



# THE IHS PRIMARY CARE PROVIDER

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



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## Standing at the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities in Native Communities

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or sexually assaulted than women in the USA in general.<sup>5</sup> AI/AN survivors of intimate and family violence are more likely than survivors of all other races to be injured and need hospital care.<sup>6</sup>

### Background

There is now a decade of published literature documenting the unquestionable link between violence against women and HIV infection, with violence being both a risk factor for acquiring HIV and a consequence of being identified as having HIV.<sup>1</sup>

Worldwide, women are the fastest growing group for HIV infection and make up nearly half of the current epidemic. Women are affected most by the intersection between violence and HIV when considering the inordinate amount of violence perpetrated against women versus their male counterparts.<sup>2</sup> The incidence of domestic violence in Indian Country is staggering. According to the Centers for Disease Control and Prevention (CDC), 46 percent of American Indian and Alaska Native (AI/AN) women have experienced intimate partner violence (IPV), also known as domestic violence (DV). IPV can include physical violence, sexual violence, threats of physical or sexual violence, psychological/emotional violence, and stalking. The rate of IPV among AI/AN women is the highest among any race or ethnicity in the US.<sup>3</sup> In addition, one out of every three AI/AN women will be sexually assaulted in her lifetime,<sup>4</sup> and data gathered by the U.S. Department of Justice indicate that AI/AN women are more than 2.5 times more likely to be raped

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On March 30, 2012, President Obama issued a Presidential Memorandum to address two overlapping challenges to the health and wellbeing of communities across the US: the effects of HIV/AIDS, and the high rate at which women and girls experience violence. In September 2013, the Interagency Federal Working Group created by the Presidential Memorandum released a report entitled, *“Addressing the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-Related Health Disparities.”* While the report did not focus on AI/AN communities, several of its recommended actions have relevance for the IHS mission to raise the health status of the AI/AN people to the highest possible level.

### **How Violence Intersects with HIV and Related Health Disparities**

Women currently living with domestic violence in their lives have reported fear that asking their partner to use a condom would lead to violence,<sup>7</sup> a situation that renders a keystone of HIV prevention ineffective. Further, women living with an HIV diagnosis can face extra challenges in maintaining their antiretroviral medication regimens if they are also experiencing extreme violence in an intimate relationship.<sup>8</sup> Overall, the synergistic epidemics of substance abuse, violence, and HIV/AIDS are associated with poor HIV outcomes and can present barriers to successful medical care.<sup>9</sup>

The intersection between HIV and violence is even more serious among transgender women. In 2010, the CDC reported that the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%). Additionally, the highest percentages of newly identified HIV-positive test results were among racial and ethnic minorities.<sup>10</sup>

### **We Can Improve Our Response to HIV/AIDS and Violence Against AI/AN Women and Girls to Reduce Gender-Related Health Disparities**

Reducing or preventing violence against women while meeting the needs of women living with HIV infection can seem overwhelming at times. Improvements have been achieved, and small changes can make a significant difference in quality of care. Providers, community members, and public health professionals can all take steps to improve access to services and support, including incorporating violence prevention or response into existing services, increasing routine screening for both HIV and violence, connecting with regional and local resources, taking advantage of existing technical assistance (TA), and raising awareness of HIV and violence prevention and response services.

*Action 1. Increasing Violence/IPV Screening in IHS facilities.* From 2002 to 2008, the Indian Health Service (IHS) collaborated with the Association for Children and Families (ACF) to establish and fund the Domestic Violence (DV) Prevention Pilot within Indian Health Service/Tribal/Urban (I/T/U) clinical sites nationwide. Because DV also often includes sexual assault (SA), the goal of the DV Prevention

Pilot funding was to reform the response of I/T/U clinical sites to DV and SA. Over 100 programs received technical assistance from IHS, Sacred Circle, and Futures without Violence. Each site was expected to maintain a multi-disciplinary DV team that identified priorities, organized staff trainings and public awareness campaigns, and collaborated with their tribal justice system to create DV Protection Orders.

In 2010, the IHS began the Domestic Violence Prevention Initiative (DVPI), awarding funding to a total of 65 I/T/U sites. This initiative promotes the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to DV and SA from a community-driven context. The DVPI expands outreach and increases awareness by funding projects that provide survivor advocacy, intervention, case coordination, policy development, community response teams, and community and school education programs. The funding is also used for the purchase of forensic equipment, medical personnel training, and the coordination of Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner, and Sexual Assault Response Team activities.

