Bracing for the Silver Tsunami

Oral health in an aging America

PLUS: STRESS AND GUM DISEASE • WELCOMING YOUR LGBT PATIENTS
When he’s not running his private practice in Medford, Mass., or teaching prosthodontics and operative dentistry at Tufts, you’ll most likely find Boris Bacanurschi, D06, front, on the tennis court. He plays for Waltham Winsanity, a U.S. Tennis Association (USTA) league team that came in fourth in the USTA National Championships in Tucson, Ariz., last September. Bacanurschi won three of his four matches. When New England winters drive him indoors, Bacanurschi practices at the Mount Auburn Club in Watertown, Mass., often with Steve Meade, A90, F98, the son of his friend and mentor, John Meade, A54, D56. Bacanurschi recently took over Meade’s dental practice after working there for nine years.
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Robert Chideckel, D80, has always wanted to practice dental medicine his way. On the Zia Indian pueblo in New Mexico, he’s doing just that—caring for a community that has often been neglected. by Jacqueline Mitchell

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Cover Illustration: Emiliano Ponzi
IN MEMORIAM

THOMAS W. MURNANE

Former acting dean transformed an entire university

As this issue of Tufts Dental Medicine was being readied for publication, we received the news that Thomas W. Murnane, A58, D62, DG65, G68, J97P, passed away on March 20 following a lengthy illness; he was 77. Murnane, who served as acting dean and associate dean of the School of Dental Medicine, went on to become senior vice president for development at Tufts and worked alongside President Jean Mayer to engineer an unprecedented era of growth for the university. —Helene Ragovin, Editor

Murnane arrived at Tufts in 1954 as a first-year undergraduate and stayed for almost 50 years, except for a yearlong NIH fellowship. In addition to a B.S., he earned a D.M.D. and a postgraduate certificate in oral and maxillofacial surgery from Tufts School of Dental Medicine and a Ph.D. from the Graduate School of Arts and Sciences.

Murnane taught at the medical and dental schools and served as acting dean of the dental school from 1971 to 1972, when he was named associate dean. In 1977, Jean Mayer tapped Murnane to be the pivot for establishing a veterinary school in New England. The Mayer-Murnane partnership was an intriguing one—“The synergy between the nutrition president and dentist was immediate and explosive,” said Sol Gittleman, the Alice and Nathan Gantcher University Professor who served as Tufts’ provost during much of the tenures of both men. “There was an instant bond of trust.”

In 1979, Murnane was appointed vice president for development and spearheaded the most ambitious fundraising campaign in Tufts history, bringing in $145 million in just five years. He was promoted to senior vice president in 1985. Murnane headed another successful campaign, this one for $240 million, before Mayer stepped down in 1991. Under President John DiBiaggio, Murnane and the University Advancement Division completed a $600 million campaign.

Outside of Tufts, Murnane was dedicated to his family and to the ocean. On any given weekend he would be out on his boat, Ah Mais, cruising the coast of the North Shore and enjoying his membership at the Corinthian Yacht Club in Marblehead. When he was not on the water, he was in his garden or traveling the world with his wife, Jan, on behalf of Tufts.
Greetings! Wow, that was some kind of winter! While at times brutally cold, the descriptor that most characterizes the past season for me is “relentless.” Now, as I write this, we see the first vestiges of spring, and our school calendar portends the events that reflect that transition. My sincerest congratulations to the Class of 2014, which has distinguished themselves in a multitude of ways: academically, clinically, through their research accomplishments and through community engagement.

Our Strategic Plan, 2020 Vision!, is complete, and we have begun the ongoing process of assessing our progress toward its many goals and objectives. A story on page 24 of this issue summarizes that effort and highlights some of the curricular changes that we have already instituted. That same story describes one of our initiatives to address the gender shift that is occurring in our student and faculty bodies and the strategies that we can develop to address it.

The cover story in this issue, which begins on page 14, focuses on aging and on the many factors that require our attention, not just from a delivery-of-care perspective, but also on the implications for our educational programs. Tufts, as you know, has a long history of geriatric dental education, and I believe we are well placed to expand that legacy. We are also excited about our interprofessional initiative because it is clear that with the expanding demographic of the aging population, there will need to be much more integration of care. Innovations in reimbursements and access to care are necessary, and some of the challenges surrounding those issues are presented.

Access to care and third-party reimbursement issues are also at the forefront of another story that highlights the contributions of one of our alumni, Robert Chideckel, D80, who has chosen to work in the latter stages of his career serving the needs of American Indians in New Mexico. Interestingly, interprofessional practice seems to have already become a feature of the care provided there.

Other stories in this issue reflect the many and varied accomplishments of our Tufts University School of Dental Medicine family, including faculty, staff, students and alumni. I hope you enjoy reading all of them. I hope to have seen many of you at Alumni Weekend, and I wish you and your families and loved ones a safe and enjoyable spring and summer.

Finally, I would be remiss if I did not use this opportunity to thank Dr. James Hanley for his many contributions to our school. Jim has assumed the deanship at the recently opened College of Dentistry at the University of New England. We wish Jim and his wife, Marian, the best of success in their new adventure.

As always, I welcome your comments by phone (617.636.6636), or email (huw.thomas@tufts.edu).

Sincerely,

HUW F. THOMAS, B.D.S., M.S., PH.D.
DEAN AND PROFESSOR OF PEDIATRIC DENTISTRY
huw.thomas@tufts.edu
Leon Klempner couldn’t say no to Saline Atieno.

The New York orthodontist had been on medical missions all over the world for 15 years, helping plastic surgeons repair cleft lips and palates and related problems. The most devastating part, he says, was turning away children whose conditions were so severe—burns, craniofacial deformities from disease and infection—that they could not be treated during a two-week mission. “They come because it is really their last hope,” says Klempner, DG77. “And when they are turned away, there is no place else for them to go. It’s heartbreaking.”

A regional director of a large charity in Africa contacted Klempner about Saline, who lived in a Kenyan village. Her face had been disfigured by a disease called noma, an orofacial gangrenous infection that destroys hard and soft tissues; its name is derived from the Greek word meaning “to devour.” The victims are usually children ages 2 to 10, many of them in sub-Saharan Africa. The risk factors are extreme poverty, malnutrition, poor oral hygiene and living in unsanitary environments, all of which impair the immune system.

“They said a good part of her face is missing and asked if there was anything I could do. I guess that was the turning point for me,” Klempner says. “I knew I couldn’t help the hundreds of children we had turned away on other missions, but maybe I could help this one.”

In 2011, Klempner founded the non-profit Smile Rescue Fund for Kids to raise money to bring Saline to the U.S. for treatment. She came to New York in 2013 for a series of surgeries at Stony Brook University Hospital on Long Island that would help...
Sox and Stats

Even if it’s sometimes uttered with sarcasm, they don’t call it “Friendly Fenway” for nothing. Tufts’ own Matthew Finkelman helped the ballpark live up to its nickname.

Finkelman, who teaches biostatistics at the School of Dental Medicine, went to see the Red Sox play the Tampa Bay Rays in the first game of the American League Division Series last fall. Sitting in the grandstands on the third-base side, Finkelman and his girlfriend, Amy Krasner, found themselves next to five women from the Tampa area. One of them was Marcia Long.

“I was just going along to be a good friend. Baseball totally bores me,” Long admits. With her more die-hard friends absorbed in the game, it wasn’t long before she was deep in conversation with Finkelman and Krasner. When Krasner said she is a social worker, Long replied that her daughter Emily studies psychology—and mentioned that Emily was worried about failing statistics, one of the required courses for her major.

“I can still see it in my mind, but there are no words to describe the way his face looked,” Marcia says of Finkelman, who teaches postgraduate dental students. “He was glowing. He said, ‘I can help her.’ ”

Emily Long, a senior at the University of Central Florida, emailed Finkelman. Over the next six weeks, the pair set aside time to talk on the phone. Each in front of a computer, they watched the YouTube videos her professor had assigned, or they’d work through problem sets together. The calls each lasted an hour or two—Finkelman thinks they logged close to 15 hours of phone tutoring time in all.

The long-distance sessions worked. Emily brought her grade up to a B. “He was so patient,” Emily says. “He would explain things to me 10 times.”

“I get emotional when I talk about it. It proves there are great people in this world,” Marcia Long says. That’s why she couldn’t let the good deed go unnoticed. First, she emailed Tufts President Anthony P. Monaco. Then she tipped off the Boston Globe. That’s how Larry Lucchino, president and CEO of the Boston Red Sox, learned about it.

“Your act speaks volumes about the generosity of Red Sox Nation,” Lucchino wrote to Finkelman, inviting him to see a game this year. He might even get to catch a game with the team’s own statistician, director of baseball information services Tom Tippett.

—JACQUELINE MITCHELL
**Dentistry 101**

The hallways are filled with the sounds of chatter and slamming lockers as classes change at Somerville High School. If you maneuver through the fray by following Ankush Kumar, the only student wearing dental scrubs, he’ll lead you down a stairway and into an atypical classroom.

In the room, dental chairs are set up the way they would be in an operatory; students in scrubs gather around a seminar table; teeth carved from soap lie on a side table. Kathleen Brosnahan, a certified dental assistant who has worked in pediatric dental practices for more than 20 years, teaches the city high school’s new course in dental assisting. Known as “Mrs. B” to the seven students who started the spring term, Brosnahan teaches them not only the science, clinical care and business aspects of dentistry, but some life lessons as well.

“Sometimes kids can get lost after high school if they graduate without job skills,” she says. “No one is really mentoring them in that respect, showing them the way. We are promoting career and technology education along with strong academics—showing them what they can do with what they learn after they graduate,” Brosnahan says. “I’ve wanted to get involved with a program like this for a long time.” The Somerville High School course prepares students to enter programs to certify them as dental assistants after graduation.

Tufts School of Dental Medicine donated two of the dental chairs for the program after clinic renovations at One Kneeland Street were completed in 2012. “The school frequently makes donations such as these to support its public health and community-service mission goals,” says Stephen Brown, operations liaison at the dental school. “We are glad to have contributed to a new program at Somerville High School that supports the dental profession.” Somerville is a host community for one of Tufts’ three Massachusetts campuses.

Although there are just seven students in this first class, more than 160 students have cycled through Brosnahan’s classroom as part of the school’s Freshman Exploration program, indicating that interest in the course will only continue to grow.

The high school students are taking Brosnahan’s course for a variety of reasons, but they all seem to share her passion for the profession. “I love dentistry,” says Julia DiFraia. “I am going to be a dentist,” says Srijian Sapkota. “I just really like teeth,” adds Faith R. Blass.

—GAIL BAMBRICK

**DEAN THOMAS IS CHAIR-ELECT OF ADEA**

Huw F. Thomas, dean of Tufts University School of Dental Medicine, has been installed as chair-elect of the American Dental Education Association (ADEA). Members of the ADEA House of Delegates elected Thomas during the 2014 ADEA session in San Antonio in March.

“As dental educators, we have a unique opportunity to help shape the future of our profession; we should be passionate and bold and embrace that opportunity,” Thomas said. “As such, I am deeply honored and most privileged to have been elected for the position of chair-elect of the ADEA Board of Directors.”

After serving as chair-elect for a year, Thomas will become chair at the conclusion of the 2015 ADEA annual session, which will take place March 7 to 10 in Boston.

ADEA represents all U.S. and Canadian dental schools and many allied and advanced dental education programs, corporations, faculty and students. ADEA’s activities encompass a wide range of research, advocacy, faculty development, meetings, dental school admissions services and communications, including the *Journal of Dental Education*.

Thomas has served as dean of Tufts School of Dental Medicine since August 2011 and also holds an appointment as professor of pediatric dentistry.
A smattering of dentistry tidbits to inform, amuse and amaze

1,000 yrs
Age of dental calculus on teeth in four skeletons discovered in Germany. Scientists analyzed the teeth and found pathogens similar to the bacteria that cause inflammatory disease today.

1942
Year the U.S. Public Health Service issued this poster touting oral hygiene for World War II servicemen.

$1,406
Amount raised by the Tufts Dental Relay for Life team for the American Cancer Society. The team completed an overnight walkathon in East Boston and held a bake sale.

19.5”
Height of the “Stooth,” a tooth-shaped stool created by the Russian designer Tembolat Gugkaev, who says he imagines the wood-and-leather ottoman as the lost molar of a “giant who ate too much junk food.”

18%
Percentage of athletes at the 2012 Summer Olympics in London who said poor oral health affected their training or performance, according to the British Journal of Sports Medicine.

600
Number of bristles in the Blizzident 3D printed toothbrush, which is custom made and cleans when the user bites down and grinds for six seconds.

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1:21
Length of video “A Head for Dentistry,” about students in the dental school’s simulation clinic, that’s sure to bring back memories. Watch it at: vimeo.com/78176496.

32
Number of young teeth who go to school to learn about oral hygiene from Dr. Flossman in the children’s book and video “Open Wide, Tooth School Inside.”
we all know what contributes to gum disease—poor brushing, forgetting to floss, avoiding checkups, smoking. But what about a tough day at the office or dire financial straits? Surprisingly, the stress brought on by emotional struggles might have just as much to do with the disease, according to a review of the literature by three Tufts researchers.

“It’s been shown there is a significant association between emotional stress and periodontal disease,” says Evangelos Papathanasiou, DG11, an assistant professor of periodontology at Tufts School of Dental Medicine. “It definitely needs to be explored further.”

