The Walking In ScHools (WISH) Study: A clustered randomised controlled trial (c-RCT) to evaluate the effectiveness of a peer-led school-based walking intervention in adolescent females

EP-284 | The Walking In ScHools (WISH) Study: A clustered randomised controlled trial (c-RCT) to evaluate the effectiveness of a peer-led school-based walking intervention in adolescent females

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INTRODUCTION: Adolescent females are failing to meet current physical activity (PA) guidelines which has implications for their health and their risk of developing chronic conditions in later life. Since PA habits adopted during adolescence track into adulthood, it is important that adolescent females are provided with opportunities to be physically active. Schools are a popular and accessible setting for PA promotion among adolescents, particularly as 40% of their waking time is spent at school[1]. However, there is a lack of consensus on how best to promote PA within the school-setting to ensure the maintenance of PA behaviours into late adolescence, and adulthood. Following a promising pilot feasibility trial [2], the purpose of this c-RCT is to evaluate the effectiveness of a novel, low-cost, peer-led school-based walking intervention delivered across the school year at increasing PA levels of adolescent females.

METHODS: The Walking In ScHools (WISH) Study is a two-arm school-based c-RCT comprising females aged 12–14 years from eighteen schools across Northern Ireland (NI) (n10) and the border region of Ireland (n8). Following baseline data collection, schools will be randomly allocated to an intervention or control group. In intervention schools, pupils aged 16-18 years will be invited to train as walk leaders and will lead younger pupils in 10-15 min walks before school, at break, and during lunch recess. All walks will take place in school grounds and pupils will be encouraged to participate in as many walks as possible each week. The intervention will be delivered for the whole school year (minimum 20-22 weeks). Data will be collected at four timepoints, baseline (T0), mid-intervention (T2), end of intervention (T3), and 13-month follow up (T4). The primary outcome measure is accelerometer-measured total physical activity (counts per minute) (T3). Secondary outcomes include anthropometry measures, wellbeing, social media usage, and sleep. A mixed-methods process evaluation will also be undertaken.

RESULTS: We anticipate that the intervention will be well-accepted and feasible to carry out based on results from the pilot trial [2]. As this study is ongoing, results are not available at this time but will be published in peer-reviewed journals and presented at scientific conferences in due course.

CONCLUSION: If the intervention increases PA, adolescent females in the defined target area would benefit. There is also potential for adoption by schools across the UK and island of Ireland which could potentially result in a sustainable, long-term, positive impact on the health of adolescent females.

REFERENCES

Fox et al (2016) *J Teach Phys Educ. 23*:338.
Carlin et al (2018) *Trials 19*:31.