

ODHA POLICIES

Updated 11-03-2020

ODHA POLICY

As Revised 2020

Whereas, the Oklahoma Dental Hygienists' Association (ODHA) is a constituent of the American Dental Hygienists' Association (ADHA) and, therefore, operates and does not conflict with ADHA policy, the policy resolutions herein contained form a base from which ODHA can initiate action. Each resolution is identified as follows:

Resolution Number-Year (i.e. 7-89) identifies the resolution number and the year of the House of Delegates at which the resolution was passed. Additional resolution notations (i.e. 13-95(10)/3-86) indicate the amended policy and the original policy.

Note: With 1995 resolutions, there is a designation of March (3) or October (10) since two House of Delegate meetings were held in 1995.

“S” indicates a substitute resolution.

Any resolution that no longer reflects policy or is superseded shall be removed by each Immediate Past-President and an appointed committee, subject to approval by the House of Delegates, in order to keep this document up-to-date.

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GLOSSARY

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ASSOCIATION ADMINISTRATION

Gifts, honorariums, or tributes made to visiting ADHA officers, or other dignitaries may be made in the form of a donation to the Institute of Oral Health.

Gifts and Honorariums

4-95(10)/2-81

Any initial legislation that is drafted must be reviewed by and approved with a two-thirds majority vote by the ODHA Board of Trustees prior to being introduced to the legislature.

Legislation

5-92

The ODHA supports that the Annual Session of the ODHA:

- is the time necessary to conduct the business of the Association through the establishment of policy, election of officers, and the adoption of the fiscal year budget through the House of Delegates;
- provides the opportunity to expand the educational and professional knowledge base of dental hygienists;
- provides the atmosphere where dental hygienists, statewide, can exchange information and network relationships necessary for professional growth;
- contributes to the financial viability of the Association.

In addition, the ODHA recognizes the ODHA Annual Session as the opportunity for dental hygienists to participate with their office staff to reinforce the team approach in the delivery of dental services, and for dental hygienists to contribute their professional development, acquired through mentoring within their Association, as enhancement to the dental team.

Annual Session

7-92

The ODHA increase constituent dues twenty dollars. (*\$45 increased to \$65*)

Dues Increase

1-08

CONTINUING EDUCATION

The ODHA supports the acceptance of courses in the areas of behavioral science, jurisprudence, and ethics for continuing education credit for re-licensure.

Continuing Education Credits

9-13/4-83

The ODHA advocates that licensing boards accept continuing education courses in the Dental Hygiene Process of Care: Assessment, Diagnosis, Treatment Planning, Implementation, Evaluation, and Documentation.

Course/Content

8-13/33-95(10)/5-94

The ODHA advocates that licensing agencies accept higher education credits pertaining to any of the professional roles of the dental hygienist for continuing education credit.

Higher Education Credits

3-01/5-05

EDUCATION

The ODHA supports all aspects of formal dental hygiene education which includes certificate, associate, baccalaureate and graduate degree programs, and ODHA declares its intent to establish the baccalaureate degree as the minimum entry level for dental hygiene practice in the future and to develop the theoretical base for dental hygiene practice.

Future Minimum Entry Level **1-87**

The ODHA encourages all dental hygiene faculty to be members of ODHA.

Faculty ODHA Membership **6-89**

The ODHA supports the initiation of new dental hygiene educational programs IF:

- 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 a documented evidence based ongoing manpower need that cannot be met by currently licensed dental hygienists.
- there is a qualified applicant pool.
- there is a potential patient pool.
- the program offers an integrated curriculum that culminates in a baccalaureate degree in dental hygiene.
- the program has financial resources to initiate and maintain dental hygiene education standards.
- the program is endorsed by the component and constituent dental hygienists' associations, community partners and potential employers.
- the program meets appropriate accreditation requirements prior to the acceptance of students.

New Dental Hygiene Programs **2-11/7-89**

The ODHA advocates accreditation, by the dental hygiene profession, of entry level, degree completion and graduate dental hygiene education programs.