As part of the agency’s ongoing support to sites, in 2013, the IHS Division of Behavioral Health hosted a two-part series on Domestic Violence Screening. On January 22, 2013, Futures without Violence presented the first webinar entitled, *“Building Domestic Violence Health Care Responses in Indian Country.”* This webinar offers information on ways to begin or expand a clinical DV/SA response program by partnering with DV/SA community advocacy programs and utilizing national resources. To view the webinar, please visit: <http://ihs.adobeconnect.com/p8rvjugx33h/>.

The second webinar, *“Using RPMS to Document and Improve Domestic Violence Screening,”* presents the IHS Government Performance and Results Act Intimate Partner Violence/Domestic Violence (IPV/DV) Screening Measure, explains how to document the results of IPV/DV screening in various systems, and identifies RPMS IPV/DV tools that can be used to improve screening documentation and performance. The recording is available at: <http://ihs.adobeconnect.com/p6d14ubiiv7/>. For more resources from Futures without Violence, please visit: <http://www.futureswithoutviolence.org/content/features/detail/1544/>.

*Action 2. Increasing Concurrent Screening for HIV and Violence.* Counseling for sexually transmitted infections (including HIV) and screening and counseling for interpersonal and domestic violence are explicitly listed among the current Health Resources and Services Administration Women’s Preventive Services Guidelines.<sup>11</sup>

In 2006, the CDC revised the recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings.<sup>12</sup> Routine screening, without separate written consent or mandatory prevention counseling, is now recommended for all patients ages 13 - 64. TA on updating your program’s HIV testing procedures is available from the

National HIV/AIDS Program, and a number of related resources are available on the IHS HIV/AIDS website. Please contact Lisa Neel at [lisa.neel@ihs.gov](mailto:lisa.neel@ihs.gov) for more information.

Violence screening may consist of a few, brief, open-ended questions and can be facilitated by the use of assessment tools, including chart prompts such as the tools presented in the archived webinars mentioned above. More tools such as patient brochures, safety plans, and provider educational tools, as well as training materials, are available through the HHS-funded Domestic Violence Resource Network, including the National Resource Center on Domestic Violence (<http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/programs/centers>).

Screening for HIV and violence can be routinely carried out in most settings with the right tools and protocols in place, with trained staff who are comfortable in the role of DV screener. It must be noted, however, that if the person who is doing the screening has a history of IPV victimization, they may need additional training and support before they can comfortably screen others. Even when disclosure does not occur, the screening event is an opportunity to provide the patient with feedback and education about IPV. Some sites have found success using posters and small informational cards as effective tools to assist survivors when screening was inappropriate or difficult.

*Action 3. Improving the Quality of and Access to Care for Women with HIV by Addressing Violence and Trauma.* Addressing violence and trauma in women and girls living with HIV is an essential aspect of improving access to care. Not only are physical and sexual trauma specific risk factors, studies have shown that a history of two or more stressful life events correlate with nearly a three-fold increased risk of immune suppression.

The presence of these psychological stressors negatively affects HIV disease progression in terms of lowered CD4

counts, elevated viral loads, and greater risk for clinical decline.<sup>13</sup>

Research focused on HIV infection and violence against women has helped identify trends and complexities in this link.

Epidemiological studies have shown a significant overlap in prevalence, with over one in five women having suffered physical injury since HIV diagnosis; half specifically attributed to HIV-positive status. Studies have shown that violence is a factor in acquiring HIV infection by reducing a woman's ability to engage in safer sexual practices, negotiate condom use, and influence her abuser's sexual activity outside the relationship.<sup>14,15</sup>

I/T/U sites providing HIV care or HIV referral services can improve patient outcomes by incorporating violence screening into their practice and collaborating with local resources to engage their patients with existing violence and IPV supports.

### **A Comprehensive Public Health Approach**

Expanding public outreach and education efforts regarding HIV and violence against women and girls is essential to a comprehensive public health approach. Providers and other public health workers can improve care through understanding the association between HIV and violence against women; engaging tribal nations in discussion and policy development for solutions consistent with tribal traditions and customs; and, facilitating policy development specific to increased communication

between tribal/federal law enforcement and the health care system.

