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Looking Up From Our Work

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Most of us have experienced the feeling of looking at a garden plot or field and sensing the enormity of the effort required to weed and plant. But we put our heads down and get to work and, after a while, look up and see, with some surprise, that we are indeed making progress.

The May Elders Issue of *The Provider* offers us a similar opportunity to look up from our work and assess where we are in the important and daunting task of growing a system of care that defends the health of American Indian and Alaska Native Elders.

Long Term Care

We see the tribes continuing to add capacity in the long term care continuum, growing both home- and community-based services (the main emphasis) as well as facility-based care. Funding for these services draws primarily from existing funding streams such as state Medicaid and long term care programs. The Administration on Aging (AoA) Family Caregiver Support program provides critical core funding through Tribal Title VI (Senior Center) programs. The IHS Long Term Care grants program provides seed money for assessment, planning, and services development, supporting tribal efforts and often stimulating additional investments by tribes. The growth in long term care capacity at the tribal level is a function of the commitment by tribal leadership to meet this pressing need.

In this issue of *The Provider*, you can read the summary of an important report on American Indian and Alaska Native (AI/AN) long term care produced by the National Indian Health Board (NIHB). This report was prepared for the Long Term Care subcommittee that advises the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS). This increased tribal voice in the national policy discussion concerning AI/AN long term care is an important and welcome development.

Over the past several years a common understanding has developed around the difficult questions concerning IHS authorities for long term care. The discussion no longer centers on whether or not the IHS has the authorities to provide long term care, but instead on the specifics of those authorities. According to this understanding, the IHS and tribal programs operating under contract or compact are authorized to deliver medical long term care services to elders in a variety of settings. IHS authorities do not extend to *"those services which are primarily housing or custodial in nature . . . (e.g., assisted living facility, board and care, or nursing home which is primarily custodial in nature,"* although *" supportive services delivered in those facilities, with the intent to promote the health and wellness of elders, are eligible . . .."*[1] Language that has been before Congress in recent years in the Indian Health Care Improvement Act reauthorization would further clarify and broaden those authorities.

Clinical Elder Care

There continues to be innovation in the delivery of clinical care for the elderly in tribal and federal health centers and hospitals. In some settings (e.g., Fort Defiance Indian Hospital's Home Based Care Program) this takes the form of specialized programs designed to meet the complex

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management needs of elders and others at highest risk. Other sites concentrate efforts on approaches to improve delivery of care for elders in primary care, through regular comprehensive elder exams (the Oneida Indian Nation) using the comprehensive Elder Exam PCC or one of the EHR Elder templates developed based on that tool.

The commitment of the 38 teams of the IHS Chronic Care Initiative's Innovations in Planned Care (IPC) collaborative to develop coordinated, proactive, team-based care for all patients in primary care offers great promise for elder care. These teams are working to develop a platform for the delivery of primary care that supports reliable delivery of clinical preventive services, proactive management of complex chronic conditions, and improved continuity, access, and efficiency. This is precisely the platform of care needed for high quality elder care.

Broader public policy discussions will have impact on our ability to deliver on the promise of high quality care for AI/AN elders as well. A CMS demonstration project is currently exploring the Medical Home model with funding for management of care for elders with complex medical and social needs.[2] A workgroup at the Department of Health and Human Services (DHHS) has begun exploring approaches that enhance outcomes of care for patients, including the elderly, with multiple chronic conditions.[3] These efforts remind us that the difficulties we face in providing the level of care we know our elders deserve are not unique to Indian Country, and we are not alone in working toward solutions.

Fall-related Injury

We see a marked increase in activity over the past several years aimed at reducing elder injuries from falls. There are efforts underway in the Nashville, California, Bemidji, Phoenix, and Alaska Areas as well as others, most often led by tribal and IHS injury prevention specialists. The United States Preventive Services Task Force is currently reviewing the evidence for clinical prevention efforts to reduce falls and injury among the elderly, and we can look forward to the publication of their findings in the coming months. This should serve as a stimulus to a comprehensive effort, crossing boundaries of community and clinic, to reduce fall related injury among the elderly.

Back to work

As we look up from our labors, we see row upon row planted and cultivated, and we also see much work yet to be done. The high cost in both dollars and suffering of poorly coordinated and fragmented care for elders still burdens us. The chasm between clinic and community creates unnecessary barriers to care for elders and their families. Family caregivers who provide most of the care for frail elders in our communities still lack the training and support they need.

There is much work to be done, but in the pages of this issue of *The Provider*, there is also much to encourage and inspire hope for the future. We will put our heads down and continue to work together to grow a health system that helps our elders to maintain health, function, and the ability to play a vital role in the life of their family, community, and culture.

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Planning for Elder Services in Southeast Alaska

Patricia Atkinson, Program Manager, Southeast Regional Health Consortium, Sitka, Alaska

Background

The Southeast Alaska Regional Health Consortium (SEARHC) is a non-profit, Native-administered health consortium serving health care needs of Tlingit, Haida, Tsimpshian, and other Native and rural residents of southeast Alaska in 18 communities. The consortium was established in 1975 under the provision of the Indian Self-Determination Act.

SEARHC provides a wide range of health services throughout southeast Alaska including a 27-bed hospital in Sitka on Baranof Island and a network of clinics of varying capacity. Southeast Alaska is a rugged and remote archipelago covering 42,000 square miles. Almost all of the SEARHC facilities are isolated, accessible only by plane or boat. In spite of these challenges, SEARHC has steadily worked to increase the quality of care available. SEARHC is engaged in cutting-edge frontier health care delivery, including telepsychiatry, teleradiology, and telepharmacy services; and has national accreditation for its widely varied services from the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Accreditation Association for Ambulatory Health Care (AAAHC). SEARHC is also the lead agency for a national consortium of frontier clinics providing extended stay services. Innovation, creativity, and flexibility are key to maintaining the high standards for which SEARHC is known.

The cultures in southeast Alaska have a strong appreciation for the wisdom and history that elders contribute to the communities. One of the goals in the 2006 Strategic Plan was to "identify services that are needed for the growing southeast Alaska Native elder population and determine which services SEARHC can best provide." To help accomplish this goal, SEARHC applied for IHS funding from the Elder Care Initiative Long Term Care Program. SEARHC received a planning grant to conduct a needs assessment in rural communities during 2006 and 2007.

Participating Communities

The scope of the needs assessment was limited to nine of the rural (populations 54 – 2,112) communities served by SEARHC. These communities were selected because each experienced an increased capacity in health services in recent years, and most had at least some home- and community-based services already in place. Most of the communities have a senior center with congregate and home-delivered meals a few days per week, some transportation services, and some personal care, chore, respite, and care coordination, primarily for Medicaid-eligible elders, delivered by non-tribal providers.

The largest study community, Wrangell, has a critical access hospital with a co-located 14-bed long term care unit, and one small, private (five-bed) assisted living home. In all of the other communities, no hospital or residential long-term care is available, and residents must relocate to obtain these services. Because of the difficulty involved in traveling between communities, elders seldom relocate, and elders who need additional services in most cases simply do without, which greatly exacerbates the burden on families.

Conducting the Needs Assessment

The overall goal of the project was to gather information to inform SEARHC's decision to enhance or expand services for elders. An internal advisory group was assembled to provide direction and leadership for the project, and the Elders Council provided advice and wisdom.

The specific objectives and accomplishments of the project included:

1. *Collect and analyze existing information* on Alaska Native elder population and service availability.
   - analyzed the RPMS and census data available;
   - analyzed regional, state, and federal reports regarding long-term care service development;
   - interviewed regional service providers both internal and external to SEARHC;
   - analyzed existing reports and resources;
   - participated in state and regional planning efforts.

2. *Conduct at least two visits to each community* to assess existing services.
   - interviewed local service providers;
   - interviewed local community leaders;
   - interviewed elders and family caregivers.

3. *Prepare a comprehensive report* documenting the planning process.
   - Analyzed findings from the extensive interviews;
   - Identified weaknesses and gaps in services;
   - Made recommendations for improving existing services;
   - Suggested new services for further analysis.

4. *Develop "Elder Services Plan"* to guide future service delivery.

A key component of the needs assessment was to conduct

interviews with service providers, caregivers, and the elders themselves. The interviews were primarily conducted face-to-face using a standardized instrument with open-ended questions. Most of the elders were interviewed in their own homes. Less formal interviews were conducted at the senior center and other public places. Although the individual interviewing was time-consuming, it yielded rich results and allowed the interviewers to meet with elders and family members regardless of mobility impairments and transportation difficulties.

The needs assessment brought to light several areas of concern, including low Medicare and Medicaid enrollment, prevention programs that excluded elders from the target population, lack of availability of home- and community-based long term care services, uncoordinated and inadequate communication and collaboration at multiple levels, the need for environmental modifications within elders' homes, misunderstandings about medications, and training needs for family caregivers and paraprofessional providers.

Elder Services Plan

The final phase of the project was to develop and adopt an Elder Services Plan. The plan was organized around the principles of the Chronic Care Model, as suggested by Bruce Finke, MD, in an article entitled *"The Chronic Care Model and Elder Care in the Indian Health System,"* (*The IHS Primary Care Provider*. May 2006, pp. 109-110). SEARHC was also influenced by an article entitled "*A Service Unit-Based Approach to Integrated Care for the Elderly*," in the same issue of *The IHS Primary Care Provider*, pp. 118-120. SEARHC has already committed to the framework of the Chronic Care Model for the development of services, so the model is familiar to staff and aligns well with other SEARHC initiatives.

The Chronic Care Model identifies six overarching elements for the effective care of chronic conditions. The six elements are organized into specific goals in the Elder Services Plan, with associated objectives and specific activities, timelines, and responsible parties. The six elements and associated goals are:

1. Health Care Organization: Strengthen the health care organization to serve elders more effectively;
2. Community Resources: Mobilize community resources to meet the needs of elders through a coordinated system of care;
3. Self-Management Support: Empower and prepare elder patients to manage their health care;
4. Delivery System Redesign: Support delivery system design to focus more on the needs of elders, especially elders with chronic or complex health needs;
5. Decision Support: Promote care consistent with scientific data and patient preferences;
6. Clinical Information Systems: Organize data to facilitate efficient and effective care.

