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The STEADI Tool Kit: A Fall Prevention Resource for Health Care Providers

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Background

Among people aged 65 years and older, falls are a serious and growing public health problem. Falls are the leading cause of injury-related deaths and emergency department visits¹ and account for over \$30 billion in direct medical costs.² For older persons, the consequences of falls can be devastating, including reduced mobility, functional decline, and loss of independence.³ With our aging population, it will become increasingly important to find ways to reduce falls among our vulnerable elders.

Falls are the leading cause of injury deaths among older adults, regardless of race or ethnicity. While the trend in fall death rates is similar for Native Americans and the US population as a whole, there are differences (Figure 1). Fall death rates begin to rise around age 65 and increase with age.¹ However, around age 75, the US rate begins to surpass the Native American rate and, by age 85, exceeds the Native American rate by about 35%. The likelihood of falling increases with age, and the average life expectancy is lower for Native Americans (75.1 years) than for the US population (78.6 years).⁴ The longest-lived Native Americans may be healthier than older adults in the US population or, more likely, they may be dying from competing causes, such as diabetes, alcohol-related diseases, and motor vehicle crashes^{1,5,6}, rather than fall injuries.

Epidemiologic studies have identified numerous fall risk factors.⁷ These can be classified as either intrinsic (i.e., originating within the person, such as age, female gender, leg weakness, and balance disorders) or extrinsic (i.e., originating outside the body, such as environmental hazards). In an early study of older adults living in the community, Tinetti and colleagues found that the likelihood of falling increased linearly with the increasing number of fall risk factors.⁸

Research shows that reducing fall risk factors can prevent falls. The Cochrane Collaboration conducted a meta-analysis of randomized controlled trials of fall interventions. They concluded that, in the clinical setting, assessing and addressing an older person's fall risk factors, in addition to identifying and treating symptoms of chronic conditions, can reduce falls.⁹ More recently, the United States Preventive Services Task Force (USPSTF) conducted a systematic review of fall interventions.¹⁰ They also found that interventions delivered through primary care, including exercise or physical therapy, reduced older adult falls.

An individualized clinical approach for reducing falls among older adults is recommended by the American and

In this Issue...

162 The STEADI Tool Kit: A Fall Prevention Resource for Health Care Providers

166 Exciting New Online Learning Modules Provide Timely and Medically Accurate Cancer Information

169 Electronic Subscription Available

171 Career Development Grants for Women

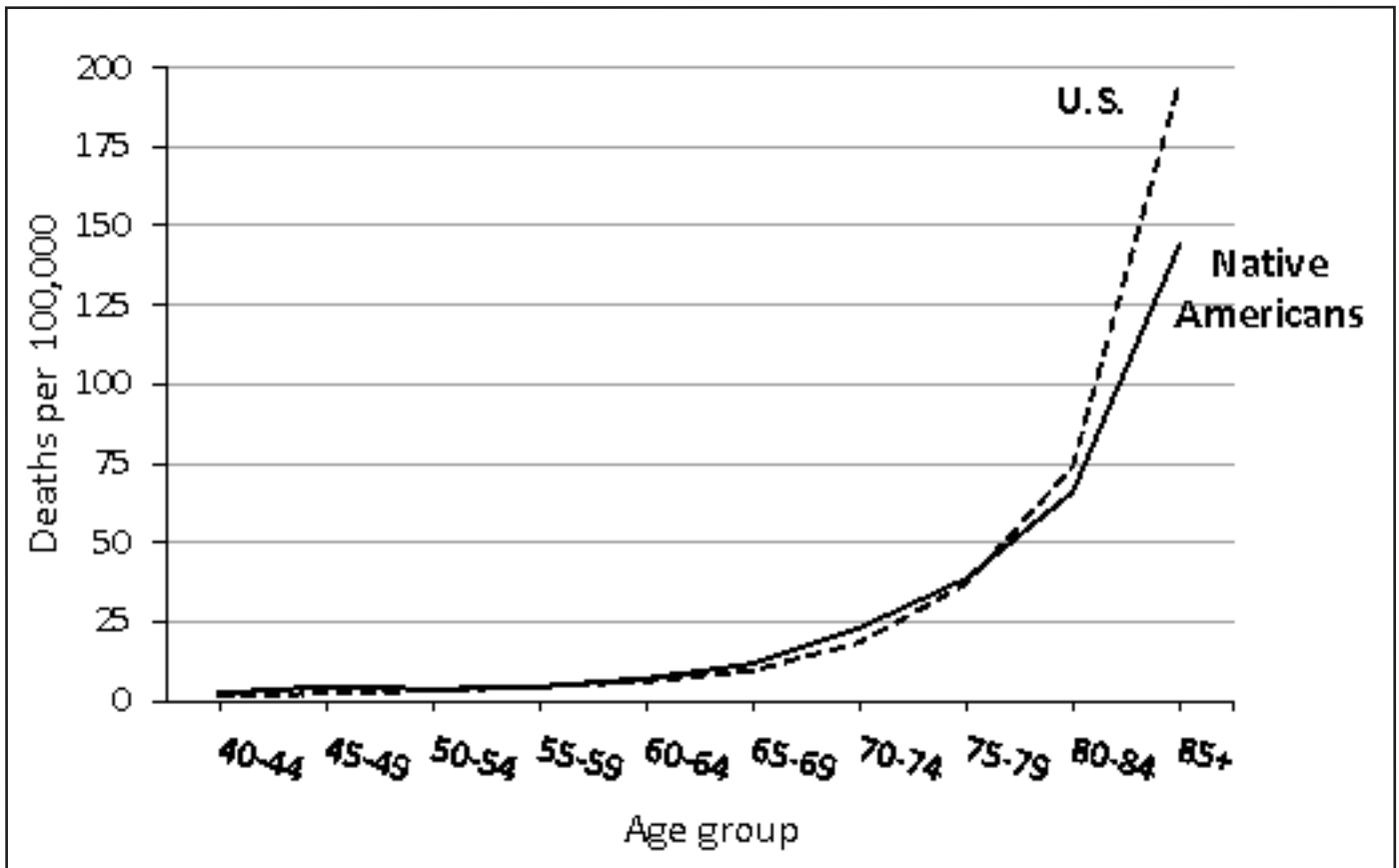
172 Eagle Books Toolkit Now Available!

