The mission of the American Dental Education Association is to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public.
This year marks the 90th anniversary of our Association, but ADEA as it exists today is a relatively new creation.
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Building on eight decades of service to our members, the American Association of Dental Schools took on a new name, the American Dental Education Association, and a new identity in 2000 along with a broader mission: to serve all of the communities within dental education.

Since that time, we have undergone a gradual transformation and witnessed tremendous growth. Much of this metamorphosis has been visible on the outside, but in 2012 we completed the hidden work needed to support the current strategic directions for our Association. It has been a year of transition—one focused on creating a more efficient and effective structure to better meet our members’ needs.

Four Portfolios Under One Umbrella: The ADEA Policy Center

This past year saw a significant restructuring of our central office to boost collaboration and communication across the Association. The centerpiece of this reorganization is the new ADEA Policy Center, which absorbed and augmented our three previously independent policy centers. This new umbrella structure was designed to better coordinate the talent and knowledge that exists across our Association. Now our policy staff are devoted to four distinct but related portfolios and regularly collaborate on cross-cutting issues under the leadership of Dr. Eugene Anderson, our Chief Policy Officer and Managing Vice President. Together their coordinated efforts are enhancing our ability to follow the Strategic Directions approved by our Board of Directors in 2011.
**Institutional Capacity Building**

Three of the ADEA Strategic Directions—providing leadership for the future of dental education; supporting teaching and learning with information, knowledge, and tools; and promoting research as the foundation of dental education and the science and practice of dentistry—require that our member institutions remain strong and capable of adapting to changing conditions.

This work is facilitated by the ADEA Policy Center’s Institutional Capacity Building (ICB) portfolio, whose mission is to enhance the individual and collective academic potential of the dental education community. ICB accomplishes its mission through a range of efforts from fostering interprofessional education and inter-institutional collaboration to promoting the role of research in dental education.

One key initiative within ICB’s portfolio is the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI). Formed in 2005 to provide “leadership and oversight to a systemic, collaborative, and continuous process of innovative change,” ADEA CCI has guided a movement with far-reaching impact on national policy in recent years. New dental school predoctoral accreditation standards aligned with ADEA-defined educational competencies and a new integrated board exam for dentists are among its most visible outcomes.

To assist our member institutions in adjusting to some of the sweeping changes that are occurring, ICB began hosting a series of ADEA Regional Accreditation Workshops last April. This is just one of many ways we are pursuing one of our strategic directions, “Provide dental, allied dental, and advanced dental educators with the information, knowledge, and tools they need to prepare students, residents, and fellows for an undiscovered future.” These workshops offer schools strategies for promoting and assessing the competencies and institutional practices related to predoctoral education that will be measured by the Commission on Dental Accreditation (CODA) beginning in 2013.
Last year’s reorganization empowered ICB to better nurture the maturing relationship between ADEA and the allied dental community with the creation of a new position, the ADEA Senior Director for Allied Dental Education. With a full-time member of the staff now devoted to this constituency, ADEA was able to reach out to important partners in allied health education such as the American Association of Community Colleges and build on traditional offerings to the allied dental community. For example, the decision to co-locate the 45th Annual National ADEA Allied Dental Program Directors’ Conference and the ADEA CCI Liaisons Summer 2012 Meeting in Chicago last June reflected ADEA CCI’s desire to construct stronger bridges with the allied dental community. This year the two groups will meet together again and take part in joint sessions focused on mutual interests.

In other news of note to the allied dental community, the Colgate-Palmolive Company has committed a half of a million dollars in support of the ADEA/Academy for Academic Leadership Institute for Allied Health Educators. This exclusive sponsorship has enabled us to expand this highly successful leadership development program, which enhances the skills of allied faculty in academic careers. The new grant is designed to give the Institute an interprofessional dimension. The funding is being used to increase the program’s scope and content and extend its reach to all of the allied health professions.

2012 also marked the 10th anniversary of the ADEA Allied Dental Faculty Leadership Development Program. It continues to draw faculty and administrators who are eager to hone their skills and deepen their knowledge of key leadership principles.

Access, Diversity, and Inclusion

The ADEA Policy Center’s Access, Diversity, and Inclusion (ADI) portfolio provides leadership for the future of dental education through its oversight of and participation in a variety of initiatives.
between ADEA and the Association of American Medical Colleges and funded by the Robert Wood Johnson Foundation (RWJF). SMDEP has helped prepare hundreds of college students for admission to dental school. ADI also facilitates one-time events such as ADEA’s presentation at last summer’s first Multi-Cultural Oral Health Summit, organized by the National Dental Association, the Hispanic Dental Association, and the Society of American Indian Dentists.

