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The Native Health Database: One Stop for Native Health Information

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The Native Health Database (<http://hsc.unm.edu/library/nhd/>) is a freely-available resource on the Internet for finding health and medical information as it pertains to American Indians, Alaska Natives, and Canadian First Nations.

This unique resource, developed by the Health Sciences Library and Informatics Center at the University of New Mexico with financial support from the Indian Health Service (IHS) over the past decade, is the only known resource that provides one stop for finding a wide range of documents supporting historical, research, and clinical care purposes. Citations and abstracts are provided for all documents, with the entire text of the document linked where available and within copyright guidelines.

The Native Health Database began as two distinct databases. The Native Health History Database (NHHD) (1672 - 1965) originated in the 1980s with a grant from the US Department of Education, administered by the National Library of Medicine, NIH. The Native Health Research Database (NHRD) (1966 - present) was created in partnership with the Indian Health Service which provided the initial funding from 1997 - 2004 to develop a bibliographic database for locating contemporary and more clinically-oriented health and medical information as it pertains to American Indians, Alaska Natives, and Canadian First Nations. To simplify the choice between the two databases, in 2007 they were merged into one Native Health Database.^{1,2}

The Native Health Database contains citations, abstracts, and some full-text links to approximately 8,500 documents from 1672 to the present. What makes this database particularly useful is that it eliminates the need to search across multiple databases and websites, or through print materials when looking for Native health or medical information. A Native Services Librarian with over 30 years of experience

including 21 years in an IHS hospital, routinely searches proprietary databases such as Medline (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycInfo, as well as government and non-government websites for appropriate content. Primary care providers may have particular interest in content from sources such as *The IHS Primary Care Provider*, unpublished reports, prevention projects, and government health care articles, which are not indexed elsewhere.

The Native Health Database is searchable by tribe, keywords, title of an article, author(s), institution, publication source, publication year(s), country/region, and state or province (see Figure 1). Having the ability to specifically search by tribe is a unique and very convenient feature of the Native Health Database. In the proprietary databases, tribal names are searchable only within the article. For example, a search by the tribe name *Wampanoag* results in a record containing health survey research that may be difficult to find elsewhere (see Figure 2).

As an example of the diversity of sources found within the Native Health Database, a simple keyword search using the word automobile resulted in 27 records. Table 1 shows a sample of the more difficult to locate documents that are included in this database such as from the US Department of Transportation, the Surgeon General, *The IHS Primary Care Provider*, and the Centers for Disease Control and Prevention.

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Figure 1. Native Health Database home page

In summary, what makes the Native Health Database particularly unique is its one stop convenience in providing quick access to documents not easily searchable elsewhere, the ability to search by specific tribal names, and links, where possible, to the full content of documents. In addition, given continued funding and within copyright guidelines, document delivery is provided upon request.

With continued funding, the Native Health Database will continue to be developed to increase content to more unique and difficult to find documents, improved usability, and provide greater ease in accessing the full content of articles. Development will continue to be guided by the Native Health Database Advisory Board that councils the development team in these matters.

References

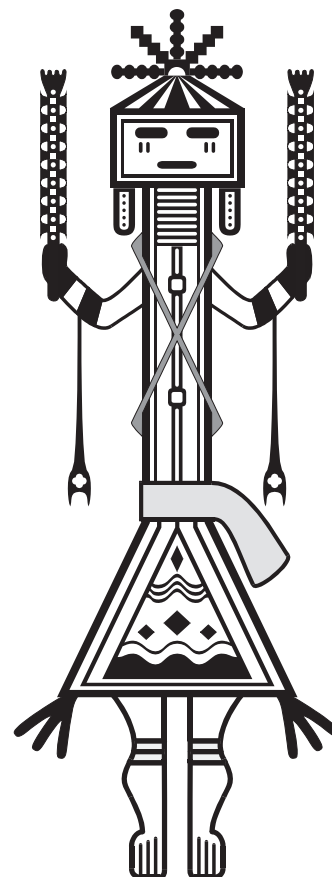
1. Buchanan HS, Morris RCT, Kauley TD. Serving native health needs: merging technology and traditional information services. *Western Journal of Medicine*. 1999;171(5/6):273-4.
2. Kauley T, Morris RCT. Native Health Research Database: a health planning, evaluation and research tool. *IHS Primary Care Provider*. 2000;25(2):21-2.

Table 1: Partial results of keyword search for automobile

Tremont PJ. The Gallup Organization. <i>Racial group and ethnic comparisons: data from National Survey of Drinking and Driving Attitudes and Behaviors: 1993, 1995 & 1997</i> . Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration, Office of Research and Traffic Records; 2000.
Williams D. <i>Buckle up for life</i> . IHS Primary Care Provider; 1998.
Bolen JR, Sleet DA, Johnson VR. <i>Prevention of motor vehicle-related injuries: a compendium of articles from the Morbidity and Mortality Weekly Report, 1985-1996</i> . Centers for Disease Control and Prevention; 1997.
Wallace LJD, Kirk ML, Houston B, Annett JL, Emrich SS. <i>Injury mortality atlas of Indian Health Services Areas, 1979-87</i> . Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: 1993.
May PA. <i>Motor vehicle crashes and alcohol among American Indians and Alaska Natives</i> . The Surgeon General's Workshop on Drunk Driving: Background Papers; 1989.

Figure 2: Health Survey on Wampanoag Tribe

Accession Number: 9700104
Title: 1991 Mashantucket Pequot Health Survey
Abstract: This is a report of a health risk and needs survey conducted in conjunction with the Mashantucket Pequot Tribal Health Department by a group of four Yale graduate students from the Department of Epidemiology and Public Health. The purpose of this study was to determine the prevalence of risk factors related to the leading causes of morbidity and mortality among the Mashantucket Pequot Indians.





Indian Health Service
Alcoholism and Substance Abuse Program
As part of the Clinical and Public Health Leadership Series
And the IHS Clinical Support Center (the accredited sponsor) Announce the

2009 Clinical Update on Substance Abuse and Dependency (formerly the Primary Care Provider Training on Chemical Dependency)

Location: Native American Connections Inc.
4520 N. Central Avenue, fifth floor
Phoenix, Arizona, May 5 - 8, 2009
(30 Training Slots)

PRE-REGISTRATION

- Complete the attached pre-registration form and fax to **Cheryl Begay at 602-364-7788 by April 1, 2009**. If you are selected to attend the training, you will be notified by April 8 for the May session. Upon enrollment, the participants are expected to attend **ALL** four days of the training session. You may choose to register on-line at: <http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/>
- If selected, **employees of P.L. 93-638 compacted or contracted tribal facilities** that have taken tribal shares from the ASAPB and/or the CSC will be charged a fee of \$350.00 to attend the training session and will be expected to provide for their own travel and per diem expenses.
- Travel and training expenses are paid by the Division of Behavioral Health and are coordinated by the Clinical Support Center in Phoenix, Arizona. You will be notified by the Clinical Support Center regarding your travel arrangements.

ACCREDITATION

The Indian Health Service (IHS) Clinical Support Center (CSC) is accredited by the Association Council for Continuing Medical Education to sponsor continuing medical education for physicians. The CSC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CONTACTS

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PH: 602-364-7777 FAX: 602-364-7788 cheryl.begay@ihs.gov

COURSE INFORMATION

Since 1988, the Indian Health Service (IHS) Alcoholism and Substance Abuse Program Branch (ASAPB), utilizing the IHS Primary Care Provider Curriculum, *Clinical Training in American Indian/Alaska Native Alcohol and Other Drug Abuse*, has offered three days of intensive workshops that include both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information.

This intensive, interactive training course has been available to Indian Health Program providers (physicians, physician assistants, advanced practice nurses, and nurses) for the past 20 years. It has evolved into one of the best opportunities available anywhere to develop specific skills related to caring for substance abusing Native American clients and their family members who are also affected by the abuser's behavior.

One group of approximately 30 providers (preferably teams of physicians or physician assistants and nurses from the same hospital or clinic) will attend classroom training. All Indian health facilities are encouraged to carefully select an interested and qualified team to send to this course in order to gain the most from the experience and to better implement a local substance abuse prevention and treatment program when they return to their facility. Training will consist of lectures, discussion, and interactive exercises focusing on addressing negative provider attitudes about chemical dependency, and enhancing prevention, screening, intervention, detoxification, and treatment skills. Training includes several sessions that cover issues of prescription drug abuse and addiction. Utilizing primarily American Indian/Alaska Native (AI/AN) treatment programs, providers will have the opportunity to observe clients/patients in addiction treatment groups, learn about specific treatment modalities, and discuss treatment issues for American Indian/Alaska Native programs. Providers will be able to participate in talking circles and sweat lodge ceremonies to enhance their understanding of the spiritual component of treatment for AI/AN (bring swimwear or appropriate attire for the sweat, if you choose to participate).

Native American Connections, Inc. (NAC) serves the urban Indian population and tribal communities throughout the southwest. NAC provides comprehensive behavioral health services and transitional and permanent affordable housing to low income individuals and families. NAC manages a primary chemical dependency residential treatment program for both men and women designed for a 30 - 60 day treatment stay; however, individual lengths of stay are clinically determined. Guiding Star Lodge is the women's facility and can accept pregnant women and clients with small children. The Intensive Outpatient program offers an eight week, four days a week, group and individual treatment program. Case management is provided for all clients during their treatment at NAC. Upon completion of primary treatment, clients are given a variety of options including transitional living, outpatient or aftercare counseling, referral to other long-term care facilities, or to their local tribal alcohol program for follow-up.

Travel days will be Monday and Friday of the week, as the course begins at 8:00 a.m. on Tuesday and ends at noon on Friday. The Clinical Support Center will provide travel arrangements and will reimburse for lodging and per diem for non-contracted/compacted participants.* Scholarships are sponsored by the IHS Division of Behavioral Health.

***Note:** There is a \$350 tuition fee for those employees of P.L. 93-638 contracted or compacted tribal facility who have taken tribal shares of the ASAPB and/or the CSC.

This is a page for sharing “what works” as seen in the published literature, as well as what is being done at sites that care for American Indian/Alaskan Native children. If you have any suggestions, comments, or questions, please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at sholve@tcimc.ihs.gov.

IHS Child Health Notes

Quote of the month

“There is no expedient to which a man will not resort to avoid the real labor of thinking.”

Sir Joshua Reynolds

Article of Interest

Febrile Seizures: Clinical practice guideline for the long-term management of the child with simple febrile seizures. Steering Committee on Quality Improvement and Management, Subcommittee on Febrile Seizures. *Pediatrics*. 2008;121:1281-1286. <http://pediatrics.aappublications.org/cgi/reprint/121/6/1281>

Vestergaard et al. Death in children with febrile seizures: a population-based cohort study. *Lancet*. 2008 Aug 9;372(9637):457-63.

Febrile seizures are the most common seizure disorder in childhood, affecting approximately 5% of children between the ages of 6 and 60 months. Simple febrile seizures are defined as brief (<15-minute), generalized seizures that occur in a febrile child who does not have an intracranial infection, metabolic disturbance, or history of afebrile seizures. Simple febrile seizures are not associated with any long term behavioral or learning disabilities.

This guideline is a revision of the previous 1999 American Academy of Pediatrics practice parameter on febrile seizures. The authors have reviewed the past decade of literature looking at therapy to prevent recurrences of simple febrile seizures. They conclude that harm of anticonvulsant therapy outweighs the small benefits.

Phenobarbital, primidone, valium, midazolam, and valproic acid can prevent recurrence of febrile seizures but each has significant side effects. The first four agents can cause sedation, lethargy, and behavioral changes, while the last has uncommon, but serious hepatic side effects. Administration of antipyretics during febrile illnesses is safe but no study has shown them to be effective in reducing febrile seizures.

The second study looked at long term mortality in children with febrile seizures. In children with *simple* febrile seizures, the long term mortality rate was no higher than the general population, and there was no association with sudden infant

death syndrome. Children who had complex febrile seizures or those found to have an underlying neurological abnormality did have double the risk of mortality.

Editorial Comment

These two studies look at the common pediatric problem of febrile seizures and provide reassurance. Simple febrile seizures have no long term risk of behavioral or learning disabilities. There is no increased risk of mortality. Treatment is generally not needed, although there may be instances in which therapeutic benefits might outweigh risks, such as patients with frequent recurrences or those living in geographically remote locations.

Editor's Note

It is my sad duty to inform you that Dr. Roger Gollub, who recently retired from the US Public Health Service Commissioned Corps, died unexpectedly on November 19, 2008, in Kotzebue, Alaska. Dr. Gollub had retired in September after serving in the USPHS for over 24 years. During his career, he devoted himself to working with American Indians and Alaska Natives in their communities.

His death is untimely, premature, unfair, and robs us of a talented health provider for Indian children, a tireless advocate, and a friend of a wide set of health professionals and child health workers. Yet if he was still here he would tell us now to not mourn too long or despair, but instead get involved in children's health advocacy.

To further such advocacy, his family has established a memorial fund in Dr. Gollub's name to benefit the Head Start program for Alaska Native children. Contributions can be sent to the Alaska USA Federal Credit Union, Account # 1429780 and Routing # 325272021. The address of the bank is P.O. Box 196613 Anchorage, Alaska 99508-6613. Further information is available at www.drrogergollubcommunity.org.

SAVE THE DATE



- * **Challenges in Indian Health Care** *
- * **Health Care Budgets & Financing** *
- * **Data and Information Technology** *
- * **Law** *
- * **Integrity and Ethics** *
- * **Negotiation** *

Session One: May 4 - 8, 2009

Session Two: June 15 - 19, 2009

Session Three: July 20 - 24, 2009

**You can be a part of the 2009 Class
of the Executive Leadership Development Program (ELDP)!**

The purpose of the Executive Leadership Development Program is to provide a forum where participants learn new skills and encounter different approaches to reduce barriers, increase innovation, ensure a better flow of information and ideas, and lead change. The goal is to provide essential leadership training and support for Indian health care executives, whether they work in Federal, tribal, or urban settings.

**Look for the registration material in January on
<http://www.ihs.gov/nonmedicalprograms/eldp/> .**

**ELDP Coordinators:
Gigi.Holmes@ihs.gov and Wesley.Picciotti@ihs.gov**

The Chief Clinical Consultant's Newsletter (Volume 33, No. 12, December 2008) is available on the Internet at <http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm>. We wanted to make our readers aware of this resource, and encourage those who are interested to use it on a regular basis. You may also subscribe to a listserv to receive reminders about this service. If you have any questions, please contact Dr. Neil Murphy, Chief Clinical Consultant in Obstetrics and Gynecology, at nmurphy@scf.cc.

OB/GYN Chief Clinical Consultant's Corner

Digest

Abstract of the Month

Are all aromatase inhibitors alike?

The anti-estrogen tamoxifen was the gold-standard adjuvant therapy for hormone-receptor-positive (HR+) early breast cancer for several decades, but has recently been displaced by the third-generation aromatase inhibitors (AIs). Three AIs are commercially available: letrozole, anastrozole and exemestane. All are more effective and at least as well tolerated as tamoxifen as adjuvant therapy for HR+ breast cancer in postmenopausal women. Despite the wealth of data comparing AIs with tamoxifen, it is unclear whether the three AIs are clinically equivalent, owing to the lack of head-to-head trials directly comparing them. Preclinical and small clinical studies suggest that letrozole is the most potent inhibitor of aromatase, reducing circulating estrogen levels to a greater degree than the other agents. However, whether this greater activity translates into superior clinical efficacy remains to be determined. In the absence of direct comparative data, cross-trial comparisons have been used to gain insights into any safety or efficacy differences. All three AIs have been compared directly with tamoxifen, and efficacy relative to tamoxifen has been compared across trials, although such analyses are complicated by differences in treatment schedules, patient populations, and trial designs. Definitive conclusions cannot yet be drawn, but some important differences are coming to light, with upfront letrozole appearing particularly effective at preventing early distant metastasis, an event strongly associated with breast-cancer-related death. No safety differences between the AIs have yet been identified. This article explores the pharmacologic and clinical differences between the AIs, based on data from clinical and preclinical studies.

Blackwell KL. Are all aromatase inhibitors alike? *Breast Cancer Res Treat*. 2008 Dec 20. [Epub ahead of print] <http://www.ncbi.nlm.nih.gov/pubmed/19101793>

OB/GYN CCC Editorial comment

We are fortunate to have guest editorialists for this issue who are experts in the treatment of breast cancer. Laura

Tillman, MD and Shannon Myers, FNP, direct a Breast Clinic at Phoenix Indian Medical Center that is a model practice within the IHS. They have provided the following overview of hormone therapy in breast cancer for your consideration.

