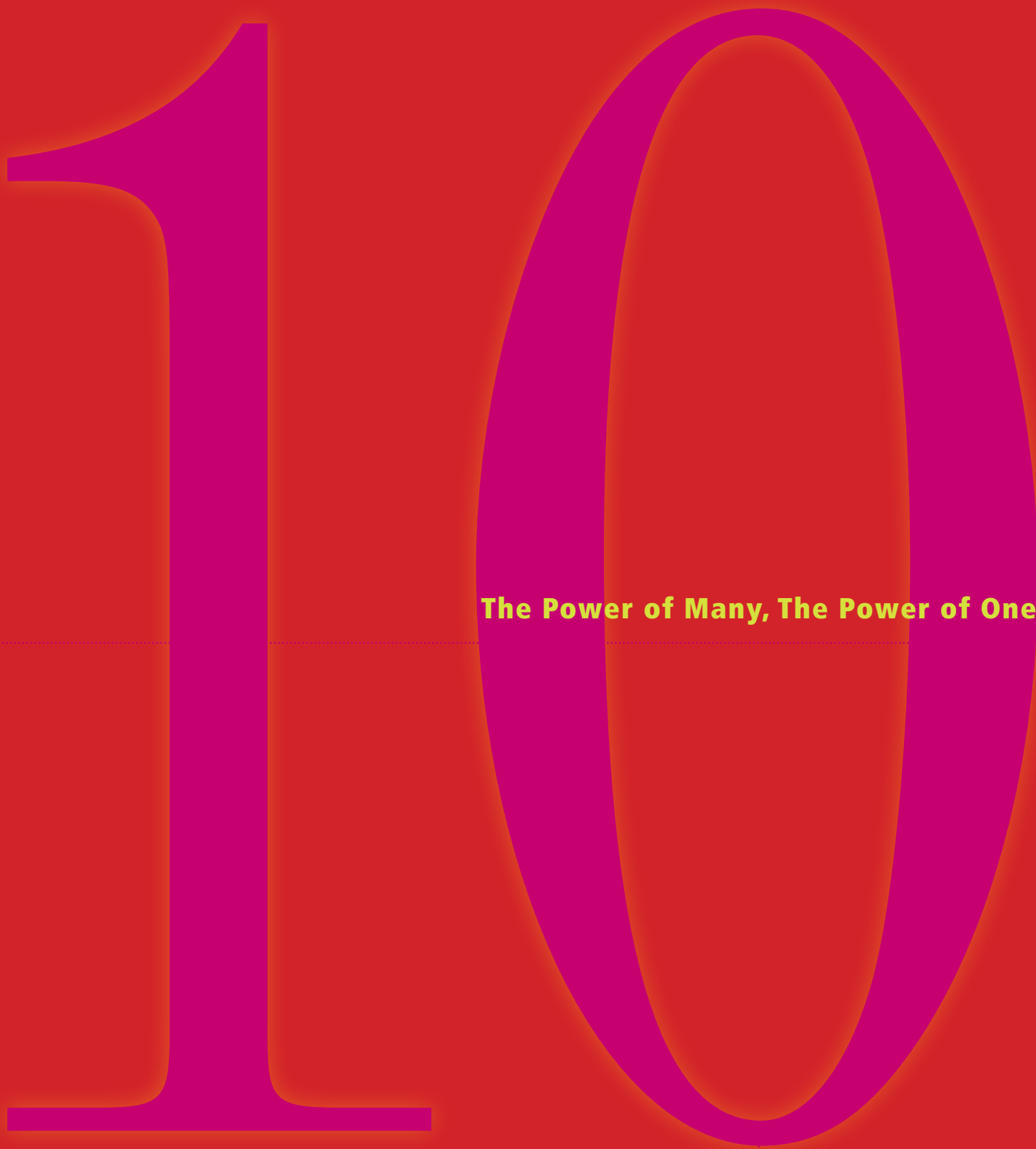


2011 ADEA Executive Director's Report



The Power of Many, The Power of One



YEARS AGO,

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the American Association of Dental Schools or AADS, as ADEA was known at the time, made a conscious decision to transform itself from an organization primarily serving dental schools into an association representing each of the unique communities within dental education.

