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The White Mountain Apache Model for Suicide and Self-Injury Surveillance and Prevention: Innovation in Public Health

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The White Mountain Apache Tribe (from now on referred to as Apache), located in northeastern Arizona, with technical assistance from Johns Hopkins University, has implemented the first and only community-based, mandated, Suicide and Self-Injury Surveillance System (from now on referred to as the system) in the US. The system is unique and innovative in its approach to suicide and self-injury prevention and includes four components, as follows: 1) *Mandated Reporting and Referral.* The tribe has mandated reporting to a locally appointed surveillance team of any known incident of suicidal ideation, attempt, or death, in addition to other intentional self-injury such as cutting or burning, and severe life-threatening episodes of alcohol or drug intoxication. Reports are made using a standardized tribally approved set of forms, and data are entered into a secure database. 2) *In Person Follow-Up*. Surveillance team members are authorized by the tribe to follow up, in person, on every incident reported through the system. They use an additional follow-up tool to confirm the report, gather more detailed information, and triage the individual and their families to appropriate, available care. 3) *Intervention Development*. Patterns of self-injury derived from surveillance data are informing development, implementation, and evaluation of universal, selective, and indicated prevention interventions community-wide. 4) *Apache Paraprofessional Staff*. The surveillance team is staffed exclusively by Apache paraprofessionals, employed and trained by Johns Hopkins,

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and currently supported by several grants and contracts. They are filling a unique role in providing adjunctive services to address the acute shortage of mental health providers in the community. The four components of this system are described in more detail here.

Mandated Reporting and Referral

The Apache community identified suicide as a high priority public health problem that required a universal, community-wide solution. In January 2001, the Tribal Council passed a resolution initiating reporting of suicidal behaviors to a central Suicide Prevention Task Force. Community-wide reporting was mandated in June 2002; this includes community members such as parents and friends; individuals in contact with those at-risk like teachers, school nurses, emergency medical technicians (EMT), and police personnel; as well as traditional service providers such as doctors and emergency department staff. An innovative and strong collaboration between the surveillance team and the leadership of the local Whiteriver Service Unit IHS Hospital ensures accurate and timely reporting of individuals presenting with suicidal and self-injurious behavior. Additional resolutions were passed in 2006 approving implementation of the follow-up and associated referral and triage procedures. These tribal resolutions have no end date, and a change in tribal law would be necessary for a change in the status of this system.

Data collected through the system are maintained in a secure, online database. The quality of data collected is continuously monitored through weekly conference calls between surveillance team members and Johns Hopkins technical consultants. Individual cases are reviewed for accurate and consistent coding of reported behaviors and assessment of risk. If necessary, coding definitions are refined, and additional follow-up is conducted to ensure the individual's safety. Regular quality assurance procedures to resolve coding discrepancies and identify missing data are conducted on a regular basis. Annual and quarterly trends in suicidal and self-injurious behaviors are tracked and reported back to all tribal departments, including partners at the IHS hospital. Surveillance data (de-identified) are available to the community for review and provide an accurate and timely picture of behavioral patterns in the community.

The system has allowed the tribe to have local, tribal-specific data to demonstrate the magnitude of this significant health disparity in their community, bringing both local and national attention to this challenge.[1,2] The system also brought to light other mental and behavioral health issues of importance to American Indian reservation communities. For example, recently published surveillance data describe the characteristics and correlates of non-suicidal self-injury from 2007 - 2008, and the intersection of substance abuse and suicide from 2007 - 2011.[2,3]

The surveillance team provides consultation and training in the development of the system to other interested American Indian communities and provides copyrighted surveillance forms free of charge. On March 25, 2010, the surveillance team coordinator, Novalene Goklish, was invited to provide testimony before Congress. Ms. Goklish presented the system, as well as the constellation of Apache suicide prevention programming informed by the system, which offer a new community-based model for other tribal communities.

In-Person Follow-up and Referral

After a report is made, the system connects at-risk individuals to needed services, helping to overcome numerous barriers to access such as stigma, transportation, and long wait times. Once an initial report is received by the surveillance team, a staff member conducts an in-person follow-up visit with the individual on whom the report was made. The purpose of this visit is to confirm the information in the original report, understand precipitants for the reported behavior and associated risks such as concurrent substance use and mental health problems, triage the individual and family (if indicated) to available care, and let the person know that, as a community member, they care about them and what happens to them. At the conclusion of every follow-up visit the staff member provides a referral to the outpatient mental health center, IHS social services program, local substance abuse treatment center, traditional healer, and/or a faith-based counseling program. Anecdotal feedback from community members received by the surveillance team indicates many feel it is helpful and supportive during the follow-up visit to have someone from their own community listen to their story and the problems they have been experiencing.

