

THE IHS PRIMARY CARE PROVIDER



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

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Clinic Reminder Cards Based on the US Preventive Task Force Guidelines Available for Your Use

Theresa Cullen, MD, Medical Officer, Division of Information Resources, Tucson, Arizona

The US Preventive Task Force (USPTF) has undertaken a major effort to evaluate the current clinical and evidence-based medical literature in a systematic fashion. This review has resulted in the establishment of recommendations for interventions for categorical age groups, as well as for pregnant women. These interventions, which should be used to guide age-specific prevention efforts, are currently under review and will be revised within the next two years.

At the Sells Service Unit in Sells, Arizona, these guidelines were formatted on laminated 4" by 6" cards that could be easily referred to in the clinic setting. The USPTF guidelines have been modified to include some screening interventions that are currently not proven by evidence-based medicine. However, these added interventions (noted by an asterisk on the cards) have been implemented in many primary care practices, and may be of benefit to your community.

Additional information is available in the USPTF Guidelines book. This book includes more specific guidelines for high risk populations, as well as a more detailed evaluation of individual screening interventions. Please refer to this book for further information.

We have reproduced these cards as an insert slightly reduced in size so that they would fit on the page. You are encouraged to reproduce these and use them in your own clinic settings. We hope that the publication of these guidelines will lead to a continued emphasis on prevention strategies within our health care system.

For more information, contact the author at IHS/DIR, 300 West Congress 5B, Tucson, AZ 85701; phone (520) 670-4803; or e-mail tcullen@hqt.ihs.gov. □

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Zuni Wellness Center Offers Services for the Elderly

Leatrice Lewis, MPH, Manager, Zuni Wellness Program, Zuni, New Mexico

To encourage healthy lifestyles in the community it serves, the Zuni Wellness Center (ZWC) provides a comprehensive program of fitness services and health promotion and disease prevention activities. ZWC staff are trained in the principles of fitness and health. One of the Center's goals is to offer safe and appropriate exercise programs. Services are provided for healthy adults, individuals at high risk, and those with known disease. A screening process includes the completion of a health questionnaire and measurements of blood glucose and blood pressure.

One of the objectives of the Wellness Center is to guide and motivate people with diabetes in controlling their condition with lifestyle modifications as an adjunct to pharmacologic management of their disease. Recruitment for individuals with diabetes occurs at the scheduled diabetic clinic held weekly at the Zuni/Ramah Service Unit. Transportation is provided for individuals referred to the Wellness Center from the hospital or from other community agencies.

Fitness activities include aerobic dance, cardiovascular training, and weight lifting circuits. Aerobic dance activities include low impact and chair aerobics. A variety of music, such as country and western, contemporary Indian, or other appropriate types is used for dance choreography. All fitness classes are instructor-led. Presently, we are working with 76 individuals who are from the Senior Citizen Center. From this cohort, which includes participants in the Foster Grandparents

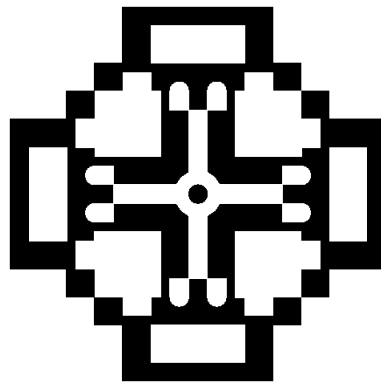
(a school program) and the Community Senior Companion Program, there are 61 individuals with diabetes.

The Wellness Center has three structured fitness classes for the older population held throughout the day on Monday, Wednesday, and Friday. On average, 50 participants attend these classes three times a week. Two ZWC staff members also offer fitness classes at the Senior Citizens Center. Personal flow charts are used to monitor weight, blood sugar levels, and blood pressure. Blood sugar levels are checked before and after exercise. These flow charts are reviewed for current status and for suggested adjustments in medications in consultation with medical staff.

The ZWC staff have seen many exercise benefits for the Zuni Senior Citizens Center participants and the referral group. The physical benefits include improved cardiovascular endurance, strength, flexibility, and balance. Enhancements in the overall sense of well being and quality of life are inferred from the increased participation in many other activities. These experiences include working with school children, taking care of homebound elderly, dancing and enjoying celebrations, traveling to other Indian communities for feast days, and living life with vigor.

During the past twelve years, members of the Zuni Wellness Center staff have appreciated the experience of learning from the elders they serve. With their patience and understanding, the ZWC staff has learned to develop appropriate exercise programs and to explain many health promotion concepts in the Zuni language.

For more information, contact the author at the Zuni Wellness Center at (505) 782-2665. □



Alternative and Complimentary Medicine and Diabetes

Walter O. Scott, RPh, Diabetes Care Specialist, Pyramid Lake Health Center, Schurz Service Unit, Nixon, Nevada

Worldwide it is estimated that only 10 to 30 percent of human health care is delivered by conventional, biomedically oriented practitioners. The remaining 70 to 90 percent of care includes a broad spectrum of practices ranging from self-care in accordance with folk principles to care by an organized health care system based on alternative cultural or traditional practices.¹

Some terms that are used to describe the systems of remedies used in alternative or complimentary medicine are nutraceuticals, botanicals, natural products, micronutrients, herbals, medicinal herbs, dietary supplements, trace elements, orthomolecular medicine and others. Some organized health care systems that practice a holistic approach to complimentary and alternative medicine are traditional Oriental medicine, acupuncture, Ayurveda, homeopathic medicine, anthroposophically extended medicine, naturopathic medicine, environmental medicine, Native American medicinal traditions, Latin American medicinal traditions, and others.^{1,2}

Complimentary and alternative medicine (CAM) is being used by both the general public and health care professionals.³ Several major pharmaceutical manufacturers in the United States have launched their own "natural products" lines. The Journal of the American Medical Association (JAMA) recently devoted an entire issue to the topic of alternative and complimentary medicine (JAMA, Nov. 11, 1998). Regulatory and congressional activities are addressing this widespread interest.^{4,5}

Some products being promoted for and used in the treatment of diabetes mellitus are chromium picolinate,^{6,7,9,12} vitamin E, magnesium,⁷ gamma linolenic acid (GLA),⁸ fenugreek,^{9,11} ricemic,¹⁰ oatmeal, onion, garlic, ginseng, coriander, bilberry leaves, Jerusalem artichoke, prickly pear (Nopal), aloe vera, apple pectin, guar gum,¹¹ fish oils,¹³ and others.

