Community Oral Health Practice for the Dental Hygienist 4th edition Beatty Test Bank

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MULTIPLE CHOICE

1. Which of the following is the number of years a dental hygiene curriculum has been in existence?
   a. 25
   b. 50
   c. 75
   d. 100

   ANS: D
   Dr. Alfred Fones started the Fones School of Dental Hygiene in Bridgeport, Connecticut, in 1913. Dr. Fones developed a curriculum for dental hygienists who began work within the Bridgeport Public School system.

   DIF: Application REF: p. 18 OBJ: 1
   TOP: PROVISION OF CLINICAL DENTAL HYGIENE SERVICES 7.0 Professional Responsibility, 7.4 General

2. Which of the following represents the correct rank order, starting with the lowest advanced degree that a dental hygienist working in public health may attain?
   a. Master's degree, Associate's degree or certificate, Doctorate degree, Bachelor's degree
   b. Associate's degree or certificate, Master's degree, Bachelor's degree, Doctorate degree
   c. Associate's degree or certificate, Bachelor's degree, Master's degree, Doctorate degree
   d. Bachelor's degree, Associate's degree or certificate, Master's degree, Doctorate degree

   ANS: C
   In the public health field, some dental hygienists have an Associate's degree or certificate, a Bachelor's degree, a Master's degree, a Doctorate degree. Many dental hygienists with advanced degrees working in public health began their public health careers with the minimum level of education. They chose to continue their education as their interests developed, their challenges expanded, and their desire grew to do more for the oral health of their community.

   DIF: Recall REF: p. 19 OBJ: 1
   TOP: PROVISION OF CLINICAL DENTAL HYGIENE SERVICES 7.0 Professional Responsibility, 7.4 General

3. In private practice, the individual patient is your focus; in public health, your patient is which of the following?
   a. Legislature
   b. Community
   c. Colleague
   d. Department of Social Services

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ANS: B
The community is your patient. Your responsibilities will advance beyond individual clinical care, although in many positions, individual care still remains a very important duty. Public health takes you into the realm of program development, implementation, and evaluation and offers an opportunity to work with various populations, other professionals, agencies, financing mechanisms, and rules and regulations.

DIF: Recall REF: p. 19 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

4. According to a national report (*Oral Health in America*), the Surgeon General revealed which of the following type of disparity among specific groups in oral health status and access to dental care?
   a. Negligible
   b. Slight
   c. Moderate
   d. Profound

   ANS: D
   There are profound disparities among specific groups in oral health status and access to dental care in the United States. Federal agencies and state governments are addressing these gaps in access to oral health care through legislation and policy development.

   DIF: Application REF: p. 19 OBJ: 2
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

5. At the 2009 Access to Dental Care Summit, the American Dental Association (ADA) listed which of the following along with nationwide evaluation, standards, and regulations as a long-term strategy for improving access to dental care for underserved populations?
   a. Expansion and distribution of a well-trained workforce
   b. Construction of a network of community centers similar to the VA'shospitals
   c. Fluoridation of salt
   d. Expansion in both the number and size of existing dental schools

   ANS: A
   The ADA listed an expansion and distribution of a well-trained workforce as a long-term strategy in improving access to dental care for underserved populations. Under this heading, midlevel providers in dentistry were discussed, and models are being developed and reviewed.

   DIF: Recall REF: pp. 23-25|Table 2-3 OBJ: 2
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

6. One of the guiding principles for creating access to oral health care through legislation and policy development is to encourage which of the following?
   a. Restriction of funding for dental services
   b. Increasing the scope of dental hygienists' duties
   c. Compliance with repayment of educational loans
   d. Elimination of dental benefits through existing public insurance programs

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ANS: B
Increasing the scope of dental hygienists' duties, allocating additional funds for dental services, extending educational loans and loan forgiveness for dental professionals, and additional dental benefits through existing public insurance programs are all facets of the guiding principles for creating access to health care through legislation and policy development.

