Survey development to assess implementers' perceptions of feasibility of evidence-based interventions for cardiovascular disease management in low-and middle-income countries.

Temitope Ojo, MPH, Joyce Gyamfi, PhD, MS, Nessa Ryan, PhD, MPH, MSCI and Emmanuel Peprah, PhD
New York University School of Global Public Health, New York, NY

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Background: There is a shortage of locally driven cardiovascular disease (CVD) interventions in low-and-middle-income countries (LMICs), though LMICs bear over 75% of global CVD-related deaths. Translating evidence-based interventions (EBIs) developed and tested in high income countries is only feasible if adapted to a LMIC-specific context. Feasibility is an implementation research outcome, defined as the extent to which an innovation or strategy can be used or carried out in an existing setting or agency. There is a dearth of adequate instruments to rigorously assess feasibility of EBIs for CVD in LMICs.

Methods: This study developed a survey to capture the perceived contextual factors that influence the feasibility of implementing EBIs for CVD in LMICs. Guided by the Consolidated Framework for Implementation Research contextual domains of inner setting and outer setting, we used a systematic review and qualitative interviews to generate survey items that capture perceived contextual factors. A purposive sample of LMIC context-based researchers/implementers/stakeholders (n=20) rated items based on their importance, relevance and appropriateness for assessing feasibility; and pretested the online survey via usability and cognitive tests.

Results: The final survey consisted of four components: socio-demographics, intervention details, items capturing perceived influential contextual factors of feasibility, and an existing feasibility assessment tool. Response options to survey items were scored based on a 5-point likert scale.

Conclusions: Administering a rigorous survey that captures perceptions of researchers and implementers about contextual factors that influence feasibility of implementing CVD interventions in LMICs will provide foundational knowledge to inform tools that better predict feasibility in resource constrained settings.