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Efficacy of Tribal Head Start Obesity and Overweight Intervention in Western Oklahoma Communities: The Healthy Heart Program

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Introduction

Over the past three decades, the rates of childhood overweight and obesity have significantly increased. Comparison of the National Health and Nutrition Examination Survey (NHANES) data collected during 1976 - 1980 and 2003 - 2006 shows the prevalence of overweight increased from 5.0 percent to 12.4 percent among children ages 2 to 5 years old.[1]

American Indian and Alaska Native (AI/AN) communities have not been immune to the staggering rise in national childhood obesity rates. When compared to children of similar age, by race and ethnicity, AI/AN children have the highest prevalence of obesity and overweight in the United States (US). Overweight and obesity affects one-third to one-half of all AI/AN children, and the rate of obesity and overweight among these children aged 2 - 4 years is 21.1 percent and 20.1 percent respectively.[2,3]

The increasing trend of childhood overweight and obesity is complex. It is associated with an obesogenic environment, which promotes increased intake of low-quality, unhealthy foods, and decreased physical activity.[3] It can be difficult for children to make healthy food choices and participate in adequate physical activity when they are exposed to unhealthy environments not only in their home, but in child care centers, school, and community settings.[4]

The consequences of childhood overweight and obesity are great. The psychosocial risks of potential stigmatization and discrimination in an overweight child can cause low-esteem and/or reduced school performance. Overweight and obese children face the increased health risks associated with cardiovascular disease, such as high cholesterol and high blood pressure; onset of type 2 diabetes; asthma; and musculoskeletal discomfort.[5] Many studies have shown overweight children and adolescents are more likely to become overweight or obese

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Figure 1. Prevalence of Obesity and Overweight among Children Aged 2-4 Years, by Race and Ethnicity

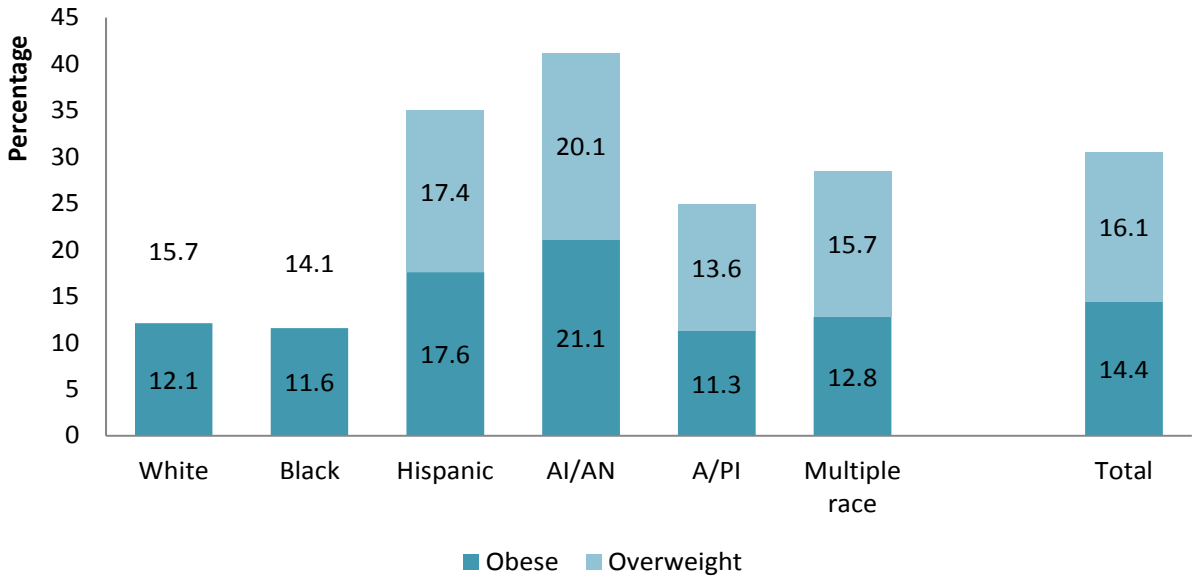

Figure 1. Abbreviations: AI/AN = American Indian or Alaska Native, A/PI = Asian or Pacific Islander.
* Defined as ≥95th percentile BMI-for-age according to the 2000 CDC growth charts.
† Defined as 85th -95th percentile BMI-for-age according to the 2000 CDC growth carts.
‡ Defined as persons who identify themselves as belonging to more than one racial group. The term was added to the PedNSS in 2004, and this report is the first to include trend data for this category.
Source: 2010 National PedNSS Data Table 8D. Available at http://www.cdc.gov/pednss/pednss_tables/tables_numeric.htm.