Intervention Development

On an ongoing basis, surveillance data are being used to secure grant funding and develop specific prevention interventions. Two grants from the Substance Abuse and Mental Health Services Administration (#U79SM059250 and #4SM057835-03-2) were received by the Apache Tribe to implement the following: 1) Universal interventions that have included prayer walks to increase awareness, community education workshops, a comprehensive multidisciplinary media campaign, and the work of a Community Advisory Board comprised of key tribal stakeholders and elders. 2) Emerging patterns in the data indicated Apache youth and young adults had the highest rates of self-injurious and suicidal behaviors in the community. Thus, selective interventions have included school-based and after-school activities led by Apache elders teaching traditions and culture, in addition to ASIST (Applied Suicide Intervention Skills Training) led by certified Apache ASIST trainers targeting caretakers of at-risk youth. 3) Indicated, evidence-based prevention interventions have been developed for Apache youth who had attempted suicide, called "New Hope" and "Re-Embracing Life," with the ultimate goal of preventing repeat attempts and suicide death.

"New Hope" is an adapted, brief, emergency department-linked intervention,[4] whereby Apache paraprofessional home visitors meet directly with the youth and their families in the time period immediately after their attempt and prior to the start of treatment. Youth and families view a locally produced DVD featuring an American Indian cast depicting a scenario, based on data collected from the system, of an Apache teen boy or girl who tried to end their life. The video also includes commentary by well-known Apache elders who convey in Apache and English how serious a suicide attempt is, traditional Apache beliefs about the sacredness of life, and what treatment resources are available to them. Apache paraprofessional home visitors work with the youth and family to develop a safety plan, provide motivational and skill enhancement to ensure youths engage and participate in treatment, and then provide follow-up to reinforce connections to and participation in mental health services.

"Re-Embracing Life" is adapted from the American Indian Life Skills Development Curriculum,[5] and can be delivered in conjunction with New Hope. Apache paraprofessional home visitors teach youth and family conflict resolution, emotion regulation, communication, and coping and problem-solving skills over the course of three months, and support ongoing connection of youth to mental health treatment.

A community-based participatory research approach was undertaken to select and adapt New Hope and Re-Embracing Life. During this process, community input directed the inclusion of parents, legal guardians, or other family members in program delivery alongside youth, reflecting cultural values about the family as the nexus of strength. Surveillance data and community feedback also indicated that family conflict is a primary reason reported by youth for self-injurious behaviors, namely suicide attempts. Thus, family member involvement has been encouraged in the youth-centered interventions to help reinforce concepts learned by youth, and provide the direct benefit of emotion regulation and communication skills training to the youths' immediate caretakers. These two interventions have been piloted with 30 Apache youth and families. Preliminary data show reductions in depression scores and negative thinking post New Hope completion.

Apache Paraprofessionals

Local Apache paraprofessionals staff every element of the system and related prevention intervention programs. They are trained to educate the community to be more aware of and report self-injury, work closely with individuals and families in a culturally sensitive way to understand precipitants for high risk behavior, and refer for appropriate mental health treatment including Western modes as well as traditional Apache ways of healing. In this process, they act as community change agents — providing a natural bridge in the mental health continuum of care. They also are active in data management including double data entry of hard copy surveillance forms, regular quality assurance, as well as data analysis, interpretation, and dissemination. Johns Hopkins partners provide technical support through 1) training in classification of self-injury, 2) providing psycho-education and coping skills training, 3) assisting with management and synthesis of data, and 4) providing clinical consultation for case management of individuals identified through surveillance.

This is a model system for several reasons, as follows: 1) Early identification and referral to treatment of individuals exhibiting high risk behaviors increases the opportunity for suicide prevention in this community, and has potential application in other rural and indigenous settings; 2) Apache paraprofessionals are trained in assessment of self-injurious behavior, triage and referral. Additional consultation to the team is provided by a Johns Hopkins psychiatrist, psychologist, or social worker on an as needed basis. This model is particularly relevant in American Indian communities where there is a dearth of mental health professionals, especially American Indian providers; 3) Surveillance team members serve as community change agents in the prevention of suicide and self-injury. Their background, natural inclusion of cultural values, and experience living in the communities they serve is invaluable for connecting with individuals and families, and extends the reach of available mental health care in this and potentially in other resource-limited communities; 4) Local data reveal in a very timely way the unique context of self-injurious behavior in the Apache community, allowing for tailoring of prevention interventions to its unique needs, and informs a comprehensive and culturally-specific approach to self-injury prevention; 5) The collaboration between the White Mountain Apache Tribe; its Division of Health Programs; Apache Behavioral Health Services; tribal police, fire, and EMT departments; Whiteriver Unified School District; the Indian Health Service; and Johns Hopkins is a model for community academic partnership that builds on each group's strengths; 6) The Apache Surveillance System is filling a gap in suicide and self-injury prevention in an American Indian community where rates are highest and formal clinical resources scant.

