



## **ADEA Executive Director's Report**

# **2009**



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ADEA Executive Director

As a nation, we entered the current year considerably sobered by the economic turmoil of 2008. Yet as an association, we can take solace in the fact that ADEA is stronger than ever. Membership continues to grow, and so does the influence we exert in the classroom, in clinics, and on Capitol Hill. ADEA is taking the lead on issues of importance to the dental education community: curriculum reform, educational policy, diversity and access, workforce generation, and health care reform. In all these areas, ADEA delivers value to its members in both traditional and innovative ways.

During these challenging economic times, putting member contributions and foundation dollars to good use is more important than ever. To ensure it fulfills this mission, ADEA measures its progress in terms of its four strategic goals: preparing institutions for the future, generating the workforce of the future, developing leaders for the future, and delivering value to members. In this report, we share our most significant advancements toward those goals, and the ADEA Board of Directors has completed an appraisal of our highly successful Open Membership initiative at the end of three years.

In the area of curriculum reform, the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) made major strides. *Competencies for the New General Dentist*, formulated to provide benchmarks for future curricula, was passed by the ADEA House of Delegates, paving the way for the creation of comprehensive predoctoral curriculum guidelines.

ADEA CCI Liaisons are actively working toward curricular innovation, and 110 of them gathered in Chicago last June for the second annual ADEA CCI Liaisons' Summer Conference. The need for innovative and reliable assessments

took center stage at the meeting, and assessment will be the theme for the 2010 ADEA Annual Session. In related efforts, an ADEA CCI task force fielded a survey on assessment methodologies and created an assessment toolbox for use by ADEA members. ADEA CCI also launched a new electronic newsletter, *ADEA CCI Liaison Ledger*, to promote communication and resource sharing among Liaisons.

ADEA also led a joint ADEA and Commission on Dental Accreditation (CODA) task force in developing revised Predoctoral Dental Education Accreditation Standards. After revisions by CODA, the revised standards were passed in July 2008 and are under review for one year. The ADEA CCI Oversight Committee published additional ADEA CCI white papers in the *Journal of Dental Education* and established a Public Relations Task Force.

The ADEA Center for Educational Policy and Research (ADEA CEPR) pursued an extensive research agenda in collaboration with the ADEA Division of Educational Pathways, ADEA Office of Information Technology, and ADEA Division of Knowledge Management. ADEA CEPR assisted

the ADEA Council of Allied Dental Program Directors (ADEA CADPD) in developing a survey of all allied dental program directors, including non-ADEA members, that will form the basis of policy recommendations by the ADEA CADPD Task Force. ADEA CEPR also streamlined the ADEA Faculty Salary Survey, regarded as an invaluable tool for administrators at ADEA Member Institutions.

ADEA CEPR is also studying trends in bachelor's degrees awarded in the biological and physical sciences and other factors in student decisions to pursue dental degrees. ADEA's involvement in two pipeline initiatives, one sponsored by The Robert Wood Johnson Foundation and the other by The California Endowment, is also furthering our understanding of how to attract individuals, especially underrepresented minority and low-income students, to careers in oral health.

The diversity of the U.S. population increases with each passing year, yet underrepresented minorities (URM) are still less likely to enter the health professions. This affects our ability to provide health care to underserved communities in addition to creating a

barrier to hiring minority faculty and developing minority leadership for academic dental institutions. As a result, the work of the ADEA Center for Equity and Diversity (ADEA CED) remains as urgent as ever.

Our latest initiative in this regard resulted in last spring's ADEA Leadership Development Workshop for Diversity Officers at U.S. Dental Schools. Seventy-five percent of U.S. dental schools participated in the event, which was made possible in part by funding from the ADEAGies Foundation and the W.K. Kellogg Foundation. We hope this will be the first of many gatherings that teach leadership, advocacy, and planning skills to diversity officers.

