

Report of ADEA President and CEO

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This annual report by the President and CEO of the American Dental Education Association was presented to the ADEA House of Delegates at the 2019 ADEA Annual Session & Exhibition in Chicago, Illinois.

From my seat within our Association, I've had a rare vantage point these past 22 years. I've been privileged to serve as ADEA's Chief Executive Officer in a time of transition—from an organization primarily serving dental schools to a member-driven Association representing the multiple communities in dental education. Over the years, I've gained insights that have guided my stewardship during this period. Here are ten of them, captured in mantras, maxims, and musings that I hope may prove useful in informing ADEA's journey ahead.

1. Oral health is a national security issue.

If you can't eat, you can't fight. Dental conditions, including not having enough teeth, have been among the most common medical reasons for deferment from military service since the American Civil War. In fact, the label "4-F" refers to the need for four front teeth to bite down on a gunpowder cartridge, so a soldier could tear it open with one hand. If you didn't have those teeth, you couldn't serve.

Even in the 21st century, dental readiness remains a concern. As recently as Iraq and Afghanistan, we held back National Guard and Army Reserve troops because of poor oral health. It was so bad that the military changed its regulations to improve the dental readiness of our citizen soldiers. That's good news, but we must remain vigilant to ensure that the nation's oral health doesn't become a threat to our national security.

2. The mouth really is a part of the body.

Shortly after the American Civil War, medical schools made it clear they didn't want anything to do with dental education. They saw the profession as mechanical, dealing mostly with pain and extracting teeth. Ironically, dentistry's historical isolation from medicine has, in some ways, worked to our advantage. We were forced to take the lead in developing our professions.

Yet over time, something counterfactual occurred: the mouth became separated from the rest of the body, almost as if there weren't nerves, blood vessels, and other connecting structures. You may have heard me joke that the oral cavity could be defined as the space between the lips and the tonsils that other health professionals don't realize is there; but, in truth, this separation is no laughing matter. Fortunately, 150 years later, health care educators and providers have come to recognize the oral cavity for the anatomical organ that it is and advocate for integrating dental and medical care. ADEA's work as an equal partner with organizations representing educators in other health professions shows our commitment to a future based on interprofessional education and collaborative practice.

3. The face of dentistry is changing.

When I graduated from the University of Connecticut School of Dental Medicine, 80% of U.S. dentists were white and men. That is no longer the case, and the change has been dramatic. In 2016, for the first time, the majority of applicants to U.S. dental schools were women. In 2018, for the first time, the majority of applicants to U.S. dental schools were non-white. These are milestones for us, and it validates the work we've been doing to recruit a more diverse pool of applicants.

Dentistry has always been a first profession for many families. In my youth, a lot of people like me (of Eastern European descent) were entering dentistry. Today, a quarter of dental school applicants have roots in Asian countries. Through efforts such as the Summer Health Professions Education Program, which ADEA leads along with the Association of American Medical Colleges and the Robert Wood Johnson Foundation, we continue to strive for even greater diversity in our workforce. Having reached the current tipping point in the dental school applicant pool, we're on course to create a profession that will reflect America's soon-to-be minority-majority makeup.



4. This year's graduates will still be practicing in 2060.

I completed my pediatric dental residency at the Children's Hospital Medical Center in Boston in 1979. Had I remained a full-time practicing pediatric dentist, what I learned then would pretty much have carried me through my entire 40-year career. Some dental materials have changed since then, but overall, I could have practiced the way I learned in my program and had a successful career. Four decades later, that's quite remarkable.

Today's dental and allied dental graduates face a far different future. Changes are already on the horizon—in robotics, biomaterials, digital dentistry, and artificial intelligence—that will transform dental practice in ways we don't yet understand. The knowledge and skills our graduates acquire in 2019 will not be enough to sustain their careers 40 years later. Because of this reality, preparing our students for lifelong learning has taken on enormous importance. We've made strides in transforming our curricula from what was sometimes a memorization exercise to equipping our students to continue to acquire up-to-date knowledge and skills. That said, we have a long way to go to ensure that our graduates are prepared to keep learning at every stage of their careers.

5. Success or failure in dentistry is measured in tenths of millimeters.

Those of us in the dental professions have reputations for being detail-oriented. In the extreme. That may not be the most fun in social settings, but our patients benefit from our perfectionism. A gap of more than a tenth of a millimeter between the margin of a tooth and a restoration can result in recurrent decay, and none of us wants to think about what happens when an implant perforates a mandibular canal.

