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Coming to a Hospital Near You: Safe Patient Handling and Movement

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Twenty years ago nurses started intravenous lines without gloves, a practice considered dangerous and unacceptable today. In the future nurses will view the manual lifting of patients in a similar manner. Also known as "no lift," and "mechanical lift only," safe patient handling and movement (SPHM) programs eliminate or minimize manual lifting of patients through technology and administrative controls. Numerous industrialized countries, including Britain and Australia, have enacted national legislation mandating "no lift" practices since 1995. On June 17, 2005, Texas Governor Rick Perry signed a law that made Texas the first state in the nation to require hospitals and nursing homes to implement safe patient handling and movement programs and the restriction of manual handling to emergency, life-threatening, or exceptional circumstances.

The impetus for this fundamental change in how we move patients by eliminating manual lifting is a response to the discouraging statistics on back injuries in nurses. An estimated 12% of the nurses leaving the profession cite back pain as the reason. Over half of all nurses report chronic back pain.[1] Researchers working at the National Institute for Occupational Safety and Health (NIOSH) used the NIOSH lifting equation[2] to develop the 35-pound maximum weight limit for patient handling. This may surprise nurses who routinely lift loads far in excess of 35 pounds. According to US Bureau of Labor Statistics, registered nurses have a higher incidence of back injuries than truck drivers, janitors, and construction workers. Registered nurses rank seventh in terms of lost workdays due to musculoskeletal disorders.[3] Nursing personnel have higher workers' compensation rates claims than any occupation or group.[4] The statistics for nurse's aides and orderlies are even worse.

Barbara Blakeney, past president of the American Nurses Association, tells new graduate nurses interviewing for jobs to ask hospitals if they have a safe movement and handling program in place and, if they do not, decline the job offer and tell the hospital the reason they are declining the offer is the lack of a SPHM program.[5]

A safe limit for spinal loading has been established by biomechanics research, which has also quantified spinal loading for various nursing tasks. Coupled with statistics on caregiver injuries, the following maneuvers are unmistakably high risk: patient repositioning (#1 occupational risk according to Marras[6]), lateral transfers, toileting procedures (both to and from commode), bathing, limb holding, lifting a patient from the floor, and patient transfers (bed to chair, bed to wheelchair, wheelchair to bed, etc.).

The assumption that the traditional approaches of teaching body mechanics classes and training in manual lifting techniques is effective in preventing back injuries is mistaken. "Research in the past 35 years reveals these efforts *by themselves* have consistently failed to reduce job-related injuries in health care as well as other occupations."[7] The Occupational Health and Safety Administration (OSHA) has stated in its Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders, "Manual lifting of residents be minimized in all cases and eliminated when feasible."[9]

The technology for patient lifting has evolved significantly from the manually-operated floor lifts introduced in the 1970s. Today a number of vendors offer a wide array of

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lifting devices including ceiling-mounted and floor-based lifts, sit-to-stand lifts, ambulatory devices, stand-assist aids, gait belts with handles, and friction reducing devices. Friction reducing devices may be as technical as hover mats (air mattress with blowers that dramatically decrease the effort to laterally transfer patients from bed to gurney, bed to bed, etc.) or as simple as sliding sheets. Since the older manually-operated hydraulic lifts posed risk to nurses through repetitive motion injury, the new generation of stationary powered lifting equipment utilizes electric motors, and mobile motorized equipment uses rechargeable batteries.

According to Audrey Nelson[8], review of the evidence-based literature points to the following strategies as effective in reducing back injuries among caregivers:

1. Ergonomic assessments of patient care environments
2. Engineering controls such as new ceiling-mounted mechanical lifting devices
3. Standardized protocols for assessing the handling and moving of patients
4. Algorithms for deciding about the number of personnel and type of equipment needed to handle and move patients safely. Evaluating patients' dependency level is critical to deciding what lifting equipment is appropriate for safe lifting.
5. Hospital peer-leaders and champions who ensure workers use the equipment competently and consistently
6. Lift teams
7. Policies mandating the use of lifting equipment and banning such high risk manual lifts such as the one person spot pivot and lifting patients off the floor

While the focus of this article is on nursing, other speciality areas such as radiology, physical therapy, emergency medical services, and the emergency department have many of the same patient movement concerns, as well as unique problems such as moving patients from cars or lifting patients on ambulance stretchers from ground level into an ambulance. A recent study of 54 patients in a wound care clinic at Phoenix Indian Medical Center indicated an average weight of 403 pounds. According to the NIOSH 35-pound lifting limit, moving the average patient in this clinic would require *eleven* people. Grasping the implications of what our best evidence-based science tells us underscores the kind of paradigm shift SPHM entails. Consider how home health care, with its lack of lifting manpower and confined spaces of dwellings, exaggerates the risk to caregivers.

When many of us first hear of the concept of "lifting teams," we imagine teams of bodybuilders responding to requests to transfer patients. Unfortunately, the research indicates that muscular, fit individuals incur back injuries at the same rate or more than the general staff population because their exposure risk is increased. Lifting teams are actually comprised of individuals with refined skills in *utilizing the lifting equipment*. Extensive research has demonstrated unmistakable benefits of lifting teams, although smaller hospitals may find them difficult to implement.

The barriers to changing what researcher Audrey Nelson has termed "the human sacrifice" approach to nursing practice are daunting. As with most safety initiatives, the commitment of top leadership may not determine the ultimate success of SPHM, but the lack of that commitment will determine its inevitable failure. Writing a no-lift policy won't work if all the other components aren't in place. Purchasing the equipment without appropriate training, policies, and key support may only ensure it will gather dust, unused. System resistance and pushback may come from surprising sources, including engineering, the biomedical department, laundry, and nurses themselves.

A typical 2 - 3 year return on investment (ROI) is widely reported in the literature. That said, even an institution with low rates of back injuries may warrant a SPHM program as a cost avoidance strategy, akin to installing sprinklers in a building that has never had a fire. A single serious and expensive back injury that is prevented may justify the initial expenditure for a SPHM program.

Today, safe patient handling and movement is increasingly considered by hospital architects, planners and engineers in facility design and construction. All too often existing hospitals are expensive or impossible to retrofit for ceiling hoists; patient rooms and bathrooms are too small to utilize lifting equipment; and storage space for equipment doesn't exist. Ergonomics is the science of fitting the job to human beings, and leadership will be increasingly challenged to provide a work environment that is evidence-based and conducive to safe patient handling and movement.

References

1. Nelson A. (ed). *Safe Patient Handling and Movement, A Guide for Health Care Professionals*. New York, NY: Springer Publishing; 2006.
2. Waters TR. When is it safe to manually lift a patient? *Am J Nurs*. 2007;107(8):53-8.
3. Nelson, op cited.
4. Blakeney, Barbara, Sep 2003, quoted in *Nursing World Press* Release.
5. Personal e-mail to the author, dated August 8, 2008.
6. Marras WS, Davis KG, Kirking BC, Bertsche PK. A comprehensive analysis of low-back disorder risk and spinal loading during the transferring and repositioning of patients using different techniques, *Ergonomics*. 1999;42:904-926.
7. Nelson, op cited.
8. Retrieved on August 28, 2008 from *http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html*.
9. Nelson, op cited

Save the Dates!

Indian Health Information Management Conference: 2008

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For additional information, please visit the conference website at **http://www.ihs.gov/CIO/IHIMC/**

Tips for PubMed Searching

Diane Cooper MSLS, AHIP, Biomedical Information Consultant, National Institutes of Health, Bethesda, Maryland

Tip 1: The basics: simple searching and viewing results

It is very important that you enter PubMed via the online HSR Library link. Doing so ensures you have access to added features of PubMed that are only available to IHS staff, including full-text access to some of our electronic journals.

The standard PubMed screen (see below) has a blue vertical navigation bar on the left side that contains links to help pages, PubMed services (several of which are discussed in this series), and related resources for searching biomedical information. Across the top of the screen you will see the name of the database in which you are searching (in our case, PubMed), a black bar with links to the different NCBI/NLM databases, a row of tabs, and a gray bar that contains the main search box and links to search options.

To begin searching, simply type your keyword(s) into the search box. Don't worry about MeSH® (Medical Subject Heading®) terms, unless you already know them; PubMed will attempt to match (or "map") your keyword(s) to appropriate MeSH terms. If you type in more than one keyword or phrase, connect them with the Boolean connectors AND, OR, or NOT. Make sure your connectors are in ALL CAPS! Click Go to run the search. Your initial results will be displayed below the gray bar. The database defaults to showing a "Summary" view (citation only) of articles in reverse chronological order.

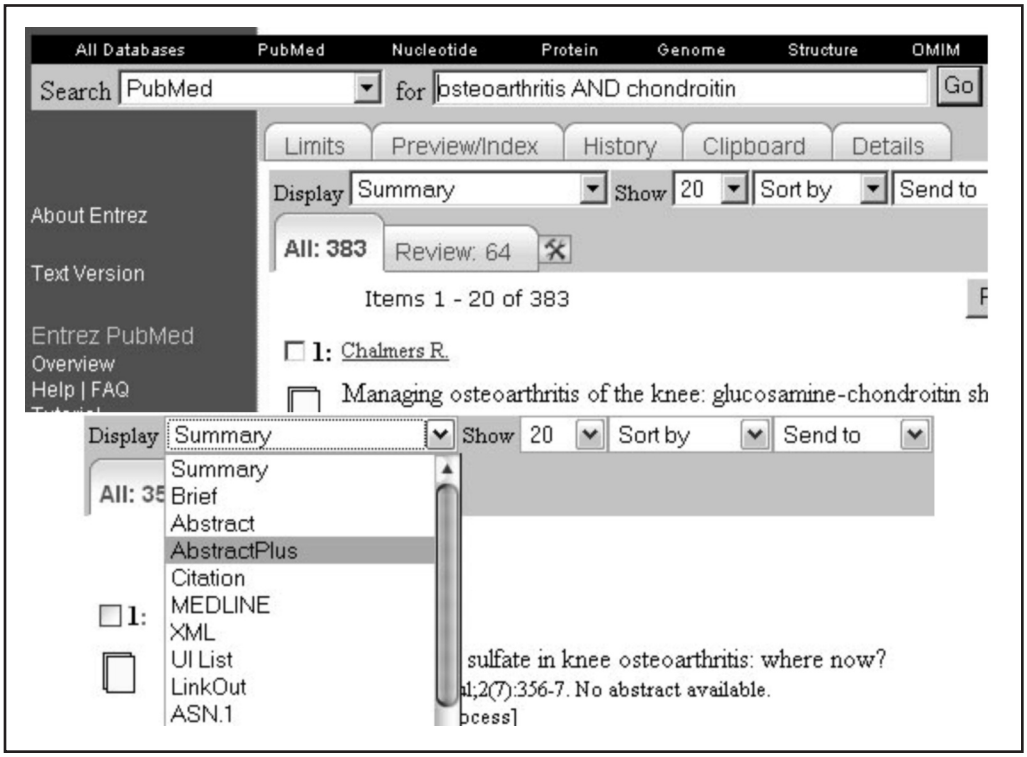
The Display options indicate the amount and format of information for each article. Highlight AbstractPlus from the pull-down menu to see the citation, abstract, and related records information. PubMed will automatically switch to the newly selected display type.