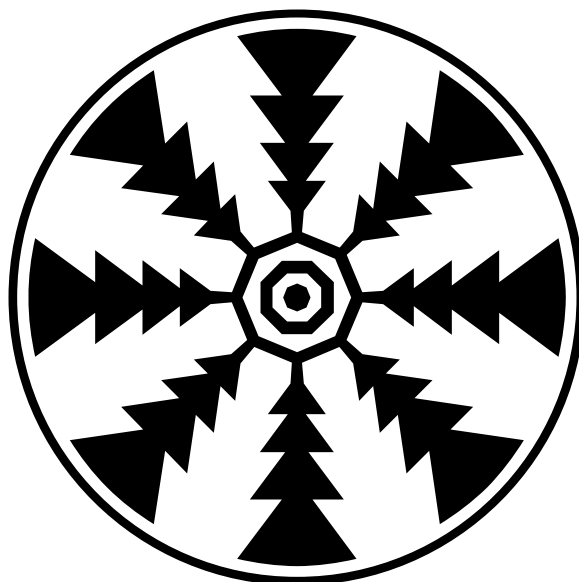
## **National Native HIV/AIDS Awareness Day**

One simple thing that providers and community members can do to increase HIV screening and ultimately reduce HIV-related morbidity and mortality is participate in the celebration of National HIV/AIDS Awareness Day (NNAAD). In 2014, the observation will be held on March 20. NNAAD is a national mobilization effort designed to encourage Native Americans (American Indians, Alaska Natives and Native Hawaiians) across the United States and Territorial Areas to get educated, get tested, get involved in prevention, and get treated for HIV and AIDS. Educational materials, a social media kit, order forms, resources, and other products are all available at <http://www.nnaad.org/>.

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*Hummingbird's Squash*, the second Eagle Books novel in the series for middle school youth, has been released.

Hummingbird and her friends are being bullied and intimidated. It has gotten so bad that Hummingbird has been prevented from competing in the middle school science fair. Can the wise eagle Sky Heart, the kind rabbit Thistle, and the trickster Coyote work together to stop the bullies and save Hummingbird's reputation? Or will Coyote's mischievous ways get the better of him?



### **The Eagle Books**

The Eagle Books use traditional ways and the wisdom of a wise eagle to teach about being active, eating healthy foods, and preventing type 2 diabetes. Readers have called the novels "amazing," "cool," and "the best stories I have ever read!" You can [order the Eagle Books](#) for free from the CDC publications page or by calling 1-800-CDC-INFO.

The middle school books and the graphic novels are produced by the [Native Diabetes Wellness Program](#), part of the Division of Diabetes Translation at the Centers for Disease Control and Prevention.

Families, schools, and programs serving American Indians and Alaska Natives can also [order copies of Eagle Books and related materials](#), Diabetes in Tribal Schools (DETS) curriculum, Traditions of Gratitude posters by Sam English, and more through Indian Health Service Division of Diabetes.

[Visit CDC's Native Diabetes Wellness Program website](#) for more information.

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# Final USPSTF Recommendation Statement on Screening for Gestational Diabetes Mellitus

The United States Preventive Services Task Force (USPSTF) has released its final recommendation statement advising that all women be screened for diabetes developed during pregnancy, called gestational diabetes, after 24 weeks of pregnancy. The Indian Health Service is a partner of the Task Force.

“Diabetes that begins during pregnancy can cause serious health problems for expectant mothers and their babies,” says Task Force chair Virginia A. Moyer, MD, MPH. “The good news is that screening all women after 24 weeks of pregnancy is simple, and can result in better health outcomes for both the mother and the baby.”

Gestational diabetes is diabetes that develops during pregnancy. Diabetes is a disease in which the body does not make enough insulin (a hormone) or use it correctly. As a result, the body cannot process starches or sugars in food into energy. It usually resolves after birth but can put expectant mothers and their babies at risk for a number of health problems. About 240,000, or about 7 percent, of the approximately 4 million women who give birth each year develop gestational diabetes. The condition is on the rise as obesity, older age during pregnancy, and other risk factors become more common among pregnant women.

The Task Force recommends screening for gestational diabetes after 24 weeks of pregnancy in all women who do not have symptoms of the condition. This is a “B” recommendation. The Task Force found that the current evidence is insufficient to assess the balance of benefits and harms of screening earlier than 24 weeks of pregnancy. Therefore, the Task Force issued an “I” statement for earlier screening.

The Task Force found evidence showing there is an overall benefit to screening expectant mothers after 24 weeks of pregnancy. Screening and treatment lower the risk of preeclampsia and other complications of pregnancy, labor, and delivery. Preeclampsia is a condition in pregnant women characterized by high blood pressure and high levels of protein in the urine, which can result in life-threatening seizures. Treating diabetes during pregnancy can also prevent babies from growing larger than normal (macrosomia), a condition that can lead to birth injuries.

