



THE IHS PRIMARY CARE PROVIDER



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Alaska Native Traditional Food Guide Provides Resource for Cancer and a Healthy Lifestyle

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The Traditional Food Guide for Alaska Native Cancer Survivors was developed as an authoritative, yet user-friendly book for Alaska Native cancer patients. They could share the book with their providers so they could include much-loved traditional foods in their diet while being treated for cancer. The foods are healthy, safe to eat, and comforting. Health care providers were reluctant to encourage patients to eat these foods, because they had no nutrition information about them and were concerned that they might interfere with treatment.

It was also important to provide a way for lay people to better understand nutrition. Food labels are not user-friendly and are hard to understand. There were no labels at all for wild foods. Frequently, people with health problems and chronic diseases may need more nutrients, like protein, in their daily diets, and need to understand which foods offer the most protein.

The LiveStrong Foundation provided initial funding for the book. The Traditional Food Guide was created by Christine DeCourtney, MPA; Desiree Bergeron, (Tlingit), RD, BS; and Karen Morgan (Yu'pik Eskimo), BA. The team faced many challenges in turning the original concept into reality, including making nutritional education personal and interesting to a large readership; identifying different regional words for common foods; gathering stories from elders; working with experts in many fields; documenting research; and gathering accurate food photos. With the help of a graphic designer who has worked for many years developing Alaska Native publications, an innovative nutrition guide was developed.

The Traditional Food Guide is now a healthy lifestyle resource that anyone who gathers and eats wild foods can use

and enjoy. The nutrition information included in the Traditional Food Guide provides five different ways to help someone understand a food's nutrition: with words, visually through portion size and use of the happy heart symbol, with "people" to show foods high in certain nutrients, and a standard food label. There are 70 food pages of traditional foods from the land and sea. Each food page includes a photo, common and Alaska Native names for the food, preparation information, and a story or quote from different Alaska Native cultures.

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It was so well received that Alaska Native cancer patients shared it with family and friends, and word about it spread quickly. Soon, elders, diabetes educators, schools, museums, universities, tribal regions, and communities were ordering copies, as were Community Health Aides/Practitioners (CHA/P) and bookstores across Alaska. The guide is also for sale in Alaska's National Parks books stores, as the only book available of its type. Sales of the book help

The Best Guide to Alaska's Wild Foods

The ANTHC Traditional Food Guide while developed for cancer survivors, provides nutrition information that can be used by anyone who includes Alaska's wild animals, fish and plants as part of a healthy diet and lifestyle.

Benefits of Alaska's Wild Foods:

- ▶ They are rich in healthy nutrients that are hard to find in store-bought foods
- ▶ They contain more heart-healthy fats and less harmful fat than many store-bought foods
- ▶ These foods nourish the body and spirit

The ANTHC Traditional Food Guide provides a comprehensive nutrient breakdown for over 70 of Alaska's wild foods. Each food also includes preparation information and a story by Alaska Native elders. Enjoy the many recipes using Alaska's wild foods.



PEANUTS

Beach Asparagus, Sea Asparagus, Paldineed

PREPARATION: Beach asparagus are often and tender, and can be eaten raw, or steamed, boiled, or roasted. Sea asparagus are often and tender, and can be eaten raw, or steamed, boiled, or roasted. Paldineed are often and tender, and can be eaten raw, or steamed, boiled, or roasted.

BEACH ASPARAGUS NUTRITION INFORMATION:

NUTRITION INFORMATION	
Per 1/2 cup (125g) of cooked, drained asparagus	
Calories	180
Total Fat	6g
Total Carbohydrate	0g
Total Protein	30g
Sodium	50mg
Fiber	2g
Iron	9mg

the Alaska Native Tribal Health Consortium (ANTHC) provide the book free to cancer patients, elders, and community clinics. ANTHC's Cancer Program has since printed and distributed more than 11,000 guides and is preparing its fourth printing. The Traditional Food Guide inspired a spinoff for younger

Your Visual Guide to Healthier Eating

The Plate Method: Lunch and Dinner

VEGETABLES

- Fresh
- Frozen
- Canned

Eat as many BM vegetables BM as you can hold in M your cupped hands. BM

MEAT OR PROTEIN

- Fish
- Shellfish
- Game Meat
- Turkey
- Chicken
- Beef
- Pork
- Egg
- Tofu
- Peanut Butter
- Cheese

Eat this much meat, C the size of your palm, M and the thickness of M your little finger. M

STARCH

- Bread
- Roll
- Corn
- Potato
- Rice
- Pasta
- Cereal
- Crackers
- Green Peas
- Beans, Peas, Lentils

Eat this much starch, BM the size of your fist. BM

FRUIT

- Fresh
- Frozen without sugar
- Unsweetened canned

Eat this much fruit, M the size of your fist. M

The Plate Method: Breakfast

Adapted from SouthEast Alaska Regional Health Consortium Diabetes Program

How To Read The Nutrition Section Of This Guide

Each page offers 5 ways to help you understand the food's nutrition.

- Words** - tell nutritional needs for elders, men, women and M the percent that one portion of the food provides
- Portion size** - the serving of meat and fish that fits in the palm of your hand or M is the size of a deck of cards; vegetables, soup and other foods that fit in a cup; M and M show 1 tablespoon for fats M
- People** - the serving of food meets part of the recommended daily intake of a nutrient that may be different for elders, men, women. Sometimes one food portion meets more than the daily requirements of a nutrient. This is shown by + on the person
- Happy Heart** - foods that are good for your heart, low in M saturated fat and salt.
- Food label** - information that shows standard nutrient M values that can be used to compare Native foods to labels M on Western foods. M

