

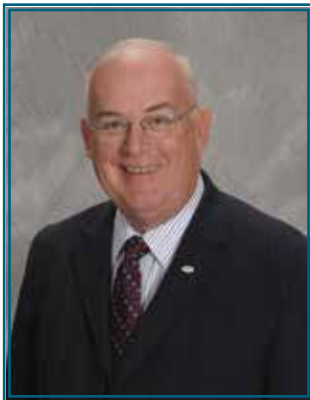
2013 ADEA PRESIDENT'S REPORT: LOOKING AROUND THE CORNER



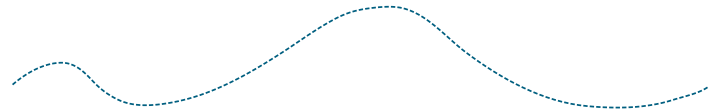
Like all such accounts, this annual report will look back at the recent past, but as you may have noticed,

I like to keep my eyes on the road ahead. Over the course of many journeys, I've learned that a clear view of the horizon is rarely in sight. More often than not, the road twists and turns as we advance toward our destinations.

To arrive there safely, we need to anticipate what we cannot fully see. For those of us in dental education, that means looking around the corner at the issues and trends that will shape our collective future.



RICHARD W. VALACHOVIC, D.M.D., M.P.H.
ADEA President and CEO



Strong winds are buffeting the entire health care delivery system. There's too much need and not enough access. Patients are demanding safer and more convenient care, and payers are insisting that costs be brought in line with what people and governments can afford.

The Affordable Care Act (ACA) has made these currents visible, but the primary sources of this turbulence have been the demographic and economic forces reshaping the health care system and the market for dental care.

Dentists are aging out of the workforce at an increasing rate, and dentists, dental hygienists and dental assistants have new partners in providing oral health care.

A number of states are considering authorizing new oral health providers to treat some dental conditions, and some in pediatric nursing and medicine are already providing some preventive treatments that were once the sole purview of dental professionals.

Health homes and accountable care organizations have started to gain a foothold, and insurance reforms increasingly favor these arrangements. These changes are putting pressure on the oral health professions to find ways to better integrate dental care within the delivery of health care as a whole.

Within this landscape, both challenges and opportunities are arising, not the least of which is a powerful wave of innovation that is transforming higher education. Fortunately our Association has been looking around the corner, taking note of the terrain and adjusting course to accommodate these unfolding developments. What do we see?

Looking around the corner...



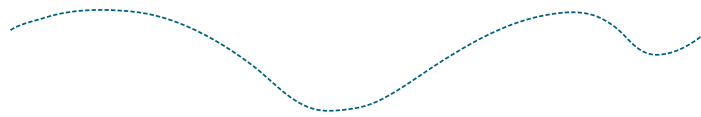
There is no doubt that solutions to many of the challenges that lie ahead—both clinical and academic—will be found in concert with our colleagues in the other health professions.

Interprofessional Education and Collaborative Care

An estimated 14% of the U.S. population is now being served by accountable care organizations in which groups of providers and interconnected institutions take collective responsibility for their patients' health. Although dental practices are not currently integrated within most of these provider groups, this trend toward collaborative practice is unmistakable. Given the inclusion of pediatric dental care as an essential health benefit under the ACA, oral health care will almost certainly become more entwined with the delivery of other health care services, and most people believe that's a good thing for our patients.

In 2009, ADEA joined with our sister education associations in medicine, nursing, pharmacy and public health to pave the way for the interprofessional delivery of care. As partners in the Interprofessional Education Collaborative, or IPEC, ADEA members helped draft a set of Core Competencies for Interprofessional Collaborative Practice that have been instrumental in furthering interprofessional education (IPE) at health professions schools and programs throughout North America and indeed the rest of the world.

