



Wisconsin

Dental Hygienists' Association

Policy Manual

1975-2020

WI-DHA Policy Statements

SECTIONS:

- A. GOVERNANCE
- B. MEMBERSHIP
- C. RESEARCH
- D. ROLES
- E. REGULATION AND PRACTICE
- F. EDUCATION
- G. PUBLIC HEALTH
- H. GLOSSARY (definitions)

These policy statements have been ratified by delegates during the annual Wisconsin Dental Hygienists' Association's General Assembly (GA). The notation at the end of each policy statement is the resolution number and the year it was adopted. If there have been revisions to the statement, more than one notation may be seen.

E.g., R10-20 means that this policy statement was the tenth resolution at the 2020 General Assembly.

A. GOVERNANCE

The WI-DHA supports the ADHA Code of Ethics. R1-98

WI-DHA declares the following to be the Core Ideology, Vision, and Goals of the Association:

CORE IDEOLOGY – To guide the evolution of the dental hygiene profession to facilitate optimal oral and systemic health.

VISION: Integration of dental hygienists into the healthcare delivery system as primary care providers. Dental hygienists will practice to the fullest extent of their education, training, and licensure to improve access to oral health care.

GOALS are to ...

- Advance the profession of dental hygiene at the state level
- Facilitate the preparation of dental hygienists to practice an evolving scope in expanded settings
- Expand the influence of dental hygienists in the health care arena
- Have the infrastructure to support its core ideology and vision

R22-01 / R13-03 / R11-17

The WI-DHA supports being a credentialing authority for the Wisconsin dental hygiene profession beyond initial licensure.

Credentialing
/R7-20/R1-20

R7-06

B. MEMBERSHIP

The WI-DHA supports that SADHA advisors be members of ADHA.

ADVISORS

R3-99

The WI-DHA is an inclusive organization. We value the differences within our membership and recognize diversity adds value to our organization, our mission and the quality of our programs and services.

DIVERSITY

R10-14 / R2-16

INCLUSIVITY

C. RESEARCH

The WI-DHA advocates research, development, and utilization of emerging technologies that maximize human health and safety.

EMERGING TECHNOLOGY R6-97

The WI-DHA supports the purpose of ADHA's Institute for Oral Health Institute and that WI-DHA encourages its components and individual members to support it

ADHA ORAL HEALTH INSTITUTE. R4-89/R2-01

The WI-DHA supports basic science and applied research in the investigation of health promotion/disease prevention and theoretical frameworks, which form the basis for education and practice.

SCIENCE R7-96
RESEARCH
EDUCATION
PRACTICE

D. ROLES

The WI-DHA advocates the role of dental hygienists in research, including their contributions to interdisciplinary studies and practice.

RESEARCH R3-13
ROLES

The WI-DHA supports the role of the dental hygienist as Infection Control Leader/Hazard Communication Leader in the dental office.

ROLES R7-90
INFECTON CONTROL

The WI-DHA advocates that dental hygienists promote health literacy.

HEALTH LITERACY R3-14
HYGIENISTS' ROLE

The WI-DHA supports the utilization of dental hygienists in response to catastrophic events.

CATASTROPHIC EVENTS / HYGIENISTS' ROLE R6-03

The WI-DHA advocates that dental hygienists are qualified to play an active role in the recognition of oral manifestations of eating disorders, assessment of oral risk factors, education, and referral for care.

EATING DISORDERS / HYGIENISTS' ROLE R9-03

The WI-DHA supports dental hygienists measure and record blood pressure on all patients as part of conducting a thorough health history.

BLOOD PRESSURE SCREENING R8-01/R12-03/R02-20

HYGIENISTS' ROLE

WI-DHA supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- *Direct access* to patient care

ACCESS

R1-19/R27-20

E. REGULATION AND PRACTICE

WI-DHA advocates for dental hygienists to apply for and obtain a National Provider Identification (NPI) number.

Licensure

R54-20

The American Dental Hygienists' Association supports the federal government's Fair Labor Standards Act in which dental hygienists may, as employees, be issued a W2 by their permanent or temporary employers with appropriate government withholdings made from their wages, as appropriate to this statute.

Employment

R55-20

The WI-DHA recommends that prohibited practices for dental assistants be specified within the Wisconsin Administrative Code.

