



# NEW MEXICO DENTAL Journal



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## Children's Health

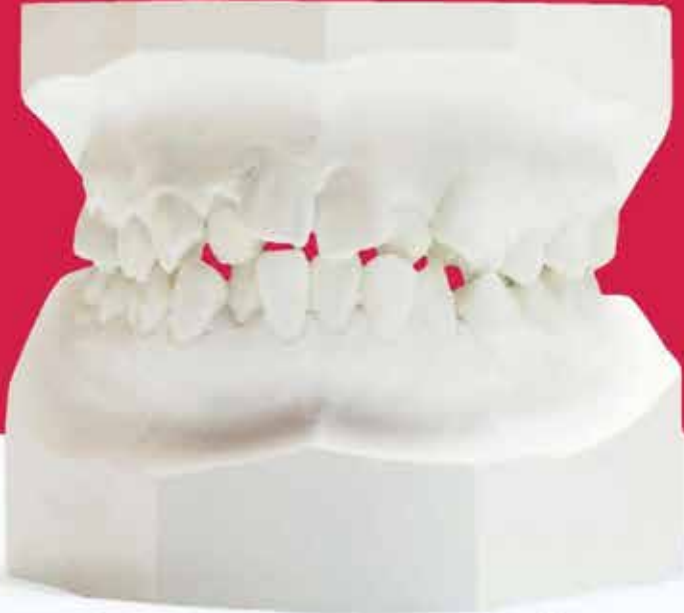
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# How Diversification Helps and Hurts Investment Returns



Our colleagues and us are often asked a question along the following lines: Why didn't my account do as well as the S&P 500 or the DOW? The S&P includes 500 major US companies. The DOW is comprised of only 30 US companies. Unfortunately, TV and radio reporting usually only tell us how the US stock markets are performing. Our regular media sources fail to help investors see the more complex picture.

2016 is very instructive in providing an answer to the performance question noted above. Assume you have a three-part account comprised of US companies, foreign companies and US corporate and government bonds.

In 2016, the US company portion did well as measured by the S&P 500 or the DOW. Let's look at the other two parts of our hypothetical account.

During 2016, the US dollar strengthened versus other world currencies. Your foreign company values were negatively impacted by the dollar strengthening. The negative impact created by a stronger dollar reduced the returns of the non-US holdings in your account.

How did the hypothetical US corporate and US government portion hold up? Higher US interest rates hurt bond values. As interest rates go up, the value of existing bonds moves in the opposite direction. The longer the bond has to maturity, the more the value is negatively impacted by rising rates.

In 2016, the strengthening dollar and rising interest rates were responsible for lowering our hypothetical portfolio results from a US companies-only account. The point is by no means to limit diversification or to try to time allocation moves. Broad diversification is intended to moderate volatility.

In 2016 it was the US company portion that fared well in our hypothetical three-part account. However, whenever the US dollar weakens, foreign company holdings will be helped by this occurrence. The combined return of multiple parts blends the good, the bad and the ugly.

Brian Portnoy, PhD, CFA penned a report for investment advisors associated with the issues just noted. The article is appropriately titled: "*Diversification Means Always Having to Say You're Sorry*".



*This is part of a series of articles on the business side of medicine from The Doctor's Financial Resource.*

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**Diversification Disclosure** A diversified portfolio does not assure a profit or protect against loss in a declining market.



Joe L. Valles, DDS

A new sense of renewal is in the air for the NMDA. This year at the House of Delegates a respectable portion of the delegation was made up of new dentist volunteers. For but one fossil—me—the Executive Council is largely comprised of younger dentists. The NMDA Foundation was recently enhanced with eager young volunteer board members. But more importantly, these newer professionals have come in highly motivated to making a positive difference within the NMDA. And this renaissance isn't unique only to New Mexico—it reaches throughout our ADA-14th District, our Western States, and indeed the entire ADA. That hasn't happened by accident; it's attributable to collective efforts focused on cultivating and supporting professional volunteerism of all age groups.

