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Expanded HIV Testing in Two Service Units, July-December 2007

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Background

As of the end of 2005, over 475,000 persons in the United States were estimated to be living with HIV/AIDS.¹ Among the American Indian/Alaska Native (AI/AN) population, the rate of AIDS has increased from 10.2 in 2003 to 13.2/100,000 in 2005.²

Sexually transmitted disease (STD) rates in the AI/AN population, while generally lower than African Americans and Hispanics, remain elevated. The 2007 AI/AN rates for chlamydia, gonorrhea, and syphilis are 4.5 times, 3.1 times, and 1.7 times higher than White non-Hispanics. When taken together, the increasing and already elevated AI/AN STD rates and the increasing AI/AN HIV/AIDS rates suggest strongly that AI/AN people represent a population at risk for HIV/AIDS, and that many AI/AN people with HIV/AIDS may already be infected but are not yet aware of their status.

In September 2006, the Centers for Disease Control and Prevention (CDC) updated HIV testing guidelines, recommending that all persons between the ages of 13 - 64 be routinely tested for HIV. Persons deemed at high risk should be tested at least every year, while all other persons should be tested at least every 3 - 5 years.⁴

CDC provides four main points to justify screening: 1) HIV is a serious health disorder that can be diagnosed before symptoms develop; 2) HIV can be detected by reliable, inexpensive, and noninvasive tests; 3) infected patients have years of life to gain if treatment is initiated early, before

symptoms develop; and 4) costs of screening are reasonable.⁵ Routine testing for HIV is cost effective if the prevalence of HIV is 0.1% or greater, which is as cost effective as established screening programs such as hypertension and colon cancer.^{6,7} If the community prevalence is not known, routine testing should be implemented until a prevalence of lower than 0.1% can be established.⁴

Expanded HIV screening is based on successes of universal screening, rather than risk-based testing of blood donors and pregnant women, which have greatly reduced risk of HIV transmission by transfusion or from mother to child.⁸⁻¹⁰ A key component of universal screening is streamlined consent and counseling procedures, such as verbal consent and an 'opt-out' policy, whereby the test is performed when appropriate unless the patient declines testing.¹¹⁻¹³ In IHS, previous work by the IHS Division of Epidemiology and Disease Prevention has established that prenatal HIV screening tends to be highest when a service unit (SU) uses an 'opt-out' HIV testing policy.¹⁴ In addition, screening is increased by adding additional safeguards so that ordering an HIV test is the default option for clinicians (thereby extending opt-out to providers' ordering practices), and by establishing that an HIV test is always ordered for new prenatal patients unless the physician expressly removes the test from the lab panel.¹⁴

The Tucson Area changed its HIV/STD testing policy in July 2007 in response to an increase in syphilis cases. Tribal

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and IHS employees worked together to educate the community on the risks of HIV/STDs and the need for testing, using outreach in schools, local radio stations, posters, and other available media. The new policy was to offer testing for syphilis, chlamydia, gonorrhea, and HIV to all patients between the ages of 12 - 55 who had not been tested within the past three months for HIV, regardless of purpose of visit. The age range for testing in the Tucson Area (12 - 55) differs somewhat from CDC guidelines for HIV testing (13 - 64) because it was based in part on the ages of recent syphilis cases. Nurses offer the HIV/STD tests during triage, and then physicians order the tests during the medical visit. A medical technician takes blood and urine samples and sends them to a contract laboratory for testing.

We assessed expanded HIV/AIDS screening practices in two SUs (Sells and San Xavier) in the Tucson Area to determine patient and provider acceptance, outcomes, and lessons learned in order to assist other SUs in IHS make the transition to expanded HIV testing.

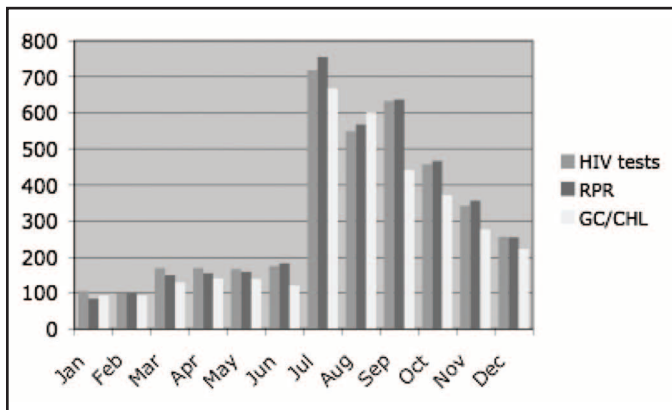
Methods

We used local facility RPMS data from calendar year 2007 to determine the number of patient visits and the number of HIV/STD tests performed. We then conducted individual interviews with nurses, doctors, and medical technicians using a standardized questionnaire that included open-ended questions about their experiences and recommendations for implementation of wider HIV screening. Cost and billing information was obtained from the supervisory medical technologist.

Results

Testing at the two Tucson Area SUs increased dramatically in July 2007 when the Area implemented the new, expanded, official policy of routinely offering HIV/STD screening to all patients between 12 - 55 years (see Figure 1).

Figure 1. HIV, RPR, and GC/CHL Tests, Sells and San Xavier, 2007



The number of active clinical users in CY 2007 for Sells and San Xavier SUs was 17,400. The SUs conducted a total of 3,839 HIV tests in 2007, representing testing of 22.1% of the active clinical user population. The peak of HIV testing was in July when 718 tests, or 4.1% of the active clinical user population, were performed in a single month.

No patients tested positive for HIV, although two had discordant results and required retesting. Overall STD positivity (any positive test for syphilis, chlamydia, or gonorrhea) in the first six months of 2007 was 8.7% (136/1548) of total tests, compared to 3.9% (218/5621) in the second half of 2007.

Cost

The cost of an HIV test was \$8.15 and the cost of a full HIV+STD panel was \$49.26, although almost all tests were externally billable to Medicaid or the Arizona State medical assistance program, so the increased testing did not adversely affect the SUs budgets, in spite of a large increase in the volume of HIV/STD testing.

It is impossible to quantify cost related only to implementing HIV screening, because the testing policy change occurred against the background of an STD outbreak, which led to an increase in testing based on STD control. The greatest cost was overtime, mainly for public health nurses (PHNs) who had greatly increased activity in community-based education and screening and follow up of patients with positive STD test results.

Health Care Worker Interviews

A total of 45 interviews were conducted, with 41 full-time and four part-time staff, based on availability during site visits. We interviewed 60% of eligible employees overall.

