



Policy Manual of the Virginia Dental Hygienists' Association 2025-2026

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VDHA VISION STATEMENT AND GOALS

R 7-91

The Virginia Dental Hygienists' Association supports the current vision statement and the current goals of the American Dental Hygienists' Association.

R 6- 21

The Virginia Dental Hygienists' Association's mission supports inclusion, diversity, equity, and access: and recognizes the value each adds to our organization and the quality of our programs and services.

ASSOCIATION

R 5-10

ADVOCATES

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

R 2-03

ASSOCIATION DOCUMENTS

Any document used for conducting operations of the Virginia Dental Hygienists' Association, including but not limited to the House of Delegates, Scopes and Policy Manuals, and Officer and Committee files become the property of the Virginia Dental Hygienists' Association and are passed on to new officers, chairman, and delegates and do not become the property of the individual. The Executive Board reserves the right to seek legal action to obtain files.

R 1-12/5-83

CHAIN OF COMMAND

The Virginia Dental Hygienists' Association wishes to be represented by its officers in a unified manner so as to avoid misinterpretation, and recognizes that the officers directly involved with policy making are most knowledgeable as to current activities and events. Therefore, the official chain of command will be in the order of President, President-Elect and Immediate Past President. The officer shall consult with the American Dental Hygienists' Association prior to any recorded interview. Component officers shall contact the Virginia Dental Hygienists' Association chain of command prior to any recorded interview or any official presentation of a policy nature.

R 16-20

HEALTH INSURANCE

The Virginia Dental Hygienists' Association advocates that all health insurance programs include benefits for educational, diagnostic, preventive, restorative and therapeutic oral health care.

R 6-16

PATIENT-CENTERED OUTCOMES RESEARCH

The VDHA advocates for Patient-Centered Outcomes Research that focuses on preventive and oral health interventions that leads to improved health, quality care and increased patient satisfaction in all practice settings.

R 2-82

POLITICAL CONTRIBUTIONS

The Virginia Dental Hygienists' Association does not contribute financially to any political candidate seeking a state or federal office.

R 5-05

REMEMBRANCE OF ALICE BECKER HINCHCLIFFE WILLIAMS

The Virginia Dental Hygienists' Association perpetually memorializes Alice Becker Hinchcliffe Williams, our colleague and benefactor, through a named scholarship administered by the ADHA Institute for Oral Health to be awarded annually.

R 8-14/1-07

SIGNING ASSOCIATION CONTRACTS

The Virginia Dental Hygienists' Association President shall direct line officers, committee and/or council chairs to sign contracts after the VDHA Budget and Finance Committee has reviewed and approved them with a majority vote. A decision should be made within the time frame requested by the person submitting the contract.

R 8-09/1-99

STUDENT ADVISORS

The Virginia Dental Hygienists' Association recommends all Student Chapters of the American Dental Hygienists' Association advisors in the Commonwealth of Virginia to be Active, Life or Retired members of the Virginia Dental Hygienists' Association.

R 25-25

WEBSITE FINANCIAL ACCESS

Only the VDHA Treasurer, President, President Elect, and Past President shall have access to the financial section of the VDHA Website.

R 5-23

VDHA LETTERHEAD & LOGO

Virginia Dental Hygienists' Association authorized members are entitled to use the VDHA letterhead official logo or name for correspondence, advertising and continuing education certificate distribution. At no time, can any individual or special interest group under the auspices of or use resources of the Virginia Dental Hygienists' Association letterhead, official logo or name without the express approval of the authorized members of the corresponding Executive Board or VDHA Continuing Education Chair.

R 24-25

VIPNET LIST

The VDHA VIPNet list will be made available to an active VDHA member for only the intended purpose, not shared, given or sold to any party. The member requesting the VIPNet list for research purposes must ensure that the abstract clearly demonstrates how research contributes to the advancement of the art and science of dental hygiene or closely related. IRB (Institutional Review Board) approval is required before proceeding.

EDUCATION/CONTINUING EDUCATION

R 6-15

ACCREDITATION STANDARDS

The Virginia 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 meet the oral and overall health care needs of the public.

R 9-15

CONTINUED COMPETENCE

The Virginia Dental Hygienists' Association advocates continued competence, lifelong learning and ongoing professional development for dental hygienists.

R 8-20

CONTINUING EDUCATION CONTENT

The Virginia Dental Hygienists' Association advocates that the Virginia Board of Dentistry accept higher education credits to any of the professional roles of the dental hygienist, including but not limited to clinical, educational, administrative, research, entrepreneurial, public health and corporate positions with advocacy being an integral component of all for continuing education credit.

R 11-93

CONTINUING EDUCATION REGISTRATION

The Virginia Dental Hygienists' Association assesses a member and potential member fee for "all" continuing education courses. A potential member, who registers the day of a VDHA sponsored continuing education course, may apply the difference between the member and potential member fee towards membership in the VDHA and ADHA.

R 3-17

DENTAL HYGIENE PROCESS OF CARE

The Virginia 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 of preventive and therapeutic oral health care. This care may be provided in independent, interdependent, and collaborative relationships with the patient/client and health care team members.