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Generous funding from entities that have long supported ADEA's work in equity and diversity made a range of programs possible in 2008. The Connections Supplement Grant, funded by The Robert Wood Johnson Foundation, strengthens programs for prospective and enrolled URM dental students by providing start-up funds for mentoring programs. Another Robert Wood Johnson Foundation grant supported the Summer Medical and Dental Education Program (SMDEP), run jointly by ADEA and the Association of American Medical Colleges (AAMC). The number of pre dental students participating in AAMC/ADEA SMDEP in 2008 was 184, up from 154 in 2006. Students who took part in the pilot for this enrichment program have begun entering professional schools, and next year ADEA will begin collecting data on where SMDEP graduates are accepted.

The ADEA/W.K. Kellogg Minority Dental Faculty Development Program provided W.K. Kellogg Foundation funding to 11 dental schools and 55 individuals this past year. The Academic Dental Careers Fellowship Program entered its third year with funding from ADEA and the American Association for Dental Research (AADR). Past AADR/ADEA ADCFP Fellows are now well on their way toward academic careers.

ADEA also partnered with the Health Professionals for Diversity Coalition in 2008, and continued to oversee *Moving Forward: Bridging the Gap*, a promising effort to increase workforce diversity by creating a curriculum model that connects the undergraduate education experience directly to dental school in a seven-year program. This project is supported by the Josiah Macy, Jr. Foundation.

ADEA made significant progress last year toward its goal of generating the workforce of the future. The accomplishments of the ADEA Division of Educational Pathways (ADEA DEP) were exceptional in this regard. ADEA now offers multidirectional, user friendly, paperless application services for use by applicants and our institutional members. The system also provides transcript verification within ADEA AADSAS and accepts and delivers electronic letters of recommendation for all application services. The new ADEA Centralized Application for Advanced Placement for International Dentists (ADEA CAAPID) will be instituted in 2009 at the request of our member institutions. Likewise, an eagerly awaited collaboration with the postgraduate residency matching service will result in a single online application starting in May 2009. It is noteworthy that while applications to pre dental programs are leveling off, dentistry still attracts 2.9 applicants for every opening, compared with 2.38 for medicine.

As dental schools strive to admit students from diverse backgrounds, admissions committees are challenged to identify candidates who possess the backgrounds and skills essential for success. Over the past three years, Dental Pipeline leaders and ADEA staff have designed and presented Admissions Committee Workshops at the invitation of 14 U.S. dental schools. Dental schools that have hosted an Admissions Committee Workshop have made substantial strides in admitting and enrolling more diverse classes. In 2008, ADEA received funding from the Dental Pipeline and The Robert Wood Johnson Foundation to identify dental school admissions and diversity officers to continue to present workshops to dental school admission committees. ADEA will also develop a website of resources for trainers and for admissions committees seeking tools and best practices related to diversity and admissions.

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To prime the pipeline even earlier, ADEA also led the development of innovative programming designed to better acquaint health professions advisors with the distinctions between the health professions. Presentations at last year's meeting of the National Association of Advisors for the Health Professions and the ADEA Pre dental Advisors Workshop resonated with the audience and underscored the collaborative nature of health care.

ADEA's efforts to generate a diverse workforce of the future also reached new heights in connection with the free, interactive, and multidisciplinary website that we lead, ExploreHealthCareers.org. We're proud to report that it now ranks #1 on Google with a variety of keyword searches.

ADEA also prides itself on its growing reputation as the voice of dental education. We are leading the effort to make sure oral health is included in the national debate on health care reform. Last year the ADEA Board of Directors approved as interim ad hoc policy a statement on health care reform. ADEA members' reaction to

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and support for the policy statement was measured by online surveys and during two ADEA meetings in the fall. Five hundred nine responses were received. As a result of this feedback, a revised policy statement was approved by the ADEA Board of Directors at its January meeting and forwarded for consideration by the ADEA House of Delegates at the 2009 ADEA Annual Session.

The ADEA Board of Directors also approved a statement supporting the concept of a dental home. "Dental Home" refers to the notion that coordinated, family-centered oral health services should be delivered in an ongoing relationship between a dental team and a patient. The Seventh Annual Report to Congress of the Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Care Medicine and Dentistry, dealing with this issue, will be forthcoming soon.