Time added to consultations

The majority of health care workers (25/41; 61%) stated that expanded HIV screening did not add significant time to their consultation. Of the 16 persons who said HIV screening did add time, 8 (50%) said it added "minimal" or "less than one minute," 2 (12.5%) stated between 2 - 4 minutes, and 6 (37.5%) estimated 5 minutes or more. Three of the 6 who stated it took 5 minutes or more per patient were Emergency Department staff, representing 100% of the Emergency Department staff interviewed. Time spent counseling and explaining HIV was generally based on the nurse's assessment of the patient's level of knowledge and risk.

Patient acceptance

A large majority of health care workers rated patient acceptance as high or very high (29/33; 87.8%; medical technicians were not asked about patient acceptance, since they did not offer HIV/STD testing), while only a minority (4/33; 12%) rated acceptance as fair. The most frequent reasons

health care workers cited for a patient declining an HIV test was the patient perceived they were not at risk (14/36; 39%), denial/not wanting to know (notably among males) (9/36; 25%) and confidentiality concerns (7/36; 19.4%).

Rapid HIV tests

Tucson Area does not use rapid HIV antibody tests. In the clinic setting, many health care workers (20/41; 48.8%) stated that a rapid oral HIV test would be helpful, while others were unsure (11/41; 26.8%) or felt that they would not be helpful (10/41; 24.4%). Importantly, most persons (15/20; 75%) who said rapid tests would be helpful noted particular situations in which they would be helpful, such as if the medical visit did not include a blood draw for other purposes; a woman arriving in labor with no prenatal history; occupational needlestick, or a high-risk patient needing a quick turnaround on results. Health care workers who were unsure about rapid tests' utility expressed unfamiliarity with the specifications and accuracy of rapid tests.

Continued screening

Nearly all respondents (42/45; 93%) felt wider HIV screening should continue indefinitely rather than return to risk-based testing.

Limitations

Our report does have limitations that should be kept in mind when interpreting our results. The Tucson Area protocol on which the provider opinions were based targeted only patient visits of 12 - 55 year olds, and therefore is not precisely comparable to the CDC's expanded HIV screening recommendations. However, the age group is very similar, and our project does provide valuable insight into issues that IHS will need to address before instituting widespread routine HIV screening. We did not analyze prenatal HIV and STD tests separately from HIV and STD tests performed in other settings. However, our intention was to assess the effect of a very broad screening policy on testing, and not to look at subgroups of patients.

Most notably, Service Unit data did not record how many persons were offered and accepted HIV/STD testing, only the total number of tests performed. The clinical sites' protocol did not allow for this data collection to take place. Thus, this report should be considered a description of the overall effect of a change in HIV/STD testing policy. Similarly, we did not approach patients to investigate reasons for acceptance or rejection of an offered HIV/STD test. Our conclusions about acceptability are based upon provider perceptions of patient behavior.

Finally, our conclusions may not apply to other IHS sites or to American Indian populations in general.

Conclusions

A policy of offering integrated HIV/STD testing to all patients ages 12 - 55 in two IHS SUs led to an initial nearly five-fold increase in the number of HIV tests performed per month. After the initial spike in testing, the monthly testing rate remained about three times higher than prior to the policy change. Providers rated patient acceptance of expanded HIV/STD testing as high, and the expansion was successfully implemented with strong provider support and minimal cost to the SUs. Providers generally felt that offering HIV/STD tests was not burdensome, that expanded testing should continue, and that HIV/STD screening should continue to be integrated.

It is likely that acceptance of HIV testing was increased by the fact it aligned with a well-publicized community priority (an STD outbreak) and was bundled together as HIV/STD testing. In addition, testing was not based on assessment of risk factors, and written consent was not required. IHS sites wishing to expand their testing should consider strongly duplicating these aspects of the Tucson program.

Providers reported that specialty clinics and emergency rooms settings were less conducive to routine testing. Other IHS sites will need to consider feasibility of locations into which testing is to be integrated. Maximizing the public health impact of a policy of expanded HIV screening may require focusing of efforts, and a clinical site could still be easily in compliance with the new CDC recommendation without offering HIV/STD testing to every patient on every visit.

Patient perceptions of confidentiality may remain a challenge to implementing expanded HIV/STD testing in small service units. Tucson Area made several efforts to minimize the effect of such patient perceptions, including offering testing to all patients (minimizing testing stigma), and allowing persons with a positive test to "fast track" to treatment in the PHN offices rather than make another appointment with a physician. We were unable to measure the separate effects of these local decisions, but all service units can and should modify their specific testing procedures in a manner that respects local patient perceptions and preferences.

Although the rationale for increasing HIV and STD testing will be the same at all IHS sites, efforts to maximize the public health impact of expanded testing will, as in other aspects of clinical care, need to be individualized based upon the local situation. While initiating widespread HIV screening will require effort, the benefits it offers to the communities we serve make it a clear priority.

Acknowledgments

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Lessons learned from Tucson Area medical staff:

Health care workers:

- Ensure verbal consent, not written consent, is adequate and that the policy is understood by all staff, including contract workers.
- Ensure health care workers understand the need and rationale for expanded screening.
- Provide training to nurses and doctors so that there is a basic and standardized offer of testing to patients.
- Have clear protocol in place for positive test results (who notifies the patient, method of notification, what the patient is told during notification, and how the patient should seek treatment).
- Have clear linkages to medical and social support for patients who need assistance beyond the scope of SU capabilities.
- Have a clear policy and 'go date' to initiate wider testing.
- Widen computer permission of who can see positive STD results to PHNs to facilitate patient follow-up.
- Emergency rooms and specialty clinics are more difficult settings to integrate routine HIV testing.

IT/Medical forms

- Enable one-step testing by having a single box to click in the EHR or stamped onto the PCC. In the laboratory, create an in-house and

reference laboratory test profile to reduce the amount of errors associated with circling specific tests and increase the speed of accessioning tests into the system.

- Have a division of labor where the medical technicians (or other applicable health care worker) are responsible for processing HIV/STD samples and paperwork, to decrease any clerical or processing errors.
- Have flag on EHR for persons due (or indicate time since last test) for a HIV/STD panel to avoid nurses having to look through records and lose time determining if the patient should be tested.

Clinic

- Ensure that patients can be offered testing in a private setting, or where other providers and patients cannot overhear the consultation.

Patient and community acceptance

- Ensure community understands rationale for wider testing.
- Blanket testing decreases perception that any patient or community is being 'singled out.'
- A panel of HIV+STD tests can increase patient acceptance and reduce testing stigma, especially in communities with elevated STD rates.