Other options include:

- Brief - Abbreviated author and title, PMID
- Citation - Citation, abstract, and MeSH terms
- Abstract - Citation and abstract, as in AbstractPlus, but no related records
- MEDLINE - All information available, marked in tagged format (use for reference formatting software such as EndNote® and Reference Manager®)

In addition, you can change the number of articles shown on a screen and/or the order in which they are shown (by date, author, or journal) by selecting an option from the appropriate pull-down menus.

Next month will be **Tip 2: Setting Limits**



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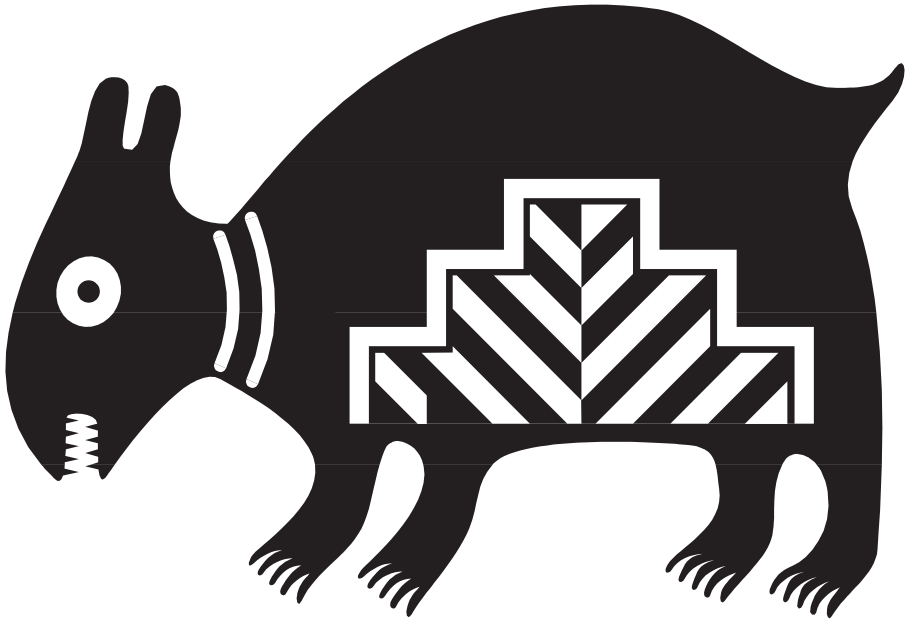


This is a page for sharing "what works" as seen in the published literature, as well as what is being done at sites that care for American Indian/Alaskan Native children. If you have any suggestions, comments, or questions, please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at sholve@tcimc.ihs.gov.

IHS Child Health Notes

Quote of the month

"My country right or wrong is something no true patriot would say . . . It is like saying, 'My mother, drunk or sober'"

G. K. Chesterton

Article of Interest

Prevention and Control of Influenza

Recommendations of the Advisory Committee on Immunization Practices (ACIP) July 17, 2008 (Early Release);1-60.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm

This report updates the 2007 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine and antiviral agents. Principal updates and changes include 1) a new recommendation that annual vaccination be administered to all children aged 5 - 8 years, beginning in the 2008 - 09 influenza season, if feasible, but no later than the 2009 - 10 influenza season; 2) a recommendation that annual vaccination of all children aged 6 months through 4 years (59 months) continue to be a primary focus of vaccination efforts because these children are at higher risk for influenza complications compared with older children; and 3) a new recommendation that either trivalent inactivated influenza vaccine or live, attenuated influenza vaccine (LAIV) be used when vaccinating healthy persons aged 2 through 49 years (the previous recommendation was to administer LAIV to person aged 5 - 49 years

The age at which LAIV can be administered has been expanded to include children ages 2 - 5 years of age. LAIV can be administered to persons with minor acute illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might impede delivery of the vaccine to the mucosa, deferral of administration should be considered until resolution of the illness.

The effectiveness or safety of LAIV is not known for the following groups, and these persons should not be vaccinated with LAIV:

- persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs.
- persons aged <2 years or those aged >50 years;
- persons with any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems; other underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies; or known or suspected immunodeficiency diseases or immunosuppressed states;
- children aged 2-4 years whose parents or caregivers report that a health-care provider has told them during the preceding 12 months that their child had wheezing or asthma, or whose medical record indicates a wheezing episode has occurred during the preceding 12 months;
- children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection);
- persons with a history of GBS after influenza vaccination; or
- pregnant women.

Editorial Comment

These latest recommendations from ACIP make flu vaccination nearly universal. For those caring for children, this means that the VFC program will cover flu vaccine for all children ages 6 months through 18 years. They also expand the use of LAIV to children between the ages of 2 to 5 years, and practitioners may wish to consider the use of LAIV in this age group. Practitioners may wish to consider alternative ways of delivering vaccine to their patients; this could include walk-in flu vaccine clinics and the use of schools or community centers outside of usual health care settings to administer flu vaccines.

A model school program is described in this article: A pilot study of the effectiveness of a school-based influenza vaccination program. *Pediatrics*. 2005 Dec;116(6):e868-73.

Infectious Disease Updates.

Rosalyn Singleton, MD

Rotavirus activity decreased in the US in 2007-8

Rotavirus is the leading cause of severe acute gastroenteritis among infants and young children, accounting for an estimated 55,000 - 70,000 hospitalizations and 250,000 emergency department visits in the US annually. In winter months, approximately 50% of hospitalizations and ED visits and 30% of outpatient visits for acute gastroenteritis among children aged <3 years are caused by rotavirus. In February 2006, a human-bovine rotavirus vaccine, RotaTeq® (RV5, rota-pentavalent, Merck & Co., Inc.) was recommended for routine use among US infants. To summarize rotavirus activity during the 2007 - 08 season, CDC analyzed data from the National Respiratory and Enteric Virus Surveillance System and New Vaccine Surveillance Network. When compared with the 15 previous seasons spanning 1991 - 2006, rotavirus activity during the current season appeared delayed in onset by 2 - 4 months and diminished in magnitude by >50%.

A new rotavirus vaccine (Rotarix®, RV1, rota-monovalent, GlaxoSmithKline) was licensed on April 3, 2008. On June 25, 2008, the ACIP voted on new recommendations for the use of rotavirus vaccine: *http://www.cdc.gvo /vaccines/recs/provisional/downloads/rota-7-1-08-508.pdf*

Routine administration

- RotaTeq (rota-pent) is a 3-dose series recommended at 2, 4, and 6 months of age
- Rotarix® (rota-mono) is a 2-dose series recommended at 2 and 4 months of age
- The first dose of either vaccine should be administered between age 6 weeks and age 14 weeks 6 days (new maximum age of first dose)
- Minimum interval between each dose is 4 weeks
- All doses should be administered by age 8 months 0 days.

Interchangeability of Rotavirus vaccines

- ACIP prefers completion of series with same vaccine, but any combination of 3 doses is allowed.

Contraindications

- History of anaphylaxis after previous dose or vaccine component.
- Latex rubber is contained in Rotarix® (rota-mono) applicator; infants with anaphylactic allergy to latex should not receive Rotarix®

Recent literature on American Indian/Alaskan Native Health

Michael L. Bartholomew, MD

Rutman S, Park A, Castor M, et al. Urban American Indian and Alaska Native youth: Youth Risk Behavior Survey 1997-2003. *Matern Child Health J*. 2008 May 16. [Epub ahead of print].

http://www.ncbi.nlm.nih.gov/pubmed/18483839?ordinalpos=4 &itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPane l.Pubmed_RVDocSum.

Studies to date of American Indian and Alaska Native (AI/AN) youth behavior and health status tend to focus on non-urban youths. Studies that specifically address urban Indians tend to be regionally specific and their results can not be extrapolated to a national level.[1] The number of AI/AN people living in urban areas continues to grow. In the 2000 US Census, 2.8 million of the 4.1 million persons reporting AI/AN race resided in urban areas. With a large percentage of this population being less than 18 years, it is important to understand and examine the health status and health behaviors of this group. The purpose of this study is to identify and examine the health risk behaviors in urban AI/AN youth by analyzing aggregate data from 4 survey years (1997, 1999, 2001, 2003) of the YRBS.

The Youth Risk Behavior Survey (YRBS) is a self reported questionnaire administered to high school students (grades 9 - 12) biennially by the Centers for Disease Control and Prevention (CDC) to monitor the health risk behaviors. The survey divides behaviors that lead to morbidity and mortality in six risk areas: behaviors that result in unintentional injuries and violence; tobacco use; alcohol and drug use, behaviors that contribute to unintended pregnancy and sexually transmitted diseases; physical inactivity; and dietary behaviors including weight status.

Of the behaviors that measure unintentional injury, safety, and violence, eleven of the sixteen measures were found to be higher in urban AI/AN youth than white youth including school-related safety and violence. Urban AI/AN youth were more likely to be in a physical fight, requiring medical treatment for injuries related to a physical fight, physically hurt by a boy/girlfriend, physically forced to have unwanted sex, carrying a weapon in the past year and carrying a gun in the past month. Of the five suicidal ideation and related behavior measurements, four were higher in the urban AI/AN youth than their white counterparts including attempted suicide (threefold higher) and injury from suicide attempt (fivefold higher).

In regards to tobacco use only two of the 16 measures were significantly higher in the AI/AN youth: smoking a cigarette before age 13 (33.1% vs. 18.4%) and smoking cigarettes at school in the last month (20.7% vs. 12.9%). AI/AN youth were more likely to have consumed alcohol prior to age 13 and have had alcohol at school in the past month. Of the 15 questions addressing illegal drug use (including marijuana, cocaine, heroin, steroids, and injection drugs), AI/AN youth had higher reported use than there white counterparts. There was no difference between AI/AN and white youth in the reported use (lifetime or current) of glue, methamphetamines, hallucinogens, and ecstasy.

American Indian/Alaska Native youth had a higher percentage sexual intercourse, first sexual intercourse before age 13, sexual intercourse with multiple partners (>4), sexual

intercourse with greater than or equal to 1 person in the past three months, and having been pregnant or making someone pregnant.

Lastly, in regards to physical activity and dietary behaviors, urban AI/AN adolescents watched at least three hours of television on an average school day (45.1% AI/AN vs. 31.7% white) and 38.7% of urban AI/AN youth described themselves as slightly or very overweight as compared to 28.8% of white youth.

The authors cite five limitations to their study. First, there were small numbers of AI/AN in the study (513 AI/AN youths of the 52,364 urban sample), thus making trend analysis difficult. Second, YRBS questions have not been validated on AI/AN populations, allowing for interpretation of the questions to possibly affect the responses. Third, underreporting of unhealthy behaviors (illegal drug use, alcohol consumption) and over-reporting of healthy behaviors such as exercise may occur in self-reported surveys. Fourth, the survey is not representative to each metropolitan area thus making generalizations of the results unreliable. Lastly, the results are of those youth that attend school and do not taking into account high school dropouts, thus possibly underestimating the prevalence of high-risk behaviors.