Many of the goals of the Elder Services Plan dovetail with or expand projects already underway at SEARHC. For example, SEARHC is transitioning to a new Patient Management System and electronic health record. A geriatric template will be developed to help track and manage chronic conditions; patient education materials can be developed and customized; and evidence-based elder care protocols will be developed and implemented. Improvements in pharmacy services are informed by the findings in the needs assessment and the requirements of the Elder Services Plan. A Health Resource Outreach Coordinator is helping people apply for Medicare, Medicaid, and other revenue sources.

The majority of home- and community-based long term care services are already being provided by a network of tribal and non-tribal service providers. One of the most pervasive problems identified, however, is a lack of coordinated care and communication. To address this issue, SEARHC has been developing a case management network, which operates in the largest cities in the region. To expand the case management services to more isolated communities, SEARHC successfully applied for an IHS Public Health Nursing case management grant in August 2008. The funding ($150,000 annually for four years) will be utilized to improve services for elders. The public health nurse will focus on strengthening working relationships with other service providers, providing improved disease management and health and wellness programs through the development of a variety of tools and resources for self-management, providing training and support to family caregivers and other paraprofessionals, advocating for elders within the system, facilitating environmental assessments and improvements in elders' homes, and assisting the development of the electronic health record. All of these activities are included in the Elder Services Plan and will help SEARHC better meet the needs and improve the health of elders.

The Elder Care Initiative Long Term Care Planning Grant provided the resources and support to develop a comprehensive plan for the development of high quality services for elders. The Public Health Nurse case manager will accomplish many of the detailed activities in the plan. Combining these resources gives SEARHC a good foundation for improved services for elders, and will most certainly make the SEARHC system more "elder friendly."

Sources of Needs Assessment Data That Can Be Used to Plan CE Activities

The new focus in planning continuing education activities is the identification of gaps in provider knowledge, competence, or performance that can be addressed with your activity. Ideally, these gaps should apply specifically to the American Indian and Alaska Native population and the providers who serve them. Where can you obtain data that help you identify these gaps? From time to time, we will publish items that either give you such data or show you where you can find them. When you are asked about the sources of your needs assessment data in your CE planning process, it will be easy enough to refer to these specific resources.

If you go to the Elder Care Initiative website at *http://www.ihs.gov/MedicalPrograms/ElderCare/index.cfm?module=resources*, you can find the PCC Comprehensive Elder Exam tools as well as an audit tool to assess your facility's success in achieving these goals. Once you have established a baseline of performance, you can use continuing education and other interventions to see if you can improve your facility's performance. The initial audit can serve as your needs assessment, and a follow-up audit can be the evaluation of the closure of gaps in performance.

Cherokee Nation Elder Services: A Case Study

Ryan Sierra, Community Educator, Cherokee Nation Home Health Service, Inc.

PCA: Good morning, Sally, how are you doing today?
Sally: Oh, I'm doing all right.
PCA: That's good! Are you ready to take a shower?
Sally: Yeah, that sounds good!
PCA: Okay, let's get you cleaned up and ready for breakfast.

Sally is enrolled in the Advantage Waiver program. The Advantage Waiver program is a Medicaid funded program designed to provide services to individuals who meet nursing home level of care and DHS financial guidelines. When admitted to the program, members are eligible to receive services that include case management, skilled care, personal care, environmental modifications, and certain medical supplies. Cherokee Nation Home Health Outreach provides these services offered through the Advantage Waiver program. The Case Managers ensure that each member's plan of care is carried out accordingly; our nurses provide the skilled care, and personal care aides (PCA) provide services that may include personal care, meal preparation, laundry, light housekeeping, and errands.

In Sally's plan of care, her PCA comes to her home five days a week and provides assistance with bathing, dressing, safety supervision, light housekeeping, respite care, and meal preparation.

After Sally had been on the Advantage Waiver Program for a few months, her health began to deteriorate. Because the Advantage program only allows the PCA to be in the home for up to two hours a day, she is no longer able to stay in her own home without supervision. The Advantage program is no longer able to meet Sally's need. Now, she is looking for something that can.

Sally is curious about a new program called Cherokee Elder Care. It is a facility that offers a Program of All-inclusive Care for the Elderly (PACE). PACE is a Medicare/Medicaid funded program that requires an individual to meet nursing home level of care and DHS financial guidelines. All-inclusive means that Cherokee Elder Care provides services for all of Sally's health needs. At Cherokee Elder Care, Sally has access to a physician 24 hours a day and 7 days a week, adult day health center, and rehabilitation services. Cherokee Elder Care contracts with Cherokee Nation Home Health Outreach to provide the in-home services for Sally.

PCA: What would you like to wear today, Sally?
Sally: How about my red blouse with my khaki pants? Can you braid my hair too?
PCA: Yes! I sure can! Let's get you ready to go to Cherokee Elder Care!

Since Sally decided to transfer from the Advantage Program to the PACE program, she will go through the enrollment process at Cherokee Elder Care where their medical team will develop a plan of care for Sally. This new plan of care now consists of the PCA going to Sally's home five days a week at 7:30 in the morning, assisting Sally with her morning activities and staying until Sally gets on the Cherokee Elder Care van at 9:30.

Now that Sally is enrolled in Cherokee Elder Care, all of her needs are being met. She receives her skilled care by a doctor and nurse who are on site at Cherokee Elder Care, and she has a safe and comfortable environment to relax in during the day while being supervised by staff. Because Sally's in-home services are still being provided by Cherokee Nation Home Health Outreach, Sally is able to keep her PCA.

Sally is really enjoying the new PACE program. She believes she got the best end of the deal!

Ryan Sierra Bio:

My name is Ryan Sierra. I am a citizen of the Cherokee Nation. I am from Hulbert, Oklahoma. I work part-time as a Community Educator for Cherokee Nation Home Health Services Inc. I am responsible for educating the public on what CNHHS does. I travel throughout our coverage area to spread information about our three agencies. I also publish a quarterly newsletter that tells about what we do. The newsletter contains information that the public is not always aware of. I am able to detail some of the processes that come with home health services. The newsletter is becoming a great tool for spreading our name over our entire coverage area.

In addition to working part-time, I attend Northeastern State University full-time. I am majoring in Cherokee Education. With this degree I will become fluent in the Cherokee language and gain the necessary skills to educate children. I will use my education to become a Cherokee immersion teacher. My ultimate goal is to make sure that the Cherokee language never dies.

IHS Elder Care Initiative Grants

Kay Branch, MA, Elder/Rural Health Program Coordinator, Community Health Services Division, Alaska Native Tribal Health Consortium, Anchorage, Alaska

The IHS Elder Care Initiative (ECI) grants have entered into their fourth cycle with a new cohort of grantees. Tribal programs awarded ECI grants in August 2008 include Bristol Bay Area Health Corporation, Chugachmiut, Colorado River Indian Tribes, Huron Potawatomi, Inc., Inter-Tribal Council of Michigan, Kodiak Area Native Association, Leech Lake Band of Ojibwe, Nimiipuu Health – Nez Perce Tribe, Pueblo of Jemez, Outekcak Native Tribe, Ramah Navajo School Board (Pine Hill), and Southern Indian Health Council.

All the projects for this cohort of grantees revolve around conducting an initial assessment of the long term care needs of community elders and developing a plan to meet those needs. Grantees are using a variety of assessment methods including surveys, community meetings, and focus groups to gather the information. They participate in monthly teleconferences to share information about their projects and learn from each other, and to learn about topics relevant to long term care service delivery and reimbursement opportunities. Previous ECI grantees and tribal long term care providers are special invitees to the teleconferences to provide grantees with some examples of other tribes' progress in developing these services.

ECI Grantees from the previous cycle are completing their projects; the article in this issue from the Southeast Area Health Consortium describes the needs assessment process and outcomes for their ECI grant project. The article from the Cherokee Nation highlights their ongoing efforts to increase long term care services.

Long Term Care services support elders and their families with medical, personal, and social services delivered in a variety of settings to ensure quality of life, maximum independence, and dignity. The IHS Elder Care Initiative grant program supports the development of medical long term care services by tribes, tribal organizations, and urban Indian health programs.

Kay Branch works for the Community Health Services division of the Alaska Native Tribal Health Consortium in Elder Care Planning. She works with tribal health partners to expand the availability of long term care services throughout the Alaska Tribal Health System, and provides technical assistance to IHS Elder Care grantees. She can be reached at pkbranch@anthc.org.

Endocrinology Fellowship Opportunity

The Oklahoma City Area Indian Health Service, in conjunction with the University of Oklahoma Health Sciences Center (OUHSC), Section of Endocrinology and Diabetes and the Harold Hamm Oklahoma Diabetes Center, is actively requesting candidates to apply for a two-year endocrinology fellowship program. A description of the fellowship program can be found at *http://w3.ouhsc.edu/Endocrinology/Fellowship%20Program.asp*. Interested applicants must hold US citizenship. American Indians are strongly encouraged to apply. Upon completion of the fellowship training, a two-year payback will take place at the Oklahoma City Area Indian Health Service in the role of Area Consultant for Endocrinology. For more information, please contact Carla Deal, Fellowship Coordinator, at (405) 271-3613 or via e-mail at *carla-deal@ouhsc.edu*.

Grandparent Caregivers

M. Yvonne Jackson, PhD, Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs, Administration on Aging, Washington, DC

While grandparents raising their grandchildren in the general population is seen as a recent phenomenon, grandparents have always assisted in the caregiving of their grandchildren in Indian communities. Unlike in the past, however, many American Indian and Alaska Native (AI/AN) elders are now caring for their grandchildren – and great-grandchildren – on a full time basis. There are many reasons for this, including grandparents' desires to:

- Protect their grandchild against the negative effects of lack of parenting skills, family poverty, or substance abuse;
- Support their grandchild during a crisis, such as abuse or neglect;
- Prevent the grandchild from being raised by a non-family member;
- Care for their grandchildren when the parents are away attending school, incarcerated, institutionalized, or deployed overseas by the military;
- Help their grandchild adjust to a difficult situation, such as abandonment or the death of their parents;
- Maintain the cultural tradition of raising grandchildren and promote their grandchild's native identity by sharing traditional AI/AN culture and values.