1 BEAVER (NUTRITION INFORMATION M

Beaver is an excellent source of protein

2 3oz

3 PROTEIN IRON

4 HEART FRIENDLY

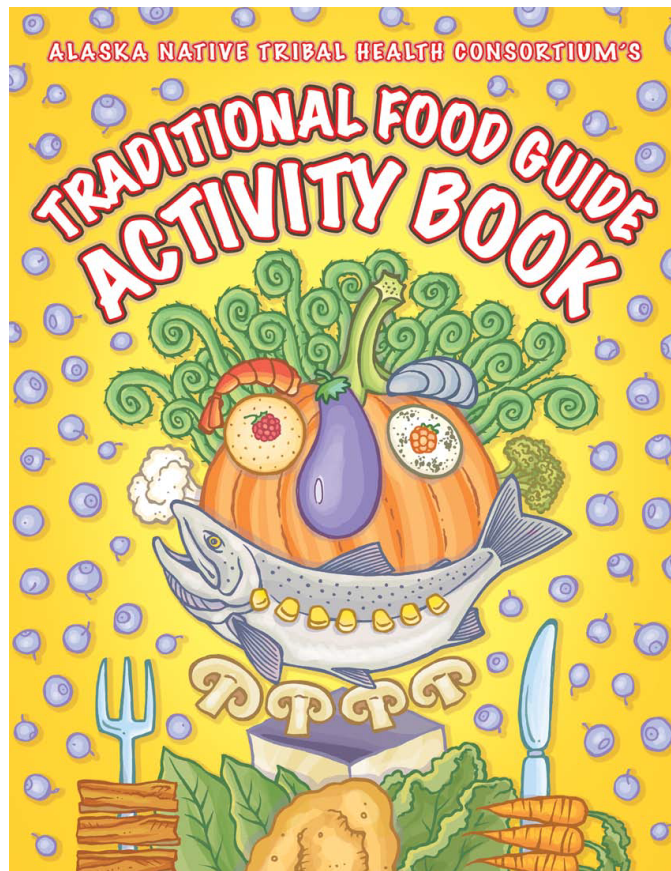
- Low in sodium

NUTRITION INFORMATION	
Per serving - 3 oz: roasted	
Calories	180
Protein	30g
Carbohydrate	0g
Fat	6g
Calories from fat	30%
Saturated Fat	2g
Dietary Fiber	0g
Cholesterol	99mg
Sodium	50mg
Vitamin A	0
Vitamin C	3mg
Iron	9mg

readers, The Traditional Foods Activity Book. Morgan, DeCourtney, and Bergeron collaborated again to produce this book for children ages 8 to 10 years, with a grant from the Prevent Cancer Foundation. The activity book includes a comic book feature, and information and games that highlight the importance of combining healthy store-bought foods with traditional foods for good nutrition. Originally, the program planned to distribute the book to five Alaska classrooms. Since then, more than 13,000 books have been distributed to schools; food programs; diabetes programs; CHA/P clinics; pediatricians; ear, nose, and throat (ENT) doctors; and other programs around Alaska and beyond. Once again, sales of the book enable additional printings and allow teachers and classrooms to continue to receive the book without charge.

Teachers complete evaluations, and the children are invited to fill out a “Healthy Lifestyle” pledge card, mail it in, and receive a small surprise — a healthy snack. One teacher responded that the students made a recipe in the book at school and went home and made the same recipe for their families. “This is wonderful,” said Dr. Matt Hirschfeld, a pediatrician at Alaska Native Medical Center, “You are changing the whole family’s eating style.”

Learn more about the Traditional Food Guide for Alaska Native Cancer Survivors and the Traditional Food Guide Activity Book, and order copies at www.anthc.org/chs/crs/foodguide.cfm.



**TRADITIONAL FOOD GUIDE ACTIVITY BOOK
HAPPY & HEALTHY PLEDGE CARD!**

Tell us you want to be happy and healthy by leading an active life and eating healthy food! Fill out this card and mail it to us. We'll send you a healthy surprise!

- I'm going to eat lots of fruits and vegetables!
- I'm not going to have more than 1 soda-pop or candy bar a day!
- I'm going to be active every day!
- I want to grow up healthy and strong!

My favorite page in the Activity Book is: _____

My _____ My Age: 10

Monthly LTSS Webinars

The Centers for Medicare and Medicaid Services (CMS), Administration on Aging (AoA, a part of the Administration for Community Living), and Indian Health Service (IHS) are conducting a series of webinars addressing long-term services and supports (LTSS) across the age-span. The purpose of the webinars is to share knowledge and promising practices in the field and build an ongoing dialogue among tribal, IHS, and urban Indian health programs engaged in delivery of long-term services and supports for AI/AN people. The audience includes Title VI grantees; IHS, tribal, and urban Indian health programs; community health representatives; and tribal program staff engaged in the delivery of long-term services and supports.

Webinars are scheduled on the 4th Wednesday of each month from 2:00 to 3:00 p.m. Eastern Time. Future topics include:

- February 27, 2013: The Long Term Care Ombudsman Program, presented by the Administration for Community Living and Intertribal Council of Arizona
- March 27, 2013: Cultural adaptations to a Chronic Disease Self-Management Program, Oneida Nation Elder Services
- April 26, 2013: The Native Elder Caregiver Curriculum and Qualified Service Provider training, Great Plains

Tribes

- May 22, 2013: The Caring House – development of an Adult Day Program, Gila River Indian Community

To join the webinar:

1. Go to <http://kauffmaninc.adobeconnect.com/ltsswebinars>.
2. Select “Enter as Guest”
3. Type your first and last name
4. Click “Enter Room”
5. For audio, call the following conference number: (866) 244-8528
6. Enter the participant passcode and press #: 724592

If you have never attended an Adobe Connect meeting before, you can get a quick overview at http://www.adobe.com/go/connectpro_overview and test your connection at http://kauffmaninc.adobeconnect.com/common/help/en/support/meeting_test.htm.

Questions can be directed to ltssinfo@kauffmaninc.com. If you have ideas for future webinars, please send them to Kay Branch at the Alaska Native Tribal Health Consortium at pkbranch@anthc.org.

Our Apologies

We apologize for the delay in the production of this issue. Constraints on funding at the end of the fiscal year made it impossible to complete the preparation of the issue until now.

We will catch up with our usual monthly publishing schedule as soon as possible. We are currently accepting submissions for the March issue.

Scholarships Available

The University of Arizona announces the Graduate Certificate program in Maternal and Child Health (MCH) Epidemiology. Applications for the program are now available. With funds from the Health Resources and Services Administration (HRSA), the Mel and Enid Zuckerman College of Public Health is offering 10 - 15 scholarships to MCH professionals working with American Indian and underserved communities nationally. These scholarships, valued at \$11,685 each, will be awarded for the year 2013/14. The University of Arizona's Graduate Certificate in Maternal and Child Health (MCH) Epidemiology is offered entirely online with no

requirements for travel. The deadline to apply for applications to the program is March 1, 2013. All qualified applicants will automatically be considered for scholarship.

For more details about this great opportunity, please visit the program website at <http://www.mch-epitraining.arizona.edu/>. The application form can be found at http://www.mch-epitraining.arizona.edu/documents/MCH-EPIApplicationForm2013_001.pdf.

If you need additional information, please feel free to contact Dr. John Ehiri at jehiri@email.arizona.edu, or Maribel Tobar at matobar@email.arizona.edu.

