The Behavioral Ecological Model [BEM] proposes an array of multi-tiered factors with which to explain health behaviors, particularly among complex population groups that embody a wide variety of factors that affect health behaviors—such as the Arab population in Israel. The health indicators of this society are considered essential in determining and marking the health behaviors of the population generally and of its children particularly. The research literature indicates that schools promote health (among teachers, students, parents, the school community, and visitors) by intervening in ways that have a shaping effect on the health behaviors of everyone who enters the school. Some of these interventions are based on the Behavioral Ecological Model, which makes integrated reference to a range of personal, social, and environmental factors. BEM-based intervention programs for the promotion of health behaviors have been copiously researched and examined in contexts of health behaviors in Western countries but less strenuously examined in a non-Western cultural context. The current study will examine the factors that power the adoption of health behaviors among Arab schoolchildren in Israel and will test the suitability of BEM to this population group.

**Purpose of the study:** Developing and applying a BEM-based intervention program for students, parents, and faculty in Arab schools and assessing its effectiveness in improving health-promotive behavior and mitigating violence in the school environment of Arab society in Israel.

**Methods:** Community intervention research comprising two groups: intervention and control. The study will deal with developing a BEM-based intervention program for health promotion in Arab schools in Israel. In this model, it is assumed that the health behavior of the individual and of population groups and individuals is influenced by interaction among or integration of four levels: the personal, the communal, and the socio-cultural.

The study will be conducted in three stages:

1. Focus groups, in which the factors or situations that inhibit/support health promotion in school will be extracted.
2. Intervention: A pre-intervention evaluation conducted in three junior-high schools in the town of Baqa al-Gharbiyya (intervention group) and three junior-high schools in the village of Jatt, part of the “Triangle” region (control group). Afterwards, the intervention program will be implemented in three junior-high schools along with follow-up and evaluation of the extent of its effectiveness for Arab society in Israel (before and after the intervention, and comparison of the intervention group with the control group).

 Research tool: A structured self-administered questionnaire that will gather data associated with socioeconomic variables: health knowledge, attitudes, and behaviors among teachers, parents, and children, in addition to anthropometric indicators.

1. Evaluation of the school’s physical environment, by means of a questionnaire that compares various indicators in the physical environment of the schools before and after the intervention and between the two research groups (intervention, control).

**Importance of the study:** This is the first study that will offer an optimal and culturally adjusted behavioral ecological model, based on BEM, which emphasizes dynamic interaction among people, groups, and environment along with communication among the various systems in the child’s life, such as school, family, and community, for the purpose of promoting healthy behaviors and preventing health-endangering behaviors in school. The aim of the model is to design a unique intervention for the assimilation of health-promotive behaviors while maintaining a safe climate in school.