R 4-12/2-86

DENTAL HYGIENE SCHOOLS AND PROGRAMS

The Virginia Dental Hygienists' Association endorses the continuation and expansion of currently accredited dental hygiene programs, and initiation of new dental hygiene programs, only when there is:

- Conduction of a comprehensive evidence-based needs assessment to support the development and sustainability of the program, and it is further documented that an existing program cannot meet these needs.
- Documented evidence-based, ongoing manpower need that cannot be met by currently licensed dental hygienists in the region.
- Documented qualified applicant pool and potential patient pool.
- An offered integrated curriculum that culminates in a baccalaureate degree in dental hygiene.
- The financial resources to initiate and maintain dental hygiene educational standards.
- Endorsement by the component and constituent dental hygienists' associations, community partners and potential employers.
- Documentation that accreditation standards have been met or exceeded prior to students' acceptance.

R 5-88

EDUCATION INSTITUTIONAL SUPPORT

The Virginia Dental Hygienists' Association expresses Association support to appropriate agencies and/or legislative bodies for the existing dental hygiene programs in Virginia and, supports allocation and/or investment of funding and other resources to these existing programs to ensure continuing quality in the dental hygiene education process in Virginia.

R 27-25

INTERNSHIPS/EXTERNSHIPS

The Virginia Dental Hygienists' Association supports externships and internships within Commission on Dental Accreditation (CODA) accredited dental hygiene programs in order for students to gain practical experience in public health and all practice settings.

R 9-20

INTERPROFESSIONAL EDUCATION

That Virginia Dental Hygienists' Association supports interprofessional education (IPE) into the dental hygiene curriculum and continuing education.

R 4-24

LOAN FORGIVENESS/REPAYMENT

The Virginia Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for licensed dental hygienists who provide dental hygiene services in all of the professional roles.

R 4-93

MANDATORY CONTINUING EDUCATION

The Virginia Dental Hygienists Association supports mandatory continuing education for license renewal and/or reinstatement.

R 14-92

PRECEPTOR TRAINING

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

R 5-98

PROGRAM ADMINISTRATION

The Virginia Dental Hygienists' Association advocates that dental hygiene educational programs be administered or directed only by a licensed dental hygienist with a foundation in higher education and program administration.

R 6-80

RADIATION STANDARDS

The Virginia Dental Hygienists' Association supports educational standards and proven minimal competency in radiation, physics, safety, and technique for all dental office personnel responsible for exposing radiographic films in the dental environment.

R 10-20

TECHNOLOGICAL EDUCATIONAL SYSTEMS

The Virginia Dental Hygienists' Association supports the development and implementation of remote learning instructional platforms only when all educational content is provided through an accredited dental hygiene program.

ETHICS

R 5-08

CULTURAL AND LINGUISTIC COMPETENCE

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

R 20-25

DISABILITY

The Virginia 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.

R 11-20

EDUCATION DIVERSITY

The Virginia Dental Hygienists' Association is an inclusive organization that continues to encourage diversity within the profession of dental hygiene.

R 1-15

ETHIC AND LEGAL RESPONSIBILITY

The Virginia Dental Hygienists' Association maintains that dental hygienists are ethically and legally responsible and directly accountable for their professional conduct, decision-making and quality of services and actions as guided by the ADHA Code of Ethics.

R 1-20

LOCAL, STATE AND NATIONAL CRISIS

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

R 3-22

LONG TERM CARE FACILITIES

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

R 1-94

MISREPRESENTATION

The Virginia Dental Hygienists' Association opposes the provision of dental hygiene services by unlicensed personnel that results in misrepresentation of these services to both consumers and third-party payers.

R 1-02

NONDISCRIMINATION

The Virginia Dental Hygienists' Association advocates an environment free of discrimination and harassment.

R 8-98

PRACTICE SETTING: SUSPECTED ABUSE REPORTING

The Virginia Dental Hygienists' Association advocates that dental hygienists, as health care professionals, are responsible for reporting suspected abuse and/or neglect to the proper authorities.

LICENSURE/REGULATION

R 1-25

ADVANCED INSTRUMENTATION EDUCATION

The Virginia Dental Hygienists' Association (VDHA) advocates that scaling procedures require advanced instrumentation, assessment and critical thinking skills to be performed exclusively by licensed dental hygienists, licensed dental

therapists, and licensed dentists who have completed advanced education at a Commission on Dental Accreditation (CODA) accredited institution.

R 12-20

AUTONOMY OF DENTAL HYGIENE

The Virginia Dental Hygienists' Association supports autonomy of dental hygiene education, licensure, and practice and accepts the responsibility for serving as the recognized authority for the profession of dental hygiene.

R 1-96

BASIC LIFE SUPPORT

The Virginia Dental Hygienists' Association supports the current basic life support for health care provider course participation as a prerequisite for license or renewal of license in Virginia.

R 2-97

BOARD OF DENTISTRY REPRESENTATION

The Virginia Dental Hygienists' Association supports the appointment of the proportionate representation of dental hygienists who have graduated from an accredited dental hygiene program as full voting and policy-making members of boards/committees that regulate the practice of dental hygiene.

