



Satisfaction with community walking program (Walk On!): Older adults and program leaders' perspective

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ABSTRACT

Background: Community-based programs play a critical role in providing frail older adults with a safe environment to engage in physical activity. Satisfaction is a key indicator of such programs' acceptability while also playing a significant role in older adults' long-term participation in physical activity. Moreover, program leaders' satisfaction with training and confidence in program delivery are essential for ensuring the effectiveness and sustainability of community-based programs. The Walk On! program is a 12-week structured community-based program consisting of 24 sessions each lasting 60 min, designed for older adults with mobility challenges. Evaluating older adults' satisfaction with the Walk On program and program leaders' satisfaction with the training is crucial for informing strategies to facilitate broader dissemination and sustained implementation.

Objectives: To evaluate older adults' (1) satisfaction with the Walk On! program, (2) perceived benefits on walking ability and overall well-being, and (3) program leaders' satisfaction with the Walk On! training.

Design: Pilot implementation trial.

Setting: Four community organization sites located in North Carolina, USA.

Participants: 42 older adult participants (mean age 79 years old; 87% female) and 9 all-female program leaders.

Measurements: Older adult participants' survey was completed at the end of the 12-week program cycle. Program leaders' survey was completed at the end of the training workshops.

Results: Older adult participants reported high satisfaction with the Walk On! program ($n = 42$, 100%), and perceived improvements across multiple domains: including strength and endurance, social support and enjoyment, walking confidence, self-efficacy and goal setting, and balance after program participation. All program leaders ($n = 9$) rated the training as either excellent (67%) or good (33%) and reported that the training was relevant and provided adequate preparation to lead the Walk On! program.

Conclusion: The Walk On! program was acceptable and perceived as impactful among older adult participants, and program leaders were highly satisfied with the Walk On! training. Together, these positive findings support the scaling and expansion of Walk On! into additional community settings.

1. Introduction

Mobility limitations, defined as "difficulties walking a quarter of a mile or climbing one flight of stairs" [1] (p841) affect about one-half of adults aged 60–74 years and approximately three-quarters of those over 80 years [2,3]. Mobility limitation is strongly associated with reduced

access to healthcare services, often resulting in delayed treatment and poorer health outcomes [4,5]. Furthermore, older adults with mobility limitations are at a higher risk of falls and disability, leading to further impairment, social isolation, and loneliness among this age group [6–8]. Regular participation in physical activity is positively associated with preserving strength, flexibility, and balance, which are essential for

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maintaining mobility and independence in older age [9,10].

Walking is the most widely preferred type of moderate-intensity physical activity among older adults [11] and is an effective way to improve function and reduce mobility loss [12]. Large-scale trials have shown that participating in a walking-based physical activity program significantly reduces the incidence of mobility-related issues in older adults [13,14]. However, older adults often fail to maintain the increase in physical activity levels post-program participation, consequently experiencing a reversal of gains in physical function [15]. Supporting older adults' continued participation in physical activity programs is therefore critical for retaining the positive effects of physical activity [16].

Satisfaction is a key indicator of the overall program's acceptability, an essential implementation outcome, that reflects how a program is perceived as agreeable, palatable, or satisfactory by both those delivering it and those receiving it [17]. For older adults, satisfaction with the program experience is associated with long-term participation in physical activity programs [18,19]. Studies have shown that older adults are more likely to participate in physical activity programs that elicit positive social interactions and enjoyment [19]. Furthermore, positive social interactions and enjoyment have been associated with greater participation in community-based programs and improved outcomes [20,21]. Assessing older adults' satisfaction can inform program adaptations that address practical barriers, ultimately increasing the potential for disseminating and scaling community-based programs [22]. Yet, a limited number of studies have examined older adults' satisfaction with community-based walking programs [23,24].

