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

Rebecca Simon, MD

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

Rebecca Simon, MD
November 5, 2020
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

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

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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

- Unintentional Injuries: 64.7%
- Suicide: 29.4%
- Homicide: 5.9%
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)
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
# OCTOBER 2020

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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.
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
Diagnosis: non-small cell lung carcinoma
Passed away on hospice
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.
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
31 yo female presents with alcohol and methamphetamine intoxication, noted to have rash.
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.
55 yo ceramic artist presented after a fall. Her A1c 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.
Oops! I forgot to check-in with the provider in “tent city” to see if they need help with respiratory patients.
25 yo G2P1 at 35w presents for rule out rupture. Pregnancy complicated by GDMA2 on insulin.

She has pooling, nitrazine positive and ferning.
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.
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.
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

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<th>Area</th>
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<td>Alaska Area</td>
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![Map of Indian Health Service areas](image_url)
Figure 1
American Indians and Alaska Natives as a Share of the Nonelderly Population, by State, 2015

Total: 4.8 million = 1.8% of Nonelderly Population

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.
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
Figure 7

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.
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 Friedbread Tortilla
- Vegetable Stew with Friedbread Tortilla
- Hominy Stew with Friedbread Tortilla
- Squash Stew with Friedbread Tortilla
Questions?