Accreditation **7-12/1-01/3-91**

The ODHA supports the development and implementation of flexibly scheduled and/or technologically advanced educational delivery systems only when clinical, didactic and laboratory education is provided through an accredited dental hygiene program.

Dental Hygiene Education **2-00/4-91**

The ODHA supports accreditation standards that prepare entry level dental hygienists to assume each of the professional roles of a dental hygienist in a variety of settings to meet the preventative and therapeutic health care needs of the public.

Accreditation **6-05/26-95(10)/5-91**

The ODHA considers preceptorship to be the dilution of the dental hygiene scope of practice through on-the-job training, reduced educational standards or delegation of any current dental hygiene services addressed by statute or rule to unlicensed persons.

Preceptorship **24-95(10)/8-92**

EDUCATION (continued)

The ODHA supports the following principles of dental hygiene education:

-Programs offering associate degrees should provide an education consistent with the associate degree standards of higher education. The associate degree curriculum should be conducted at an educational level that includes a minimum of two academic years of dental hygiene curriculum provided in a college or institution of higher education, the program of which is accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency. This educational level should allow for admission to four-year colleges and/or universities at the upper division level.

-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 for all aspects of dental hygiene practice.

-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.

Associate Degree

5-93

The ODHA advocates that dental hygiene educational programs be administered or directed by an educationally qualified licensed dental hygienist.

Program Directors

1-97/2-94

The ODHA is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational standards and/or requirements for the licensure and practice of dental hygiene.

Preceptor Training

23-95(10)/3-94

The ODHA supports dental hygiene curricula that lead to competency in the dental hygiene process: Assessment, Diagnosis, Treatment Planning, Implementation, Evaluation, and Documentation. This process requires integrated, intellectual, interpersonal, and technical competencies.

Dental Hygiene Curricula

10-13/34-95(10)/6-94

The ODHA advocates that licensed and student dental hygienists be responsible for dental hygiene career recruitment.

Recruitment

3-95(10)

The ODHA requires SADHA advisors be voting members of the Oklahoma Dental Hygienists' Association.

SADHA Advisors/Association Membership

1-98

The ODHA advocates the creation of an *Advanced Dental Hygiene Practitioner* who provides diagnostic, preventive, restorative, and therapeutic services directly to the public.

Advanced Practitioner

04-13/13-07

EDUCATION (continued)

ODHA advocates that the dental hygiene diagnosis is a necessary and intrinsic element of dental hygiene education and scope of practice.

Dental Hygiene Diagnosis 6-09

The Cyndy Vogler-Henry Memorial Student Scholarship is established.

Student Scholarship 9-20/9-19

ETHICS

The ODHA supports compliance of all dental personnel with those statutes and regulations which govern the delegation and supervision of services.

Compliance with State Law 8-88

The ODHA opposes all forms of economic coercion or threats of economic sanctions against businesses or individuals resulting from professional differences of opinion with respect to legislative and regulatory issues concerning the availability and accessibility of quality, cost-effective oral health care.

Economic Coercion 3-89

The ODHA believes that dental hygienists are ethically and morally responsible to provide dental hygiene care to all patients including those who may have or have been exposed to infectious diseases such as AIDS and Hepatitis B, utilizing nationally accepted infection control and barrier techniques.

Infectious Disease/Dental Hygiene Care 3-89

The ODHA maintains that treatment plan options should be offered equally to all patients regardless of economic status, third party coverage, or other remuneration methods.

Equality of Care 2-90

The ODHA advocates access to total health care including oral health care to all people.

Access to Care 9-93

The ODHA advocates that dental hygienists, as health care professionals, are responsible for reporting suspected abuse and/or neglect of any individual to the proper authorities.

Suspected Abuse 2-97/10-93

The ODHA advocates a safe work environment free of discrimination and harassment.