173 Clinical Tools and CME/CE Training Opportunities from the Division of Diabetes

175 Meetings of Interest

176 Position Vacancies

Figure 1. Fall death rates among US and Native American adults, 2007 – 2010.



British Geriatrics Societies (AGS/BGS) and outlined in their clinical practice guideline.¹¹ However, primary care physicians have been slow to put this guideline into practice. Many report they do not know how to conduct fall risk assessments or do not have sufficient knowledge about fall prevention.¹²⁻¹⁴ Providers also report that they have limited time to spend with each patient. The new Medicare annual wellness visit offers providers the opportunity to incorporate (and potentially to be reimbursed for) fall risk assessment and treatment.

STEADI Tool Kit

To address these implementation barriers, scientists at CDC's Injury Center developed the STEADI (Stop Elderly Accidents, Deaths, and Injuries) tool kit. The tool kit is based in theory¹⁵ and on research evidence, and incorporates input from a variety of health care providers. The development process for the STEADI tool kit has been described previously.¹⁶

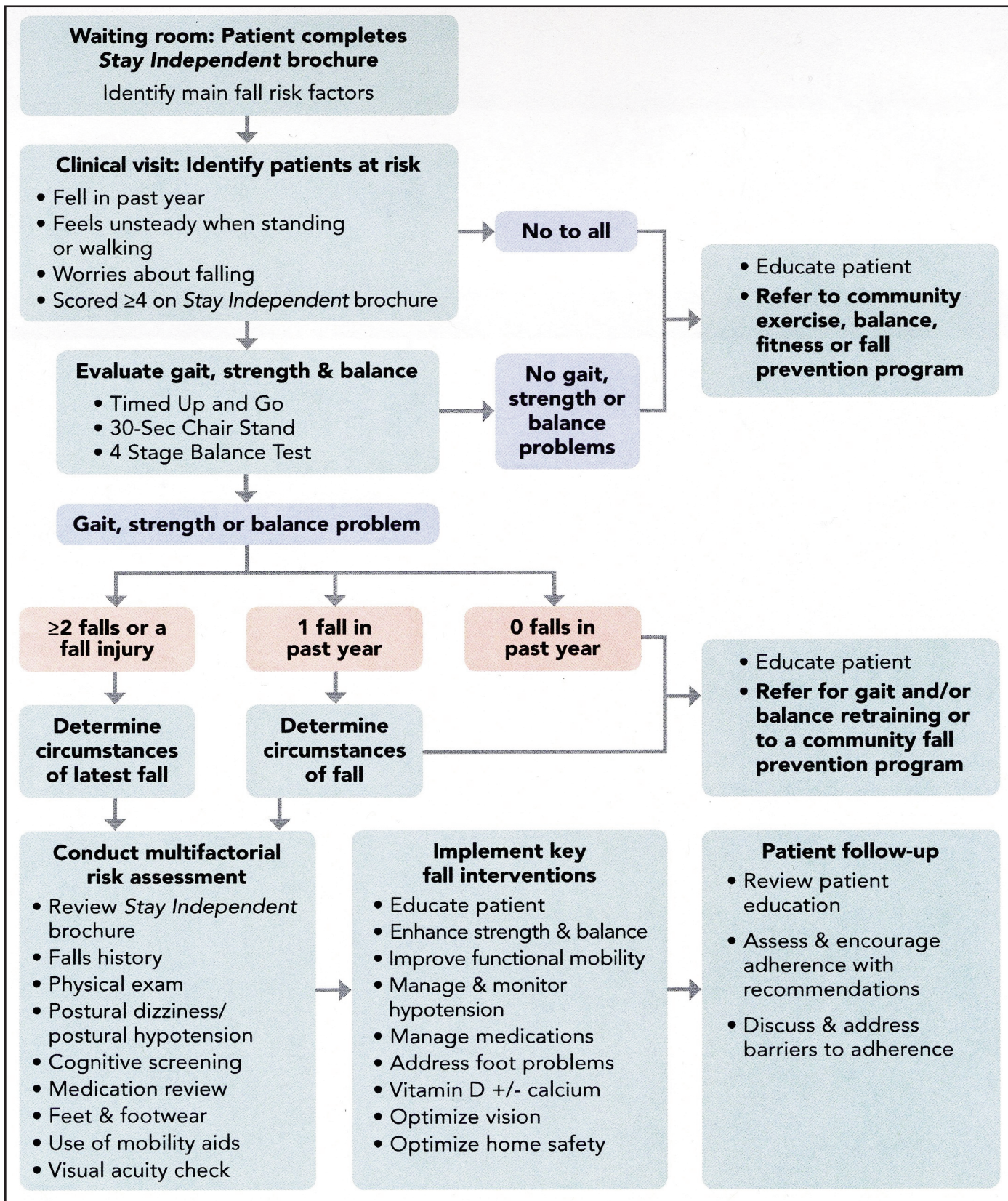
The STEADI tool kit resources are designed to help health care providers incorporate fall risk assessment, treatment, and referral into clinical practice, and to facilitate patient referrals to community-based fall prevention programs. These resources

were designed for clinicians in primary care settings, including physicians, physician assistants, nurses, and nurse practitioners. Specific items also can be used by pharmacists, physical therapists, and occupational therapists.

The STEADI tool kit translates the fall risk assessment and treatment process into specific activities that can fit into a variety of clinical settings, including IHS and tribal clinical settings. As shown in Figure 2, the STEADI tool kit algorithm can be used to assess and treat patients with all levels of fall risk. Although this algorithm largely follows the AGS/BGS clinical guideline, it also incorporates primary fall prevention. For example, low-risk older patients (those who have not fallen and/or do not have gait or balance problems) would be educated about how to prevent falls and referred to a community-based exercise program for older adults that emphasized strength and balance. Such programs may be offered through tribal senior centers or the IHS Community Health Representative Program.