ADMINISTRATIVE CODE / DENTAL ASSISTANTS

R17-14

The WI-DHA support the use of the Dental Assisting National Board as one avenue of verifiable on-the-job training competency for unlicensed persons.

DENTAL ASSISTANTS / COMPETENCY

R4-91

The WI-DHA supports that dental assistants who have successfully passed the Dental Assisting National Board (DANB) should be recognized as having achieved minimal competency and credentialing as a dental assistant in the State of Wisconsin.

DENTAL ASSISTANTS / COMPETENCY

R13-14

The WI-DHA advocates that direct and third-party reimbursement payors or the laws that govern them shall not discriminate with respect to participation under the plan or coverage or reimbursement for covered services against any dental hygienist provider who is acting within the scope of that provider's license or certification under applicable State law.

REIMBURSEMENT

R11-13

The WI-DHA advocates self-regulation for the profession of dental hygiene. The WI-DHA advocates the appointment of the proportionate representation of *dental hygienists* as full voting and policy-making members of agencies that regulate the practice of dental hygiene and administer dental hygiene examinations.

SELF-REGULATION

R8-13/R04-20/R07-

20

The WI-DHA supports complying with or exceeding federal, state and local authoritative agencies such as (OSHA) and Centers for Disease Control (CDC) recommendations and guidelines in providing a safe environment for dental personnel and patients.

HEALTH AND SAFETY.

R19-14/R08-20

That WI-DHA approves and supports the Wisconsin Statutes and Administrative Code relating to the practice of Dental Hygiene.

ADMINISTRATIVE CODE

R24-14/R06-20

The WI-DHA supports polishing the clinical crown as a selective procedure and not a routine part of an oral prophylaxis, and that the decision to polish a patient's / client's teeth should be based on the assessment of the patient's / client's needs, treatment plan and informed consent.

CORONAL POLISHING

R3-98

SELECTIVE POLISHING

The American Dental Hygienists' Association supports comprehensive screening for oral cancer, oropharyngeal cancer, and any orofacial abnormality for all patients to achieve earliest referral for diagnosis.

Oral Cancer Screening

R58-20

The WI-DHA recognizes that dental hygienists are legally and ethically responsible and directly accountable for their professional conduct, decision-making, quality of services, and actions.

Dental Hygiene Services

R17-01 / R1-16 /R09-20

The WI-DHA supports licensure and regulation of *dental hygienists*, who have graduated from an *accredited dental hygiene program*.

R3-90/R21-01/R10-

20

REGULATORY AGENCIES

The WI-DHA supports broadening the scope of dental hygiene practice through the Wisconsin Statutes and Administrative Code Relating to the Practice of Dental Hygiene to meet the health care needs of the public.

SCOPE OF PRACTICE

R18-01

ADMINISTRATIVE CODE

Dental Hygiene Services

WI-DHA supports comprehensive risk-based assessment of the patient needs prior to and throughout the delivery of oral health services.

Dental Hygiene Services R11-20

WI-DHA supports expanding access to preventive and restorative care within the dental hygiene scope of practice

SCOPE OF PRACTICE. EXPANSION R5-03

WI-DHA encourages all dental hygienists to comply with the current federal and state mandates related to protecting the health information of patients.

R16-03/R12-20

DENTAL HYGIENE SERVICES

ETHICS

The WI-DHA supports National Licensure Portability (NLP) for licensed dental hygienists.

LICENSE PORTABILITY R8-90/R1-07

The WI-DHA supports direct access to a *dental hygienist* in all practice settings.

DIRECT ACCESS R4-97/R4-00/R11-01/R2-07

The WI-DHA advocates that the scope of *dental hygiene* includes utilization and administration of appropriate preventive and therapeutic agents. Dental hygienists will act as educators regarding the benefits of such agents.

DENTAL HYGIENE SERVICES R6-83/R30-96/R7-04/R6-04/R4-07/R13-20

The WI-DHA supports systems to ensure *quality assurance*.

QUALITY ASSURANCE R5-10

The WI-DHA advocates the inclusion of *dental hygienists* in the development of federal, state, and local policies that support improved oral health and wellness.

POLICY DEVELOPMENT R8-10

The WI-DHA recommends the addition of oral health diagnostic codes in conjunction with procedure codes as part of the federally mandated and standardized code sets in oral health care to improve diagnosis, prevention and treatment of oral health diseases and conditions.