Non-Discrimination and Harassment 7-20

ETHICS (continued)

The ODHA acknowledges that racism and discrimination are public health crises and barriers to health equity. ODHA supports policies, structure, and practices that create the opportunity for all people, regardless of race, ethnicity, class, culture, religion, language, gender, gender identity, sex, sexual orientation, nationality, citizenship, ability, age, and other dimensions of difference to attain the highest level of health.

Non-Discrimination in Health **6-20**

The ODHA advocates for accurate representation of dental hygiene services.

Accurate Representation **8-14/1-95(3)**

The ODHA advocates for truth in advertising supported by evidence-based research and supports recognized professional and consumer groups who promote those efforts.

Truth in Advertising **7-14**

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

Accountability **1-15**

The ODHA advocates that regional and/or state testing agencies adopt policies that ensure the highest ethical standards to protect the safety and welfare of patients who participate in clinical dental hygiene examinations.

Protection of Clinical Exam Patients **2-02**

LICENSURE

The ODHA supports the Central Regional Dental Testing Service as a comprehensive and objective method of testing dental hygienists.

CRDTS Support **3-84**

The ODHA supports certification of Basic Life Support on the health professional level for license renewal for all dental hygienists.

CPR **5-97/7-88**

The ODHA supports recognition of the ADA Joint Commission on National Dental Examinations' National Board Dental Hygiene Examination by licensing authorities for each legal jurisdiction in lieu of written examinations administered by such authorities, except where additional examinations are necessary to test for dental hygiene procedures not addressed by the National Board Dental Hygiene Examination. In addition, the ODHA supports the development and implementation of a dental hygiene national board examination administered by any agency recognized by the United States Department of Education and ADHA, which tests the ability to apply knowledge of dental hygiene, biological sciences and oral medicine. This knowledge is acquired through completion of an accredited dental hygiene program.

National Board Exam Support **5-01/5-89**

LICENSURE (continued)

The ODHA supports application for Oklahoma licensure by currently licensed dental hygienists from other states who have met the following minimum criteria:

- * Graduation from an accredited dental hygiene program;
- * Successful completion of both an ADHA recognized national board dental hygiene examination and a regional and/or state board examination;
- * Possession of a valid dental hygiene license in another state/jurisdiction in which the individual is licensed;
- * Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual has been licensed, and
- * Must have been in active practice, to include military service and teaching, within two years immediately prior to application.

Licensing **5-00/6-91**

The ODHA recognizes the Western Regional Examining Board as a comprehensive and objective method of testing dental hygienists.

WREB Support **8-94**

The ODHA supports licensure and regulation of dental hygienists.

Licensure and Regulation **7-00**

The ODHA supports licensed dental hygienists who are graduates of accredited dental hygiene programs to serve as consultants/advisors to state boards of dental hygiene/dentistry.

Consultants/Advisors **4-01**

The ODHA supports national dental hygiene examinations for licensure that are valid, reliable, and cost-effective assessments of clinical skills.

National Dental Hygiene Examinations **8-05**

The ODHA supports ADHA's declaration in its intent to be the credentialing authority for the dental hygiene profession beyond initial licensure.

Credentialing Authority **10-06**

PRACTICE

The ODHA supports efforts to meet the public needs through programs providing low cost quality denture care by licensed dental professionals.

Note: Original Policy 18-79 included "The ODHA supports the efforts of the Oklahoma dental profession to uphold the standards of quality oral health care through vigorous opposition to the practitioners of denturism." in addition to the above statement.

Denture Care **1-99/4-96/18-79**

PRACTICE (continued)

The ODHA advocates that dental hygienists should be involved in measuring and recording blood pressure on patients as a part of conducting a thorough health history.

Blood Pressure Screening 5-95(10)/2-83

The ODHA opposes the legal limitation on the number of dental hygienists who may practice in a given setting.

Manpower Limitations 5-83

The ODHA does not support the concept of independent practice in Oklahoma.