R 1-24

COMPACT AGREEMENT

The Virginia Dental Hygienists' Association supports the Dentist and Dental Hygienist (DDH) Compact agreement to streamline the licensure process for dental professionals.

R 2-84

CONSUMER REPRESENTATION

The Virginia Dental Hygienists' Association supports the appointment of consumers as full voting and policy-making members of boards/committees that regulate the practice of dental hygiene.

R 22-25

CREDENTIALING AUTHORITY

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

R 8-01

EDUCATIONAL STANDARDS

The Virginia Dental Hygienists' Association opposes reduction of educational standards, and/or requirements for initial licensure of dental hygienists.

R 10-01

ELIGIBILITY REQUIREMENTS FOR NATIONAL BOARD

The Virginia Dental Hygienists' Association supports that the eligibility requirements for the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examination are restricted to graduates and graduate eligible students of accredited dental hygiene programs.

R 2-24

ELIMINATION OF CLINICAL LICENSURE EXAMINATION

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

R 13-20

ELIMINATION OF PATIENT CLINICAL EXAMINATION

The Virginia Dental Hygienists' Association supports elimination of the live 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.

R 7-92/12-15

EXAMINER QUALIFICATIONS

The Virginia Dental Hygienists' Association recognizes and advocates the utilization of licensed dental hygienists as the most qualified professional to evaluate candidates for dental hygiene licensure by examination or endorsement. The individual must be a graduate of an accredited dental hygiene program provided in a college or institution of higher education. The program shall be accredited by a national agency recognized by the United States Department of Education and/or appropriate national voluntary agency recognized by the American Dental Hygienists' Association.

R 23-25

LICENSURE BY CREDENTIAL

The Virginia Dental Hygienists' Association advocates regulatory agencies to accept an applicant for licensure by credentials when 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 (JCNDE).
- 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.

R 9-01

LICENSURE BY ENDORSEMENT

The Virginia Dental Hygienists' Association advocates and encourages a State Board of Dentistry or a State Board of Dental Hygiene to accept an applicant for licensure by endorsement when the following minimum criteria are met:

- Graduation from an accredited dental hygiene program
- Successful completion of both an American Dental Hygienists' Association recognized national board dental hygiene examination and regional and/or state board examination.
- Possession of a valid dental hygiene license in another state/jurisdiction and fulfillment of the criteria for documentation of professional competency.
- Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual has been licensed.

R 4-21

LICENSURE PORTABILITY

The Virginia Dental Hygienists' Association supports dental hygiene licensure portability for graduates of Commission on Dental Accreditation (CODA) accredited dental hygiene programs.

R 7-25

SEEKING LICENSURE WITHIN THE UNITED STATES

The Virginia 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.

R 6-25

LOCAL ANESTHESIA ADMINISTRATION EDUCATION

The Virginia Dental Hygienists' Association (VDHA) advocates that the administration of local anesthesia requires advanced technical, assessment, and critical thinking skills. This procedure should be performed exclusively by licensed dental hygienists, licensed dental therapists, and licensed dentists who have completed advanced education at an institution accredited by the Commission on Dental Accreditation (CODA).

R 2-20

NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)

The Virginia Dental Hygienists' Association advocates for every dental hygienist to apply for and obtain a National Provider Identification (NPI) number.

R 5-21

OROFACIAL MYOFUNCTIONAL THERAPY

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

R 1-17

PEDIATRIC ORAL ASSESSMENT AND EVALUATION

The VDHA advocates for oral health assessments and evaluations by a licensed dental hygienist, licensed dental therapist, or licensed dentist by the eruption of a child's first primary tooth (or no later than 12 months of age), and to continue bi-annually through secondary education.

R 2-18

PRESCRIBE, ADMINISTER AND DISPENSE AGENTS

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

R 14-20

REGIONAL TESTING: DENTAL HYGIENE EXAMINERS

The Virginia Dental Hygienists' Association supports policy to require a registered dental hygienist to be actively involved as an examiner and in the development, construction and evaluation of any regional testing agency examination recognized by the ADHA.

R 9-86

REGIONAL TESTING FOR DENTAL HYGIENE LICENSE

The Virginia Dental Hygienists' Association recognizes that demonstration of competence to ensures quality of service and supports the efforts of State Boards of Dentistry to acknowledge mechanisms that validate the competence of dental hygienists and to safeguard the public.

R 30-25

SCOPE OF PRACTICE PRESERVATION

The Virginia Dental Hygienists' Association supports the preservation of the statutory protection of Title 54.1-2722 of the Code of Virginia and the Board of Dentistry Regulation that polishing of natural and restored teeth using air polishers shall only be delegated to the licensed dental hygienist, licensed dental therapist, or licensed dentist.

R 1-13/5-09

SELF –REGULATION

Regulation of *dental hygiene* practice by dental hygienists who define the scope of practice, set educational requirements and licensure standards, and govern *dental hygienists*.

R 28-25

SUPPORT OF NATIONAL BOARD

The Virginia Dental Hygienists' Association supports the development and administration of a national board examination for the profession of dental hygiene administered by an American Dental Hygienists' Association recognized agency. The Virginia Dental Hygienists' Association supports recognition of a Dental Hygiene Associate, Applied Science Degree, and Baccalaureate Degree acquired through the completion of an accredited dental hygiene program.