External factors such as environmental conditions and access to safe spaces are linked to older adults' participation in physical activity [25, 26]. To effectively support older adults' long-term participation in physical activity, it is essential to develop sustainable community-based programs that provide older adults with a safe, accessible environment [27]. Community capacity building, in the form of training and retaining skilled staff and program leaders knowledgeable in delivering health promotion programs, is a critical factor in establishing effectiveness, fidelity, and longevity of community-based programs [28,29]. Program leaders' satisfaction with training is key to the successful dissemination and scaling of community-based programs, as satisfied program leaders are more likely to deliver community-based programs consistently as designed [30,31]. Despite this, there is an absence of literature examining program leaders' satisfaction with community-based physical activity programs training. To our knowledge, this is the first study to examine program leaders' satisfaction with training.

Walk On! is a group-based, facilitator-led program designed to provide older adults who may have mobility limitations a safe and accessible space for walking. In the initial pilot study, trained research staff delivered the Walk On! program at a single site to 49 older adult participants. Findings from the pilot demonstrated that Walk On! was associated with high program attendance and adherence, improvements in physical function, and high program satisfaction, with 100% of participants reporting willingness to recommend the program to others [23]. Program leaders' satisfaction with training was not evaluated in the pilot.

Given the promising results of our initial pilot trial, continued offerings of the Walk On! program by the local communities supported by the research team, and ongoing requests from other organizations interested in adopting a program of their own, our team is actively preparing to scale the Walk On! program. Thus, establishing acceptability across multiple organizations and evaluating satisfaction with Walk On! training among program leaders with varying qualifications is needed prior to widespread dissemination and scaling up.

The current study builds on these preliminary findings and explores the acceptability of the Walk On! program among older adults, as well as the program leaders' experiences with training at four community organization sites. To evaluate older adults' (1) satisfaction with the Walk On! program, (2) perceived benefits on walking ability and overall well-

being, and (3) program leaders' satisfaction with the Walk On! training.

2. Method

2.1. Design

A community-based implementation pilot study was conducted across four community organization sites. Data were collected between September 2022 and January 2023.

2.2. Walk On! program

Details of the Walk On! program are reported elsewhere [23]. Briefly, Walk On! is a 12-week community-based program designed to improve older adults' walking capacity, confidence, and balance. The program is delivered by two trained program leaders in a group format with approximately 15–20 attendees. Sessions occurred twice a week, with each session lasting approximately 60 min. One session is focused on walking and general endurance, while the other session is dedicated to mobility exercises. During the first session, older adult participants complete consent forms and goal setting forms outlining reasons for joining the Walk On! program, and what they hope to achieve from the program including both short-term (next 6 weeks) and long-term (next 12 weeks) goals. Older adult participants complete the goal setting forms independently; however, to assist participants, the forms contained instructions on how to set clear, realistic, and specific goals focused on improving their walking ability and examples of both short and long-term goals. Following the completion of the goal setting forms, older adult participants complete a baseline functional assessment during the same session to evaluate their initial walking stamina and ability to rise from a chair. Baseline functional assessment findings are shared with older adult participants and guide the development of personalized walking lap targets during sessions. The Functional assessment is also repeated at the end of each 12-week Walk On! program cycle, and the findings are shared with older adult participants before they complete the satisfaction survey. The second session focuses on walking technique and lap counting. Subsequent sessions included warm-ups and either endurance-building continuous walking or dynamic walking exercises (e.g., backward, sideways, and high-knee walking). Balance and strength challenges are set up during each session, and participants are encouraged to participate in them. Participants have multiple opportunities to socialize, including at the start of each class, during rest breaks, while walking together, and at the end of sessions during group stretching. Program leaders emphasized safety, individualized pacing with a focus on individual goals and abilities, and the use of assistive devices as needed, ensuring a supportive environment that fosters confidence.

2.3. Settings/recruitment

Data presented in this study is from four community organization sites in Winston-Salem and Charlotte metropolitan areas of North Carolina, USA, representing a range of organizations (two faith-based, one community center organization, and one fitness center) implementing the Walk On! program and offering more than one 12-week cycle of the program. Older adults were recruited into the Walk On! program through a combination of word-of-mouth, newspaper ads, and flyers. Interested older adults contacted the program, and demographic information was collected during this initial phone screening using a standardized intake form. While the Walk On! program was designed to offer older adults who may have mobility limitations a safe space to walk, participation was open to all individuals regardless of their mobility status. To join, older adults had to be free of fractures, able to ambulate, understand English (or attend with a caregiver), and provide their own transportation. Participants could also re-enroll in multiple rounds of the Walk On! program.