ADI also addresses our strategic direction focused on service to our members by supporting the work of several ADEA Advisory Committees and providing educational programming at ADEA events. At the ADEA Fall 2012 Meetings, for example, ADI wowed attendees with a Tony Award winning playwright, poet, and performance artist who invited them to examine the lives, experiences, and beliefs of people from diverse backgrounds. In keeping with its mission, ADI also hosted other sessions where participants could explore the challenges of creating an inclusive educational environment. The popularity of these offerings spurred collaboration on similar programming, which will be part of the mix at our 2013 ADEA Annual Session & Exhibition.

Meanwhile, ADI staff spent much of last year focused on the launch of the Dental Pipeline National Learning Institute (NLI), a collaboration between the University of the Pacific Arthur A. Dugoni School of Dentistry and ADEA and funded by a new grant from RWJF. As you may know, the original Dental Pipeline program was a two-pronged initiative aimed at diversifying the dental workforce and engaging all dental students in community-based service-learning practice. Originally funded with a $30 million grant from RWJF in 2005, the Dental Pipeline touched 23 ADEA member dental schools over the course of five years.

With the establishment of the NLI in 2012, RWJF and ADEA are continuing to pursue the long-term goal of improving access to dental care for underserved populations. ADEA selected 11 dental schools and their community partners to participate in the NLI. Awardees met in October for on-site training and are currently at work defining and implementing yearlong projects focused on community-based education or the re-

With the establishment of the Dental Pipeline National Learning Institute in 2012, the Robert Wood Johnson Foundation and ADEA are continuing to pursue the long-term goal of improving access to dental care for underserved populations.
The recruitment of underrepresented minority dental students. It is gratifying to see these schools embracing the lessons of the Dental Pipeline initiative and entering into partnerships to further its goals.

The W.K. Kellogg Foundation (WKKF) awarded a $400,000 grant to the ADEA Minority Dental Faculty Development (ADEA MDFD) program to encourage the formation of academic and community partnerships among dental health professionals and, ultimately, to reduce oral health disparities for vulnerable children and communities. The new grant follows another $200,000 grant from WKKF to expand the ADEA MDFD program in 2012, and a 2004 grant of $2.4 million to initially fund this vital effort to improve diversity among dental students, residents, fellows, and faculty.

I would like to acknowledge the role of Dr. Jeanne Sinkford in securing these WKKF grants and overseeing the program over the course of its evolution. In early 2012 she became the ADEA Senior Scholar-in-Residence. In this capacity, she is engaged in a variety of ongoing activities with me addressing a number of contemporary issues related to access to care, translational research, leadership ladders for women and minorities, and many others. Of particular note is her work continuing to disseminate the findings of our earlier report titled Women’s Health in the Dental School Curriculum.

Advocacy and Government Relations

The new Advocacy and Government Relations (AGR) portfolio continued ADEA’s work on Capitol Hill last year on behalf of our dental schools and advanced and allied dental education programs. AGR initiatives included advocating for Title VII health professions diversity program funding and providing expert opinion on topics such as loan repayment and water fluoridation. In 2012, we also encouraged the National Institute of Dental and Craniofacial Research (NIDCR) to support cross-disciplinary research, opportunities for students, residents, and fellows who are considering academic and research careers, and efforts to increase the pipeline of minority researchers. As reported last year, these endeavors remain under threat as Congress and the President continue to reduce spending.
to deliberate over how best to get our nation’s fiscal house in order. ADEA will remain vigilant in 2013 and continue to advocate with our colleagues in the other health professions to make sure that federal deficit reduction measures do not adversely impact the programs our community cares about most.

In addition to these efforts that look to the future, AGR can also boast several immediate accomplishments in 2012. First, ADEA joined with the Association of American Medical Colleges (AAMC) and others to submit an amicus brief to the Supreme Court regarding Fisher v. University of Texas, a case that could have enormous implications for the consideration of race as a factor in admissions decisions. Also, AGR has actively engaged in a dialogue with the White House and federal agencies, such as the Health Resources and Services Administration (HRSA), on important issues such as the Ryan White HIV/AIDS Program Reauthorization and the significance to dental education of adequate funding of Title VII programs.

