

ADHA Policy Manual

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PREAMBLE

The ADHA Committee on Policy works to maintain a current and relevant policy manual by collaborating with all committees and other work groups. There is a main policy in each area with supporting policies following. In recent years, efforts were taken to eliminate duplication, thus supporting policies that could be listed under several headings were placed under the most appropriate heading. The policy manual is available to members and non-members alike on ADHA.org.

HOW TO USE YOUR POLICY MANUAL

KEY

Policy Statements are further identified by a key word (assigned by the Committee on Policy) and even further identified by a number:

- 1st # - Number assigned to the proposed resolution (PR) when it was adopted by the House of Delegates (HOD)
- 2nd # - Year the policy was most recently amended
- 1st # after / - Number assigned to the PR when it was originally adopted
- 2nd # after / - The year the policy was originally adopted
- 3 or more numbers indicate that policies were combined
- Main policies are in bold and the supporting policies are in regular type
-

When a policy is amended it retains its original number, but the new number is listed first. Each time it is amended, the new number is listed along with the original number and all interim numbers are dropped. That way, members can identify how long ADHA has had a policy on an issue and how recently the policy was amended.

For example, the following policy was originally PR-10 in the 1992 delegates' manual. A substitute resolution (S) was adopted by the 1992 House of Delegates. An amendment to that policy appeared as PR-6 in the 2010 delegates' manual and was adopted. If the policy had been amended in the interim, the interim numbers would have been dropped and only the number of the original policy and the most recent amendment would appear in the manual:

The American Dental Hygienists Association advocates that the scope of *dental hygiene* practice in all states includes utilization and administration of appropriate pain and anxiety control modalities

Dental Hygiene Services

6-10/10S-92

HOW TO USE YOUR POLICY MANUAL

To research a policy, a member would begin by referring to a section like Access to Care. Access to Care policies appear in the Ethics, Practice, Public Health and Access sections. One would then refer to each of these sections and choose the statements which one chooses to quote or reference. The member knows how long ADHA has had policy on the issue, how long the current policy has been in effect, and what other policies support the issue.

ADHA'S MISSION

To improve the public's total health, the mission of the American Dental Hygienists' Association is to advance the art and science of dental hygiene by ensuring access to quality oral healthcare, increasing awareness of the cost-effective benefits of prevention, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists.

CORE IDEOLOGY

Unite, empower and support the dental hygiene profession

VISION STATEMENT

Dental Hygienists are valued and integrated into the broader healthcare delivery system to improve the public's oral and overall health

GOALS

- 1 – Support dental hygiene professionals throughout their careers**
- 2 – Strengthen ADHA's infrastructure**
- 3 – Advocate for the profession**

MAIN POLICIES

ETHICS

The American Dental Hygienists' Association maintains that *dental hygienists* are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions.

Dental Hygiene Services

1-15/46-80

GOVERNMENT

The American Dental Hygienists' Association supports *dental hygienists* as advocates for the profession of *dental hygiene* and related issues.

13-09

LICENSURE & REGULATION

The American Dental Hygienists' Association supports licensure of dental hygienists, who have graduated from an *accredited dental hygiene program*.

Regulatory Agencies

26-00/2-82

PRACTICE & TECHNOLOGY

The American Dental Hygienists' Association conceptualized and continues to support the concept of an *advanced dental hygiene practitioner* model.

Advanced Dental Hygiene Practitioner

3-15/4-04

The American Dental Hygienists' Association 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 person.

Dental Hygiene Services

10-10/42-81

The American Dental Hygienists' Association advocates *evidence-based*, person/client-centered *dental hygiene* practice.

Dental Hygiene Services

6-97

MAIN POLICIES

ACCESS

The American Dental Hygienists' Association advocates for the following:

- Equitable, comprehensive, *evidence-based*, interprofessional, preventive, restorative and therapeutic care for all individuals.
- Promotion of public and professional awareness of the need for care.
- Public funding and *third-party payment* or other remuneration methods for such services.

Access 19-21/18-14/16-85

EDUCATION/CONTINUING EDUCATION

The American Dental Hygienists' Association supports *accreditation* standards that prepare entry level *dental hygienists* to assume all the professional roles of a *dental hygienist* in a variety of settings to address the oral and overall health care needs of the public.

Accreditation 15-15/13-86

The American Dental Hygienists' Association advocates continuing education for all *dental hygienists* to expand scientific knowledge and enhance practice modalities.

Professional Development 16-91/11-67

RESEARCH

The American Dental Hygienists' Association advocates the role of *dental hygienists* in research, including their contributions to interdisciplinary studies and practice.

Professional Development 3-12/24-70

PREVENTION AND WELLNESS

The American Dental Hygienists' Association advocates evidence based oral health management strategies for the prevention of oral and systemic diseases.

Prevention 2S-05/30-75

PUBLIC HEALTH

The American Dental Hygienists' Association 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.

Access 20-21/7S-09/27-74

The American Dental Hygienists' Association maintains that *dental hygienists* are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions. (Main policy)

Dental Hygiene Services **1-15/46-80**

The American Dental Hygienists' Association supports the availability and accessibility of quality, cost-effective oral health care.

Access **29-87**

The American Dental Hygienists' Association 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.

Leadership Development Committee **1-21/2-15/28-73**

The American Dental Hygienists' Association advocates for accurate representation of *dental hygiene* services.

Dental Hygiene Services **10S-14/3-94**

The American Dental Hygienists' Association supports legislation granting immunity to *dental hygienists* when responding to any disaster or emergency situation, so declared by an appropriate authority.

