POLICY MANUAL

OF THE

OKLAHOMA DENTAL HYGIENISTS' ASSOCIATION

Last Updated: September 5, 2025

(Reflecting 2024 HOD and 2025 GA policy resolutions)

About This Manual

This Policy Manual sets forth the positional statements of the Oklahoma Dental Hygienists' Association ("OKDHA"), organized by subject-matter category. Each policy is presented in a single, self-contained block: category, topic, statement, and policy citation.

Distinction from Bylaws. Bylaws establish OKDHA's organizational structure, elections, committees, and governance procedures. Policies (also referred to as "position statements" or "resolutions") express OKDHA's institutional viewpoint on professional, educational, ethical, licensure, practice, and public-health matters. Both are adopted by the General Assembly; the distinction is one of function and scope. If a proposed change conflicts with the Bylaws, the Bylaws control and a bylaw amendment (rather than a policy) is required.

Citation format. Each policy citation carries the resolution number and the year of the House of Delegates or General Assembly at which the resolution was originally adopted (e.g., 7-92 = seventh resolution adopted in 1992). Slash notation (e.g., 13-95(10)/3-86) shows the current text as amended, with the original policy citation appearing after the slash. The parenthetical (3) or (10) denotes March or October where two House of Delegates meetings were held in 1995. An "S" prefix (rare) denotes a substitute resolution.

How to update this Manual. (i) A member, a Constituent, a Component, the Board of Directors, or the General Assembly may propose a policy amendment. (ii) The Board of Directors shall include the proposed policy in the call for the General Assembly. Proposed policies must be circulated to members at least seven (7) days before the General Assembly. See Bylaws Art. 8.3(a). (iii) Adoption requires a majority vote at the General Assembly. Under Bylaws Art. 8.3(a), the Board of Directors may adopt an interim policy when the General Assembly is not in session; the interim policy shall be reported to the General Assembly at the next Annual Session for ratification. (iv) To retire or supersede a policy, adopt an amending or superseding resolution and edit this Manual by (a) marking the prior text as superseded within the same policy block and (b) updating the "Last Updated" date on the cover page.

Archive practice. Superseded policy language is retained within the same policy block (labeled as "Prior text") so that historical context is preserved without cluttering the operative text. When a policy is fully retired, do not delete it; move it to a "Retired Policies" section (to be created if and when such a decision is made) with the effective date of retirement.

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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.

Legislation Policy 5-92

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

Annual Session Policy 7-92

The OKDHA supports that the Annual Session of the OKDHA: (i) 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 General Assembly; (ii) provides the opportunity to expand the educational and professional knowledge base of dental hygienists; (iii) provides the atmosphere where dental hygienists, statewide, can exchange information and network relationships necessary for professional growth; and (iv) contributes to the financial viability of the Association. In addition, the OKDHA recognizes the OKDHA 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.

Dues Increase Policy 1-08

The OKDHA increases constituent dues twenty dollars ($20). ($45 increased to $65).

Continuing Education

Continuing Education Credits Policy 9-13/4-83

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

Course Content Policy 8-13/33-95(10)/5-94

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

Higher Education Credits Policy 3-01/5-05

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

Education

Future Minimum Entry Level Policy 1-87

The OKDHA supports all aspects of formal dental hygiene education, which includes certificate, associate, baccalaureate, and graduate degree programs. The OKDHA 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.

Faculty OKDHA Membership Policy 6-89

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

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

The OKDHA supports the initiation of new dental hygiene educational programs if:

(i) the proposed program has conducted a comprehensive evidence-based needs assessment to support the development and sustainability of the program, and it is further documented that an existing institution of higher education cannot meet these needs;

(ii) there is a documented, evidence-based ongoing manpower need that cannot be met by currently licensed dental hygienists;

(iii) there is a qualified applicant pool;

(iv) there is a potential patient pool;

(v) the program offers an integrated curriculum that culminates in a baccalaureate degree in dental hygiene;

(vi) the program has financial resources to initiate and maintain dental hygiene education standards;

(vii) the program is endorsed by the component and constituent dental hygienists' associations, community partners, and potential employers; and

(viii) the program meets appropriate accreditation requirements prior to the acceptance of students.