That transformation has set the stage for growth beyond our wildest imaginings. The size of our membership is just its most visible expression. The concurrent acquisition of abundant talents and diverse perspectives has expanded our Association's outlook, our capacity, our mandate, and our reach. Today we stand as one—**One ADEA**—a unified voice for dental education.

What do I mean by One ADEA?

- Members of ADEA's seven different Councils are welcome under one big tent, and their value is affirmed by their equal representation on the ADEA Board of Directors.
- ADEA fosters interconnected community experiences that leverage our collective strengths while enabling members to meet their individual goals.
- ADEA gathers and shares information on what is happening throughout our community to inform member decision-making.
- ADEA creates forums where different approaches to addressing our community's most pressing challenges can be debated and acted upon.
- ADEA invests in partnerships with outside groups that benefit our members and impact the world beyond.

You might say that ADEA's constituencies coming together as one has brought us full circle. I touched upon this theme in addressing the 2010 ADEA Annual Session & Exhibition, when I spoke of my belief in the power of the individual and the power of the many. Adopting a unified approach to representing the dental education community has yielded demonstrable benefits, both for dental education as a whole and for each of our members as individuals. In the process, the One ADEA concept has positioned our Association to better meet member needs now and in the future. How?

Let's start with some numbers.

A Decade of Advancement

In 2000, we changed our name, our mission statement, and our governing structure, but the vision embodied in those changes saw its full realization with the adoption of Open Membership in 2005. We believed creating a new membership structure would more fully engage the entire dental education community in ADEA's programming and activities. This is reflected not just in the expansion of our membership ranks from about 2,000 at the start of the decade to more than 19,000 in 2010, but in a parallel surge in member engagement.

Attendance at our national meetings continues to grow despite the economic downturn, because members receive tangible rewards when they come together. ADEA membership offers thriving communities of interest, opportunities to take part in an impressive array of leadership and other programs, and an open invitation to everyone in our community to take part in policy conversations.

Collaboration has become almost second nature in this new environment. Since 2006, the ADEA Fall Meetings have fostered connections across ADEA's constituencies and promoted dialogue on key issues. The ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) promotes the sharing of curricular resources and models across campuses, with ADEA CCI Liaisons spreading the word. Twenty ADEA Field Advocacy Workshops have galvanized students, faculty, and administrators to contribute to a variety of policy and advocacy efforts. The ADEA Scholarship of Teaching and Learning (SoTL) movement has brought together a community of faculty and students who want to discuss ideas, share knowledge, and stimulate thinking. And ADEA members are connecting with one another, supporting each other's work, and encouraging other collaborations in countless, less visible ways.

Because the Association so broadly represents the diverse interests within the academic dental community,

ADEA is perceived as an authoritative voice on educational matters. ADEA was a leading contributor to the recent revision of the Commission on Dental Accreditation's (CODA) Accreditation Standards for Dental Education Programs. These revisions broke new ground, incorporating new language related to critical thinking, professionalism, diversity, research, evidence-based practice, interprofessionalism, lifelong learning, and the assessment of overall competency. Many of these ADEA priorities might not have received such a warm reception without the reputation ADEA has earned as the *Voice of Dental Education*.

"ADEA's successful incorporation of diverse interests has made it a stronger and more visible association. Now it is truly the voice of dental education."
Charles Bertolami,
ADEA Past President

Over the last decade, ADEA has also raised the profile of dental education on Capitol Hill and garnered the respect of prominent legislators on both sides of the aisle. ADEA's quest to position access to oral health as a core health benefit for all Americans was partially met with the passage of the Affordable Care Act (ACA) in 2010. Building on our advocacy for the inclusion of pediatric dental benefits in the 2009 reauthorization of the Children's Health Insurance Program, we championed the successful effort to include pediatric oral health services as an essential health benefit that insurers must provide under ACA. Our work has also been critical in obtaining an expansion of Title VII funding for dental education and direct Graduate Medical Education payments for the time residents spend in didactic learning activities.