ADEA also went on record in support of dental education partnerships between academic dental institutions and community-based clinics. These may lead to a model of dental education with expanded extramural clinical rotations in the community that helps

to improve access to care for rural and urban residents. Legislative efforts under way would further this model and these goals.

In June, ADEA Associate Executive Director and Director of the Center for Public Policy and Advocacy Jack Bresch testified at a Capitol Hill briefing on dental health sponsored by the Alliance for Health Reform. His remarks focused on the vital role academic dental institutions play as safety net providers, emerging allied dental workforce models, and the core values articulated in the ADEA interim ad hoc policy statement on health care reform.

Mobilizing ADEA members to advocate for these and other issues of concern to our community remains a vital part of our work. 2008 marked the 10th anniversary of National Dental Student Lobby Day, made possible with funding from GlaxoSmithKline; OraPharma, Inc.; the American Association of Oral and Maxillofacial Surgeons (AAOMS); ADEA; the American Student Dental Association (ASDA); and the American Dental Political Action Committee (ADPAC). Over 300 students representing 52 schools attended this event. ADEA also held four more Field Advocacy Workshops last year to train members to make their voices heard. A total of 14 workshops have been held to date, and at least three more are planned for 2009.

Without strong leadership, none of these activities would be possible, so we fully appreciate the importance of addressing our strategic goal of developing leaders for the future. ADEA sponsors a number of programs to support this work. Chief among these is the ADEA Leadership Institute, a year-long program designed to develop the nation's most promising faculty at academic dental institutions to assume leadership positions in dental and higher education. The current

class brings the total number of ADEA Leadership Institute Fellows to 170. Nearly three quarters of graduates say the program has been important or very important to their career advancement.

Applications to the ADEA Allied Dental Faculty Leadership Development Program (ADEA ADLFP) rose once again last year. ADEA ADLFP is currently in its fifth year and continues to produce impressive results. Of the program's 88 graduates, 35 have moved into significant leadership positions, such as program director or associate executive director of a foundation. Five have been recipients of ADEA/GlaxoSmithKline Dental Hygiene Teaching Fellowships, and two have gone on to participate in the ADEA Leadership Institute.

ADEA also supports several leadership programs geared specifically for women. The ADEA/Johnson & Johnson Healthcare Products/Enid A. Neidle Scholar Program marked its 14th year in 2008. An impressive 64% of Neidle Fellows have been promoted in academic rank, and 71%

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have remained at the same parent institution. ADEA also collaborates with the Hedwig van Ameringen Leaders in Academic Medicine (ELAM) Program. Thirty-three women dental administrators have completed the program, and four of the 11 women who are U.S. dental school deans are also ELAM Program graduates.

In all the things we do, we remain cognizant that we must deliver value to our members. Three years after instituting our Open Membership policy, ADEA represents 249 member institutions (including all dental

schools and growing numbers of allied and postdoctoral dental education programs); more than 17,000 individual members, who are predominately faculty, staff, and students of member institutions; and 70 corporate members.

We continue to find innovative ways to serve our members. At the 2008 ADEA Annual Session, we unveiled ADEA's participation in MedEdPORTAL, a free online international publication venue where educators in the health professions may publish and share educational resources. Advanced education programs, allied dental programs, corporations, and more than two thirds of dental schools are already using MedEdPORTAL. ADEA's partnership with the Association of American Medical Colleges in support of this venture has proved rewarding to both parties. In the year ahead we will work with deans to encourage faculty members to increase submissions and survey users in order to enhance content accessibility on the site.

We've already achieved this goal for our database *ADEA Trends in Dental Education*. Last year we reorganized the site so that regularly updated information is now categorized and indexed as it might be in a library, making it easier to find.

Member access to all types of information through the ADEA website increased markedly last year. We reorganized the site by member and website user areas of interest, and gave it a new "look and feel." In addition, our acquisition of Microsoft's SharePoint Server program allows ADEA staff to make up-to-date information available to members more quickly and with greater ease.