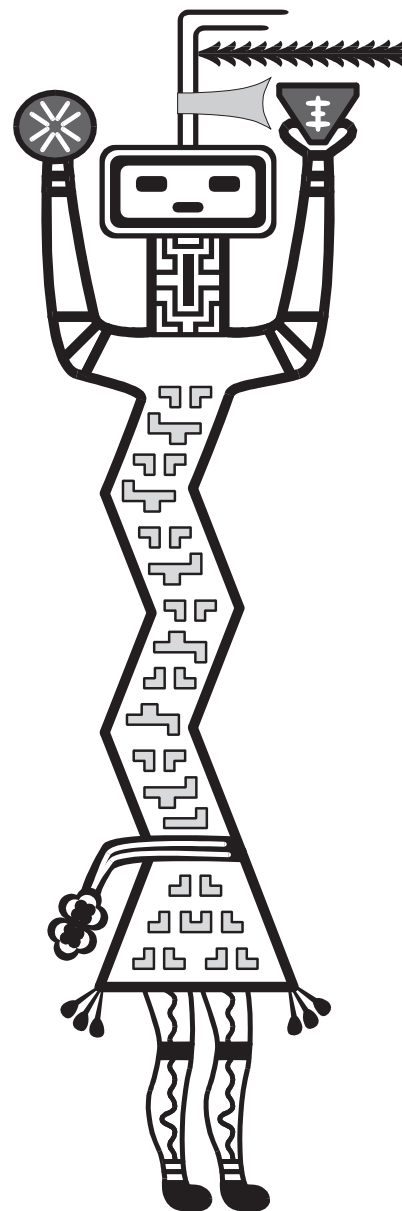
Cost

- Increase laboratory budget cap, even if the tests are externally billable.
- Investigate possibility of negotiating volume discount with contract lab.



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Sexually Transmitted Disease Resources on the Internet

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Obtaining accurate and current information online about health related issues can be a daunting process. In November 2004 *The IHS Primary Care Provider* published an article on sexually transmitted disease (STD) resources on the Internet to direct providers to reliable online STD resources. That *Provider* article summarized some STD Internet resources referenced in a 2004 *Clinical Infectious Disease Journal** (CID) article and added Internet resources available through the National Network of STD/HIV Prevention Training Centers (NNPTC). Since 2004 the availability of online resources and online training options has expanded. This current article updates the 2004 *Provider* article and adds a section on American Indian/Alaska Native (AI/AN)-specific resources.

The primary source for STD training and technical assistance in the country is the CDC-funded NNPTCs. These regional training centers work in partnership with state health

departments and universities to increase the knowledge and skills of health professionals in the areas of sexual and reproductive health. The NNPTCs specialize in one or more of three types of training: behavioral, clinical, and partner services. The website for the NNPTC is www.stdhivpreventiontraining.org. Since 2001, the NNPTCs have participated in a workgroup with staff from the IHS National STD Program and other organizations conducting STD, HIV, and/or reproductive health training in Indian Country. The purpose of this workgroup is to identify and address AI/AN STD/HIV training needs and the idea for this article arose from workgroup discussions.

To find out more about this workgroup or STD training and technical assistance opportunities, contact Lori de Ravello, IHS National STD Program at lori.deRavello@ihs.gov or Sharon Adler, Clinical Instructor, California STD/HIV Prevention Training Center at Sharon.adler@cdph.ca.gov.

*Tietz A, Davies SC, Moran JS. Guide to sexually transmitted disease resources on the Internet. *Clin Inf Dis J*. 2004;38:1304-10.

Table 1. Websites for Patients

TITLE	SOURCE/SPONSOR	TARGET GROUP	URL	COMMENTS
Ask NOAH	New York Online Access to Health	General public, teens	www.noah-health.org/en/infectious/std/	Extensive links; also in Spanish
An Introduction to STDs	National Institutes of Health (NIH)	General Public	www3.niaid.nih.gov/healthscience/healthtopics/sti	Accurate, up-to-date; many links
Facts & Answers about STDs	American Social Health Assoc. (ASHA)	General public	www.ashastd.org/	Extensive patient-oriented information
Iwannaknow	ASHA	Teens	www.iwannaknow.org/index.html	Extensive patient-oriented information
STD Basics	Body Health Resources Corporation	General public	www.thebody.com/safesex/stdbasics.html	HIV/AIDS site; good clinical photographs; extensive links
STD Facts & Information	Centers for Disease Control and Prevention (CDC)	General public	www.cdc.gov/std/	Accurate, up-to-date info; fact sheets and reports; extensive links
STDs	New York City Department of Health & Mental Hygiene	General public	www.nyc.gov/html/doh/html/std/std5.shtml	Up-to-date info
STI: The Facts	Planned Parenthood Federation of America (PPFA)	Family	www.plannedparenthood.org/sti/stis_index.html	General info; also in Spanish
Teenwire Warehouse	PPFA	Teens	www.teenwire.com/index.asp	General info

Table 2. Websites for Clinicians

TITLE	SOURCE/SPONSOR	URL	COMMENTS
AIDS Prevention Research	Center for AIDS Prevention Studies	www.caps.ucsf.edu/	HIV Prevention research, fact sheets, funding information and more
Ask, Screen, Intervene: Incorporating HIV Prevention into the Medical Care of Persons with HIV	NNPTC	www.stdhivpreventiontraining.org/ASI	Information on ASI curriculum and training
Contraceptive Technology and Reproductive Health Series	Family Health International	www.fhi.org/training/en/modules/STD/default.htm	On-line course; teaching materials
Examination of Vaginal Wet Mounts	Seattle STD/HIV PTC	www.seattlestdhivptc.org	Free on-line video.
HIV Treatment, Prevention and Policy	University of California, SF	hivinsite.ucsf.edu/	Comprehensive up-to-date information on HIV treatment, prevention and policy
NNPTC training resources	NNPTC	www.stdhivpreventiontraining.org	Variety of CME resources, clinical practice references, teaching tools and curricula
On-line Chlamydia Course	California STD/HIV PTC	www.stdhivtraining.net/educ/training_module/index.html	Web-based training course for practicing clinicians.
On-line STD Case Series	NNPTC	www.stdcases.org	Web-based case series for practicing clinicians. Includes a guided, interactive process to evaluate, diagnose and recommend treatment.
Prevention and Management of STDs in Persons Living with HIV/AIDS	Sylvie Ratelle PTC of New England	depts.washington.edu/nnptc/online_training/PrevMgmt-STDHIV_Sept03.pdf	Designed for clinicians who care for persons living with HIV/AIDS.
San Francisco City Clinic Provider Information	San Francisco City Clinic	http://www.sfcityclinic.org/providers/	Host of materials for providers including: treatment protocols, links, fact sheets and more.
Sexually Transmitted Chlamydial Infections	California STD/HIV PTC	www.stdhivtraining.org/resource.php?id=65&ret=clinical_resources	A primary care clinician's guide to diagnosis, treatment and prevention.
STD Clinical Intensive CME Module	Sylvie Ratelle PTC of New England	www.bu.edu/cme/std/	Online course for primary care providers and ob-gyns.
STD E-courses	Cincinnati STD/HIV PTC	www.stdptc.uc.edu/node/10	Independent study courses, requires registration and fee.
STD/HIV Image Repository	Cincinnati STD/HIV PTC	www.stdptc.uc.edu/node/8	On-line image repository of over 300 clinical images of STDs, downloadable for training. Password protected
STD 101 In-a-Box	CDC	www.cdc.gov/std/training/std101/	Ready-to-use STD presentations for clinical staff. Password protected.
STD Grand Rounds	Denver STD/HIV PTC	www.stdcentral.org/	STD clinical updates.
STD Guidelines	CDC	www.cdc.gov/std/treatment/	Comprehensive, evidence-based guidelines; downloadable
STD Prevention Online	Denver Public Health, Internet and STD Center of Excellence	www.stdpreventiononline.org	Up to date information on STDs including articles, web cast interviews of experts in the field and current press releases
STD Training Materials	CDC	www.cdc.gov/std/training/	STD prevention courses, continuing education, other training resources
STD Updates	Alabama, North Carolina PTC	www.cecentral.com/STDupdate	Webcast of STD Update courses with free CME
Surveillance & Statistics	CDC	www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm	Comprehensive, accurate, current data

