Wisconsin

Dental Hygienists' Association

Policy Manual

1975-2023

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., R10-21means that this policy statement was the tenth resolution at the 2021 General Assembly.

A. GOVERNANCE

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

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

CORE IDEOLOGY R22-01 / R13-03 / R11-17

The WI-DHA supports being a credentialing authority for the Wisconsin dental hygiene profession beyond initial licensure. R7-06/ R7-20/ R1-20
CREDENTIALING AUTHORITY

The WI-DHA supports inclusion, diversity, equity, and access; and recognizes the value it adds to our organization, our mission, and the quality of our programs and services. R1-21
INCLUSION/ACCESS

B. MEMBERSHIP

The WI-DHA supports that SADHA advisors be members of ADHA. R3-99
ADVISORS

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 programsand services.
DIVERSITY/INCLUSIVITY R10-14 / R2-16

C. RESEARCH

The WI-DHA supports the need for research and the development of clinical guidelines for patient management of individuals who may be are under the influence of a controlled substance. R1-23
CLINICAL GUIDELINES CONTROLLED SUBSTANCE

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 educationand practice. R7-96

SCIENCE/RESEARCH/ EDUCATION/PRACTICE

D. ROLES

The WI-DHA advocates the role of dental hygienists in research, including their contributionsto interdisciplinary studies and practice. R3-13

RESEARCH/ROLES

The WI-DHA supports the role of the dental hygienist as Infection Control Leader/Hazard œmmunication Leader in the dental office. R7-90

ROLES/INFECTION CONTROL

The WI-DHA advocates that dental hygienists promote health literacy. R3-14

HEALTH LITERACY/HYGIENISTS' ROLE

The WI-DHA supports the utilization of dental hygienists in response to catastrophic events. R6-03

CATASTROPHIC EVENTS / HYGIENISTS' ROLE

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. R9-03

EATING DISORDERS / HYGIENISTS' ROLE

The WI-DHA supports dental hygienists measure and record blood pressure on all patients aspart of conducting a thorough health history. R8-01/R12-03/R2-20

BLOOD PRESSURE SCREENING/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 R1-19/R27-20

ACCESS

The WI-DHA 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.
MYOFUNCTIONAL THERAPY R56-20/ R10-21

E. REGULATION AND PRACTICE

WI-DHA advocates for cultural humility and linguistic competence for health professionals. R3-22
COMPETENCE

WI-DHA advocates for oral assessments of individuals entering and residing in long-term care facilities by a licensed dental professional. R4-22
ORAL ASSESSMENTS IN LONG TERM CARE

WI-DHA supports the education and training, and utilization of dental hygienists in vaccine administration to advance efforts to protect and preserve public health. R13-21/R3-23
VACCINE ADMINISTRATION

WI-DHA advocates for dental hygienists to apply for and obtain a National Provider Identification (NPI) number. R54-20
LICENSURE

WI-DHA supports the federal government's Fair Labor Standards Actin 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. R55-20
EMPLOYMENT

WI-DHA recommends that prohibited practices for dental assistants be specified withinthe Wisconsin Administrative Code. R17-14
ADMINISTRATIVE CODE / DENTAL ASSISTANTS

WI-DHA support the use of the Dental Assisting National Board as one avenue of verifiable on-the-job training competency for unlicensed persons. R4-91
DENTAL ASSISTANTS / COMPETENCY

WI-DHA supports that dental assistants who have successfully passed the Dental AssistingNational Board (DANB) should be recognized as having achieved minimal competency and credentialing as a dental assistant in the State of Wisconsin. R13-14
DENTAL ASSISTANTS / COMPETENCY

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 thescope of that provider's license or certification under applicable State law. R11-13

REIMBURSEMENT

WI-DHA advocates self-regulation for the profession of dental hygiene. The WI-DHA advocatesthe 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. R8-13/R04-20/R07-20

SELF-REGULATION

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 providinga safe environment for dental personnel and patients. R19-14/R08-20

HEALTH AND SAFETY

WI-DHA approves and supports the Wisconsin Statutes and Administrative Code relatingto the practice of Dental Hygiene. R24-14/R6-20

ADMINSTRATIVE CODE

WI-DHA supports polishing the clinical crown as a selective procedure and not a routinepart 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. R3-98

CORONAL POLISHING/ SELECTIVE POLISHING

WI-DHA supports comprehensive screening for oral cancer, oropharyngeal cancer, and any orofacial abnormality for all patients to achieve earliest referral fordiagnosis. R58-20

ORAL CANCER SCREENING

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

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 though the Wisconsin Statutes and Administrative Code Relating to the Practice of Dental Hygiene to meet the health careneeds of the public. R18-01

SCOPE OF PRACTICE/ADMINISTRATIVE CODE

WI-DHA supports comprehensive risk-based assessment of the patient needs prior to and throughout the delivery of oral health services. R11-20