The 18th Annual Elders Issue

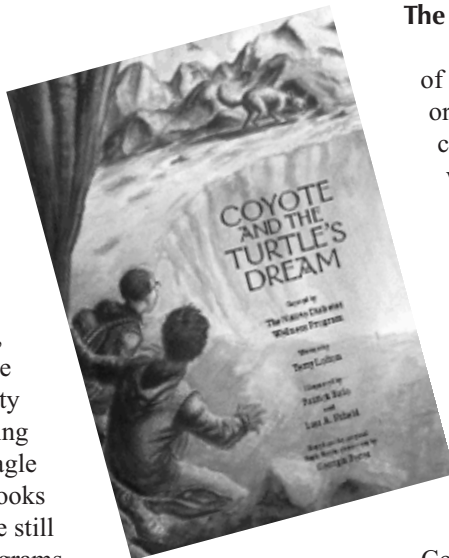
The May 2013 issue of THE IHS PROVIDER, to be published on the occasion of National Older Americans Month, will be the eighteenth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their

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



New Eagle Books Toolkit is Now Available

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



The Eagle Books

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

Committee and the IHS to broaden type 2 diabetes awareness and prevention.

Addressing Increases in Gonorrhea Diagnoses in South Dakota: A Collaboration between the State, IHS, Tribes, and CDC

Brooke E. Hoots, PhD, MSPH, Centers for Disease Control and Prevention/Epidemic Intelligence Service, assigned to Division of STD Prevention, Atlanta, Georgia; Melanie M. Taylor, MD, MPH, Centers for Disease Control and Prevention/Division of STD Prevention, assigned to the IHS Division of Epidemiology and Disease Prevention and Maricopa County Department of Health, Phoenix, Arizona; Jennifer A. Giroux, MD, MPH, IHS, assigned to the Aberdeen Area IHS and Great Plains Tribal Chairmen's Health Board, Rapid City, South Dakota; Scott Tulloch, Centers for Disease Control and Prevention/Division of STD Prevention, assigned to the IHS Division of Epidemiology and Disease Prevention,

Albuquerque, New Mexico; Greg Welch, Aberdeen Area IHS, Aberdeen, South Dakota; Amanda Gill, MS, South Dakota Department of Health, Pierre, South Dakota; Lon K. Kightlinger, PhD, MSPH, South Dakota Department of Health, Pierre; Farrah Big Crow, Great Plains Tribal Chairmen's Health Board, Rapid City; and Brigg Reilley, IHS Division of Epidemiology and Disease Prevention, Albuquerque

Background

Gonorrhea is the second most commonly reported notifiable disease in the US. Since 2009, a growing number of American Indian/Alaska Native (AI/AN) communities have

Figure 1. Gonorrhea rates by county per 100,000 population—South Dakota, 2011

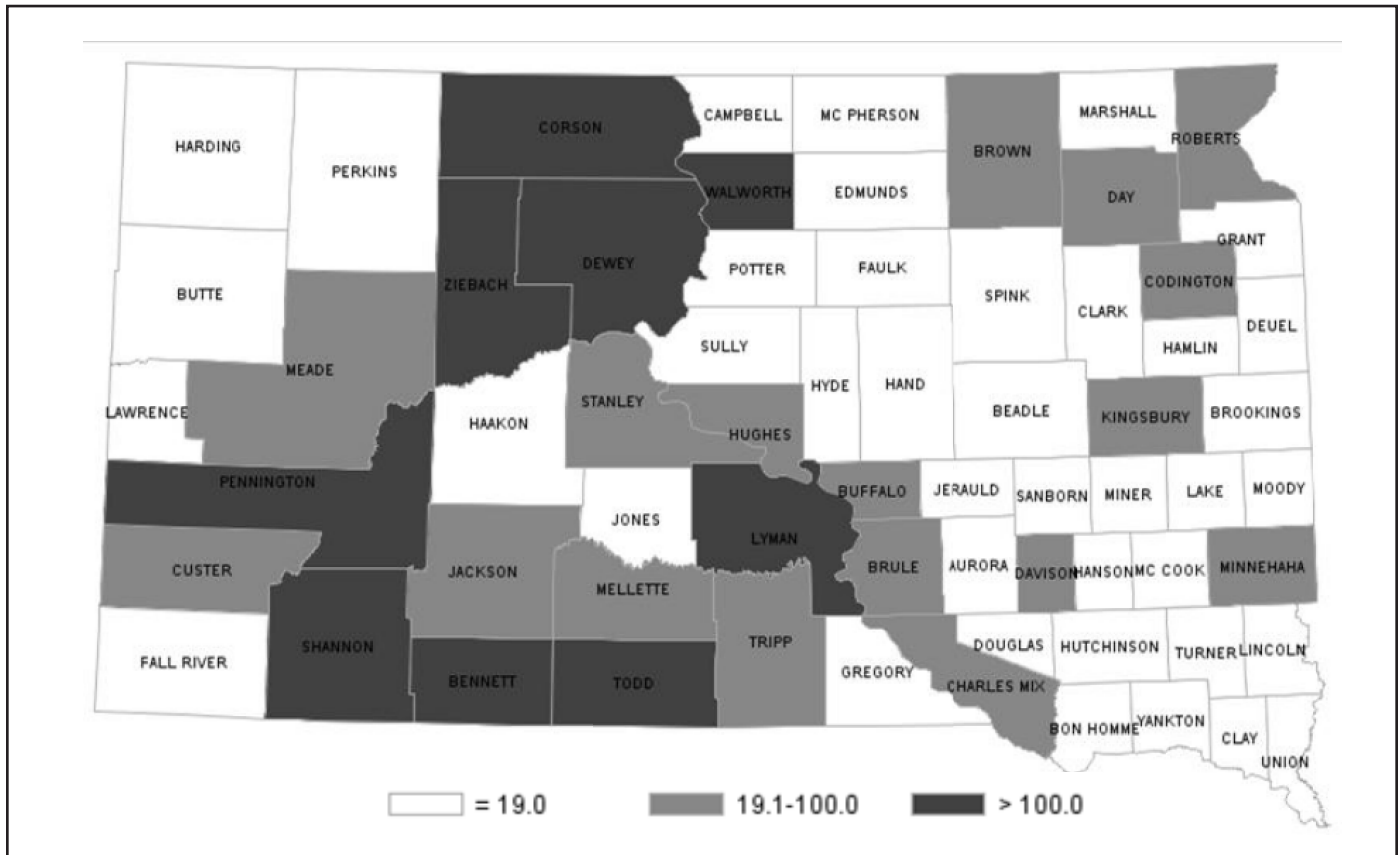
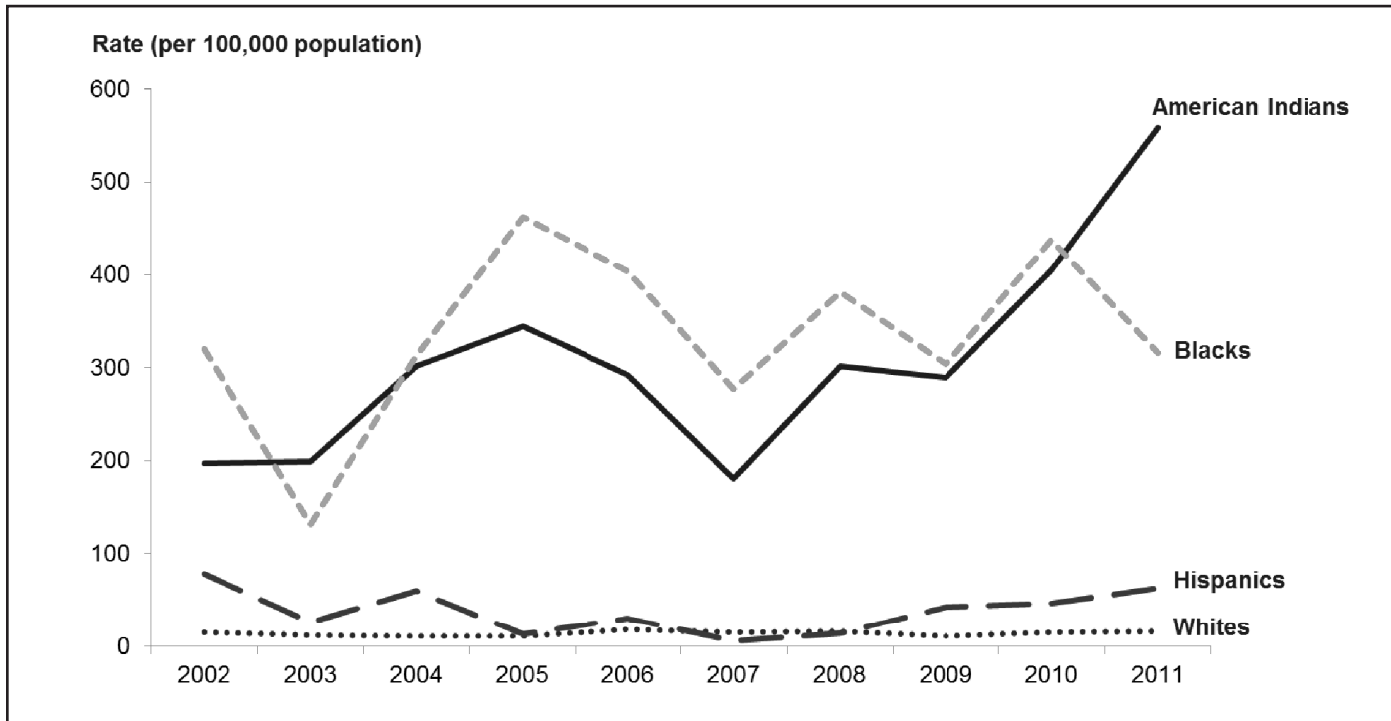