DIF: Comprehension REF: p. 20|Guiding Principles box
OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

7. Public health settings are categorized as which of the following types of practice settings?
   a. Expanded
   b. Modified
   c. Alternative
   d. Distributive

ANS: C
Public health settings are categorized as alternative practice settings. Examples of this type of setting are a community clinic, a mobile van, a school, a hospital, and a nursing home. Dental hygienists can provide preventive services in these settings, reaching large numbers of people who might not otherwise receive care.

DIF: Recall REF: p. 20 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

8. Which of the following is an example of primary prevention?
   a. An amalgam restoration
   b. Dentures
   c. Dental prophylaxis
   d. Implants

ANS: C
Dental prophylaxis, sealants, and water fluoridation are examples of primary prevention. Primary prevention prevents disease before it occurs. This level includes health education, disease prevention, and health protection. Restorations such as amalgams and composites are examples of secondary prevention, which eliminates or reduces diseases in the early stages. Dentures, implants, and bridge work are examples of tertiary prevention. This level is the most costly and requires highly trained professionals to treat the disease.

DIF: Recall REF: p. 21|Table 2-1 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

9. Which of the following is one solution to the access to care problem adopted by many states?
   a. Opened new dental hygiene programs
   b. Increased funding to construct new community treatment facilities
   c. Changed restrictive dental practice acts
   d. Supported the development of new mass transit systems

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ANS: C
As a solution to the access problem, many states have changed restrictive dental practice acts that prevent the dental hygienist from practicing without the supervision of a dentist and that prevent dental hygienists from receiving direct reimbursement from third-party payers, such as Medicaid or private dental insurers.

DIF: Application REF: p. 45 OBJ: 3
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

10. In the state of Washington, a dental hygienist may practice unsupervised in hospitals, nursing homes, home health agencies, group homes, state institutions, and public health facilities provided the hygienist meets the requirements of clinical experience and which of the following?
    a. Files a treatment plan with the Washington State Department of Public Health
    b. Refers to the dentist for treatment
    c. Meets all infection control requirements
    d. Passes an examination administered by the Dental Assisting National Board (DANB)

ANS: B
Dental hygienists in Washington must refer to the dentist for treatment.

DIF: Recall REF: p. 22 OBJ: 3
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

11. In addition to the dentist and dental hygienist workforce numbers, which of the following is useful in determining professional shortage areas?
    a. Number of dental assistants
    b. Number of recent graduates
    c. Percentage of water fluoridation
    d. Population size

ANS: D
The workforce numbers, compared with population size, are useful in determining professional shortage areas and the need for community oral health programs. Inadequate access to health care caused by professional shortages and geographic and financial barriers prevents people from attaining improved health status and improved quality of life.

DIF: Comprehension REF: p. 22 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

12. Which of the following is a term for a clinical medical professional who provides patient care under the supervision of a physician?
    a. Midlevel provider
    b. Adjunct provider
    c. Ancillary provider
    d. Apprentice provider

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ANS: A
In the medical field, a *midlevel provider* is a term for a clinical medical professional who provides patient care under the supervision of a physician. Examples of midlevel providers are nurse practitioners and physician assistants. These professionals have advanced medical training but not on the level of physicians.

DIF: Recall REF: p. 22 OBJ: 3
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

13. Which of the following is true of a midlevel provider workforce model?
    a. Midlevel providers work independent of medical supervision.
    b. This model fills an unmet need, but at a higher cost.
    c. Applications in dentistry include oral health care for underserved populations.
    d. This model is associated with higher cost with lower quality care.

ANS: C
Various models of workforce delivery are being developed to alleviate all these problems of access to oral health care for underserved populations, and the midlevel provider has a direct application in dentistry. Initial reports describe the same cost-reduction benefits as seen in medicine, while maintaining the high quality of dental care that is provided by dentists in this country.

DIF: Comprehension REF: pp. 22-23 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

14. Which of the following groups of people is most vulnerable to the burden of oral disease?
    a. Immigrants
    b. Elderly people
    c. Nonnative speakers of English
    d. Minority children from families with moderate incomes

ANS: B
Oral disease is spread unevenly throughout the population, with minority children from low-income families and the elderly population being the most vulnerable.