“All women should talk to their doctors or nurses about actions they can take before becoming pregnant to improve their health,” Dr. Moyer says, “including maintaining a healthy weight, quitting smoking, and managing any chronic conditions.”

The Task Force’s final recommendation statement is published online in the *Annals of Internal Medicine*, as well as on the Task Force Web site at [www.uspreventiveservices.org](http://www.uspreventiveservices.org). A fact sheet that explains the recommendation statement in plain language is also available. Before finalizing this recommendation, the USPSTF posted a draft version for public comment in spring 2013.

To view the recommendation and the evidence on which it is based, please go to: <http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfinalrs.htm>.

A fact sheet that explains the final recommendation in plain language is available here: <http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfact.pdf>.

The final Recommendation Statement can also be found in the January 14 online issue of *Annals of Internal Medicine*.

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## The 19th Annual Elders Issue

The May 2014 issue of *The IHS Provider*, to be published on the occasion of National Older Americans Month, will be the nineteenth 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

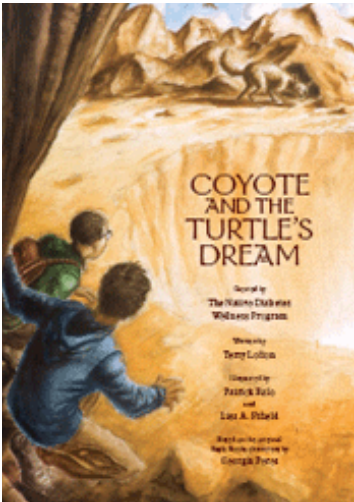
health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue.



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

**The Eagle Books**

Inspired by the wisdom of traditional ways of health in tribal communities, the four original Eagle Books feature a colorful cast of animal characters and young children who explore the benefits of being physically active, eating healthy foods, and seeking the wisdom of elders regarding healthy living. In *Coyote and the Turtle's Dream* (2011), and the forthcoming *Hummingbird Squash*, the children are growing up and finding adventures with their middle school friends. Both sets of books are produced by CDC's Native Diabetes Wellness Program of the Division of Diabetes Translation in cooperation with the Tribal Leader Diabetes Committee and the IHS to broaden type 2 diabetes awareness and prevention.



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## MEETINGS OF INTEREST

### **Advancements in Diabetes Seminars Monthly; WebEx**

Join us monthly for a series of one-hour WebEx seminars for health care program professionals who work with patients who have diabetes or are at risk for diabetes. Presented by experts in the field, these seminars will discuss what's new, update your knowledge and skills, and describe practical tools you can use to improve the care for people with diabetes. No registration is necessary. The accredited sponsors are the IHS Clinical Support Center and IHS Nutrition and Dietetics Training Program.

For information on upcoming seminars and/or previous seminars, including the recordings and handouts, click on this link and see Diabetes Seminar Resources: <http://www.diabetes.ihs.gov/index.cfm?module=trainingSeminars>

### **Available EHR Courses**

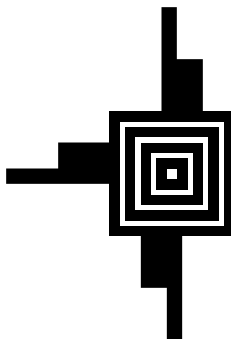
EHR is the Indian Health Service's Electronic Health Record software that is based on the Resource and Patient Management System (RPMS) clinical information system. For more information about any of these courses described below, please visit the EHR website at [http://www.ihs.gov/CIO/EHR/index.cfm?module=rpms\\_ehr\\_training](http://www.ihs.gov/CIO/EHR/index.cfm?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>.