Demographics

Most of the data we have about AI/AN grandparents caring for their grandchildren come from the American Community Survey, Census 2000 Supplementary Survey.[1-2] Nationally, 1.5% of the total population and 8% of the AI/AN population over the age of 30 was a grandparent responsible for providing some care for at least one grandchild. At the county level, this ranged from 0% to 12.91%. The five counties or census areas with the highest percent of grandparents responsible for their grandchildren were all counties where Indian reservations or Alaska Native villages are located. These were the Rosebud Sioux Reservation in SD (12.91%), the Wade Hampton census area in Alaska (10.05%), the Standing Rock Reservation (9.63%), the Crow and Northern Cheyenne Reservations (9.61%), and the Pine Ridge Reservation (9.02%).

Unlike most ethnic groups where the highest percentage of grandparent caregiving occurs between the ages of 55 and 65, the highest percentage for AI/AN grandparent caregiving is between ages 60 and 70. Additionally, there is a greater percentage of AI/AN grandparents caring for grandchildren at nearly all ages. AI/AN grandparents are more likely than other ethnic groups to be caring for two or more grandchildren: 25 percent are caring for two grandchildren and 18 percent are caring for three or more. Over half of the AI/AN grandparents were caring for at least one child under age 6, 40 percent were caring for at least one grandchild age 6 to 11, and nearly one-third were caring for at least one grandchild age 12-17. For many grandparents, caring for their grandchildren is a long-term commitment. About 40% of AI/AN grandparent caregivers had been responsible for their grandchildren for five years or more.

It is no surprise that many AI/AN grandparents live in poverty. The Census data indicate that 32 percent of AI/AN grandparent caregivers had incomes that were below the poverty level, and another 30 percent had incomes between 100 and 200 percent of the poverty level.

The health status of AI/AN grandparents raising their grandchildren is largely unknown, since very few studies have been reported in the literature. Major health issues identified from interviews with 31 American Indian grandparents in Michigan included: 35% reported diabetes; 26% reported heart disease; 26% reported hypertension; and 22% reported arthritis. Some of the other health issues reported included depression; back, spine and hip problems; stroke; and Parkinson's disease.[3] Letiecq and coworkers examined depression among rural Native American and European American grandparents raising their grandchildren in Montana.

They concluded that Native American grandparents had more depressive symptoms, and the best predictors of depression were stress, total time providing primary care to grandchildren, and household income.[4]

Although the Census contained no specific questions about health status, one question was about physical limitations.[1] A third of AI/AN grandparent caregivers reported a physical limitation that substantially limited their ability to perform basic physical activities such as walking, climbing stairs, lifting, or caring.

Grandparent caregivers face a myriad of challenges in nearly all aspects of their lives. They often neglect their own physical and emotional health because they give priority to the needs of their grandchildren. Health care providers need to be aware of the additional stresses of grandparent caregivers and look for changes in health status, especially symptoms of depression.

Native American Caregiver Support Program

Through the Native American Caregiver Support Program,

established by the Older Americans Act amendments in 2000 (OAA), the Administration on Aging (AoA) provides grants to tribes and Native Alaskan organizations to provide a range of services to support family caregivers. Family caregivers can be: 1) any adult family member who is an informal provider of in-home care to an elder; or 2) a grandparent or a step-grandparent who is 55 years of ago or older and lives with their grandchild because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child.[5] Services available to grandparent caregivers include:

- Information for grandparent caregivers about available services,
- Assistance to grandparent caregivers in gaining access to services,
- Individual counseling,
- Organization of support groups for grandparents raising their grandchildren, and
- Caregiver training to assist the grandparent caregivers in making decisions and solving problems relating to their caregiving roles in caring for their grandchildren.

The OAA requires that priority be given to those grandparents caring for children with severe disabilities and those in the greatest social and economic need. It also requires coordination with other community agencies and voluntary organizations that are providing similar services. A final requirement is that funds provided through the Native American Caregiver Support Program shall supplement and not supplant funds that are available from other federal, state, or tribal programs.

Grant recipients are able to exercise flexibility in implementing the Native American Caregiver Support Program. For example, they are able to decide whether or not to provide caregiver support services to grandparents caring for grandchildren. They can decide who is eligible for grandparent support services, what support services will be provided among those allowed under the program, and what percent of funding will go to the grandparent support component of their caregiver support program.

Program Successes

Probably the greatest success of the grandparents raising grandchildren component of the Native American Caregiver Support Program is linking tribal elders with other programs. Many grandparents are at a loss as to what is available to help them care for their grandchildren. They don't know what is available or who to ask, and for many, they don't even know they can ask for help. Several caregiver support programs have developed resource directories describing resources available to grandparents, including financial resources, such as emergency funds for rent, bills, food, or clothing and books for the grandchildren; respite assistance; support groups; and other resources. Many programs also help grandparents enroll in state funded child-care assistance and tribal programs such as tribal Temporary Assistance for Needy Families (TANF) and housing assistance programs.

The Caregiver Support Programs provide a lot of training – both on how grandparents can take care of themselves and how do deal with their grandchildren. Some of the popular training topics include reducing stress, keeping fit, how do deal with discipline problems, and how to make your house safe for young children. Many programs also provide support groups so grandparents can support one another.

To find out what services are available through your local Native American Caregiver Support Program, please contact your tribal Title VI, Senior Services Program. Additional resources include:

- US Department of Health and Human Services: *http://www.hhs.gov/children/index.shtml*
- AARP Grandparent Information Center: *http://www.aarp.org/family/grandparenting*
- Resources for grandparents: *http://www.grandparents.com*
- National Center on Grandparents Raising Grandchildren: *http://chhs.gsu.edu/nationalcenter*
- Generations United National Center on Grandparents and Other Relatives Raising Grandchildren: *http://ipath.gu.org/Natio991336.asp*

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A Brief update on the Fort Defiance Home-Based Care and Geriatric Programs

Timothy Domer, MD, Director, Home Based Care/Elder Care Programs, Fort Defiance Indian Hospital, Fort Defiance Arizona

The Fort Defiance Home-Based Care/Elder Care programs have been a full time service since June 2006. A description of the program appeared first in the May 2006 *IHS Provider* under the title: "A Service Unit-Based Approach to Integrated Care for the Elderly." The link to this article is *http://www.ihs.gov/publicInfo/publications/HealthProvider/issues/PROV0506.pdf.*

Here are some findings from a recent review of the program since it began in June 2006:

1. **Comprehensive Elder Assessments (CEA – IHS Clinic code C7) performed: 595**. The CEA is an in depth assessment performed on a single day and includes at a minimum full evaluations by rehabilitation, dental, mental health, social services, benefits coordinator, and geriatrician. An interdisciplinary family meeting is held at the end of the assessment and an individualized plan of care is determined. The EHR template used is based in large part on the IHS Elder Template available at: *http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?sub_cat_id=0602090202*. All of these patients then receive follow up visits by social services as well as appointments for the services that were identified during the CEA evaluation. Many are enrolled in the elder care clinic for continuity of care.
2. **Patients followed at home by HBC nurses: 286**. These are high risk patients referred for a wide variety of issues including post hospitalization follow up, advanced chronic illness, end-of-life care, referrals from the CEA clinic, medication assistance, medication injections, wound care, ostomy care, etc. Patients followed until death: 94. Deaths at home – patients' choice: 16. Patients followed at home at any one time: 50-75, shared between four nurses.
3. **Diagnosis of dementia in patients seen in the CEA Clinic (review of 224 CEA visit records)**: 109/224 (48%) patients were diagnosed with dementia at the CEA. Of these patients only 27/109 (25%) had a previous dementia diagnosis recorded. Data in *Trends in Indian Health 2000-2001* indicate that American Indians/Alaska Natives have a rate of deaths from Alzheimer's less than half that of US whites. I have heard it stated and seen it written that AI/AN populations have a lower rate of dementia compared to other populations. This is counterintuitive because some of the causes of dementia such as diabetes and poverty are higher in our patients. What our data show is that the rate is at least as high as elsewhere in the world but that 75% of patients with dementia living in the community are undiagnosed. The implications of our findings are that the level of suffering of so many elders and the social impact of dementia on families and communities is simply not being recognized in Indian Country. No disease has a greater negative impact on the patient, family, and system than dementia. The only way to lessen the impact is to diagnose the disease early so that interventions and plans can be made, yet based on our findings up to 75% of community-dwelling elders with dementia are being missed in the IHS.
4. **Establishment of Durable Medical Powers of Attorney (DMPOA) and Advanced Directives (AD)**: Review of two samples of 75 CEA records from 2006 and early 2007 showed that only 4% of CEA patients had a DMPOA established, while only 1-2% had an AD. In 2007 - 2008 we focused as a group on how we could improve the establishment of both in a culturally sensitive way. The social workers, Navajo nurses, and our cross-cultural liaison developed a short document that stated in a simple, respectful way the wishes of a patient not to undergo CPR or artificial interventions when their time comes. We also updated and slightly modified the DMPOA and AD forms used by the hospital. Our review of 75 CEA records from the past six months revealed 42/55 (76%) patients for whom a DMPOA was recommended at the CEA now have a formal, notarized DMPOA in place; 25/42 (55%) have a formal AD established. We have shown that with the right approach it is very possible to discuss end-of-life issues with our elders and to establish a DMPOA and AD. We expect these rates to increase because the staff is now more comfortable in their approach to discussing these subjects.
5. **Full time equivalent positions:** Five nurses, four social workers, one psychologist, one coder, one biller, two secretaries, two diabetes technicians, two physicians, three supervisors.

6. **Coding, billing and collecting:** In FY 2007 and 2008 a total of $1.8 million was billed for the various services provided by the HBC program. $1 million has been collected.

If you have questions or would like further information, contact Dr. Domer at *timothy.domer@ihs.gov*.

Annual Elders Issue

This May 2009 issue of THE IHS PROVIDER, published on the occasion of National Older Americans Month, is the fourteenth annual issue dedicated to our elders. We are grateful for the opportunity to honor our elders with a collection of articles devoted to their health and health care. Indian Health Service, tribal, and urban program professionals are encouraged to submit articles for the May 2010 issue on elders. We are also interested in articles written by Indian elders themselves giving their perspective on health care issues. Inquiries can be addressed to the attention of the editor at the address on the back page of this issue.

