THE IHS PRIMARY CARE PROVIDER

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

December 2008 **Volume 33 Number 12**

Reflections on the 50-Year History of the IHS

RADM Charles W. Grim, DDS, MHSA, Former Director, Indian Health Service, now Senior Executive Policy Advisor, Rockville, Maryland

Introduction

Perhaps the adage that "history repeats itself" is a worn out cliché, but it is likely worn out because it is so often true. Reading about the history of the IHS and actually being a part of it over the last quarter century fills me with pride in being able to announce the publication of our first ever, comprehensive, 50-year history book. This project represents an important priority of my final years as IHS Director. As the seventh Director of the Indian Health Service (IHS), my career has spanned approximately half of our history since the Transfer Act moved health responsibilities for American Indians and Alaska Natives from the Bureau of Indian Affairs (BIA) to the Public Health Service (PHS) in July 1955. I started my career as a provider of health care at the local level and ended up serving as the IHS Director from 2002 - 2007. In the various jobs I've held, I have been honored to have served with a countless number of inspiring people within our system

This effort has been evolving for three years, beginning with a series of activities for the IHS to commemorate the 50th anniversary of the Transfer Act. Under the creative leadership of Dr. Richard "Dick" Church, the Director of the Office of Public Health Support, these activities included posters, presentations, and fact sheets on IHS history, and a booklet "Caring and Curing: The First 50 Years of IHS." There was also a celebration and ceremony at the National Museum of the American Indian in Washington, DC on July 26, 2005.

These commemorative efforts spawned a commitment to the comprehensive documentation of our 50-year history, which Dick Church oversaw and Alan Dellapenna coordinated. It evolved into a massive project including a contract with History Associates, Inc. to support research and manuscript preparation. This process included over 50 interviews, screenings of over 6,000 historic photos, review of hundreds of historic documents, and numerous individual donations of historic items. In its completion, it represents a compelling and fascinating history that includes both tragedies and triumphs, as well lessons that are still useful today.

I want to encourage all staff connected to the Indian health care system to take the time to read this document, which will soon be available. To help stir interest in this rich and fascinating history, I would like to share some personal reflections I have gained from reading this work, participating in historical activities leading to its publication, as well as having served as the IHS Director. I also want to personally thank Dr. Ric Bothwell for his assistance in preparation of this article, although any errors or omissions remain mine completely.

Recurring Themes in the History of the IHS

I started this article stating that the adage "history repeats itself" is cliché because it is so often true. During my readings about IHS and actually being a part of it over the last quarter century, I've noticed several recurring themes that I want to discuss. I want to acknowledge that some of the themes I have selected have been borrowed and adapted from reflections of two highly respected and inspiring former IHS Directors: the late Dr. Emory Johnson, and Dr. Everett Rhoades. I am indebted to both for these insights and their support and guidance during my tenure as IHS Director.

Beneficial Tradegies

The first theme that has permeated our history has been

In this Issue...

described as the "doctrine of the beneficial tragedy." In the context of health care for American Indian and Alaska Native (AI/AN) people, beneficial tragedies have often taken the form of a series of assessments of health status that have shined a light on the severe health problems of the AI/AN population. In turn they have precipitated positive changes in policies, organizations, and resources, often at the national level. The very creation of the IHS in 1955 by the Transfer Act was at least partially in response to the documentation of such health tragedies in the AI/AN population. The original Gold Book, a health status report called for by Congress, soon followed as a benchmark to focus attention on the newly formed Indian health program. However, the cycle of federal responses to Indian health problems began in the 1800s, long before the creation of the IHS. These earlier responses were often more about protecting soldiers or settlers from the risk of infectious diseases carried by Indian people than concern for the health of Indians themselves.

It was not until 1892 that the Commissioner of Indian Affairs exhorted Congress to respond to the alarming health problems of Indian people, which he described as "a great evil" and a "national disgrace." Over the next 80 years, a series of health status findings in Indian Country addressing infectious diseases, sanitary conditions, accident rates, and more recently, diabetes and other chronic diseases, were used to raise attention to the plight of the American Indian and Alaska Native population.

Because AI/AN people had little voice in influencing their own health concerns until the 1950s, most of the early changes that occurred in response to the documented health tragedies were championed by health professional staff within the Indian health care system, with assistance from Congress and numerous health organizations. However, the role of Indian individuals and tribes in influencing health policies and resources became increasingly significant beginning with the efforts that resulted in the Transfer Act. In the 1970s, the passage of the Indian Self-Determination and Educational Assistance Act (PL 93-638) and the Indian Health Care Improvement Act (PL 94-437) would not have been realized without the roles played by AI/AN people, tribes, and tribal organizations. By the 1990s, tribes and tribal organizations successfully carried the lion's share of the effort resulting in amendments to P.L. 93-638. Political self-determination has come a long way over the last century for AI/AN people.

Benign Neglect

Unfortunately for each period of advancement in Indian health occurring in response to various documented health tragedies, there has been a period that followed that can be labeled as "a doctrine of benign neglect." During these phases of our history, concerns and commitments for continued enhancements to the Indian health system, or even maintaining it, have been displaced or overridden in response to large scale socio-economic trends. During these times, the health status of AI/AN people seems to fall much lower on the agenda of the political power brokers, and this has occurred irrespective of the political affiliation of those in control. Our history shows that this pattern was evident in response to World War I, the Great Depression, World War II, the Vietnam War, and again today with the wars in Afghanistan and Iraq.

When these periods have arisen, they have often taken the form of budgetary constraints, reductions in staff, or policy decisions that were not fully supportive of the IHS or tribal programs; hence the term benign neglect. As a result of these reductions or restrictions to the IHS capacity to serve the growing AI/AN population, we have at times remained static or have fallen further behind in various health indicators. As has been the case for over 150 years, effective advocacy for support for the Indian health system remains critical to our mission.

It is worth noting that President Elect Obama made significant commitments to Indian people during his campaign including health care-specific proposals that spoke of support for reauthorization of the Indian Health Care Improvement Act, addressing health disparities, enhancing disease management programs, and expanding access to Medicaid and SCHIP. But given the current economic crisis and the likelihood that discretionary resources will certainly be limited, resources may continue to be tight, and, as has been the case for over 150 years, effective advocacy for support for the Indian health system remains critical to our mission.

Long Road To Self-Detemination

Another recurring theme of our history is the long and arduous struggle for Indian self-determination. Prior to the Transfer Act, while under the reins of the BIA and its predecessors, Indian people had little influence on the policies and priorities that influenced health care or the more global issues affecting their lives, such as termination or assimilation. I would offer that the Transfer Act represented a major event in support of self-determination, not so much for the policies that it codified, but the people it empowered.

Dr. James Shaw became the fourth Director of Indian Health within the BIA in 1953. After a single trip to visit the Navajo Reservation, where Dr. Shaw observed first hand the plight of Indian health and met Annie Wauneka, the outspoken chair of the Tribe's public health committee, he became committed to changing the system and working collaboratively with local people in the process. During this early period of Dr. Shaw's leadership, it also became clear that Indian health would never be a priority if it remained an orphan program of the Department of Interior. In response to this awareness, he became an underground champion for moving the Indian health program out of the BIA and effectively worked behind the scenes to help broker the needed support for the Transfer Act.

With the successful passage of the Transfer Act, Dr. Shaw was selected to continue as the first Director of the Indian

health program. He began his tenure of this fledgling new organization under the USPHS with a commitment to change. Dr. Shaw used a model of inclusiveness in planning for health care change that was tailored to local languages and cultures. He also set three broad program goals or priorities. First was to improve the quality of clinical care, which was critical to building credibility both within the organization and in the communities served. Second, he identified the need to work with state and local governments to assure Indian people had access to the same services non-Indians were receiving. Last, but most important in the context of self-determination, Dr. Shaw committed to promoting greater participation in health programs by AI/AN people, with the long-term goal of having them managing their own health care programs. He committed his staff to work and share information collaboratively with local people by establishing health committees at every facility, and he encouraged efforts to bridge the gap between traditional and modern medical practices.

From this important beginning, the growth of self-determination was a long and daunting process that in the early phases was often linked to health innovations through the unique development and use of staff. This was particularly true during the era of our second Director, Dr. Carruth Wagner who replaced Dr. Shaw in 1962. Dr. Wagner saw a strong need to move the Indian health program towards a less centralized and more team-oriented approach that embraced the basic management principles of planning, budgeting, implementing, and evaluating. To diffuse this model at the local level, Dr. Wagner identified training officers for each area who were trained to disseminate the team management model at the local level. He selected primarily sanitarians for this role because of their experience in working effectively across health disciplines as well as working with tribes as trainers and collaborators in solving community environmental problems.

Late in Dr. Wagner's tenure and into Dr. Erwin Rabeau's era, our third Director, the development of the Community Health Representative (CHR) program was spawned. The CHR program served to further empower Indian people by legitimizing a critical role in the health care system for indigenous people who were trained as basic health aides and who served as liaisons between the health care system and the community. The CHR program eventually became the first health care program under complete control of the tribal governments, providing them with an entry point into health care management that would soon grow to the management of entire hospitals and clinics.

During this same period, an even more advanced role for Indian people was emerging in response to the challenge of providing health care in the geographic isolation and climate of rural Alaska. The Alaska Community Health Aide Program (CHAP) took the health aide concept to a higher level of service when more conventional and higher level trained health staff were not available. This program created significant controversy among health professionals and organizations, but ultimately this was resolved with the realization that care from providers with less formal training is better than no care at all. Interestingly, a similar controversy emerged only a few years ago in response to a Dental Health Aide Therapist program in the same rural native settlements in Alaska. Once again, tribal sovereignty and AI/AN self-determination prevailed, and the program of extending dental services to isolated communities by trained health aides has expanded.