DIAGNOSTIC CODES R6-11

The WI-DHA advocates for *dental hygienists*; owning and operating dental hygiene practices; entering into provider agreements; and receiving direct and third-party payments for services rendered, so long as such activities are undertaken in accordance with applicable state law.

OWNERSHIP OF DENTAL HYGIENE PRACTICES R7-11

THIRD PARTY PAYMENTS

The WI-DHA advocates that *dental hygienists* serve as advisors, consultants, and liaisons to state policy making agencies or as full voting members of state agencies that regulate the practice of dental hygiene.

POLICY MAKING

R9-13/R15-20

SELF-REGULATION

The WI-DHA advocates that the Wisconsin Dental Examining Board (WDEB) outline and publish permitted and prohibited oral health related procedures for dental hygienists and dental assistants.

ADMINISTRATIVE CODE

R16-14/R14-20

PERMITTED / PROHIBITED PROCEDURES

The WI-DHA supports dental hygienists as advocates for the profession of dental hygiene and related issues.

PROFESSION

R7-82/R16-20

WI-DHA supports basic science and applied research in the investigation of health promotion/disease prevention and theoretical frameworks which form the basis for education and practice. All research efforts should enhance the profession's ability to promote the health and well-being of the public.

Wellness

R17-20

WI-DHA affirms that dental hygienists are competent to provide dental hygiene services without supervision.

SUPERVISION

R9-84/R18-03/52-20

F. EDUCATION

The WI-DHA advocates for a tobacco-free environment and supports laws which prohibit the marketing and distribution of nicotine delivery and promotional look-alike products that encourage tobacco use.

Public Health

The Wisconsin Dental Hygienists' Association supports the role of the dental hygienist in education, prevention, and cessation tools of tobacco use and all inhalants through education.

Public Health

R6-15/R19-20

The WI-DHA advocates that dental hygiene license holders maintain or exceed continuing education requirements for licensure as stated in the Wisconsin Administrative Code Relating to the Practice of Dental Hygiene.

CONTINUING EDUCATION

R22-14

The WI-DHA supports the standard that all dental hygiene educators be active members of ADHA.

EDUCATORS R2-87
MEMBERSHIP

The WI-DHA opposes all forms of preceptor training for dental hygienists and for dental hygiene procedures.

PRECEPTORSHIP R1-88
EDUCATION

WI-DHA supports all aspects of formal dental hygiene education which includes certificate, associate, baccalaureate, masters and doctoral degree programs. WI-DHA intends to support the baccalaureate degree as the minimum entry level for dental hygiene practice and to further develop the theoretical base for dental hygiene practice.

Accreditation R21-20

The WI-DHA recognizes the pursuit of advanced degrees by *dental hygienists* as an avenue for professional development.

PROFESSIONAL DEVELOPMENT R31-96/R17-02

The WI-DHA support the following statements regarding **Certificate and/or Associate Degree Dental Hygiene Programs.**

1. Programs offering certificates and/or associate degrees should provide an education consistent with the associate degree standards of higher education. The certificate and/or associate degree curriculum should be conducted at an educational level that meets the standards for *accredited dental hygiene programs*.
2. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and *dental hygiene* sciences content and shall provide a theoretical framework as well as mechanisms for achieving clinical competence when appropriate for all aspects of *dental hygiene* practice.
3. Certificate and or associate degree programs are encouraged to develop academic partnerships or articulation agreements with four-year colleges and/or universities to allow the development of integrated baccalaureate degree dental hygiene curricula.

CURRICULUM R11-
97/R22-20

The WI-DHA support the following statements regarding **Baccalaureate Degree Dental Hygiene Programs:**

1. Programs offering baccalaureate degree should provide an education consistent with standards in higher education. The baccalaureate curriculum should be conducted at a level, which allows for admission to university graduate programs.

2. Baccalaureate programs conferring the Bachelor of Science degree in *dental hygiene* should provide advanced knowledge and skills in *dental hygiene*. These services shall be determined by projected oral health needs, potential for the dental hygienist to provide services to meet these needs and the ability of the dental hygiene program to provide instruction in these areas.
3. The curricula should allow for integration of liberal arts, biomedical sciences, oral health sciences, and *dental hygiene* science content and shall provide a theoretical framework for all aspects of *dental hygiene* practice.
4. Baccalaureate degree programs are encouraged to develop four year integrated *dental hygiene* curricula.