Few studies explore the health status of urban AI/AN youth on a national level. Most studies focus solely on AI/AN youth that reside on reservations or rural areas of the country. This study illustrates the high-risk health behaviors that are specific to urban AI/AN youth. By identifying and focusing on these behaviors, health promotion and disease prevention programs as well as intervention programs can be tailored to address the needs of this population.

Additional information and resources on Urban Indian Health:

1. Indian Health Service: Urban Health Programs. *http://www.ihs.gov/NonMedicalPrograms/Urban/Urban_index.asp*
2. National Council of Urban Indian Health. *http://www.ncuih.org/index.html*
3. Urban Indian Health Institute. *http://www.uihi.org/*

Reference

1. Dixon M, RoubideauxY (2001). *Promises to Keep: Public Health Policy for American Indians & Alaska Natives n the 21st Century.* Washington DC: American Public Health Association. 121-134.

CDC-TV is currently making the soon-to-be-released animated version of all four Eagle Books available for viewing on the Internet at *http://www.cdc.gov/CDCTV/*

The animated version of the Eagle Book series (Through the Eyes of the Eagle, Knees Lifted High, Plate Full of Color, and Tricky Treats) has been created for availability on DVD from the Native Diabetes Wellness Program (NDWP), Division of Diabetes Translation (DDT), Centers for Disease Control and Prevention (CDC). The full featured DVD can be used in many ways as an interactive tool with parents, teachers, and communities to engage children in activities and discussions about healthy eating and the joy of being active while looking to traditional ways to stay healthy and prevent type 2 diabetes.

The author of the original Eagle Books, Georgia Perez, provides the narration for the animated videos. Children and adults from the Standing Rock Sioux tribal nation bring the book characters alive with their creative voice talent. The DVD has many special features including:

- Three American Indian language translations of the books (Chickasaw, Paiute, Shoshone)
- Spanish translations
- Closed Captioning (CC) and Video Descriptions (for the Deaf/Hard of Hearing/Blind and Visually Impaired)
- Information about the author and illustrators
- Resources for children, parents, teachers and communities

To assist teachers and parents, the DVD can be stopped and started for listening to elders, demonstrating fun ways to be active, describing the many colored fruits and vegetables from Mother Earth, and deciding what is a "sometimes" or "everyday" food selection. Teachers and parents may also find the DVD can be used as a read-along tool to accompany the print copies of the Eagle Books.

Join the fun and watch the Eagle Books characters and beautiful artwork by Patrick Rolo and Lisa Fifeild come alive on the DVD and the internet today. If you have questions about the animation please contact Cherryll Ranger *chr4@cdc.gov*.

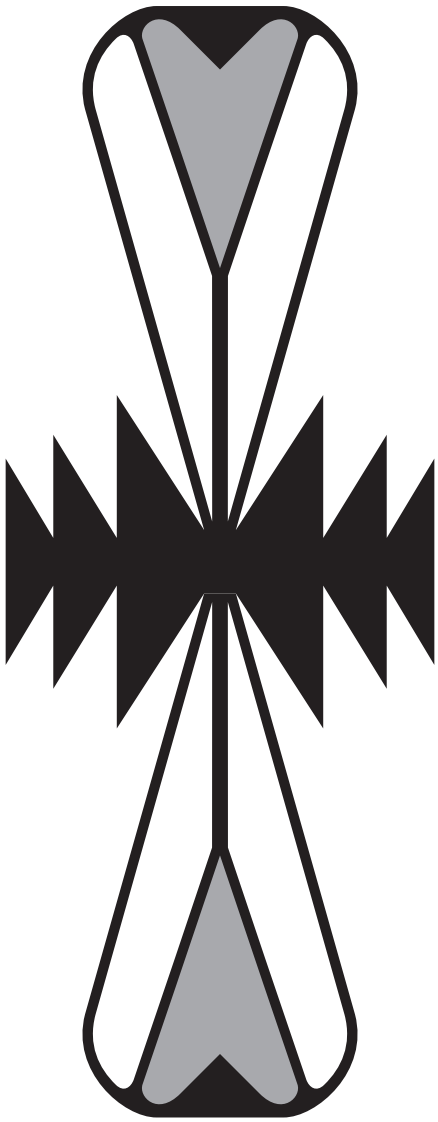
The Chief Clinical Consultant's Newsletter (Volume 6, No. 8, August 2008) is available on the Internet at http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm. We wanted to make our readers aware of this resource, and encourage those who are interested to use it on a regular basis. You may also subscribe 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
Colorectal Cancer Screening and Surveillance
What to do with patients with polyps; Dr. Hope Baluh

Periodic screening for colon cancer in asymptomatic patients results in decreased mortality from this common and frequently fatal disease. As public awareness of the benefits of colon cancer screening has increased, so has the demand for colonoscopy services. Evidence-based guidelines developed separately by the US Preventive Services Task Force, a consortium of five US medical and surgical GI societies, and the American Cancer Society recommend that all asymptomatic, average-risk people over age 50 years be offered screening with annual fecal occult blood tests and/or flexible sigmoidoscopy every five years because these options are strongly supported by direct scientific studies. Colonoscopy is recommended when either of these tests is positive. The guidelines also include doing direct screening with air-contrast barium enema every five years or colonoscopy every ten years. Periodic colonoscopy is also recommended for patients with an above average risk for colorectal cancer. Patients with an increased risk profile include those with a personal or family history of colorectal cancer or adenomatous polyps, as well as those with longstanding chronic inflammatory bowel disease.

Public surveys indicate that less than 40% of the at-risk population has yet to be screened. Once screened, patients with increased risk factors benefit from surveillance. Determining optimal intervals for surveillance often requires knowing the patient's family history and findings from initial screening procedures, including pathology reports.



The following are guidelines for screening and surveillance:

Indication	Qualifier	Interval
Screening	Average risk	Every 10 years beginning at age 50
	Single first degree relative (FDR) with cancer or adenomas at age ≥ 60	Every 10 years beginning at age 40
	≥FDR with cancer or adenomas or 1 FDR diagnosed at age ≤ 50	Every 5 years beginning at age 40 or ten years younger, whichever is earlier
	Prior endometrial or ovarian cancer diagnosed at age ≤ 50	Every 5 years
	Hereditary nonpolyposis colorectal cancer (HNPCC) begin at age 20 – 25	Every 1 – 2 years
Post Adenoma Resection	1 – 2 adenomas of ≤ 1 cm	Every 5 – 10 years
	3 – 10 adenomas or adenomas with villous features, ≥ 1 cm with high grade features	Every 3 years
	More than 10 adenomas	Less than 3 years
	Sessile adenoma of ≥ 2 cm, removed piecemeal (in order to inspect site for residual polyp)	2 – 6 months
Other Follow-up	Post Cancer Resection	Clear colon, then 1 year, then 3 years, then 5 years
	Ulcerative colitis, Crohn's colitis surveillance after 8 years of pancolitis or 15 years of left-sided colitis	Every 2 – 3 years until 20 years after onset, then yearly

Davila RE, et al. ASGE guideline: colorectal cancer screening and surveillance. *Gastrointest Endosc*. 2006 Apr;63(4):546-57. Erratum in: *Gastrointest Endosc*. 2006 May;63(6):892.*http://www.ncbi.nlm.nih.gov/pubmed/16564851*

OB/GYN CCC Editorial comment
AI/AN peoples are more likely to be diagnosed with advanced stage disease

I would like to thank Dr. Hope Baluh, the IHS Chief Clinical Consultant for Surgery, for reviewing the current recommendations for colonoscopy screening and the appropriate intervals for follow-up of polyps and other high-risk conditions. Colon cancer screening guidelines are only one example of the guidelines available online at *http://www.guidelines.gov/*. At this website it is possible to view and download a wide range of guidelines as well as to make comparisons between recommendations from several organizations.

The overall incidence of colon cancer for American Indians and Alaska Natives (AI/AN) is declining as is the trend nationally for the general population. However AI/AN peoples are more likely to be diagnosed with advanced stage disease, and there are wide disparities in access to care. For example the prevalence of endoscopy services for Native Americans in the southwest has been half that of those available to non-Hispanic whites.[1] Efforts are underway at many health care sites to improve these screening rates.

For those of us whose focus is women's health care, it is also worthwhile to review the recent Committee Opinion of the American College of Obstetricians and Gynecologists. In this document, ACOG now recommends colonoscopy as the preferred method of colon cancer screening.[2]

References

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2. American College of Obstetricians and Gynecologists. Colonoscopy and Colorectal Cancer Screening and Prevention. ACOG Committee Opinion No. 384. Obstet Gynecol 2007;110:1199-1202. *http://www.ncbi.nlm.nih.gov/pubmed/17978144*

From your colleagues
Neil Murphy, MD. Alaska Native Medical Center
Welcome Jean Howe, MD, MPH as the new OB/GYN Chief Clinical Consultant

Dr. Jean Howe took over the reins of the OB/GYN Chief Clinical Consultant role on June 1, 2008 and has yet to have her feet touch the ground. Jean has the perfect background and energy to do a great job as Chief Clinical Consultant, so we look forward to a wonderful future for the care of Native Women.

Many of you know Jean already, as she has been participating as the Deputy Chief Clinical Consultant since 2004. As such Jean has excelled in many of the national functions of the CCC and knows the territory. Originally from Vermont and trained at the University of Colorado, Dr. Howe has been an OB/GYN at Chinle Hospital for almost eleven years and department Chief for ten years. She also currently

serves as the Navajo Area OB/GYN consultant. Dr. Howe completed the Johns Hopkins Masters in Public Health program in 2005. Her areas of interest include preventive services, contraception, international health, and diabetes in pregnancy.

What does an OB/GYN Chief Clinical Consultant really do?

The OB/GYN CCC role seems to be a bit unique among the CCCs largely because of its close relationship over the years with the benchmark women's health professional group, the American College of Obstetricians and Gynecologists. In addition, the OB/GYN CCC has many national functions that you may interact with every day and not realize it.

The OB/GYN CCC participates in the annual ACOG/IHS Area site visits that review the care of Native women and young children on-site. The OB/GYN CCC serves as consultant to the ACOG Fellows in Service Program that places ACOG Fellows in short term positions throughout Indian Country. He or she also participates in the planning of the annual ACOG/IHS Obstetric, Neonatal and Gynecologic Care Postgraduate Course that is a thorough, multi-day primer and update on the basics of women's health and early child health.

The OB/GYN CCC has been the editor of the Chief Clinical Consultant Corner newsletter since its inception six years ago. In addition, the OB/GYN CCC coordinates the single most complete clinical website on the IHS website, which has become a template for many other websites since 2000. The OB/GYN CCC has also been a lightning rod for increasing communication among the various staff groups by creating listservs for maternal child health, the primary care discussion forum, midwives, and OB/GYNs.

What have OB/GYN Senior Clinicians/Chief Clinical Consultants done over the years?

