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NEW MEXICO

DENTAL JOURNAL

The Official Publication of the New Mexico Dental Association

Getting to the Root of It

American Dental Association Focuses on Tribal Oral Health Care with Historic Visit to Indian Country in New Mexico By Stephine Poston

According to the Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, there exist several indicators among children in New Mexico that oral health care is not receiving adequate attention. In New Mexico, 43 percent of 3rd grade students have dental sealants on at least one permanent molar tooth; 65 percent have had a caries experience; and 37 percent have untreated decay.¹

Coupled with the imbalance of quality oral care present in Indian Country where 80 percent of Head Start children in some communities have early childhood caries (Indian Health Service, 2001), oral health care in Native American communities represents one of the largest health disparities in the US.

Native American Oral Health Care Project

In a move to address these disparities, the New Mexico Dental Association (NMDA)



From Left to Right: Kevin Earle, AzDA Executive Director; Dr. Dale Goad, Former NMDA President; Dr. Raymond Gist, ADA President; Mark Moores, NMDA Executive Director

and the Arizona Dental Association (AzDA) launched the Native American Oral Health Care Project—a collaborative effort involving American Indian tribes, Native communities and health care stakeholders to improve their access to quality dental care. New Mexico and Arizona, which combined have more than 40 federally recognized tribes—including the largest

Indian tribe and reservation in the US with over 180,000 members—are uniquely positioned to confront these disparities in oral health care.

In March of this year, NMDA and AzDA welcomed a bolstering visit from the American Dental Association (ADA) President Dr. Raymond Gist. With the Native American Oral Health Care Project at the forefront, Dr. Gist visited with

¹ Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System, State Oral Health Surveys, New Mexico 1999–2000 School Year

continues on page 18



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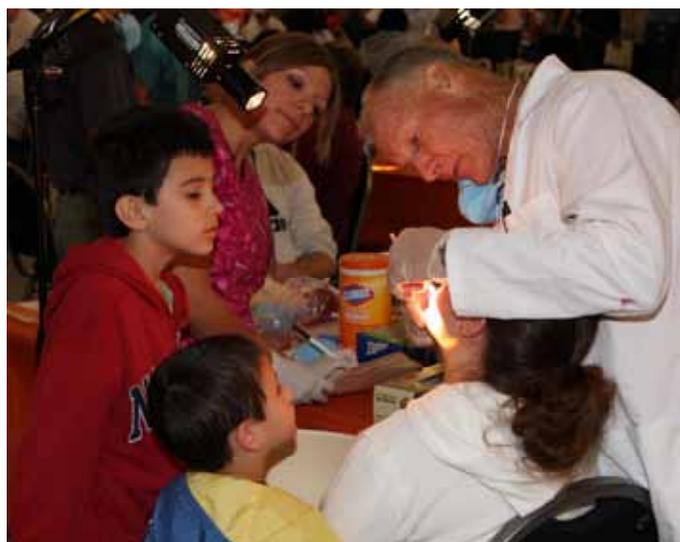
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From Left: Dr. Raymond Gist, ADA President; Dr. Shelly Fritz, Incoming NMDA President; Rex Lee Jim, Navajo Nation Vice President; Dr. Paul Anthony Gosar, U.S. Representative from Arizona

President's Message

This *Journal* issue is dedicated to the Native Americans. The next three issues will discuss other populations in need of access. As your president this year, I plan to pursue the continuing efforts our association has instigated to provide access to care to all New Mexicans.

Mark Moores, Stephine Poston, our consultant for Indian Affairs, and I attended the Arizona American Indian Oral Health Summit at the Fort McDowell Yavapi Nation Radisson Resort on April 21–22, 2011.

The first thing I learned was if you put a stink bug in your mouth and let it do its thing, you will keep your teeth forever and they will stay white. The second thing I learned is that the Indian pueblos/tribes/nations do not want organized dentistry, the federal or state government or well intentioned philanthropic organizations cramming any solutions down their throats. However, they could use the resources of others to help them with solutions to their problems. I was impressed by the energy and savvy of the tribal leaders I met. They have a firm handle on the myriad issues they face. It is clear tribes are at various levels of capacity for a variety of reasons—access to resources being a driving factor. Lack of manpower is present, but lack of clinics and not enough space or equipment, such as dental chairs, seems to be more pressing.

Dr. Todd Hartsfield who ran the DHAT (Dental Health Aide Therapist) dentistry model from 1972–1987 in Canada discussed his alternative to dental manpower shortages. When I talked to him after his

presentation and at breaks with other dentists, I found that they think that the DHAT model will never happen because:

- Organized dentistry is against it
- IHS will not allow it below the lower 48th Parallel
- If they did have DHATs, they would need less than a dozen of them
- IHS is purported to have funding cut backs to 2008 levels for their next budget, which means they have no funding for DHATs much less other dental personnel
- Washington cut dental manpower pilot projects out of the federal budget
- The Native American community wants dentists to treat them—not a less trained person

Fluoride varnish was discussed. Everyone who can—teachers, nurses, social workers, pharmacists and any other health care provider—should apply varnish. The argument was compelling in finding every way we can to prevent tooth decay.

The dentist to patient ratio in Indian country is 1:4,000. The decay rate is increasing because children have more access to candy and sodas through local convenience stores.

The increase in diabetes, obesity and heart disease in the adult population means an increase need in dental care. Education and prevention are paramount in solving these problems. But the Community Dental Health Coordinator (CDHC) could have a significant impact if tribal leaders choose to recruit, train and pay for these providers to mitigate dental diseases. We are the first state in the union to have legislation that makes it possible to train and recruit CDHCs. As I stated earlier, we cannot push this solution on the Native American or any other community. They have to ask for it, and we can help make it happen. The leaders were adamant that community involvement in studying problems, and then finding and implementing solutions, was the only way long lasting change will occur. I agree. It's a no brainer.

