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Day in the Life: Indian Health Service - Zuni, NM

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Day in the Life: Indian Health Service - Zuni, NM



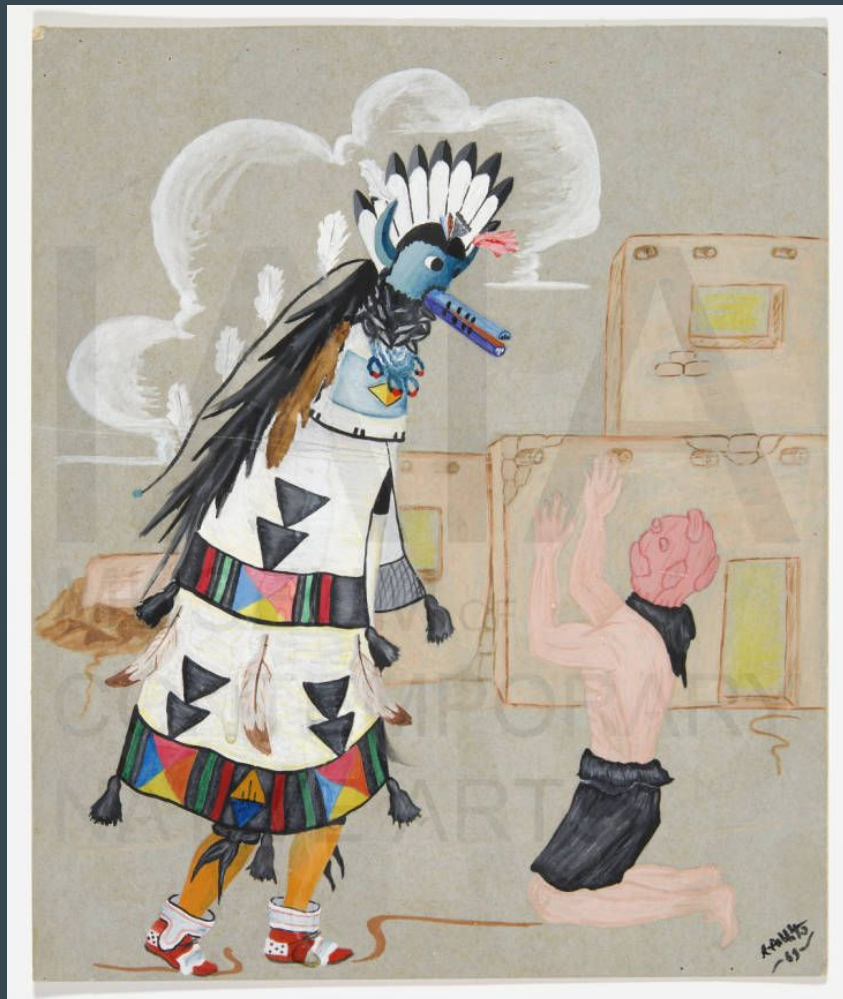
Rebecca Simon, MD
November 5, 2020

ZUNI COMPREHENSIVE COMMUNITY HEALTH CENTER



Outline

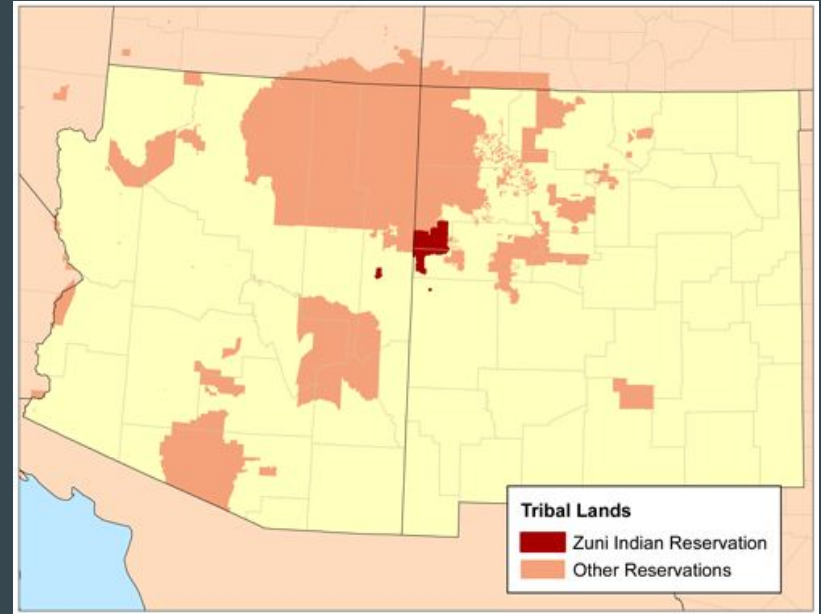
- Zuni Pueblo
 - Geographics
 - Demographics
 - History and Culture
- Rural Medicine
 - Full spectrum
 - Day in the Life
- Working for the Indian Health Service
- New Mexico Living



<https://www.youtube.com/watch?v=asnW0wIeiKU>

Zuni Pueblo

- A:Shiwi
- Located in northwestern New Mexico in high desert setting
- Roughly 10,000 tribal members
- Longest continuously occupied lands
 - somewhere between 800 to 4,000 years
 - Has allowed Zuni people to maintain their language and traditions









Zuni Pueblo - History

- The Pueblo is known to Zuni people as the “Middle Place”
- From 1500s-1800s, Zuni were under Spanish and then Mexican rule
- Under Spanish rule, forbidden to practice their religion, leading to Pueblo Revolt in 1680
- Protected tribe by staying on mesa Dowa Yalanne (DY) from 1680-1692 until made peace with Spanish



Dowa Yalanne or “DY”