R 5-24

THERAPEUTIC AND COSMETIC INJECTIONS

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

R 2-23

VACCINE ADMINISTRATION

The Virginia Dental Hygienists' Association supports the education, training, and authorization, and utilization of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health.

PRACTICE/TECHNOLOGY

R 12-25

AIRWAY HEALTH SCREENING

The Virginia Dental Hygienists' Association supports the role of dental hygienists in screening all patients for airway health as an integral part of comprehensive patient 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.

R 18-20

CAREER RECRUITMENT

The Virginia Dental Hygienists' Association supports efforts in career recruitment to achieve a diverse population in the profession of dental hygiene

R 4-11

COLLABORATIVE PRACTICE

The Virginia 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.

R 6-11

COMPREHENSIVE ASSESSMENT

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

R 19-20

PRACTICE COMPREHENSIVE CARE

The Virginia Dental Hygienists' Association advocates for comprehensive oral health assessments that include an intraoral and extraoral head and neck examination by a registered dental hygienist, to facilitate early detection of any abnormalities and referral for a definitive diagnosis and treatment.

R 4-10

DENTAL HYGIENE DIAGNOSIS

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

R 18-25

DIAGNOSTIC/PROCEDURE CODES

The Virginia 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 is 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.

R 11-12

DIRECT ACCOUNTABILITY

The Virginia Dental Hygienists' Association upholds that dental hygienists are ethically and legally responsible and directly accountable for the quality of services they provide.

R 7-94/4-15

DIRECT REIMBURSEMENT

The Virginia Dental Hygienists' Association advocates that dental hygienists, as primary care providers, receive direct reimbursement for services rendered.

R 10-15/9-94

EDUCATION, PRACTICE, LICENSE AND ACCOUNTABILITY

The Virginia Dental Hygienists' Association recognizes the dental hygienist as an educated licensed professional who has graduated from an accredited dental hygiene program provided in a college or institution of higher education. The program shall be accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency and whose qualifications are confirmed by nationally recognized didactic examination, license and a defined scope of practice. State mandated clinical and didactic

examinations may also be required for license and practice. The dental hygienist practices in health-oriented settings and is competent to provide dental hygiene services without supervision; the dental hygienist is accountable both legally and ethically for the quality of dental hygiene services and the client's oral health care as it relates to dental hygiene practice. The Virginia Dental Hygienists' Association recognizes and supports the right of a dental hygienist, who is a graduate of an accredited program and currently licensed to own the dental hygiene portion of a dental practice and to enter into a contractual agreement to provide dental hygiene services in accordance with state dental and/or dental hygiene practice acts.

R 2-17

EMERGING TECHNOLOGIES

The Virginia Dental Hygienists' Association advocates the development and utilization of emerging technologies that maximize total health and safety to serve as a means to reduce health disparities.

R 7-16/2-98

EVIDENCE BASED PRACTICE

The Virginia Dental Hygienists' Association advocates evidence based, patient/client centered, comprehensive dental hygiene practice for the prevention of oral disease and the reduction of risk associated with systemic disease.

R 5-13

EXPANDED SETTINGS/DIRECT ACCESS

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

R 20-20

EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding direct access to educational, diagnostic, preventive, restorative and therapeutic care within the dental hygiene scope of practice.

R 3-20

FAIR LABOR STANDARDS ACT

The Virginia 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.

R 4-97

INFECTIOUS DISEASE TRANSMISSION GUIDELINES

The Virginia Dental Hygienists Association supports the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious disease.

R 1-74

INTRAORAL PROCEDURE REGULATION

The Virginia Dental Hygienists' Association supports the distinction between the dental hygienist and the dental assistant in reference to the reassignment of additional expanded services. The Virginia Dental Hygienists' Association supports the performance of intra-oral procedures by regulated dental personnel.

R 17-25

ITEMIZED DISCLOSURE OF DENTAL LABORATORY FEES

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

R 13-25

MINIMALLY INVASIVE CARE

The Virginia Dental Hygienists' Association (VDHA) 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 patient-centered care that prioritizes prevention, early detection, and minimally invasive treatment strategies. The VDHA supports the following principles of minimally invasive dentistry:

- **Prevention First:** Emphasizing evidence-based preventive care, including home care instructions, to reduce the risk of caries, periodontal disease, and other oral health conditions.
- **Risk Assessment:** Utilizing advanced diagnostic tools and techniques to identify individual risk factors and develop personalized, evidence-based care plans based on the patient's risk factors and needs.
- **Biofilm Management:** Perform regular and precise removal of biofilm and calculus to prevent disease progression.
- **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.
- **Education and Collaboration:** Educating patients about oral-systemic connections and empowering them to participate in their care while collaborating with interdisciplinary teams to ensure comprehensive health management.
- **Behavioral Support:** Encourage habits that reduce the risk of caries and periodontal disease, such as tobacco cessation and nutritional counseling, including sugar management.
- **Sustainable Practices:** Supporting minimally invasive approaches that align with environmentally sustainable practices in dentistry.

