

# **Geurink: Community Oral Health Practice for the Dental Hygienist, 3rd Edition**

## **Chapter 02: Careers in Public Health for the Dental Hygienist**

### **Test Bank**

#### **MULTIPLE CHOICE**

1. The first school for training dental hygienists was created about \_\_\_\_\_ years ago.
  - 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.

REF: p. 16

2. Which of the following represents the correct rank order starting with the highest advanced degree that a dental hygienist working in public health may attain?
  1. Master's degree
  2. Associate's degree or certificate
  3. Doctorate degree
  4. Bachelor's degree
  - a. 1, 2, 3, 4
  - b. 2, 1, 4, 3
  - c. 2, 4, 1, 3
  - d. 4, 2, 1, 3

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, or 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.

REF: p. 16

3. In private practice, the individual patient is your focus; in public health, the \_\_\_\_\_ is your patient.
- a. legislature
  - b. community
  - c. colleague
  - d. Department of Social Services

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.

REF: p. 16

4. In a national report titled *Oral Health in America*, the Surgeon General reviewed the \_\_\_\_\_ disparities 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.

REF: p. 16

5. At the 2009 Access to Dental Care Summit, the American Dental Association (ADA) listed \_\_\_\_\_ 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 Veteran's Administration hospitals
  - 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.

REF: p. 16

6. One of the guiding principles for creating access to oral health care through legislation and policy development is to encourage:
- 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.

REF: p. 17

7. Public health settings are categorized as \_\_\_\_\_ practice settings, meaning that oral hygiene services are outside the private office.
- 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 might be a community clinic, a mobile van, a school, a hospital, or a nursing home. Dental hygienists can provide preventive services in these settings, reaching large numbers of people who might not otherwise receive care.

REF: p. 17

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.

REF: p. 17

9. Many states have \_\_\_\_\_ as a solution to the access to care problem.
- opened new dental hygiene programs
  - increased funding to construct new community treatment facilities
  - changed restrictive dental practice acts
  - 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.

REF: p. 17

10. In Washington state, dental hygienists may practice unsupervised in hospitals, nursing homes, home health agencies, group homes, state institutions, and public health facilities provided the hygienist meets a requirement of clinical experience and:
- files a treatment plan with the Washington State Department of Public Health.
  - refers to the dentist for treatment.
  - meets all infection control requirements.
  - passes an examination administered by the Dental Assisting National Board (DANB).

ANS: B

Dental hygienists in Washington State must refer to the dentist for treatment.

REF: p. 17

11. Dentist and dental hygienist workforce numbers, compared with the \_\_\_\_\_, are useful in determining professional shortage areas.
- level of edentulism
  - incidence of caries
  - percentage of water fluoridation
  - 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.

REF: p. 20

12. A(n) \_\_\_\_\_ is a term for a clinical medical professional who provides patient care under the supervision of a physician.
- midlevel provider
  - adjunct
  - ancillary
  - apprentice

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 include nurse practitioners and physician assistants. These professionals have advanced medical training but not on the level of physicians.

REF: p. 21

13. Various models of workforce delivery are being developed to serve the populations that cannot easily access dental services because of:
- problems of geographic location.
  - poor financial resources.
  - lack of dental insurance.
  - lack of understanding about disease prevention measures.
- 1, 2, 3, 4
  - 1, 2, 3
  - 2, 3, 4
  - 1, 4

ANS: A

Various models of workforce delivery are being developed to alleviate all these problems of access to oral health care for underserved populations. A shortage of dentists to meet the needs of the population and low dentist participation in Medicaid programs also affects access.

REF: p. 21

14. Which of the following groups of people is most vulnerable to the burden of oral disease?
- a. Immigrants
  - b. Elderly people
  - c. Non-native 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.

REF: p. 21

15. More than \_\_\_ countries worldwide 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.

REF: p. 21

16. Although the services provided by dental therapists vary from country to country, most include preventive measures, emergency treatment, and:
- 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.

REF: p. 21

17. Dental therapists in Alaska \_\_\_\_\_ of a dentist to provide preventive procedures, emergency care, and basic restorative procedures.
- a. work under the direct supervision
  - b. work under the general supervision
  - c. work under the 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.

REF: p. 21

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.

REF: p. 21

19. How long is the training program for a community dental health coordinator (CDHC)?
- 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 6-month internship.

REF: p. 21

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.

REF: p. 22

21. The American Dental Hygienists' Association (ADHA) has designated \_\_\_\_\_ dental hygiene roles, with public health being a component of each.
- 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.

REF: p. 22

22. The American Dental Hygienists' Association's dental hygiene roles with public health being a component of each include clinician, educator, advocate, researcher, and:
- a. moderator.
  - b. administrator.
  - c. avatar.
  - d. judge.

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.

REF: p. 29

23. Often, the population served in a public health dental clinic:
- a. has had limited access to dental care.
  - b. have dental benefits under employer insurance.
  - c. is described as having a lower socioeconomic status.
  - d. a and b
  - e. a and c

ANS: E

Often, the population served in a public health dental clinic has had limited access to dental care and is described as having a lower socioeconomic status. They have been excluded from dental benefits under employer insurance.

REF: "p. 22, 23"

24. Socioeconomic status includes factors such as income, \_\_\_\_\_, and occupation.
- a. education
  - b. clothing
  - c. street address
  - d. language

ANS: A

Education is one of the indicators of socioeconomic status. Populations of low socioeconomic status are generally at increased risk for dental disease.

REF: p. 25

25. National Children's Dental Health Month is in:
- a. February.
  - b. May.
  - c. October.
  - d. December.

ANS: B

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

REF: p. 27

26. Dental hygienists who serve on state dental boards are evaluating skills of recent graduates and are acting as:
- a. clinicians.
  - b. consumer advocates.
  - c. educators.
  - d. administrators.

ANS: B

They are protecting the public and acting as consumer advocates. 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.

REF: p. 28