ADEA members also value opportunities for face-to-face encounters where they can exchange knowledge and debate ideas directly. The 2008 ADEA

Annual Session in Dallas, Texas, drew a record 1,802 attendees who did just that. They expressed enthusiasm about the meeting's educational offerings, its inclusiveness, and the focus on innovation.

The ADEA Fall 2008 Meetings also provided evidence of our organizational growth. For the first time, a number of joint sessions were held and collaborative working groups crossed professional and institutional boundaries to tackle a range of issues. June's 41st Annual National ADEA Allied Dental Program Directors' Conference brought over 200 participants together in Coeur d'Alene, Idaho, to consider the rapid growth in allied dental programs and transitions under way in the allied dental professions. The 50th Annual ADEA Deans' Conference in November also engaged our members in vigorous discussions around leadership succession and the challenge of recruiting and retaining faculty during an economic crisis.

ADEA issued nearly 40 press releases and received more than 100 instances of media coverage this past year. The *Journal of Dental Education (JDE)* hit a new benchmark when the average successful requests per day topped 10,000 for the first time. Our flagship publication can also boast of having published "New Models of Dental Education," proceedings of the Macy Convocation, as a JDE supplement. This document puts forward a vision for the future of our field as it stands at a demographic and technological crossroads. Of equal importance, the journal conducted outreach to place this publication in the hands of our partners in the health professions and higher education as well as in those of dental educators.

ADEA thanks all who support our efforts and partner with us. Among them are many of the world's finest

foundations, specifically The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the Josiah Macy, Jr. Foundation, and The California Endowment.

I would thank our President, Dr. Charles Bertolami, and the other

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dedicated members of the ADEA Board of Directors: Dr. Lily Garcia, Dr. Diane Hoelscher, Dr. Ron Hunt, Ms. Barbara Nordquist, Dr. Rishi Popat, Dr. Jim Swift, Dr. Todd Thierer, Prof. Cheryl Westphal, and Dr. John Williams. Those who have served for several years bring a depth of knowledge and commitment to our governance that sustains us in our mission, while the newer arrivals bring fresh perspectives and welcome energy to our endeavors. I also want to acknowledge the many volunteers who provide leadership on ADEA councils, committees, and commissions, and represent us in other associations and organizations. All these voluntary efforts, so generously proffered, nurture and strengthen the Association.

As we embark on a new year, we will face new challenges and some familiar ones as well, but we will also encounter many exciting opportunities. ADEA is poised to seize those opportunities and tackle whatever challenges lie ahead. With its large, active membership, talented leaders, and clear vision, the Association is prepared to take the lead on the most pressing issues facing the dental education community. It has been an honor to serve ADEA in 2008, and I am eager to continue our work together in the year ahead.

# ADEA Board of Directors Report on Open Membership to the 2009 ADEA House of Delegates

In March 2005, the 2005 ADEA House of Delegates launched an Open Membership initiative that eliminated individual dues for faculty, staff, students, residents, and fellows at ADEA member institutions. The goals for Open Membership were to increase the number of institutional, corporate and individual members of ADEA and to engage more of the dental education community in ADEA's programming, activities, and strategic directions. As part of the enabling resolution for Open Membership, the 2005 ADEA House of Delegates urged that the initiative be evaluated for its effectiveness by the ADEA Board of Directors three years after its implementation. The 2008-09 ADEA Board of Directors submits to the 2009 ADEA House of Delegates this evaluation of the Open Membership initiative.

## Open Membership Creates Dramatic Change

The decision to institute Open Membership was considered first by the ADEA Board of Directors early in 2005, after an ADEA Membership Task Force study in 2004 determined that membership dues were an obstacle for individual dental, allied dental, and advanced dental faculty, staff, students, residents, and fellows in joining the Association. ADEA competed for resources for individual membership with numerous other organizations, particularly in allied and advanced dental education programs that are not components of dental schools. Examination of this finding led to the proposal of eliminating individual dues and consideration of whether this might increase ADEA membership in a way that would allow the Association to achieve both growth goals and strategic directions. It was estimated that there were about 60,000 individual dental,

allied dental, and advanced dental faculty, staff, students, residents and fellows in North America; in 2004 there were about 2,000 dues-paying ADEA Individual Members.

