

House District 28
Senate District 12

THE TWENTY- FOURTH LEGISLATURE
HAWAI'I STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES

Log No: 5-0

For Legislature's Use Only

Type of Grant or Subsidy Request:
 GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN):

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dba: Aloha Medical Mission Honolulu Free Clinic

Street Address: 810 N. Vineyard Bl.
Honolulu, HI 96817

Mailing Address: same as above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name JERRY A. ALLISON, MD, MS

Title Medical Director

Phone # 808-841-9845

Fax # 808-841-4547

e-mail jallison@alohamedicalmission.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
 FOR PROFIT CORPORATION
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Expanding services of the Aloha Medical Mission Honolulu Free Clinic as an integral part of the Hawaii healthcare system. To fill the void by providing interim medical and oral health services, prevention, and education to the uninsured. This project will help us to continue to provide high quality basic, professional medical and oral health services regardless of ethnicity, culture, religion, sexual orientation, or ability to pay. We are a non-profit 501(c)(3) organization serving the people of Hawaii with no health insurance; providing free interim medical and oral health and education services through the use of paid and volunteer staff.

4. FEDERAL TAX ID: [REDACTED]

5. STATE TAX ID #: NOT APPLICABLE

6. SSN (IF AN INDIVIDUAL): _____

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 190,200

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
 EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$135,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED]
AUTHORIZED SIGNATURE

JERRY A. ALLISON, MD, MS, MEDICAL DIRECTOR
NAME & TITLE

JANUARY 29, 2008
DATE SIGNED

Application for Grants and Subsidies

I. Background and Summary

BACKGROUND

The Aloha Medical Mission was established on July 31, 1995 by a group of local concerned physicians, as an interim free medical and dental clinic at the Institute for Human Services (HIS). An interim clinic is one that attempts to connect patients with ongoing services elsewhere and thus does not compete with long-term established providers. In June 2002, with major support from some of Hawaii's largest foundations, AMM relocated its clinic to a building that was rehabilitated on the grounds of the historic Palama Settlement, in Honolulu's low-income Kalili-Palama district. Today AMM continues to provide health services to people, including many recent immigrants, with no medical insurance and to operate the only 100% free medical and dental clinic in Hawaii.

The Aloha Medical Mission's Honolulu Free Clinic envisions itself to be an integral part of the Hawaii healthcare system, in a permanent facility, and filling the void in the health system by providing interim medical and oral health services, prevention, and education to the uninsured.

We believe that all people deserve high quality, basic, professional medical and oral health services regardless of their ethnicity, culture, religion, sexual orientation, or their ability to pay.

We are a non-profit 501(c)(3) organization serving the people of Hawaii with no health insurance; providing free interim medical and oral health and education services through the use of paid and volunteer staff.

GOALS:

By the end of the project period we will...

1. Increase the number of medical and dental patients treated at our clinic by 50% (baseline 200/month avg/2,400/year);
2. Implement electronic medical record system (EMR);
3. Provide emergency care to patient's suffering life-threatening cardiac arrest;
4. Risk stratify patients presenting for medical and oral health services;

OBJECTIVES:

1. Hire (1) part-time dental director (5) hours/week);
2. Hire (1) full-time receptionist;
3. Increase hours of part-time dentist to 24 hours (current 16);
4. Increase hours of day-time dental assistant to 20 hours (current 16);
5. Hire (2) part-time medical assistants (20 hours/week/each);
6. Purchase (1) hard drive, PC, scanner, and printer
7. Purchase (1) automatic external defibrillator (AED)

8. Purchase (1) 12 lead ECG machine
9. Increase the number of volunteer dentists to 20 (baseline 12)
10. Increase the number of volunteer physicians to 50 (baseline 32)
11. Maintain adequate equipment, supplies, and medications

STRATEGIES:

As soon as funds become available we will

1. Recruit (1) Hawaii licensed dentist to function as a part-time dental director;
2. Recruit (1) full-time receptionist to schedule appointments and maintain records;
3. Increase the days available of the part-time dentist to 4 days/week;
4. Increase the days available of the dental assistant to 4 days/week;
5. Recruit (2) part-time medical assistants that will work with the physicians for both the day and evening clinic;
6. Submit RFP's for (1) hard drive, PC, scanner, and printer;
7. Submit RFP for (1) AED;
8. Submit RFP for (1) 12 lead ECG machine;
9. Develop promotion plan to recruit additional volunteer dentists'
10. Develop promotion plan to recruit additional volunteer physicians;
11. Replace and/or provide maintenance to our medical and dental supplies as needed.