Here in New Mexico we can't overlook or minimize the success of our Pre-Dental programs; our 'New Dentist Program,' and our willing mentorship toward meeting our overall goal of encouraging and supporting the creation of a 'family atmosphere'—where students are enthusiastic about returning home after graduating from

dental school. Our efforts and the commitment of our newer fellow professionals are to be commended. This family we call the NMDA is growing—and it's growing with balance. Just as we appreciate our new fellow dentists, they also have the opportunity to gain from the mentorship and wisdom offered by our more 'seasoned' long-standing volunteers.

We're fortunate to have such an accomplished and capable staff coupled with dedicated participants with a long history of involvement in our association. Are we perfect? Of course not, but we have a Mission, a Strategic Plan, and a Tripartite relationship with the ADA and our component districts that can only improve. We can also do a better job of communicating with a receptive membership. Young and old—at every available opportunity—I urge you to promote new membership and to encourage continued membership and involvement in our association. It takes a family. If this trend continues—and I think it will—the potential ahead for the NMDA and ADA is A-1, Okay and Positive. Our noble profession is in good hands into the future.

Respectfully, Joe L. Valles, DDS  
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## Children's Health

Compiled By Rudy Blea—*New Mexico Department of Health, Office of Oral Health Program Director*

The Mission of the Department of Health is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. Several programs within the department address the health and wellness of children. The following programs address the health care of children.



### Office of Oral Health

In addition to conducting the dental sealant and fluoride varnish programs staff I actively participate in several collaborative efforts to improve oral health throughout our state. The program also funds several contractors to provide basic treatment for the uninsured and low income.

Marelia Leyba RDH currently serves as the Head Start Dental Hygienist Liaison for the state of New Mexico. The Dental Hygienist Liaison program was created through a partnership between the National Center on Early Childhood

Health and Wellness (NCECHW) and the American Dental Hygienists' Association. The goal of this program is to improve the oral health of pregnant women and children by providing a dental hygienist liaison (DHL) in each state to serve as a communication link between NCECHW, state-level stakeholders, and early childhood education programs.

The liaison role has allowed Ms. Leyba to collaborate with the City of Albuquerque Head Start/Early Head Start Programs and Youth Development, Incorporated (YDI) Head Start/Early Head Start Programs to provide oral health training for both their center-based staff as well as their staff involved in their home visiting programs. She serves on the health services advisory committees for the City of Albuquerque and YDI. These groups bring together staff, parents, and local health care providers to discuss the planning, operation, and evaluation of the policies and procedures related to medical and dental health.

Staff serve on the New Mexico Oral Health Coalition and the New Mexico Primary Care Association Dental Provider Group. Membership in these organizations provides insight on several "behind the scenes" topics, such as changes to Medicaid or identifying barriers to access throughout the state and the chance to contribute to potential resolutions to these barriers.

Staff serve on the advisory board for the New Mexico Perinatal and Infant Oral Health Quality Improvement Project. This project is supported through a grant funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) and whose goal is to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care.

Our staff also collaborates with the Women, Infants, and Children (WIC) food and nutrition program to provide oral hygiene instruction to pregnant women and families with young children. We also are invited to have a presence at many different health fairs and other events including the Senior Olympics, the annual New Mexico Conference on Aging, Senior Day at the New Mexico State Fair, along with many others.

The Office and the Presbyterian have an agreement to provide the initial assessment and fluoride varnish for the Santa Fe County Head Start program.

### Asthma Control Program

The New Mexico Asthma Control Program (ACP) resides in the New Mexico Department of Health in the Environmental Health Epidemiology Bureau. The NMACP is funded by a cooperative agreement with the Centers for Disease



Control and Prevention National Center for Environmental Health to develop strategies together with communities and health systems to improve and expand the reach of comprehensive asthma control services.

The ACP goals are to

1. Promote data and resource sharing, communication, and evaluation of comprehensive asthma control services.
2. Develop & strengthen Health Services Strategies to improve access to comprehensive asthma control services.
3. Support Health Systems Strategies statewide to improve asthma care and coverage of comprehensive asthma services.

Through various partnerships, the ACP hosts asthma management trainings for children and their families at schools, supports home visits for children who have needed hospitalization for asthma, and is continuously reaching out into the community to raise awareness about asthma.