R 4-17

ORAL HEALTH DIAGNOSTIC AND PROCEDURE CODES

The Virginia Dental Hygienists' Association advocates implementation and expansion of oral health diagnostic and procedure codes consistent with evidence-based practices in dentistry and dental hygiene. The VDHA advocates for dental hygiene representation on committees and work groups that develop diagnostic and procedure codes.

R 7-13

PAIN MANAGEMENT UTILIZATION

The Virginia Dental Hygienists' Association advocates that the scope of *dental hygiene* practice includes utilization and administration of appropriate pain and anxiety control modalities by the dental hygienist who has completed the required clinical and didactic education.

R 5-91

PRIMARY CARE PROVIDER

The Virginia Dental Hygienists' Association recognizes the dental hygienist as a primary care provider of dental hygiene services.

R 7-80

RADIATION SAFETY STANDARDS

The Virginia Dental Hygienists' Association supports the active involvement of the dental profession: dentists, dental hygienists, and dental assistants, in reviewing, revising, maintaining and monitoring quality standards for radiation safety and health of the public.

R 4-91

RECRUITMENT PROGRAMS

The Virginia Dental Hygienists' Association advocates that dental hygienists be the primary professionals to develop, co-ordinate and evaluate dental hygiene career recruitment programs that include entry, retention, and re-entry into the dental hygiene profession.

R 22-20

ROLES AND SETTINGS

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve in any of the professional roles to include clinical, educational, administrative, research, entrepreneurial, public health and corporate positions with advocacy being an integral component of all. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organization and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

R 6-94

SAFETY METHODS

The Virginia Dental Hygienists' Association recommends that safety methods, including monitoring, be used in settings where known or potential occupational hazards exist.

R 29-25

SCOPE OF PRACTICE

Virginia Dental Hygienists' Association supports oral prophylaxis, scaling, root planing, periodontal debridement, and laser bacterial reduction as services that shall be provided only by a licensed dental hygienist, licensed dental therapist or licensed dentist who have completed this advanced education at a Commission on Dental Accreditation (CODA) accredited institution.

R 21-20

STANDARD PRECAUTIONS

The Virginia Dental Hygienists' Association advocates the utilization of standard infection and exposure control precautions, and maximum work site safety and training to protect the health and safety of both practitioner and patient.

R 19-25

SUSTAINABILITY

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

R 8-25

TELEDENTISTRY

The Virginia 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 expanding access for patients.

R 13-15/5-02

UTILIZATION/PRACTICE SETTINGS

The Virginia Dental Hygienists' Association endorses direct access to dental hygiene care provided by dental hygienists who are graduates of accredited dental hygiene programs by:

- a. Maximizing the utilization of services that dental hygienists are educated to provide.
- b. Implementing remote supervision in all settings.
- c. Increasing the practice settings where dental hygienists can provide services.
- d. Obtaining Medicaid provider status for direct reimbursement of care delivered by the dental hygienist.
- e. Eliminating restrictions on the number of dental hygienists allowed within practice settings

R 10-10

WORKFORCE MODELS

The Virginia Dental Hygienists' Association supports oral health care workforce models that culminate in: graduation from an accredited dental hygiene institution, professional licensure and direct access to care.

PUBLIC HEALTH

R 9-92

ACCESS TO TOTAL HEALTH CARE

The Virginia Dental Hygienists' Association advocates access to total health care including oral health care for all people.

R 5-04

BIO-TERRORISM AND CATASTROPHE

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

R 11-10

COLLABORATIVE CARE

The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.

R 6-98

COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.

R 7-21

COMMUNITY OUTREACH & CARE COORDINATION

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

R 9-21

COMMUNITY OUTREACH POPULATIONS

The Virginia Dental Hygienists' Association advocates connecting community outreach populations to resources, information, treatment and referrals where appropriate.

R 11-94

FOOD PROGRAMS

The Virginia Dental Hygienists' Association advocates food programs that contribute to the total nutritional needs of the public, especially children, and to the development of eating habits consistent with the Dietary Guidelines of Americans. The Virginia Dental Hygienists' Association advocates limiting the availability of food and beverage programs that may be harmful to oral health.

R 3-24

FREE SUGARS

The Virginia Dental Hygienists' Association recommends limiting the excessive and frequent daily intake of free sugars and supports the recommendations of the FDI World Dental Federation Position of Free Sugars. Excessive consumption of sugars from snacks and processed foods is a major risk factor for oral disease as well as for cardiovascular disease, cancer, obesity and diabetes.

R 23-20

IMMUNITY

The Virginia Dental Hygienists' Association supports legislation granting immunity to dental hygienists from dental or medical malpractice liability when responding to any disaster, emergency and/or public health emergency, so declared by an appropriate authority.

R 6-14/13-96

MISLEADING ADVERTISING

The Virginia Dental Hygienists' Association advocates advertising supported by evidence-based research and supports professional and consumer groups who promote these efforts.

R 5-93

NATIONAL DENTAL HYGIENE MONTH

Upholding the American Dental Hygienists' Association's vision to increase the awareness of and ensure access to quality oral health care and represent and promote the interests of dental hygienists; the Virginia Dental Hygienists' Association supports and actively participates in National Dental Hygiene Month.