Zuni Religion, Culture, Tradition

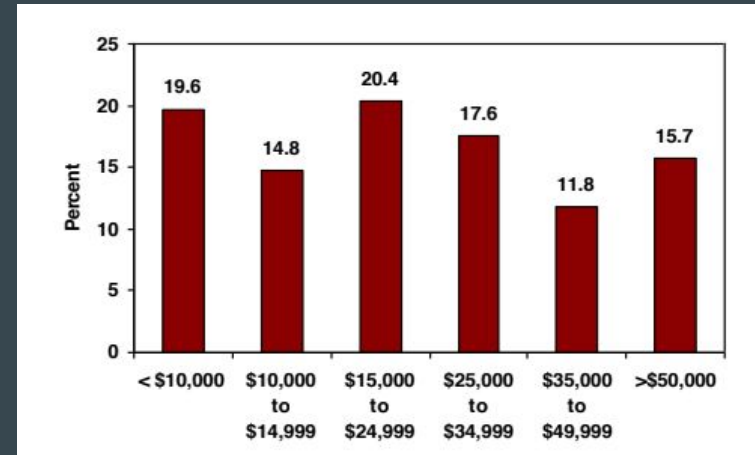
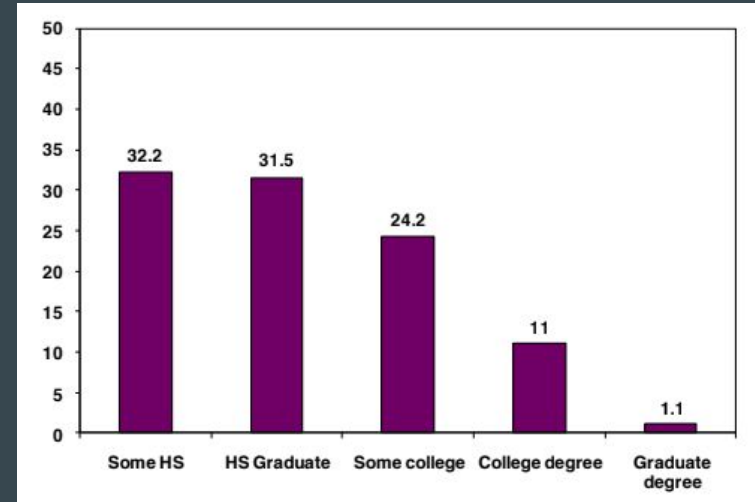
- Though Zuni are open to outside observation of their religious practices, it is against their beliefs that their traditions should be shared with outsiders (no photo or video)
- Yearly religious dances around the summer and winter solstices, harvest, rain dances in the spring, pilgrimage every spring
- Men typically lead religious ceremonies, serving as the dancers, singers, drummers
- During COVID, dances continued given fear if religion not practiced, Zuni people would not be protected





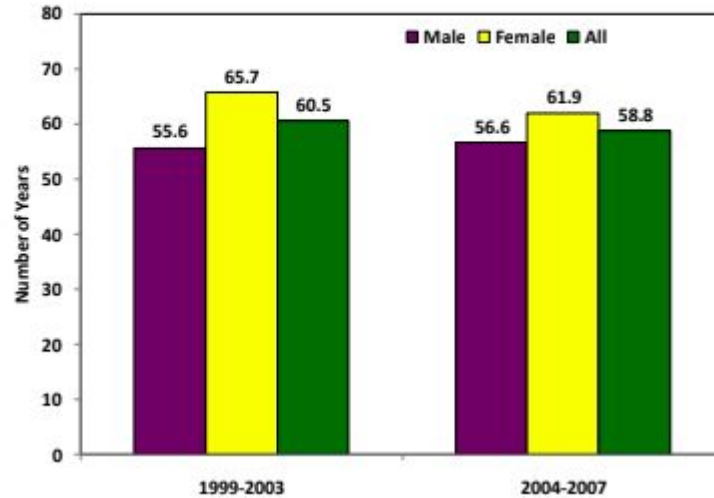
Zuni - Demographics

- Majority of Zuni live on reservation
- 40% of Zuni families have incomes below the federal poverty line
- 68% Zunis are HS graduates
- 12% unemployed
- 40% not in labor force
- Most recent Zuni Community Needs/Health Assessment completed in 2010

