Community Oral Health Practice for the Dental Hygienist 5th 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. Dr. Fones had a vision for what we now call interprofessional collaborative practice when he spoke of a connection between oral health and systemic health and the dental hygienist's role in addressing systemic conditions of the schoolchildren by implementing preventive oral health programs.

   DIF: Application REF: p. 17 OBJ: 1
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

2. Public health careers for dental hygienists now run the gamut from high-level administrative posts to providing dental hygiene care for various populations in a local community. Dental hygienists in public health positions require an advanced degree.
   a. Both statements are true.
   b. Both statements are false.
   c. The first statement is true, the second statement is false.
   d. The first statement is false, the second statement is true.

   ANS: C
   Dental hygienists in public health positions can have an entry-level degree or an advanced degree, depending on the responsibilities of the position and the requirements of the organization or agency. 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. 17 OBJ: 1
   TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

3. Public health has the potential to: (1) take the dental hygienist into the realm of program development, implementation, and evaluation; (2) present a chance to work with various populations, other professionals, agencies, financing mechanisms, and rules and regulations; (3) provide a variety of activities that reflect the diverse roles of the dental hygienist; (4) and offer an opportunity for career advancement to higher level administrative and management positions.
   a. 1, 2, 3, 4
   b. 1, 2, 3 but not 4

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c. 1, 2, 4, but not 3
d. 1, 3, 4, but not 2

ANS: A
All are true. Public health has the potential to take the dental hygienist into the realm of program development, implementation, and evaluation; present a chance to work with various populations, other professionals, agencies, financing mechanisms, and rules and regulations; provide a variety of activities that reflect the diverse roles of the dental hygienist; and offer an opportunity for career advancement to higher level administrative and management positions.

DIF: Recall REF: p. 18 OBJ: 1
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 types 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, policy development, and refocusing of programs.

DIF: Application REF: p. 18 OBJ: 2
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.1 Assessing Populations and Defining Objectives

5. Which level of supervision allows the dental hygienist to provide services as he or she determines without specific authorization or supervision?
a. Direct supervision
b. Indirect supervision
c. General supervision
d. Direct Access

ANS: D
Direct access means the dental hygienist can provide services as he or she determines appropriate without specific authorization or supervision, it also is referred to as unsupervised practice. The dentist must be present, examines the patient to authorize the work to be performed, and inspects it after to ensure quality under direct supervision. For general supervision, the dentist must be present, generally authorizes the work to be performed, examines the patient, either before or after work is performed, and is available for consultation during treatment. For general supervision, the dentist must authorize the work to be completed before services but does not need to be present during treatment; the patient must be one of record.

DIF: Recall REF: p. 21|Table 2.2 OBJ: 4
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing

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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

   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. 18|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-based clinic, a migrant health center, a mobile van, a school-based oral health program, a hospital, a long-term care facility, a nursing home, and individual homes of homebound individuals. Dental hygienists can provide preventive services in these settings, reaching large numbers of people who might not otherwise receive care.

   DIF: Recall REF: p. 19 OBJ: 3
   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.

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DIF: Recall REF: p. 20|Table 2.1 OBJ: 3
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

   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. 21|Box 2.2 OBJ: 4
   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
    In Washington state, dental hygienists may be employed, retained, or contracted to practice unsupervised in hospitals, nursing homes, home health agencies, group homes, state institutions, and public health facilities, provided the hygienist refers to the dentist for treatment and meets a requirement of clinical experience. In addition, in senior centers, dental hygienists in Washington state may provide limited dental hygiene services under the off-site supervision of a dentist.

    DIF: Recall REF: p. 21 OBJ: 4
    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

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The Health Resources and Services Administration (HRSA) defines a dental health professional shortage area (dental HPSA) for the purpose of funding for public health programs. One of the criteria used for this designation is the population-to-provider-ratio. The workforce numbers, compared with population size, are useful in determining professional shortage areas and the need for community oral health programs.

DIF: Comprehension REF: p. 21 OBJ: 4
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 dental professional who provides patient care under the supervision of a dentist?
    a. Dental therapist
    b. Adjunct provider
    c. Ancillary provider
    d. Apprentice provider

ANS: A
Most of the new workforce models in dentistry are various forms of a dental therapist, similar to the physician assistant as part of the healthcare team.

DIF: Recall REF: p. 22 OBJ: 5
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 the innovative dental workforce delivery models?
    a. Midlevel providers require medical supervision which drives up the cost.
    b. This model is unable to fill an unmet need.
    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 dental workforce delivery models have been developed to serve the populations that cannot easily access dental services as the result of problems of geographic location, poor financial resources, no dental insurance, a lack of understanding about disease prevention measures, a shortage of dentists to meet the needs of the population, and low dentist participation in Medicaid programs. Initial reports describe the same cost-reduction benefits from increasing the scope of practice of these oral health professionals as seen in medicine, while maintaining the high quality of dental care that is provided by dentists in this nation.

DIF: Comprehension REF: p. 22 OBJ: 5
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

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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: pp. 18-19|Box 2.1 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.