ADEA has also supported IPE through its financial support and contributions of intellectual capital to the Institute of Medicine (IOM) Global Forum on Innovation in Health Professional Education, which produced one of the year's most widely read IOM reports. Most recently, we helped establish a place on the web where dental educators can share interprofessional curricular resources. MedEdPORTAL, our collaboration with the Association of American Medical Colleges (AAMC), has furthered interprofessional exposure to oral health education by providing a free, online, peer-reviewed repository for teaching materials. The 2012 launch



of the iCollaborative on the MedEdPORTAL site has further enhanced interprofessional collaboration by encouraging faculty and students to share ideas and curricular resources still in development.

IPE also took center stage at this past year's ADEA Allied Dental Program Directors' Conference and ADEA CCI Summer Liaisons Meeting. Held consecutively in Portland, OR, these meetings brought the intraprofessional dimension of IPE to the fore. The Chair of the ADEA Board of Directors, Steve Young, and the ADEA Board Director for Allied Dental Program Directors, Susan Kass, and I engaged in dialog on this topic with attendees.

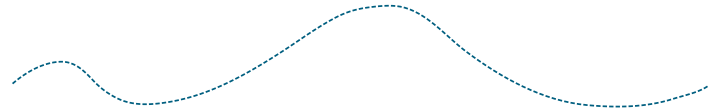
We also hosted our first ADEA Allied Dental Accreditation Workshop in Portland earlier the same week. Seventy-five allied program directors attended, and we expect enthusiastic participation when the next two regional workshops are held, one later this spring in Chicago and one in the summer in Los Angeles.

This past December, we took another step in helping faculty prepare students to work in an evolving health care environment. Building on the success of the regional workshop model, which we used in 2012 and 2013 to help our members prepare for accreditation, we held our first ADEA Regional Faculty Development Workshop focused on IPE. The workshop brought together a diverse mix of allied and predoctoral educators eager to better understand the national trend toward collaborative health care delivery and its impact on dental education and practice. Participants learned to facilitate simple IPE exercises and apply best practices for introducing and assessing IPE programs at their home institutions. Two more regional workshops are planned for Chicago and Los Angeles in 2014.

Looking around the corner...



Most statisticians predict a sunny forecast for the dental professions.



The Dental Pipeline

In 2013, dentist topped the list of “The 100 Best Jobs” in the *U.S. News* rankings, dental hygienist came in at number 10 and dental assistant at 46. That’s great news for our recent and future graduates. What’s more, the U.S. Bureau of Labor Statistics has predicted that dentistry will experience above-average growth of about 21% between 2010 and 2020 and that employment of dental hygienists will rise by 40% in the same period.

To meet this growing demand, 12 new dental schools have opened since 1997, and existing schools have expanded their enrollments. The number of advanced education programs has remained steady, but the number of applicants continues to rise (up 15% in 2013). In recent years, dental hygiene and dental assisting programs have also witnessed strong growth.

Unfortunately, a few clouds also appeared on the horizon last year in the form of a decline in the number of applicants to dental schools. This occurred as other health professions reported that their applicant pools continued to grow. Some of our colleagues have attributed the decline to the rising cost of dental education, the concurrent rise in dental student debt and the limited growth of dental salaries. These may have been contributing factors, but I am confident that the fundamentals of dentistry are sound, and that it remains—and will remain—an attractive career for the foreseeable future.

Of greater concern is the fact that minority applicants constituted much of the decline in the dental school applicant pool. The gains we’ve made in recruiting underrepresented minority students appear to be especially vulnerable to the economic pressures that have challenged society as a whole in recent years. In response, ADEA is working to shore up the applicant pool and ensure its diversity.

In 2012, we hosted our first ADEA Dental School Virtual Fair, a live, three-day event that introduced more than 3,000 people from the United States, Canada and 10

other countries to 33 dental schools. The event was such a success that we repeated it in 2013 and hosted a second virtual fair for advanced dental education programs. We are currently exploring the possibility of conducting virtual fairs more than once a year to extend our reach to additional prospective students.

We also stepped up our game regarding admissions following last year’s U.S. Supreme Court decision that put the onus on universities to demonstrate that the consideration of race in admissions is necessary to achieve the educational benefits of diversity. ADEA worked to provide our member schools with guidance in the wake of the decision, and legal scholar Michael Olivas will discuss how institutions can advocate for the educational benefits of diversity in the current environment at the 2014 ADEA Annual Session & Exhibition.