Additionally, AGR created a new newsletter, the ADEA State Update, to keep members abreast of how policies of interest to our community, such as Medicaid reimbursement and scope of practice regulation, are playing out at the state level. In a related undertaking, AGR also completed a survey of loan-forgiveness programs in all 50 states and shared the data with our member schools to assist them in alerting students, residents, and fellows about these opportunities. These programs offer one solution to the problem of student indebtedness, which continues to generate concern and much discussion throughout higher education.

On the national stage, the Supreme Court ruling in June upholding key portions of the Affordable Care Act (ACA) encouraged many members who see it as a vehicle for promoting greater access to oral health care. ADEA was champion of the successful inclusion of pediatric oral health services as an essential health benefit that insurers must provide under the ACA, and we are continuing to monitor the act’s implementation to ensure that this provision becomes a reality.

To help our leaders successfully navigate these events as they occur,
last fall’s 54th Annual ADEA Deans’ Conference focused on the changing political environment for dental education. The conference endeavored to provide dental school deans with useful information and tools and apparently succeeded in doing so. Attendees gave the meeting the highest overall rating of any ADEA Deans’ Conference.

**Educational Research and Analysis**

Last but not least, the ADEA Policy Center’s Educational Research and Analysis (ERA) portfolio took over management of the ADEA Survey Center in 2012 and broadened our ability to gather, analyze, and disseminate data in keeping with the Association’s strategic direction to “Produce relevant and timely research on key issues in dental education to support informed decisionmaking by the dental education community and policy makers.” Staff in this portfolio also represent ADEA in higher education policy and research circles and seeks to expand our influence.

The creation of the new portfolio made it possible last year to scale up ADEA’s efforts to engage allied dental program directors in participating in the annual ADEA Survey of Allied Dental Faculty and to create additional ad-hoc surveys to support internal ADEA audiences. ERA also led ADEA’s collaboration with the American Dental Association (ADA) and CODA to assess the dental education community’s data needs and reduce survey duplication. This resulted in the reinstatement of ADEA’s Student Financial Aid Survey, which is slated to become an annual survey moving forward.

Whether serving specific member constituencies or working on behalf of the other policy portfolios, ERA has the capacity to conduct research on the significant questions facing dental education and provide analysis that puts that research in context for those outside the dental education community. This work has been made possible in part by the creation of a Director of Public Policy Research position within ERA that supports the work of AGR.

This new position is emblematic of the increased coordination of policy activities that the ADEA Policy Center was designed to facilitate.
Standing workgroups on topics such as diversity, interprofessional education (IPE), and student borrowing also promote cooperation among the Policy Center’s portfolios and provide more streamlined support for member initiatives. A prime example of this occurred last spring. When current ADEA President Dr. Jerry Glickman created the ADEA Presidential Taskforce on the Cost of Higher Education and Student Borrowing in 2012, ADEA Policy Center staff who had been working on this challenge were ready to step in with coordinated support.

**Preparing for the Next Generation**

We are more cognizant than ever of our responsibility to support the next generation of dental practitioners, researchers, and educators. Mounting concerns about student borrowing and shifts in post-graduation practice patterns stand as a sharp reminder that the future of dental education rests largely in the hands of our current and future students, residents, and fellows.

ADEA’s first Virtual Dental School Fair, hosted by the ADEA Division of Educational Pathways (DEP) last June, exemplifies this expanded commitment. More than 3,200 people from throughout the United States and 11 other countries logged on to take part in the live, three-day event. Many students indicated that the fair introduced them to schools they would not otherwise have considered. They also welcomed the opportunity to interact with admissions professionals from the 33 dental schools that hosted virtual booths. These “exhibitors” in turn expressed overwhelming enthusiasm for the event. In response, we have scheduled a reprise of the online fair for June 2013 and hosted a second virtual gathering showcasing advanced dental education programs in February of this year.

In other advanced dental education news, DEP made the Educational Testing Service (ETS) Personal Potential Index (ETS® PPI) a permanent part of the ADEA Postdoctoral Application Support Service (ADEA PASS™) application in 2012. DEP sought out the instrument in response to a survey by the ADEA Future of Advanced Dental Education (ADEA/FADEA) group, which revealed the qualities program directors look for in applicants and
Dr. Dave Brunson
Retires in February

Dr. Dave Brunson joined ADEA in 2004 as Associate Director for the Center for Equity and Diversity. In that capacity, he has served as co-deputy director of the Summer Medical and Dental Education Program (SMDEP) and as a Consultant to the Robert Wood Johnson Foundation Pipeline Initiative to Increase Minority Presence in Dental Schools. Dave also coordinated the ADEA/AADR/ADEAGies Foundation Academic Dental Careers Fellowship Program, which aims to increase the number of dental and allied dental students pursuing careers as dental faculty.