CURRICULUM

R12-97/R23-20

The WI-DHA support the following statements regarding **Masters’ Degree and Doctoral Degree Programs in Dental Hygiene.**

1. Advanced degree programs in dental hygiene should be at an educational level equivalent to advanced degree programs in other disciplines and allow further pursuit of terminal degrees.
2. Curricula should be designed to provide dental hygienists with advanced concepts in social, behavioral, and biological sciences and dental hygiene practice. They should provide graduates with the skills necessary to contribute to the expansion of the dental hygiene body of knowledge through research.

ADVANCED DEGREES
CURRICULUM

R13-97/R24-20

The WI-DHA advocates that dental hygiene educational programs be administered or directed only by educationally qualified licensed dental hygienists.

EDUCATION
PROGRAM DIRECTORS

R5-00

The WI-DHA opposes reduction of educational standards, and or requirements for licensure of dental hygienists.

EDUCATIONAL STANDARDS

R19-01

The WI-DHA supports interprofessional education in the dental hygiene curriculum.

Educational Standards

R52-20

The American Dental Hygienists’ Association supports the development and implementation of innovative educational delivery systems when clinical, didactic and laboratory education is provided through an accredited dental hygiene program

Educational Standards

R53-20

LICENSURE REQUIREMENTS

The WI-DHA supports the development and implementation of flexible scheduling and technologically advanced educational delivery systems when accredited dental hygiene program guidelines are followed.

EDUCATION

R5-99/R14-01/R25-20

TECHNOLOGY

The WI-DHA supports that the eligibility requirements for the National Board Dental Hygiene Exam administered by the Joint Commission on National Dental Examinations be limited to graduates of accredited programs and graduation-eligible students of accredited dental hygiene programs.

NBDHE

R20-01/R10-03

ELIGIBILITY

WI-DHA supports elimination of the patient procedure-based, single encounter clinical examination for candidates who are graduates of Commission on Dental Accreditation (CODA) accredited dental hygiene programs and who are eligible to take the National Board Dental Hygiene Examination.

EXAMINATION

R26-20

The WI-DHA advocates loan forgiveness programs for licensed dental hygienists who provide dental hygiene services to at risk populations.

LOAN FORGIVENESS

R4-03/R-15

The WI-DHA promotes cooperative continuing education efforts among other health disciplines to promote exchange of information and to foster a multidisciplinary approach to preventative care.

CONTINUING EDUCATION

MULTI-DISCIPLINARY

R13-06

The WI-DHA supports the recruitment of qualified applicants for accredited dental hygiene programs.

EDUCATION

ADMISSIONS QUALIFICATION

R1-90/R10-96/R7-07

The WI-DHA supports the initiation of new *dental hygiene* programs when:

- The proposed program has conducted a comprehensive *evidence-based needs* assessment to support the development and sustainability of the program. It is further documented that an existing institution of higher education cannot meet these needs.
- There is documented ongoing workforce gaps that cannot be met by an existing institution of higher education.
- There is documented ongoing workforce gaps that cannot be met by currently available *dental hygienists*.
- There is a demonstrated qualified applicant pool.

- The program offers an integrated curriculum that culminates in baccalaureate degree in *dental hygiene*.
- The program has financial resources to initiate and maintain *dental hygiene* educational standards.
- The program is endorsed by the component and constituent *dental hygienists'* associations, community partners, and potential employers.
- The program meets or exceeds accreditation requirements prior to the acceptance of students.

The WI-DHA advocates for accreditation by the dental hygiene profession, of all entry level, degree completion, and graduate dental hygiene educational programs.

CURRICULUM

R13-13/R28-20

ACCREDITATION

The WI-DHA advocates that dental hygiene license holders maintain or exceed continuing education requirements for licensure as stated in the Wisconsin Administrative Code Relating to the Practice of Dental Hygiene.

CONTINUING EDUCATION

R22-14

G .PUBLIC HEALTH

The WI-DHA advocates an oral assessment and establishment of a dental home for all children soon after the eruption of the first primary tooth or by twelve months of age.