While much factual information is making its way to the general public and health professionals, it is recommended that decisions about products, treatments, and therapies be made using only validated information from credible sources. These sources may include companies producing standardized extracts, exploring methods to ensure superior bioavailability, and conducting or funding research.¹⁴ Because of the current lack of standardization of herbal products, it is difficult to generalize from one product to another.^{15,16} In the absence of

any complete, accepted scientific compendium, the German Commission E Monograph is being relied upon heavily for guidance concerning the use of herbal or natural products.¹⁷ Dietary supplements and herbs are not regulated as "drugs," but their chemical components (phytochemical contents) possess pharmacologic activity.¹⁸ Also, many available products have been analyzed and found to contain adulterants such as undeclared pharmaceuticals and heavy metals.¹⁹ Therefore, caution should be used when considering the use of these products until more standardization and clinical investigation can take place.

Two references available from sources in the United States concerning alternative and complimentary medicines are 1) Herbal Medicine, published by *The Prescribers Letter/The Pharmacists Letter*; 2453 Grand Canal Blvd., Suite A, PO Box 891, Stockton, CA, 95208; Tel. (209) 472-2240; and 2) *The Review of Natural Products*, by Facts and Comparisons, Tel. (800) 223-0554. It is emphasized that neither of these sources is recognized as an official compendium. The Food and Drug Administration (FDA) has established a searchable Special Nutritional Adverse Event Monitoring System (SN/AEMS) database. Reports are received from health professionals or patients/consumers via the MedWatch Program/FDA field offices, other Federal and local public health agencies, or correspondence received by the FDA. Access via the Internet may be found at <http://vm.cfsan.fda.gov/~dms/aems.html>. This site may be helpful in determining the safety of herbal/natural products.²⁰

There are many alternative and complimentary medicine therapies promoted, and some may be shown to be valuable in the treatment and control of diabetes mellitus. It is important to remember that some foods, remedies, and supplements can produce significant effects (some beneficial, some harmful) and that patients or consumers should be reminded to tell their health care providers about any "health" product that they are taking.²¹ □

References

1. National Institutes of Health, Office of Alternative Medicine, Alternative Systems of Medical Practice - Fields of Practice. <http://nccam.nih.gov>
2. *Pharmacy Today*. American Pharmaceutical Association. 5(2); February 1999; pp. 1,12
3. *Facts and Comparisons*, Druglink; July 1998, p. 54
4. FDA Never Promised An Herb Garden — But Sellers and Buyers Eager To See One Grow. *JAMA* 1998; 280:1554-1556
5. Nutraceuticals and Health Claims; <http://www.PrescribersLetter.com/pridetailend.asp> (Detail 15101) (members only)
6. Passwater R. Chromium picolinate, part II, beyond muscle enhancement. consumer bulletin available in health food store
7. Challem J. New hope for diabetics. *Let's Live*, May 1991, p. 35,

- consumer bulletin available in health food store
8. Whitaker J. An essential ally for diabetics. *Diabetes Care*, 1993;16(1):8
 9. Diabetes, Fenugreek; *Prescribers Letter*. 6(2); February 1999, p 10
 10. 1997 Clinical Practice Recommendations, Food and Nutrition, American Diabetes Association, Professional Section, Clinical News. <http://www.diabetes.org/councils/winter/winter97/clinical.htm>
 11. Williams, D. Various Tips for Diabetics. consumer bulletin available in health food store
 12. Beyond the Headline: Chromium Supplements and Diabetes; American Diabetes Association. <http://www.diabetes.org/publications/insider/html/featbeyhead.htm>
 13. Friedberg C. Fish oil and glycemc control in diabetes. *Diabetes Care*; 21(4) p 494
 14. *Journal of the American Pharmaceutical Association*. 39(1) January /February 1999, p 11
 15. "Natural" doesn't always imply "safe." *Facts and Comparison*; Druglink. June 1998, p 47
 16. Dietary Supplements. *Prescribers Letter*. January 1999, p 4
 17. Physicians Forum. No. 65, May 1998
 18. *Facts and Comparisons*; Druglink. August 1998, p 63
 19. Adulterants in Asian patent medicines. *Natural Topics. Drug Facts and Comparisons News*; November 1998, p 48
 20. *Ibid*. p 43
 21. *Prescribers Letter*, January 1999, p 11 (Unpublished review document)

Detection, Evaluation, and Management of Dyslipidemias:

The Santa Fe Indian Hospital Cardiovascular Clinic 1999 Guidelines

Randy Burden, PharmD, CPS, IHS Albuquerque Area Clinical Pharmacy Consultant; and Cardiovascular Clinic Director and Assistant Chief Pharmacist, Santa Fe PHS Indian Hospital, Santa Fe, New Mexico

The Santa Fe Indian Hospital Cardiovascular Clinic has published a much expanded version of its guidelines for managing patients with dyslipidemias on the IHS Pharmacy Intranet. The address is: <http://home.hqw.IHS.gov/pharmacy/clinical/protocols/lipid-sf.pdf>.

These guidelines were derived primarily from the following documents:

1. The Longbeach VAMC Guidelines For the Detection, Evaluation, and Treatment of High Blood Cholesterol in Veterans
2. Adult Treatment Panel II. National Cholesterol Education Program. NIH; Sept 1993. Publication No. 93-3095
3. The Management of Hyperlipidemia, PEC Update. 1995;96(1):1-19
4. The Management of Hyperlipidemia. Department of Veterans Affairs; Nov 1996. Publication No. 96-0003
5. American Diabetes Association: Clinical Practice Recommendations 1998. *Diabetes Care* 21:Supplement 1, Jan. 1998
6. The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of

High Blood Pressure. NIH; 1997 Nov. Publication No. 98-4090

Review of this document and suggestions for improvement were provided by James M. Galloway, MD, FACP, FACC, Native American Cardiology Program; Thomas Richtsmeier, MD, FACP, FACC, Cardiology Program, Gallup Indian Medical Center; Kelly Acton, MD, MPH, FACP, Director, IHS Diabetes Program; Robert Wirth, MD, Phoenix Indian Medical Center; Dennis Toomey, DO, Ambulatory Care Director, Santa Fe Indian Hospital (SFIH); John Fogarty, MD, Staff Physician, SFIH; Diane Pratt, MD, Staff Physician, SFIH; Leeanna Travis, RD, CDE, Chief Dietician, SFIH; and Vicky Chavez, PharmD, CPS, Cardiovascular Clinic, SFIH.

