





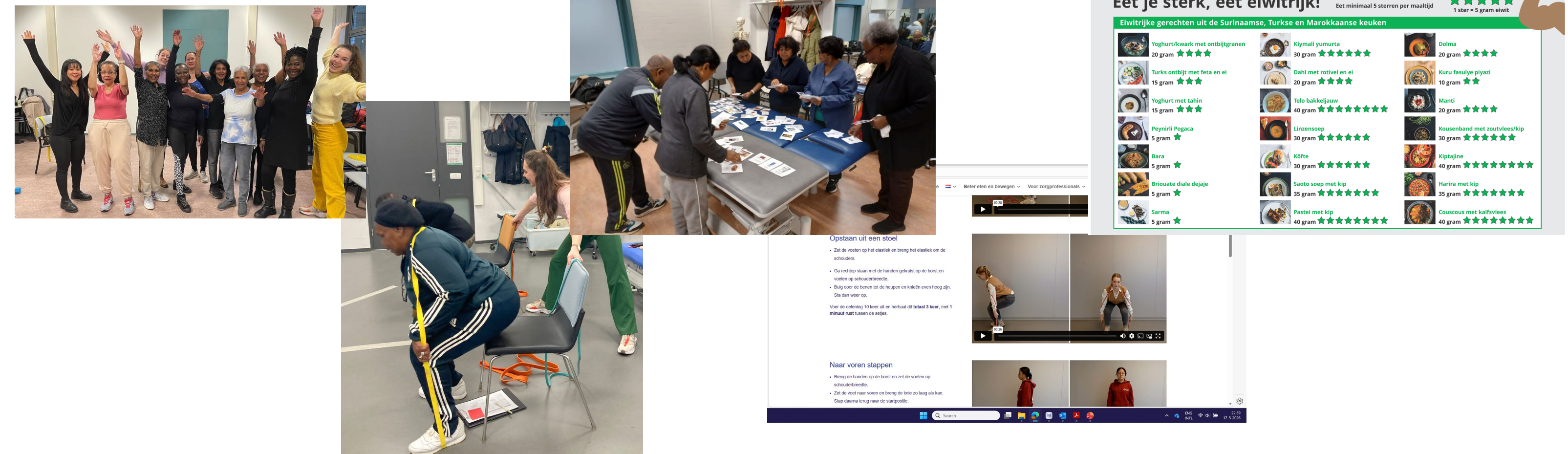
Process evaluation of the ProMIO program: a culture-sensitive lifestyle intervention for non-Western migrant older adults

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Background

-  Ageing & sarcopenia in migrant older adults
-  Gap in culturally sensitive lifestyle programs
-  ProMIO: newly developed culturally sensitive program for non-Western migrant older adults. Combined exercise & nutrition (protein)
-  Process evaluation using RE-AIM framework



SUMMARY

Population: Older adults with a Surinamese migration background (n = 65; mean age 66 ± 7 years), living in the Metropolitan Region Amsterdam, The Netherlands.

Design & setting: Mixed-methods process evaluation alongside a pragmatic clinical trial (RCT data, questionnaire, focus groups) with practice-oriented delivery.



Visit RCT
effectpaper:



Key message:

Well-received and promising preventive strategy against sarcopenia, but stronger cultural tailoring, more support for home-based exercise, and policy-driven mechanisms to secure stable funding are needed for sustainable impact.

Methods & Results

Table 1. RE-AIM × data sources

RE-AIM	Data sources
Reach	questionnaire, trial data, participant focus groups
Effectiveness	trial outcomes, questionnaire, participant focus groups
Adoption	professional focus group
Implementation	questionnaire, participant and professional focus groups
Maintenance	questionnaire, participant and professional focus groups

Note: Data were collected from the following participants: questionnaire (n = 49); participant focus groups (n = 21 across 5 focus groups); professional focus group (4 dietitians, 3 physiotherapists, 1 trainer). Qualitative data was thematically analyzed in MAXQDA24

Reach

- Community-based recruitment through **trusted local networks & newspaper** enabled **good accessibility and participation**.
- The intervention primarily **reached Surinamese older adults**; planned inclusion of Turkish and Moroccan groups was not achieved in time.
- Participants appreciated the **nearby location**.