### **The Fourth Annual Alaska Native Health Research Conference Anchorage, Alaska; March 27 - 28, 2014**

The 4th Annual Alaska Native Health Research Conference (ANHRC), hosted by the Alaska Native Tribal Health Consortium Health Research Review Committee will

be held at the Hotel Captain Cook, Anchorage, Alaska, on March 27 - 28, 2014. The objectives of the conference are to assemble 200 - 300 tribal leaders, health professionals, health organization directors, health educators, Alaskan students interested in health-related fields, and health researchers serving Alaska Native people statewide to build capacity for health research by Alaska tribal organizations and in Alaska Native communities and to promote tribal self-determination (Public Law 93-638, 1996) through development of Alaska Native health research professionals. Specific aims include 1) promoting community-based participatory research, cultural competence of research staff, and community confidence in research; 2) sharing advances in Alaska Native health research with tribal leaders, community members, and health research professionals internal and external to the Alaska Tribal Health System; and 3) demonstrating the positive impact of health research on the health status of Alaska Native people, thereby reinforcing the need for continued support of health research to minimize important health disparities. The 4th ANHRC provides a forum whereby researchers, at the request of Native leadership, will share basic information pertaining to epidemiologic surveillance and observational research, community intervention studies, and clinical randomized controlled trials. A substantial portion of this conference will focus on the multiple environmental health projects conducted in several rural communities statewide.

Please visit our website periodically for registration information and other updates on the conference as they are posted at <https://www.signup4.net/public/ap.aspx?EID=20133021E&OID=50>. The website can also be easily accessed through a link on <https://www.alaskatribalhealth.org/>.





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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.*

**Staff Clinician  
Department of Health and Human Services,  
National Institutes of Health, National Institute of  
Diabetes and Digestive and Kidney Diseases,  
Division of Intramural Research  
Phoenix, Arizona**

The Diabetes Epidemiology and Clinical Research Section (DECRS), Phoenix Epidemiology and Clinical Research Branch (PECRB), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts research in the epidemiology and prevention of type 2 diabetes, its complications, and related conditions, primarily among American Indians in the southwestern United States. The section is recruiting a staff clinician to take part in clinical research activities. The position is located in Phoenix, Arizona on the campus of the Phoenix Indian Medical Center.

The staff clinician will work in an interdisciplinary, collaborative environment and have the following responsibilities: a) medical director of the DECRS research clinics, supervising nurse practitioners and medical assistants, and overseeing clinic schedules and operations; b) principal or associate investigator of randomized clinical trials in prevention of diabetes or its complications; c) principal or associate investigator of epidemiologic investigations of type 2 diabetes and related conditions; and d) associate investigator in a randomized clinical trial of optimizing weight gain in pregnancy and effects on the mother and child. There are outstanding opportunities to collaborate with experts in epidemiology, clinical research, physiology, genetics, and biostatistics. Ample clinical, laboratory, and computing resources are available.

The position requires licensure to practice medicine in one of the United States or D.C. and board eligibility or certification, preferably in internal medicine, pediatrics, family

practice, or preventive medicine. Clinical or epidemiological research training and experience are desirable. Salary and benefits will be commensurate with experience and qualifications. Outside candidates and current federal employees (civilian or commissioned corps) are encouraged to apply.

Interested candidates may contact William C. Knowler, MD, DrPH, Chief, DECRS, c/o Ms. Charlene Gishie. To apply, please send a cover letter; CV with publications list; and names and contacts of three references to Ms. Charlene Gishie, National Institutes of Health, 1550 E. Indian School Rd, Phoenix, AZ 85014; e-mail [charlene.gishie@nih.gov](mailto:charlene.gishie@nih.gov). The deadline to submit an application is March 7, 2014.

NIDDK is a component of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS). All positions are subject to a background investigation. DHHS and NIH are Equal Opportunity Employers. (1/14)

**Family Practice Physicians (2)  
Cass Lake IHS Hospital; Cass Lake, Minnesota**

Leech Lake Reservation is an open reservation located in Minnesota's Northwoods region. Towering pines fringe many of the lakes found within its boundaries. Wild rice beds, deep forests, and shimmering lakes, two of which are among the largest in the state, abound. There are approximately 1,050 square miles within the reservation, nearly all of which is within the boundaries of the Chippewa National Forest.

When you locate here, you are looking for a quality of life for both your workers and your family. That is why it will be worth your while to find out how much Leech Lake can offer with its natural beauty, friendly communities, good schools, and various civic, cultural, and historical organizations. The area also provides many quality outdoor recreational activities, from fishing and boating in the summer to nordic and alpine skiing in the winter. Though Leech Lake's natural beauty, civic attractions, and recreational activities are things to behold, they pale in comparison to the friendliness of the people of the Leech Lake area.

The population within the reservation boundaries is estimated at 91,800. Nearly fifty-eight percent are between the ages of 16 and 65. The resident American Indian population on the reservation has been estimated at 7,763 by the census. Most of the population is concentrated in eight communities dispersed across the reservation. Adjacent to the reservation, there are three major area economic centers: Bemidji, which is 13 miles to the west of Cass Lake; Grand Rapids, which lays 54 miles to the east of Cass Lake; and Walker, roughly 23 miles to the south of Cass Lake.