Following the algorithm, a fall risk assessment begins with a patient completing the *Stay Independent* self-risk assessment brochure, either at home or in the waiting room. This instrument, developed by Rubinstein and colleagues,

Figure 2. Algorithm for fall risk assessment and interventions



incorporated input from older adults and has been scientifically validated.¹⁷ The brochure contains 12 questions that focus on the leading fall risk factors. A positive answer to each question is worth one or two points, and a score of four or more indicates an increased risk of falling. The answers to specific questions, along with the score, enable providers to identify that patient's key fall risk factors.

Provider Resources

The tool kit contains a number of provider resources designed to support various types of fall prevention activities. Although these materials were designed for clinicians in primary care, certain items can be used by health care professionals in other settings.

Background information about falls is provided by three fact sheets on topics suggested by clinicians: an overview of the burden of falls, medications associated with falls, and a table of the most important modifiable fall risk factors. There are also three case studies illustrating patients with low, medium, and high fall risk.

Both clinicians¹⁴ and patients¹⁸ often find it difficult and uncomfortable to discuss falls. To address this challenge, we developed the resource, *Talking about Fall Prevention with Your Patient*, which incorporates Prochaska's Stages of Change Model.¹⁹ Because fall prevention requires a person to change their behavior, this model is a good fit. It depicts change as a "process involving progress through a series of stages." For each stage, this resource provides a brief statement about how to move the patient to the next stage, (i.e., "To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from the family.") It also provides everyday examples of patient-provider conversations for each stage, and offers some responses to frequently heard statements. These conversations could be easily tailored for tribal elders.

Poor balance and limited leg strength are key fall risk factors. The STEADI tool kit includes directions for conducting three brief, standardized, and validated gait, strength, and balance assessments: the Timed Up and Go test,²⁰ the 30-sec chair stand,^{21,22} and the 4-stage balance test.²³ It also includes directions for measuring orthostatic blood pressure because postural hypotension is a frequent cause of older adult falls.²⁴ As a companion piece, we developed an educational brochure, *Postural Hypotension—What It Is and How to Manage It*, that can be helpful for providers when discussing this condition with a patient.

Based on feedback from health care providers, we designed a form summarizing the results of various fall risk factor assessments. It includes the results of the three gait and balance tests as well as other medical conditions that can increase fall risk. Not all items need to be completed during a single visit. This form can be included in the patient's chart or it can be scanned or entered into an electronic medical record. We also include a tri-fold pocket guide that contains the risk

assessment algorithm and other key information that providers would want at their fingertips. And there is an 11" x 17" laminated wall chart that can be used to help providers in different types of practices tailor fall prevention activities to fit their practice setting.

Finally, the tool kit contains two referral forms that providers can customize for their practice. One is a referral to specialists such as physical therapists, neurologists, and podiatrists. The other is a referral to community fall prevention programs. Older adults are much more likely to follow through if their health care provider recommends that they take an exercise class.²⁵ With this form, providers can direct their patients to specific evidence-based programs in their community. This is an important way to link clinical fall risk assessment and treatment with community programs.

Patient materials

The tool kit also contains several items designed for older adults or their caregivers. There are two popular CDC brochures, *What YOU Can Do to Prevent Falls* and the home safety checklist, *Check for Safety*. There is also a one-page handout that describes the Chair Rise exercise. This is a simple leg strengthening exercise that patients at low risk of falling can begin doing immediately, before beginning a community exercise or fall prevention program.

Summary

The STEADI tool kit is a broad, evidence-based resource that is intended to help health care providers incorporate fall risk assessment and individualized fall interventions into their clinical practice. In addition, it can be used to link clinical fall risk assessment with community exercise or fall prevention programs. All the STEADI materials can be seen and downloaded at www.CDC.gov/injury/STEADI.

Falls among older adults are a huge public health problem and one that will increase as our population ages. The STEADI tool kit offers health care providers a variety of resources that can simplify and systematize the process of incorporating fall prevention into clinical care. By reducing their patients' risk of falls, providers will enable older adults to remain healthy and independent as long as possible.

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Disclaimer: The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Exciting New Online Learning Modules Provide Timely and Medically Accurate Cancer Information

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To respond to the need for continued community-based cancer education, the written “Understanding Cancer” manual was converted into an online training manual. This new resource is posted on the Alaska Community Health Aide Program cancer education website at <http://www.akchap.org/html/resources/cancer-education/cancer-ce.html>, and is available to anyone interested in learning more about cancer. The “Understanding Cancer” course manual was written in collaboration with medical providers and Community Health Workers, and includes seven sections and additional helpful resources and community activities, as follows: 1) Self-Care; 2) Wellness Ways to Prevent and Decrease Cancer Risk; 3) Cancer and Our genes; 4) Understanding Cancer Basics; 5) Cancer Treatments: What to Expect; 6) Cancer Pain: Assessment and Management; and 7) Loss, Grief, and End-of-Life Comfort Care.

The “Understanding Cancer” manual and curriculum have been used by Community Health Workers in Alaska since 1998 to support in-person cancer education. Additionally, the materials were adopted in 2007 by the Community Health Representative National Training Program. In Wisconsin, the University of Wisconsin Carbone Cancer Center (UWCCC) recognized the needs of rural adult learners. In 2011, The UWCCC presented numerous cancer education curricula options to their rural community partners, and the “Understanding Cancer” curriculum was selected as best suited to meet the communities’ cancer education needs. The UWCCC and its community partners launched a pilot project to adapt and test the curriculum with a rural audience, which led to the creation of African American and Latino curricula.