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

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

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

The OKDHA 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 preventive and therapeutic health care needs of the public.

Dental Hygiene Education Policy 2-00/4-91

The OKDHA 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.

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

The OKDHA 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.

Associate Degree Policy 5-93

The OKDHA supports the following principles of dental hygiene education:

(i) 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.

(ii) 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.

(iii) 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.

Program Directors Policy 1-97/2-94

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

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

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The OKDHA 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.

Recruitment Policy 3-95(10)

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

SADHA Advisors and Association Membership Policy 1-98

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

Advanced Dental Hygiene Practitioner Policy 4-13/13-07

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

Dental Hygiene Diagnosis (Education) Policy 6-09

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

Cyndy Vogler-Henry Memorial Student Scholarship Policy 9-20/9-19

The Cyndy Vogler-Henry Memorial Student Scholarship is established.

Diversity and Inclusion in Education Policy 3-21

The Oklahoma Dental Hygienists' Association supports diversity and inclusion in dental hygiene educational programs.

Ethics

Compliance with State Law Policy 8-88

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

Economic Coercion Policy 3-89

The OKDHA 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.

Infectious Disease and Dental Hygiene Care Policy 3-89

The OKDHA 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 HIV/AIDS and Hepatitis B, utilizing nationally accepted infection control and barrier techniques.

Equality of Care Policy 2-90

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

Access to Care Policy 9-93

The OKDHA advocates access to total health care, including oral health care, for all people.

Suspected Abuse Policy 2-97/10-93

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

Non-Discrimination and Harassment Policy 7-20

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

Inclusion, Diversity, and Health Equity Policy 1-21/6-20

OKDHA supports inclusion, diversity, and health equity. OKDHA 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.

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

The OKDHA advocates for accurate representation of dental hygiene services.

Truth in Advertising Policy 7-14

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

Accountability Policy 1-15

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

Protection of Clinical Exam Patients Policy 2-02

The OKDHA 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.

Licensure

CRDTS-SERTA Support (amended by PR11, 2025 GA) Policy 3-84 (Amended 2025)

The OKDHA recognizes CRDTS-SERTA as a comprehensive and objective method of testing dental hygienists.

Prior text (superseded 2025 GA): "The OKDHA supports Central Regional Dental Testing Service as a comprehensive and objective method of testing hygienists."

CPR Policy 5-97/7-88

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

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

The OKDHA 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 OKDHA 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.

Licensing Policy 5-00/6-91

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

(i) graduation from an accredited dental hygiene program;

(ii) successful completion of both an ADHA-recognized national board dental hygiene examination and a regional and/or state board examination;

(iii) possession of a valid dental hygiene license in another state or jurisdiction in which the individual is licensed;

(iv) absence of pending and/or final disciplinary action in any other state or jurisdiction in which the individual has been licensed; and

(v) active practice, to include military service and teaching, within two (2) years immediately prior to application.

CDCA-WREB-CITA Support (amended by PR12, 2025 GA) Policy 8-94 (Amended 2025)

The OKDHA recognizes CDCA-WREB-CITA as a comprehensive and objective method of testing dental hygienists.

Prior text (superseded 2025 GA): "The OKDHA recognizes the Western Regional Examining Board as a comprehensive and objective method of testing dental hygienists."

Licensure and Regulation Policy 7-00

The OKDHA supports licensure and regulation of dental hygienists.

Consultants and Advisors Policy 4-01

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

National Dental Hygiene Examinations Policy 8-05

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

Credentialing Authority Policy 10-06

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

Licensure Portability Policy 6-21 (Reaffirmed by PR3, 2024 HOD)

OKDHA supports dental hygiene licensure portability. Reaffirmed by PR3 adopted at the 2024 House of Delegates.

Practice

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

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

Note: Original Policy 18-79 included: “The OKDHA 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.

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

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

Manpower Limitations Policy 5-83

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

Oppose Independent Practice Policy 1-84

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

Selective Polishing Policy 2-86

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

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

The OKDHA 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.

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

The OKDHA advocates that 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.

Peer Review Policy 5-10/5-90

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

Primary Care Provider Policy 11-14/1-91

The OKDHA recognizes the dental hygienist as a primary care provider of dental hygiene services. The OKDHA 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 that 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 the services defined under the scope of primary care.