NEED:

Our clinic operates Monday through Friday from 8:30am to 7:00pm. Most appointments are in the evening due to the availability of the volunteer physicians and dentists. Due to provider scheduling, patients must have an appointment, though we do accept walk-in patients, and schedule patients during the day when providers are available.

The Aloha Medical Mission saw approximately 775 patients for oral health services in 2007. This is a sharp increase from 143 (2002), 362 (2003), 361 (2004), and 450 (2006). Our medical patient volume was 1984 (2003), 2155 (2004), 1985 (2005), and 2114 (2006), 1668 (2007). Our dental patient numbers are increasing, but the medical patients have been at a plateau, though the waiting list for both services is usually three weeks. This is primarily due to the need for additional volunteers and support staff to help the volunteer physicians. We are working to continue the increase as well as expand the services we provide.

Approximately 60% of our patients are new immigrants. Most patients wait three to four weeks for a medical or dental appointment. Increasing the part-time dentist's hours will allow us to care for more patients, and give us added time to recruit additional volunteer dentists. Adding medical assistants and a receptionist will allow us to care for more medical patients and give us added to recruit physician volunteers.

Aside from the large percentage of immigrants, patients come from the lower socioeconomic areas of our community. As such, many have significant and often undiagnosed health problems. Many have neglected their medical and oral health. . When they come in for assistance they are

at risk of complications. Should they suffer cardiac arrest or other life-threatening arrhythmia while under our care we have no way to provide them the immediate defibrillation that is the standard of care. Further, we are unable to risk stratify patients prior to care, such as those with hypertension and diabetes, using a 12-lead ECG machine. Purchasing (1) automatic defibrillator and (1) ECG machine will benefit the patient and reduce the liability to the clinic.

We are in need of converting to electronic medical record system (EMR). Medical records currently are the traditional hand-written paper charts. Deciphering charts of 32 physicians and 12 dentists is quite challenging and fraught with potential errors. Further, we operate in a small building rented from another non-profit organization. We have two dental chairs, 3 exam rooms, a waiting room, front office, sterilization area, and back office. Our space is limited. The majority of our back office consists of files of patient records since the inception of the clinic. We do not have the funding for storage, nor would we want to use our limited and valuable financial resources unnecessarily. An EMR will allow us to increase the space available for service, improve record keeping, be a key source of our data, streamline our scheduling, assist with our performance improvement/peer review, and reduce errors by improving legibility. We have an EMR vendor that has offered us software, but we are in need of the hardware to operate the system.

Our clinic does not accept any fees for service. We have a few organizations that provide funding for operations on a year-to-year basis, but these are not regular sources of income, and do not always meet our budget needs. Budget shortfalls are drawn from the diminishing reserves of the Aloha Medical Mission's overseas budget. We have 12 volunteer dentists and 32 volunteer physicians that graciously give at least four hours per month to seeing patients in our clinic (many other providers also see patients referred to them in their own clinics). Increasing our staffing will allow us to 1) increase our volunteers more effectively; 2) manage the 75 volunteers already working with us; 3) manage our grants and identify additional sources of income; 4) schedule our patients, maintain records, and operate the front office.

Our staff includes a part-time medical director, a full-time office manager, a part-time dentist, (2) part-time dental assistants, a part-time nurse, and part-time clinic cleaner. We have about 24 "other" volunteers that help with a variety of clinic/office functions. Having a dental director will allow us a dental expert to focus on our oral health services, while our medical director will oversee the entire clinic with emphasis on the medical clinic. We will need to purchase a computer and printer for the dental director.

By expanding our staff and roles we will be able to see more patients and add additional services such as preventive medicine, hygiene, dental assistant training with the University of Hawaii dental assistant program, facilitate patients to other appropriate health services and referrals, and follow-up on services provided.

TARGET POPULATION

Our target populations are those residents, visitors, and new immigrants to Hawaii that have no insurance, are below the 250% poverty level, are in between employment, or are currently awaiting insurance from their employers.