NMDA volunteers have worked hard to provide access to care for needy populations around the state. This *Journal* issue is dedicated to the Native Americans. The next three issues will discuss other populations in need of access. As your president this year, I plan to pursue the continuing efforts our association has instigated to provide access to care to all New Mexicans.





The 2011 Annual Session was a huge success! Thanks to everyone that attended!

New President Dr. Shelly Fritz talks to the House of Delegates



Dr. Shelly Fritz addressed the House of Delegates as our new president during our June Annual Session. Dr. Fritz first acknowledged and thanked Dr. John Cason for asking her to become the editor of the *New Mexico Dental Journal* just under ten years ago. She also voiced her appreciation for the delegates as representatives of the NMDA with their energy and interest in representing the members of this association. She found becoming president rather ironic, because in the 70s she had been an arch enemy of NMDA. As the former president of the New Mexico Dental Hygienists' Association, she worked for hygienists to administer local anesthesia. The dentists did not like her. Legalizing general supervision was another curve ball she threw at NMDA as a NMDHA activist. For the last 17 years, she has been a member of "the dark side" (NMDA).

advantageous to the safety and needs of our patients."

People who are not a part of dentistry should not be in charge of changing it. For example, Dr. Fritz comments, "As a hygienist, I thought I knew everything about dentistry. My first two weeks in dental school disabused me of my hubris. After 16 years as a hygienist, I didn't even understand the decay process. So how do the lawyers and lobbyists for the Kellogg Foundation have the knowledge base to determine what is right for access to care in New Mexico?"



Dr. Fritz intends to focus on four specific groups with access issues—true or purported. The first group is the Native Americans. "We have contracted with Stephine Posten from Sandia Pueblo to improve our communication with Native Americans. We will aid them in overcoming issues related to dental care access. The CDHC (Community Dental Health Coordinator) model will be ideal because many access to care issues are related to non-compliance because of socio-economic and/or cultural barriers.



She stressed that her job over the next year will be focused on 'Access to Care'. "We need to be proactive not reactive. We need to solve the problems that the Kellogg Foundation cites as reasons for the creation for the DHAT (Dental Health Aide Therapists—the Alaska midlevel provider) to perform extractions and fillings." Her experience fighting organized dentistry gives her a unique perspective in working with the Kellogg Foundation and other groups trying to change the dental profession. Having hygienists perform local anesthesia under direct supervision and working under general supervision to provide all other hygienist services only made offices more efficient. Creating a dental provider with little education and rudimentary understanding of the art and science of dentistry only puts the public in peril by lowering the standard of care. "If we don't solve issues of access, they will be solved for us in a manner that will not necessarily be

Group two is special needs patients. We will educate Medicaid during their federal audit to preserve the Developmentally Disabled Program developed in the mid 90s.



Group three is our rural communities. We have a task force lead by past president, Dr. Robert Gherardi, to aid in developing a model for small communities to attract a dentist to their community. Clayton, with a population of 1,800 is our target community. Their closest dentist is in Dalhart, Texas, 45 miles away.



The final group is our geriatric population. We have an unutilized grant of \$35,000 that Dr. Bill Valentine secured through state funding. We need to put



From Left: Dr. Raymond Gist, ADA President with 2011-2012 NMDA Officers: Shelly Fritz, DDS, President; Steve Moran, DDS, President-Elect; Julius Manz, DDS, Vice-President; Greg LoPour, DDS, Secretary-Treasurer



House of Delegates participants

this money to work by using our four dental hygiene programs to teach hygienists about institutional geriatric care by visiting nursing homes to deliver care, and in turn, working with a dentist who will provide restorative and prosthetic care.

Dr. Julius Manz as Vice President will review our by-laws to ensure committee function is reflective of the way we conduct association business. He will also develop the first CDHC curriculum in the country independent of ADA as program director of San Juan Community College in Farmington. Dr. Greg LoPour as Secretary/Treasurer will lead the Ad Hoc Investment Committee to develop an investment policy statement and a standing committee with the help of a financial advisor to invest and save our reserves in a judicious and prudent manner. Dr. Stephen Moran as President-Elect with Dr. Tom Schripsema as Governmental Affairs Chairman with his team will prepare us for the next two-month legislative session (2013) when we will again face off with the Kellogg Foundation on the DHAT issue.

As you can see many people are involved in taking care of the dental health of New Mexico residents through NMDA initiatives. You too can be involved in this dynamic and challenging time in our profession. Just call Shelly to offer your help and ideas.



Shelly Fritz, DDS
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- True False 1) "Getting to the Root of It" is a historic visit by the ADA President Dr. Gist to Indian Country.
- True False 2) Dr. Shelly Fritz will be focusing her term on access to care issues in our state.
- True False 3) The House of Delegates address by Shelly Fritz, DDS focused the four groups in need of access to care: Native Americans, rural populations, special needs and the geriatric patient.
- True False 4) Dr. John Cornali, while as a resident at Loma Linda University, was involved in a research project investigating craniofacial growth of patients taking cyclosporine.
- True False 5) The Native American Oral Health Care Project supports the sovereignty and right of self-determination of all Native American nations.
- True False 6) The Community Dental Health Coordinator allows for bridging the gap between the patient and the provider.
- True False 7) Maximillon Jensen is a member of the Navajo nation and will be attending dental school at University of Pacific this summer.
- True False 8) The leadership conference in Washington DC was in May 2011.
- True False 9) Dr. Darlene Sorrel has dedicated her life in dentistry to Native Americans.
- True False 10) The Board of Dental Health Care will be writing the rules for the Community Dental Health Coordinator and the Expanded Function Dental Auxiliary.

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Chance Encounter

Reprinted from Contact,
Loma Linda University School of Dentistry's March 2011 newsletter



Kyle Aiuto

On February 17, 2010, Kyle Aiuto, with his mother, Sharon, walked in to Cornali Orthodontics in Albuquerque, New Mexico for a new patient appointment.

Kyle suffered from hypoplastic left heart syndrome at birth, and at nine days of age, received a new heart Loma Linda University Children's Hospital. Kyle became the poster child for organ donation in New Mexico.

