

A lifestyle intervention study targeting individuals with low socioeconomic status of different ethnic origins

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1. We talk about physical activity, we talk about food, but inner calm, we do not talk about that. But that is also very important [for your health]. -Man, Dutch origin-
(this thesis)
2. Strategies focusing on individual behaviour should be integrated within an approach that recognises the collective nature of lifestyle.
(this thesis)
3. Transparency, by sharing the considerations and choices made in the development of a study protocol, can help other researchers and health professionals to create appropriate strategies for (testing the effectiveness of) lifestyle interventions for this target group.
(this thesis)
4. Because healthcare professionals inevitable make use of personal style and competences to create a relationship with clients needed to treat them, they influence how the intervention is delivered and therefore are co-producers of intervention components and their outcome.
(this thesis)
5. To care is to organise and to tinker with the different entities of a collective so that they adapt to one another, so that they might live together, so that each might get something out of it, might start to move and be moved by the others.
- “Care in Practice” Myriam Winance -
6. Vaak denken we gezond is goed en ongezond is fout, en door het labelen van gedragingen als gezond en ongezond wordt leefstijl helemaal getrokken in een sfeer van goed – en afkeuring, terwijl het onderscheid tussen gezond en ongezond slechts zelden eenduidig is.
- “De gezondheids-epidemie” Johan Polder, Sjoerd Kooiker & Fons van der Lucht -
7. An important problem with public health campaigns is that they treat us as if we are equal, as if one size fits all.
- “The logic of care” Annemarie Mol -
8. Quantitative research without qualitative research is blind; qualitative research without quantitative research is powerless.
9. Tell me and I forget, teach me and I may remember, involve me and I learn.