Current Standards of Practice for Diabetes in Pregnancy

A Sweet Success Associate Regional Training, Current Standards of Practice for Diabetes in Pregnancy, will be held at the San Juan College in Farmington, New Mexico on June 17-18, 2009. A multidisciplinary team including a perinatologist, nurses, dietitians, social worker, and others will provide up-to-date diabetes in pregnancy recommendations in presentation and workshop formats. For more information, contact Mona Patterson at (928) 587-6859; SSEP at (714) 968-0735 or *ssep1@verizon.net*; or visit *http://www.sweetsuccessexpress.com*, conference page, to download a brochure.

Taking Care of Our Communities: An Overview of Long Term Care in Indian Country

John L. Johns, JD, Federal Regulations and Policy Analyst, National Indian Health Board, Washington, DC

With tribal members living longer, the demand for long term care (LTC) services in Indian Country is increasing. Advances in health care in the Indian health system have led to a decrease in infant mortality and fewer deaths from infectious disease, resulting in a population that is living longer and experiencing more age-related debilitating diseases requiring LTC services. Although only 12% of American Indian and Alaska Native (AI/AN) are age 55 and older, this group has grown by 25% over the previous ten years, and the overall life expectancy for AI/AN has increased from 51 years in 1940[1] to 76.9 years in 2001.

To better understand and improve LTC services in Indian Country, the Tribal Technical Advisory Group (TTAG)[2] recommended to the Centers for Medicare and Medicaid Services (CMS) that a report be developed to provide an overview of LTC services in Indian Country. In January 2008, CMS provided funding to the National Indian Health Board (NIHB) to begin the research and development of such a report. NIHB, with the assistance of the TTAG's LTC sub-committee, finalized the overview report[3] and submitted it to CMS during January 2009. The full report is available on both NIHB's website, *www.nihb.org* and the CMS TTAG website, *www.cmsttag.org*.

The breadth of the continuum of services in LTC, the wide variety of ways in which states implement CMS funded programs, and the wide distribution of authority for LTC services make it very challenging to identify and catalog the current availability of services, let alone try to propose systemic changes that would be effective throughout Indian Country.

The purpose of the report is to begin the process of summarizing and reviewing LTC models and options that have developed in Indian Country. While the report identifies several tribal LTC initiatives, it does not attempt to provide a comprehensive listing of all tribal services available, but rather to demonstrate the efforts of tribes and tribal organizations to provide much needed services to their members.

LTC Report in Brief

The report begins with a definition of *long term care*: the care of an elder or individual with a disability who requires ongoing assistance with activities of daily living, such as bathing, dressing, grooming, eating, toileting, transferring, shopping, and cooking. LTC services provide support to clients and their families through medical, personal, and social services delivered over a sustained period of time. These services are delivered in a variety of settings, ranging from a person's own home to institutional settings, to ensure quality of life, maximum independence, and dignity. LTC in AI/AN communities also includes the importance of maintaining cultural values in the delivery system.

LTC consists of the wide spectrum of health and social services required to care for individuals who are limited in their capacity to care for themselves due to physical, cognitive, or mental disability. These conditions frequently result in the individual being dependent on others for an extended period. LTC can consist of ongoing assistance with daily personal care activities such as bathing, dressing, eating, using the bathroom, and getting in and out of bed. It may also include assistance with such tasks as shopping, cooking, gathering firewood, and transportation. LTC plays an important role in the management of medication and ensuring that individuals receive necessary medical care.

It is commonplace in Indian communities for LTC service delivery to be found in a variety of departments or organizations. Typically meal service and other nutritional assistance is offered outside the tribal health program, as are housing support, chore service, and many other home based assistance programs. Frequently the services are poorly coordinated, as each focuses on carrying out the specific requirements of their funding agency, such as individual services supported by the federal Administration on Aging (AoA) and services paid for by Medicaid through state programs. Since IHS, Bureau of Indian Affairs (BIA), and tribal funding for LTC is limited, in many communities, individuals who need LTC must obtain them from non-Indian providers.

Very few individuals have the resources to pay the cost of their own LTC services. The viability of LTC care in any community, and particularly in Indian Country, requires the knowledge and the efficient use of all available funding resources. The funding sources are disjointed and each has its own eligibility rules. Identifying and maximizing those sources of funding, building linkages among the different components, and assisting individuals to obtain access to the right mix of services pose huge challenges in Indian Country.

Medicaid is the single largest payer for virtually all forms of LTC. According to *Medicaid: A Primer 2009* by the Henry J. Kaiser Family Foundation, "Medicaid covers more than 6 of every 10 nursing home residents and finances 40% of all long-term care spending in the nation."[4] Historically, most long term services financed by Medicaid have been provided in

institutions. However, more recently the trend has been toward providing home- and community-based services (HCBS) through 1915(c) waivers and other special programs associated with various aspects of LTC. HCBS waiver programs allow states to deliver care in the community to individuals as an alternative to providing care in institutions.

In addition to Medicaid, the IHS Elder Care Initiative Long Term Care Grant Program, the Administration on Aging, Medicare, the Department of Veterans Affairs (VA) and the Department of Housing and Urban Development (HUD) provide LTC assistance either directly to the client or indirectly through service or facility development. Insufficient funding is a tremendous barrier to developing LTC programs.

Whether services are provided by IHS, a tribal organization, or an urban Indian program, there are other barriers to consider. Many tribal communities share some of these barriers, while others are unique to a population or geographic area. The following list of barriers is not inclusive; it is intended as a list of examples to stimulate discussion.

- Geographic isolation
- Lack of professional and skilled staff
- Tribal assets and eligibility issues
- Lack of understanding of cultural differences
- Assessments that are typically biased toward non-AI/AN people
- Lack of knowledge of non-tribal services available to elders

Another barrier to LTC service development in Indian Country is the state/Federal Medicaid Partnership. Even though Medicaid is the largest payer of LTC services in the United States, its statutory authority does not specifically include tribes. Therefore, tribes must work through state governments to access Medicaid Services.

Because there is not Congressionally appropriated discretionary funding for long term care services, there are no designated (or authorized) programs within the Indian health system focusing and organizing health care to meet the LTC needs of AI/AN.

In spite of these difficulties, tribal programs have developed a variety of LTC services along the continuum of care, and a number of tribes are working toward a fully comprehensive set of services. Excellent models of long-term care exist within Indian Country and several of these are detailed in the full report. Future strategies for improving LTC in Indian Country include:

- Developing and implementing strategies for accessing and coordinating different sources of funding;
- Working in partnership with the Indian Health Service to expand LTC services;
- Working in partnership with CMS to increase access to services and reimbursements;
- Working to further develop and augment LTC services and advocacy efforts in Indian Country;
- Enhancing HCBS to allow elders to remain in their own homes; and
- Increasing support for families and other caregivers.

Increasing the availability of LTC services and delivery systems in Indian Country will enable AI/AN elders and individuals with disabilities to remain in their communities and receive care in a timely manner, help manage chronic health conditions, and allow families to remain together.

The next step for the CMS TTAG is to produce a more comprehensive report that will ultimately lead to a LTC Resource Guide/Tool-Kit for tribal leaders, tribal health officials, tribal members, and advocates to use as a guide in their efforts to establish viable LTC programs for their communities.

I would like to thank Caitlin Wesaw, Communications Coordinator, National Indian Health Board; Kay Branch, MA, Elder/Rural Health Program Coordinator, Alaska Native Tribal Health Consortium; and Bruce Finke, MD, IHS and Nashville Area Elder Health Consultant for their assistance with this article.

References

1. Indian Health Services, *Guidelines for Palliative Care Services* in the Indian Health System. December, 2006, , available at: *http://www.ihs.gov/NonMedicalPrograms/NC4/Documents/FINALPCGUIDELINES.pdf*
2. TTAG serves as an advisory committee to the Centers for Medicare & Medicaid Services (CMS) on health issues affecting American Indians and Alaska Natives (AI/AN) and is comprised of one elected Tribal leader from each of the twelve geographic areas of the Indian Health Services delivery system and one representative from each of the following; the National Indian Health Board, the National Congress of American Indians, and the Tribal Self-Governance Advisory Committee.
3. Centers for Medicare & Medicaid Tribal Technical Advisory Group, National Indian Health Board, *An Overview of Long-Term Care in Indian Country*. January 2009.
4. Available at: *http://www.kff.org/medicaid/upload/7334-03.pdf*

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

IHS Child Health Notes

Quote of the month

"…the country demands bold, persistent experimentation. It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something."

Franklin Delano Roosevelt, 1932

Article of Interest

Van Duzen J, Carter JP, Secondi J, Federspiel C. Protein and calorie malnutrition among preschool Navajo Indian Children. *Am J Clin Nutrition*. 1969 Oct;22(10):1362-70. *http://www.ajcn.org/cgi/reprint/22/10/1362*

Broussard BA, Johnson A, Himes JH, et al. Prevalence of obesity in American Indians and Alaska Natives. *Am J Clin Nutr*. 1991 Jun;53(6 Suppl):1535S-1542S. *http://www.ajcn.org/cgi/reprint/53/6/1535S*

Editor's Comment

Obesity is the biggest health problem confronting American Indian/Alaska Native children today. However, most physicians caring for AI/AN children do not realize that as recently as 40 years ago the major nutritional concern on many reservations was underweight, including kwashiorkor and marasmus.

The 1969 paper by Van Duzen documented that 15% of Navajo infants were below the third percentile for height and weight. She noted that 2% of the Navajo infants admitted to the hospital had kwashiorkor or marasmus. In a survey of preschool children, 14% were found to be below the third percentile for weight and 26% were below the third percentile for height. Over 80% of 4 to 5 year olds were below the 50th percentile for weight. Dr. Van Duzen correctly noted that this underweight was not genetic in nature but the result of environmental influences, particularly poverty and poor sanitation.

Twenty-two years later in 1991, Broussard et al noted that undernutrition was no longer a problem but there seemed to be an emerging problem with overweight and obesity. She noted that 9% of AI/AN preschoolers were obese (defined as >95% weight for height) compared to 6.3% of US children. Jump ahead to the report profiled by Dr. Bartholomew below from the April 2009 issue of *The Archives of Pediatrics and Adolescent Medicine*. Thirty-one percent of AI/AN preschool children are now obese compared to the 15% of US white children.

While many researchers have pursued genetic explanations such as the "thrifty gene" to explain the increasing rate of overweight in AI/AN groups, this seems unlikely to be helpful. In 40 short years AI/AN children have gone from underweight to obese. Their DNA has not changed, but their environment has.