Oppose Independent Practice 1-84

The ODHA supports the practice of selective polishing for all oral prophylaxes.

Selective Polishing 2-86

The ODHA advocates for dental hygienists entering into provider agreements and receiving direct and third-party payments for services rendered within the dental hygiene scope of practice.

Third Party Payment 7-13/5-12/3-90

The ODHA advocates that the decisions regarding dental hygiene regulation, education, and practice should be made by dental hygienists. A Dental Hygiene Regulatory Board, equal representation on the existing Dental Board, or a Dental Hygiene Committee with regulatory responsibilities could represent avenues for self-regulation of dental hygiene.

Dental Hygiene Self-Regulation 4-12/9S-95(10)/4-90

The ODHA supports the development of procedures to ensure quality assurance and peer review.

Peer Review 5-10/5-90

The ODHA recognizes the dental hygienist as a primary care provider of dental hygiene services. The ODHA identifies a primary care provider of dental or dental hygiene services as any person who, by virtue of dental or dental hygiene licensure, graduation from a program which has a minimum of two academic years of curriculum provided in a college or institution of higher education, the program of which is accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency, and a defined scope of practice, provides one or more of those services defined under the scope of primary care.

Primary Care Provider 11-14/1-91

The ODHA recognizes that dental hygienists, as direct patient care providers, have an immediate impact on the oral health and physical well being of patients.

Direct Care Provider 2-91

PRACTICE (continued)

The ODHA recognizes that dental hygiene is the health profession which, in cooperation with other health professions, provides services to promote optimal oral health for the public. The licensed dental hygienist performs and/or supervises the delivery of oral health care services as regulated under state dental and/or dental hygiene practice acts and is recognized as an educated professional who has graduated from a dental hygiene program which has a minimum of two academic years of dental hygiene curriculum provided in a college or institution of higher education, the program of which is accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency, and a rigid didactic and clinical examination are required prerequisites for licensure and practice. In addition, dental hygienists' practice in health-oriented settings such as: general and specialty private practice, community health agencies, professional educational institutions, public schools, hospitals, bio-medical research facilities, government agencies, industry, public and private health centers. Within these settings, a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent and researcher.

Scope of Practice and Settings

27-95(10)/7-91

The ODHA affirms that dental hygienists are competent to provide dental hygiene services without supervision.

Supervision

10-14

The ODHA supports the licensure process as a form of protection of the health and safety of the public and that the illegal practice of dental hygiene by an unlicensed individual is a direct threat to that safety.

Licensure Process

31-95(10)/4-92

The ODHA advocates that any health insurance program includes benefits for preventive and therapeutic oral health care.

Insurance Benefits

1-96/3-93

The ODHA advocates the Center for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases, and advocates maximum worksite safety and training to protect the health and safety of both practitioner and patient.

Prevention of Disease Transmission

2-96/8-93

The ODHA advocates that state regulated dental hygiene procedures be evaluated and/or performed utilizing standardized competencies.

Standardized Competencies

2-95(3)

The ODHA advocates that the services of the dental hygienist be fully utilized in all public and private practice settings to most effectively deliver preventive and therapeutic oral health care.

Utilization

4-00

PRACTICE (continued)

The ODHA supports efforts to uphold the standards of quality oral health care through vigorous opposition to the illegal practice of dentistry and dental hygiene.

Opposition to Illegal Practice

2-99/5-96

The ODHA advocates that dental hygiene and/or dental practice acts be amended so that the services of dental hygienists who are graduates from an accredited dental hygiene program can be fully utilized in all settings.

Alternative Practice Settings

6-13/3-99

The ODHA endorses that a dental hygienist perform an extra/intra-oral examination as an integral component of every comprehensive oral health assessment.

Extra/Intra-Oral Examinations

1-03

The ODHA advocates a nutritional screening as a component of routine dental hygiene care.