We have also begun accelerating efforts to develop race-neutral mechanisms schools can use to continue to admit a diverse group of applicants to their programs. A key strategy is to create a set of application questions that look at parental occupation and education. These socioeconomic status variables should prove useful to admissions, student affairs and financial aid officers as they strive to admit a diverse student body. A revised predoctoral dental application containing the new questions is scheduled to go online in June 2014, in time for the 2015 application cycle.

This year, we will offer our ADEA Admissions Committee Workshops at several member schools once again. Developed with the support of the Robert Wood Johnson Foundation (RWJF), these workshops are designed to assist admissions committees in understanding and implementing best practices related to preparing and evaluating candidates for their programs.

[Looking around the corner...](#)



The oral health workforce is becoming more diverse, both demographically and professionally.

A More Diverse Oral Health Care Workforce

For some time now there has been general agreement that in order to meet the growing demand for oral health care, we must diversify the workforce. That will mean expanding opportunities for the dental team, collaborating more with the other health professions and striving to produce a new generation of providers that reflects the population as a whole and is committed to serving those most in need of care.

ADEA has laid a strong foundation for these changes with its multi-pronged approach to reaching a diverse group of students and encouraging them to pursue careers in the health professions. Our award-winning website, ExploreHealthCareers.org, continues to be the number one online destination for those seeking information about careers in the health professions. In response to current trends and in anticipation of future ones, the site continually generates new content on topics of current interest. These range from how to cope with test anxiety to financing a health professions education.

In the year ahead, we will focus on networking with nonprofit community-based organizations to raise awareness of career opportunities in oral health among low-income and minority students. That said, ExploreHealthCareers.org showcases information and resources related to all of the health professions, and in the process, contributes to ADEA's larger goal of fostering a climate conducive to interprofessional collaboration.

ADEA also has a proud tradition of partnering with foundations to increase diversity within the applicant pool. This year RWJF will celebrate 25 years of recruiting and preparing students from underrepresented and disadvantaged backgrounds to enter schools of the health professions. Through its funding of the Summer Medical and Dental Education Program, the foundation has directly supported 21,000 students and touched the lives of countless more as these individuals have gone on to pursue health care

careers. Since 2006, ADEA has worked in collaboration with AAMC to offer this highly respected preparatory program to minority and low-income college students interested in pursuing a career in dentistry or medicine. At the 2014 ADEA Annual Session & Exhibition, nine dental school deans will be honored for their schools' participation in the program.

These efforts to diversify the workforce go hand-in-hand with a goal we share with our foundation partners: improving access to dental care for underserved populations. Working once again with RWJF, ADEA entered the third phase of the Dental Pipeline initiative in 2012. Since 2002, this RWJF-funded program has addressed disparities in access to dental care by supporting dental schools in developing community-based education programs and recruitment initiatives targeted at underrepresented minority students.

The latest phase of the project, the Dental Pipeline National Learning Institute, has assisted 10 schools in forging strong community partnerships that will advance Pipeline goals. ADEA administers this program in collaboration with the University of the Pacific Arthur A. Dugoni School of Dentistry. The Institute has selected and trained a second cohort of schools that will implement new projects in the coming year.

Diversifying the applicant pool is also a goal of many dental hygiene programs. To assist in this pursuit, we launched the ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS) in 2013. This venture constitutes ADEA's first foray into the realm of undergraduate applications. The service is free to ADEA member programs, and three dozen of these, including almost half of the graduate dental hygiene programs, used the service in the first year. We hope to double that number in 2014.

Our Association has also worked diligently to ensure that the faculty at member schools and programs reflect the make-up of the population at large. Thanks to generous, multi-year funding from the W.K. Kellogg Foundation, the ADEA Minority Dental

Faculty Development (ADEA MDFD) Program has been encouraging members of minority groups to consider academic careers in the oral health professions since 2004. Using a "grow our own" strategy, participating schools have developed novel academic and community partnerships that serve as powerful recruitment vehicles while reducing oral health disparities in vulnerable communities. The program, now in its third iteration, is taking the lessons it has learned about leadership and the importance of mentoring and applying them to its current endeavor to recruit minority dental educators to careers in academic research.