DENTAL HYGIENE SERVICES

WI-DHA supports expanding access to preventive and restorative care within the dentalhygiene scope of practice. R5-03

SCOPE OF PRACTICE/ EXPANSION

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 Wisconsin Dental Hygienists' Association supports dental hygiene licensure portability.
LICENSE PORTABILITY R8-90/R1-07 /R9-21

The WI-DHA supports direct access to a *dental hygienist* in all practice settings.
DIRECT ACCESS R4-97/R4-00/R11-01/R2-07

WI-DHA advocates that the scope of *dental hygiene* includes utilization and administrationof appropriate preventive and therapeutic agents. Dental hygienists will act as educators regarding the benefits of such agents. R6-83/R30-96/R7-04/R6-04/R4-07/R13-20
DENTAL HYGIENE SERVICES

The WI-DHA supports systems to ensure *quality assurance*. R5-10
QUALITY ASSURANCE

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 tostate policy making agencies or as full voting members of state agencies that regulate the practice of dental hygiene. R9-13/R15-20
POLICY MAKING/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. R7-82/R16-20
PROFESSION

WI-DHA supports basic science and applied research in the investigation of health promotion/disease prevention and theoretical frameworks which form the basis for educationand practice. All research efforts should enhance the profession's ability to promote the health and well-being of the public. R17-20
WELLNESS

WI-DHA affirms that dental hygienists are competent to provide dental hygiene services without supervision. R9-84/R18-03/52-20
SUPERVISION

The WI-DHA supports the education and training of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health. R13-21
VACCINE ADMINISTRATION

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 encouragetobacco use.
PUBLIC HEALTH R22-03

The WI-DHA supports the role of the dental hygienist in education, prevention, and cessation tools of tobacco use and all inhalants through education. R6-15/R19-20
PUBLIC HEALTH

The WI-DHA advocates that dental hygiene license holders maintain or exceed continuing education requirements for licensure as stated in the Wisconsin Administrative Code Relatingto the Practice of Dental Hygiene. R22-14
CONTINUING EDUCATION

The WI-DHA supports the standard that all dental hygiene educators be active members ofADHA.
EDUCATORS/ MEMBERSHIP R2-87

The WI-DHA opposes all forms of preceptor training for dental hygienists and for dentalhygiene procedures. R1-88
PRECEPTORSHIP/ 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 developthe theoretical base for dental hygiene practice. R21-20
ACCREDITATION

The WI-DHA recognizes the pursuit of advanced degrees by *dental hygienists* as an avenue for professional development. R31-96/R17-02
PROFESSIONAL DEVELOPMENT

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. 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.
2. 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.
3. Baccalaureate degree programs are encouraged to develop four year integrated *dental hygiene* curricula. R12-97/R23-20

CURRICULUM

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. R13-97/R24-20

ADVANCED DEGREES/ CURRICULUM

The WI-DHA advocates that dental hygiene educational programs be administered or directedonly by educationally qualified licensed dental hygienists. R5-00

EDUCATION/ PROGRAM DIRECTORS

The WI-DHA opposes reduction of educational standards, and or requirements for licensure of dental hygienists. R19-01

EDUCATIONAL STANDARDS

The WI-DHA supports interprofessional education in the dental hygiene curriculum. R52-20

EDUCATIONAL STANDARDS

The WI-DHA supports the development and implementation of innovative educational delivery systems when clinical, didactic and laboratory education is providedthrough an accredited dental hygiene program. R53-20

EDUCATIONAL STANDARDS/ LICENSURE REQUIREMENTS

The WI-DHA supports the development and implementation of flexible scheduling and technologically advanced educational delivery systems when accredited dental hygieneprogram guidelines are followed. R5-99/R14-01/R25-20

EDUCATION/ TECHNOLOGY

The WI-DHA supports that the eligibility requirements for the National Board Dental HygieneExam 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/ ELIGIBILITY R20-01/R10-03

WI-DHA supports elimination of the patient procedure-based, single encounter clinical examinationfor 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. R26-20

EXAMINATION

The WI-DHA advocates loan forgiveness programs for licensed dental hygienists who provide dental hygiene services to at risk populations. R4-03/R-15

LOAN FORGIVENESS

The WI-DHA supports the recruitment of qualified applicants for accredited dental hygiene programs. R1-90/R10-96/R7-07

EDUCATION/ ADMISSIONS QUALIFICATION

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

CONTINUING
EDUCATION
MULTI-DISCIPLINARY

R13-06

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 *dentalhygiene.*
- 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. R13-13/R28-20
CURRICULUM/ 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 Relatingto the Practice of Dental Hygiene. R22-14
CONTINUING EDUCATION

The WI-DHA supports diversity and inclusion in dental hygiene educational programs. R6-21
DIVERSITY/ INCLUSION