Before he came to Tufts, Papathanasiou was a dentist in the Greek air force and saw a number of soldiers under high stress who developed mouth ulcers and bleeding gums. Closer to home, he recently experienced bleeding while brushing his own teeth. “I realize that when I am under stress, my gums tend to bleed more when I am brushing,” he says. Papathanasiou was aware of previous studies that showed that financial strain and academic stress can lead to more plaque and gum inflammation.

That led him and two pathobiologists from Tufts’ Sackler School of Graduate Biomedical Sciences, Theoharis Theoharides and Iro Palaska, to investigate further. In the review they published in the Journal of Biological Regulators & Homeostatic Agents in October 2013, they propose a novel theory for how stress can regulate gum inflammation—a phenomenon whereby the body, in an effort to protect itself from mouth bacteria, essentially attacks its own gums.

The accepted cause of gum disease is this: When people fail to brush adequately, bacteria build up on teeth and gums, eventually leading to decay and disease. And that’s exactly what happens—up to a point, says Papathanasiou. “When bacteria build up, they begin to release toxins. Those are like their weapons,” he says. “Their goal is to create more space so more bacteria can form.” The pockets toxins create in the gums help anaerobic mouth bacteria thrive and cause gingivitis, the early stages of gum disease.

AN INFLAMMATORY RESPONSE
But that’s only half the story. At the same time these bacteria are attacking the teeth and gums, the body is producing immune cells to fight them off. One of the mechanisms for this has to do with mast cells, which studies suggest release proteins into the bloodstream that dilate blood cells and make them more permeable in order to recruit more immune cells for battle.

In a perfect world, immune cells and bacteria are in balance and thus protect teeth and gums. At a certain point, however, immune cells become so numerous that they begin to inflame tissue and hasten disease rather than prevent it—the same way an allergic reaction can cause the body more harm than good. At this point, gingivitis, which is reversible, gives way to bone loss around teeth.

“THE FUTURE OF PERIODONTAL THERAPY IS NOT ONLY TO TARGET THE BACTERIA, BUT TO TRY TO CONTROL THE INFLAMMATION, TOO.”

—Evangelos Papathanasiou
The number of patients hospitalized for dental infections that could have been prevented with regular care or in-office root canals rose nearly 42 percent from 2000 to 2008, according to a first-of-its-kind study. In contrast, hospitalizations for all causes increased 5.3 percent during that same nine-year period.

The study, co-authored by Andrea Shah, DG12, and Kelly Leong, D14, indicates that many people cannot afford or have no access to routine dental care. That ultimately results in higher health-care costs. The research was published in the September 2013 edition of the Journal of Endodontics.

“The findings highlight the need to advocate [for] the importance of dental insurance as a way to improve access to dental care and reduce the number of hospitalizations resulting from infections around the tooth root, or periapical abscesses, Shah and Leong wrote. The study is the first to examine longitudinal trends in hospitalization for oral infections. Before, only a snapshot of the prevalence of hospitalizations for periapical abscesses in 2007 was available.

A total of 61,439 patients were hospitalized in the U.S. between 2000 and 2008 for periapical abscesses, according to the study. If left untreated, these abscesses can perforate the oral cavity or sinus and spread infection into nearby bone and facial tissue, potentially eroding the bone and requiring surgery to clear the infection and reconstruct the bone.

Looking for Solutions

Papathanasiou emphasizes that this biological cause-and-effect has not yet been fully explored in relation to the gums; he and Theoharides are developing experiments to test the hypothesis in the lab. That can be complicated, however, because it’s difficult to study the biological effects of stress in isolation from the behaviors people use to cope with stress.

Clinically, the most effective ways to stop the progression of gum disease are regular dental cleanings, excellent oral hygiene and, occasionally, the use of antibiotics, Papathanasiou says. One possibility is to test the antioxidant and anti-inflammatory effects of plant compounds called flavonoids (found in many fruits and vegetables as well as tea) on people experiencing different levels of stress.

“The future of periodontal therapy is not only to target the bacteria, but to try to control the inflammation, too,” says Papathanasiou. “Perhaps we could incorporate these flavonoids into oral hygiene products, like toothpastes or mouthwashes.” While he hastens to say that this could never replace the importance of brushing and regular dental cleanings, these agents could be an important factor in helping to control gum disease. At the same time, the researchers plan to investigate whether the development of periodontal disease can be mitigated by stress-management techniques. If they are successful, then someday, you might be prescribing a warm bath and a massage to your patients, along with a recommendation to floss.

Michael Blanding is a freelance writer in Brookline, Mass.

NEEDLESS EMERGENCIES

Hospitalizations for untreated dental infections on the rise by Gail Bambrick

The number of patients hospitalized for dental infections that could have been prevented with regular care or in-office root canals rose nearly 42 percent from 2000 to 2008, according to a first-of-its-kind study. In contrast, hospitalizations for all causes increased 5.3 percent during that same nine-year period.

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Michael Blanding is a freelance writer in Brookline, Mass.
The study found that 5,757 patients were hospitalized for tooth root infections in 2000, and that number rose to 8,141 in 2008. Shah, Leong and colleagues from the Harvard School of Dental Medicine and Boston Children’s Hospital gathered their data from the Nationwide Inpatient Sample (NIS) database, which records the number of hospitalizations each year in the U.S. The work was funded by the American Association of Endodontists Foundation.

A PROBLEM THAT SHOULDN’T BE “The fact of the matter is these people are going in with a preventable condition,” Leong says. While the study analyzed statistics, the picture it draws indicates that too many people are not receiving regular dental care, she says.

The costs are high. The average hospital stay for periapical abscesses is three days, at a cost of about $14,245 per patient, the researchers note. For perspective, a molar root canal performed by an endodontist runs about $1,112. Extraction of an infected tooth by an oral surgeon costs roughly $259, the study says. Those figures do not include costs for follow-up restorative care.

“By the time these infections require hospitalization, they are serious, and though it is rare, they can even be fatal,” says Leong. Sixty-six patients listed in the NIS database did, in fact, die in the hospital. More than 89 percent of the patients with dental infections were hospitalized after an emergency room visit, indicating a lack of regular preventive care, says Shah, the study’s lead author.

“These infections can be detected with a simple dental radiograph and clinical exam,” Shah says. “Preventative dental care every six months would help to stop the infection from getting out of control.” With nearly half (about 44 percent) of these hospitalizations covered by Medicaid or Medicare, and the uninsured accounting for another 18.5 percent, affordability and access to care are likely contributing factors, Shah says. Cuts to government-funded dental coverage for the poor as well as the down economy during the years the researchers studied could account for some of the increase in hospitalizations, Shah notes.

Gail Bambrick can be reached at gail.bambrick@tufts.edu.

SCIENCE AT WORK

Grant programs support new researchers and advances in implantology

TWO NEW GRANT programs are giving faculty at the School of Dental Medicine more opportunities to conduct interdisciplinary research that has immediate, real-world applications.

A grant program funded by the dental restoration company Nobel Biocare is supporting Tufts’ efforts to advance the field of implantology. Four grants—each worth up to $20,000 per project—were awarded to Hanna Bae, assistant professor of prosthodontics and operative dentistry; Yong Hur, DG08, M.S.08, DI12, assistant professor of periodontology; Evangelos Papathanasiou, DG11, assistant professor of periodontology; and Aruna Ramesh, DI04, associate professor of diagnosis and health promotion. Two of these projects seek to develop better implant materials; another is a study of the diseases that affect bone and gum tissues around implants. The fourth will compare the accuracy of two different imaging machines used to create customized implants.

The new school-based funding source, Interdisciplinary Grants for New Investigators, is designed to encourage innovation and collaboration among faculty from all departments. Open only to those who have never been involved in funded research before, these year-long grants provided $5,000 to each of five recipients. The teams of researchers started their projects in September, with the goal of wrapping them up in August.

Among them, Ruby Ghaffari, D92, assistant professor of diagnosis and health promotion, is examining the program known as the LOTUS (Linkage of Tufts University Students) Community Health Project, which brings together students from Tufts’ health sciences schools to provide services to Boston’s Chinatown community, a neighbor of the university’s Boston campus. Ghaffari’s study will assess the health needs of residents of the Castle Square apartment complex and then seek to optimize the LOTUS project’s ability to meet them.

Another faculty member, Tofool Alghanem, DG10, M.S.11, an assistant professor of public health and community service, is evaluating the usefulness of E4D Compare, an interactive program that gives 3D visual feedback to help students and faculty assess students’ work. Joanne Falzone, D80, clinical professor of prosthodontics and operative dentistry, has been analyzing student stress levels at the dental school, and Georgios Kanavakis, DG08, M.S.09, DG11 assistant professor of orthodontics, is looking at patients’ records before, during and after treatment to identify physical traits and other factors that could predict relapse in patients with open bites caused by facial skeletal discrepancies. Pamela Maragliano-Muniz, D04, an associate clinical professor of diagnosis and health promotion, is running a clinical study to assess the effects of three caries-prevention products on tooth hypersensitivity.

The fourth will compare the accuracy of two different imaging machines used to create customized implants.
NO RESERVATIONS

On a centuries-old Zia Indian pueblo, Robert Chideckel practices his kind of dentistry

BY JACQUELINE MITCHELL
PHOTOGRAPHS BY ALONSO NICHOLS
It’s a mid-December day on the Zia Indian pueblo, 35 miles outside of Albuquerque, N.M. The air is clear and sharp and infused with wood smoke. Adobe homes that blend in with their rocky surroundings line a winding road that snakes high up into the village where the Zia have lived for centuries. The road ends at an adobe church, bright white against a pale blue sky, its cross reaching toward heaven.

For Robert Chideckel, D80, heaven is inside the Zia Health Clinic, where for the last two years, he has been the only dentist many of the local American Indians can get to. “This reservation is a dream,” he says. “I am in dental heaven.”

Though he is a native of Baltimore and spent 30 years practicing in the Northeast, Chideckel is not referring to New Mexico’s temperate climate when he talks about the divine. And he’s not talking about the blood-red sunrises he admires on his quick drive to work—“sometimes I’m the only car on the road,” he says—or the wild horses that sometimes peer into his office window. “They laugh at me,” he says of the clinic staff. “It would be like someone getting all excited about a squirrel at your window in Boston.”

Chideckel (pronounced CHI-deckel) has a different version of heaven than most. “I love abscesses,” he says with his trademark ebullience, “because I know I’m going to put [the patient] on the right antibiotic and stop this person’s disease. That’s the kick I get out of working here.”

Out on the Zia Pueblo, there’s plenty of disease for Chideckel to stop. The nation’s 5 million Native Americans have the poorest oral health of any other U.S. demographic. About two-thirds of American Indian kids develop cavities before their fifth birthday, according to a study published in the Journal of Public Health Dentistry in 2011. That’s compared to 42 percent of Hispanic children, 32 percent of African American children and 25 percent of white children. Another study published in 2005 in the American Journal of Public Health reported that nearly 70 percent of American Indian or Alaskan native kids have untreated tooth decay.

The pattern holds later in life, too. Nearly a quarter of all American Indians over age 50 are completely edentulous, more than twice as many as any other group, according to a 2012 study published in Community Dentistry and Oral Epidemiology.

One reason American Indians have disproportionately poor oral health is that about half of them live in very rural areas. And as is the case for Americans of all stripes who live in sparsely populated regions, geography and lack of transportation can pose significant barriers to care. It can also be hard to attract dentists willing to live and work there.

But there’s another wrinkle to this part of the story. Across all demographics, poor oral health is intimately tied to poverty. Even though American Indians are some of the nation’s poorest people, they receive free medical and dental care through the federal Indian Health Service (IHS), an agency managed by the Department of Health and Human Services and based on long-established treaties between the government and native tribes. So cost isn’t a barrier; instead, it’s the perception of many Indians that IHS dental clinics don’t always provide the best care.

“A lot of times, patients come in and assume I’m going to extract their teeth,” says Chideckel. One reason he left private practice was that he found cost was beginning to dictate the quality of care he could provide. Now that he works for IHS, he is free to treat patients largely as he sees fit. Staffs salaries—by far the largest expense—are already accounted for in the clinic’s annual budget, as are the operators and equipment. That means Chideckel spends the rest of his budget on supplies, a constraint he doesn’t have trouble meeting. So when an older patient comes in expecting to lose a molar or two, “I don’t even say the words ‘root canal,’” he says. “Instead, I say, ‘I’m going to save your tooth.’ ”

A HISTORY OF CARE

As early as the 1840s, the federal government signed treaties recognizing its obligation to provide health care to native populations,
in some cases offering medical services in exchange for tribal lands. Since 1921, Congress has had the authority to allocate federal funding for medical services for American Indians. Today IHS operates 166 clinics—mostly in the Southwest—where members of the 556 federally recognized tribes are entitled to free health services. But that doesn’t mean every American Indian gets those services. In 2010, about 20 percent of IHS dental positions were unfilled.

That’s a concept Chideckel can’t quite wrap his mind around. He sees IHS clinics not only as an ideal place for a seasoned professional like himself to do good for a community, but also as a professional environment in which young dentists can take the time to learn their craft without the business pressures of managing a private practice.

“I’m not against people making money,” he says. “But if you don’t have the romance of dentistry, don’t do it.”

Chideckel came late to dentistry. His first career was in government. After earning a master’s degree in political science at the University of Maryland, he worked as a research analyst for Watergate special prosecutors Archibald Cox and later Leon Jaworski. He had a front-row seat for a landmark political moment in American history, which Jaworski. He had a front-row seat for a landmark political moment in American history, yet he still found it unfulfilling.

