

A TRUE TALE

When Myron Allukian Jr., DDS, MPH, graduated from the University of Pennsylvania Dental School in 1964, he did not know that there was such a field as public health dentistry. That changed when he was serving in the Third Marine Division in Vietnam. In Da Nang, Dr. Allukian was stationed at the Third Marine Division Field hospital, where he provided both medical and dental care to the Marines. “It got brutally hot there by 11:30 in the morning — too hot to treat dental patients,” he says, “So we would shut down for the afternoon.” On those scorching afternoons, he would travel to the nearby villages and provide free dental care to Vietnamese children living in orphanages. “At the end of the day, the kids would sing a ‘thank you’ song to us. That response just penetrated me from head to toe,” he says. He was so taken by these children’s smiles that he decided that population-based health promotion and public health dentistry were his future.



Myron Allukian Jr., DDS, MPH

After three years at Harvard’s Schools of Dental Medicine and Public Health, Dr. Allukian landed a job at Massachusetts General Hospital, where he led an effort to revamp its dental health program in Charlestown, at the Bunker Hill Health Center. He was charged with taking an old municipal dental program and incorporating it into a newly developing health center.

“This job is exciting, challenging and personally enriching, because you’re making a difference in the quality of life for so many people.”

Before the sweeping changes Dr. Allukian helped institute, there were perhaps 700 or 800 patient visits a year, he says. At its peak, the new program accommodated some 12,000 patient visits annually. Not long after that accomplishment, he was named Assistant Deputy Commissioner and Director of Community Dental Programs at what was then called the Boston Department of Health and Hospitals. Today, 30 years later, he still holds the position, although his title is now Director of Oral Health, in what is now called the Boston Public Health Commission.



Public Health Dentist Checkpoint

Are you innovative and creative enough to design dental programs or policies for a diverse society?

Do you find the neglected epidemic of oral diseases challenging?

Would you prefer developing programs for populations, impacting thousands of people, to treating individual patients?

If so, read on



Did you know?
Fluoridation is the most cost-effective preventive measure for dental caries and over 162 million Americans live in fluoridated communities.²

Profiling the job

What makes oral health a high priority in public health is its universal nature. “It’s a neglected epidemic,” says Dr. Allukian. Almost everyone has had at least one oral disease, such as dental caries, periodontal disease, malocclusions, infections or cancer at some time during his or her life.

As Director of Oral Health for the city of Boston, Dr. Allukian oversees the development of oral health programs, education and policymaking for his “patients” — the more than 600,000 residents of the city.¹ His tasks could range from ensuring the proper fluoridation of Boston’s water supply, an undertaking completed in 1978 after an arduous eight-year battle, to setting up local dental programs in geographically, culturally and ethnically defined neighborhoods, to arranging dental care for vulnerable population groups, such as the homeless and people with HIV.



Public health dentists practice at the local, state and federal levels as well as in academic environments. The four major areas of public oral health are: health policy, program management and administration; research; oral health promotion and disease prevention; and delivery systems. Policy work includes such dissimilar concerns as developing dental programs for low-income communities and making recommendations for the state dental practice act.

Epidemiological studies of the causes and distribution of an oral disease would constitute a prime area of engagement for the research-oriented professional. As an example, Dr. Allukian describes research conducted at the Boston University School of Public Health. The primary investigator was an oncologist/epidemiologist. The researcher analyzed the records of individuals diagnosed with oral cancer to identify their health care utilization for the two years prior to their cancer diagnoses. “To our great shock,” says Dr. Allukian, “we found a median of nine visits to a health care provider during those two years. How do so many patients — half the sample — have that many visits without anyone picking up that they had oral cancer?” Research conducted in tandem with oncologists is just one possibility for cross-disci-

plinary cooperation. In the course of their careers, oral health professionals, especially those engaged in research, will probably interact with a representative of just about every occupation in the public health sector. “If we want to conduct a study, we might consult with an epidemiologist or biostatistician in designing it. If we want to create and run a program, particularly in a health center, we need to work closely with administrators and medical clinicians,” Dr. Allukian says.

Contrary to popular misconception, Dr. Allukian says fluoridation of the water supply is far from universal in the United States. In fact, more than 100 million Americans do not live in fluoridated communities.³ “For improvement of oral health for entire communities, fluoridation is the most cost-effective preventive measure at our disposal. Fluoridation costs only about 70 cents per capita, and the measure prevents a tremendous amount of disease,”⁴ says Dr. Allukian. Dental sealants applied to the biting surfaces of the teeth is another simple measure to prevent decay, yet 85 percent of 14-year-olds have not had this type of treatment.⁵

When Dr. Allukian became the dental director for Boston in 1970, the city’s water was not fluoridated. Dr. Allukian’s first steps in getting Boston’s water supply fluoridated were to assess the dental needs and to reach out to the community. He did dental surveys and also visited public school assemblies and asked as many as 300 children how many of them had had oral pain or infection in the last week. “Probably a quarter of the kids would raise their hands. Even if I had had 1,000 dentists to treat these kids night and day, we wouldn’t make as much of an impact as we could in having the community’s water supply fluoridated.” He, his staff, assorted specialists, health organizations, and local and state government representatives developed an action plan to fluoridate the water and to persuade Boston’s elected officials and those of the neighboring communities of its necessity. After eight long years of this work, all of greater Boston’s water was fluoridated, providing health and economic benefits to over two million people.

