Introduction
The Oregon Dental Hygienists’ Association (ODHA) has developed policy statements that indicate ODHA’s position on issues related on education, licensure & regulation, dental hygiene practice, and public health. Prior to 20?? policy statements were adopted by the ODHA House of Delegates. Policy statements after 20?? have been adopted by the ODHA Board of Directors. Each policy statement is followed by the year it was adopted in parentheses.

ODHA policy statements are used to guide advocacy activities, shape professional practice, and inform the public about dental hygiene issues. Policy statements are also used to help determine if ODHA will support or oppose proposed legislation and regulations.

ODHA Mission
ODHA will improve the public’s total health through advocacy, education, and access to quality oral health care, while supporting the dental hygiene profession.

ODHA Core Ideology
Empower the dental hygienist, advance the profession, and promote oral health.

ODHA Goals
Effectively communicate the value of ODHA membership.
Ensure that ODHA is the recognized community resource for dental hygiene.
Work in partnership with stakeholders to advance total health.
Advance the profession through effective advocacy.

ODHA Policy Statements

Dental Hygiene Education
The Oregon Dental Hygienists’ Association supports the education of all dental hygienists within accredited dental hygiene programs. (1986)

The Oregon Dental Hygienists’ Association opposes preceptorship training for dental hygienists. (1972)

The Oregon Dental Hygienists’ Association supports the innovative and most cost-effective expansion of existing dental hygiene education programs to meet the dental hygiene manpower needs of all geographic areas of the state. New dental hygiene education programs would be supported only if such expansion meets documented ongoing dental hygiene manpower needs and adequate resources are available for establishment of ongoing accredited dental hygiene educational programs. (2000)

The Oregon Dental Hygienists’ Association supports experimentation designed to determine which additional functions should be delegated to dental hygienists. The experimentation to be conducted by dental and dental hygiene schools in cooperation with the American Dental Hygienists’ Association is encouraged by the Oregon Dental Hygienists’ Association. (1972)

Licensure & Regulation
The Oregon Dental Hygienists’ Association opposes any reduction of educational standards and/or requirements for initial licensure of dental hygienists. (1989)
The Oregon Dental Hygienists’ Association supports licensure by credentials of dental hygienists who are licensed in another jurisdiction and have completed a dental hygiene program of at least two years of college level study which is offered by an institution of higher education, accredited by a regional agency recognized by the Council on Post-Secondary Education and the US Department of Education and which is accredited by a specialized accrediting agency recognized by the Council on Post-Secondary Education and the US Department of Education. (1991)

The Oregon Dental Hygienists’ Association supports mandatory CPR for maintenance of licensure for all dental health licensees, and that this requirement be stated in the statutes. (1990)

The Oregon Dental Hygienists’ Association supports mandatory continuing education as a requirement for re-licensure. (1986)

The Oregon Dental Hygienists’ Association supports the concept of a separate Oregon Board of Dental Hygiene. (1989, 2020)

The Oregon Dental Hygienists’ Association supports implementation of strategy to achieve self-regulation of dental hygiene licensure, practice and education. (1991)

The Oregon Dental Hygienists’ Association supports development of a dental hygiene based dental therapist model for Oregon. (2019)

**Dental Hygiene Practice**

The Oregon Dental Hygienists’ Association supports dental hygienists learning and practicing expanded functions. (1972, 2020)

The Oregon Dental Hygienists’ Association affirms that the dental hygienist is responsible for the patient’s oral health care, as it relates to dental hygiene practice, and is qualified to provide dental hygiene services without the supervision of a dentist. (1990)

The Oregon Dental Hygienists’ Association believes that registered dental hygienists are qualified to provide oral health screenings without supervision. (1992)

The Oregon Dental Hygienists’ Association believes that coronal polishing alone does not constitute an oral prophylaxis and that only licensed dental hygienists and dentists shall be permitted to remove any stain and/or accretions by instrumentation and/or coronal polishing. The Oregon Dental Hygienists’ Association believes that only licensed graduates from accredited dental hygiene and dental programs will perform an oral prophylaxis. (1990)

The Oregon Dental Hygienists’ Association recognizes that dental hygienists are ethically and legally obligated to follow the Centers for Disease Control and Prevention guidelines for infection control when providing oral health services to all patients. (1993)

The Oregon Dental Hygienists’ Association supports the ability of dental hygienists to check sealants placed by a dental assistant prior to the patient's dismissal. (2002, 2020)