Table 3. Downloadable Clinical Practice Resources

TITLE	SOURCE/SPONSOR	URL	COMMENTS
Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies	California STD/HIV PTC	www.stdhivtraining.org/resource.php?id=35&ret=clinical_resources	Full document and summary of guidelines for HSV serologies.
Practitioner’s Handbook for the Management of STDs	Seattle STD/HIV PTC	www.stdhandbook.org	Online customizable handbook designed for primary health care, family medicine, and emergency medicine practitioners.
Primary and Secondary Syphilis Algorithms	California STD/HIV PTC	www.stdhivtraining.org/resource.php?id=37&ret=clinical_resources	Diagnostic and treatment algorithms with photos to assist in evaluating patients for primary and secondary syphilis.
Sexual History Taking	California STD/HIV PTC	www.stdhivtraining.org/resource.php?id=41&ret=clinical_resources	STD/HIV risk assessment tool
STD Clinical Practices Manual, 2003-2004	St. Louis STD/HIV PTC	www.stdhivtraining.org/resource.php?id=3&ret=clinical_resources	Useful reference text for health care providers.
STI Provider Toolkit	Region II STD/HIV PTC	http://depts.washington.edu/nnptc/online_training/clin_prac_04_03.pdf http://www.nyc.gov/html/doh/html/std/sti-provider-toolkit.shtml	Resources for STI clinical providers

Table 4. AI/AN-Specific Resources

Community Readiness in Native Communities Toolkit	Commitment to Action for 7th-Generation Awareness & Education: HIV/AIDS Prevention Project	www.happ.colostate.edu/	Downloadable toolkit, posters, pins, brochures
Current efforts by IHS to prevent HIV/AIDS in Indian Country	IHS HIV/AIDS Program:	www.ihs.gov/MedicalPrograms/HIVAIDS/	Surveillance data, HIV/AIDS program information
Current efforts by IHS to prevent STDs in Indian Country STDs	IHS Division of Epidemiology – STDs:	www.ihs.gov/medicalprograms/epi/index.cfm?module=health_issues&option=std&cat=sub_0	Surveillance data, Native specific STD screening information and more.
Native specific HIV resources	National Native American AIDS Prevention Center:	www.nnaapc.org/index.htm	HIV fact sheets, Native youth information, HIV prevention toolkits, HIV testing information and more
Native specific STD resources	Project Red Talon at the Northwest Portland Area Indian Health Board	www.npaihb.org/epicenter/project/project_red_talon/	Native-specific STD brochures, fact sheets, PSAs, Posters, PowerPoint slides, Action Plans
Stop the Silence	Project Red Talon at the Northwest Portland Area Indian Health Board	www.stopthesilence.org	STD/HIV links and testing site information for Native teens, parents, teachers, two-spirits.

Table 5. PTC websites

STD/HIV PTC and Website	Clinical Training	Behavioral and Social Interventions Training	Partner Services and Program Support Training
Alabama, North Carolina PTC www.stdptc.org/	AL, AR, KY, LA, OK, NC, SC		
California STD/HIV PTC www.stdhivtraining.org/	DHHS Region IX	DHHS Regions IX & X	DHHS Regions IX & X
Cincinnati STD/HIV PTC www.stdptc.uc.edu/	DHHS Region V		
Denver STD/HIV PTC www.denverptc.org/	DHHS Region VIII	DHHS Regions V, VII & VIII	
Dallas (UT Southwestern) STD/HIV PTC www8.utsouthwestern.edu/utsw/home/educ/prevtraincenter/		DHHS Regions IV & VI	
Mid America PTC www.cdph.state.co.us/dc/HIVandSTD/MAPTC/index.html			DHHS Regions V, VII, VIII
New York State STD/HIV PTC http://depts.washington.edu/nnptc/regional_centers/nysptc/			DHHS Regions I, II & III
Region II STD/HIV PTC www.nyc.gov/html/doh/html/std/ptc.shtml	DHHS Region II		
Region III (Baltimore) STD/HIV PTC http://stdpreventiontraining.jhmi.edu/	DHHS Region III		
Rochester NY PTC www.urmc.rochester.edu/chbt/		DHHS Regions I, II & III	
Seattle STD/HIV PTC www.seattlesthdhivptc.org	DHHS Region X		
Southeast Regional STD/HIV PTC www.septc.org/SEPTC_Home.html	FL, GA,MS,NM, TN,TX		
St. Louis STD/HIV PTC http://std.wustl.edu/	DHHS Region VII		
Sylvie Ratelle PTC of New England www.mass.gov/dph/cdc/stdtcmai/stdtcmai.htm	DHHS Region I		
Texas (Austin) STD/HIV PTC www.dshs.state.tx.us/hivstd/training/ptc.shtm			DHHS Regions IV & VI

Note: The PTC websites provide information about STD/HIV Prevention Training courses in their region as well as links to a variety of STD and HIV related materials. See the list of states in DHHS Regions: DHHS Region I (CT, ME, MA, NH, RI ,VT), Region II (NJ, NY, PR ,US Virgin Islands), Region III (DE, DC, MD, PA, VA ,WV), Region IV (AL, FL, GA, KY, MS, NC, SC, TN), Region V (IL, IN, MI, MN, OH, WI), Region VI (AR, LA, NM, OK, TX), Region VII (IA, NE, KS, MO), Region VIII (CO, MT, ND, SD, UT, WY), Region IX (CA, AZ, NV, HI, Pacific Islands: American Samoa, FSM, Guam, Northern Mariana Islands, Marshall Islands, and Palau) and Region X (AK, ID, OR, WA)

The 14th Annual Elders Issue

The May 2009 issue of THE IHS PROVIDER, to be published on the occasion of National Older Americans Month, will be the fourteenth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their

health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue.

