



ST. MICHAEL'S
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An evaluation of Canadian Task Force on Preventive Health Care's 2023 Knowledge Translation Activities

SUMMARY REPORT

Prepared for The Canadian Task Force for Preventive Health Care

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Background and Methods

This report provides a condensed overview of the Canadian Task Force on Preventive Health Care (Task Force)'s 2023 evaluation. The 2023 evaluation measured impact and uptake of the Task Force's clinical practice guidelines (CPGs), knowledge translation (KT) tools, and KT resources released between January and December 2023. Specifically, this evaluation focused on the guideline and associated KT tools released in 2023, cancer screening guidelines and any other guidelines released in the last 5 years. In addition to examining data on key KT activities, we engaged primary care practitioners (PCPs) through both surveys and semi-structured interviews to understand the uptake of these KT activities. The results of this evaluation provide feedback on the Task Force's activities, highlight the strengths of the Task Force's KT efforts, and identify areas in which the Task Force can improve KT activities and uptake.

Results

Guidelines and Dissemination

For highlights of 2023 guidelines and KT activities, please see Appendix A.

Survey

A total of 401 people accessed the 2023 annual evaluation survey. After removing responses that did not meet inclusion criteria, a **total of 228** were included in the analysis. Participants practiced in urban (55%, $n = 126$), suburban (18%, $n = 41$), and rural (25%, $n = 57$) settings across eleven provinces and territories, with varying years of experience (i.e. from ≤ 5 to ≥ 41 years in practice). Participants were asked questions about: (a) use of Task Force non-cancer guidelines published in the last five years, (b) use of Task Force cancer guidelines, and (c) use of Task Force guideline KT tools.

(a) Use of Task Force non-cancer guidelines published in the last 5 years

Eighty-two percent ($n=188/228$) of participants reported using a least one non-cancer preventive health guideline published in the last five years in their practice. The most widely used non-cancer preventive health guideline published in the last 5 years was the asymptomatic bacteriuria in pregnancy (2018) guideline (64%, $n=145/228$), followed by chlamydia and gonorrhea (2021) (51%, $n=116/227$), fragility fractures (2023) (49%, $n=111/225$), pregnancy and postpartum depression (2022) (46%, $n=103/224$) and asymptomatic thyroid dysfunction (2019) (46%, $n=103/226$). The least well known guideline was impaired vision (2018), with 65% ($n=145/223$) reporting they were unaware of a guideline on this topic.

Table 1: Participant Use of Non-Cancer Guidelines Released in the last 5 years

Guideline	# Use	% Use
Fragility Fractures (2023)	111/225	49%
Pregnancy and Postpartum Depression (2022)	103/224	46%
Chlamydia and Gonorrhoea (2021)	116/227	51%
Asymptomatic Thyroid Dysfunction (2019)	103/226	46%
Asymptomatic Bacteriuria in Pregnancy (2018)	145/228	64%
Impaired Vision (2018)	33/223	15%

(b) Use of Task Force Cancer Guidelines

Eighty-nine percent (n=203/228) of participants reported using at least one of the cancer guidelines in their practice. The most widely used Task Force cancer screening guideline was the prostate cancer (2014) guideline (76%, n=173/227) followed by the breast cancer update (2018) guideline (76%, n=170/225), cervical cancer (2013) guideline (72%, n=162/224), and lung cancer (2016) guideline (65%, n=149/228). The esophageal adenocarcinoma guideline was the least well known cancer screening guideline, with 59% (n=132/225) reporting they were unaware of a guideline on the topic (i.e., chose “I am not aware of a guideline on this topic” in the survey).

Table 2: Participant Use of Task Force Cancer Guidelines

Guideline	# Use	% Use
Esophageal Adenocarcinoma (2020)	40/225	18%
Breast Cancer Update (2018)	170/224	76%
Lung Cancer (2016)	149/228	65%
Prostate Cancer (2014)	173/227	76%
Cervical Cancer (2013)	162/224	72%

(c) Use and Awareness of Task Force Guideline Tools

Among KT tool types, participants used Task Force infographics and 1000-person tools the most. Fifty-six percent (n=123/219) of participants had used a Task Force guideline infographic and 52% (n=116/221) had used a guideline 1000-person tool. The least well known tool types were the clinician and patient FAQs with 42% (n=92/221) and 47% (n=104/221) being unaware of these, respectively.