The AMM Clinic is located in the Kalihi area, which has a federal designation as a medically underserved population (MUP), an approval as a low income population area, and a health professional shortage area (HPSA) for primary and dental care. Currently, there are two federally qualified health centers in this area—Kalihi Palama Health Center and Kokua Kalihi Valley, both of which are considered “low cost clinics” and may charge a fee according to those uninsured. Kokua Kalihi Valley also has a geographic catchment area which limits who can access care. There is a need for services such as ours which is free on an interim basis.

According to a phone survey conducted by the Hawaii State Department of Health, over 64,000 individuals in our state are uninsured. However, the Hawaii Primary Care Association and the U.S. Census Bureau, both estimate the number to be double. The uninsured population in Hawaii is comprised of the working poor, undocumented aliens, and newly arrived immigrants, low-income families who face barriers relating to language, culture, economic status or government bureaucracy. Although children and youth up to 19 years of age, including immigrant children, are eligible for health insurance, approximately 5% or over 16,000 children remain uninsured. Of this number, 9,000 may be eligible for free public health insurance.

Studies show that crucial and early medical interventions are more likely not to occur when people are uninsured, resulting in increase use of the emergency room, unnecessary hospitalizations, severe complications, and expensive and irreversible health problems. According to Stuart Altman, PhD, uninsured children are twice as likely not to have had a recent medical or dental visit; 4 times more likely to delay seeking care because of payment required; 8 times less likely to have a permanent medical home; and 5 times more likely to use the emergency room as a source of regular care. Inadequate health care prevents children from entering school, impedes adults from seeking meaningful jobs, and results in loss of work productivity.

Many of the uninsured are newly arrived immigrants who are unemployed or working at part-time jobs and migrants from the Republic of the Marshall Islands, the Federated States of Micronesia (FSM), and the Republic of Palau. In 2000 the U.S. Census reported 12,700 people who identified themselves as Micronesians living in Hawaii. With the passage of the federal welfare reform in 1996 these migrants along with all immigrants were excluded from most federal public benefits. In 2006 the Clinic served 14.6% of immigrants and has been seeing more and more migrants from FSM. Language and cultural barriers prevent them from following through on recommendations for care.

According to Hawaii statistics on oral health, 33% of our children have more unmet treatment needs than children nationally. These statistics are worse for Filipino, Southeast Asian, and Pacific Island children. More than 350,000 adults in our State have no dental insurance and

although 75,000 children have coverage under the Medicaid program, 37% have limited or no access to dental care. The Medicaid program for adults is limited and does not cover routine dental services. Many of them have informed us that the dentist will only do extractions, which makes it difficult for them to go for a job interview. One of the solutions recommended by the Oral Health Task Force is to "develop and support dental safety net providers". These safety net providers include community health centers and other non-profits, such as Aloha Medical Mission, which play a key role in meeting the needs of low income families. The Honolulu Clinic needs support to expand its dental program and for the uncompensated services provided.

GEOGRAPHIC COVERAGE

Our geographic population includes all of the island of Oahu (over 900,000), though we do not refuse patients that come to our clinic. We can provide basic demographics of our client population. We have a need to increase the visibility of our clinic so that more who qualify can avail of our services. The geographic distribution of 2007 can be reflected in the zip code distribution from December of 2007 in the appendix.

II. Service Summary and Outcomes

SCOPE AND METHODS:

The clinic manager, with the assistance and the oversight of the medical director is responsible for the day-to-day operations of the clinic. Due to the current staffing pattern, it often precludes the clinic manager from the manager duties as she functions as the medical and dental assistant. With the support of this GIA we will be able to focus on growth and stability while tending to patient care needs. Therefore, the clinic manager will be responsible for advertising, interviewing, and recommending new employees. The clinic manager will work with the medical director to recruit, interview, and orient the physician and dentist volunteers. The clinic manager will be responsible for preparing, collecting, and referring the RFP's to the medical director.

The receptionist will be responsible for the scheduling of patients, record keeping, and data collection. The medical assistants will be responsible for the intake of patients, assisting physicians with procedures, assist with dispensing medication, education of patients, and assisting physicians with the EMR. The dental assistants assist the dentists with preparation, clean-up, assist with dental procedures, and provide education to patients.

