
- 11) Communication.
- 12) Agility up here seems to be lacking in lots of areas; not to have to wait around to get a response; get answers in timely manner.
- 13) They serve as a point of reference for environmental health concerns and supportive and pleasure to work with.
- 14) Communication.

Environmental Health Responses:

- 1) They build quality facilities.
- 2) The tech support RMW's and local water plant operators.
- 3) They are a hardworking group. Work ethics are good.
- 4) Maintaining scheduled communication on specific issues, projects, etc.
- 5) Coordination
- 6) That they keep in mind who they are actually serving and why they're doing the work they are doing. The project decisions should be coming from the village, rather than the other way.
- 7) Consistent quality communication from the Environmental .Health officers within their organization. They recognize value of advanced coordination prior to delivery of services.

Denali Commission Responses:

- 1) Assist us in finding funding, grants and money and provide training.
- 2) The ability to listen carefully and to translate that into the planning process.
- 3) Keep village focused.
- 4) Extremely responsive.
- 5) The ease of communication. It's reliable and easy to make contacts and quick responsiveness, and very knowledgeable.
- 6) Their technical assistance and engineering assistance. We depend on them to help us out.
- 7) Being there for guidance and advice has been very helpful.
- 8) Probably providing local training so community can fix problems themselves.
- 9) Following through with what they say they will do.
- 10) If they foster and promote tribal self-promotion of those contracts I would be happy. I do not dislike their people. It's bureaucracy that the tribes do not need, especially for those who want self-sufficiency. This is best for all tribes including those who just go along and say nothing.
- 11) Their communication. When they come to a site they make sure to come to the director and talk. Very personable.
- 12) Communication and quick response.
- 13) Extremely responsive.
- 14) Understanding the mission and being an active partner.
- 15) Advocate for our needs out here. Technical assistance in organizing and managing projects.
- 16) Understanding their needs and working to develop solutions to their problems. Follow thru and getting problems solved.
- 17) Understanding the needs and working with us to develop solutions to problems and their follow through at getting the problems solved.
- 18) Communication.

Question: If you could offer one suggestion for improvement what would it be?

Health Facility Responses:

- 1) Better understand the needs of the facility manager.
- 2) See more effort for hiring and training more Native engineers and interns. I sit at the table with 20 engineers around the table and I am the minority. I would like to see that change when one day there is an equal representation around the table. I would like ANTHC to advocate for more internships and scholarships. I would like the smaller hospitals in rural villages to be better provided for. Their needs are just as important as the bigger hospitals are.
- 3) They need to continue to remember that they represent more than corporations; make sure that there is adequate representation of small facilities and level the playing field
- 4) They need more field staff than what they have.
- 5) Communicate in layman terms.
- 6) They follow through. Come around more often, not just there for meetings.
- 7) Their workload is a bit on heavy side, between their travel and regular workload. They are short-staffed.
- 8) Listen more; talk less.
- 9) Better REAL involvement of THO of national and state issues.
- 10) Resolve the Ambler Construction delay and get those projects completed.
- 11) Pretty well tied up in Denali and could be more helpful to smaller organizations. Smaller villages that are M&I eligible, they have not been helpful to them. I think it would be a good thing if they could assist more rural needs.
- 12) I'm spread too thin at all their meetings. They have a lot of meetings that I have to attend.
- 13) More funding.
- 14) To give more attention to the locals needs and hear them.
- 15) Extended contract until we become independent.

Injury Prevention Responses:

- 1) I am satisfied with all they do.
- 2) More research into available funding opportunities.
- 3) Better support for the IP portion of DEHE.
- 4) Better follow-thru on requests.
- 5) Hire more staff. There are not enough of them to go around.
- 6) More newsletters.
- 7) Have more directors meetings.

Institutional Environmental Health

- 1) FFADS
- 2) Increase their staff.
- 3) More interaction with the administration.
- 4) I would have a hard time finding fault with the service.
- 5) Expand their program.
- 6) Nothing
- 7) Office in our building.
- 8) Spending more time onsite with the villages or the corporation. Develop more personal relationship.
- 9) They've given us everything we've asked for. I have no problems with the man who works with us, who is consistently meeting our needs.
- 10) Hire more staff. Doing more and more with less and having to work after hours more all the time.
- 11) I have none; extremely satisfied.
- 12) No need for improvement.
- 13) More time in the field.
- 14) More site visits.
- 15) Try to build more synergy between different entities throughout state of AK. Examine the ways resources are allocated by looking how ANTHC weighs needs based on size of community. Resource allocation not that invisible.