At age four, Kyle participated in an investigation of craniofacial growth in infant heart transplant recipients receiving the immunosuppressive agent cyclosporine. The study was conducted as part of the thesis research requirement by the Advanced Education Program in

Orthodontics at Loma Linda University School of Dentistry. Second-year resident, **John Cornali, DDS**, and his professor, **David Rynearson, DDS '71, MS '87**, performed the research.

The study concluded that transplant children treated with long-term cyclosporine showed a relatively normal pattern of craniofacial growth and development. Radiographic analysis showed an unusually high incidence of congenitally missing teeth (third molars, premolars, and lateral incisors), impacted teeth, and ankylosed primary molars.

Also of clinical significance was a high incidence of gingival hyperplasia. Cornali received "The Roland D. Walters Annual Orthodontic Research Award" in recognition of research and the development of research protocols useful in future projects at Loma Linda University. Rynearson received recognition for the study when the results were published in *The Journal of Heart and Lung Transplantation*.

"I recognized Kyle's mother the minute I saw her in the waiting room," stated Cornali to a KOET news reporter who broke the story. "There are 20 orthodontists in our community," he continued. "How they ended up in my office, I don't know."

The family was touched that Cornali actually remembered Kyle, now 14, from the study.

Kyle presented with a Class II, open bite malocclusion. Consistent with the research study results, Kyle had severe gingival hyperplasia causing many of his teeth to be soft tissue impacted. He also had impacted third molars and a horizontally impacted mandibular left second molar.

Cornali was so touched that Kyle participated in his thesis project, helping him to earn his Masters degree, that he decided to return the favor by treating him pro bono.

"It was like a needle in a haystack," Sharon told the reporter. It was a chance encounter! "We happened to walk into the right office at the right time," she continued. "I was in tears. I couldn't even say anything. I couldn't even say thank you at that point."

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Sharon Aiuto,
Kyle's mother,

"It was like a needle in a haystack," Sharon told the reporter. It was a chance encounter! "We happened to walk into the right office at the right time," she continued. "I was in tears. I couldn't even say anything. I couldn't even say thank you at that point."



From Left: Dr. Jerry Jones (oral surgeon),
Kyle Aiuto (heart transplant patient),
Dr. John Cornali (orthodontist),
Dr. Michael Sparks (periodontist)

Cornali also enlisted the pro bono services of Dr. Jerry Jones, an Albuquerque oral and maxillofacial surgeon who removed Kyle's impacted third molars and impacted mandibular left second molar.

Then Dr. Michael Sparks, an Albuquerque periodontist, also pro bono, performed gingival recontouring and crown exposure to remove hyperplastic gingiva and allow for the placement of orthodontic appliances.

Finally, after several months of preparation, Dr. Cornali placed Kyle's braces. Kyle is now progressing nicely with his orthodontic therapy and is in intermediate, heat activated wires. He is a great cooperater with his elastic wear and his open bite is closing and his smile is beginning to take shape. It is anticipated that Kyle's treatment will take another 16-18 months to complete.

Since Kyle and his family give a lot of their time to promote organ donation in the community, this Chance Encounter became one of a helping kind! "The gift of all three doctors," Kyle's mom says, "makes the circle of giving complete."



Let's talk...



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The Native American *Oral Health Care Project*



Mission Statement

The purpose of the Native American Oral Health Care Project is to collaborate with American Indian tribes, Native communities and health care stakeholders to improve the oral health of Native Americans.

Commitments

The Native American Oral Health Care Project acknowledges and supports the sovereignty and rights of self-determination of all Native American nations. We are committed to advancing the equality of care and access.

About The Native American Oral Health Care Project

By working together with tribes, Native communities and health care stakeholders, the Native American Oral Health Care Project seeks to collectively develop systemic solutions to chronic dental care challenges. This includes: exploring opportunities to increase access to care; expanding education about the importance of dental health and how to maintain it; focusing on the relationship between diabetes and periodontal disease; leveraging expertise and resources; and identifying opportunities to jointly advocate for issues of common interest.

The Native American *Oral Health Care Project*

Background

The American Dental Association (ADA) has already taken positive step with tribes, Native communities and health care stakeholders to improve access to care among Native American populations

- ➔ The ADA formed the Friends of Indian Health in 1997 to educate Congress on the disparity of disease and access to health care experienced by American Indians and Alaska Natives and the urgent need to increase appropriations for the Indian Health Service (IHS).
- ➔ Through the American Indian/Alaska Native Dental Placement Program, the ADA recruits, assigns and coordinates volunteer dentists and dental students to serve at IHS and tribal clinics.
- ➔ In 2007, the ADA hosted the Summit on American Indian/Alaska Native Oral Health Access, which included more than 100 participants, representing public and private interests, from local communities, state dental societies, specialty organizations, the U.S. Public Health Service, philanthropy and the Association.
- ➔ In 2009, the ADA hosted, with IHS, the Symposium on Early Childhood Caries (ECC) in American Indian and Alaska Native Children. The Symposium was attended by national and international ECC experts; IHS dental, pediatric and child development personnel; and local tribal representatives.
- ➔ For many years, the ADA conducted site visits to reservations to make recommendations to IHS on how to improve care.
- ➔ The ADA meets annually with Native community leaders, IHS administrators and other key health care stakeholders to discuss and assist with dental health plans for tribes and Native communities.



Mark Moores

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New Mexico—First State to Authorize ADA's CDHC Model

By Karen Fox



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NMDA officials see the CDHC as a good fit for the state's access needs.

Santa Fe, NM—A coalition of dentists and dental hygienists helped pave the way for New Mexico to become the first state to formally authorize the Community Dental Health Coordinator through its dental practice act.

It was the second legislative victory for the dental groups, which also defeated a measure that would have authorized practice by dental therapists in New Mexico, one of the five states eyed by the W.K. Kellogg Foundation for dental workforce changes based on the Alaska Dental Health Aide Therapist program.