The following is the Index of Topics covered by this document:

Introduction

Summary

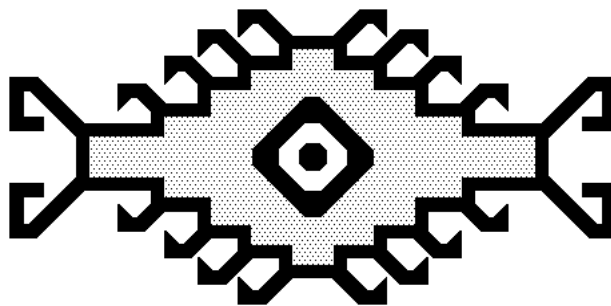
- Rational for Establishing the Cardiovascular Clinic
- Goal of the Cardiovascular Clinic
- Objectives of the Cardiovascular Clinic
- Cardiovascular Clinic Staff
- Patient Referral
- Clinic Schedule
- Procedures
 - Treatment Guidelines
 - Patient Follow-up
 - Patient Education and Lifestyle Enhancement
 - Tracking Graphs

Patient Instructional Medication Sheets
 Nutritional and Lifestyle Enhancement Sessions
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 Weight Reduction
 Exercise Program
 Risk Reduction:
 Hypertension, Diabetes and Hypothyroidism
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 Scope of Practice Application
 Scope of Practice
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 History of lipid disorder
 Past history/systems review
 CHD risk factor assessment
 CHD risk status as a guide to intensity of therapy
 Drug history
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 Patient Education
 Risk Reduction Goals
 Risk Factor Management
 Dietary therapy
 Physical activity

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 Smoking cessation and reduction of excessive alcohol use
 Hypertension and diabetes
 Low HDL cholesterol
 Estrogen Replacement
 Drug Treatment
 Established CHD patients
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 Low risk patients
 Drug treatment decisions based on LDL
 Comparison of LDL reductions to meet treatment goals
 Management of hypercholesterolemia
 Management of combined hyperlipidemia
 Management of hypertriglyceridemia
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 Summary of drug effects on lipids
 Drug interactions
 Drug monographs
 Colestipol
 Niacin
 Simvastatin
 Gemfibrozil
 Fenofibrate
 Follow-up
 History
 Physical exam
 Laboratory tests
 Adverse event monitoring
 Treatment of dyslipidemias in the elderly

Appendix: Step I and Step II Diet Therapy for Dyslipidemias

Readers are encouraged to visit the website and to use it as
 a reference or resource. If you have comments or questions,
 please contact the author by e-mail at [rburden@albmail.albu-
 querque.ihs.gov](mailto:rburden@albmail.albu-querque.ihs.gov) □



PHS Bicentennial Events in Washington State

CDR Marjorie Slagle, FNP-C, Yakama Indian Health Service Center, Toppenish, Washington

As part of the 200th anniversary of the U.S. Public Health Service, the Regional Health Administrator (RHA) of Region X, CAPT Richard Lyons, and the Evergreen branch of the Commissioned Officers Association (COA) recently coordinated two memorable events in central Washington State. On January 27, 1999, Dr. Lyons, accompanied by the PHS historian, Dr. John Parascandola, and 15 local PHS officers honored the Yakima County Health District for its ongoing role in working with the U.S. Public Health Service in setting and maintaining a national model for community health standards. In recognition of the significant public health accomplishments of these Federal and local government agencies, Mary Selecky, Acting Secretary of the Washington State Health Department, commended the progress that has been made in immunizations and computer-assisted tracking of communicable diseases.

Next on the day's agenda for these dignitaries was a visit to the nearby Yakama Indian Health Service Center in Toppenish, WA. Colleen Reimer, the Service Unit Director, and CDR Marjorie Slagle, Family Nurse Practitioner, hosted an

introduction and tour of this eight-year-old outpatient facility that serves over 20,000 Native Americans. LCDR Sharon John, a Yakama-Umatilla Native American, provided an overview of these tribes' sociocultural backgrounds. Twenty-three PHS officers from all health disciplines comprise an integral component of the 130 member clinic staff.

Luncheon at the Cultural Center featured presentations by PHS members as well as Yakama tribal representatives in testimony to the joint endeavors and accomplishments of the Indian Health Service and the Yakama Nation. The key speakers included CAPT Lyons, Dr. Parascandola, Ms. Reimer, Ms. Selecky, and Ross Sockzehigh, Tribal Council Vice Chairman. COA updates were then provided by CAPT Andy Stevermer, COA's Evergreen Branch President.

These tributes at the Yakima County Health Department and the Yakama Indian Health Service Center truly depicted the diversity and dedication of U.S. Public Health Service officers stationed throughout the country. The Yakama Indian Health Service's mission statement reflects these concepts well: "Our mission is to work in partnership with the people to improve the health and environment and to promote individual wellness within our Native American Community." □

The Public Health Service and Indian Health

John Parascandola, PhD, Public Health Service Historian, Rockville, Maryland

Although the Indian Health Service did not become a part of the Public Health Service (PHS) until 1955, the involvement of PHS in Indian health goes back much further in time. Medical care of Indians was a responsibility of the Federal Government, and was vested in the Bureau of Indian Affairs of the Department of Interior. Charles Burke, Commissioner of Indian Affairs from 1921 to 1929, was concerned about the inability of the Bureau to attract competent medical professionals for career service in the organization. In 1928, he discussed the matter informally with PHS Surgeon General Hugh Cumming, leading to a plan whereby an officer of the

Service was detailed to act as Director of Health of the Bureau of Indian Affairs. The first incumbent in this position was Dr. Marshall C. Guthrie. Dr. Guthrie was assisted by several other officers on his staff in Washington and a number of others serving as medical supervisors in the field service. At about the same time, the Service also began to assist the Bureau of Indian Affairs in dealing with problems of sanitation on reservations. In 1931, Dr. Frank Fellows became the first PHS officer to be assigned by the Bureau of Indian Affairs to Alaska. The assistance provided to the Bureau aided materially in improving the health of American Indian and Alaska Natives.

The PHS continued to provide this kind of assistance to the Bureau of Indian Affairs over the years. PHS officers on Coast Guard ships also sometimes provided health care to

American Indians and Alaska Natives in some areas. In the late 1940s, various health organizations began to press for the transfer of the Indian health program from the Bureau of Indian Affairs to the PHS, so that it would be firmly controlled by health professionals. The Transfer Act of 1954 moved all Indian health responsibilities from the Bureau to a new Division of Indian Health in PHS, effective July 1, 1955. On that date, PHS inherited 2,500 staff, 48 hospitals, 13 school

infirmaries, and responsibility for the health care of 472,000 Indians and 35,000 Alaska Natives, with Dr. Ray Shaw as Director of the new Division. In 1968, the name was changed from the Division of Indian Health to the Indian Health Service (IHS), and the IHS achieved Agency status in 1988. Today the IHS provides health care services to more than one million American Indians and Alaska Natives. □



PHS officer Dr. Ralph Carr examines children while ashore from a Coast Guard cutter in Ketchikan, Alaska in 1941.