Figure 2. Gonorrhea rates by race/ethnicity—South Dakota, 2002–2011



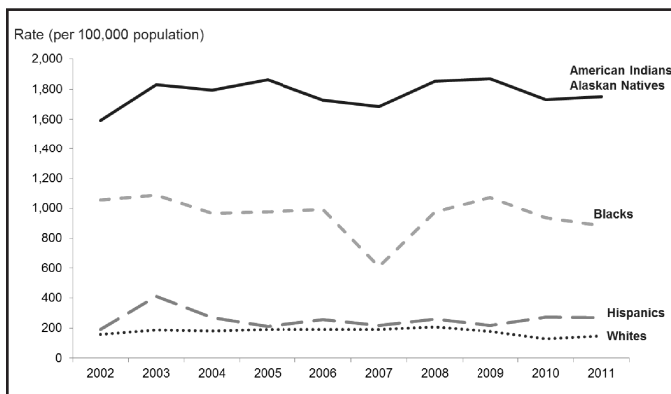
been impacted by increasing rates of gonorrhea. In 2010, gonorrhea rates among AI/AN were 4.6 times the rate among white, non-Hispanics nationally (105.7 per 100,000 among AI/AN compared to 23.1 per 100,000 among whites). South Dakota (SD) state health officials reported increases in gonorrhea infections in 2011, particularly among counties with large American Indian (AI) populations (Figure 1).

In 2011, there were 602 reported cases of gonorrhea in the state, representing a 231% increase in reported cases since 2007 and the highest number in a single year since 1987. Although accounting for only 9% of South Dakota’s population overall, AI accounted for 67% of gonorrhea cases in 2011. The gonorrhea rate among AI was almost twice the rate among blacks and was 35 times the rate among white, non-Hispanics (557 per 100,000 among AI compared to 315 per 100,000 among blacks and 16 per 100,000 among whites) (Figure 2).

AI in South Dakota have also been disproportionately affected by chlamydia. In 2011, the rate of chlamydia among AI in South Dakota was twice the rate among blacks and 12 times the rate among white, non-Hispanics (1,752 per 100,000 among AI compared to 883 per 100,000 among blacks and 127 per 100,000 among whites) (Figure 3).

In response to the increase of gonorrhea and ongoing high rates of chlamydia among AI in South Dakota, the Aberdeen Area Indian Health Service (AA-IHS), in partnership with the South Dakota Department of Health and three American Indian

Figure 3. Chlamydia rates by race/ethnicity—South Dakota, 2010



tribes, requested assistance from the Centers for Disease Control and Prevention (CDC). The primary objectives of the CDC response, also referred to as an Epi-Aid, included assessing and describing current sexually transmitted disease (STD) prevention and control measures, increasing community and provider awareness of STD rates, and developing recommendations to assist in STD/HIV control among AI. HIV was included in the scope of the response out of concern that

the increase in STD rates may precede an increase in HIV rates among this population.

Epi-Aid activities and results

The Epi-Aid was initiated in June 2012 and focused on 1) engaging medical providers from participating IHS and tribal health care facilities, 2) evaluating screening practices of respective facilities, and 3) leveraging local media outlets to assist in disseminating information regarding STDs and current regional trends. Specific activities included:

1. Provider education (CME/CNE) including the epidemiology of STDs in South Dakota and tribal-specific STD data, as well as an overview of screening recommendations, diagnosis and treatment guidelines, and partner management. Health care workers were unaware of the high gonorrhea and chlamydia rates and had never seen STD data specific to reservation counties.
2. Evaluation of laboratory testing data that revealed a stable number of gonorrhea/chlamydia tests (dual platform) ordered per month and increasing positivity from 2009 to 2011, indicating that the increases in gonorrhea are likely not due to increased screening (Figure 4).
3. Examination of the four Clinical Reporting System (CRS) STD/HIV screening indicators monitored by IHS that revealed opportunities for improvement in

the Aberdeen Area IHS as well as IHS nationally (Table 1).

