

ADOPTED:

ARKANSAS DENTAL HYGIENISTS' ASSOCIATION I

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**GLOSSARY 28 PREAMBLE**

The ArDHA Board of Trustees 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. The policy manual is available to members and non-members alike.

HOW TO USE YOUR POLICY MANUAL

KEY

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

- 1st # - Number assigned to the proposed resolution (PR) when it was adopted by the Board of Trustees
- 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 ARDHA 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 Arkansas 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**

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 ARDHA has had policy on the issue, how long the current policy has been in effect, and what other policies support the issue.

### **ArDHA'S MISSION**

To improve the public's total health, the mission of the Arkansas 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 ArDHA's infrastructure**
- 3 – Advocate for the profession**

### **ETHICS**

The Arkansas 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 Arkansas Dental Hygienists' Association supports *dental hygienists* as advocates for the profession of *dental hygiene* and related issues. **13-09**

## LICENSURE & REGULATION

The Arkansas 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 Arkansas Dental Hygienists' Association is in support of the concept of an *advanced dental hygiene practitioner* model.

**Advanced Dental Hygiene Practitioner 3-15/4-04**

The Arkansas 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 patient.

**Dental Hygiene Services 10-10/42-81**

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

**Dental Hygiene Services 6-97**

## ACCESS

The Arkansas Dental Hygienists' Association advocates for the following:

- 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 18-14/16-85**

## EDUCATION/CONTINUING EDUCATION

The Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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.

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

**Access 29-87**

The Arkansas Dental Hygienists' Association supports *diversity* and recognizes the value it adds to our organization, our mission and the quality of our programs and services.

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

The Arkansas Dental Hygienists' Association advocates for accurate representation of *dental hygiene* services. **Dental Hygiene Services 10S-14/3-94**

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

**Dental Hygiene Services 1-13**

The Arkansas 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 Arkansas Dental Hygienists' Association advocates a work environment free of discrimination and harassment. **Discrimination 4-01**

The Arkansas 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**

**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

**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

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

The Arkansas Dental Hygienists' Association supports the inclusion and utilization of *dental hygienists* in response to events of terrorism and catastrophe.

#### **Terrorism & Catastrophe 9-03**

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

#### **Professional Development 20A-81**

The Arkansas Dental Hygienists' Association advocates self-regulation for the profession of *dental hygiene*. The Arkansas Dental Hygienists' Association advocates the appointment of the proportionate representation of *dental hygienists* who are graduates of *accredited dental hygiene programs* as full voting and policy-making members of agencies that regulate the practice of *dental hygiene* and administer *dental hygiene* examinations. **Regulatory Agencies 5-12/11-86/7-82**

The Arkansas 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**

The Arkansas 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**

## **LICESURE & REGULATION**

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

### **Competence 40-82**

The Arkansas 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 an *accredited dental hygiene program*.
- Successful completion of both an Arkansas Dental Hygienists' Association recognized Dental Hygiene national clinical board *dental hygiene* examination and regional and/or state board examination.
- Possession of a valid *dental hygiene* license in another state/jurisdiction.
- Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.

### **Credentialing 22-00/21S-93**

The Arkansas 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*.

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

The Arkansas 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 patients who participate in clinical *dental hygiene* examinations.

### **Examination**

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

### **Examination**

The Arkansas Dental Hygienists' Association advocates for 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.

### **Dental Hygiene Services 7-16**

**8-15/1-88**

**The Arkansas 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 patient.**

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

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

### **Dental Hygiene Services (Main policy) 6-97**

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

### **Scope of Practice**

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

### **Dental Hygiene Services**

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

**Dental Hygiene Services 11-10/21-82**

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

**Dental Hygiene Services/Technology 4-17/8-96**

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

**Quality Assurance 8-10/49-82**

The Arkansas Dental Hygienists' Association affirms that *dental hygienists* are competent to provide *dental hygiene* services with general supervision.

**Dental Hygiene Services 13-14/46-80**

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

**Competence 9-07**

The Arkansas 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 Arkansas 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 patient *assessment*.