DIF: Recall REF: p. 19 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

15. Which of the following indicates the number of countries worldwide that have developed dental therapist programs to meet the dental needs of the people in their countries?
    a. <10
    b. <30
    c. >50
    d. >70

ANS: C
More than 50 countries worldwide have developed dental therapist programs. In 1921, the dental therapist program—then called the dental nurse program—was first introduced in New Zealand.

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DIF: Recall REF: p. 26 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

16. Although the services provided by dental therapists vary from country to country, most include preventive measures, emergency treatment, and which of the following?
    a. Surgical extractions
    b. Basic restorative procedures
    c. Dental implants
    d. Root canals

    ANS: B
    Although the services vary by country, most include basic restorative procedures, emergency treatment, and preventive measures.

    DIF: Comprehension REF: p. 26 OBJ: 3
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

17. The supervision status of a dental therapist providing preventive procedures, emergency care, and basic restorative procedures in Alaska is which of the following?
    a. Work under direct supervision
    b. Work under general supervision
    c. Work under assignment
    d. Do not require supervision

    ANS: B
    Dental therapists in Alaska, called dental health aide therapists (DHATs), complete 2 years of training and work under the general supervision of dentists. They provide services to the most isolated rural regions of Alaska, where little to no care was provided previously.

    DIF: Recall REF: p. 26 OBJ: 4
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

18. Which of the following models of health care delivery was proposed by the American Dental Association (ADA)?
    a. Dental health aide therapist (DHAT)
    b. Community dental health coordinator (CDHC)
    c. Advanced dental hygiene practitioner (ADHP)
    d. Advanced dental therapist (ADT)

    ANS: B
    The ADA proposed the development of the CDHC to support the existing dental workforce in reaching out to underserved communities. CDHCs will work under the supervision of dentists to promote oral health for communities and to assist patients in navigating through the health care system to establish a dental home.

    DIF: Recall REF: p. 28 OBJ: 8
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

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19. The length of a training program for a community dental health coordinator (CDHC) is which of the following?
    a. 12-month training program with a 6-month internship
    b. 24-month training program with a 6-month internship
    c. 12-month training program with no internship
    d. 24-month training program with no internship

    ANS: A
    CDHCs will work under the supervision of dentists to promote oral health for communities and to assist patients in navigating through the health care system to establish a dental home. They will complete a 12-month training program and a 6-month internship.

    DIF: Comprehension REF: p. 23| Table 2-3
    OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

20. Which of the following credentials will allow dental hygienists to provide diagnostic, preventive, restorative, and therapeutic services directly to the public without supervision by a dentist?
    a. Dental therapist (DT)
    b. Community dental health coordinator (CDHC)
    c. Dental health aide therapist (DHAT)
    d. Advanced dental hygiene practitioner (ADHP)

    ANS: D
    Dental hygienists with the ADHP credential do not have to be supervised by a dentist. Dental hygienists who receive the ADHP credential will have graduated from an accredited dental hygiene program and will also have completed an American Dental Hygienists' Association (ADHA) approved advanced educational curriculum. For a dental hygienist with the DT credential, a dentist is required to be present for the more complicated procedures, such as restorative procedures and extractions, but not required to be on site for preventive services. CDHCs will work under the supervision of dentists. DHATs work under the general supervision of dentists.

    DIF: Recall REF: p. 27 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

21. How many dental hygiene roles, with public health being a component of each, have been designated by the American Dental Hygienists' Association (ADHA)?
    a. Three
    b. Five
    c. Seven
    d. Nine

    ANS: B
    The ADHA has designated five dental hygiene roles, with public health being a component of each.

    DIF: Recall REF: p. 31|Figure 2-7 OBJ: 8

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TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

22. The American Dental Hygienists' Association's dental hygiene roles, with public health being a component of each, include clinician, educator, advocate, researcher, and which of the following?
    a. Moderator
    b. Administrator
    c. Expert
    d. Reviewer

    ANS: B
    The expanded coordination needed for community-wide oral health programs creates the need for a dental hygienist to be an administrator. In this role, the hygienist is an initiator who develops, organizes, and manages oral health programs to meet the needs of targeted groups of people.