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Number of ADEA Field Advocacy Workshops as of December 2010

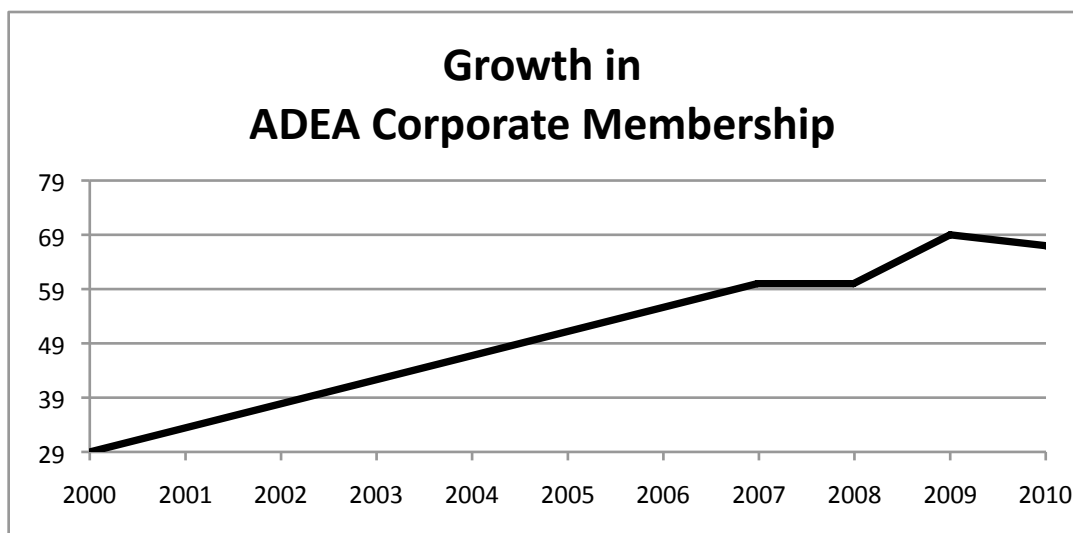
These legislative victories offer a clear demonstration of the power that comes from having a unified voice for dental education and reflect ADEA's ability to forge alliances with others who share our goals. We joined forces with organizations representing seniors, consumers, religious institutions, small businesses, Fortune 500 companies, hospitals, and pension funds during the national health care reform process, and year in and year out, we seek to build bridges with our allies in dentistry, the other health professions, higher education, and beyond.

The "relentless pursuit of strategic partnerships" has become a hallmark of how ADEA does business. Among other things, this means partnering with the nation's leading foundations, which have begun directing their giving in new ways to reshape the health care delivery system. Their leadership is visible in new models of oral health care delivery and in the increased presence of students from underrepresented minorities and low-income groups in our schools and programs and of women in our leadership ranks. The Summer Medical and Dental Education Program, ADEA's Admissions Committee Workshops, the ADEA/W.K. Kellogg Access to Dental Careers Program, and the ADEA Minority Dental Faculty Development program represent just a few of the successful foundation partnerships that support common goals. Of special note, our Association's involvement in foundation-sponsored

pipeline initiatives has helped to spread the knowledge and understanding of community-based education. In just a few short years, this innovative practice has become a mainstream experience that now reaches almost all predoctoral students.