## New Mexico Youth Risk and Resiliency Survey.

The New Mexico Youth Risk and Resiliency Survey (YRRS) is conducted by multiple Department and University program. It is a tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national CDC Youth Risk Behavior Surveillance System (YRBSS), but the survey results have widespread benefits for New Mexico at the state, county, and school district levels.

The YRRS is offered to a selection of high schools and middle schools in each school district in the fall of odd-numbered years. All data are self-reported by students who voluntarily complete the survey during one class period.

Topic areas for the YRRS include risk behaviors related to alcohol and drug use, unintentional injury, violence, suicidal ideation and attempts, tobacco use, sexual activity, oral health, physical activity, and nutrition; resiliency (protective) factors such as relationships in the family, school, community, and with peers; and health status issues such as body weight and asthma.

The 2015 NM-YRRS high school survey included one question about access to oral health care: "When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?" In 2015, 73.5% of participating high school students had seen a dentist during the last 12 months. The NM rate was similar to the US rate (74.4%).

Students who had not seen a dentist in the past year were more likely than other students to engage in other risk behaviors that are associated with poor oral health. Those who had not seen the dentist in the past 12 months were:

- **1.3** times as likely to be current tobacco users (39.5% vs. 31.2%).
- **1.2** times as likely to be current drinkers (30.0% vs. 24.9%).
- **1.6** times as likely to drink three or more servings of soda daily (9.4% vs. 6.0%).

Dental visits were positively associated with parent education, a marker for socioeconomic status. Students whose parents had a college education (81.6%) were more likely to have seen a dentist in the past year than those whose parents had a high school education (74.7%) and those whose parents had less than a high school education (67.6%).

American Indian/Alaska Natives (67.5%), Asian/Pacific Islanders (65.3%), African Americans (69.7%), and Hispanics (73.3%) were less likely to have seen a dentist in the last year than White students (77.8%).

<http://www.youthrisk.org/>

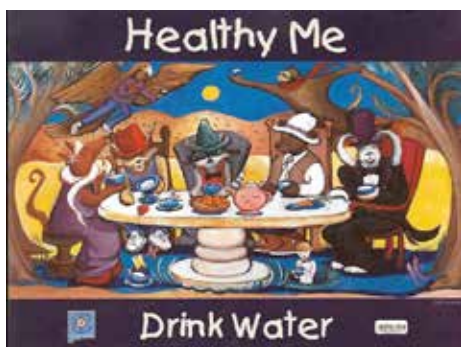
## Childrens Medical Services

Children's Medical Services (CMS) is the Title V Children and Youth with Special Health Care Needs Program based in the Public Health Division of the Department of Health. This program is federally funded through Title V Maternal and Child Health block grant and state general funds. CMS helps families that have children with disabilities or special health care needs access healthcare which is especially important in the rural areas of our state. CMS brings together teams of specialists so that families can have access to expert medical care for their child with conditions such as a cleft palate, asthma, diabetes, and birth defects and receive assistance from the CMS Social Worker in following up on all the recommendations from the clinics. These clinics take place in the Public Health offices around the State. The CMS social workers provide holistic care and make sure the other needs of the family are addressed like access to dental care, or even basic needs like food and shelter. CMS is working to improve processes in place to make the transition easier for youth with disabilities who turn 18 and can no longer get care from a pediatrician, and need to find a new medical home. Under the CMS program umbrella is Newborn Screening. The State of New Mexico mandates two newborn screens be collected on every newborn. The Newborn Screen is a blood test that is initially done between 24–48 hours of age. The Newborn Screening Program screens for genetic/metabolic/endocrine and other disorders. Early detection of these rare conditions can be lifesaving. CMS Social Workers provide long term support services to families who have an infant identified by the screening test. CMS also has oversight of the statewide newborn hearing screening and follow-up



continued on next page ➔

program to assure that all infants with hearing loss are identified as early as possible and provided with timely and appropriate audiological, medical and early intervention services to mitigate any delays in development.