Dental Hygiene Services **10-03**

The American Dental Hygienists' Association advocates communication and access to *documentation* for dental persons regarding the manufacturers and materials provided in their dental care.

Dental Hygiene Services **1-13**

The American Dental Hygienists' Association advocates that *dental hygienists*, as health care professionals, are responsible for taking appropriate action in suspected abuse and neglect cases.

Scope of Practice **26-00/25-82**

The American Dental Hygienists' Association advocates a work environment free of discrimination and harassment.

Discrimination **4-01**

The American Dental Hygienists' Association advocates for advertising supported by *evidence-based* research and supports professional and consumer groups who promote those efforts.

Advertising

9S-14/30-74

CODE OF ETHICS

Glossary of Terms

Accountability - obliged to account for one's acts, responsible

Advocate - a person who pleads another's cause, to speak or write in support

Autonomy - independent, self-governing

Beliefs - conviction or acceptance that certain things are true or real

Beneficence - the fact or quality of being kind, doing good, charity

Colleague (s) - a fellow worker or associate in the same profession

Community - participation in common, society in general

Competency (ies) - qualifications, ability, fitness, specific legal capabilities

Complementarity - that which completes or brings to perfection, an interrelationship

Confidential - entrusted with private or secret matters

Conscience - a knowledge or sense of right and wrong, with a compulsion to do right

Consent - to give permission, approval or assent, to agree in opinion

Deception - anything that deceives by design or illusion

Ecosystem - a system made of a community and its interrelated environment

Ethic (s) - the system or code of morals of a particular person, group, profession, etc.

Fairness - unprejudiced, just and honest, free from discrimination

Interdependent - mutual dependence, depending on one another

Intrinsic - essential, inherent, belonging to the real nature of a thing, not dependent on external circumstances

Judgment - the ability to come to opinions about things, power of comparing and deciding, understanding

Justice - the use of authority and power to uphold what is right, just or lawful, fairness, impartiality

Law (s) - all the rules of conduct established and enforced by authority, legislation

Maleficence - the act of being harmful or hurtful

CODE OF ETHICS

Glossary of Terms

Non-maleficence - not doing harm

Optimal - most favorable or desirable, the best

Peer Review - review performed by a person of the same rank or ability

Principle (s) - a fundamental truth, law, doctrine or motivating force, a rule of conduct

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

Regulations - a rule or order issued by an executive authority or regulatory agency of a government dealing with the details or procedure and having the force of law

Resource - where one turns for aid, ready for use or that can be drawn upon

Respect - to show consideration, honor or esteem, consideration or courteous regard

Responsibility - condition of being responsible, answerable, accountable

Statute (s) - laws enacted by a legislative body

Systematically - characterized by the use of a method or orderly planning, methodical

Technology - the science or study of the applied sciences

Theory - a systematic statement of principles, a formulation of apparent relationships

Trust - firm belief or confidence in the honesty, integrity, reliability, justice, etc. of another person or thing

Universality - quality, state or instance of application, occurrence, comprehensiveness

Value (s) - social goals or standards held or accepted by an individual, class, society, etc.

Veracity - habitual truthfulness, accuracy of statements

CODE OF ETHICS EXECUTIVE SUMMARY

Preamble

As *dental hygienists*, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide education, clinical, and therapeutic services to the public.

Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision-making, and practice by the members of the profession.

Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics and are interrelated and mutually dependent.

Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well-being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics:

- Universality
- Complementarity
- Ethics
- Community
- Responsibility

Core Values

We acknowledge these values as general for our choices and actions:

- Individual *autonomy* and respect for human beings
- Confidentiality
- Societal Trust
- Non-maleficence
- Beneficence
- Justice and Fairness
- Veracity

Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities to:

- Ourselves as Individuals
- Ourselves as Professionals
- Family and Friends
- *Clients*
- Colleagues
- Employees and Employers
- The Dental Hygiene Profession
- The Community and Society
- Scientific Investigation

The American Dental Hygienists' Association supports *dental hygienists* as advocates for the profession of *dental hygiene* and related issues. (Main policy)13-09

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

Terrorism & Catastrophe

2-20/9-03

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

Terrorism & Catastrophe

3-20

The American Dental Hygienists' Association advocates that in states requiring a clinical examination, licensed *dental hygienists* examine and evaluate candidates for *dental hygiene* licensure.

Examinations

11-92/21-83

The American Dental Hygienists' Association 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 primary, middle, and secondary education.

Examinations

1-17/7-06

The American Dental Hygienists' Association supports the upgrading of the civil service classification for *dental hygienists*.

Professional Development

20A-81

The American Dental Hygienists' Association advocates self-regulation for the profession of dental hygiene. The American Dental Hygienists' Association advocates that if professionals outside of dental hygiene serve on the regulatory board overseeing the field, there must be proportionate representation of dental hygienists who are graduates of a Commission on Dental Accreditation (CODA) accredited dental hygiene programs serving as full voting and policy-making members of the agencies that regulate dental hygiene practice and administer licensing examinations.

Regulatory Agencies

34S-25/5-12/11-86/7-82

The American Dental Hygienists' Association advocates that licensed *dental hygienists* who are graduates of *accredited dental hygiene programs* serve as advisors, consultants, and liaisons to state policy making agencies or as full voting members of state agencies that regulate the practice of *dental hygiene* and *dentistry*.