Hormone Therapy in Breast Cancer

Selective Estrogen Receptor Modulators and Aromatase Inhibitors

Hormone therapy is a form of systemic therapy for breast cancer. It can be used as adjuvant therapy to reduce risk of recurrence but may also be used for treatment in more advanced breast cancers. Selective Estrogen Receptor Modulators (SERMs) and Aromatase Inhibitors (AIs) are two main classes of hormonal drugs used for breast cancer. Both SERMs and AIs are used to treat estrogen receptor positive (ER+) breast cancer.

SERMs are selective estrogen-receptor modulators, or drugs that block the naturally circulating estrogen in breast tissues and other estrogen-sensitive tissues in your body. SERMs are called "selective" because they bind to particular estrogen receptors. This selective binding action is sometimes called estrogen inhibition, or estrogen suppression. SERMs do not prevent the production of estrogen, but they help to slow or stop the growth of estrogen-sensitive cancer cells by starving them of a full dose of natural estrogen.

Tamoxifen was the first SERM produced, and has been in use for over 30 years. Initially, it was used in metastatic disease, but we now know that it is effective in reducing recurrence of primary breast cancer and improving overall survival in both postmenopausal and premenopausal women. It has also been shown to reduce the incidence of recurrence of breast cancer in the contralateral breast. Tamoxifen is prescribed for five years, and there are now studies looking at the use of tamoxifen for even longer periods of time. More recently, tamoxifen has been approved in the US as a prevention strategy for women at high risk for developing breast cancer. However, it does have side effects. The most serious side effects are blood clots, stroke, uterine cancer, and cataracts. The most common side effects are hot flashes and

vaginal dryness.

Aromatase Inhibitors have a different mechanism of action than SERMs. AIs prevent estrogen production instead of blocking estrogen receptors the way SERMs do. AIs reduce the amount of estrogen in the body. AIs do not block estrogen production by the ovaries, but they can block other tissues from making this hormone. That is why AIs are used in women who are in menopause, when the ovaries are no longer producing estrogen. AIs may be used as a first-line therapy or after treatment with tamoxifen. Currently, there are three AIs approved by the US Food and Drug Administration: anastrozole (Arimidex), exemestane (Aromasin) and letrozole (Femara). The most serious side effect is bone thinning (osteoporosis). The most common side effects are hot flashes and body aches.

For more information about the use of SERMs and AIs and about breast cancer in American Indian and Alaska Native women, please consult the articles below or contact Dr. Tillman or Ms. Myers at Phoenix Indian Medical Center at Laura.Tillman@ihs.gov; or Shannon.Myers@ihs.gov.

Carpenter R. Choosing early adjuvant therapy for postmenopausal women with hormone-sensitive breast cancer: aromatase inhibitors versus tamoxifen. *Eur J Surg Oncol*. 2008 Jul;34(7):746-55. Epub 2008 Mar 4. <http://www.ncbi.nlm.nih.gov/pubmed/18296017>

Buijs C, de Vries EG, Mourits MJ, Willemse PH. The influence of endocrine treatments for breast cancer on health-related quality of life. *Cancer Treat Rev*. 2008 Nov;34(7):640-55. Epub 2008 Jun 2. <http://www.ncbi.nlm.nih.gov/pubmed/18514425>

Breast International Group (BIG) 1-98 Collaborative Group, Thürlimann B, Keshaviah A, Coates AS, Mouridsen H, Mauriac L, et al. A comparison of letrozole and tamoxifen in postmenopausal women with early breast cancer. *N Engl J Med*. 2005 Dec 29;353(26):2747-57. <http://www.ncbi.nlm.nih.gov/pubmed/16382061>

Wingo PA, King J, Swan J, et al. Breast cancer incidence among American Indian and Alaska Native women: US, 1999-2004. *Cancer*. 2008 Sep 1;113(5 Suppl):1191-202. <http://www.ncbi.nlm.nih.gov/pubmed/18720389>

Tillman L, Myers S, Pockaj B, et al. Breast cancer in Native American women treated at an urban-based Indian health referral center 1982-2003. *Am J Surg*. 2005 Dec;190(6):895-902. <http://www.ncbi.nlm.nih.gov/pubmed/16307942>

Flum DR, Stuart S, Wilcox M. Processes and outcomes of care among Navajo women with breast cancer. *JAMA*. 2003 Oct 15;290(15):1996-7. <http://www.ncbi.nlm.nih.gov/pubmed/14559952> Free full text: <http://jama.ama-assn.org/cgi/content/full/290/15/1996-a>

MedScape CME: Comprehensive Breast Care: An Update for the Menopause Practitioner <http://www.medscape.com/viewprogram/17686>

From your colleagues

David Boyd, HQE

Tribal Alcohol Screening and Brief Intervention (ASBI) Program

American Indians and Alaska Natives suffer far higher rates of alcohol-related injuries and deaths than any other racial or ethnic group. Trauma remains the largest cause of death and disability in Indian country, especially in those between 15 and 44 years of age. The ASBI program was developed to help young adults who are at high risk for alcohol-related injuries understand the connection between their drinking and their current injury or medical problem.

ASBI uses alcohol screening, brief feedback, and motivational interviewing with young adults who arrive in IHS trauma centers, emergency rooms, or primary care clinics with an alcohol-related injury. Intervention at these “teachable moments” can interrupt the alcohol-injury cycle that causes so much personal, family, and community suffering.

ASBI can be performed by any trained healthcare provider, including physicians, nurses, social workers, and community health educators. The skills needed are compassionate, nonjudgmental listening and the ability to guide patients to the connection between their alcohol consumption and their injury.

Alcohol use occurs on a continuum, ranging from people who abstain to people who are physically dependant. The ASBI program serves a specific subset of people -- hazardous and harmful drinkers -- who obtain medical care in IHS hospitals or clinics. The National Institute of Alcohol Abuse and Alcoholism estimates that 20% of the US population are hazardous/harmful drinkers. Because the rate of injury and death from alcohol-related incidents is much higher in AI/AN, the impact of this program on the behavior of hazardous/harmful drinkers can be enormous.

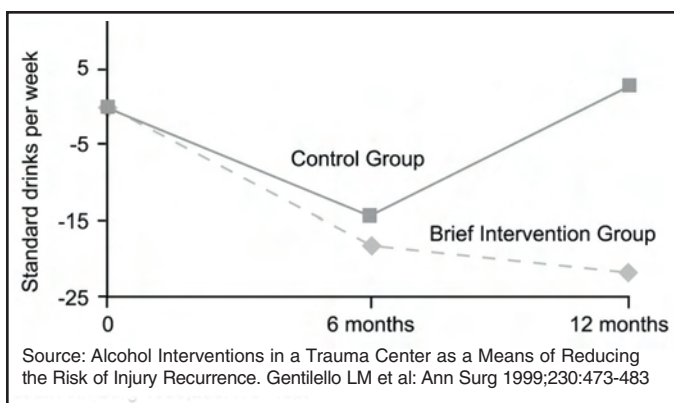
ASBI Strategies

- A targeted injury prevention initiative
- Alcohol screening in acute and primary care settings
- Multiple providers
- Low cost implementation
- Effective intervention
- Screens for other substance abuse and injurious behavior

The primary goal of this program is to reduce injuries and deaths in AI/AN by teaching them to take action to reduce their risks from harmful or hazardous drinking. ASBI screening and intervention help reduce repeat visits to hospitals due to alcohol-related injuries and decrease health disparities in behavioral health and chronic diseases. The ASBI program also reduces harmful/hazardous drinking in patients who go to

primary health clinics with minor alcohol-related injuries.

The screening and intervention process takes only 4 - 14 minutes. First, health care providers use the three-question AUDIT-C tool to identify harmful or hazardous drinkers. Next, the Yale Brief Negotiated Interview is conducted to raise the subject of drinking, provide feedback, enhance motivation, and negotiate possible behavior change. This process results in a written drinking agreement for motivated patients. Many ASBI programs also use a letter, phone call, or follow-up visit to boost the effectiveness of the intervention. A large randomized controlled trial at a level 1 trauma center of injured persons who tested positive for alcohol use revealed that alcohol use was initially reduced in both the control and intervention groups at six months but remained reduced in the brief intervention group at 1 year. See figure below.



The Indian Health Service has a 1.9 million service population, which includes a considerable number of people who could benefit from this effective program. In 2008, training of health care professionals in program techniques will continue at national conferences and training sessions. Plans to monitor program implementation and evaluate outcomes in current settings are underway. For system-wide implementation, ASBI needs additional funding, further recognition, local community support, and spread to primary care and behavioral health clinics.

The IHS-Tribal ASBI Program was developed by Dr. David Boyd, Dr. Anthony Dekker, and Dr. Jim Flaherty. The program is fully endorsed by the Area Office Chief Medical Officers and Behavioral Health Consultants and widely by clinicians throughout the service unit clinics. It has also been supported with consultation and program assistance from National leaders in the field such as Dr. Larry Gentilello, Dr. Carl Soderstrom, Dr. Daniel Hungerford, Dr. Janet Selway, Dr. Carol Scumer, Dr. Gail D'Onofrio, Dr. Linda Degutis, Dr. Susan Boyd, and Ms. Carol Rottenbiller.

For Additional Information Contact David R. Boyd, MDCM, FACS, National Trauma Systems Coordinator; IHS Emergency Services, 801 Thompson Ave., Suite 320, Rockville, Maryland 20852; e-mail David.Boyd@ihs.gov; telephone (301)443-1557.

Scott Giberson, HQE

Indian Health Service HIV Testing Guidance and Resources are now available on-line

The IHS HIV Program is now able to provide guidance as well as other resources and templates for use by health care clinics to move forward in advancing HIV services toward more universal HIV testing. Many questions arise about guidance from IHS regarding HIV testing. As we begin to develop more sites and clinics with successful HIV testing practices, we are able to formulate guidance to assist with implementation, advocacy, and awareness. Go to <http://www.ihs.gov/MedicalPrograms/HIVAIDS/index.cfm?module=testing&option=ihsGuidance>.

Once you have clicked on this page, additional resources can be found by navigating through the top box which lists "More HIV Testing and Guidance Information."

Funding Opportunity: Comprehensive Alcohol Research Center on HIV/AIDS

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is soliciting applications for funding to launch a research center that looks at the relationship between alcohol and HIV/AIDS. The \$2-million *Comprehensive Alcohol Research Center on HIV/AIDS* grant will support establishment of a research center that "is multidisciplinary, thematically integrated, synergistic, and which will serve as a national resource for NIAAA," according to the grant announcement. "NIAAA seeks to encourage basic research that can be translated into interventions in order to reduce infection and transmission of HIV," the agency noted. "NIAAA will give highest priority to research that will develop and test biomedical prevention technologies that apply basic knowledge of HIV infection to intervention strategies for preventing the spread of HIV between individuals and within communities in the context of alcohol use; and develop knowledge of the interaction between alcohol and new agents or drug regimens to prevent and treat comorbidities and comortalities (malignancies, liver and cardiovascular diseases, metabolic disorders, and other complications) associated with long-term HIV disease and antiretroviral treatment in the context of alcohol use." <http://www.jointogether.org/news/funding/opportunities/2008/comprehensive-alcohol.html> Nonprofits, for-profit entities, schools, governments, and others may apply. Application deadline is May 1, 2009. For full details, see the grant announcement online.

Myra Tucker, CDC

Maternal and Child Health Journal Issue Dedicated to AI/AN Mothers and Children

The first Maternal and Child Health Journal issue dedicated to AI/AN, Research for Maternal and Child Health Practice in American Indian and Alaska Native Communities,

was published recently. "It has been the realization of a dream to bring this journal issue to fruition," explains Myra Tucker, BSN, MPH (CAPT USPHS), tribal liaison in the Division of Reproductive Health (DRH). Working with journal editors and authors to produce this special issue has been a natural partnership for DRH, which conducts a broad range of surveillance, research, and programmatic activities to develop the evidence base for improving maternal and infant health in the US. Questions? Contact Ms. Tucker at mjt2@cdc.gov.

Hot Topics

Obstetrics

Excess gestational weight gain: modifying fetal macrosomia risk associated with maternal glucose

Objective: To estimate how maternal weight gain and maternal glucose relate to fetal macrosomia risk (greater than 4,000 g) among a population universally screened for gestational diabetes mellitus (GDM).

Methods: Between 1995 and 2003, 41,540 pregnant women in two regions (Northwest/Hawaii) of a large US health plan had GDM screening using the 50-g glucose challenge test; 6,397 also underwent a 3-hour, 100-g oral glucose tolerance test. We assessed the relationship between level of maternal glucose with glucose screening and fetal macrosomia risk after adjustment for potential confounders, including maternal age, parity, and ethnicity and sex of the newborn. We stratified by maternal weight gain (40 lb or fewer compared with more than 40 lb) because excessive maternal weight gain modified results.

Results: Among women with both normal and abnormal GDM screenings, increasing level of maternal glucose was linearly related to macrosomia risk ($P < .001$ for trend in all groups). Women with excessive weight gain (more than 40 lb) had nearly double the risk of fetal macrosomia for each level of maternal glucose compared with those with gestational weight gain of 40 lb or fewer. For example, among women with normal post-glucose challenge test glucose levels (less than 95 mg/dL) and excessive weight gain, 16.5% had macrosomic newborns compared with 9.3% of women who gained 40 lb or fewer. Moreover, nearly one third of women (29.3%) with GDM who gained more than 40 lb had a macrosomic newborn compared with only 13.5% of women with GDM who gained 40 lb or fewer during pregnancy ($P = .018$).

Conclusion: Excessive pregnancy weight gain nearly doubles the risk of fetal macrosomia with each increasing level of maternal glucose, even among women with GDM.

Hillier TA, Pedula KL, Vesco KK, et al. Excess gestational weight gain: modifying fetal macrosomia risk associated with maternal glucose. *Obstet Gynecol*. 2008 Nov;112(5):1007-14. <http://www.ncbi.nlm.nih.gov/pubmed/18978099>

Chronic disease and Illness

Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States

Context: Despite concerns about drug safety, current information on older adults' use of prescription and over-the-counter medications and dietary supplements is limited.

Objective: To estimate the prevalence and patterns of medication use among older adults (including concurrent use), and potential major drug-drug interactions.

Design, Setting, And Participants: Three thousand five community-residing individuals, aged 57 through 85 years, were drawn from a cross-sectional, nationally representative probability sample of the US. In-home interviews, including medication logs, were administered between June 2005 and March 2006. Medication use was defined as prescription, over-the-counter, and dietary supplements used "on a regular schedule, like every day or every week." Concurrent use was defined as the regular use of at least two medications.

Main Outcome Measure: Population estimates of the prevalence of medication use, concurrent use, and potential major drug-drug interactions, stratified by age group and gender. *Results:* The unweighted survey response rate was 74.8% (weighted response rate, 75.5%). Eighty-one percent (95% confidence interval [CI], 79.4%-83.5%) used at least one prescription medication, 42% (95% CI, 39.7%-44.8%) used at least one over-the-counter medication, and 49% (95% CI, 46.2%-52.7%) used a dietary supplement. Twenty-nine percent (95% CI, 26.6%-30.6%) used at least five prescription medications concurrently; this was highest among men (37.1%; 95% CI, 31.7%-42.4%) and women (36.0%; 95% CI, 30.2%-41.9%) aged 75 to 85 years. Among prescription medication users, concurrent use of over-the-counter medications was 46% (95% CI, 43.4%-49.1%) and concurrent use of dietary supplements was 52% (95% CI, 48.8%-55.5%). Overall, 4% of individuals were potentially at risk of having a major drug-drug interaction; half of these involved the use of nonprescription medications. These regimens were most prevalent among men in the oldest age group (10%; 95% CI, 6.4%-13.7%) and nearly half involved anticoagulants. No contraindicated concurrent drug use was identified.

Conclusions: In this sample of community-dwelling older adults, prescription and nonprescription medications were commonly used together, with nearly 1 in 25 individuals potentially at risk for a major drug-drug interaction.

Qato DM, Alexander GC, Conti RM, et al. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *JAMA*. 2008 Dec 24;300(24):2867-78. <http://www.ncbi.nlm.nih.gov/pubmed/19109115>

Behavioral Health Insights Peter Stuart, IHS Psychiatry CCC Suicide and Antiepileptics – Real Concerns?

FDA ALERT [1/31/2008, Updated 12/16/2008] - The FDA has completed its analysis of reports of suicidality (suicidal behavior or ideation) from placebo-controlled clinical trials of drugs used to treat epilepsy, psychiatric disorders, and other conditions. Based on the outcome of this review, FDA is requiring, under the authorities granted under the Food and Drug Administration Amendments Act (FDAAA) of 2007, that all manufacturers of drugs in this class include a warning in their labeling and develop a Medication Guide to be provided to patients prescribed these drugs to inform them of the risks of suicidal thoughts or actions.