A final important health care provider-related benchmark in self-determination came during the eras of Dr. Rabeau and Dr. Emory Johnson, the fourth post Transfer Act Director. The Community Health Medic (CHM) project was a brainchild of these two gifted leaders with a similar goal as the CHAP program: to extend health services to remote locations where it was hard to recruit and retain physicians. This program capitalized on the significant number of AI/AN soldiers and sailors returning from the Vietnam War who were experienced medics and medical corpsmen. The training for those selected in this program was two years; thus CHMs were prepared to assume many of the roles of physicians and made large contributions to the IHS mission.

A major goal of self-determination was assuring that AI/AN people could serve not only as providers in the Indian health system, but become leaders, managers, and decision makers for their own health care system. The AI/AN people had a true champion in Dr. Johnson, who served as IHS Director for 12 years (1969 - 1981). His skillful leadership and political savvy helped realize the passage of the two most important pieces of Indian health-related legislation of modern times: the Indian Self-Determination and Education Assistance Act (P.L. 93-638) and the Indian Health Care Improvement Act (P.L. 94-437). Collectively these laws solidified the federal government's unique role with AI/ANs in accepting responsibility for working collaboratively with tribes in a government-to-government relationship to maintain and improve their health. This relationship exists whether the health care services are managed by the IHS or by tribes who have exercised their right to manage their own health care systems as provided by P.L. 93-638.

While these landmark statutes provided the legal basis for tribal self-determination and some new resources for capacity building, it would take many years and several amendments to the Self-Determination laws, led by tribes and tribal organizations, before the goal first articulated by Dr. Shaw would be realized to a significant degree. Some of the barriers that discouraged tribes from assuming the management of health care programs included the age and inadequate capacity of many facilities, recruiting difficulties, a history of periodic budget cuts, and the tribes' mistrust of the federal bureaucracy.

When Dr. Everett Rhoades became the fifth IHS Director and the first Indian person to do so in 1982, the funding prospects were anything but encouraging. In the face of pressure to cut programs and particularly administrative infrastructure, Dr. Rhoades remained committed to following

Dr. Johnson's philosophy of decentralizing decision making to the local level where ever possible. Programmatically, Dr. Rhoades furthered self-determination by implementing a Health Promotion/Disease Prevention (HP/DP) initiative that was focused beyond the walls of hospitals and clinics to develop community ownership and involvement in addressing health problems. As a dental officer early in my career, I was part of these HP/DP efforts that frequently focused on cultural tailoring of health messages to the community and family level.

In this same spirit, Dr. Rhoades worked with tribes and other stakeholders to collaboratively develop a tribal consultation policy that led to tribes becoming co-owners and co-managers of the IHS Resource Allocation Methodology. With assistance from a retired but politically active Dr. Johnson, he navigated numerous political minefields and threats to oversee the elevation of the IHS to Agency status, which profoundly contributed to greater AI/AN self-determination by putting the IHS Director, and indirectly the AI/AN people, at the table with the Department's Secretary. The stage was set for another major step in the self-determination movement to unfold.

When Dr. Michael Trujillo became the sixth IHS Director in 1994, he was expected to both improve and streamline management controls internally, consistent with the Administration's Reinventing Government initiative, and also to facilitate the transition of health programs to tribal management. For over a decade tribes had become increasingly frustrated with both the BIA and IHS because of the bureaucratic demands and regulations associated with exercising there right to managing their own programs. Tribes and tribal organizations had effectively advocated for legislative changes to the Self-Determination act in 1988, 1992, and in 1994 as Dr. Trujillo's tenure as director was just beginning.

In response to these changes and his own belief in the capacity of tribes to effectively manage their own health care programs, he developed and implemented a stakeholder-based process for reorganizing the IHS in response the economic realities of the time and the continuing transition to the tribal management of programs. Dr. Trujillo's Indian Health Design Team was made up of IHS, tribal, and urban program representatives (the basis for the concept of the I/T/U) and collectively this group clarified the agency's mission, oversaw workgroups to address needed changes to critical functions, and identified both structural and philosophical reorganization plans for IHS Headquarter and Areas. He later expanded the concept of involving I/T/U in important resource decisions by implementing budget formulation training and priority setting in every Area, which has continued to this day.

By embracing the self-determination philosophy and translating this into policies and practices that reduced barriers and empowered tribes, Dr. Trujillo served as an effective broker for the self-determination movement. Between Dr. Trujillo's leadership and the amendments to the Self-Determination laws that tribes championed, a significant expansion of successful tribally managed health care programs was realized during his tenure as IHS Director.

When I assumed the position as the seventh IHS Director in 2002, over half of the IHS health care budget was managed by tribally operated health programs, and overall their high level of innovation and performance in these endeavors was well recognized. In essence, much of the heavy lifting and a strong framework in terms of fostering self-determination opportunities had been done, and this allowed me to focus on enhancing these opportunities while addressing the more global health care challenges that were universal across our I/T/U system. These included the chronic funding shortfall, the rising tide of chronic diseases and their consequences for the AI/AN population, and the growing accountability requirements placed on Federal agencies. Specific to health care outcomes, the IHS and its tribal and urban partners had reduced overall mortality by 28 percent from the three year average in 1972 - 1974 to that of 2002 - 2004. Unfortunately, during this same time period the gap between the mortality rates of the AI/AN service population and the US All-Race rates had actually increased almost 4%.

In response to these challenges and growing disparities, I worked with Indian health stakeholders to maximize collections and control costs, expand partnerships and coalitions to increase Indian health-focused resources and develop health care innovations, and assure credible performance to maximize proposed and appropriated funding. Tribally managed health programs played significant roles in all of these efforts, but it is particularly notable that they voluntarily provide performance data such that over 75% of the population served by tribal programs is represented in our agency's performance report. Furthermore these performance data document the effectiveness of these programs in providing access to essential health services.

A Look Forward To The Next 50 Years

Effectively addressing the prevention and treatment of chronic diseases with static resource levels is perhaps our greatest challenge and concern today and for the foreseeable future, and this was the basis of the three integrated health initiatives I first proposed in 2003:

- Health Promotion/Disease Prevention
- Behavioral Health
- Chronic Diseases

It is my hope and belief that these collective efforts, which I have elaborated on in other forums, can help facilitate steady and significant improvements in AI/AN health status. These initiatives go beyond AI/AN people taking an active role in managing their own health care programs and assuring access to services. They are intended to facilitate the creation a health care system where the vast majority of our AI/AN

communities, families, and individuals are both informed and empowered to make lifestyle and individual behavior choices that support wellness and healing.

As we begin the next 50 years of our agency's evolution, Mr. Bob McSwain has assumed the position as the eighth Director of the IHS. He is already making improvements in the system and expanding the agency's focus in a number of areas including trauma care, health information technology, telehealth, health education and training, and environmental health.

I have only scratched the surface in terms of the fascinating people and events that make up our history. Other themes of our history that I did not have space to address include numerous health care related innovations that have been called pioneering, paradigm-changing, cutting edge, or world class. And while much of our history was determined by its directors, leaders, tribes, and powerful political personalities, significant positive differences have also been the result of individuals at the local level who saw problems or opportunities and had the will to persist and ultimately make a difference.

Reflecting on the rich history of the IHS gives me a sense of awe at the achievements that have been realized by the dedication and commitment of a diverse group of inspiring people. Collectively these efforts have led to the IHS being the largest direct health care program in the Department of Health and Human Services and quite likely the premier rural health care system in the world. Finally, and perhaps most importantly, the enduring spirit of AI/AN people is evident across the tragedies and triumphs of our rich history. I urge all of you to read the 50th Anniversary Gold Book chronicling the history of IHS as soon as it becomes available so you'll be ready for the next fifty years, because, as we all know, history repeats itself.

IHS Director's Open Door Forum: 2009 Schedule

The Open Door Forums focus on the Director's Health Initiatives. This is part of a national effort to foster communication, discussion, and sharing of health care ideas among all IHS heath care providers, tribal health care programs, urban health care programs (I/T/U), and Area and Headquarters (HQ) staff. All IHS, tribal, and urban health staff are invited to participate in these Open Door Forums. These quarterly, WebEx sessions provide an opportunity for direct communication on topics of critical importance for all Indian health system staff. We will use the Forum WebEx calls to share the latest information about the Director's Initiatives, to share information about the excellent work being done in all of the Indian health system programs, and to answer your questions. Together we will explore how the Director's Initiatives work together to improve the health of American Indian and Alaska Native people. Continuing education credits are available for the Open Door Forums, and the certificate is obtained by an easy to use on-line process. The calendar year schedule for the upcoming Open Door Forums is below. For more information, go to the IHS Director's Initiative website (*http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm?module=odforum&option=1008*) as the date approaches for each session.

January 15, 2009	Tobacco Prevention and Cessation
April 15, 2009	Injury Prevention
July 23, 2009	Special Diabetes Program for Indians Grantee Accomplishments and Best Practices
November 19, 2009	Chronic Care Initiative Update

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

"The trouble with the world is that the ignorant are cocksure and the intelligent are full of doubt"

Anonymous

Article of Interest

Kahn, MW. Etiquette-Based Medicine. *N Eng J Med*. 2008 May 8;358(19):1988-9. *http://content.nejm.org/cgi/content/full/358/19/1988*.

"Patients ideally deserve to have a compassionate doctor, but might they be satisfied with one who is simply well-behaved? When I hear patients complain about doctors, their criticism often has nothing to do with not feeling understood or empathized with. Instead, they object that "he just stared at his computer screen," "she never smiles," or "I had no idea who I was talking to." During my own recent hospitalization, I found the Old World manners of my European-born surgeon -- and my reaction to them -- revealing in this regard."

This is the opening paragraph from a thought-provoking essay recently published in the *NEJM*. The author reviews how much effort has been expended in the past few decades to teach medical students to be more humane and compassionate. He believes there has been no similar effort to teach clinicians "good manners."

He uses an analogy with the recent decrease in ICU infections with the use of strict checklist protocols. Rather than a "sophisticated" approach such as developing new antibiotics, success was achieved by strictly following simple hygiene rules. Changing attitudes is hard . . . changing behavior is much easier. He makes the argument that we might do as well by patients with developing a checklist of better behaviors that we can teach medical students.