The New Mexico Dental Association receives advocacy support from the ADA through the State-Based Public Affairs Program.

The revision of the dental practice act authorizes the state dental board to allow CDHCs to provide educational, preventive and limited palliative care and assessment services. Based on the ADA model, CDHCs will work with the general supervision of a licensed dentist in settings outside of traditional dental offices and dental clinics.

NMDA officials see the CDHC as a good fit for the state's access needs.

"The Community Dental Health Coordinator allows for bridging the gap between the patient and the provider," said Dr. Julius Manz of the New Mexico Dental Association. "The concept is to have an

individual in the community who is knowledgeable about that community and its needs and limitations, as well as having knowledge of and relationships with the dental or medical community."

Access to care issues are often unique to individuals, added Dr. Manz, naming language barriers, fear, financial problems and transportation—or various combinations

of those factors—as contributing to access problems.

"The CDHC allows for individually working with that patient and overcoming access issues for that patient, then getting that patient into the health care system.

That's what we really like about the CDHC," said Dr. Manz, who next month becomes the NMDA vice president. "The model addresses access to care on a very individualized

continues



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level but looks at many different issues that prevent access to care. Some models only look at creating more providers. That's part of it, but only a part. There are so many more issues to consider."

There are no CDHC training programs in New Mexico yet, but discussions are under way. Dr. Manz has an interest in starting one at San Juan College in Farmington, NM, where he is the director of the dental hygiene program.

Negotiating the terms of the revised dental practice act (House Bill 187) was the top priority for a new collaboration between the New Mexico Dental Association and New Mexico Dental Hygienists' Association. The Dentist-Dental Hygienist Liaison Committee began meeting two years ago to discuss legislative issues in the state. Once the committee came to consensus on the provisions of the revised dental practice act,

the NMDA and NMDHA endorsed HB 187 and worked together to get it passed.

Dr. Manz, a member of liaison committee, said, "This was truly a collaboration between dentists and hygienists. I can't emphasize enough how great it has been for these groups to work together. We may not always agree, but we can come together and talk about these issues and work toward what is best for the state and our patients. This is one area where things have changed and become very positive for us."

Gov. Susana Martinez signed HB 187 April 7

"The new law addresses a number of issues that will have a positive impact on dental care in New Mexico," said Mark Moores, NMDA executive director. "We think it will really help

improve oral health care and address some barriers that exist here."

Besides codifying CDHCs, the dental practice act provides for expanded function dental auxiliaries; allows people licensed to practice dentistry or dental hygiene in another state or students enrolled as dental residents at the University of New Mexico to obtain temporary public-service licenses; and authorizes the dental board to accept the results for clinical examinations from all current regional testing agencies for initial dental licensure.

"We have to figure out ways to affect changes that are beneficial to patients," Dr. Manz said of the legislative negotiations between the NMDA and NMDHA. "There has been a great deal of give and take, a lot of cooperation, and I think we've made significant gains that will improve access to care for all of our citizens."

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Once the committee came to consensus on the provisions of the revised dental practice act, the NMDA and NMDHA endorsed HB 187 and worked together to get it passed.

The law is effective for the new fiscal year beginning July 1. Mr. Moores said the liaison committee is now working with the state dental board to implement the new rules.

The ADA launched the CDHC pilot program in March 2009 to develop a new member of the dentist-led oral health team who functions as a community health worker with dental skills focusing on education and prevention. CDHCs who have completed the program are working in underserved communities where residents have no or limited access to

dental care, providing limited clinical services and connecting patients to dentists for treatment.

Because CDHC candidates are drawn from the communities in which they serve, they are aware of social barriers that prevent access and can more effectively help their neighbors overcome these barriers. They may be employed by federally qualified health clinics, the Indian Health Service and tribal clinics, state or county public health clinics, or by other practitioners in underserved areas.

Pilot program participants are affiliated with three sites. Temple University's Kornberg School of Dentistry trains participants to work in inner cities; the University of Oklahoma trains participants to serve in remote rural areas; and A.T. Still University Arizona School of Dentistry and Oral Health prepares participants to work in American Indian communities.



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Representatives of the NMDA and ADA meet with Jemez Pueblo elders and health providers.

Front Row—From Left: L. Stephine Poston, Dr. Angela Torres, Ada Toya, Eva Panana, Marina Fragua, Lupe Lucero

Back Row—From Left: Dr. Tom Schripsema, Dr. Raymond Gist, ADA President; Jon Holtzee, ADA; Mark Moores, NMDA; Deven Parlikar, Jemez Pueblo Health Director

Photos courtesy of the Pueblo of Jemez



From Left: Dr. Torres, Jemez Pueblo

tribal leaders in New Mexico and Arizona to better understand the oral health care issues surrounding Native American communities.

Community-Driven Oral Health Care

During his visit to New Mexico, Dr. Gist met with tribal leaders and tribal health care stakeholders at the Pueblos of Sandia and Jemez. Both tribes operate 638 designated facilities,² which compliment and support a community-driven approach to health care. Because 638 designated facilities are owned and operated by the tribes they serve, the leadership and staff within them have greater autonomy to adapt the clinical and outreach experience to align with the cultural and traditional values of the communities they serve.

As a result, the Pueblos of Sandia and Jemez are developing community-driven solutions to address oral health access issues for all tribal members—from prevention oral health literacy for Head Start youth to proper oral

health management for tribal elders. As Dr. Gist learned, both programs are seeking an effective strategy to increase access to essential regular dental care for preventing serious problems and treating those problems when they do occur.

Working closely with NMDA and supported by ADA, the Pueblos of Sandia and Jemez are developing best practices for oral health care in Native American communities in New Mexico. By identifying community-driven solutions in tribal oral health care, ADA can leverage its national reach and influence to duplicate these successes in tribal and underserved communities across the U.S.

Dr. Gist also visited the Navajo Nation, which has tribal members in both New Mexico and Arizona, during a follow-on stay in Arizona.