Nutritional Screening

4-04

The ODHA advocates the use of dental hygienists in natural disasters and acts of terrorism to collect forensic data that can identify victims. The ODHA further advocates that the dental hygienist has the skills to contribute significantly to charting and examination procedures, and to control the flow and security of administrative and investigative records.

Collection of Forensic Data

9-05

The Oklahoma Dental Hygienists' Association supports the inclusion and utilization of *dental hygienists* in response to local, state, national, and global crises.

Utilization during Crises

2-20

The Oklahoma Dental Hygienists' Association advocates dental hygienists be included in local, state, and national crisis response policies.

Response to Crises

3-20

ODHA supports oral health workforce models that culminate in:

- graduation with a degree from an accredited institution
- professional licensure
- direct access to patient care

Workforce Models

5-09

ODHA advocates that the dental hygiene diagnosis is a necessary and intrinsic element of dental hygiene education and scope of practice.

Dental Hygiene Diagnosis

6-09

PRACTICE (continued)

ODHA 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.

Collaborative Relationships 6-10

ODHA supports comprehensive risk-based assessment of the patient's needs prior to and throughout the delivery of oral health services.

Risk Assessment 7-10

ODHA advocates dental hygienists perform screenings for the prevention and interdisciplinary management of diseases and associated risk factors.

Dental Hygienists Perform Screenings 8-10

The Oklahoma Dental Hygienists' Association supports the federal government's Fair Labor Standards Act in which dental hygienists must, 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.

Fair Labor Standards Act/Pay with W2 5-20

ODHA advocates that dental hygienists receive direct reimbursement for services rendered in treatment facilities.

Direct Reimbursement for Services 3-15

ODHA advocates for every dental hygienist to apply for and obtain a National Provider Identification (NPI) number.

National Provider Identification (NPI) 4-20

The Oklahoma Dental Hygienists' Association advocates for the expansion of dental hygiene diagnostic and procedure codes.

Expanding Dental Hygiene Codes 9-16

The Oklahoma Dental Hygienists' Association supports the utilization of technologies, but not limited to, teledentistry, as a means to reduce oral health disparities.

Utilization of Technologies 3-17

The Oklahoma Dental Hygienists' Association supports dental hygienists' use of lasers within the Dental Hygiene Scope of Practice.

Use of Lasers 4-17

The Oklahoma Dental Hygienists' Association advocates for a more comprehensive understanding of the role of the dental hygienist. Dental Hygiene actions involve cognitive, affective and psychomotor performances. They include assessment, dental

hygiene diagnosis, planning, implementing, evaluating and documenting (dental hygiene process of care) of preventive and therapeutic oral health care.

Comprehensive Role of the Dental Hygienist 5-17

The Oklahoma Dental Hygienists' Association supports the dental hygienists' ability to prescribe, administer and dispense all evidence-based preventive and therapeutic fluorides.

Preventive and Therapeutic Oral Health Care 9-18

PUBLIC HEALTH

The ODHA supports water fluoridation as a safe and effective method for reducing the incidence of dental caries and advocates for education regarding the preventive and therapeutic benefits, safety, cost, and effectiveness of community water fluoridation in Oklahoma.

Fluoridation 2-15/5-04/8-83

The ODHA endorses school-based fluoride programs for prevention of dental caries.

School Fluoridation Programs 7-04/13-95(10)/3-86

The ODHA recognizes the priority needs of children, pregnant women, the elderly and persons who are physically, mentally or medically compromised, and advocates the inclusion of comprehensive oral health services in the design of health care programs.

Comprehensive Oral Health 2-93

The ODHA advocates nutritional guidelines that promote total health and encourages healthy eating habits and wellness.

Nutrition 1-12/6-95(3)

The ODHA advocates evidence-based oral health management strategies for the prevention of oral and systemic diseases.

Oral Disease Prevention 4-97/35-95(10)/8-95(3)/1-05

The ODHA 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.

Tobacco Cessation & Marketing 9-14

The ODHA advocates increased allocation of funds for preventive programs designed to provide health services to underserved sectors of the population.