The most unique aspect of the OB/GYN CCC is that the role is built on long-standing relationships. The first relationship, as described above, is that between ACOG and the Indian Health system; the second relationship is with you. When was the last time that you heard that a former CCC, or Senior Clinician as they used to be termed, was coordinating the IHS Colposcopy Course, serving a member of the ACOG Committee on American Indian Affairs, or authoring a column in the CCC Corner national newsletter?

If you said, "just last month," then you are right to all three. Cases in point are the active roles that Drs. William Haffner, Alan Waxman, and Neil Murphy continue to play in improving the health care of Native women. Here is a brief history on the former OB/GYN Senior Clinicians/CCCs.

It all began with David L. Hall. Dr. Hall was an OB/GYN in Shiprock and later at Gallup Indian Medical Center and served as OB/GYN Senior Clinician from 1972 - 1980. These very formative years included the era when much of the care for AI/AN women was provided by general medical officers with very little specific training in women's health.

Dr. Hall's successor was William Haffner, the IHS OB/GYN Senior Clinician from 1980 to 1994. Dr. Haffner's central theme was to facilitate the transition from the era of the general medical officer to more completely trained women's health providers. To that end, Dr. Haffner worked at increasing the number, skills, and quality of OB/GYN and CNM providers throughout the IHS full-service hospitals. Bill helped advance and promote a degree of standardization of obstetric care through education and development of a common prenatal record to meet US standards of care at all IHS programs providing prenatal or full-service obstetric care. Dr. Haffner encouraged professional collaborations with ACOG and ACNM to maximize the quality of care and promote advocacy for Indian women's health.

Dr. Haffner was pivotal in the development a basic primer/update course in AI/AN women's health, which became the benchmark for all Indian health care providers. Ultimately, with the help of ACOG, this became an annual course, the ACOG/IHS Obstetric, Neonatal and Gynecologic Care Postgraduate Course, which included an excellent reference text of which he remains the editor.

Dr. Haffner worked in the USPHS from 1971 to 2001 (1971 - 1981 at Gallup Indian Medical Center). Dr. Haffner was the PHS Chief Medical Officer 1990 - 1994. Dr. Haffner is professor and former Chair of the USUHS OB/GYN Department, F. Edward Hebert School of Medicine, 1992 - 2003. Bill has been the Acting Associate Dean for Faculty Development since 2006 and is in clinical practice at the National Naval Medical Center. In 2002 Dr. Haffner received the ACOG Distinguished Service Award.

Alan Waxman was OB/GYN Senior Clinician from 1994 - 2000. Dr. Waxman's central theme was promoting a uniform standard of care for all AI/AN women regardless of where they received their care. Dr. Waxman made sure that those standards were based on benchmark best practices, which often relied on ACOG Practice Bulletins and Committee Opinions. One great example is that Dr. Waxman developed, and continues to direct, the IHS Colposcopy Courses. This program emphasizes training primary care providers in advanced cervical cancer screening techniques. Ultimately, those primary care staff who participate in the IHS Colposcopy Courses can work toward providing colposcopy at their home service unit.

Dr. Waxman had worked in IHS 1976 - 2000, primarily at Gallup Indian Medical Center, but with two very rewarding years at the Alaska Native Medical Center. Alan had been the OB/GYN Chief Clinical Consultant for the Navajo Area 1980 - 2000. He is currently on the faculty of the University of New Mexico, Department of Obstetrics and Gynecology and is a Consultant to the ACOG Committee on American Indian Affairs.

Dr. Neil Murphy served as OB/GYN CCC from 2000 to 2008. As Drs. Haffner and Waxman had done most the "heavy

lifting" already, Dr. Murphy chose to increase access to evidence-based information and improve communication in the widespread Indian health system.

In 2000 Dr. Murphy began to create the MCH suite of websites that offers up-to-the-moment, evidence-based resources to all tribal and Indian health staff and patients. The MCH websites, which now contains hundreds of pages and thousands of subpages, include online continuing medical education modules, a monthly newsletter, hundreds of frequently asked questions, and a wide variety of MCH specific content. The MCH site also serves as a portal for easy access to UpToDate, the Indian Health virtual online library, and the ACOG Postgraduate Course Reference text. In 2004 the monthly online newsletter added a printed version to increase access for staff without easy Internet access and for those for whom a printed newsletter was more easily utilized in the moments between patients or while on the move.

Dr. Murphy initiated several listservs to increase communication, including the Primary Care Discussion Forum for more in depth discussion that was then posted online for others to benefit from. Dr. Murphy also transformed the biennial clinicians meeting from a small primarily business meeting of department chiefs to a large educational conference to include all the major stakeholders in AI/AN women's health. This meeting now regularly features internationally known speakers and in 2009 it will be held in conjunction with the international Native Child Health meeting to increase communication across borders on areas of joint clinical relevance.

Dr. Murphy remains a staff physician at Alaska Native Medical Center and continues to coordinate the Indian health MCH web based resources.

Haffner Native Women's Health Award

Another example of the unique value of the OB/GYN CCC role is the William H. J. Haffner American Indian/Alaska Native Women's Health Award. The ACOG Committee on American Indian Affairs is raising money for a new award that would recognize an individual who has made a major contribution to improving the health care of AI/AN women.

To donate to the Haffner Award Fund, please make checks out to "ACOG" and mail to Yvonne Malloy, ACOG, 409 12th St. SW, Washington, DC 20024, or by e-mail at *ymalloy@acog.org*.

Jean Howe welcomes your thoughts and input

Dr. Howe is very interested in establishing a dialogue and/or networking with anyone involved in women's health or maternal child health, especially as it applies to AI/AN or indigenous peoples around the world. Please don't hesitate to contact her by e-mail at *Jean.Howe@ihs.gov* or by phone at (928) 674-7422.

David Gahn, MD, Kabul, Afghanistan
Afghanistan Update

Most of the readers of the CCC Corner know how much emphasis we put on preconception care, prenatal care, and postpartum care in the US. We have special procedures and concerns when someone appears in labor with no prenatal care. Imagine a city of 5 million people where >95% of the pregnant women have no prenatal care, and the average parity a woman reaches is >7. These are the patients that the doctors and midwives at Rabia Balkhi Hospital in Kabul face daily.

Because recent data show a tremendous amount of maternal and perinatal mortality associated with cesarean sections, IHS has recently focused its efforts on improving the care delivered in the operating room as well as working on the decision process that sends a woman to the OR to have her baby. In collaboration with CDC, we are operating under the framework of a quality assurance collaborative on cesarean sections (QAC/CS) that will eventually involve all four maternity hospitals in Kabul. In July, IHS, with participation from the Department of Defense, conducted a Surgical Skills Training Workshop at Rabia Balkhi Hospital using a combination of didactics, skills labs, and practical training in the OR. IHS medical epidemiologist Dr. Mei Castor, MD is leading the operational research arm of the QAC/CS, and James Dickens, FNP from the Center for Medicare and Medicaid Services is focusing on training the OR staff in the basic principles of operating a safe and effective OR. Dr. Pat O'Connor, MD from Tuba City, Arizona continues to head up the effort in the pediatrics department.

When a cesarean section is performed, every system in the hospital is involved: lab, blood bank, supply, housekeeping, facilities, etc. Using a quality assurance approach focusing on systems and not individual performance has allowed the Afghans to gradually make sustainable changes in their hospital with an understanding that quality assurance is a continuous process. With CDC also involved, we are working on being able to measure our processes through an improved medical record and a functioning Quality Assurance Department. We know that if we can't measure what we are doing, we can't manage it. And if we can't manage it, we can't change it.

IHS is working on the interagency agreement with HHS/Office of Global Health Affairs (OGHA) for FY 2009, and hopes to expand its clinical role in the Afghanistan Health Initiative (AHI). With funding from OGHA, IHS will be able to continue to staff the AHI to make meaningful and sustainable changes to a national health care delivery system. Keep your eyes out for more opportunities to serve the people of Afghanistan, and feel free to contact me at any time.

Hot Topics

Obstetrics

Improving neonatal outcome through practical shoulder dystocia training

Objective: To compare the management of and neonatal injury associated with shoulder dystocia before and after introduction of mandatory shoulder dystocia simulation training.

Methods: This was a retrospective, observational study comparing the management and neonatal outcome of births complicated by shoulder dystocia before (January 1996 to December 1999) and after (January 2001 to December 2004) the introduction of shoulder dystocia training at Southmead Hospital, Bristol, United Kingdom. The management of shoulder dystocia and associated neonatal injuries were compared pretraining and posttraining through a review of intrapartum and postpartum records of term, cephalic, singleton births in which difficulty with the shoulders was recorded during the two study periods.

Results: There were 15,908 and 13,117 eligible births pretraining and posttraining, respectively. The shoulder dystocia rates were similar: pretraining 324 (2.04%) and posttraining 262 (2.00%) (P=.813). After training was introduced, clinical management improved: McRoberts' position, pretraining 95/324 (29.3%) to 229/262 (87.4%) posttraining (P<.001); suprapubic pressure 90/324 (27.8%) to 119/262 (45.4%) (P<.001); internal rotational maneuver 22/324 (6.8%) to 29/262 (11.1%) (P=.020); delivery of posterior arm 24/324 (7.4%) to 52/262 (19.8%) (P<.001); no recognized maneuvers performed 174/324 (50.9%) to 21/262 (8.0%) (P<.001); documented excessive traction 54/324 (16.7%) to 24/262 (9.2%) (P=.010). There was a significant reduction in neonatal injury at birth after shoulder dystocia: 30/324 (9.3%) to 6/262 (2.3%) (relative risk 0.25 [confidence interval 0.11-0.57]).

Conclusion: The introduction of shoulder dystocia training for all maternity staff was associated with improved management and neonatal outcomes of births complicated by shoulder dystocia. LEVEL OF EVIDENCE: II.

Draycott TJ, Crofts JF, Ash JP, et al. Improving neonatal outcome through practical shoulder dystocia training. *Obstet Gynecol*. 2008 Jul;112(1):14-20. *http://www.ncbi.nlm.nih.gov/pubmed/18591302*

Chronic Disease and Illness

Prevalence and Correlates of Subclinical Atherosclerosis in Alaska Eskimos. The GOCADAN Study

Background and Purpose: The recent increase in clinical cardiovascular disease in Alaska Eskimos suggests that changes in traditional lifestyle may have adverse public health consequences. This study examines the prevalence of subclinical vascular disease and its relation to risk factors in Alaska Eskimos.

Methods: Participants in the population-based Genetics of Coronary Artery Disease in Alaska Natives (GOCADAN) Study underwent evaluation of cardiovascular disease risk factors and carotid ultrasound. Outcome variables were carotid intimal-medial thickness and presence and extent of atherosclerosis.

Results: In multivariate analyses, intimal-medial thickness and presence and extent of atherosclerosis were all associated with traditional cardiovascular disease risk factors but not dietary intake of omega-3 fatty acids. Rates of carotid atherosclerosis were higher than those reported in two large population-based US studies.

Conclusions: Alaska Eskimos have similar traditional risk factors for carotid atherosclerosis as other ethnic and racial populations but have higher prevalences of atherosclerosis, possibly attributable to higher rates of smoking.