**Dental Hygiene Services 12-10**

The Arkansas Dental Hygienists' Association advocates that *dental hygienists* promote *health literacy*. **Dental Hygiene Services 7-13**

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

**Lasers 8-17**

**The Arkansas Dental Hygienists' Association advocates for the following:**

- **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 18-14/16-85**

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

**Access 19-14/5-03**

The Arkansas Dental Hygienists' Association supports oral health care workforce models that culminate

in: • Graduation from an accredited institution

- Professional licensure
- *Direct access* to patient care

**Access 4S-09**

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

**Advocacy 3-18**

**The Arkansas 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 Arkansas 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 Arkansas Dental Hygienists' Association advocates for *accreditation* by the *dental hygiene* profession, of all entry level, degree completion, and graduate *dental hygiene* education programs.

**Accreditation 9-12/1-90**

The Arkansas 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.

The Arkansas Dental Hygienists' Association advocates that licensed *dental hygienists* successfully complete clinical and didactic education before performance of additional functions permitted through a change of state law.

**Competence 9A-78**

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

### **Continued Competence 18-15**

The Arkansas 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 12-93/17-74**

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

### **Curriculum 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 4-11/21-88**

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

**Faculty/Administrators 13-88**

**The Arkansas 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 Arkansas 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 Arkansas Dental Hygienists' Association advocates for the integration of *interprofessional education* into the *dental hygiene* curriculum.

**Interprofessional education 5-16**

The Arkansas 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 Arkansas 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 Arkansas 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**

## **PREVENTION AND WELLNESS**

**The Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas Dental Hygienists' Association supports education regarding the preventive and therapeutic benefits,

safety and cost effectiveness of community water fluoridation.

### **Prevention 6-15**

The Arkansas Dental Hygienists' Association supports education regarding the benefits of all preventive and therapeutic fluorides.

### **Prevention 7-15**

The Arkansas Dental Hygienists' Association supports the dental hygienists' ability to administer all evidence based preventive and therapeutic fluorides.

### **Prevention 2-18**

The Arkansas Dental Hygienists' Association advocates an oral *assessment* and establishment of a *dental home* for all children soon after the eruption of the first primary tooth or by twelve months of age. **Prevention 4S-12**

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

**Public Health Programs 17-10/5-98**

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

**Public Health Programs 9-15/4-05**

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

**Public Health Programs 10S-95/19-83**

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

### **Public Health Programs 8-09/25-92**

The Arkansas 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**

#### **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**

#### **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**

#### **Autonomy:**

See **Professional Autonomy** (page 39)

#### **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**

#### **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 ARDHA *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 patient care.

#### **Collaborative Practice 9-11**

### **GLOSSARY**

**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 Competence:**

Awareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice.

#### **Cultural Competence 7-07**

#### **Delivery Systems:**

Means by which health care services are provided by *dental hygienists* to improve or maintain the oral health care and overall health status of the public.

#### **Delivery Systems 10S-91**

#### **Dental Home:**

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

#### **Dental Home 3-09**

#### **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 patient's *dental hygiene* treatment needs. The *dental hygiene* diagnosis provides the basis for the *dental hygiene* care plan. (ArDHA 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 Arkansas 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 Access:** the ability of a *dental hygienist* to initiate treatment based on their *assessment* of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

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

An inclusion of varied characteristics, ideas and worldviews in a community.

**Diversity 12-11**

**Documentation:**

The complete and accurate recording of all collected data, treatment planned and provided, recommendations, referrals, prescriptions, patient/*client* comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient 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 Arkansas Dental Hygienists' Association advocates for patient-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased patient satisfaction in all practice settings.

**Evidence-Based 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****Fact Sheet:**

A document that summarizes key points of information for distribution.

**Fact Sheet 2-09****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****Implementation:**

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

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

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

**Interdisciplinary Care 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****Needs Assessment:**

A systematic process used to establish priorities for future action using the *dental hygiene process of care*. **Needs Assessment 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****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 patient.

**Characteristics of Primary Care:**

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

**Integration of Primary Care:**

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.

The Arkansas 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:**

Activities of the dental hygienist include but are not limited to, those of clinician, educator, advocate, administrator/manager, and researcher, with public health being an integral component of all these roles. **Roles of the Dental Hygienist 12-05**

**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 Media:**

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

**Social Media 4-13**

**Third Party Payment:**

Payment by someone other than the beneficiary for services rendered.

**Third Party Payment 8S-11**

**White paper:**

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

**White Paper 1-09**