Of the many faculty development programs ADEA offers, two others also merit mention in this report. In 2013, 34 junior faculty made their way to Kennebunkport, ME, to take part in the second ADEA Summer Program for Emerging Academic Leaders. The program, which blends an immersive summer experience with a mentored, year-long, collaborative project, was launched in 2012 and repeated in 2013 in response to popular demand.

ADEA also devotes considerable energy to encouraging dental students to consider academic careers. Last year, our Association stepped in to fill the void left by the discontinuation of the American Dental Association Student Ambassador program in 2013. Through a series of town hall meetings with members of the student chapters of the National Dental Association, the Hispanic Dental Association and the Society of American Indian Dentists, ADEA staff gathered information about ways our Association can support students in their search for mentorship and leadership development training. The result is a new ADEA Student Diversity Leadership Program scheduled to launch at the 2014 ADEA Annual Session & Exhibition.

Of course, recruiting individuals to academic careers is just a first step. Once individuals elect to pursue academic careers, ADEA supports them with a series of faculty development programs designed to enhance their skills at each phase of their careers. Recognizing that such programs are not always within easy reach, in 2013 we launched the ADEA Faculty of Color Tuition Scholarships for Professional Development with the support of the ADEAGies Foundation and AAL, which operates several of ADEA's signature leadership programs. This ongoing effort to facilitate the participation of faculty of color in ADEA's professional development programming speaks to the value our Association places on supporting and retaining individuals once they have been recruited to academic careers.

We are also witnessing an evolution in the practice of dental hygiene. While government statistics indicate that the need for dental hygienists in private practice dental offices will remain strong, many of the profession's leaders foresee an increased presence of dental hygienists in alternative settings. Some state dental practice acts currently allow patients to directly access at least some dental hygiene services. As more states follow this path, dental hygiene programs may want to take a page out of their own past and increase the training they make available to students in hospitals, public health clinics and other community settings. With this enhanced training, dental hygienists could increase their contribution to meeting the needs of underserved patients.

Outside pressures are altering the face of dental practice as well. Trends suggest that a growing number of dentists will be employed or work within an established large group practice rather than joining a small private practice or starting one of their own. It's not surprising that the emergence of these large group practices has generated controversy in a profession with a strong entrepreneurial streak, but, like their peers in medicine, a growing number of dental graduates see advantages to treating patients without the added complications of running a business.

Looking around the corner...



34 junior faculty attended the 2013 ADEA Summer Program for Emerging Academic Leaders.

Student debt will continue to be a major concern for higher education and health professions education.



The High Cost of Education

Dental and dental hygiene education still offer an excellent return on investment, but academic degrees in the oral health professions come at a relatively steep cost. At community colleges, dental hygiene programs are among the most expensive degrees offered, and the price of a dental education in a university setting exceeds that many times over. The average cost of attending dental school has risen 60% since 2000, and dental students are graduating with an average of nearly \$222,000 in debt. Despite concerted attempts to address these problems, immediate relief is not in sight.



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These unprecedented levels of indebtedness are having an influence on where new dentists choose to practice. Despite the growing need for general dentists, more students are pursuing specialty training hoping to pay off their debt more quickly. While some students are attracted to the loan repayment programs that accompany dental careers in the military and public health, other graduates are less inclined to practice in underserved areas where their lifetime earnings may be less. In addition, some young people are choosing not to enter the oral health professions at all. One reason: the economic realities of the recession years and changes to government loan programs are making it increasingly difficult for economically challenged students to borrow.

In 2012 ADEA responded to this state of affairs by creating the ADEA Presidential Task Force on the Cost of Higher Education and Student Borrowing. In 2013 it issued a report that is guiding our Association's actions to address these problems. In response to the report's recommendation that our community promote financial literacy among current and future dental students, ADEA has taken several steps to help students become responsible borrowers.