Cutchins A, Roman MJ, Devereux RB, et al. Prevalence and correlates of subclinical atherosclerosis in Alaska Eskimos. The GOCADAN Study. Stroke. 2008 Jul 10. [Epub ahead of print] *http://www.ncbi.nlm.nih.gov/pubmed/18617652*

Features

Ask a Librarian, Diane Cooper, IHS National Library Informationist

Health Services Research Library (HSRL)

As your partner at the HSRL, I'm here to help you meet your information needs. If you need to find information at either patient point-of-care or as background information for a specific project, I can help. I am here to save you time and ensure you get the information you need. As your information needs evolve, I will expand and enhance my skills and work hard to stay on top of the latest information resources useful to the Indian Health Service.

Benefit from a Content Expert

I have provided clinical and health-related information services to health care providers and systems in academic and rural settings in Kentucky, Nevada, and California. With a Master's in Library and Information Science and extensive experience providing information to providers in outreach areas, I am qualified to provide the Indian health system with up-to-date and credible information services. As your direct link to the HSRL and partner in your work, I can support you in the following ways:

- Help with complex and difficult literature searches to support direct patient care and patient care activities
- Participate and be a partner in IHS projects and development team activities
- Assist in manuscript preparation (verify references; editing)
- Set up current awareness alerts in your field of interest
- Create customized databases in bibliographic software programs (Endnote; Reference Manager) to

organize your information for easy retrieval when you need it
- Provide instruction on how to search literature databases and other information resources more efficiently

Tips to Get You Started

Here's a tip to make finding information a little easier. Try using PubMed's "Clinical Queries" for a quick and easy source of evidence-based medicine information. Let me know if I can help you get started. Call me at (301) 594-2449 or e-mail me at *cooperd@mail.nih.gov* or *Diane.Cooper2@ihs.gov* for information. Health Services Research Library (HSRL), *http://hsrl.nihlibrary.nih.gov*

Breastfeeding
Suzan Murphy, PIMC
The Case of the Dwindling Milk Supply

A common scenario: mom and baby come for a well child check up. Mom says she has returned to work and is still breastfeeding. However, her breast milk supply seems to slowing down. The following are questions to consider asking:

What kind of pump? Hospital grade electric pumps work well. They are double sided. They cost $600+ to purchase and are usually rented instead for > $40 per month. There are also pumps that are available at many department stores for about $250. It is intended to be a single user pump. According to the manufacturer, replacing the attachments will not reduce the risk of possible cross contamination. Many WIC programs offer single-user type pumps for clients to keep or will loan hospital grade pumps. Occasionally insurance companies will reimburse all or part of pump costs.

Anecdotal comments suggest that while other, less expensive pumps may work for some moms, they do not have the general success rate of hospital grade pumps. Mothers describe ineffective output and nipple damage. Please note that nipple damage can happen with any pump. The problem can be caused by attachments that don't fit and/or overzealous pumping.

If a family is interested in a pump, encourage the family to contact WIC, local breastfeeding coalitions, La Leche League, their health insurance company, and their employer. Some businesses provide pump sites for employees. Encourage families to look for pumps that are designed for daily use and have been clinically tested for maintaining milk supply. Assure them that pumping/expressing is not supposed to hurt.

How often is the mom pumping/expressing? If the baby is under six months, the ideal routine is pumping every three hours, double sided, for 20 or more minutes. If the mom is able to incorporate consistent pump times into her daily routine, it will be easier to maintain supply. If it is not possible to pump on a routine schedule, encourage the mom to pump when she can. Pumping every four hours, like at a lunch break, will help reduce risk of plugged ducts and mastitis.

Sometimes a baby will reverse his/her long sleep pattern, so the long sleep is while mom is gone. When mom comes home, the majority of feedings happen then. The milk supply could be slowing during work time because of the baby's pattern shift. An anecdotal tip is to try pumping marathons; after work, pump 20 minutes, rest 20 minutes, repeat twice for a total of three sets. Try this for 2 - 3 days. It often returns the milk supply.

Other ideas

There are medications reported to increase supply. They include metoclopramide (Reglan), cisapride (Propulsid), fenugreek, and other herbs. Unfortunately, there is no consensus regarding their utility or dosage. For more information, please see resources such as Thomas Hale's *Medications and Mothers' Milk*, UpToDate (on the ihs.gov web page), and the NIH lactation and medication search engine at *http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT*. Also consider checking with your local NICU for what they suggest for preemie moms who are pumping.

Did the mom start birth control pills? They can disrupt milk supply, especially those with estrogen. Several studies link regular pacifier use with decreased milk supply. Less (use of pacifiers) could be more (milk). If the baby's six month birthday is close, remind the mom that when solids start, the baby's need for breast milk will begin slowing down.

For many different reasons, it is not always feasible for moms to pump or to pump enough. A mom may have already decided to formula feed during work time and breastfeed when they get home. With a routine work schedule, her body will adjust and produce milk when she is home.

For more ideas to supporting/advocating for breastfeeding employees, check with local breastfeeding coalitions. Helpful web resources include the IHS Lactation in the Workplace policy at *www.ihs.gov/MedicalPrograms/MCH/M/bf.cfm* and the United States Breastfeeding Committee web page at *www.usbreastfeeding.org*.

International Health Update
Claire Wendland, Madison, WI
Cervical cancer screening where resources are scarce

Every year, over a quarter million women worldwide die of cervical cancer. Cervical cytology has made a huge impact in the wealthier parts of the world, but cytology programs require substantial infrastructure. If your region (or even your country) doesn't have a cytologist, or has no reliable means of transporting Pap tests to a central location or tracking women down to follow up positive results, cytology makes a poor screening tool. It's not surprising, then, that today third-world women are disproportionately affected by cervical cancer. Researchers have been looking for simple, effective, and affordable screening tests, and two recent studies take us a step further toward this goal.

Arbyn and colleagues report a new meta-analysis of

eleven large screening studies in India and in Francophone Africa. The studies, sponsored by the Gates Foundation, enrolled more than 58,000 women. Each woman was screened with two or more of the following methods: VIA (visual inspection with acetic acid); VILI (visual inspection with Lugol's iodine solution); VIAM (visual inspection with acetic acid and a magnifying loupe); Pap (standard Papanicolaou screening); or HC2 (HPV high-risk probe of the Hybrid Capture-2 assay). No matter whether screening was positive or negative, colposcopy was immediately done on all women. Negative colposcopy was accepted as a negative result for purposes of analysis. Positive colposcopy required colposcopic biopsies which were then interpreted by a pathologist. The authors then compared sensitivity and specificity of all of these methods for detecting biopsy-proven CIN2 or worse – with some surprising results.

TEST	sensitivity for CIN2+	specificity
VIA	79%	85%
VILI	91%	85%
VIAM	67%	86%
Pap - ASCUS+	57%	93%
Pap - LSIL+	51%	95%
Pap - HSIL+	43%	99%
HC2	62%	94%

The visual inspection methods, especially VILI, performed very well. The authors were surprised at the poor performance of the HPV test and speculate that samples may have deteriorated due to high temperatures at many of the study sites.

The study has two significant weaknesses. First, colposcopy and colposcopically directed biopsies tend to identify -- and perhaps more importantly, to miss -- the same lesions as the VIA or VILI methods. Thus its use as the "gold standard" in this study probably led to overestimation of the visual methods as screening tests. (Cone biopsy or hysterectomy specimens would be better gold standards methodologically, but impossible to justify ethically.) Second, other studies have showed much greater variability in the quality of visual methods for screening. The good performance in this group probably reflects their rigorous training. All screeners had gone through an intensive 5-day course and had been proctored for 150-200 exams before they began enrolling patients, which certainly represents more formal training than I had as an obstetrician-gynecologist performing screening for cervical cancer!

In real-world situations, then, visual methods have a good (12 - 13%) positive predictive value and an acceptable (well over 99%) negative predictive value. They're affordable, quick, and easy. So what sort of difference might a very simple visual screening program make? Another large study shows the savings in women's lives can be substantial. Investigators working in Tamil Nadu randomized *panchayaths* or municipal units in one administrative district to "standard care" -- meaning no cervical cancer screening -- or an intervention in which study nurses did a single round of VIA screening. Women who were VIA-positive immediately had colposcopy. When colposcopy suggested precancerous lesions (low-grade or high-grade) directed biopsies were taken and cryotherapy or LEEP done immediately. Follow-up of the over 70,000 women in this district used an intention-to-treat model and lasted seven years from the initiation of the study. Cervical cancer incidence, cervical cancer mortality, and overall mortality rates were equal between the two groups the first year of analysis, but there have been widening gaps every year since. Despite the bolus of patients diagnosed with cervical cancer in the intervention group at screening, by the time of this report the intervention group demonstrated a significant 25% reduction in cervical cancer incidence, and a 35% reduction in cervical cancer mortality compared with the control group.

Simpler screening methods aren't perfect, but they turn out to be pretty good. Now it's time to figure out how to get them implemented in the poorer parts of the world.

Sankaranarayanan R, et al. Effect of visual screening on cervical cancer incidence and mortality in Tamil Nadu, India: a cluster-randomised trial. *Lancet*. 2007;370:398-406. *http://www.ncbi.nlm.nih.gov/pubmed/17679017*.

Arbyn M, et al. Pooled analysis of the accuracy of five cervical cancer screening tests assessed in eleven studies in Africa and India. *International Journal of Cancer*. 2008;123 (1):153-60. *http://www.ncbi.nlm.nih.gov/pubmed/18404671*

MCH Headlines

Judy Thierry HQE

Three Maternal Risk Factors Associated with Elevated Risk of Postneonatal Mortality among Alaska Native Population

Objective: Compared to non-Natives in Alaska, the Alaska Native population has a postneonatal mortality rate 2.3 times higher (95% CI 1.9, 2.7). The objective of the study was to identify variables that account for this elevated risk.

Methods: The dataset used included birth and death certificate records for all Alaska-resident live births and infant deaths occurring during 1992 - 2004. Race was defined as Alaska Native or non-Native. The association between race and postneonatal mortality was examined using univariate, stratified, and regression analyses. Variables were considered confounding if they resulted in a change of at least 10% in the odds ratio between race and postneonatal mortality when added to a bivariate model, or when removed from a multivariate model.

Results: In stratified analysis, race remained associated with postneonatal mortality within most categories of marital status, maternal education, maternal age, prenatal tobacco or alcohol use, prenatal care utilization, parity, and residence.

The odds ratio between race and postneonatal mortality was reduced to 1.3 (95% CI 1.0, 1.6) by controlling for education, a composite variable of marital status and the presence of father's name on the birth certificate, and prenatal tobacco or alcohol use.

Conclusions: A small number of potentially modifiable factors explain most of the postneonatal mortality disparity between Alaska Natives and non-Natives, leaving a relatively small increase in risk. These findings suggest that by targeting Alaska Native women who display these characteristics, the postneonatal mortality gap may be reduced.