The drugs affected by these safety labeling changes are commonly referred to as antiepileptic or anticonvulsant drugs (see the list below). FDA's pooled analyses of 199 clinical trials of eleven antiepileptic drugs used as mono- and adjunctive therapies showed that patients who were randomized to receive one of the antiepileptic drugs had almost twice the risk of suicidal behavior or ideation (0.43%) compared to patients randomized to receive placebo (0.24%). This increase in the risk of suicidal thoughts or behavior represents the occurrence of approximately one additional case of suicidal thinking or behavior for every 530 patients treated with an antiepileptic drug.

The risk of suicidal thoughts or behavior was generally consistent among the eleven drugs analyzed and was observed in patients who were treated for epilepsy, psychiatric disorders, and other conditions. The relative risk for suicidal thoughts or behavior was higher in the clinical trials for epilepsy compared to trials for psychiatric or other conditions. However, the absolute risk differences were similar in the clinical trials for epilepsy and psychiatric indications.

The increased risk was observed as early as one week after starting antiepileptic drug treatment and throughout the observed duration of treatment. The increased risk of suicidal thoughts or behavior was generally consistent among the eleven drugs with varying mechanisms of action and across a range of indications. This observation suggests that the risk applies to all antiepileptic drugs used for any indication.

All patients who are currently taking or starting on any antiepileptic drug for any indication should be monitored for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or behavior or depression.

Psychiatry CCC Editorial Comment

This advisory is part of a larger concern about adverse consequences of medications used to treat neuropsychiatric conditions. The actual event numbers involved were quite small (4 suicides in a population ~27,000 for a rate of 16/100,000 – lower than the background rate of suicides in our populations) and this was a post-hoc analysis of drug company reporting data, thus reducing the power of the analysis to

clearly identify causation. The FDA chose to keep the concern at an advisory level and not add a black box warning after extensive hearings.

Unfortunately, similar discussions and reviews related to antidepressants resulted in black box warnings. Recent data suggest that with the black box warnings, there has been a reduction in the use of antidepressants particularly in adolescents – now followed by increases in suicide rates that may or may not be linked to the reduction.

The bottom line: treating neuropsychiatric conditions whether they are classically “psychiatric” or not requires attention to the mood and emotional status of a person. This includes doing a basic assessment of propensity for self or other injury, mood and substance abuse history, and impulsivity, and incorporating the findings into the treatment plan. If there is 1) a reasonable indication, 2) appropriate treatment targets and 3) reasonable alignment between the provider and the patient on treatment and treatment risks, providers should continue to assertively treat such disorders. They remain some of the biggest contributors to mortality and morbidity in our populations and major sources of distress and suffering. Go to <http://www.fda.gov/cder/drug/InfoSheets/HCP/antiepilepticsHCP.htm>

Breastfeeding

Suzan Murphy, PIMC

We are very fortunate to have Dr. Frank Nice, RPh, DPA, CPHP as a guest writer. He is highly respected in many arenas including the use of medications during breastfeeding. He is considered by many lactation professionals to be *the* expert on the use of herbs during lactation. He holds numerous degrees in pharmacological sciences and administration and currently serves as a pharmacist at the National Institutes of Health. He retired from USPHS after 30 years of service, has published numerous articles about breastfeeding, medication, and herbs, and continues to tirelessly contribute to the betterment of public health.

Herbal Galactagogues

As with prescription drugs and over the counter (OTC) medications, consumers use herbals to treat a variety of ailments and to maintain health. In fact, lactation consultants recommend, and breastfeeding mothers take, herbals called galactagogues, to help increase milk supply, usually by initiating the breast milk letdown reflex, but also sometimes by aiding in breast milk ejection. Commonly used galactagogues include blessed thistle, chaste tree fruit, fennel, fenugreek, garlic, goat's rue, and milk thistle. Herbs, among others, that may also act as galactagogues include alfalfa, anise, borage, caraway, coriander, dandelion, dill, hops, marshmallow root, nettle, oat straw, red clover, red raspberry, and vervain.

Blessed thistle, chaste tree fruit, fennel, fenugreek, garlic, goat's rue, and milk thistle are considered major galactagogues

in that they are the primary herbs used as galactogogues and are commonly used alone. Alfalfa, anise, borage, caraway, coriander, dandelion, dill, hops, marshmallow, nettle, oat straw, red clover, red raspberry, and vervain are considered minor galactogogues because they are not as commonly used and commonly are used in combination with each other, often in homeopathic preparations. If one looks at the list of minor galactogogues, along with some of the major galactogogues, it is apparent that many of these herbs find use as food products, especially within particular ethnic groups.

Common daily doses for the major galactogogues are: blessed thistle: 2-6 grams; chaste tree fruit: 30-40 mg; fennel: equivalent to 100-600mg; fenugreek: 6 grams; garlic: 4-9 grams; goat's rue: 1-2 ml of tincture; milk thistle: 12-15 grams daily. Dosage forms may include oral capsules, alcoholic extracts, tinctures, oils, seeds, and infusions.

Common daily doses for the minor galactogogues are: alfalfa: up to 60 grams; anise: 10-42 grams; borage: 1-2 grams; caraway: 1.5-6 grams; coriander: 3 grams; dandelion: 15 grams; dill: 3 grams; hops: 500 mg or one bottle of stout beer; marshmallow root: 3 grams; nettle: 1.8 grams; oat straw: 100 grams; red clover: 40-80 mg; red raspberry: 2.7 grams; vervain: 30-50 grams. Dosage forms are the same as for the major galactogogues and also include teas and beer (hops).

Interesting facts about the major galactogogues include: blessed and milk thistle: these are two distinct herbs, other thistles are also used as galactogogues; chaste tree fruit: also known as chasteberry and vitex, if used in higher doses for breast pain, may negatively affect nursing performance; fennel: may also aid in milk ejection; fenugreek: the most commonly used herbal galactogogue, do not use if allergic to peanuts or legumes; mother and baby may smell like maple syrup; garlic: increases nursing time because baby likes smell of garlic, but if baby does not, opposite may occur; goat's rue: contains galegin, a precursor of metformin, which also shows galactogogue properties, increases milk production in goats, sheep, and cattle.

Interesting facts about some of the minor galactogogues: alfalfa: do not use if allergic to peanuts or legumes or in mothers with systemic lupus erythematosus; anise: has mild estrogenic properties, which may aid in milk ejection; borage: potential blood thinner in large amounts; caraway: avoid volatile oil form; coriander; also known as cilantro, avoid if allergic to celery; dandelion: contraindicated in bile duct blockage and bowel obstruction; dill: acts as diuretic to reduce postpartum edema; hops: aids milk letdown; marshmallow root: not the Kraft variety, acts as diuretic; nettle: acts as diuretic; oat straw: yes, regular oat meal; red clover: avoid fermented type, potential blood thinner; red raspberry: may aid in milk ejection, may decrease milk supply after two weeks use; vervain: contraindicated in pregnancy due to oxytocic properties.

For more information, please contact Dr. Nice at Frank.Nice@nih.hhs.gov

MCH Alert

Curriculum Aims to Decrease Incidence and Improve Care of Diabetes among American Indians and Alaska Natives

Diabetes Education in Tribal Schools: Health is Life in Balance is a K-12 curriculum designed to enhance the understanding and appreciation of the problems of diabetes in American Indian and Alaska Native (AI/AN) communities, to empower students to make healthy lifestyle choices, and to stimulate general student interest in diabetes-based science careers. The Diabetes Education in Tribal Schools (DETS) curriculum was developed by the National Institute of Diabetes and Digestive and Kidney Diseases in collaboration with the Indian Health Service Division of Diabetes Treatment and Prevention, the Centers for Disease Control and Prevention Native Diabetes Wellness Program, eight tribal colleges and universities, and the National Institutes of Health Office of Science Education. The curriculum comprises multidisciplinary units with lessons that incorporate National Science Education Standards and AI/AN cultural and community knowledge. The DETS website contains information on the curriculum's background, mission, instructional content, federal agencies and contributing partners, tribal colleges and universities, and participating schools. A press release about the DETS national launch, answers to frequently asked questions, and the 2008 DETS implementation test evaluation research summary are also provided.

The curriculum is available at <http://www3.niddk.nih.gov/fund/other/dets/index.htm>.

2008 Edition of Women's Health Data Book Released

Women's Health USA 2008, the seventh edition of the data book, selectively highlights emerging issues and trends in women's health using a variety of data sources. The data book, developed by the Health Resources and Services Administration, includes information and data on population characteristics, health status, and health services utilization. New topics in the 2008 edition include occupational injury, maternal mortality, digestive disorders, oral health, eye health, and urologic disorders. Racial and ethnic, sex and gender, and socioeconomic disparities in women's health are also highlighted. The data book is intended to be a concise reference for policymakers and program managers at the federal, state, and local levels to identify and clarify issues affecting the health of women.

It is available at <http://mchb.hrsa.gov/whusa08/>.

MCH Headlines, Judy Thierry HQE

Project Making Medicine; Specialized training in the treatment of child physical and sexual abuse

From Dee Big Foot: "I am pleased to announce that we have received a grant from Indian Health Service and the

Children' Bureau to provide specialized training in the treatment of child physical and sexual abuse. This funding will allow the Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center to offer four regional trainings with 45 training slots available at each regional location.

If you are interested in attending the training in your region, please check our website at www.icctc.org for information about the application process. A limited amount of travel funds are available for applicants who successfully apply; I strongly encourage two or more applicants from each site to allow for carpooling or other creative ways to get the most out of the limited funds.

Please share this information with your colleagues or other mental health or wellness providers in your area. I do not have current e-mail information for many of our past training participants and I would greatly appreciate if you could help disseminate this announcement as widely as possible.

Location and Dates:

Phoenix, Arizona: February 17 - 19, 2009

Portland, Oregon: March 10 - 12, 2009

Minneapolis, Minnesota: April 13 - 15, 2009

Anchorage, Alaska: June 2 - 5, 2009

If you have questions, please contact me at deebigfoot@ouhsc.edu; or contact Janie Braden at Janiebraden@ouhsc.edu. You may also call (405) 271-8858.

2009 Childhood Obesity Conference: Creating Healthy Places for All Children

The 5th biennial Childhood Obesity Conference is the largest gathering of professionals focused on the prevention of pediatric overweight in the nation with over 1,800 in attendance. The conference is devoted to providing the most pressing and innovative issues related to childhood obesity. Showcased will be presentations focused on issues, strategies, and programs as they relate to the environmental, organizational, media advocacy and policy, nutrition and physical activity education, and family and clinical approaches to childhood obesity.

The goals of the conference are as follows:

- Showcase evidenced-based prevention interventions to reduce overweight and obesity in high risk and low income communities.
- Feature community efforts to implement environmental and policy strategies that promote and sustain healthy eating and activity behaviors.
- Accelerate the obesity prevention movement to promote health equities and reduce disparities at the local, state and national levels.
- Promote collaboration among diverse stakeholders to ensure access to healthy foods and physical activity for all children.

To register, sponsor, exhibit, or apply for a poster session, visit www.childhood-obesity.net or call (800) 858-7743. Early Registration (*on or before May 8th*) \$350; Late Registration (*after May 8th*) \$400. Location: Westin Bonaventure Hotel, 404 South Figueroa Street, Los Angeles, California 90071.

Breastfeeding Initiation DVD Resource

These DVDs are a must for all hospitals, nurseries, rooming-in programs, and delivery units, even for sites that send their moms out for delivery. This is the most explicit documentation and visual/audio education that I have seen on breastfeeding initiation.

- Making Enough Milk, The Key to Successful Breastfeeding...Planning for Day One
- A Premie Needs His Mother. First Steps to Breastfeeding Your Premature Baby
- Breastfeeding, A Guide to Getting Started
- Breastfeeding Management, Educational Tools for Physicians and Other Professionals

Breastmilk Solutions has 4 DVDs @ 65\$ each or \$225 for the set of four – bulk orders may be priced lower. <http://www.breastmilksolutions.com/order.html>

Midwives Corner, Lisa Allee, CNM, Chinle Midwifery care unequivocally supported and recommended by Cochrane Review

Okay, first the bottom line: Cochrane Review loves midwifery care. Check out these two direct quotes: “Midwife-led care confers benefits for pregnant women and their babies and is recommended.” And “Authors' conclusions: All women should be offered midwife-led models of care and women should be encouraged to ask for this option.” As midwives we certainly knew this, but this is some awesome confirmation of the value of the midwifery model of care.

Here are the statistical results: “We included 11 trials (12,276 women). Women who had midwife-led models of care were less likely to experience antenatal hospitalisation, (risk ratio (RR) 0.90, 95% confidence interval (CI) 0.81 to 0.99), the use of regional analgesia (RR 0.81, 95% CI 0.73 to 0.91), episiotomy (RR 0.82, 95% CI 0.77 to 0.88), and instrumental delivery (RR 0.86, 95% CI 0.78 to 0.96), and were more likely to experience no intrapartum analgesia/anaesthesia (RR 1.16, 95% CI 1.05 to 1.29), spontaneous vaginal birth (RR 1.04, 95% CI 1.02 to 1.06), to feel in control during labour and childbirth (RR 1.74, 95% CI 1.32 to 2.30), attendance at birth by a known midwife (RR 7.84, 95% CI 4.15 to 14.81) and initiate breastfeeding (RR 1.35, 95% CI 1.03 to 1.76). In addition, women who were randomized to receive midwife-led care were less likely to experience fetal loss before 24 weeks' gestation (RR 0.79, 95% CI 0.65 to 0.97), and their babies were more likely to have a shorter length of hospital stay (mean difference -2.00, 95% CI -2.15 to -1.85). There were no statistically significant differences between groups for overall

fetal loss/neonatal death (RR 0.83, 95% CI 0.70 to 1.00), or fetal loss/neonatal death of at least 24 weeks (RR 1.01, 95% CI 0.67 to 1.53).”

These are some fabulous numbers that all midwives can feel very proud of and can share with whoever needs to be educated on the value of what we do. The authors also do a good job of describing the midwifery model of care. For example, “The midwife-led model of care is based on the premise that pregnancy and birth are normal life events and is woman-centered. The midwife-led model of care includes continuity of care; monitoring the physical, psychological, spiritual, and social wellbeing of the woman and family throughout the childbearing cycle; providing the woman with individualized education, counseling, and antenatal care; continuous attendance during labor, birth, and the immediate postpartum period; ongoing support during the postnatal period; minimizing technological interventions; and identifying and referring women who require obstetric or other specialist attention.”

Overall, this Cochrane review is a document midwives and others in IHS can use if they are needing support to establish, or re-establish, a midwifery service; to expand the number of midwives so all women in a service unit have the opportunity to be attended by a midwife; or, at some sites, to just remind ourselves, other providers, and the women and families we serve how blessed we are in IHS to have midwifery care as the standard of care.

If you are having trouble getting a copy of this landmark document please contact me at lisa.allee@ihs.gov and I will send you a copy electronically or by mail.

Hatem M, Sandall J, Devane D, et al. Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.

<http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004667/frame.html>

<http://www.ncbi.nlm.nih.gov/pubmed/18843666>

Nurses Corner, Sandra Haldane, HQE

Registered nurses are key to detecting, correcting, and preventing medical errors during critical care

Since registered nurses (RNs) play a pivotal role in preventing or reducing the impact of medical errors during critical care, interventions should build on factors that enhance their effectiveness in preventing, intercepting, or correcting these errors, suggests a new study.

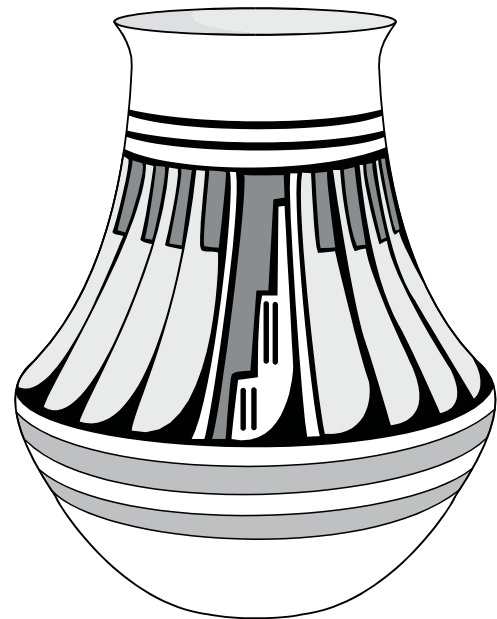
Using entries in daily logbooks maintained by a random sample of 502 critical care nurses over a 28-day period, Ann E. Rogers, PhD, RN, of the University of Pennsylvania School of Nursing, and colleagues examined the type and frequency of medical errors detected by critical care nurses. They found 367 errors identified by 184 of the nurse participants during the data-gathering period. Errors in medication administration

(most commonly, wrong drug, wrong dosage, or dose not given) were the most frequent problems. They accounted for 163 of the errors, 43 percent of which involved giving the wrong dosage of a prescribed medication. Procedural errors were the next most common (115 errors reported), followed by charting errors (55 instances), and transcription errors (55 instances).