“What would have happened if I didn’t show up for work one day? Nothing,” he says. “I wanted a job where I could make a difference every day.”

The Zia Health Center fits the bill.

American Indians make up less than 2 percent of the U.S. population, but they constitute more than 10 percent of the residents of New Mexico. One of 22 tribal communities in the state, the Zia Pueblo is also one of the smallest, home to just 901 people. Nestled among the tribal governor’s office and the solar-paneled library, the Zia Health Clinic sits near the mouth of the pueblo, not far off Highway 550. The clinic houses a medical office and has a full-time pharmacist. Having medical and dental professionals in one place is especially important for American Indian populations, who suffer disproportionately from diabetes, accidental injury and other health problems that can affect their oral health.

A MEDICAL HOME

“It’s wonderful to have the doctors and nurses right next door,” says Chideckel. “We call this their medical home.”

Each week, 22 to 25 patients of all ages have appointments to see Chideckel and Sharla Garcia, the clinic’s only hygienist. That’s not counting the several patients the clinic sees for emergency care each day. Tribe members get priority service, but the Zia community who has worked at the clinic for 25 years—a mutual admiration club.

Today, Eldon Thompson, 43, a Navajo who grew up on that tribe’s reservation near Chinele, Ariz., has come in for his appointment. Before he started seeing Chideckel a few months ago, he hadn’t been to the dentist in five years. Thompson, who has a broad smile and shoulder-length hair, works as a medical support assistant at the Veterans’ Administration in Albuquerque. The job offers no dental benefits, but even though Thompson knew he could get dental care through IHS, he’d avoided it. He says he thought the clinic would be “kind of like a factory: They’d pull your teeth automatically without trying to save them.”

Thompson’s 78-year-old mother was the first in the family to see Chideckel. Thompson was surprised to hear the new IHS dentist developed a treatment plan for his mother that didn’t involve extraction. He decided to see what Chideckel could do for him. “The dentistry here is amazing,” he says after a fitting for a partial denture. Chideckel, says Thompson, “really explains everything that’s going on. I felt so relaxed. I fell asleep in my chair.”

“A lot of patients are very happy with his care. We’re lucky to have him,” says Garcia.

There’s a lot of appreciation going around the Zia Health Clinic these days. Chideckel calls his relationship with Garcia and the other staff members, dental assistants Amore Herrera and Lorraine Victor and medical support assistant Mary Gachupin—a member of the Zia community who has worked at the clinic for 25 years—a mutual admiration club.

As the staff shares a lunch that includes enchiladas garnished with what might be the world’s best green chile sauce, there’s a bright feeling of community and fun. Maybe it’s the upcoming holiday; maybe it’s the food. But Garcia, for one, credits Chideckel.

“He really lightened up the place,” says Garcia. “You can hear him laughing two counties away.”

Jacqueline Mitchell can be reached at jacqueline.mitchell@tufts.edu.
The baby boomers are reaching retirement. Is the profession prepared for millions more older patients?

BY HELENE RAGOVIN ILLUSTRATION BY EMILIANO PONZI

Public health dentist Mark Nehring remembers attending a lecture on geriatric treatment 20 years ago. The speaker offered up slides of a patient with ample evidence of previous dental care: “crowns in place, very good fillings,” Nehring recalls. “But there was gum recession, inflammation and decay that had undermined or even ruined some of the crowns.”

The patient, it turned out, was no stranger to a dental office—he was a retired dentist. “Here’s a knowledgeable person who spent a lot of time and effort to have good dentition, but the aging process took its toll on his ability to maintain his own oral health,” says Nehring, the Delta Dental of Massachusetts Professor and chair of public health and community service at Tufts School of Dental Medicine.

The elderly dentist is typical of many in his age group. Whether through physical frailty, cognitive decline, financial hardship or the inability to get to a dental office, older Americans often cannot take good care of their teeth, even if they were model patients in their youth. This, in turn, affects not only their oral health, but their overall health and well-being.

The lecture Nehring attended two decades ago could easily have happened today. In fact, geriatric dental care has become more urgent than ever as the “silver tsunami”—the demographic tidal wave of Americans turning 65—floods the health-care system.

Compounding the issue is that the needs of older dental patients today are more challenging than in the past. “This is the first generation to anticipate dying with their teeth,” says Ralph Katz, D69, a professor at NYU College of Dentistry and an expert in geriatric dentistry. People are reaching age 65 with better oral health than their parents, thanks to advances in dental treatment, the advent of implants and improved public-health outreach. The baby boomers were the first generation to grow up with fluoridated water, for example. But maintaining a mouthful of teeth is more complex,
and costly, than wearing dentures. And there is still great unmet need, particularly for low-income seniors.

The task for the dental profession, dental educators and policymakers will be to develop new models of care; to prepare a workforce to provide that care and to conduct research with geriatric patients in mind. At Tufts, where a geriatric dental program has been offered to predoctoral students for 30 years, training the next generation of dentists for the onslaught of aging patients is a priority.

THE GRAYING OF AMERICA
"A very broad team approach is what’s needed," says Hilde Tillman, D49, professor and director of Tufts’ geriatric dentistry program. "And what is absolutely clear is that the time is now, because we know what the increase in the elderly population is going to be." The U.S. population age 65 and older grew from 35 million in 2000 to 40 million in 2010—and is projected to jump to 55 million by 2020 and 72 million by 2030.

At the beginning of his academic career in geriatric dentistry in 1970, Katz saw the first inklings of what might be lurking 30 years down the road. In light of the shifting demographics, Katz and his peers thought commitment to an older patient population would surely grow—but that was not to be.

"America got distracted," he says, and money for and interest in geriatric dentistry was not forthcoming. Now that the silver tsunami is here—the first of the baby boomers, those born in 1946, turned 65 in 2011—interest has returned. "This is the second coming of the awareness of the graying of America, because it is upon us now," Katz says. "It’s no longer a matter of trying to get ahead of the curve."

Every day, approximately 10,000 Americans retire—and with retirement often comes the loss of workplace benefits, including dental insurance. Dental coverage is not provided under Medicare, and supplemental private policies are often expensive. Dental plans are available in some states through the insurance exchanges established under the federal Affordable Care Act, but they are not mandated under the law.

The federal government estimates that 70 percent of seniors lack dental insurance. That’s significant, because research has shown that seniors who have such coverage are far more likely to go to the dentist. A 2013 report from the nonprofit Oral Health America (OHA) presents a gloomy picture of the overall oral health of the nation’s senior citizens, as reflected in the report’s title, “A State of Decay.” Contributing factors, the report says, are the lack of adult dental benefits through Medicaid programs in almost half the states and dental workforce shortages in almost two-thirds of the states.

In addition, poor or minority seniors are much more likely to have inadequate oral health, according to OHA. Older African Americans are almost two times more likely than their white counterparts to have periodontitis; low-income older adults have twice the rate of gum disease than more affluent seniors, and elders living below the poverty line are 61 percent more likely to be edentulous.

The implications of poor oral health extend far beyond the mouth. The inability to chew affects people’s nutritional status; missing teeth or mouth pain affects speech; embarrassment over appearance can lead to social isolation. And systemic health is endangered. "In dentistry, we’ve always known that oral health and general health are not disconnected," Tillman says. That’s particularly important for the geriatric population—approximately 80 percent of those over age 65 have at least one chronic condition. Diabetes, for example, affects 10.9 million people over the age of 65 in the U.S., or roughly 27 percent of that demographic. The connection between diabetes and periodontal disease has long been of concern to dentists—but there are now indications that controlling periodontal disease can help control diabetes, says Bjorn Steffensen, professor and chair of periodontology at the School of Dental Medicine.

Similarly, researchers are investigating the links between cardiovascular disease, the leading cause of death in Americans over age 65, and periodontal disease. Although it’s still too early to reach a definitive conclusion, many studies raise suspicions that periodontal disease could contribute to inflammation throughout the body, which in turn could affect the heart, Steffensen says.

THE ISSUE OF ACCESS
Benefits for routine dental care are not included in Medicare, the federal insurance program for older Americans. A package of dental-care reform legislation proposed last year by U.S. Sen. Bernie Sanders of Vermont includes a provision adding dental coverage to Medicare benefits, but it is not expected the measure will garner enough congressional support. Some oral health advocates, including the American Dental Association, say the priority should be expanding dental coverage under Medicaid, the federal insurance program for low-income people of all ages, including seniors. Medicaid benefits are determined on a state-by-state basis, and can fluctuate from year to year, depending on budget needs and the political climate. Even in states that provide Medicaid benefits to adults, the covered services can be limited, and because of low reimbursement rates, many dentists do not accept Medicaid patients.

"The elder community is more diverse than other age cohorts," says Michael Monopoli, D81, director of policy and programs for the DentaQuest Foundation in Boston, the philanthropic arm of the dental benefits administrator DentaQuest. The “younger” elderly—the baby boomers and other newly retired people who are living on their own—"are the ones who have the most capacity to pay out of pocket; they will find a way to get care," he says.

Those who are older or those with significant medical problems, including cognitive issues such as dementia, are more at risk for not receiving regular dental care,
Monopoli says. “They often have significant barriers to getting the care they need.

Elders who can no longer care for themselves, particularly those who live in institutional settings, are the most vulnerable. In 2009, according to the U.S. Department of Health and Human Services, approximately 13 percent of people over age 85 lived in nursing homes, where attention to oral health is notoriously undervalued and often ignored, geriatric dental experts say.

“In nursing homes, frequently the staff is not good about maintaining oral health, not like they are about preventing bed sores or preventing falls,” says Athena Papas, J66, the Erling Johansen Professor of Dental Research at the School of Dental Medicine. “Somewhere, going into someone’s mouth is difficult for them.” Or patients with dementia may recoil from having someone touch their mouth. The problem is not new, Papas says. “It’s really sad. I did a survey of 28 nursing homes back in the ’80s, and the same findings that I found then are still persisting.”

In the past, in fact, most elders arrived at nursing homes wearing dentures. Now they are more likely to have their own teeth—opening the door to more complex dental woes. “In the past, you didn’t have to deal as much with periodontal disease, tooth decay, infection, amputated crowns, things like that,” Papas says. Another issue is that the vast majority—up to 88 percent—of all seniors take at least one medication, and most medications affect salivary flow, she says. Hundreds of commonly prescribed medications—including those used to treat hypertension, arthritis, depression and Parkinson’s disease—can cause xerostomia, or dry mouth, which puts people at higher risk for tooth decay.

Oral care for nursing home residents has been mandated by federal law since 1987. But an “underlying flaw” in the system, says Katz, is that there is no consensus on the definition of neglect of oral health—and thus, lack of enforcement. “As with other social and health-care issues, there must be an enforceable law,” he insists.

The ADA, as part of its Action for Dental Health campaign, has set a goal of developing a series of state programs to improve care for residents of nursing homes by 2015. As of the end of 2013, at least 17 state dental associations had either expressed interest or had begun developing a program, says Barbara Smith, manager of geriatric and special-needs populations for ADA. The ADA has also set a goal of training at least 1,000 dentists in nursing home care by 2020. The association is developing an online continuing education series to help oral health professionals better understand the nursing home environment, Smith says. The course will include material about the culture of long-term care facilities, legal and regulatory issues, reimbursement options and advice on working with patients with complex medical problems.

**STEPS AND SOLUTIONS**

Of course, the best-case scenario is for seniors to be supported so they can maintain their independence and remain in their own homes—and out of institutional settings—for as long as possible. “The right supports can keep them at home and safe and healthy, and those supports should include access to oral health care services,” says Monopoli.

One step toward that goal, Monopoli says, is increasing cooperation between oral health and other medical providers. “It is important that people are aware of the artificial separation of the mouth from the rest of the body,” he says. That concept flows well into the integrated model of health-care delivery that is beginning to take hold in the U.S. In Vermont, for example, leaders of a state health program known as Blueprint for Health hope to find ways to incorporate dental services into their network of primary-care practice sites supported by community health teams, says Craig Jones, Blueprint’s executive director.

A study of senior citizens in Ohio by researchers from Case Western Reserve University in Cleveland that appeared in the February 2014 issue of the *Journal of the American Dental Association* looked at what makes older adults more likely to visit the dentist. Previous research had established that factors such as having dental insurance, a higher income or more education played a role. The authors also discovered that living in an area with more dentists made it more likely that seniors would seek out oral care, independent of other factors. “Focusing only on individual economic barriers without addressing community problems might be an incomplete strategy,” the researchers wrote. “This finding implies that specific policies attracting dentists to practice in dental service shortage areas are necessary.”

In Maine, which has the nation’s highest median age and also ranks 35th in access to dental care, health-care officials are indeed interested in just that idea. “We’ve known for some time that there is a shortage of access to dental care in part of the state,” says Peter Bates, senior vice president for medical and academic affairs at Maine Medical Center in Portland. A new Tufts postgraduate Advanced Education in General Dentistry (AEGD) program at the medical center and Community Dental sites in five Maine towns was designed to train dentists to work with patients with complex needs, including the elderly—and to encourage them to stay in Maine. “One of the focuses for us was to help support the underserved population, while trying to convince professionals to come practice in the state,” says Bates, a professor of medicine at Tufts.

More training opportunities are also needed for dentists who want to focus on geriatrics, says Tillman, who started Tufts’ academic program more than three decades ago. Unlike in medical practice, geriatrics is not a recognized specialty within the dental profession, and one reason is there are not enough providers trained in it, she says.