The seven ADEA Councils were brought into the conversation. Dr. Frank A. Catalanotto, currently Professor of Community Dentistry and Behavioral Science at the University of Florida College of Dentistry and ADEA President at that time, says now:

*There was a lively, friendly debate. Ultimately we decided it was worth the gamble to try it. Open Membership was a key strategy for encouraging more institutions to join ADEA, particularly hospital-based residency programs and allied dental education programs.*

It was decided that Open Membership would be evaluated after three years. It was also agreed that a different kind of value could come from increasing the number of ADEA member institutions and engaging their faculty, staff, students, residents, and fellows in the Association's work and goals, which center around preparing academic dental institutions, their current and future leaders, and the individuals they serve for a substantially different future world. According to Dr. Eric J. Hovland of the Louisiana State University School of Dentistry, who was ADEA President when Open Membership launched:

*Open Membership greatly increased the value of ADEA membership to institutions. Immediately after the launch, I witnessed the excitement of dental education leaders. They were able to offer so many more faculty, staff, and students the benefits of ADEA membership. This resulted in increased visibility for academic dentistry throughout their institutions.*

Beginning January 1, 2006, individual dues (which had been \$125 annually for faculty members and \$40 annually for students, residents, and fellows) were eliminated for those affiliated with ADEA member institutions (dental, allied dental, and advanced dental schools and programs, along with corporations). To take advantage of Open Membership and activate an individual membership, an individual at an ADEA member institution simply visits [www.adea.org](http://www.adea.org) and completes an online form.

Expanded use of technology made the changes economically viable. The Bulletin of Dental Education switched from a printed format to an online format, eliminating mailing costs and dramatically increasing the amount of content provided to members. The member benefit of a printed copy of the *Journal of Dental Education (JDE)* mailed each month was replaced with the availability of *JDE* content online free to ADEA members. (Those wishing to receive printed copies of the *JDE* now pay a small charge for an annual subscription.)

At the time, the prospect of non-dues value and revenue substantially strengthening ADEA's position was a long-range goal, not an expectation for the first three years.

## Open Membership Exceeds All Expectations

ADEA leaders planned for 5,000 eligible people activating individual membership. But that goal was exceeded within days, and in the first few months of 2006 more than 15,000 activated. As of December 2008, ADEA has more than 17,000 individual members.

In January 2006, ADEA kicked off Open Membership with the “Open . . . Wider” campaign, designed to support ADEA Institutional Members in signing up their faculty, staff, students, residents, and fellows as ADEA individual members. To empower institutional leaders in this grassroots effort, the Association activated online tools; distributed a tool kit with a planner and posters, flyers, presentations, and FAQs describing Open Membership; and announced a contest among ADEA member institutions to sign up individual members. The campaign was an enormous success, with many schools devising creative ways to attract new ADEA Individual Members. The most successful aspects of the Open Wider campaign have been applied in ongoing campaigns to attract new institutional and individual members.

The dramatic increase in membership numbers has led to growth in other measures, all pointing to successful engagement of stakeholders and greater influence for ADEA as the Voice of Dental Education. Dr. James J. Koelbl, Founding Dean of the Western University of Health Sciences College of Dental Medicine, says:

*The Open Membership program has been wildly successful in involving members.*

**Among the examples of increased member engagement in ADEA are:**

- Increased attendance at the ADEA Annual Session and other ADEA meetings, with a record-setting 1,802 participants for the 2008 ADEA Annual Session
- More program submissions for the ADEA Annual Session, jumping more than 40% from 2005 to 2009
- More nominees to ADEA and external boards, task forces, committees, and other appointments
- More *JDE* readers, with average successful requests per week to the *JDE* Online more than doubling, increasing from nearly 32,000 in 2006 to more than 73,000 in 2008
- More articles submitted to the *JDE*, from 200 in 2005 to 233 in the first 11 months of 2008
- More *JDE* subscribers paying for the print edition of the journal, growing from 822 in 2006 to 1,079 in December 2008