as adults, subjecting these individuals to the possibility of a lifetime of medical treatment, financial burden of health care related costs, and/or the inevitably of a shortened lifespan and decreased quality of life.[6]

Thus, special attention should be paid to the prevention of overweight and obesity, and there is a need for health promotion activities aimed at AI/AN youth.[7] The toddler and preschool years are critical times for teaching healthy habits that will shape the rest of a child's life.

One IHS service unit in northwestern Oklahoma has implemented a wellness program within the local tribal Head Start setting. This initiative, called the "Healthy Heart Program" (HHP) has continued since its inception in 2006. This analysis evaluates one school year of the HHP.

Children enrolled in this tribal Head Start program attend school for approximately 20 hours each week. This is 20 hours a week for potential access to educate AI/AN children about ways to start improving health and wellness for not only themselves, but their families as well. The purpose of the Head Start-based intervention involving the participation of teachers, students, and parents is to provide preventive health care through implementation of healthy eating and physical activity habits, and instilling the importance of a healthy lifestyle in AI/AN youth and families. The intervention's ultimate goal is to bring about changes in the body mass index (BMI) of the Head Start students by providing them with the needed tools to beat the odds through providing a healthy start and sustaining a healthy growth pattern.

Figure 2. Trends in Prevalence of Obesity among Children Aged 2-4 Years, by Race and Ethnicity

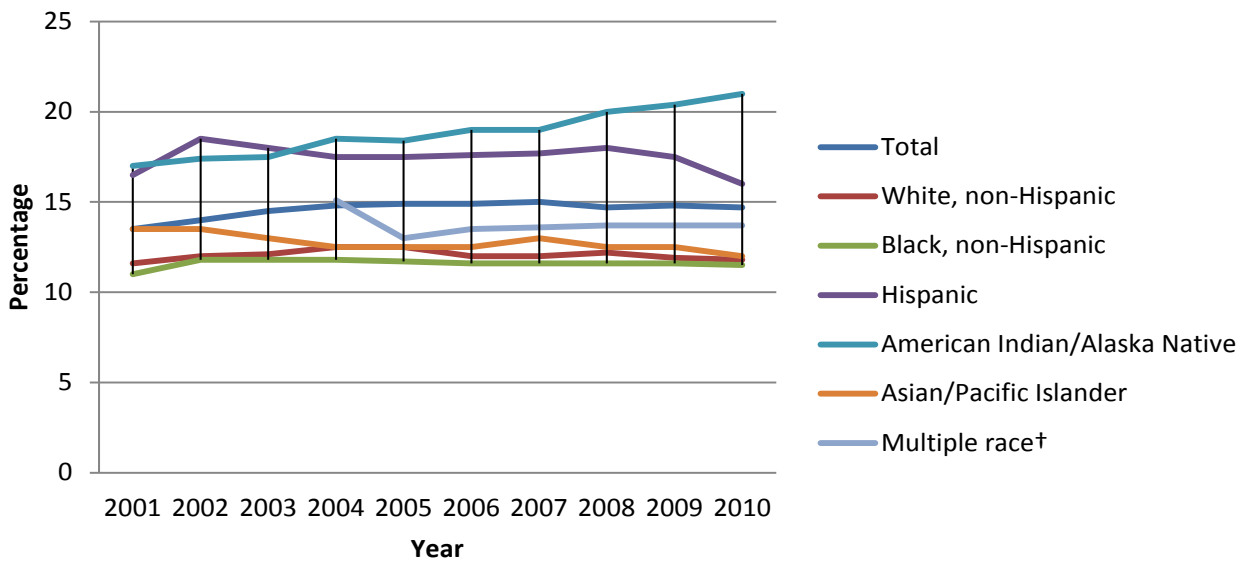

Figure 2. * Defined as ≥95th percentile BMI-for-age according to the 2000 CDC growth charts.
† Defined as persons who identify themselves as belonging to more than one racial group. The term was added to the PedNss in 2004, and this report is the first to include trend data for this category.
Source: 2010 National PedNSS Data Table 18D. Available at http://www.cdc.gov/pednss/pednss_tables_numeric.htm.