To expand the reach of “Understanding Cancer,” a partnership was formed between Native People for Cancer Control and the Alaska Native Tribal Health Consortium to adapt the manual into an online learning format, which is hosted on the CHAP Distance Learning Network. This online learning tool is designed to be a cancer resource for lay people. Between May and August 2013, there were 45 views with 28

unique visitors. Additionally, four hours of CHAP continuing education are available for people who choose to read each section and successfully complete the quiz and evaluation. As reported on the evaluation, almost all respondents recommended this resource, enjoyed learning online, and reported the information to be helpful. In response to the question, “Did you learn what you hoped to learn?” people typed heartfelt comments describing their experiences with cancer and how this resource provided timely information, such as, “Yes, it helped me understand more. It’s kind of emotional because my aunt has ongoing cancer, for two or three years now, going to chemo treatments.”

In efforts to move toward development of a complete, on-line distance education course, two modules of the “Understanding Cancer” curriculum have been developed and piloted on the CHAP Distance Learning Network. “Awakening Choices: Colon Health — Our Stories” was posted in March 2013, and in the first two months received 31 views with 20 unique visitors. A total of 20 people completed the continuing education quiz and evaluation. Almost all recommended the course (17/20), liked taking online courses (16/20), learned more about colorectal health (16/20), and found the information to be helpful (16/20). Many respondents described using this tool to help educate family, friends, and patients. There were comments like “Yes, very useful for letting family/friends know about colon health.” “Yes very informative. I’m thinking I’ll have to do a public presentation regarding it [colon screening].” “A good way to encourage patients to get their colonoscopy done.” “Yes, it is important to get and give the information to my family since I have a family history of colon cancer. And as well as for patient care.”

A second distance learning module entitled “Staying Strong, Staying Healthy - Alaska Native Men Speak Out About Cancer” was posted in May 2013. Between May and August there were 26 views and 16 unique visitors, with ten Community Health Aides/Practitioners (CHA/Ps) completing the CE quiz and evaluation. Nine of the 10 CHA/Ps recommended the course and felt the course would help them in their job. In response to the question, “Did you learn what you hoped to learn?” CHA/Ps shared the following comments: “I have four boys, and they need to learn about these very

common health issues in their health today . . . ages 25, 21, 18, and 10; I'll share with them." "Yes, so I can let my husband and patients know."

These relatively modest online distance education evaluation data hold promise for the development of a more robust, interactive, comprehensive cancer education course as an effective means to engage people in increased cancer control activities. With the addition of these three resources in the last six months, cancer education was provided for an

additional 64 unique viewers, who logged on a total of 102 times. Additionally, 40 Community Health Aides/Practitioners in Alaska were able to receive continuing education in their community.

To learn more about these online cancer information resources, visit the *akchap.org* website at <http://www.akchap.org/html/resources/cancer-education.html>, or contact Melany Cueva at mcueva@anthc.org.

Staying Strong, Staying Healthy - Alaska Native Men Speak Out About Cancer

Menu

Colorectal Health Activity

What is the most common symptom of colorectal cancer?

Drag the correct answer to advance:

Weight Loss

No Symptoms


Pain



"Colon screening...that's what it takes to save lives. That's how they do it. And there's no reason why you should be embarrassed... just go on and do it."

-George, colon cancer survivor from Metlakatla

Understanding Cancer | ATTACHMENTS



Understanding Cancer

Understanding Cancer Section 3

Section 3: Cancer and Our Genes

Welcome

Understanding Cancer Manual

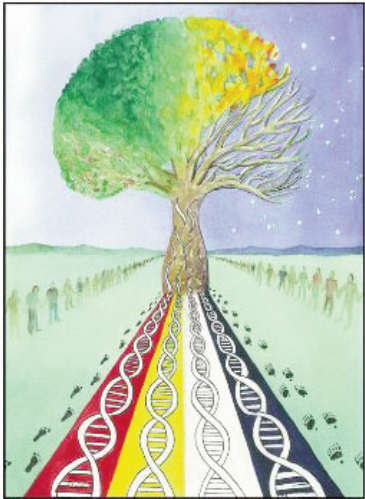
Understanding New Words

Helpful Resources

Activities

Multi-Media

Evaluations



Cancer and Our Genes

Learn More

Learn More II

Check Your Understanding

Section 3 PDF

Outline

- Welcome
- Understanding Cancer Manual
- Section 1: Self-Care
- Section 1: Check Your Understanding
- Section 2: Wellness Ways
- Section 2: Check Your Understanding I
- Section 2: Check Your Understanding II
- Section 3: Cancer and Our Genes**
- Section 3: Check Your Understanding
- Section 4: Understanding Cancer Basics
- Section 4: Check Your Understanding
- Section 5: Cancer Treatments

Electronic Subscription Available

You can subscribe to *The Provider* electronically. Any reader can now request that he or she be notified by e-mail when the latest issue of *The Provider* is available on the Internet. To start your electronic subscription, simply go to *The Provider* website (<http://www.ihs.gov/Provider>). Click on the “subscribe” link; note that the e-mail address from which you are sending this is the e-mail address to which the electronic

notifications will be sent. Do not type anything in the subject or message boxes; simply click on “send.” You will receive an e-mail from LISTSERV.IHS.GOV; open this message and follow the instruction to click on the link indicated. You will receive a second e-mail from LISTSERV.IHS.GOV confirming you are subscribed to *The Provider* listserv.

Choose to be Tobacco Free

What ways, other than smoking, can tobacco cause cancer?