Blabey MH, Gessner BD. Three maternal risk factors associated with elevated risk of postneonatal mortality among Alaska Native population. *Matern Child Health J*. 2008 Apr 4. [Epub ahead of print] *http://www.ncbi.nlm.nih.gov/pubmed /18389352*

Submitted by Vanessa Hiratsuka, MPH; Tobacco Prevention and Control Program, Section of Chronic Disease Prevention and Health Promotion State of Alaska, Division of Public Health

MCH Editorial Comment

Reducing the post-neonatal mortality gap by addressing a finite number of modifiable risk factors is as relevant in 2008 as it was in 1992. As the authors note it is well known that a variety of social and economic factors are at play in perinatal health disparities. By adapting analytic techniques first used by Baker in California and a model by Greenland, the Alaska team subjected "selected" variables (dependent variable) to their model observing the effect on the odds ratio (OR) between race (independent variable) and post neonatal mortality (also a dependent variable). Similarly during a "deletion cycle," variables were removed, the OR for race observed and then "re-entered" before another variable was deleted and an OR observed. Criteria for confounding variables were those that changed the OR by < or > 10%. Ample tables and a well referenced discussion support the author's hypothesis focusing on elevated rates of alcohol and tobacco use, lower education levels (not completing high school) and "a greater frequency of a father's name missing on the birth certificate among unmarried mothers" as three key variables for intervention.

Quality assurance issues of chart data abstraction and maternal interview during the birth registration process should be considered. The advantage of school health as a point of care for a segment of this vulnerable population, while not suggested, seems a reasonable and an essential focus. Attention to children with special needs and special education needs falls into this category as well. Continued services during pregnancy and postpartum for school age Alaska Natives and basic reproductive health services for adolescents (male and female) is an important investment. Intimate partner tolerance for physical and emotional abuse and risky behaviors including alcohol and tobacco use converge in adolescence or at even younger ages, pressing for increased mental health and social services located in their learning environments. Tobacco cessation programs especially for low SES women are being given more national attention. Lastly, attention to education around building healthy intimate partner relationships and diffusing stress may be an indirect way to increasing the frequency of entering a father's name on a birth certificate – just a thought.

Midwives Corner

Lisa Allee, CNM, Four Corners Regional Health Center, Red Mesa, AZ

Including the Non-rational in Midwifery

Parratt and Fahy present a fascinating picture of the art of midwifery. They describe how midwives can practice using embodied knowledge that goes beyond the scientific, rational model of care and how women who are attended by midwives who use this broader-based knowledge can in turn tap into their own ways of knowing and the combination provides for superior care and experiences than care based on only rational, scientific information. Before reading this article, please be sure to notice that the word is *non*-rational and not irrational. The authors very nicely point out that in the rational-dominated way of thinking that clings to dichotomies, the opposite of rational is irrational and since we have all been well initiated into the rational Western scientific way of thinking, our minds will tend to go directly to this dichotomy and see non-rational as irrational. Not so. The non-rational is our embodied knowledge, our inner knowing, that we gain from our lived experiences and other sources, which are hard to articulate. Actually, the non-rational overall is very difficult to articulate into language as it is felt and known in ways that defy words. However, Parratt and Fahy do well in explaining the importance and benefits of including the non-rational as the art of practicing midwifery. They use the issue of safety as one example, pointing out the importance and validity of approaching each situation as unique and drawing on both the rational and the non-rational sources of information from both the midwife and the women in order to respond to any situation at hand in the best way possible. They also do a wonderful job of pointing out that there is truly a spectrum to consider in the overall issue of safety -- that the rational-thinking-only dichotomy of safe and unsafe as the only possibilities is not realistic or helpful. This article affirms to us all that using our whole being and honoring each woman's whole being in each pregnancy, labor, and birth is the essence of the art and science of the midwifery model of care and the reason that midwifery care is so powerful, successful, satisfying, empowering, and down right excellent!

Please, if you cannot get to the full-text article via these links, feel free to contact me and I will send you the article in electronic or hard copy form -- just let me know. E-mail *lisa.allee@ihs.gov*.

Parratt JA, Fahy KM. Including the nonrational is sensible midwifery. *Women Birth*. 2008 Mar;21(1):37-42. Epub 2008 Feb 20. PubMed link *http://www.ncbi.nlm.nih.gov/pubmed/*

18243836.
Science Direct full article link *http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B82XB-4RWBWV6-1&_user=4335206&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C000000150&_version=1&_urlVersion=0&_userid=4335206&md5=9c3ef62b47b6654e2a65ca2538131e18*

Office of Women's Health, CDC
Impact of Periodic Follow-Up Testing Among Urban American Indian Women with Impaired Fasting Glucose

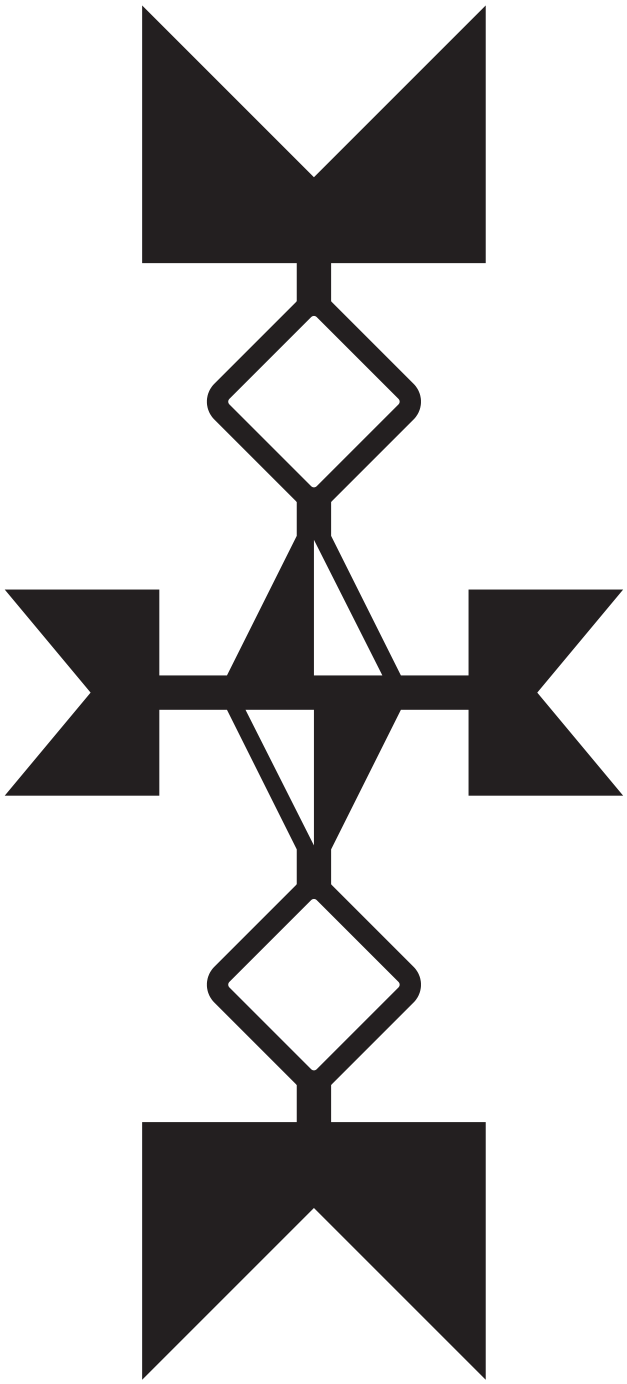
Introduction: Impaired fasting glucose (IFG) often progresses to type 2 diabetes. Given the severity and prevalence of this disease, primary prevention is important. Intensive lifestyle counseling interventions have delayed or prevented the onset of type 2 diabetes, but it is not known whether less intensive, more easily replicable efforts can also be effective.

Methods: In a lifestyle intervention study designed to reduce risks for type 2 diabetes, 200 American Indian women without diabetes, aged 18 to 40 years, were recruited from an urban community without regard to weight or IFG and block-randomized into intervention and control groups on the basis of fasting blood glucose (FBG). Dietary and physical activity behaviors were reported, and clinical metabolic, fitness, and body composition measures were taken at baseline and at periodic follow-up through 18 months. American Indian facilitators used a group-discussion format during the first six months to deliver a culturally influenced educational intervention on healthy eating, physical activity, social support, and goal setting. We analyzed a subset of young American Indian women with IFG at baseline (n = 42), selected from both the intervention and control groups.

Results: Among the women with IFG, mean FBG significantly decreased from baseline to follow-up ($P < .001$) and converted to normal (<5.6 mmol/L or <100 mg/dL) in 62.0% of the 30 women who completed the 18-month follow-up, irrespective of participation in the group educational sessions. Other improved metabolic values included significant decreases in mean fasting blood total cholesterol and low-density lipoprotein cholesterol levels. The women reported significant overall mean decreases in intake of total energy, saturated fat, total fat, total sugar, sweetened beverages, proportion of sweet foods in the diet, and hours of TV watching.

Conclusion: Volunteers with IFG in this study benefited from learning their FBG values and reporting their dietary patterns; they made dietary changes and improved their FBG and lipid profiles. If confirmed in larger samples, these results support periodic dietary and body composition assessment, as well as glucose monitoring among women with IFG.

Allen P, Thompson JL, Herman CJ, et al. Impact of periodic follow-up testing among urban American Indian women with impaired fasting glucose. *Prev Chronic Dis*. 2008;5(3). *http://www.cdc.gov/pcd/issues/2008/jul/07_0078. htm*



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.

Childhood Obesity/Diabetes Prevention in Indian Country: Making Physical Activity Count!
December 2 - 4, 2008; San Diego, California

The target audience for this national conference includes health care providers, diabetes educators, school nurses, nutritionists, coaches, physical education teachers, fitness program directors, and other individuals involved in community or school based physical activity for Indian children and youth. Faculty for the conference includes a cross section of experts who will address successful physical activity interventions, technology in measuring physical activity outcomes, and selected programs that are successfully addressing childhood obesity and diabetes in Indian country. CME/CEUs will be available. Those interested in proposing a presentation or a poster on their success in addressing physical activity with American Indian children and youth are especially encouraged to apply.

The conference will be held at the Town and Country Resort and Convention Center. Sponsors of this conference include the Indian Health Service, Bureau of Indian Education (BIA), Active Living Research Center at San Diego State University, LIFESCAN, and the University of Arizona. To learn more about the conference, to register for the conference and/or to propose a paper or poster, visit http://nartc.fcm.arizona.edu/conference. Alternatively you can also call Ms. Pandora Hughes at the Native American Research and Training Center at (520) 621-5075 for additional information.

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 practical 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.

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.

Dentist
Mid-Level Provider (Lapwai & Kamiah)
Nimiipuu Health, Idaho

Caring People Making a Difference. Nimiipuu Health, 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, is 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 the following positions:

Dentist: (Salary/DOE/Part-Time or Full-Time/Lapwai). Requires DDS/DMD degree from an American Dental Association accredited dental school, with two years of experience, preferably in general practice. Must have state licensure in good standing, valid driver's license with insurable record, and pass a background check. Open Until Filled.

Mid-Level Provider: (Salary/DOE/Full-Time/Kamiah or Part-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. Must have valid driver's license with insurable record and will be required to pass extensive background check. Open Until Filled

A complete application packet includes a NMPH job application, copy of current credentials, two references, resume or CV, a copy of your tribal identification or Certification of Indian Blood (CIB) if applicable to Nimiipuu Health, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail *debbieh@nimiipuu.org* or *carmb@nimiipuu.org*. For more information about our community and area, please go to *www.nezperce.org* or *www.zipskinny.com*. Tribal preference applies.