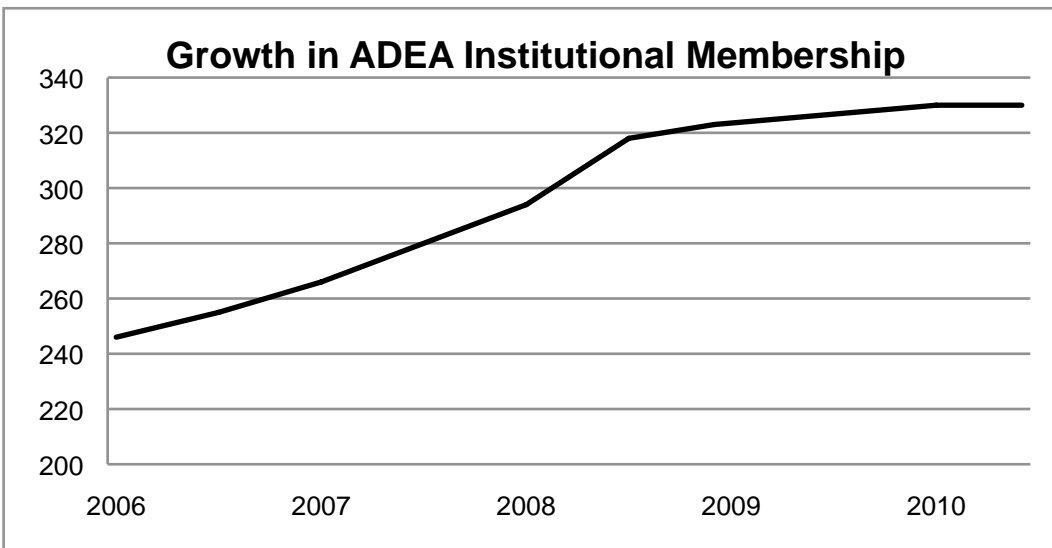
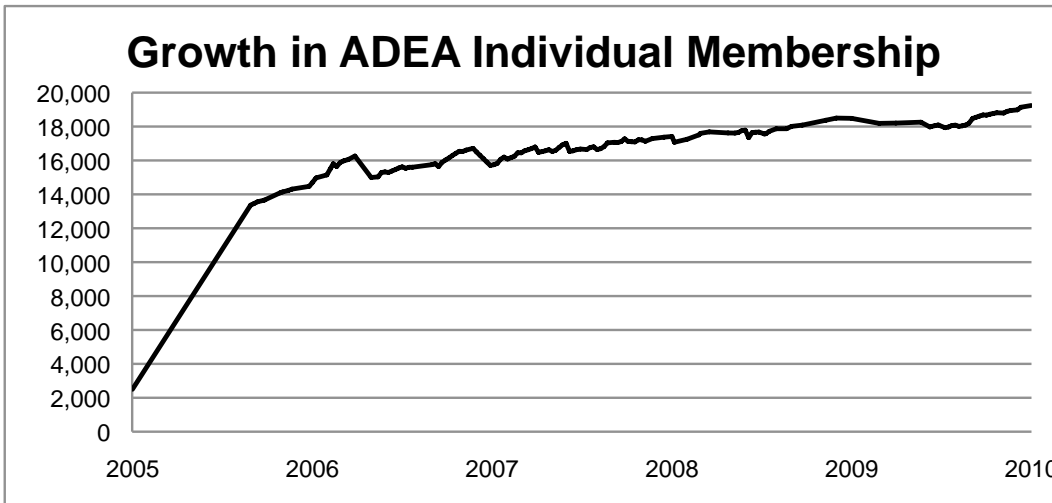
ADEA is extremely fortunate to have well-established relationships with the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the Josiah Macy, Jr. Foundation, and the California Endowment, without which many of our most influential initiatives would not be possible. Likewise, strong corporate partnerships undergird several significant ADEA endeavors.

ADEA is the only association within the dental community in North America that fully integrates its corporate partners in the organization's governance structure through a Corporate Council. As a result, corporate involvement in ADEA program extends well beyond financial support and benefits all ADEA constituencies. Our corporate partners provide educational materials, support research within our schools, and consult with



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Number of academic dental institutions involved in ADEA Commission on Change and Innovation in Dental Education, 2007-present



and faculty to interactive, web-based, live-patient education courses through *Education in the Round* at the ADA Annual Session. On the political front, our partnership with the ADA and with the American Association for Dental Research proved especially valuable in 2010 when our combined efforts resulted in preserving the autonomy of the National Institute for Dental and Craniofacial Research during the reauthorization of the National Institutes of Health.

Similarly, strong bonds connect us to our sister associations in health professions education. We collaborate with these organizations around legislative and other

educators around product development to support innovation. The ADEA Curriculum Resource Center, a state-of-the-art Web portal launched in 2010 to provide access to timely dental educational resources, is the latest manifestation of this fruitful collaboration.

Our longstanding collaboration with the American Dental Association (ADA) has also brought many member benefits including access for students, residents, fellows,

and other issues of common concern. Our participation in the Health Professionals for Diversity Coalition is furthering our Association's interest in promoting diversity within our institutions and our professions, as is our stewardship of the Summer Medical and Dental Education Program (SMDEP). SMDEP gives students from educationally disadvantaged backgrounds intensive academic enrichment, clinical experiences, and advice on financial

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Number of SMDEP Scholars enrolled in 45 different dental schools, 2006-10

and career planning to assist them in gaining admission to dental or medical school. This joint venture was first initiated by the American Association of Medical Colleges (AAMC), a continuing partner in SMDEP and several other ADEA endeavors. The most visible of these is MedEdPORTAL. This free peer-reviewed repository for medical and oral health teaching materials is playing an increasingly important role in disseminating some of the best curricula across institutional boundaries.