Program Design and Setting

As part of a public health capacity building initiative in one IHS Oklahoma City Area (OCA) service unit held in 2005, patient statistics on cause of death and reasons for clinic visits were compiled for the service unit. In the service unit, operations consist of the main clinic and two satellite facilities in both a rural community and a suburb of a large metropolitan area. Vital statistics from the Oklahoma State Department of Health (OSDH) indicate the leading cause of death for AI/AN within the service unit to be cardiovascular disease, with diabetes mellitus ranking fourth in cause of death. Data reviews of the service unit indicate diabetes and hypertension to be the top two reasons for clinic visits.

At the time the data and statistics reviews from the capacity building training were being conducted, the team, which included public health nursing and public health nutrition professionals, observed an increasing number of overweight children enrolling into the local tribal Head Start program. With overweight and obesity being linked to the development of chronic health conditions, the team decided to intervene with the establishment of the HHP in the tribal Head Start programs. This intervention was established as a direct effort to combat childhood overweight and obesity through preventive health care methods.

The HHP was initially funded in 2006 by an IHS Public Health Nursing (PHN) grant. It functions through a collaborative partnership between the IHS service unit and the local tribal Head Start program. The HHP team consists of a public health nurse, public health nutritionist, public health assistant, and two recreational specialists. The team works together with the focus of early intervention in childhood overweight and obesity. They are dedicated to the idea of preventive health care through implementation of healthy eating habits and physical activity that instill overall healthy

lifestyle behaviors in the youth and their families.

Each Head Start center contains two to three classes of 10 - 15 children. The average student age is four years, with ages ranging between three and five years. While the program was conducted at tribal Head Start facilities, not every student had proof of AI/AN heritage (Certificate Degree of Indian Blood).

Intervention

At the beginning of the school year, children from each of the three Head Start centers are brought to a tribal community center for a physical examination. During the comprehensive physical exam, each child is screened by medical, audiology, dental, optometry, and public health nursing. Laboratory tests are conducted to screen for both anemia and lead poisoning. Each child's blood pressure is taken, and anthropometric measurements of height, weight, and BMI are conducted. In addition, the children's immunization records are reviewed and immunizations are provided if necessary.

Prior to the start of the school year, the Public Health Nutritionist reviews the breakfast and lunch menus of the tribal Head Start centers. Menus are reviewed using the appropriate menu planning set by the National Head Start Performance Standards. The meal pattern for the Head Start centers includes a variety of foods, in which all food groups are represented. Meals are low in saturated fats, trans fats, cholesterol, sodium, and added sugars. Meals include whole grains, fruits and vegetables, low-fat 1% milk, and lean meats and proteins.

The Public Health Nutritionist conducts an individual nutrition assessment on each child. Parents are asked to fill out a form providing information on food frequency, eating habits, food allergies, and special dietary needs. Laboratory and anthropometric data collected from the Head Start physical exams are reviewed and assessed. The anthropometrics are plotted into appropriate Centers for Disease Control and Prevention (CDC) growth charts. From this assessment, the nutritionist deems each child to be within normal limits, or at nutritional risk. If the child is deemed to be at nutritional risk, a meeting is scheduled with the nutritionist and the child's parent and/or guardian to discuss the eating habits and dietary needs of the child. If deemed necessary, additional follow-up counseling sessions are provided to develop a healthy lifestyle plan with the family.

For the fitness component of the HHP, the recreational specialists visit Head Start centers three times per week throughout the duration of the school year, and conduct a 30 minute physical activity session at each visit. The activities conducted by the recreational specialist are varied, and include basic aerobic exercises, running games (i.e., tag or kick ball), nature walks, traditional Native American dances, basic stretching techniques, and principals of Tae Kwon Do (physical contact is not initiated). Depending on the weather, activities are conducted both indoors and out.