In partnership with AAMC, we created a dental version of that association's online tool to help medical students plan for and manage their debt. The result is the AAMC/ADEA Dental Loan Organizer and Calculator (AAMC/ADEA DLOC), which became available to ADEA members last fall through our GoDental.org website. AAMC/ADEA DLOC had 240 registered users in the first month, and that number has grown since ADEA invited student financial aid advisors to attend webinars explaining how students can use the tool to track their loans and run repayment scenarios. Although DLOC was designed with dental students in mind, dental residents and allied dental students can also make use of this valuable resource.

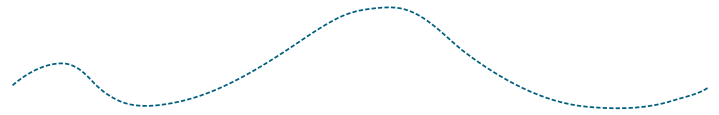
Knowing that this problem will require our ongoing commitment, we've also created a permanent body to address the issues of student borrowing. The ADEA Student Financial Aid Advisory Committee met for the first time in September 2013. Its members, who deal with the financing side of the educational equation on a daily basis, are expected to bring timely insights and guidance to our community as we continue to wrestle with the cost of higher education.

Solving this ongoing problem will also require the involvement of many outside our immediate community. With this in mind, ADEA has made common cause with other organizations dedicated to the health professions and higher education in a joint effort to educate policymakers on the importance of government support for our members' endeavors.

Looking around the corner ...



Changes to health care coverage and delivery systems will fuel an expanded demand for dental care.



The Need for a Wider Safety Net

Pediatric dental care has become an essential benefit through the ACA, more children are gaining access to dental coverage through Medicaid and people are living longer, increasing the overall number of people with oral health needs. These changes are already underway, and as time unfolds and more pieces of the ACA fall into place, we are certain to see even greater demand for dental care.

To meet this exigency, it's clear that the United States will need a wider safety net. How that safety net—already under strain—can be expanded remains to be seen.

These access issues concern our members greatly. ADEA member institutions play a vital role as safety net providers, supplying millions of dollars in subsidized oral health care each year to low-income patients. At present, the reimbursement for that care covers less than 50% of its cost, making it difficult to extend oral health services to all those who need them.

ADEA is engaged in conversations with the Obama administration about government support for the care our members provide, and this will continue to

be a priority in the years ahead. In particular, funding for the Ryan White HIV/AIDS Program, Part F, Dental Reimbursement Program has been stagnant, while the need to provide oral health care to people with HIV/AIDS continues to increase.

Toward the end of last year, Congress averted a scheduled 2014 reduction in funding for the Ryan White and other safety net programs when it agreed to halt the automatic budget cuts known as sequestration. In January 2014, Congress passed a budget that restored funding for the programs that most impact our members to levels nearing those of fiscal year 2012. Title VII of the Public Health Service Act, which funds training in oral health, the National Institute of Dental and Craniofacial Research (NIDCR) and the CDC Division of Oral Health will all benefit from these developments and so will our members. Nevertheless, we must remain vigilant.

According to NDD United, a coalition of organizations concerned about preserving core public services, spending cuts since 2010 to nondefense discretionary (NDD) programs have reduced the share of the U.S. economy going to NDD programs to its lowest level since 1976. This is not a recipe for growth or even for sustained support of oral health workforce programs or the provision of safety net care.

To ensure continued support for the programs we value, we joined the NDD United coalition in 2013 to ask Congress to replace sequestration with a bipartisan, balanced approach to deficit reduction. Moving forward, we will continue to form strategic alliances as we engage in advocacy work on behalf of dental education. In particular, we expect to work with the Health Professions and Nursing Coalition (HPNEC) to ensure that funds authorized under Title VII and Title VIII remain sufficient to support the creation of a health care workforce that is prepared to care for an increasingly diverse population.

Looking around the corner ...



ADEA Member Institutions play a vital role as safety net providers, supplying millions of dollars in subsidized oral health care each year to low-income patients.