Direct Care Provider Policy 2-91

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

Scope of Practice and Settings Policy 27-95(10)/7-91

The OKDHA recognizes that dental hygiene is the health profession that, 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 that 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 for whom rigid didactic and clinical examinations 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, biomedical research facilities, government agencies, industry, and public and private health centers. Within these settings, a dental hygienist may serve as a clinician, health promoter or educator, consumer advocate, administrator or manager, change agent, and researcher.

Supervision Policy 10-14

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

Licensure Process Policy 31-95(10)/4-92

The OKDHA 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.

Insurance Benefits Policy 1-96/3-93

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

Prevention of Disease Transmission Policy 2-96/8-93

The OKDHA advocates the Centers 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.

Standardized Competencies Policy 2-95(3)

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

Utilization Policy 4-00

The OKDHA 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.

Opposition to Illegal Practice Policy 2-99/5-96

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

Alternative Practice Settings Policy 6-13/3-99

The OKDHA 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.

Extra- and Intra-Oral Examinations Policy 1-03

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

Nutritional Screening Policy 4-04

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

Collection of Forensic Data Policy 9-05

The OKDHA advocates the use of dental hygienists in natural disasters and acts of terrorism to collect forensic data that can identify victims. The OKDHA 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.

Utilization During Crises Policy 2-20

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

Response to Crises Policy 3-20

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

Workforce Models Policy 5-09

OKDHA supports oral health workforce models that culminate in:

(i) graduation with a degree from an accredited institution;

(ii) professional licensure; and

(iii) direct access to patient care.

Dental Hygiene Diagnosis (Practice) Policy 6-09

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

Collaborative Relationships Policy 6-10

OKDHA 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.

Risk Assessment Policy 7-10

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

Dental Hygienists Perform Screenings Policy 8-10

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

Fair Labor Standards Act and W-2 Pay Policy 5-20

The Oklahoma Dental Hygienists' Association supports the federal Fair Labor Standards Act, under which dental hygienists must, as employees, be issued a W-2 by their permanent or temporary employers with appropriate government withholdings made from their wages.

Direct Reimbursement for Services Policy 3-15

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

National Provider Identification (NPI) Policy 4-20

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

Expanding Dental Hygiene Codes Policy 9-16

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

Utilization of Technologies Policy 3-17

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

Use of Lasers Policy 4-17

The Oklahoma Dental Hygienists' Association supports dental hygienists' use of lasers within the dental hygiene scope of practice.

Comprehensive Role of the Dental Hygienist Policy 5-17

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 (the dental hygiene process of care) of preventive and therapeutic oral health care.

Preventive and Therapeutic Oral Health Care Policy 9-18

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

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The Oklahoma Dental Hygienists' Association acknowledges and supports registered dental hygienists who are educated in Orofacial Myofunctional Therapy (OMT). The dental hygienist educated in OMT may provide orofacial myofunctional assessments and treatment independently in a variety of practice settings and for patients of all ages.

Public Health

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

The OKDHA 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.

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

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

Comprehensive Oral Health Policy 2-93

The OKDHA 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.

Nutrition Policy 1-12/6-95(3)

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

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

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

Tobacco Cessation and Marketing Policy 9-14

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

Preventive Program Funding Policy 3-96

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

School Oral Health Education Programs Policy 3-97

The OKDHA advocates oral health programs in schools.

Community Oral Health Programs Policy 9-10/3-98

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

Early Childhood Oral Care Policy 3-12/1-02

The OKDHA advocates an oral assessment and the establishment of a dental home for all children shortly after the eruption of the first primary tooth or by twelve (12) months of age.

Underserved Populations and Loan Forgiveness Policy 2-03 (Reaffirmed and expanded by PR2, 2024 HOD)

The OKDHA advocates loan forgiveness and/or repayment programs for dental hygienists, especially for those who provide dental hygiene services to underserved populations or in dental hygienist shortage areas.

Prior text (superseded 2024 HOD): "The OKDHA advocates loan forgiveness programs for licensed dental hygienists who provide dental hygiene services to underserved sectors of the population."