For more information, please contact Novalene Goklish, Surveillance Team Coordinator, at *ngoklish@jhsph.edu* or telephone (928) 338-5215; or Lauren Tingey, Baltimore-based Coordinator at *ltingey@jhsph.edu* or telephone (410) 955-6931.

Acknowledgements

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Our Apologies

We apologize for the delay in the production of this issue. Constraints on funding at the end of the fiscal year made it impossible to complete the preparation of the issue until now. We will catch up with our usual monthly publishing schedule as soon as possible. We are currently accepting submissions for the April issue.

The 18th Annual Elders Issue

The May 2013 issue of The IHS Provider, to be published on the occasion of National Older Americans Month, will be the eighteenth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue.

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

"None are so old as those who have outlived enthusiasm."

Henry David Thoreau

Articles of Interest

Infant Meningococcal Vaccination: Advisory Committee on Immunization Practices (ACIP) Recommendations and Rationale. *MMWR*. January 25, 2013 / 62(03);52-54.

At the October 2012 meeting, the Advisory Committee on Immunization Practices (ACIP) voted to recommend vaccination against meningococcal serogroups C and Y for children aged 6 weeks through 18 months at increased risk for meningococcal disease.

Infants at increased risk for meningococcal disease, including infants with persistent complement component pathway deficiencies or functional or anatomical asplenia, have an increased risk for meningococcal disease compared with healthy infants. Certain infants with complex congenital heart disease have asplenia, and infants with sickle cell disease often are identified via newborn screening programs. Infants with sickle cell disease initially might have functioning spleens, but develop functional asplenia during early childhood. Infrequently, healthy infants also might be at increased risk because of a serogroups C or Y meningococcal disease outbreak for which vaccination is recommended. The number of US infants in these high-risk groups is small (estimated at 3,000 - 5,000), making a targeted high-risk vaccination policy feasible and reasonable, given the potential increased risk in these infants.

ACIP reviewed the burden of meningococcal disease among infants and children aged 0 - 59 months. In summary, the current low burden of disease, as well as the low proportion of meningococcal cases that are preventable with vaccines that do not protect against serogroup B disease, limit the potential impact of a routine meningococcal vaccination program in infants in the US. Therefore, ACIP concluded that a targeted approach to protect infants at increased risk for meningococcal disease was the optimal vaccination strategy at this time. At the October 2012 ACIP meeting, ACIP voted to recommend vaccination with Hib-MenCY-TT only for infants at increased risk for meningococcal disease.

Editorial Comment

It is important to note that the new Hib-MenCY-TT vaccine is recommended only for the small number of patients who are at increased risk of meningococcal disease in infancy because of complement deficiency or asplenia. This should not replace the current recommendation for AI/AN children from the AAP Redbook: "the first dose of Hib conjugate vaccine should contain polyribosylribitol phosphate-meningococcal outer membrane protein (PRP-OMP) as a single-antigen vaccine or in a combination vaccine with other antigens. The administration of a PRP-OMP–containing vaccine leads to more rapid seroconversion to protective concentrations of antibody within the first 6 months of life, and failure to use vaccine containing PRP-OMP has been associated with excess cases of Hib disease in young infants in this population."

In short, in American Indian/Alaska Native children, the risk for invasive meningococcal disease is miniscule while the risk of invasive Hib disease in AI/AN infants historically has been high. Don't change what you have been doing. Don't get seduced by something new or fancy. Make sure your state continues to supply you with a Hib conjugate that has polyribosylribitol phosphate-meningococcal outer membrane protein (PRP-OMP) such as PedvaxHib®.

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*.