Editorial Comment

At first glance it seems wrong to value form over content. Yet, the author makes a compelling case that patient satisfaction might be better served. It is an especially interesting concept, since for most of us our work in Indian health involves a cross cultural component. The author is a psychiatrist and feels that training students to be empathic is laudable but difficult. As he summarizes, "I'm not sure I teach students to see things through the patient's eye, or to tolerate suffering. I think I can, however, train them to shake a patient's hand, sit down during a conversation, and pay attention.

Read the whole post at no charge at the link above.

Infectious Disease Updates.

Rosalyn Singleton, MD

Changes to the Pneumococcal Polysacchride Vaccination (PPV23) Recommendation

The Advisory Committee on Immunization Practices (ACIP) met in October 2008 and reviewed and expanded the recommendation for the use of the 23-valent pneumococcal polysaccharide vaccine (PPV23). Persons 19 - 64 years of age with asthma as well as persons 19 - 64 years of age who are current smokers were added to the recommendation, and should routinely receive PPV23.

In addition, the ACIP pneumococcal working group, which included representatives from IHS and tribal health programs, presented information related to the routine use of PPV23 in American Indian/Alaska Native (AI/AN) populations. Based on this information, the ACIP voted to make the following changes to the recommendation for the use of PPV23 in AI/AN children and adults.

1. Previously, the ACIP recommendation stated that routine use of PPV23 after receipt of pneumococcal conjugate vaccine "*could be considered*" for AI/AN children (Preventing pneumococcal disease among infants and young children. Recommendations of the Advisory Committee on Immunization Practices (ACIP). October 06, 2000/49(RR09);1-38). In addition to being confusing for providers, the working group found that there are limited data on the effectiveness of this strategy in reducing invasive pneumococcal disease, and noted limited data that suggest that PPV23 vaccination after receipt of pneumococcal conjugate vaccine could cause hyporesponsiveness, although the clinical implications of this finding are not known. Based on this information the ACIP approved the following change to the recommendation re: the use of PPV23 for AI/AN children. The new recommendation reads: *Routine use of PPV23 after PCV7 is not*

recommended for Alaska Native or American Indian children aged 24 - 59 months. However, in special situations, public health authorities may consider recommending the use of PPV23 after PCV7 for Alaska Native or American Indian children aged 24 - 59 months who are living in areas where the risk of invasive pneumococcal disease is increased.

2. The previous ACIP pneumococcal recommendation stated that "Persons aged 2 - 64 years who are living in environments or social settings in which the risk for invasive pneumococcal disease or its complications is increased (e.g., Alaskan Natives and certain American Indian populations) should be vaccinated." The working group found that there were no data to support such a broad recommendation, and expressed concern that the recommendation was confusing for providers and offensive to some AI/AN people. Based on this information, the ACIP voted to approve the following change to this recommendation:
   Routine use of PPV23 is not recommended for Alaska Native or American Indian persons younger than 65 years old unless they have underlying medical conditions that are PPV23 indications. However, public health authorities may consider recommending PPV23 for Alaska Natives and certain American Indians aged 50 - 64 years who are living in areas where the risk of invasive pneumococcal disease is increased.

In summary, routine use of PPV23 is still indicated for people, including AI/AN people, who (bold indicates new risk groups):

- Are 65 years and older
- Have a chronic health condition (e.g. chronic cardiovascular disease chronic pulmonary disease (including asthma), diabetes mellitus, alcoholism, and chronic liver disease (cirrhosis), or CSF leaks.
- Are a current smoker
- Have functional or anatomic asplenia (e.g., sickle cell disease or splenectomy)

Recent literature on American Indian/Alaskan Native Health

Michael L. Bartholomew, MD

Macnab AJ, Rozmus J, Benton D, Gagnon, FA. Three-year results of a collaborative school-based oral health program in a remote First Nations community. *Rural and Remote Health*. 8:882. 2008.

Dental caries continues to be a significant infectious disease afflicting American Indians and Alaska Native children. Multiple programs addressing oral health have been implemented with varying success. Dr. Steve Holve presented the current state of oral health in AI/AN communities in the October 2006 edition of the *IHS Primary Care Provider* (Holve S. Fluoride varnish applied at well child care visits can reduce early childhood caries. *IHS Primary Care Provider*. 2006. 31(10):243-245). Concerns about oral health of native or aboriginal children extend across national boundaries. Aboriginal children of Canada appear to have an increase prevalence of poor oral health, often 2 - 3 times poorer than other populations in Canada. Dental decay rates in Canada have been cited to be 3 to 5 times greater in aboriginal children than in non-aboriginal children. Causes for this increase have been bottle caries, high sugar diets, limited access to dental health care, and oral hygiene.

This cross-sectional study reports the results of a collaborative school-based oral health program in a remote First Nations community over the past three years. The Pediatric Residency Program at the University of British Columbia established a partnership with the people of Hartley Bay. After meeting with the community and its elders, oral health was identified as a problem. Four possible interventions addressing oral health were presented. The community chose a school-based intervention consisting of supervised, daily school-based brush-ins after lunch, weekly fluoride rinse, fluoride varnish applications for those under nine years of age, dental health anticipatory guidance, and classroom presentations on oral health. All the children in the community participated. Fifty-eight children were enrolled into the study, of which 26 students were given pre-enrollment complete dental examinations. Eighteen children who were initially enrolled were lost to follow-up. Therefore only 40 students completed the study. Thirteen students had both pre and post intervention evaluations. Each participant was given a Decayed, Missing, and Filled Surfaces (DFMS) score for primary or permanent teeth, cavity free status, and an oral health habits questionnaire.

Over the three-year period, the children evaluated pre and post intervention had significant improvement in DMFS scores. Improvement in cavity free status and oral health habits were also seen. The success of this study underscores the importance of collaboration and community input in the design of public health interventions.

The Chief Clinical Consultant's Newsletter (Volume 6, No. 11, November 2008) is available on the Internet at http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm. We wanted to make our readers aware of this resource, and encourage those who are interested to use it on a regular basis. You may also subscribe to a listserv to receive reminders about this service. If you have any questions, please contact Dr. Neil Murphy, Chief Clinical Consultant in Obstetrics and Gynecology, at nmurphy@scf.cc.

OB/GYN Chief Clinical Consultant's Corner Digest

Abstract of the Month

Effectiveness of maternal influenza immunization in mothers and infants

Background: Young infants and pregnant women are at increased risk for serious consequences of influenza infection. Inactivated influenza vaccine is recommended for pregnant women but is not licensed for infants younger than six months of age. We assessed the clinical effectiveness of inactivated influenza vaccine administered during pregnancy in Bangladesh.

Methods: In this randomized study, we assigned 340 mothers to receive either inactivated influenza vaccine (influenza-vaccine group) or the 23-valent pneumococcal polysaccharide vaccine (control group). Mothers were interviewed weekly to assess illnesses until 24 weeks after birth. Subjects with febrile respiratory illness were assessed clinically, and ill infants were tested for influenza antigens. We estimated the incidence of illness, incidence rate ratios, and vaccine effectiveness.

Results: Mothers and infants were observed from August 2004 through December 2005. Among infants of mothers who received influenza vaccine, there were fewer cases of laboratory-confirmed influenza than among infants in the control group (6 cases and 16 cases, respectively), with a vaccine effectiveness of 63% (95% confidence interval [CI], 5 to 85). Respiratory illness with fever occurred in 110 infants in the influenza-vaccine group and 153 infants in the control group, with a vaccine effectiveness of 29% (95% CI, 7 to 46). Among the mothers, there was a reduction in the rate of respiratory illness with fever of 36% (95% CI, 4 to 57).

Conclusions: Inactivated influenza vaccine reduced proven influenza illness by 63% in infants up to six months of age and averted approximately a third of all febrile respiratory illnesses in mothers and young infants. Maternal influenza immunization is a strategy with substantial benefits for both mothers and infants.

Zaman K, Roy E, Arifeen SE, et al. Effectiveness of maternal influenza immunization in mothers and infants. N *Engl J Med*. 2008 Oct 9;359(15):1555-64. Epub 2008 Sep 17. *http://www.ncbi.nlm.nih.gov/pubmed/18799552*. Free Full Text: *http://content.nejm.org/cgi/content/full/359/15/1555*

OB/GYN CCC Editorial comment

This article is important because it demonstrates another way that flu vaccine can be used to protect some of the most vulnerable amongst us. In addition to conferring protection to the mothers in this study (who experienced a 36% reduction in febrile respiratory illness), the infants born to the mothers who received influenza vaccine had 63% fewer cases of influenza than the infants born to the control group of mothers. The infants also experienced 29% fewer febrile respiratory illnesses overall. Influenza vaccine is not currently licensed for use in infants younger than six months of age. Their best protections are for their mothers to receive a flu shot in pregnancy and for the household contacts of infants to be immunized as well.

In an article about the study published by Johns Hopkins, the authors of the study observed: "Even though there is no flu vaccine for these children, our study shows that a newborn's risk of infection can be greatly reduced by vaccinating mom during pregnancy. It's a two for one benefit," said Mark Steinhoff, MD, the study's senior author and professor in the Bloomberg School's Department of International Health. "Infants under six months have the highest rates of hospitalization from influenza among children in the US. These admission rates are higher than those for the elderly and other high-risk adult groups."

AWHONN (the Association of Women's Health, Obstetric, and Neonatal Nurses) is publicizing the results of a new national survey, conducted on behalf of the National Women's Health Resource Center (NWHRC), which demonstrated that only 20 percent of those currently pregnant planned to get a flu shot this season. AWHONN has launched a campaign, Flu-Free & Mom To Be; Protect Yourself, Protect Your Baby—Get a Flu Shot!, to encourage influenza vaccination for pregnant women and new mothers.

