Guest Editorial

NEW APPROACHES TO ORAL HEALTH CARE FOR PEOPLE LIVING WITH HIV/AIDS

Sara S. Bachman, PhD
Stephen N. Abel, DDS, MSD
David A. Reznik, DDS

In recent years, increased recognition of the association between oral health and systemic health has led to meaningful enhancements in clinical knowledge and support for public health policies that advance overall health. Thus, the publication of this special issue of *Public Health Reports*, focusing on oral health care for people living with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), is both timely and important.

The Surgeon General's 2000 report *Oral Health in America* raised awareness that vulnerable populations encounter numerous barriers when seeking oral health care, including structural, financial, and personal barriers such as fear or lack of awareness about the importance of oral health.[1] More recently, the Institute of Medicine has reaffirmed the need to improve access to oral health care and asserted that this access is essential for promoting overall health and well-being for all people, particularly for vulnerable populations.[2]

Programs funded under the Ryan White HIV/AIDS Program[3] have consistently promoted oral health services and encouraged innovative models of care utilizing interprofessional approaches that result in improved health outcomes. The first nationally representative study of adults who are HIV-positive and receiving care in the United States, the HIV Cost and Services Utilization Study (HCSUS), was conducted about a decade ago. Results of this study revealed that unmet needs for oral health care among people living with HIV were substantially higher than the unmet oral health-care needs in the general population.[4] The articles in this special issue of *Public Health Reports* represent the most comprehensive additions to the body of knowledge about oral health care for people living with HIV/AIDS since the HCSUS.

The articles derive from the Health Resources and Services Administration HIV/AIDS Bureau's Special Projects of National Significance Innovations in Oral Health Care Initiative (hereafter, Oral Health Initiative), a multisite study through which people who were HIV-positive and had not received any dental care in the past year were provided comprehensive oral health care.[5] Fifteen sites across the country were funded, about half in urban and half in rural/suburban locations. The sites developed and implemented innovative models aimed at improving, expanding, and sustaining access to quality oral health-care services. A team of experts—including dentists, dental hygienists, policy analysts, and researchers convened by the Boston University School of Public Health—provided technical expertise and conducted a comprehensive evaluation of the initiative in collaboration with participating sites.

The research presented in this issue demonstrates that innovative program models can engage and retain people who are living with HIV/AIDS into oral health-care services. An especially promising finding relates to new evidence that oral health-care teams can be expanded, successfully incorporating culturally competent expertise from interdisciplinary professionals. Sites demonstrated effective collaboration among medical and dental providers as well as interdisciplinary teamwork within the dental profession, such as cooperative efforts by dentists, dental hygienists, and dental case managers.

Results of the Oral Health Initiative suggest that new providers can be added to medical/dental collaborative teams to address workforce issues in the dental profession, effectively enhancing access to oral health care and promoting overall health. As policy makers and practitioners consider methods for implementing "health homes," a strategy for helping individuals with multiple chronic conditions better manage their conditions by coordinating their care through a team of relevant health-care professionals, these findings provide strong support for the inclusion of oral health services within the multidisciplinary health home model.[6] As public health practitioners encourage multidisciplinary provider models that include oral health, it is also imperative that patient education conveys the importance of oral health as part of overall health. Paradoxically, many participants who had enrolled in the Oral Health Initiative reported overall good health while simultaneously reporting poor oral health. After enrolling in the intervention and receiving oral health-care services, however, patients also reported improved well-being. These findings suggest that public health strategies are needed to help patients understand that good oral health is needed to achieve systemic health.

Because optimal oral health across the population is

a public health goal, the successful strategies learned through the Oral Health Initiative must be generalized to other groups of people with limited access to oral health care, including people with disabilities or older adults. Moreover, the Oral Health Initiative provides evidence that education can help people, including those with other health conditions, engage in oral health care. However, more than 130 million adults and children in the U.S. have no dental insurance, and for these individuals, financial and other barriers stand in the way of access to oral health care.[2]

Reliable oral health-care funding from the Ryan White HIV/AIDS Program and Medicaid, as well as other public and private funding sources, is essential if we are truly serious in our attempts to improve access to oral health care, reduce oral disease prevalence, and eliminate oral health disparities. Few resources are available to finance care for low-income adults with no private oral health-care coverage. Passage of the Patient Protection and Affordable Care Act[7] creates the opportunity for integration of oral health care into a comprehensive vision of overall health. As the country anticipates implementation of health reform, coverage for oral health care must be considered a fundamental element of comprehensive health-care benefits.

Sara Bachman is an Associate Professor at the Boston University School of Social Work and a Research Associate Professor at the Boston University School of Public Health in Boston, Massachusetts. Stephen Abel is a Professor and Associate Dean for Extramural and Public Health Programs at Nova Southeastern University College of Dental Medicine in Fort Lauderdale-Davie, Florida. David Reznik is Chief of Dental Services at the Grady Health System Infectious Disease Program and an Assistant Clinical Professor at the Emory University School of Medicine, both in Atlanta, Georgia.

Address correspondence to: Sara S. Bachman, PhD, Boston University School of Social Work, 264 Bay State Rd., Boston, MA 02215; tel. 617-353-1415; fax 617-353-5612; e-mail <sbachman@bu.edu>.

REFERENCES

1. Department of Health and Human Services (US), Office of the Surgeon General. Oral health in America: a report of the Surgeon General. May 2000 [cited 2010 Dec 17]. Available from: URL: http://www.surgeongeneral.gov/library/oralhealth
2. Institute of Medicine. Advancing oral health in America. Washington: National Academies Press; 2011.
3. Health Resources and Services Administration (US), HIV/AIDS Bureau. Ryan White HIV/AIDS Program [cited 2012 Jan 12]. Available from: URL: http://hab.hrsa.gov/abouthab/aboutprogram.html
4. RAND Corporation. Do people with HIV get the dental care they need? Results of the HCSUS study [cited 2010 Dec 17]. Available from: URL: http://www.rand.org/content/dam/rand/pubs/research_briefs/2005/RAND_RB9067.pdf
5. Health Resources and Services Administration (US), HIV/AIDS Bureau. Special Projects of National Significance Innovations in Oral Health Care Initiative [cited 2012 Jan 12]. Available from: URL: http://hab.hrsa.gov/abouthab/special/oralhealth.html
6. Henry J. Kaiser Family Foundation. Focus on health reform: Medicaid's new "health home" option. January 2011 [cited 2012 Jan 12]. Available from: URL: http://www.kff.org/medicaid/upload/8136.pdf
7. Patient Protection and Affordable Care Act. Pub. L. No. 111-148 (March 2010). Also available from: URL: Available from: URL: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ148.111 [cited 2012 Jan 12].