Bringing Exercise to Elders and Elders to Exercise

Bruce Finke, MD, Director, Elder Care Initiative, and Staff Physician, Zuni-Ramah Service Unit, Zuni, New Mexico

There is a wealth of information in the medical literature documenting the benefits of exercise and fitness for the elderly.¹ Exercise improves strength, balance, and endurance.² Recent research has demonstrated beneficial effects of exercise on disability from osteoarthritis of the knee³ and on quality of sleep.⁴ Exercise for strengthening also plays a role in multi-dimensional fall and injury prevention programs.⁵ For older persons with diabetes mellitus, exercise lowers blood sugars and improves glycemic control.¹

The article by Lewis in this issue of *The Provider* (page 54) describes the collaboration between a Tribal Wellness Center and a Tribal Senior Citizens Center to bring exercise programs to elders. Wellness Center staff go to the Senior Center to lead exercise classes, and special accommodations (including transportation) are made at the Wellness Center to

bring elders there for exercise. The coordination between these programs brings scarce resources together to benefit the elders of their community. This is the path to wellness for our elders.

□

References

1. Hazzard WR, Bierman EL, Blass JP, Ettinger WH, Halter JB. *Principles of Geriatric Medicine and Gerontology*. 3rd ed. New York, NY: McGraw-Hill; 1994:91-105
2. Chandler JM, Hadley EC. Exercise to improve physiologic and functional performance in old age. *Clinics in Geriatric Medicine*. Nov 1994;12:4:761-784
3. Ettinger WH, Burns R, Messier SP, et al. A randomized trial comparing aerobic exercise and resistance exercise to a health education program on physical disability in older adults with knee osteoarthritis: The Fitness Arthritis and Seniors Trial (FAST). *JAMA*. 1997;277:25-31
4. King AC, Oman KF, Brassington GS, Bliwise DL, Haskell JB. Moderate-intensity exercise and self-rated quality of sleep in older adults with osteoarthritis: a randomized controlled trial. *JAMA*. 1997;277:32-37
5. Hazzard WR, Bierman EL, Blass JP, Ettinger WH, Halter JB. *Principles of Geriatric Medicine and Gerontology*. 3rd ed. New York, NY: McGraw-Hill; 1994:1313-1320

Pain and Palliative Care Policy Now Available

Under the guidance of their Chief Medical Officer Judith Kitzes, MD, MPH, the Albuquerque Area has developed and adopted a state-of-the-art policy regarding pain management and palliative care. The policy is brief and contains significant leeway for local modification. It is accompanied by supporting documents that contain the tools needed to implement the policy. The background for this effort has been described by Dr. Kitzes in two articles recently published in the October 1998 and February 1999 issues of *The IHS Primary Care Provider*.^{1,2}

The IHS Elder Care Initiative will provide the policy and supporting documents to all IHS, tribal, or urban programs that

would like to have them. We are eager to see that optimal management of pain and other distressing symptoms be the standard of care throughout the Indian health care system. For copies contact Bruce Finke, MD, Elder Care Initiative, PO Box 467, Zuni, NM 87327; fax: (505) 782-5723; or email: elders@nm.net. □

References

1. Kitzes J. Palliative medicine, intractable pain, and end of life care. *The IHS Primary Care Provider*. 1998;23(10):143-144
2. Kitzes J. Palliative medicine: facing the challenge of care beyond cure. *The IHS Primary Care Provider*. 1999;24(2):23-25

POSITION VACANCIES □

Editor's note: As a service to our readers, The IHS Provider will now publish, on a space available basis, notices of clinical positions available. Indian health program employers should send brief announcements on an organizational letterhead to: Editor, The IHS Provider, The IHS Clinical Support Center, 1616 East Indian School Road, Suite 375, Phoenix, Arizona 85016. Submissions will be run for two months, 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. At this time we do not plan to run ads for "positions wanted." The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Obstetrician/Gynecologist Claremore, Oklahoma

The PHS Indian Hospital in Claremore is seeking an experienced BC/BE obstetrician/gynecologist. This is a full time salaried position. Professional activities include outpatient and inpatient obstetrics and gynecology, including surgical gynecology and consultative services to the neighboring tribal clinics.

Claremore is an attractive, family oriented community with excellent schools and affordable housing, located within 20 minutes driving time from Tulsa.

Send CV to Paul Mobley, DO, Clinical Director, PHS Indian Hospital, Claremore, Oklahoma, 74017; fax (918) 342-6517. Equal opportunity employer; preference to American Indian applicants (Title 25).

Family Physician Keshena, Wisconsin

The Menominee tribal clinic, located in northern Wisconsin, 45 miles west of Green Bay, will have an opening for a family physician in August 1999. Join five other experienced family practitioners providing full care to Wisconsin's oldest residents. Work and a beautiful, efficient clinic next to the Wolf River. Provide inpatient and obstetrical care at a nearby 50 bed hospital, which has a full-time emergency room staff. Enjoy a competitive salary, 16 annual holidays, and 1 in 6 call. Live in a quiet town of 8,000 with good schools and a beautiful outdoors environment. For further information please contact Kevin Culhane, MD at the Menominee Tribal Clinic, PO box 970, Keshena, Wisconsin 54135; telephone (715) 799-3361.

Pharmacist Emergency Medical Services Director K'ima:w Medical Center, Hoopa Valley Tribe

K'ima:w Medical Center (KMC) is seeking qualified individuals to manage our Pharmacy and Emergency Medical Services Departments. Both positions are full-time and are located within a beautiful mountain valley where you'll find clean air, beautiful rivers, pristine lakes, and excellent fishing

and other outdoor sports and recreation, all located just six hours north of San Francisco, three hours northeast of Redding, and one hour northeast of Eureka, in rural northern California. Competitive salaries with excellent benefits. Housing available at reasonable rates, with elementary and high schools, a library, and athletic facilities nearby.

Pharmacist. Candidate must be registered and licensed by the California State Board of Pharmacy. Ability to communicate with clients, health professionals, employees, and the public. Knowledge of the accreditation process. CPR certification required. Administrative experience desired.

Emergency Medical Services Director. Candidate must be a graduate of an accredited school of nursing, be currently licensed in the State of California as a registered nurse, and be a paramedic with a minimum of one year management experience. Alternatively, candidate may be a paramedic with a minimum of two years management experience. CPR and ACLS certification required.

For more information about either position call KMC at (530) 625-4559, ext. 226. Send resume to KMC Human Resources Department, P.O. Box 1288, Hoopa, CA 95546. These positions are open until filled. Selection will be pursuant to the Hoopa Tribe's TERO ordinance. Applicants selected will be subject to pre-employment and random alcohol and drug testing pursuant to the tribe's alcohol and drug policy.