Regulatory Agencies

6-12/22-83

GOVERNMENT

The American Dental Hygienists' Association advocates the inclusion of *dental hygienists* in the development of federal, state and local policies that support improved oral health and wellness.

Oral Health Policy

15-10

LICENSURE & REGULATION

The American Dental Hygienists' Association supports licensure of *dental hygienists*, who have graduated from an *accredited dental hygiene program*. (Main policy)

Regulatory Agencies

26-00/2-82

The American Dental Hygienists' Association supports equitable representation of dental hygiene on both the ADA Commission on Dental Accreditation and the ADA Joint Commission on National Dental Examinations, including representatives of dental hygiene practice, education and state board members.

Accreditation

40-80

Regulatory Agencies

The American Dental Hygienists' Association advocates that expansion of permissible practices of a *dental hygienist* must be predicated on formal educational preparation.

Competence

40-82

The American Dental Hygienists' Association advocates and encourages regulatory agencies to accept an applicant for licensure by credentials if the following minimum criteria are met:

- Graduation from a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA).
- Successful completion of the written National Board Dental Hygiene Examination (NBDHE), administered by the Joint Commission on National Dental Examinations (JCNDHE).
- Successful completion of a Clinical State or Regional Board Examination.
- Possession of a valid dental hygiene license in another state or jurisdiction.
- Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.

Credentialing

30-25/22-00/21S-93

Regulatory Agencies

The American Dental Hygienists' Association supports recognition of a valid, reliable, and cost-effective dental hygiene national board examination which tests the ability to apply knowledge of dental hygiene biological sciences and oral medicine. Eligibility for this exam, administered by the Joint Commission on National Dental Examinations is limited to graduates and graduate-eligible students of *accredited dental hygiene programs*.

Examination

24A&B-00/6-77/14-91/23-00/5-05/1-02/5-88

LICENSURE & REGULATION

The American Dental Hygienists' Association advocates that regional and/or state testing agencies adopt policies that ensure the highest ethical standards to protect the safety and welfare of persons who participate in clinical *dental hygiene* examinations.

Examination

2-02

The American Dental Hygienists' Association advocates current basic life support health care provider course completion and mandatory continuing education for all *dental hygienists* for maintaining and reinstating dental hygiene licensure.

Licensure

7A&B-95/19-82/15-91

The American Dental Hygienists' Association supports the Dentist and Dental Hygienist Compact to increase licensure portability.

Licensure Portability

29-25/9-21

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

Examination

1S-18/1-08

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

National Provider Identification Number

8-20

The American 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

9-20

The American Dental Hygienists' Association supports the elimination of the clinical licensure examination and recognizes that graduates of dental hygiene accredited programs are competent for licensure.

Examination

2-24

The American Dental Hygienists' Association affirms that any individual seeking to practice dental hygiene in the United States must complete a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA) and meet the clinical education, examination, and practice requirements necessary to obtain a dental hygiene license.

Licensure

7-25

LICENSURE & REGULATION

The American Dental Hygienists' Association supports policies that uphold or strengthen the academic standards for dental hygiene licensure.

Licensure

13-25

The American Dental Hygienists' Association (ADHA) supports the National Association of Dental Laboratories' (NADL) model bill for establishing statutory regulations on dental laboratories.

Dental Laboratories' Regulations

28-25

The American Dental Hygienists' Association 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 cooperation with other health care professionals within the overall context of the health needs of the person.

Dental Hygiene Services (Main policy) 10-10/42-81

The American Dental Hygienists' Association advocates *evidence-based, person/client-centered dental hygiene* practice.

Dental Hygiene Services (Main policy) 6-97

The American Dental Hygienists' Association conceptualized and continues to support the concept of an *advanced dental hygiene practitioner* model.

Advanced Dental Hygiene Practitioner (Main policy) 3-15/4-04

The American Dental Hygienists' Association advocates for dental hygienists owning and operating dental hygiene practices, entering into provider agreements, and/or receiving direct and third-party payments/reimbursements for services rendered.

Dental Hygiene Services 21-25/11-13/46-80

The American Dental Hygienists' Association supports *dental hygienists* performing *dental triage*.

Dental Hygiene Services 6-05

The American Dental Hygienists' Association advocates for person-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased person satisfaction in all practice settings.

Dental Hygiene Services 7-16

The American Dental Hygienists' Association supports educating the public and other health professionals regarding health risks of intra and extra oral piercing and oral modification; as well as supporting licensure and regulation of body-piercing establishments.

Dental Hygiene Services 4S-07

The American Dental Hygienists' Association advocates that the *dental hygiene diagnosis* is a necessary and intrinsic element of dental hygiene education and scope of practice.

Dental Hygiene Services 6-09

PRACTICE & TECHNOLOGY

The American Dental Hygienists' Association recommends *implementation* of oral health diagnostic 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

10-11

The American Dental Hygienists' Association advocates for *dental hygiene* representation on committees and work groups that develop diagnosis and procedure codes.

Diagnostic Codes

1-16

The American Dental Hygienists' Association advocates for the expansion of *dental hygiene* diagnosis and procedure codes.

Diagnostic Codes

2-16

The American Dental Hygienists' Association advocates for diagnostic codes, procedure codes, nomenclature and descriptors that are consistent with scientific literature regarding *evidence-based* practices in dentistry and *dental hygiene*.

Diagnostic Codes

6-17

The American Dental Hygienists' Association advocates the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases.

Dental Hygiene Services

9-96

The American Dental Hygienists' Association acknowledges that the scope of *dental hygiene* practice includes the *assessment* and *evaluation* of orofacial myofunctional dysfunction; and further advocates that *dental hygienists* complete advanced clinical and didactic continuing education prior to providing treatment.

