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| **1. When will the move occur?** |  |
| **2. Distance from the old clinic to the new clinic?** |  |
| **3.** **Amount of advance notice to participants?** |  |
| **4.** **Will the clinic remain non-smoking?** Provide assurance. |  |
| **5. Demographic assessment comparing old and new location. Include available information**.Demographic mapRacial composition of affected neighborhoods Census data |  |
| **6. Is the new location in an area where at risk populations or low income housing are located?** |  |
| **7. Participation**  By category:WomenInfantsChildren By race/ethnicity:WhiteAmerican Indian/Alaska nativeHispanic/LatinoAsianBlack/African AmericanNative Hawaiian Pacific Islander Average participation for last 6 months |  |

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| **8. Availability of other community resources including other local agencies** |  |
| **9. Consideration of Affirmative Action Plan Information**The relative position of the area or special Population served in the Affirmative Action PlanHow much of the current need is met at each priority level and participant category?The potentially eligible individuals in the area |  |
| **10. Place in local agency priority system** |  |
| **11. Public notification** |  |
| **12. Cost effectiveness** |  |
| **13. Develop participant access criteria**Consider availability of authorized vendors and geographic barriers to them. |  |