Is your facility currently offering flu shots to pregnant women? Do you have standing orders to make this a streamlined, efficient process? What about vaccinating the rest

of the household? Can partners, older siblings, and grandparents easily receive a flu shot at your facility? If not, then take time to develop strategies to meet this need right away. It's still early enough in flu season for these interventions to make a real difference.

AWHONN website: *http://www.awhonn.org/awhonn/content.do?name=02_PracticeResources/2B1_FluFreeMom2Be.htm*

2008 CDC Influenza Vaccination Guidelines

Vaccination of all children aged 6 months - 18 years should begin before or during the 2008 - 09 influenza season if feasible, but no later than during the 2009 - 10 influenza season. Vaccination of all children aged 5 - 18 years is a new ACIP recommendation. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children and adolescents. Recommendations for these children have not changed. Children and adolescents at higher risk for influenza complication are those:

- aged 6 months - 4 years;
- who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- who are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
- who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration;
- who are receiving long-term aspirin therapy who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
- who are residents of chronic-care facilities; or
- who will be pregnant during the influenza season.

Annual recommendations for adults have not changed. Annual vaccination against influenza is recommended for any adult who wants to reduce the risk for becoming ill with influenza or of transmitting it to others. Vaccination also is recommended for all adults in the following groups, because these persons are either at high risk for influenza complications, or are close contacts of persons at higher risk:

- persons aged >50 years;
- women who will be pregnant during the influenza season;
- persons who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- persons who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- persons who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration;
- residents of nursing homes and other chronic-care facilities;
- health-care personnel;
- household contacts and caregivers of children aged <5 years and adults aged >50 years, with particular emphasis on vaccinating contacts of children aged <6 months; or
- household contacts and caregivers of persons with medical conditions that put them at high risk for severe complications from influenza.

Centers for Disease Control and Prevention. Prevention and Control of Influenza; Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. MMWR. 2008;57(No. RR-7). *http://www.cdc.gov/mmwr/PDF/rr/rr5707.pdf*

Immunization in Pregnancy Chart: *http://www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf*

From your colleagues

Richard Church, IHS Headquarters

CEO Brief (An e-mail newsletter for IHS leaders), Issue 7. The Office of Public Health Support presents the seventh IHS CEO Brief in this e-mail series designed to help you address the challenge of retaining our professional and clinical staff. In this issue, a clinical director initiates a program to improve retention and recruitment. He discovers that compensation is a change he can make with a measurable impact. This case stresses the best practices of leadership and shared management.

Background: Recruitment and retention of staff members at the hospital was a serious issue. Because of the remoteness of the hospital, clinicians typically stayed for just two to three years before moving on -- and the facility lost about two staff members per year.

Challenge: The hospital's clinical director decided to initiate a program specifically designed to reverse the hospital's recruitment and retention trends. But when he looked at all of the factors involved, he discovered that many of them were beyond his control. For instance, many staff members were leaving their positions due to family concerns, such as living too far from ailing parents or limited opportunities for a spouse to find work. While compensation was not usually mentioned as a reason for leaving, the clinical director knew that it was an area he could positively affect, and one that was likely to have a measurable impact on his hiring and retention processes.

Solution: The clinical director developed a Medical Staff Pay Committee and invited his entire medical staff and administration to participate in it. A number of people volunteered for the committee and met weekly during their lunch hour. They performed a comprehensive review of existing staff salaries, comparing them to data in the Physician Compensation and Production Survey produced by the Medical Group Management Association.

Based on the committee's analysis, they determined that salaries could be increased by 50 percent of the pay gap. They used six specialties to demonstrate their findings to the hospital's executive leadership. Because hiring and retaining staff in these particular positions would lessen the need for more costly contractors, it was projected that a pay increase in these areas would not affect the hospital's budget. So the hospital applied the salary increase to the six specialties, which resulted in measurable success in the areas of recruitment and retention. This proven success enabled the committee to propose another new plan to the hospital's executive leadership -- one that closed 50 percent of the pay gap for the entire medical staff.

Responsible leadership involves researching factors, such as compensation levels, that might impact your retention efforts, and finding innovative ways to appropriately address them. When you implement the concept of shared management, employees feel they are part of a fair and equitable decision making process, and they become empowered by the organization's willingness to let them help lead. For questions about this newsletter, please contact Richard Church at *Richard.Church@ihs.gov*.

Joxel Garcia, US Public Health Service

Influenza Vaccination for Health Care Personnel

I am requesting your assistance in implementing the Departmental initiative for the 2008-09 influenza vaccination season to improve health care personnel (HCP) influenza vaccination levels. The Office of Public Health and Science (OPHS) has formed a task force of relevant OPDIVs and STAFFDIVs, and discussed current activities promoting and/or providing HCP influenza vaccination. The task force has developed a toolkit for OPDIVs and STAFFDIVs for use in promoting HCP influenza vaccination.

I urge you to use the toolkit and related strategies to improve vaccination levels of health care personnel in your OPDIV or STAFFDIV. The rationale for this initiative and strategies are fully discussed in the recommendations for influenza vaccination of HCP of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) (*http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm*).

The Department is striving to achieve the Healthy People 2010 objective of 60 percent vaccination coverage for HCP, both for employee HCP, and those outside of the Department.

The toolkit, and other materials to assist you, are available at *www.hhs.gov/ophs/*. We will pay particular attention to measuring activities promoting influenza vaccination, and vaccination rates for HCP. For further information about this initiative, please contact CAPT Raymond Strikas at (202) 260-2652, or at *Raymond.strikas@psc.hhs.gov*.

Scott Giberson, IHS Headquarters

Call for Abstracts – Third Alaska Native Health Research Conference

The planning taskforce for the Third Alaska Native Health Research Conference to be held March 19 - 20, 2009 in Anchorage, Alaska is announcing a call for abstracts. Please distribute this link to all researchers and students with interests in Alaska Native health research who may wish to submit an abstract for oral or poster presentation. The link for abstract submission is *http://events.SignUp4.net/ANHRC09Abstract*. The link is also available by clicking on "Alaska Native Tribal Health Research Conference; March 19-20, 2009" at *www.alaskatribalhealth.org*

Paul Seligman, Food and Drug Administration

FDA Creates Web Page with Drug Safety Information for Patients, Health Care Professionals; Consolidates information in one access point

Consumers and health care professionals can now go to a single page on the US Food and Drug Administration's website to find a wide variety of safety information about prescription drugs. The web page, *http://www.fda.gov/cder/drugSafety.htm*, provides links to information in these categories:

- Drug labeling, including patient labeling, professional labeling, and patient package inserts;
- Drugs that have a Risk Evaluation and Mitigation Strategy (REMS) to ensure that their benefits outweigh their risks;
- A searchable database of postmarket studies that are required from, or agreed to by, drug companies to provide the FDA with additional information about a drug's safety, efficacy, or optimal use;
- *Clinicaltrials.gov*, a searchable database of clinical trials, including information about each trial's purpose, who may participate, locations, and useful phone numbers;
- Drug-specific safety information, including safety sheets with the latest information about the drug as well as related FDA press announcements, fact sheets, and drug safety podcasts;
- Quarterly reports that list certain drugs that are being evaluated for potential safety issues, based on a review of information in the FDA's Adverse Event Reporting System (AERS);
- Warning Letters, Import Alerts, Recalls, Market Withdrawals, and Safety Alerts;
- Regulations and guidance documents;

- Consumer information about using medications safely and disposing of unused medicines;
- Instructions how to report problems to the FDA through its MedWatch program;
- Consumer articles on drug safety; and
- The FDA's response to the Institute of Medicine's 2006 report on the future of drug safety.

"By placing web links to these up-to-date resources on a single page, we're helping consumers and health care professionals find drug safety information faster and easier," said Paul Seligman, MD, MPH, associate director of Safety Policy and Communication in the FDA's Center for Drug Evaluation and Research. "This type of communication is aimed at helping consumers and health care professionals make well-informed decisions about medication use."

Hot Topics

Obstetrics

Alcohol Use Screening for FASD Prevention among a Cohort of American Indian Women

Introduction: The purpose of the study was to compare three sequential pregnancies of American Indian women who have children with FAS or children with incomplete FAS with women who did not have children with FAS.

Methods: Two retrospective case-control studies were conducted of Northern Plains American Indian children with fetal alcohol syndrome (FAS) (Study 1) or incomplete FAS (Study 2) in 1981 - 1993. Three successive pregnancies ending in live births of 43 case mothers who had children with FAS, and 35 case mothers who had children with incomplete FAS were compared to the pregnancies of 86 and 70 control mothers who did not have children with FAS, respectively, in the two studies. Prenatal records were abstracted for the index child (child with FAS or incomplete FAS) and siblings born just before and just after the index child, and comparable prenatal records for the controls.

Results: Compared to the controls, significantly more case mothers used alcohol before and after all three pregnancies and during pregnancy with the before sibling and the index child. Mothers who had children with FAS reduced their alcohol use during the pregnancy following the birth of the index child. All Study 1 case mothers (100%) and 60% of Study 2 case mothers used alcohol during the pregnancy with the index child compared to 20 and 9% of respective control mothers. More study 1 case mothers experienced unintentional injuries (OR 9.50) and intentional injuries during the index pregnancy (OR 9.33) than the control mothers. Most case mothers began prenatal care in the second trimester.

Conclusions: Alcohol use was documented before, during, and after each of the three pregnancies. Women of child-bearing age should be screened for alcohol use whenever they present for medical services. Mothers who had a child with FAS decreased their alcohol consumption with the next pregnancy, a finding that supports the importance of prenatal screening throughout pregnancy. Women who receive medical care for injuries should be screened for alcohol use and referred for appropriate treatment. Protective custody, case management, and treatment services need to be readily available for women who use alcohol.