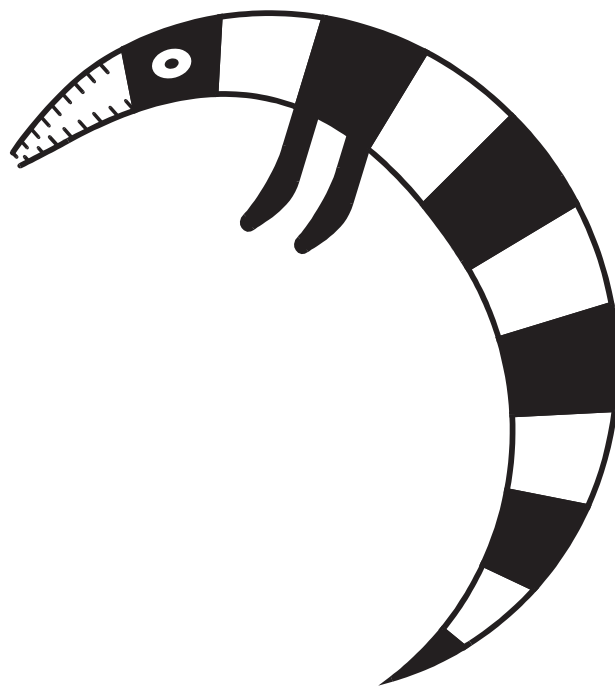
Twelfth Open Door Forum: Injury Prevention

The April 15, 2009 IHS Forum will focus on the importance of injury prevention and control in American Indian/Alaska Native (AI/AN) communities. Unintentional injuries are the leading cause of death for AI/AN ages 1-44 years. AI/AN populations suffer from injuries at a rate of 1.5 to 5 times greater than all US population. Annually, injuries account for 41% of the years of productive life lost for AI/AN populations.

Learning Objectives

The learner will be able to:

1. Describe the nature and extent of injuries among AI/AN populations
2. Understand why Injuries are Not Accidents
3. Describe the cost of injuries
4. Describe effective strategies in injury prevention





Promoting a Healthy Weight in Children and Youth
Clinical Strategies, Recommendations and Best Practices

GET YOUR COPY TODAY!

Promoting a Healthy Weight in Children and Youth is an IHS report that outlines clinical strategies on five childhood obesity prevention and treatment recommendations for health care professionals in Indian Health Service, tribal and urban Indian health clinical settings.

The report's five recommendations are based on the best available clinical evidence regarding the prevention and treatment of childhood overweight.

Recommendation 1: Body Mass Index (BMI) Assessment

Provide BMI screening and assessment for all children through age 18.

Recommendation 2: Breastfeeding

Promote exclusive breastfeeding for infants.

Recommendation 3: Patient Health Education

Implement universal patient health education regarding healthy eating behavior and increased physical activity to prevent and treat childhood overweight.

Recommendation 4: Counseling and Referrals

For patients who are already overweight or at risk for overweight, assess for complications and co-morbidities, provide counseling, and identify and refer patients to resources that promote weight-reduction, weight management, nutrition, and physical activity.

Recommendation 5: Community Education

Advocate for and promote healthful eating and regular physical activity in the larger community.

To receive a copy of the Promoting a Healthy Weight in Children and Youth Report follow the link below to the online ordering form.

<http://conferences.thehillgroup.com/promotinghealthyweight/phwform.cfm>

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

“A house uncleaned is better than a life unlive.”

Rebecca West

Article of Interest

Paracetamol (acetaminophen) plus ibuprofen for the treatment of fever in children (PITCH): randomized controlled trial. *BMJ*. 2008;337:a1302 http://www.bmj.com/cgi/content/abstract/337/sep02_2/a1302

Goals. The goal of this English study was to investigate whether paracetamol (acetaminophen) plus ibuprofen are superior to either drug alone for increasing time without fever. Participants were children between six months and six years of age with axillary temperatures of at least 37.8°C and up to 41.0°C. The primary outcomes were the time without fever in the first four hours after the first dose was given and the proportion of children reported as being normal on the discomfort scale at 48 hours. Secondary outcomes were time to first occurrence of normal temperature, time without fever over 24 hours, and adverse effects.

Results: Paracetamol plus ibuprofen were superior to paracetamol for less time with fever in the first four hours (55 more fever free minutes) but no better than ibuprofen alone. For less time with fever over 24 hours, paracetamol plus ibuprofen were superior to paracetamol alone and to ibuprofen alone (4.4 hours and 2.5 hours longer, respectively). Combined therapy cleared fever 23 minutes faster than paracetamol alone but no faster than ibuprofen alone. No difference was found between the three therapies for discomfort or other symptoms. Adverse effects did not differ between groups.

Conclusion: Parents, nurses, pharmacists, and doctors wanting to use medicines to maximize the time that children spend without fever should use ibuprofen first and consider the relative benefits and risks of using paracetamol plus ibuprofen over 24 hours.

Editorial Comment

The greatest rivalries never have a definitive conclusion. Think of Pepsi® versus Coke® or Bud lite® versus Miller lite®. Tylenol® and Motrin® used to belong in that group but

there is increasing evidence that ibuprofen is a superior agent for fever reduction with faster onset of action and longer relief of fever.

Clinicians may still prefer Tylenol® because of familiarity and its overall excellent safety profile. However, ibuprofen does seem to perform better with fever reduction and might be the better first choice with acetaminophen to be added if needed. Whichever agent is used, clinicians do need to give explicit instructions on dosage and frequency of administration. In this trial, in which standardized instructions under research conditions were given, over 10% of children still received extra doses of medication.

Infectious Disease Updates

Rosalyn Singleton, MD

2009 Immunization Schedule: What’s new? There are only minor changes in the 2009 immunization schedule:

- Rotavirus: change in maximum age for the first dose (14 weeks 6 days)
- Routine annual influenza vaccination is now recommended for all children 6 months through 18 years.
 - o School-aged children typically have the highest rates of infection and are a major source of transmission during community outbreaks. Data from school-based programs show decreased school absences and flu-like illness with vaccine.
- A shorter interval than 5 years may be used Td and Tdap for persons aged 10-18 years “when pertussis immunity is needed”
 - o They leave it up to the provider to determine if pertussis immunity is needed. There are data on intervals between Td and Tdap as short as 18 months without unacceptable increase in side effects.
- Hib vaccine is not contraindicated among persons 5 years and older at increased risk for invasive Hib disease.
- Catch-up vaccination with HPV vaccine is clarified. Second and third doses should be administered 2 months and 6 months after first dose (minimum intervals still 4 weeks between dose 1 and 2 and 12

weeks between dose 2 and 3) even when doing catch-up in older teens. Third dose should be given at least 24 weeks after first dose.