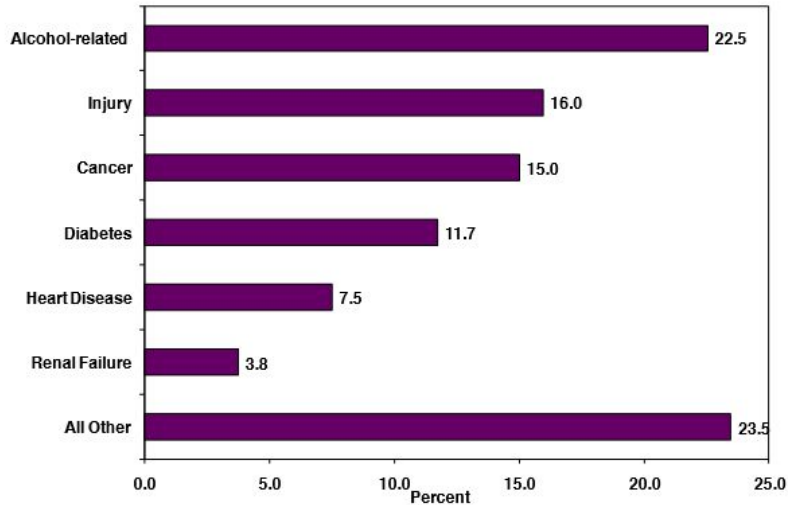


Zuni - Health Characteristics

Fig 1.2 : Average age at death by gender, Zuni and U.S. 2004-2007



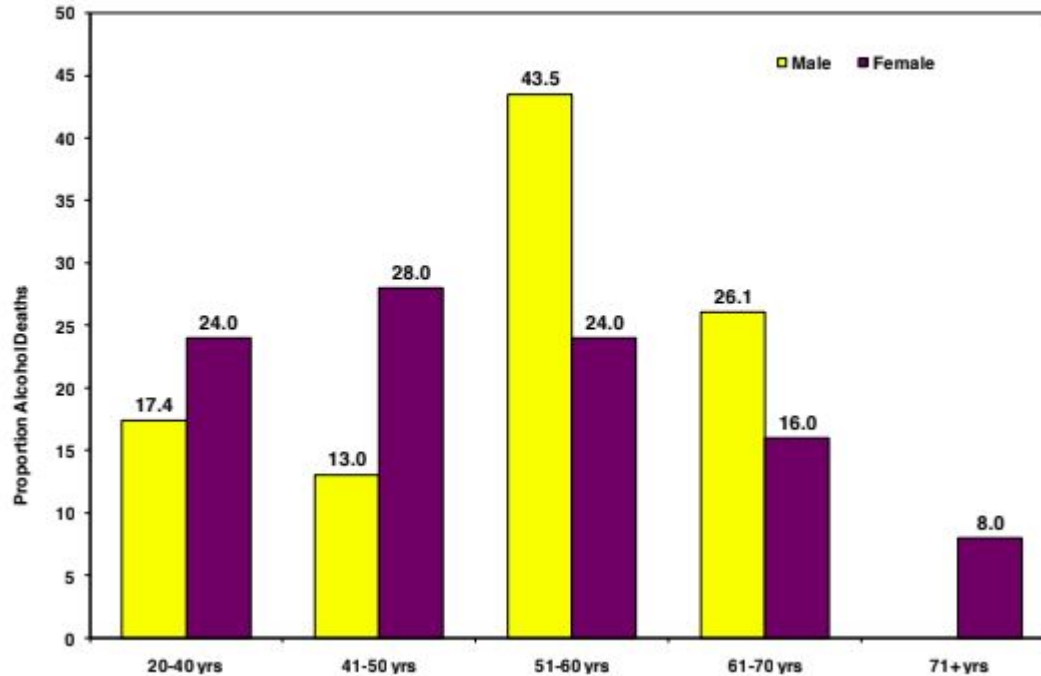
Leading cause of death 2004-2007



Causes of Deaths	1994-1998	1999-2003	2004-2007	Change
Alcohol-related	13%	20%	22.5%	↑
Injuries	7%	12%	16%	↑
Renal Failure	3%	4%	3.8%	↔
Cancer	19%	16.3%	15.8%	↓
Cardiovascular Ds	15%	13%	7.5%	↓
Diabetes	17%	13.8%	11.7%	↓