4. Interviews with two radio stations and a newspaper to inform the community of the high rates of gonorrhea and chlamydia and the opportunities for testing and treatment. Emphasis was placed on the asymptomatic nature of STDs among young men and women and the need to be screened routinely if sexually active.

Recommendations

Based on the needs identified during this investigation, a number of priority recommendations were developed. These included the following:

1. Increased STD screening among sexually active AI per national and IHS guidelines.¹ HIV screening is particularly low and needs to improve in light of the high rates of STDs and in order to detect infection early. Some opportunities to increase screening for chlamydia, gonorrhea, and HIV include the following:
 - a) Implementation of “express visits” (walk-in, lab-only visits) that would allow patients to provide a urine sample for gonorrhea and chlamydia testing to intake staff without seeing a clinician.
 - b) Urine batching (i.e., screening of urine samples provided for urinalysis, urine culture, urine drug screen, or pregnancy test for gonorrhea and chlamydia).

Figure 4. Number of gonorrhea tests sent to Pine Ridge Lab and positivity of tests, 2009–2011

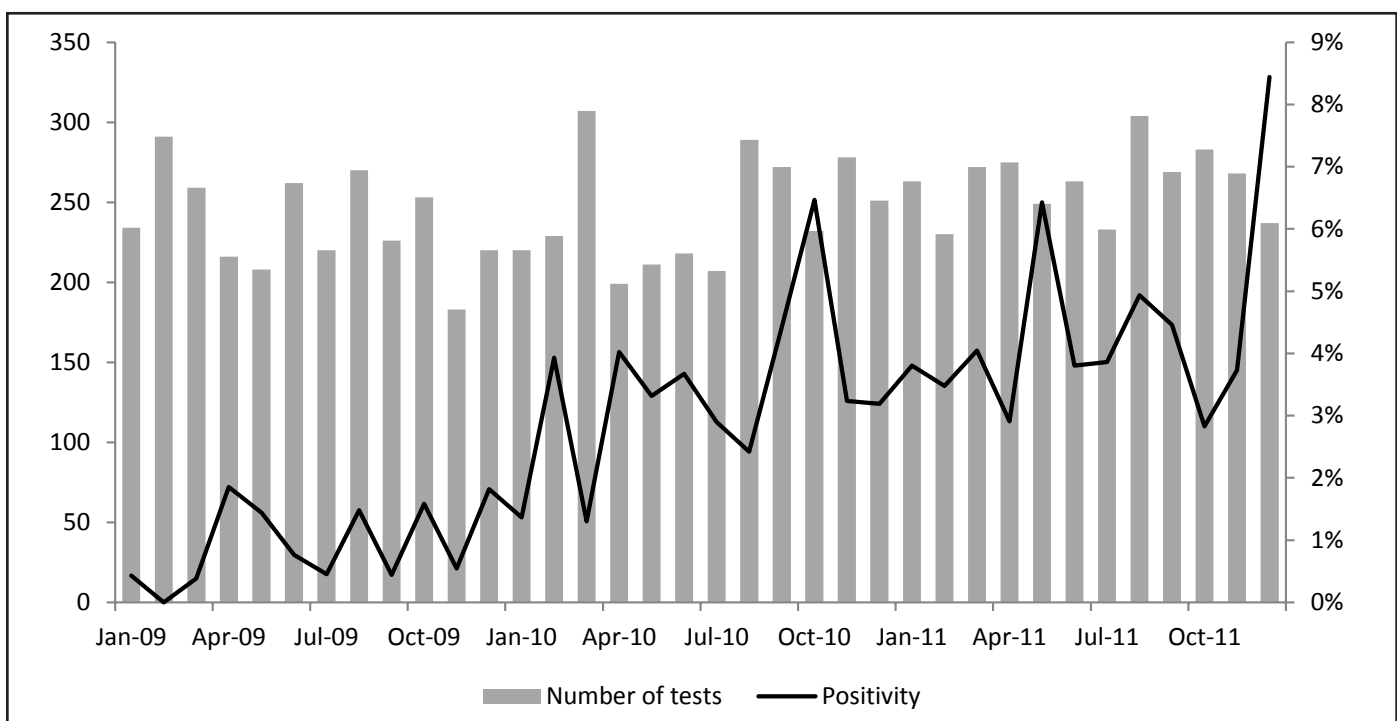


TABLE 1. Percent of eligible patients screened in the IHS and the Aberdeen Area IHS for four IHS STD screening recommendations

Recommendation	IHS (national data)	Aberdeen Area IHS	Aberdeen Area IHS ranges
Prenatal HIV screening	88%	85%	73–94%
HIV screening of 13–64 year olds	9%	7%	4–23%
Chlamydia screening of 16-25 year old females	29%	35%	23–46%
HIV screening of STD patients	36%	33%	11–63%

- c) Screening during well-child exams and school physicals for adolescents and at employee-based physicals, mobile unit screening in high prevalence communities or at community events, and screening in corrections facilities and juvenile detention centers.
- 2. Implementation of STD screening reminders in the electronic health record (clinical reminder patches).
- 3. Use of expedited partner therapy (EPT) and the creation of a “quick pick” option in the electronic health record allowing a health care provider to prescribe treatment for the patient as well as their sexual partners to facilitate EPT.¹
- 4. Increased community and provider awareness. Some opportunities include:
 - a) Use of local and regional media outlets to expand the reach of community education efforts and target service providers with key STD prevention messaging.
 - b) Standardization of STD protocols and policies with IHS and tribal health care facilities to solidify screening and treatment practices.
 - c) Strengthened communication across programs (state, IHS, and tribal) regarding STD trends and prevention activities, including STD data by reservation counties.
 - d) Analysis and dissemination of CRS data on screening indicators to facility health care providers on at least a quarterly basis.