Kvigne VL, Leonardson GR, Borzelleca J, et al. Alcohol use, injuries, and prenatal visits during three successive pregnancies among American Indian women on the Northern Plains who have children with fetal alcohol syndrome or incomplete fetal alcohol syndrome. *Maternal and Child Health Journal*. Volume 12, Supplement 1 / July, 2008. pp 37-45. *http://www.springerlink.com/content/dj5203723n2l7l34/*

Prevention of Diabetes in Women with a History of Gestational Diabetes: Effects of Metformin and Lifestyle Interventions

Context: A past history of gestational diabetes mellitus (GDM) confers a very high risk of post-partum development of diabetes, particularly type 2 diabetes.

Objective: The Diabetes Prevention Program (DPP) sought to identify individuals with impaired glucose tolerance (IGT) and intervene in an effort to prevent or delay their progression to diabetes. This analysis examines the differences between women enrolled in DPP with and without a reported history of GDM.

Design: The DPP was a randomized, controlled clinical trial.

Setting: The study was a multicenter, NIH-sponsored trial carried out at 27 centers including academic and Indian Health Services sites.

Patients: 2190 women were randomized into the DPP and provided information for past history of GDM. This analysis addresses the differences between those 350 women providing a past history of GDM and those 1416 women with a previous live birth, but no history of GDM.

Interventions: Subjects were randomized to either standard lifestyle and placebo or metformin therapy, or to an intensive lifestyle intervention.

Main Outcomes: The primary outcome was the time to development of diabetes ascertained by semi-annual fasting plasma glucose and annual oral glucose tolerance testing. Assessments of insulin secretion and insulin sensitivity were also performed.

Results: While entering the study with similar glucose levels, women with a history of GDM randomized to placebo had a crude incidence rate of diabetes 71% higher than that of women without such a history. Among women reporting a history of GDM, both intensive lifestyle and metformin therapy reduced the incidence of diabetes by approximately 50% compared with the placebo group, whereas this reduction was 49% and 14%, respectively in parous women without GDM. These data suggest that metformin may be more

effective in women with a GDM history as compared to those without.

Conclusions: Progression to diabetes is more common in women with a history of GDM compared to those without GDM history despite equivalent degrees of IGT at baseline. Both intensive lifestyle and metformin are highly effective in delaying or preventing diabetes in women with IGT and a history of GDM.

Ratner RE, Christophi CA, Metzger BE, et al; The Diabetes Prevention Program Research Group. Prevention of diabetes in women with a history of gestational diabetes: effects of metformin and lifestyle interventions. *J Clin Endocrinol Metab*. 2008 Sep 30. [Epub ahead of print] *http://www.ncbi.nlm.nih.gov/pubmed/18826999*

Gynecology

Child Health

Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents

Rickets in infants attributable to inadequate vitamin D intake and decreased exposure to sunlight continues to be reported in the US. There are also concerns for vitamin D deficiency in older children and adolescents. Because there are limited natural dietary sources of vitamin D and adequate sunshine exposure for the cutaneous synthesis of vitamin D is not easily determined for a given individual and may increase the risk of skin cancer, the recommendations to ensure adequate vitamin D status have been revised to include all infants, including those who are exclusively breastfed and older children and adolescents. It is now recommended that all infants and children, including adolescents, have a minimum daily intake of 400 IU of vitamin D beginning soon after birth.

The current recommendation replaces the previous recommendation of a minimum daily intake of 200 IU/day of vitamin D supplementation beginning in the first two months after birth and continuing through adolescence. These revised guidelines for vitamin D intake for healthy infants, children, and adolescents are based on evidence from new clinical trials and the historical precedence of safely giving 400 IU of vitamin D per day in the pediatric and adolescent population. New evidence supports a potential role for vitamin D in maintaining innate immunity and preventing diseases such as diabetes and cancer. The new data may eventually refine what constitutes vitamin D sufficiency or deficiency.

Carol L. Wagner, MD, Frank R. Greer, MD, and the Section on Breastfeeding and Committee on Nutrition. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. *Pediatrics*. 2008;122:1142–1152. *http://www.aap.org/new/VitaminDreport.pdf*

Chronic Disease and Illness

Patients with Coronary Heart Disease Benefit from Screening for Depression

Depression is commonly present in patients with coronary heart disease (CHD) and is independently associated with increased cardiovascular morbidity and mortality. Screening tests for depressive symptoms should be applied to identify patients who may require further assessment and treatment. This multispecialty consensus document reviews the evidence linking depression with CHD and provides recommendations for health care providers for the assessment, referral, and treatment of depression.

Lichtman JH, Bigger JT Jr, Blumenthal JA, et al. Depression and coronary heart disease. Recommendations for screening, referral, and treatment. A Science Advisory from the American Heart Association Prevention Committee of the Council on Cardiovascular Nursing, Council on Clinical Cardiology, Council on Epidemiology and Prevention, and Interdisciplinary Council on Quality of Care and Outcomes Research. *Circulation*. 2008 Sep 29. [Epub ahead of print]. *http://www.ncbi.nlm.nih.gov/pubmed/18824640*. Free full text: *http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.108.190769v2*

Resources for Depression Screening:

- The McArthur Initiative on Depression and Primary Care: *http://www.depression-primarycare.org/clinicians/toolkits/*
- Sample PHQ2: *http://www.commonwealthfund.org/usr_doc/PHQ2.pdf*
- Sample PHQ9: *http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/questionnaire_sample/*

Features

ACOG American College of Obstetricians and Gynecologists

ACOG Practice Bulletin #98 Ultrasonography in Pregnancy

Most women have at least one ultrasound examination during pregnancy. The purpose of this document is to present evidence regarding the methodology of, indications for, benefits of, and risks associated with obstetric ultrasonography in specific clinical situations. Portions of this document were developed collaboratively with the American College of Radiology and the American Institute of Ultrasound in Medicine. The sections that address physician qualifications and responsibilities, documentation, quality control, infection control, and patient safety contain recommendations from the American College of Obstetricians and Gynecologists.

Summary of Recommendations and Conclusions; the following conclusions are based on good and consistent evidence (Level A):

- Ultrasound examination is an accurate method of determining gestational age, fetal number, viability, and placental location.
- Gestational age is most accurately determined in the first half of pregnancy.
- Ultrasonography can be used in the diagnosis of many major fetal anomalies.
- Ultrasonography is safe for the fetus when used appropriately.

The following conclusions are based on limited or inconsistent evidence (Level B):

- Ultrasonography is helpful in detecting fetal growth disturbances.
- Ultrasonography can detect abnormalities in amniotic fluid volume.

The following conclusion and recommendation are based primarily on consensus and expert opinion (Level C):

- The optimal timing for a single ultrasound examination in the absence of specific indications for a first trimester examination is at 18–20 weeks of gestation.
- The benefits and limitations of ultrasonography should be discussed with all patients.

Proposed Performance Measure: Documentation of the discussion of the benefits and limitations of ultrasonography

American College of Obstetricians and Gynecologists. ACOG Practice Bulletin #98, October 2008. Ultrasonography in pregnancy. *Obstet Gynecol*. 2008 Oct;112(4):951-61. *http://www.ncbi.nlm.nih.gov/pubmed/18827142*

ACOG Committee Opinion #419 Use of Progesterone to Reduce Preterm Birth

Preterm birth affects 12% of all births in the US. Recent studies support the hypothesis that progesterone supplementation reduces preterm birth in a select group of women. Despite the apparent benefits of progesterone, the ideal progesterone formulation is unknown. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice and the Society for Maternal Fetal Medicine believe that further studies are needed to evaluate the optimal preparation, dosage, route of administration, and other indications for the use of progesterone for the prevention of preterm delivery. Based on current knowledge, it is important to offer progesterone for pregnancy prolongation to only women with a documented history of a previous spontaneous birth at less than 37 weeks of gestation.

American College of Obstetricians and Gynecologists. ACOG Committee Opinion #419, October 2008. *Obstet Gynecol*. 2008 Oct;112(4):963-5. *http://www.ncbi.nlm.nih.gov/pubmed/18827143*

Pregnant Women Reminded to Get Flu Vaccination

The American College of Obstetricians and Gynecologists (ACOG) reminds women, including those who are pregnant, to get their annual vaccination for the upcoming influenza (flu) season which runs from October through mid-May in the US. According to ACOG, flu vaccination should be a routine part of prenatal care, and the ideal time to vaccinate pregnant women is October and November.

Roughly one-fifth of the US population is infected with the flu virus each year, according to the Centers for Disease Control and Prevention (CDC). Pregnant women have higher rates of illness and death from the flu than other groups. The CDC estimates that each year 200,000 people with the flu require hospitalization, and approximately 36,000 die from flu-related illness. In 2005, flu/pneumonia was the eighth leading cause of death overall in the US.

There are two types of flu vaccine: the injection and a nasal-spray vaccine. The flu shot is an inactivated vaccine that contains killed virus and is administered intramuscularly, usually in the arm. It is approved for use in people older than six months, including healthy people and those with chronic medical conditions. The nasal-spray vaccine is made with live, weakened flu viruses and is approved for use in people ages 2 to 49. It is not approved for pregnant women, however. Women who are breastfeeding can choose either vaccine type.

The flu vaccination (injection) is both safe and effective for pregnant women and offers some immunity to their infants as well. Some pregnant women may be concerned about the safety of the flu vaccine because some contain thimerosal, a mercury-containing antibacterial compound. ACOG supports the recommendations and findings of the federal Advisory Committee on Immunization Practices, which found that there is no evidence showing that thimerosal is a danger to the health of the pregnant woman or her fetus. Thimerosal-free flu vaccines are available, but they tend to be more expensive.

In addition to pregnant women, other special high-risk populations should make sure to be vaccinated every year. These include people older than 50; people of any age who have diabetes, asthma, heart disease, a weakened immune system, or other chronic illnesses, and their caregivers; nursing home residents; health care workers; and household contacts and caregivers of children younger than five and of adults age 50 and older.