The nurses caught only 43 of the 367 errors, mostly medication errors or overlooked allergies, before they reached the patient. Yet, nurses were particularly effective at discovering and correcting errors that had been made by other nurses and other members of the health care team. The incredibly busy pace of critical care units may play a role in errors, with an average of 187 activities performed for each patient each day. Heavy workloads and fatigue are also factors that may affect the ability of RNs to intercept or correct errors, note the researchers. Their results did not show differences in error types or rates based on the size of the critical care unit or of the hospital.

Because procedures for administering medications and other health care procedures are similar across health care institutions despite how they are organized or their size, the researchers suggest that future studies should focus on system- and process-related factors. Their study was funded in part by a grant from the Agency for Healthcare Research and Quality (HS11963).

Rogers A, Dean G, Hwang W, Scott L. Role of registered nurses in error prevention, discovery and correction. *Quality and Safety in Health Care*. April 2008;17(2):117-121. <http://www.ahrq.gov/research/sep08/0908RA2.htm>



Story Is Medicine at the Pawnee Service Unit in Oklahoma

Brady Englestead MD, MSPH, FAAP, Pediatrician, Pawnee Service Unit, Pawnee, Oklahoma

The Pawnee Reach Out and Read (ROR) program

As a pediatrician, I have always had children books that I have purchased myself for the waiting room. It wasn't until in 2005, after joining the Pawnee Service Unit, that I applied for my first book grant with ROR. I thought that my initial grant of \$1,700 was quite impressive. Over the last four years, that number has grown to over \$100,000 in new book grants or donations. Our pediatric census when I joined in 2005 was just over 2,100 patients. As the only pediatrician for our seven counties in northeast Oklahoma I have watched our pediatric census rise to a current level of over 7700 patients. We started out with just me, the pediatrician, giving out books. Now we have trained ROR providers giving out books in our Dental Clinic, Optometry Clinic, Audiology Clinic, and our Mental Health Clinic. It is a lot of fun to encourage family reading, and it gives you a lot of satisfaction seeing all your patients reading while waiting for their lab results, for their medicines in the pharmacy waiting room, etc. It is, also, the right thing to do and what we should all be doing.

The Purpose of the Pawnee Reach Out and Read Program

The purpose of the Pawnee ROR program is not about teaching our young Indian children to read early, but is about helping them to grow really motivated, loving books, strongly associating books with the pleasure of spending time with their parents. At the Pawnee Service Unit, when a child comes in for a Well Child Exam, the pediatrician and the trained ROR providers encourage reading, and each child goes home with a culturally and developmentally appropriate new book.¹

There are certain aspects of reading development that can be thought of as the literacy equivalent of vaccinations. Those would be loving parents, physical health, exposure to literacy in the home, seeing parents read, being read to, and conversation that would support language development.¹ This is reading for health.

The Problem

Children in Oklahoma are a very vulnerable population. They are twice as likely to die by age 14 as compared to the top ten states, 74 % are more likely to die before their first birthday, 1.8 times as likely to be uninsured, 7 times more likely to die from abuse and neglect, and more than twice as likely to be living in poverty.²

These problems in childhood greatly affect a person's later

health. In 2006, Oklahoma health rankings included having the highest incidence of cardiovascular deaths in the nation, among the highest rates of cancer deaths and premature deaths, one of the highest rates of poor mental health and poor physical health, immunization coverage that was among the lowest in the nation, and smoking prevalence (25%) that was the highest in the nation.²

The Adverse Childhood Experiences (ACE) study is being conducted by Kaiser Permanente Medical Care Program in San Diego, the Centers for Disease Control and Prevention, Emory University in Atlanta, and the University of Arizona Health Sciences Center in Tucson.³ What the ACE study has found is that the roots of medical problems often result from childhood psychological trauma. Adult risk behaviors such as smoking, overeating, substance abuse, or promiscuity are often masks for other problems. The ACE study documents the conversion of traumatic emotional experiences in childhood into organic disease later in life, including mental illness, obesity, diabetes, and heart disease. Oklahoma's poor health rankings could be a result of how many bad things children experience and witness while growing up.⁴

Reach Out and Read Partnership with the Indian Health Service and the American Academy of Pediatrics

ROR is also reaching out to the large number of at risk children within the Native American population, initiating a new partnership this year with the Indian Health Service (IHS) to expand the program on Indian reservations. In recognition of the pressing need for early literacy programs among American Indians and Alaska Natives, ROR is working with the Committee on Native American Child Health (CONACH) within the American Academy of Pediatrics (AAP) to develop an IHS coalition for ROR, with funding provided in partnership with the CDC. To get your free IHS ROR program started, please contact the IHS consultant, Steve Holve MD, Chief Clinical Consultant in Pediatrics, Tuba City Regional Health Care Corporation, P.O. Box 600, 167 N. Main Street, Tuba City, Arizona 86045; telephone (928) 283-2406; fax (928) 283-2408; or e-mail steve.holve@tchealth.org, or the AAP consultant, Maureen Finneran, MSW, Program Manager, Reach Out and Read Indian Health Coalition, Division of Pediatric Practice, American Academy of Pediatrics; telephone (847) 434-7106; fax (847) 228-9651.

Getting Your Own IHS ROR Program Started

The IHS ROR programs are absolutely free and do not require any substantial time other than your administrative time. To apply you will need to know your pediatric patient

census, how many well child exams (ICD V20.2) your facility does each year, and your poverty rates. Your business office will help you. First Book National Book Bank will often distribute books in a specific age range so you will need to know how to calculate that. Examples of some QMAN searches in RPMS are provided below in Figure 1.

Figure 1. Pediatric Patient Census example QMAN Search for the Pawnee Service Unit

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ALIVE TODAY
CURRENT COMMUNITY
  [GPRA REPORT COMMUNITIES ALL   PAWNEE SU]
  2 GPRA REPORT COMMUNITIES ALL   PAWNEE SU
    (AVANT/BARNSDALL...)
      CLASSIFICATION/BENEFICIARY (INDIAN/ALASK)
        AGE LESS THAN 18
  3 COUNT 'hits'
    DEVICE: VIRTUAL
      Total: 7701

To change your counts to an age range, use the Attribute "Age."
Enter "BET" (for between) and then enter the age range in years.
For example a search between 4 - 8 years would look like this:
  AGE BETWEEN, AGES (inclusive) 4 and 8

To change your counts to "WELL CHILD EXAMS", use the Attribute
"DX." Enter "WELL CHILD" (ICD V20.2) for your respective age
range.
  
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There is a training DVD that you will receive. You simply do not give out a book at the end of your well child visit. You give out the book at the beginning of the visit; watch the interaction of parent and child while giving praise and support. ROR will provide you promotional handouts such as Age-Specific Reading Development Bookmarks to give out during your visits.

A great grant to apply for after your initial grant is the Target Grant. There are many other literacy book grants out there and I have included some of them below in no particular order in Table 1.

Lessons Learned

I recommend accepting credit, vouchers, or donations for your grants so that you have total control. If applying for books from First Book, choose grants that have free shipping. I recommend placing your books in a secure area so that co-workers and others do not walk out with them. I have personally placed bookcases in each of my exam rooms for this. I have also created a digital copy of my reading programs with all the invoices scanned in for fiscal accountability.

Why Reading Programs are Medicine and Why they Heal

Our Reading programs are justified by our patient population who are at great risk. Again, this is all about helping our children to grow up loving books and stories in

Table 1. Literacy Book Grants

<p>Reach Out and Read http://www.reachoutandread.org/program_app.html</p> <p>Target http://sites.target.com/site/en/company/page.jsp?contentId=WCMP04-031821</p> <p>Scholastic http://www2.scholastic.com/browse/index.jsp</p> <p>First Book National Book Bank http://www.firstbook.org/site/c.lwKYJ8NVJvF/b.674095/k.CCA8/First_Book_Homepage.htm</p> <p>Barbara Bush Foundation http://www.barbarabushfoundation.com</p> <p>Honor the Earth http://honorearth.org/grants.html</p> <p>Seva http://www.seva.org/site/PageServer</p> <p>Farmers Insurance Group of Companies http://www.farmers.com/FarmComm/media_center.html</p> <p>Dollar General Community Contributions http://www.dollargeneral.com/Pages/index.aspx</p> <p>Walmart Community grants http://walmartstores.com/CommunityGiving/203.aspx</p> <p>The National Institute of Child Health and Human Development http://www.nichd.nih.gov/about/org/crmc/</p>
--

strong association with the pleasure of spending time with parents and families. The goal here is to promote wellness and family attachment. A leading expert on mental health, John Bowlby, believes that for good mental health it is essential for the infant and young child to experience a warm, intimate and continuous relationship with their mother (or permanent mother substitute). According to Bowlby, with the comfort and security of a stable and routine attachment to the mother or other primary caregiver, a child is able to organize other elements of development in a coherent way. In contrast, instability in the care-giving relationship -- whether physical distance, erratic patterns of parental behavior, or even physical or emotional abuse -- may interfere with the sense of trust and security, potentially giving rise to anxiety and psychological problems later in childhood or even decades later in life.⁵

Conclusion

A simple way for IHS facilities to foster attachment for our families is simply by instituting and supporting Reach Out and Read programs. We can help our children to grow up loving books and stories in a strong association with the pleasure of spending time with their parents and families. A simple reading program can effectively combat adverse childhood experiences and promote family attachment and health. Pediatricians can play a pivotal role in promoting early literacy in a child's life. A single pediatrician can make a difference.

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4. Oklahoma KIDS COUNT factbook 2006-2007. at <http://www.odl.state.ok.us/kids/factbook/kidscount2006-2007/download.html>.
5. Attachment, by John Bowlby. Basic Books. 1982.

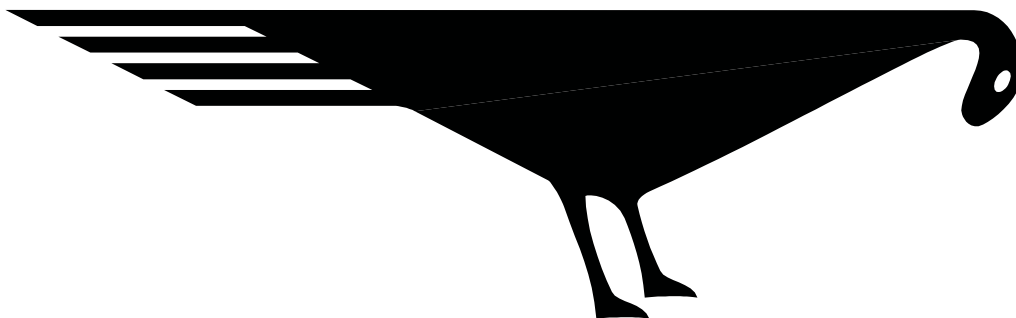
Sources of Needs Assessment Data That Can Be Used to Plan CE Activities

The new focus in planning continuing education activities is the identification of gaps in provider knowledge, competence, or performance that can be addressed with your activity. Ideally, these gaps should apply specifically to the American Indian and Alaska Native population and the providers who serve them. Where can you obtain data that help you identify these gaps? From time to time, we will publish items that either give you such data or show you where you can find it. When you are asked about the sources of your needs assessment data in your CE planning process, it will be easy enough to refer to these specific resources.

For example, we would like to point out the brief item in the OB/GYN Chief Clinical Consultants Corner Digest this

month on page 6. The 2008 edition of the *Women's Health Data Book* (<http://mchb.hrsa.gov/whusa08/>) includes a wealth of statistics about health status indicators, health care utilization, morbidity and mortality, and many other aspects of women's health. Racial, ethnic, and gender breakdowns allow the examination of health care disparities among different segments of the population.

We have asked key individuals to contribute data or sources of data for their specific programs to further this effort. If any of our readers have contributions to make – either the actual data or where you can find useful data – we encourage you to send them to the address on the back page.



**CONTINUING DENTAL EDUCATION
OPPORTUNITY**
SPONSORED BY THE ALBUQUERQUE AREA DENTAL SUPPORT CENTER

Restorative Materials: What, Where, When and How

Charles W. Wakefield, DDS
Professor and Director, AEGD Residency
Baylor College of Dentistry

February 20, 2009

9 am to 4 pm

6 CDE Hours AGD 017 DANB Non-Clinical

United Way of Greater New Mexico
2340 Alamo Avenue SE, 2nd Floor, Training Room
Albuquerque, NM 87106

This program will review the confusing array of current restorative materials and the rationale for selection and clinical use of the most appropriate material in varying clinical situations.

Aspects to be discussed:

- Selection of adhesive systems, including self etch products;
- Microfill, hybrid and nanofilled composites;
- Glass ionomers, resin modified glass ionomers and compomers as liners, luting agents and restoratives;
- Bleaching;
- Information on direct pulp capping with calcium hydroxide or adhesive agents;
- Esthetic alternatives such as indirect composite, porcelain inlays/onlays/crowns and their clinical techniques

The application of color in dentistry, principles of smile design and clinical restoration of cosmetic cases for the general dentist will be described and illustrated.

An update in bisphosphonate therapy and osteonecrosis of the jaws will be presented as a matter of current interest.

To register for DE0005: visit the IHS Dental Portal at <https://www.ihs.gov>

For more information contact the Albuquerque Area Dental Support Center at 505.922.4229



DANB Approval indicates that a continuing education course appears to meet certain specifications as described in the DANB Recertification Guidelines particular continuing education course and is not responsible for the results of any course content

ADAC·E·R·P[®]
CONTINUING EDUCATION RECOGNITION PROGRAM
The Indian Health Service Division of Oral Health
is an ADA CERP Recognized Provider.

MEETINGS OF INTEREST

Available EHR Courses

EHR is the Indian Health Service's Electronic Health Record software that is based on the Resource and Patient Management System (RPMS) clinical information system. For more information about any of these courses described below, please visit the EHR website at http://www.ihs.gov/CIO/EHR/index.cfm?module=rpms_ehr_training. To see registration information for any of these courses, go to <http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index>.

The 2009 Meeting of the National Councils for Indian Health February 8 - 13, 2009; San Diego, California

The National Councils (Clinical Directors, Chief Executive Officers, Chief Medical Officers, Oral Health, Pharmacy, and Nurse Consultants) for Indian health will hold their 2009 annual meeting February 8 - 13, 2009 in San Diego, California. Engage in thought-provoking and innovative discussions about current Indian Health Service/Tribal/Urban program issues; identify practical strategies to address these health care issues; cultivate leadership skills to enhance health care delivery and services; share ideas through networking and collaboration, and receive accredited continuing education. The focus this year will be “*Partnership for Change*.” Indian health program Chief Executive Officers, clinico-administrators, and interested health care providers are invited to attend. The meeting will be held at the Bahia Resort Hotel, 998 West Mission Bay Drive, San Diego, California 92109. Please make your hotel room reservations by January 12, 2009 by calling 1-800-576-4229. Be sure to ask for the “Indian Health Service” group rate. For on-line registration and the most current conference agenda, please visit the Clinical Support Center web page at <http://www.csc.ihs.gov>. The IHS Clinical Support Center is the accredited sponsor for this meeting. For more information, contact Gigi Holmes or CDR Dora Bradley at (602) 364-7777; or e-mail gigi.holmes@ihs.gov.

Sexual Assault Nurse Examiner (SANE) Training Workshop April 13 - 17, 2009; Oklahoma City, Oklahoma

The Sexual Assault Nurse Examiner (SANE) workshop is an intensive five-day course to familiarize health care providers with all aspects of the forensic and health care processes for sexual assault victims. This course emphasizes victim advocacy and the overall importance of being a member of the interdisciplinary Sexual Assault Response Team (SART) in the investigative, health care, and prosecution processes. Lead faculty for this course will be Linda Ledray, PhD, RN, a certified SANE trainer and Director of the Sexual Assault Resource Service (SARS) of Hennepin County Medical Center

in Minneapolis, Minnesota. Dr. Ledray is a nationally recognized expert and pioneer in the area of forensic nursing. This course is open to I/T/U health care professionals, including nurses, advanced practice nurses, physician assistants, and physicians.

Please make your room reservation early by calling the Crowne Plaza Hotel at (405) 848-4811 or 1-800-2-CROWNE. Be sure to mention the “IHS-SANE Training” to secure the rate of \$83.00 + tax (single occupancy) per night. The deadline for making room reservations is March 23, 2009. Any reservation request received after this date will be accepted on a space availability basis only.

For more information about the event, contact LCDR Lisa Palucci at the IHS Clinical Support Center, (602) 364-7740, e-mail lisa.palucci@ihs.gov; or visit the CSC website at <http://www.csc.ihs.gov>.