We also reach out to our colleagues in the other health professions and in higher education. ADEA has been the leader in encouraging the health professions to make common cause as they recruit students to their various disciplines. Our participation in the National Association of Advisors for the Health Professions has enhanced our relationship with advisors across the country and led to more strategic and focused recruitment efforts. We have also joined in interprofessional workgroups seeking to further professionalism in all of the health professions. ADEA has joined with other Federation of Associations of Schools of the Health Professions members to examine health literacy across health professions education. Finally, ADEA has contributed financial resources and brainpower to the College Board Collaborative. This initiative has brought medical, dental, law, and graduate schools together to tackle the problem of increasing workforce diversity by increasing access to the professions.

The ability to work well together characterizes not just external relationships, but also those *within* our Association. Nowhere is this more evident than in ADEA CCI.

Created in 2005, ADEA CCI has brought together some of the most visionary thinkers and boldest innovators within our community to build consensus and lead our Association's educational change efforts. ADEA CCI has been so influential, it is hard to believe that it didn't even exist six years ago. Its accomplishments include the publication of 15 white papers that articulate a vision for the future of dental education and the recruitment of numerous ADEA CCI Liaisons, who are actively promoting change and innovation on almost every dental school campus in North America. ADEA CCI has spurred a concurrent interest in pursuing innovation within the allied and advanced dental education communities and promises to remain influential in the years ahead.

Another major accomplishment of the past decade is undoubtedly the elevation of the value of diversity in our community. In recent years, a clear consensus has emerged that diversity improves the quality of education for all students and produces a workforce better able to address the nation's needs. ADEA has played a central role in advancing this understanding, articulating its nuances for our members and other stakeholders through a series of groundbreaking policy statements and taking concrete steps to disseminate best practices in this area.

In addition to overseeing the dental portion of the SMDEP program, which has prepared thousands of minority and low-income students for entry into dental school in just a few short years—and deans report they are thriving there, I might add—ADEA has shepherded funding from the W.K. Kellogg Foundation, the Robert Wood Johnson Foundation, and the California Endow-

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Number of potential faculty members in 85 communities "grown" by the ADEA Minority Dental Faculty Development (ADEA MDFD) Program

ment to underwrite the educational costs for more than 200 dental students from underrepresented minorities. Our Association has also demonstrated its commitment to diversity in the health professions by hosting www.ExploreHealthCareers.org. This widely respected and frequently visited website funded by the Robert Wood Johnson Foundation, strives to disseminate information about all of the health professions in order to increase access for everyone to the health care workforce. ADEA also recently piloted the nation's first online mentoring program for dental students and the communities they work with. Now that the importance of mentoring in the recruitment of URMs has been established, we plan to launch the program nationally.

ADEA's diversity efforts extend beyond the student body. Over the last six years, the ADEA Minority Dental Faculty Development program allowed us to establish academic community models for the recruitment and retention of a more diverse faculty. With funding from the W. K. Kellogg Foundation, the program supported 124 potential faculty members in 85 communities, developed seven models that can be replicated at other dental schools throughout nation, and authored a *Grow Your Own* manual to share best practices among our institutions.

Concurrently, ADEA held seven successful recruitment and retention conferences that created a national network and served as a forum for diversity issues. The conferences will continue to be held biennially to strengthen the national network of minority recruitment officers, allow for exchanges related to best practices, and seek ad-

ditional resources and fresh ways to address the recruitment of URMs to careers in dentistry.

ADEA has also nurtured the development of several women's leadership programs begun in the 1990s. As a result, women have a stronger presence today in leadership roles within our institutions and our Association and on the international stage. This past September, 100 dental educators and other oral health advocates gathered in Brazil for the Fourth ADEA International Women's Leadership Conference, exploring ways in which women can take the lead in advancing global health. Closer to home, we soon will embark on a study of how women's health and gender-related issues are taught in U.S. dental schools with funding from the Office of Research on Women's Health at the National Institutes of Health. It has been more than ten years since our last study on this topic, and we hope to find that significant progress has been made in preparing future oral health practitioners to provide appropriate care for women and girls.

