A great deal has been happening at SYTHC during the past month, so I would like to share some updates with everyone on a number of projects in which we have been involved:

**Renovation**: The Medical Department has been undergoing a renovation for the past few weeks. We are expanding our Medical Assistant work area into a current exam room to accommodate all of our MA's in one geographic space. As a consequence of this renovation, we are currently converting former office spaces into exam rooms so that our capacity to see patients is not negatively impacted.

**Expanded Hours**: We are putting on hold the expanded hours of the clinic until late summer. This delay will allow us to staff the extra time adequately and to gather data from patient surveys to indicate the preferences for this expanded service.

**Team Approach to Care**: SYTHC is implementing a new team approach to medical care. The new approach will allow for each patient to be assigned a primary and secondary provider. Each patient will be seeing the same care team for the medical visits: If the primary provider is not available, the secondary provider will see the patient. This will ensure continuity of care. The approach will also help us to increase the number of patients seen at the clinic. In 2021, SYTHC averaged 40 patient visits per day. The new model will allow us to increase our patient contacts up to between 54 and 100 patients per day — quite a difference!

**Patient Survey Results**: We have been conducting a patient survey over the last several weeks. I am pleased to be able to share with everyone in this issue of our newsletter the results we have received from the survey so far. The input so far is very encouraging.
In the first week of April, a group of 16 Native youth participated in GONA '22. We had many Samala Chumash participants from here on the Reservation but also youth from other Tribal Nations such as Šmuwič (Santa Barbara Band Chumash), Apache, Sioux, Tarhumara, Chickasaw, Yaqui, and some Mixteco participants. GONA, Gathering of Native Americans, is a healing journey to overcome the negative effects of colonization. The youth are the future and we are very grateful to them for taking on the hard work of beginning or continuing on their healing journey.

**Day 1:** We heard the story a Chumash creation story. This story has bits and pieces that tied the whole program together! If you haven’t heard it please do so [here](#). Chumash elder Joe Talaugon and his granddaughter Sabine presented information about science, using petroglyphs and arborglyphs to tell the time of day and year. This sparked an insightful discussion on how our Indigenous ancestors were not just observers of nature but also innovative scientists who incorporate spirituality into every aspect of life. Next, we visited a native-owned equine therapy center in Orcutt. The youth worked closely with the horses - learning their body language and how to work with them safely. Like horses, native communities often learn through social interactions. It takes time to learn now to learn in this way.

**Day 2:** The Culture Department, with Levi and Tani Zavalla, led a walk around the Reservation. They discussed with youth the different native plants that grow here and how to use them for different spiritual and medicinal purposes. Then, we worked in the kitchen to make molus (mugwort) salve. This salve helps with poison oak, sore muscles, and more. Each participant was able to gather some different plant medicines to take home along with some molus salve. Then, Abe Sanchez led a workshop about native foods. Acorns were a staple food for many different native nations prior to colonization. Abe allowed the youth to experience the long process it takes for acorn to become edible.

For many, it was their first time tasting the nutritional powerhouse that sustained their ancestors. For lunch, we enjoyed the acorn tortillas we made, frijoles de olla, and bbq cooked by Jack Sierra (samala). After lunch, Frank Dominguez (samala) gifted participants a set of handmade dancing sticks and took them outside to learn how to use them. They lined up and danced through Elder’s Park while using their new dancing sticks and vocalizing. Finally, we went inside and each youth picked out a precut stick of elderberry to craft their own wansaq’ (clapper stick). They peeled, sanded, split, and decorated their wansaq’. Each one was as unique as the person who made it. During this time, youth played different styles of Native music and shared stories with each other.
Day 3: Youth got the opportunity to connect with the tomol (Chumash plank canoe). We all brought our wansaq’, dancing sticks, and rattles to send off and bring in the tomol with traditional songs. Everyone got a chance to get in the boat and paddle. Here, we saw the importance of moving in harmony with each other so that we aren’t holding each other back. In the tomol, the importance of taking care of ourselves so that we are strong individually and collectively was emphasized. After, we met with the Culture Department for lunch and shared a presentation on the interdependence between different bands of Chumash people.

Each village had specialized skills and access to different resources for trade across the region and beyond. Making connections that we can rely on each other like our ancestors did, illustrated that every person has something to contribute and together we have many resources!

Day 4: This was our final day of GONA. One of our youth participants, Keli Lopez (Šmuwič), hosted a poetry and collage workshop. She performed some of her poetry, which inspired our participants to create their own. We made photo copies of the work so that each participant could take a copy home. After lunch, we visited from a group of elders who shared stories. They also brought their powwow drum, sang songs, and eventually invited the youth to come up and participate.

Overall, this event was a success. It was fulfilling to see the growth that occurred within each young person over the four days. The positive impact that the clinic has made by hosting these types events that address the challenges facing the youth will continue to impact our community for many years to come.