Answer 1



Answer 2



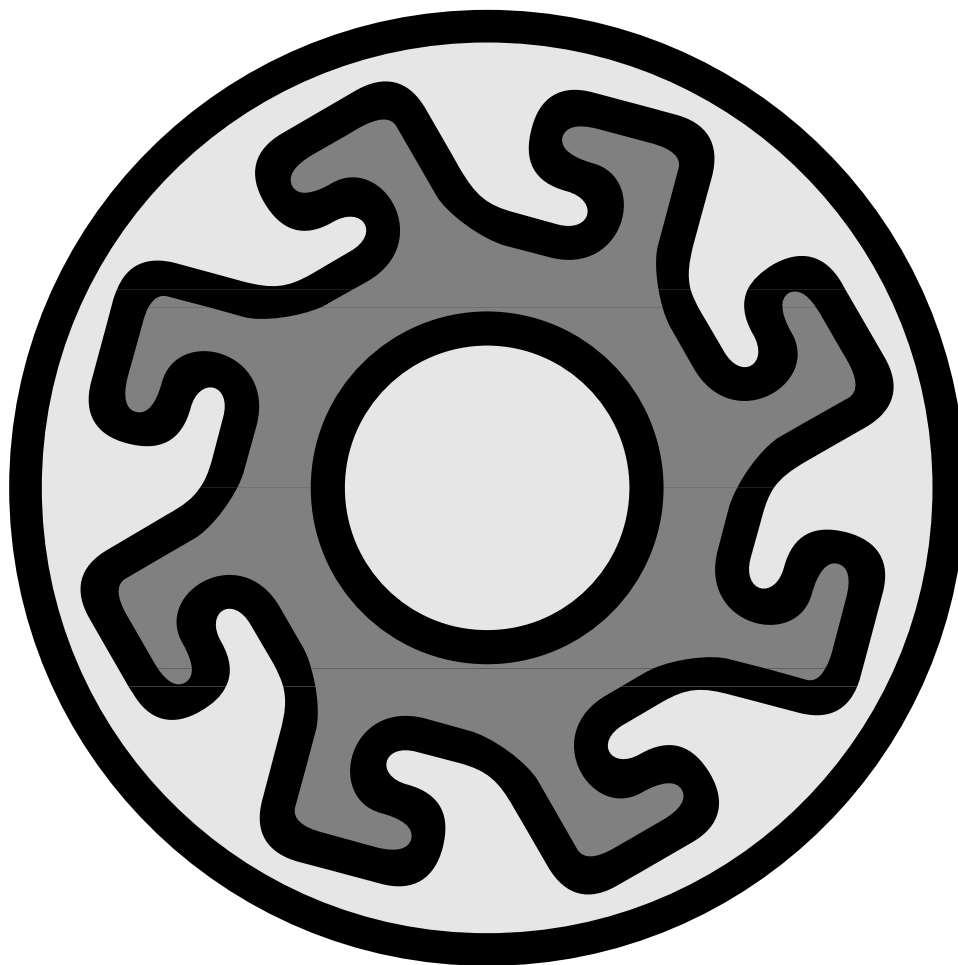
Answer 3

"Quit tobacco before tobacco quits you." CALL 1-800-QUIT-NOW.

Career Development Grants for Women

Career Development Grants provide funding to women who hold a bachelor's degree and are preparing to advance or change careers or re-enter the workforce. Primary consideration is given to women of color, and women pursuing their first advanced degree or credentials in nontraditional fields. Applicants must be US citizens or permanent residents whose last degree was received before June 30, 2009. Funds

are available for tuition, fees, books, supplies, local transportation, and dependent care. The deadline for applications is December 15, 2013. For more information, go to <http://www.aauw.org/what-we-do/educational-funding-and-awards/career-development-grants/career-development-grants-application/>





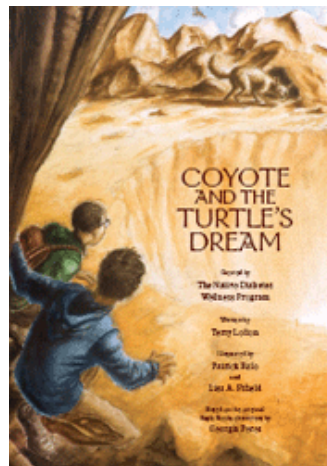
Eagle Books

Toolkit Now Available!

Dozens of free downloadable Eagle Books posters, games, crafts, flyers, event planning tools, family activities, animations, stationery, and other resources can be found in the Eagle Books Toolkit at the CDC's *Native Diabetes Wellness Program* site. The toolkit is a free online resource for Eagle Books activity sheets, displays, props, games, how-to instructions, and even more incentives to help educate your community about type 2 diabetes in a fun and entertaining way. Don't forget, the four original Eagle Books for young children and an Eagle Books adventure novel for middle school youth are still completely free for families and for programs serving American Indians and Alaska Natives. Order books at <http://wwwn.cdc.gov/pubs/diabetes.aspx>.

The Eagle Books

Inspired by the wisdom of traditional ways of health in tribal communities, the four original Eagle Books stories feature a colorful cast of animal characters and young children who explore the benefits of being physically active, eating healthy foods, and seeking the wisdom of elders regarding healthy living. In *Coyote and the Turtle's Dream* (2011), and the forthcoming *Hummingbird Squash*, the children are growing up and finding adventures with their middle school friends. Both sets of books are produced by CDC's Native Diabetes Wellness Program of the Division of Diabetes Translation in cooperation with the Tribal Leader Diabetes Committee and the IHS to broaden type 2 diabetes awareness and prevention.



Clinical Tools and CME/CE Training Opportunities from the Division of Diabetes

1- to 2-Hour On-line CME/CE Web-Based Trainings

Fourteen hours of free CME/CE are available 24/7, and provide current information on diabetes-related topics including the following:

- Carbohydrate Counting: Basic to Advanced, by Brenda Broussard, MPH, MBA, RD, CDE, BC-ADM
- Self-Monitoring of Blood Glucose, by Marie Russell, MD, MPH
- Diabetes Foot Care, by Steve Rith-Najarian, MD
- Physical Activity Guidelines for Diabetes and Pre-diabetes, by Ralph LaForge, MSc, Exercise Physiologist
- The Diabetes-Oral Health Connection, by G. Todd Smith, DDS, MSD

These and other web-based diabetes trainings are available on the Division of Diabetes website at this link: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=trainingWebBased>

Advancements in Diabetes Webinars

Join us monthly for a series of one-hour live seminars for health care professionals who work with patients who have diabetes or are at-risk for diabetes. These offer up to 12 hours of free CME/CE credit per year.

- Seminars are generally held at 1:00 pm Mountain Time.
- Presented by experts in the field who discuss what's new, update your knowledge and skills, and describe practical tools you can use to improve care for people with diabetes.
- Sponsored by the IHS Clinical Support Center (the accredited sponsor), the IHS Nutrition and Dietetics Training Program, and the IHS Division of Oral Health.