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.

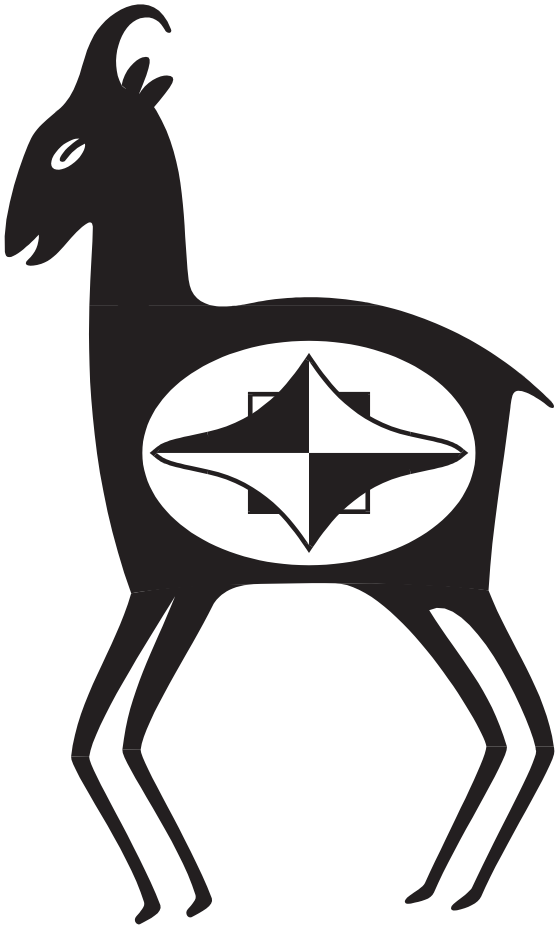
For additional information, please contact Audrey Jones, Physician Recruiter, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126; or Dr. Michael Wilcox at *Michael.wilcox@ihs.gov*; telephone (406) 638-3309.

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

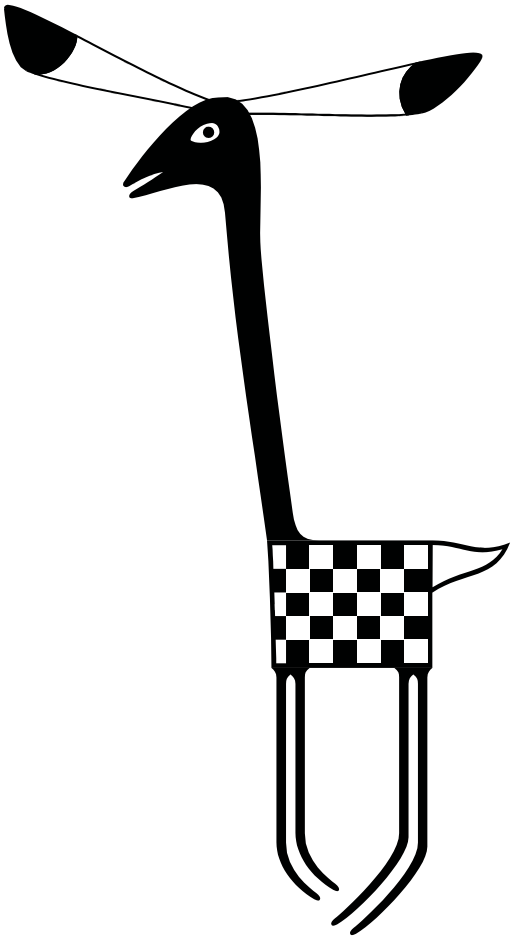
The Fort Hall IHS Clinic has openings for a family practice physician and a physician assistant or nurse practitioner. Our facility is an AAAHC-accredited multidisciplinary outpatient clinic with medical, dental, optometry, and mental health services, and an on-site lab and pharmacy. Our medical staff 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

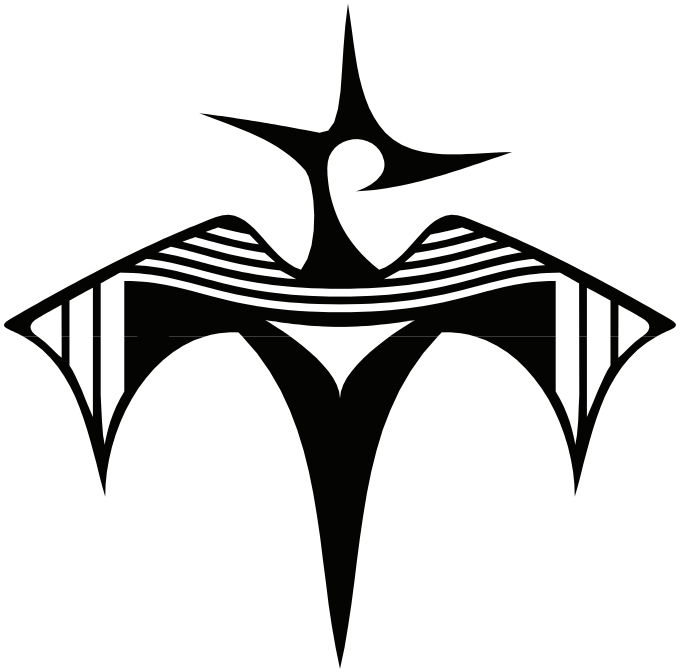
The Sonoma County Indian Health Project (SCIHP) in Santa Rosa, California is seeking a full-time BC/BE Family Practice Physician to join our team. SCIHP is a comprehensive community care clinic located in the northern Californian wine country. Candidates must currently hold a California Physician/Surgeon 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.

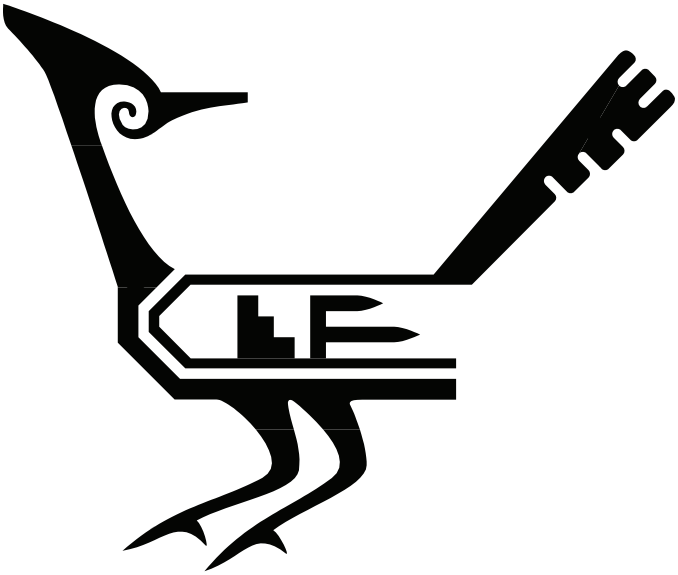
For further information, please send your CV or contact Dr. MaryEllen Shields at *nooksackclinic@gmail.com*, or write c/o Nooksack Community Health Center, PO Box 647, Everson, Washington 98247; telephone (360) 966-2106; fax (360) 966-2304.

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.

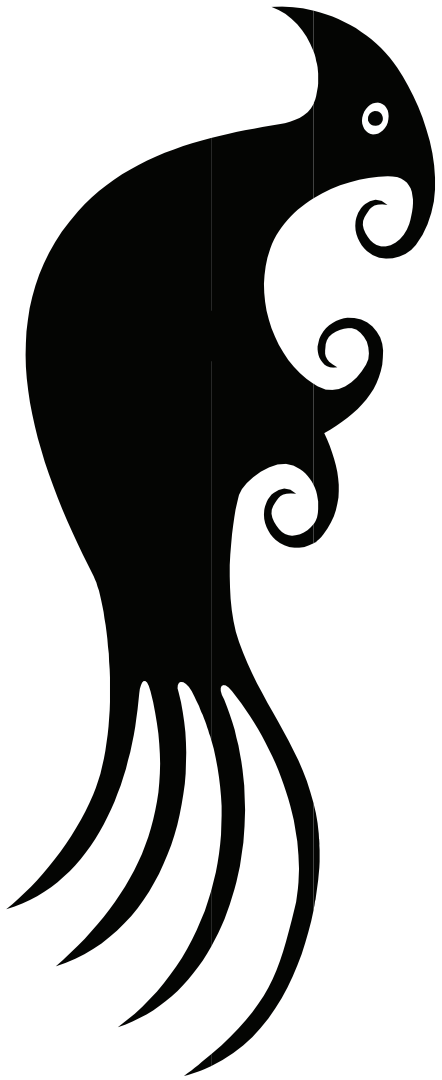


Director of Nursing
Acoma-Canoncito Laguna Hospital; San Fidel, New Mexico

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.

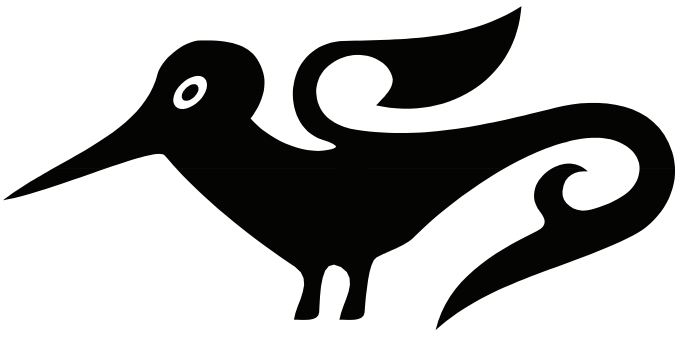
Salary DOE + benefits. Contractual two year commitment with relocation and housing allowance. Job description available upon request. Please send resumes with at least three professional references to Nancy Bonin, Personnel Director, via email at *nancyb@apiai.org*.

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.