Environmental Health Responses:

- 1) That they make an attitude adjustment from the top down.
- 2) If they had someone more closely based than anchorage. The distance could be shorter.
- 3) Focus more on quality than quantity.
- 4) Developing simple communication processes that focus on customer satisfaction input.
- 5) I have no comments on this one.
- 6) Keep going back to their mission statement. Making site visits and making time to develop the relationships with village that's crucial for developing projects. Continue to focus on building local capacity.
- 7) Follow clear communication protocol advocated by the funding entities; respect the role RHO's in delivery of services to villages in our perspective of we being a resource and not competitive.

Denali Commission Responses:

- 1) Their meetings are way too long and very boring. They repeat and rehash the same issues.
- 2) Can't think of any need for improvements.
- 3) My experience last several years that I don't know who's in charge any more. So many changes don't know what's going on anymore.

- 4) It would be good if when they come to small community they spend more time there, (rather than in and out so fast) for keeping community better informed. Create better infrastructure or leave alone what works. Be more responsive to real needs of community and hear what they need like rehab solid waste dump site and water storage tanks. Do better design for needs of smaller communities.
- 5) Self-performance of the contracts for all projects. Tribes need support for own management capability to manage cost controls and accounting of all projects. You do not need to have a science degree to do these contracts. I understand how the bureaucracy works from congress via DEHE, IHS, and VSW. Paul Sherry does not know all that is going on in terms of the contracts and the ones who hire their friends, etc. Eliminate all the bureaucracy we could manage and build our own well designed projects.
- 6) A new sub-contract that recently came up went too slow. They ended up being short-handed, but even then the communication was great.
- 7) They need to move quicker. They have a huge workload. I don't know if they need more staff or what, but wish they could get clinic built faster.
- 8) No suggestions. A project is now under way and as previously answered many of questions are not applicable until this project is farther along.
- 9) Broad access to common data; project status and funding information.
- 10) No comment. Satisfied
- 11) Resolve the Ambler Construction delay and get those projects completed.
- 12) Have more women on staff.
- 13) Just about to begin a project relationship w/ them. Cannot really answer question at this time.
- 14) Keep communicating w/ villages and stay aware that it's a village project.
- 15) Satisfied
- 16) Very satisfied w/ existing conditions.

A. Questions Asked of Health Facility Programs Served by ANTHC

Question: Thinking about some of the aspects of the Maintenance and Improvements program that DEHE is administrating for you, tell me your level of satisfaction with...

- Preparation for funding meetings and special meetings?
- Advance notice and coordination of training opportunities?
- Management of funds and transfer of funds to THO's?
- Representing the THO's on National issues and keeping them informed and involved in National issues?
- Technical assistance from DEHE Health Facility Engineers?

Among these service areas, Health Facility respondents gave the highest satisfaction rating, 5.9, to *Technical assistance* from DEHE Health Facility Engineers. A half of the respondents stated that they were “very satisfied” with this service.

The level of satisfaction with *Preparation for funding meetings and special meetings* received the most divided ratings with 58% of respondents being “satisfied” or “very satisfied” and 36% reporting they were either “somewhat dissatisfied” or “dissatisfied” with this service area.

TABLE 3: LEVEL OF SATISFACTION WITH DEHE BY HEALTH FACILITES PROGRAMS

	Level of Satisfaction							No. of Respondents	Avg. Rating
	Very Dissatisfied			Neutral			Very Satisfied		
	1	2	3	4	5	6	7		
Preparation for funding meetings and special meetings		7%	29%		7%	29%	29%	14	5.3
Advance notice and coordination of training opportunities			7%	13%	40%	13%	27%	15	5.4
Management of funds and transfer of funds to THOs			7%	36%	7%	21%	29%	14	5.5
Representing the THOs on National issues and keeping them informed and involved in National issues	7%		7%	29%	14%	21%	21%	14	5.1
Technical assistance from DEHE Health Facility Engineers			7%	21%	14%	7%	50%	14	5.9

B. Questions Asked of Injury Prevention Programs Served by ANTHC

Question: I'd like you to think about some aspects of the Injury Prevention program that DEHE is administering for you and tell me your level of satisfaction with...

- Technical support in development, implementation and delivery of injury prevention programs and projects?
- Preparation for and content of annual meetings?
- Coordination of injury prevention training opportunities in Alaska?
- Assistance in identifying and applying for funding?
- Management of the injury prevention mini-grants to THOs?
- Representing the THOs on National issues and keeping them informed and involved in National issues?
- The statewide injury prevention newsletter and website?