G. PUBLIC HEALTH

The WI-DHA advocates an oral assessment and establishment of a dental home for all childrensoon after the eruption of the first primary tooth or by twelve months of age. R6-13
DENTAL HOME

WI-DHA advocates that dental hygiene practice is an integral component of the health care deliverysystem and that the services provided by a dental hygienist may be performed in collaboration withother health care professionals within the overall context of the health needs of the patient. R29-20
DENTAL HYGIENE SERVICES

The WI-DHA supports activities for National Dental Hygiene Month and other oral healthawareness

initiatives. R3-89/ R20-96
NDHM

The WI-DHA supports nutritional guidelines and programs that promote total health and encourages media advertising and public education that promote healthy eating habits andwellness .R5-96
HEALTH PROMOTION

The WI-DHA advocates for advertising supported by evidence-based research and supportsprofessional and consumer groups who promote those efforts. R8-96/R15
EVIDENCE-BASED ADVERTISING

The WI-DHA supports utilizing the services provided by *dental hygienists* in community-based programs to improve health. R14-96/R30-20
PUBLIC HEALTH PROGRAMS

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) accessmeasures. R14-96
PUBLIC HEALTH PROGRAMS

WI-DHA advocates evidence-based, patient-centered dental hygiene practice.
DENTAL HYGIENE SERVICES R7-95/R7-97/R32-20

WI-DHA affirms its support for optimal oral health for all people and is committed tocollaborative partnerships and coalitions that improve access to oral health services.
ACCESS R8-97/R1-99/R6-00/R33-20

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/PRIORITIES / PROGRAMS / FUNDING R7-00/R34-20

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
CONTINUING EDUCATION

WI-DHA supports community water fluoridation as a safe and effective method for reducingthe incidence of dental caries throughout the human lifespan. R6-93 / R9-01/R37-20

PREVENTION

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. R6-93 / R9-01/R39-20

PREVENTION

WI-DHA advocates the ability to prescribe, administer, and dispense sealants by a *Dental Hygienist* in all settings. R6-93 / R9-01/ R40-20

HEALTH PROMOTION/ DISEASE PREVENTION

WI-DHA advocates for expanded practice settings to assure access to preventive, educational,and the 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 allpractice 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. R3-97/ R16-01

ABUSE / NEGLECT

The WI-DHA supports legislation granting immunity to *dental hygienists* when responding toany disaster or emergency, so declared by an appropriate authority. R8-03

DISASTER IMMUNITY

The WI-DHA supports *dental hygienists* performing *dental triage*. R5-04/ R42-20

DENTAL HYGIENE SERVICES

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. R7-04

PROTECTIVE EQUIPMENT INJURY PREVENTION

The WI-DHA advocates education and referral for individuals with, substance abuse or addiction. R12-06/ R43-20
SUBSTANCE ABUSE, ADDICTION

The WI-DHA supports consumer awareness by advocating labeling of all products havingpotential adverse effects on oral/systemic health. R6-10
PRODUCT LABELING RISK

The WI-DHA supports programs informing stakeholders of the scope of dental hygiene practiceand its contribution to health in collaboration with health care delivery providers. R9-10
SCOPE OF PRACTICE / COLLABORATION

The WI-DHA advocates the development of evidence-based comprehensive community oral health programs. R10-10
COMMUNITY PROGRAMS / EVIDENCE-BASED

The WI-DHA advocates for education about and the use of xylitol for its preventive and therapeutic benefits against oral disease. R12-10
XYLITOL BENEFITS

The WI-DHA advocates arrangements between school districts and vendors to promote theconsumption of healthy foods and beverages. R1-13
HEALTHY FOODS / BEVERAGES

The WI-DHA supports the inclusion and utilization of dental hygienists in response to local, state,national, and global crises. R50-20
TERRORISM/ CATASTROPHE

The WI-DHA advocates dental hygienists be included in local, state, and national crisis response policies.
TERRORISM / CATASTROPHE R51-20

The WI-DHA supports the dental hygienists' role in community outreach, care coordination, and the addressing of social determinants of health. R2-21
SOCIAL DETERMINANTS OF HEALTH

The WI-DHA affirms its support for optimal oral health for all people and is committed to collaborative partnerships and coalitions that utilize an oral health equity framework to improve access to care. R14-21
COLLABORATIVE PARTNERSHIPS/COALITIONS

H. 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 award a minimum of an

associate level degree, the credits of which are transferable to a 4-year institution and applicable toward a baccalaureatedegree.