## Office of School and Adolescent Health

The mission of the New Mexico Department of Health Office of School and Adolescent Health (OSAH) is to improve the health of all students and adolescents (age 10–24) in New Mexico. OSAH has four program areas of focus:

1. Deliver integrated health care services to school-aged youth through School Based Health Centers.
2. Reduce the incidence of youth suicide.
3. Support statewide school nursing and school mental health.
4. Promote Positive Youth Development and youth resiliency. 54 SBHCs deliver nearly 50,000 Primary Care, Behavioral Health, and Oral Health visits a year utilizing a health integration model often serving hard to reach populations who would not receive services elsewhere. OSAH provides statewide training and technical assistance to over 489 school nurses that provide care for 322,843 students on 880 public school campuses. The office provides suicide prevention, intervention and postintervention training to the statewide community as well as promoting awareness of suicide as a preventable public health issue. OSAH fosters the positive youth development (PYD) approach which recognizes youth as important assets and leaders of today. Youth adult partnership and peer-to-

peer networking are strategies utilized to engage youth within their communities, school, peer groups, and families to elevate youth leadership and youth health literacy. OSAH is committed to meeting the unique healthcare needs of New Mexico youth.

## The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



WIC is identified by the National WIC Association as a “short-term intervention program designed to influence lifetime nutrition, breastfeeding, and health behaviors in a targeted, high-risk population.” WIC was first piloted as a supplemental food program in 1972 and the program was operating in 45 states by 1974. The mission of the New Mexico WIC Program is to improve health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion and support, and referrals to health care and other services. The New Mexico WIC Program currently serves approximately 46,000 participants. According to the National WIC Association, numerous studies show that WIC is effective and helps to reduce premature births, reduce low and very low birth weight infants, reduce fetal and infant deaths, reduce the incidence of low-iron anemia, increase access to prenatal care earlier in pregnancy, increase pregnant women’s consumption of key nutrients, increase immunization rates, improve diet quality, and increase access to regular health care. WIC services can be provided to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are at nutritional risk and meet program income eligibility requirements. The New Mexico WIC Program provides referrals to health care and other services. Dental providers can help the WIC Program by providing their contact information to their local WIC clinic so that participants in need of dental care can receive an up-

to date list of providers in their area. Dental providers are also encouraged to inform eligible women, infants, and children in their care that WIC services are available to them at no cost. Please contact your local WIC clinic or the New Mexico WIC State Office to request printed materials with information on the New Mexico WIC Program.

## Family Health Bureau

BrdsNBz is a warm text line where teens can anonymously text their questions regarding sexual health and relationships to a trained Health Educator. They will then receive a medically accurate answer within 24 hours, usually a lot sooner. BrdsNBz allows young people 13 and up to have access to reliable information, in the palm of their hands. Please note that BrdsNBz is open to all youth 13 and over. TOP and Project AIM are used by organizations contracted with the Family Planning Program. From Playground to Prom is for the parents of the youth enrolled in a TOP or Project AIM program.



## NEW STATE LEGISLATION Childhood Injury Prevention

A new law was approved by the 2017 New Mexico Legislature targeting child/youth athletes, ages 5 to 17, and their parents for mandatory education about concussion recognition, response and prevention. This is an amendment to the original law requiring concussion education for coaches that was approved in 2010, and it will directly impact both scholastic and non-scholastic athletic activities for almost 400,000 minors under the age of 18, as well as their parents. The primary intent is to have both children/youth and their parents have a much greater respect for the hazards of concussions, and particularly for the recovery period needed after a concussion to prevent permanent brain damage.

## Partnerships:

The **City of Albuquerque (COA) Early Head Start (EHS) Program** share a thriving partnership established with our program and the **State of New Mexico, Department of Health/Public Health Division-Office of Oral Health**.

Through ongoing collaborative and networking efforts, the Office of Oral Health continues to be instrumental in providing professional development training on oral health education and preventive care to Early Head Start center-based teaching staff, Home Visiting Family Development Specialists, and management staff. These topics include Baby Bottle Tooth Decay, Teething, The Importance of 1st Dental Visits and Identifying a Dental Home, Pregnancy and Oral Health, Tooth Eruption Charts and Substance Abuse. These trainings promote the importance of oral health and its impact on early learning and child development, and help to ensure that quality comprehensive

services are provided to our families with children ages zero to three to promote school readiness; Head Start Program Performance Standards (HSPPS), 45 Chapter XIII (September 2016) and Head Start Act (2007).