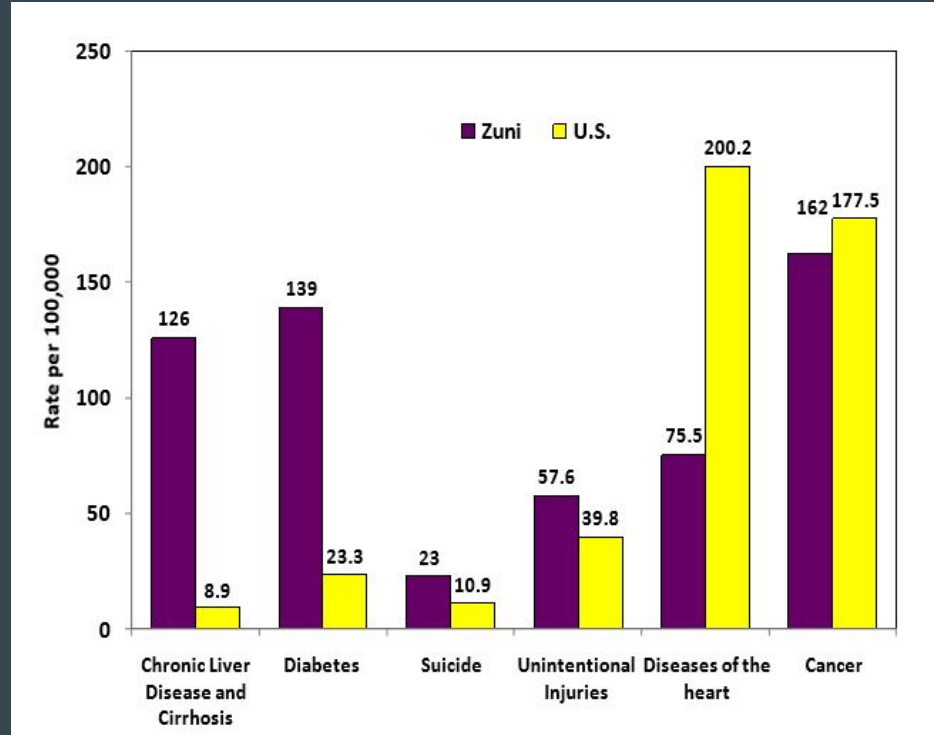
Alcohol-related Deaths

Fig 1.9: Proportion of alcohol-related deaths by age and sex, Zuni 2004-2007

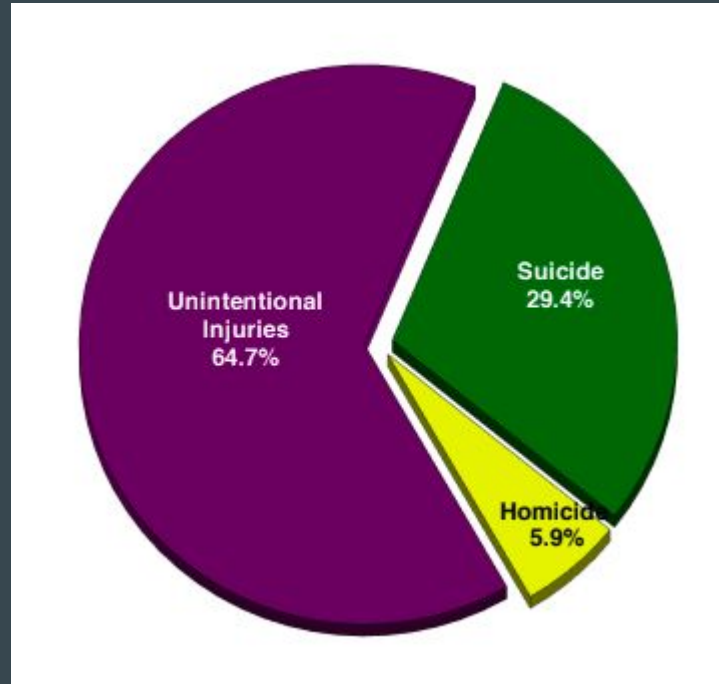


Age-adjusted death rates

- Death rate
 - Cirrhosis: 14x higher than US
 - Diabetes: 6x higher than US

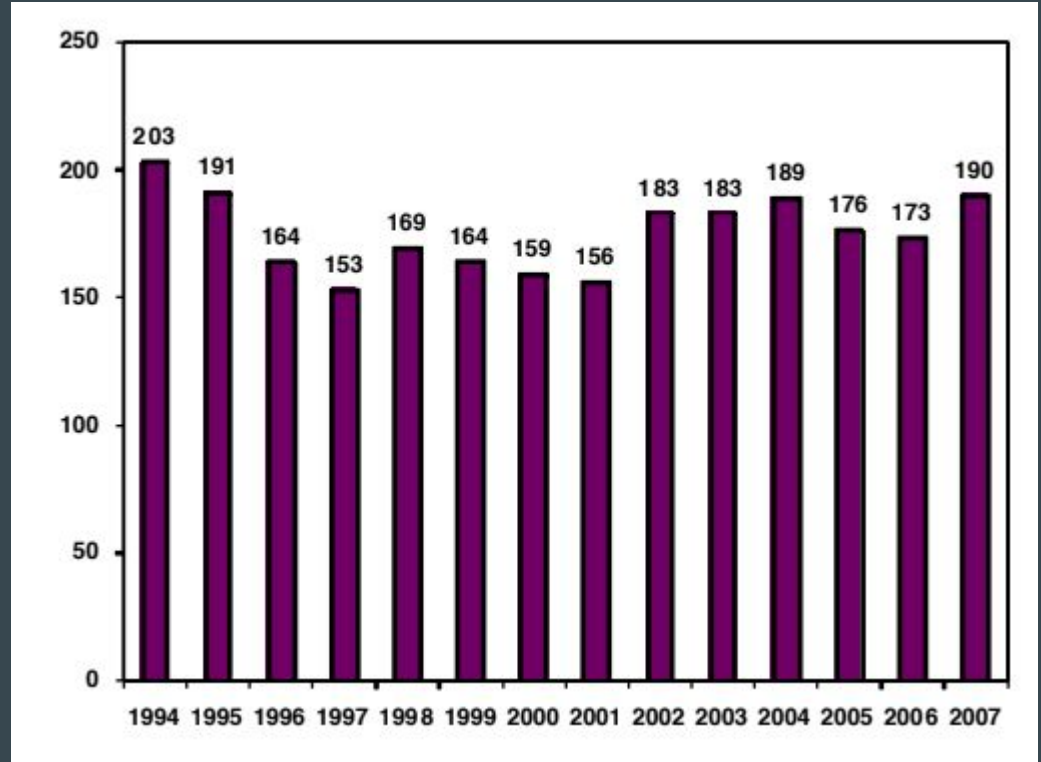


Injury-related Deaths 2004-2007



Number of births by year

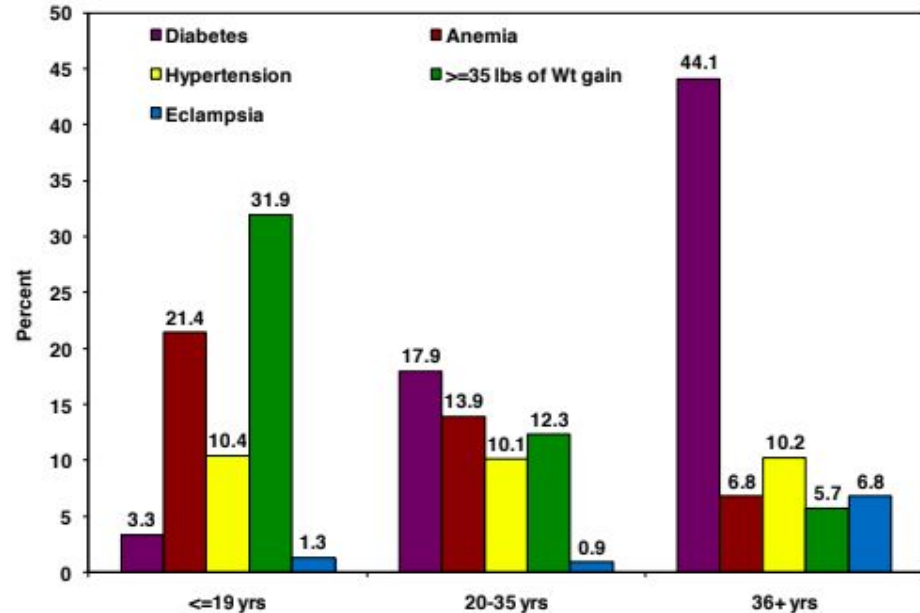
- In the last decade, there has been a consistent decrease - numbers closer to 150 per year



High risk prenatal population

- From 2018-2019 20% of pregnancies were complicated by HTN in pregnancy disorders (gHTN, preeclampsia, HELLP, eclampsia)

Fig 2.6: Selected medical conditions during pregnancy, by maternal age, Zuni 2004-2007





Zuni Pueblo - Summary

- Relative geographic isolation
- One of the longest continuously inhabited lands
- Rich culture and religion tied into Zuni language
- Majority of families below federal poverty
- Alcohol is major problem and cause of death
- High risk pregnancies



Day in the Life



Day in the Life: Rural Medicine

- *Full* spectrum
- Newborns to end-of-life care
- Primary care clinic
- Urgent and emergent care
 - Codes, intubation, trauma, cast/splint, lac repair, paracentesis, thoracentesis, lumbar puncture
- Prenatal care and obstetrics
 - Dating ultrasound, MVP/AFI, NST, vaginal deliveries
- Inpatient
- Physical Therapy
- Podiatry
- Optometry

Day in the Life: Rural Medicine

- Primary care clinics
 - Procedure clinic
 - Teen Wellness Center
 - Pap clinics
 - Colposcopy
 - Pessary
 - Stress testing
 - Pulmonary function testing
 - Osteopathic manipulation



Day in the Life: Rural Medicine

- Patients from Zuni Pueblo, nearby Navajo reservation, local communities
- 20-bed inpatient unit caring for adults and pediatrics
 - Admissions however limited by nursing staff/shortages
 - PCP will round on their own patients
- 110,000 outpt visits per year (includes ER/UC/primary care)
- Roughly 50 vaginal deliveries per year
 - ~150 prenatal patients over a year period
 - Pt's with increased risk for c-section or high risk for other reason (<37w) will be transferred to deliver at hospitals with c-section capabilities (for example, IUGR or macrosomia)
 - Unable to induce or augment labor with pitocin (miso is "induction" agent)
 - For more deliveries can do one day per month at nearby higher volume L+D

Day in the Life: Rural Medicine

- Hospital is staffed by family medicine and med/peds physicians
- Small town living - seeing patients at the grocery store or gym
 - Most patients are related to someone who works in the hospital (or are your coworkers)
- Providers are all BLS, ACLS, PALS, NRP, ATLS, ALSO certified
- UNM has consult phone line for any available specialty to review cases
- We transfer patients everyday to hospitals for intensive and/or specialty care
- Typical week with 20% admin time

#ditl

Day starts at 8 am. Everyday we have rounds at 8:15 where all of the providers, inpatient nurses, nursing supervisors, and other clinical staff meet to talk about all new admissions, transfers and current inpatients including laboring or post-partum patients.

I forgot my caffeine so husband walks the 2 blocks to the hospital to deliver it.