Regardless, almost all of today’s dental students will be treating a significant number of seniors in their practices as the silver tsunami crests. Approximately one-quarter of the patients seen in the Tufts predoctoral clinics in 2013 were over age 65, and in the postgraduate clinics, 16.6 percent were over age 65. As part of the geriatric program, Tillman also takes Tufts dental students on community outreach visits to 30 sites a year, including senior centers and assisted-living complexes.

For young students, those experiences are important, says Nehring, of the department of public health and community service, and not just for their clinical training value. “Visiting elders through outreach gives students an awareness of health conditions within the community we don’t otherwise see, because many elders are behind doors we don’t walk through on a daily basis,” he says.

*Helene Ragovin, the editor of this magazine, can be reached at helene.ragovin@tufts.edu.*
Anthony DiNardo, D62, an American Kennel Club judge, with his Doberman pinscher, D’s Big Girls Don’t Cry, known as Frankie.
ANTHONY DINARDO, D62, PEERS INTO THE MOUTH OF THE STURDY 4-year-old while a woman in pink looks on fondly. After a careful look, DiNardo appears satisfied. But rather than offering a smile, sticker or sugar-less lollipop, DiNardo simply says “down and back,” and the young Rottweiler, with his elegant handler, trots briskly across the blue carpet. Spectators applaud as the dog returns and poses like a statue.

DiNardo is judging Best Bred by Exhibitor in Show at the 2013 American Kennel Club/Eukanuba World Championships in Orlando, Fla., and Tug, the Rottweiler, is one of seven canine superstars competing for the title. A win here is highly coveted; being invited to judge at the show is equally prestigious.

The audience is hushed as DiNardo writes his selection in his judge’s book, then turns back to the finalists. “Very nice lineup,” he says, before pointing to an enormously fluffy Old English sheepdog, who receives the award. The dog, Grand Champion Bugaboo’s Picture Perfect (Swagger to his friends), and his handler run a victory lap around the ring as the crowd cheers. This is one
of the very rare dog shows where prizes include money; for besting more than 900 competitors, Swagger has earned $15,000.

DiNardo has been an AKC judge since 1980, and he and his wife, Sheila, also a judge, have owned many top-winning dogs. Their four children all showed dogs as junior handlers when they were growing up. Daughter Gina is now an assistant vice president with the AKC. It would be hard to find a man, or family, more immersed in the sport, but DiNardo says it happened by chance.

“My wife and I were looking for an activity that we could share as a family. I wasn’t particularly attracted to purebred dogs. The only dogs I’d seen in my life were Rin Tin Tin and Lassie.”

A quest for a family pet led to the purchase of a Great Dane puppy that unexpectedly grew up to be the successful show dog champion Kim’s Sabu of Lyndane.

Sabu’s success led DiNardo to bichons frises and the breed with which he’s most widely known: Doberman pinschers. He bred a record-setting Doberman, Champion Eagle’s Devil D, who was number-one dog in the breed from 1982 to 1985, as well as the winners of the Doberman Pinscher Club of America’s Top 20 and the breed’s national specialty show. Over the years, he and Sheila have also owned winning beagles, boxers, golden retrievers, Jack Russells and whippets. Portraits of the DiNardos’ dogs, Best in Show ribbons and scrapbooks bulging with show photos fill their Connecticut home.

In the DiNardos’ home today are Amazon and African Gray parrots, a black pug with a graying muzzle, a Norwich terrier that’s been known to nip ankles and a delightfully friendly Doberman, D’s Big Girls Don’t Cry—known as Frankie—who strikes a perfect show pose when DiNardo offers her a treat (“bait” in dog-show parlance).

“My wife and I were looking for an activity that we could share as a family. I wasn’t particularly attracted to purebred dogs. The only dogs I’d seen in my life were Rin Tin Tin and Lassie.”

—Anthony DiNardo

Judging Against the Ideal

While the AKC Rules Applying to Dog Shows fill a 60-page booklet, the basics of showing in the conformation, or breed, ring are simple. Each of the 178 breeds recognized by the AKC, the preeminent U.S. registry for purebred dogs, has a written standard that defines the ideal example of that breed. Specifications may include height, weight, shape of head, color, coat texture, eye shape, ratio of height to body length, stride, number and position of teeth and even personality. Each standard also points out what departures from the ideal are considered serious and what faults disqualify a dog from the ring.

All entrants at a show are judged against that ideal. Males and females first compete against their own sex for the title of “Winners,” an award that carries with it points toward an AKC championship. The two Winners then compete for the title Best of Breed with other dogs that are already champions. Each breed falls into one of seven groups—sporting, hound, working, terriers, nonsporting, toy and herding—and the Best of Breed winners in each group compete to win that group. The seven group winners then vie for Best in Show. Many dogs are shown by professional handlers hired by their owners, so some shows also have a Best Bred by Exhibitor competition, limited to dogs shown by their breeder and owner.

What makes dog shows intriguing, exciting and frustrating is that each judge interprets the breed standard differently. Because no dog can be perfect in every respect, it becomes a question of which flaws a judge will forgive and which strengths he or she will reward. Will the judge accept a slight coarseness in head in return for more correct markings? Will superb movement or an elegant head tip the scales?

Judges often refer to a dog “asking for the win,” and DiNardo saw that extra spark in Swagger, the Old English sheepdog, at the World Championships in Orlando. “You get a feel. I never go against that. If I feel it, that tells me what I need to know.”

Becoming an AKC judge requires a number of years of experience owning, exhibiting and breeding dogs; a personal interview; a written exam; a number of practice assignments at competitions at which no championship points are awarded and three provisional assignments at regular shows completed under the watchful eye of an AKC representative.

DiNardo is approved to judge the working, sporting, hound, toy and nonsporting groups; Best in Show and more than 140
different breeds and varieties, from St. Bernards to Chihuahuas. The bedrock principle for a good judge, he says, is to know and follow the standard. His careful examination of Rottweiler Tug’s teeth was due not to the fact that DiNardo is a dentist, but to the Rottweiler standard, which disqualifies any dog with two or more missing teeth.

“You’re nervous at the beginning,” DiNardo says. “And you’re nervous on your own breed, because you probably are overjudging.”

There’s a special excitement judging at the very highest levels—Best in Show at Westminster or the World Championships—because “you know you have achieved what you’re trying to achieve.”

A THICK SKIN

“The biggest thrill is to judge a ring full of quality,” says DiNardo. “The hardest judging in the world is a ring full of mediocre dogs.”

He has judged in Europe, Jamaica and Argentina as well as across the United States. While judging dogs may sound glamorous, it means hours of travel and enduring broiling sun and pouring rain at outdoor shows.

A thick skin doesn’t hurt, either. Only a few exhibitors at any given show can win, and the competition is fierce. Exhibitors ringside can often be heard muttering about the incompetence or dishonesty of the judge.

Because a dog in a show is identified only by a numbered armband on the person showing it, in theory, judges don’t know the identities of the dogs that are entered. But many dogs are shown by well-known professional handlers or breeders whose reputations earn them careful consideration. Dogs that are at the top of their breed and highly ranked in their group or among all breeds are heavily advertised in magazines read by dog show aficionados. To “campaign” such a top dog can easily cost a quarter of a million dollars a year or more for expenses, such as travel, handler’s fees and advertising, so owners will often secure the support of a financial backer.

DiNardo acknowledges that professionals win more often than amateurs, but that’s usually because they present their dogs far better. Even for the best handlers, he maintains that “success starts with the dog.”

He’s proud of having an eye for young unknowns that go on to be top dogs. Among those he “discovered” was Ch. Snowshoe’s Escape to Big Sky, or Montana, which won Best of Breed at the Westminster Kennel Club and was the number-two golden retriever in the U.S. two years in a row. DiNardo liked him so much he gave the 6-month-old puppy Best of Breed over champion competition and later became Montana’s co-owner.

Dog showing crept up on DiNardo unexpectedly, but he knew he wanted to be a dentist even before high school. “My family was Italian, and they wanted a doctor or lawyer in the family. I felt dentistry would be more conducive to work-life balance.”

Originally from West New York, N.J., DiNardo was raised in Seattle. After pursuing a predental curriculum at the University of Connecticut, he attended Tufts School of Dental Medicine and then volunteered for the Army Dental Corps. “Dental school was wonderful,” he recalls. He also relished his two-and-a-half years of army life at Fort Meade, Md. Today he’s a full-time dentist in the general practice he started in East Hartford, Conn., 48 years ago.

As he’d hoped, dentistry gave him a satisfying profession that allowed him and his family to pursue the avocation they discovered so unexpectedly when Sabu came into their lives. “What I really want people to know is that the dog hobby is great for the average family. It gives children what they can’t get staying home. Our family drove to shows, stayed in hotels, made all sorts of acquaintances. We had a lifestyle you can’t find in most hobbies,” he says.

Otherwise, “my wife would have had to watch me bowl.”

Kim Thurler, the director of public relations for Tufts University and a Great Dane exhibitor, can be reached at kim.thurler@tufts.edu.
NEW TOOTH-WHITENING PRODUCT IS ON THE market, and the manufacturer has a research contract with a dental school clinic to assess its effectiveness. Sure, you may say, the stuff works in a school setting where dentists can take as much time as they need with a patient, one who has agreed to come in multiple times in exchange for a gift card.

But what about in an actual dental practice, where the patient shows up late for an appointment and there is limited time to explain the product and how to use it? Will a busy patient take the time to follow the directions to the letter? Will that patient keep using the whitener if it becomes at all inconvenient?

“Some practicing dentists have been critical of university-sponsored research, saying the outcomes were not affected by real-life variables,” says Jennifer Towers, director of dental research affairs at Tufts School of Dental Medicine.

There was only one way to solve that problem: Move the research from the school and into private practice.

Over the last year, the dental school, which is already known for research done at One Kneeland Street on Tufts’ health sciences campus in Boston, has worked with a handful of private practitioners across the country to conduct research in their own dental offices.

Gerard Kugel, D85, M.S.93, the school’s associate dean for dental research, came up with the idea for the Tufts network. He knew the federal government had an interest in practice-based research; in
2005, the National Institute of Dental and Craniofacial Research created the National Dental Practice-Based Research Network.

Towers says that Tufts was uniquely positioned among dental schools to create its own practice-based network, because of its research administration team of coordinators and grant administrators who could handle the required training and paperwork. “So we were able to go out and train these practices and make sure that compliance—from a financial and nonfinancial standpoint—was upheld,” she says.

The first step was recruiting dental practices to take part. Kugel didn’t have to look far. He knew of several alumni who had proven themselves dedicated to research during their time at Tufts. Chad Anderson, D04, a cosmetic and general dentist in Fresno, Calif., completed 16 research studies while at Tufts, and continued to publish after graduation. Ancy Verdier, A96, D03, DG06, a periodontist in Wainscott, N.Y., worked with Professor Pamela Yelick, G89, on her well-known zebra-fish experiments, which she is using to determine whether we can grow our own replacement teeth. Kistama Naidu, D02, DG04, an orthodontist in Pembroke Pines, Fla., tested the longevity of various restoration materials, among other things. And through another alumnus, Kugel was introduced to Heddamarie Hart, a general dentist in Las Vegas with an interest in research. All agreed to go through the training and preparation that would certify their practices for clinical research.

The initial practice-based project was done in partnership with Procter & Gamble, which wanted to get feedback from a wide range of consumers about a new toothpaste it developed. For a study like this, Tufts’ ability to use practices with different specialties in different regions of the country was a perfect fit.

Jacob Silberstein, the senior research coordinator at Tufts School of Dental Medicine, said the company liked the range of ages, backgrounds and dental needs represented in these dentists’ patient populations. “They were wondering if there might be something that affects someone who gets periodontal treatment versus someone who goes to a general dentist, for example,” he says.

Towers’ staff worked hard to get the dental practices ready to conduct research. Not only each dentist, but each member of his or her staff had to complete National Institutes of Health training and receive certification from Tufts’ Institutional Review Board, the federally mandated panel that reviews research studies involving human subjects.

All the dentists taking part are excellent clinicians, Kugel says, but even more important for conducting research such as this is that they and their staffs are highly organized. There are lots of compliance issues: Patients’ identities have to be kept private; their records have to be kept in a secure area, separate from other patient files; every adverse event has to be documented. Silberstein visited each practice to ensure everything was just as it should be.

The dentists receive a per-patient payment for taking part, but “I think they do it more for the intellectual interest,” Kugel says. All the dentists in the practice-based network can now say they are research associates at Tufts, so their patients know that they are helping to advance the science of dentistry.

“It’s been a wonderful experience,” says Naidu. “Patients see that you are not only doing general practice, which we love, but you are taking the time to go above and beyond, to influence the products of the future. They appreciate that.”

Plus, he says, “It helps me keep a close relationship with my colleagues at Tufts.”

Verdier says that practice-based networks can bring in a diversity of study participants—rural to urban, young to old—that a dental school cannot. “This kind of research is really the wave of the future,” he says. He can picture this network being ideal for studies of toothpastes, dental flosses, restorative materials and similar products.

Now that the practices are set up and certified, they should be ready to handle a variety of research projects, particularly ones that center on over-the-counter products and consumer reaction. “A lot of the companies, when they hear about this, are interested,” Kugel says.