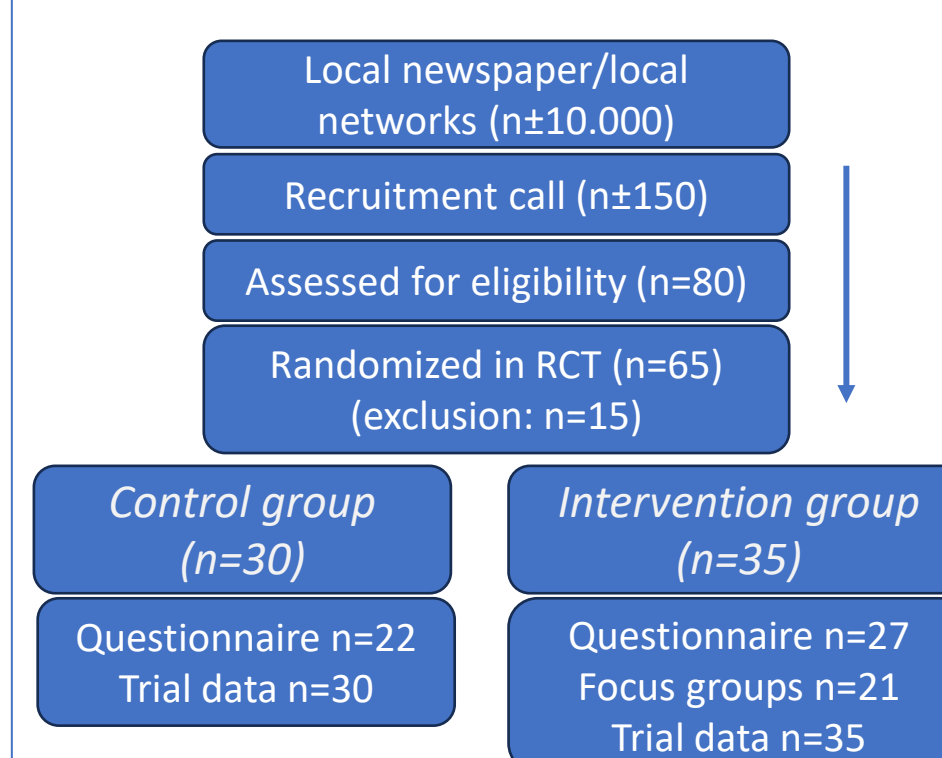


Figure 1. Flow diagram

- Older adults with a Surinamese migration background**, 91% female, 82% overweight/obese, 66% multimorbidity, 22% low education level.
- Major exclusion reason:** inability to comply with the 6-month protocol: extended absences (e.g. family visits or holidays abroad >2 weeks).

Effectiveness

- The RCT demonstrated **improvements in physical performance** among ProMIO participants compared with controls.
- Participants reported **feeling stronger** and more confident.
- Qualitative findings supported perceived improvements in strength, energy, and lifestyle awareness.**
- Median scores [IQR] indicate **high perceived value** of the intervention:

Satisfaction: Control group	Median [IQR]
Total project	9.0 [1.4]
Effort for the project	8.7 [1.0]
Health education session	8.0 [1.8]
Group workshop	9.0 [1.0]
Satisfaction: Intervention group	Median [IQR]
Exercise program	8.5 [1.0]
Effort for exercise/PA	8.0 [2.0]
Nutritional program	8.0 [0.5]
Effort for nutritional change	7.0 [1.0]

"It really helped me change my lifestyle, especially regarding my allergies and strength training." (questionnaire)

Adoption

- Multiple professional disciplines: **four dietitians, three physiotherapists, a community sports coach and one trainer**.
- ProMIO's **group-based and blended design** was aligned with current reimbursement structures and minimized one-to-one contact time.
- Facilitating interprofessional collaboration** was considered a major strength for addressing both exercise and dietary needs.

"As a physiotherapist, you can't coach everything online. Guidance also has to be physical.....For mobility too, it's important that support can be face-to-face, it has to be blended." (physiotherapist; focus group with professionals)

"I myself also gained knowledge during this program about how important it is to exercise, to build muscle, and that it is especially important to eat or drink protein products to build that muscle." (dietician; focus group with professionals)

"It's a vulnerable group, so there is a lot going on in their lives. We tend to think, 'you can just do that,' but it's not that simple." (dietician; focus group with professionals)

Implementation

- Group-based exercise sessions were **implemented as planned and generally well attended**.
- Participants valued the social aspect, encouragement from peers, and structured **guidance from professionals**.
- Personalized feedback** on exercise technique and dietary habits **increased engagement and perceived relevance**.
- Adherence to home-based exercises was more challenging**. By low motivation or competing responsibilities.

Intervention improvements: More psychological support for stress and cultural issues: *"We have a physiotherapist, we have a nutrition coach, and I missed having a psychologist for the mindset, you know?" (focus group 3)*

Additional strategies required to support sustained home-based exercise, motivation, and routine building: *"It's lacking self-discipline, that's what it is." (focus group 1)*

Combine protein targets with tailored weight loss for sarcopenic obesity: *"People often said: 'I actually want to lose weight,' but that wasn't the main goal; we focused on protein targets and strength training" (dietician; focus group with professionals)*

Maintenance

- Participants **organized their own walking groups** via WhatsApp, helping them stay active after the program.
- The **community sports coach** showed participants how they could join existing physical activity programmes in their own neighborhood.
- Some participants described **lasting changes in awareness of protein intake and meal composition**.
- Organizational sustainability** depended on integration into existing health care and preventive systems to secure long-term funding.

From project to practice: **secure policy support and structural funding at the outset to enable long-term maintenance.**

"I completely changed my eating habits." (focus group 5)



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