Do you GYT? Support the 2013 GYT: Get Yourself Tested Campaign

Melissa Habel, MPH, Centers for Disease Control & Prevention, Division of STD Prevention, Atlanta, Georgia; Scott Tulloch, BS, Centers for Disease Control & Prevention, Division of STD Prevention, Albuquerque, New Mexico; Jessie Ford, MPH, Centers for Disease Control & Prevention, Oak Ridge Institute for Science and Education, Atlanta, Georgia

Half of sexually active young people will get a sexually transmitted disease (STD) by the time they are 25, and most won't know it. To help address high rates of STDs in youth (ages 15 to 24 years), the Indian Health Service (IHS) National STD Program continues to collaborate with MTV Networks, Kaiser Family Foundation, Planned Parenthood Federation of America, and CDC to promote STD/HIV testing through the GYT: Get Yourself Tested campaign (www.GYTNOW.org). GYT 2013 will mark the fourth year that IHS is partnering with GYT to help young people across Indian Country make responsible decisions about their sexual health.

Although race and ethnicity alone are not risk factors for getting an STD, American Indian and Alaskan Native (AI/AN) people are disproportionately impacted by high rates of HIV and common STDs, including chlamydia, gonorrhea, and syphilis. AI/ANs are one of the smallest racial groups in the U.S., comprising approximately 1.5% of the total U.S. population, but in 2011, among five races and ethnicities, AI/AN had the second highest rates of chlamydia and gonorrhea and the third highest rates of primary and secondary (P&S) syphilis.[1] Reported rates of chlamydia, gonorrhea, and syphilis among AI/AN were up to 4.6 times higher than comparable rates for non-Hispanic whites. Promoting sexual responsibility, open dialogue about sexual health, and regular testing are critical for the health of our youth, and for addressing the wider STD epidemic.

Enthusiasm and engagement in the GYT campaign continues to grow. WE R NATIVE, a multimedia health resource for Native teens and young adults created by the Northwest Portland Area India Health Board (NPAIHB), will award 2-3 community service mini-grants this April, of up to $475 to put toward a GYT event. Applicants are encouraged to create their own activity or event to raise public awareness about the impact of STDs on the lives of AI/AN populations and the importance of preventing, testing and treating STDs.

The Northern Dine Youth Committee (NDYC) of Shiprock, New Mexico was a 2012 recipient of the WE R NATIVE GYT grant. With support from the Navajo AIDS Network, Indian Health Services, and their teen life center, NDYC sponsored a GYT Day at Nizhoni Park. Based on youth input, the event aimed to destigmatize STD/HIV testing by making it a family affair. Activities commenced in the early morning with a 5K run, followed by a dodge ball tournament, music, free food and STD/HIV testing. The event brought out approximately 80 community members ranging in ages from 13 to 67 years old, over a third of whom were tested for STDs and HIV. Many condoms were distributed, and health educators were onsite to educate the community about sexual health, LGBT issues and the importance of getting tested. A YouTube video capturing the GYT event can be viewed at: *www.youtube.com/watch?v=KdSIYo2L654*.

Additional GYT activities included campus events and promotional materials in local clinics. Involvement by Tribal Colleges and Universities (TCU) in the GYT campaign continues to increase; more than 30% of TCUs participated in the 2012 campaign. Students enrolled in the Vision Care Technology Program at Southwestern Indian Polytechnic Institute (SIPI) in Albuquerque, New Mexico worked with The New Optical Image club to host a GYT event. The New Optical

Image club sponsors various college activities to raise public awareness through healthy sight, healthy lifestyles and serves a Native American community. In April, college students were invited to attend a New Optical Image's Talent Show featuring students at SIPI. Eighteen students performed their talents on stage to an audience of approximately 125 people. The GYT toolkit contents provided STD awareness information that was shared with audience members during intermission, between talents, and at an after show "meet and greet." A table was set up to give students a chance to read GYT information and take material sent in the GYT kits to explain the importance of practicing safe and healthy sexual relationships. Local information on where to get tested was also provided including the local route to First Nations Healthsource in the Albuquerque area. Students raised awareness about taking care of oneself when entering and being in a relationship, and educated each other on the importance of maintaining good health whether sexually active or not.

Online promotional strategies were also used including banner ads on frequently visited Native-specific websites, such as Indian Country Today and a Native-specific clinic locator widget (available as a free download at *www.cdc.gov/std/widgets/default.htm*). Indian Country Today was a huge traffic driver to the Native-specific widget, and data showed the widget had almost 5 times the page views in April 2012 (170,045) compared to 2011 (35,029) and was the most frequently viewed widget during April 2012.