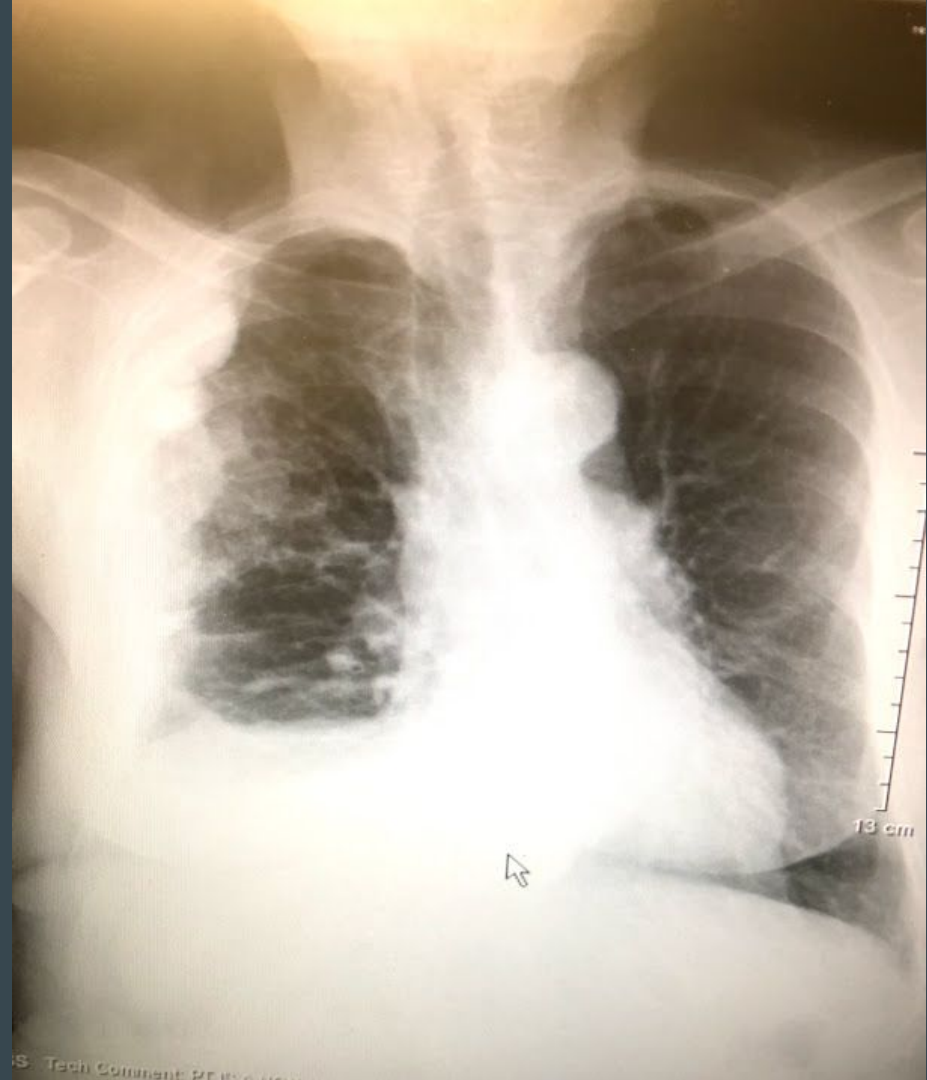
#ditl

83 yo female “no PMH” has not seen a doctor for many, many years presents with back pain, weight loss x years. No appetite.

Never had cancer screenings

Prior hx smoking, pt does not know exactly when started or ended or how much, but had been decades since last cigarette

Exam only notable for asymmetric breath sounds



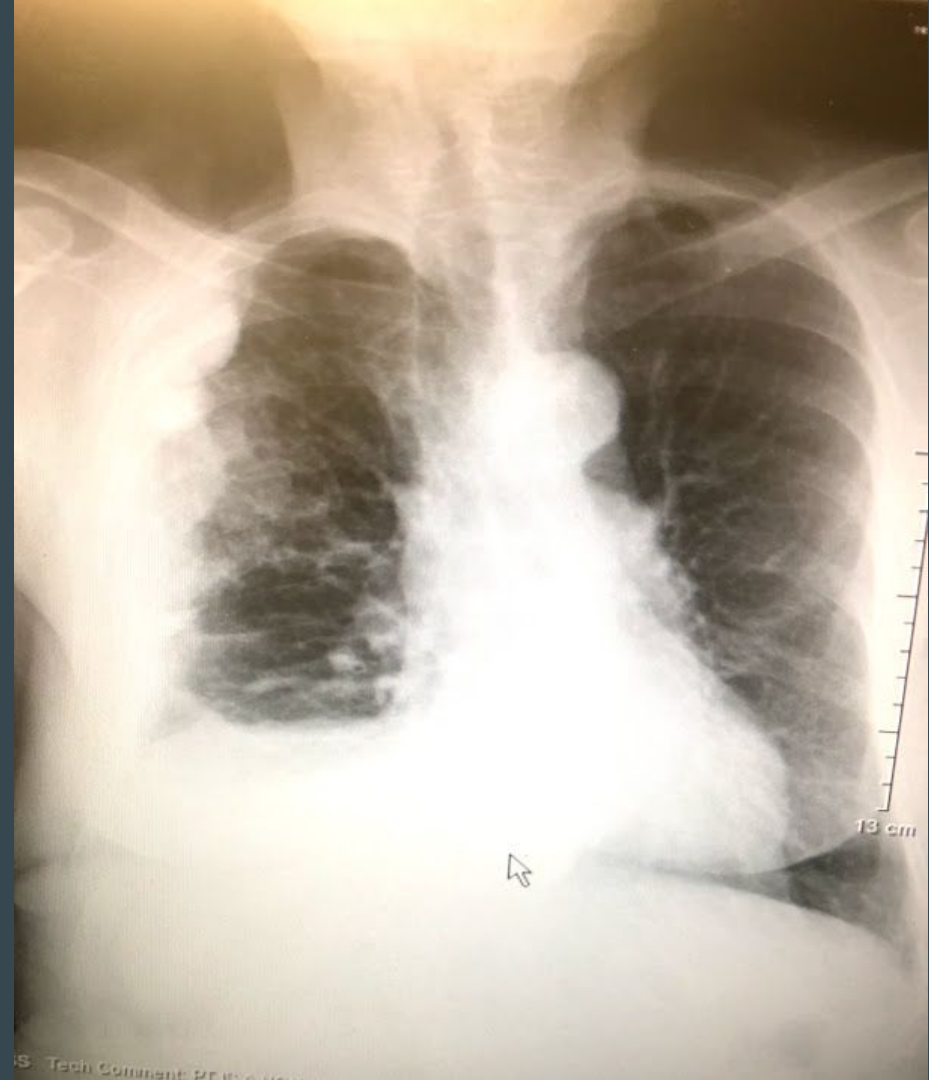
Same day CT Chest



#ditl

Diagnosis: non-small cell lung carcinoma

Passed away on hospice



#ditl

14 month old history of eczema presents with fever.

Traditional treatment has not been working at home for the last week.

Consult and received recommendations from peds derm within 15 min.



#ditl

Skin cultures for bacteria and HSV performed.