    DIF: Application REF: p. 31|Figure 2-7 OBJ: 6
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

23. A comprehensive application to the delivery of oral health care promotes a reattachment of oral health care and health care is which of the following?
    a. ICP
    b. IPE
    c. ADPT
    d. Public health career for dental professionals

    ANS: A
    A comprehensive application of ICP to the delivery of oral health care is being promoted to address the detachment of oral health care and health care. The purpose of this application is to encourage varied health occupations educational programs to incorporate interprofessional education (IPE) to inspire future practitioners to embrace ICP in order to improve the public's oral health.

    DIF: Comprehension REF: p. 29 OBJ: 6
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

24. States in which medical personnel in pediatric offices and clinics apply fluoride varnish to infant and toddler's teeth is an example of which of the following?
    a. IPE
    b. ICP
    c. Competency-based ADEP
    d. Reviewer

    ANS: B
    Various activities have resulted in an increasing interest in ICP among primary medical care providers, oral health practitioners, and health care management professionals in the private and nonprofit sectors. Some examples of results of this interest include the application of fluoride varnish by medical personnel in pediatric offices and clinics to infant and toddler patients' teeth on a routine basis.

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DIF: Application REF: p. 30 OBJ: 6
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

25. National Children's Dental Health Month is which of the following?
    a. February
    b. May
    c. October
    d. December

    ANS: B
    National Children's Dental Health Month is February. Dental Hygiene Month is October. Both provide excellent opportunities for oral health educational activities.

    DIF: Recall REF: p. 33 OBJ: 2
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

26. Dental hygienists who serve on state dental boards are evaluating skills of recent graduates and are filling which of the following roles?
    a. Clinician
    b. Consumer advocate
    c. Educator
    d. Administrator

    ANS: B
    They are protecting the public and acting as consumer advocate. The role of advocate may not be a full-time position but may be part of another role in the dental hygiene profession. Membership in the American Dental Hygienists' Association guarantees a platform to be an advocate for dental hygiene.

    DIF: Recall REF: p. 34 OBJ: 1
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

27. In order to create the supply of dental hygienists to meet the future oral health care challenges, which of the following will need to occur?
    a. Licensing regulations will need to be removed.
    b. Preceptorships will need to be monitored closely.
    c. The scope of practice will need to be expanded.
    d. Education requirements will need to be reduced.

    ANS: C
    To meet the manpower need, in most states dental hygienists' scope of practice (the procedures that a dental hygienist is permitted to practice according to the laws of the state) will need to be expanded, and supervision requirements will need to be relaxed in order to be able to reach this potential.

    DIF: Recall REF: pp. 27-28 OBJ: 1
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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28. Which of the following approaches is more effective and less costly and involves less technology?
    a. Tertiary prevention
    b. Secondary prevention
    c. Primary prevention

    ANS: B
    There are different stages of prevention reflected in the various services provided by oral health practitioners. Services at the primary prevention stage are more effective, less costly, and involve less technology than those at the stages of secondary prevention and tertiary prevention. Often, primary prevention strategies do not require a dentist, thus allowing the dental hygienist to work directly (unsupervised) with underserved populations to provide these primary preventive services.

    DIF: Recall REF: p. 20 OBJ: 2
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

29. The midlevel provider created by the ADHA in 2004 is which of the following?
    a. Dental technician
    b. Advanced dental hygiene supervisor
    c. Advanced dental hygiene practitioner
    d. Dental therapist

    ANS: C
    In June 2004, the ADHA House of Delegates, addressing the problem of access to oral health care, approved the concept of the advanced dental hygiene practitioner (ADHP) workforce model as a midlevel oral health provider. The goal of this credential was to allow dental hygienists to provide diagnostic, preventive, restorative, and therapeutic services directly to the public, primarily in public health settings.