R 7-20

NUTRITION

The Virginia Dental Hygienists' Association supports efforts to promote nutrient dense food and beverages and to encourage the reduction of unhealthy options within the school systems.

R 10-94

NUTRITIONAL GUIDELINES

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

R 7-97

PREVENTIVE PROGRAMS

The Virginia Dental Hygienists' Association advocates increased funding for preventive programs designed to provide oral health services to underserved sectors of the population

R 13-14/6-10/2-99

PUBLIC ORAL HEALTH

The Virginia Dental Hygienists Association supports:

- a. Comprehensive, evidence-based, interprofessional, preventive, restorative and therapeutic care for all individuals
- b. Promotion of public and professional awareness of the need for care
- c. Public funding where appropriate, third-party payment or other remuneration methods for such services

R 14-25

TECHNOLOGY REDUCED ORAL HEALTH DISPARITIES

The Virginia Dental Hygienists' Association supports the use of technology as a means to reduce oral health disparities.

R 7-14/7-11/13-94

TOBACCO INTERVENTION AND CESSATION

The Virginia Dental Hygienists' Association advocates 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 Virginia Dental Hygienists' Association supports the role of the dental hygienist in prevention and cessation of tobacco usage through education and an interprofessional coordinated team approach to reduce the burden of chronic disease.

RESEARCH

R 2-08

EVIDENCE-BASED MODALITIES

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

R 1-08

EVIDENCE-BASED PRACTICE

The Virginia Dental Hygienists' Association adopts evidence-based practice as it relates to the profession of dental hygiene to be defined as 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 ingredients of individual clinical expertise and client preferences with the best available external clinical evidence from systematic research."

R 3-91

TRANSMISSION OF DISEASE

The Virginia Dental Hygienists' Association advocates research to quantifiably assess the potential for transmission of all infectious diseases during the delivery of professional oral health services.

GLOSSARY

R 3-23

ACCREDITED DENTAL HYGIENE PROGRAM

A dental hygiene program that achieves or exceeds the established standards set by the United States Department of Education (USDOE)-nationally recognized accrediting agency and/or the Commission on Dental Accreditation of the American Dental Association.

R 2-15/22-14

ADVANCED DENTAL HYGIENE PRACTITIONER

A licensed dental hygienist who has graduated from an accredited dental hygiene program, obtained a baccalaureate degree and has completed an advanced graduate level curriculum approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide evidence-based diagnostic, preventive, restorative and therapeutic services directly to the public.

R 21-14

ADVANCED PRACTICE DENTAL HYGIENE

- a. Provision of clinical and diagnostic services that require advanced clinical decision-making, judgment and problem solving beyond those of the initial licensure hygienist.
- b. Completion of a clinical and academic educational program beyond the first professional degree required for licensure which qualifies the *dental hygienist* to provide advanced practice services.
- c. Documentation of proficiency such as professional certification.

R 11-25

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 patient's condition, render a service, or provide recommendations outside of a real-time interaction.

R 13-10

AT-RISK POPULATIONS

A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

R 8-21

CARE COORDINATION

Patient-centered activity designed to connect the patient, caregivers, care team, providers, and specialists to share information and create strategies to meet the needs of the patient.

R 7-12

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.

R 18

CONTINUED COMPETENCE

The ongoing application of knowledge, judgment, attitudes, and abilities in a manner consistent with evidence-based standards of the profession.

R 01-22

CULTURAL HUMILITY

Incorporation of a lifelong commitment to self-awareness and adaptability, to redress the power imbalances in the patient-provider dynamic, and to develop an unbiased clinical and advocacy partnership with communities.

R 3-10

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.

R 2-14/1-05/4-99

DENTAL HYGIENE

- a. The science and practice of the recognition, prevention and treatment of oral diseases and conditions. This process includes assessment, diagnosis, planning, implementation, evaluation and documentation.
- b. The profession of *dental hygienists*.
- c. Dental hygiene procedures include but are not limited to: supra and subgingival scaling, root debridement, polishing as appropriate and any other services corresponding with dental hygiene.

R 1-14

DENTAL HYGIENE DIAGNOSIS

A *dental hygienist* is educationally qualified and licensed to provide the identification of an individual's health behaviors, attitudes and oral health care needs. The *dental hygiene diagnosis* requires evidence-based 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.

R 32-25

DENTAL HYGIENE PROCESS OF CARE

The process of assessment, diagnosis, planning, implementation, evaluation and documentation.

R 3-14/2-05/5-99

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.

R 2-12

DENTAL PUBLIC HEALTH SETTING

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

R 5-15/17-14

DIRECT ACCESS

Dental hygienists can initiate treatment based on their assessment and diagnosis of patients' needs without the specific authorization or presence of a dentist and maintain a provider-patient relationship.

R 18-14

DIRECT ACCESS SETTINGS

Any setting in which dental hygiene services can be provided based on the dental hygienist's assessment and diagnosis of patient's needs without the specific authorization or presence of a dentist and maintain a provider- patient relationship.

R 5-12

DIRECT PAYMENT

The licensee rendering oral health services shall be the direct recipient of payment.

R 11-21

DIVERSITY

The characteristics, ideas, backgrounds and worldviews in a community that make people unique.