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The Cass Lake Indian Hospital is owned and operated by the Federal Government as a Public Health Service, Indian Health Service Facility. We have a staff of 120 employees, six of whom are physicians and five nurse practitioners; there is a contracted emergency department service. Additional services include ambulatory clinic, dental, optometry, audiology, laboratory, radiology, physical therapy, and diabetes clinic. Our Facility has 13 beds; we had 223 discharges and 1,398 patient days in FY '05. According to the most recent data, we have 99,503 outpatient visits annually, 5,612 Dental visits, and 2,763 Optometry visits; there are 20,512 registered patients. The Leech Lake Tribe operates mental health, substance abuse, podiatry, and diabetes clinics, as well as seven other clinics staffed by various professionals.

For additional information, contact Antonio Guimaraes, MD, Clinical Director (family medicine at telephone (218) 335-3200; e-mail [antonio.guimaraes@ihs.gov](mailto:antonio.guimaraes@ihs.gov), or Tony Buckanaga, Physician Recruiter, at telephone (218) 444-0486; e-mail [tony.buckanaga@ihs.gov](mailto:tony.buckanaga@ihs.gov). (1/14)

**Family Practice Physician**  
**Pharmacist**  
**Laboratory Supervisor**  
**EMT Basic/Intermediate**  
**First Responder**  
**Environment Health Assistant**  
**Master Social Worker**

**Alamo Navajo School Board, Inc.; Alamo, New Mexico**

Alamo Navajo School Board, Inc., Health Division is seeking health care practitioners to come work with their dedicated staff on the Alamo Navajo Reservation. Our clinic is located 140 miles southwest of Albuquerque and sixty miles west of Socorro. We have a multiservice community health center that include medical, dental, onsite pharmacy and lab, optometry, mental health, emergency medical, aftercare, and community health education services. One focus is on diabetes awareness and prevention of the disease, which affects one in every five people in Alamo. In support of the effort, the Health Division in collaboration with the Board and Administration constructed a community wellness center. The facility has a full-size gymnasium, aerobic and weight room, classrooms, kitchen, game room, day care, and an outdoor fitness path.

Alamo Navajo School Board, Inc., provides a highly negotiable and competitive salary; signing bonus; student loan assistance; housing; and an excellent benefits package that consist of a group health insurance/life insurance at no cost for employees and shared cost for dependents; 403(b) Retirement Plan and 457(b) Deferred Contribution Plan; Relocation reimbursement; 13 major holidays off; personal leave; and community wellness center access. Hiring preference will be given to Navajo and Indian Preference. For more information, please contact Hotona Secatero, Director of Personnel, at (575) 854-2543 extension 1309; or e-mail [hsecatero@ansbi.org](mailto:hsecatero@ansbi.org). (12/13)

**Clinical Director**  
**Family Medicine Physician**

**Kodiak Area Native Association; Kodiak, Alaska**

The Kodiak Area Native Association (KANA) is searching for an adventurous, highly motivated physician to lead our team that is committed to patient centered care, customer service, quality improvement, and stewardship. KANA is celebrating its 48th year of providing patient and family focused health care and social services to Alaska Natives and other beneficiaries of KANA throughout Kodiak Island. KANA's award winning medical staff is comprised of four physicians who work in conjunction with two midlevel providers, dedicated nurse case managers, and ancillary staff to deliver the highest quality, team-based health care to an active user population of 2,800 patients. Integrated behavioral health and pharmacy services within the primary care setting also facilitate an advanced support system to ensure our patients' needs are met.

The spectacular scenic beauty of Kodiak Island offers a backdrop for an abundance of outdoor and family activities, including world-class fishing, hunting, wildlife viewing, kayaking, and hiking just minutes from your door. Its sometimes harsh climate is balanced by mild temperatures and unparalleled wilderness splendor that provide Kodiak's residents with a unique lifestyle in a relaxed island paradise.

KANA offers competitive compensation and an excellent employee benefits package, including medical, dental, vision, flexible spending accounts, short term disability insurance, life insurance, accidental death and dismemberment insurance, 401k with employer contribution, fitness membership, and paid time off.