Preventive and Therapeutic Fluoride Benefits Policy 6-04

The OKDHA supports education of the public and other health professionals regarding the preventive and therapeutic benefits of fluoride.

Protection During Sports Policy 8-04

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

Tobacco-Free Environment Policy 2-05

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

Collection of Data Policy 3-05

The OKDHA advocates the systematic collection of data by dental hygienists to aid in the identification of children and adults in need of oral health services.

Substance Abuse Collaboration Policy 1-07

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

Evidence-Based Approaches Policy 2-07

The OKDHA 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.

Oral Piercing Policy 4-07

The OKDHA supports education of the public and health professionals regarding health risks of extra- and intra-oral piercing and oral modification, and supports licensure and regulation of body-piercing establishments.

School Entry Oral Examination Policy 12-07/1-17

The OKDHA 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.

Cultural and Linguistic Competence Policy 2-08

The OKDHA advocates cultural and linguistic competence for health professionals.

Collaborative Partnerships and Coalitions Policy 8-09

The OKDHA 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.

Product Labeling Policy 10-10

The OKDHA supports consumer awareness by requiring labeling of all products that have potential adverse effects on oral health.

Policy Efforts Policy 11-10

The OKDHA advocates the inclusion of dental hygienists in the development of federal, state, and local policy efforts.

Informing Stakeholders Policy 12-10

The OKDHA supports programs that inform stakeholders of the scope of dental hygiene practice and its contributions to health in collaboration with health care delivery providers.

Oklahoma Board of Dentistry Ruling to Protect Public and Dental Hygiene Scope of Practice Policy 6-17

The OKDHA 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.

Interprofessional Advocacy Policy 9-19

The Oklahoma Dental Hygienists' Association supports interprofessional advocacy of public and social policies that promote overall health.

Oral Assessment of Long-Term Care Patients by a Dental Professional Policy 1-22

The Oklahoma Dental Hygienists' Association advocates for an oral assessment of patients entering and residing in long-term care facilities by a licensed dental professional.

School-Based Sealant Programs Policy 2-22

The OKDHA advocates for school-based sealant programs for the prevention of dental caries.

Vaccine Administration Policy 1-23

The OKDHA supports the education, training, and utilization of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health.

Research

Applied Research Policy 1-94

The OKDHA supports basic science and applied research in the investigation of health promotion and 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.

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 bachelor's, master's, or doctorate degree. The entry-level dental hygiene program shall: (i) 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; (ii) retain control of the curricular and clinical components; (iii) include at least two academic years of full-time instruction or its equivalent in academic credits earned at the post-secondary college level; and (iv) encompass both liberal arts and dental hygiene science coursework 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 ADHA, 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. The process by which an authorized and qualified entity evaluates competence and grants formal recognition to, or records the recognition status of, individuals who meet predetermined and standardized criteria.

Cultural and Linguistic Competence. 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 that may be treated by procedures within the dental hygiene scope of practice. This includes the identification of oral conditions appropriate for referral to other healthcare professionals.

Dental Hygiene Process of Care. Assessment (systematic collection and analysis of data to identify client needs); Diagnosis (identification of client strengths and weaknesses in relation to oral health problems that dental hygiene intervention can improve); Planning (establishing realistic goals and selecting interventions to move the client toward optimal oral health); Implementation (carrying out the plan of care); Evaluation (measurement of the extent to which the client has achieved the goals specified in the plan, using evidence-based decisions, reassessments, and subsequent diagnoses); Documentation (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, preventive, 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.

Diversity. The characteristics and background that make people unique.

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 General Assembly and does not exclude the person from nomination to serve.

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

Health Equity. When each person has the chance to reach their full health potential without facing obstacles from social position or other socially determined circumstance. Includes equitable access to healthcare professionals, healthy food, a safe living environment, and the ability to be well across all aspects of life.

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

Inclusion. The act of ensuring all people feel welcome, safe, and empowered to contribute, influence, and participate.

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 preventive 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 (i) is the first-contact care initiated by the patient or other person who assumes responsibility of the patient; (ii) takes place in a variety of practice settings; and (iii) 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 ensure that the patient receives comprehensive and continuous 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.