- Greatly expanded membership across the 36 ADEA Sections and the nine ADEA Special Interest Groups (SIGs); for example, membership in the ADEA Section on Oral Biology increased more than 3,000% from 2005 to 2008, and nine sections gained more than 1,000 members each, with the ADEA Section on Dental Hygiene Education gaining nearly 2,000 members from 2005 to 2008; the Implant Dentistry SIG now has more than 3,200 individual members
- More visits to [www.adea.org](http://www.adea.org), currently receiving more than 700 successful requests per day
- Rapidly growing awareness of ADEA as an “umbrella” dental education community that encompasses different groups and creates opportunities for them to share resources

Also notable is a new power in ADEA speaking as the Voice of Dental Education in legislative advocacy efforts. Many more ADEA Institutional and Individual Members actively represent the interests of dental education and oral health on Capitol Hill and in state capitals. Programs like AADR-ADEA Advocacy Day and ASDA-ADEA National Dental Student Lobby Day, where members speak to representatives from their home states, are more visible to lawmakers now that ADEA represents diverse groups that make up the dental education community.

ADEA is committed to promoting greater equity and diversity in dental education, and it is joined by a variety of partners in efforts to encourage and fund dental education participation by underrepresented minorities. This is an important example of an area in which non-dues revenue has increased substantially since the institution of Open Membership. ADEA has:

- Embarked on the development of a flexible seven-year dental curriculum that can increase the diversity of the dental workforce, funded by the Josiah Macy, Jr. Foundation
- Created the AADR/ADEA Academic Dental Careers Fellowship Program in collaboration with the American Association for Dental Research (AADR), funded initially by a generous gift from the ADA Foundation
- Taken over the leadership and management of the health careers website [ExploreHealthCareers.org](http://ExploreHealthCareers.org), supported by a major grant from the Robert Wood Johnson Foundation

- Addressed dental faculty vacancies through the ADEA Minority Dental Faculty Development Program (ADEA MDFD), funded by the W. K. Kellogg Foundation

- Brought together the W. K. Kellogg Foundation, the Robert Wood Johnson Foundation, and The California Endowment to address our common quest to encourage the entry of underrepresented minorities into dental education in the Access to Dental Careers program

- Increased enrollment in the Summer Medical and Dental Education Program co-sponsored with the Association of American Medical Colleges, supported by a major grant from the Robert Wood Johnson Foundation

- Enhanced recruitment, retention, and advancement of minority dental faculty at 11 dental schools with support from the W.K. Kellogg Foundation

- Received a grant from The California Endowment to identify the best strategies for creating and sustaining financially viable partnerships between dental schools and Federally Qualified Health Centers

Over the last six and a half years, ADEA has received nearly \$30 million in direct and collaborative grants. More than \$27 million has gone directly to ADEA member institutions for distribution, with most of the rest distributed to individual members.

In carrying out its role as the Voice of Dental Education, ADEA has achieved a critical mass that attracts new opportunities and partnerships for the benefit of all. Dr. Todd Thierer, Director of the General Practice Residency Program and Medical Director (Article 28), Eastman Dental Center at the University of Rochester and current ADEA Vice President for Hospitals and Advanced Education Programs, notes:

*Open Membership changed the face of ADEA, and also the membership itself. Now our student members are very involved, and they bring an additional energy to our meetings.*

In addition to greater numbers of students, residents, and fellows, greater numbers of faculty are now ADEA members, including adjunct and part-time faculty members who might not have become involved without Open Membership. Prof. Cheryl Westphal, currently Assistant Dean for Allied Health Programs at the New York University College

of Dentistry and ADEA Vice President for Allied Dental Program Directors, describes the effect of Open Membership within allied dental education programs:

*Open Membership makes ADEA much more valuable to allied dental education. The extension of ADEA membership benefits to full- and part-time faculty, administration, and students has given program directors concrete selling points for ADEA institutional membership. Allied dental education programs are usually very small with limited budgets within their larger institutional setting, so the Open Membership concept has made it a lot more attainable for these smaller programs. With our increased membership from non-dental school programs, we're benefitting from a broader range of perspectives among allied dental educators and directors, which can be shared with our colleagues in pre- and postdoctoral dental education.*

Of course there have been challenges in meeting the needs of members with extraordinarily diverse interests. New groups that bring together members around cross-cutting common interests have taken root, such as the ADEA Academic Deans group and the highly successful ADEA Scholarship of Teaching and Learning (ADEA SoTL) community of interest. ADEA has an opportunity to extend these real-time and online models to expand programming for members of ADEA Sections and SIGs, increase access to pooled resources, and provide additional professional development opportunities. Open Membership will continue to require the Association to engage in innovative thinking, improve member convergence both face-to-face and virtually, augment its technological skill, and bolster staff support.

### **Open Membership Realizes Most Important Goal**

As originally envisioned, Open Membership has dramatically increased ADEA institutional membership.

Membership among allied dental education programs has more than doubled from 65 in 2005 to 132 in December 2008. At the allied dental institutional level, ADEA membership is increasing at more than 18% annually. Currently more than 33% of all institutions with accredited allied dental education programs, including those based at community colleges and technical schools, are now ADEA institutional members.

Similarly, advanced dental education and hospital program membership has also nearly doubled increasing from 24 in 2005 to 44 in December 2008. The annual growth rate for membership among these institutions exceeds 23%. Currently more than 28% of institutions with advanced dental education and hospital programs are ADEA institutional members.

Retention rates across membership groups are high, because members see the value in ADEA membership. Dr. Thierer points out:

*Advanced dental education programs recognize the value of membership once they see the benefits. Before Open Membership, the University of Rochester Eastman Dental Center was an institutional member, but now all of our faculty and staff can join without an additional cost to them. That's a huge plus. It's also great for our residents.*

Corporate membership in ADEA has increased significantly as well, with 69 dentally related companies and other organizations that are now corporate members of ADEA.

### **Open Membership Expands Horizons**

Engaging more members does not by itself resolve the strategic challenges facing dental education. But it has created more collaboration and energy than originally envisioned, along with an environment that encourages fresh approaches to and increased interest in shared problems. One example is the institution of ADEA Fall Meetings in 2006, an annual event that brings together disparate groups among membership for separate and joint meetings. Participants characterize the format as "an excellent opportunity" that helps them understand issues through the eyes of "those in different positions who I would otherwise never get to know" and "those who do not share my experiences and are part of different kinds of institutions."

Open Membership has also created a new kind of influence for ADEA among external groups and organizations. Connections to other health professions and the organizations and foundations that support them have resulted new approaches to long-time issues such as equity and diversity in dental education, described above, as well as professional development and funding opportunities for ADEA members.

Dr. Charles N. Bertolami, currently Herbert Robert Fox Dean of the New York University

College of Dentistry and ADEA President, characterizes the success of Open Membership:

*Open Membership has brought more institutions into our community and opened dialogues among people who otherwise never would have met. I think it has sparked broader gains than probably were ever imagined. ADEA's successful incorporation of diverse interests has made it a stronger and more visible association. Now it truly is the Voice of Dental Education.*

Dr. Koelbl concurs:

*As our numbers have grown, Open Membership has given us more credibility. Open Membership has given us an opportunity to reach out to more individuals, get their feedback, and better represent the views of ADEA.*

In three years, ADEA's Open Membership initiative has proven to be an effective and successful structure that creates benefits for the institutions and people of allied, predoctoral, and postdoctoral dental education—in short, all of dental education. The Association is poised to embrace future opportunities.

Based on this evaluation, the ADEA Board of Directors concludes that the Open Membership initiative has been a far-reaching success, exceeding the expectations in 2005 of the ADEA Board of Directors and the ADEA House of Delegates.

Respectfully submitted on behalf of the ADEA Board of Directors,



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