I admitted to inpatient for IV antibiotics, acyclovir, and super-high potency topical steroid.

Dx: eczema superinfected with MSSA



#ditl

31 yo female presents with alcohol and methamphetamine intoxication, noted to have rash.



#ditl

Dx: syphilis

Side note: I see a lot of syphilis, sometimes it feels like more than in Philadelphia. We recently had a case of otosyphilis (which you treat the same as neurosyphilis).

Public health nursing tracks and treats most STDs, communicates with the state department of health.



#ditl

25 yo male working on his car when a tool struck his face.



#ditl

55 yo ceramic artist presented after a fall. Her Alc had recently worsened and she was trying to get more exercise.

Exam notable for deformed and swollen left wrist.

She received ketamine sedation for reduction then splinted.



#ditl

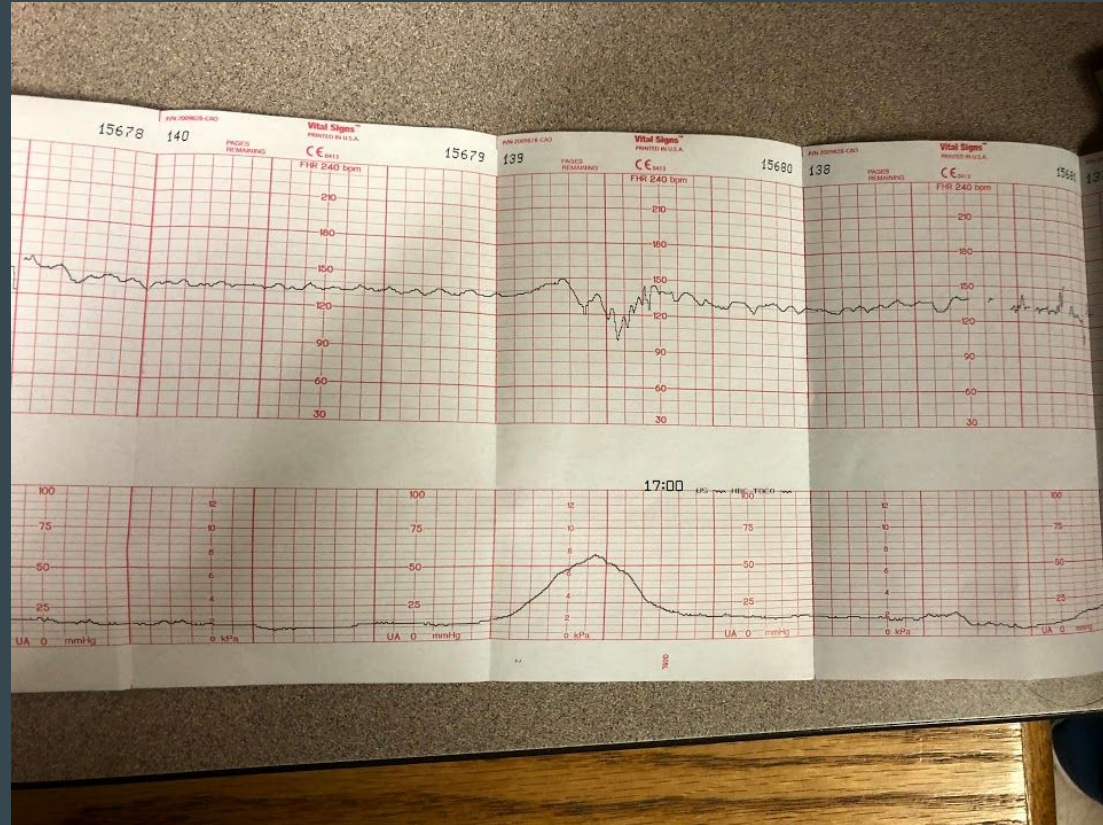
Oops! I forgot to check-in with the provider in “tent city” to see if they need help with respiratory patients.



#ditl

25 yo G2P1 at 35w presents for rule out rupture. Pregnancy complicated by GDMA2 on insulin.

She has pooling, nitrazine positive and ferning.



#ditl

I have to fly with said multiparous ruptured patient to Albuquerque because local hospitals (35 miles away) only deliver after 36w.

Fortunately she did not deliver on the plane.



#ditl

I made it back from ABQ in time to participate in Wednesday morning CME.

Point-of-care ultrasound is an important skill in Zuni's urgent care.

I feel most comfortable with OB dating ultrasounds and FAST exams. Other providers can eval for cholecystitis, DVTs and place PICC lines.



#ditl

Finally! I get to head home
after my 13 hr daycall shift.

Rez dogs ready to walk me
home.



Day in the Life: Memorable Cases

- Hantavirus
- Rocky mountain spotted fever
- MVA for miscarriage management
- Delirium tremens to status epilepticus from alcohol withdrawal
- Methanol toxicity (homemade hand sanitizer)
- Lots of different presentations of syphilis
- Small but noticeable population of IVDU (mostly meth, some heroin) > hepatitis C, handful of patients living with HIV

Rural Medicine: Summary

- Most physicians feel Zuni is like a well paid fellowship in Rural Medicine
- Challenging and rewarding
- Variety in day-to-day schedule
- Lots of on-the-job learning
- University of New Mexico “PALS” line to consult any available specialty 24/7
- Many IHS sites cultivate supportive work environments