TIMELINE

Quarter 1
Increase hours of current staff
Begin recruitment
Request for proposals

Quarter 2

New employees begin work/orientation
Purchase requests for equipment and supplies

Quarter 3

Receipt and training on new equipment
Training on electronic medical record system
Submit application for next GIA
Begin analysis of outcomes and corrective measures;

Quarter 4

Review of performance
Prepare for final report

OUTCOMES:

At the end of this project period we will be able to demonstrate and provide the following:

1. Number of patients treated (medical and dental),
2. Service data collected from the electronic medical record system (diagnosis, ethnic distribution, etc);
3. Name of the dental director;
4. Name of the receptionist;
5. Documentation of the hours and cost of the part-time dentist;
6. Hours and cost of the part-time dental assistants;
7. Names, hours, and cost of the part-time medical assistants;
8. Invoices for the hard drive, PC, scanner and printer;
9. Invoices for the AED and 12 lead ECG machine;
10. Document any uses of the AED;
11. Number of new and total volunteer dentists and physicians;
12. Records of maintenance and purchase of equipment, supplies and medications.
13. Projected and actual budget report

EVALUATION PLAN

It is the responsibility of the medical director to oversee the operations of the medical and dental clinics. Data is currently being collected and evaluated on a monthly basis to determine achievement of current goals. Any deviation from the clinics goals are assessed with either 1) revision of goals; or 2) corrective action. This will continue under this project.

III. Financial

Budget

1. See attached

2. The applicant shall provide its anticipated quarterly funding requirements for the fiscal year 2008-2009.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
47,550	47,550	47,550	47,550	190,200

IV. Experience and Capability

CAPACITY: The Aloha Medical Mission was established over 20 years ago as a means to provide health services to underserved populations overseas. This organization incorporated into a 501(c) (3) organization and added the Honolulu Free Clinic in 1995. The Clinic is supervised by the "Clinic" sub-committee composed of various board members, including several health professionals. The clinic is operated on a daily basis by the full-time clinic manager and the part-time medical director. The Clinic has been the recipient of funding in the past (HMSA, Kaiser, HDS, Strong Foundation, Weinburg, Atherton, Cook, Hawaii State GIA, and others with successful and competent distribution of funds. The clinic has the capacity to execute this project.

Jerry A. Allison, MD, MS is our medical director. He is a Board Certified Family Physician with a Masters Degree in Community Health. He has over 20 years of experience in health administration. This combined with his medical knowledge and experience gives him the qualifications necessary to oversee this grant.

B. Facilities

We operate in a small building rented from another non-profit organization at the Palama Settlement at Vineyard and Palama. We have two dental chairs, 3 exam rooms, a waiting room, front office, sterilization area, and back office

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

Jerry Allison, MD, MS
 Medical Director
 Aloha Medical Mission Honolulu Free Clinic

Heather Blackmond, BS
 Clinic Manager
 Aloha Medical Mission Free Clinic

B. Organization Chart

SEE APPENDIX.

VI. Other

A. Litigation No pending litigation

B. Licensure or Accreditation No special licensures or accreditation

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2008 to June 30, 2009)

App.Ioha Medical Mission Honolulu Free Clinic

BUDGET CATEGORIES	Total State Funds Requested (a)	HMSA (b)	Strong (c)	HDS (d)
A. PERSONNEL COST				
1. Salaries	122,930			
2. Payroll Taxes & Assessments	27,660			
3. Fringe Benefits	9,220			
TOTAL PERSONNEL COST	159,810	50,000	25,000	60,000
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	6,000			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	6,000			
5. Staff Training	3,500			
6. Supplies	7,500			
7. Telecommunication	2,000			
8. Utilities	2,000			
9. Office Expense	1,500			
10. Repair and Maintenance	500			
11. Dues and Subscriptions	300			
12. Advertising	300			
13. Printing	400			
14. Other	390			
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	30,390			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	190,200	50,000	25,000	60,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	190,200	Jerry A. Allison, MD, MS, Medical Director 841-9845/352-7824		
(b) HMSA	50,000	Name (Please type or print) Phone		
(c) Strong Foundation	25,000	[Redacted Signature] 1/30/08		
(d) HDS Foundation	60,000	Signature of Authorized Official Date		
TOTAL REVENUE	325,200	Jerry A. Allison, MD, MS, Medical Director 841-9845/352-7824		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Alpha Medical Mission Honolulu Free Clinic
 Period: July 1, 2008 to June 30, 2009