Participating sites and program leaders were identified through community organizations and collaboration with research staff. Program leaders included exercise physiologists, fitness instructors, physical therapy assistants, physical therapy students, and older adult church volunteers. Program leaders completed a 3 to 4-hour training session before Walk On! began at participating community sites. Training was delivered by research staff with backgrounds in exercise physiology, health promotion, and experience in leading physical activity programs for older adults. Program leaders' training was conducted in-person at three participating sites and virtually at one site due to COVID-19 restrictions. The training included the following nine modules: (1) Walk On! Program Philosophy and Background, (2) Start-Up, (3) First Day of Program, (4) Program Format, (5) End of Program, (6) Functional Assessments, (7) Challenge Stations, (8) Empowering and Motivating Older Adults, and (9) Safety. In addition to training sessions, all sites received monthly visits from the research team and had access to online Walk On! program forms and Frequently Asked Questions documents.

2.4. Study instruments and data collection

Survey items for both older adults and program leaders were developed and used during the initial pilot study, employing a pragmatic evaluation approach with a primary focus on generating actionable and relevant information to inform program improvement, implementation, and scaling [32]. The first section of the survey included six closed-ended questions related to overall satisfaction with the program, location, frequency (scheduled days/times), and session length. This section also included questions to gauge older adult satisfaction with changes in walking abilities and willingness to recommend the program to others. The questions were rated on a 3-point response scale (1= not at all, 2 = so-so, and 3 = very much). The second part of the survey included two open-ended questions, allowing participants to report how the program affected their walking ability and/or overall well-being, covering both positive and negative aspects, as well as suggestions for improvement (Appendix A). Older adults' satisfaction with the Walk On! program was assessed at the end of each Walk On! program cycle.

Program leaders' satisfaction with training was assessed using an anonymous brief survey at the end of the training. The first part of the survey included ten closed-ended questions on overall satisfaction with the training, the value and appropriateness of the training (including expectations, relevance of the training material, and length of the training), the training material, the training instructor, and the program leaders' preparedness to lead the Walk On! program. The questions were rated on a response scale ranging from 1 (strongly disagree) to 5 (strongly agree). The second part of the survey included five open-ended questions and collected information regarding (1) the usefulness of the training material, (2) additional material/resources to support program leaders, (3) the training pace, (4) training elements most interesting to trainees, and (5) feedback/suggestions for training improvement (Appendix B).

2.5. Data analyses

Descriptive statistics were used to summarize older adult participants' demographics and closed-ended survey data. For older adults, open-ended survey responses were analyzed using an inductive content analysis approach [33]. Older adult participants could attend multiple 12-week Walk On! program cycles. Open-ended survey responses from repeated attendance were included in the analysis if they contained unique or additional information. Initially, two coders independently reviewed and coded the data to identify key categories. After completing the initial coding, the two coders met to compare codes, discuss interpretation, and reach consensus on the final set of categories through iterative discussions. Given the sample size and brevity of responses, open-ended responses from the program leaders' surveys were not formally coded; rather, responses were summarized to reflect program

leaders' input for each question, and the number of program leaders responding to each question was reported [34].

3. Results

3.1. Older adult participants' characteristics

Demographic data were available for 37 of the 42 unique Walk On! program attendees with completed satisfaction surveys (Table 1). Study participants were, on average, 79 years of age, majority female (87%), lived alone (54%), and were current drivers (97%). Mobility limitations reported by older adult participants included difficulties walking around the home (22%), walking on uneven surfaces (51%), getting up from a chair (41%), and using a cane or a walker (27%). The mean attendance for all available walking sessions was 71±22%, and 25% of the participants attended the program for a second time. No serious adverse events were reported during the Walk On! sessions.

3.2. Older adult participants' satisfaction with the Walk On! program

All older adult participants who completed the Walk On! program reported being very satisfied with both the overall Walk On! program and the program location. The majority of older adult participants reported being very satisfied with the program's schedule (days/times, 88%) and length (95%). Most older adults expressed being very pleased with the program's impact on their walking abilities (95%), and all older adult participants indicated they would recommend the program to others (Table 2).

