It is now widely recognized that good oral health and access to basic dental services are not readily available to one-third or more of the U.S. population. These underserved populations include low-income children and adults, minority racial and ethnic groups, people with disabilities and complex medical conditions, and dependent older adults. The reasons that many people in these groups do not access the traditional office-based dental care system are complex, but include issues with the cost of dental care, the separation between dental care system and the rest of the health care delivery system, education of oral health and other professionals, geographic distribution of sources of care, language and cultural barriers, and health literacy. The results of these issues are profound oral health disparities among underserved populations. There are currently multiple models being developed and tested in the United States. Among them is a model that is the theme of this issue, the virtual dental home. This new model of care was developed at, and is being tested by, the Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry. It is based on the principles of bringing care to places where underserved people live, work, or receive social, educational, or general health services; emphasizing prevention and early intervention strategies; integrating oral health with general health, social and educational delivery systems; and using telehealth technologies to connect a geographically distributed, collaborative dental team with the dentist at the head of team-making decisions about treatment and location of services.

The first article in this issue describes the virtual dental home system, how it works, and preliminary results from a
The statewide demonstration project. The next article is a review of the use of telehealth technologies in the delivery of dental services. Following that is an article describing the validation of a telehealth-enabled oral health examination. The next article describes the scientific basis for the prevention and early intervention strategies used in the virtual dental home system. The final article in this series describes the policy implications of the virtual dental home model.

The virtual dental home system has significant potential to improve oral health of currently underserved populations who now experience profound health disparities. It also has the potential to expand the scope of practice and patient population of dentists who are now able to interact with a geographically expanded group of patients and direct the activities of an expanded dental team. Readers of the articles in this issue will be able to increase their understanding of this model of care as well as the potential for other models to benefit vulnerable and underserved patients and oral health professionals alike.

**References**