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME BUDGETED TO REQUEST B	TOTAL SALARY BUDGETED IN REQUEST A x B
Medical Director	0.375	\$44,605.00	0.00%	\$ -
Clinic Manager	1	\$32,000.00	75.00%	\$24,000
Dental Director	0.125	\$16,900.00	50.00%	\$8,450
Dentist	0.6	\$74,880.00	25.00%	\$18,720
Dental Assistant	0.5	\$10,400.00	50.00%	\$5,200
Dental Assistant	0.5	\$10,400.00	50.00%	\$5,200
Registered Nurse	0.375	\$15,600.00	100.00%	\$15,600
Medical Assistant	0.5	\$10,400.00	100.00%	\$10,400
Medical Assistant	0.5	\$10,400.00	100.00%	\$10,400
Receptionist	1	\$20,800.00	100.00%	\$20,800
Janitorial	0.25	\$4,160.00	100.00%	\$4,160
				\$ -
				\$ -
TOTAL:	5.725	\$248,940.00	4.09%	\$ 10,175.42
TOTAL:				122,930.00

This staff is essential for the 1) administration of the grant(s), 2. scheduling of patients;

3) maintenance of office, equipment/supplies; 3) recruitment of volunteer staff; and 4) supervision of the approximately 76 volunteers.

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

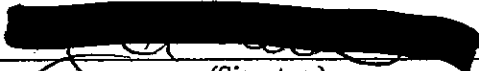
- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Aloha Medical Mission Honolulu Free Clinic
(Typed Name of Individual or Organization)



(Signature)

Jerry A. Allison, MD, MS
(Typed Name)

1/30/08

(Date)

Medical Director
(Title)

Internal Revenue Service

Date: August 17, 2005

ALOHA MEDICAL MISSIONS
1314 S KING ST STE 503
HONOLULU HI 96814-1940

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ms. Smith #31-07262
Contact Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
99-0234811

Dear Sir or Madam:

This is in response to your request of August 17, 2005, regarding your organization's tax-exempt status.

In April 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

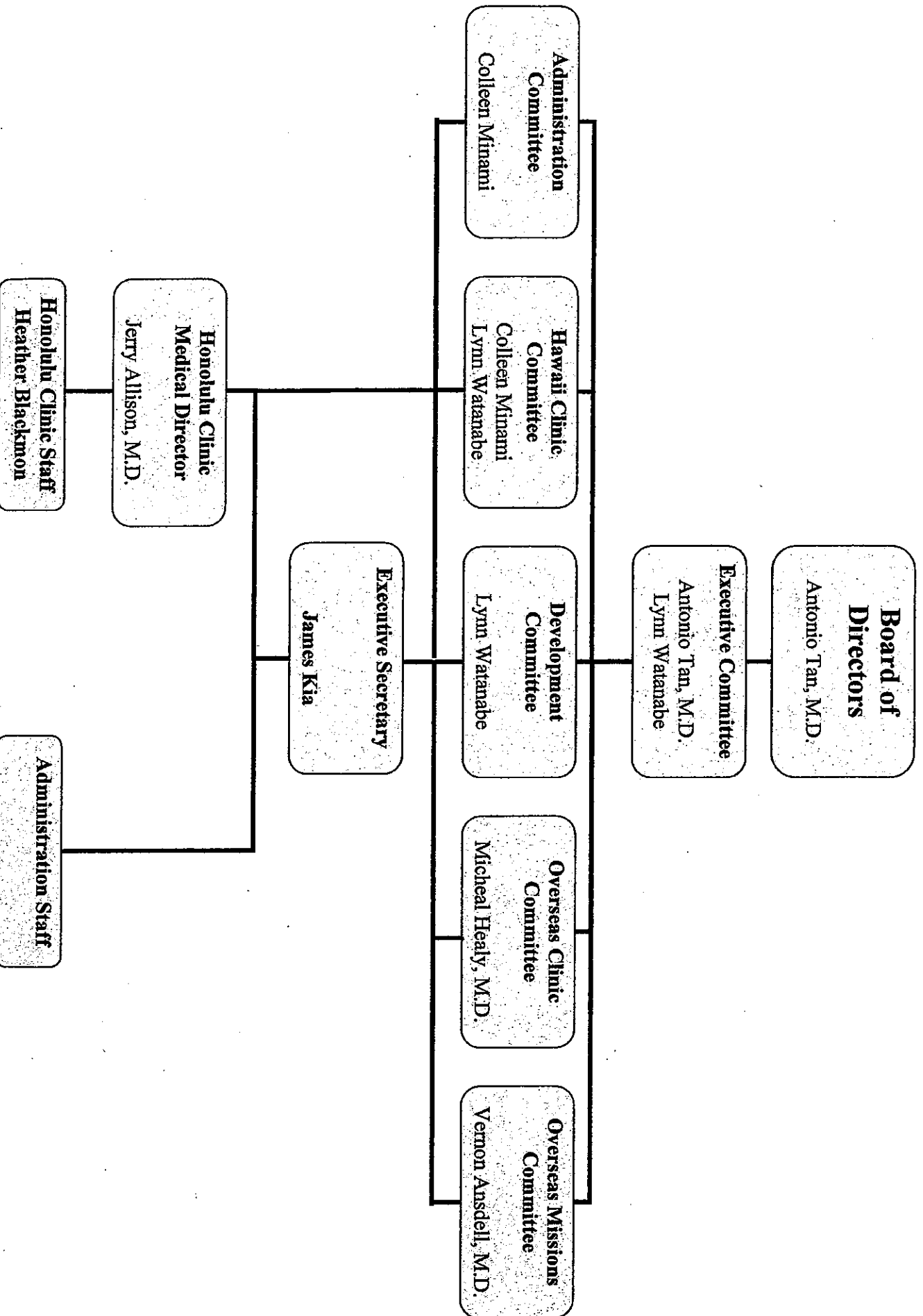
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Aloha Medical Mission