If you're interested in hearing more about how you can start your journey to an adventure of a lifetime, please visit our website at [www.kanaweb.org](http://www.kanaweb.org), give Lindsey Howell, Human Resources Manager, a call at (907) 486-9880, or contact our HR Department at [hr@kanaweb.org](mailto:hr@kanaweb.org). Alaska's Emerald Isle awaits you! (12/13)

**Clinical Director**  
**Family Practice Physician (2)**  
**Physician Assistant**  
**Family Nurse Practitioner**  
**Clinical Nurse**

**Tohatchi Health Center; Tohatchi, New Mexico**

Tohatchi Health Center is the quality innovation and learning network (QILN) site for Gallup Service Unit. We are located approximately 30 miles north of Gallup, New Mexico, nestled against the Chuska Mountains. Ambulatory services include family medicine, internal medicine, obstetrics and gynecology, optometry, dental, pharmacy (including anticoagulation clinic), podiatry, physical therapy, social services, public health nursing, laboratory, limited radiology, and support services. Our facility provides health care Monday

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through Friday, 8:00 am to 4:30 pm. Our focus is building our medical home and supporting a patient centered health care system with the patients and communities we serve.

For more information, you can contact CDR Pamela Smiley, RN-SCN, Acting Health Systems Administrator at (505) 733-8100 or e-mail at [pamela.smiley@ihs.gov](mailto:pamela.smiley@ihs.gov). (12/13)

### **Primary Care Providers**

#### **Koosharem Community Health Center; Richfield, Utah**

#### **Kanosh Community Health Center; Kanosh, Utah**

The Paiute Indian Tribe of Utah (PITU) has job openings for full-time mid-level practitioners at each location. The tribe operates health clinics in four communities, two of which are newly funded Community Health Centers in Richfield and Kanosh, Utah. Our outreach area encompasses 15 cities in Millard and Sevier Counties with an approximate service population of 25,311. Our goal is to provide excellent health care and services to those with economic, geographic, cultural, and language barriers. Clinical services include family medicine, prenatal and women's health care, dental, optometry, nutrition and dietetics education, and social service programs.

Richfield is located in west central Utah and lies in a valley surrounded by beautiful red rock mountains. Richfield is part of Panoramaland, and is a popular thoroughfare to several nearby national parks and forests. Kanosh is a small farming town located in Millard County; it was named in honor of the Paiute Indian Chief Kanosh. These areas have long been known for their outdoor recreational opportunities, such as hiking, fishing and hunting, mountain biking, and all-terrain vehicle events.

We offer an excellent benefits package that consists of a competitive annual salary, no cost health/dental/life insurance for the entire family, a 401(k) retirement plan with tribal match, 14½ paid holidays, annual (vacation) and sick leave accruals that roll over year to year, ability to earn compensatory time for time over 40 hours weekly, plus eligibility for NHSC or IHS loan repayment.

Interested candidates should submit a PITU application; CV/resume; and copies of medical license, driver's license, highest level of education achieved, and CIB (if applicable) to Paiute Indian Tribe of Utah, Attention: Kim Kelsey, 440 N. Paiute Dr., Cedar City, UT 84721. Job posting closes January 17, 2014, although the position will remain open until filled. Visit [www.utahpaiutes.org](http://www.utahpaiutes.org) to download application; call (435) 586-1112, ext. 110; or e-mail [kim.kelsey@ihs.gov](mailto:kim.kelsey@ihs.gov) with questions or for more information. (11/13)

### **Primary Care (Internal Medicine or Family Practice) Physicians**

#### **Phoenix Indian Medical Center; Phoenix, Arizona**

The Departments of Family and Internal Medicine at the Phoenix Indian Medical Center have openings for board certified/eligible outpatient family and internal medicine physicians. Our adult primary care services are provided by

eleven family physicians, six internists, and two midlevel providers. Our physicians work in multidisciplinary health care teams with the active participation of nurse care coordinators, nutritionists, pharmacists, nurses, clerks, and other staff, all of whom work together to provide a medical home for patients with chronic illnesses. We have an advanced access appointment system and have been using the Electronic Health Record for over six years. Full time 8 and 10 hour per day schedule options are available. Competitive federal salaries and benefits are available, and Commissioned Officer applicants are also welcome. Job applications should be made online at [USAJOBS.gov](http://USAJOBS.gov). For more information, please contact Dr. Eric Ossowski, Family Medicine, or Dr. Dorothy Sanderson, Internal Medicine at (602) 263-1537. (10/13)