Some people should not get the flu vaccine without first talking with their physician including those: with a severe allergy to chicken eggs; who have had a prior severe reaction to the flu vaccine; who previously developed Guillain-Barre' syndrome within six weeks of receiving the flu vaccine; who are children less than six months old; and who currently have a moderate-to-severe illness with a fever.

Both types of flu vaccine are effective at preventing the flu. Some people who receive the flu shot may have minor side effects, usually lasting only a day or two, such as soreness, redness, or swelling at the injection site; low-grade fever; and/or aches. On rare occasions the flu vaccine can cause a severe allergic reaction. The nasal-spray vaccine may cause

side effects such as runny nose, headache, sore throat, and cough in adults and runny nose, wheezing, headache, vomiting, muscle aches, and fever in children.

The American Lung Association has an online "Flu Clinic Locator" that can help women find facilities that are administering flu shots. Go to: *www.lungusa.org*.

Behavioral Health Insights, Peter Stuart, IHS Psychiatry Consultant

Protecting urban American Indian young people from suicide

Objective: To examine the likelihood of a past suicide attempt for urban American Indian boys and girls, given salient risk and protective factors.

Methods: Survey data from 569 urban American Indian, ages 9 - 15, in-school youths. Logistic regression determined probabilities of past suicide attempts.

Results: For girls, suicidal histories were associated with substance use (risk) and positive mood (protective); probabilities ranged from 6.0% to 57.0%. For boys, probabilities for models with violence perpetration (risk), parent prosocial behavior norms (protective), and positive mood (protective) ranged from 1.0% to 38.0%.

Conclusions: Highlights the value of assessing both risk and protective factors for suicidal vulnerability and prioritizing prevention strategies.

Pettingell SL, Bearinger LH, Skay CL, et al. Protecting urban American Indian young people from suicide. *Am J Health Behav*. 2008 Sep-Oct;32(5):465-76.
http://www.ncbi.nlm.nih.gov/pubmed/18241131

Breastfeeding, Suzan Murphy, PIMC

A Skinny Little Secret

Sometimes it takes a celebrity to make an old idea work. Now, thanks to Angelina Jolie, the secret is out about breastfeeding's sleek down potential. While other superstars like singer Christina Aguilera, Gwyneth Paltrow (Shakespeare in Love), and Kate Winlset (Titanic) have publicly commented about how breastfeeding sped their maternal weight loss, one picture of Ms. Jolie in a "great dress" at 11 weeks post partum from twins, told the story.

While the resources available to superstars – like personal trainers, money-is-no-object menus, chefs, exotic entrees, spa pampering, etc -- help post partum weight loss, they are not likely public health obesity risk interventions. But breastfeeding could be.

In the last 15 years, several clinical studies have looked at the impact of lactation on maternal weight retention. Studies of US subjects found that lactation reduced weight retention to varying degrees. Variables associated with greater weight retention included single marital status, older maternal age, not breastfeeding, mixed feeding, and/or early weaning to formula. In 1993, Dewey et al found that exclusive breastfeeding significantly enhanced weight loss if continued for at least six months, when compared to weight loss patterns of mothers who formula fed. In 1997, Janney et al found that maternal weight loss was slowed when moms increased formula use or stopped breastfeeding.

A recent study by Hatsu et al (2008) found that exclusive breastfeeding resulted in greater maternal weight loss in the first 12 weeks when compared to mixed feeding mothers. The exclusive breastfeeding mothers consumed more calories (1980 +/- 618 kcals, vs 1541 +/-196 kcal $p = 0.08$). Despite less weight loss, the mixed feeding mothers reported a higher physical activity level. A limitation of the study was small size, 24 participants.

There are several factors that could contribute to breastfeeding women losing more weight than those formula or mixed feeding. The maternal levels of prolactin, oxytocin, and estrogen are different in lactating compared to non-lactating postpartum women. Many breastfeeding women do not resume menses until a year or longer post partum. Also, the caloric cost of milk production is significant. By the second month of lactation, daily breast milk production is roughly 600-900 ml, resulting in approximately 400-600 kcals of milk for the baby. There are also maternal energy costs needed to fuel lactogensis. Although the kcal cost of the mechanics of breast milk production are not yet well understood, it is likely that the process of making breast milk adds to the drain of maternal energy stores.

The same myriad of variables that complicate childhood and adult weight patterns impact maternal weight retention. Food choices/availability, stress, meal preparation methods, socio-economics, activity patterns, life style issues, co-existing diseases/handicaps, genetics, and medication can exert subtle but potentially significant sway over weight change. Controlling for these variables and others will require on-going study.

For more information about your clinic's early feeding choice and maternal weight retention patterns, please consider data available on RPMS/EHR. The infant feeding tool will define how babies are fed and can include the mothers' names. Specific information about the infant feeding tool is available at *www.ihs.gov/MedicalPrograms/MCH/M/bf.cfm*, under the Breastfeeding Headlines section: Frequently asked questions about capturing infant feeding choice on RPMS and EHR or call 1-877-868-9473.

The Immunization Action Coalition

The Immunization Action Coalition, a 501(c)3 nonprofit organization, works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services. The Coalition also facilitates communication about the safety, efficacy, and use of

vaccines within the broad immunization community of patients, parents, health care organizations, and government health agencies.

IAC publishes three periodicals: Needle Tips, Vaccinate Adults, and Vaccinate Women, with a combined circulation of nearly 300,000. Needle Tips, a 24-page publication full of information about immunization across the age span, is mailed to health professionals twice each year. Vaccinate Adults, a 12-page publication that promotes adult immunization recommendations, is sent to adult medicine specialists twice each year. Vaccinate Women, an 8- to 12-page publication, is mailed to obstetrician/gynecologists and other women's health specialists once each year.

Due to our close collaboration with the Centers for Disease Control and Prevention (CDC) and the funding they provide, contributions from our members, educational grants provided by several foundations and companies, and the world-class expertise of our Advisory Board, we have been able to create, find, and distribute the most complete, up-to-date, and accurate supply and listing of immunization and hepatitis B resources available anywhere.

We would be delighted to have you join the thousands of people who support the Coalition. Your contribution is tax-deductible to the fullest extent of the law. Help yourself to the unique resource materials we offer. All of our print materials are camera-ready, copyright-free, and reviewed by CDC for technical accuracy with the exception of opinion pieces written by non-CDC authors. Our materials are ready for you to make copies and distribute to your patients and staff.

http://www.immunize.org/. The Immunization Action Coalition has an excellent on-line resource page to assist providers in addressing parents' and patients' concerns about immunization. *http://www.immunize.org/concerns/*

Cough and Cold Medications Not Recommended for Children Under 4 Years of Age

FDA notified healthcare professionals and consumers that the Consumer Healthcare Products Association (CHPA) is voluntarily modifying the product labels for consumers of over the counter (OTC) cough and cold medicines to state "do not use" in children under four years of age. FDA supports CHPA members to help prevent and reduce misuse and to better inform consumers about the safe and effective use of these products for children. FDA continues to assess the safety and efficacy of these products and to revise its OTC list of approved ingredients and amounts for these medicines. Parents and care givers should adhere to the dosage instructions and warnings on the label that accompanies OTC cough and cold medications before giving the product to children, and should consult their healthcare professionals if they have any questions or concerns.

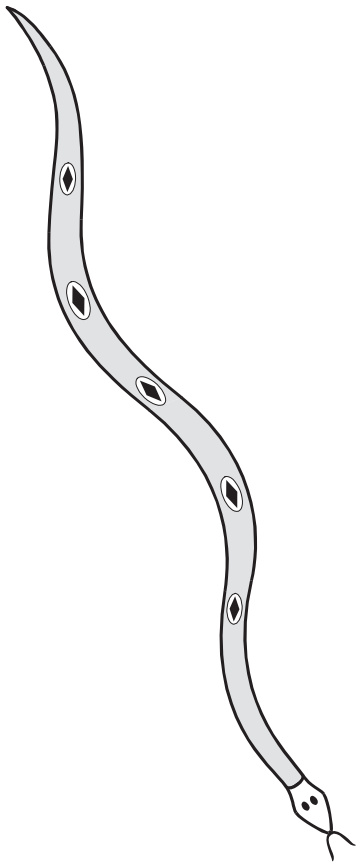
Read the entire 2008 MedWatch Safety Summaries, including a link to the FDA Press Release regarding the above issue at: *http://www.fda.gov/medwatch/safety/2008/safety08.htm#CoughCold*

Patient Information

Free Flu Materials from the CDC

December 8 - 14, 2008 is National Influenza Vaccination Week. Make sure that your community is ready with patient educational materials and posters from the CDC. This year's seasonal flu materials are free for download; no printed versions are available. They may be printed on a standard office printer, or you may use a commercial printer.

Emphasis remains on outreach to high-risk groups, as well as parents of all children, health care workers, and people in the workplace.
http://www.cdc.gov/flu/professionals/flugallery/index.htm



MAYO CLINIC

The Mayo Clinic and the Indian Health Service proudly announce
"An Intensive Case-Based Training in Palliative Care"
May 4-8, 2009
Rochester, Minnesota

Save the Date!

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 8 teams, 28-32 individuals, will be accepted. Teams with individuals who attended one of the previous EPEC-O™ conferences are strongly encouraged to attend, though 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 act as the accredited sponsor for the **2009 "An Intensive Case-Based Training in Palliative Care"** to be held from 1:00 pm Monday, May 4 through 12:00 noon Friday, May 8, 2009, in Rochester, Minnesota.

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 is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

SAVE THE DATE!