Dental Hygiene Services

9-92

The American Dental Hygienists Association advocates that the scope of *dental hygiene* practice includes utilization and administration of appropriate pain and anxiety control modalities.

Dental Hygiene Services

14-13/10S-92

The American Dental Hygienists' Association supports comprehensive risk-based *assessment* of the person's needs prior to and throughout the delivery of oral health services.

Dental Hygiene Services

11-10/21-82

The American Dental Hygienists' Association supports the utilization of technologies as a means to reduce oral health disparities.

Dental Hygiene Services/Technology

20-25/4-17/8-96

The American Dental Hygienists' Association supports systems to ensure quality assurance.

Quality Assurance

8-10/49-82

The American Dental Hygienists' Association affirms that *dental hygienists* are competent to provide *dental hygiene* services without supervision.

Dental Hygiene Services

13-14/46-80

The American Dental Hygienists' Association advocates cultural humility and *linguistic competence* for health professionals.

Access

6-22/9-07

The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training.

Dental Hygiene Services

28-93/6S-92

The American Dental Hygienists' Association advocates that *dental hygienists* perform screenings for the prevention and interdisciplinary management of diseases and associated risk factors as a component of person *assessment*.

Dental Hygiene Services

12-10

The American Dental Hygienists' Association advocates that *dental hygienists* promote *health literacy*.

Dental Hygiene Services

7-13

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

Lasers

8-17

The American 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 persons of all ages.

Orofacial Myofunctional Therapy

10-21/11-20

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

Dental Hygiene Services

20-20

PRACTICE & TECHNOLOGY

The American Dental Hygienists' Association 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.

Vaccine Administration

4-23/18-21

The American Dental Hygienists' Association advocates for the pursuit of professional autonomy and affirms the profession has the responsibility to have full authority for its own professional standards of education, practice, legislation, licensure, and discipline.

Scope of Practice

1-24

The American Dental Hygienists' Association supports dental hygienists performing therapeutic and cosmetic injections within the dental hygiene scope of practice.

Dental Hygiene Services

5-24

The American Dental Hygienists' Association supports the role of dental hygienists in screening persons of all ages for airway health as an integral part of comprehensive person-centered care, recognizing its importance in oral health and function, craniofacial growth and development, disease prevention, early detection of Upper Airway Resistance Syndrome, Obstructive Sleep Apnea and mouth breathing.

Dental Hygiene Services

18-25

The American Dental Hygienists' Association advocates that the administration of local anesthesia requires advanced technical, assessment, and critical thinking skills. This procedure should be performed exclusively by licensed dental practitioners who have completed advanced education at an accredited institution.

Dental Hygiene Services

6-25

The American Dental Hygienists' Association supports the use of Teledentistry as a safe, effective, and person-centered approach to delivering oral health care, ensuring it meets the same high standards as in-person services while improving access and convenience for persons.

Teledentistry

14-25

PRACTICE & TECHNOLOGY

The American Dental Hygienists' Association (ADHA) recognizes the importance of minimally invasive care (MIC) in dentistry to promote optimal oral health outcomes. Dental hygienists are integral members of the healthcare team and play a vital role in delivering person-centered care that prioritizes prevention, early detection, and minimally invasive treatment strategies. The ADHA supports the following principles of minimally invasive dentistry:

1. **Prevention First:** Emphasizing evidence-based preventive care, including home care instructions, to reduce the risk of caries, periodontal disease, and other oral health conditions.
2. **Risk Assessment:** Utilizing advanced diagnostic tools and techniques to identify individual risk factors and develop personalized, evidence-based care plans based on the person's risk factors and needs.
3. **Biofilm Management:** Perform regular and precise removal of biofilm and calculus to prevent disease progression.
4. **Early Intervention:** Advocating for early diagnosis and treatment by the use of non-invasive or micro-invasive techniques to preserve natural tooth structure and minimize the need for restorative procedures.
5. **Education and Collaboration:** Educating persons about oral-systemic connections and empowering them to participate in their care while collaborating with interdisciplinary teams to ensure comprehensive health management.
6. **Behavioral Support:** Encourage habits that reduce the risk of caries and periodontal disease, such as tobacco cessation and nutritional counseling, including sugar management.
7. **Sustainable Practices:** Supporting minimally invasive approaches that align with environmentally sustainable practices in dentistry.

Dental Hygiene Services

19-25

The American Dental Hygienists' Association advocates that scaling procedures represent advanced instrumentation, assessment and critical thinking skills and are to be performed exclusively by licensed dental hygienists, licensed dental therapists and licensed dentists who have completed this advanced education at a Commission on Accreditation (CODA) accredited institution.

Dental Hygiene Services

2-25

The American Dental Hygienists' Association supports the unbundling of dental laboratory fees from Current Dental Terminology (CDT) codes to ensure that persons and providers can make collaborative and informed decisions about laboratory selection and materials used in dental prosthetics.

Current Dental Terminology Codes

25-25

The American Dental Hygienists' Association supports that the appropriate selection of dental diagnostic codes (International Classification of Disease or ICD) and utilization of dental (Current Dental Terminology or CDT) and medical (Current Procedural Terminology or CPT) procedure codes by dental hygienists are essential in providing comprehensive dental care and that dental hygienists need to be knowledgeable of all procedures that can be cross coded in an effort to elevate the healthcare of the public.