SYTHC is extremely proud of & grateful for each facilitator & youth who participated in GONA 2022
**SYTHC Team Member Spotlight:**

**Kaitlyn Lewis, PA:**

Kaitlyn Lewis is a Physician Assistant who recently moved back to Santa Barbara County in 2021. She has lived here on and off for the last 10 years and is very happy to be back in the area. Kaitlyn started working the clinic as the COVID vaccine lead. She has now joined the practice full time in family practice seeing all ages. She is a graduate of Marshall B. Ketchum University with a Masters in Medical Science. Prior to starting at the clinic in 2021, PA Lewis worked in an inner city Federally Qualified Health Center (FQHC) in south Los Angeles County.

In her free time, Kaitlyn enjoys camping and hiking across California. She also enjoys being back near the beach where she likes to take out her paddle board. As a Los Angeles native, she cheers on the Rams during football season.

**Magdalena Diaz, RDA:**

Magdalena is one of our most valued front-line staff members in the SYTHC Dental Department. She is a registered dental assistant (RDA), and has worked for SYTHC for nearly four years. Magdalena graduated from the Allan Hancock RDA program, and was an intern at SYTHC, before accepting a full-time position here.

She excels in her back-office duties, including her chairside assisting skills with each of our dental providers. Whenever a patient of ours needs treatment involving the dental laboratory, Magdalena expertly manages these cases by ensuring they are shipped and received properly, as well as handling scheduling of a patient's follow-up treatment.

Magdalena commutes from Lompoc and sometimes can be found driving for Uber after work. In her spare time, she enjoys gardening, playing frisbee golf and spending time outdoors.
Early Childhood Caries in Indigenous Communities

The oral health status of Indigenous children (American Indian/Alaska Native, or AI/AN) represents a major health disparity when compared with the general population. Early childhood caries (ECC) occurs in Indigenous children at an earlier age, with a higher prevalence, and with a much greater severity. An oral health survey performed by the Indian Health Service (IHS) in 2014 revealed that 75% of AI/AN children between the ages of 3 and 5 years had ECC, and in many communities, the caries rate was >90% (5 times greater than that of the general US child population). The true burden of ECC in Indigenous children is not only the ECC prevalence, but also the disease severity. The average number of decayed or filled teeth in AI/AN children 2 to 5 years old was 5.8, almost 5 times that of the general US pre-school population.

Caries prevention interventions that have worked well in the general population have been less effective in Indigenous children. Indigenous children acquire cavity-causing bacteria at an earlier age, develop caries at an earlier age, and commonly experience severe ECC. The health care community has begun to recognize that “two is too late”; meaning that AI/AN children should be seen by a dental professional by the age of 1 or when the first baby tooth appears. The Santa Ynez Tribal Health Clinic Dental Department acknowledges the ECC disparities seen in Indigenous children and supports the following strategies:

Community-Based Promotion Initiatives

- Promote changes to reduce frequent consumption of sugar-containing drinks and sugary snacks through education and improved access to healthy foods in the local community.
- Emphasize the importance of oral health for pregnant women and their infants through community-based activities.
- Promote breastfeeding exclusively for the first 6 months, and incorporating breastfeeding until 12 months of age.
- Ensure that Indigenous communities benefit from community water fluoridation.

Clinical Care Recommendations

- Consider early childhood oral health as an integral part of overall childhood health and well-being.
- Ensure that Indigenous women receive pre-conception and prenatal screenings for oral health.
- Discuss oral health during well-child care visits and provide guidance on oral hygiene and diet, starting with the first tooth eruption.
- Recommend the establishment of a child’s “dental home” by 12 months of age.
- Promote supervised twice-daily use of fluoridated toothpaste for all Indigenous children beginning with the eruption of the first tooth (proper amount of toothpaste should be discussed with dental professionals).
- Provide fluoride varnishes by dental or health care providers, starting with the first tooth eruption (and then every 3 – 6 months thereafter).
- Promote the incorporation of silver diamine fluoride (SDF) into caries management.
- Promote the use of dental sealants on primary molars to prevent caries.
Patient Satisfaction Survey

March/April 2022

How empathetic were our staff to your needs?

- 58% Very Empathetic
- 41% Empathetic
- **1% Somewhat Empathetic

How likely are you to recommend the Clinic to your friends and family?

- 82% Very likely
- 16% Likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

How would you rate the professionalism of our staff?

- 77% Very Professional
- 23% Professional
- Somewhat Professional
- Somewhat Unprofessional
- Very Unprofessional

96%
overall rating of the Clinic by patients
Patient Satisfaction Survey

March/April 2022

How did you find the experience of scheduling appointments?

- Excellent: 68%
- Very good: 18%
- Good: 13%
- Fair: 1%

Were you able to get an appointment in a timely fashion?