ADEA's efforts to elevate the value of diversity in dental education culminated with last year's adoption of new predoctoral dental education standards by the Commission on Dental Accreditation. The new standards recognize diversity as an essential component of academic excellence and require dental schools to graduate dentists with the interpersonal and communication skills needed to manage a diverse patient population. The standards further assert that diversity of the student body, faculty, and staff and the inclusion of diversity in the curriculum are essential to creating a diverse learning environ-

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Number of organizational units in ADEA Office

ADEA Office of the Executive Director, ADEA Center for Educational Policy and Research, ADEA Center for Equity and Diversity, ADEA Center for Public Policy and Advocacy, ADEA Division of Educational Pathways, ADEA Division of Finance and Operations, ADEA Division of Knowledge Management, ADEA Division of Member Services.

ment that improves outcomes for patients from all backgrounds.

The creation of ADEA and its evolution have brought myriad internal changes that enrich the member experience as well. In the past six years, our staff has focused on delivering value to our members. In addition to creating opportunities that allow individuals and groups to network and collaborate around common issues, ADEA has created two new divisions and transformed a third to better serve you.

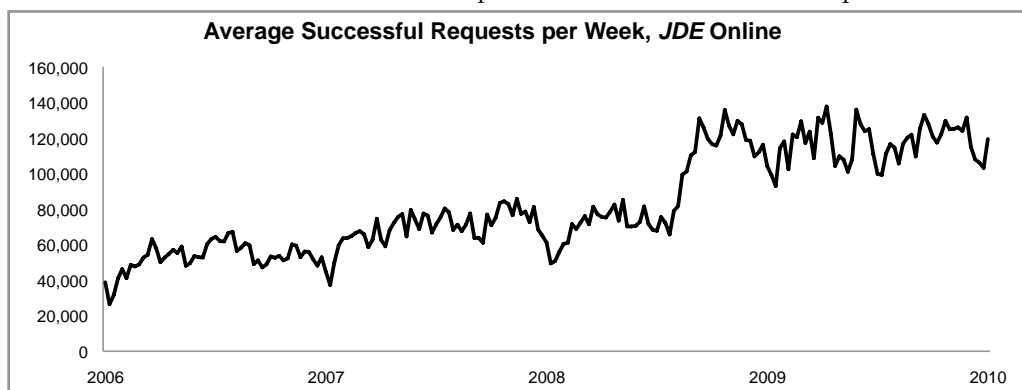
As the leading U.S. repository for information on dental education, ADEA takes seriously its responsibility to provide an easily accessible, go-to collection of reliable, up-to-date information. We also provide links to ADA and government information sources and assist members with searches. The ADEA Division of Knowledge Management, created in 2005, conducts surveys to keep our members abreast of the latest trends and makes this data available through print publications and the ADEA Online Library. Surveys are not new to our Association, but in recent years, the division has refined and improved the tools it uses to track and measure the various needs of our constituencies. This knowledge-gathering enterprise is having a discernable impact. In no small measure, our ability to give voice to the concerns of the dental education community stems from the consistent efforts we make to ask our members what is going on in their world.

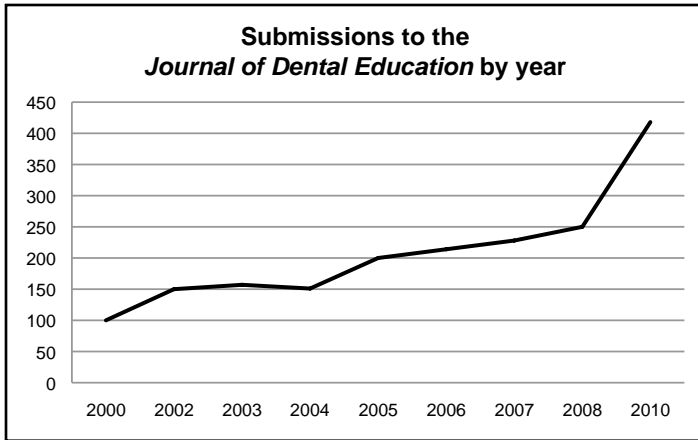
Among the division's greatest accomplishments is the delivery of MedEdPORTAL, which gives our members access to dental curricular resources and advances interprofessionalism by sharing these with our medical counterparts.