Prior to his appointment at ADEA, Dave was Assistant Dean for Pre-Doctoral Education and Clinical Professor in the Department of Diagnostic Sciences and General Dentistry at the University of North Carolina, where he managed the pre-doctoral admissions process and the curriculum. In 1992, an ADEA meeting introduced him to Dr. Anne Wells, who was then Associate Dean for Admissions and Student Services at the University of Louisville School of Dentistry. Many years later, the two married and found a new professional home on the ADEA staff.

Having witnessed discrimination first hand as a young man growing up in the South, Dave chose to dedicate his work in academic dentistry to promoting equal opportunity for people from all backgrounds. His mentorship of individual students and his leadership at the program level have been instrumental in furthering this goal.
Dr. Anne Wells
to Retire in April

ADEA’s Senior Vice President for Educational Pathways
Dr. Anne Wells joined ADEA in 2003 to lead ADEA’s centralized application services. In that capacity she oversaw the transition to a state-of-the-art paperless admission process for pre-dental and advanced dental applicants, the creation of the ADEA Centralized Application for Advanced Placement for International Dentists (ADEA CAAPID™), and more recently the development of the ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS™).

Anne has devoted much of her energy to promoting the adoption of holistic admissions practices at dental schools and achieved substantial success. She has also embraced the use of innovative programming and technology to connect ADEA with current and future students, residents, and fellows. These efforts have included the creation of the GoDental® website; use of other social media, online, and in-person recruitment events; and collaborations with other health professions associations.

Anne’s responsibilities at ADEA have overlapped at times with those of her husband, Dr. Dave Brunson. Together they have been lending their expertise, experience, good humor, graciousness, and a dash of Southern hospitality to the dozens of meetings and events they have led during their tenures with ADEA. We hope that in their ongoing role as ADEA members they will continue to grace us with their presence in the years ahead.
In addition to enhancing its services aimed at students, residents, and fellows, we started a campaign to actively enroll students, residents, and fellows as individual members.

the problems they encounter with residents and fellows. Following the pilot phase for the ETS® PPI, 80% of program directors who tried it recommended its continued use.

ADEA also devoted considerable energy to recruiting students to the dental profession last year. The ADEA GoDental® website, begun in 2011, saw major growth in its user base following the ADEA Virtual Dental School Fair. Designed for use by future dental applicants, the site has begun evolving to serve current students, residents, and fellows as well. Meanwhile, traffic is up significantly on ADEA’s companion website, ExploreHealthCareers.org (EHC), which remains the number one-ranked site for those seeking information on “health careers” via Google. In 2012, EHC published new articles and videos on financial aid and student debt, and it continues to publish new resources on these in-demand topics. Last year EHC also participated in a project funded by the American Association of Community Colleges and the U. S. Department of Labor to create a virtual career network for displaced workers. Because of its reputation for providing unbiased information, EHC was invited to coordinate the subject matter experts who determined the network’s content.

In addition to enhancing its services aimed at students, residents, and fellows, we started a campaign to actively enroll students, residents, and fellows as individual members of the Association. The campaign began with focus groups and a survey to gain a better understanding of how student members perceive the value of ADEA membership. While more than 80% of respondents expressed satisfaction with their current membership in ADEA, we learned that many were unfamiliar with ADEA publications and scholarships, awards, and fellowships that cater most directly to their needs and interests.

The new campaign is designed to heighten awareness of these resources and the value of ADEA membership generally among this target group, and to encourage students, residents, and fellows to consider careers in academic dentistry. Although this group is by nature often an itinerant group, ADEA is committed to engaging these future leaders of the professions while
they reside within our member institutions and programs. As of January, the campaign had netted 3,700 new student members.