Beyond South Dakota

Barriers to timely and effective STD management on Indian reservations were identified during this response. Physical barriers such as remoteness of communities, adverse weather conditions, and lack of transportation presented challenges to accessing health care; similarly, the lack of permanent residences of many patients made it difficult for health care workers to provide follow-up. Anecdotally, partner

treatment is difficult and is likely low, potentially contributing to higher rates of reinfection among patients presenting for treatment and possibly driving continued increases of STDs in the population. Patient mistrust and perceived concerns of confidentiality related to seeking care in a small community were described. Other barriers include economic difficulties, partner and gang violence, and high teenage pregnancy rates, indicating lack of condom use. Frequent turnover of physicians and nurses in the IHS also means that providers are often unaware of disease concerns in the community and measures in place to address them. These challenges occur in tribal areas in multiple states and should be addressed as part of an STD response plan.

Increasing gonorrhea cases among American Indians is not a problem unique to South Dakota. Since 2009, there have been similar increases in gonorrhea among American Indians/Alaskan Natives in Alaska, Arizona, Montana, New Mexico, and North Dakota. Because the Epi-Aid response was more programmatic as opposed to investigative, the recommendations may be applied to other American Indian populations beyond South Dakota with similar barriers. For example, screening reminders could be implemented in RPMS systems in other IHS Areas to address low screening coverage. According to the Healthcare Effectiveness Data and Information Set (HEDIS), chlamydia screening coverage among sexually active 16 – 24 year old females presenting to Medicaid health management organizations nationally was 58% in 2010,² whereas coverage was only 29% among IHS. Expedited partner therapy is potentially allowable or permissible in all of the states and may be a particularly useful tool to treat partners among American Indian communities where access to health care is limited. Finally, high STD rates can be indicators of limited knowledge of risk factors and prevention and treatment methods. Efforts to increase community and provider awareness must accompany efforts to increase screening and treatment and require collaboration between IHS and tribes.

For additional information on the recommendations or

resources for implementing efforts to expand STD screening, please contact Scott Tulloch by e-mail at *Scott.Tulloch@ihs.gov*, or telephone (505) 443-4344; or Brigg Reilley at *Brigg.Reilley@ihs.gov*, telephone (505) 248-4926.

We would like to acknowledge the Cheyenne River Sioux Tribe and Oglala Sioux Tribe for supporting and participating in the CDC Epi-Aid.

References

1. Workowski KA, Berman SM. Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment Guidelines. *Clin Infect Dis.* 2011; 53 Suppl 3:S59-63.
2. National Committee for Quality Assurance. *The state of healthcare quality, 2011*: Washington, DC. p. 82-83.

Electronic Subscription Available

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

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

POSITION VACANCIES

Editor's note: As a service to our readers, THE IHS PROVIDER will publish notices of clinical positions available. Indian health program employers should send brief announcements as attachments by e-mail to john.saari@ihs.gov. Please include an e-mail address in the item so that there is a contact for the announcement. If there is more than one position, please combine them into one announcement per location. Submissions will be run for four months and then will be dropped, without notification,, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service (\$100 for four months). The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

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

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible emergency room/family physician to join our experienced medical staff. The Sells Service Unit is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells, Arizona and three health centers: San Xavier Health Center, located in Tucson, Arizona, the Santa Rosa Health Center, located in Santa Rosa, Arizona, and the San Simon Health Center located in San Simon, Arizona with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self-management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities . . . all within a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical

Director at (520) 295-2481 or by e-mail at *Peter.Ziegler@ihs.gov*. (12/12)

Family Physician with Obstetrics Skills Pediatrician (or Internal Med-Peds) Physician Ethel Lund Medical Center; Juneau, Alaska

The SEARHC Ethel Lund Medical Center in Juneau, Alaska is searching for a full-time family physician with obstetrics skills and a pediatrician (or internal medicine/pediatrics physician) to join a great medical staff of 14 providers (10 physicians, four midlevels) at a unique clinic and hospital setting. Have the best of both worlds by joining our practice where we share hospitalist duties one week every 6 - 8 weeks, and spend our remaining time in an outpatient clinic with great staff and excellent quality of life. We have the opportunity to practice full spectrum medicine with easy access to consultants when we need them. Maintain all your skills learned in residency and expand them further with support from our tertiary care center, Alaska Native Medical Center.

Clinic is focused on the Patient-Centered Medical Home, quality improvement with staff development from IHI, and adopting an EHR at the clinic and hospital in the near future. We have frequent CME and opportunities for growth, with teaching students and residents and faculty status at University of Washington available to qualified staff. This is a loan repayment site for the Indian Health Service and National Health Service Corps.

Work in southeast Alaska with access to amazing winter and summer recreational activities. Live in the state capital with access to theater, concerts, annual musical festivals, and quick travel to other communities by ferry or plane. Consider joining a well-rounded medical staff of 14 providers at a beautiful clinic with excellent benefits. For more information contact, Dr. Cate Buley, Assistant Medical Director, Ethel Lund Medical Center, Juneau, Alaska; telephone (907) 364-4485, or e-mail *cbuley@searhc.org*. Locum tenens positions also available. (12/12)

Director Center of American Indian and Minority Health University of Minnesota Medical School; Duluth, Minnesota

The University of Minnesota Medical School in Duluth, Minnesota, invites applications for a full-time Director for the Center of American Indian and Minority Health. The Center of American Indian and Minority Health (CAIMH) at the University of Minnesota Medical School strives to raise the health status of American Indian and Alaska Native people.

This is achieved in part through programming and activities for American Indian students grade K - 16 and medical school, and partnerships with American Indian communities and organizations. The CAIMH, housed on the Duluth Campus, educates American Indian and Alaska Native students in the field of health care, and more specifically, in American Indian and Alaska Native health, and collaborates on research focused on improving the health of American Indian and Alaska Native people.

For more information about the Center of American Indian and Minority Health, go to <http://www.caimh.umn.edu/>.

Required/preferred qualifications include an MD/DO degree; however, an alternative terminal degree may be considered in circumstances of exceptional fit. Previous employment experience in medical school. An academic background in a field relevant to medical education. All candidates must have evidence of essential verbal and written communication skills including clarity in the delivery of lectures and the writing of grants and other documents.

The Director position is a full-time time, 12-month appointment. Additional information is available online at <https://employment.umn.edu/> (Req. #182533). Review of applications will continue until the position is filled. The University of Minnesota is an Equal Opportunity Educator and Employer. Apply on-line at <https://employment.umn.edu/> Job Req # 182533. (12/12)

Clinical Director (Primary Care) Family Medicine Physician

White Earth Health Center; Ogema, Minnesota

White Earth Health Center is located in northwestern central Minnesota on the White Earth Reservation, which is in the heart of lake country. The reservation is 36 by 36 square miles; its largest metropolitan location is approximately 75 miles from Fargo, North Dakota or 235 miles from the Twin Cities. We have a satellite clinic in Naytahwaush (approximately 30 minutes from the WE Service unit) operating on Monday, Tuesday, and Friday, and one in Pine Point (approximately 30 minutes from the WE service unit) that is open on Thursday. The satellite clinics have one full time family practice physician and one family practice nurse practitioner who staff them on a regular basis.

