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REFERENCES

1. Macpherson, L. M. D., et al. "Childsmile: the national child oral health improvement programme in Scotland. Part 1: establishment and development." *British dental journal* 209.2 (2010): 73-78.
2. Turner, S., et al. "Childsmile: the national child oral health improvement programme in Scotland. Part 2: monitoring and delivery." *British dental journal* 209.2 (2010): 79-83.
3. Ekstrand, K. R., and M. E. C. Christiansen. "Outcomes of a non-operative caries treatment programme for children and adolescents." *Caries research* 39.6 (2005): 455-467.
4. Vermaire, J. H., et al. "A three-year randomized controlled trial in 6-year-old children on caries-preventive strategies in a general dental practice in the Netherlands." *Caries research* 48.6 (2014): 524-533.
5. Schwarzer, Ralf. "Modeling health behavior change: How to predict and modify the adoption and maintenance of health behaviors." *Applied Psychology* 57.1 (2008): 1-29.

The effectiveness of an individual preventive oral health program from first tooth eruption: Study protocol for an RCT

BACKGROUND

Well-baby clinics delivers from birth information on healthy oral habits and referral to dental practices for preventive treatment at the age of two years. However, this program is not very effective. Many children only visit the dental practice at a later age or after having developed severe dental caries.

Based on the innovative Childsmile approach for promoting oral health in young children, successfully implemented in Scotland (1,2) and the Nexø method of delivering care (3,4), we will enforce the oral health management chain for young children by coordinating and intensifying the oral health activities of the well-baby clinics by a dedicated oral health coach.

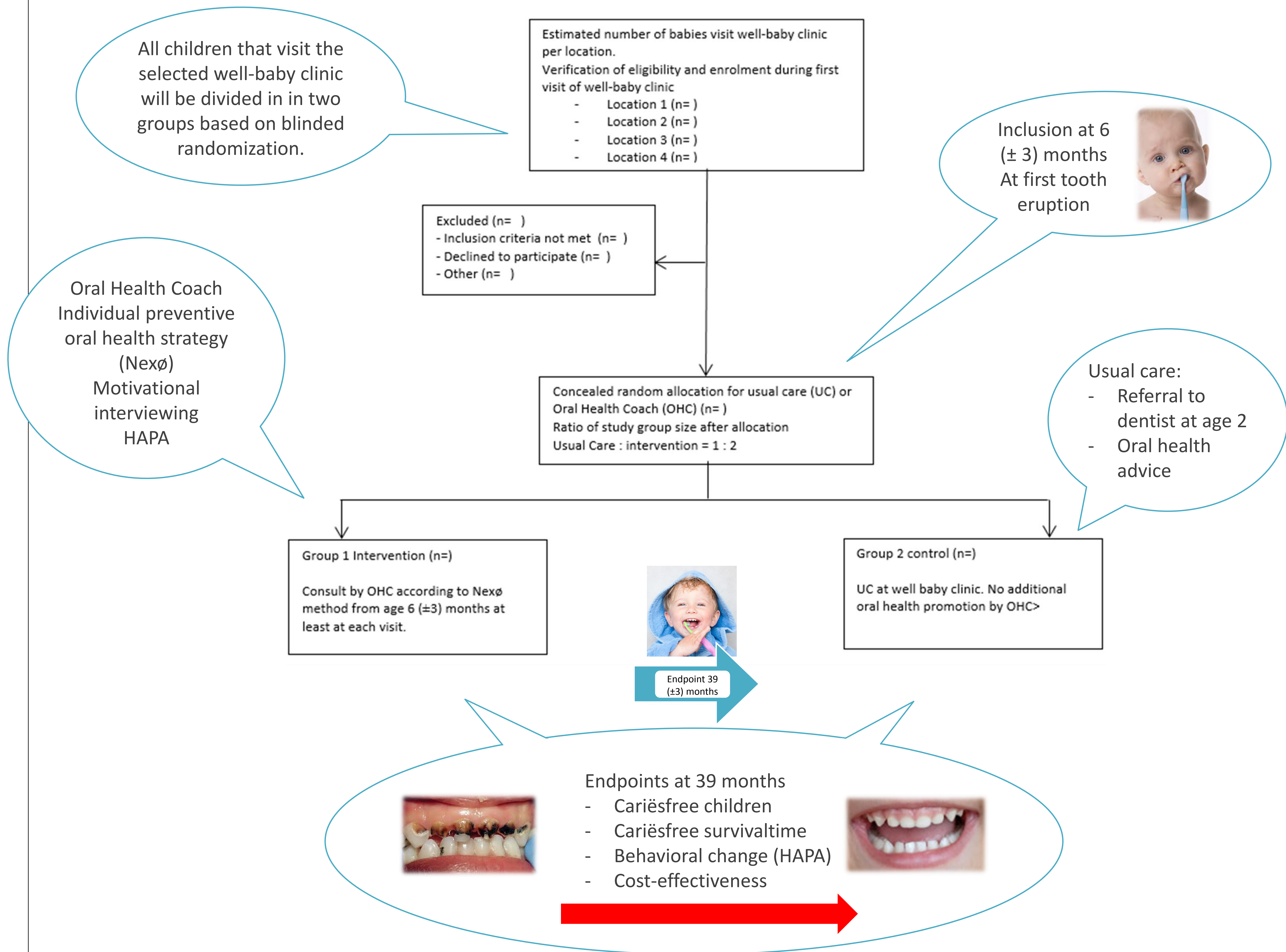
STUDY AIM

The present study evaluates the (cost) effectiveness of an intensified individual oral health program delivered at the well-baby clinic by a dedicated oral health coach.

RESEARCH QUESTION

Does an oral health coach, embodied in youth health care and working according to the Nexø method, (cost)effectively promote of oral health of preschool children by increasing parents' responsibilities for the children's oral health?

STUDY DESIGN



DISCUSSION

Targeting children from eruption of the first primary tooth and motivating parents to adopt healthy oral behavior is promising but challenging. This study is expected to provide scientific evidence for public health workers, dental professionals and policy makers to choose appropriate interventions in preventing caries in preschool children.