Overall, Injury Prevention programs are very satisfied with the services they receive from DEHE. Two of the service areas *coordination of injury prevention training opportunities in Alaska* and *Representing the THOs on National issues and keeping them informed and involved in National issues* received the highest rating of 6.9.

TABLE 4: LEVEL OF SATISFACTION WITH DEHE BY INJURY PREVENTION PROGRAMS

	Level of Satisfaction						No. of Respondents	Avg. Rating	
	Very Dissatisfied			Neutral		Very Satisfied			
	1	2	3	4	5	6			7
Technical support in development, implementation and delivery of injury prevention programs and projects					14%	14%	71%	7	6.6
Preparation for and content of annual meetings						29%	71%	7	6.7
Coordination of injury prevention training opportunities in Alaska						14%	86%	7	6.9
Assistance in identifying and applying for funding					29%	14%	57%	7	6.3
Management of the injury prevention mini-grants to THOs						43%	57%	7	6.6
Representing the THOs on National issues and keeping them informed and involved in National issues						14%	86%	7	6.9
Statewide injury prevention newsletter and website					14%	71%	14%	7	6.0

C. Questions Asked of Environmental Health Programs Served by ANTHC

Question: I'd like you to think about some aspects of the DEHE administration of the Environmental Health program, and tell me your level of satisfaction with...

- Coordinating environmental health training opportunities in Alaska?
- Providing accurate and timely information to THOs?
- Providing supplemental funding for training and supplies?
- Representing the THOs on National issues and keeping them informed and involved in National issues
- Providing current information about project status?

Again, Environmental Health received some of the lowest satisfaction ratings of all the programs serviced by DEHE. The areas of greatest concern are *providing accurate and timely information to THOs* and *providing supplemental funding for training and supplies* which each received satisfaction ratings at 4.6. This program did not receive the desired quality rating of 6 for any category of response.

TABLE 5: LEVEL OF SATISFACTION WITH DEHE BY ENVIRONMENTAL HEALTH PROGRAMS

	Level of Satisfaction							No. of Respondents	Avg. Rating
	Very Dissatisfied			Neutral			Very Satisfied		
	1	2	3	4	5	6	7		
Coordinating environmental health training opportunities in Alaska				29%	43%	29%		7	5.0
Providing accurate and timely information to THOs				57%	29%	14%		7	4.6
Providing supplemental funding for training and supplies	14%		14%		43%	14%	14%	7	4.6
Representing the THOs on National issues and keeping them informed and involved in National issues			14%	14%	29%	43%		7	5.0
Providing current information about project status			43%		14%	29%	14%	7	4.7

The Environmental Health program was also asked an open-ended question.

Question: What additional Environmental Health services would you like provided?

Response(s):

- 1) More Institutionalized Environmental Health facilities to small rural Environmental Health facilities.
- 2) Do not need additional services. Needs are covered.
- 3) More consistency statewide.
- 4) We're pretty self-sufficient here. Oh, I don't know what to say on this one...
- 5) What they are providing is adequate.
- 6) I think services now are adequate, but ongoing effort to maintain funding for programs on regional and local levels. Take a hard look at what services can we actually provide, which includes training dollars.
- 7) Temporary backfill in monthly deployment by NHS. Continue to deploy engineering services, including sustained operations personnel to help communities in rural Alaska.

D. Questions Asked of Institutional Environmental Health Programs Served by ANTHC

Question: What additional Institutional Environmental Health services would you like provided?

Response(s):

- 1) FADFS
- 2) Cannot think of any. Don't think this applies to me because I work in the radiology section of the hospital.
- 3) I don't have any answer for that.
- 4) They are being developed or worked on; when I ask they respond to my needs.
- 5) We are able to do a lot on our own whereas smaller places probably do not get same support. At this point I cannot come up with any other areas at this time.
- 6) Because we are so remote I would like monthly onsite visits, or at least monthly reviews of quality control testing.
- 7) Can't say that I know of any right now.
- 8) They've been pretty responsible; don't have any.
- 9) Maybe a log of the classes and services would be helpful on a yearly basis.
- 10) I don't need any. They take good care of our needs.
- 11) They have everything and this does not really apply to me because the DEHE guy takes care of all we need.

- 12) More training opportunities.
- 13) Do yearly or semi-annual site trainings on more than just a few aspects. More site visits for generic reasons; Bring more visibility and more training.
- 14) Training.
- 15) Service we get already seems sufficient. Can't add anything.