Another highlight of our partnership with the Office of Oral Health is parent education and children's hands-on activities that promote oral health and preventive care for our Home Education Program.



New Mexico Lobo Properties LLC and the Office of Oral Health have partnered to improve the health status and reading

capacity of children enrolled in APS and Santa Fe schools. Students sign up to read several books and the winners are brought to a Lobo game and meet the athletes, plus receive incentives from the Office of Oral Health and they receive a reading certificate. The goal is to increase the reading capacity of elementary school aged children.





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# The New Mexico Perinatal Oral Health Quality Improvement Project

## Working to Improve the Oral Health of Pregnant Women and Newborns

By **Anthony Cahill, Ph.D.**—*University of New Mexico School of Medicine*

**Barbara Overman, Ph.D. CNM**—*University of New Mexico College of Nursing*

In 2015, the University of New Mexico was awarded a four-year grant from the Health Resources and Services Administration (HRSA). The *New Mexico Perinatal Oral Health Quality Improvement Project* is a response to the need for demonstrated practice solutions to preventable yet widespread unmet oral health needs among pregnant women and infants in New Mexico. Everyone reading this article knows that improving the oral health of pregnant women and newborns in New Mexico presents several challenges, including a severe shortage of dental professionals, a population that is culturally diverse, poorer and more rural than the nation, shrinking resources for reimbursement and health care overall, and a small population in the fifth largest state in the union.

Under these circumstances, increasing the availability of dental providers for this underserved population will be difficult. This project compliments existing dental health resources by using an interprofessional model to provide training, technical assistance and resources to primary care providers, community health workers, nurse case managers and administrative staff. By integrating oral health into primary care clinics and nurse home visiting programs around the state, the project seeks to

increase the proportion of pregnant women and infants who receive oral health care during pregnancy and infancy.

The project is a collaborative undertaking of three organizations within the University of New Mexico's Health Sciences Center: The Center for Development and Disability, located in the Department of Pediatrics; The College of Nursing, and the Department of Dental Medicine. Project staff consult with potentially interested sites to discuss integrating oral health into their practices, offering assistance on six elements:

- An assessment of what the practice or program is doing to include oral health care for pregnant women and infants in well child visit;
- The introduction of clinical oral health screening exams in primary care using a modified version of the *CARIES Management by Risk Assessment* tool (CAMBRA) tool;
- Providing educational and clinical support materials for pregnant women and mothers of newborns;
- An assessment how the site or program currently refers patients to dental practices when needed and technical assistance on strengthening the referral process; and

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- What is involved in fluoride varnish application at infants' first year; and
- Technical assistance in developing a quality improvement project for fluoride application, including collecting metrics.

Participating sites or programs select which of these elements they would like to incorporate into their systems of care, after which project and site staff design a customized, long-term program of training and orientation on those elements. Project staff are very willing to customize any element to meet the unique needs of the site or program.

This project is one of seventeen across the country supported by HRSA. The Oral Health Program of the Maternal and Child Health Bureau designed this grant program in response to calls by multiple federal agencies to foster improved communication and integration between HRSA grant program was designed to the disciplines of dentistry and primary care, including:

- The conclusion drawn by the Department of Health and Human Services that "Improving access to oral health care will necessarily require multiple solutions that use an array of providers in a variety of settings"
- The recommendation contained in the Network for Public Health Law report on oral health care to "encourage oral health education and care in the primary care setting";
- The recommendation by the Institute of Medicine to "develop...a core set of oral health competencies for health care professionals; and
- The HRSA initiative begun in 2014 to promote the integration of oral health and primary care practice.

The project is guided by an interprofessional Project Advisory Board with statewide reach and expertise in both maternal and child health, dental medicine and community based services. The project is also guided by the State Title V agency within the Department of Health, which last year adopted National Performance measure 13: the percentage of women who had a dental visit during pregnancy and B) the percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year.