Dental Diagnostic Codes

26-25

The American Dental Hygienists' Association supports the Americans with Disabilities Act and affirms the rights of dental hygienists with disabilities to receive reasonable accommodations that enable them to perform their professional responsibilities effectively and safely.

Americans with Disabilities Act

31-25

The American Dental Hygienists' Association advocates for the following:

- Equitable, comprehensive, *evidence-based*, interprofessional, preventive, restorative and therapeutic care for all individuals.
- Promotion of public and professional awareness of the need for care.
- Public funding and *third party payment* or other remuneration methods for such services. (Main policy)

Access

19-21/18-14/16-85

The American Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for dental hygienists, especially for those who provide dental hygiene services to underserved populations.

Access

4S-24/19-14/5-03

The American Dental Hygienists' Association supports oral health care workforce models that culminate in:

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

Access

4S-09

The American Dental Hygienists' Association advocates that *dental hygiene* and/or dental practice acts be amended so that the services of *dental hygienists* can be fully utilized in all settings.

Access/State Practice

5-13/28S-92

The American Dental Hygienists' Association advocates that direct and third-party reimbursement payors and the laws that govern them shall have non-discriminatory policies toward any *dental hygiene* provider acting within the scope of that providers' license.

Access/DH Scope

17-14/7-12

The American Dental Hygienists' Association endorses increasing public access to *dental hygiene* care by removing regulatory restrictions on the numbers of *dental hygienists* within a practice setting.

Access/DH Scope

16-14/8-12

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

Advocacy

3-18

The American Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for dental hygienists.

Access

4-24

The American Dental Hygienists' Association supports *accreditation* standards that prepare entry level *dental hygienists* to assume all the professional roles of a *dental hygienist* in a variety of settings to address the oral and overall health care needs of the public. (Main policy)

Accreditation 15-15/13-86

The American Dental Hygienists' Association advocates continuing education for all *dental hygienists* to expand scientific knowledge and enhance practice modalities. (Main policy)

Professional Development 16-91/11-67

The American Dental Hygienists' Association is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational requirements for the *dental hygiene* scope of practice.

Accreditation 10-93/24-69

The American Dental Hygienists' Association advocates for *accreditation* by the *dental hygiene* profession, of certificate, associate, baccalaureate, masters and doctoral dental hygiene education programs.

Accreditation 2-19/9-12/1-90

The American Dental Hygienists' Association supports and advocates for doctoral degrees in *dental hygiene*.

Accreditation 1-19

The American Dental Hygienists' Association supports all aspects of formal *dental hygiene* education which includes certificate, associate, baccalaureate, masters and doctoral degree programs. The American Dental Hygienists' Association declares its intent to establish the baccalaureate degree as the minimum entry level for *dental hygiene* practice and to further develop the theoretical base for *dental hygiene* practice.

Accreditation 3-19/14-86

The American Dental Hygienists' Association supports recruitment of individuals who have received training in technical procedures associated with *dental hygiene* to enroll in an *accredited dental hygiene program*. In addition, the ADHA advocates that licensed, and student dental hygienists be responsible for *dental hygiene* career recruitment.

Career Recruitment 6S-95/20-88/3-90

The American Dental Hygienists' Association supports that radiation-producing imaging devices be operated only by qualified individuals who have successfully completed approved courses that meet state and/or federal regulations for radiation safety.

Competence

9S-05/17-88

That ADHA, advocates *continued competence*, lifelong learning and ongoing professional development for *dental hygienists*.

Continued Competence

18-15

The American Dental Hygienists' Association supports being a credentialing authority for the dental hygiene profession.

Credentialing

36-25/2-17/1-06

The American Dental Hygienists' Association supports externships and internships within *accredited dental hygiene programs* in order for students to gain practical experience in public health and alternative practice settings.

Curriculum

11-97

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

12-93/17-7

The American Dental Hygienists' Association supports dental hygiene curricula that leads to competency in the *dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation and documentation*.

Curriculum

16-15/16-93

The American Dental Hygienists' Association advocates that all *accredited dental hygiene programs* prepare students for licensure in any United States or Canadian jurisdiction.

Curriculum

21-92/24-84

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

Curriculum

7-20/11-00/14S-90

Baccalaureate Degree *Dental Hygiene* Programs

1. Programs offering a 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. The curriculum should incorporate a substantive body of knowledge in the social, behavioral and biological sciences as prerequisites for entrance into advanced education.
2. Baccalaureate programs conferring the Bachelor of Science degree in *dental hygiene* should provide advanced knowledge and skills in *dental hygiene*. These curricula should prepare graduates for expanded roles in the provision of oral health services. These services shall be determined by projected oral health needs, potential for the *dental hygienist* to provide services to meet these needs and the ability of the *dental hygiene* program to provide instruction in these areas.
3. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and *dental hygiene* science content and shall provide a theoretical framework for all aspects of *dental hygiene* practice.
4. Baccalaureate degree programs are encouraged to develop four year integrated dental hygiene curricula.

Curriculum

15-88/18-74

Master's Degree *Dental Hygiene* Programs

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

Curriculum

16-88/19-74

The American Dental Hygienists' Association 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 documented ongoing manpower need that cannot be met by an existing institution of higher education.
- there is a documented ongoing manpower need that cannot be met by *dental hygienists*.
- there is a demonstrated qualified applicant pool.
- the program offers an integrated curriculum that culminates in baccalaureate degree in *dental hygiene*.
- the program has financial resources to initiate and maintain *dental hygiene* educational standards.
- the program is supported by the component and constituent *dental hygienist* associations.
- the program meets appropriate *accreditation* requirements prior to the acceptance of students.