Question: Is there industrial hygiene or other sampling equipment that you would like IEH staff access? This might be equipment that, because of limited use, would not make sense for one facility or THO to have.

Response(s):

- 1) FDAF
- 2) Not applicable. I work in the hospital.
- 3) Bio and emergency management testing capabilities.
- 4) Air quality sampling equipment; chemistry testing equipment; decibel intensity equipment.
- 5) A hazardous material sniffer. Don't know exactly what it's called.
- 6) Because we are working in a building that has asbestos in it, it would be nice to have the asbestos testing equipment to make sure we are not breathing it.
- 7) At this point I have not conducted a full assessment of our capabilities yet so can not comment.
- 8) No, nothing critical that we need.
- 9) As long as we continue to have phantoms available to us for our radiation safety testing we have what we need.
- 10) Portable counter with in-95 attachment repetitive testing quantitatively; 1b 2 analyzer; and additional current air sampling equipment.
- 11) Don't really know what they provide; again, we've not had much training to use this stuff; the DEHE provides their own guy who does all of this for us.
- 12) We have had access to whatever IEH equipment we've needed.
- 13) Multiple gas meters that will detect more than one thing. Ones that give information for different kinds of testing.
- 14) Low volume personal sampling pumps.
- 15) Have none.

E. Questions Asked of Denali Commission Programs Served by ANTHC

Question: What is your level of satisfaction, based upon contact with ANTHC employees...

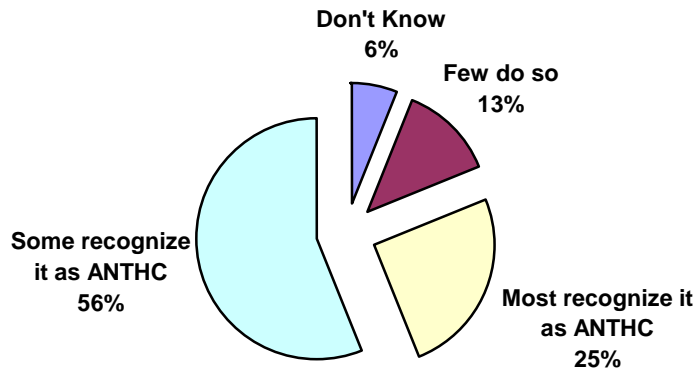
- With ANTHC's management of the Denali Commission's community clinic and washeteria grant programs?
- Where ANTHC directly supervised a Denali Commission funded project in your community, do you believe the project brought opportunities for local employment and construction training?
- Where ANTHC oversaw project planning or design, do you feel ANTHC actively sought community members input and participation into the planning or design process?
- Where ANTHC oversaw project construction, do you feel ANTHC actively sought community members input and participation into developing the construction schedule and completion date?
- The ability to obtain current information regarding details of the project and project status?

Overall, the Denali Commission program respondents gave the highest level of satisfaction rating (5.6) to *ANTHC's management of Denali commission's community clinic and washeteria grant programs*. The lowest rating at 5 was offered by participants for its *ability to obtain current information regarding details of the project and project status*. This program did not receive the desired quality rating of 6 for any category of response.

TABLE 6: LEVEL OF SATISFACTION WITH ANTHC BY DENALI COMMISSION PROGRAMS

	Level of Satisfaction							No. of Respondents	Avg. Rating
	Very Dissatisfied			Neutral			Very Satisfied		
	1	2	3	4	5	6	7		
ANTHC's management of Denali Commission's community clinic and washeteria grant programs	6%			13%	13%	44%	25%	16	5.6
Where ANTHC directly supervised a Denali Commission funder project in your community, do you believe the project brought opportunities for local employment and construction skills training?			17%	17%		42%	25%	12	5.4
Where ANTHC oversaw project planning or design, do you feel ANTHC active sought community members input and participation into the planning or design process?			15%	8%	31%	31%	15%	13	5.2
Ability to obtain current information regarding details of the project and project status			8%	42%	8%	25%	17%	12	5.0

Question: Do you believe most communities have come to recognize ANTHC as a tribal organization, rather than a Public Health or Indian Health Service organization, when it comes to community construction projects?



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A majority (56%) of the Denali Commission program respondents indicated that some communities recognize ANTHC as a tribal organization when it comes to community construction projects. Only one-fourth of the respondents thought that most communities recognized ANTHC as a tribal organization. These results indicate that ANTHC could benefit from additional communication with local communities regarding their status as a tribal organization when doing construction projects.