The problem of overweight in AI/AN children requires, as FDR said in another context, "bold, persistent experimentation." It is not yet clear what will help children to achieve a healthy weight. However, to quote Roosevelt again; *"It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something."*

Recent literature on American Indian/Alaskan Native Health
Michael Bartholomew, MD

Anderson SE, Whitacker RC. Prevalence of obesity among US preschool children in different racial and ethnic groups. *Arch Pediatr Adolesc Med*. 2009 Apr;163(4):344-8. *http://www.ncbi.nlm.nih.gov/pubmed/19349563?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum*

Childhood obesity and racial health disparities continue to be a prevalent topic in the pediatric literature. It is well known that health disparities in adults and children do exist and those racial and ethnic disparities in obesity occur prior to adulthood. National Health and Nutrition Examination Survey (NHANES) data are limited in sample size and ethnic categories. The authors of this cross sectional secondary data analysis sought to estimate the prevalence of obesity in a representative sample of four-year old US children of the five major racial ethnic groups: non-Hispanic white, Hispanic, non-Hispanic black, Asian, and American Indian/Alaska Native.

The authors analyzed data from the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B). This data set was designed to provide information about the learning environments, health, and development of US children born in 2001. A final sample size of 8550 children with measured heights and weights was analyzed to determine obesity (BMI greater than or equal to 95th percentile) prevalence. The overall prevalence of BMI at or above the 95th percentile and the 97th percentile was 18.4% and 13.8% respectively. Of the five

racial/ethnic groups, American Indian/Alaska Native children had the highest prevalence of BMI at or above the 95th (31.2%) and 97th (24.4%) percentiles. The lowest prevalence of BMI at or above the 95th and 97th percentiles was observed in the Asian ethnic group (12.8%, 8.1% respectively). Prevalence of obesity (at or above the 95th and 97th percentile) among the other racial ethnic groups are as follows: Hispanic (22.0%, 16.9%), non-Hispanic Black (20.8%, 16.0%), and non-Hispanic White (15.9%, 11.6%).

This study illustrates that racial/ethnic disparity in obesity does occur at an early age. This study indicates that one out of three AI/AN children are obese. Recommendations from various sources including the Institute of Medicine, US Surgeon General, American Academy of Pediatrics, Centers for Disease Control and Prevention, and others stress the importance of initiating prevention activities at an early age. Family involvement is a critical component to these prevention efforts. The authors conclude that "future research might focus on racial/ethnic differences in household behaviors that affect obesity and how these behaviors are influenced by the community context."

Resources

1. Centers for Disease Control and Prevention. Overweight and Obesity. *http://www.cdc.gov/nccdphp/dnpa/obesity/*
2. Office of the Surgeon General *www.surgeongeneral.gov*
3. Institute of Medicine www.iom.edu
4. American Academy of Pediatrics *http://www.aap.org/healthtopics/overweight.cfm*

Announcements from the AAP Indian Health Special Interest Group

Sunnah Kim, MS

Locums Tenens and Job Opportunities

If you have a short or long term opportunity in an IHS, tribal or urban facility that you'd like for us to publicize (i.e., AAP website or complimentary ad on Ped Jobs, the official AAP on-line job board), please forward the information to *indianhealth@aap.org* or complete the on-line locum tenens form at *http://www.aap.org/nach/locumtenens.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*.

Evidence-Based Practice in Indian Country: A Journey to Excellence
A Research Symposium and Evidence-Based Practice Workshop
May 27-29, 2009; Fort Belknap College, Fort Belknap, Montana

Fort Belknap Tribal Public Health Nursing Program and IHS Headquarters Division of Nursing in collaboration with the National Institutes of Health (NIH) Nursing Research and Practice Service (RAPDS) are hosting a research symposium and evidence-based practice (EBP) workshop May 27 - 29, 2009 at Fort Belknap College, Fort Belknap, Montana. The event is free, and CEUs will be provided. The overall purpose of the three day event is to improve patient outcomes by linking research to practice.

The *Research Symposium* is intended to inform practitioners about significant research findings related to the Native American experience with Suicide/Mental Health, Family and Community Violence, Methamphetamine Abuse, and Case-Management, all clinical and public health areas of concern in the Billings IHS Area. Further, it will serve as a forum for the exchange of ideas among scholars and practitioners of tribal, urban and IHS programs to promote the use of research in practice.

Distinguished speakers include Jacquelyn C. Campbell, PhD, RN, FAAN of the Johns Hopkins University School of Nursing; *Lawrence Wissow*, MD, MPH of the Johns Hopkins Bloomberg School of Public Health, and John M. Roll, PhD, Associate Dean for Research and the Director of the Program of Excellence in the Addictions, Washington State University College of Nursing.

A poster presentation and discussion will be held on current EBP Projects from Quentin N. Burdick Memorial Hospital in Belcourt, ND and Northern Navajo Medical Center in Shiprock, NM, as well as from other current or in-progress projects from workshop participants.

The overall goal of the interactive EBP workshop is to facilitate and encourage the implementation of evidence-based practice in Nursing in IHS, tribal, and urban health facilities. Participants will gain tangible skills and knowledge specifically pertaining to articulating the evolution and importance of EBP, formulation of a clinical question using "PICO" methodology, application of pre-appraised evidence to address clinical questions, as well as the development of a preliminary plan for integrating EBP in existing and future policies and practice.

The *Evidence-Based Practice Workshop* will be facilitated by Gwenyth Wallen, PhD, RN, Chief/Clinical Nurse Scientist at the NIH CC RAPDS in Bethesda, Maryland. She, with a team of other NIH nurse researchers, conducted a successful training in Shiprock last year, and we are fortunate to have them for this upcoming event.

The intended audience is clinical and public health nursing staff, but is open to all who are interested in promoting future EBP and community-based participatory research efforts in American Indian/Alaska Native communities. For further information contact Teresa Brockie at (301) 594-4563, e-mail *brockiet@cc.nih.gov*; Dawn Halver at (406) 247-7121, e-mail *Dawn.Halver@ihs.gov*; or Kathleen Adams at (406) 353-3258, e-mail *Kathleen.Adams@ihs.gov*. To register contact Delores Little Owl at (406) 353-3244 or e-mail *Delores.Littleowl@ihs.gov*. Limited space is available; please register as soon as possible. We hope you can join us for this excellent opportunity.

New York/New Jersey AIDS Education and Training Center Native American HIV/AIDS Conference
June 2, 2009; Niagara Falls, New York

The first annual Native American HIV/AIDS Conference for upstate New York will be June 2, 2009. The conference is for health care providers, including nurses, social workers, substance use specialists, and case managers who treat Native Americans. The conference will be at the Seneca Niagara Casino and Hotel; it is free and includes lunch. The deadline to register is Monday, May 25, 2009.

Our keynote session will be "Ten Big Challenges to Care in HIV Medicine" given by Dr. Judith Lightfoot, an Infectious Disease Specialist from Garden State Infectious Disease Associates in New Jersey.

This conference is sponsored by the New York/New Jersey AIDS Education and Training Center, Erie County Medical Center, and Albany Medical College. For more information and to register, contact Laura Glazer at (518) 262-8640 or *GlazerL@mail.amc.edu*.

2009 Nurse Leaders in Native Care (NLiNC) Conference
June 15 - 19, 2009; Phoenix, Arizona

The theme of this year's conference is "Linking Yesterday, Today, and Tomorrow through Leadership, Teamwork, and

Evidence-Based Practice." IHS, tribal, and urban nurses are encouraged to attend the '09 NLiNC Conference to be held at the Sheraton Crescent Hotel, 2620 W. Dunlap Avenue, Phoenix, Arizona 85021. Please make your room reservations by May 31, 2009 by calling toll-free 1-800-423-4126 or (602)-943-8200, and ask for the "2009 Nurse Leaders in Native Care Conference" to secure the special rate of $89 + tax single or double occupancy per night. Reservations may also be made on-line at: *http://www.starwoodmeeting.com/Book/2009NurseLeaders*.

The IHS Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information, please contact LCDR Lisa Palucci, MSN, RN, Nurse Educator/Lead Nurse Planner, IHS Clinical Support Center, Office of Continuing Education, at *lisa.palucci@ihs.gov*, or (602) 364-7740. You can also visit the NNLC website for additional information at *http://www.ihs.gov/MedicalPrograms/nnlc/nnlc_conferences.asp.*

Indian Health Summit
July 7 - 9, 2009; Denver, Colorado

The Indian Health Summit is scheduled for July 7 - 9, 2009 in Denver, Colorado. The Health Summit will be a national gathering of Indian health professionals and administrative leadership, community health advocates, and tribal leadership. Tribal partners include the National Indian Health Board and the National Council of Urban Indian Health, Direct Service Tribes and the Tribal Self-Governance Advisory Committee. The theme for the Health Summit is *Celebrating the Tapestry of Health and Wellness: Sharing wisdom and showcasing innovation in Indian Health*.

The Health Summit will be patterned after the Institute for Healthcare Improvement (IHI) Forums to include a variety of mini sessions or learning labs (2.5 hour skill building sessions) as well as plenary and abstracted sessions that focus on the care model, the improvement model, and health care system transformation. Sessions will focus on the Director's Health Initiatives, the Special Diabetes Program for Indians, public health and partnerships, urban health issues, traditional medicine, tribal leadership, injury prevention, trauma care, telehealth, and many other topics. There will be story board and networking sessions as well as social events such as an Indian comedy duo and Indian dance troupe.

Please make your hotel room reservations at the Hyatt Regency Denver Convention Center, 650 15th Street, Denver, Colorado 80202 (*www.denverregency.hyatt.com*). Reservations can also be made by calling the hotel directly at (303) 436-1234 or (800) 633-7313. Online reservations can be made at *http://denverregency.hyatt.com/groupbooking/denccindi2009*. For online registration and the most current conference agenda and information, please visit the conference website at *http://conferences.thehillgroup.com/healthsummit/index.html*.