DENTAL HOME

R6-13

WI-DHA advocates that dental hygiene practice is an integral component of the health care delivery system and that the services provided by a dental hygienist may be performed in collaboration with other health care professionals within the overall context of the health needs of the patient.

DENTAL HYGIENE SERVICES

R29-20

The WI-DHA supports activities for National Dental Hygiene Month and other oral health awareness initiatives.

NDHM

R3-89/ R20-96

The WI-DHA supports nutritional guidelines and programs that promote total health and encourages media advertising and public education that promote healthy eating habits and wellness.

HEALTH PROMOTION

R5-96

The WI-DHA advocates for advertising supported by evidence-based research and supports professional and consumer groups who promote those efforts.

EVIDENCE-BASED
ADVERTISING

R8-96/R15

The WI-DHA supports utilizing the services provided by *dental hygienists* in community-based programs to improve health.

PUBLIC HEALTH PROGRAMS

R14-96/R30-20

WI-DHA advocates the use of process and outcome measures in the evaluation of oral health programs. This review should include the following: 1) utilization of dental hygienists 2) trends in oral health care delivery 3) appropriate standards and administration 4) outcomes of care 5) cost effectiveness 6) access measures Public PUBLIC HEALTH PROGRAMS R14-96/R

WI-DHA advocates evidence-based, patient-centered dental hygiene practice.
Dental Hygiene Services
97/R32-20

R7-95/R7-

WI-DHA affirms its support for optimal oral health for all people and is committed to collaborative partnerships and coalitions that improve access to oral health services.

ACCESS
20

R8-97/R1-99/R6-00/R33-

The WI-DHA advocates for the following:

1. Comprehensive, evidence-based, interprofessional preventive, and therapeutic care for all people.
2. Promotion of public and professional awareness of the need for this care.
3. Public funding and third-party payments or other remuneration methods for such services.

COMPROMISED

R7-00/R34-20

PRIORITIES / PROGRAMS / FUNDING

WI-DHA advocates for the incorporation of oral health curriculum with allied health programs. This policy would demonstrate WI-DHA support with primary care providers to look for and recognize oral disease is present in their patients.

Curriculum

R6-93 / R9-01/R35-20

WI-DHA supports continuing education on oral health for educators and allied health care providers. R6-93 / R9-01/R36-20

WI-DHA supports community water fluoridation as a safe and effective method for reducing the incidence of dental caries throughout the human lifespan.

Prevention

R6-93 / R9-01/R37-20

WI-DHA supports education regarding the preventive and therapeutic benefits, safety and cost effectiveness of community water fluoridation.

Prevention

R6-93 / R9-01/R38-20

WI-DHA supports education regarding the benefits of all preventive and therapeutic fluorides. Prevention
93 / R9-01/R39-20

R6-

WI-DHA advocates the ability to prescribe, administer, and dispense sealants by a *Dental Hygienist* in all settings.

HEALTH PROMOTION/DISEASE PREVENTION

R6-93 / R9-01/R40-20

WI-DHA advocates for expanded practice settings to assure access to preventive, educational, and therapeutic oral health services.

HEALTH PROMOTION / DISEASE PREVENTION

R6-93 / R9-01/R41-20

WI-DHA advocates for dental hygienists working to the full scope of education and licensure in all practice settings.

Practice Settings

R41-20

The WI-DHA advocates that dental hygienists, as health care professionals, are responsible for taking appropriate action in suspected abuse and neglect cases.

ABUSE / NEGLECT

R3-97/R16-01

The WI-DHA supports legislation granting immunity to *dental hygienists* when responding to any disaster or emergency, so declared by an appropriate authority.

DISASTER

R8-03

IMMUNITY

The WI-DHA supports *dental hygienists* performing *dental triage*.

Dental Hygiene Services

R5-04/R42-20

The WI-DHA supports the use of effective mouth and head protection for participants during sports and other activities where there is a risk of dental and/or craniofacial injuries.

PROTECTIVE EQUIPMENT

R7-04

INJURY PREVENTION

The WI-DHA advocates education and referral for individuals with, substance abuse or addiction.

The WI-DHA supports consumer awareness by advocating labeling of all products having potential adverse effects on oral/systemic health.