While not a new issue, the challenge of recruiting qualified oral health care practitioners and dentists—especially those with an understanding of the cultural and traditional values of the communities they serve—to remote Native American commu-

nities is as prevalent as ever. A key component to mitigating this challenge is to support Native American and Alaska Native students with an interest in oral health studies. These students may return to their communities upon graduation and offer long-lasting, culturally-relevant oral health care services.

Dr. Gist made a special visit to the American Indian Graduate Center located in Albuquerque NM to learn about a special program the organization funds, which provides scholarships to American Indian and Alaska Native students in dental school. By reducing the financial burden of dental school through a special scholarship program, the American Indian Graduate Center is helping Native American dental students complete their schooling, so they may address the imbalance in access to quality oral health care in their own communities.

Getting to the Root of It

The common thread identified in each of Dr. Gist's visits is the importance of community among Native American tribes. The NMDA and AzDA have begun to stitch together a strategy to address oral health care disparities by focusing on the dynamics of community. The health care results of 638 designated facilities, which actively practice this approach, are showing progress in overall quality of care, and compliment the efforts of the Native American Oral Health Care Project. Dr. Gist and the ADA must now take these lessons and turn them into a process that can be duplicated across the nation.



2 A 638 tribal health facility is a facility owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under an Indian Self Determination and Education Assistance Act (Public Law 93-638) contract (Title I) or self-governance compact (Title III).

MAXIMIZING OWNERSHIP

for increasers and decreasers

by Marie Chatterley, CTC Associates



Doctors are natural born achievers, very goal-oriented people. Pursuing these goals gives meaning to their lives, something to live for. As a goal-oriented person, you probably spend much of your life focusing on certain professional goals. Early in your career, the responsibilities tied to these goals seem secondary. Once the essential goals have been reached, the responsibility to maintain them becomes the heavier focus, and as goals are achieved, more responsibilities are incurred.

That shift, when goals become responsibilities, indicates an important transition in your career. That maintenance stage lasts a different length of time for each doctor. Some doctors decide to grow their practice further and set larger professional goals. Other times, doctors may end up feeling like their practice runs their lives. It often starts with the Sunday night blues. Unrecognized, they begin to feel trapped by their professional responsibilities; what they need is a light at the end of the tunnel.

For example, Doctor A had just turned forty-six years old. He operated a successful practice grossing about \$600,000 a year. His income after expenses was about 46% of the gross collections, which enabled him and his family to enjoy a good living. He practiced four days a week. His practice was stable and maintained a steady flow of new patients. He had a nice house and drove a nice car to and from the office. He started to set aside money for retirement and some college funds for his children. In short, he had achieved what many would consider the American dream. Yet, he was not truly happy.

If you can't wait to get back to the office Monday morning, if you continue to enjoy managing and motivating staff, or if you are constantly looking for ways to expand your practice and see more patients, you are probably an "increaser". However, if you find your body is at the practice while your mind is on the golf course, if due to stress and fatigue, you regularly entertain thoughts of cutting back your time at the office, or if you are bored with the practice and are just marking time, you may be a "decreaser". Both are natural stages in your career, but you need to know which way you are heading in order to be satisfied in your career.

Growing the practice is not likely to help decreasers find satisfaction, not when what they really want is to cut back. When decreasers start looking for other options, ways of keeping the practice going while still taking the pressure off, the most common route is to hire an associate. This may help the symptoms, but doesn't always address the true problem. We sometimes refer to such arrangements as "ambiguity-ships" because they often have either no contract or a one-sided contract; typically these have no financial commitment from the associate and you offer little incentive from the associate in return.

Discover viable transition options that can make a difference in the way you operate your practice.

So the big question, then, is how can a decreaser enhance his or her quality of life? On the other side, what opportunities can an increaser utilize to achieve his or her professional goals? There are viable, time-tested solutions to each challenge and different practice-transition options that you may not have considered before. If structured properly, these options can give you more time and freedom without sacrificing your income needs. They can give you the time to explore other vocations or add new avocations.

Structuring the right transition to meet the complementary goals of each professional can surely enhance the quality of life for both. A practice merger transition is one option that can meet the needs of both an increaser and a decreaser. For example, Doctor A, a decreaser, merged his practice with a younger dentist, Doctor B, age 32, an increaser. Doctor A sold his practice to Doctor B for \$400,000 and put the proceeds from the sale in his pension, while working back for Doctor B for three 6-hour days. Doctor A was now able to give up administrative and management responsibilities. Due to lower stress, his production jumped from \$250 to \$350 per hour and he was able to take home \$3,000 per week. He was also able to take longer vacations without worrying about the drop in production or overhead expenses. Before the merger, Doctor B was doing \$400,000 in his own practice and taking home \$160,000 a year, after the merger, Doctor B takes home \$225,000 (after all overhead expenses and debt service of the practice purchase) and still has the same work load as before the merger. Other options could include basic office sharing arrangements, earned-equity buy-ins, associateships with deferred buy-outs, and more, with each transition customized to meet the needs of both parties.

Decreasers rarely become increasers, no matter how hard they try to talk themselves into it. The longer they wait, the worse it will become. However, once the burdens of ownership are taken off their backs, we have seen many decreasers really begin to enjoy dentistry again, and the more they enjoy it, the more relaxed and

"Structuring the right transition to meet the complementary goals of each professional can surely enhance the quality of life for both."

productive they become. Perhaps it is because they can take a stress-free vacation for the first time. Perhaps it is because they don't have to see every weekend emergency patient. Perhaps it is because they can really focus on the quality patients in the practice. Perhaps it is because they can now take more time pursuing their other interests. Perhaps it is a little bit of all these reasons.

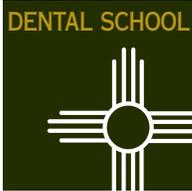
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My Dental School Story

By Maximillion Jensen

Getting into dental school is a difficult, lengthy and often times, a seemingly impossible journey for many students, including myself. It is a journey that I found to be very rewarding and worthwhile because it has shaped me to be a more responsible, passionate, mature, and confident individual.