    DIF: Recall REF: p. 22 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

16. Although the services provided by dental therapists vary from state to state, 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
    DHATs provide community-based oral health preventive care and education, examinations and x-rays, cleanings, basic restorations, non-surgical extractions, and referral for care beyond their scope of practice.

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

17. The dental health aide therapist (DHAT) in Alaska was authorized by the:
    a. Government of the State of Alaska.
    b. Alaska Native Tribal Health Consortium (ANTHC).
    c. American Dental Association (ADA).
    d. American Dental Educators Association (ADEA).

    ANS: B
    The dental health aide therapist (DHAT) was the first dental therapist model in the U.S., implemented in 2004 by the Alaska Native Tribal Health Consortium (ANTHC). The Alaska DHAT was authorized by the native tribal government rather than the state government, so they can provide dental care only for the Alaska native population on tribal lands.

    DIF: Recall REF: p. 22 OBJ: 5

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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 developed 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
    To support the existing dental workforce in reaching out to underserved communities, the American Dental Association (ADA) developed the community dental health coordinator (CDHC) workforce model in 2006 and piloted it in 2009. The CDHC works under the supervision of the dentist, and within the confines of state dental practice acts, to promote oral health for communities and to assist patients in navigating through the healthcare system to establish a dental home.

    DIF: Recall REF: p. 26 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

19. How does a student obtain the credential to be a community dental health coordinator (CDHC)?
    a. CDHC programs are integrated into dental assisting and dental hygiene education programs.
    b. By taking a program offered by the local public health department.
    c. By obtaining a master degree in public health (MPH) from a university and then taking an internship as a CDHC.
    d. By working for a grassroots organization and being appointed by a member of congress for that state.

    ANS: A
    CDHC training programs are integrated into dental assisting and dental hygiene education programs and designed for online delivery. The CDHC student is also required to complete an internship in a community clinic or federally qualified health center (FQHC) that consists of a series of in-person sessions for student skill development and evaluation.

    DIF: Comprehension REF: p. 26 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

20. The American Dental Hygiene Association (ADHA) supports new dental therapy workforce models with each of the following features EXCEPT one. Which one is the EXCEPTION?
    a. Graduation from an accredited institution
    b. Professional licensure
    c. Direct access to patient care
    d. A workforce model that is based on a dental model rather than a dental hygiene model

    ANS: D

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The ADHA has policy specifically supporting oral healthcare workforce models that culminate in graduation from an accredited institution, professional licensure, and direct access to patient care. At the same time, the ADHA has established policy to advocate for dental therapy workforce models that are dental hygiene-based rather than non-hygiene-based. As of 2019, dental therapists were dental-hygiene based in 6 of the 11 states that had authorized dental therapy to date and in 3 of the 5 states that authorized it in 2019. Dental therapy also had the potential to be dental-hygiene based in the six states that had pending authorization of dental therapy in 2019.

DIF: Recall REF: p. 25 OBJ: 5
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

21. Participating in lobbying efforts to change the state dental practice act is an example of which professional role as designated by the American Dental Hygienists' Association (ADHA)?
    a. Educator
    b. Advocate
    c. Researcher
    d. Administrator/Manager

ANS: B
The ADHA has described various career paths for dental hygienists, some of which are public health careers and some of which are not. Regardless of the path, it has been suggested that public health is embedded because all dental hygiene careers relate to improving the oral health of the public.

DIF: Recall REF: p. 28|Figure 2.8|Table 2.4 OBJ: 8
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: Recall REF: p. 28|Figure 2.8|Table 2.4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

23. Which of the following is a comprehensive application to the delivery of oral health care that promotes a reattachment of oral health care and health care?
    a. Interprofessional Collaborative Practice (ICP)

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b. Interprofessional Education (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 disconnect of oral health care and health care. As healthcare continues to evolve, it is critical that healthcare professional students receive education and clinical experiences interacting with other healthcare team members in treating and educating a diverse population. This process is referred to as interprofessional education (IPE).

DIF: Comprehension REF: p. 27 OBJ: 7
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 2.0 Participating in Community Programs, 2.2 Designing, Implementing, and Evaluating Programs

24. What has the Commission on Dental Accreditation (CODA) done to encourage the expansion of interprofessional education (IPE) for dental hygiene students?
a. Initiated on online webinar to inform dental hygiene students regarding IPE.
b. Created a requirement in the dental hygiene accreditation standards that focuses on IPE.
c. Encouraged dentists to have staff members visit a physicians' office for cross-training.
d. Increased the content on board licensing examinations that pertains to IPE.

ANS: B
In August 2016, CODA implemented a requirement in the Accreditation Standards for Dental Hygiene Education Programs that focuses on IPE. In a survey to determine the effects of this new standard on IPE in dental hygiene curricula, dental hygiene program directors indicated that it has been the driving force for increasing participation in IPE activities and rated IPE as less challenging than in the past. A requirement for IPE is reflected also in CODA accreditation standards for both predoctoral dental education and dental therapy education.

DIF: Application REF: p. 27 OBJ: 7
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: A
February is National Children's Dental Health Month. Dental Hygiene Month is in October. Both provide excellent opportunities for oral health educational activities.