Project staff would be happy to speak with anyone interested in finding out more about the project. For more information, contact either:

Tony Cahill [acahill@salud.unm.edu](mailto:acahill@salud.unm.edu) or  
Barb Overman [boverman@salud.unm.edu](mailto:boverman@salud.unm.edu).

*The New Mexico Perinatal Oral Health Quality Improvement Project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Grant Number H47MC28481. Information/content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

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# A New Wave

By Joe Gherardi, DDS—*New Dentist Committee Chair*

I would like to take the opportunity to express my thanks to all the new dentists of New Mexico for branching out to become more engaged with the NMDA and more involved with our dental community. This past House of Delegates meeting saw a significant jump in new dentists who participated as district delegates. This was in part due to all the help from members of the NMDA for getting in contact with several new faces and explaining the opportunity to serve as a delegate, so my thanks is to the NMDA as well. However, the NMDA would not be anything without its members stepping up to take on tasks, roles, and responsibilities. So with that being said, I feel that my thanks is redundant to thank the NMDA and its new members because we are all one in the same. And seeing almost half of the delegates of the state be made up of dentists who have been in practice for less than 10 years is extremely encouraging for the future and the character of dentists we have here in the state. It took a good amount of courage and time dedication on the part of all the new delegates to come to the House of Delegates as “rookies,” learn how the process of passing policies and resolutions works in our self-governed body, and even step up to the microphone to voice their opinions. With our collective voices, ideas, and experiences, this is the way that we make our profession “our own.” And it was clear to see that everyone got the gist of the process very quick and the wheels of progress started moving along. I feel that with new faces and ideas in the mix

all now more acclimated to the process, we are on the path to some very great and productive sessions in the future. In fact, walking out of this House of Delegates several members were already asking about the next year and planning resolutions for the next session. The simple fact of meeting so many new dentists who are out there going through the same things that I am while sharing similar successes and frustrations is reason enough for me to attend. If you are out there feeling isolated and overwhelmed as a solo or associate young dentist in the sea of bureaucracy and insurance and large group practices you are not alone. And between this meeting and the new dentist tour of some downtown Albuquerque breweries, I think I met more new dentists over the course of about three weeks this last summer than I have in the past three years. So again, an extremely big thanks to all the new delegates this year and I encourage all of you, whether you have served before or not, to come and see what it’s all about for yourself. We will see all of you and your ideas next June at the NMDA House of Delegates 2018.

---

*“thanks to  
all the new  
dentists of  
New Mexico”*

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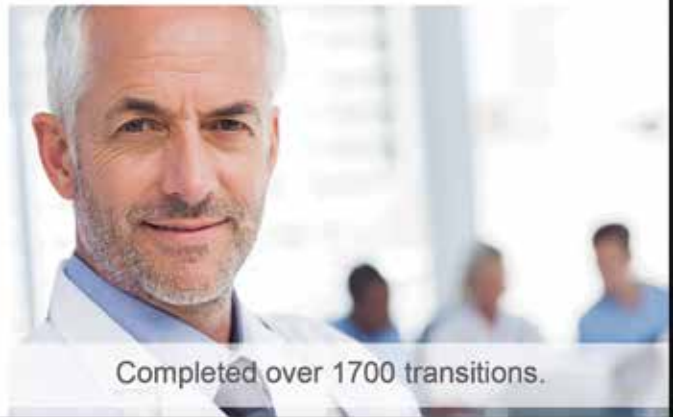


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# Good News CONTINUES

FEW COMPLAINTS COMPARED TO PREVIOUS YEARS



By L. Paul Balderamos, DDS, MS, FACP—Vice Chair New Mexico Board of Dental Health Care