When I first started college I was a bit nervous and scared, largely due to my mom showing me a list of prerequisites for dental school, which led me to think “Crap, this is not going to be easy or fun!” I had just graduated from La Cueva High School, Class of 2006, and all I wanted was to enjoy my summer vacation before attending the University of New Mexico. After seeing the list, all I

could do was think about the magnitude of classes required to get into dental school.

The list of prerequisites appeared to be quite long and daunting. More importantly, it consisted of many difficult science classes. Based on my past performance in high school science courses, my soon-to-be college career was already looking like an overwhelming endeavor. However, my mother and I developed a plan. I first enrolled in remedial science courses and put forth all my efforts to pass with a good grade one class at a time. Thus, dental school wouldn't become a fading dream similar to childhood dreams of flying, or never having to study for a test.



Taking this approach greatly improved my confidence in continuing towards my goal—dental school—regardless of how difficult or boring the courses may have seemed at that time, my goal kept me focused. Thus, getting into dental school became more achievable. Without a plan or supportive network, college would have been much more difficult. Luckily I had a supportive mom, great friends and awesome instructors throughout college. That helped abate my fears

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and doubts of achieving my goal of dental school acceptance.

Later in my undergraduate studies, I soon realized I had a natural knack for understanding and excelling in biology and chemistry courses, alleviating my stress. However, I still was anxious about what qualified me to attend dental school, aside from academic excellence. I needed to find a way of expressing my passion, maturity and commitment to the profession of dentistry. I took advantage of participating in activities and opportunities on campus that I enjoyed. I took my first initial step to get involved by serving the homeless via soup kitchens and raising money for food pantries. I also tutored math, cleaned backyards, repainted parking lanes and mentored.

Participation in these activities involved time management, a skill I greatly value. I soon became aware that contribution to society can be

simple—just put forth what skills I had to offer. It didn't seem like enough, so I joined the UNM Pre-Dental Society to start learning more about dentistry. This student organization is what put me miles ahead of the game for getting into dental school. If I had not joined, I would have never known about the DAT and how to prepare to ace it or the AADSAS application process.

The Pre-Dental Society educated me on the many facets of dentistry. Regular meetings led to opportunities to meet dentists in the Albuquerque area who were supportive and friendly enough to allow students to shadow them in their offices or clinics. I also had the pleasure of listening to dentists give presentations about the various kinds of dental specialties, explain advance and complex dental treatments, and discuss their thoughts about the future of dentistry. Another key

opportunity that I gained from the Pre-Dental Society was being able to listen and meet dental school representatives from different states.

Upon graduation from the University of New Mexico in 2010, it was clear to me that I wanted to be a dentist, and during that summer I applied to dental school. I reconnected with past instructors and employers to write letters of recommendation, forced myself to study continuously for the DAT, and wrote a personal statement to explain why I was qualified to attend dental school. Getting accepted into dental school is one of the best things to happen in my life and was made possible by the support and love of family and friends.



Maximillon is Navajo and is going to University of the Pacific Arthur A. Dugoni School of Dentistry.

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Local Dentist Participates in First Such NM Event

Reprinted with permission from Indian Country Today

Local dentist, Darlene Sorrell (Navajo), DMD, volunteered for a two day program called "Mission of Mercy," which provided free dental services.

The event featured over 200 dentists from around the state and beyond who saw 2,194 patients and provided \$1.4 million free dental care. Many patients had multiple dental needs, including major oral surgery challenges and had clearly been in excruciating pain for an extended period of time. Many patients had camped out in line for days.

After participating in the largest dental clinic in state history, Dr. Sorrell said, "There obviously are

gaps in our current oral healthcare system that need to be addressed. This two days of charity was a huge triage clinic to help reduce suffering for the moment. I hope that we can come together in the future to develop more systemic long-term solutions. We need to look at tough issues like the under funding of the Indian Health Service, New Mexico's Medicaid reimbursement rates and the gross receipt tax on dental services in this state. These have a huge impact on the many working poor and the moderate income families who go without."

The Mission of Mercy is a project of the NM Dental Association and



their Foundation. Dentists were joined by hygienists and a thousand volunteers, who turned the Manuel Lujan building at Expo New Mexico (State fairgrounds) into a giant clinic for two days. Major sponsors included Delta Dental.

Plans are being considered to bring the Mission of Mercy to smaller communities in the state, though organizers admit the logistics will be even more daunting.

"The ultimate goal of all dental providers in the state of New Mexico should be to provide exceptional preventive care including educating patients so that they also put dental health as a priority; so when we host another Mission of Mercy, the only patients we see are those who are only passing through the state," said Dr. Sorrell. "Right now, however, we are not effectively addressing the unmet oral health needs of our population in this state. People do not have adequate access to dental care and tend to wait until the problem escalates to the point that they end up in the emergency room."

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Darlene Sorrell— Giving Her Life to Her Heritage

SPOTLIGHT



How many of us have taken our heritage and made it our life? Darlene Sorrell, DMD, has. She was born the seventh of nine children at Fort Defiance Indian Hospital on the Navajo Reservation. Her father worked in the copper mining town of Morenci, Arizona where she grew up and graduated from high school. Her mother was a homemaker and responsible for raising a large family. She did a pretty good job as eight of the children obtained bachelor degrees and five attained master degrees—pretty impressive for a mother with an 8th grade education.