Registration for each of the seminars starts approximately two weeks prior to the seminar and continues until the start of the seminar. Registration and seminar information, including handouts, are available via the following link: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=trainingSeminars>

Upcoming seminars include the following:

- Tuesday, October 22, 2013 (11 am AKDT; 12 pm PDT; 1 pm MDT; 2 pm CDT; 3 pm EDT): Diabetes Foot Care, by Christine White, DPM
- Wednesday, November 6, 2013 (11 am AKST; 12 pm

PST; 1 pm MST; 2 pm CST; 3 pm EST): Diabetes Medications (Medication Management – part 1 of 2), by Chris Lamer, PharmD, MHS, BCPS, CDE

- Wednesday, November 20, 2013 (11 am AKST; 12 pm PST; 1 pm MST; 2 pm CST; 3pm EST): Insulin Management (Medication Management – part 2 of 2), by Marie Russell, MD, MPH

Division of Diabetes Partnership with American Association of Diabetes Educators (AADE) for No-Cost Training Opportunities for Indian Health Service/Tribal/Urban (ITU) Employees (until March 2014)

Through this partnership, continuing education credits are provided for RNs, RDs, and Pharmacists. The Division of Diabetes covers course registration costs for I/T/U professionals. To participate, individuals must be professionally licensed and be a current I/T/U employee. There is no limit on the number of courses that an individual will be funded to attend. For additional information or to apply, go to the DDTP website at: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=trainingPartnershipAADE>

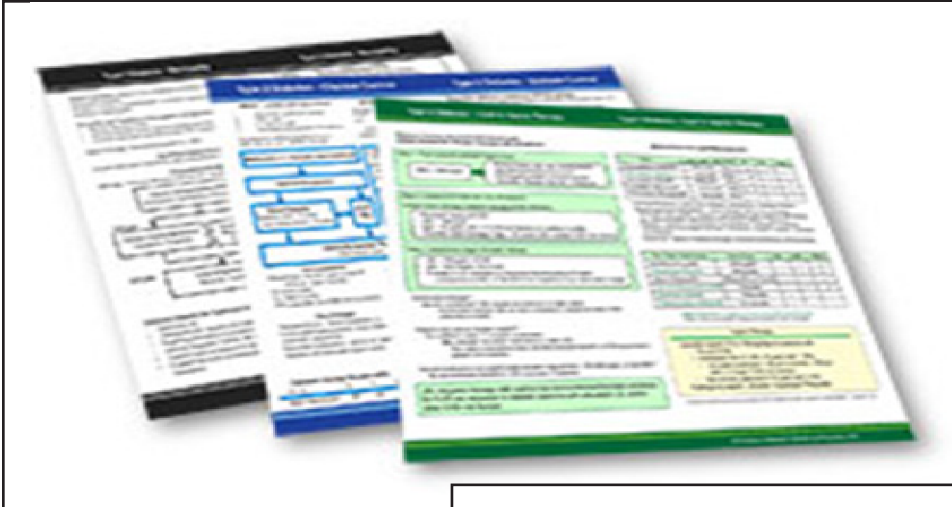
Available learning opportunities include the following:

- Live Webinars – A variety of scheduled 90 minute courses
- Recorded Webcasts On-Demand – A variety of 90 minute online courses
- ABCs of Diabetes Education – An online course
- Gestational Diabetes Advanced Course – An online course
- Facilitating Behavior Change – An online course
- Fundamentals of Diabetes Care – an online course for Community Health Representatives (CHRs), Licensed Practical Nurses (LPNs), Pharmacy Technicians, and Medical Assistants

Diabetes Treatment Algorithms

The Diabetes Treatment Algorithms provide clinicians with a quick reference to treatment algorithms based on national guidelines and the Standards of Care and Clinical Practice Recommendations: Type 2 Diabetes. The algorithms:

- are tools to provide information for clinicians needed at the POC



ALGORITHM CARDS:

- **Type 2 Diabetes and Glucose Control**
- **Type 2 Diabetes and Insulin**
- **Type 2 Diabetes – Lipid and Aspirin Therapy**
- **Type 2 Diabetes and Neuropathy**
- **Type 2 Diabetes and Chronic Kidney Disease**
- **Urine Albumin Screening and Monitoring in Type 2 Diabetes**
- **Foot Care and Type 2 Diabetes**
- **Self-Monitoring of Blood Glucose**

- are step-by-step management guides for associated condition
- have information on dosing, common adverse reactions, and contraindications for medications on the IHS National Core Formulary
- provide treatment targets and goals
- give recommended monitoring parameters

The algorithm cards are downloadable, and are available at: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsDTTreatmentAlgorithm>

For information contact the Division of Diabetes at diabetesprogram@ihs.gov.

MEETINGS OF INTEREST

Advancements in Diabetes Seminars Monthly; WebEx

Join us monthly for a series of one-hour WebEx seminars for health care program professionals who work with patients who have diabetes or are at risk for diabetes. Presented by experts in the field, these seminars will discuss what's new, update your knowledge and skills, and describe practical tools you can use to improve the care for people with diabetes. No registration is necessary. The accredited sponsors are the IHS Clinical Support Center and IHS Nutrition and Dietetics Training Program.

For information on upcoming seminars and/or previous seminars, including the recordings and handouts, click on this link and see Diabetes Seminar Resources: <http://www.diabetes.ihs.gov/index.cfm?module=trainingSeminars>.

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>.

American College of Physicians, Arizona Chapter 2013 Annual Chapter Scientific Meeting

"The Changing Face of Internal Medicine: Medicine in Transition"

University of Arizona, Student Memorial Union Building November 15 - 17, 2013; Tucson, Arizona

This long-established, scientific meeting is created as a post-graduate course designed for practicing physicians, including those in various sub-specialties, and offers Category 1 CME credit to attendees.