July 7-9, 2009
Hyatt Regency Hotel | Denver, Colorado

The Health Summit will be a national gathering of Indian Health professionals and administrative leadership, community health advocates and activists, and Tribal leadership. We will join together to build skills and share ideas and innovations for:

- Health Promotion and Disease Prevention in Native Communities
- Enhancing the spiritual, mental, and emotional health of Native people and communities
- Improving health outcomes, the delivery of services, and the experience of care across ages and conditions in all settings of the Indian Health System
- Prevention of diabetes and its complications with plenary presentations, panel discussions, and in-depth, interactive workshops

Interactive learning sessions and special events including:

- Plenary session on the Future of the Indian Health System by Director, Robert McSwain
- Highlights from the Special Diabetes Program for Indians Community-Directed and Demonstration Project Grants
- Update on the Director's Health Initiatives' Health Promotion/Disease Prevention, Behavioral Health, and Chronic Care
- Session tracks on Leadership, Traditional Medicine, Telehealth, Self-Management Support, Delivery System Re-Design
- Cultural events
- Poster presentations
- Learning Labs – hands-on, interactive half-day sessions
- Tribal leaders' panels on key health issues
- Breakout sessions on Injury Prevention, Obesity Prevention, Tobacco and Cancer Prevention, Maintaining a Healthy Heart
- Clinical information systems
- Exhibitors

Join us for what promises to be the Indian Health conference of the year!

Conference website coming soon!

IHS DIVISION OF DIABETES TREATMENT AND PREVENTION

TRIBAL PARTNERS:
National Council on Urban Indian Health
Direct Service Tribes
National Indian Health Board
Tribal Self-Governance Advisory Committee

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*.

Midwinter Conference on Women's and Children's Health
January 30 - February 1, 2009; Telluride, Colorado

This is the 24th annual continuing education session for physicians, nurses, and advance practice clinicians caring for women and children in Indian country. Speakers, including experts currently and formerly with IHS, will discuss issues including childhood diabetes, FAS and FASDs, contraception, high-risk obstetric transports, childhood injury prevention, and other important topics. The meeting is designed with ample time for networking and recreation. For more information, Contact Alan G. Waxman, MD, at *awaxman@salud.unm.edu*.

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

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

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

The Sexual Assault Nurse Examiner (SANE) workshop is an intensive five-day course to familiarize health care providers with all aspects of the forensic and health care processes for sexual assault victims. This course emphasizes victim advocacy and the overall importance of being a member of the interdisciplinary Sexual Assault Response Team (SART) in the investigative, health care, and prosecution processes. Lead faculty for this course will be Linda Ledray, PhD, RN, a certified SANE trainer and Director of the Sexual Assault Resource Service (SARS) of Hennepin County Medical Center in Minneapolis, Minnesota. Dr. Ledray is a nationally recognized expert and pioneer in the area of forensic nursing. This course is open to I/T/U health care professionals, including nurses, advanced practice nurses, physician assistants, and physicians.

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

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

Advances in Indian Health Conference
April 21 – 24, 2009; Albuquerque, New Mexico

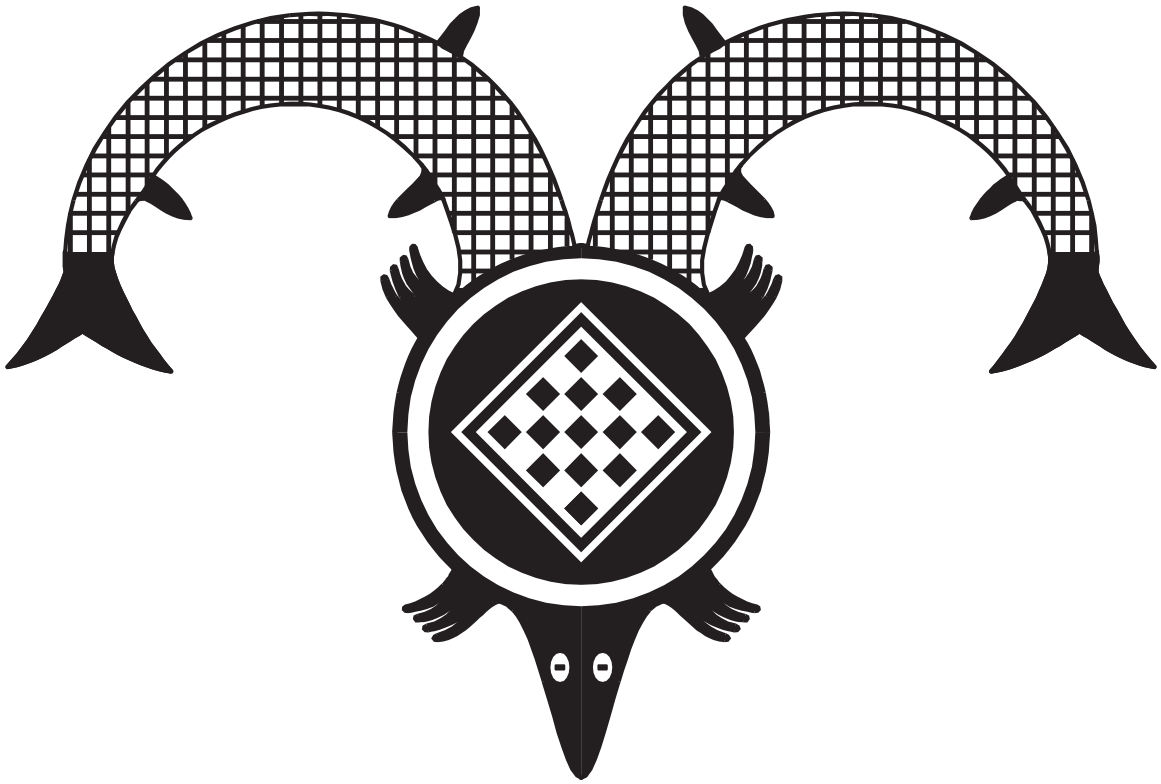
Save the Dates! The 2009 "Advances in Indian Health Conference" will be April 21 - 24, 2009 in Albuquerque, New Mexico. "Advances" is Indian health's conference for primary care providers and nurses. Get up to 28 hours of CME/CE credit learning about clinical topics of special interest to I/T/U providers,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

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 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 Kajiwara-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at *karen.kajiwara@ihs.gov*. Alternately, you can contact the Billings Area Physician Recruiter, Audrey Jones, at (406) 247-7126 or by e-mail at *audrey.jones@ihs.gov*. We look forward to communicating with you.

Family Practice Physician
Pharmacists
PHS Indian Hospital, Harlem, Montana

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

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

There are loan repayment options, excellent benefits, and we are a designated NHSC site. The area is primarily rural, and a friendly small-town atmosphere prevails here. The reservation communities promote various local activities such as rodeos, church socials, and basketball. The tribe also manages its own buffalo herd. Bigger events fill in the calendar as well, such as the Milk River Indian Days, Hays Powwow, and the Chief Joseph Memorial Days, featuring cultural activities and traditional dancing. The Fort Belknap Tribe has hunting and fishing available both on and off the reservation. The Little Rocky Mountains and the Missouri River provides scenic and enjoyable areas for the outdoor-minded. If you are interested in joining our medical team, contact Dr. Dennis Callendar at *Dennis.callendar@ihs.gov* or telephone (406) 353-3195; or contact physician recruiter Audrey Jones, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126.

Family Practice Physician
Emergency Medicine Physician
Nurse Anesthetist
Nurse
PHS Indian Hospital; Browning, Montana

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

Family Practice Physician
Nurse Practitioner/Physician Assistant
ER Nurse Specialist
Northern Cheyenne Service Unit; Lame Deer, Montana

The Northern Cheyenne Service Unit is seeking health practitioners to come work with their dedicated staff on the Northern Cheyenne Indian Reservation. The Northern Cheyenne Service Unit consists of a modern outpatient clinic with family practice physicians, a pediatrician and an internist in Lame Deer, Montana. The well-equipped emergency room provides medical services to a high volume of trauma patients. The nearest medical back-up services are located in Billings, Montana and Sheridan, Wyoming. The medical staff enjoys close cooperation with the tribe. The positive interactions with this tight knit people result in high morale and overall retention of its medical staff.

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

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

Internal Medicine, Family Practice, and ER Physicians
Pharmacists
Dentists
Medical Technologists
ER, OR, OB Nurses
Crow Service Unit; Crow Agency, Montana

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

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

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

For those who enjoy the outdoors, Red Lodge Mountain Resort offers great skiing. The Big Horn Canyon National Recreation Area offers great fishing, camping, and boating fun. The area offers spectacular mountains and mountain activities, and world class hunting and fishing. Billings, Montana, a city of 100,000, is less than an hour away.

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

Obstetrician/Gynecologists
W. W. Hastings Hospital; Tahlequah, Oklahoma

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

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

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

Nurse Specialist - Diabetes
Whiteriver Service Unit; Whiteriver, Arizona

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

The Whiteriver Service Unit is located on the White

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

For additional information, please contact CAPT Steve Williams, Director of Diabetes Self-Management, by e-mail at *stevenj.williams@ihs.gov*; telephone (928) 338-3707.

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

Physicians
Emergency Medicine PA-Cs
Family Practice PA-Cs/ Family Nurse Practitioners
Rosebud Comprehensive Health Care Facility; Rosebud, South Dakota

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

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

Physician/Medical Director
Physician Assistant or Family Nurse Practitioner
Dentist
Dental Hygienist
SVT Health Center; Homer, Alaska

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

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

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

Family Practice Physician
Physician Assistant/Nurse Practitioner
Fort Hall IHS Clinic; Fort Hall, Idaho

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

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

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

Family Physician/Medical Director
The Native American Community Health Center, Inc.; Phoenix, Arizona

The Native American Community Health Center, Inc. (Native Health), centrally located in the heart of Phoenix, Arizona, is currently seeking a skilled and energetic family

physician/medical director who would enjoy the opportunity of working with diverse cultures. The family physician/medical director is a key element in providing quality, culturally competent health care services to patients of varied backgrounds and ages within a unique client-focused setting that offers many ancillary services. Native Health offers excellent, competitive benefits and, as an added bonus, an amazing health-based experience within the beautiful culture of Native Americans. Arizona license Preferred. For more information, contact the HR Coordinator, Matilda Duran, by telephone at (602) 279-5262, ext. 3103; or e-mail *mduran@nachci.com*. For more information, check our website at *www.nativehealthphoenix.org*.