3.3. Older adult participants' perceived benefits in walking ability and well-being

Forty older adult participants who completed the survey provided unique responses to the open-ended questions (Table 3). All older adult participants (100%) reported that the Walk On! program had a positive impact on their walking ability and well-being. Nearly half of the older adult participants (48%) reported perceived improvement in their strength and endurance after attending the Walk On! program, and a similar proportion (45%) indicated that they valued meeting friends, socializing, and the fellowship experienced during the Walk On! program. A smaller proportion of older adults (28%) identified positive

Table 1
Older adults' demographic characteristics (N = 37)*.

	n (%)	Range
Age (years) Mean (±SD)	79 ± 9	57–94
Gender (female)	32 (87)	
Live alone	20 (54)	
Drive	36 (97)	
Difficulty Walking Around Home	8 (22)	
Difficulty Walking Uneven Surfaces	19 (51)	
Difficulty Getting up from a Chair	15 (41)	
Reported any falls in past month	3 (8)	0–1
Diabetes	6 (16)	
Breathing Difficulties that require use of inhaler or Oxygen	0 (0)	
Physical impairments to Exercise	0 (0)	
Use of Cane/walker	10 (27)	
Heart Condition	1 (3)	
Chest pain with physical activity	1 (3)	
Chest Pain without physical activity	0 (0)	
Bone/Joint problems?	2 (5)	
Dizziness/Loss of Consciousness	0 (0)	
Program Attendance Percentage Mean (±SD)	71±22**	
Repeated attendance (second time attendees)	25	

* Demographic data was available for 37 of 42 unique attendees with satisfaction data.

** Percentage is based on 24 possible Walk On! sessions (2 sessions per week for 12 weeks).

Table 2
Older adults' satisfaction with Walk On! (N = 42).

	Very Much n (%)	So-So n (%)	Not At All n (%)
How satisfied are you with the Walk On! program?	42 (100)		
How satisfied are you with the location?	42 (100)		
How satisfied are you with the day and time?	37 (88)	5 (12)	
How satisfied are you with the length (12 weeks)?	40 (95)	2 (5)	
How pleased are you with any changes in your walking abilities?	40 (95)	2 (5)	
Would you recommend Walk On! to others?	42(100)		

Note: The data presented is based on completed surveys of 42 unique attendees who answered the closed-ended questions.

changes in walking confidence. Most of the negative responses expressed by older adult participants related to their desire for more time to complete tasks and experiencing pressure to keep up with peers (15%), followed by concerns about health issues, including functional limitation (10%) and schedule conflicts (5%). Of the four unique participants who expressed negative health issues, three specifically described health concerns related to function, such as “torso is weak” or “knees are worsening”. All three also reported at least one functional limitation during the initial screening, such as difficulty walking around the home, difficulty walking on uneven surfaces, rising from a chair, or using a cane or walker. Two of the three participants also reported positive functional outcomes after attending the Walk On! program. Slightly more than a third of older adult participants (38%) indicated they were satisfied with the program or had no further recommendations. A smaller number of older adult participants recommended modifications related to session length (23%) and/or expanding exercise types to other

body parts (18%).

3.4. Program leaders' satisfaction with Walk On! training

Out of the 12 all-female program leaders who attended the Walk On! training workshop, nine completed the satisfaction survey at the end of the training. All 12 program leaders retained their roles as program leaders. Program leaders rated the training as either “excellent” (67%) or “good” (33%). All program leaders strongly agreed that the training was relevant to their role, and the majority reported the program training met their expectations (67% strongly agreed). Course materials were well-received (78% strongly agreed) by participants who also agreed that instructors utilized clear communication (44% strongly agreed) and answered questions effectively (78% strongly agreed). Most program leaders agreed that training time was appropriate (56% strongly agreed) and that they had enough time to practice balance

Table 3
Impact of Walk On! on older adults' walking ability and overall health (N = 40).