To prepare for 2013 GYT campaign activities and National STD Awareness Month, visit www.GYTNOW.org for access to free materials to promote STD testing in your community. We encourage you to visit the GYT provider website (*http://provider.gytnow.org*), which includes a wide range of resources, including training opportunities, STD facts, and testing and treatment guidance. Last year, Native American rap artist and actor Litefoot recorded a series of PSAs that are available at *www.cdcnpin.org/stdawareness/GYT.aspx*. We encourage you to work with your local radio stations to promote GYT with these audio PSAs. The best way to get

Photo credit: Digital Divide, The Dine College Cross Country Team, and NDYC.

Photo: Members of the New Optical Image Club at Southwestern Indian Polytechnic Institute

campaign updates is to become a fan of the GYT Facebook page (*http://www.facebook.com/GYTnow*). Additional STD resources to support your efforts can be found on CDC's STD Awareness Resource Site (*www.cdcnpin.org/stdawareness*).

To promote and extend GYT's reach across Indian Country in 2013, IHS and GYT plan to expand their campaign efforts by reaching out to potential partners and Native media sources, developing new social media strategies, and teaming up with state and local partners to increase visibility at IHS/Tribal/Urban Indian health and the campuses of TCUs.

Know Yourself. Know Your Status. GYTNOW.org.

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Healthy Environments/Healthy Communities: The IHS Sustainability Program

Lauren Senchack, Environmental Specialist, Office of Environmental Health and Engineering (OEHE), Indian Health Service, Rockville, Maryland; and David McMahon, Institutional Environmental Health Program Manager, Division of Environmental Health Services (DEHS), Office of Environmental Health and Engineering (OEHE), Indian Health Service, Rockville

Introduction

The act of "being sustainable" has evolved as a result of increasing concerns over the unintended social, environmental, and economic consequences of rapid population growth, economic growth, and over-consumption of our natural resources. In order to address these concerns, and to become more "sustainable," people must reduce their use of certain resources, such as water, energy, and other materials; be mindful of the products they buy; examine how they dispose of waste; and examine how they construct and live in their communities. Sustainability is crucial to ensuring that we have and will continue to have the resources to protect human health and our environment for generations to come.

In order to become more sustainable as an agency, the Indian Health Service (IHS) began a sustainability program led by various IHS staff and working across the spectrum, including environmental health, facilities management, acquisitions, fleet management, electronic stewardship, and communications. This program seeks to change the way IHS and IHS staff implement sustainability within the agency. Just this last year, the team developed a website at *http://www.ihs.gov/sustainability/*, published its first Sustainability Annual Progress Report, and began a monthly sustainability webinar series. More achievements will be highlighted later in this article.

This article will first explain why sustainability is important, both as a world citizen but also to IHS specifically; what IHS is doing to minimize its environmental impact as an agency, and finally, what you can do to participate and get involved in sustainability, both at IHS and in your community.

Importance of Sustainability: Global and Local Impacts

You might be asking, "But why is sustainability important to me?" There are federal requirements for IHS to implement sustainability within the agency, but there are many other reasons why sustainability matters both globally and locally.[1]

On a global level, sustainability matters because of "climate change." This is a controversial concept, but it essentially is the idea that our behaviors, waste, and emissions of harmful chemicals are fundamentally changing weather patterns and the make-up of the world's ecosystems. Scientists worldwide warn of the severe implications of climate change and its inevitable impact on human health, which can range from the effects of extreme weather phenomena to an increase in vector-borne diseases, rising sea levels, thermal stress, and/or flooding. Human health issues such as increased occurrences of asthma/respiratory issues, cancer, cardiovascular disease and stroke, nutrition issues, heat-related stresses, and human development problems can also occur.

On a local level, sustainability impacts our environmental and physical health. Sustainability and public health are intricately connected. As Lloyd Dean, CEO of Catholic Healthcare West, explained in 2000, "There is a direct link between healing the individual and healing this planet . . . We will not have healthy individuals, healthy families, and healthy communities if we do not have clean air, clean water, and healthy soil."[2]

Being more sustainable in our local communities, and particularly in our facilities, can have a positive impact on our health overall.[3] "Green buildings" are considered healthier environments for people because they address indoor air quality, the kind of chemicals used in the facility, and the purchased materials staff and visitors regularly use. According to the US Environmental Protection Agency (EPA), "most sources of indoor air pollution come from materials and products used within a building such as adhesives, carpeting, upholstery, and manufactured wood products that emit volatile organic compounds, including formaldehyde, a probable human carcinogen."[4]

According to the EPA, health care facilities impact the environment by:

- Generating approximately 7,000 tons per day of waste, including infectious waste, hazardous waste, and solid waste
- Using mercury in medical devices, equipment, light bulbs, etc.
- Using materials that may have toxic effects, such as polyvinyl chloride (PVC), di(2-ethylhexyl)phthalate (DEHP), cleaning materials, heavy metals in electronics, pesticides, and batteries
- Consuming large amounts of energy in buildings and car fleets, and generating significant greenhouse gas

emissions. In 2012, the IHS spent more than $22 million on energy, nearly 150,000,000 kilowatt hours, which is approximately 1,420 metric tons of carbon emission.
- Hospitals consume large amounts of water for domestic use, heating/cooling, and landscaping[5]

Improving the sustainability of our facilities, by reducing waste, and energy and water use not only benefits our health but can also be cost-saving. Sustainable or "green" buildings can use 30 percent less energy than conventional buildings, which means less money spent. Improving energy and water-efficiency is one of the first items to address for financial savings and maximum impact.[6] If money is saved within a facility, by becoming more sustainable, it can be reinvested to make the entire facility even healthier for both patients and staff.

Essentially, sustainability matters because it has worldwide and personal impacts. Locally, these impacts are closely related to the health of our facilities and communities.

IHS Sustainability Program: What We Are Doing

The IHS works hard to integrate sustainability into all aspects of its operation. A few of the program's activities are described below.

First, the "Green Champions" program was created by DHHS to recognize staff with outstanding sustainability-related achievements. Numerous IHS employees have been recognized for their work. You can see the list of winners at *http://www.ihs.gov/sustainability/index.cfm?module=dsp_evss_whatisihsdoing*. One such winner, Marc Fleetwood, was awarded for his San Xavier Xersicape Project that replaced the existing high water use turf with drip irrigation, native plants, and decorative rock. After one year the campus saved nearly 1.3 million gallons of water. The project also reduced maintenance costs. His project addressed the reduction of water use, which benefits those communities in which water is a scarce natural resource.

Last year, IHS headquarters began publishing the "2011 Sustainability Annual Progress Report" to summarize its sustainability activities. This report documents IHS achievements within eight specific goal areas, which include energy, water, waste, and sustainable buildings. These eight areas are also represented in the IHS Sustainability Advisory Board (SAB), and the IHS operational plan for sustainability. The SAB supports the IHS Chief Sustainability Officer (CSO) by managing IHS environmental sustainability requirements and initiatives. These board members ensure that the IHS is aligned with DHHS requirements and targets throughout the year.

The IHS also has an Environmental Steering Committee, which utilizes staff from throughout IHS to review sustainability, environmental remediation, and demolition projects for funding. The Committee recommends available additional money and incentives to those projects emphasizing sustainable practices. Further, IHS has included stricter and clearer sustainability requirements in many of its handbooks and guidance documents, including the Office of Environmental Health and Engineering (OEHE) Technical Handbook and the IHS Architectural/Engineering (A/E) Design Guide.

In October 2011, OEHE began conducting comprehensive energy and water audits, greenhouse gas (GHG) inventories, and installation sustainability assessments. Ultimately, this project will identify new opportunities and strategies that will save money and reduce the overall IHS environmental footprint. Many of the audit reports have been completed, and funding is already being requested to implement some of the recommendations.

Additionally, many of the IHS buildings, especially its new construction, are currently aiming to achieve Leadership in Energy and Environmental Design (LEED) certification from the US Green Building Council. The IHS is also purchasing and producing renewable energy at numerous locations.

Finally, many communication initiatives occurred in 2012. The IHS Sustainability Team created a website to highlight and share issues regarding sustainability, what IHS is doing for sustainability, and events and training related to sustainability. The Team also created a listserv to send updates, interesting links, events, and training on sustainability to those who are interested in learning more. Lastly, the team started a new monthly webinar series on sustainability that highlights related topics, such as Energy Star certification, food security, and renewable energy.

All of the above information can be viewed in more depth at *http://www.ihs.gov/sustainability*.

Conclusion: Potential Benefits and What You Can Do

Sustainability has significant impact, both on our global outlook and how we live our daily lives. The IHS is working hard to address its impact both globally and locally. There are numerous benefits from being more sustainable, and many ways for you to get involved.