PRODUCT LABELING R6-10
RISK

The WI-DHA supports programs informing stakeholders of the scope of dental hygiene practice and its contribution to health in collaboration with health care delivery providers.

SCOPE OF PRACTICE R9-10
COLLABORATION

The WI-DHA advocates the development of evidence-based comprehensive community oral health programs.

COMMUNITY PROGRAMS R10-10
EVIDENCE-BASED

The WI-DHA advocates for education about and the use of xylitol for its preventive and therapeutic benefits against oral disease.

XYLITOL BENEFITS R12-10

The WI-DHA advocates arrangements between school districts and vendors to promote the consumption of healthy foods and beverages.

HEALTHY FOODS / BEVERAGES R1-13

The WI-DHA supports the inclusion and utilization of dental hygienists in response to local, state, national, and global crises.

Terrorism & Catastrophe R50-20

The WI-DHA advocates dental hygienists be included in local, state, and national crisis response policies. Terrorism & Catastrophe

R51-20

G. GLOSSARY (definitions)

Accredited Dental Hygiene Program: A dental hygiene program that achieves or exceeds the established minimum standards set by a United States Department of Education (USDOE)-recognized regional accrediting agency and/or the Commission on Dental Accreditation. The curriculum shall be at the appropriate level to enable matriculation into a baccalaureate, masters or doctoral degree program. This entry-level dental hygiene program shall:

1. Award a minimum of an associate level degree, the credits of which are transferable to a 4-year institution and applicable toward a baccalaureate degree.
2. Retain control of curricular and clinical components.
3. Include at least two academic years of full-time instruction or its equivalent in academic credits earned at the post-secondary college level.
4. Encompass both liberal arts and dental hygiene science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction.

Accredited Dental Hygiene Program

R44-20

Accreditation: A formal, voluntary, non-governmental process that establishes a minimum of national standards which promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public.

ACCREDITATION

R13-01

At-Risk Population: A community or group of people whose social or physical determinants, environmental factors, or personal behaviors increase their probability of developing disease.

AT RISK POPULATION

R3-11

Collaborative Practice: An agreement that empowers the *dental hygienist* to establish a cooperative working relationship with other health care providers in the provision of patient care.

COLLABORATIVE PRACTICE

R5-11

Dental Home: A relationship between a person and a specific team of health professionals, led by a licensed dental provider. The dental home is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health services as part of integrated health care.

DENTAL HOME

R5-13

Dental Dental Hygiene:

The science and practice of the recognition, treatment, and prevention of oral diseases and conditions as an integral component of total health. The profession of dental hygienists.

DENTAL HYGIENE

R4-84/R1-15

Dental Hygienist: A primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide education, assessment, research, administrative, diagnostic, preventive and therapeutic services supporting total health through the promotion of optimal oral health.

DENTAL HYGIENIST

R3-84/R2-15

Dental Hygiene Process of Care: includes the following elements: Assessment, Diagnosis, Planning, Informed Consent, Implementation, Evaluation, and Documentation.

Assessment: The systematic collection and analysis of data in order to identify client needs. *Client may refer to individuals, families, groups, or communities as defined in the ADHA Framework for Theory Development.

- Diagnosis: The identification of client strengths and oral health problems that dental hygienists' scope of practice. The identification of a client's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the client's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan.
- Planning: The establishment of realistic goals and the selection of dental hygiene interventions that can move the client closer to optimal oral health.
- Informed Consent: The process by which a fully informed client can participate in choices about his/her health care.
- Implementation: The act of carrying out the dental hygiene plan of care.
- Evaluation: The measurement of the extent to which the client has achieved the goals specified in the dental hygiene care plan. The dental hygienist uses evidence-based decisions to continue, discontinue, or modify the dental hygiene care plan based on the ongoing reassessments and subsequent diagnosis.
- Documentation: The complete and accurate recording of all collected data, treatment planned and provided, recommendations, and other information relevant to patient care and treatment.

DENTAL HYGIENE PROCESS OF CARE
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R9-97/R5-14/R3-15/R43-

Dental Public Health Settings: Any setting where population-based, community-focused oral health interventions can be used and evaluated as a means to prevent or control disease.

PUBLIC HEALTH SETTING

R2-11

Dental Triage: The screening of clients to determine priority of treatment needs.