## However...Please Accept These Gentle Reminders

- 1. NON-DENTIST OWNERS** (including Corporate Dentistry owners) are subject to the same statutes and rules and are responsible for the well-being of the patients. This is particularly important when it comes to record keeping. Please make sure there is a contact and please share records when requested by other dental offices.
- 2. DENTISTS DECIDING TO RETIRE**...Please submit your record of Continuing Education along with notice of retirement. This will help you if you change your mind and decide to reactivate your license. Otherwise you may need to retake a Board Exam (That is a pain). Contact the NMBDHC if in doubt.
- 3. MAKE APPROPRIATE REFERRALS IN THE BEST INTEREST OF YOUR PATIENT’S SAFETY**...There is an old saying “When you find yourself in a hole...STOP DIGGING!!!” All of us at some time have gotten ourselves in a clinical jam. This is where your compassionate referral based specialists are your best resource. GPs—Take the time and effort to meet and establish a working professional relationship with your Specialists. Specialists—Reach out to new GPs. Remember that you should use the **GOLD STANDARD** when caring for your patients. That is...**TREAT YOUR PATIENTS IN A WAY THAT YOU WOULD WANT TO BE TREATED.**

**Numbers of licensees and permit holders as of June 5, 2017**

Dentists.....	1599
Hygienists.....	1387
Assistants.....	2906
Non-Dentist Owners.....	41
EFDAs.....	13
CDHC.....	3

## Finally

Your New Mexico Board of Dental Health Care is in the process of revising the rules and regulations related to anesthesia and sedation. You will be informed and invited for public input and comment. Hope to see all interested stakeholders there. Your input is essential.

In Peace and Respect,  
L. Paul Balderamos, DDS, MS, FACP—Vice Chair NMBDHC





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# Save The Date—Event Calendar



## 2017

**October 28** 8:00am–5:00pm  
NMDA 2017 Fall Symposium—  
Albuquerque Jewish Community Center  
Register online beginning 9/1/17  
***What Makes You Special?***  
Dr. Marc Gladney (Pediatric)  
Dr. Gary Cuttrell (Special Needs)  
Dr. Shelly Fritz (Seniors)  
***Stoners, Dragon Chasers,  
Tweakers and Drunks – Not in  
my practice...Yeah right!***  
Dr. Brett Kessler

**November 10** 9:00am  
NMDAF Board of Directors Meeting—  
NMDA Offices

**November 10** 6:00pm  
NMDAF Pre-Dental Mentor Dinner—  
Embassy Suites, Albuquerque

## 2018

**January 19** 9:00am  
NMDAF Board of Directors Meeting—  
NMDA Offices

**January 20** 8:00am  
NMDA Board of Trustee Meeting—  
NMDA Offices

**February 23** 8:00am–5:00pm  
NMDA 2018 Winter Symposium—  
Location TBD

**March 23** 9:00am  
NMDAF Board of Directors Meeting—  
NMDA Offices

**March 24** 8:00am  
NMDA Board of Trustee Meeting—  
NMDA Offices

**June 6–8**  
2018 NMDA House of Delegates  
Northest Building  
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**June 7–9**  
2018 NMDA 109th Annual Session,  
Fiesta NMDA: Celebrate Oral Health  
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MARK YOUR CALENDAR!

## Component Society Meetings



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For information on NWDDS events,  
call Dr. Jaxon Hoopes at 319-335-7469.



For information on SWDDS events,  
call Dr. Keith Coombs at 575-640-3367.



For information on EDDS events,  
call Dr. Jeremy Burgin at 575-762-2355.



For information on SFDDS events,  
call Dr. Kelley Ryals at 505-986-8000.



For information on WCDDS events,  
call Dr. Jared Montano at 505-863-4457.

We invite all dental groups to submit their events to this calendar.

Email them to [narenas@nmdental.org](mailto:narenas@nmdental.org)

or fax to NMDA, Attn: Nancy 505-294-9958.

Also visit our NMDA Facebook page to see upcoming events.





