**Title of Intervention:** Self-performed Oral Health Preventive Programs  

**Intervention Strategies:** Group Education, Individual Education, Supportive Relationships  

**Purpose of the Intervention:** To control plaque and prevent gingival inflammation  

**Population:** Sixth grade children in a private school  

**Setting:** Sao Paulo, Brazil; school-based  

**Partners:** None mentioned  

**Intervention Description:** The children were divided into three groups: Comprehensive, Standard and Control.

- **Group Education:** In the comprehensive program, small groups of children met to learn about the development and prevention of oral diseases. The children also received training in self-diagnosis and oral hygiene. The children and their parents attended a one-hour information session about oral health. The standard group received conventional oral hygiene training only.

- **Individual Education:** In the comprehensive program, the children received individualized oral hygiene training according to their specific needs. Children were taught to identify dental plaque using a disclosing solution and mouth mirror.

- **Supportive Relationships:** In the comprehensive program, oral hygiene procedures were practiced under supervision. Efforts were praised and negative criticism was kept to a minimum. Parents were encouraged to assist children in achieving effective oral hygiene at home.

**Theory:** Not mentioned  

**Resources Required:**

- Staff/Volunteers: Teachers  
- Training: Not mentioned  
- Technology: Not mentioned  
- Space: Meeting room for group education and trainings  
- Budget: Not mentioned  
- Intervention: Educational materials, disclosing solution, mouth mirrors  
- Evaluation: Oral examination supplies  

**Evaluation:**

- **Design:** Randomized controlled trial  
- **Methods and Measures:**
  - Oral examination using plaque disclosing solution to measure the amount of plaque  

**Outcomes:**

- **Short Term Impact:** Not measured  
- **Long Term Impact:** Children in the comprehensive program had significantly less plaque and gingival bleeding than the control group. There was no significant difference between the control group and the standard group.

**Maintenance:** Ten-minute recall visits were organized monthly for the first four months, then three times a year to provide continued feedback and to detect any difficulties in achieving effective plaque control.

**Lessons Learned:** Not mentioned  

**Citation(s):**