Curriculum

4-11/21-88

The American Dental Hygienists' Association advocates for practice within the scope of dental hygiene only after the practitioner has completed a nationally accredited program with minimum standards recognized by national and international dental hygiene association guidelines.

Curriculum

9-25

The American Dental Hygienists' Association advocates that the *advanced dental hygiene practitioner* will have completed an advanced graduate level curriculum. This allows for the acquisition of competencies that build upon the fundamental knowledge and skills achieved at the entry level preparing individuals for a level of *evidence-based* clinical decision-making, scope of practice and responsibility required of the advanced practitioner.

ADHP Curriculum

14-15/5-04

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

Diversity and Inclusion

6-21

The American Dental Hygienists' Association advocates that *dental hygiene* educational programs be administered or directed only by educationally qualified actively licensed dental hygienists.

Faculty/Administrators

5-99/34C-73

The American Dental Hygienists' Association encourages all *dental hygiene* faculty to be members of the American Dental Hygienists' Association.

Faculty/Administrators

13-88

The American Dental Hygienists' Association endorses the principle that health professionals who are employed for classroom educational activities should have specialized educational professional preparation.

Faculty/Administrators

28-77

The American Dental Hygienists' Association supports interprofessional education in the dental hygiene curriculum.

Interprofessional education

6-20/5-16

The American Dental Hygienists' Association advocates collaborative continuing education efforts and exchange of information to promote optimal total health with accredited institutions and other health disciplines that provide continuing education.

Professional Development

11-79/ 8-05/10-78

The American Dental Hygienists' Association supports specialty certification program opportunities for registered dental hygienists.

Specialty Certification

12-20

The American Dental Hygienists' Association advocates the role of *dental hygienists* in research, including their contributions to interdisciplinary studies and practice.

(Main policy)

Professional Development

3-12/24-70

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

Wellness

3-95/18-93

The American Dental Hygienists' Association advocates evidence based oral health management strategies for the prevention of oral and systemic diseases. (Main policy)
Prevention **2S-05/30-75**

The American Dental Hygienists' Association 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. Further, the American Dental Hygienists' Association supports the role of the *dental hygienist* in prevention and cessation of tobacco usage through education.

Dental Hygiene Services **11-14**

The American Dental Hygienists' Association advocates collaboration with organizations to identify, promote and utilize available substance abuse and addiction resources and programs.
Addiction **6-07/9-87**

The American Dental Hygienists' Association supports nutritional guidelines and programs that promote total health and encourages media advertising and public education that promote healthy eating habits and wellness.

Nutrition **13-94/29-74**

The American Dental Hygienists' Association supports consumer awareness by requiring labeling of all products that have potential adverse effects on oral health.
Product Labeling **13S-10/57-82**

The American Dental Hygienists' Association advocates arrangements between school districts and vendors to promote the consumption of healthy foods and beverages.
Nutrition **1-12/14-01**

The American Dental Hygienists' Association supports community water fluoridation as a safe and effective method for reducing the incidence of dental caries throughout the human lifespan.
Prevention **5-15/58-82**

The American Dental Hygienists' Association supports education regarding the preventive and therapeutic benefits, safety and cost effectiveness of community water fluoridation.
Prevention **6-15**

The American Dental Hygienists' Association supports education regarding the benefits of all preventive and therapeutic fluorides.
Prevention **7-15**

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

Prevention

2-18

The American Dental Hygienists' Association advocates for an oral assessment and the establishment with an oral care provider for all children by the eruption of their first primary tooth or no later than 12 months of age.

Prevention

2-25/4S-12

The American Dental Hygienists' Association advocates for oral assessments of individuals entering and residing in long term care facilities by a licensed dental professional.

Prevention

8-22

The American Dental Hygienists' Association supports the need for research and the development of clinical guidelines for the management of individuals who are under the influence of or addicted to controlled substances, recreational drugs, alcohol, or other substances.

Addiction

2-23

The American Dental Hygienists' Association recommends limiting the daily intake of free sugars and supports the recommendations of the FDI World Dental Federation Position on Free Sugars.

Nutrition

3-24

The American Dental Hygienists' Association 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. (Main policy)

Access

7S-09/27-74

The American Dental Hygienists' Association supports the dental hygienists' role in community outreach, care coordination, and the addressing of social determinants of health.

Access

2-21

Dental Hygiene Services

The American Dental Hygienists' Association supports programs that inform stakeholders of the scope of *dental hygiene* practice and its contribution to health in collaboration with health care delivery providers.

Access

16-10/38-82

Wellness

The American Dental Hygienists' Association advocates the development of *evidence-based* comprehensive community oral health programs.

Public Health Programs

17-10/5-98

The American Dental Hygienists' Association advocates delivery of *evidence-based dental hygiene* services by licensed *dental hygienists* in all settings.

Public Health

18S-10/9-99

The American Dental Hygienists' Association advocates the inclusion of *dental hygienists* in all aspects of forensic odontology.

Public Health Programs

9-15/4-05

The American Dental Hygienists' Association advocates for inclusion of oral health as an integral component of a coordinated school health program.

Public Health Programs

13-97/9-63

The American Dental Hygienists' Association supports use of *dental hygienists* in community-based programs to improve health.

Public Health Programs

10S-95/19-83

The American Dental Hygienists' Association endorses the expansion of programs that appropriate funding for comprehensive, *evidence-based* oral health care.