Administrator, Special Projects, The American College of Obstetricians and Gynecologists Washington, DC

The American College of Obstetricians and Gynecologists (ACOG) represents 38,000 member physicians dedicated to improving women's health care. Since 1970, ACOG has had special programs designed to improve the care provided to American Indian and Alaska Native women and their offspring. These include site visits by an expert committee at the invitation of Indian hospitals to look at special needs and at the quality of maternal and child health programs; placement of well qualified obstetrician-gynecologists to fill temporary vacancies in Native American hospitals, and an annual post-graduate course for generalist physicians, nurses, and other clinicians from facilities caring for Native American women.

The individual doing day-to-day administration of these programs is retiring after many years, and ACOG would like to make the vacancy known in the Indian community. The job responsibilities are as follows: manage day-to-day functions, promotion and recruiting of fellows for the Fellows Serving Native American Women program; coordinate production of the reference text *Obstetric, Neonatal and Gynecologic Care* for the annual postgraduate course on health care for Native American women and infants; for both aforementioned programs, prepare reports, monitor billing and expenses, develop supporting data and rationale for contract proposals and negotiations; initiate the planning and coordination process

for content and logistics of site visits and other arrangements for committee meetings and postgraduate courses; update and manage the evaluations and other communications with attendees, for the postgraduate course; assist the Director in providing staff support to the ACOG Committee on American Indian Affairs.

The qualifications for the position are as follows: Master's degree or equivalent; association/contract or professional administrative experience; meticulous organizational and record keeping skills; excellent verbal and writing capabilities; and ability to handle a variety of tasks and responsibilities independently.

Reimbursement is not available for interview travel and relocation costs, but candidates are welcome from anywhere in the country. Minimum entry level salary of \$34,000. Send letter and resume immediately to:

Human Resources
American College of Obstetricians and Gynecologists
P.O. Box 96920
Washington DC 20090-6920
Or e-mail to dweaver@acog.org
Fax: (202) 554-4591

Director of Human Services San Jose (Santa Clara Valley), California

The Indian Health Center of Santa Clara Valley, located in San Jose, CA, seeks a director for the department providing outpatient mental health and substance abuse services. Candidate should have strong clinical, administrative, and supervisory skills, as well as experience working with American Indians. Salary \$48,000 to \$51,000. American Indian Preference (Title 25). Send resume to IHC, 1333 Meridian Avenue, San Jose, California 95125; or fax to (408) 269-9273.

FELLOWSHIP OPPORTUNITIES □

Editor's note: As a service to our readers, The IHS Provider will publish, on a space available basis, notices of clinical fellowships that pertain to health professionals in Indian Country. Fellowship programs should send brief announcements on an organizational letterhead to: Editor, The IHS Provider, The IHS Clinical Support Center, 1616 East Indian School Road, Suite 375, Phoenix, Arizona 85016. Submissions will be run for two months, but may be renewed as many times as necessary. The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Health Service Research and Policy Fellowship for Native American Physicians

The University of Minnesota is currently seeking Native American physicians who have an interest in academic medicine and health services research and policy. Candidates must 1) have an MD degree and be eligible for licensure in Minnesota, 2) meet requirements for a faculty position, 3) provide evidence of academic excellence, and 4) be eligible for support as a Native American as defined in the legislation for

the Centers of Excellence. Fellowship activities include research with the faculty member, teaching, and clinical activities. The fellows may compete for an advanced degree in health services research and policy or other suitable areas in public health. Upon completion of the program, fellows will possess the academic credentials necessary to be eligible for a tenure track faculty position at the University of Minnesota or other major academic health center. Compensation includes \$40,000 annual fellowship award, tuition, and benefits for the fellow and dependents, plus compensation for clinical activities.

Send inquiries to:

Gerald Hill, MD, Center Director,
University of Minnesota
Center of American Indian and Minority Health
2221 University Avenue, Minneapolis, Minnesota 55414
Telephone (612) 626-2075
Fax (612) 626-0820
E-mail: ghill@tc.unm.edu

MEETINGS OF INTEREST □

Fetal Alcohol Syndrome

June 2-4, 1999; Seattle, Washington

This conference is cosponsored by the University of Washington Fetal Alcohol and Drug Unit, the University of Washington FAS Diagnostic and Prevention Network, and the Indian Health Service. Native Americans or those working with Native Americans are eligible, including professionals (physicians, psychiatrists, psychologists, social workers, nurses, teachers, CHNs, chemical dependency counselors, lawyers, judges, etc.) as well as advocates and parent activists. Six trainees will be selected by the IHS Alcohol and Substance Abuse Program, HQW. Costs for lodging and most meals will be paid for by the UW Fetal Alcohol and Drug Unit. Costs for travel to and from Seattle, airport transfers, and some meals are the responsibility of the attendees or their organizations.

The curriculum includes 1) preventing and overcoming secondary disabilities in people with FAS and FAE across the lifespan (1 day); 2) preventing FAS with the Birth to Three Advocacy Model for working with very high-risk mothers and their families (1 day); and 3) demonstration of a multidisciplinary FAS Diagnostic Clinic and its relevance for community interventions, parent advocacy, and prevention (1 day).

The faculty includes Ann Streissguth, PhD; Sterling Clarren, MD; Robin LaDue, PhD; Therese Grand, PhD; and others from the Fetal Alcohol and Drug Unit and the FAS Diagnostic and Prevention Network. To apply, provide a description of past experience related to FAS and plans for the utilization of this training in Indian communities. Send your application to Timothy Taylor, PhD, Health Researcher, Alcoholism and Substance Abuse Program, IHS Headquarters West, 5300 Homestead Road, NE, Albuquerque, NM 87110. For more information, please contact Timothy Taylor at (505) 248-4125; fax (505) 248-4129; or e-mail ttaylor@smtp.ihs.gov.

First Annual Type 2 Diabetes Conference

June 4-5; Mt. Pleasant, Michigan

This conference is co-hosted by the Mimkee Memorial Wellness Center and the Saginaw Chippewa Indian Tribe. The conference will offer continuing education units for physicians, nurses, pharmacists, educators, dentists, and dietitians. The focus will be on issues facing the type 2 diabetic patient, including diabetic nephropathy, foot care, nutritional needs, and facilitation of self care in people with diabetes. The meeting will be held at the Soaring Eagle Casino and Resort. For more information, call (517) 775-4683 or toll free (800) 225-8172, ext. 54683.