Advances in Indian Health Conference

April 21 – 24, 2009; Albuquerque, New Mexico

Save the Dates! The 2009 "Advances in Indian Health Conference" will be April 21 - 24, 2009 in Albuquerque, New Mexico. "Advances" is Indian health's conference for primary care providers and nurses. Get up to 28 hours of CME/CE credit learning about clinical topics of special interest to I/T/U providers, including the option to focus on diabetes training. To see the 2008 brochure, go to <http://hsc.unm.edu/cme/2008Web/AdvancesIndianHealth/AIH2008Index.shtml>, or you can contact the course director, Dr. Ann Bullock at annbull@nc-choke.com for more information.

2009 Clinical Update on Substance Abuse and Dependency (Formerly known as the Primary Care Provider Training on Chemical Dependency)

May 5 - 8, 2009; Phoenix, Arizona

This three-and-a-half day intensive workshop includes both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information. This training is available to Indian health providers (physicians, physician assistants, nurses, and advanced practice nurses). Enrollment is limited to 30 providers (preferably 2 - 3 person teams from the same facility representing the various disciplines targeted).

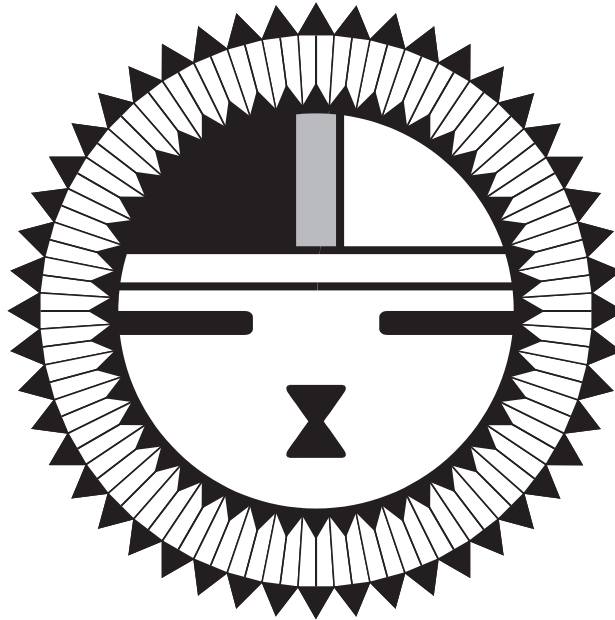
The conference site is the Native American Connections Inc., 4520 North Central Avenue, Suite 600, Phoenix, Arizona 85012. For more information or to register, contact Cheryl Begay at (602) 364-7777 or e-mail cheryl.begay@ihs.gov. To register on-line, go to the CSC website at <http://www.csc.ihs.gov>.

2009 Nurse Leaders in Native Care (NLiNC) Conference

June 15 - 19, 2009; Phoenix, Arizona

The theme of this year's conference is "Linking Yesterday, Today, and Tomorrow through Leadership, Teamwork, and Evidence-Based Practice." IHS, tribal, and urban nurses are encouraged to attend the '09 NLiNC Conference to be held at the Sheraton Crescent Hotel, 2620 W. Dunlap Avenue, Phoenix, Arizona 85021. Please make your room reservations by May 31, 2009 by calling toll-free 1-800-423-4126 or (602)-943-8200, and ask for the "2009 Nurse Leaders in Native Care Conference" to secure the special rate of \$89 + tax single or double occupancy per night. Reservations may also be made on-line at: <http://www.starwoodmeeting.com/Book/2009NurseLeaders>.

The IHS Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information, please contact LCDR Lisa Palucci, MSN, RN, Nurse Educator/Lead Nurse Planner, IHS Clinical Support Center, Office of Continuing Education, at lisa.palucci@ihs.gov, or (602) 364-7740. You can also visit the NNLC website for additional information at http://www.ihs.gov/MedicalPrograms/nnlc/nnlc_conferences.asp.



POSITION VACANCIES

Editor's note: As a service to our readers, THE IHS PROVIDER will publish notices of clinical positions available. Indian health program employers should send brief announcements as attachments by e-mail to john.saari@ihs.gov. Please include an e-mail address in the item so that there is a contact for the announcement. If there is more than one position, please combine them into one announcement per location. Submissions will be run for four months and then will be dropped, without notification, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service (\$100 for four months). The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Family Practice Physician

Gallup Indian Medical Center; Gallup, New Mexico

The Gallup Indian Medical Center has an immediate opening for a family medicine physician. GIMC is one of the largest Indian Health Service sites. The IHS has great benefits packages for both Civil Service and Commissioned Corps providers. We are an NHSC scholarship and an IHS Loan Repayment site as well. The Department of Family Medicine offers the opportunity for full spectrum family medicine care. There are currently nine physicians, two physician assistants, and one pharmacist clinician in the department. Chronic disease management and prevention are the focus for continued development and expansion of this department and program. The hospital has a multi-specialty group, and family medicine physicians have inpatient privileges at GIMC as well as at the community hospital, Rehoboth McKinley Christian Hospital.

Please contact Dr. Alma Alford, Chief of Family Medicine, if you are interested in pursuing an opportunity here. The address is Gallup Indian Medical Center, 516 E. Nizhoni Blvd., P.O. Box 1337, Gallup, New Mexico 87301-1337; telephone (505) 722-1000; fax (505) 726-8740; office number (505) 722-1280 or 722-1775; e-mail alma.alford@ihs.gov. (1/09)

Physicians

Belcourt Comprehensive Health Care Facility; Belcourt, North Dakota

The Belcourt Comprehensive Health Care Facility is seeking experienced pediatric, emergency medicine, obstetrics and gynecology, family practice and psychiatry professionals. Belcourt is located in Rolette County in the north-central part of the state near the Canadian border in rural North Dakota.

The Turtle Mountain Reservation has approximately 26,000 enrolled tribal members of the Turtle Mountain Band of Chippewa. The area consists of low rolling hills and a wide variety of trees. About 40% of the land is covered with small ponds and lakes for those who love fishing, boating, and water skiing and, in the winter, snowmobiling, ice fishing, as well as downhill skiing. We are a 27-bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, OB/GYN, Emergency Medicine, General Surgery, Behavioral Health, Mid-Level Services, Dentistry, Pharmacy, Optometry, Physical Therapy, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail kim.lawrence@ihs.gov. (1/09)

Physicians

Eagle Butte IHS Hospital, Eagle Butte, South Dakota

The Eagle Butte IHS Hospital is seeking experienced emergency medicine and family practice professionals. Eagle Butte is located in Dewey County in rural western South Dakota. The Cheyenne River Reservation has about 15,000 enrolled tribal members of the Cheyenne River Sioux Tribe. The mighty Missouri River borders its eastern edge, the rugged Cheyenne forms its southern border, and the Moreau River flows through the heart of the reservation. This land of sprawling prairies and abundant waters is home to the Cheyenne River Sioux Tribe. Hunting opportunities on the Cheyenne River Reservation include elk, whitetail deer, mule deer, pronghorn antelope, duck, goose, turkey, rabbit, and prairie dog. Anglers can catch trout, walleye, salmon, large and smallmouth bass, white bass, northern pike, and catfish. The stark, solitary beauty of the prairie will amaze visitors. In some places, you can drive for miles with only nature and wildlife as company. We are a 13 bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, Emergency Medicine, Mid-Level Services, Dentistry, Pharmacy, Optometry, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail kim.lawrence@ihs.gov. (1/09)

Family Nurse Practitioners

San Simon Health Center, Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for a family nurse practitioner to provide ambulatory

care in the recently opened San Simon Health Center and another family or pediatric nurse practitioner to provide ambulatory care in our school health program. The SSU is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, the Santa Rosa Health Center, located in Santa Rosa, and the San Simon Health Center located in San Simon, with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities, all within a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at Peter.Ziegler@ihs.gov.

Medical Director

Physician

Mid-Level Provider

Nimiipuu Health; Lapwai, Idaho

Caring people making a difference. Nimiipuu Health is an agency of the Nez Perce Tribe, with ambulatory health care facilities in Lapwai and Kamiah located in beautiful northern Idaho near the confluence of the Snake and Clearwater Rivers, an area rich in history, natural beauty, and amiable communities. We provide excellent benefits and opportunity for personal and professional growth. Nimiipuu Health's caring team is looking for individuals making a difference in the health care field and is now accepting applications for three positions.

Medical Director (Salary/DOE/Full-Time/Lapwai). MD or DO with current certification in family practice or internal medicine. Must have completed an internship, be board certified, with at least five years of clinical experience. Must be licensed to practice medicine in Idaho, or obtain state of Idaho license within one year of appointment. Must have BLS

and ACLS certification. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain current license and certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Physician (Salary/DOE/Full-Time/Lapwai). Idaho licensed MD or DO, prefer board certified in family practice or internal medicine. Incumbent can obtain Idaho license within one year of appointment. Must have DEA number or obtain within three months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain appropriate board certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Mid-Level Provider (Salary/DOE/Full-Time/Lapwai). Idaho licensed FNP or PA. Incumbent can obtain Idaho license within one year of appointment. Must have BLS and obtain ACLS within six months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must have valid driver's license with insurable record and will be required to pass extensive background check. Closes 1/09/09. Tribal preference applies.

A complete application packet for these positions includes NMPH job application, copy of current credentials, two reference letters, resume or CV, a copy of your tribal ID or Certification of Indian Blood (CIB), if applicable. Send to Nimiipuu Health, Attn: Human Resources, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail carmb@nimiipuu.org. For more information about our community and area please go to www.nezperce.org or www.zipskinny.com.

Pharmacist

Juneau, Alaska

The Southeast Alaska Regional Health Consortium has an opening for a staff pharmacist at our Joint Commission accredited ambulatory care facility located in Juneau. Pharmacists interact with medical and nursing staff to achieve positive patient outcomes and are active members of the health-care team. Prescriptions are filled using Scriptpro Robotic Systems. Responsibilities include drug selection, compounding, and dispensing, as well as P&T and other committee participation, formulary management, drug information, education, and mentoring. We also provide pharmacist managed anticoagulation monitoring services.

Experience living in beautiful southeast Alaska. Juneau is located in Alaska's panhandle on a channel of salt water 70 air miles from the open ocean. Juneau is Alaska's capital and the third largest city in Alaska (30,000 people). Vast areas of recreational wilderness and opportunity surround us. Juneau and much of southeast Alaska are located within the Tongass

National forest, the largest expanse of temperate rainforest in the world.

The Southeast Alaska Regional Health Consortium is a nonprofit health corporation established in 1975 by the Board of Directors, comprised of tribal members of 18 Native communities in the southeast region, to serve the Alaska Native and Native American people of southeast Alaska. Our clinic is committed to providing high quality health services in partnership with Native people.

Successful candidates should be self motivated and committed to providing excellent patient care. This is a Commissioned Officer 04 billet or a direct hire with a competitive salary and a generous benefit package. For more information please go to <https://searhc.org/common/pages/hr/nativehire/index.php> or contact the SEARHC Human Resources office by telephone at (907) 364-4415; fax (907) 463-6605.

Applications and additional information about this vacancy are available on-line at www.searhc.org, or you may contact Teresa Bruce, Pharmacy Director at (907) 463-4004; or e-mail teresa.bruce@searhc.org.

**Family Practice Physician
Pediatrician (Outpatient and Hospitalist)
Obstetrician/Gynecologist
ANMC; Anchorage, Alaska**

Multidisciplinary teams with physicians, master's level therapists, RN case managers, nurse practitioners and physician assistants. Integrated into the system: family medicine, behavioral health, pediatrics, obstetrics and gynecology, health educators, nutritionists, social workers, midwives, pharmacists, home health, and easy access to specialists. This integrated model also includes complementary health and traditional Native healing. Eligibility verification, insurance, and billing are handled by administrative staff.

Amazing benefits including 4 to 6 weeks of vacation, one week of paid CME time, plus 12 paid holidays. CME funding; excellent insurance coverage – malpractice, health, life, short and long term disability – and subsidized health insurance for family. Employer 401K with matching contribution to retirement, fees paid for medical license, registration, etc.

New, modern state of the art facilities. Innovative practice system featured on front page of New York Times, JAMA, etc. Clinical quality improvement team. Practice management data monthly.

We currently employ 25 family physicians, 16 pediatricians, 10 obstetrician/gynecologists, and 6 psychiatrists, and we are adding additional positions.

Anchorage is a city of 330,000, the largest city in Alaska. Lots of cultural activities including a performing arts center that hosts national and regional troops, the Anchorage Museum of Natural History, and the Alaska Native Heritage Center.

Alaska is known as the land of the midnight sun, as we bask in 19.5 hours of daylight on summer solstice. Our summer temperatures reach into the upper 70s, and the landscape transforms into green trees and flower blossoms. On winter solstice, we enjoy beautiful sunrises and sunsets over snowcapped mountains, and darkness brings the possibility of breathtaking displays of the northern lights. Hundreds of kilometers of groomed, interconnected cross country ski trails in town are lit at night by artificial light and the incredible moonlight reflecting off of the snow; these trails are perfect for running and biking in the summer. There are good public schools, good community, and incredible outdoor activity opportunities.

For more specific specialty information please contact Larisa Lucca, Physician Recruiter, Southcentral Foundation; telephone (888) 700-6966 ext. 1 or (907) 729-4999; fax (907) 729-4978; e-mail llucca@scf.cc.

**Family Nurse Practitioner/Physician Assistant
Family Practice Physician
PharmD**

Wind River Service Unit; Ft Washakie, Wyoming

The Wind River Service Unit has an immediate opening for a family nurse practitioner/physician assistant and a pharmacist (PharmD), as well as a fall 2009 opening for a family practice physician to provide care across the life span and to manage panel of patients from the Shoshone and Arapahoe Tribes on the Wind River Reservation. Located in the central part of pristine Wyoming, climbing, hiking, hunting, fishing, and water sports are minutes away. Out patient care is provided at two sites, one located in Arapahoe and one located in Ft. Washakie. Dedicated, dynamic staff includes ten RNs, six family physicians, one pediatrician, four family nurse practitioners, psychologists, social workers, four dentists, a certified diabetic educator, a diabetes educator, a health educator, five public health nurses, three PharmDs, two pharmacists, and two optometrists. Specialty clinics include orthopedics, podiatry, nephrology, obstetrics, and audiology. An open access model is used. Inpatient care is provided by the physicians at an excellent 83-bed community hospital in nearby Lander, with a fully staffed inpatient psychiatric hospital and rehabilitation unit.

For more information, contact Marilyn Scott at (307) 335-5963 (voice mail), or by e-mail at marilyn.scott@ihs.gov.

**Family Medicine, Internal Medicine, Emergency Medicine
Physicians
Sells Service Unit; Sells, Arizona**

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible family medicine, internal medicine, and emergency medicine physicians to join our experienced medical staff. The Sells Service Unit is the

primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, Arizona, the Santa Rosa Health Center, located in Santa Rosa, Arizona, and the San Simon Health Center located in San Simon, Arizona with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self-management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities . . . all within a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. Commuter van pool from Tucson is available for a monthly fee. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at Peter.Ziegler@ihs.gov.

Tribal Data Coordinator (Level II)

The United South & Eastern Tribes, Inc. (USET); Nashville, Tennessee

United South and Eastern Tribes, Inc. is a non-profit, inter-tribal organization that collectively represents its member tribes at the regional and national level. USET has grown to include twenty-five federally recognized tribes in the southern and eastern parts of the United States from northern Maine to Florida and as far west as east Texas. USET is dedicated to promoting Indian leadership, improving the quality of life for American Indians, and protecting Indian rights and natural resources on tribal lands. Although its guiding principle is unity, USET plays a major role in the self-determination of all its member tribes by working to improve the capabilities of tribal governments.

We are recruiting to fill the Tribal Data Coordinator (Level II) position vacancy in the tribal health program support department. Qualifications for this vacancy require a minimum of an Associate Degree in a related discipline (e.g., computer science, statistics, math, biological sciences, education) from an accredited college or university, with relevant job experience. Documented three years experience

in a paid position related to the use of health systems in the collection and analysis of health data will be considered in lieu of a degree. The Tribal Data Coordinator position also requires at least two years of RPMS experience as a user.

So if you have at least two years of RPMS experience, this could be a great opportunity for you. The Tribal Data Coordinator provides RPMS software training to USET member tribes. He/she also works on data quality improvement initiatives and provides data collection and analysis.

We offer flexible schedules and a competitive salary and benefit package. Hiring preference will be given to American Indians/Alaska Natives. If you are interested, you can get additional information about USET and the job announcement at our web site, www.usetinc.org, or you can contact Tammy Neptune at (615) 872-7900 or e-mail tneptune@USETInc.org.