Educators and entrepreneurs are harnessing the power of information technology to transform learning.



The eLearning Frontier

Although the textbook and the lecture hall may still be visible on most of our campuses for some time to come, they will increasingly look like relics of the 20th century. The Internet has revolutionized the ease with which we acquire knowledge. Mobile devices have changed the ways we share it. And interactive media are allowing us to customize learning in ways that may one day prove as effective as providing a tutor for every student. ADEA members are embracing these developments, and a cadre of eLearning enthusiasts are leading the way in shaping how students will learn in the decades ahead.

To expose our members to ongoing developments on the eLearning frontier, our Association presents regular opportunities for faculty to acquaint themselves with the latest educational technologies. Member-initiated educational programming on teaching and learning with emerging technology, and plenary sessions that help bridge the digital divide between students and faculty, have become regular features of our annual gatherings. For many years, the ADEA TechExpo has created an additional venue where members can explore new technologies face to face. Building on the theme of lifelong learning that we explored together last March, the 2014 ADEA Annual Session & Exhibition will encourage members to look inside the brain and explore the use of technology to facilitate learning.

Those members who attended the 2013 ADEA Fall Meetings got a sneak preview of what awaits the rest of us in March. During three days focused on the theme "Embracing Technology in Teaching and Learning," dental educators talked about their use of information technology in the classroom. Attendees also heard from the Vice President of the National Center for Academic Transformation, who discussed ways that educational institutions are using information technology to redesign learning environments to produce better learning outcomes for students.

Those who attended the 2013 ADEA Deans' Conference received an additional dose of eLearning insight from representatives of Inside Higher Ed, an online source for higher education news, and Coursera, a leading provider of free online college courses. eLearning was showcased again in December at a meeting of those dental schools that host the Summer Medical and Dental Education Program. Attendees heard about enhancing learning environments from a medical fellow at the Khan Academy, an influential online provider of free K-12 educational content. Those who travel to San Antonio for the 2014 ADEA Annual Session & Exhibition will also have a chance to hear him speak.

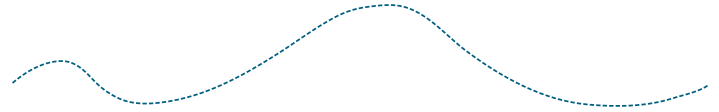
As regards our own online educational offerings, last year, the ADEA/AAL Institute for Allied Health Educators (ADEA/AAL IAHE) registered a record number of participants as a result of its expanded roster of courses, made possible by a multi-year unrestricted educational grant of \$500,000 from the Colgate-Palmolive Co., the Institute's exclusive sponsor. More than 100 faculty seeking top-quality course content in a flexible online format responded enthusiastically by enrolling this past fall in the newest course, "Clinical Teaching Best Practices." The course will be repeated in 2014 along with several established courses and a new program called "Revitalizing Curriculum and Faculty."

eLearning is one of the brightest developments on the horizon, and I'm sure we'll be hearing a lot more about it in the years ahead.

[Looking around the corner...](#)



ADEA will play a leading role in shaping the future of dental education.



Charting the Road Ahead

ADEA not only looks around the corner to anticipate and respond to what lies ahead. Our Association also plays a leading role in shaping the future of dental education, and our commitment to this endeavor remains strong.

In the eight years since we launched the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI), we have developed 21st century competencies for predoctoral education and used them to leverage substantial change. Schools have moved to competency-based curricula, the dental boards are now administered on a pass/fail basis and the Commission on Dental Accreditation (CODA) has put in place new standards for predoctoral dental programs that reflect these shifts.

ADEA CCI has also made our Association a leader among other health professions education associations. Dental education has become a model for those looking to free themselves from the strictures of teaching to their own licensure tests. Other leaders in health professions education are coming to us for guidance on implementing competency-based curricula.

Most importantly, ADEA CCI has had an unprecedented impact on national policies governing dental education, and these policies have had a reciprocal impact on how we conduct the business of dental education. Changes in the predoctoral curriculum have been profound. Recognizing this transformation, in 2013 CODA asked ADEA to develop a new curriculum survey to make sure that our data collection remains relevant in the years ahead.