Some studies, however, will still be best completed at a dental school. “We’ve done studies that test the use of pain medication after oral surgery, for example,” Silberstein says. “That’s something that takes a lot of moving parts to coordinate.” Having the same one or two oral surgeons complete each surgery at the Tufts dental clinic, and being able to interview the patients on-site were key.

Another alum, Chiaun Fan-Gibson, D95, a cosmetic and family dentist in Chicago, will soon join the network, to represent the middle of the country. Kugel doesn’t envision the network growing too large—managing that many locations would be too time-consuming—but does think they might want to get an endodontics practice and a pediatric dentist involved to cover the full range of dental specialties.

Verdier says that so far, his patients seem to like taking part in the studies, which is good, because he is protective of them. “They trust me, and I value their trust,” he says.

Together, he says, they are doing something positive for public health. “The money is nice to cover our expenses,” Verdier says, “but it is really for the benefits and possibilities of something better.”

Julie Flaherty can be reached at julie.flaherty@tufts.edu.

“Patients see that you are not only doing general practice, which we love, but you are taking the time to go above and beyond, to influence the products of the future.”

—Kistama Naidu, D02, DG04
Way to Go

Strategic plan focuses on clinical excellence, collaboration, communication and civic engagement by Helene Ragovin

The school of dental medicine’s enduring mission is to train practitioners with the highest level of clinical excellence, says Dean Huw F. Thomas. Guided by a strategic plan approved earlier this year, the school will do that in 21st-century fashion, educating a new generation of dentists who will also have critical thinking and communications skills, a deep understanding of professionalism and the collaborative mindset needed in an increasingly interprofessional health-care landscape.

“The strategic plan gives us the pathway to develop as contemporary a curriculum as possible,” says Thomas. At the same time, he adds, “this is a living, breathing document. We fully understand that things are changing, both in dental education and in the profession. The plan gives us the flexibility to adapt to significant changes that we see coming.”

Known as 2020 Vision!, the plan lays out the school’s strategic priorities in four areas: curriculum, research, people and civic engagement. Some strategic goals include:

- A curriculum that incorporates new educational technology, hands-on training in practice management and an emphasis on patient-centered communication and cultural competency.
- More opportunities for students and faculty to engage in interdisciplinary research.
- Additional channels for faculty and staff to communicate directly with the administration.
- Increased numbers of alumni who serve as volunteer faculty and are involved in civic engagement via school initiatives.

The school plan, says Thomas, aligns with the university-wide strategic plan, Tufts: The Next 10 Years (T10), which the Board of Trustees approved in November. “We see our plan as fitting very nicely underneath the umbrella” of T10, he says.
The dental school’s strategic plan was developed through an inclusive and wide-ranging process led by the Strategic Plan Steering Committee, which Roya Zandparsa, clinical professor of prosthodontics and operative dentistry, chaired. The steering committee solicited input from the entire Tufts dental community—students, faculty and staff at One Kneeland, as well as alumni around the world and leaders in the profession. By the time the project was completed, some 500 people had contributed in some fashion.

The work then fell to the Strategic Planning Oversight Committee, which advised the dean on implementation, and four working groups that developed objectives and metrics for assessing progress. The executive faculty committee approved the document in January.

A NEW TYPE OF LEARNING

Work on curriculum revisions took place in tandem with preparations for the school’s upcoming reaccreditation, in 2015, by the Council on Dental Accreditation (CODA). The updated curriculum, dubbed the “2020 Tufts Oral Health Curriculum,” will go into effect this fall for the class of 2018, though there has been some partial implementation this year, and some pilot programs are under way, says Nadeem Karimbux, associate dean for academic affairs.

The vision for the new curriculum is to combine traditional methodology (lectures followed by testing) with approaches that integrate science, technology, patient needs and lifelong learning. “How do we try to introduce more formative learning, which is feedback-driven and not tied solely to a high-stakes kind of assessment, such as written, graded exams?” asks Karimbux.

Students should be given opportunities for “developmental activities” to cultivate professionalism and social and communicative skills, he says. “That allows for self-assessment by the students and critical thinking,” he says. “And those are also things that we’re being asked to show in our accreditation, so everything ties together.”

The CODA standards stress the importance of students assuming responsibility for their own learning and being able to analyze and apply their knowledge in various contexts throughout their careers.

For example, a pilot program started this year has teams of predoctoral students from all four classes working together on presentations about patient treatment plans based on real cases from the school clinics. The team approach not only prepares students to work with fellow dentists, but accustoms them to collaborative work. A concept known as interprofessional education—the idea of a “health home” in which patients receive their care from various providers working together—is increasingly taking hold in U.S. health care.

Another pilot program allows students and faculty to interact via laptops, smartphones or tablets during lectures. For instance, a professor can show an image of the oral cavity and ask students to point to a specific structure on their devices. The instructor will know immediately whether most students understand the material by viewing all the responses on his or her monitor. “One of the issues that we face is that students of this generation don’t want to be sitting in a lecture,” Karimbux says. “This is a way to get them to interact and to keep up with the relevant information.”

Other curriculum initiatives outlined in the strategic plan include expanding the use of computer-based testing to incorporate videos and complex images in exams and to provide faster feedback for students; revising the practice-management curriculum, including a pilot program in which students spend time in alumni practices; introducing new content on evidence-based dentistry and creating a course on communication skills with patients, Karimbux says.

The strategic plan also calls for creating additional opportunities for students and faculty to conduct research, particularly in interdisciplinary projects. This would entail more formal training in research skills in both the pre- and postdoctoral programs as well as efforts to foster translational research, in which “bench-science” discoveries benefit patients more quickly—a theme that is reflected in the university strategic plan.

“This is an opportunity to look across the Tufts campuses for collaborative research ideas,” Thomas says. “It’s important for institutions to identify areas of strength and focus, to identify critical mass areas of research and look for opportunities to develop them.”

The civic-engagement section of the plan seeks to increase research in public health. Because millions of Americans do not have
WHO WERE THESE TEENAGERS? Alexandra Bassett, D14, first noticed them on the postgraduate floor at One Kneeland, where they were quietly lending a hand with suction or passing along instruments during procedures. She knew they were dental assisting students who showed up regularly but without much fanfare. Curious, and not particularly shy, Bassett struck up a conversation with them, and discovered they all went to Madison Park, a technical vocational high school in Boston. They were also full of questions: about Tufts, about dentistry, about careers, about applying to college, about everything.

“We ended up just going to a room and talking,” Bassett says. “They were just on the edge of their seats about what I was saying.”

So last year, when Bassett was awarded an Albert Schweitzer Fellowship for a community service project, she knew just what she wanted to do. She started a mentoring program that teams each Madison Park student with a Tufts dental student, someone who can answer their questions about dentistry and career opportunities after high school. In return, the dental students get a chance to hone the leadership and support skills they will need in their careers, when they’ll be working elbow-to-elbow with dental assistants, hygienists and other members of the dental care team.

The mentoring program builds on Tufts’ 18-year partnership with Madison Park. That relationship was the brainchild of Ruby Elder-Bush, who graduated from Tufts’ former dental assisting program in 1971 and later became a hygienist. When she began teaching dental assisting at Madison Park in 1993, she remembered her great experience at Tufts and knew it would be a good place for her students to do clinical rotations. So twice a week, she escorts about eight students to the Tufts dental clinics, where they don gowns and masks and help with patient care. The plan is for each high school student to work with the same dental student on each visit so they can develop a rapport. Previously, the assisting students would...
work with whichever dental students they were assigned to that day. There have also been luncheons where the high schoolers and their mentors can talk informally.

When Bassett sent out an email to the Tufts students asking for volunteers, she quickly had 70 “I’m interested!” replies. But only a core group was selected as mentors.

Bassett hopes the mentors will encourage their high school partners to work hard and take risks, whatever career path they decide to take. She advised one student who was wondering what she would need to do to apply to a particular college that she should call the school and ask certain questions. “She said, ‘I can’t do that; it’s so embarrassing,’” Bassett says. “But that’s what you need to do. You need to put yourself out on a limb.”

**CONNECTING WITH TEENS**

Bassett knows more than a little about the high school mentality. After college, she spent a year as a Phoenix AmeriCorps Urban Fellow at a charter school in Chelsea, Mass., that targets former dropouts, previously truant students, teenage parents and recent immigrants. She taught, tutored and counseled students, doing whatever was needed to help them succeed in school.

“I knew I wanted to do something for one year that would help others,” Bassett explains. “I don’t come from a medical family, but I do come from a teacher family. I knew teaching was an accessible way to do it.”

Assistant Professor Natalie Hagel, who has been Bassett’s faculty mentor at Tufts and is also the lead mentor for the Madison Park program, says it made perfect sense that Bassett would be drawn to the high school students.

“She loves this age group,” says Hagel.

Most of the Madison Park students are still figuring out what they will do after high school. While some plan to go into dental assisting, others are looking beyond, to hygiene or orthodontics, or to completely different fields, such as criminal justice.

Tatyana Nembhard, 18, a senior at Madison Park, is attracted to careers in health care. “You are helping people. You really get to know people, to build a connection with them, like I’ve seen here,” she says of the Tufts dental clinics. “I like it.”

Later, Bassett explains, “We’re not trying to sell dentistry. We’re trying to sell being happy with what you are doing.”

Bassett and Elder-Bush are making other tweaks to the dental assisting program. They developed a “reflections” worksheet that Madison Park students can use while they work to check off what procedures they helped on, a crown impression or bridge prep, for example, and jot down any dental jargon they didn’t understand. There is also a spot to “give advice to the student dentist about how they worked with you.”

Not every dental student is comfortable having a third person there while they treat a patient, Elder-Bush says. “But this is something that they have to get used to. This is what they will do once they graduate and they start their own practice. They will have staff; they will have assistants. We’re hoping this is a nice exchange for us.”

Bassett has worked hard to ensure the program will continue once she graduates. In addition to the Albert Schweitzer Foundation, she sought support from Tufts’ Tisch College Fund for Civic Engagement, which has provided money for the luncheons, guidance for her and a training session for the dental students about how to be reliable mentors. She encouraged students in the Tufts chapter of the American Association of Public Health Dentistry Club to take on the mentoring program as an ongoing project. Several D15 students are now involved, which will help ensure continuity.

—**JULIE FLAHERTY**

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**TUFTS INSTITUTES SPANISH EXCHANGE PROGRAM**

The School of Dental Medicine’s new exchange program with Universitat Internacional de Catalunya (OIC) in Barcelona pairs two universities dedicated to serving society and preparing citizens of the world—and it is the first launched as part of the school’s new Global Service Learning Initiative.

Three dental students from Barcelona spent several weeks at Tufts last fall. Now plans are being made to send several Tufts students to study with dental faculty at OIC.

“We are in the process of developing an agenda for the students we will be sending there that ensures that what they do fulfills clear educational goals in line with our program,” says Noshir Mehta, DG73, DI77, associate dean for global relations and a professor of public health and community service.

Mehta, who has led the global initiative since it began last summer, says that letters of agreement for additional exchange programs have been signed with universities in India, Saudi Arabia, France, Thailand, Kuwait, Korea and China.

“In each case we need to consider what each school’s strengths and specialties are and how our students and theirs would most benefit from an exchange,” Mehta says. “With Barcelona, it became clear that we had shared goals and that we were both committed to working closely together. That’s what it takes.”

Exchange programs not only introduce students to new techniques and clinical approaches, but also new cultures, social systems and beliefs, says Mehta. “Seeing how people think and how they live expands our students’ understanding and also promotes cross-border communications among the global community of dentists and other health-care professionals,” he says.

“I say this is training not just for their hands, but for their heads. It teaches them to treat the whole patient and to think how to modify treatments to fit new circumstances.”

The Global Service Initiative aims to coordinate all the dental school’s exchange programs and service missions to ensure that such service learning meets the needs of host communities and institutions and aligns with the Tufts dental curriculum.

—**GAIL BAMBRICK**
Challenging Smiles

Profession needs to do more to improve outcomes for children with cleft lip and palate, says Tufts orthodontist

Craniofacial malformations such as cleft lip and palate are among the most common birth defects in the United States, occurring in one of every 1,000 newborns, according to the National Institutes of Health. While no one knows precisely what causes them, the good news is that specialists now are quite skilled at repairing or restoring the missing or malformed hard tissues. Oral surgeons can graft in new bone tissue to restore the jaws, and orthodontists can guide the teeth and jaws into their correct positions.

Soft tissues, such as the lips, cheeks and nose, present a different challenge, said Carroll Ann Trotman, professor and chair of orthodontics at Tufts School of Dental Medicine, who gave the keynote speech at Bates-Andrews Day, the school’s annual student research forum, in March.

The confounding factor is the child’s own growth. Surgeons and orthodontists can’t predict precisely how their young patients will heal after the surgeries to repair their lips and palates. But it turns out that the surgery itself and any resulting scarring can slow or restrict soft tissue growth. That can mean lopsided lips, undefined cupid’s bows or disproportionately small mouths. These aren’t just superficial complaints, Trotman emphasized, noting that studies have linked cosmetic deficiencies in cleft palate and cleft lip treatment with diminished levels of educational achievement and socioeconomic success.

“So it has far-reaching effects,” she said, showing slides of affected children. In attempting to smile, one little girl could only grimace, while an adolescent boy appeared to purse his lips.
“You can imagine when he looks in the mirror he’s not pleased with what he’s seeing, especially in the teenage years. We need to get better at this.”

That’s why Trotman has dedicated her career to finding ways to improve outcomes of cleft lip and palate surgeries. One way to do that is to reduce the number of procedures children undergo to reduce the possibility that scarring will stunt or alter the growth of the area around the mouth, including the lips, cheeks and nostrils.