We have no choice but to teach and practice to tenths of millimeters. Unfortunately, it's not always easy for students to perform to such exacting standards. In recent years, we've come to publicly acknowledge the stresses inherent in preparing for our professions—and in practicing the professions as well. Recent conversations about well-being and resilience have put us on a path toward a more humanistic approach to educating students. Those discussions are a vital first step, but we must put our words into action. We must “walk the walk.”

6. In today's world, you have to have an engaging smile.

For much of the last century, you could get a good job in steel or cars or lumber, and no employer thought twice about your teeth. Not so in today's

service-oriented economy. You have to have an engaging smile, and anything short of that can severely damage self-esteem.

The effect is even greater in the social sphere, where people are swiping left or right based solely on looks. These concerns, while essentially cosmetic, have created a greater appreciation for the value of dental health. A radiant smile relies on healthy gums, strong enamel, and proper spacing of the teeth—also essential for pain-free eating and speaking. Access to proper dental hygiene and restorative care can ensure these functions continue and give people a critical tool for both economic and social success.

7. Dental schools need to be part of the trunk of the academic tree.

Between 1986 and 2000, seven dental schools closed. Another seven almost met the same fate but didn't. Why? The dental schools that closed were isolated from other units of their parent institutions, or “out on a limb” on the academic tree, making it easy for the parent institution to cut them off.

The schools that survived had made themselves part of the trunk of the academic tree. They were engaged with the main campus, their faculty served on university committees, and their strategic plans were consistent with those of their parent institutions. To thrive, all of our schools and programs must be integral to their parent institutions and serve those overarching missions and goals. That's a lesson we can't afford to ignore.

8. If you've seen one dental school, you've seen one dental school.

I often hear people make sweeping statements about dental education. While they usually contain a grain of truth, we need to stop painting with such a broad brush, especially when it comes to describing our perceived shortcomings. Each dental school has a unique blend of strengths and challenges.

While accrediting bodies in the U.S. and Canada ensure that all dental schools meet their national standards, for the moment, at least, we've managed to remain flexible and innovative. In fact, most dental schools are taking astonishing steps to differentiate themselves whether in research, community-based education, integration of technology, interprofessional learning environments, or some other area. Many dental schools are now thought of as the “front porch” of their universities because they are engaging with their communities through teaching clinics, a presence in federally qualified health centers, and mobile vans. But we're not McDonald's franchises: you won't find the same things

on the menu no matter where you go, and that's one of dental education's strengths.

9. Where you stand depends on where you sit.

Most human endeavors have a political dimension, and dental education is no different. After years of advocating for change inside and outside of Washington, I've come to realize that you can't make progress unless you understand the views of people who have different perspectives. I mean that quite literally. Whether negotiations are occurring at the federal level, state level, or in our schools and programs, each person sits at the table and then has to go home and explain his or her success or failure. But before you get to that table, if you can form arguments that will satisfy the constituents of the other side, you've won half the battle.

ADEA's recent progress on the licensure front proves the point. For years, we rubbed up against the competing interests of students, educators, practicing clinicians, and licensing boards. But over the last two years, we mentally put ourselves in their seats and quickly discovered that we shared considerable common ground. It's a lesson worth remembering as we take on new challenges.

10. Relentlessly pursue strategic alliances.

I abbreviate this phrase to R-P-S-A (I pronounce it "rip saw"), and it has been my mantra. Why? As the academic branch of a relatively small

profession, dental education has always risked being marginalized.

When I arrived at ADEA 22 years ago, we had no relationships with outside organizations whose concerns overlapped with our own, basically no interaction at all. But as most of you know, I soon challenged our Association to turn these *potential* allies into strategic partners. We forged ties with organized dentistry, with education organizations representing the other health professions, and with national associations focused on higher education. We also successfully deepened our relationships with a growing number of corporate partners. And then we reached beyond our borders to pursue stronger global ties, which have blossomed in recent years. Along the way, I learned that no matter what you're talking about, a hearty laugh and a sense of humor can make all the difference in getting others to engage.

Thanks to RPSA, the dental professions are now woven into the fabric of the intraprofessional, interprofessional, and globalized future that is shaping both health professions education and health care delivery. The mouth really is part of the body, and our colleagues outside of the dental professions are helping to make that case. I hope you will agree that RPSA has served us well.

Thank you for the privilege of serving for the last 22 years.