The evolution of the ADEA Center for Education Policy and Research (ADEA CEPR) marks a pivotal change for our Association. The Center functions as a "think tank," giving ADEA the ability to assess the broader higher educational policy landscape and determine its intersection with the dental policy landscape. ADEA CEPR has been instrumental in championing change on behalf of ADEA members, whether in discussions with bodies such as CODA or through the ongoing work of ADEA CCI. Like the ADEA Division of Knowledge Management, ADEA CEPR provides the knowledge and understanding ADEA needs in order to speak on behalf of the dental education community.

In 2008, a third ADEA division took on a broader portfolio and a new title, the ADEA Division of Educational Pathways (ADEA DEP). The name change reflects the Division's new emphasis on ensuring that our professions remain attractive career options and continue to draw a robust and diverse applicant pool. The Division still processes applications through ADEA AADSAS and ADEA PASS, although the cumbersome systems in place a decade ago have been replaced by one that is multidirectional, user friendly, and paperless; and ADEA DEP's mandate has expanded to include interacting with advisors, admissions officers, and other health professions associations to ensure a healthy flow of applicants into the pipeline.

Toward this end, ADEA has joined with AAMC in calling for the adoption of holistic admissions policies with a





goal of admitting students who possess the full range of traits needed to meet tomorrow's practice needs. ADEA DEP's Admissions Committee Workshops, funded by the Robert Wood Johnson Foundation, represent an almost revolutionary departure from the rigid, numerically driven practices of the past. The workshops train schools in the nuts and bolts of implementing holistic admissions, and they have produced a measurable increase in the number of students from underrepresented minority and low-income backgrounds who are being accepted to dental school.

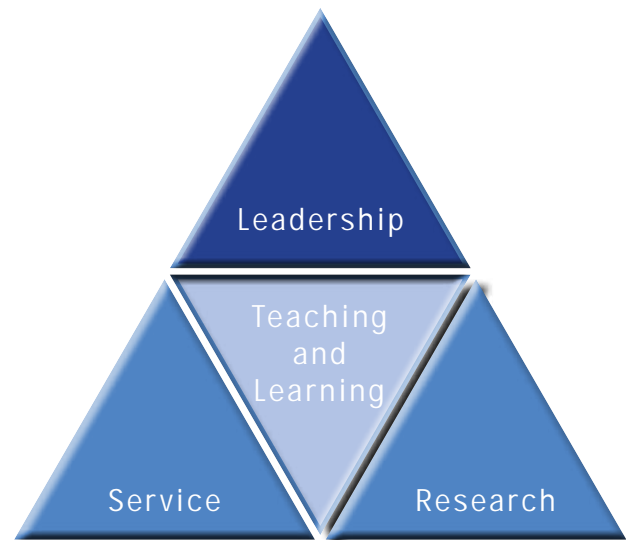
The last decade has also witnessed the transformation of our scholarly publication, the *Journal of Dental Education (JDE)*, from a respected but modest purveyor of academic research to a substantial monthly outlet for the latest peer-reviewed papers and insightful commentary on academic dentistry. In the first year of the transition from AADS to ADEA, we halted a downward trend in submissions to the journal by soliciting manuscripts from highly respected and more junior educators. The following year we created awards for the best *JDE* articles authored by junior faculty. Submissions began to rise.

Today readers consider the *JDE* an indispensable source for the latest ideas and developments in dental education, from research findings to best practices. In recent years, the *JDE* has played a key role in disseminating the

work of ADEA CCI. In addition, it has published several influential supplements on groundbreaking developments in academic dentistry.

In 2007, Thompson Scientific announced that it would begin evaluating the *JDE* for its impact in the research community, enhancing the publication's prestige and stature and increasing its value as a vehicle for professional advancement. Thanks to online distribution, the *JDE* now reaches ten thousand readers—each day!

New Strategic Directions



While the accomplishments of the last decade position ADEA to be the leading authority in shaping the future of dental education, we need a plan to achieve this, and we have devised one. Embracing our leadership role is the first in a new set of strategic directions for 2011-14 developed by the ADEA Board of Directors.