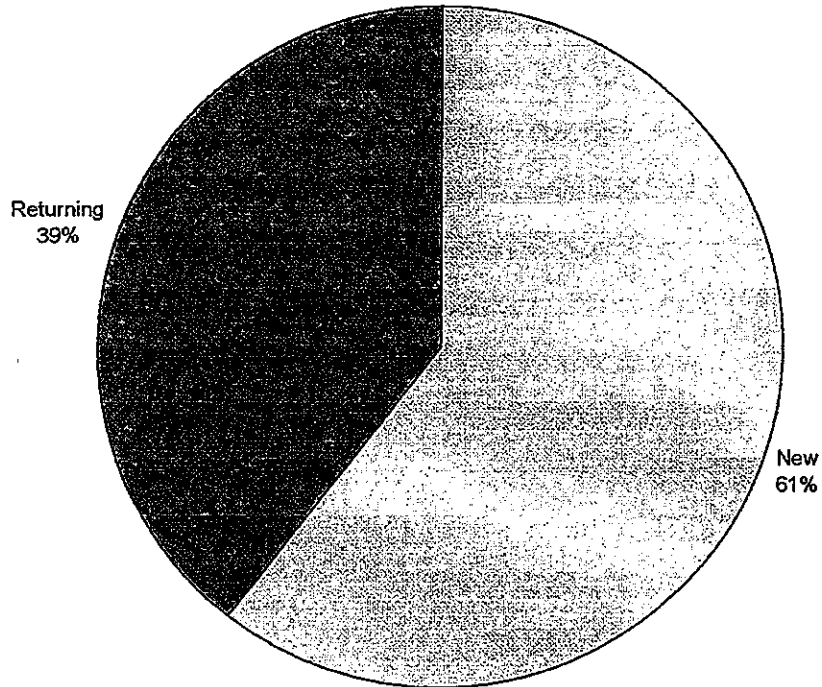


APPENDIX
ALOHA MEDICAL MISSION 6 MONTH PERFORMANCE SUMMARY
(JULY TO DECEMBER 2007)