Public Health Programs

19-10/32-54-72

The American Dental Hygienists' Association advocates the use of process and outcome measures in the *evaluation* of oral health programs. This review should include the following:

- 1) utilization of *dental hygienists*
- 2) trends in oral health care delivery
- 3) appropriate standards and administration
- 4) outcomes of care
- 5) cost effectiveness
- 6) *access measures*

Public Health Programs

15-93/7-78

The American Dental Hygienists' Association supports comprehensive oral health programs and services that reach *at-risk populations*.

Public Health Programs

8-09/25-92

The American Dental Hygienists' Association encourages health professionals to advocate for legislation, policies, programs, and research to foster reduced consumption of artificially and sugar sweetened beverages (SSBs); to provide education on reducing consumption of artificially and SSBs to all children and their caregivers; and to identify children at risk for obesity or who are obese and provide a referral to a primary care health professional, nutritionist or registered dietitian.

Sugar Sweetened Beverages

3-17

The American Dental Hygienists' Association supports oral health communities adopting sustainable practices that minimize environmental impact while safeguarding person, provider, and community health.

Sustainable Practice

27-25

Accreditation:

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

Accreditation**7-00****Accredited Dental Hygiene Program:**

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

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

Accredited Dental Hygiene Program**8-00****Advanced Dental Hygiene Practitioner:**

A dental hygienist who has completed an advanced, graduate level curriculum that allows for the acquisition of competencies that 1) build upon the fundamental knowledge and skills achieved at the entry level and 2) prepares individuals for a level of *evidence-based* clinical decision-making and scope of practice and responsibility required of the advanced practitioner.

Advanced Dental Hygiene Practice**4-15/1-04****Advanced Practice Dental Hygiene:**

1. Provision of clinical and diagnostic services in addition to those services permitted to an entry level *dental hygienist*, including services that require advanced clinical decision making, judgment and problem solving.
2. Completion of a clinical and academic educational program beyond the first professional degree required for entry level licensure which qualifies the *dental hygienist* to provide advanced practice services and includes preparation to practice in *direct access* settings and collaborative relationships.
3. *Documentation* of proficiency such as professional certification.

Advanced Practice Dental Hygiene**9-13**

GLOSSARY

Assessment:

The collection and analysis of systematic and oral health data in order to identify *client** needs.

Dental Hygiene Process of Care

SCDHP/18-96

Asynchronous (store and forward)

Transmission of recorded health information through a secure electronic communications system to a practitioner, who uses the information to evaluate a person's condition, render a service, or provide recommendations outside of a real-time interaction.

Asynchronous

17-25

Autonomy:

See **Professional Autonomy** (page 36)

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

2-11

Care Coordination:

Care coordination: Person- centered activity designed to connect the person, caregivers, care team, providers and specialists to share information and create strategies to meet the needs of the person.

Care Coordination

3-21

Client:

The concept of *client* refers to the potential or actual recipients of *dental hygiene* care, and includes persons, families, groups and communities of all ages, genders, socio-cultural and economic states.

*In the *Dental Hygiene Process*, *client* may refer to individuals, families, groups or communities as defined in the *ADHA Framework for Theory Development*.

Scope of Practice

SCDHP/18-96

Collaborative Practice:

An agreement that authorizes the *dental hygienist* to establish a cooperative working relationship with other health care providers in the provision of person care.

Collaborative Practice

9-11

Community Outreach:

Efforts to connect populations to resources, information, treatment and referrals.

Community Outreach**4-21**

Continued Competence: is the ongoing application of knowledge, judgment, attitudes, and abilities in a manner consistent with *evidence-based* standards of the profession.

Continued Competence**17-15****Credentialing:**

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.

Credentialing**3-07****Cultural Humility:**

Incorporation of a lifelong commitment to self-evaluation and self-critique, to redressing power imbalances and to developing mutually beneficial relationships.

Cultural Humility**5-22/7-07****Dental Hygiene:**

- The science and practice of recognition, prevention and treatment of oral diseases and conditions as an integral component of total health. This includes *assessment*, diagnosis, *planning*, *implementation*, *evaluation* and *documentation*.
- The profession of *dental hygienists*.

Dental Hygiene**3-14/14-83****Dental Hygiene Diagnosis:**

The identification of an individual'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 person's *dental hygiene* treatment needs. The *dental hygiene* diagnosis provides the basis for the *dental hygiene* care plan.

(ADHA Standards for Clinical Dental Hygiene Practice-SCDHP)

Dental Hygiene Diagnosis**1-14/SCDHP/18-96**

Dental Hygiene Process of Care:

- *Assessment*
- *Diagnosis*
- *Plan*
- *Implementation*
- *Evaluation*
- *Documentation*

(Individual definitions in glossary)

Dental Hygiene Process of Care

4-10/SCDHP/18-96

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 Hygienist

4-14/19-84

Dental Public Health

The American Dental Hygienists' Association defines *dental public health* as the science and art of preventing and controlling oral diseases and promoting oral health through organized community efforts. *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.

Prevention

32-93

Dental Public Health Setting:

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

Public Health Setting

1-11

Direct Payment:

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

Direct Payment

7-11

Dental Triage:

The screening of *clients* to determine priority of treatment needs.

Dental Triage

7-05

Direct Access:

The ability of a *dental hygienist* to initiate treatment based on their *assessment* of a person's needs without the specific authorization of a dentist, treat the person without the presence of a dentist, and maintain a provider-person relationship.

