| **Author, Year, Title** | **Study Design** | **Interventions** | **Population Characteristics** | **Eligibility Criteria** | **Number Approached, Eligible, Enrolled, Analyzed** | **Country**  |
| --- | --- | --- | --- | --- | --- | --- |
| Davies et al., 200744 *Challenges associated with the evaluation of a dental health promotion programme in a deprived urban area*Davies et al., 200543*A staged intervention dental health promotion programme to reduce early childhood caries* | Cluster, nonrandomized controlled clinical trial (2 clusters) | A: Series of interventions from age 8-32 months by health visitor including provision of educational materials, counseling on oral hygiene, and provision of toothbrush and toothpasteB: No intervention | Age at time of initial followup evaluation (mean, years): 4 vs. 4Female: 48% vs. 49% Non-white: 51% vs. 37%Proportion of adults unemployed: 24% vs. 22%Jarman index (under-privileged area score): 39 vs. 40  | Children 8 months of age attending a primary care clinic | Number approached: 1545 (839 vs. 706)Number eligible: 1545(839 vs. 706)Number enrolled: 1545(839 vs. 706)Number analyzed: 1545(839 vs. 706) | UK Primary care clinics |
| Kressin et al., 200945*Pediatric clinicians can help reduce rates of early childhood caries: effects of a practice based intervention* | Cluster, nonrandomized, controlled clinical trial (2 clusters) | A: Multi-component intervention including training of pediatricians in patient- centered counseling, providing parents/caregivers with educational brochure, and editing the electronic medical record to prompt counselingB: Usual care | Age <1 year: 1% vs. 3%Age 1 to <2 year: 55% vs. 55%Age 2 to <3 year: 25% vs. 26%Caregiver employed: 57% vs. 69% (p<0.0001)White: 17% vs. 45% (p<0.0001 for differences in race)Black: 76% vs. 35%Asian: 6% vs. 19%Hispanic: 13% vs. 15%Diet summary score (0-6 scale): 3.2 vs. 3.5 (p<0.0001)Hygiene summary score (0 to 6 scale, higher= better): 4.9 vs. 4.5 (p<0.0001)Tooth-monitoring summary score (0-3 scale): 0.7 vs. 0.9 (p=0.02)Baseline caries: 5.8% vs. 6.4% (p=0.66) | Parents/ caregivers of children 6 months-5 years of age attending well-child visits Excluded for congenital oral anomalies, ectodermal dysplasias, or other disease other than caries | Number approached: NRNumber eligible: NRNumber enrolled: 1087 (635 vs. 452)Number analyzed: 1045 | U.S. |

| **Author, Year, Title** | **Sponsor** | **Followup Duration**  | **Confounders Adjusted for in Analysis** | **Outcomes** | **Adverse Events/Harms** | **Attrition** | **Quality Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Davies et al., 200744 *Challenges associated with the evaluation of a dental health promotion programme in a deprived urban area*Davies et al., 200543*A staged intervention dental health promotion programme to reduce early childhood caries* | National Health Service Research and Development Programme for Primary Dental Care | Evaluated at ages 3-4 years and age 5 years  | None | A vs. B at 3-4 year old followup; all children and restricted to children who attended developmental check and MMR vaccination (n=1207, 649 vs. 558)Caries experience: 34% vs. 40%, p=0.01; 29% vs. 39%, p=0.001Nursing caries: 21% vs. 23%, p=0.49; 17% vs. 24%, p=0.003dmft (mean): 1.5 vs. 1 .7, p=0.09; 1.2 vs. 1.7, p=0.001dmfs (mean): 3.3 vs. 3.7, p=0.35; 2.6 vs. 3.8, p=0.008 A vs. B at 5 year old followup; restricted to children who attended developmental check and MMR vaccination (n=539, 253 vs. 286)Caries experience: 54% vs. 64%, p=0.03Nursing caries: 20% vs. 32%, p=0.002Extraction: 3% vs. 12%, p<0.0001dmft (mean): 2.2 vs. 3.7, p<0.001  | Not reported | At age 3-4 years, 22% (338/1545) of potentially eligible cohort did not attend developmental check or MMR vaccination and would not have received all interventions; at 5 years 65% (1006/1545) excluded | Poor |
| Kressin et al., 200945*Pediatric clinicians can help reduce rates of early childhood caries: effects of a practice based intervention* | NIH/NIDCR and VA | 1 year | Length of enrollment, sex, race, treatment before 42 months, continuously enrolled in Medicaid number of well-child visits | A vs. BCaries (irreversible cavitated lesions): 18% vs. 32%, adjusted HR 0.23 (95% CI 0.09 to 0.62) | NR | 42/1087 enrolled were not analyzed | Fair |

**Abbreviations:** AHRQ = Agency for Healthcare Research and Quality; CI = confidence interval; dmfs = decayed missing filled surfaces; dmft = decayed missing filled teeth; HR = hazard ratio; MMR = measles, mumps, and rubella; NIDCR = National Institute of Dental and Craniofacial Research; NIH = National Institutes of Health; NR = not reported; UK = United Kingdom; U.S. = United States; VA = Veterans Affairs.