Domain	Participants n (%)	ID	Participant Example Quotes
Positive	40 (100)		
Improved Strength & Endurance:	19 (48)	OA3	Able to stand without using my arms.
		OA10	My walking time & distance was helped
		OA33	Increased my stamina, established a routine.
		OA36	Built my endurance and strength.
Social Support & Enjoyment	18 (45)	OA8	This walk On program has allowed me to enjoy walking, smiling & engaging with other older adults.
		OA12	I enjoy the socialization and I'm looking forward to continuing to improve.
		OA25	Interacting with other was a plus for mental health.
		OA27	I'm very happy I got in the class. I really enjoyed the class.
Improved Walking Confidence	11 (28)	OA1	Walking Improved, easier and more confident.
		OA3	Able to walk without a cane!.
		OA27	My walking and my standing are better.
		OA34	My ability to walk has improved.
Self-efficacy & Goal-setting	9 (23)	OA6	Setting goals outside of class. Can walk at least half a mile a day.
		OA11	Have reached my goal to walk 2 miles.
		OA32	Help me with sticking to a schedule.
		OA26	I am more confident and not afraid a lot.
Improved Balance	8 (20)	OA7	My balance has improved
		OA17	Increased my stability significantly, acquired some new exercises unknown to me.
		OA35	Better balance and ability to walk.
		OA37	Pleased with challenge, standing balance.
Negative	12 (30)		
Expectations and Individualization	6 (15)	OA13	Wish I had more time at the balance station, but balance is getting better.
		OA39	I don't want it to stop. There is an inherent push to walk as many laps as you can in the set time that puts pressure on each of us for speed.
Health issues	4 (10)	OA20	Torso is weak.
Scheduling conflicts	2 (5)	OA38	Knees are worsening.
		OA32	Feeling of fleeting time for regular schedules - Hair, nails etc.
		OA33	Though days of the week was good, it created conflict with another commitment
Recommendations	33 (82)		
None	15 (38)	OA8	This program has NO negatives. I will only miss it all during the break until January.
Change Session Length and Time	9 (23)	OA42	Good program. cannot think of any suggestions to Add.
		OA13	Change time but you have already tried.
Expanding Exercise Types	7 (18)	OA40	Classes could be longer.
		OA20	Work on upper body.
		OA10	I'd like more time working on my weaknesses, for me, my balance needs more work.

Note: The data presented is based on complete surveys of 40 unique attendees with distinct responses to the open-ended questions. OA = Older Adults.

challenges (44% strongly agreed) and functional tests (56% strongly agreed). Overall, 67% of program leaders strongly agreed with the statement that they were prepared to lead Walk On! (Fig. 1).

3.5. Most helpful training material for program leaders and recommendations for future training

Overall, the responses to the open-ended questions were positive. Eight program leaders reported that the most helpful materials in preparing them to lead the Walk On! program and plan the day-to-day activities were the curriculum guide, program manual, and printed material. Comments included “The printed curriculum was very helpful in tracking exactly what we needed to do each week. Also, the printed functional tests with instructions were easy to use and easy to explain” (PL5). Four program leaders expressed desire for additional resources such as assistance on how to perform functional testing (e.g., “More assistance on how to perform the testing” (PL2)) and determine participants goals (e.g., “Understanding how the participants’ goals are determined”(PL6)), program operation (e.g., (Guidance on organization of participant information collected”(PL3)), and the opportunity to observe a Walk On! program, before leading one (e.g., “I think an opportunity to observe an active session until comfortable might be an option”(PL8)). Six program leaders offered recommendations for training improvement, including shortening the training duration to align better with the content covered, increasing the frequency of the sessions, scheduling sessions closer to the Wall On! program implementation, and favoring in-person delivery. (See Appendix C for all responses).

4. Discussion

In this study, we evaluated the satisfaction of older adults with the Walk On! program and the satisfaction of program leaders with the training in preparation for the large-scale implementation of the Walk On! program. Key findings revealed (1) high levels of satisfaction among both older adults and program leaders regarding the Walk On! program and training respectively, (2) older adult participants specifically reported perceived improvement in strength, and endurance, social support and enjoyment, improved walking confidence after attending the Walk On! program, and (3) the program leaders described training as relevant to their role and training materials easy to follow and helpful.