R 4-14

EVALUATION

The extent to which the client has achieved the goals specified in the *dental hygiene* care plan. The *dental hygienist* uses evidence-based research to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnosis.

R 2-10

FACT SHEET

A document that summarizes key points of information for distribution.

R 6-24

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 concentration.

R 2-21

HEALTHCARE DELIVERY SYSTEM

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

R 5-16

HEALTH EQUITY

Attainment of the highest level of health for all people.

R 12-21

INCLUSION

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

R 20-14

INDEPENDENT PRACTITIONER

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

R 11-15/19-14

INITIAL LICENSURE

Prior to entering into professional practice, all requirements must be completed to attain licensure. For a dental hygienist, this means an individual who has graduated from an accredited dental hygiene program provided in a college or

institution of higher education. The program shall be accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency and whose qualifications are confirmed by nationally recognized didactic examination, license, and a defined scope of practice.

R 14-14/2-11

INTERPROFESIONAL 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.

R 3-16

INTERPROFESSIONAL EDUCATION (IPE)

When students and/or professionals from two or more disciplines learn from and with each other to enable effective collaboration and improve patient/client centered health outcomes.

R 4-08

LINGUISTIC COMPETENCE

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

R 1-11

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 patients 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.

R 16-25

NEEDS ASSESSMENT

A systematic process to acquire an accurate, thorough analysis of a system's strengths and weaknesses, in order to meet and improve existing and future challenges.

R 13-21

ORAL BIOFILM

A complex, three-dimensional arrangement of bacteria living together as self-sufficient, secure, self-sustaining communities that when left undisrupted may become resistant to antimicrobial agents.

R 2-22

ORAL HEALTH EQUITY

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

R 2-25

ORAL PROPHYLAXIS

This procedure is preventive in nature and is performed for patients diagnosed with periodontal health. It combines both supragingival and subgingival scaling for stain, biofilm, and calculus removal. Only a licensed dental hygienist, licensed dental therapist or licensed dentist who have completed this advanced education at a Commission on Dental Accreditation (CODA) accredited institution are qualified to determine the need for and perform the oral prophylaxis.

R 4-20

OROFACIAL MYOFUNCTIONAL THERAPY (OMT)

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

R 5-25

PERIODONTAL DEBRIDEMENT

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

R 4-03

POTENTIAL MEMBER

A licensed/registered dental hygienist who is not a current, active member of the American Dental Hygienists' Association and has graduated from an accredited dental hygiene program. This term will replace the term "nonmember" in all Virginia Dental Hygienists' Association documents.

R 5-14

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.

- a. 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.

b. 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.

c. Integration of Primary Care:

Providers serve with the interprofessional care team, collaborating with other professionals to ensure that the patient is linked to total health care systems to receive comprehensive and continuous care.

The Virginia 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.

R 3-11

PROFESSIONAL AUTONOMY

A profession's authority and responsibility for its own standards of education, licensure, regulation and scope of practice within the discipline of dental hygiene.

R 3-18

REMOTE SUPERVISION

A supervising dentist is accessible and available for communication and consultation with a dental hygienist. The dentist need not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and need not be present with the dental hygienist when dental hygiene services are being provided.

R 3-25

SCALING

The supragingival and subgingival instrumentation of the crown and root to remove oral biofilm, dental calculus and extrinsic stains.

R 4-25

SCALING AND ROOT PLANING (SRP)/NON-SURGICAL PERIODONTAL THERAPY

A definitive procedure used to remove residual calculus deposits, bacterial plaque, and byproducts from the root surface. The objective of therapeutic SRP is to remove as little root structure as possible to return adjacent tissues to health.

R 10-21

SOCIAL DETERMINANTS OF HEALTH

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

R 1-23

SOCIAL MEDIA

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

R 15-92

SUPERVISION AND DIRECTION

Direct supervision shall mean the supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

General direction of the professional services of a dental hygienist shall mean that the hygienist shall provide diagnostic, educational, preventive and therapeutic dental hygiene services authorized by the supervising dentist currently licensed in Virginia. The direction of those tasks or procedures shall not require the presence of the dentist on the premises at the time such tasks or procedures are being performed. A dentist shall be available for consultation.

R 10-25

SYNCHRONOUS (REAL-TIME)

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

R 9-25

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-centered outcomes, and enhance the efficiency of healthcare while maintaining high standards.

R 23-14

TELEHEALTH

The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. It is a scope of remote services that includes the following: telemedicine, continuing education, disaster

preparedness, public health services, patient/consumer education, evaluation research, and regional health information sharing. Technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

R 24-14

TELEMEDICINE

The use of electronic information and communication technologies to provide and support health care when distances separate the participants; basically the provision of clinical services from a distance.

R 6-12

THIRD PARTY PAYMENT

Payment by someone other than the beneficiary for services rendered.