Family Medicine Physician
Norton Sound Health Corporation; Nome, Alaska

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

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

The Norton Sound Health Corporation is a 638 Alaskan Native run corporation. It provides the health care to the entire region. This encompasses an area about the size of Oregon, and includes 15 surrounding villages. We provide all aspects of family medicine, including deliveries, minor surgery, EGDs, 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.

Primary Care Physicians (Family Medicine/Internal Medicine)
Santa Fe Indian Hospital; Santa Fe, New Mexico

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

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

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

Chief Pharmacist
Staff Pharmacist
Zuni Comprehensive Healthcare Center; Zuni, New Mexico

The ZCHCC, within the Indian Health Service, is located on the Zuni Indian Reservation in beautiful western New Mexico. ZCHCC is a critical access hospital with an inpatient unit consisting of 30 plus beds, labor and delivery suites, emergency department, and a large outpatient clinic. The center serves the Zuni and Navajo Tribes. Housing and moving expenses available for eligible applicants. The Zuni are a Pueblo people with rich culture, customs, and traditions. Applicants may contact Cordy Tsadiasi at (505) 782-7516 or CDR David Bates at (505) 782-7517.

Psychiatrist
SouthEast Alaska Regional Health Consortium; Sitka, Alaska

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

Family Practice Physician
Sonoma County Indian Health Project; Santa Rosa, California

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

Nurse Executive
Santa Fe Indian Health Hospital; Santa Fe, New Mexico

The Santa Fe Indian Hospital is recruiting for a quality, experienced nurse executive. The 39-bed Santa Fe Indian Hospital is part of the Santa Fe Service Unit providing services in the clinical areas of general medical and surgical care, operating room, urgent care, progressive care, and preventive health. The purpose of this position is to serve as the top level nurse executive for all aspects of the nursing care delivery. As Director of Nursing (DON) services, manages costs, productivity, responsibility of subordinate staff, and programs, as well as providing leadership and vision for nursing development and advancement within the organizational goals and Agency mission.

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

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

Director of Nursing
Acoma-Canoncito Laguna Hospital; San Fidel, New Mexico

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

Primary Care Physician
(Family Practice Physician/General Internist)
Family Practice Physician Assistant/Nurse Practitioner
Kyle Health Center; Kyle, South Dakota

Kyle Health Center, a PHS/IHS outpatient clinic, is recruiting for the position of general internal medicine/family practice physician and a position of family practice physician assistant/nurse practitioner. The clinic is south of Rapid City, South Dakota, and is located in the heart of the Badlands and

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

Internist
Northern Navajo Medical Center; Shiprock, New Mexico

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

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

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

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

Permanent staff usually live next to the hospital in government-subsidized housing or in the nearby communities of Farmington, New Mexico or Cortez, Coloado, 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.

Internal Medicine and Family Practice Physicians
Yakama Indian Health Center; Toppenish, Washington

Yakama Indian Health Center in Toppenish, WA will soon have openings for internal medicine and family practice physicians. The current staff includes four family physicians, two pediatricians, one internist, five nurse practitioners, and a physician assistant. The clinic serves the 14,000 American Indians living in the Yakima Valley of south central Washington. Night call is taken at a local private hospital with 24/7 ER coverage. The on-call frequency is about 1 out of 7 nights/weekends. The area is a rural, agricultural one with close proximity to mountains, lakes, and streams that provide an abundance of recreational opportunities. The weather offers considerable sunshine, resulting in the nearest city, Yakima, being dubbed the "Palm Springs of Washington." Yakima is about 16 miles from Toppenish, with a population of 80,000 people. There you can find cultural activities and a college. For further information, please call or clinical director, Danial Hocson, at (509) 865-2102, ext. 240.

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 heath 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.

Family Practice Physician
Peter Christensen Health Center; Lac du Flambeau, Wisconsin

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

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

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

Primary Care Physician
Zuni Comprehensive Community Health Center; Zuni, New Mexico

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

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

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

Primary Care Physicians (Family Practice, Internal Medicine, Med-Peds, Peds)
Psychiatrists
Pharmacists
Nurses
Chinle Service Unit; Chinle, Arizona

Got Hózhó? That's the Navajo word for joy. Here on the Navajo Reservation, there's a great mix of challenging work and quality of life. No rush hour traffic, no long commutes, no stressors of urban life. We walk to work (naanish) and enjoy living in our small, collegial community. Our 60-bed acute care hospital is located in Chinle, Arizona, the heart of the Navajo Nation. At work we see unique pathology, practice evidence-based medicine, and are able to utilize the full scope of our medical training. Together, we enjoy learning in an atmosphere of interdepartmental collaboration, supported by

an established network of consulting specialists across the southwest. A comprehensive system of preventive programs and ancillary services allows us to provide the best possible care for our patients. During our time off, many of us explore the beautiful southwest, bike on amazing slick rock, and ski the slopes of the Rocky Mountains. It's a great life – combining challenging and interesting work with the peaceful culture of the Navajo people and the beautiful land of the southwest.

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

Family Practice Physician
Family Practice Medical Director
Tanana Chiefs Conference, Chief Andrew Isaac Health Center; Fairbanks, Alaska

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

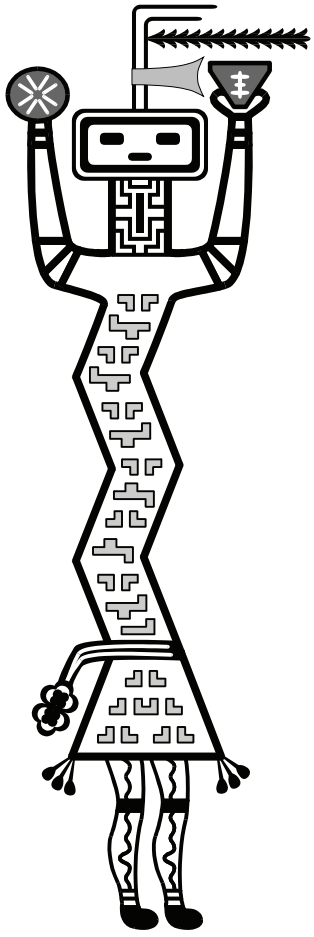
The facility is a multispecialty clinic providing services in obstetric/gynecology, internal medicine, and family practice. It also includes dental, optometry, pharmacy, behavioral health, community health aides, and other services. Our referral region includes 43 villages in interior Alaska covering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

Family Practice Physician
Seattle Indian Health Board; Seattle, Washington

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

Seattle Indian Health Board (SIHB) physicians are responsible for the delivery of quality, culturally sensitive primary medical care to the SIHB's patient population. This position provides general medical care (including diagnosis, treatment, management, and referral) to SIHB patients with acute, chronic, and maintenance health care needs. The physician chosen will also participate in the medical on-call rotation schedule and other responsibilities such as consulting and coordinating care with other practitioners, nursing, pharmacy, laboratory, and outside referral sites. He or she will provide clinic preceptorship of mid-level practitioners and patient care instruction to nurses, pharmacists, and other SIHB clinical staff. The incumbent will precept for residents for the outpatient continuity family practice clinics. In addition to supervising patient care, preceptors engage in didactic activity to enhance resident learning. The physician will also participate in quality assurance, program development, community health education/screening, and related activities. He or she will document all patient care information/treatment in problem-oriented format in the patient's medical records, as well as complete and submit encounter forms and related materials according to established procedure. Finally, the person selected will comply with SIHB policies and procedures, and the AAAHC Standards of Care.

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



2008 YEAR-END INDEX

Major Subjects and Titles, Volume 33, January through December 2008

Change of Address or Request for New Subscription Form

Name _____ **Job Title** _____

Address _____

City/State/Zip _____

Worksite: ☐ **IHS** ☐ **Tribal** ☐ **Urban Indian** ☐ **Other**

Service Unit (if applicable) _____ **Last Four Digits of SSN** _____

Check one: ☐ **New Subscription** ☐ **Change of address**

If change of address, please include old address, below, or attach address label.

Old Address _____

THE IHS PRIMARY CARE PROVIDER

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

THE IHS PROVIDER is published monthly by the Indian Health Service Clinical Support Center (CSC). Telephone: (602) 364-7777; fax: (602) 364-7788; e-mail: *the.provider@.ihs.gov.* Previous issues of THE PROVIDER (beginning with the December 1994 issue) can be found on the CSC Internet home page *(http://www.ihs.gov/PublicInfo/Publications/HealthProvider/Provider.asp).*

Opinions expressed in articles are those of the authors and do not necessarily reflect those of the Indian Health Service or the Editors.

Circulation: The PROVIDER (ISSN 1063-4398) is distributed to more than 6,000 health care providers working for the IHS and tribal health programs, to medical schools throughout the country, and to health professionals working with or interested in American Indian and Alaska Native health care. If you would like to receive a copy, send your name, address, professional title, and place of employment to the address listed below.

Publication of articles: Manuscripts, comments, and letters to the editor are welcome. Items submitted for publication should be no longer than 3000 words in length, typed, double-spaced, and conform to manuscript standards. PC-compatible word processor files are preferred. Manuscripts may be received via e-mail.

Authors should submit at least one hard copy with each electronic copy. References should be included. All manuscripts are subject to editorial and peer review. Responsibility for obtaining permission from appropriate tribal authorities and Area Publications Committees to publish manuscripts rests with the author. For those who would like more information, a packet entitled "Information for Authors" is available by contacting the CSC at the address below or on our website at *www.csc.ihs.gov*.

Dept. of Health and Human Services
Indian Health Service
Clinical Support Center
Two Renaissance Square, Suite 780
40 North Central Avenue
Phoenix, Arizona 85004

PRESORTED STANDARD
POSTAGE AND FEES PAID
U.S. DEPT. OF HEALTH & HUMAN SERVICES
PHOENIX, AZ
PERMIT NO. 5691

CHANGE SERVICE REQUESTED

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300