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The “We Act – together for health study”: design of a multicomponent intervention study to promote physical activity, healthy diet and wellbeing in school among children aged 10-12 years

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1 **The “We Act – together for health study”:** design of a multicomponent intervention
2 **study to promote physical activity, healthy diet and wellbeing in school among children**
3 **aged 10-12 years**

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11 **Abstract**

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13 **Background:** Strategies to improve health behavior and wellbeing of Danish children are
14 needed. A multicomponent intervention “WeAct – together for health” was developed to
15 improve the dietary habits, physical activity and wellbeing among school children aged 10-12
16 years by increasing their health competences and promoting a healthy school environment.
17 This paper describes the development and evaluation of the intervention guided by theory and
18 adjustment to real life setting.

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20 **Methods:** The intervention builds upon the health promoting school approach and the IVAC
21 model. The settings are the school and the family. Three educational components targeted the
22 school: 1) Lunch meal habits integrated into science and Danish (“IEAT”) and physical
23 activity integrated into maths (“IMOVE”), 2) Vision workshop integrated primarily into
24 Danish, and 3) the Action and Change process at class and school level. Teachers participated
25 in a course to develop competencies regarding the holistic health concept, active involvement
26 of school children and the IVAC approach. Components developed for parental support
27 included a homepage, an APP, a Facebook-group and a handout produced by their child.
28 A quasi-experimental study design with 4 intervention schools and 4 matched control schools
29 was conducted. In total 658 school children participated. The baseline data were collected in
30 October/November 2015 and the follow-up in May/June 2016 with the intervention in
31 between the measurements. The quality of dietary intake during the school day was measured
32 using a digital photographic method, physical activity was registered by pedometers and an
33 electronic questionnaire was used to assess wellbeing among the pupils. A process evaluation
34 was done.

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Results and conclusion: The recruitment of schools for the full health promoting school process was demanding due to the context of the school reform and the present pressure on schools. In total 27 municipalities and 256 schools were contacted. A moderation of the theory based intervention, reducing the school level, was done to recruit the necessary number of schools. The result of theory and real life setting has been an intervention focusing on health education but in a health promoting perspective.