We are a Federal Indian Health Service outpatient/ambulatory care facility that had 115,699 ambulatory visits for 19,494 registered patients this past year. We offer services Monday through Friday 8:00 am to 4:30 pm; on all federal holidays we are closed. Our services include a dental department with three full time dentists; a mental health department that consists of one psychologist, four counselors, one contract psychiatrist and one mental health nurse practitioner; and an optometry department comprised of the chief of optometry, one optometry technician/receptionist, and one contract optometrist.

Our medical staff consists of three full time family

practice physicians, one contract family practice physician, one podiatrist, one internal medicine physician, one audiologist, a nutritionist, one pediatrician and three family nurse practitioners. We have pediatric and same day/urgent care clinics. The clinics are operating/implementing the IPC model.

We offer competitive salary, excellent benefits (health, life, retirement) and both sick and vacation leave. For further information, please contact Mr. Tony Buckanaga, Health Professions Recruiter at (218) 444-0486, or e-mail tony.buckanaga@ihs.gov. (11/12)

Registered Dietitian Psychiatrist

Consolidated Tribal Health Project, Inc.; Calpella, California

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

CTHP has a Title V Compact, which gives the clinic self-governance over our Indian Health Service funding allocation. An application for any of these positions is located at www.cthp.org. Send resume and application to Karla Tuttle, HR Generalist, PO Box 387, Calpella, California 95418; fax (707) 485-7837; telephone (707) 485-5115 (ext. 5613). (11/12)

WIC Coordinator

SEARHC; Sitka, Alaska

The WIC Coordinator/RD works as a member of the SEARHC health promotion team to assess for, plan, implement, administer, and evaluate nutrition and health education programming that responds to Goals 8 and 9 in SEARHC's Strategic Plan. The WIC Coordinator also works to ensure high quality WIC services are provided to eligible women, infants, and children throughout southeast Alaska. Additionally, the WIC Coordinator partners with organizations working with the WIC population to make appropriate referrals and to enhance the WIC program.

Baseline Qualification Requirements include a BS in community nutrition/dietetics or a nutrition-related field, and four years of clinical nutrition and/or community nutrition work experience with specific progressive experiences in maternal/child nutrition, outpatient medical nutrition therapy, and program planning and administration. Must be both a registered dietitian and licensed dietitian/licensed nutritionist in the State of Alaska. Must adhere to the American Dietetic Association code of ethics and complete 75 continuing education credits every five years as required by registration and licensure plus keep current on registration and licensing payments. Other/Preferred Qualifications include a valid

Alaska driver's license, ability to travel, including to remote southeast Alaska locations, supervision/mentoring training, public policy and advanced nutrition education strategy(ies) training, and MS/MPH in nutrition and/or dietetics or other health promotion related field.

Contact Lisa Sadleir-Hart, MPH, RD, CHES, ACE, Community Nutrition Department Manager, SEARHC/Health Promotion, at telephone (907) 966-8735; facsimile (907) 966-8750; or e-mail lisa.sadleir-hart@searhc.org. (10/12)

Family Practice Physician Jicarilla Service Unit; Dulce, New Mexico

The Jicarilla Service Unit (JSU) is a new, beautiful 65,000 square foot facility nestled in the mesas of northern New Mexico with views of the edge of the Colorado Rockies. We provide care to the Jicarilla ("Basket-maker") Apache community with a population of 4,400. Our clinic has an opening for a board certified/eligible family practice physician for purely outpatient care with a 40 hour work-week. Our site qualifies for IHS and state loan repayment programs. JSU has a fully functional electronic health record system. Our pharmacy has a robust formulary including TNF-alpha inhibitors and exenatide. The clinic also has an urgent care clinic for acute walk-in cases. Our staff currently consists of an internist, three family practice physicians, an optometrist, and three dentists. We also have a team of dedicated public health nurses who specialize in home visits for elders and prenatal follow-up. The Jicarilla Apache Nation is self-sufficient with revenues from oil and natural gas. Much has been invested in the infrastructure of the reservation, including a large fitness facility, a modern supermarket, a hotel and casino, and more. We are also located 45 minutes from the resort town of Pagosa Springs, which has year-round natural hot springs and winter skiing at renowned Wolf Creek Pass.

We welcome you to visit our facility in person. To take a video tour of the Nzh'o Na'ch'idle'ee Health Center online, go to <http://www.usphs.gov/Multimedia/VideoTours/Dulce/default.aspx>. Please call Dr. Cecilia Chao at (575) 759-3291 or (575) 759-7230; or e-mail cecilia.chao@ihs.gov if you have any questions. (10/12)

Clinical Nurse Gallup Indian Medical Center; Gallup, New Mexico

Gallup Indian Medical Center (GIMC) is currently accepting applications from experienced nurses for positions within our hospital facility. We are particularly interested in nurses with experience in the Labor and Delivery, Emergency Room, and Ambulatory Care settings.

GIMC is a 78-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Our patient population includes Navajos, Zunis, and others. Gallup provides outdoor activities (biking, hiking, rock climbing, and running, to name a few). As a Navajo Area Indian Health Service Hospital, we provide clinical specialties that include Internal Medicine,

Cardiology, Anesthesia, Psychiatry, Emergency Medicine, OB/GYN, General Surgery, Orthopedics, Ophthalmology, ENT, Radiology, Pathology, and Pediatrics.

Nurse employment benefits include competitive salary, comprehensive health insurance, double time pay for holidays worked, night and Sunday pay differential, no census days, and continuing education. Government housing is not available, as we are not located on the Navajo Reservation. Opportunities are available for growth and advancement depending on your personal nursing career goals. We welcome your questions, curiosity, and application submission.