The HHP nutrition component involves a public health nutritionist conducting biweekly nutrition lessons using demonstrations, games, and stories. This intervention focuses on encouraging students to develop healthy eating habits, and is centered on the concept of "Go Food and Slow Food," learning to eat nutritious foods in the right amounts. The activities are designed to discourage the children from regularly consuming greasy foods, sugar-sweetened snacks and beverages, and getting them to replace these foods with fresh fruits and vegetables. Activities are developed from the *Healthy Start/Healthy Hops*,[9] and *5 Minute Nutrition Activities for Preschoolers*.[10]

The themes of the nutrition lessons include 1) healthy eating and fuel for your body; 2) go food versus slow food: grease; 3) go food versus slow food: traffic signal flash cards; 4) go foods: vegetable faces; 5) slow foods: junk food Jed; 6) slow food: sugary sweets and drinks, along with the Eagle Series Book: *Tricky Treat*[11]; 7) go foods versus slow foods: mid-year review; 8) go foods versus slow foods: milk and low fat dairy; 9) healthy beverages; 10) fast food or slow food?: restaurants; 11) MyPlate and portions; 12) go foods: beans; 13) fishing for healthy foods. At the end of each nutrition lesson, the children sing the "Go Food" song:

We need food that makes us GO!
Greasy food just makes us slow
Fruit and bread and cereal too,
Low-fat milk and vegetable stew.
These are foods that make us GO!
Make our healthy bodies grow!

The Public Health Nurse conducts a lesson on the heart. This demonstration shows the relationship between nutrition, physical activity, and the effect healthy habits have on the heart. The lesson focuses on the location, structure, and size of the heart, and is put into terms applicable for a preschooler's comprehension. Felt heart cut-outs are used as part of the visual demonstration. Students are taught to locate their pulse and to feel their heart beat.

To reinforce the message of the activities carried out to the children through the nutrition, physical activity, and public health interventions, a monthly "Healthy Heart" newsletter is sent home with the children for parents and/or guardians. The newsletter discusses HHP activities going on in the classroom, and provides nutrition and physical fitness tips, kid-friendly recipe ideas, and fitness activities for the entire family. In addition, teachers are encouraged to work with the children on the topics addressed in each session. At the end of the school year, each child is presented with the complete set of the CDC Eagle Books: *Through the Eyes of the Eagle*,[12] *Knees Lifted High*,[13] *Plate Full of Color*,[14] and *Tricky Treats*.[11] The Eagle Books focus on the joy of physical activity, eating healthy foods, and learning from Native American elders about traditional ways of being healthy.

Measurements

An analysis was conducted on the HHP for the 2012 - 2013 school year. For this analysis, data collection took place over a nine-month period, consisting of four waves of measurements: 1) baseline at comprehensive physical exam; 2) end of semester one; 3) start of semester two; and 4) end of semester two. Each measurement consisted of an anthropometric examination (height, weight, and BMI).

Weight was measured using a portable electronic scale. Height was measured using a wall mounted stadiometer. A maximum variation of 0.5 cm between the two measures was admitted; if the difference exceeded this value, measurements were repeated. The mean value of two valid measures of height was used. Subjects were weighed and measured with the clothing worn to the Head Start center, and shoes were removed.

The primary outcome measure was the CDC's pediatric BMI-for-age (BMI calculated as Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703). BMI z-scores were calculated using the 2000 CDC growth charts to determine age- and sex- specific BMI percentiles. BMI percentiles were used to classify weight into standard categories of underweight (<5th percentile), normal weight (>5th - <84th), overweight (>85th - <94th), and obese (>95th).

Statistical Analyses

Median BMI percentiles were calculated for all four periods of measurement for each center and for all centers combined. Comparisons between the baseline median BMI percentiles and follow-up measurements throughout the school year were made using Wilcoxon signed-rank tests with an alpha level of .05. All statistical analyses were conducted using SAS version 9.2. Analyses were conducted only for children who attended the complete school year. During the school year, a number of students left the Head Start centers for various reasons, and there were several who enrolled mid-semester. Any child missing one or more measurements was excluded from the data analyses.

Results

A total of 127 Head Start children participated, including 66 females and 61 males. After excluding participants with missing measurements, a total of 56 females and 49 males were included in the analysis. Mid-year ages ranged from 3.3 to 5.3 years with a mean mid-year age of 4.2. Table 1 displays the BMI median percentiles for the centers combined at baseline and at each follow-up measurement by gender. At the baseline assessment, the median BMI percentile for all students combined was 89.1%. Females had a median BMI percentile of 87.9% compared to 89.3% for males.