Dr. Allukian finds his career in the public sector a truly enriching life experience. “In the private-practice sector, I could be making double my income, or more. But nothing can compare to this. At one moment you deal with a person who is homeless or has HIV and cannot get dental care, and minutes later you’re talking to the staff of a U.S. senator or the head of a federal agency.” The sheer variety of tasks and people is incredibly exciting, he says.



“Let me just say, I can’t wait to get to work in the morning and I have trouble leaving at the end of the day. And I’ve been in this job over 30 years.”

Myron Allukian Jr., DDS, MPH



Did you know?
Toothpaste development has been traced to 500 B.C. in the ancient countries of China and India.⁶

A day in the life

Dr. Allukian arrives at his office with “a thousand things to do.” He works with legions of public health workers and personnel in different communities to formulate health policy, manage and administer various programs, design research tools, and provide clinical services to patients. As Boston’s chief dental officer, Dr. Allukian has a hand in it all.

The first item on today’s agenda involves a community-based health center on the verge of shutting down its fiscally strapped dental program. Dr. Allukian spends time reviewing the work completed to date on an analysis of the program’s financial situation. “Hopefully, we’ll be able to propose a solution that helps staff members improve productivity and get the program on a more solid footing,” he says.

Next, he discusses a study with an undergraduate dental student. “She’s been looking at a program that is focused on the oral health needs of developmentally disabled children,” he says. “We helped her design a study that examines the attitudes and behavior of the child’s parents toward oral health. How much knowledge do the parents actually have about oral health and what impact do they have on the oral health of their children?” The objective, he says, “is to see what kinds of intervention we can apply to make sure the children get the dental care they need.”

Next, Dr. Allukian turns his attention to a doctoral student who has been evaluating the quality of dental care in four health centers. “Again, the purpose of the study is, ultimately, to identify ways to expand people’s knowledge about oral health, and to raise the standard of care,” says Dr. Allukian.

Early afternoon finds Dr. Allukian conferring with the advisory committee of a Harvard Medical School program set up to involve more African American dentists in crafting oral health policy. Later that afternoon, he lectures dental students at Boston University. “The object of these lectures is to sensitize dental students to the oral health needs of their patients and the community,” he says. “The idea is to get them to focus on dentistry as a calling rather than a business and to respond to the needs of their patients and society on a human level.”

Dr. Allukian’s days are busy and demanding — and, he admits, “sometimes overwhelming.” But what he loves about his work “is that it’s extremely exciting and challenging. And the opportunity to make a difference in the lives of people is personally enriching.”

career at a glance



Myron Allukian Jr., DDS, MPH

2000–Present	Director of Oral Health Boston Public Health Commission
2000–Present	Assistant Clinical Professor Health Policy and Health Services Research, Boston University, Goldman School of Dental Medicine
1997–Present	Adjunct Professor Health Services, Boston University School of Public Health
1991–Present	Member Institute of Medicine, National Academy of Sciences
1977–Present	Associate Clinical Professor Oral Health Policy and Epidemiology, Harvard School of Dental Medicine
1970–Present	Lecturer Forsyth School for Dental Hygienists
Intermittently	Lecturer Schools of Public Health, Harvard University, and the Universities of Michigan and Minnesota
Intermittently	Lecturer Boston University, Tufts, and Georgetown Schools of Dental Medicine
1996–2000	Director Community Dental Programs, Boston Public Health Commission
1971–1996	Assistant Deputy Commissioner and Director Bureau of Community Dental Programs, City of Boston Department of Health and Hospitals
1991–1993	Assistant Deputy Commissioner and Director (Oral Health, Homeless Programs and Injury Prevention), Boston Department of Health and Hospitals
1972–1978	Clinical Instructor Oral Health Service, Tufts School of Dental Medicine
1971–1977	Assistant Clinical Professor Department of Dental Ecology, Harvard School of Dental Medicine
1970–1977	Chief Dental Health Service, Bunker Hill Health Center, Massachusetts General Hospital
1970–1972	Director Division of Community Dental Health, Boston Department of Health and Hospitals
	Instructor Department of Ecological Dentistry, Harvard School of Dental Medicine
1969–1970	Associate Department of Ecological Dentistry, Harvard School of Dental Medicine
1968–1969	Director Dental Assistant Training Program (for underemployed women from low income communities), Harvard School of Dental Medicine and Training Center for Comprehensive Care
1967–1968	Dental Consultant Curriculum Committee, Training Center for Comprehensive Care, Lemuel Shattuck Hospital
1964–1966	Lieutenant U.S. Naval Dental Corps

1 www.cityofboston.gov/residents/default.asp

2 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. www.cdc.gov/nccdphp/oh/fffactcvf2.htm

3 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. www.cdc.gov/nccdphp/oh/fffactcvf2.htm

4 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. www.cdc.gov/nccdphp/oh/fffactcvf2.htm

5 http://www.nidr.nih.gov/news/CONSENSUS/Jane_Weintraub.pdf

6 www.floss.com/origin_of_toothpaste_and_floss