Preventive Program Funding 3-96

The ODHA advocates oral health programs in schools.

School Oral Health Education Programs 3-97

PUBLIC HEALTH (continued)

The ODHA advocates the development of evidence based comprehensive community oral health programs.

Community Oral Health Programs 9-10/3-98

The ODHA advocates an oral assessment and the establishment of a dental home for all children shortly after the eruption of the 1st primary tooth or by 12 months of age.

Early Childhood Oral Care 3-12/1-02

The ODHA advocates loan forgiveness programs for licensed dental hygienists who provide dental hygiene services to underserved sectors of the population.

Underserved Populations/Loan Forgiveness 2-03

The ODHA supports education of the public and other health professionals regarding the preventative and therapeutic benefits of fluoride.

Preventative/Therapeutic Fluoride Benefits 6-04

The ODHA supports mandating the use of mouth and/or head protection for participants during sports activities where there is a risk of craniofacial injuries.

Protection During Sports 8-04

The ODHA supports a tobacco-free environment in all public facilities.

Tobacco-Free Environment 2-05

The ODHA advocates the systematic collection of data by dental hygienists to aid in the identification of children and adults.

Collection of Data 3-05

The Oklahoma Dental Hygienists' Association advocates collaboration with organizations to identify, promote and utilize available substance abuse and addiction resources and programs.

Substance Abuse Collaboration 1-07

The ODHA advocates the use of evidence-based approaches such as fluoride therapies, pit and fissure sealants and other evidence-based modalities in the risk assessment, prevention and treatment of demineralization and dental caries as well as education of the public and other health professionals regarding these preventive and therapeutic benefits.

Evidence –Based Approaches 2-07

The ODHA supports education of the public and health professionals regarding health risks of extra and intra oral piercing and oral modification as well as supporting licensure and regulation of body-piercing establishments.

Oral Piercing 4-07

The ODHA advocates for a comprehensive oral assessment and evaluation by a dental hygienist or a mid-level oral health practitioner, with referral for appropriate follow up care for students entering into primary, middle, and secondary education.

School Entry Oral Examination 12-07/1-17

PUBLIC HEALTH (continued)

The ODHA advocates cultural and linguistic competence for health professionals.
Cultural and Linguistic Competence 2-08

The ODHA 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.
Collaborative Partnerships/Coalitions 8-09

The ODHA supports consumer awareness by requiring labeling of all products that have potential adverse effects on oral health.
Product Labeling 10-10

The ODHA advocates the inclusion of dental hygienists in the development of federal, state, and local policy efforts.
Policy Efforts 11-10

The ODHA supports programs that inform stakeholders of the scope of dental hygiene practice and its contributions to health in collaboration with health care delivery providers.
Informing Stakeholders 12-10

That the ODHA supports the utilization of the Oklahoma Board of Dentistry's declaratory ruling as provided in 195:3-1-10 of the rules of the Oklahoma Dental Act; the Oklahoma Attorney General's Opinions; and Oklahoma Dental Act changes through the Legislature, to affect change for the protection of the public and for the protection of the scope of practice of dental hygienists.
OK BOD Ruling to Protect Public & DH Scope of Practice 6-17

The Oklahoma Dental Hygienists' Association supports interprofessional advocacy of public and social policies that promote (overall) health
Interprofessional Advocacy 9-19

RESEARCH

The ODHA 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. Dental hygiene research must be conducted ethically and in compliance with federal and state regulations.
Applied Research 1-94

GLOSSARY

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

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

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 the Commission on Dental Accreditation. The curriculum shall be at the appropriate level to enable matriculation into a bachelors, masters, or doctorate degree. The entry-level dental hygiene program shall:

1. Award a minimum of an Associate level degree, or equivalent, the credits of which are transferable to a four-year institution and applicable toward a baccalaureate degree;
2. Retain control of the 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; and
4. Encompass both liberal arts and dental hygiene science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction.