TRIAGE

R4-04/R6-07

Dental Therapist: The dental therapist acts as a mid-level oral health provider. The curriculum for dental therapy programs will support the overall education, training and assessment to a level of

competency within the scope of dental therapy practice as outlined by national accreditation standards. Provides advanced clinical, diagnostic, decision-making, judgment, and problem-solving skills.

R45-20

Direct Access- Allows a dental hygienist the right to initiate treatment based on his or her assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist and maintain a provider-patient relationship.

DIRECT ACCESS R7-14

Direct payment: The *dental hygienist* is the direct recipient of payment for services rendered.

Diversity: An inclusion of varied characteristics, ideas and world views in a community.

DIVERSITY R9-11

Evidence-based: Patient-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased patient satisfaction in all practice settings.

EVIDENCE BASED DENTAL HYGIENE R1-06 /R46-20

Health Literacy: the capacity for an individual to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions.

HEALTH LITERACY R2-13

Independent contractor

A dental hygienist who has a business arrangement, consistent with Internal Revenue Service and state requirements, whereby s/he contracts to provide dental hygiene treatment in accordance with state dental

hygiene / dental practice acts. R1-87/R1-03

Independent practitioner

A dental hygienist who provides dental hygiene services to the public without the specific authorization of a dentist through direct agreement with each client in accordance with the state

dental hygiene/dental practice acts. R1-87/R1-03

Interdisciplinary Care: Two or more healthcare providers working within their respective disciplines who collaborate with the patient and/or caregiver to develop and implement a care plan.

INTERDISCIPLINARY CARE R2-10

Needs Assessment: A systematic process to acquire an accurate, thorough analysis of a system's strengths and weaknesses, in order to improve this process to meet existing and future needs.

NEEDS ASSESSMENT R1-11

Optimal oral health: as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort or embarrassment, and which contributes to general well-being and overall total health.

OPTIMAL ORAL HEALTH

R2-00

Oral Myofunctional Therapy (OMT): Treatment of the orofacial musculature to improve muscle balance & tonicity, enable functional breathing, & establish correct functional activities of the tongue, lips & mandible so that normal growth & development of the face and dentition may take place in a stable, homeostatic environment for patients of all ages.

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R56-

Oral Prophylaxis: The supra- and subgingival removal of biofilm, calculus, and extrinsic stains from tooth and prosthetic structures, to preserve health and prevent disease.

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R49-

Position Paper: A written document that summarizes the organization's viewpoint on a specific topic, which includes supporting research. The purpose is to communicate to members and external audiences.

POSITION PAPER

R3-00

Primary care provider: any person who by virtue of *dental hygiene* licensure, graduation from an accredited *dental hygiene* program, and a defined scope of practice, provides one or more of these services defined under the scope of primary care.

PRIMARY DENTAL HYGIENE CARE

R4-15

Primary Care (Characteristics of):

First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings.

Primary Care (Integration of):

Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time.

Primary Dental Hygiene Care Provider-

The *dental hygienist* is a primary care oral health professional who administers a range of services which are defined by the scope, characteristics and integration of care.

Professional Autonomy: a profession's authority and responsibility for its own standards of education, regulation, practice, licensure and discipline.

PROFESSIONAL AUTONOMY

R4-10

Quality Assurance - a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

R47-20

Roles of the Dental Hygienist: Professional roles of the dental hygienist include, but are not limited to clinical, educational, administrative, research, entrepreneurial, public health, and corporate positions, with advocacy being an integral component.

R57-20

Scope of Primary Care:

Consists of the assessment, diagnosis, planning, implementation, evaluation and documentation of procedures for promoting the highest level of health possible to the patient.

Self-Regulation: Regulation of the practice of dental hygiene by dental hygienists, who are graduates of an accredited dental hygiene program and are authorized by state government to define the dental hygiene scope of practice, set educational and licensure standards, regulate and discipline dental hygienists.

SELF-REGULATION

R14-13

Social Media: Interactive web-based platforms where users in virtual communities create and share user generated communications.

SOCIAL MEDIA

R2-14

Third-Party Payment: the *dental hygienist* receives payment by someone other than the beneficiary for services rendered.

DIRECT PAYMENT

R8-11

THIRD-PARTY PAYMENT

Wellness: a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

R59-

20