When Darlene was young, her parents could not afford for her to have braces. Darlene organized the required paperwork, coordinated the appointments and paid for her own braces when she was in the 8th grade. Though she couldn't drive, she found a way to travel the 40 miles to her orthodontic appointments. Her ability to coordinate responsibilities served her well in staying focused throughout her undergraduate and dental education. She graduated from the University of Arizona and went on to Oregon Health Sciences University for her dental degree. She spent her summers in Arizona on the Navajo reservation working in the high school for the Navajo Nation Health Foundation (then the Bureau of Indian Affairs Field Solicitor's Office). She later worked at the Fort Defiance Indian Hospital as a medical technology student and then went on to the Tuba City Dental Clinic as a pre-dental student and dental assistant. The summer before dental school was spent as a tutor/counselor for the Navajo Health Authority Summer Experience

Program in Tsaile, Arizona. Most of her summers in dental school were spent back in Arizona, except one summer when she was a tutor/counselor for the Northwest Portland Area Indian Health Board.

Post-graduation, Darlene went back to Arizona to work on the Hopi Reservation. Then she moved to Alaska, working for Indian Health Service and obtained her Advanced General Practice Residency Certificate while there. In 1994, she came to Albuquerque to work at the Southwestern Indian Polytechnic Institute Dental Clinic (now known as Albuquerque IHS Dental Clinic). She is currently the Clinical Director of this large program. In 2000, diminished funding threatened to close the clinic but with tenacity and leadership coupled

with a dedicated, hard-working staff, the clinic remains open to provide a much needed service. Darlene always knew that she would work with American Indians when she graduated. She understands that there are tremendous needs in New Mexico and other states. Working with Native American people has always been in her heart. Now with 26 years in the Indian Health Service, she continues to be a part of making things better for those who are challenged economically with an emphasis on American Indian people. She also mentors American Indian students who are interested in the dental profession and sees herself forever being an advocate for her people.



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NMDA Attends ADA Washington Leadership Conference

By Mark Moores, ED, NMDA

NMDA's legislative team joined 550 dentists from around the nation at the ADA's Washington Leadership Conference (WLC), May 9–11. The WLC is the ADA's premier political grassroots lobbying event enabling NMDA to visit with our senators and



From Left: Mark Moores, ED; Joe Menapace, PhD; Representative Ben Lujan; Tom Schrimpsema, DDS

representatives from New Mexico on Capitol Hill. We presented issues of interest to dentistry in Washington and those here at home. This year, the issues ranged from access to care, repeal of the anti-trust exemption for insurance companies and elimination of the cap on Flexible Spending Accounts (FSAs). WLC attendees also heard presentations from members of Congress, including Congressman and dentist Rep. Paul Gosar (R–Ariz.) and Dr. Howard Koh, the Assistant Secretary for Health in the U.S. Department of Health and Human Services. NMDA was specifically recognized by ADA President Raymond Gist for our efforts to pass legislation that made New Mexico the first state to formally authorize the Community Dental Health Coor-



Tom Schrimpsema, DDS, and Joe Menapace, PhD

dinator (CDHC). CDHC will help bridge the gap between the patients and providers by allowing a trained individual to work with patients to overcome access to care issues.



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NMDA congratulates the Pre-Dental Society students attending dental school this year! A small gathering was held in April at the Hotel Parq Central in Albuquerque.



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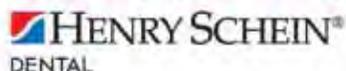
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Report on the New Mexico Board of Dental Health Care (NMBDHC)

By Robert Gherardi, DDS



The Board had its most recent meeting on May 6, 2011. The Board has some new members: Kimberly Martin—Las Cruces, Robert Gherardi—Albuquerque, and Chuck Schumacher—Farmington. Other members include: Jessica Brewster—Santa Fe (Chairman), Burrell Tucker—Hobbs, Laura Moss—Las Cruces (hygienist), Diane Orrell-Lopez—Albuquerque (hygienist), Jose Fritze—Las Cruces (public member), and Alvin Sallee—Albuquerque (public member).

The Board appointed a committee to begin to draft rules to bring the new aspects of HB187 (New Dental Practice Act) into compliance. If you have interest in these rules watch for future Board meetings where these suggested rules will have a public hearing.

Of special interest are those rules that will deal with the newly formed Community Dental Health Coordinator (CDHC). New Mexico became the first to put this new dental auxiliary into its laws. The CDHC will be a dentally trained person who is also culturally in tune with the area in which they work. The goal is for CDHC students to come from the area they are to go back to serve, such as the many tribes in New Mexico. These students will learn “social work” skills as well as being able to provide dental education and some supportive dental care. The CDHC will have two major effects on the dental health of New Mexico. First, they will raise the dental IQ of the New Mexico public, which will result in better dental health for the residents of the state. Second, they will help coordinate dental care in

the rural or underserved areas of the state, i.e., making dental practices more feasible in some underserved areas, getting/bringing dental care to those previously not receiving care and educating those on how to access dental care.

the dentist’s efficiency by doing some new duties under the direct supervision of the dentist. This will also aid in access to dental care in that dentists will be able to serve more patients while still maintaining the highest quality of care.

The goal is for CDHC students to come from the area they are to go back to serve, such as the many tribes in New Mexico.

The Board will also draft rules for the Expanded Function Dental Auxiliary—EFDA. These new “super assistants” will be able to help increase

These are truly exciting times in New Mexico dentistry.





ALVIN R. GARCIA
Attorney at Law

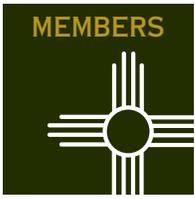
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OBITUARIES

Don F. Clem 1956–2011

Don F. Clem, 55, passed away unexpectedly on Wednesday, May 11, 2011.

He is survived by his wife, Tana; his sons, Kyle and Nathan and his wife, Devin; father, Robert; brother, Mike and his wife, Janet; sister, Kip Thompson and her husband, Greg; mother-in-law, Doris Herschberger; sister-in-law, Diana Cartwright and her husband, Mike; brother-in-law, Scott Herschberger and his wife, Jennifer; and many, many friends. Don was preceded in death by his mother, Caroline. Don was a wonderful husband, father, friend

and dentist. He loved to play golf, travel, and enjoy a nice bottle of wine. Don enjoyed and lived life to the fullest and will be missed by all who knew and loved him. A celebration of Don's life will take place at a later date. In lieu of flowers, memorial contributions may be made in Don's memory to the Leukemia and Lymphoma Society, 4600 Montgomery Blvd NE, Suite A201, Albuquerque, NM 87109.