The ADEA Enterprise—Working to Serve Members Even Better Than Before

With our strategic direction related to service in mind, we made some changes to the ADEA Enterprise in 2011. The ADEA Enterprise incorporates the various ADEA divisions that keep our Association functioning smoothly and meeting ongoing member needs under the leadership of Abigail Gorman, our Deputy Director and Managing Vice President. ADEA brought in new senior association executives with expertise in communications and professional development. They head two new divisions that grew out of the former Division of Member Services. This reorganization set the stage for a burst of activity in 2012 that has generated significant improvement in this area.

In early 2012, the recently created Division of Communications and Membership undertook the Association’s first communications audit to assess how we provide members with relevant and timely information. The audit affirmed the value of many of our communications efforts and provided guidance for revising our approach to specific communications vehicles. Among the audit’s primary recommendations:

- Ensure that the purpose of each publication is clear and that the distinctions among publications are apparent to the membership.
- Customize communications to focus on the specific needs of each targeted audience.

This information proved invaluable in the Division’s biggest undertaking of 2012: the creation of the new and more functional ADEA website, which debuted in November. Above all, increased navigability defines the current site, with new menus maximizing the ability of members to find information quickly. A central goal of the redesign was to provide a customized experience for different constituencies within our membership, all of whom were invited to offer their recommendations through focus groups, one-on-one
meetings, and an exercise created for the 2012 ADEA Annual Session & Exhibition. Content tagging will be expanded in 2013, further improving the entire ADEA website.

Lastly on the communications front, ADEA celebrated a major milestone in 2012, the 75th anniversary of the Journal of Dental EducationSM (JDE). Our premier vehicle for discourse on all aspects of dental education is more influential than ever, having harnessed the power of the Internet to facilitate submissions, improve the review process, and extend the JDE’s reach globally.

We have the journal’s most recent editor, Dr. Jack Brown, to thank for vigorously pursuing implementation of these 21st century improvements. Jack retired from his post in 2012 and handed the reins to Dr. Nadeem Karimbux, Professor of Periodontology and Associate Dean for Academic Affairs at Tufts University School of Dental Medicine. Dr. Karimbux represented ADEA from 2008 to 2012 as Associate Editor for MedEdPORTAL®, our joint online publishing venture with the AAMC. He will no doubt make his mark on the JDE in the years ahead.

The reorganization of our former Division of Member Services also produced our new Division of Professional Development and Meetings (DPDM) in 2012. While continuing to oversee ADEA’s many meetings and time-honored professional development offerings, DPDM created excitement with the revival of a popular program from the Association’s recent past. The ADEA Summer Program for Emerging Academic Leaders, which first ran in the 1990s, can claim many of today’s leaders among its alumni. This highly interactive and immersive program is designed to give junior faculty the guidance, insight, and skills they need to propel their careers. Three-and-a-half days of face-to-face instruction are followed by a collaborative learning experience that continues via quarterly video-conferences throughout the year. The program was well received by this year’s participants, and we will offer it again in 2013.

As for ADEA’s various member meetings, DPDM reports that registration remains strong, particularly in light of the tight economic climate on most campuses. This speaks well of the value our individual members

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and their institutions find in connecting with colleagues face-to-face. The ADEA Annual Session & Exhibition continues to be well attended, and educational programming submissions have risen dramatically, from 100 for the 2011 meeting to 150 for our 2012 gathering in Orlando. It’s no surprise that attendees tell us that Annual Session & Exhibition programming is stronger than ever.

Other improvements to our annual get-together included a new and greatly enhanced daily newsletter and the creation of a mobile app that was downloaded by almost a third of 2012 attendees. Our continuing commitment to harnessing new media appears to be a hit with members. Among app users who responded to the Annual Session & Exhibition survey, 80% said they found it easy to use.

On a related note, at last year’s meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration (ADEA BFACA), planners introduced an innovation that is gaining traction in the professional development community: white space programming. The idea is to designate times during a conference when attendees can gather with colleagues to discuss topics that emerge organically in the course of the meeting. At the 2012 ADEA BFACA meeting, organizers polled attendees to determine topics that might be of interest and then allowed their votes to determine the last day’s discussions.

One final highlight of our face-to-face gatherings that bears mentioning is last year’s Gies Awards ceremony honoring exceptional contributions to dental education and oral health. The awards dinner drew record-breaking support from our member institutions, corporate members, and other associations, generating essential resources for the grant-making programs of the ADEAGies Foundation and much deserved recognition for our community’s luminaries in the areas of vision, innovation, and achievement.