Direct Access**13-15****Diversity:**

The characteristics and backgrounds that make people unique.

Diversity**7-21/12-11****Documentation:**

The complete and accurate recording of all collected data, treatment planned and provided, recommendations, referrals, prescriptions, person/*client* comments and related communication, treatment outcomes and person satisfaction, and other information relevant to person care and treatment.

Documentation**3-16****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 care plan based on the ongoing reassessments and subsequent diagnoses.

Evaluation**5-14/SCDHP/18-96****Evidence-Based:**

The American Dental Hygienists' Association advocates for person-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased person satisfaction in all practice settings.

Evidence-Based**8-16****Evidence-Based Practice:**

The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual *clients*. The practice of *evidence-based* dental hygiene requires the integration of individual clinical expertise and *client* preferences with the best available external clinical evidence from systematic research.

Evidence-Based Practice**1-07**

GLOSSARY

Fact Sheet:

A document that summarizes key points of information for distribution.

Fact Sheet**2-09****Free Sugars:**

Monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

Nutrition**6-24****Health Equity:**

Attainment of the highest level of health for all people and the elimination of health disparities.

Health Equity**6-16****Health Literacy:**

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

Health Literacy**2-12****Healthcare Delivery Systems:**

Any organization of people, institutions, and or resources that deliver healthcare services to meet the health needs of all populations.

Healthcare Delivery Systems**14S-21/10S-91****Implementation:**

The act of carrying out the *dental hygiene* plan of care.

Dental Hygiene Process of Care**SCDHP/18-96****Inclusion:**

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

Inclusion**8-21****Independent Practitioner:**

A *dental hygienist* who provides *dental hygiene* services to the public through direct agreement with each *client*.

Dental Hygiene Practice 12-13/23-86

Interprofessional Care:

Two or more healthcare providers working within their respective professions, who collaborate with the person and/or caregiver to develop and implement a care plan.

Interprofessional Care**24-25/3-10****Interprofessional Education:**

When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

Interprofessional Education**4-16****Linguistic Competence:**

The ability to communicate effectively and respond appropriately to the *health literacy* needs of all populations.

Linguistic Competence**8-07****Mid-level Oral Health Practitioner:**

A licensed *dental hygienist* who has graduated from an *accredited dental hygiene program* and who provides primary oral health care directly to persons to promote and restore oral health through *assessment*, diagnosis, treatment, *evaluation* and referral services. The *Mid-level Oral Health Practitioner* has met the educational requirements to provide services within an expanded scope of care, and practices under regulations set forth by the appropriate licensing agency.

Dental Hygiene Practice**2-10****Needs Assessment:**

A systematic approach for community-based care used to establish priorities for future action applying the dental hygiene process of care.

Needs Assessment**23S-25/2-14/3-11****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.

Optimal Oral Health**1-99**

Oral Biofilm:

Oral Biofilm consists of 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.

Oral Biofilm**13-21****Oral Health Equity:**

Providing resources and assistance to achieve successful health outcomes for all populations.

Oral Health Equity**7-22/21-21****Orofacial Myofunctional Therapy (OMT):**

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

Orofacial Myofunctional Therapy (OMT)**10-20****Oral Prophylaxis:**

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

Oral Prophylaxis**5-19****Periodontal debridement**

Periodontal debridement is the removal or disruption of plaque biofilm, its byproducts, and biofilm retentive calculus deposits from coronal tooth surfaces, and root surfaces to reestablish periodontal health and restore balance between the bacterial flora and the host's immune responses.

Periodontal debridement**5-25****Planning:**

The establishment of realistic goals and the selection of *dental hygiene* interventions that can move the *client* closer to *optimal oral health*.

Dental Hygiene Process of Care**SCDHP/18-96****Position Paper:**

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

Position Paper**2S-99**

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.

Scope of Primary Care:

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

Characteristics of Primary Care:

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

Integration of Primary Care:

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

The American Dental Hygienists' Association 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.

Primary Dental Hygiene Care Provider**6-14/27-80****Professional Autonomy:**

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

Professional Autonomy**7S-10****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 of all.

Roles of the Dental Hygienist**19-20/12-05****Scaling**

Scaling is the instrumentation of the crown and root to remove oral biofilm, dental calculus, and extrinsic stains.

Scaling**3-25**

GLOSSARY

Scaling and Root Planing(SRP)

Scaling and root planing (SRP) is a definitive procedure to remove cementum or surface dentin characterized by roughness related to subgingival deposits or impregnated with calculus, thus contaminated with toxins or microorganisms. The objective of therapeutic SRP is to remove as little root structure as possible to return adjacent tissues to health.

Scaling and Root Planing(SRP)

4-25

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*.

Self-Regulation

13-13/9-00

Social Determinants of Health:

Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social Determinants of Health

5-21

Social Media:

Digital based platforms where users create, share, engage with and react to content and information or participate in social networking.

Social Media

3-23/4-13

Synchronous (real-time video)

Live, two-way interaction between a person (person, caregiver, or provider) and a provider using telecommunications technology.

Synchronous

16-25

Third Party Payment:

Payment by someone other than the beneficiary for services rendered.

Third Party Payment

8S-11

Teledentistry

The use of electronic communication technologies to deliver oral health care services remotely (synchronously or asynchronously). Teledentistry aims to expand access to dental care, improve person outcomes, and enhance the efficiency of dental practice while maintaining high standards of care.

Teledentistry

15-25

GLOSSARY

Wellness:

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

Wellness**21-20****White paper:**

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

White Paper**1-09**