Nutrition and Weight Control

June 7-9, 1999; Tulsa, Oklahoma

The Oklahoma State University Wellness Center will host a conference designed for health professionals who work with American Indians, Alaskan natives, and Hawaiian natives. The

conference will be held in Tulsa, OK at the Tulsa Hilton Southern Hills hotel, June 7-9, 1999. Special discounted room rates and free airport shuttle are available. Participants will learn to plan a balanced diet based on the food pyramid; understand the basic function of carbohydrates, proteins, and fats; know the types of fiber found in foods and optimum amounts to include daily; determine desirable body weight range and calorie needs along with the health risks of obesity; and understand the importance of proper diet for the control of diabetes in cardiovascular disease. In addition, "Eating on the Run," a free preconference workshop, will be offered on Sunday, June 6. Eating out is no longer just for special occasions. Today's busy schedules add to the reliance on fast food and meals "on the run." This workshop will address maintaining a healthy diet when eating out. For more information contact Dr. Mac McCrory at (405) 744-6477; fax (405) 744-7670; or e-mail at macwell@okway.okstate.edu.

Physician Assistant and Advanced Practice Nurse Meeting (Formerly known as the "Midlevel Meeting")

June 7-11, 1999; Phoenix, Arizona

(Note the date change from that posted in the November issue of *The Provider*)

This conference for physician assistants, nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and pharmacist practitioners employed by the Indian Health Service or Indian health programs will offer 20 hours of discipline-specific continuing education designed to meet the needs of those providing primary care to American Indians and Alaska Natives. Note the date change from the November announcement in *The IHS Provider*. An agenda is available. This year there will be a business meeting June 7-8 open to all advanced practice nurses, before the beginning of the continuing education portion of the meeting, which will start at 1 pm on Tuesday, June 8. Additionally, there will be a CE track for certified registered nurse anesthetists during the entire conference. There will be a registration fee of \$150 of those employed by compacting tribes or those in the private sector. For additional information, contact the IHS Clinical Support Center, 1616 East Indian School Road, Suite 375, Phoenix, Arizona 85016; phone (602) 640-2140.

Nutrition and Physical Activity

June 15-16, 1999; Spokane, Washington

A conference entitled "Nutrition and Physical Activity: Pathways to Type 2 Diabetes Prevention and Management" will be sponsored by the American Indian Higher Education Consortium; the American Diabetes Association — WA Area; Northwest Indian College; Salish Kootenai College, Spokane Tribal Campus; the Portland Area Diabetes Program; the IHS Diabetes Program, and the IHS Clinical Support Center (the accredited sponsor).

This two-day conference is designed for administrators

and professionals working in tribal health, the Indian Health Service, urban health programs, and tribal colleges. The purpose of this conference is to bring people together to discuss ways of sharing resources to continue the development of effective nutrition and physical activity programs within American Indian Communities. Coordinated efforts are needed in many communities to help capitalize on available resources for nutrition and physical activities programs.

Keynote speakers include Kelly Acton, MD, MPH, Director, IHS Diabetes Program (Albuquerque, NM); Bea Bowman, Associate Director for Administrative and Fiscal Services, Phoenix Indian Medical Center; Brenda Broussard, RD, MPA, MBA; and Louis Larose, President, Intertribal Bison Cooperative (Rapid City, SD).

To Register or obtain more information, contact Lori A. Lucero, IHS Portland Area Diabetes Program, 104 West Magnolia, Room 306, Bellingham, Washington 98225; telephone (360) 733-8931; fax (360) 676-9279.

IHS EMS Medical Directors Training July 13-14, 1999; Denver, Colorado

This two-day course should be attended by physicians who have been given EMS responsibility in the IHS; non-physicians with EMS responsibilities, including nursing staff and EMS coordinators would also benefit. Topics covered include medical direction, quality improvement, the EMS system, communications and dispatch, education and manpower, pre-hospital research, medicolegal issues in EMS, and disaster EMS.

This course will be held at the Hyatt Hotel, 7800 East Tufts Boulevard, Denver, Colorado; phone (303) 779-1234. For more information contact Jim Upchurch, MD, PHS Indian hospital, Crow Agency, Montana 59022.

Native American Women's and Children's Health; the 28th Annual Meeting of the AAIP July 23-27, 1999; Asheville, North Carolina

The Association of American Indian Physicians' (AAIP) annual meeting will offer a number of activities including the ever popular Women's Retreat, medical student/resident program, Gourd Dance/Pow Wow, and plenary sessions focusing on Native American women's and children's health. Topics for the plenary sessions will cover a variety of areas such as teen suicide, behavioral issues, asthma, fetal alcohol syndrome, substance abuse, breast cancer, menopause, nutrition, diabetes, Indian child welfare, foster care and adoption, pregnancy, injury prevention, gang violence, breast feeding, immunizations, and much more.

Exhibitors such as universities, medical schools, government agencies, tribes, educational programs, as well as arts and craft vendors are invited to participate. The conference draws Indian and non-Indian physicians, physician assistants, nurses, medical students, tribal leaders, and others interested in Indian health. Everyone is invited to attend.

The meeting will be held at the Holiday Inn Great Smokies Sunspree Resort. For more information, contact the Association of American Indian Physicians, 1235 Sovereign Row, Suite C-9, Oklahoma City, Oklahoma 73108; phone (405) 946-7072; e-mail aaip@ionet.net.

American Indian Elders . . . Following Their Ways August 3-5, 1999; Oklahoma City, Oklahoma

With a theme of "aging successfully through life's journey," this conference celebrates the International Year of the Older Person, with an emphasis on American Indian Elders. It is sponsored by the Lawton Indian Hospital, the Oklahoma Area IHS, the South West Area Health Education Center, IHS Elder Care Initiative, and the IHS Clinical Support Center (the accredited sponsor). The target audience includes consumers (elders) and health care providers (nurses, physicians, midlevel providers, social workers, community health workers, etc.). Its goals are to provide up-to-date information about elder health care, develop elder health care teams at Indian Health Service, tribal, and urban program sites, discuss rural health issues, and identify and promote access to resources.

The meeting will be held at the Clarion Meridian Hotel and Convention Center. Brochures will be available in June. For more information, contact SwAHEC at (580) 581-2284 or Diana Parish-Larocque at (580) 353-0350, ext. 246; or e-mail at dlarocque@smtp.ihs.gov.

Mental Health for the Health Professional: Survival Skills for Caregivers Sept. 21-23, 1999; Reno, Nevada

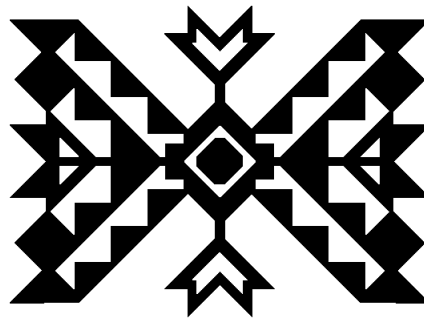
The Oklahoma State University Wellness Center will host a conference designed for health professionals who work with American Indians, Alaskan natives, and Hawaiian natives. The conference will be held in Reno, Nevada at the Peppermill Hotel and Casino, Sept. 21-23, 1999. Among the topics to be presented will be personality characteristics; understanding differences; building unity; the personality of families; dysfunctional families; abuse – not taking care of oneself and others; stress management; and conflict resolution. Special room rates of \$50 plus tax for single or double occupancy and free airport shuttle apply. For more information contact Dr. Mac McCrory at (405) 744-6477; fax (405) 744-7670; or e-mail at macwell@okway.okstate.edu.