Potential benefits from improving sustainability include the following:
- Improved global health and mitigation of climate change
- Improved health of your community, environmental and public
- Preservation of natural resources for the future
- Potential cost-savings[7] and reinvestment into facility operational improvements

What you can do for sustainability at IHS and in your community:
- Consider sustainability possibilities whenever you plan a new service, purchase products, or are involved

with designing a new facility or renovating an existing facility
- Sign-up for the listserv
- Turn off lights in unused/unoccupied areas
- Proper waste management
- Reduced red-bag (medical) waste, where possible
- Increase recycling
- Purchase energy-efficient computers and appliances, such as Energy Star and EPEAT[8]
- Conduct energy audits
- Purchase renewable/alternative energy
- Reduce use of toxic materials such as mercury, PVC, DEHP, cleaning materials, flame retardants, pesticides, and other similar products
- Environmentally Preferable Purchasing: purchase products with as much recycled content as possible
- Use LEED or other rating systems for new construction, renovations, and operations
- Use green landscaping methods on your property to reduce water use and manage storm water more sustainably
- Create a "green team" at your health care facility
- Use less paper
- Carpool to work
- Support the sustainability initiative by recognizing and nominating a green champion
- Engage your tribal community in sustainability activities

For more information about how to get involved with sustainability, please contact Lauren Senchack at *lauren.senchack@ihs.gov* or David McMahon at *david.mcmahon@ihs.gov*.

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2. *https://www.energystar.gov/index.cfm?c=healthcare.business_case*
3. *http://www.globalgreen.org/gbrc/whygreen.htm*
4. SHEA Conference 2000
5. *http://www.epa.gov/region3/green/healthcare.html*
6. A few real world examples of health care facilities saving money:
   - New York-Presbyterian Hospital has worked with the EPA's Energy Star program since 2003 to comprehensively retrofit its HVAC system, lighting, building control system, and central plant, and to educate staff about energy conservation strategies. It has pursued LEED certification for several buildings. By 2005, the hospital had reduced building energy use by 11 percent system-wide; managers estimate that projects implemented to date will save the hospital $1.77 million every year.
   - In a December report, Practice GreenHealth, a health care membership organization that advocates for environmental practices, found that 141 reporting hospitals saved $19 million in avoided solid and hazardous waste disposal fees through recycling and diversion programs.
   - Dignity Health, a health care system throughout the western US, saved $5.6 million in 2011 by purchasing reusable products through reprocessing, a cleaning and sterilization procedure that can allow some medical devices to be safely used for more than one patient.
7. *http://www.bouldercolorado.gov/files/commercial_green_building_costs_and_benefits_-_kats_2003.pdf*
8. *http://www.epeat.net/* and *http://www.energystar.gov/*

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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.*

Pediatrician
Blackfeet Community Hospital; Browning, Montana

This hospital-based government practice is seeking a BC/BE pediatrician to work with another pediatrician and a pediatric nurse practitioner. Practice true primary care pediatrics with inpatient, outpatient, and newborn hospital care. Attractive call and rounding schedule. Competitive salary with federal government benefits. The area provides a wide variety of outdoor recreational activities, being only 12 miles from Glacier National Park. For more information, please contact Dr. Tom Herr at *thomas.herr@ihs.gov* or call (406) 338-6372. (1/13)

Director, Health and Human Services
Ysleta Del Sur Pueblo; El Paso, Texas

The Ysleta Del Sur Pueblo (YDSP) Health and Human Services Department is a team of health care professionals and staff fully committed to their patients' physical, emotional, and spiritual wellbeing, offering a comprehensive range of health and human services that ensure a safe environment, quality service, and accessible health care in an atmosphere of respect, dignity, professionalism, and cultural sensitivity.

YDSP's HHS department is seeking a Director. This person has responsibility and accountability for the development and implementation of a plan to bring HHS to an ongoing operating success. The Director will need the flexibility to make quick and efficient business decisions, while at the same time assuring that operations respect the broad guidelines and, more importantly, the service standards expected by tribal members and tribal leadership. To get more information or to apply, contact Jason S. Booth, CEO, Ishpi, Inc., telephone (651) 308-1023; or e-mail *jason@ishpi.biz*. (1/13)

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

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

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

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 295-2481 or by e-mail at *Peter.Ziegler@ihs.gov*. (12/12)

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

The SEARHC Ethel Lund Medical Center in Juneau, Alaska is searching for a full-time family physician with obstetrics skills and a pediatrician (or internal medicine/pediatrics physician) to join a great medical staff of 14 providers (10 physicians, four midlevels) at a unique clinic and hospital setting. Have the best of both worlds by joining our practice where we share hospitalist duties one week every 6 - 8 weeks, and spend our remaining time in an outpatient

clinic with great staff and excellent quality of life. We have the opportunity to practice full spectrum medicine with easy access to consultants when we need them. Maintain all your skills learned in residency and expand them further with support from our tertiary care center, Alaska Native Medical Center.