Certified Diabetes Educator

Dietitian

Pediatrician

Chief Medical Officer

Family Practice Physician

Nurse

Medical Technologist

Chief Redstone Health Clinic, Fort Peck Service Unit; Wolf Point, Montana

Fort Peck Service Unit in Wolf Point, Montana is looking for family practice physicians to work at the Chief Redstone Indian Health Service clinic. This unique opportunity allows physicians to care for individuals and families, including newborns, their parents, grandparents, and extended family. Applicants must be culturally conscious and work well within a team environment. The Fort Peck Service Unit is located in the north east corner of Montana along the Missouri river. Fort Peck Service Unit has two primary care clinics, one in the town of Poplar and one in the town of Wolf Point.

Our Medical Staff is composed of five family practice physicians, two internal medicine physicians, one pediatrician, one podiatrist, and four family nurse practitioners/physician assistants. We have a full complement of support services, which include dental, optometry, audiology, psychology, social work, radiology, lab, public health nursing, and very active Diabetes Department. These are ambulatory clinics; however, our providers have privileges in the local community hospital. We have approximately 80,000 patient contacts per year. We work very closely with the private sector. IHS and the private hospital have a cardiac rehabilitation center. By cooperating with IHS, the hospital has been able to get a CT scanner and a mammography unit. The Tribal Health Program has a dialysis unit attached to the Poplar IHS clinic. Customer service is our priority. The IHS has excellent benefits for Civil Service and Commissioned Corps employees. There are loan repayment

options, and we are a designated NHSC site. We strive to provide quality care through a strong multidisciplinary team approach; we believe in being closely involved in our population to encourage a healthier community.

There are many opportunities for recreation, as we are a short distance from the Fort Peck Dam and Reservoir. For more information about our area and community please go the website at <http://www.ihs.gov/FacilitiesServices/AreaOffices/Billings/FtPeck/index.asp>. Fort Peck Tribes also can be found on www.fortpecktribes.org, and the Fort Peck Community College on www.fpcc.edu. North east Montana offers many amenities one might not expect this far off the beaten path. If you are interested please contact our provider recruiter, CDR Karen Kajiwara-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at karen.kajiwara@ihs.gov. Alternately, you can contact the Billings Area Physician Recruiter, Audrey Jones, at (406) 247-7126 or by e-mail at audrey.jones@ihs.gov. We look forward to communicating with you.

Family Practice Physician

Pharmacists

PHS Indian Hospital, Harlem, Montana

The Fort Belknap Service Unit is seeking family practice physicians and pharmacist to join their dedicated staff. The service unit is home to a critical access hospital (CAH) with six inpatient beds, two observation beds, and a 24-hour emergency room, as well as an 8 AM to 5 PM outpatient clinic. The service unit also operates another outpatient clinic 35 miles south of Fort Belknap Agency in Hays. The Fort Belknap CAH outpatient visits average 39,000 per year. The new clinic in Hays, the Eagle Child Health Center, can adequately serve 13,000 per year. The medical staff includes four family practice positions, two physician assistants, and one nurse practitioner, and has implemented the Electronic Health Record in the outpatient clinic. The service unit also has a full-time staffed emergency medical services program. The staff is complemented by contract locum tenens physicians for weekend emergency room coverage.

The medical staff is supported by and works with a staff of nurses, behavior health personnel, physical therapist, lab and x-ray personnel, pharmacists, dentists, administrators, housekeepers, supply specialists, and contract practitioners to provide the best possible care to patients. The staff works as team to make a difference. Contract (private) hospitals are from 45 to 210 miles from the facility.

There are loan repayment options, excellent benefits, and we are a designated NHSC site. The area is primarily rural, and a friendly small-town atmosphere prevails here. The reservation communities promote various local activities such as rodeos, church socials, and basketball. The tribe also manages its own buffalo herd. Bigger events fill in the calendar as well, such as the Milk River Indian Days, Hays

Powwow, and the Chief Joseph Memorial Days, featuring cultural activities and traditional dancing. The Fort Belknap Tribe has hunting and fishing available both on and off the reservation. The Little Rocky Mountains and the Missouri River provides scenic and enjoyable areas for the outdoor-minded. If you are interested in joining our medical team, contact Dr. Dennis Callendar at Dennis.callendar@ihs.gov or telephone (406) 353-3195; or contact physician recruiter Audrey Jones, at Audrey.jones@ihs.gov; telephone (406) 247-7126.

Family Practice Physician

Emergency Medicine Physician

Nurse Anesthetist

Nurse

PHS Indian Hospital; Browning, Montana

The Blackfeet Service Unit is recruiting for health practitioners who want to join the staff at the PHS Indian Hospital in Browning, Montana. The Blackfeet Service Unit is home to the Blackfeet Community Hospital, a 27-bed hospital, active outpatient clinic, and well-equipped emergency department. Inpatient care includes obstetrics and elective general surgery. We also offer community health nursing, have an active diabetes program, and offer optometry, laboratory, dental, and ENT services along with behavioral and social services and women's health. We are seeking candidates who are committed to improving the health of the local community and being part of a team approach to medicine. The hospital is located 13 miles from Glacier National Park. This area offer spectacular mountains and incredible outdoor activities year round. There are loan repayment options, excellent benefits, and we are a designated NHSC site. If you are interested in joining our team, contact Mr. Timothy Davis at timothy.davis@ihs.gov or telephone (406) 338-6365; or contact physician recruiter Audrey Jones, at Audrey.jones@ihs.gov or telephone (406) 247-7126. We look forward to hearing from interested candidates.

Family Practice Physician

Nurse Practitioner/Physician Assistant

ER Nurse Specialist

Northern Cheyenne Service Unit; Lame Deer, Montana

The Northern Cheyenne Service Unit is seeking health practitioners to come work with their dedicated staff on the Northern Cheyenne Indian Reservation. The Northern Cheyenne Service Unit consists of a modern outpatient clinic with family practice physicians, a pediatrician and an internist in Lame Deer, Montana. The well-equipped emergency room provides medical services to a high volume of trauma patients.

The nearest medical back-up services are located in Billings, Montana and Sheridan, Wyoming. The medical staff enjoys close cooperation with the tribe. The positive interactions with

this tight knit people result in high morale and overall retention of its medical staff.

Though more isolated than other service units, the reservation is within close range of three larger towns: Forsyth, Colstrip, and Hardin, all which provide shopping and other services for residents. The rugged hills and pine woods of the reservation provide plenty of outdoor recreation. Other interesting features are the Tongue River Reservoir, the St. Labre Indian School in Ashland, and the Dull Knife College fun.

For additional information, please contact Audrey Jones, Physician Recruiter at Audrey.jones@ihs.gov; telephone (406) 247-7126 or Beverly Stiller at beverly.stiller@ihs.gov; telephone (406) 477-4402.

Internal Medicine, Family Practice, and ER Physicians

Pharmacists

Dentists

Medical Technologists

ER, OR, OB Nurses

Crow Service Unit; Crow Agency, Montana

The Crow Service Unit is seeking health practitioners to come work with their dedicated staff on the Crow Indian Reservation. The Crow Service Unit consists of a small 24-bed hospital located in Crow Agency and two satellite clinics, Lodge Grass Health Center, located approximately 20 miles south of Crow Agency, and Pryor Health Station, located about 70 miles northwest of Crow Agency.

The hospital is a multidisciplinary facility that includes inpatient, outpatient, urgent care, emergency room, dental, behavioral health, substance abuse, public health nursing, physical therapy, pharmacy, dietary, obstetrics, surgery, and optometry services. Our medical staff includes nine family practice positions, two ER physician positions, one general surgeon, two obstetrician/gynecologists, one podiatrist, one internist/pediatrician, one pediatrician, one radiologist, one nurse midwife, and six mid-level provider positions (NP or PA). Family practice physicians and the internist share the hospitalist responsibilities, and each primary care physician shares the daytime ER call duties. The staff is complemented by contract *locum tenens* physicians for nighttime, weekend, and holiday coverage. OB call is shared between the obstetrician/gynecologists, the midwife and the FP physicians.

The two outlying clinics in Lodge Grass and Pryor are primarily staffed by midlevel providers.

The Crow Tribe is a close, proud people. They maintain their own buffalo herd and proudly display their cultural heritage during events such as the well-known Crow Fair. Other points of cultural interest in the "Tipi Capital of the World" are The Little Big Horn Battlefield National Monument, Chief Plenty Coup State Park, and the Little Big Horn College.

For those who enjoy the outdoors, Red Lodge Mountain

Resort offers great skiing. The Big Horn Canyon National Recreation Area offers great fishing, camping, and boating fun.

The area offers spectacular mountains and mountain activities, and world class hunting and fishing. Billings, Montana, a city of 100,000, is less than an hour away.

For additional information, please contact Audrey Jones, Physician Recruiter, at Audrey.jones@ihs.gov; telephone (406) 247-7126; or Dr. Michael Wilcox at Michael.wilcox@ihs.gov; telephone (406) 638-3309.

Obstetrician/Gynecologists

W. W. Hastings Hospital; Tahlequah, Oklahoma

W. W. Hastings Hospital is looking for two obstetrician/gynecologist physicians to come to work in one of America's friendliest small towns. The successful candidate would be joining a group of six obstetrician/gynecologist physicians and seven certified nurse midwives. Call is approximately 1:5 with an excellent CNM staff providing primary in-house coverage. Post call days are schedule time off with no clinic patient responsibilities.

W. W. Hastings hospital is located in Tahlequah, Oklahoma, within commuting distance of Tulsa. It is the home of the Cherokee Nation and is primarily responsible for providing care to tribal members of the Cherokee Nation as well as other federally recognized tribes.

Interested candidates can call (918) 458-3347 for more information or fax a CV to Dr. Gregg Woitte at (918) 458-3315; e-mail greggory.woitte@ihs.gov.

Nurse Specialist - Diabetes

Whiteriver Service Unit; Whiteriver, Arizona

The Nurse Specialist (Diabetes) is to establish, develop, coordinate, monitor, and evaluate the clinical diabetic education program. The incumbent is responsible for establishing, providing, facilitating, promoting, and evaluating a comprehensive education program for patients with diabetes, as well as prevention of and education about diabetes. Candidate must provide proof that they have Certified Diabetes Educator (CDE) certification and certification from the National Certification Board for Diabetes Educators.

The Whiteriver Service Unit is located on the White Mountain Apache Indian Reservation. The hospital is a multidisciplinary facility that includes emergency room, urgent care, inpatient, outpatient, dental, social services, physical therapy, optometry, obstetrics, podiatry, dietary, ambulatory surgery, and public health nursing. We are just a short distance from Sunrise Ski Resort which offers great snow skiing. We are surrounded by tall ponderosa pine trees and beautiful mountains where you can experience the four seasons, and great outdoor activities such as mountain biking, hiking, hunting, fishing, camping, and boating. We are just three hours northeast of the Phoenix metropolitan area.

For additional information, please contact CAPT Steve

Williams, Director of Diabetes Self-Management, by e-mail at stevenj.williams@ihs.gov; telephone (928) 338-3707.

Other RN vacancy positions include Family Care Unit, Birthing Center, Outpatient, Emergency Room, and Ambulatory Surgery. Please contact Human Resources at (928) 338-3545 for more information.

Physicians

Emergency Medicine PA-Cs

Family Practice PA-Cs/ Family Nurse Practitioners

Rosebud Comprehensive Health Care Facility; Rosebud, South Dakota

The Rosebud Comprehensive Health Care Facility in Rosebud, South Dakota is seeking board eligible/board certified family practice physicians, pediatricians, emergency medicine physicians, an internist, and an ob/gyn with at least five years post-residency experience. We are also in need of ER PA-Cs, family practice PA-Cs, and family nurse practitioners. Rosebud is located in rural south central South Dakota west of the Missouri River on the Rosebud Indian Reservation and is approximately 30 miles from the Nebraska boarder. We are a 35 bed facility that has a 24 hour emergency department, and a busy clinic that offers the following services: family practice, internal medicine, ob/gyn, pediatrics, general surgery, oral surgery, optometry, dentistry, physical therapy, dietary counseling, and behavioral health. Our staff is devoted to providing quality patient care and we have several medical staff members that have been employed here ten or more years.

The beautiful Black Hills, Badlands, Custer State Park, Mount Rushmore, and Crazy Horse Memorial are just 2- 3 hours away. South Dakota is an outdoorsman's paradise with plenty of sites for skiing, hiking, hunting, fishing, boating, and horseback riding. Steeped in western folklore, Lakota culture, history, and land of such famous movies as "Dances with Wolves" and "Into the West" there is plenty for the history buff to explore. If you are interested in applying for a position, please contact Dr. Valerie Parker, Clinical Director, at (605) 660-1801 or e-mail her at valerie.parker@ihs.gov.

Physician/Medical Director

Physician Assistant or Family Nurse Practitioner

Dentist

Dental Hygienist

SVT Health Center; Homer, Alaska

SVT Health Center has immediate openings for a medical director (MD, DO; OB preferred), family nurse practitioner or physician assistant, dentist, and dental hygienist (21 - 28 hours per week). The ideal candidate for each position will be an outgoing, energetic team player who is compassionate and focused on patient care. The individual will be working in a modern, progressive health center and enjoy a wide variety of patients.

The Health Center is located in southcentral Alaska on scenic Kachemak Bay. There are many outdoor activities available including clam digging, hiking, world-class fishing, kayaking, camping, and boating. The community is an easy 4 hour drive south of Anchorage, at the tip of the Kenai Peninsula.

SVTHC offers competitive salary and a generous benefit package. Candidates may submit an application or resume to Beckie Noble, SVT Health Center, 880 East End Road,, Homer, Alaska 99603; telephone (907) 226-2228; fax (907) 226-2230.

Family Practice Physician

Physician Assistant/Nurse Practitioner

Fort Hall IHS Clinic; Fort Hall, Idaho

The Fort Hall IHS Clinic has openings for a family practice physician and a physician assistant or nurse practitioner. Our facility is an AAAHC-accredited multidisciplinary outpatient clinic with medical, dental, optometry, and mental health services, and an on-site lab and pharmacy. Our medical staff includes five family practice providers who enjoy regular work hours with no night or weekend call. We fully utilize the IHS Electronic Health Record and work in provider-nurse teams with panels of patients.

Fort Hall is located 150 miles north of Salt Lake City and 10 miles north of Pocatello, Idaho, a city of 75,000 that is home to Idaho State University. The clinic is very accessible, as it is only one mile from the Fort Hall exit off of I-15. Recreational activities abound nearby, and Yellowstone National Park, the Tetons, and several world class ski resorts are within 2½ hours driving distance.

Please contact our clinical director, Chris Nield, for more information at christopher.nield@ihs.gov; telephone (208)238-5455).

Family Physician/Medical Director

The Native American Community Health Center, Inc.; Phoenix, Arizona

The Native American Community Health Center, Inc. (Native Health), centrally located in the heart of Phoenix, Arizona, is currently seeking a skilled and energetic family physician/medical director who would enjoy the opportunity of working with diverse cultures. The family physician/medical director is a key element in providing quality, culturally competent health care services to patients of varied backgrounds and ages within a unique client-focused setting that offers many ancillary services. Native Health offers excellent, competitive benefits and, as an added bonus, an amazing health-based experience within the beautiful culture of Native Americans. Arizona license Preferred. For more information, contact the HR Coordinator, Matilda Duran, by telephone at (602) 279-5262, ext. 3103; or e-mail

mduran@nachci.com. For more information, check our website at *www.nativehealthphoenix.org*.

Family Medicine Physician

Norton Sound Health Corporation; Nome, Alaska

Practice full spectrum family medicine where others come for vacation: fishing, hunting, hiking, skiing, snowmobiling, dog mushing, and more.

The Gateway to Siberia. The Last Frontier. Nome, Alaska is 150 miles below the Arctic Circle on the coast of the Bering Sea and 120 miles from Russia. It was the home of the 1901 Gold Rush, and still is home to three operating gold dredges, and innumerable amateur miners. There are over 300 miles of roads that lead you through the surrounding country. A drive may take you past large herds of reindeer, moose, bear, fox, otter, and musk ox, or through miles of beautiful tundra and rolling mountains, pristine rivers, lakes, and boiling hot springs.

The Norton Sound Health Corporation is a 638 Alaskan Native run corporation. It provides the health care to the entire region. This encompasses an area about the size of Oregon, and includes 15 surrounding villages. We provide all aspects of family medicine, including deliveries, minor surgery, EGDs, coloscopies, colonoscopies, and exercise treadmills. Our closest referral center is in Anchorage. Our Medical Staff consists of seven board certified family practice physicians, one certified internist, one certified psychiatrist, and several PAs. This allows a very comfortable lifestyle with ample time off for family or personal activities.

Starting salary is very competitive, with ample vacation, paid holidays, two weeks and \$6,000 for CME activities, and a generous retirement program with full vesting in five years. In addition to the compensation, student loan repayment is available.

