

# Familiarity With and Use of Insufficient Evidence Findings From the Community Preventive Services Task Force



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## INTRODUCTION

The Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of experts that uses systematic reviews to develop recommendations about community preventive services and programs to improve population health. The CPSTF issues an insufficient evidence (IE) finding when the evidence is lacking, inconsistent, or has significant methodologic limitations. An IE finding indicates a need for more research.<sup>1</sup> The NIH partners with the Centers for Disease Control and Prevention Community Guide Office to support the CPSTF in making evidence-based recommendations and identifying research gaps.<sup>2</sup> NIH also collaborates to communicate IE findings and engage researchers and research funders in addressing the evidence gaps. An evaluation was conducted to learn more about the researchers' and research funders' familiarity with and use of IE findings, with the aim of improving the way they are communicated.

## METHODS

A sample of NIH staff and NIH-funded external researchers were interviewed regarding their familiarity with IE as a conclusion from systematic reviews and CPSTF IE findings. A trained qualitative researcher conducted 42 telephone interviews in 2017. Participants were recruited from 13 NIH institutes, centers, and offices using convenience sampling methods (Table 1). These participants were selected because their research foci align with preventive services topics considered by the CPSTF. The search option in [www.grants.gov](http://www.grants.gov) was also used to identify 6 NIH research grantees. Participants were categorized as research funders if their primary role was developing or managing research funding opportunities and as researchers if their primary role was conducting research. The project team developed a deductive coding scheme based on the potential responses to interview questions (e.g., *Yes—has heard of CPSTF*, *No—has not heard of CPSTF*). This approach facilitated the application of codes, organization of data, and identification of themes relevant to familiarity with and use of CPSTF findings.

## RESULTS

Of the 42 participants, 28 were research funders and 14 were researchers. Overall, 95% of the participants were classified as being *somewhat familiar* or *familiar/comfortable* with the general concept of IE, whereas more than half were rated as *unfamiliar* with CPSTF IE findings (Table 2). The majority of the participants indicated that they *seldomly use* or *do not use* CPSTF IE findings.

Among researchers, 6 reported that they occasionally use IE findings to justify the need for research studies or guide priority-setting workshops. In total, 4 of these researchers stated that they periodically cite IE findings in the rationale section of research proposals to justify and demonstrate the importance of research questions. A total of 2 external researchers reported using CPSTF-recommended interventions but not IE findings, whereas 1 independently identified evidence gaps but did not use CPSTF IE findings. Other reasons for not using CPSTF IE findings included not being familiar with the systematic review process in general, preferring to independently conduct systematic reviews, or not having the authority to establish research priorities.

Among research funders, the reasons for not using IE findings in their work varied. Several of them were new to their role and had not written a funding opportunity announcement. Others reported that there were

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**Table 1.** The 13 NIH Institutes, Centers, and Offices With Participants (N= 36) in the Community Preventive Services Task Force Insufficient Evidence Findings Evaluation Project, 2017

NIH institutes, centers, and offices	Funders, n	Researchers, n
NCI	1	1
NHLBI	4	2
NHGRI	1	1
NICHD	1	2
NIDCR	1	0
NIDDK	5	0
NIMH	2	0
NINDS	1	0
NIA	2	0
NIDA	6	0
OBSSR	3	0
ODS	0	2
ODP	1	0
Total	28	8

Note: Researchers conduct research projects and contribute to the body of evidence through studies and evaluations of interventions. Funders help organizations, institutions, and agencies make important decisions about the allocation of resources used to conduct research.

NCI, National Cancer Institute; NHGRI, National Human Genome Research Institute; NHLBI, National Heart, Lung, and Blood Institute; NIA, National Institute on Aging; NICHD, National Institute of Child Health and Human Development; NIDA, National Institute on Drug Abuse; NIDCR, National Institute of Dental and Craniofacial Research; NIDDK, National Institute of Diabetes and Digestive and Kidney Diseases; NIMH, National Institute of Mental Health; NINDS, National Institute of Neurological Disorders and Stroke; OBSSR, Office of Behavioral and Social Sciences Research; ODP, Office of Disease Prevention; ODS, Office of Dietary Supplements.

no CPSTF findings relevant to their current work. Among those rated as low users of IE findings, 2 reported an occasional use of IE findings to develop funding opportunity announcements and described IE findings as useful for justifying the need to address the topics without an evidence base. Another one reported using CPSTF IE findings as the justification for holding an expert workshop to discuss the evidence gaps in the field.

## DISCUSSION

This evaluation assessed familiarity with and use of IE and CPSTF IE findings among NIH staff and external researchers. Most participants reported being at least somewhat familiar with the IE concept and had heard of the Community Guide and the CPSTF; only about half were familiar with the CPSTF IE findings, and fewer understood that they are meant to serve as a call to action for researchers.

**Table 2.** Participants' Familiarity With the Concept of IE, Familiarity With CPSTF IE Findings, and The Use of CPSTF IE Findings, 2017

Variable	Research funders (n = 28), n (%)	Researchers (n = 14), n (%)
Familiarity with the concept of IE		
Unfamiliar with the concept of IE	1 (4)	1 (7)
Somewhat familiar with the concept of IE	11 (39)	5 (36)
Familiar/Comfortable with the concept of IE	16 (57)	8 (57)
Familiarity with CPSTF IE findings		
Unfamiliar with CPSTF IE	14 (50)	8 (57)
Somewhat familiar with CPSTF IE	5 (18)	2 (14)
Familiar/Comfortable with CPSTF IE	9 (32)	4 (29)
Use of CPSTF IE findings		
Do not use IE findings	21 (75)	8 (57)
Seldomly use IE findings	5 (18)	0 (0)
Occasionally use IE findings	2 (7)	6 (43)
Frequently use IE findings	0 (0)	0 (0)

Note: Numbers represent the total number of people for each category of familiarity with the concept of IE, CPSTF IE findings, and the use of IE findings.

CPSTF, Community Preventive Services Task Force; IE, insufficient evidence.

## Limitations

This evaluation used convenience sampling methods for participant recruitment and a small number of non-NIH participants.

## CONCLUSIONS

Results of this evaluation point to the need for new strategies by the Centers for Disease Control and Prevention and NIH to increase familiarity with and use of CPSTF IE findings. NIH's role is particularly relevant because of its research focus<sup>3</sup> and sponsorship of many of the studies included in CPSTF systematic reviews.<sup>4</sup> Raising awareness of how researchers and research funders can use CPSTF IE findings to drive research questions could help fill the important evidence gaps.

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## REFERENCES

1. Our methodology. The Community Guide. <https://www.thecommunityguide.org/about/our-methodology>. Updated August 28, 2019. Accessed September 13, 2019.
2. Murray DM, Peterman Cross W, Simons-Morton D, et al. Enhancing the quality of prevention research supported by the National Institutes of Health. *Am J Public Health*. 2015;105(1):9–12. <https://doi.org/10.2105/AJPH.2014.302057>.
3. Lauer M. *NIH's commitment to basic science*. Bethesda, MD: National Institutes of Health, Office of Extramural Research; March 25, 2016. <https://nexus.od.nih.gov/all/2016/03/25/nih-commitment-to-basic-science/>. Published March 25, 2016. Accessed February 5, 2020.
4. Neilson E, Villani J, Mercer SL, et al. Sources of support for research and evaluation studies included in systematic reviews that inform recommendations of the Community Preventive Services Task Force. *Public Health Rep*. In press.