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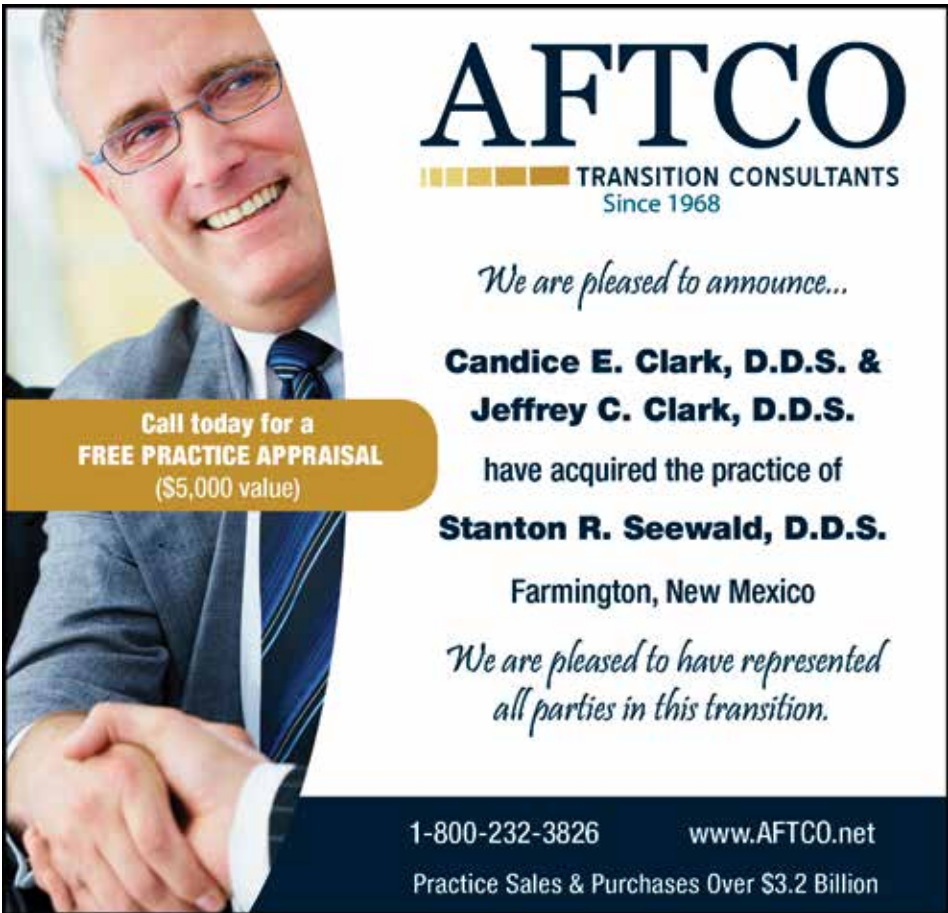
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**UPCOMING GP PRACTICE FOR SALE** in

Santa Fe, New Mexico. Gross Collections per year: ~\$600,000. Overhead Percentage: 56%; 3 operatories, new equipment, digital, paperless and refers out most procedures. For more detailed practice information, please contact Marie Chatterley at 505-577-6698 or marie@ctc-associates.com. A signed non-disclosure agreement is required for more detailed practice information.

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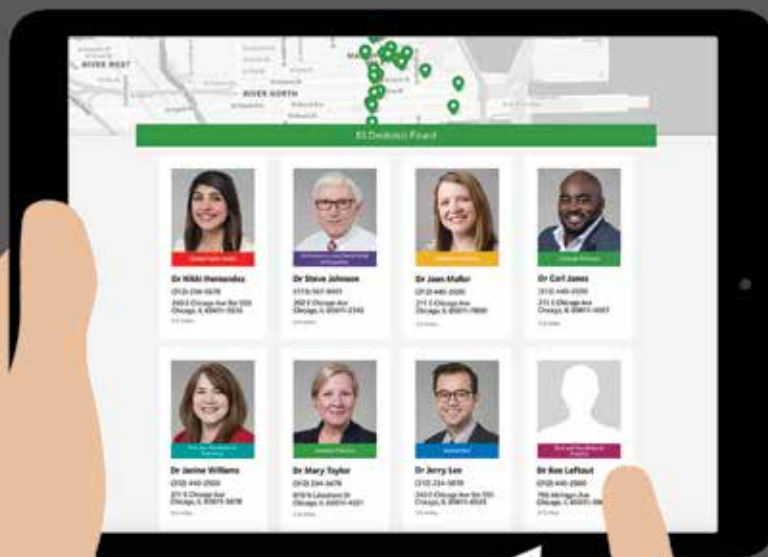




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