
CONFERENCE ABSTRACT

+ÀGILvirtual: co-design of a remote digital intervention to provide physical exercise within a multi-component program to delay disability in older adults

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Introduction: The aging of the population is leading to an accelerated incidence of disability. Before the actual pandemic, we co-designed and implemented a multi-component intervention to promote healthy lifestyles and manage risk factors in dwelling older adults, who were functionally independent but showing initial frailty symptoms (slowing down or losing weight or memory). This intervention, +ÀGIL Barcelona, showed improved physical function at 3 months, with the effect maintained at 6 months through an intervention that integrated community-based resources.

Social distancing due to the COVID-19 pandemic harms older adults' lifestyles (e.g. reduction of physical activity, particularly in those with previous depressive symptoms, fatigue or reduced social relationships) and places limitations on intervention programs. To overcome these restrictions, the use of digital technology in the general population has significantly increased. We conducted a co-design process with different stakeholders to find the best ways to deliver an accessible physical activity based intervention for older adults through technological solutions (Apps, videoconference).

Aims: To detect barriers and facilitators and prioritize action items to increase the digital component of the physical exercise program within +ÀGIL.

Methods: We implemented an adapted the "World café" method to captured knowledge from 6 small group discussions conducted virtually, using qualitative research approach. Twenty-nine stakeholders participated in the "World Café", including 7 patients, 9 community agents and 13 health and social professionals. The virtual sessions for all the groups were structured to stimulate the idea generations and discussion and be accessible to all participants.

The results from the discussion groups were triangulated through online or phone surveys where actions or solutions identified in the focus groups were prioritized.

A "Value Vs Complexity" based raking of items was obtained, and responses were also mapped on a 4x4 matrix combining priority and feasibility. It allowed us to map the responses of the three

participant profiles and interpret their position on each item as: must do, do first; important, do second; do if possible; bear in mind/ consider and do not consider.

Highlights or Results or Key Findings: The “Value Vs Complexity” first 15 items grouped in blocks are: 1. Maintaining a limited group size, in case of virtual sessions; 2. Person-centered exercise program, including music and gamification; 3. Technological training before virtual exercise sessions (e.g. videos, instruction booklets); 4. Reminders (i.e. text message / phone-calls); 5. Personalize the platforms and apps options; 6. Digital capacity assessment; 7. Involve families and caregivers.

The “must do/ do first” identify items were:

- Technology training before the virtual intervention
- Assessment of external technology support needs (e.g. volunteers etc.)
- Technological support by relatives participant
- Weekly telephone follow-up by the staff
- Personalization of exercises
- Virtual exercises session in small groups

Conclusions: +ÀGIL’s central objective is to integrate the use of digital tools to promote physical activity and delay disability in older adults, based on integrated care, users’ involvement, and sustainability. Providing a co-designed range of solutions might help to overcome barriers imposed by extreme conditions, such as the COVID-19 pandemic and increase options for scaling-up the program.