In 2007, Trotman and her colleagues found surgeons’ decisions about whether a child should have surgery were completely subjective; they found no professional agreement when showing a panel of physicians headshots of the same children.

In an effort to develop a more objective means of determining the need for lip surgery and evaluating its outcomes, Trotman and her team used 3D motion analysis technology. The technology, Trotman points out, is not new; it has had diverse applications for years in rehabilitation centers, athletic training centers and even Hollywood’s special effects studios. But Trotman and her colleagues were the first to apply 3D motion analysis to kids with cleft lips or palates.

In a study published in the Journal of Dental Research in 2010, Trotman and her colleagues describe placing reflective markers on facial landmarks such as the tip of the nose, the tip of the chin and the peaks of the cheekbones. Then the researchers videotaped kids as they smiled, pursed their lips, puffed out their cheeks and opened wide. The resulting data give surgeons a quantitative measure of a child’s existing impairment or limitations. The data also help assess the potential costs and benefits of undergoing yet another procedure.

“It’s important that we limit the burden of our care,” she said. “And the treatment—I don’t need to tell this crowd—must be based on sound evidence of success.”

—Jacqueline Mitchell

For a list of the Bates-andrews day student research awards and more photos, visit go.tufts.edu/Bates2014.

Residency in Maine

To expand opportunities for postgraduate training while addressing barriers to dental care, Tufts is launching an Advanced Education in General Dentistry (AEGD) residency in partnership with Maine Medical Center and Community Dental, a network of clinics in southern Maine. The program could help alleviate the shortage of highly trained dental providers in Maine and in other underserved regions.

The one-year AEGD will train six residents each year to care for patients with complex medical and oral health needs. The demand for this specialized training far exceeds its availability, according to the American Dental Association.

“Tufts is committed to strengthening the dental health workforce to meet the public’s needs,” said Huw Thomas, dean of Tufts School of Dental Medicine.

Three residents will be based in Boston, and three will be based in Maine. The Boston residents will train in the Tufts clinics and at three Tufts Dental Facilities sites that provide care for patients with developmental disabilities. They’ll also treat Boston school children as part of the Smart Smiles program.

The Maine residents will train in collaboration with Maine Medical Center in Portland and five Community Dental clinics, in Biddeford, Farmington, Lewiston, Portland and Rumford. They will also provide care for patients through southern Maine’s public school systems, the federal WIC nutrition program, the Maine Office of Aging and Disabilities and the federal Head Start program.

Funded by two grants from the U.S. Department of Health and Human Services, the AEGD residency has been accredited by the Commission on Dental Accreditation and is slated to begin on July 1.

—Jacqueline Mitchell
Nicole Holland was still a dental student working in the clinics when she began to see the bigger picture. She dutifully taught her patients how to take care of their teeth at home, but they usually didn’t follow through. She figured there had to be a better way to reach them.

The majority of dental disease is preventable, she says, so “where is that disconnect?” That’s the question Holland, who once had envisioned a purely clinical career, is determined to answer as Tufts School of Dental Medicine’s first director of health communication, education and promotion. She earned a D.D.S. from New York University College of Dentistry and a master’s degree in health communication from Tufts School of Medicine in 2012.

Educating patients about the importance of home care is one step toward oral health literacy. But Holland, an assistant professor in the department of public health and community service, wondered how dentists can best bridge the gap between what patients know and what they do. With support from her 2013–14 Tisch College Faculty Fellowship, which encourages Tufts faculty to integrate active citizenship into their work, Holland is looking at oral health literacy from all angles.

NATIONAL SURVEY
She started with a survey of 56 of the nation’s accredited dental schools, asking in which courses and in which years of training health communication appears in their curricula, how it’s taught and how students’ understanding of the issue is assessed. Closer to home, Holland is trying to get a handle on the best ways for Tufts dental students to learn about health literacy.

So far that has meant assigning the incoming first-years some summer reading. Before they step foot on campus, members of the class of 2017 were asked to read The Immortal Life of Henrietta Lacks, by Rebecca Skloot, the story of how cervical cancer cells taken from a poor black woman without her knowledge have led to myriad medical breakthroughs. Holland and Robert Kasberg, associate dean of admissions and student affairs, organized small discussion groups in which students discussed the book.

“The students picked up, without my prodding, the issues related to dentistry—the need for ethics and professionalism and health literacy,” says Holland. The class of 2018 will read Anne Fadiman’s book The Spirit Catches You and You Fall Down, which examines the clash of cultures within the health-care system.

“It is hard to tease culture out as a separate component of our health literacy discussion,” says Holland. “I always stress to the students that health literacy goes beyond the ability to read. It is defined as the ability to obtain, process and understand health information so one can then make appropriate health decisions. Low health literacy has been linked to poorer health outcomes.”

Two opportunities to work with Tufts’ Chinatown neighbors could give Holland the chance to evaluate the effectiveness of students’ health communication skills in bridging the cultural divide and promoting health literacy. Starting this fall, Sampan, New England’s bilingual Chinese-English newspaper, will run a series of articles about oral health written by Tufts dental students; current first-year students have already been given their assignments. Holland is also working with the Asian American Civic Association (AACA), which runs Sampan, to develop an oral health workshop that will be a component of AACA’s English as a Second Language classes.

Then it will be up to Holland to assess both what Tufts dental students and their ESL students gain from these experiences. She’ll start by evaluating how well the workshop integrated with and contributed to the rest of the dental curricula. From there, Holland hopes this pilot project could expand into a larger scale, community-based research project that would measure the long-term impact on everyone involved. The dental profession is just beginning to gather this kind of data, and it is a high priority both for the ADA and at Tufts.

Holland also plans to examine how pop culture affects people’s attitudes about oral health. “People live their lives based on their assumptions and beliefs, but where are those coming from?” she asks.
An Inclusive Practice

A welcoming environment for LGBT patients by Jacqueline Mitchell

As the pediatric dentist walked her 4-year-old patient back to the waiting room, she inquired, “Is your mommy or daddy here?” The child, who had two mommies, burst into tears. The dentist, a lesbian, felt awful.

“Never, ever, ever make assumptions,” said Jeffrey Greenberg, D12, who discussed caring for lesbian, gay, bisexual or transgendered (LGBT) patients for the School of Dental Medicine’s Adapting to Diversity in Dentistry lecture series.

Why should dentists care about a patient’s sexual orientation or gender identity? For the same reason dentists need to ask about smoking, drinking and other personal habits, said Greenberg, who is gay and works in a private practice in Boston. “There are certain aspects to patient behavior that directly affect oral health and overall health.”

Members of the LGBT community are at higher risk for certain conditions that directly impact their health, said Greenberg, citing data from the Centers for Disease Control and Prevention. These include eating disorders, substance abuse, domestic violence and homelessness. Additionally, people who are transitioning from one gender to the other may be taking sex hormones, which are known to affect periodontal health.

A dentist who knows that a patient is gay or transgendered—and can understand and empathize with that person—is better equipped to look out for these kinds of health issues. “It’s a flag you should have in the back of your mind,” said Greenberg. “Before you can work on any patient, you have to know where that person is coming from as a whole.”

Sometimes that means having uncomfortable conversations. “Your role is to bring up anything that you can see that affects their oral health,” he said. “You have to give people the option to be honest. They have to choose whether or not to be honest with you, but at least you asked.” Greenberg recommends being direct, maintaining eye contact and minimizing the number of people in the room. If dentists remember these issues have clinical relevance, they’ll feel more confident asking about them, he said.

FEAR FACTOR

Many LGBT patients live in fear of negative reactions to their orientation or gender identity. That alone can be a barrier to this patient population seeking dental care. Greenberg reminded the audience that there is even more at stake, displaying a map of the states where it is legal to fire people for being gay or transgendered. In 29 states, gay, lesbian or bisexual employees have no legal protection, and transgendered people lack protection in 33 states.

“People can lose their jobs if they are even suspected of being gay or lesbian,” he said. “The job-loss issue directly relates to dental benefits.”

In states where gay marriage isn’t legal, health and dental benefits may not be offered to same-sex partners. Many insurance plans exclude transgendered individuals. That’s why these patients may be especially reluctant to reveal their sexual preference or gender identity to their dentists.

“Most patients won’t sit down and say, ‘Oh, by the way, I’m gay.’ The fear of outing is huge and tricky. Some people also fear becoming a victim of hate crimes,” said Greenberg.

What’s a dentist to do, then? Greenberg said a few simple changes can create an inclusive atmosphere for your LGBT patients.

“The big one here is to convert your usage of gender-specific nouns and pronouns. Don’t say boyfriend/girlfriend or husband/wife,” he said, recounting an anecdote about a male patient whose dentist spotted his wedding ring and asked about the patient’s wife. The patient was legally married to another man.

“It’s such a small mistake; it may seem so benign,” said Greenberg. “But what happens with the patients is they shut down, and they’ll never go back to that office.”

INVOKE THE WHOLE OFFICE

It’s not just dentists who need to be mindful. Hygienists, dental assistants and receptionists—the whole office staff—should be trained to use neutral language and maintain patients’ privacy. “Unfortunately, discrimination can happen before you ever see the patient,” said Greenberg.

For example, consider the standard patient-intake form. If there are only two checkboxes, one for male, one for female, “you’ve already discriminated against transgendered people. You’ve said your office doesn’t see ‘others,’ ” he said.

Not yet two years out of dental school, Greenberg said he grew up in the profession: both his parents are dentists, and 16 members of his extended family are in the field. Greenberg was invited to speak on caring for the LGBT population by Kanchan Ganda, a professor in the department of diagnosis and health promotion, who mentored him as a student when he conducted research analyzing the effects of mental illness and low socioeconomic status on oral health, with the aim of improving outcomes in the dental school setting. The pair has since collaborated to develop a lecture and speaker series to teach third-year dental students about providing care to the LGBT population.

“These are topics very close to my heart. Helping us understand the needs of the LGBT and underserved populations helps us grow as providers,” Ganda said. “A teacher can always learn from a student, and I learned so much from Jeff. I am forever grateful to be sensitized about the needs of the LGBT population,” she said.
Diversifying Council Issues Final Report

The university council on Diversity’s final report, released in December, outlines specific measures to achieve greater diversity among the student body, faculty and staff and to ensure that Tufts promotes and embraces a culture that is welcoming to all.

Among the report’s recommendations are hiring a chief diversity officer, increasing financial aid to attract and retain talented students who traditionally have not considered Tufts, examining curricula and other programs to ensure they support diversity and inclusion, and articulating more clearly how central these values are to Tufts’ mission and vision.

The report stresses that fostering diversity and inclusion is the shared responsibility of the entire university community. “The council believes that Tufts is well positioned to be an institutional leader and live up to its values in these areas,” the report states.

“Diversity drives excellence in our academic mission,” says President Anthony Monaco, who established the Council on Diversity in early 2012 and underscored the importance of the initiative by chairing the group. “Having faculty, staff and students who come from different backgrounds and have different perspectives enriches everyone in our community.”

A diverse campus environment, he notes, is equally essential to the success of Tufts graduates, who will live and work in an increasingly multicultural society.

The council, made up of faculty, staff and undergraduate and graduate students, consulted extensively with the wider Tufts community during its 18-month review. Joanne Berger-Sweeney, dean of the School of Arts and Sciences, served as council vice chair.

The group’s work helped shape the university’s strategic plan, Tufts: The Next 10 Years, which the Board of Trustees approved in November. One of the plan’s four major themes seeks to engage and celebrate commonalities and differences within the Tufts community, and the council’s recommendations will help advance those shared values, Monaco says.

The members of the council worked from a broad definition of diversity that encompasses many aspects of personal and group identity, among them race, ethnicity, socioeconomic status, religion, gender, cultural background and sexual identity.

Through focus groups and community engagement, surveys and quantitative research, three council working groups examined particular areas of the university experience—undergraduate students, graduate and professional stu-

The council urges continued fund-raising for scholarships and fellowships.

Despite the strong efforts made during the university’s last major fundraising campaign, Tufts still provides less financial aid than many of its peers. Related to affordability is the need to expand the so-called pipeline programs, reaching out to students who traditionally have not applied here. For instance, the School of Medicine recently started a program with the University of Massachusetts, Boston, to attract students who might not otherwise consider careers in medicine or biomedical research. The council’s report calls for more such efforts.

Because faculty members play a key role in mentoring students, the council says the diversity of the faculty should more closely mirror that of the student body. “Study after study shows that providing a supportive and welcoming environment for students helps them achieve, and not having that kind of environment impairs their full achievement,” says Berger-Sweeney.

“At Tufts, diversity and excellence must be inextricably linked,” Monaco says. “Only then can we achieve our collective potential as a community.” To read the full report, go to president.tufts.edu/strategic-initiatives/diversity.
Dream Weavers

Lots of people helped Lou Fiore along the way. Now he and his wife are doing the same by Kristen Laine

Everywhere Lou Fiore, D62, looks, he sees people who helped him achieve his childhood dreams. It’s a disarmingly eclectic list. There’s the dancer at the nightclub who admonished the teenage saxophone player, “You do your thing here; you get your money and go home.” Young Fiore later noticed that he was the only member of the band who didn’t have to settle a bill at the end of each gig.

There’s the neighbor who hired him to paint houses during summers between college and dental school, and the man who told him to be sure to save for retirement. Most important, there’s Fiore’s mother, who showed her youngest child that one of the greatest gifts anyone can give is to support someone else’s dreams.