Diabetes in American Indian Communities: Creating Partnerships for Prevention in the 21st Century October 27-29, 1999; Albuquerque New Mexico

The partners planning this conference include the Center for Native American Health at the University of Arizona Health Sciences Center, the Indian Health Service Clinical Support Center (the accredited sponsor), the Centers for Disease Control and Prevention, the National Institutes of Health, the American Diabetes Association Native American Design Team,

and the Association of American Indian Physicians, as well as several Indian tribes and health care organizations. The conference objectives are to provide a forum for Indian communities to develop partnerships in diabetes related activities; to share information on American Indian community-based activities in diabetes; and to share information on current research on diabetes relevant to American Indian communities. To meet the objectives the format of the conference will include plenary sessions with joint presentations by community members and researchers, as well as workshops in

the following areas: prevention strategies, clinical interventions, research programs, and skills building. The conference will provide networking opportunities, brainstorming sessions, and abstract/poster sessions. The target audience includes the professional diabetes community (scientists, physicians, nurses, community health representatives, health educators, and other health-care workers), tribal health department personnel, and Indian health program workers. For more information, contact ComputerCraft Corporation. at (301) 493-9674; fax (301) 530-0634.



NCME VIDEOTAPES AVAILABLE

Health care professionals employed by Indian health programs may borrow videotapes produced by the Network for Continuing Medical Education (NCME) by contacting the IHS Clinical Support Center, 1616 East Indian School Road, Suite 375, Phoenix, Arizona 85016.

These tapes offer Category 1 or Category 2 credit towards the AMA Physician's Recognition Award. These CME credits can be earned by viewing the tape(s) and submitting the appropriate documentation directly to the NCME.

To increase awareness of this service, new tapes are listed in The IHS Provider on a regular basis.

NCME #746

Improving Quality and Reducing Risk in Clinical Practice: Case Study Reviews (60 minutes). The day-to-day activities carried out by physicians and healthcare workers can be minefield of potential legal actions. Dr. Shulkin and his colleagues review several case vignettes to highlight significant risk management issues including proper documentation, telephone and office communications, placing blame, and

continuous quality improvement (CQI) techniques. The dos and don't of what to do if you are named in a lawsuit are also addressed.

NCME #747

Chronic Cough (60 minutes). In the United States, cough is the single most common complaint of adult patients to their primary care physicians. Chronic cough-persistently troublesome cough lasting at least three weeks-is most often due to postnasal drip syndrome, asthma, or gastroesophageal reflux disease. Other causes include chronic bronchitis from cigarette smoking, bronchiectasis, or ACE inhibitor therapy. Once diagnosed, targeted therapies have an excellent chance of success, leaving only a limited role for nonspecific antitussive agents.

NATIVE AMERICAN MEDICAL LITERATURE □

The following is an updated MEDLINE search on Native American medical literature. This computer search is published regularly as a service to our readers, so that you can be aware of what is being published about the health and health care of American Indians and Alaska Natives.

The Clinical Support Center cannot furnish the articles listed in this section of The Provider. For those of you who may wish to obtain a copy of a specific article, this can be facilitated by giving the librarian nearest you the unique identifying number (UI number), found at the end of each cited article.

If your facility lacks a library or librarian, try calling your nearest university library, the nearest state medical association, or the National Library of Medicine (1-800-272-47887) to obtain information on how to access journal literature within your region. Bear in mind that most local library networks function on the basis of reciprocity and, if you do not have a library at your facility, you may be charged for services provided.

Ma GX, Toubbeh J, Cline J, Chisholm A. Native American adolescents' views of fetal alcohol syndrome prevention in schools. *Journal of School Health*. 68(4):131-6,1998 Apr. 98308474

Wilson C, Nelson R, Nicolson M, Pratley R. Plasma leptin concentrations: no difference between diabetic Pima Indians with and without nephropathy [letter]. *Diabetologia*. 41(7):861-2,1998 Jul. 98349721

Snitker S, Hellmer J, Boschmann M, Monroe MB, Ravussin E. Whole body fat oxidation is related to in situ adipose tissue lipolytic response to isoproterenol in males. *American Journal of Physiology*. 275(3 Pt 1):E400-4,1998 Sep. 98400870

Tseng M, Williams RC, Maurer KR, Schanfield MS, Knowler WC, Everhart JE. Genetic admixture and gallbladder disease in Mexican Americans. *American Journal of Physical Anthropology*. 106(3):361-71,1998 Jul. 98359340

Fuller K. Adult females and pubic bone growth. *American Journal of Physical Anthropology*. 106(3):323-8,1998 Jul. 98359337

Bakris GL. Risks for renal involvement in diabetes. *Postgraduate Medicine*. 104(3):33,1998 Sep. 98415394

Dukepoo FC. The trouble with the Human Genome Diversity Project [letter]. *Molecular Medicine Today*. 4(6):242-3,1998 Jun. 98344183

Gor MI, Nagy TR, Gower BA, Mazariegos M, Solomons N, Hood V, Johnson R. Influence of sex, seasonality, ethnicity, and geographic location on the components of total energy expen-

diture in young children: implications for energy requirements. *American Journal of Clinical Nutrition*. 68(3):675-82,1998 Sep. 98403816

Whiting SJ, Mackenzie ML. Assessing the changing diet of indigenous peoples. [Review] [22 refs] *Nutrition Reviews*. 56(8):248-50,1998 Aug. 98406640

Baier LJ, Dobberfuhl AM, Pratley RE, Hanson RL, Bogardus C. Variations in the vitamin D-binding protein (Gc locus) are associated with oral glucose tolerance in nondiabetic Pima Indians. *Journal of Clinical Endocrinology & Metabolism*. 83(8):2993-6,1998 Aug. 98373755

Taylor GW, Burt BA, Becker MP, Genco RJ, Shlossman M. Glycemic control and alveolar bone loss progression in type 2 diabetes. *Annals of Periodontology*. 3(1):30-9,1998 Jul. 98389912

Soskolne WA. Epidemiological and clinical aspects of periodontal diseases in diabetics. [Review] [30 refs] *Annals of Periodontology*. 3(1):3-12,1998 Jul. 98389909