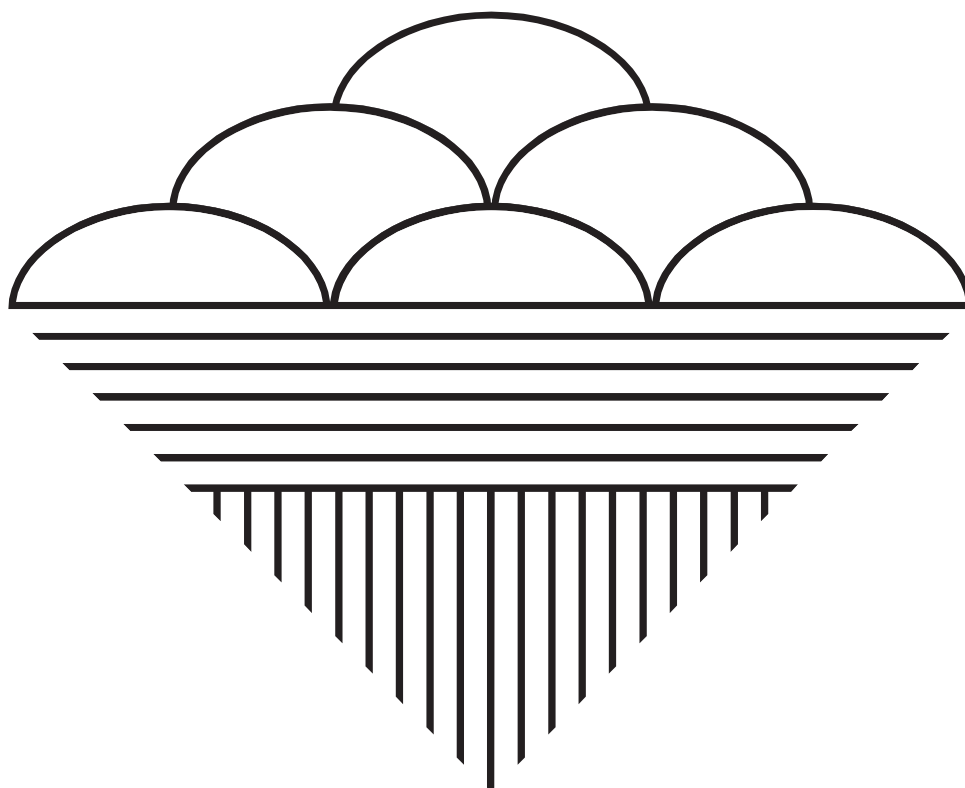
For more information, contact CAPT Candace Jones at (505) 248-4961; e-mail *Candace.jones@ihs.gov* or Kimi DeLeon at the Hill Group at (301) 897-2789 x 132; e-mail *kdeleon@thehillgroup.com*.

August 2009 Clinical Update on Substance Abuse and Dependency (Formerly known as the Primary Care Provider Training on Chemical Dependency)
August 25 - 27, 2009; Bemidji, Minnesota

This three day intensive workshop includes both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information. This training is available to Indian health providers (physicians, physician assistants, nurses, and advanced practice nurses). Enrollment is limited to 30 providers (preferably 2 - 3 person teams from the same facility representing the various disciplines targeted). The conference site is the Hampton Inn & Suites, 1019 Paul Bunyan Drive S, Bemidji, Minnesota 56601; telephone (218) 751-3600. For more information or to register, contact Cheryl Begay at (602) 364-7777 or e-mail *cheryl.begay@ihs.gov*. To register on-line, go to the CSC website at *http://www.csc.ihs.gov*.

Why is My Mailed Issue Late? What Can I do About It?

Due to delayed payments to some vendors that have occurred with the transition to the UFMS system, there have been problems with distribution of the mailed issues of *The Provider*. We are attempting to resolve these. Until we have this under control, readers are encouraged to take advantage of the opportunity to sign up for the listserv that gives notification as soon as the electronic version is posted on our website – usually in the middle of the month. Issues may be read in their entirety as soon as they are posted, and so no time-sensitive information will be missed. To join the listserv, go to *http://www.ihs.gov/PublicInfo/Publications/HealthProvider/provform.asp* and subscribe.



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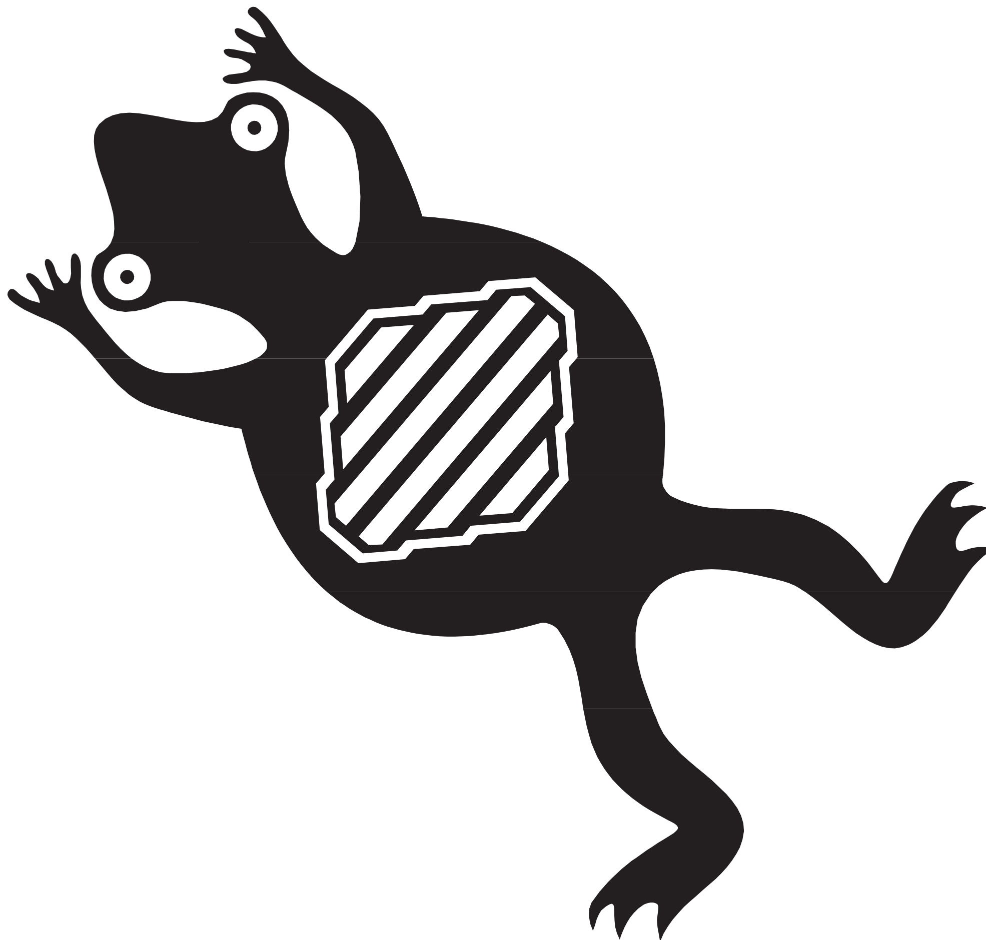

POSITION VACANCIES

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.

Internal Medicine/Hospitalist
Phoenix Indian Medical Center; Phoenix, Arizona

The Internal Medicine department is recruiting for a hospitalist, BC/BE in either Internal Medicine or Family Medicine, at the Phoenix Indian Medical Center; position available now. PIMC is one of the largest sites in the IHS, with over 150 multi-specialty physicians. Our five-member hospitalist group provides both general medical and intermediate level care for approximately 40 hospitalized patients. Very reasonable schedule with 40 - 45 hour weeks. Electronic Health Record is being implemented. This position would be open to either a civil service or Commissioned Corps physician. The Phoenix metropolitan area offers a variety of cultural, sports, educational, and family-oriented opportunities.

For more information, please contact/send CV to Amy Light MD, Chief of Medicine, Phoenix Indian Medical Center, 4212 North 16th Street, Phoenix, Arizona 85016. Telephone (602) 263-1537; fax (602) 263-1593 or e-mail *amy.light@ihs.gov*. (4/09)

Psychiatrist
White Earth Health Center; White Earth, Minnesota

The White Earth Health Center is currently recruiting a psychiatrist to provide psychiatric assessment for diagnosis of mental health disorders for children, adolescents, and adults and provide medication management services to children, adolescents, and adults, in an outpatient setting. The White Earth Health Center is located in central Minnesota. Enjoy four seasons filled with plenty of lakes for fishing, swimming, canoeing, skiing, skating; area fitness centers; shopping, hunting, snowmobiling, four-wheeling, clear skies, golf courses, horse trail rides.

The ideal candidate for this position will be an outgoing, energetic team player who is compassionate and focused on patient care. This individual will be working in a beautiful, modern facility. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. Please contact Darryl Zitzow, PhD, LP, Director, Mental Health Department, telephone (218) 983-6325; fax (218) 983-6336); or e-mail *darryl.zitzow@ihs.gov* for further information. The mailing address is White Earth Health Center, 40520 County Highway 34, Ogema, Minnesota 56569. (4/09)

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

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible family medicine, internal medicine, and emergency medicine physicians to join our experienced medical staff. The SSU is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, 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 in a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. Commuter van pool from Tucson is available for a monthly fee. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*. (3/09)

Family Nurse Practitioners
San Simon Health Center, Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for a family nurse practitioner to provide ambulatory care in the recently opened San Simon Health Center and another family or pediatric nurse practitioner to provide ambulatory care in our school health program. The SSU is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, the Santa Rosa Health Center, located in Santa Rosa, and the San Simon Health Center located in San Simon, with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women’s health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self management education.

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We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*. (3/09)

Family Physician
Staff Dentist
Consolidated Tribal Health Project, Inc.; Calpella, California

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

We are seeking two providers:

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

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

Family Practice Physician
Nurse Practitioner
Pawhuska IHS Health Center; Pawhuska, Oklahoma

The Pawhuska IHS Health Center has openings for a family practice physician and a nurse practitioner. Our facility is a JCAHO accredited, multidisciplinary outpatient clinic with medical, dental, optometry, behavioral health, an on-site lab, and pharmacy. Our medical staff enjoy regular work hours with no night or weekend call.