Find the new schedule on-line at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm?s_cid=mm5751a5_e

Recent literature on American Indian/Alaskan Native Health

Michael L. Bartholomew, MD

Forster JL, Brokenleg I, Rhodes KL, et al. Cigarette smoking among American Indian youth in Minneapolis-St. Paul. *American Journal of Preventative Medicine*. 2008;35(6S):S449-S456.

http://www.ncbi.nlm.nih.gov/pubmed/19012838?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Despite recent indications that tobacco use among youths across the nation continues to decline,^{1,2,3} tobacco use in youth continues to be an issue in both urban and rural/reservation locations. Tobacco use, as well as alcohol use, at an early age is predictive for use of other and more potent drugs.⁴ Tobacco addiction onset often occurs in childhood. Most adults who currently smoke started before 19 years of age. In 2006, The National Survey on Drug Use and Health reported the ethnic group with the highest rate of smoking cigarettes within the past month to be American Indian youth aged 12 - 17 (21.2%).

Youth smoking is indeed a problem on the Navajo Nation. The 2003 Navajo Youth Risk Behavior Surveillance System (YRBS) showed that the Navajo Nation had a higher percentage of high school students (38%) who smoked cigarettes on one or more of the past 30 days compared to their non-native high school counterparts (20%; 2001 YRBS).⁵ Tobacco use is also prevalent in Navajo middle school children. The 2003 Navajo YRBS data determined that 19% of middle school children have smoked cigarettes on one or more of the past 30 days.

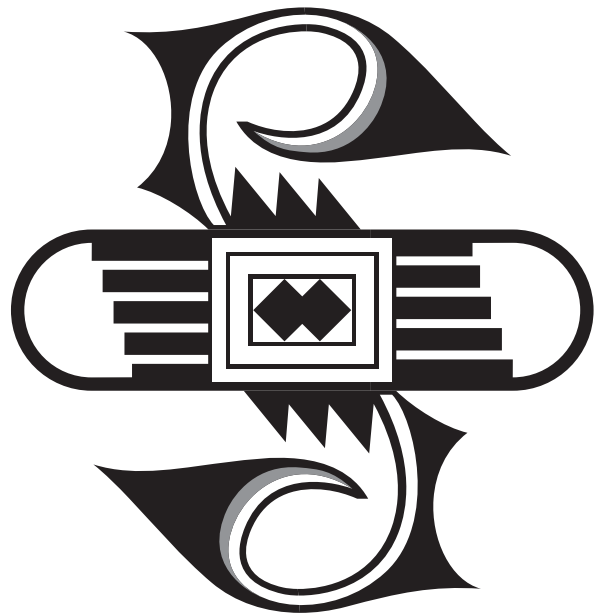
Higher tobacco use among native children is not only isolated to rural settings. Foster et al reported higher tobacco use among urban Indian youth in Minneapolis-St. Paul through a non-random cross-sectional survey. Within the previous 30 days, nearly 37% of the surveyed Indian youth aged 11 - 18 years reported recreational cigarette smoking. Nearly 49% of 16 - 18 year olds, 44% of 14 - 15 year olds, and 16% of 11 - 13 year olds smoked cigarettes within the past 30 days. In comparison to the 2007 Minnesota Student Survey, the prevalence of cigarette use within the previous 30 days among Indian youth is noticeably higher.

Though it is difficult to compare surveys, they all illustrate marked disparities of tobacco use among Native American youth, regardless of location: urban or rural. Interventions by primary care physicians can be critical to the reduction of tobacco use among Native youth. Physicians need to identify

and limit the barriers that prohibit their involvement in screening, prevention, and management of substance abuse including tobacco.

References:

1. Monitoring the Future Study. <http://www.monitoringthefuture.org/>
2. National Survey on Drug Use and Health. <http://www.oas.samhsa.gov/nhsda.htm>
3. Youth Risk Behavior Survey. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
4. American Academy of Pediatrics, Kulig J, and Committee on Substance Abuse. Tobacco, Alcohol, and Other Drugs: Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse. *Pediatrics*. 2005;115:816-821.
5. 2003 Navajo Middle and High School Youth Risk Behavior Survey Report. <http://www.yrbs.navajo.org/>



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 them. 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 description of “best practices” in this issue, “Promoting Healthy Weight in Children and Youth”. Incorporation of best practices into your CE curriculum is a sound strategy to design education that targets desirable clinician attributes such as the IOM competencies.

In addition, during the Open Door Forums, participants will learn more about the Directors Initiatives; these are agency priorities, and as such, continuing education priorities, as well. STD/HIV training is also available from NNPTC; for details, See page 42.

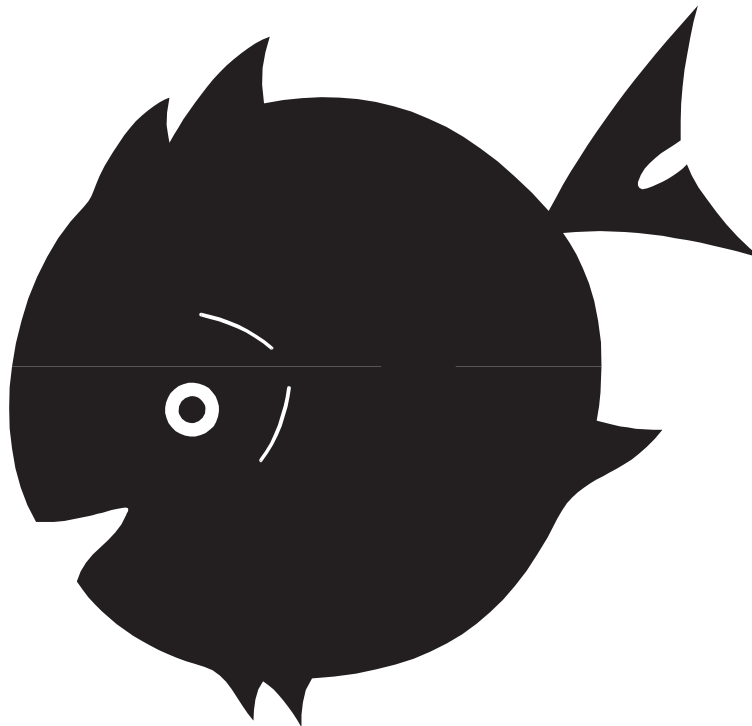


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link. You are encouraged to try downloading the current issue to see how well this works at your site.

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A NEW PROGRAM FOR CURRENT AND FUTURE INDIAN HEALTHCARE EXECUTIVES

WHAT?