    DIF: Recall REF: p. 27 OBJ: 8
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

30. The midlevel provider proposed in 2015 by the ADHA differs from the ADHP in which of the following ways?
    a. Diminished scope of practice
    b. Requires the applicant to have taught one semester
    c. Does not carry the requirement of a Master's degree
    d. Must work under supervision

    ANS: C
    In 2015 ADHA proposed a midlevel oral health practitioner, also a dental hygiene–based model and defined as "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." This concept is similar to the ADHP, but without the requirement of a Master's degree.

    DIF: Recall REF: p. 27 OBJ: 8

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TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

31. Which of the following terms refers to multiple health care workers from different disciplines working together with patients, families, and communities to deliver the highest quality of care?
    a. Intracollaborative programming
    b. Intraprofessional collaboration
    c. Interprofessional collaborative practice
    d. Group practice

    ANS: C
    One of the unique characteristics of public health practice is the use of interprofessional collaborative practice (ICP). According to the World Health Organization, ICP happens when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care. This method of practicing health care can enable the integration of oral health into overall health at the level of health care delivery.

    DIF: Recall REF: p. 28 OBJ: 6
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

32. Bright Futures Project, Oral Health Resources for Health Professionals, and Smiles for Life are examples of which of the following?
    a. Government-administered programs
    b. The result of public health lobbying
    c. Interprofessional resources developed to assist ICP
    d. Initiatives of the ADHA

    ANS: C
    Interprofessional resources have been developed to assist with ICP. One example is the *Bright Futures Project*, a national health promotion initiative launched by HRSA's Maternal and Child Health Bureau. Another example is a collaborative federal and state level initiative, *Oral Health Resources for Health Professionals,* that has made available oral health information geared to clinical medical practitioners. One more example is Smiles for Life, an online source of educational information for health professionals produced by the Society of Teachers for Family Medicine.

    DIF: Recall REF: p. 28 OBJ: 6
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

33. The dental hygienist who directs the oral health unit of a state health department is fulfilling which of the following career paths?
    a. Advocate
    b. Administrator
    c. Corporate
    d. Entrepreneur

    ANS: B

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In the role of administration, the dental hygienist would create and direct dental public health programs. An advocate would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services. An entrepreneur would use imagination and creativity to initiate or finance commercial enterprises that will provide oral health services or programming for underserved populations.

DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

34. The dental hygienist who participates in a community water fluoridation campaign is fulfilling which of the following career paths?
    a. Advocate
    b. Researcher
    c. Corporate
    d. Entrepreneur

ANS: A
In the role of advocate, the dental hygienist would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. A researcher would conduct research related to health and disease within a population, preventive procedures, dental utilization, public health infrastructure, assessment of population needs, program evaluation, workforce models, public health outcomes, and other dental public health topics. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services. An entrepreneur would use imagination and creativity to initiate or finance commercial enterprises that will provide oral health services or programming for underserved populations.

DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

35. The dental hygienist who completes a needs assessment in order to plan a relevant program is fulfilling which of the following career path?
    a. Advocate
    b. Researcher
    c. Corporate
    d. Entrepreneur

ANS: B

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A researcher would conduct research related to health and disease within a population, preventive procedures, dental utilization, public health infrastructure, assessment of population needs, program evaluation, workforce models, public health outcomes, and other dental public health topics. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services. In the role of advocate, the dental hygienist would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services. An entrepreneur would use imagination and creativity to initiate or finance commercial enterprises that will provide oral health services or programming for underserved populations.

DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

36. The dental hygienist who educates patients in a diabetes program about the relationship between diabetes and oral health is fulfilling which of the following career paths?
    a. Advocate
    b. Researcher
    c. Corporate
    d. Educator

    ANS: D
    An educator promotes and educates on oral health topics to patients and various target groups in order to improve the oral health of the public. In the role of advocate, the dental hygienist would support, recommend and/or campaign for a specific cause or policy to improve the oral health of the public. A researcher would conduct research related to health and disease within a population, preventive procedures, dental utilization, public health infrastructure, assessment of population needs, program evaluation, workforce models, public health outcomes, and other dental public health topics. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services..

    DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

37. A dental hygienist who collects data to determine best practices is fulfilling which of the following career paths?
    a. Advocate
    b. Researcher
    c. Corporate
    d. Educator

    ANS: B

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A researcher would conduct research related to health and disease within a population, preventive procedures, dental utilization, public health infrastructure, assessment of population needs, program evaluation, workforce models, public health outcomes, and other dental public health topics. In the role of advocate, the dental hygienist would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. Functioning in the corporate path, one would support the oral health industry through the sale of products and services and the education of oral health professionals regarding those products and services. An educator promotes and educates on oral health topics to patients and various target groups in order to improve the oral health of the public.

DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

38. The dental hygienist who starts a nonprofit to build a new clinic to serve marginalized populations is fulfilling which of the following career paths?
    a. Advocate
    b. Researcher
    c. Entrepreneur
    d. Educator

ANS: C
An entrepreneur uses imagination and creativity to initiate or finance commercial enterprises that will provide oral health services or programming for underserved populations. In the role of advocate, the dental hygienist would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. A researcher would conduct research related to health and disease within a population, preventive procedures, dental utilization, public health infrastructure, assessment of population needs, program evaluation, workforce models, public health outcomes, and other dental public health topics. An educator promotes and educates on oral health topics to patients and various target groups in order to improve the oral health of the public.

DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

39. The dental hygienist who coordinates a community oral health program for a nonprofit is fulfilling which of the following career paths?
    a. Advocate
    b. Administrator
    c. Entrepreneur
    d. Clinician

ANS: B
In the role of administrator, the dental hygienist would create and direct dental public health programs. An advocate would support, recommend, and/or campaign for a specific cause or policy to improve the oral health of the public. An entrepreneur uses imagination and creativity to initiate or finance commercial enterprises that will provide oral health services or programming for underserved populations. In the role of clinician, the dental hygienist would provide clinical care in a variety of settings, in line with public health priorities, objectives, recommendations, and best practices.

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DIF: Recall REF: p. 30|Table 2-4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

MULTIPLE RESPONSE

1. Ways in which different states have leveraged dental hygienists in an expanded capacity to increase access to care have included which of the following? (*Select all that apply*.)
   a. Set up dental treatment rooms in medical clinics
   b. Altered reimbursement rules for existing dental hygienists
   c. Created new professional certifications for advanced-practice dental hygienists
   d. Allowed independent dental hygiene practice

   ANS: B, C, D
   A 2014 report of the National Governors Association summarizes the varied ways in which different states have leveraged dental hygienists in an expanded capacity to increase access to dental care. Some of the ways that states have attempted to increase access to basic oral health care include deploying dental hygienists outside of dentists' offices, altering supervision or reimbursement rules for existing dental hygienists, creating new professional certifications for advanced-practice dental hygienists, and allowing independent practice of dental hygiene.

   DIF: Recall REF: pp. 27-28 OBJ: 1
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

2. Which of the following are considered dental safety nets? (*Select all that apply*.)
   a. Private facilities offering pro bono services
   b. Dental hygiene school clinics
   c. Emergency rooms
   d. Independent dental hygiene practices

   ANS: A, B, C
   Dental safety net providers are the clinics and facilities that deliver a significant level of oral health care to uninsured, Medicaid, and other vulnerable populations. This includes private facilities that offer pro bono services, dental and dental hygiene school clinics, and hospital emergency rooms that won't turn away Medicaid beneficiaries and patients who are in pain and can't afford care.

   DIF: Recall REF: p. 31 OBJ: 2
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

3. The role of the public health dental hygienist as a clinician includes which of the following? (*Select all that apply*.)
   a. Assessment
   b. Clinic supervisor
   c. Providing evidence-based services
   d. Evaluating treatment outcomes

   ANS: A, C, D

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In this familiar role, the public health dental hygienist provides evidence-based clinical services to priority populations, including assessment of oral health conditions; delivery of preventive, periodontal, and restorative care within the regulated scope of practice for the state; and evaluation of treatment outcomes. The role of clinic supervisor would fall under public health educator.

DIF: Recall REF: p. 30|Table 2-3 OBJ: 1
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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