Jon L. Daniels 1934–2011

Jon L. Daniels, 77, retired Army dentist and community volunteer, died Monday, April 11, in Las Cruces. Husband of 54 years to Phyllis M. Daniels of Las Cruces and father to Ray Daniels of Chicago and Brock Daniels (wife, Karla Conditt Daniels) of Augusta, GA. Grandfather of Megan, Jim, Knox and Grace. Jon was born in El Paso and raised in Cloudcroft where his parents, Ray and Margaret Daniels, were prominent citizens. He spent much of his youth in the outdoors, developing a life-long passion for fishing, hunting and trap shooting. He attended New Mexico Military Institute in Roswell for high school (Class of 1951) and junior college (1953) before attending Loyola University School of Dentistry in New Orleans, LA to earn his Doctor of Dental Surgery degree. He had a private dental practice in Alamogordo, NM from 1960–64 before returning to pursue his career in the Army. That career took him from California to Washington DC and many points in between and included a tour in Vietnam (1967–68).

While in the Army, he earned a master's degree in hospital administration and specialization in prosthodontics. He rose to the rank of Colonel and commanded the dental activity of Fort Riley, Kansas from 1980–83. He retired from the Army at Fort Bliss in 1985 and had a private

practice in prosthodontics for several years. He enjoyed woodworking and built attractive furniture for the beautiful home that he and Phyllis created. He also built the baptismal font and other projects for First Presbyterian Church where they were both long-time members and he was an Elder. In retirement, the couple enjoyed travel via RV, attending Elder Hostels and visiting family and friends across the country as well as trips to international destinations such as Australia. Jon was a member of Rotary Club of Las Cruces and had participated in various chapters around the country since he first joined in Alamogordo in 1960 (www.legacy.com/legacies/rotary-international/?personid=150251432&affiliateID=2035). He enjoyed flying and had navigated the skies of southern New Mexico as a private pilot into his 60s. After his mother and aunt suffered with Alzheimer's disease, he became active in support and fund raising activities and served for a period on the national board of the Alzheimer's Association.

Our condolences and prayers go to Dr. Jon Daniels family. Please include them in your prayers.



NEW MEMBERS

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Joseph A. Wilson, D.D.S. has acquired the practice of
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Save The Date - Event Calendar

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

Email them to narenas@nmdental.org or fax to NMDA Attn: Nancy 505-294-9958.

Albuquerque District Dental Society

For information on ADDS events,
call 505-294-1368.

Eastern District Dental Society

For information on EDDS events, call
Dr. Kay Younggren 575-746-1900.

Northwest District Dental Society

For information on NWDDS events, call
Dr. James Cole 505-327-0441.

Santa Fe District Dental Society

For information on SFDDS events, call
Dr. Curtis Brookover 505-662-4503.

Southwest District Dental Society

For information on SWDDS events, call
Dr. Kim Martin 575-521-0127.

2011 NMDA & NMDF Meetings

Friday, September 9, 2011 1:00–5:00pm
NMDF Board of Director's meeting

Friday, September 9, 2011 7:00am–12:00pm
New Mexico Dental Foundation—Fundraising Gala
at Sandia Resort in Albuquerque
presented by Henry Schein

To register go to www.nmdentalfoundation.org

Saturday, September 10, 2011

NMDF Fundraising Golf Tournament
at Sandia Resort
presented by Molina Watson Dental Laboratory
To register, call 505-994-3832

Friday, October 28, 2011 6:00pm

NMDF Pre-Dental Society Dinner
Embassy Suites Hotel—Albuquerque
For information, call Linda Paul at 505-298-7206

March 2–3, 2012

NM Mission of Mercy—Las Cruces
For information, call Las Cruces MOM Coordinator,
Terri at 575-644-3238

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Glen A. Eisenhuth, D.D.S.

Glen A. Eisenhuth, D.D.S. of Albuquerque, NM recently earned his Board Certification from the American Board of Endodontics. Dr. Eisenhuth is an endodontist in private practice with Friday and Saturday Endodontics, PC, 7700 Menaul Blvd. NE, Suite B, Albuquerque, NM. Becoming a Board-Certified Diplomate reflects Dr. Eisenhuth's commitment to the specialty and is the highest status an endodontist can achieve. Dr. Eisenhuth is currently the only board certified endodontist in Albuquerque, NM.

In order to obtain Diplomate status, Dr. Eisenhuth successfully completed a rigorous three-part examination that included a review of his education, knowledge, skills and ability to apply new research and advances to the practice of endodontics, as well as his commitment to providing the highest quality of patient care. The American Board of Endodontics is the only certifying Board for the specialty of endodontics and is one of the nine specialty boards recognized by the American Dental Association. The Board Certification process requires exceptional dedication and commitment to the field of endodontics and continuing professional growth.

More information on Dr. Eisenhuth can be located at
www.fridayandsaturdayendodontics.com

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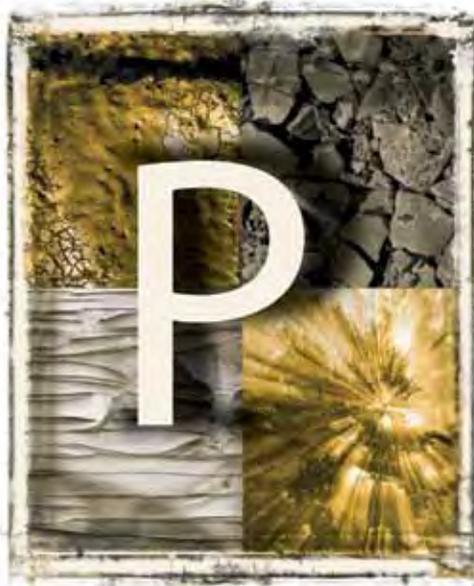
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