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

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

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

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

Please contact Dr. Alma Alford, Chief of Family Medicine, if you are interested in pursuing an opportunity here. The address is Gallup Indian Medical Center, 516 E. Nizhoni Blvd., P.O. Box 1337, Gallup, New Mexico 87301-1337; telephone (505) 722-1000; fax (505) 726-8740; office number (505) 722-1280 or 722-1775; e-mail *alma.alford@ihs.gov*. (1/09)

Physicians
Belcourt Comprehensive Health Care Facility; Belcourt, North Dakota

The Belcourt Comprehensive Health Care Facility is seeking experienced pediatric, emergency medicine, obstetrics and gynecology, family practice and psychiatry professionals. Belcourt is located in Rolette County in the north-central part of the state near the Canadian border in rural North Dakota. The Turtle Mountain Reservation has approximately 26,000 enrolled tribal members of the Turtle Mountain Band of Chippewa. The area consists of low rolling hills and a wide variety of trees. About 40% of the land is covered with small ponds and lakes for those who love fishing, boating, and water skiing and, in the winter, snowmobiling, ice fishing, as well as downhill skiing. We are a 27-bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, OB/GYN, Emergency Medicine, General Surgery, Behavioral Health, Mid-Level Services, Dentistry, Pharmacy, Optometry, Physical Therapy, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Physicians
Eagle Butte IHS Hospital, Eagle Butte, South Dakota

The Eagle Butte IHS Hospital is seeking experienced emergency medicine and family practice professionals. Eagle Butte is located in Dewey County in rural western South Dakota. The Cheyenne River Reservation has about 15,000 enrolled tribal members of the Cheyenne River Sioux Tribe. The mighty Missouri River borders its eastern edge, the rugged Cheyenne forms its southern border, and the Moreau River flows through the heart of the reservation. This land of sprawling prairies and abundant waters is home to the Cheyenne River Sioux Tribe. Hunting opportunities on the Cheyenne River Reservation include elk, whitetail deer, mule deer, pronghorn antelope, duck, goose, turkey, rabbit, and prairie dog. Anglers can catch trout, walleye, salmon, large and smallmouth bass, white bass, northern pike, and catfish. The stark, solitary beauty of the prairie will amaze visitors. In some places, you can drive for miles with only nature and wildlife as company. We are a 13 bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, Emergency Medicine, Mid-Level Services, Dentistry, Pharmacy, Optometry, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Medical Director
Physician
Mid-Level Provider
Nimiipuu Health; Lapwai, Idaho

Caring people making a difference. Nimiipuu Health is an agency of the Nez Perce Tribe, with ambulatory health care facilities in Lapwai and Kamiah located in beautiful northern Idaho near the confluence of the Snake and Clearwater Rivers, an area rich in history, natural beauty, and amiable communities. We provide excellent benefits and opportunity for personal and professional growth. Nimiipuu Health's caring team is looking for individuals making a difference in the health care field and is now accepting applications for three positions.

Medical Director (Salary/DOE/Full-Time/Lapwai). MD or DO with current certification in family practice or internal medicine. Must have completed an internship, be board certified, with at least five years of clinical experience. Must be licensed to practice medicine in Idaho, or obtain state of Idaho license within one year of appointment. Must have BLS and ACLS certification. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain current license and certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Physician (Salary/DOE/Full-Time/Lapwai). Idaho licensed MD or DO, prefer board certified in family practice or internal medicine. Incumbent can obtain Idaho license within one year of appointment. Must have DEA number or obtain within three months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain appropriate board certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Mid-Level Provider (Salary/DOE/Full-Time/Lapwai). Idaho licensed FNP or PA. Incumbent can obtain Idaho license within one year of appointment. Must have BLS and obtain ACLS within six months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must have valid driver's license with insurable record and will be required to pass extensive background check. Closes 1/09/09. Tribal preference applies.

A complete application packet for these positions includes NMPH job application, copy of current credentials, two reference letters, resume or CV, a copy of your tribal ID or Certification of Indian Blood (CIB), if applicable. Send to Nimiipuu Health, Attn: Human Resources, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail *carmb@nimiipuu.org*. For more information about our community and area please go to www.nezperce.org or *www.zipskinny.com*.

Pharmacist
Juneau, Alaska

The Southeast Alaska Regional Health Consortium has an opening for a staff pharmacist at our Joint Commission accredited ambulatory care facility located in Juneau. Pharmacists interact with medical and nursing staff to achieve positive patient outcomes and are active members of the health-care team. Prescriptions are filled using Scriptpro Robotic Systems. Responsibilities include drug selection, compounding, and dispensing, as well as P&T and other committee participation, formulary management, drug information, education, and mentoring. We also provide pharmacist managed anticoagulation monitoring services.

Experience living in beautiful southeast Alaska. Juneau is located in Alaska's panhandle on a channel of salt water 70 air miles from the open ocean. Juneau is Alaska's capital and the third largest city in Alaska (30,000 people). Vast areas of recreational wilderness and opportunity surround us. Juneau and much of southeast Alaska are located within the Tongass National forest, the largest expanse of temperate rainforest in the world.

The Southeast Alaska Regional Health Consortium is a nonprofit health corporation established in 1975 by the Board of Directors, comprised of tribal members of 18 Native communities in the southeast region, to serve the Alaska Native and Native American people of southeast Alaska. Our clinic is committed to providing high quality health services in partnership with Native people.

Successful candidates should be self motivated and committed to providing excellent patient care. This is a Commissioned Officer 04 billet or a direct hire with a competitive salary and a generous benefit package. For more information please go to *https://searhc.org/common/pages/hr/nativehire/index.php* or contact the SEARHC Human Resources office by telephone at (907) 364-4415; fax (907) 463-6605.

Applications and additional information about this vacancy are available on-line at *www.searhc.org*, or you may contact Teresa Bruce, Pharmacy Director at (907) 463-4004; or e-mail *teresa.bruce@searhc.org*.

Family Practice Physician
Pediatrician (Outpatient and Hospitalist)
Obstetrician/Gynecologist
Anchorage, Alaska

Multidisciplinary teams with physicians, master's level therapists, RN case managers, nurse practitioners and physician assistants. Integrated into the system: family medicine, behavioral health, pediatrics, obstetrics and gynecology, health educators, nutritionists, social workers, midwives, pharmacists, home health, and easy access to specialists. This integrated model also includes complementary health and traditional Native healing. Eligibility verification, insurance, and billing are handled by administrative staff.

Amazing benefits including 4 to 6 weeks of vacation, one week of paid CME time, plus 12 paid holidays. CME funding; excellent insurance coverage – malpractice, health, life, short and long term disability – and subsidized health insurance for family. Employer 401K with matching contribution to retirement, fees paid for medical license, registration, etc.

New, modern state of the art facilities. Innovative practice system featured on front page of New York Times, JAMA, etc. Clinical quality improvement team. Practice management data monthly.

We currently employ 25 family physicians, 16 pediatricians, 10 obstetrician/gynecologists, and 6 psychiatrists, and we are adding additional positions.

Anchorage is a city of 330,000, the largest city in Alaska. Lots of cultural activities including a performing arts center that hosts national and regional troops, the Anchorage Museum of Natural History, and the Alaska Native Heritage Center. Alaska is known as the land of the midnight sun, as we bask in 19.5 hours of daylight on summer solstice. Our summer temperatures reach into the upper 70s, and the landscape transforms into green trees and flower blossoms. On winter solstice, we enjoy beautiful sunrises and sunsets over snowcapped mountains, and darkness brings the possibility of breathtaking displays of the northern lights. Hundreds of kilometers of groomed, interconnected cross country ski trails in town are lit at night by artificial light and the incredible moonlight reflecting off of the snow; these trails are perfect for running and biking in the summer. There are good public schools, good community, and incredible outdoor activity opportunities.

For more specific specialty information please contact Larisa Lucca, Physician Recruiter, Southcentral Foundation; telephone (888) 700-6966 ext. 1 or (907) 729-4999; fax (907) 729-4978; e-mail *llucca@scf.cc*.

Family Nurse Practitioner/Physician Assistant
Family Practice Physician
PharmD
Wind River Service Unit, Wyoming

The Wind River Service Unit has an immediate opening for a family nurse practitioner/physician assistant and a pharmacist (PharmD), as well as a fall 2009 opening for a family practice physician to provide care across the life span and to manage panel of patients from the Shoshone and Arapahoe Tribes on the Wind River Reservation. Located in the central part of pristine Wyoming, climbing, hiking, hunting, fishing, and water sports are minutes away. Out patient care is provided at two sites, one located in Arapahoe and one located in Ft. Washakie. Dedicated, dynamic staff includes ten RNs, six family physicians, one pediatrician, four family nurse practitioners, psychologists, social workers, four dentists, a certified diabetic educator, a diabetes educator, a

health educator, five public health nurses, three PharmDs, two pharmacists, and two optometrists. Specialty clinics include orthopedics, podiatry, nephrology, obstetrics, and audiology. An open access model is used. Inpatient care is provided by the physicians at an excellent 83-bed community hospital in nearby Lander, with a fully staffed inpatient psychiatric hospital and rehabilitation unit.

For more information, contact Marilyn Scott at (307) 335-5963 (voice mail), or by e-mail at *marilyn.scott@ihs.gov*.

Tribal Data Coordinator (Level II)
The United South & Eastern Tribes, Inc. (USET)

United South and Eastern Tribes, Inc. is a non-profit, inter-tribal organization that collectively represents its member tribes at the regional and national level. USET has grown to include twenty-five federally recognized tribes in the southern and eastern parts of the United States from northern Maine to Florida and as far west as east Texas. USET is dedicated to promoting Indian leadership, improving the quality of life for American Indians, and protecting Indian rights and natural resources on tribal lands. Although its guiding principle is unity, USET plays a major role in the self-determination of all its member tribes by working to improve the capabilities of tribal governments.

We are recruiting to fill the Tribal Data Coordinator (Level II) position vacancy in the tribal health program support department. Qualifications for this vacancy require a minimum of an Associate Degree in a related discipline (e.g., computer science, statistics, math, biological sciences, education) from an accredited college or university, with relevant job experience. Documented three years experience in a paid position related to the use of health systems in the collection and analysis of health data will be considered in lieu of a degree. The Tribal Data Coordinator position also requires at least two years of RPMS experience as a user.

So if you have at least two years of RPMS experience, this could be a great opportunity for you. The Tribal Data Coordinator provides RPMS software training to USET member tribes. He/she also works on data quality improvement initiatives and provides data collection and analysis.

We offer flexible schedules and a competitive salary and benefit package. Hiring preference will be given to American Indians/Alaska Natives. If you are interested, you can get additional information about USET and the job announcement at our web site, *www.usetinc.org*, or you can contact Tammy Neptune at (615) 872-7900 or e-mail *tneptune@USETInc.org*.