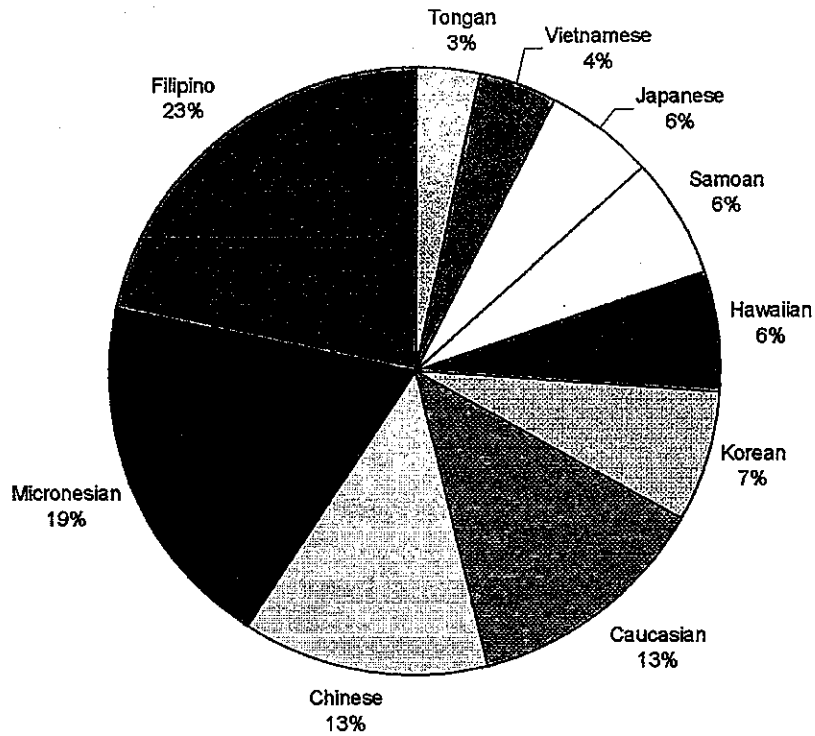
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	AVERAGE PER MONTH
# OF CLINIC DAYS	20	21	18	22	21	18	20
# PAID DENTIST DAYS	9	8	6	4	1	0	4.67
# VOLUNTEER DENTIST DAYS	9	12	9	12	14	7	10.50
# PHYSICIAN DAYS	24	27	25	23	27	20	24.33
# OF DENTAL PATIENTS	75	56	65	65	62	28	58.50
# OF MEDICAL PATIENTS	148	149	141	117	170	110	139.17
TOTAL # OF PATIENTS	223	205	206	188	232	138	198.67
# PATIENTS/DAY	11.15	9.76	11.44	8.55	11.05	7.67	9.94
# PHYSICIAN/DAY	1.2	1.3	1.4	1.0	1.3	1.1	1.22
# PATIENTS/MD	6.2	5.5	5.6	5.1	6.3	5.5	5.70
# DENTIST/DAY	0.9	0.95	0.83	0.73	0.71	0.39	0.75
# PATIENTS/DENTIST	4.2	2.8	4.3	4.1	4.1	4.0	3.92
# FULL TIME STAFF	1	1	1	1	1	1	1
FULL -TIME HOURS	140	154.75	152.75	172.5	166	132.75	153.13
# PART TIME STAFF	8	8	8	9	7	4	7.33
PART TIME HOURS	339.5	263.5	274.5	304.25	217.75	173.4	262.15
TOTAL PAID HOURS	479.5	418.25	427.25	476.75	383.75	306.15	415.28
#HCAP STAFF	2	2	2	2	1	1	1.67
HCAP HOURS	56	48	60	57	56	92	61.50
TOTAL HCAP HOURS	112	96	120	114	56	92	98.33
TOTAL VOLUNTEER HOURS	180	172.2	225.25	261.25	243.25	137.25	203.20
TOTAL VOLUNTEER HOURS/DAY	9.0	8.2	12.5	11.9	11.6	7.6	10.13
TOTAL HOURS	771.5	686.45	772.5	852	683	535.4	716.81
TOTAL HOURS/PATIENT	3.5	3.3	3.8	4.5	2.9	3.9	3.65
TOTAL HOURS/ DAY	38.6	32.7	42.9	38.7	32.5	29.7	35.86
# VOLUNTEER MD'S	32	31	32	33	35	34	32.83
# VOLUNTEER DDS	11	11	11	12	12	12	11.50
# VOLUNTEER NURSES	9	9	9	10	10	10	9.50
# VOLUNTEER (OTHER)	16	14	24	19	16	13	17.00