Consistent with the Walk On! proof-of-concept pilot study [23], older adult participants in this study expressed a high level of satisfaction with the Walk On! program and indicated they would recommend the Walk On! program to others. The high satisfaction rate in this study is significant, as satisfaction reflects the overall program’s acceptability and, in turn, older adults’ long-term participation in community-based physical activity programs [18].

Improved strength, balance, and walking confidence were among the

key functional outcomes reported by older adults participating in the Walk On! program. This is an important finding, as 70% of older adult participants reported at least one functional limitation, such as difficulties walking around the house, difficulties walking on uneven surfaces, rising from a chair, or using a cane/walker. Furthermore, multiple studies have shown that participants’ perceived improvements in strength, cardiovascular fitness, balance, walking ability, and the desire to remain independent play a significant role in older adults’ satisfaction and continued participation in community-based programs such as Walk On! [18,35,36] Functional assessment outcomes were shared with older adult participants and were used to develop personalized walking lap goals. Participants’ knowledge of the functional assessment outcome may have played a role in their heightened sense of progress, consequently contributing to their satisfaction with the program [37].

Older adults in this study expressed that “enjoying socialization,” “meeting friends,” and “having a place to belong” are some of the benefits of attending Walk On!. This is encouraging, as Walk On! was intentionally designed to foster social interaction among participants during walking sessions, indicating that this approach was well received. Multiple studies have shown that social support, from family and friends, is positively linked with satisfaction and continued involvement [19,20,38–40]. Social support is also associated with enhancing enjoyment, another key factor in older adults’ satisfaction and long-term participation in physical activity programs [13,19,40, 41], which often occurs through encouragement and positive social interactions [41]. The Walk On! program provided opportunities to engage in social interaction among the older adult participants before class while settling in, during walking laps, with some choosing to walk together and during group stretching activity at the end of each session with many staying after the session and engaging in conversations.

Another key factor associated with long-term participation in physical activity programs is self-efficacy [18,19,38]. In this study, older adult participants reported increased confidence walking, setting and reaching their walking goals, and sticking to a schedule. This is particularly meaningful, as higher self-efficacy and confidence in goal setting have been associated with greater satisfaction with physical performance and long-term participation in physical activity programs in older adults [42,43].

Assessing program leaders’ satisfaction with training is a critical step in identifying strengths and weaknesses in the training content and delivery methods while also providing an opportunity to monitor training effectiveness and make adjustments to enhance program dissemination and scaling up [31]. Our findings indicate that program leaders were highly satisfied with the Walk On! training and specifically expressed that the curriculum guide, program manual, and printed material were very helpful resources. This is a valuable finding as satisfied and well-trained program leaders are more likely to be motivated and capable of delivering an effective community-based program

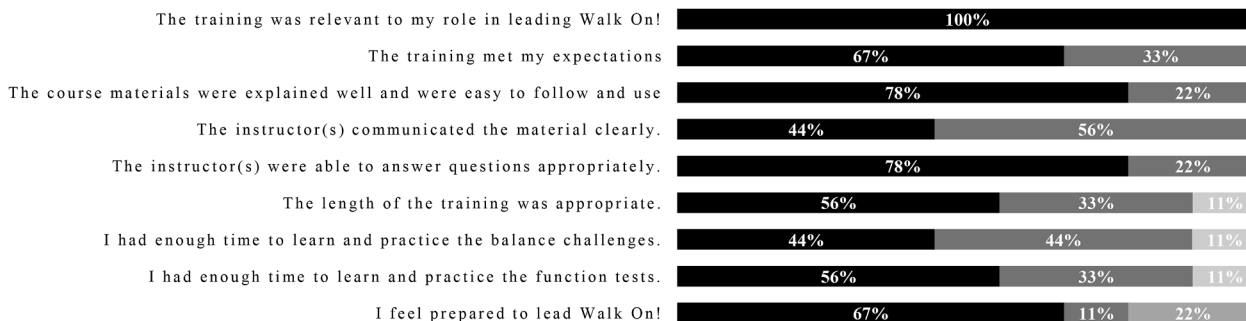


Fig. 1. Program Leaders’ Satisfaction with the Community Walking Program (Walk On!) Training (N = 9). The figure key is as follows: Black: Strongly Agree; Dark Gray: Agree; Medium Gray: Neutral; Light Gray: Disagree; Very Light Gray: Strongly Disagree "Note: No program leaders selected the 'Strongly Disagree' option in any category." Note: Of the 12 program leaders who attended the training, 9 completed the program leader satisfaction survey.