Certified Diabetes Educator
Dietitian
Pediatrician
Chief Medical Officer
Family Practice Physician
Nurse
Medical Technologist
Chief Redstone Health Clinic, Fort Peck Service Unit; Wolf Point, Montana

Fort Peck Service Unit in Wolf Point, Montana is looking for family practice physicians to work at the Chief Redstone Indian Health Service clinic. This unique opportunity allows physicians to care for individuals and families, including newborns, their parents, grandparents, and extended family. Applicants must be culturally conscious and work well within a team environment. The Fort Peck Service Unit is located in the north east corner of Montana along the Missouri river. Fort Peck Service Unit has two primary care clinics, one in the town of Poplar and one in the town of Wolf Point.

Our Medical Staff is composed of five family practice physicians, two internal medicine physicians, one pediatrician, one podiatrist, and four family nurse practitioners/physician assistants. We have a full complement of support services, which include dental, optometry, audiology, psychology, social work, radiology, lab, public health nursing, and very active Diabetes Department. These are ambulatory clinics; however, our providers have privileges in the local community hospital. We have approximately 80,000 patient contacts per year. We work very closely with the private sector. IHS and the private hospital have a cardiac rehabilitation center. By cooperating with IHS, the hospital has been able to get a CT scanner and a mammography unit. The Tribal Health Program has a dialysis unit attached to the Poplar IHS clinic. Customer service is our priority. The IHS has excellent benefits for Civil Service and Commissioned Corps employees. There are loan repayment options, and we are a designated NHSC site. We strive to provide quality care through a strong multidisciplinary team approach; we believe in being closely involved in our population to encourage a healthier community.

There are many opportunities for recreation, as we are a short distance from the Fort Peck Dam and Reservoir. For more information about our area and community please go the website at *http://www.ihs.gov/FacilitiesServices/AreaOffices/Billings/FtPeck/index.asp*. Fort Peck Tribes also can be found on *www.fortpecktribes.org*, and the Fort Peck Community College on *www.fpcc.edu*. North east Montana offers many amenities one might not expect this far off the beaten path. If you are interested please contact our provider recruiter, CDR Karen Kajiwara-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at *karen.kajiwara@ihs.gov*. Alternately, you can contact the Billings Area Physician Recruiter, Audrey Jones, at (406) 247-7126 or by e-mail at *audrey.jones@ihs.gov*. We look forward to communicating with you.

Family Practice Physician
Pharmacists
PHS Indian Hospital, Harlem, Montana

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

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

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

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

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

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

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

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

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

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

The Crow Service Unit is seeking health practitioners to come work with their dedicated staff on the Crow Indian Reservation. The Crow Service Unit consists of a small 24-bed

hospital located in Crow Agency and two satellite clinics, Lodge Grass Health Center, located approximately 20 miles south of Crow Agency, and Pryor Health Station, located about 70 miles northwest of Crow Agency.

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

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

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

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

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

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

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

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

Nurse Specialist - Diabetes
Whiteriver Service Unit; Whiteriver, Arizona

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

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

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

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

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

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

to providing quality patient care and we have several medical staff members that have been employed here ten or more years.

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

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

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

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

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

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

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

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

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

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

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

Family Medicine Physician
Norton Sound Health Corporation; Nome, Alaska

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

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

The Norton Sound Health Corporation is a 638 Alaskan Native run corporation. It provides the health care to the entire region. This encompasses an area about the size of Oregon, and includes 15 surrounding villages. We provide all aspects of family medicine, including deliveries, minor surgery, EGDs, colposcopies, colonoscopies, and exercise treadmills. Our closest referral center is in Anchorage. Our Medical Staff consists of seven board certified family practice physicians, one certified internist, one certified psychiatrist, and several PAs. This allows a very comfortable lifestyle with ample time off for family or personal activities.

Starting salary is very competitive, with ample vacation, paid holidays, two weeks and $6,000 for CME activities, and a generous retirement program with full vesting in five years. In addition to the compensation, student loan repayment is available.

The practice of medicine in Nome, Alaska is not for everyone. But if you are looking for a place where you can still make a difference; a place where your kids can play in the tundra or walk down to the river to go fishing; a place where everyone knows everyone else, and enjoys it that way, a place where your work week could include a trip to an ancient Eskimo village, giving advice to health aids over the phone, or flying to Russia to medivacs a patient having a heart attack, then maybe you'll know what we mean when we say, "There is no place like Nome."

If you are interested, please contact David Head, MD, by telephone at (907) 443-3311, or (907) 443-3407; PO Box 966, Nome, Alaska 99762; or e-mail at *head@nshcorp.org*.

Family Practice Physician
Central Valley Indian Health, Inc.; Clovis, California

Central Valley Indian Health, Inc. is recruiting for a BC/BE, full-time physician for our Clovis, California clinic. The physician will be in a family practice setting and provide qualified medical care to the Native American population in the Central Valley. The physician must be willing to treat patients of all ages. The physician will be working with an energetic and experienced staff of nurses and medical assistants. Central Valley Indian Health, Inc. also provides an excellent benefits package that consists of a competitive annual salary; group health insurance/life insurance at no cost; 401k profit sharing and retirement; CME reimbursement and leave; 12 major holidays off; personal leave; loan repayment options; and regular hours Monday through Friday 8 am to 5pm (no on-call hours required). For more information or to send your CV, please contact Julie Ramsey, MPH, 20 N. Dewitt Ave., Clovis, California 93612. Telephone (559) 299-2578, ext. 117; fax (559) 299-0245; e-mail *jramsey@cvih.org*.

Family Practice Physician
Tulalip Tribes Health Clinic; Tulalip, Washington

The Tulalip Tribes Health Clinic in Tulalip, Washington, is seeking two family practice physicians to join our Family Practice Outpatient clinic. We are a six physician outpatient clinic which sits on the edge of Tulalip Bay, 12 miles east of Marysville, Washington. Tulalip is known as an ideal area, situated 30 miles north of Seattle, with all types of shopping facilities located on the reservation. Sound Family Medicine is committed to providing excellent, comprehensive, and compassionate medicine to our patients. The Tulalip Tribes offer an excellent compensation package, group health plan, and retirement benefits. For more information, visit us on the web at *employment.tulaliptribes-nsn.gov/tulalip-positions.asp*. Please e-mail letters of interest and resumes to *wpaisano@tulaliptribes-nsn.gov*.

Family Practice Physician
Seattle Indian Health Board; Seattle, Washington

Live, work, and play in beautiful Seattle, Washington. Our clinic is located just south of downtown Seattle, close to a wide variety of sport and cultural events. Enjoy views of the Olympic Mountains across Puget Sound. The Seattle Indian Health Board is recruiting for a full-time family practice physician to join our team. We are a multiservice community health center for urban Indians. Services include medical, dental, mental health, nutrition, inpatient and outpatient substance abuse treatment, onsite pharmacy and lab, and a wide variety of community education services. Enjoy all the amenities a large urban center has to offer physicians. Our practice consists of four physicians and two mid-level providers. The Seattle Indian Health Board is a clinical site for the Swedish Cherry Hill Family Practice Residency program. Physicians have the opportunity to precept residents in both clinical and didactic activities. The Seattle Indian Health Board is part of a call group at Swedish Cherry Hill (just 5 minutes from the clinic). After hour call is 1 in 10. Program development and leadership opportunities are available.

Seattle is a great family town with good schools and a wide variety of great neighborhoods to live in. Enjoy all the benefits the Puget Sound region has to offer: hiking, boating, biking, camping, skiing, the arts, dining, shopping, and much more! Come join our growing clinic in a fantastic location. The Seattle Indian Health Board offers competitive salaries and benefits. For more information please contact Human Resources at (206) 324-9360, ext. 1105 or 1123; contact Maile Robidoux by e-mail at *mailer@sihb.org*; or visit our website at *www.sihb.org*.

Psychiatrist
Psychiatric Nurse Practitioner
Four Corners Regional Health Center; Red Mesa, Arizona

The Four Corners Regional Health Center, located in Red Mesa, Arizona is currently recruiting a psychiatrist. The health center is a six-bed ambulatory care clinic providing ambulatory and inpatient services to Indian beneficiaries in the Red Mesa area. The psychiatrist will provide psychiatric services for mental health patients. The psychiatric nurse practitioner will provide psychiatric nursing services. The incumbents will be responsible for assuring that basic health care needs of psychiatric patients are monitored and will provide medication management and consultation-liaison services. Incumbents will serve as liaison between the mental health program and medical staff as needed. Incumbents will work with patients of all ages, and will provide diagnostic assessments, pharmacotherapy, psychotherapy, and psychoeducation. Relocation benefits are available.

For more information, please contact Michelle Eaglehawk, LISW/LCSW, Director of Behavioral Health

Services at (928) 656-5150 or e-mail *Michelle.Eaglehawk@ihs.gov*.

Pediatrician
Fort Defiance Indian Hospital; Fort Defiance, Arizona

Fort Defiance Indian Hospital is recruiting for pediatricians to fill permanent positions for summer 2008 as well as 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*.

New Policy for Position Vacancies

Through the years, the number of position vacancies published every month has grown, such that now it includes as many as 15 pages per issue. In the past, we tried to contact those who submitted these on a periodic basis, but this is very labor intensive, and many failed to respond to confirm that they, indeed, needed their item to continue.

Our plan to try to alleviate this situation is to run all submitted items for four months, and then remove them from the section. Those who wish to continue their position vacancy announcements may resubmit them at this time, and they will run for another four months. We will not be contacting you, though, so we ask that you keep an eye on your announcements to be sure you know when they are about to expire.

This will assure that all vacancy announcements we publish remain "fresh" and current and eliminate items that are no longer necessary.

It is not our intention to remove items that are still pertinent; we are merely trying to encourage those who submit these to assume the responsibility to keep them up to date. As always, if you have suggestions about how we can make this or any other feature of *The Provider* more useful, we want to hear from you.

Change of Address or Request for New Subscription Form

Name ______________________________ Job Title ______________________

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Worksite: ☐ IHS ☐ Tribal ☐ Urban Indian ☐ Other

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Check one: ☐ New Subscription ☐ Change of address

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

Old Address ____

THE IHS PRIMARY CARE PROVIDER

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

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

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

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