Working for Indian Health Service / Living in New Mexico



Indian Health Service

Alaska Area

Albuquerque Area

Bemidji Area

Billings Area

California Area

Great Plains Area

Nashville Area

Navajo Area

Oklahoma City Area

Phoenix Area

Portland Area

Tucson Area

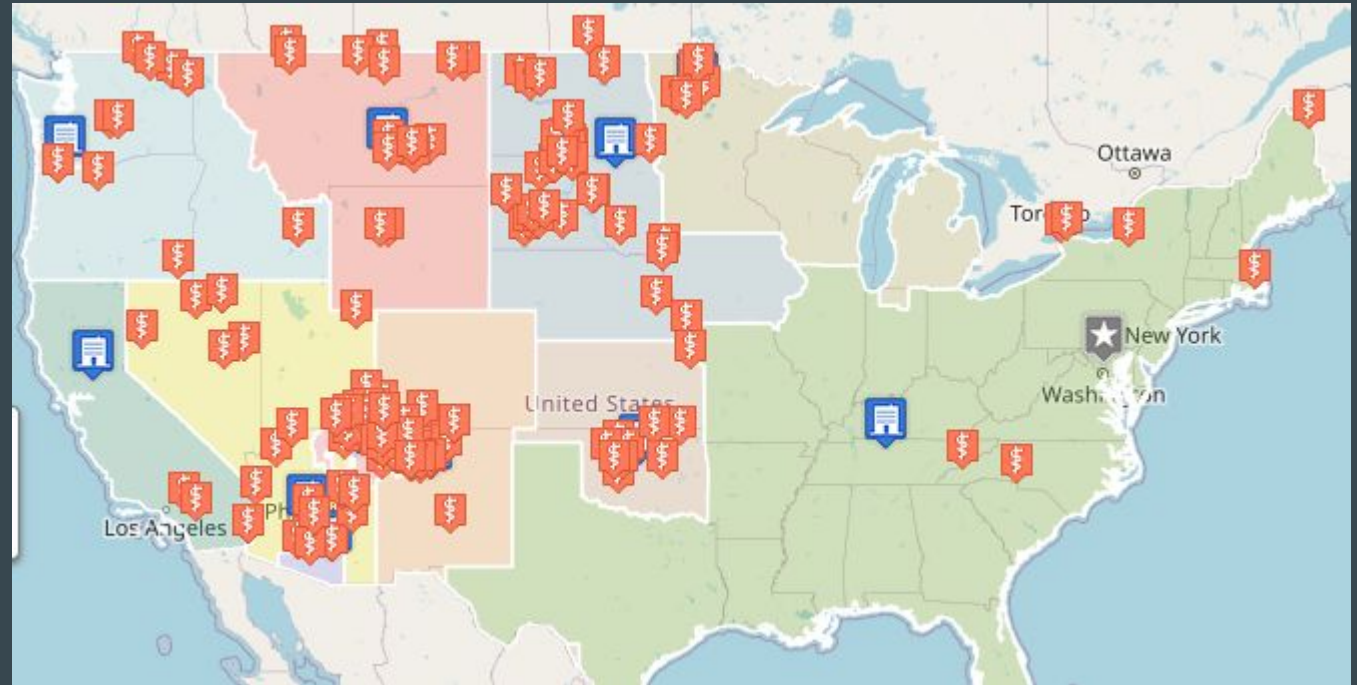
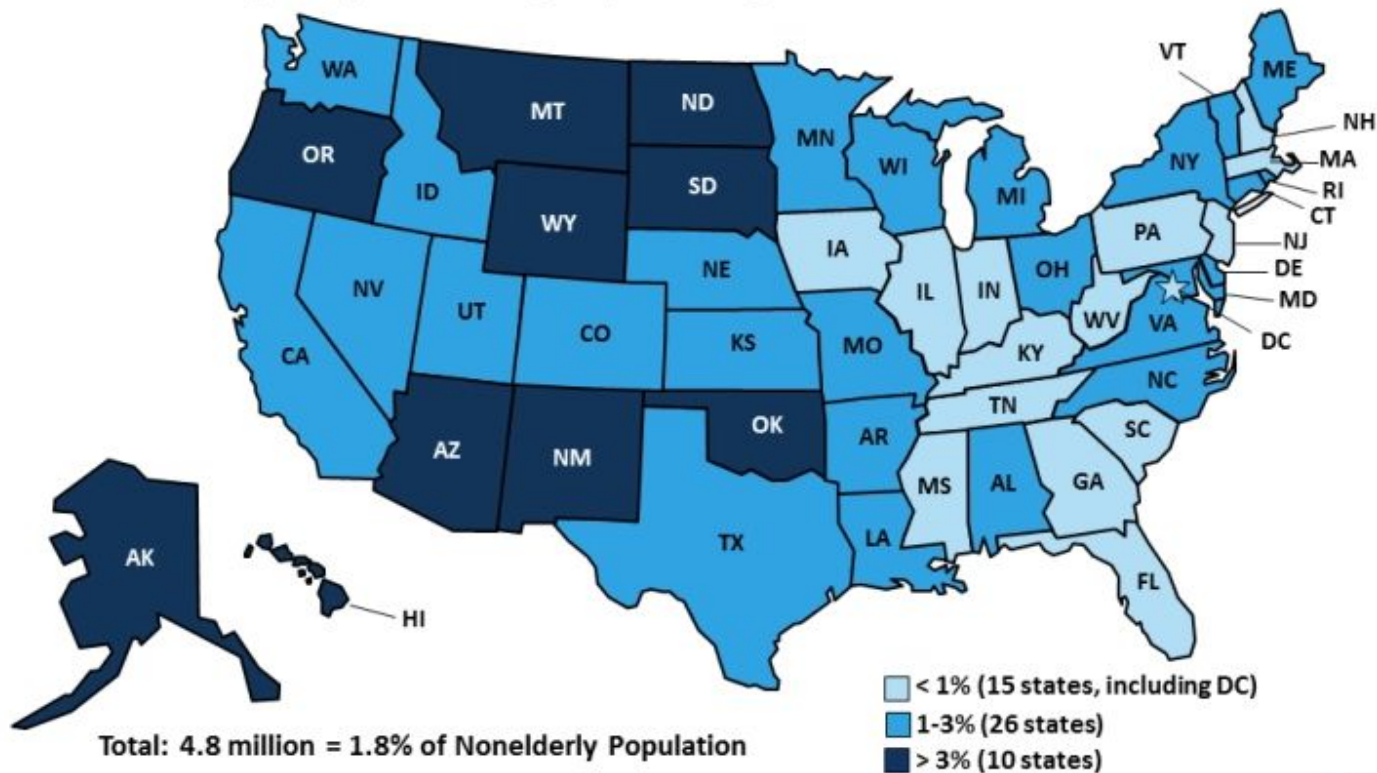


Figure 1

American Indians and Alaska Natives as a Share of the Nonelderly Population, by State, 2015



Note: Includes nonelderly individuals ages 0-64. Includes American Indians and Alaska Natives alone and in combination with another race and those of Hispanic origin.

SOURCE: Kaiser Family Foundation analysis of the 2015 American Community Survey (ACS), 1-Year Estimates.

Working for Indian Health Service

- Underserved patient population
- Close ties with tribal governments
- Loan repayment programs via NHSC and IHS specific programs
- Leadership positions often available
- Favorable leave time
 - Vacation
 - Educational/CME
- Outside work approval



Working for Indian Health Service

- Each hospital and/or clinic run differently
- Tribal versus federal
- States without medicaid expansion with worse disparities and higher uninsured rates
- Job vacancies may be filled by temporary workers (locums, travel nursing)
- Referring for specialists

U.S.

Rx for Ailing Indian Health Service: Changes in Spending, Recruitment

U.S. agency is under pressure to improve care for the 2.6 million Native Americans it serves

U.S.