The practice of medicine in Nome, Alaska is not for everyone. But if you are looking for a place where you can still make a difference; a place where your kids can play in the tundra or walk down to the river to go fishing; a place where everyone knows everyone else, and enjoys it that way, a place where your work week could include a trip to an ancient Eskimo village, giving advice to health aids over the phone, or flying to Russia to medivacs a patient having a heart attack, then maybe you'll know what we mean when we say, "There is no place like Nome."

If you are interested, please contact David Head, MD, by telephone at (907) 443-3311, or (907) 443-3407; PO Box 966, Nome, Alaska 99762; or e-mail at *head@nshcorp.org*.

Family Practice Physician

Central Valley Indian Health, Inc.; Clovis, California

Central Valley Indian Health, Inc. is recruiting for a BC/BE, full-time physician for our Clovis, California clinic. The physician will be in a family practice setting and provide

qualified medical care to the Native American population in the Central Valley. The physician must be willing to treat patients of all ages. The physician will be working with an energetic and experienced staff of nurses and medical assistants. Central Valley Indian Health, Inc. also provides an excellent benefits package that consists of a competitive annual salary; group health insurance/life insurance at no cost; 401k profit sharing and retirement; CME reimbursement and leave; 12 major holidays off; personal leave; loan repayment options; and regular hours Monday through Friday 8 am to 5pm (no on-call hours required). For more information or to send your CV, please contact Julie Ramsey, MPH, 20 N. Dewitt Ave., Clovis, California 93612. Telephone (559) 299-2578, ext. 117; fax (559) 299-0245; e-mail *jramsey@cvi.org*.

Family Practice Physician

Tulalip Tribes Health Clinic; Tulalip, Washington

The Tulalip Tribes Health Clinic in Tulalip, Washington, is seeking two family practice physicians to join our Family Practice Outpatient clinic. We are a six physician outpatient clinic which sits on the edge of Tulalip Bay, 12 miles east of Marysville, Washington. Tulalip is known as an ideal area, situated 30 miles north of Seattle, with all types of shopping facilities located on the reservation. Sound Family Medicine is committed to providing excellent, comprehensive, and compassionate medicine to our patients. The Tulalip Tribes offer an excellent compensation package, group health plan, and retirement benefits. For more information, visit us on the web at *employment.tulaliptribes-nsn.gov/tulalip-positions.asp*. Please e-mail letters of interest and resumes to *wpaisano@tulaliptribes-nsn.gov*.

Family Practice Physician

Seattle Indian Health Board; Seattle, Washington

Live, work, and play in beautiful Seattle, Washington. Our clinic is located just south of downtown Seattle, close to a wide variety of sport and cultural events. Enjoy views of the Olympic Mountains across Puget Sound. The Seattle Indian Health Board is recruiting for a full-time family practice physician to join our team. We are a multiservice community health center for urban Indians. Services include medical, dental, mental health, nutrition, inpatient and outpatient substance abuse treatment, onsite pharmacy and lab, and a wide variety of community education services. Enjoy all the amenities a large urban center has to offer physicians. Our practice consists of four physicians and two mid-level providers. The Seattle Indian Health Board is a clinical site for the Swedish Cherry Hill Family Practice Residency program. Physicians have the opportunity to precept residents in both clinical and didactic activities. The Seattle Indian Health Board is part of a call group at Swedish Cherry Hill (just 5 minutes from the clinic). After hour call is 1 in 10. Program development and leadership opportunities are available.

Seattle is a great family town with good schools and a wide variety of great neighborhoods to live in. Enjoy all the benefits the Puget Sound region has to offer: hiking, boating, biking, camping, skiing, the arts, dining, shopping, and much more! Come join our growing clinic in a fantastic location. The Seattle Indian Health Board offers competitive salaries and benefits. For more information please contact Human Resources at (206) 324-9360, ext. 1105 or 1123; contact Maile Robidoux by e-mail at mailer@sihb.org; or visit our website at www.sihb.org.

Psychiatrist

Psychiatric Nurse Practitioner

Four Corners Regional Health Center; Red Mesa, Arizona

The Four Corners Regional Health Center, located in Red Mesa, Arizona is currently recruiting a psychiatrist. The health center is a six-bed ambulatory care clinic providing ambulatory and inpatient services to Indian beneficiaries in the Red Mesa area. The psychiatrist will provide psychiatric services for mental health patients. The psychiatric nurse practitioner will provide psychiatric nursing services. The incumbents will be responsible for assuring that basic health care needs of psychiatric patients are monitored and will provide medication management and consultation-liaison services. Incumbents will serve as liaison between the mental health program and medical staff as needed. Incumbents will work with patients of all ages, and will provide diagnostic assessments, pharmacotherapy, psychotherapy, and psychoeducation. Relocation benefits are available.

For more information, please contact Michelle Eaglehawk, LISW/LCSW, Director of Behavioral Health Services at (928) 656-5150 or e-mail Michelle.Eaglehawk@ihs.gov.

Pediatrician

Fort Defiance Indian Hospital; Fort Defiance, Arizona

Fort Defiance Indian Hospital is recruiting for pediatricians to fill permanent positions for summer 2008 as well as *locum tenens* positions for the remainder of this year. The pediatric service at Fort Defiance has seven physician positions and serves a population of over 30,000 residents of the Navajo Nation, half of which are under 21 years old! Located at the historic community of Fort Defiance just 15 minutes from the capital of the Navajo Nation, the unparalleled beauty of the Colorado Plateau is seen from every window in the hospital. With a new facility just opened in 2002, the working environment and living quarters for staff are the best in the Navajo Area.

The pediatric practice at Fort Defiance is a comprehensive program including ambulatory care and well child care, inpatient care, Level I nursery and high risk stabilization, and emergency room consultation services for pediatrics. As part of a medical staff of 80 active providers and 50 consulting

providers, the call is for pediatrics only, as there is a full time ED staff. Pediatrics has the unique opportunity to participate in the health care of residents of the Adolescent Care Unit, the only adolescent inpatient mental health care facility in all of IHS, incorporating western medicine into traditional culture. Our department also participates in adolescent health care, care for special needs children, medical home programs, school based clinics, community wellness activities, and other public health programs in addition to clinical services.

Pediatricians are eligible for IHS loan repayment, and we are a NHSC eligible site for payback and loan repayment. Salaries are competitive with market rates, and there are opportunities for long term positions in the federal Civil Service system or Commissioned Corps of the USPHS. Housing is available as part of the duty assignment.

While located in a rural, "frontier" region, there is a lot that is "freeway close." The recreational and off duty activities in the local area are numerous, especially for those who like wide open spaces, clean air, and fantastic scenery. There are eight National Parks and Monuments within a half day's drive, and world class downhill and cross country skiing, river rafting, fly fishing, organized local hikes and outings from March through October, and great mountain biking. Albuquerque, with its unique culture, an international airport, and a university, is the nearest major city, but is an easy day trip or weekend destination. Most important, there are colleagues and a close knit, family oriented hospital community who enjoy these activities together.

For more information, contact Michael Bartholomew, MD, Chief of Pediatrics, at (928) 729-8720; e-mail michael.bartholomew@ihs.gov.

Family Practice Physician

Warm Springs Health and Wellness Center; Warm Springs, Oregon

The Warm Springs Health and Wellness Center has an immediate opening for a board certified/eligible family physician. We have a clinic that we are very proud of. Our facility has been known for innovation and providing high quality care. We have positions for five family physicians, of which one position is open. Our remaining four doctors have a combined 79 years of experience in Warm Springs. This makes us one of the most stable physician staffs in IHS. Our clinic primarily serves the Confederate Tribes of Warm Springs in Central Oregon. We have a moderately busy outpatient practice with our doctors seeing about 16 - 18 patients per day under an open access appointment system. Currently we are a pilot site for the IHS Director's Initiative on Chronic Disease Management. We fully utilize the IHS Electronic Health Record, having been an alpha test site for the program when it was created. We provide hospital care, including obstetrics and a small nursing home practice, at Mountain View Hospital, a community hospital in Madras, Oregon. Our call averages 1 in

5 when fully staffed. For more information, please call our Clinical Director, Miles Rudd, MD, at (541) 553-1196, ext 4626.

Primary Care Physicians (Family Medicine/Internal Medicine)

Santa Fe Indian Hospital; Santa Fe, New Mexico

The Santa Fe Indian Hospital is expanding its primary care department and is currently seeking three to four board certified family physicians and general internists to join its outstanding medical staff. We provide care to a diverse population of nine Pueblo communities in north central New Mexico, as well as an urban population in and around Santa Fe, New Mexico. The current primary care staff of five family physicians, three pediatricians, one internist, and three PA/CNP providers work closely with one another to give full spectrum ambulatory and inpatient services. Three nurse midwives, one OB-Gyn, one general surgeon, one podiatrist, one psychiatrist, and one psychologist are also on site.

Family physicians and general internists at the Santa Fe Indian Hospital all have continuity clinics, and are collectively responsible for covering a moderately busy urgent care and same day clinic seven days a week. They also participate in a rotating hospitalist schedule. When fully staffed, these providers will take one in eight night call and will work approximately two federal holidays per year. In our “work hard, play hard” approach to scheduling, hospitalist weeks are followed by scheduled long weekends off, with scheduled days off during the week in compensation for other weekend shifts.

This is an opportunity for experienced primary care physicians to have the best of two worlds: providing care to a fantastic community of patients *and* living in one of the country’s most spectacular settings. Santa Fe has long been recognized as a world-class destination for the arts and southwestern culture, with nearly unlimited outdoor activities in the immediate area. As a consequence, our staff tends to be very stable, with very little turnover. Ideal candidates are those with previous experience in IHS or tribal programs who are looking for a long-term commitment. For more information, please contact Dr. Bret Smoker, Clinical Director, at (505) 946-9279 (e-mail at bret.smoker@ihs.gov), or Dr. Lucy Boulanger, Chief of Staff, at (505) 946-9273 (e-mail at lucy.boulanger@ihs.gov).

Chief Pharmacist

Staff Pharmacist

Zuni Comprehensive Healthcare Center; Zuni, New Mexico

The ZCHCC, within the Indian Health Service, is located on the Zuni Indian Reservation in beautiful western New Mexico. ZCHCC is a critical access hospital with an inpatient unit consisting of 30 plus beds, labor and delivery suites,

emergency department, and a large outpatient clinic. The center serves the Zuni and Navajo Tribes. Housing and moving expenses available for eligible applicants. The Zuni are a Pueblo people with rich culture, customs, and traditions. Applicants may contact Cordy Tsadiasi at (505) 782-7516 or CDR David Bates at (505) 782-7517.

Psychiatrist

SouthEast Alaska Regional Health Consortium; Sitka, Alaska

Cross cultural psychiatry in beautiful southeastern Alaska. Positions available in Sitka for BE/BC psychiatrist in our innovative Native Alaskan Tribal Health Consortium with a state-of-the-art EHR in the coming year. Join a team of committed professionals. Inpatient, general outpatient, telepsychiatric, C/L, and child/adolescent work available. Excellent salary and benefit pkg. Loan repayment option. Live, hike, and kayak among snow capped mountains, an island studded coastline, whales, and bald eagles. CV and questions to tina.lee@searhc.org or (907) 966-8611. Visit us at www.searhc.org.

Family Practice Physician

Sonoma County Indian Health Project; Santa Rosa, California

The Sonoma County Indian Health Project (SCIHP) in Santa Rosa, California is seeking a full-time BC/BE Family Practice Physician to join our team. SCIHP is a comprehensive community care clinic located in the northern Californian wine country. Candidates must currently hold a California Physician/Surgeon license. Inpatient care at the hospital is required. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. For more information, please contact Bob Orr at (707) 521-4654; or by e-mail at Bob.Orr@carih.net.

Family Practice Physician/Medical Director

American Indian Health and Family Services of Southeastern Michigan; Dearborn, Michigan

American Indian Health and Family Services of Southeastern Michigan (*Minobinmaadziwin*) (AIHFS) is a non-profit ambulatory health center, founded 1978. AIHFS provides quality, culturally integrated, medical and preventative dental care in addition to comprehensive diabetes prevention and treatment. All of AIHFS programs integrate traditional Native American healing and spiritual practices with contemporary western medicine in both treatment and prevention.

AIHFS is seeking a full time primary care and family practice physician/medical director. This involves the delivery of family oriented medical care services as well as general professional guidance of primary care staff. The incumbent

will also function as the Medical Director, who will collaborate with fellow physicians and the Executive Director on administrative operations of the medical, dental, and behavioral health services.

Please send a cover letter (include the position that you are applying for, a summary of your interests and qualifications for position), minimum salary requirement, resume, and a list of three professional references with contact information to American Indian Health and Family Services of Southeastern Michigan, Inc., Attn: Jerilyn Church, Executive Director, P.O. Box 810, Dearborn, Michigan; fax: (313) 846-0150 or e-mail humanresources@aihfs.org.

Pediatrician

Nooksack Community Clinic; Everson, Washington

The Nooksack Community Clinic in Everson, Washington is seeking an experienced pediatrician to take over the successful practice of a retiring physician. The clinic provides outpatient care to approximately 2,000 members of the Nooksack Indian Tribe and their families. The position includes some administrative/supervisory duties as well as part-time direct patient care. We are seeking a dedicated, experienced pediatrician with a special interest in child advocacy and complex psychosocial issues. This is a full time position with a competitive salary and benefits. There are no on-call, no inpatient duties, and no obstetrics. We currently are staffed with one family practitioner, one internist, one pediatrician, and one nurse practitioner. Additionally we have three mental health counselors, a state-of-the-art four-chair dental clinic, a nutritionist, a diabetic nurse educator, and an exercise counselor. We provide high quality care in an environment that prides itself on treating our patients like family.

The clinic is located in a very desirable semi-rural area of Northwest Washington, renowned for its scenic beauty, quality of life, and year 'round outdoor recreation. The beautiful city of Bellingham is 20 minutes away. Vancouver, Canada is less than 90 minutes away, and Seattle is approximately a two-hour drive away. St. Joseph Hospital in nearby Bellingham offers a wide range of specialist and inpatient services, an excellent hospitalist program, as well as emergency care, lab, and imaging services, all easily accessible for our patients.

For further information, please send your CV or contact Dr. MaryEllen Shields at nooksackclinic@gmail.com, or write c/o Nooksack Community Health Center, PO Box 647, Everson, Washington 98247; telephone (360) 966-2106; fax (360) 966-2304.

Nurse Executive

Santa Fe Indian Health Hospital; Santa Fe, New Mexico

The Santa Fe Indian Hospital is recruiting for a quality, experienced nurse executive. The 39-bed Santa Fe Indian Hospital is part of the Santa Fe Service Unit providing services

in the clinical areas of general medical and surgical care, operating room, urgent care, progressive care, and preventive health. The purpose of this position is to serve as the top level nurse executive for all aspects of the nursing care delivery. As Director of Nursing (DON) services, manages costs, productivity, responsibility of subordinate staff, and programs, as well as providing leadership and vision for nursing development and advancement within the organizational goals and Agency mission.

The Nurse Executive is a key member of the SFSU Executive Leadership Team and has the opportunity to coordinate clinical services with an outstanding, stable, and experienced Clinical Director and Medical Staff. The SFSU includes the hospital and four ambulatory field clinics primarily serving nine tribes. The SFSU earned 2006 Roadrunner Recognition from Quality New Mexico. The hospital is located in beautiful Santa Fe, New Mexico, filled with cultural and artistic opportunities.

Contact CAPT Jim Lyon, CEO at (505) 946-9204 for additional information.

Director of Nursing

Acoma-Canoncito Laguna Hospital; San Fidel, New Mexico

Acoma-Canoncito Laguna Hospital has an opening for a director of nursing. The Acoma-Canoncito Laguna Service Unit (ACL) serves three tribal groups in the immediate area: the Acoma Pueblo (population 3,500), the Laguna Pueblo (5,500) and the Canoncito Navajos (1,100). The ACL Hospital is located approximately 60 miles west of Albuquerque, New Mexico. The hospital provides general medical, pediatric, and obstetric care with 25 beds. The director of nursing is responsible for planning, organizing, managing, and evaluating all nursing services at ACL. This includes both the inpatient and outpatient areas of the service unit. The director of nursing participates in executive level decision making regarding nursing services and serves as the chief advisor to the chief executive officer (CEO) on nursing issues. Other responsibilities include management of the budget for nursing services. For more information about the area and community, go to <http://home.Abuquerque.ihs.gov/serviceunit/ACLSU.html>. For details regarding this great employment opportunity, please contact Dr. Martin Kileen at (505) 552-5300; or e-mail martin.kileen@ihs.gov.

