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**Title**

*EMBOLDEN: Implementing a co-designed integrated model to improve health, mobility, and connections among older adults*

**Priority 1 (Research Category)**

Geriatrics

**Presenters**

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**Abstract**

Context: Mobility barriers in older adults can lead to isolation, poor physical and mental health, loss of independence, and decreased quality of life. The EMBOLDEN program, a multi-component intervention including physical activity (PA), healthy eating, socialization, and system navigation, was co-developed with older adults and service providers to improve mobility for older adults in real world settings.

Objective: To examine feasibility and acceptability of the program through a mixed methods Randomized Control Trial (RCT). Study Design and Analysis: The study protocol, recruitment, data collection methods, and program were piloted. Data were collected through program documentation, a focus group with interventionists, wearable mobility technology, participant surveys, and qualitative interviews with intervention group participants. Quantitative data were analyzed descriptively; content analysis was used for qualitative data. Setting: Hamilton, ON, Canada. Population Studied: Community-dwelling older adults ( $\geq 55$  years). Intervention: A 9-week 90-minute virtual multi-component group program plus usual care compared to usual care alone. The program was jointly delivered through primary care, public health, and municipal recreation department providers. Outcome Measures: Outcomes included dose and adoption rates, intervention fidelity, implementation factors, program acceptability, and preliminary effects. Results: Thirty-one individuals were assessed for eligibility; 12 did not meet inclusion criteria. Eight declined to participate due to prior time commitments. Eleven participants were enrolled; 10 were randomized (6 intervention, 4 control). Participants ranged from 57-76 years of age and the majority were female. Five participants completed the intervention; all attended at least 6 of 9 sessions. Intervention fidelity was over 95% across all sessions. Participation facilitators/barriers, and perceived program benefits (e.g., health behaviour changes) and challenges (e.g., socializing virtually) were reported. Program components were evaluated separately by participants, with food preparation demonstrations rated highest. The feasibility study informed

refinements to program delivery and outcome measures. Conclusions: Participants found the program useful and offered feedback on ways to improve it, including in-person delivery. The pilot trial demonstrated a larger pragmatic RCT of EMBOLDEN is feasible and provided lessons for implementation.