1. Retain control of curricular and clinical components.
2. Include at least two academic years of full-time instruction or its equivalent in academic credits earned at the post-secondary college level.
3. Encompass both liberal arts and dental hygiene science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction. R44-20

ACCREDITED DENTAL HYGIENE PROGRAM

Accreditation: A formal, voluntary, non-governmental process that establishes a minimum of national standards which promote and assure quality in educational institutions and programsand serves as a mechanism to protect the public. R13-01

ACCREDITATION

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

Biofilm: a mixed community of supra (aerobic organism) and the deeper layers of subgingival (anaerobic organism) a more resistant layer is a more complex, highly organized, three-dimensional communal arrangement of virulent microorganisms that adhere to a surface where moisture and nutrients are available. R11-21
BIOFILM

Care coordination: Patient-centered activity designed to connect the patient, caregivers, care team, providers, and specialists to share information and create strategies to meet the needs of the patient. R3-21
CARE COORDINATION

Collaborative Practice: An agreement that empowers the *dental hygienist* to establish a cooperative working relationship with other health care providers in the provision of patientcare. R5-11

COLLABORATIVE PRACTICE

Community outreach: Efforts to connect populations to resources, information, treatment, and referrals. R4-21

COMMUNITY OUTREACH

Competence: That WI-DHA advocates for cultural humility and linguistic competence for health professionals.

Cultural Humility: Incorporation of a lifelong commitment of self-evaluation, self-critique, addressing power imbalances in the patient-provider dynamic, and developing mutually beneficial clinical and

advocacy partnerships with individuals and communities. R2-22
CULTURAL DIVERSITY

Dental Home: A relationship between a person and a specific team of health professionals, ledby a licensed dental provider. The dental home is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health servicesas part of integrated health care.
DENTAL HOME R5-13

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 andtherapeutic services supporting total health through the promotion of optimal oral health.
DENTAL HYGIENIST R3-84/R2-15

Dental Hygiene Process of Care: includes 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 inthe 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. R9-97/R5-14/R3-15/R43-20

DENTAL HYGIENE PROCESS OF CARE

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. R2-11
PUBLIC HEALTH SETTING

Dental Triage: The screening of clients to determine priority of treatment needs. R4-04/R6-07
TRIAGE

Dental Therapist: The dental therapist acts as a mid-level oral health provider. The curriculumfor 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
DENTAL THERAPIST

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 patientwithout the presence of a dentist and maintain a provider-patient relationship. R7-14
DIRECT ACCESS

Direct payment: The *dental hygienist* is the direct recipient of payment for services rendered. R8-11
DIRECT PAYMENT

Diversity: An inclusion of varied characteristics, ideas and world views in a community.
DIVERSITY R-911/ R7-21

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. R1-06 /R46-20
EVIDENCE BASED DENTAL HYGIENE

Healthcare Delivery System: Any organization of people, institutions, and or resources that deliver healthcare services to meet the health needs of all populations. R12-21
HEALTHCARE DELIVERY SYSTEM

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. R2-13
HEALTH LITERACY

Inclusion: The act of ensuring all people feel welcome, safe, and empowered to contribute, influence, and participate. R7-21
INCLUSION

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

INDEPENDENT CONTRACTOR

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

INDEPENDENT PRACTITIONER

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 careplan. R2-10

INTERDISCIPLINARY CARE

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 andfuture 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 Health Equity: Providing resources and assistance to achieve successful health outcomes for all populations. R15-21

ORAL HEALTH EQUITY

Oral Myofunctional Therapy (OMT): Treatment of the orofacial musculature to improve muscle balance and tonicity, enable functional breathing, and establish correct functional activities of the tongue, lips & mandible so that normal growth and development of the face and dentition may take place in a stable, homeostatic environment for patients of all ages. R56-20

ORAL MYOFUNCTIONAL THERAPY

Oral Prophylaxis: The supra- and subgingival removal of biofilm, calculus, and extrinsic stainsfrom tooth and prosthetic structures, to preserve health and prevent disease. R49-20

ORAL PROPHYLAXIS

Position Paper: A written document that summarizes the organization's viewpoint on a specifictopic, which includes supporting research. The purpose is to communicate to members and external audiences. R3-00

POSITION PAPER

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 oneor more of these services defined under the scope of primary care. R4-15

PRIMARY DENTAL HYGIENE CARE

Primary Care Characteristics

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

Primary Care Integration

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 of aproject, service, or facility to ensure that standards of quality are being met. R47-20

QUALITY ASSURANCE

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

DENTAL HYGIENIST ROLES

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 thepatient. R7-13

SCOPE OF PRIMARY CARE

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 todefine the dental hygiene scope of practice, set educational and licensure standards, regulate and discipline dental hygienists. R14-13

SELF-REGULATION

Social Media: Web and application platforms where users create, share, engage with and react to content and information or participate in social networking. R2-14/R2-23

SOCIAL MEDIA

Third-Party Payment: the *dental hygienist* receives payment by someone other than thebeneficiary for services rendered. R8-11

DIRECT PAYMENT/ 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

WELLNESS