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**Reaching Beyond Our Professional Borders**

In recent years, one of the most prominent ways we have addressed our strategic direction related to teaching and learning is through its support of interprofessional education “as a foundation for preparing students, residents, and fellows to provide patient-centered care.”
support of IPE “as a foundation for preparing students, residents, and fellows to provide patient-centered care.” ADEA was one of six national education associations that came together to craft the seminal document Core Competencies for Interprofessional Collaborative Practice, released in 2011. We continued to collaborate with the same partners in 2012 on a variety of activities, including a series of faculty development institutes designed to give interprofessional teams of health professionals strategies for implementing IPE.

Our commitment to IPE was also manifest in several other staff and member initiatives. ADEA senior staff coordinated a major session for pre-health advisors on IPE at the National Association of Advisors for the Health Professions (NAAHP) Meeting held in June. In September, an ADEA Team Study Group published a report in the JDE titled “Interprofessional Education in U.S. and Canadian Dental Schools.” The group assessed the state of IPE on our campuses, identified model practices already in place, and made recommendations for further implementation of IPE. Additionally, staff members worked with academic deans to revise ADEA’s IPE survey to make room for collecting data on innovative activities that support IPE.

We also saw substantial growth in interprofessional resource sharing last year through MedEdPORTAL®. A wide variety of other health professions continue to access dental education resources from this free, online, peer-reviewed repository for medical and dental teaching materials. In 2012, AAMC upgraded the website and launched a new service, the iCollaborative. This online venue is not peer-reviewed. Instead it strives to encourage faculty, students, residents, and fellows to share ideas and resources still in development so that others can comment and possibly contribute to their growth. MedEdPORTAL also established a separate Continuing Education Portal in 2012 to provide evidence-based online activities for continuing education credit in medicine and dentistry.

One more ADEA venture garnered the respect of our sister health professions associations in 2012: the publication of the ADEA Guidelines for Academia-Industry Interactions. This document provides broad, non-prescriptive, common sense advice regarding corporate support of education, research, patient care, and community service. ADEA is one of the first health professions associations to systematically conduct a comprehensive review and analysis of best practices in this area.

This undertaking is emblematic of ADEA’s embrace of our corporate partners as full members within our Association. Not surprisingly, the resulting guidelines have been well received by ADEA member institutions and our corporate members. They have also been welcomed by university presidents and provosts, dental professional and specialty associations, and by our sister associations in the other health professions.

Once again, ADEA’s commitment to collaboration both internally and externally continues to serve us well. It is also crucial to achieving the elusive goal of improving the oral health of all of our citizens. With this in mind, ADEA joined in a nationwide public service campaign last year through its membership in the Partnership for Healthy Mouths, Healthy Lives.
The Ad Council, known for its creation of iconic messages such as Smokey the Bear’s “Only You Can Prevent Forest Fires,” is conducting the three-year campaign to improve children’s oral health on behalf of the Partnership. ADEA is proud to be a founding sponsor of this effort.

**A New Gateway to Dental Education**

With so much else going on, it is important not to lose sight of ADEA’s fundamental role in supporting the application process for students, residents, and fellows and the programs they attend. In response to requests from our allied dental program directors, ADEA spent much of 2012 setting the stage for the launch of a new ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS®) in 2013. Among its many functions, the service will allow schools to manage applications, correspond with candidates, and produce reports.

This nascent venture is yet further indication that the allied dental education community has become well integrated within the fabric of ADEA. The process by which this new service has taken shape is also noteworthy. The ADEA DEP worked closely with two of the new ADEA Policy Center portfolios to explore and develop the service, demonstrating how ADEA’s new internal structure is helping us serve members better.

Meanwhile, our current application services continue to satisfy our members’ needs at the institutional and individual levels. We saw a slight increase in predoctoral applications in 2012, and applications to advanced education programs remained strong. As of December 2012, our newest application service, the ADEA Centralized Application for Advanced Placement for International Dentists (ADEA CA-APID®), could boast an increase in applications of 12% over the previous year.

Of course, ADEA is not just concerned with maintaining a steady flow of applicants. We are also committed to diversifying the applicant pool. To achieve this end, we continue to promote a holistic approach to dental school admissions through our ADEA Admissions Committee Workshops, begun with generous funding from RWJF. Although the
content of this educational program is now available on the ADEA website, several institutions that had previously hosted the workshop asked for on-site refreshers this past year. Once the Supreme Court issues its ruling in the Fisher v. University of Texas case, DEP anticipates additional requests for ADEA guidance as institutions navigate this evolving area.