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

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

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

The University of Minnesota Medical School in Duluth, Minnesota, invites applications for a full-time Director for the Center of American Indian and Minority Health. The Center of American Indian and Minority Health (CAIMH) at the University of Minnesota Medical School strives to raise the health status of American Indian and Alaska Native people. This is achieved in part through programming and activities for American Indian students grade K - 16 and medical school, and partnerships with American Indian communities and organizations. The CAIMH, housed on the Duluth Campus, educates American Indian and Alaska Native students in the field of health care, and more specifically, in American Indian and Alaska Native health, and collaborates on research focused on improving the health of American Indian and Alaska Native people.

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

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

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

Clinical Director (Primary Care)
Family Medicine Physician
White Earth Health Center; Ogema, Minnesota

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

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

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

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

Registered Dietitian
Psychiatrist
Consolidated Tribal Health Project, Inc.;
Calpella, California

Consolidated Tribal Health Project, Inc. is a 501(c)(3) non-profit, ambulatory health clinic that has served rural Mendocino County since 1984. CTHP is governed by a board comprised of delegates from a consortium of nine area tribes,

eight of which are federally recognized, and one that is not. Eight of the tribes are Pomo and one is Cahto. The campus is situated on a five-acre parcel owned by the corporation; it is not on tribal land.

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

WIC Coordinator
SEARHC; Sitka, Alaska

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

Baseline Qualification Requirements include a BS in community nutrition/dietetics or a nutrition-related field, and four years of clinical nutrition and/or community nutrition work experience with specific progressive experiences in maternal/child nutrition, outpatient medical nutrition therapy, and program planning and administration. Must be both a registered dietitian and licensed dietitian/licensed nutritionist in the State of Alaska. Must adhere to the American Dietetic Association code of ethics and complete 75 continuing education credits every five years as required by registration and licensure plus keep current on registration and licensing payments. Other/Preferred Qualifications include a valid Alaska driver's license, ability to travel, including to remote southeast Alaska locations, supervision/mentoring training, public policy and advanced nutrition education strategy(ies) training, and MS/MPH in nutrition and/or dietetics or other health promotion related field

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

Family Practice Physician
Jicarilla Service Unit; Dulce, New Mexico

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

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

Clinical Nurse
Gallup Indian Medical Center; Gallup, New Mexico

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

GIMC is a 78-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Our patient population includes Navajos, Zunis, and others. Gallup provides outdoor activities (biking, hiking, rock climbing, and running, to name a few). As a Navajo Area Indian Health Service Hospital, we provide clinical specialties that include Internal Medicine, Cardiology, Anesthesia, Psychiatry, Emergency Medicine, OB/GYN, General Surgery, Orthopedics, Ophthalmology, ENT, Radiology, Pathology, and Pediatrics.

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

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

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

Live, work, play in the wine country. Sonoma County

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

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

The Zuni Comprehensive Community Health Center (Zuni-Ramah Service Unit) has openings for full-time primary care physicians starting in fall 2012. This is a family medicine model hospital and clinic providing the full range of primary care, including outpatient continuity clinics, urgent care, emergency care, inpatient (pediatrics and adults) and obstetrics, with community outreach, in a highly collaborative atmosphere. For a small community hospital, we care for a surprisingly broad range of medical issues. Our professional staff includes 17 physicians, two NPs, one CNM, a podiatrist, dentists, a psychiatrist, a psychologist, optometrists, physical therapists, and pharmacists. Our patient population consists of Zunis, Navajos, and others living in the surrounding area.

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

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

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

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

Hospitalist
Gallup Indian Medical Center; Gallup, New Mexico

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

GIMC is a 99-bed hospital in Gallup, New Mexico, on the border of the Navajo Reservation. Clinical specialties at GIMC include internal medicine, family medicine, critical care, cardiology, neurology, orthopedics, ENT, radiology, OB/GYN, general surgery, ophthalmology, pathology, pediatrics, emergency medicine, and anesthesiology. The hospitalists' daily census is approximately 25 - 30. There is a six bed ICU. Our patient population includes Navajos, Zunis, and others living nearby, as well referrals from smaller clinics and hospitals.

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

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

Print Version of *The Provider* Has Ceased Publication

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

We will continue to publish the monthly electronic edition of our journal to the CSC website. Currently, about 900 individuals are subscribers to the listserv that notifies them when each monthly issue is posted, and lists the contents of that issue. It is unknown how many readers simply access the website on a periodic basis without relying on the listserv for reminders that the monthly issue is available.

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

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.

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