On Friday, November 15 there are three SEP modules from the ABIM: updates in geriatric medicine, internal medicine, and hospital-based internal medicine; faculty development, associates, and medical student tracks; and poster competitions for the associates and medical students.

On Saturday, November 16 the scientific sessions begin, featuring clinical updates, advocacy, and the medical home; Meet the Masters; Doctors Dilemma™ (a medical jeopardy competition); oral vignettes; and poster competitions.

On Sunday, November 17 the scientific sessions continue with the addition of award presentations and a clinical skills post-course with hands-on instruction.

For registration information and to view the full meeting program, visit http://www.acponline.org/about_acp/chapters/az/news_meet.htm, or contact Dixie Swan with any questions at dswan@azmed.org; telephone (602) 347-6916.

The Fourth Annual Alaska Native Health Research Conference Anchorage, Alaska; March 27 - 28, 2014

The 4th Annual Alaska Native Health Research Conference (ANHRC), hosted by the Alaska Native Tribal Health Consortium Health Research Review Committee will be held at the Hotel Captain Cook, Anchorage, Alaska, on March 27 - 28, 2014. The objectives of the conference are to assemble 200 - 300 tribal leaders, health professionals, health organization directors, health educators, Alaskan students interested in health-related fields, and health researchers serving Alaska Native people statewide to build capacity for health research by Alaska tribal organizations and in Alaska Native communities and to promote tribal self-determination (Public Law 93-638, 1996) through development of Alaska Native health research professionals. Specific aims include 1) promoting community-based participatory research, cultural competence of research staff, and community confidence in research; 2) sharing advances in Alaska Native health research with tribal leaders, community members, and health research professionals internal and external to the Alaska Tribal Health System; and 3) demonstrating the positive impact of health research on the health status of Alaska Native people, thereby reinforcing the need for continued support of health research to minimize important health disparities. The 4th ANHRC provides a forum whereby researchers, at the request of Native leadership, will share basic information pertaining to epidemiologic surveillance and observational research, community intervention studies, and clinical randomized controlled trials. A substantial portion of this conference will focus on the multiple environmental health projects conducted in several rural communities statewide.

Please visit our website periodically for registration information and other updates on the conference as they are posted at <https://www.signup4.net/public/ap.aspx?EID=20133021E&OID=50>.

The website can also be easily accessed through a link on <https://www.alaskatribalhealth.org/>.

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.

Psychiatrist Consolidated Tribal Health Project, Inc.; Calpella, California

Consolidated Tribal Health Project, Inc. is a 501(c)(3) non-profit, ambulatory health clinic that has served rural Mendocino County since 1984. CTHP is governed by a board comprised of delegates from a consortium of nine area tribes, eight of which are federally recognized, and one that is not. Eight of the tribes are Pomo and one is Cahto. The campus is situated on a five-acre parcel owned by the corporation; it is not on tribal land.

CTHP has a Title V Compact, which gives the clinic self-governance over our Indian Health Service funding allocation. An application for this position is located at www.cthp.org. Send resume and application to Karla Tuttle, HR Generalist, PO Box 387, Calpella, California 95418; fax (707) 485-7837; telephone (707) 485-5115 (ext. 5613). (9/13)

Family Physician with Obstetrical Skills Ethel Lund Medical Center; Juneau, Alaska

The SEARHC Ethel Lund Medical Center in Juneau, Alaska is searching for a full-time family physician with obstetrical skills to join a great medical staff of 14 providers at a unique clinic and hospital setting. Have the best of both worlds by joining our practice where we share hospitalist duties and spend our remaining time in an outpatient clinic with great staff and excellent quality of life. We have the opportunity to practice full spectrum family medicine with easy access to consultants when we need them. Maintain all your skills learned in residency and expand them further with support from our tertiary care center, the Alaska Native Medical Center.

Clinic is focused on the Patient Centered Medical Home, quality improvement with staff development from the Institute

for Health Care Improvement, and using the Indian Health Service electronic medical record. Frequent CME and opportunities for growth, including teaching students and residents, and faculty status at University of Washington available to qualified staff. This is a loan repayment site for Indian Health Service and National Health Service Corps, and State of Alaska SHARP program.

Work in southeast Alaska with access to amazing winter and summer recreational activities. Live in the state capital with access to theater, concerts, annual musical festivals, and quick travel to other communities by ferry or plane. Consider joining our well-rounded medical staff at a beautiful clinic with excellent benefits. For more information contact, Dr. Cate Buley, Assistant Medical Director, Ethel Lund Medical Center, Juneau, Alaska by telephone at (907) 364-4485; e-mail cbuley@searhc.org. Position open 10/1/2013. Look us up online at www.searhc.org job vacancies. (8/13)

Family Medicine Physician Internal Medicine Physician Emergency Medicine Physician Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible emergency room physician, family/internal medicine physician, and physician assistants 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, Arizona 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. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 295-2481 or by e-mail at peter.ziegler@ihs.gov. (8/13)

Mid-Level Practitioner Health Director

Quileute Tribe; La Push, Washington

The Quileute Tribe has a job opening for a full-time mid-level practitioner. Must be a certified physician assistant, licensed in the state of Washington, and must have a valid Washington driver's license. Submit your application, professional license, cover letter, resume and three references by August 16, 2013, although the position will be open until filled.

We are also looking for a health director, who will provide administrative direction, negotiate and administer IHS contracts, develop and administer budgets, write reports, insure HIPAA compliance, comply with ACA, manage EHR, evaluate staff, and insure third party reimbursements are done. Must have a bachelor's degree related to health administration, and two years of management experience. This position is open until filled.