As we look to the future, ADEA is also taking concrete steps to ensure the long-term health of academic dentistry. Toward this end, ADEA has been encouraging students, residents and fellows to consider academic careers through a membership campaign that has netted 7,000 individuals in two short years. Moving forward, the campaign will target students, residents and fellows at allied programs and at hospitals that are not affiliated with dental schools. The campaign is heightening awareness of the value of ADEA membership among our younger members, and we hope that this engagement will be reflected in additions to our faculty ranks in the years ahead.

[Looking back from where we have come...](#)

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Our Association has a lot to be proud of.

The accomplishments of recent years truly reflect the contributions of ADEA members of every stripe. Among these are a loyal group of foundation and corporate partners whose ongoing support is allowing us to sustain our established activities and pursue promising strategies to achieve mutual goals. The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation and the Colgate-Palmolive Co. led the way this past year with their extraordinary support for some of the programs mentioned above. The 60 plus members of the ADEA Corporate Council also made generous contributions to our Association through educational grants and sponsorships. These sustain ADEA meetings, leadership programs and an array of scholarships, fellowships and awards all aimed at advancing excellence in dental, allied dental and advanced dental education. The support of these partners has multiplied the impact of our efforts many times over. We owe them a tremendous debt of gratitude.

I also want to express my appreciation for ADEA's extraordinary volunteer leadership and staff, who conceive and execute the multitude of programs and strategies that are helping our Institutional and Individual Members reach their goals. I am particularly grateful to the members of our ADEA Board of Directors: Steve Young, Jerry Glickman, Lily Garcia, Ryan Hajek, Pam Hughes, Susan Kass, Mike Landers, Valerie Murrah, Elizabeth Roberts and Huw Thomas. I also appreciate the work of the other leaders in our Association who serve on the many internal and external councils, commissions and task forces. They deserve our thanks for their extraordinary service to our Association.

Over the past year ADEA members have developed an impressive track record of looking beyond the parochial boundaries of their individual professions, and they have shown an uncommon willingness to jettison established practices that have outlived their usefulness. This outward and forward-looking vision—this practice of looking around the corner—has served us well. Given the strength of our membership and our extraordinary leaders, I am confident in ADEA's ability to face the challenges—and seize the opportunities—that lie ahead.

Communications Become Even More Important

Effective communications have and will continue to be a critical measure of success for all that we do as The Voice of Dental Education. With the ever increasing prominence of social media and technology in our lives, the expectations for when and how information is provided have changed significantly. In 2012, ADEA conducted an audit of the various ways our Association communicates with its members. Along the way, one message came through loud and clear: ADEA members want information that is tailored to their specific needs and interests.

To make it clear which communications are intended for particular audiences within the Association membership, ADEA developed a visual communications system, which has been visible on our website and in our publications since late 2013. It uses color and consistent graphics across both print and electronic media to convey the target audience. The new visual communications system will help ADEA's communications stand out in a crowded landscape of messages vying for our members' attention.

The audit also led to last year's consolidation of two ADEA publications with related content. The items that formerly appeared in ADEA Member News now have a home in the redesigned *Bulletin of Dental Education (BDE)*. The merged periodical affords members more streamlined access to news from around the dental education community.

In 2013, ADEA's flagship publication, the *Journal of Dental Education (JDE)*, began instituting a series of changes that will serve ADEA members well in the years ahead. Subscribers can now download figures from full text articles as PowerPoint slides, enabling readers to easily incorporate *JDE* figures into their presentations. The slides conveniently contain an article citation as well as ADEA branding, making them ready-for-use upon download.

Last summer ADEA also completed a test version of a *JDE* mobile app developed with HighWire press. Finished apps for both Apple and Android operating systems are now available in the Apple store and in Google Play. Finally, ADEA is developing a "publish ahead of print" page on the *JDE* website. Beginning later in 2014, this feature will make information available to *JDE* readers in a more expeditious manner.



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