For more information on how and where to apply, contact Myra Cousens, RN, BSN, Nurse Recruiter at (505) 726-8549, or e-mail myra.cousens@ihs.gov. (10/12)

Family Practice Physician /OB Sonoma County Indian Health Project (SCIHP); Santa Rosa, California

Live, work, play in the wine country. Sonoma County Indian Health Project (SCIHP) Santa Rosa, CA California, is seeking a full-time –Temporary Ffamily Practice practice Physician physician to join our team. SCIHP is a comprehensive community care clinic serving the Native American community of Sonoma County. Medical phone call 1/6 nights required, OB hospital call participation preferred but not required. Three to six month position—With the possibility of permanent hire. Obstetrics and inpatient care at the hospital required. SCIHP is a comprehensive community care clinic. Candidates must currently hold a California Physician/Surgeon (MD) or Osteopathic Physician/Surgeon (DO) license and be BE/BC in a primary care discipline. For the right candidate we offer competitive compensation. For more information, please contact Human Resources by fax (707) 526-1016; or by e-mail: welovedoctors.hr@gmail.com. (10/12)

Pediatrician Blackfeet Community Hospital; Browning, Montana

This hospital-based government practice is seeking a BC/BE pediatrician to work with another pediatrician and a pediatric nurse practitioner. Practice true primary care pediatrics with inpatient, outpatient, and newborn hospital care. Attractive call and rounding schedule. Competitive salary with federal government benefits. The area provides a wide variety of outdoor recreational activities, being only 12 miles from Glacier National Park. For more information, please contact Dr. Tom Herr at thomas.herr@ihs.gov or call (406) 338-6372. (9/12)

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

The Zuni Comprehensive Community Health Center (Zuni-Ramah Service Unit) has openings for full-time primary care physicians starting in fall 2012. 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 17 physicians, two NPs, one CNM, a podiatrist, dentists, a psychiatrist, a psychologist, optometrists, physical therapists, and pharmacists. Our patient population consists of Zuni, Navajos, and others living in the surrounding area.

Zuni Pueblo is one of the oldest continuously inhabited American Indian 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 in elevation, and is surrounded by beautiful sandstone mesas and canyons with scattered sage, juniper, and pinon pine trees. Many of our medical staff have been with us for several years, reflecting the high job and lifestyle satisfaction we enjoy in this community.

For more information, contact John Bettler, MD at (505) 782-7453 (voice mail), (505) 782-4431 (to page) or by e-mail at john.bettler@ihs.gov. CVs can be faxed to (505) 782-7405, attn. John Bettler. (7/12)

Medical Director

American Indian Health and Family Services of Southeastern Michigan, Inc. (AIHFS); Detroit, Michigan

AIHFS is looking for a qualified candidate for the medical director position at our health center in Detroit, Michigan. A summary of the position is as follows: general professional guidance of primary care staff; collaborates with fellow physicians and executive director on administrative operations of the medical, dental, and behavioral health services; responsibilities for management of all aspects of the program including accreditation, infection prevention and control, patient safety risk management, and emergency preparedness. This position will report to the executive director. We are seeking someone with completion of an accredited medical school, internship, and completion of the certification examination by the medical board of examiners; a permanent current full and unrestricted license to practice medicine or osteopathy in Michigan; board certified or eligible in family practice. If board eligible, must be AAFP or AOA certified within six months from the date of hire. Current medication dispensing license (DEA). Experience and training must have been progressive and responsible, demonstrating good knowledge of current principles, practices, methods, and techniques in the field of medicine. Medical experience in an outpatient family medical clinic including pediatrics, obstetrical/gynecological, medical care, and non-emergency care. Possess current and valid Michigan driver's license with no DUI/DWI or reckless driving convictions in the last five years, having no more than two at-fault accidents in the last

three years, and maintain a valid driver license during employment. Must pass a criminal background check with a Class I Fingerprint Clearance Card within the initial ninety days of employment. Must have updated immunization record. Must have a tuberculosis test upon employment and employee health profile updated on an annual basis. Must obtain/maintain CPR certification and a valid card during employment. Please send a cover letter with resume and references to AIHFS, PO Box 810, Dearborn, Michigan 48121, Attn: Jackie Allison, Administrative Assistant. You can also fax to (313) 846-0150. (7/11)

Certified Diabetes Educator Salt River Pima-Maricopa Indian Community; Scottsdale, Arizona

Under general supervision from the Health and Human Services Department (HHS) Health Service Division, Diabetes Services Program Manager, provides diabetes preventive care, screening, clinical care, case management, and education to all children, adults, elders, and families within the Salt River Pima-Maricopa Indian Community. This job class is treated as FLSA Exempt.

To apply for this position or to view the full job description, please visit our website at <http://www.srpmicnsn.gov/employment/> then select Employment Opportunities. For additional information, contact Keolani Tynan, HR Recruitment Specialist, Salt River Pima-Maricopa Indian Community at (480) 362-7935. (7/12)

Family Practice Physician (1) Physician Assistant or Family Nurse Practitioner (2) United Indian Health Services, Inc. (UIHS), Howonquet Clinic; Smith River, California and Family Practice Physician (1) UIHS, Potawot Health Village; Arcata, California

UIHS is a premier health care organization located in beautiful northern California along the Pacific coast near the majestic redwoods. The organization is a unique nonprofit made up of a consortium of nine tribes, with a mission "To work together with our clients and community to achieve wellness through health services that reflect the traditional values of our American Indian Community." UIHS provides wraparound services that include medical, dental, behavioral health, and community services. Our focus is to empower our clients to become active participants in their care. If you value outdoor adventures such as backpacking, kayaking, biking, fishing, and surfing, and you envision yourself providing services to an underserved but deserving community in a caring and holistic manner, come join our team. Please visit our website at www.uihs.org or contact Trudy Adams for more information at (707) 825-4036 or email trudy.adams@crihb.net. (5/12)

Hospitalist

Gallup Indian Medical Center; Gallup, New Mexico

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

GIMC is a 99-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Clinical specialties at GIMC include internal medicine, family medicine, critical care, cardiology, neurology, orthopedics, ENT, radiology, OB/GYN, general surgery, ophthalmology, pathology, pediatrics, emergency medicine, and anesthesiology. The hospitalists'

daily census is approximately 25 - 30. There is a six bed ICU. Our patient population includes Navajos, Zunis, and others living nearby, as well as referrals from smaller clinics and hospitals.

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

For more information, contact Eileen Barrett, MD, at (505) 722-1577 or e-mail eileen.barrett@ihs.gov. Or please consider faxing your CV to (505) 726-8557. (4/12)

Print Version of *The Provider* Has Ceased Publication

The federal government is always exploring ways to reduce costs. One recent initiative is an effort to reduce printing expenses. For this reason, we have stopped publishing and distributing the print edition of *The Provider*.

We will continue to publish the monthly electronic edition of our journal to the CSC website. Currently, about 900 individuals are subscribers to the listserv that notifies them when each monthly issue is posted, and lists the contents of

that issue. It is unknown how many readers simply access the website on a periodic basis without relying on the listserv for reminders that the monthly issue is available.

We encourage all our readers to subscribe to the listserv (go to <http://www.ihs.gov/provider/index.cfm?module=listserv>) so that you will receive monthly reminders about when the latest issue is posted to the website. This will also give us an improved count of the number of readers.

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