Telephone (360) 374-4366 or visit our website at www.quileutenation.org for a job application and job description. Alternatively, you may contact Roseann Fonzi, Personnel Director, PO Box 279, 71 Main Street, La Push, Washington 98350; telephone (360) 374-4367; fax (360) 374-4368; or e-mail roseann.fonzi@quileutenation.org. (8/13)

Family Practice Physician

Jicarilla Service Unit; Dulce, New Mexico

The Jicarilla Service Unit (JSU) is a new, beautiful 65,000 square foot facility nestled in the mesas of northern New Mexico with views of the edge of the Colorado Rockies. We provide care to the Jicarilla ("Basket-maker") Apache community with a population of 4,400. Our clinic has an opening for a board certified/eligible family practice physician for purely outpatient care with a 40 hour work-week. Our site qualifies for IHS and state loan repayment programs. JSU has a fully functional electronic health record system. Our pharmacy has a robust formulary including TNF-alpha inhibitors and exenatide. The clinic also has an urgent care clinic for acute walk-in cases. Our staff currently consists of an internist, three family practice physicians, an optometrist, and three dentists. We also have a team of dedicated public health nurses who specialize in home visits for elders and prenatal follow-up. The Jicarilla Apache Nation is self-sufficient with revenues from oil and natural gas. Much has been invested in the infrastructure of the reservation, including a large fitness facility, a modern supermarket, a hotel and casino, and more.

We are also located 45 minutes from the resort town of Pagosa Springs, which has year-round natural hot springs and winter skiing at renowned Wolf Creek Pass.

We welcome you to visit our facility in person. To take a video tour of the Nzh'o Na'ch'idle'ee Health Center online, go to <http://www.usphs.gov/Multimedia/VideoTours/Dulce/default.aspx>. Please call Dr. Cecilia Chao at (575) 759-3291 or (575) 759-7230; or e-mail cecilia.chao@ihs.gov if you have any questions. (4/13)

Hospitalist

Gallup Indian Medical Center; Gallup, New Mexico

Gallup Indian Medical Center (GIMC) is currently seeking energetic and collegial internists for our new hospitalist program. The hospitalists care for all adult inpatients previously taken care of by family medicine and internal medicine physicians, and provide consultation services. We have seven FTEs for hospitalists, and while we are still growing, we enjoy further inpatient staffing support from internal medicine and family medicine.

GIMC is a 99-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Clinical specialties at GIMC include internal medicine, family medicine, critical care, cardiology, neurology, orthopedics, ENT, radiology, OB/GYN, general surgery, ophthalmology, pathology, pediatrics, emergency medicine, and anesthesiology. The hospitalists' daily census is approximately 25 - 30. There is a six bed ICU. Our patient population includes Navajos, Zunis, and others living nearby, as well referrals from smaller clinics and hospitals.

Gallup has a diverse community and is very livable, offering a thriving art scene, excellent outdoor activities (biking, hiking, rock climbing, cross-country skiing), safe neighborhoods, diverse restaurants, national chains and local shops, and multiple public and parochial school options. The medical community is highly collegial, is committed to continuing education, has an on-going collaboration with Brigham and Women's Hospital, and has a high retention rate.

For more information, contact Eileen Barrett, MD, at (505) 722-1577 or e-mail eileen.barrett@ihs.gov. Or please consider faxing your CV to (505) 726-8557. (2/13)

Clinical Director, Family Medicine Physician

Kodiak Area Native Association; Kodiak, Alaska

The Kodiak Area Native Association (KANA) is searching for an adventurous, highly motivated physician to lead our team that is committed to patient-centered care, customer service, quality improvement, and stewardship. KANA is celebrating its 47th year of providing patient and family focused health care and social services to Alaska Natives and other beneficiaries of KANA throughout Kodiak Island. KANA's award winning medical staff is comprised of four physicians who work in conjunction with two mid-level providers, dedicated nurse case managers, and ancillary staff to

deliver the highest quality, team based health care to an active user population of 2800 patients. Integrated behavioral health and pharmacy services within the primary care setting also facilitate an advanced support system to ensure our patients' needs are met.

The spectacular scenic beauty of Kodiak Island offers a backdrop for an abundance of outdoor and family activities, including world-class fishing, hunting, wildlife viewing, kayaking, and hiking just minutes from your door. Its sometimes harsh climate is balanced by mild temperatures and unparalleled wilderness splendor that provide Kodiak's residents with a unique lifestyle in a relaxed island paradise.

KANA offers competitive compensation and an excellent employee benefits package, including medical, dental, vision, flexible spending accounts, short term disability insurance, life insurance, accidental death and dismemberment insurance, 401k with employer contribution, fitness membership, and paid time off.

If you're interested in hearing more about how you can start your journey to an adventure of a lifetime, please visit our website at www.kanaweb.org, give Lindsey Howell, Human Resources Manager, a call at (907) 486-9880, or contact our HR Department at hr@kanaweb.org. Alaska's Emerald Isle awaits you! (2/13)

**Pediatrician
Blackfeet Community Hospital; Browning, Montana**


This hospital-based government practice is seeking a BC/BE pediatrician to work with another pediatrician and a

pediatric nurse practitioner. Practice true primary care pediatrics with inpatient, outpatient, and newborn hospital care. Attractive call and rounding schedule. Competitive salary with federal government benefits. The area provides a wide variety of outdoor recreational activities, being only 12 miles from Glacier National Park. For more information, please contact Dr. Tom Herr at thomas.herr@ihs.gov or call (406) 338-6372. (1/13)

**Director, Health and Human Services
Ysleta Del Sur Pueblo; El Paso, Texas**


The Ysleta Del Sur Pueblo (YDSP) Health and Human Services Department is a team of health care professionals and staff fully committed to their patients' physical, emotional, and spiritual wellbeing, offering a comprehensive range of health and human services that ensure a safe environment, quality service, and accessible health care in an atmosphere of respect, dignity, professionalism, and cultural sensitivity.

YDSP's HHS department is seeking a Director. This person has responsibility and accountability for the development and implementation of a plan to bring HHS to an ongoing operating success. The Director will need the flexibility to make quick and efficient business decisions, while at the same time assuring that operations respect the broad guidelines and, more importantly, the service standards expected by tribal members and tribal leadership. To get more information or to apply, contact Jason S. Booth, CEO, Ishpi, Inc., telephone (651) 308-1023; or e-mail jason@ishpi.biz. (1/13)



THE IHS PRIMARY CARE PROVIDER

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



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