Table 3: Participant Awareness and Use of Guideline KT Tools

Guideline KT Tool Type	# Use	% Use	# Aware	% Aware
Infographics	123/219	56%	37/219	17%
1000-person tools	116/221	52%	29/221	13%
Decision Aids	92/221	42%	59/221	27%
Clinician FAQs	69/221	31%	60/221	27%
Patient FAQs	54/221	24%	63/221	28%

Interviews

We conducted 30 interviews with PCPs from across Canada: 29 in English and 1 in French. These interviews explored three main themes: (1) Awareness of the Task Force organization and guidelines; (2) Influences on guideline implementation and; (3) Suggestions for improving reach and impact of Task Force activities.

1. Awareness of the Task Force organization and guidelines

Most interview participants first learned about the Task Force during either their schooling or residency. Some participants were also made aware of the Task Force by attending a conference, preparing for a licensing exam, through an internet search or through an email newsletter.

Participants also outlined where they get information about new guidelines. Most received information through the Task Force email newsletter. Some participants mentioned other sources including journal publications, word of mouth from colleagues, conferences and social media.

2. Influences of Guideline Implementation

When asked about the factors that influence guideline adoption, many participants described several main decision-making factors that influence their decision to adopt or follow guidelines including: colleagues discussing and advocating for a guideline, the strength and quality of the evidence used in the guideline, the preferences of patients, the alignment of the guideline with guidance from specialists or with provincial or territorial standards, how clear and concise the guideline is, and how transparent the guideline development was.

Small numbers of participants mentioned other factors influencing their choice to implement a guideline, including: if the guideline considered marginalized groups in its recommendations, recent outcomes they'd experienced with patients related to the guideline topic, if tools were available to help them implement the guideline, if the guideline is reviewed and updated consistently and if the resources needed to implement the guideline are available in their region.



3. Suggestions for improved reach and impact of Task Force activities

Participants noted several suggestions for improving the reach of and access to Task Force guidelines and KT tools. These suggestions included using multiple avenues of communication to notify practitioners of new guideline releases, making guidelines accessible via an app or through integration with electronic health record systems, optimizing the websites for patients to use, and integrating Task Force resources and recommendations into training curriculums.

Limitations

The number of survey and interview participants who participated in the study was relatively small given the diverse Canadian context and may not be representative of all PCPs in Canada. We offered surveys and interviews in both English and French. Significantly fewer PCPs completed the survey in French compared to English, and only 1 participant completed an interview in French, therefore the results of this evaluation may not represent the awareness and use of Task Force guidelines and KT tools among French-speaking PCPs. Lastly, the survey and interview data collected in this evaluation were based on participant self-reports and therefore could be affected by social desirability or recall bias.

Recommendations

This report provides a condensed overview of the Task Force 2023 annual evaluation report. Based on this evaluation, we identified five opportunities for enhancing the engagement of PCPs with Task Force resources and activities. We recommend the following:

- 1. Continue to leverage new and existing avenues for dissemination of Task Force guidelines and resources**
- 2. Expand direct communications with members of the public**
- 3. Promote the inclusion of Task Force guidelines and resources in apps**
- 4. Consider promoting previous guidelines and available Task Force resources during extended periods between guideline releases**
- 5. Explore opportunities to involve additional organizations in guideline dissemination and implementation activities.**

Appendix A. 2023 Annual Evaluation Highlights Infographic



Canadian Task Force
on Preventive Health Care

2023 ANNUAL EVALUATION HIGHLIGHTS

1

Guideline
published

MAY
Fragility Fractures



Most downloaded
guideline on CMAJ



19,760

Guideline downloads

10%

Increase in newsletter
subscribers



535

conference booth
visits



10,721

Fragility Fracture
podcast plays

45

media interview
requests

**Fragility Fractures
Decision Aid (EN)**

**Diabetes type 2
Clinician
FINDRISK (FR)**

Most visited tools
on TF website



**Breast cancer
(2018)**

Most visited guideline
on TF website

>1690

Media mentions
of TF

433, 096



Website
visits

141,330

Website users



82,796

CMAJ guideline
downloads

8,611

Tools distributed at
conferences