### **Hospitalist (Family Practice or Internal Medicine) Physicians**

#### **Phoenix Indian Medical Center; Phoenix, Arizona**

The Phoenix Indian Medical Center (PIMC) is actively seeking board certified/eligible family medicine or internal medicine physicians to staff its inpatient unit. PIMC is an inpatient and outpatient facility located in downtown Phoenix that provides medical care to patients from over 40 tribes. Hospitalists typically round/admit/consult on 8 to 12 patients per shift. Typical admitting diagnoses include diabetic ketoacidosis, hepatic encephalopathy, pneumonia, asthma, pyelonephritis, and cellulitis. Specialty services available to provide consultation on the inpatient service include surgery/wound care, ENT, obstetrics and gynecology, rheumatology, infectious diseases, nephrology, orthopaedics, podiatry, and dermatology. Competitive federal salary and benefits are available, and Commissioned Officers are also welcome to apply. Interested physicians should contact Dr. Dorothy Sanderson at [dorothy.sanderson@ihs.gov](mailto:dorothy.sanderson@ihs.gov), or telephone (602) 263-1537, ext. 1155. (10/13)

### **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 this position is located at [www.cthp.org](http://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). (9/13)

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**Family Physician with Obstetrical Skills  
Ethel Lund Medical Center; Juneau, Alaska**

The SEARHC Ethel Lund Medical Center in Juneau, Alaska is searching for a full-time family physician with obstetrical skills to join a great medical staff of 14 providers at a unique clinic and hospital setting. Have the best of both worlds by joining our practice where we share hospitalist duties 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 family 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, the Alaska Native Medical Center.

Clinic is focused on the Patient Centered Medical Home, quality improvement with staff development from the Institute for Health Care Improvement, and using the Indian Health Service electronic medical record. Frequent CME and opportunities for growth, including teaching students and residents, and faculty status at University of Washington available to qualified staff. This is a loan repayment site for Indian Health Service and National Health Service Corps, and State of Alaska SHARP program.

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 our well-rounded medical staff at a beautiful clinic with excellent benefits. For more information contact, Dr. Cate Buley, Assistant Medical Director, Ethel Lund Medical Center, Juneau, Alaska by telephone at (907) 364-4485; e-mail [cbuley@searhc.org](mailto:cbuley@searhc.org). Position open 10/1/2013. Look us up online at [www.searhc.org](http://www.searhc.org) job vacancies. (8/13)

**Family Medicine Physician  
Internal Medicine Physician  
Emergency Medicine Physician  
Sells Service Unit; Sells, Arizona**

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible emergency room physician, family/internal medicine physician, and physician assistants 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](mailto:peter.ziegler@ihs.gov). (8/13)

**Mid-Level Practitioner  
Health Director  
Quileute Tribe; La Push, Washington**

The Quileute Tribe has a job opening for a full-time mid-level practitioner. Must be a certified physician assistant, licensed in the state of Washington, and must have a valid Washington driver's license. Submit your application, professional license, cover letter, resume and three references by August 16, 2013, although the position will be open until filled.

We are also looking for a health director, who will provide administrative direction, negotiate and administer IHS contracts, develop and administer budgets, write reports, insure HIPPA compliance, comply with ACA, manage EHR, evaluate staff, and insure third party reimbursements are done. Must have a bachelor's degree related to health administration, and two years of management experience. This position is open until filled.

Telephone (360) 374-4366 or visit our website at [www.quileutenation.org](http://www.quileutenation.org) for a job application and job description. Alternatively, you may contact Roseann Fonzi, Personnel Director, PO Box 279, 71 Main Street, La Push, Washington 98350; telephone (360) 374-4367; fax (360) 374-4368; or e-mail [roseann.fonzi@quileutenation.org](mailto:roseann.fonzi@quileutenation.org). (8/13)

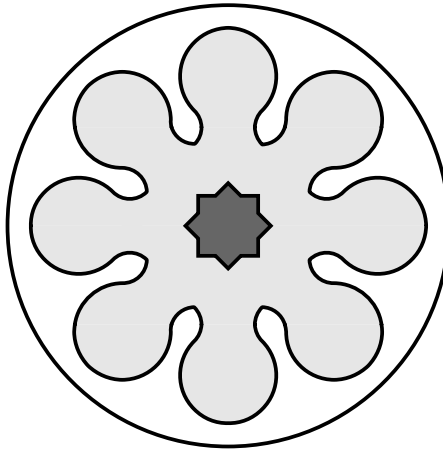
# Print Version of *The Provider* Has Ceased Publication

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

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

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

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



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

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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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