with fidelity over time, contributing to better participant outcomes and program longevity [27,28]. Program leaders' feedback also highlighted a desire for additional resources, specifically for conducting functional assessment tests and supporting older adult participants with goal setting. These insights indicate that with a few refinements to the training in these areas, program leaders' ability to implement the program effectively can be improved. Notably, program leaders in this study were appointed by participating organizations and represented a wide range of professional backgrounds and qualifications. Training professionals and laypersons are two of the five main community capacity-building strategies identified by Ubert and colleagues' review [28]. Several other studies have highlighted that locally trained and integrated program staff/leaders are essential to planning sustainable community-based programs [44,45].

One of the main strengths of this study is its implementation across four community organization sites, which reflects a range of real-world delivery environments. This study builds on our earlier pilot findings from a single site and provides valuable insight into the Walk On! program's acceptability for future larger-scale studies. Assessment of both older adults' satisfaction with the Walk On! program and the program leaders' satisfaction with the training provides vital feedback, highlighting areas of success and opportunities for improvement from multiple perspectives. This study also has limitations. First, the sample sizes were small. Secondly, despite promoting the Walk On! program as all gender inclusive, most of the older adult participants were female (87%). This gender imbalance raises concerns about the program's acceptability among men and warrants a closer examination of recruitment strategies to address the observed gender imbalance and enhance acceptability and participation across diverse groups. Additionally, having all-female program leaders may have contributed to the low number of men recruited into the Walk On! program. Thirdly, detailed demographic information from the program leaders was not collected, which limits our ability to examine their responses further. These factors may limit the generalizability of the findings and the scaling up of the Walk On! program. Further research on continued satisfaction is vital to determine whether the Walk On! program's impact persists over time and to identify necessary adjustments to maintain older adults' satisfaction and long-term participation in the Walk On! program.

5. Conclusion

The high satisfaction rate among older adults with the Walk On! program and program leaders with the Walk On! training indicates a potential to scale the program further and expand its offerings into additional settings. Furthermore, the self-reported improvement in physical function (strength, endurance, balance, and walking ability), social support, enjoyment, self-efficacy, and goal setting highlights the program's multifaceted benefits for older adults. Future studies should focus on developing targeted strategies to enhance the program's reach among older men.

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Ethical approval and consent to participate

The study protocol was approved by the Institutional Review Board at Wake Forest University School of Medicine (IRB00049019). All data obtained in Walk On! and presented here are part of the established walking program; thus, written informed consent was not obtained.

Declaration of generative AI and AI-assisted technologies in the writing process

The authors declare that no generative AI and AI-assisted technologies were used in the writing process.

CRediT authorship contribution statement

Rahma Ajja: Writing – review & editing, Writing – original draft, Formal analysis, Conceptualization. **Elizabeth Chmelo Kemp:** Writing – review & editing, Data curation. **Tami Guerrier:** Writing – review & editing, Data curation. **Justin B. Moore:** Writing – review & editing, Funding acquisition, Conceptualization. **Jaime M. Hughes:** Writing – review & editing, Conceptualization. **Mark A. Hirsch:** Writing – review & editing. **Barbara Nicklas:** Writing – review & editing, Funding acquisition, Conceptualization.

Declaration of competing interest

Author Rahma Ajja declares no conflicts of interest. Author Elizabeth Chmelo Kemp declares no conflicts of interest. Author Tami Guerrier declares no conflicts of interest. Author Justin B. Moore declares no conflicts of interest. Author Jaime M. Hughes declares no conflicts of interest. Author Mark A. Hirsch declares no conflicts of interest. Author Barbara Nicklas declares no conflicts of interest.

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Supplementary materials

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Data availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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