Rachel Valvo Fiore emigrated from Sicily at age 16 to work in a Connecticut carpet mill. When Lou started school, his mother returned to the mill, working the second shift in between early and late shifts at home. When he confided that he wanted to play in a dance band, she bought him a saxophone. And when she passed away, a month after Lou turned 16, Rachel Fiore left her son money to pursue his dream of being a dentist.

Even though Fiore didn’t touch his mother’s money until he arrived at Tufts, his savings ran out after his second year. “I went to the bursar’s office,” he says, “and told them I couldn’t go on unless they helped me—which they did. They were great to me.”

Fiore has not forgotten the many forms of help he has received, and has looked for ways to help others in return.

He and his wife, Jean, supported the school’s campus expansion in 2008, funding the 14th-floor lecture hall known as Rachel’s Amphitheater—named in honor of Rachel Valvo Fiore—and the Fiore Dean’s Suite. Most recently, the couple named the School of Dental Medicine a beneficiary of their individual retirement account. The gift will ultimately endow the Jean H. and Louis A. Fiore, D62, Dean’s Discretionary Fund.

“I never took a withdrawal from that IRA,” Fiore says with a laugh, recalling that advice he received as a boy about saving for retirement. He appreciates the irony in now giving it away. But it also pleases him that their bequest, when realized, will maintain Rachel’s Amphitheater in perpetuity, and will also support a scholarship in their names that will allow other students with dreams to complete their schooling.

He recognizes that none of us achieves success completely on our own. “You’re nobody,” he says, “until somebody helps you become someone.”

Through their far-sighted philanthropy, the Fiores have committed to being that “somebody” to a future generation of Tufts dental students. “It is a top priority right now to enable our students to attend Tufts and to graduate without crippling debt,” says Mark Gonthier, the school’s executive associate dean. “The amazing generosity of people like Lou and Jean Fiore makes a tremendous difference—for some of our students, the crucial difference in the arc of a life.”
The Gift That Keeps on Giving

Endowed professorships seed exceptional teaching, research and scholarship—forever by Dan Eisner

Talented and passionate professors have helped position the School of Dental Medicine as a leader in education, research, patient care and community service. Generous donors who create endowed professorships—one of the highest academic honors a university can bestow on a professor—allow Tufts to attract, retain and recognize such gifted faculty members.

The dental school’s three endowed professorships, also known as chairs, provide the funding necessary for an exceptional teaching and research enterprise, and because these positions are endowed, they will exist as long as the school does.

“Endowed professorships benefit the dental school in many ways,” says Dean Huw Thomas. “They help us invest in the people who have been instrumental in setting high academic standards.” Read on to learn about the dental faculty members who hold these endowed chairs:

ATHENA PAPAS, J66, G91P, A97P, A04P
Athena Papas has a history of firsts. In 1971 she became the first woman to earn a Ph.D. in oral biology at MIT. Three years later, she and a classmate became the first women since World War II to graduate from the Harvard School of Dental Medicine. And in 2000, she was the first faculty member in dental school history to be named to an endowed professorship.

Papas was awarded the Erling Johansen, D49, Endowed Professorship in Dental Research, named for a former dean of the dental school, in recognition of her achievements in dental research. Many of her discoveries have led to treatments that have improved people’s lives—a rinse that heals mouth sores in patients who have received a bone marrow transplant or undergone radiation therapy, and a medication that stimulates saliva production in people with Sjögren’s syndrome, which can lead to xerostomia, or dry mouth.

Edward Becker, D34, H94, a dental school benefactor who has named the alumni center and a scholarship at the school, donated $1.65 million to establish the chair. He named it in honor of Johansen, an alumnus who served as dean from 1979 to 1995.

“It was a great honor and a wonderful recognition” to be named to the professorship, Papas says. “I was able to bring more grant money to the school after I got the endowed chair. I think it created a certain level of prestige.”

MARK NEHRING
Mark Nehring wanted to play an active role in providing community service. The opportunity to become the Delta Dental of Massachusetts Professor in Public Health and Community Service and chair of the department of public health and community service was one of the main reasons he came to Tufts in 2012. Before that, he served as acting chief dental officer for the federal Health

“I was able to bring more grant money to the school after I got the endowed chair. I think it created a certain level of prestige.”

—Athena Papas
Resources and Services Administration and chief dental officer of the agency’s Maternal and Child Health Bureau. He administered grant assistance and support to states whose underserved populations were not getting appropriate dental care. The Delta Dental Professorship provided the perfect opportunity to be more hands-on.

“Rather than administer limited support to states to address health needs, I wanted to be part of an academic institution whose faculty and students were trying to address those needs,” Nehring says. “I wanted to help with the implementation of innovative, integrated programs to make a difference in improving health, especially for those who were underserved or economically challenged.”

The endowed professorship, established in 2006 with a $5 million donation from the insurance provider for which the chair is named, was instrumental in establishing the school’s department of public health and community service. Before then, the school’s public health and community service efforts were conducted through several departments. The endowment also assisted the school in developing an electronic patient record to evaluate educational and clinical outcomes for special needs patients.

The endowment and the new department have allowed the dental school to increase its community outreach, including an expanded internship program that is giving students “experience in communities that are different from what they’re familiar with,” Nehring says.

**Daniel Green**

Daniel Green, chair of the department of endodontics and former director of postgraduate endodontics, is the newest faculty member to be awarded an endowed chair, the Winkler Professorship of Endodontics. The professorship was established in 2013 by a bequest from Thomas F. Winkler III, A62, D66, D10P, DG12P, a longtime university trustee and former chair of the board of advisors to the dental school.

Since arriving at Tufts in 1996, Green has been inspiring his students. Elizabeth Winkler Jones, D10, DG12, Thomas Winkler’s daughter, calls Green a great mentor. “He’s so bright and charming, the kind of person others always gravitate to,” she says.

“So when he told me I would be a good endodontist, that made all the difference. There was no other choice for me. And from that moment on, I wanted to do my very best to prove him right. He brings that out in every single one of his residents.”

As proud as Green is of the recognition, he’s pleased for another reason, too.

“Tom Winkler and I were very close, personal friends—he was one of my best friends,” he says. “That makes the honor very special.”

To learn more about funding a professorship at the School of Dental Medicine, contact Maria Tringale, Senior Director of Development and Alumni Relations, at Maria.Tringale@Tufts.Edu or 617.636.2783; or Susan Pecher, Senior Associate Director of Development, at Susan.Pecher@Tufts.Edu or 617.636.6792.
YANKEE DENTAL COMES TO TOWN

Dean Huw Thomas, Joseph Giordano, D79, DG80, DG84, D17P, president of the Tufts University Dental Alumni Association, and staff from the Office of Development and Alumni Relations welcomed more than 1,000 Tufts dental alumni, family and friends to a Boston reception on January 31 held in conjunction with the annual session of the Yankee Dental Congress. Many alumni also visited the Tufts Alumni Lounge, located on the exhibit floor of the Boston Convention and Exhibition Center, for a cup of coffee, snack or to visit with classmates and colleagues.
It has been a privilege and honor to serve as your Alumni Association president and work with such a dedicated and talented group of alumni board members.

It has been a busy year. This spring, we were scheduled to hold our first reunion weekend at a new venue, the Four Seasons Hotel in Boston. In September, we sponsored the 32nd annual Wide Open Golf Tournament, which raised more than $21,000 to support the Student Loan Fund. We have visited with more than 1,500 alumni at regional receptions and at our annual Student/Alumni Networking event in March.

In my meetings with alumni, one conversation with a group of graduates from 2012 and 2013 stands out. Most are enrolled in either GPRs or specialty programs, and they told me how well their Tufts education prepared them, compared to what they had been hearing from residents who had graduated from other dental schools.

I continue to be proud of my alma mater and grateful for my dental education. I have had the opportunity to see how hard Dean Huw Thomas is working to enhance the education of our students and to prepare them to become successful dental professionals.

You and I are partners in helping the school pursue its mission and retain its traditions. We are also part of the larger Tufts family of alumni. I urge you to stay connected to your Tufts family through the Dental Alumni Association. And please don’t forget to pay your annual dues.

It has been said that we stand on the shoulders of those who have gone before us. I am especially grateful to so many outstanding Tufts Dental alumni, especially those who have served on this alumni board. They have been role models for many of us, I am sure. I am also thankful that we have such incredible partners in the Office of Development and Alumni Relations.

JOSEPH P. GIORDANO, D79, DG80, DG84, D17P
PRESIDENT, TUFTS UNIVERSITY
DENTAL ALUMNI ASSOCIATION
jggortho@comcast.net
**POOLSIDE IN VEGAS**

Hiroshi Hirayama, DG90, DI93, DG94, professor of prosthodontics and operative dentistry, hosted a reception at Caesar’s Palace in Las Vegas on October 10 for more than 50 alumni and postgraduate students who were in town for the annual meeting of the American College of Prosthodontists. The group gathered poolside to reconnect with colleagues and classmates. Hirayama provided the guests with updates on the department and the School of Dental Medicine.

**CRESCENT CITY CONFAB**

The Big Easy was the place to be last fall for the American Dental Association’s annual session. On November 2, more than 100 alumni turned out for the Tufts Dental reception at the Ritz New Orleans. Alumni were able to visit with classmates and friends, and listen to Dean Huw F. Thomas talk about the future of the School of Dental Medicine.
LOOKING AHEAD IN N.Y.

The Greater New York Dental Alumni Chapter held its fall meeting in conjunction with the Greater New York Dental Meeting on December 2, 2013, at the Marriott Marquis in New York City. Tufts Provost David Harris and Mark Gonthier, executive associate dean at the School of Dental Medicine, led a discussion about the university’s new strategic plan, Tufts: The Next 10 Years. To learn more, go to strategicplan.tufts.edu.

SURGEONS IN FLORIDA

More than 30 alumni and friends who were in Orlando, Fla., for the annual session of the American Association of Oral and Maxillofacial Surgeons on October 10, 2013, enjoyed a reception at the Hyatt Regency Hotel. Richard Catrambone, D85, DG89, a director of the Dental Alumni Association, updated the group on news from One Kneeland.
ALUMNI NEWS

CALENDAR

MAY 18
Tufts University's 158th Commencement
Academic Quad, Medford/Somerville campus
9 a.m.
commencement.tufts.edu

MAY 22
Alumni reception in conjunction with the annual session of the American Academy of Pediatric Dentistry
Boston, Massachusetts

SEPTEMBER 8–13
American Association of Oral and Maxillofacial Surgeons annual session
Honolulu, Hawaii

SEPTEMBER 19–22
Alumni reception in conjunction with the annual session of the American Academy of Periodontology
San Francisco, California

SEPTEMBER 22
Wide Open Golf and Tennis Tournament
Wellesley Country Club
Wellesley, Massachusetts
11 a.m. shotgun start; tennis tourney, 2–4 p.m., followed by reception and awards dinner

OCTOBER 10
Alumni reception in conjunction with the annual session of the American Dental Association
San Antonio, Texas

NOVEMBER 5–8
Alumni reception in conjunction with the annual session of the American College of Prosthodontics
New Orleans, Louisiana

DECEMBER 2
Alumni reception in conjunction with the Greater New York Dental Meeting
New York City

For the most current information about these and other events, contact the Office of Dental Alumni Relations at 617.636.6773; email dental-alumni@tufts.edu or visit go.tufts.edu/dentalalums.

Did You Know?

Dues support the Tufts Dental Alumni Association, which has raised more than $373,000 for student loan funds.
Dues subsidize Homecoming & Reunion Weekend.
Dues help produce the award-winning Tufts Dental Medicine magazine.
Dues sponsor the Student/Alumni Networking Event every March, as well as other student/alumni programming.
Dues support regional receptions and activities in New York, Boston, California and Florida.
Dues payers receive a $75 credit toward a Tufts Continuing Education course.

Annual Dues for July 1, 2013, through June 30, 2014, are $125.

TO PAY ONLINE:
http://dental.tufts.edu/dues.

OR, PLEASE SEND CHECKS PAYABLE TO TUFTS UNIVERSITY DENTAL ALUMNI ASSOCIATION, TO:
Tufts Dental Alumni Relations
136 Harrison Avenue
Boston, MA 02111

THE PERKS OF MEMBERSHIP

It is time to renew your membership in the Tufts University Dental Alumni Association. With so many organizations seeking your membership, why should you join this one?
This is your organization, and it represents your school. We speak with pride when we say we are graduates of Tufts University School of Dental Medicine. We are proud of its reputation as a world leader in research, education and patient care. A Tufts diploma is a mark of excellence.
Harold Gelb, A78P, J83P, was presented with the American Association of Physiological Medicine and Dentistry Lifetime Achievement Award for innovative and groundbreaking treatment and education in temporomandibular dysfunction.

Ronald I. Maitland, A60, J90P, a full-time faculty member at New York University’s College of Dentistry was inducted into the college’s Academy of Distinguished Educators. The academy consists of the most highly respected and knowledgeable multidisciplinary educators, who assist the college in curriculum innovation, faculty training, development and mentorship. Earlier this year, the NYU dental students voted Maitland the Clinical Faculty Member of the Year. Maitland attributes his success as a teacher to his Tufts education and the long-term affiliation he has enjoyed with the university. He has been an active alumnus, serving on the Board of Advisors for many years and is a member of the Charles Tufts Society and the Tufts Dental M Club. He visits Tufts School of Dental Medicine each January to present a lecture to the fourth-year class on “Getting Ready for the Licensure Exams.” In 2005, Maitland received both the Tufts University Alumni Association’s Distinguished Achievement Award and the Tufts Dental Alumni Award.