Hampton JW. New model for cancer screening in American Indian women [editorial; comment]. *Mayo Clinic Proceedings*. 73(9):916,1998 Sep. 98407252

Kottke TE, Trapp MA. Implementing nurse-based systems to provide American Indian women with breast and cervical cancer screening [see comments]. *Mayo Clinic Proceedings*. 73(9):815-23,1998 Sep. 98407234

Rith-Najarian S, Branchaud C, Beaulieu O, Gohdes D, Simonson G, Mazze R. Reducing lower-extremity amputations due to diabetes. Application of the Staged Diabetes Management approach in a primary care setting. *Journal of Family Practice*. 47(2):127-32,1998 Aug. 98390024

Elliott C. Why can't we go on as three. *Hastings Center Report*. 28(3):36-9,1998 May-Jun. 98333787

Hegele RA, Harris SB, Cao H, Hanley AJ, Zinman B. Factor V Leiden (F5 Q506) and vascular disease in Canadian Oji-Cree [letter]. *Diabetes Care*. 21(7):1203,1998 Jul. 98317503

Pratley RE. Gene-environment interactions in the pathogenesis of type 2 diabetes mellitus: lessons learned from the Pima Indians. [Review] [35 refs] *Proceedings of the Nutrition Society*. 57(2):175-81,1998 May. 98320423

Xia J, Scherer SW, Cohen PT, Majer M, Xi T, Norman RA, Knowler WC, Bogardus C, Prochazka M. A common variant in PPP1R3 associated with insulin resistance and type 2 diabetes.

- Diabetes*. 47(9):1519-24,1998 Sep. 98392845
- Nelson RG, Morgenstern H, Bennett PH. Intrauterine diabetes exposure and the risk of renal disease in diabetic Pima Indians. *Diabetes*. 47(9):1489-93,1998 Sep. 98392840
- Schell LM, Tarbell AM. A partnership study of PCBs and the health of Mohawk youth: lessons from our past and guidelines for our future. *Environmental Health Perspectives*. 106 Suppl 3:833-40,1998 Jun. 98310014
- O'Neill TD. Cultural formulation of psychiatric diagnosis. Psychotic depression and alcoholism in American Indian man. *Culture, Medicine & Psychiatry*. 22(1):123-36,1998 Mar. 98321280
- Oesterheld JR, Kofoed L, Tervo R, Fogas B, Wilson A, Fiechtner H. Effectiveness of methylphenidate in Native American children with fetal alcohol syndrome and attention deficit/hyperactivity disorder: a controlled pilot study. *Journal of Child & Adolescent Psychopharmacology*. 8(1):39-48,1998. 98300949
- Farber GA. Prolonged erythema after chemical peel [letter]. *Dermatologic Surgery*. 24(8):934-5,1998 Aug. 98390326
- Calzavara LM, Burchell AN, Myers T, Bullock SL, Escobar M, Cockerill R. Condom use among Aboriginal people in Ontario, Canada. *International Journal of STD & AIDS*. 9(5):272-9,1998 May. 98301076
- Goldman D, Urbanek M, Guenther D, Robin R, Long JC. A functionally deficient DRD2 variant [Ser311Cys] is not linked to alcoholism and substance abuse. [Review] [26 refs] *Alcohol*. 16(1):47-52,1998 Jul. 98312655
- Hirsch R, Lin JP, Scott WW Jr, Ma LD, Pillemer SR, Kastner DL, Jacobsson LT, Bloch DA, Knowler WC, Bennett PH, Bale SJ. Rheumatoid arthritis in the Pima Indians: the intersection of epidemiologic, demographic, and genealogic data. *Arthritis & Rheumatism*. 41(8):1464-9,1998 Aug. 98368344
- Duclos CW, Beals J, Novins DK, Martin C, Jewett CS, Manson SM. Prevalence of common psychiatric disorders among American Indian adolescent detainees. *Journal of the American Academy of Child & Adolescent Psychiatry*. 37(8):866-73,1998 Aug. 98360562
- Davidson M, Kuo CC, Middaugh JP, Campbell LA, Wang SP, Newman WP 3rd, Finley JC, Grayston JT. Confirmed previous infection with *Chlamydia pneumoniae* (TWAR) and its presence in early coronary atherosclerosis. *Circulation*. 98(7):628-33,1998 Aug 18. 98379711
- Pichardo M. Amerind taxonomy and testable hypotheses. [Review] [90 refs]. *Anthropologischer Anzeiger*. 56(2):97-116,1998 Jun. 98317385
- Lewis BA. Prehistoric juvenile rheumatoid arthritis in a precontact Louisiana native population reconsidered. *American Journal of Physical Anthropology*. 106(2):229-48,1998 Jun. 98299256
- Shields ED, Jones G. Dorset and Thule divergence from East Central Asian roots. *American Journal of Physical Anthropology*. 106(2):207-18,1998 Jun. 98299254
- Sciulli PW. Evolution of the dentition in prehistoric Ohio Valley Native Americans: II. Morphology of the deciduous dentition. *American Journal of Physical Anthropology*. 106(2):189-205,1998 Jun. 98299253
- Roels TH, Christlan M, Kazmierczak JJ, MacKenzie WR, Davis JP. Hepatitis A infections in Wisconsin: trends in incidence and factors affecting surveillance, 1986-1995. *Wisconsin Medical Journal*. 97(5):32-8,1998 May. 98280292
- Lowery CT. American Indian perspectives on addiction and recovery. [Review] [18 refs]. *Health & Social Work*. 23(2):127-35,1998 May. 98260757
- Dion R, Gotowiec A, Beiser M. Depression and conduct disorder in native and non-native children. *Journal of the American Academy of Child & Adolescent Psychiatry*. 37(7):736-42,1998 Jul. 98331079
- Gale TC, White JA, Welty TK. Differences in detection of alcohol use in a prenatal population (on a Northern Plains Indian Reservation) using various methods of ascertainment. *South Dakota Journal of Medicine*. 51(7):235-40,1998 Jul. 98340809
- Kasiske BL, Chakkerla H. Successful renal transplantation in American Indians. *Transplantation*. 66(2):209-14,1998 Jul 27. 98364996
- McWhorter JH, Ward SD. American Indian dreams. Our complements. *North Carolina Medical Journal*. 59(4):261, 1998 Jul-Aug. 98347520
- Saal AD. A gathering of eagles. *Journal of the American Board of Family Practice*. 11(3):240-1, 1998 May-Jun. 98287200
- Burhansstipanov L, Wound DB, Capelouto N, Goldfarb F, Harjo L, Hatathlie L, Vigil G, White M. Culturally relevant "Navigator" patient support. The Native sisters. *Cancer Practice*. 6(3):191-4,1998 May-Jun. 98316068

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