Table 2 displays the proportion of students that fall within each of the BMI categories at each time period. At the start of the program, over half (55.2%) of the children were overweight or obese, which included 32.4% in the obese category. By the end of the year, the percentage of children in the overweight or obese categories decreased from 55.2% to 39.1%, with only 23.8% of students remaining in the obese category. At the start of the intervention, there were 18 females who were in the obese category. By the end of the school year, five females previously categorized as obese had obtained a normal BMI, and another two were classified as overweight. For males, 16 students began the school year in the obese category. By the end of the year, one obese male had obtained a normal BMI and five were classified as overweight. For males and females combined, over 60% of the children who were overweight at the start of the intervention were able to reach a normal BMI.

The results of the Wilcoxon Signed Rank tests (Table 3) indicated the overall median BMI significantly decreased by the end of the nine month intervention (p=.0348). Although females had a decrease in median BMI, the results were not significant (p=.3871). Males experienced a significant decrease in median BMI (p=.0303).

The HHP was implemented for all children and not just those who were overweight or obese at the start, but the overweight and obese children are the main target for a reduction of BMI. When focusing on only those children who

Table 1. Median BMI Percentiles by Gender for All Centers Combined

	Females	Males	Overall
Time 1 (baseline)	87.85	89.30	89.10
Time 2	83.95	79.10	82.90
Time 3	86.25	74.90	81.10
Time 4	83.35	73.70	81.50

Table 2. BMI Categories by Gender for All Centers Combined (%, N)

		Females	Males	Overall
Time 1 (Baseline)	Underweight	7.14 (4)	0.00 (0)	3.81 (4)
	Normal Weight	41.07 (23)	40.82 (20)	40.95 (43)
	Overweight	19.64 (11)	26.53 (13)	22.86 (24)
	Obese	32.14 (18)	32.65 (16)	32.38 (34)
Time 2	Underweight	3.57 (2)	8.16 (4)	5.71 (6)
	Normal Weight	48.21 (27)	48.98 (24)	48.57 (51)
	Overweight	17.86 (10)	18.37 (9)	18.10 (19)
	Obese	30.36 (17)	24.49 (12)	27.62 (29)
Time 3	Underweight	5.36 (3)	6.12 (3)	5.71 (6)
	Normal Weight	42.86 (24)	57.14 (28)	49.52 (52)
	Overweight	25.00 (14)	16.33 (8)	20.95 (22)
	Obese	26.79 (15)	20.41 (10)	23.81 (25)
Time 4	Underweight	1.79 (1)	0 (0)	0.95 (1)
	Normal Weight	58.93 (33)	61.22 (30)	60.00 (63)
	Overweight	12.50 (7)	18.37 (9)	15.24 (16)
	Obese	26.79 (15)	20.41 (10)	23.81 (25)

Table 3. Differences in BMI Percentiles among All Participants from Baseline to End of Intervention

	Baseline	Post Intervention	Mean Differences in Individual BMI%	P-value
Females (56)	87.85	83.35	-0.13	0.3871
Males (49)	89.30	73.70	-5.48	0.0303*
Overall (105)	89.10	81.50	-2.63	0.0348*

*Significant at 0.05 level

Table 4. Differences in BMI Percentiles among Overweight or Obese Participants from Baseline to End of Intervention

	Baseline	Post Intervention	Mean Differences in Individual BMI%	P-value
Females (29)	96.60	92.00	-7.43	0.0034*
Males (29)	96.10	92.70	-9.51	<0.0001*
Overall (58)	96.35	92.35	-8.47	<0.0001*

*Significant at 0.05 level

started the program in the overweight and obese categories, both males ($p<.0001$) and females ($p = .0034$) had a significantly lower median BMI at the end of the program (Table 4).

A Healthy Start, A Healthy Life

In summary, we believe the HHP has and continues to provide a unique opportunity for bridging the services provided by the Indian Health Service to tribal communities.