Advanced Dental Hygiene Practitioner: A dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum, approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public.

Best Practices: A technique or methodology that, through experience and research, has proven to reliably lead to a desired result.

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

Credentialing is the process by which an authorized and qualified entity evaluates competence and grants the formal recognition to, or records the recognition status of individuals that meet predetermined and standardized criteria.

Cultural and Linguistic Competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations.

'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

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 Hygiene:

*The science and practice of the recognition, treatment, and prevention of oral diseases and an integral component of total health.

*The profession of the dental hygienist.

Dental Hygiene Diagnosis: The identification by a dental hygienist of a patient's oral conditions which may be treated by procedures within the dental hygiene scope of practice. This includes the identification of those oral conditions which are appropriate for referral to other healthcare professionals.

Dental Hygiene Process of Care

-Assessment: The systematic collection and analysis of data in order to identify client needs.

Diagnosis: The identification of client strengths and weaknesses in relation to oral health problems that *dental hygiene* intervention can improve.

Planning: Establishing realistic goals, selecting *dental hygiene* interventions in order to move the client closer to optimal oral health.

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, reassessments, and subsequent diagnoses.

Documentation: The complete and accurate recording of the patient's information and interactions assessment data, treatment and treatment outcomes.

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, preventative and therapeutic services that support overall health through the promotion of optimal oral health.

Dental Public Health: The science and art of preventing and controlling oral diseases and promoting oral health through organized community effort. Dental public health is concerned with the oral health education of the public, applied dental research, administration of oral health care programs, and prevention and control of oral disease on a community basis.

Dental Public Health Setting: Any setting where community-focused or population-based education, assessment and preventive or therapeutic oral health services can be provided as a means to prevent or control oral disease.

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

Documentation: The complete and accurate recording of the patient's information and interactions, assessment data, treatment and treatment outcomes.

Evidence-based: Concepts or strategies that are derived from or informed by the best available scientific literature and a focused review of the most current research on the topic of interest and clinical evidence.

Ex-officio: An honorary position that includes an automatic invitation to the House of Delegates and does not exclude them from a nomination to serve.

Fact Sheet: A document that summarizes key points of information on a specific topic for distribution.

Health Literacy: The degree to which individuals have the capacity to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions in preventing and treating illness.

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.

Interprofessional- Collaborating with other healthcare professionals to participate in information exchange for a global approach to improving quality of care and meeting the needs of diverse populations with patient-centered care.

Mid-Level Oral Health Practitioner: A licensed dental hygienist with additional education to provide services within an expanded scope of care.

Needs Assessment: A systematic process to acquire an accurate, thorough analysis of a system's strengths and weaknesses used to establish priorities for future action.

Optimal Oral Health: 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.

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

Primary Dental Hygiene Care Provider: Primary Care can be defined by the scope, character, and integration of services. The scope of primary care consists of preventative care, screening procedures, problem identification, symptomatic treatment, diagnosis and treatment, referral, follow-up patient education, and counseling for health problems and for promoting the highest level of health possible to the patient. Characteristics: Primary Care – 1) is the first contact care initiated by the patient or other person who assumes responsibility of the patient, 2) takes place in a variety of practice settings, and 3) is provided by practitioners. Integration: Primary Care practitioners 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 insure that the patient receives comprehensive and continuous care at a single point in time as well as a period of time. The ODHA identifies a primary care provider of services as 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.

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

Self-Regulation: Regulation of dental hygiene practice by dental hygienists who define the scope of practice, set educational requirements and licensure standards, and regulate and discipline dental hygienists.

Strategic Plan: A tool used to describe the direction and operation of the association. It establishes the association's objectives, goals and strategies. It serves as a framework for services, ongoing programs and action plans.

Third Party Payment: Payment by someone other than the beneficiary.

White Paper: An authoritative report or guide that provides information about emerging knowledge and issues on a specific topic.