

Credit Where Credit is Due... Experts are Always There

Opinion

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Opinion

It is an honor and I avail myself of this opportunity to write an expert opinion for the International Journal on Oral Health (IJOH), an open access journal that plays a role in the field of global oral health care. Over the course of my career, I myself have conducted applied science research with great interest and often watched with admiration as other researchers have also engaged in studies on oral health behavior and behavioral change in various contexts. This opinion paper is a brief review of an intense period of change, growth and self-reflection, also meaningful for the field.

More than a decade ago, in 2012, the author and Selma Burrekers, a self-employed oral hygienist, started an interactive workshop “oral health education and health promotion intervention” in a center for “young mothers” in Groningen, a city in the north of the Netherlands. With this pilot project, we seized the unique opportunity to promote oral health knowledge and tooth brushing behavior among young mothers and their toddlers (oral health care) in a casual way, i.e., for the first time outside the walls of professional oral health care practices. The goal was to determine among young mothers and their babies the impact of a low-key approach on promoting oral health and understanding engagement in oral health care. Because, as is well known, understanding factors that may affect young mothers’ responsibility and ability to fulfill their role as caregivers is necessary to ensure that their babies receive preventive care in a (cost) effective manner [1].

As a result of and in collaboration with two Dutch renowned dentists [2], the pilot oral care project among young mother group (MJD

Groningen) was further elaborated in an article titled ‘How does the Nexø model work in practice?’ After all, careful application of the Nexø model and behavioral change would lead to less plaque and caries in young people and children. In 2016, based on a study on the determinants of oral hygiene behavior [3], research based on the Theory of Planned Behavior (TPB) was conducted in Jakarta, Indonesia to obtain information on the relationship between mothers’ behavior and their children’s oral hygiene and early childhood caries (ECC). It was concluded that there was a relationship between intentions and behavior, but that this intentional behavior did not significantly affect the mother’s habitual behavior of helping their children brush their teeth twice a day or the ECC [4].

Most recently, in The Netherlands, the outcomes of a 5-year follow-up research was designed to examine whether referral of parents of 6-month-old children by a well-child care (WCC) clinic physician for an early first visit to the dentist combined with the Non Operative Caries Treatment and Prevention (NOCTP) approach (an Evidence Based Practice Dutch variant of the Nexø model) in dental practices was effective in maintaining oral health in children. This study showed that explicit and concrete referral of parents of newborns for a preventive first dental visit by a WCC professional combined with NOCTP in dental practices may well provide a new opportunity to reduce enamel caries lesions in young children. Moreover, there were indeed long-term effects of a community-based oral health intervention for young children [5].

Currently, in the Dutch system with completely free dental coverage for children, socio-economic inequality in the field of caries still



exists. Interprofessional teams of dental professionals, oral hygienists, childcare physicians and nurses, general practitioners and primary school teachers should work together to promote oral health at the community level, with a specific focus on low-SES families. Of course, this requires supportive policies to limit the increasing availability and consumption of highly processed, carbohydrate-rich foods [6].

These positive results show that conscious and well-intended intentions to change habitual behaviour, such as tooth brushing, require a long-term approach. Ultimately and in the long term, referral of mothers and their babies or toddlers by WCC for their first preventive dental visit appears to lead to an earlier start of promoting oral health (behavior) and initiation of oral/dental care [7]. However, it still appears that for certain target groups [1] an active referral does not always lead to a greater effect than a passive or indirect referral [8].

And in short, there is still work to be done!

Conflict of interest

No potential conflict of interest relevant to this expert opinion was reported.

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