Carl J. Perlmutter, D670, an associate clinical professor at Tufts School of Dental Medicine, has been teaching in the orthodontics department since 1975. He is also a consultant to the dental benefits administrator DentaQuest. Best of all, he is a grandfather to Hanna Ahearn, Jonah Samton and Zoe Samton.

Paul A. Levi Jr., DG71, A95P, spent a wonderful vacation in Greece. The warmth began when Andreas Parashis, DG85, his wife Katerina, their daughter Dafne and Katerina’s mother hosted Levi for dinner and joined him at a Tufts reception the next night. It was a busy fall for Levi, teaching at Tufts and Harvard, attending workshops and meetings and presenting two continuing education courses at Tufts and a homecoming lecture in Iowa.

Michael C. Sheff was featured in the fall 2011 issue of Impressions magazine for his work in special needs dentistry.

William A Green worked with a team that provided preventive, surgical and restorative services to children in Guatemala City and to Mayan Indians in Agua Caliente, a village on the Caribbean, during a nine-day trip to Guatemala in January.

Edward J. Kampf climbed Mount Kilimanjaro in July 2013, to raise money for St. Catherine’s Center for Children, in Albany, N.Y., in honor of a friend.

Morton B. Rosenberg, A09P, professor of oral and maxillofacial surgery at Tufts, was lead faculty for six, three-hour sessions about “Hands-on Simulated Anesthesia Emergencies” and “Task Training for Airway Rescue” at the annual meeting of the American Association of Oral and Maxillofacial Surgeons in Orlando, Fla., last October. Rosenberg also gave two presentations on pediatric/geriatric sedative/anesthetic considerations and a review of clinical pharmacology for the oral surgical assistant. The department of oral and maxillofacial surgery hosted a gathering of friends, alumni and residents, with assistant professor Daniel Oreadi, DG05, DG09, D13, giving an overview of the department, and Richard Catrambone, D85; D689, a member of the Dental Alumni Association executive board, speaking about the direction of the school.

Daniel J. Judge is an associate professor of orthodontics at Jacksonville University. He won the Senior Club Championship at the Palencia Club in St. Augustine, Fla., in October.

Vangel R. Zissi, D62, DG67, was awarded Master Fellowship in the International College of Dentists (ICD) on Nov. 1, 2013, during the organization’s 84th annual convocation in New Orleans. The honor, accorded to less than 1 percent of U.S. dentists, recognizes Zissi’s 42 years of leadership in the ICD and his service to the dental profession and community. Zissi is a clinical professor emeritus and senior adviser to the dean for development and alumni relations at Tufts School of Dental Medicine. He also serves as alumni editor of this magazine.

In 2008 he received the Distinguished Service Award, the highest honor of the Tufts University Alumni Association, and in 2013 he received the Provost’s Award for Outstanding Teaching and Service from Tufts University.
he has served the school in many capacities, most notably as associate dean for clinical affairs and interim chair of the department of periodontology. He also ran a successful private practice in Concord, Mass., from 1980 to 2007.

**D77** Carl F. Driscoll, a professor of prosthodontics at the University of Maryland School of Dentistry, is the new vice president of the American College of Prosthodontists. When his vice presidency ends later this year, he will become president-elect of the organization. Driscoll is a diplomate of the American Board of Prosthodontics and a fellow of the American College of Prosthodontists and has served as president of the American Academy of Fixed Prosthodontics and president of the American Board of Prosthodontics.

**D79** Donald LeClair was recently appointed as a board member of Sarrell Dental, an Alabama nonprofit that cares for children and teens at 15 dental clinics throughout the state. Sarrell Dental was highlighted in a PBS *Frontline* story as a model for exceptional pediatric care focused on the poorest of Alabama’s children. LeClair also has a private practice in Beverly, Mass.

**D80** Over the past two years, Joanne Falzone-Cherubini has become a fellow of the American College of Dentists and a fellow of the International College of Dentists. She was inducted into OKU, the Dental National Honor Society and into the Archbishop Williams High School Academic Hall of Fame.

**D83** Michael Arrigo, DG85, D17P, has been elected a trustee of the Massachusetts Dental Society, representing the North Metropolitan District.

John R. Ricci reports that his son, Eric J. Ricci, earned a master’s in biology from Rhode Island College and is now a member of the class of 2017 at Tufts School of Dental Medicine.

**D85** Alex M. Bejian, H.D. Sirakian, D88, and two other health-care providers traveled to Armenia to provide much-needed dental care to the community of Shoushi. More than 500 students were screened at a local school; more than 90 percent had severe decay and teeth that could not be restored. Working closely with the ministry of health, the group hopes to improve the dental care in the area. In addition, Bejian brought supplies and lab equipment from his former practice in Putnam, Conn., to start a small orthodontic lab in a dental clinic in Shoushi.

Richard Catrambone, DG89. See D74.
Michelle Dorsey was inducted into the American College of Dentists at the American Dental Association Convention in New Orleans in October 2013.

Sandra Cove has become a member of the faculty club at Spears Education Center in Arizona. She writes that she has begun “a journey of learning that is extremely exciting and energizing.”

Andreas Parashis, D92
See D66.

Aram H.D. Sirakian, D88
See D85.

MICHELLE DORSEY was inducted into the American College of Dentists at the American Dental Association Convention in New Orleans in October 2013.

SANDRA COVE has become a member of the faculty club at Spears Education Center in Arizona. She writes that she has begun “a journey of learning that is extremely exciting and energizing.”

Cherie C. Bishop and Janis Broadbent Moriarty recently completed the Bentley University Executive Education Program titled the “Essentials of Management: Mini-MBA for Dentists.” The eight-session program was designed specifically for dentists to improve their leadership presence and provide practical and applicable business tools. Bishop and Moriarty will be celebrating their 20th Tufts reunion this April and are active members of the Tufts Dental Alumni Association executive board.

CHARLEY CHENEY was featured in the winter 2013 issue of The New Dentist magazine for his work that helped establish the nonprofit Rapha Clinic in west Georgia. Cheney, a general practitioner in Newman, Ga., is a regular volunteer dentist at the clinic. For more about the clinic, visit www.raphaclinicwestga.org.

LINDA MAYTAN received the Irving Martin Professional of the Year Award from The Arc Minnesota in November in recognition of her work with individuals with intellectual and developmental disabilities. Maytan works at the Minnesota Department of Human Services’ Southern Cities Clinic in Faribault. The Arc Minnesota is a nonprofit that promotes and protects the rights of those with intellectual and developmental disabilities.

D04 CHARLEY CHENEY was featured in the winter 2013 issue of The New Dentist magazine for his work that helped establish the nonprofit Rapha Clinic in west Georgia. Cheney, a general practitioner in Newman, Ga., is a regular volunteer dentist at the clinic. For more about the clinic, visit www.raphaclinicwestga.org.

D05 DANIEL OREADI, D90, D13. See D74.

D08 MARJORIE BAPTISTE, D611, directs the periodontics program at Lutheran Medical Center in New York City.

D09 JAMES P. MURPHY was a co-author of the clinical practice report “Case of Small-bowel Obstruction Secondary to Inadvertent Ingestion of Impression Material,” which appeared in the November 2013 issue of the Journal of the American Dental Association. Murphy is an oral surgery resident at the David Grant USAF Medical Center at Travis Air Force Base in Fairfield, Calif.

WE WANT TO HEAR FROM YOU. Send your Class Notes information to Susan Ahearn, Tufts Dental Alumni Relations, 1 Kneeland St., Floor 7, Boston, MA 02111. You can also email your notes to dental-alumni@tufts.edu or fax 617.636.4052.

In Memoriam

Edwin G. Brainerd, D43B
November 25, 2013
Palm City, Florida

William N. Paglia, D43B
December 14, 2013
New Bern, North Carolina

Chester A. Wisniewski, D43A, A78P, D82P
November 14, 2013
West Hartford, Connecticut

Morris Diener, D44
December 4, 2013
West Orange, New Jersey

Robert J. Leupold, D49
August 10, 2013
Annapolis, Maryland

David G. Stahl, D51
October 20, 2013
Manchester, New Hampshire

Raymond H. Chase, D52
December 8, 2013
Venice, Florida

Ralph W. Galen, D52
July 27, 2013
Woburn, Massachusetts

Philip J. Solomon, D53
August 26, 2013
Lynnfield, Massachusetts

David L. Young, D53, J91P, M06P
August 19, 2013
Suffield, Connecticut

Arnold E. Binder, DG56
September 17, 2013
Framingham, Massachusetts

Gary C. Dickerman, A52, D56
December 9, 2013
Lexington, Massachusetts

Allan M. Golden, D56
September 8, 2013
Middleborough, Massachusetts

Chong W. Lee, D56
October 20, 2013
San Diego, California

Richard F. Lefebvre, D59
November 10, 2013
Pomfret, Connecticut

Augustino T. Forcucci, D60
August 29, 2013
Marshfield, Massachusetts

Stephen Stone, A58, D61
November 22, 2013
Walpole, Massachusetts

Nyman H. Halfond, D63
September 12, 2013
Mashpee, Massachusetts

Robert Angorn, D66, DG68, E83P, J97P
January 13, 2014
Lynnfield, Massachusetts

John G. Rice, D67
November 4, 2013
Winter Haven, Florida

Robert H. Gilliam, DG68
October 17, 2013
Oak Ridge, Tennessee

James J. Healy, D68
January 1, 2014
Sudbury, Massachusetts

October 9, 2013
Boxford, Massachusetts

Thomas R. Montenero, D79
December 15, 2013
North Reading, Massachusetts

Claude L. Fontaine, D82, DG91, D17P
January 18, 2014
Dennis, Massachusetts

Raymond George Jr., D86
August 13, 2013
Attleboro, Massachusetts

John J. Sullivan IV, D86
December 23, 2013
Westfield, Massachusetts

Dennis B. Wall, D88
July 6, 2013
Winchendon, Massachusetts

Wayne S. Lyn, D03
July 20, 2013
San Marcos, California

Erin Weston, D08
September 15, 2013
San Diego, California

FACULTY

John M. Driscoll
January 4, 2014
Kingston, Massachusetts

Taught at Tufts School of Dental Medicine for 33 years
SEPTEMBER 5, 6, 13, 20
Radiology Certification Course
Audrey Furkart, D.M.D.

SEPTEMBER 17
The Vision for Ultra SHORT Implants & Metal-free CAD/CAM Restorations
Rolf Ewers, M.D., D.M.D., Ph.D.; additional presenters TBA

OCTOBER 1
Waldemar Brehm Memorial Lecture
“The Mix”: Mixed Dentition Orthodontics Seminar
Gerald Samson, D.D.S.

OCTOBER 3
A Full Day of Pharma: “I Wanna New Drug” and “Hurts So Good”
Thomas Viola, R.Ph., C.C.P.

OCTOBER 8
Removable Prostheses: From A to Z!
Roya Zandparsa, D.D.S., M.Sc., D.M.D.

OCTOBER 11
Pushing the Envelope with Stress-reduced Direct Composite Restorations: A Biomimetic Approach
Simone Deliperi, D.D.S.; David Bardwell, D.D.S., M.S.

OCTOBER 15
Porcelain Laminate Veneers: From Design to Delivery
Simone Deliperi, D.D.S.; David Bardwell, D.D.S., M.S.

OCTOBER 17–18 AND NOVEMBER 7–8
Nitrous Oxide Certification Course

NOVEMBER 8
Botulinum Toxin (Botox) and Dermal Fillers: An All-Inclusive Course
Constantinos Laskarides, D.M.D., Pharm. D.

NOVEMBER 12
“Offensive” Dentistry: Saliva, Fluoride and Oral Disease

NOVEMBER 15
Efficient and Predictable Use of Mouthguards in Dentistry
Noshir R. Mehta, D.M.D., M.S.

NOVEMBER 19
Preventive Measures in Dentistry: Dental Sealants, Fluoride Varnishes and Athletic Mouthguards
Dorothy Vannah, M.Ed, R.D.H., C.D.A.

Tufts University School of Dental Medicine is an ADA CERP-recognized provider. Approval dates: 11/11–12/15. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP or ada.org/goto/cerp.
Join the Tufts University Dental Alumni Association for the 32nd Annual Wide Open Golf & Tennis Tournament

Monday, September 22, 2014
Wellesley Country Club
300 Wellesley Ave.
Wellesley, Massachusetts

Tufts Dental alumni, faculty, family and friends are invited to participate!

All proceeds benefit the Dental Alumni Student Loan Fund

To register for the tourney, go to dental.tufts.edu/wideopen2014.

Golf Tournament
11 a.m. shotgun start
Lunch included

Tennis Tournament
2 to 4 p.m.

Reception
4 p.m.

Awards Dinner
5 p.m.

Registration Fees
Golf Tournament
$375/player
$1,400/foursome if signed up together

Tennis Tournament
$200/player

Reception and Awards Dinner
$75 for guests and noncompetitors
NEW VISTAS

Robert Chideckel, D80, has always been a believer in the “romance of dentistry.” So when he became frustrated by the constraints of private practice, he traded his office on the East Coast for one on a Zia Indian pueblo in New Mexico. “I am in dental heaven,” he says. For more on the story, turn to page 11.