Young children are capable of forming lifelong healthy eating and physical activity habits. Early experiences with food and physical activity have a strong impact on future habits and the health of young children. The best time to teach these habits is during the early formative years. Unfortunately, the habits of a healthy lifestyle are not being taught in a large majority of homes. With the stress of day-to-day life, developing healthy habits is not a top priority for many families. If we as health care providers do not provide the children with needed tools to develop a healthy lifestyle, an opportunity is missed. We are at a breaking point and cannot afford to miss any opportunity in combating the development of chronic diseases in our tribal communities. Preventive health measures must be taken. Access to our children in the tribal Head Start centers provides us with the opportunity to educate not only the children on preventive health measures, but the family as well.

The HHP is now in its eighth year of educating and providing healthy lifestyle interventions to the tribal Head Start children. With each passing year, we are able to introduce the tools to a healthy lifestyle in hopes of educating younger generations and making an investment in the future. Each year, we continue to receive positive results in the change of overweight and obese BMI status. We would like the HHP to be considered an evidence-based program, which could be implemented in practice by IHS public health nursing through a collaborative partnership with tribal Head Start programs for the establishment of physical activity, nutrition, and healthy lifestyle education. Through education of the Head Start children, we can touch the lives of tribal families, and ultimately the community in the fight to promote healthy lifestyle habits and combat chronic disease.

Body Mass Index (BMI) is defined as a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

CDC Growth Charts are used to determine the corresponding BMI-for-age and sex percentile. For children and adolescents (aged 2 - 19 years), overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex; obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Obesogenic Environment refers to conditions that lead people to become obese, where there is the availability of energy dense, palatable food, and sedentary activities.

Stadiometer is a height measuring device. It is capable of measuring in inches and centimeters. The accuracy of these height measurement tools goes down to one-sixteenth of an inch. A wall mounted stadiometer features metal brackets to mount the measuring device to the wall.

Acknowledgements

We wish to thank members of the Healthy Heart Team who contributed so much to this effort: Rosalie Burns, Shoune Tallbird, William Williams, Anthony Scabby, Wilma Bigmedicine, Eldred Poisal, Tiffany Schlinke, Terri Schmidt, Millie Blackmon, Bonnie Kraft, Kristie Purdy, the UCO Dietetic Interns, The tribal Head Start Staff, and the parents of our students.

Additional Resources

Readers who wish more information should direct inquiries to *bonnie.kraft@ihs.gov*.

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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 February issue.

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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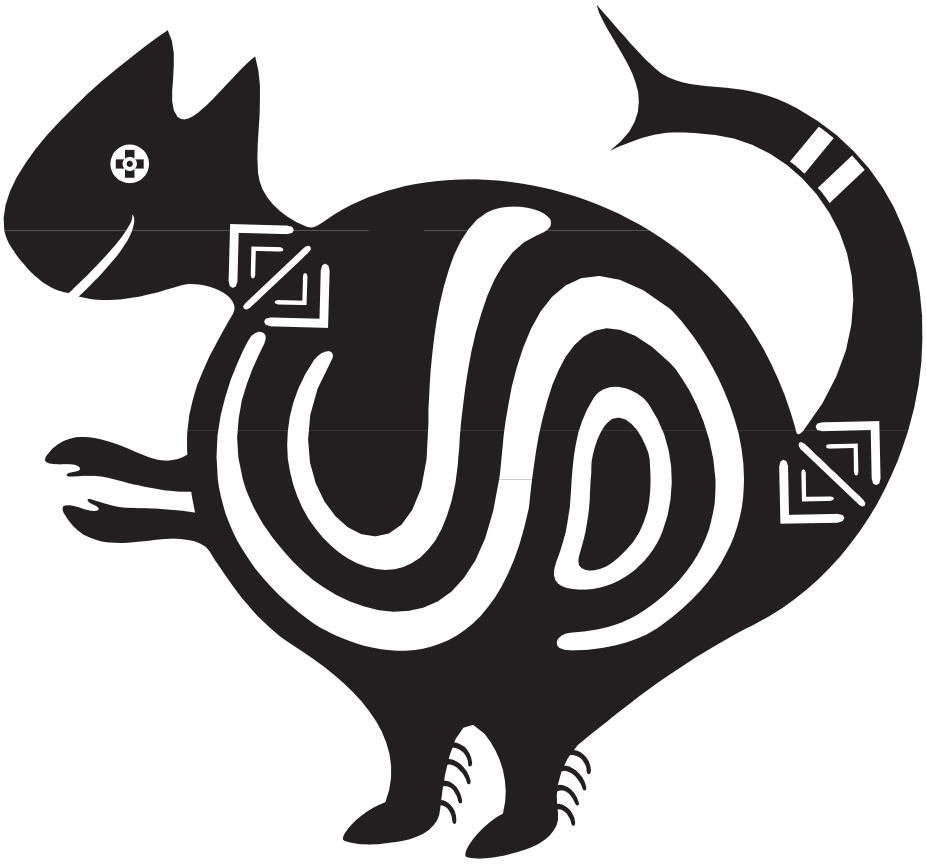

Mark Your Calendar!