Leadership. This strategy reflects our commitment to devoting energy and resources to ensuring the sustainability of academic dental institutions. It involves deepening the connection between our schools and programs and their parent institutions, identifying cost-effective

means of delivering education, providing guidance in the education of new oral health professionals, and providing leadership development opportunities targeted to emerging academic leaders.

Teaching and Learning. This second strategic priority will guide us in providing professional development opportunities for new educators, encouraging the integration of interprofessional education, developing high-quality curricular tools and guidance, and promoting the scholarship of teaching and learning as an integral part of the culture of academic institutions.

Research. Our third strategic direction shines a light on the foundations of dental education. We are committed to supporting the integration of research in the mission of all academic dental institutions, promoting opportunities for research collaborations, and advocating for increased funding for research and research training. We will also continue to produce our own relevant and timely research products on key issues in dental education to support informed decision-making by the dental education community and policymakers.

Service. Finally, preparing the oral health workforce that will be needed in our increasingly diverse society dictates that service be our fourth strategic direction. This means supporting the recruitment of individuals from underrepresented minorities and low-income backgrounds into our professions, helping academic dental institutions contribute to improving access to care, and disseminating ADEA's programs, products, and services to strengthen the quality of dental education worldwide.

Challenges Ahead

How will these new strategic directions move us forward? As we continue to navigate a rapidly changing landscape, our institutions must look at where they fit in the larger picture of health professions education. The

pressures on higher education and the health care delivery system are enormous. Unless we prepare our students to be interprofessional, to engage in robust scientific research, and to take a patient-centered approach to care, we could cease to be relevant.

Dentists are particularly challenged in the new health care environment. They can no longer afford to see themselves solely as highly skilled practitioners, but must appreciate their larger role as leaders in addressing the oral health care needs of an increasingly diverse and challenging patient population.

Nonetheless, we know we can craft a vital role for dental education as academia, the health professions, and health care evolve into the future. Among the factors we will need to consider:

- The entry of new dental schools and the rapid expansion in the number of dental hygiene programs
- The creation of new members of the oral health care team and new ways of delivering care, including a shift toward patient-centeredness
- The development of new approaches to teaching and learning and the integration of new technologies in the classroom and clinic
- A renewed emphasis on the importance of research as the foundation of our work

I have no doubt the engaged ADEA membership and our volunteer leaders will guide us well as the Association addresses these and other emerging issues. I want to thank our President, Sandra Andrieu, and the other members of the ADEA Board of Directors, including Susan Crim, Lily Garcia, Ron Hunt, Evelyn Lucas-Perry, Barbara Nordquist, Leo Rouse, Michael Siegel, Todd Thierer, and John Williams, for their work, especially in envisioning the future of academic dentistry. I would

also like to thank all of the volunteers who serve in leadership positions on our councils, committees, and commissions, and as our representatives to other associations and organizations.

Moving Forward As One

As discussions arise in connection with the challenges ahead, ADEA's seven unique constituencies will each play a vital role in mapping the Association's road forward. We will continue to offer a public square where members can engage in informed, evidence-based dialogue around controversial issues and form strategic partnerships to facilitate solutions to problems of mutual concern. Decisions made by individual members, our member institutions, and the Association as a whole will find solid grounding in a growing collection of evidence and information. Experiences that connect our commu-

nity will enable members to meet their individual goals. And partnerships will leverage our collective strength to produce even greater achievements for our community in the years ahead. That is the power of the many when we come together as one.

While ADEA retains the best elements of AADS, its predecessor organization, there can be no doubt that our Association has undergone a profound transformation. Today ADEA is invested not in maintaining the turf of any one specific group, but in improving the playing field for all of our constituents. The Association that has emerged in the course of the last 10 years reflects this unity of purpose and an understanding that the future of the oral health professions lies in making common cause with all those who seek to further the health and well-being of people the world over. That's the promise embodied in the idea of **One ADEA**.



*Together we have the potential to produce the best-prepared oral health care workforce in the world and achieve our ultimate goal: **meeting the needs of the public we serve.***



Richard W. Valachovic, D.M.D., M.P.H.
ADEA Executive Director

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