- Yes: 100%
- No

What services do you receive at the Clinic?

- Medical
- Dental
- Behavioral Health
- Other
- ICWA
- Transportation

What services would you like to see offered here?

- Dermatology
- Optometry
- Orthodontics
- Orthopedics
- Endocrinology
- Endodontics

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Patient Satisfaction Survey

How satisfied were you with your interaction with the provider you saw?

- Very Satisfied: 80%
- Satisfied: 20%

Was your provider able to address your concern?

- Yes: 97%

How long was your wait until your provider attended to you?

- Better than expected: 38
- As I expected: 62

How long was your wait in the exam room before being seen?

- Better than expected
- As I expected

March/April 2022
Patient Satisfaction Survey

March/April 2022

How satisfied are you with the cleanliness and appearance of our facility?

- Very Satisfied: 85%
- Satisfied: 14%
- Very dissatisfied: 1%

How satisfied are you with the cleanliness of our exam rooms/operatories?

- Very Satisfied: 83%
- Satisfied: 17%

How easy is it to navigate our facility?

- Very easy: 70%
- Easy: 20%
- Somewhat easy: 0%
Patient Satisfaction Survey

March/April 2022

52% Would like appointment times from 8-12PM on Saturday's

33% Would like appointment times from 5-8PM on Weekdays.

27% Would like appointment times from 7-8AM on Weekdays.
Child Abuse and Neglect

Know the Signs:
As we keep physically healthy by staying safer at home, children have fewer interactions with many of the professionals trained to observe and mandated to report suspected child abuse. It is critical now, more than ever, for families, friends, and neighbors to be aware of the signs of child abuse and neglect and to know how to report those signs to their local child welfare agencies.

To report a case of child abuse or neglect, contact the county or Tribe where the child or child's family lives. If the agency is not known, contact the closest county or call 9-1-1. Contact information for county and tribal child welfare agencies is available.

Signs of Neglect
- Poor hygiene, odor
- Inappropriately dressed for weather
- Needs medical or dental care
- Left alone, unsupervised for long periods
- Failure to thrive, malnutrition
- Constant hunger, begs, or steals food
- Extreme willingness to please
- Frequent absence from school
- Arrives early and stays late at school or play areas or other people's homes

Signs of Physical Abuse
- Bruises, welts on face, neck, chest, back
- Injuries in the shape of object (belt, cord)
- Unexplained burns on palms, soles of feet, back
- Fractures that do not fit the story of how an injury occurred
- Delay in seeking medical help
- Extreme in behavior: very aggressive or withdrawn and shy
- Afraid to go home
- Frightened of parents
- Fearful of other adults

Signs of Sexual Abuse
- Pain, swelling, or itching in genital area
- Bruises, bleeding, discharge in genital area
- Difficulty walking or sitting, frequent urination, pain
- Stained or bloody underclothing
- Venereal disease
- Refusal to take part in gym or other exercises
- Poor peer relationships
- Unusual interest in sex for age
- Drastic change in school achievement
- Runaway or delinquent behavior
- Regressive or childlike behavior

Signs of Emotional Abuse
- Low self-esteem
- Self-denigration
- Severe depression
- Unusual level of aggression
- Severe anxiety
- Extreme withdrawal
- Failure to learn
How to Get the Most Out of Your Medical Visit

JOSEPH CARTER, PA-C

If you have ever felt frustrated after a doctor visit, here are some helpful tips to get the most out of your visit.

♦ Identify your three or four questions or concerns that you most want to talk about with your doctor. Write them down on a piece of paper and address each one briefly at the beginning of the visit or hand them a copy of your note. All attempts will be made to address your questions and concerns in your visit, but you may run out of time and have to schedule a follow up to completely address all of your questions.

♦ Be honest and open with your doctor. It is human nature to want to please people or tell them what they want to hear. For example, you may tell them that you are eating a more balanced diet or quit smoking when you haven’t. Your doctor is not here to judge you but to help you. Some questions that may seem irrelevant to you have a significant impact on your care plan so it is important to be as open as possible.

♦ Be upfront about your expectations. If you are coming in with a specific expectation for the visit, it is good to discuss at the beginning. You may not get specifically what you want, but you can discuss the decision more at length if brought up earlier in the visit. For example, not every cough needs antibiotics, and not everyone with fatigue needs thyroid medications. This does, however, let the doctor know if you may need other treatment for your problem based on your history and physical.

♦ You may not get all your answers at your visit. Some diagnoses take time and several follow-ups. Sometimes you may be referral to a specialist for further care. Be patient, but if you feel like your needs are not being addressed you can always request to see someone else.

Take notes. Take along a notepad and pen and write down the main points, or ask the doctor to write them down for you. If you are unable write while the doctor is talking to you, make notes in the waiting room after the visit.