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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 *johnbettler@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

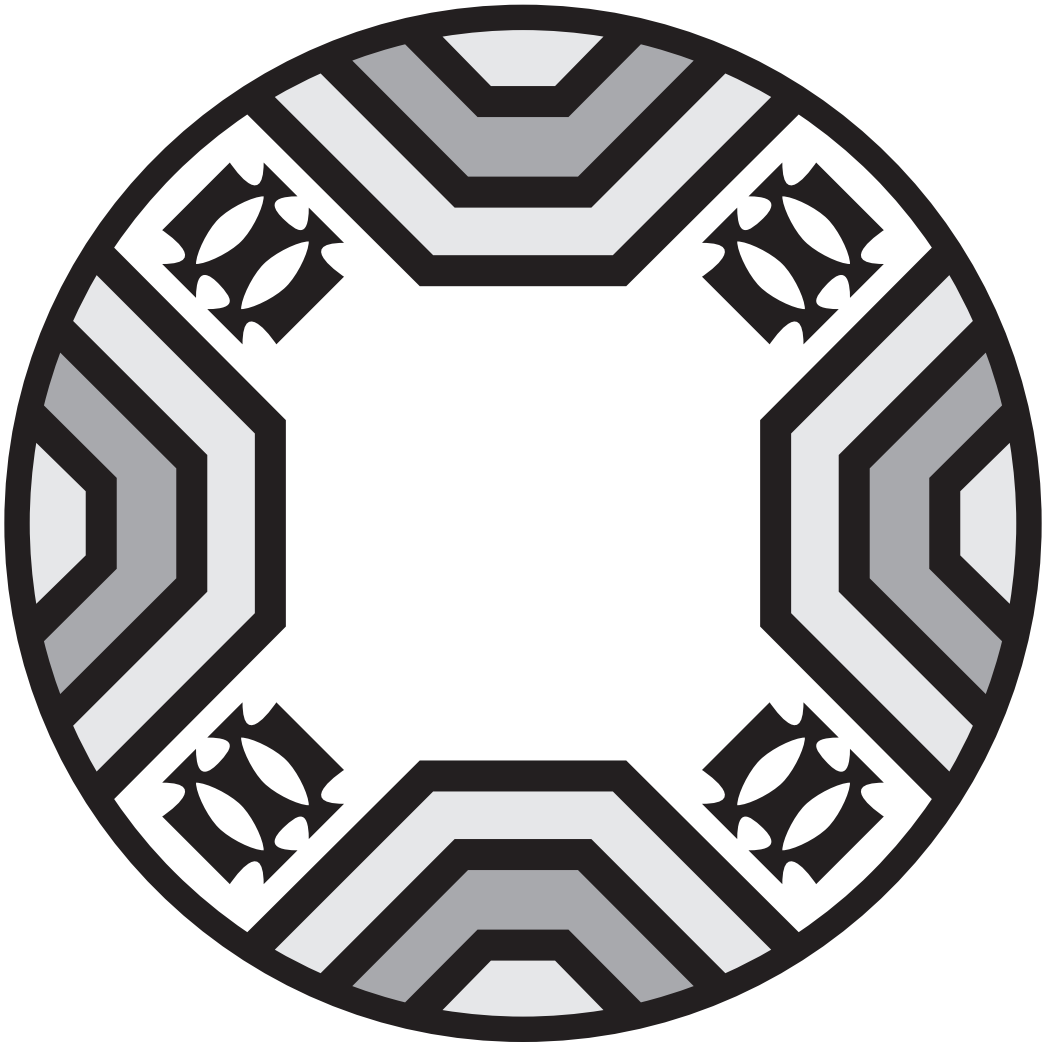
atmosphere of interdepartmental collaboration, supported by an established network of consulting specialists across the southwest. A comprehensive system of preventive programs and ancillary services allows us to provide the best possible care for our patients. During our time off, many of us explore 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.

Primary Care Physicians
USPHS Claremore Comprehensive Indian Health Facility; Claremore, Oklahoma

The USPHS Claremore Comprehensive Indian Health Facility has openings for full-time positions for an emergency medicine physician, a surgeon, an anesthesiologist (or nurse anesthetist), an OB/GYN physician, and an internal medicine physician.

The Claremore hospital is a 50-bed specialty based comprehensive care facility, providing care through nine organized clinical services: community health, dentistry, optometry, emergency medical services, general surgery, internal medicine, obstetrics and gynecology, pediatrics, and radiology. In addition, the hospital has a six-bed intensive and coronary care unit and CAT scan equipment with 24 hour teleradiology support. The facility maintains several academic affiliations, and has a professional staff consisting of 36 staff physicians, approximately 60 contract physicians, five dentists, three nurse practitioners, a physician assistant, an optometrist, and an audiologist.

Claremore is a town of 18,000 just 21 miles northeast of the very metropolitan city of Tulsa, with a US Census county population of 560,431. Tulsa has a major airport with international flights and destinations in most major US cities, and was ranked in the top 10 southern cities in Southern Living magazine and Fodor's Travel Publications as one of its outstanding travel destinations. Tulsa's cost of living is 8 percent below the national average and has a county per capita income 11 percent above the national average. If you prefer rural living, there are many opportunities nearby. The facility is located 10 minutes from a major lake, and only one hour from a lake with over 1,100 miles of shoreline.

For more information, contact Paul Mobley, DO at (918)342-6433, or by e-mail at *paul.mobley@ihs.hhs.gov*. CVs may be faxed to (918) 342-6517, Attn: Paul Mobley, DO.

Family Practice Physician
Hopi Health Care Center; Polacca, Arizona

The Hopi Health Care Center currently has openings for family practice physicians and family nurse practitioner or physician assistants. The Hopi Health Care Center is a small, rural IHS hospital providing full spectrum family practice medical services including ambulatory care, adult/peds inpatient care, low risk obstetrics, and ER care. We currently staff for 12 full time physicians, and four full time FNP/PA positions. Our facility is located in northern Arizona, 90 miles northeast of Flagstaff and 70 miles north of Winslow, on the Hopi Indian Reservation. Services are provided to both Hopi and Navajo reservation communities. The reservation is located in the heart of the southwest; within a 90 mile radius are abundant mountain areas, lakes, forests, and archeological sites. The Hopi Health Care Center is a new facility established in 2000 with a full ambulatory care center environment including a dental clinic, physical therapy, optometry, and behavioral health services. We are a designated NHSC site, and qualify for the IHS Loan Repayment Program.

For more information, please contact Darren Vicenti, MD, Clinical Director at (928) 737-6141 or *darren.vicenti@ihs.gov*. CVs can be faxed to (928) 737-6001.

Family Practice Physicians
Dentists
Pharmacists
Crownpoint Comprehensive Healthcare Facility; Crownpoint, New Mexico

The Crownpoint IHS facility has openings for two family practitioners with low risk obstetric skills (we will consider

candidates without OB skills), two pharmacists, and two general dentists. Our service unit follows a family medicine model for providing full-spectrum care to our patients, with a dynamic medical staff that finds the work here quite rewarding. With a high HPSA rating, we are a NHSC-eligible site for payback and loan repayment.

Crownpoint is a town of about 2,500 people in the Four Corners region of New Mexico. We serve a traditional community of 25,000 Navajo people, many of whom speak only Navajo and live in traditional homes with no running water, electricity, or phone service. Our hospital has a six bed ER, a 17 bed med/peds unit, a labor and delivery/post-partum unit, and a large outpatient clinic. We have a total of 16 dental chairs, optometry, and mental health services, as well as on-site pharmacy, laboratory, radiology, and ultrasonography. Our medical/dental staff is a collegial and supportive group including ten family physicians, two pediatricians, an obstetrician/gynecologist, a psychiatrist, three PAs, three FNPs, four dentists, and a podiatrist. We have a very exciting, full-spectrum medical practice that includes high-risk prenatal care, low-risk labor and delivery, emergency room care with management of trauma and orthopedics, and an interesting inpatient medicine and pediatric service.

As primary care physicians in a rural setting, we manage a wide variety of medical problems. We care for many patients with diabetes and hypertension, but we also see some unusual illnesses such as plague, Hantavirus, and snake bites. There are many opportunities for outpatient and ER procedures including suturing, therapeutic injections, closed reductions of fractures and dislocations, para/thoracentesis, chest tubes, LPs, colposcopy, sigmoidoscopy, and OB ultrasound.

While Crownpoint is small, there is a lot to do in the surrounding area. There are two junior colleges in town where many of us have taken Navajo language, weaving, and history classes. Some have gotten involved with local churches and children's activities. Outdoor activities are plentiful, with downhill and cross-country skiing, camping, and fishing all nearby. There are several excellent mountain biking and hiking trails, as well as Anasazi ruins that are right in Crownpoint. Albuquerque is two hours away and is our nearest large city with an international airport. Other destinations that are within an afternoon's drive include Santa Fe (three hours), Durango and the Rocky Mountains (two hours), Taos (four hours), Southern Utah's Moab and Arches/Canyonlands National Parks (four hours), Flagstaff (three hours) and the Grand Canyon (five hours).

For more information, contact Harry Goldenberg, MD, Clinical Director, at (505)786-5291, ext.46354; e-mail *harry.goldenberg@ihs.gov*; or Lex Vujan at (505) 786-6241; e-mail *Alexander.vujan@ihs.gov*.

Family Practice Physician
Pediatrician
Bristol Bay Area Health Corporation; Dillingham, Alaska

Bristol Bay Area Health Corporation (BBAHC) is a mature tribal compact located in scenic southwestern Alaska. The Bristol Bay Area Service Unit encompasses 44,000 square miles of Alaska country bordering the Bristol Bay region of the state. Over 400 employees provide primary care to 28 villages including two sub-regional villages, and a primary care hospital, Kanakanak, located in Dillingham, Alaska. The Medical Staff consists of nine family physicians, a pediatrician, a nurse midwife, four dentists, a physical therapist and an optometrist, all providing primary care. The patient population consists of Yupik Eskimo, Aleut, and Athabascans who have been residents of the area for hundreds of years. Family physicians provide a broad spectrum of practice including obstetrics, inpatient medicine, emergency care and procedures such as colonoscopy, EGD, flexible sigmoidoscopy, colposcopy, and treadmill services in a very collegial and supportive atmosphere. Our solo pediatrician is allowed to practice full spectrum pediatrics with an extremely interesting patient mix and some very high risk and rare genetic disorders unique to this area. The pediatrician works in a collegial manner with family physicians and is not required to perform any adult medicine or obstetrics, but solely pediatrics.

BBAHC was the first hospital in the country to establish a 638 contract and has an extremely good working relationship with their Board of Directors. Of note, the practice here in Alaska is unique, and air travel to outlying villages is required, since continuity care to the villages is very important to our care here and is uniquely rewarding. BBAHC has an extremely competitive salary and benefits package.

If interested, please contact Arnie Loera, MD, Corporate Medical Director, at (907) 842-9218, Kanakanak Hospital/Bristol Bay Area Health Corporation, PO Box 130, Dillingham, Alaska 99576. You may also contact him by e-mail at *aloera@bbahc.org*. CVs can be faxed to (907) 842-9250, attn: Arnie Loera, MD. You may also view our website for information about our corporation at *www.bbahc.orq*.

Medical Technologist
Tuba City Regional Health Care Corporation; Tuba City, Arizona

The Tuba City Regional Health Care Corporation, a 73-bed hospital with outpatient clinics serving 70,000 residents of northern Arizona, is recruiting for full-time generalist medical technologists. The laboratory has state-of-the-art equipment. We offer competitive salary, based on experience. Relocation benefits are available. New graduates are encouraged to apply for this position. Tuba City is located on the western part of the Navajo reservation approximately 75 miles north of Flagstaff, Arizona, with opportunities for outdoor recreation and cultural experiences with interesting and adventurous people.

For more information, please contact Minnie Tsingine, Laboratory Supervisor, at (928) 283-2716 or *minnie.tsingine@tchealth.org*. For an application, please contact Human Resources at (928) 283-2041/2432 or *michelle.francis@tchealth.org*.

Family Practice Physician
Gallup Indian Medical Center; Gallup, New Mexico

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

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

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THE IHS PRIMARY CARE PROVIDER

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

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