The Oregon Dental Hygienists’ Association supports fluoride varnish application by dental and medical healthcare providers as an early childhood caries prevention protocol for Oregon children from birth to five year of age. (2006)

The Oregon Dental Hygienists’ Association support dental hygienists applying antimicrobial agents to prevent and arrest the progression of caries. (2014, 2020)
The Oregon Dental Hygienists’ Association support dental hygienists using lasers at which time research indicates that lasers are an appropriate modality for dental hygiene procedures and after successful completion of appropriate training and certification. (1992, 2020)

The Oregon Dental Hygienists’ Association utilizes the following terms to provide a common vocabulary in discussing the business arrangements of dental hygiene practice:

- **Employee Practitioner**: A dental hygienist who provides dental hygiene services as an employee in accordance with the state dental hygiene/dental practice act.
- **Independent Contractor**: A dental hygienist who has a business arrangement, consistent with Internal Revenue Service and state requirements, whereby the dental hygienist contracts to provide dental hygiene services in accordance with the state dental hygiene/dental practice act.
- **Independent Practitioner**: A dental hygienist who provides dental hygiene services to the public through direct agreement with each dental consumer in accordance with the state dental hygiene/dental practice act. (1986)

The Oregon Dental Hygienists’ Association supports independent contracting as an optional business arrangement for dental hygienists. (1986)

The Oregon Dental Hygienists’ Association supports third-party provider reimbursement directly to dental hygienists for dental hygiene services rendered. (1985)

The Oregon Dental Hygienists’ Association is aware of substance misuse and addiction and encourages education, information and referral regarding chemical abuse. (1987)

The Oregon Dental Hygienists’ Association believes mandatory HIV testing of health care providers should be contingent upon quantifiable evidence that testing is effective in controlling HIV transmission. (1991)

The Oregon Dental Hygienists’ Association supports the American Dental Hygienists’ Association creation of an Advanced Dental Hygiene Practitioner who provides diagnostic, preventive, restorative, and therapeutic services to the public. The Advanced Dental Hygiene Practitioner is a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum developed by American Dental Hygienists’ Association. (2004)

The Oregon Dental Hygienists’ Association supports extensive utilization of the dental hygienist to provide competent and efficient delivery of dental hygiene services. The dental hygienist should be included in all present and future dental care delivery systems, including, but not limited to private practice, clinics and community centers. (1972)

**Public Health**

The Oregon Dental Hygienists’ Association supports access to health care services for all people. (1991)

The Oregon Dental Hygienists’ Association affirms its commitment to better health for all Oregonians through willingness to cooperate closely and actively with all agencies and individuals who share this commitment. (1993)

The Oregon Dental Hygienists’ Association supports the need for ongoing statewide dental activities directed by the Oregon Health Section of the Oregon Health Authority. (1982, 2020)

The Oregon Dental Hygienists’ Association encourages members to develop, implement, evaluate and/or participate in volunteer activities designed to improve oral health and reduce oral health disparities within the community. (2001)
The Oregon Dental Hygienists’ Association endorses and supports the Health Care Freedoms Initiative of 1996, amending the Oregon Bill of Rights, to allow a patient to choose their category of health care provider for the purpose of assisting in childbirth or preventing, alleviating, curing, or healing human illness, a physical disability or injury as long as the health care provider is working within their legal scope of practice. (1995)

**Fluoride & Fluoridation**
The Oregon Dental Hygienists’ Association recommends fluoridation of central water supplies as a statewide stand public health measure. Until statewide fluoridation is a reality, the Oregon Dental Hygienists’ Association recommends the prescription of fluoride where indicated. (1972)

The Oregon Dental Hygienists’ Association endorses public health fluoride mouthrinse and tablet programs. (1987)

**Tobacco Cessation**
The Oregon Dental Hygienists’ Association endorses public education regarding the harmful aspects of all tobacco products to oral health and health in general and endorses legislation prohibiting related advertising and promotion as well as sales to minors. (1987)

The Oregon Dental Hygienists’ Association supports the active participation of the dental hygienist in smoking cessation programs in the dental practice and public health activities. (1990)

The Oregon Dental Hygienists’ Association supports mandatory warning labels on all smokeless tobacco products. (1985)

The Oregon Dental Hygienists’ Association supports activities which reduce the availability of tobacco products to minors. (1986)