A concentrated executive leadership program designed specifically for current and future leaders. The program will benefit individuals who are either serving in or aspire to be in leadership positions.

WHO WOULD BENEFIT?

Chief Executive Officer · Service Unit Director · Health Director · Medical/Clinical Director · Nursing Executive · Director of Nursing · Administrative Officer

Individuals who are program coordinators or managers of clinical, community, environmental or engineering programs will find this beneficial.

The interactive curriculum includes topics that will be integrated through the use of exercises, case studies, and team projects.

*Challenges in Indian Healthcare
Change and Transition
Personnel
Motivation
Organizational Skills
Personal Vision & Goal Settings*

*Financing Health Care
Budgets and Financing
Data & Information Technology*

*Law
Integrity and Ethics*

*Conflict Resolution
Critical Thinking
Negotiation
Executive Communications
Partnerships, Collaborations
Decision Making
Visionary Strategic Planning
Building Constructive Relationships*

WHY?

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 healthcare executives whether they work in Federal, Tribal, or Urban settings.

WHO?

Faculty for the Executive Leadership Development Program have been selected from the private, public, and academic sectors. They have experience teaching in executive programs and understand the unique needs of the Indian healthcare system. Coordination of the Executive Leadership Development Program is through the Indian Health Service, Clinical Support Center in Phoenix, Arizona in partnership with different universities and foundations.

HOW?

The Executive Leadership Development Program will be presented in three 4 ½ day sessions over 12 months. Each session builds on the previous session. Participants should anticipate an intense experience to develop and practice skills to be an effective leader. Independent time is used for reading assignments or working with fellow team members on business simulations, cases, or presentations. At the end of each session, participants will receive certificates of accomplishment from the academic institutions that sponsored the training. After all three sessions have been completed, participants will receive a certificate of completion from the Indian Health Service.

WHEN/WHERE*?

Session One (05/09)	May 4-8, 2009 Western Management Development Center Aurora, Colorado
Session Two (06/09)	June 15-19, 2009 Western Management Development Center Aurora, Colorado
Session Three (07/09)	July 20-24, 2009 Western Management Development Center Aurora, Colorado

*Note: Attendees must enroll for all three sessions.

CONTINUING EDUCATION CREDITS ACCREDITATION

The Indian Health Service (IHS) Clinical Support Center is accredited by the [Accreditation Council for Continuing Medical Education](#) to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education activity for up to 28 hours of Category 1 credit toward the Physician's Recognition Award of the [American Medical Association](#). Each physician should claim only those hours of credit he or she actually spent in the education activity.

The Indian Health Service Clinical Support Center is approved by the [American Council on Pharmaceutical Education](#) as a provider of continuing pharmaceutical education.

The Indian Health Service is accredited as a provider of continuing education in nursing by [American Nurses Credentialing Center](#) Commission on Accreditation, and designates this program for 36 contact hours for nurses.

Continuing Education Units for Chief Executive Officers, Administrative Officers and Dentists designates this program for 36 CEUs.

TUITION:

Tuition for all three sessions is **\$4500**. The tuition includes three (3) 4 ½ day-session, books, instructional handouts, leadership assessments, and continuing education credits. Payment should be by Tribal organization check or approved SF-182 Form. Travel and per diem are not included in the tuition.

CONTACT:

Gigi Holmes & Wes Picciotti
Phone: (602) 364-7777
FAX: (602) 364-7788
Email: gigi.holmes@ihs.gov
<http://www.ihs.gov/nonmedicalprograms/eldp/>

Indian Health Service
Clinical Support Center
Two Renaissance Square, Suite 780
40 North Central Avenue
Phoenix, Arizona 85004-4424

Please email questions and comments related to content to: Gigi.Holmes



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

Wilbur Woodis, Division of Behavioral Health, IHS Headquarters, Rockville, MD;
PH: 301-443-6581 FAX: 301-443-7623 wwoodis@hqe.ihs.gov
Anthony Dekker, DO (Course Information), Phoenix Area Office, Phoenix, AZ;
PH: 602-364-5169 anthony.dekker@ihs.gov
Cheryl Begay (Registration & Travel Arrangements), Clinical Support Center, Phoenix, AZ;
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.

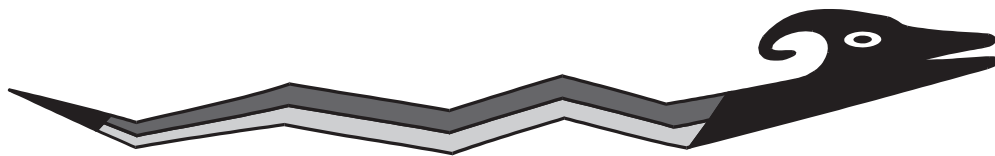
This intensive, interactive training course has been available to Indian Health Program providers (physicians, physician assistants, advanced practice nurses, and nurses) for the past 20 years. It has evolved into one of the best opportunities available anywhere to develop specific skills related to 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.



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>.

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.

Intensive Case-Based Training in Palliative Care

May 4 - 8, 2009; Rochester, Minnesota

This new and innovative intensive program will build on the principles and practice of palliative care previously introduced at the Education in Palliative and End-of-Life Care-Oncology (EPEC-O™) conferences. It is designed to address some of the suggestions for additional training made by participants. This course will be taught at the Mayo Clinic by its faculty and IHS experts in palliative care. Actual cases will be presented and examined in detail, with an emphasis on an interdisciplinary approach to palliative care. Trainees will gain hands-on experience in dealing with real-life scenarios in the state-of-the-art Simulation Center. Trainees will also round with palliative care and pain management teams and attend weekly interdisciplinary case conferences.

A portion of the course will be presented by telemedicine as part of the *International Telehealth Palliative Care Symposium* sponsored by the Alaska Native Tribal Health Consortium. Cultural considerations in providing palliative care for indigenous people will be emphasized.

There is no cost to attend. Funding, provided through the generosity of the Fort Defiance Service Unit, under the direction of Dr. Franklin Freeland CEO, will cover travel and per diem for teams of three or four individuals. Teams should be drawn from individual facilities or service units and include a physician, nurse, and a social worker. Additionally, a pharmacist or other involved professional will be considered as part of a team. Approximately eight teams, 28 - 32 individuals, will be accepted. Teams with individuals who attended one of the previous EPEC-O™ conferences are strongly encouraged to attend, although this is not a prerequisite.

The deadline for applications is February 28, 2009. Applications will be accepted on a first request, first served basis. Register on line at <http://www.csc.ihs.gov>. For questions or more information, please contact Timothy Domer, MD at Timothy.domer@ihs.gov.

The Indian Health Service Clinical Support Center (CSC) is providing meeting support and will serve as the accredited sponsor.

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).