DIF: Recall REF: p. 32|Box 2.4 OBJ: 8
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?

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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 of 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. 32|Box 2.4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

27. In order to create a supply of dental hygienists to meet 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
Scope of practice regulations in professions with overlapping skill sets often impose unnecessary restrictions, and do not address legitimate consumer concerns. These restrictions are familiar to health professions that are regulated by another profession and provide complementary and overlapping services. Healthcare workforce examples include advanced practice registered nurses and physician assistants. Dental hygienists and dental therapists are examples in dentistry. Federal government initiatives have recommended reducing scope of practice restrictions to allow these health professionals to practice to the full extent of their abilities to improve the capacity of the overall healthcare system.

DIF: Recall REF: pp. 20-21|Box 2.2 OBJ: 4
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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

ANS: C
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.

DIF: Recall REF: p. 19 OBJ: 3
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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29. What is the current status of the dental hygiene-based dental therapy workforce model as proposed by the American Dental Hygiene Association (ADHA)?
    a. The ADHA model was replaced by the ADA community dental health coordinator model in 2009.
    b. The ADHA has advocated for a dental hygiene-based dental therapy workforce model, however, the results have been disappointing and there are no practitioners to be found.
    c. The ADHA has established a policy for dental-hygiene based dental therapy workforce models rather than non-hygiene-based workforce models.
    d. The ADHA has never advocated for a dental hygiene-based dental therapy workforce model.

    ANS: C
    The ADHA has established policy to advocate for dental therapy workforce models that are dental hygiene-based rather than non-hygiene-based. As of 2019, dental therapists were dental-hygiene based in 6 of the 11 states that had authorized dental therapy to date and in 3 of the 5 states that authorized it in 2019. Dental therapy also had the potential to be dental-hygiene based in the six states that had pending authorization of dental therapy in 2019.

    DIF: Recall REF: p. 25 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

30. Each of the following is a justification for the dental therapy workforce model proposed by the American Dental Hygiene Association (ADHA) EXCEPT one. Which one is the EXCEPTION?
    a. The dental hygiene workforce is ready and available with more than 185,000 licensed dental hygienists in the U.S. as of 2019.
    b. The public will benefit from providers with a broad range of skill sets, including preventive and specific restorative services.
    c. The requirement of a Master degree ensures proper educational training.
    d. The educational infrastructure is developed with over 300 entry-level dental hygiene programs in 2019.

    ANS: C
    The goal of these policies is to improve and enhance the oral healthcare delivery system by providing complete direct access, thus opening the door for direct care by dental hygienists and dental therapists in school systems, nursing homes, and other community programs, as well as with underserved, vulnerable populations throughout the nation.

    DIF: Recall REF: p. 25 OBJ: 5
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

31. Which of the following terms refers to a method of practicing health care that can enable the integration of oral health into overall health at the level of healthcare delivery?
    a. Intracollaborative programming
    b. Intraprofessional collaboration
    c. Interprofessional collaborative practice
    d. Group practice

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ANS: C
One of the unique characteristics of public health practice is the use of interprofessional collaborative practice (ICP). The World Health Organization declared in 2010 that "interprofessional healthcare teams understand how to optimize the skills of their members, share case management, and provide better health services to patients and the community" and asserted that "the resulting strengthened health system leads to improved health outcomes." 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. 26 OBJ: 6
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

32. *Bright Futures, National Interprofessional Initiative on Oral Health, 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 *Bright Futures*, a national health promotion initiative launched by the HRSA Maternal and Child Health Bureau. Another example is the *National Interprofessional Initiative on Oral Health* (NIIOH), which is a foundation-funded consortium of funders, health professionals, and national organizations focused on integrating oral health into primary care education and practice. 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: Comprehension REF: pp. 26-27 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
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: Application REF: p. 29|Table 2.4 OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing

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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. 29|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
    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. 29|Table 2.4 OBJ: 8
    TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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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. 29|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
    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. 29|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

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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. 29|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.

DIF: Recall REF: p. 29|Table 2.4 OBJ: 8
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MULTIPLE RESPONSE

1. Which are categories of the dental hygiene professional practice index (DHPPI)? (*Select all that apply*.)
    a. Regulation
    b. Supervision
    c. Tasks
    d. Reimbursement

ANS: A, B, C, D

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The DHPPI comprises numerous legal-parameter-variables that represent improved opportunity for dental hygienists, both individually and as a profession, to provide preventive oral health services in public health settings. The variables are organized according to four categories: regulation, supervision, tasks, and reimbursement. Research with the DHPPI in both 2001 and 2014 revealed that more autonomous dental hygiene practice in a state had a positive and significant association with utilization of services and oral health outcomes in the population.

DIF: Recall REF: p. 22 OBJ: 4
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: Comprehension REF: p. 28 OBJ: 8
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
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: Comprehension REF: p. 29|Table 2.4
OBJ: 8
TOP: COMMUNITY HEALTH/RESEARCH PRINCIPLES 1.0 Promoting Health and Preventing Disease within Groups

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