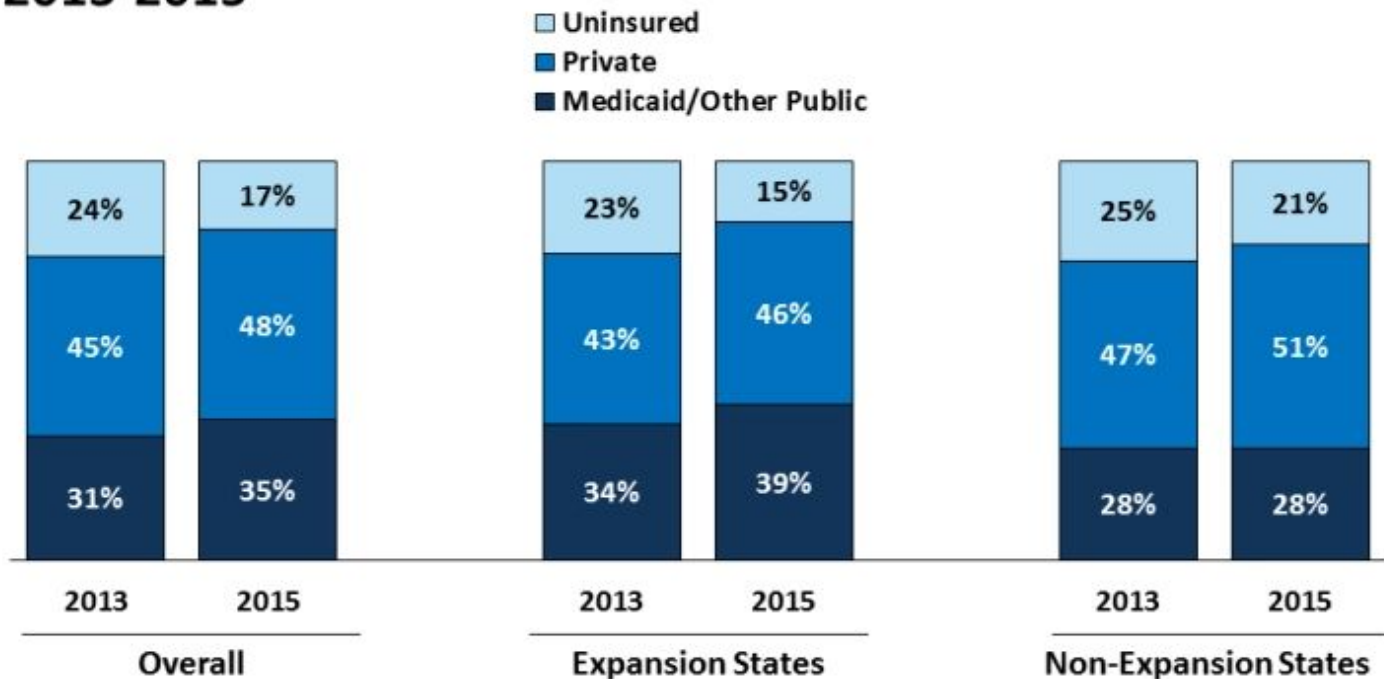
The U.S. Gave Troubled Doctors a Second Chance. Patients Paid the Price.

Indian Health Service hired dozens of physicians with trails of medical mistakes and regulatory sanctions—sometimes to disastrous effect

Six CEOs and No Operating Room: The Impossible Job of Fixing the Indian Health Service

Figure 7

Health Insurance Coverage for Nonelderly American Indians and Alaska Natives by Medicaid Expansion Status, 2013-2015

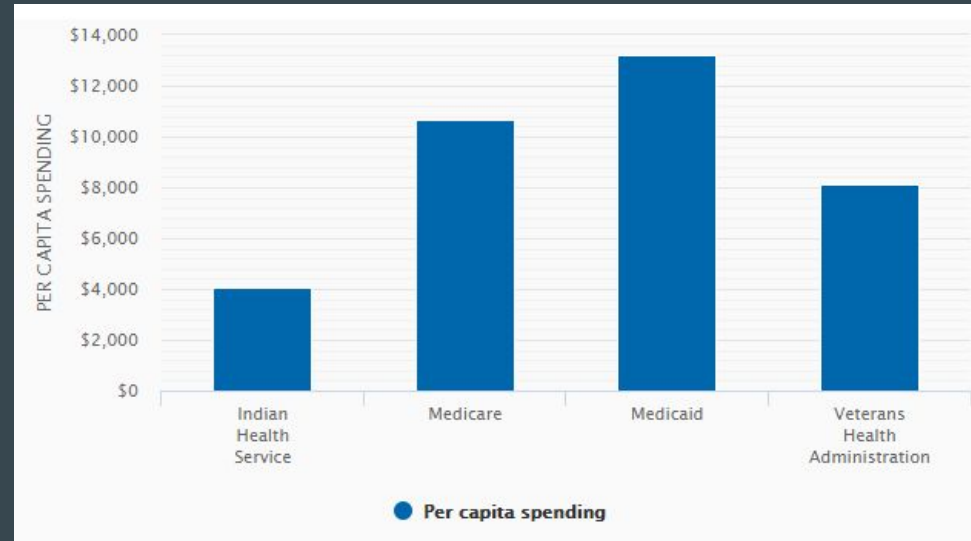


NOTES: Includes nonelderly individuals ages 0-64. Includes American Indians and Alaska Natives alone and in combination with another race and those of Hispanic origin. Other public includes the Children's Health Insurance Program, Medicare, and other public coverage.

SOURCE: Kaiser Family Foundation analysis of the 2013 & 2015 American Community Survey (ACS), 1-Year Estimates.

IHS is Underfunded

- In 2014 patient expenditures for IHS was \$3,000 per patient in comparison to \$8,000 per patient nationally
- Because IHS clinics or hospitals may not have specialty care (for example, GI or surgery who does colonoscopy) pt's will have to be referred out-of-network
 - Not all requests for out-of-network care is approved leading to significant delays in pt care



Source: Government Accountability Office

New Mexico Living

- Lower cost of living
- \$5,000 tax credit if working in rural NM
- Plethora of outdoor activities
- Cultural events due to nearby Navajo Nation, many different Pueblos
- Food is not as good as Philadelphia :)



"TASTE THE NATION"

Turkey
Leg

ROAST
MUTTON
SANDWICH

DUMPLING
STEW with
Frybread Tortilla

Vegetable
Stew w/
Frybread

HOMINY
STEW with
Frybread Tortilla

SQUASH
STEW with
Frybread Tortilla

OPEN

W
E
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C
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Questions?