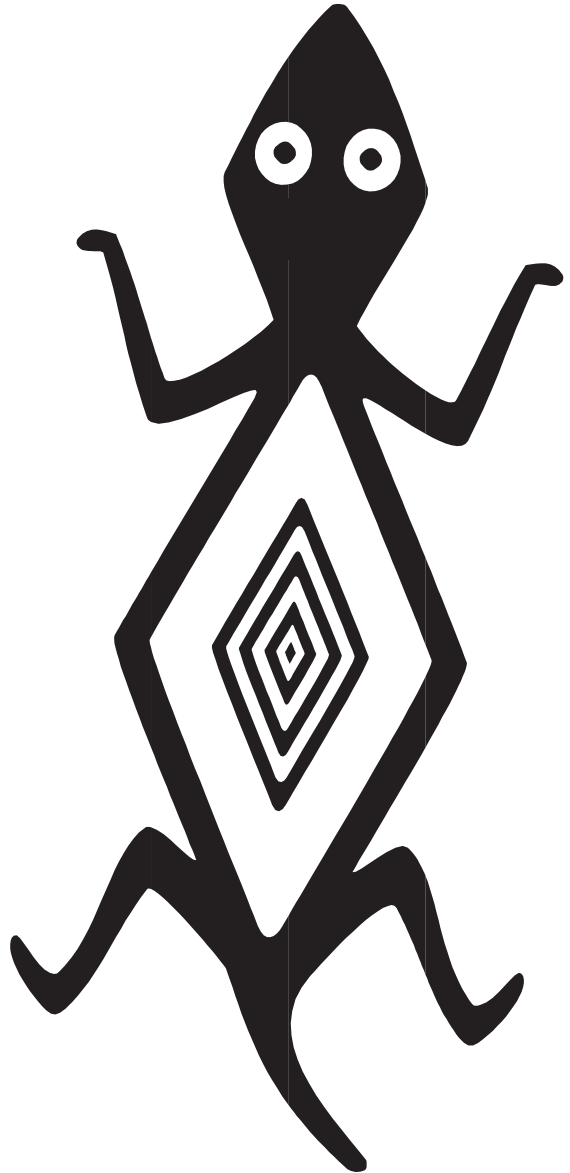
The conference site is the Native American Connections Inc., 4520 North Central Avenue, Suite 600, Phoenix, Arizona 85012. For more information or to register, contact Cheryl Begay at (602) 364-7777 or e-mail cheryl.begay@ihs.gov. To register on-line, go to the CSC website at <http://www.csc.ihs.gov>.

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 Physician

Staff Dentist

Consolidated Tribal Health Project, Inc.; Calpella, California

The Native American Health Center in northern California wine country is seeking a doctor and a dentist to join our dedicated team. For twenty five years, Consolidated Tribal Health Project, Inc. has been providing health, dental, behavioral health, and community outreach services to the eight consortium tribes of Mendocino County.

We are seeking two providers:

- Family Practice Physician, BC/BE, to provide direct patient care (90%) and administration (10%)
- Staff Dentist to provide comprehensive, public health oriented dental services and all general clinic services

Candidates must currently hold a California license. Qualified applicants, please fax resume, cover letter, and salary requirements to Human Resources at (707) 485-7837. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. Native American preference in hiring; all qualified applicants will be considered. For more information, please contact Annie Kavanagh at (707) 467-5685, or by e-mail at akavanagh@cthp.org. (2/09)

Family Practice Physician

Nurse Practitioner

Pawhuska IHS Health Center; Pawhuska, Oklahoma

The Pawhuska IHS Health Center has openings for a family practice physician and a nurse practitioner. Our facility is a JCAHO accredited, multidisciplinary outpatient clinic with medical, dental, optometry, behavioral health, an on-site lab, and pharmacy. Our medical staff enjoy regular work hours

with no night or weekend call.

Pawhuska is located 55 miles from Tulsa, Oklahoma. It is home to the Osage Nation, with a rich heritage of tribal culture, oil money, and even cowboys. So if you have a passion for small town life on the plains, you may want to check us out.

Interested parties can contact Wehnona Stabler, 715 Grandview, Pawhuska, Oklahoma 74056; telephone (918) 287-4491; or e-mail to wehnona.stabler@ihs.gov. (2/09)

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

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, 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)

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 Kajiwarra-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at karen.kajiwarra@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, colposcopies, 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@cvih.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.

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, renown 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.

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 practicing 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 IVU 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 johnc@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.

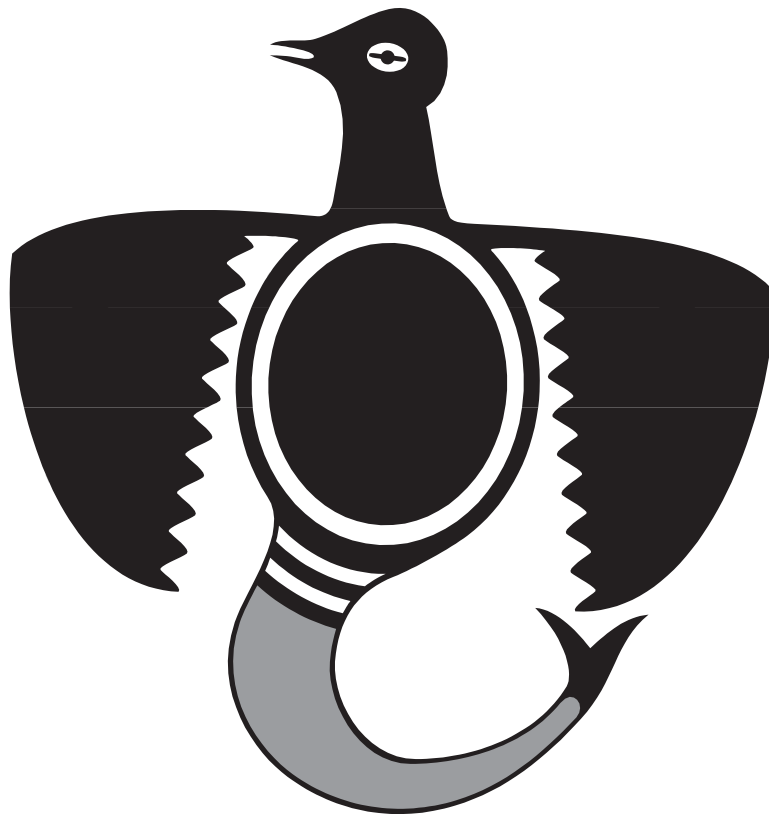
WIHCC offers an awesome mix of professional, cultural, and recreational opportunities. It is located just seven miles from the breathtaking beauty of Navajoland and its people, and 50 miles from Flagstaff – a university town with extensive downhill and cross-country skiing, where several of our employees 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.

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

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