

**TOOL 3.1: FE**ASIBILITY, APPLICABILITY, ACCEPTABILITY, EQUITY

AFFORDABILITY (FAAEA) CHECK

**COMMUNITY**

**Section in Planner: Phase 1, Step 3 (3.1)**

**Why is this important?**

To ensure the exercise program is the best fit for your setting, it needs to be feasible, applicable, acceptable, equitable, and affordable.

**How to use this tool:**

Using the wealth of information gathered in Phase 1, Steps 1 and 2, consider the strength of each statement as it now applies to your plans for a program. *These statements are linked to the national recommendations for best practice in post stroke community-based exercise1. Check further detail for each Recommendation listed in the Guide, Phase 1, Step 1.2.* If you can agree with most, you are in a good position to proceed with planning. If multiple areas need further attention and resolution, consider if, how, and when you might be able to proceed more effectively with introducing a program. Use and adapt this assessment to suit your own setting and circumstances, as needed.

**User Comments:**

(A need exists) *“… to deliver programs that are affordable and tax-deductible because for example I still spend thousands of dollars a year on my therapy, 17 years later*.” (Person with stroke)

*What I like about this group is that they are really trying to uphold principles of equity; they have been creative and resourceful in obtaining sponsorships and are subsidizing participant fees for those who need funding support.* (Physiotherapist)

*“Our planning team completed the feasibility check together at one of our meetings. We talked through the items and found a key issue that remained unanswered, so it was a helpful tool that helped us to identify what we needed to address.”* (Physiotherapist)

1. Inness EL, Brown G, Tee A, Kelly L, Moller J, Aravind G, et al. Canadian stroke community-based exercise recommendations. Canada; 2021.

Feasibility items # 1-10; Applicability item #11; Acceptability item #12; Equity #13; Affordability item #14

For full planner visit: [**https://www.afterstroke.ca/resources/srimp/**](https://www.afterstroke.ca/resources/srimp/)

Phase 1, Step 3: Feasibility, Applicability, Acceptability, Equity and Affordability (FAAEA) Check

| **QUESTION** | **Strongly**  **AGREE** | |  | **Strongly DISAGREE** | |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. We have determined a sufficiently large target population in our community to warrant introduction of the exercise program. |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 2. We can ensure that participants have consulted with a qualified healthcare professional before participating in any exercise program to ensure there are no conditions that require special consideration or would be contraindicative to participating in the exercise program. (Recommendation 1)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 3. We can ensure that a formal, standardized intake/screening and documentation process will be conducted to assess participant eligibility and a match between the selected program and participant. We also have processes in place to ensure that the exercise provider is aware of any concerns and recommendations identified through the screening process.  (Recommendation 2)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 4. The necessary expertise to safely and effectively implement and sustain the program is available in our community including committed health care provider/partners to assist with training and consultation regarding program delivery. (Recommendations 3, 6.2)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 5. We can provide specifically trained (and certified) instructors to deliver to the needs of people living with stroke, as well as trained volunteers and/or training for attending caregivers (Recommendations 6.1, 6.2)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 6. We can provide a class staff-to-participant ratio which provides adequate instruction, supervision, safety, and support (recommended max. 1:4; Recommendation 3)1 |  |  |  |  |  |
| Comments or Suggestions: | | | | | |
| 7. We have an appropriate facility/environment in which to deliver the program including accessible facilities, and barrier-free access to equipment and bathrooms. (Recommendation 7)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 8. We have a documented and known emergency plan and adverse event protocol which includes access to in-house CPR and First Aid from qualified personnel, phone access to EMS; access to an Automatic External Defibrillator (AED) and access to a source of glucose. (Recommendation 8)1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 9. Program evaluation processes can be put in place to monitor program delivery (e.g., referral and screening processes, compliance with exercise program and procedures), participant engagement, and program impact. (Recommendation 5) 1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 10. There are no constraints, legislation, policies, or resources in our setting that would impede the implementation of the program recommendations. |  |  |  |  |  |
|  |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 11. The exercise regimen incorporates standard exercise training principles including an emphasis on the practice of functional tasks to address the needs of people with stroke; the program is applicable to the participants identified in our community. (Recommendation 4) 1 |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 12. The program is acceptable to all our program users. |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 13. We have assessed equity, diversity, and inclusion considerations; All target users and stakeholders (participants, providers, partner agencies, technical support) are included in our planning process. |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 14. We have assessed all direct and indirect program costs and have identified the necessary funding and/or sponsorship to manage initial and ongoing program expenses. |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |
| 15. Other: |  |  |  |  |  |
| *Comments or Suggestions:* | | | | | |

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