ALOHA MEDICAL MISSION CLINIC
JULY TO DECEMBER 2007 STATS

New vs. Returning Patients

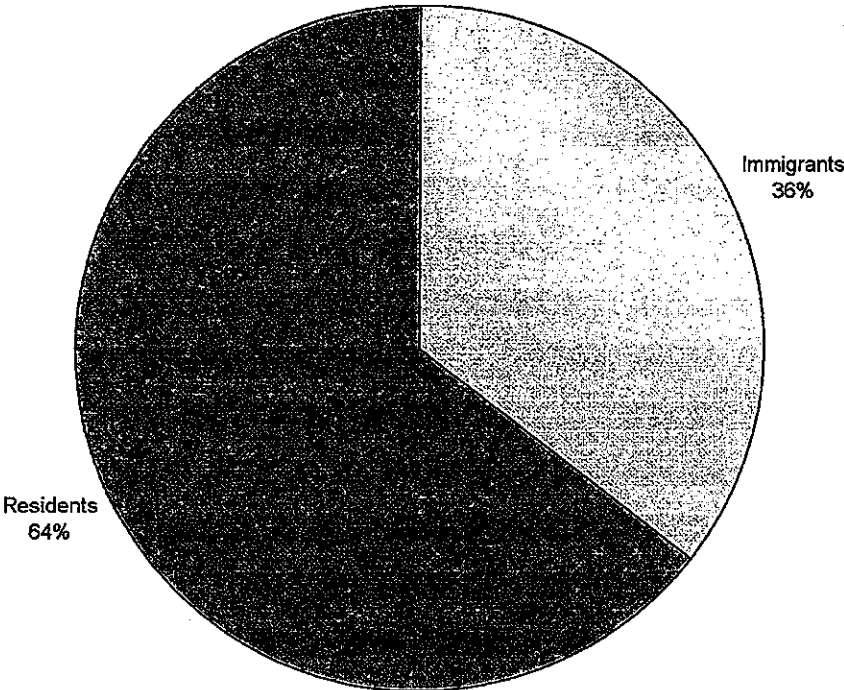


Top Ten Ethnicities Served

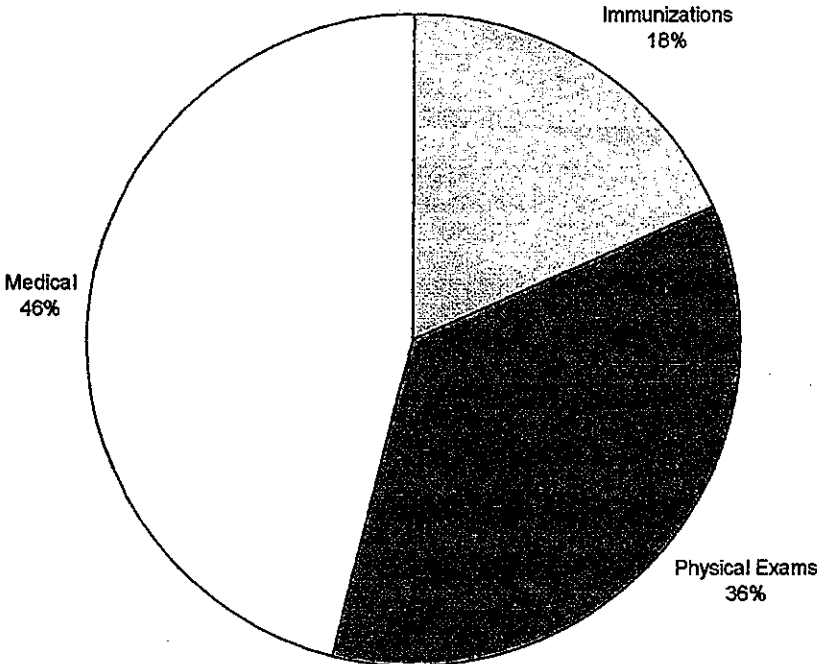


ALOHA MEDICAL MISSION CLINIC
JULY TO DECEMBER 2007 STATS

Immigrants vs. Residents



Types of Medical Visits



ALOHA MEDICAL MISSION CLINIC
JULY TO DECEMBER 2007 STATS