R 6-20

WELLNESS

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

R 1-10

WHITE PAPER

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

ADDENDUM

R 3-15/9-14

FACT SHEET

Statement in Support of Community Water Fluoridation

Virginia Dental Hygienists' Association

The Virginia Dental Hygienists' Association (VDHA) supports community water fluoridation as a safe and effective public health strategy for reducing the incidence of dental caries throughout the human lifespan. VDHA policy advocates evidence-based

practice modalities, including fluoride therapies, for the prevention of disease for the public that we serve. The American Dental Hygienists' Association supports education of the public and other health professionals regarding the preventive and therapeutic benefits of fluoride. Claims of potential toxicity from fluoridated water have not been supported by studies of scientific merit. (6) VDHA appreciates the opportunity to comment on this very important topic. Policy Statement Regarding Community Water Fluoridation. Virginia State Board of Health, July 18, 2008. "Preventing Dental Caries" Community Water Fluoridation," U.S. Task Force on Community Preventive Services (2000). Singh KA, et al. "Relative Effects of Pre- and Post-eruption Water Fluoride on Caries Experience of Permanent First Molars," Journal of Public Health Dentistry, 63:1, winter 2003. Burt BA. "Fluoridation and Social Equity", Journal of Public Health Dentistry, 2002, 62:4;195-255. "Cost Savings for Community Water Fluoridation", Centers for Disease Control. "Community Water Fluoridation in the United States", Policy Statement. American Public Health Association, 2008.

05-22

WHITE PAPER

Collaborative/Integrative Care White Paper

Virginia Dental Hygienists' Association

What is collaborative/integrative care?

Collaborative/integrative care is a holistic healthcare philosophy and movement of interdisciplinary teams rendering comprehensive treatment to individuals and community groups to improve the overall quality of life (Buring et al., 2009). Longer life spans and increased prevalence of chronic conditions are driving change in healthcare while promoting the development of new treatment models with a shift towards integrated care. Furthermore, to promote interprofessional thinking and action, dental providers must function effectively and efficiently in multiple clinical environments on diverse healthcare teams.

Oral health has historically been authorized, structured, researched, financed, and regulated differently than general healthcare. This historical separation is now generally understood to have been counter-productive to achieving person-centered, comprehensive health goals. Oral and systemic health are inseparable, interdependent,

interactive, and supported by scientific evidence. Collaborative/Integrative care aims for well-coordinated care among different providers and institutions by bringing conventional and complementary approaches together to care for the whole person (Mental Health America, 2017). VDHA supports the maximum utilization of dental hygienists' knowledge, skills, and abilities in collaborative/integrative care settings. These environments are built on trust, mutual respect, shared values, and knowledge of each other's roles and responsibilities.

Who is involved in collaborative care?

Concern for access to and delivery of dental care is escalating. Dental professionals are often the first line of defense in the early detection and treatment of both oral and systemic disease by screening, diagnosing, and/or referring patients. (Wilder et al., 2008) The need for collaborative/integrative practice is made more acute by the insufficient number of available dental professionals in rural or underserved areas and especially for the socioeconomically vulnerable patients who are uninsured or underinsured (Wilder et al., 2008).

Anytime two or more distinctive professionals collaborate in the provision of care, collaborative care can be achieved (Buring et al., 2009). In an interprofessional team, members contribute to the overall care process, connecting patients with resources, navigating the treatment plan, and providing assistance with follow-up care and needs. All healthcare providers and support personnel are involved in collaborative/integrated care. This includes but is not limited to dental assistants, dental hygienists, dentists, nurses, physicians, pharmacists, physical and occupational therapists, nurse aids, social workers, mental healthcare professionals, social workers, and community health workers. Support personnel also contribute to the overall care process, educating patients on the disease process and rationale for treatment, connecting patients with resources, and navigating the treatment plan and referrals.

When and where is collaborative care provided?

Sustainable adoption of collaborative/integrative care for marginalized populations requires stakeholder acknowledgment, stable funding and qualified staff, technologies to facilitate provider access to applied treatment guidelines, information exchange between healthcare providers, and routine monitoring of treatment adherence and satisfaction (Buring et al., 2009). Utilization of technology such as teledentistry/telehealth, intraoral photography, electronic health records, digital dentistry,

and others will aid in the delivery of healthcare outside of traditional settings from community healthcare centers and primary care offices to home delivery and everywhere in between. Collaborative/integrative care is an innovative use of resources. To eliminate health inequities and to be consistent with the principle of collaboration, every child, adult, and family should receive oral health education, treatment, and long-term support regardless of how and where the person enters the healthcare system.

Why should dental hygienists participate in collaborative care initiatives?

A change in the way dental professionals practice is needed in order to eradicate oral health disparities and promote social justice, diversity, equity, inclusion, and well-being. New skill sets for dental professionals will be needed in these integrated environments (Fried et al., 2017). The Virginia Dental Hygienists' Association advocates for initiatives that create a more supportive and resilient community of healthcare providers focusing on patient-centered medical/dental home models of healthcare delivery (Homeyer et al., 2018). Dental hygienists are an integral part of the collaborative/integrative healthcare team by bridging the oral-systemic connection. As collaborative/integrative care team members, dental hygienists contribute to the care process, connecting patients with resources, navigating the treatment plan, and providing assistance with follow-up care and needs. Dental hygienists need to communicate and practice in collaborative, interprofessional, and innovative ways to contribute to a society in which all people can achieve their full potential for health and well-being.

The Virginia Dental Hygienists' Association

<https://www.yourvdha.com>

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