Primary Care Physician

(Family Practice Physician/General Internist)

Family Practice Physician Assistant/Nurse Practitioner

Kyle Health Center; Kyle, South Dakota

Kyle Health Center, a PHS/IHS outpatient clinic, is recruiting for the position of general internal medicine/family practice physician and a position of family practice physician

assistant/nurse practitioner. The clinic is south of Rapid City, South Dakota, and is located in the heart of the Badlands and the Black Hills – an area that is a favorite tourist destination. It is currently staffed with physicians and mid-level practitioners. It provides comprehensive chronic and acute primary and preventive care. In-house services include radiology, laboratory, pharmacy, optometry, podiatry, primary obstetrics/gynecology, diabetic program, and dentistry. There is no call duty for practitioners. We offer competitive salary, federal employee benefits package, CME leave and allowance, and loan repayment. For further information, please contact K.T Tran, MD, MHA, at (605) 455-8244 or 455-8211.

Internist

Northern Navajo Medical Center; Shiprock, New Mexico

The Department of Internal Medicine at Northern Navajo Medical Center (NNMC) invites board-certified or board-eligible internists to interview for an opening in our eight-member department. NNMC is a 75-bed hospital in Shiprock, New Mexico serving Native American patients from the northeastern part of the Navajo Nation and the greater Four Corners area. Clinical services include anesthesia, dentistry, emergency medicine, family practice, general surgery, internal medicine, neurology, OB/Gyn, optometry, orthopedics, ENT, pediatrics, physical therapy, and psychiatry. Vigorous programs in health promotion and disease prevention, as well as public health nursing, complement the inpatient services.

The staff here is very collegial and unusually well trained.

A vigorous CME program, interdepartmental rounds, and journal clubs lend a decidedly academic atmosphere to NNMC. Every six weeks, the departments of internal medicine and pediatrics host two medical students from Columbia University's College of Physicians and Surgeons on a primary care rotation. In addition, we have occasional rotating residents to provide further opportunities for teaching.

There are currently eight internists on staff, with call being about one in every seven weeknights and one in every seven weekends. We typically work four 10-hour days each week. The daily schedule is divided into half-days of continuity clinic, walk-in clinic for established patients, exercise treadmill testing, float for our patients on the ward or new admissions, and administrative time. On call, there are typically between 1 and 4 admissions per night. We also run a very active five-bed intensive care unit, where there is the capability for managing patients in need of mechanical ventilation, invasive cardiopulmonary monitoring, and transvenous pacing. The radiology department provides 24-hour plain film and CT radiography, with MRI available weekly.

The Navajo people suffer a large amount of diabetes, hypertension, and coronary artery disease. There is also a high incidence of rheumatologic disease, tuberculosis, restrictive lung disease from uranium mining, and biliary tract and gastric disorders. There is very little smoking or IVDU among the Navajo population, and HIV is quite rare.

Permanent staff usually live next to the hospital in government-subsidized housing or in the nearby communities of Farmington, New Mexico or Cortez, Colorado, each about 40 minutes from the hospital. Major airlines service airports in Farmington, Cortez, or nearby Durango, Colorado. Albuquerque is approximately 3½ hours away by car.

The great Four Corners area encompasses an unparalleled variety of landscapes and unlimited outdoor recreational activities, including mountain biking, hiking, downhill and cross-country skiing, whitewater rafting, rock climbing, and fly fishing. Mesa Verde, Arches, and Canyonlands National Parks are within a 2 - 3 hour drive of Shiprock, as are Telluride, Durango, and Moab. The Grand Canyon, Capitol Reef National Park, Flagstaff, Taos, and Santa Fe are 4 - 5 hours away.

If interested, please contact Eileen Barrett, MD, telephone (505) 368.7035; e-mail eileen.barrett@ihs.gov.

Chief Pharmacist

Deputy Chief Pharmacist

Staff Pharmacists (2)

Hopi Health Center; Polacca, Arizona

The Hopi Health Care Center, PHS Indian Health Service, is located on the Hopi Indian Reservation in beautiful northeastern Arizona. HHCC is a critical access hospital with an inpatient unit consisting of four patient beds plus two labor and delivery suites, emergency room, and a large outpatient clinic. The HHCC serves the Hopi, Navajo and Kiabab/Paiute Tribes. Housing, sign-on bonus and/or moving expenses are available for eligible applicants. The Hopi people are rich in culture, customs, and traditions and live atop the peaceful mesas. Applications are available on-line at www.ihs.gov, or contact Ms. April Tree at the Phoenix Area Office at (602) 364-5227.

Nurse Practitioners

Physician Assistant

Aleutian Pribilof Islands Association (APIA); St. Paul and Unalaska, Alaska

Renown bird watcher's paradise! Provide health care services to whole generations of families. We are recruiting for mid-level providers for both sites, and a Medical Director for St. Paul and a Clinical Director for Unalaska, Alaska.

Duties include primary care, walk-in urgent care, and emergency services; treatment and management of diabetes a plus. Must have the ability to make independent clinical decisions and work in a team setting in collaboration with referral physicians and onsite Community Health Aide/Practitioners. Sub-regional travel to other APIA clinics based on need or request. Graduate of an accredited ANP or FNP, or PA-C program. Requires a registration/license to practice in the State of Alaska. Credentialing process to practice required. Knowledge of related accreditation and

certification requirements. Minimum experience 2 - 3 years in a remote clinical setting to include emergency care services and supervisory experience. Indian Health Service experience a plus. Will be credentialed through Alaska Native Tribal health Consortium. Positions available immediately. Work 37.5 hours per week.

Salary DOE + benefits. Contractual two year commitment with relocation and housing allowance. Job description available upon request. Please send resumes with at least three professional references to Nancy Bonin, Personnel Director, via email at nancyb@apiai.org.

Family Practice Physician

Dentist

Northeastern Tribal Health Center; Miami, Oklahoma

The Northeastern Tribal Health Center is seeking a full-time Family Practice Dentist and a Family Practice Physician to provide ambulatory health care to eligible Native American beneficiaries. The Health Care Center is located in close proximity to the Grand Lake area, also with thirty minute interstate access to Joplin, Missouri. The facility offers expanded salaries, excellent benefits, loan repayment options, no weekends, and no call. To apply please submit a current resume, certifications, and current state license. Applicants claiming Indian preference must submit proof with their resume. Applicants will be required to pass a pre-employment drug screen and complete a background check. To apply, send requested documents to Northeastern Tribal Health Center, P.O. Box 1498, Miami, Oklahoma 74355, attention: Personnel. The phone number is (918) 542-1655; or fax (918) 540-1685.

Emergency Department Physician/Director

Kayenta Health Center; Kayenta, Arizona

Kayenta is unique in many ways. We are located in the Four Corners area on the Navajo Indian Reservation as part of the Indian Health Service/DHHS. We have challenging assignments, beautiful rock formations, movie nostalgia, ancient ruins, and wonderful clientele to care for. We are within one hundred and fifty miles from the Grand Canyon and one hundred miles from Lake Powell, which offers boating, fishing, water skiing, and camping. World class skiing resorts and winter sports are just a few hours away in Colorado and Utah. Kayenta is a great place to raise a family with stress free living in a small hometown setting.

Working for Kayenta Health Center provides a unique opportunity. Because of our remote location and underserved population, you may be eligible for loan repayment and can be making a real difference in the world.

We are currently recruiting for a BC/BE emergency department physician and director to work in our 24-hour, eight bed facility. This is a great opportunity to join our multi-specialty ten member medical staff and nursing team. This position will be supported by dynamic outpatient clinical

services, including dental, optometry, mental health, public health nursing, pharmacy, radiology, environmental health services, and nutrition.

If interested in this exciting employment opportunity, please contact Stellar Anonye Achampong, MD, Clinical Director, at (928) 697-4001; e-mail stellar.anonye@ihs.gov; or send CV to Human Resources/Melissa Stanley, PO Box 368, Kayenta, Arizona 86033; telephone (928) 697-4236.

Multiple Professions

Pit River Health Service, Inc.; Burney, California

Pit River Health Service is an IHS funded rural health clinic under P.L.93-638 in northern California that provides medical, dental, outreach, and behavioral health. We are seeking several professional positions to be filled. We are looking for a Health Director to administer and direct the program to fulfill the Pit River Health Service, Inc.'s primary mission of delivering the highest possible quality of preventative, curative and rehabilitative health care to the Indian people served; a Dental Director to plan and implement the dental program and supervise dental staff; a Public Health Nurse or Registered nurse seeking a PHN license to provide public health nursing and to coordinate and supervise Community Health Services program; a Behavioral Health Director/LCSW as an active member of an interdisciplinary team providing prevention, intervention, and mental health treatment services to clients; and a Registered Dental Assistant.

Burney is located about 50 miles northeast of Redding, California in the Intermountain Area. The Intermountain Area offers plenty of recreational opportunities such as fishing, hiking, camping, boating, and hunting, with a beautiful landscape. Snow skiing is within an hour's drive away. The Intermountain Area is a buyers market for homes, as well. All available positions require a California license and/or certification. To apply for employment opportunities and for more information, please contact John Cunningham; e-mail johnnc@pitriverhealthservice.org; or telephone (530) 335-5090, ext. 132.

Family Practice Physician

Internal Medicine Physician

Psychiatrist

Winslow Indian Health Care Center; Winslow, Arizona

The Winslow Indian Health Care Center (WIHCC) in northern Arizona is currently looking for primary care physicians in family practice, internal medicine, and psychiatry. We have a staff of 12 physicians, including a surgeon, and nine family nurse practitioners and physician assistants. We offer comprehensive ambulatory and urgent/emergent care to patients at our health center in Winslow, which includes a state-of-the-art, seven-bed Urgent Care Center completed in 2006. WIHCC also operates two

field clinics five days a week on the Navajo Reservation, at Leupp and Dilkon. Our FPs and internist also provide inpatient care at the local community hospital, the Little Colorado Medical Center, where the FPs provide obstetrical deliveries with excellent back-up from the local OB-Gyn group. The psychiatrist works as part of a team consisting of one full-time psychiatric nurse practitioner, another (part-time) psychiatrist, and five Navajo counselors, providing primarily outpatient services with occasional hospital consults.

WIHCC offers an awesome mix of professional, cultural, and recreational opportunities. It is located just seven miles from the breathtaking beauty of Navajoland and its people, and 50 miles from Flagstaff – a university town with extensive downhill and cross-country skiing, where several of our employees choose to live. Attractive salary and benefits, as well as a team oriented, supportive work environment are key to our mission to recruit and retain high quality professional staff.

WIHCC became an ISDA 638 contracted site in 2002, and has experienced steady growth and enhancement of programs and opportunities since the transition from a direct IHS program. Please contact Frank Armao, MD, Clinical Director, if you are interested in pursuing an opportunity here, at frank.armao@wihcc.org; telephone (928) 289-6233.

Family Practice Physician

Peter Christensen Health Center; Lac du Flambeau, Wisconsin

The Peter Christensen Health Center has an immediate opening for a board certified family practice physician; obstetrics is optional, and call will be 1/6. The facility offers competitive salaries, excellent benefits, and loan repayment options; all within a family oriented work atmosphere.

The Lac du Flambeau Indian Reservation is located in the heart of beautiful northern Wisconsin. The area's lakes, rivers, and woodlands teem with abundant wildlife, making it one of the most popular recreational areas in northern Wisconsin. The area boasts fabulous fishing, excellent snowmobiling, skiing, hunting, golf, and much more. Four seasons of family fun will attract you; a great practice will keep you.

For specific questions pertaining to the job description, call Randy Samuelson, Clinic Director, at (715) 588-4272. Applications can be obtained by writing to William Wildcat Community Center, Human Resource Department, P.O. Box 67, Lac du Flambeau, Wisconsin 54538, Attn: Tara La Barge, or by calling (715) 588-3303. Applications may also be obtained at www.lacduflambeautribe.com.

Primary Care Physician

Zuni Comprehensive Community Health Center; Zuni, New Mexico

The Zuni Comprehensive Community Health Center (Zuni-Ramah Service Unit) has an opening for a full-time primary care physician starting in January 2008. This is a family medicine model hospital and clinic providing the full range of primary care -- including outpatient continuity clinics, urgent care, emergency care, inpatient (pediatrics and adults) and obstetrics -- with community outreach, in a highly collaborative atmosphere. For a small community hospital, we care for a surprisingly broad range of medical issues. Our professional staff includes 14 physicians, one PA, one CNM, a podiatrist, dentists, a psychiatrist, a psychologist, optometrists, physical therapists, and pharmacists. Our patient population consists of Zunis, Navajos, and others living in the surrounding area.

Zuni Pueblo is one of the oldest continuously inhabited Native American villages in the US, estimated to be at least 800 - 900 years old. It is located in the northwestern region of New Mexico, along the Arizona border. It is high desert, ranging from 6000 - 7000 feet elevation and surrounded by beautiful sandstone mesas, canyons, and scattered sage, juniper, and pinon pine trees. Half of our medical staff has been with us for more than seven years, reflecting the high job and lifestyle satisfaction we enjoy in this community.

For more information, contact John Bettler, MD at (505) 782-7453 (voice mail), (505) 782-4431 (to page), or by e-mail at john.bettler@ihs.gov. CVs can be faxed to (505) 782-4502, attn: John Bettler.

Primary Care Physicians (Family Practice, Internal Medicine, Med-Peds, Peds)

Psychiatrists

Pharmacists

Nurses

Chinle Service Unit; Chinle, Arizona

Got Hózhó? That's the Navajo word for joy. Here on the Navajo Reservation, there's a great mix of challenging work and quality of life. No rush hour traffic, no long commutes, no stressors of urban life. We walk to work (naanish) and enjoy living in our small, collegial community. Our 60-bed acute care hospital is located in Chinle, Arizona, the heart of the Navajo Nation. At work we see unique pathology, practice evidence-based medicine, and are able to utilize the full scope of our medical training. Together, we enjoy learning in an atmosphere of interdepartmental collaboration, supported by an established network of consulting specialists across the southwest. A comprehensive system of preventive programs and ancillary services allows us to provide the best possible care for our patients. During our time off, many of us explore the beautiful southwest, bike on amazing slick rock, and ski the

slopes of the Rocky Mountains. It's a great life – combining challenging and interesting work with the peaceful culture of the Navajo people and the beautiful land of the southwest.

We're looking for highly qualified health care professionals to join our team. If you're interested in learning more about a place where “naanish baa hózhó” (work is joyful), contact Heidi Arnholm, Medical Staff Recruiter, Chinle Service Unit, telephone (970) 882-1550 or (928) 674-7607; e-mail heidi.arnholm@ihs.gov.

Family Practice Physician

Family Practice Medical Director

Tanana Chiefs Conference, Chief Andrew Isaac Health Center; Fairbanks, Alaska

We are seeking a board certified family practice physician, preferably with obstetrics skills for a full-time position. We will have openings in the summers of 2007 and 2008.

The facility is a multispecialty clinic providing services in obstetric/gynecology, internal medicine, and family practice. It also includes dental, optometry, pharmacy, behavioral health, community health aides, and other services. Our referral region includes 43 villages in interior Alaska covering an area the size of Texas. Fairbanks has an outstanding school system and university. We offer a very competitive salary with a great benefits package and a loan repayment plan. Commissioned Corps positions are also available. Contact Jim Kohler at (907) 459-3806 or james.kohler@tananachiefs.org.

Family Practice Physician

Seattle Indian Health Board; Seattle, Washington

Full Time, Fantastic Benefits! We are recruiting for a family practice physician to join our team at the Seattle Indian Health Board in Seattle, Washington. We are a multiservice community health center for medical, dental, mental health, substance abuse, and community education services. We are looking for a physician who is familiar with health and social issues facing American Indians/Alaska Natives and a desire to promote the delivery of appropriate health services to this population.

Seattle Indian Health Board (SIHB) physicians are responsible for the delivery of quality, culturally sensitive primary medical care to the SIHB's patient population. This position provides general medical care (including diagnosis, treatment, management, and referral) to SIHB patients with acute, chronic, and maintenance health care needs. The physician chosen will also participate in the medical on-call rotation schedule and other responsibilities such as consulting and coordinating care with other practitioners, nursing, pharmacy, laboratory, and outside referral sites. He or she will provide clinic preceptorship of mid-level practitioners and patient care instruction to nurses, pharmacists, and other SIHB clinical staff. The incumbent will precept for residents for the

outpatient continuity family practice clinics. In addition to supervising patient care, preceptors engage in didactic activity to enhance resident learning. The physician will also participate in quality assurance, program development, community health education/screening, and related activities. He or she will document all patient care information/treatment in problem-oriented format in the patient's medical records, as well as complete and submit encounter forms and related materials according to established procedure. Finally, the person selected will comply with SIHB policies and procedures, and the AAAHC Standards of Care.

Qualifications include board certification in family medicine and a Washington State medical license. All applicants will be required to complete a background check. Please visit our website at www.sihb.org for more information, or you can call Human Resources at (206) 324-9360, ext. 1123.

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THE IHS PRIMARY CARE PROVIDER



A journal for health professionals working with American Indians and Alaska Natives

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