Our Financial Health
None of these accomplishments would have been possible without record levels of member involvement and the generous support of our funders. Our focus on diversifying ADEA’s revenue streams has produced a sound financial picture, and ADEA’s dues paying members can be confident that their membership dollars are managed well. The operating budget for the current fiscal year exceeded $20 million. This increase reflects not only the continued expansion of our application services, but also the recent growth in the number of dental schools and allied and advanced dental education programs and the increased generosity of our corporate members and foundation partners.

In addition to the previously mentioned grant from our long-time supporter, Colgate-Palmolive Company, ADEA relied on the generous contributions of its other corporate members to sustain many of the services our members value. These include access to Education in the Round, the ADA’s premier educational broadcast via the Internet from its annual session, and the ever growing ADEA Curriculum Resource Center, which makes state-of-the-art curriculum modules available for faculty use. Five new members joined ADEA’s Corporate Council in 2012, further strengthening the relationship between dental education and the corporate community.

The People Who Made It Happen
Our Association’s accomplishments in 2012 would suffice to make us proud under the best of circumstances, but they are truly remarkable given the transitions in progress. I want to commend the entire ADEA staff for their noteworthy productivity during this period of internal growth and change. I especially want to recognize the newer members of the team who have jumped into their assignments and gotten up to speed in a remarkably short period of time.

I also want to thank ADEA’s extraordinary volunteer leaders, whose tremendous energy, ample talent, and optimistic vision for the future of dental education motivate all of us to remain fully engaged in the work of this Association. I especially want to thank our current President, Dr. Gerald N. Glickman, and our other outstanding Board of Directors members including Dr. Leo E. Rouse, Dr. Stephen K. Young, Ms. Barbara Nordquist, Dr. Michael A. Siegel, Dr. Pamela J. Hughes, Dr. Michael A. Landers, Dr. Susan H. Kass, Dr. Huw F. Thomas, and Dr. Ryan T. Hajek. I appreciate their flexibility in working with an evolving staff during this transformative year.

The ADEA that has emerged from this process is in excellent shape to take on the challenges ahead. We will continue to work in concert with our members and our external allies to achieve our overriding goals. Through collaboration and sustained effort, I have no doubt that a more vibrant and affordable educational enterprise that serves our members, our parent institutions, and the public is well within reach.
2012-13 ADEA Board of Directors

Back Row (left to right)
- Richard W. Valachovic, D.M.D., M.P.H.
  Executive Director
- Michael A. Landers, D.D.S., M.A.
  Vice President for Sections
- Michael A. Siegel, D.D.S., M.S.
  Vice President for Faculties
- Susan H. Kass, B.S., M.Ed., Ed.D., RDH
  Vice President for Allied Dental Program Directors
- Barbara Nordquist
  Vice President for the Corporate Council
- Huw F. Thomas, B.D.S., M.S., Ph.D.
  Vice President for Deans
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  Vice President for Hospitals and Advanced Education Programs
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  President-elect
In Memory of Jack Edward Bresch
This past year, ADEA lost one of its most treasured assets when Jack Bresch died on September 1, 2012. In his capacity as ADEA’s senior executive overseeing public policy and advocacy, Jack championed the cause of oral health and elevated the profile of dental education on Capitol Hill. An invaluable resource in his own right, Jack also cultivated an expert staff and schooled ADEA members in advocating for their own interests. The dental education community will forever remember and appreciate his advocacy on behalf of dental education and dental and craniofacial research. The bridges he built with Congress and the executive branch and the enthusiasm for advocacy that he generated within our ranks will continue to serve our Association for many years to come.

Prior to joining ADEA, Jack worked in both the executive and legislative branches of the federal government, held elective office in Montgomery County, Maryland, and served as a chaplain in the U.S. Navy and Marine Corps. During his time in the service, Jack supervised drug and alcohol rehabilitation programs and worked as a liaison with the Red Cross. This opportunity to observe health care up close led Jack to develop what would become a lifelong commitment to advocating for health care reform on behalf of people in need.

On a more personal level, the Pittsburgh native was quite philosophical, known for quoting the Greek philosophers and providing sage advice. Those of us who were fortunate enough to have known Jack feel the loss of a dear friend and inspiring mentor. To remember his many contributions to our Association and oral health care, the ADEA student legislative internship underwritten by Sunstar Americas, Inc. has been renamed in his honor.