2014 Cherokee Indian Hospital Webinar Series

EPEC™-O (Education in Palliative and End-of-Life Care for Oncology) with American Indian and Alaska Native Cultural Considerations

The American Indian and Alaska Native population suffers a disproportionate burden from cancer and have palliative care needs unique to their cultural perspectives. There is an urgent need to train health professionals serving these populations in the delivery of culturally appropriate palliative and end-of-life care. Despite the fact that the knowledge base exists to adequately control the symptoms and suffering experienced by patients with cancer, patients continue to report significant amounts of unrelieved suffering. Gaps between current and desired practice need to be filled so that palliative care becomes an essential and inextricable part of comprehensive cancer care.

Don't miss this opportunity to participate!

Target Audience: Physicians, Nurses, Case Managers, Social Workers, Mid-Level Providers, other Healthcare Professionals

All sessions are scheduled for 3:00 p.m. Eastern and are one (1) hour in duration.

Date	Topic	Speaker
January 16	Overview/Introduction to Palliative and End-of-Life Care in Indian Country and Gaps in Oncology	Blythe S. Winchester, MD, MPH
February 6	Models of Comprehensive Care in combination with Comprehensive Assessment	Blythe S. Winchester, MD, MPH
February 20	Pain Management	Dominique Toedt, MD
March 6	Symptoms- Anorexia/Cachexia, Constipation	Christopher McKnight, PharmD
March 20	Symptoms- Delirium	Christopher McKnight, PharmD
April 3	Loss, Grief, Bereavement in combination with Survivorship	Nancy Stephens, RN
April 17	Communicating Effectively in combination with Clarifying Diagnosis and Prognosis	Betty Taylor, RN
May 1	Symptoms-Dyspnea, Fatigue	Blythe S. Winchester, MD, MPH
May 15	Negotiating Goals of Care	Blythe S. Winchester, MD, MPH
June 5	Withdrawing Nutrition, Hydration	Dominique Toedt, MD
June 19	Advance Care Planning	Betty Taylor, RN
July 3	Cultural Considerations	Blythe S. Winchester, MD, MPH

To register for the EPEC-O sessions, click here https://www.surveymonkey.com/s/8LPXC2Z

Questions regarding the series can be emailed to: **ihscsc@ihs.gov**

Continuing Education

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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*. 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/*.

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.

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 be remain open until filled. Visit *www.utahpaiutes.org* to download application; call (435) 586-1112, ext. 110; or e-mail *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*. 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*, or telephone (602) 263-1537, ext. 1155. (10/13)

Family Practice Physician
Pharmacist
Laboratory Supervisor
EMT Basic/Intermediate
Alamo Navajo School Board, Inc.; Alamo, New Mexico

The Alamo Navajo School Board, Inc., Health Division is seeking health 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 that 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 rooms, classrooms, kitchen, game room, day care, and an outdoor fitness path.

Alamo Navajo School Board, Inc., provides an excellent benefits package that consists of a competitive annual salary; group health insurance/life insurance at no cost to employees, and shared cost for dependents; a 403(b) retirement plan and a 457(b) deferred compensation plan; relocation reimbursement; 12 major holidays off; personal leave; and Community Wellness 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*. (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. 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)

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*. Position open 10/1/2013. Look us up online at *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*. (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* 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. (8/13)

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. (4/13)

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. (2/13)

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 47th 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 mid-level providers, dedicated nurse case managers, and ancillary staff to deliver the highest quality, team based health care to an active user population of 2800 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*, give Lindsey Howell, Human Resources Manager, a call at (907) 486-9880, or contact our HR Department at *hr@kanaweb.org*. Alaska's Emerald Isle awaits you! (2/13)

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)

THE IHS PRIMARY CARE PROVIDER

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

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