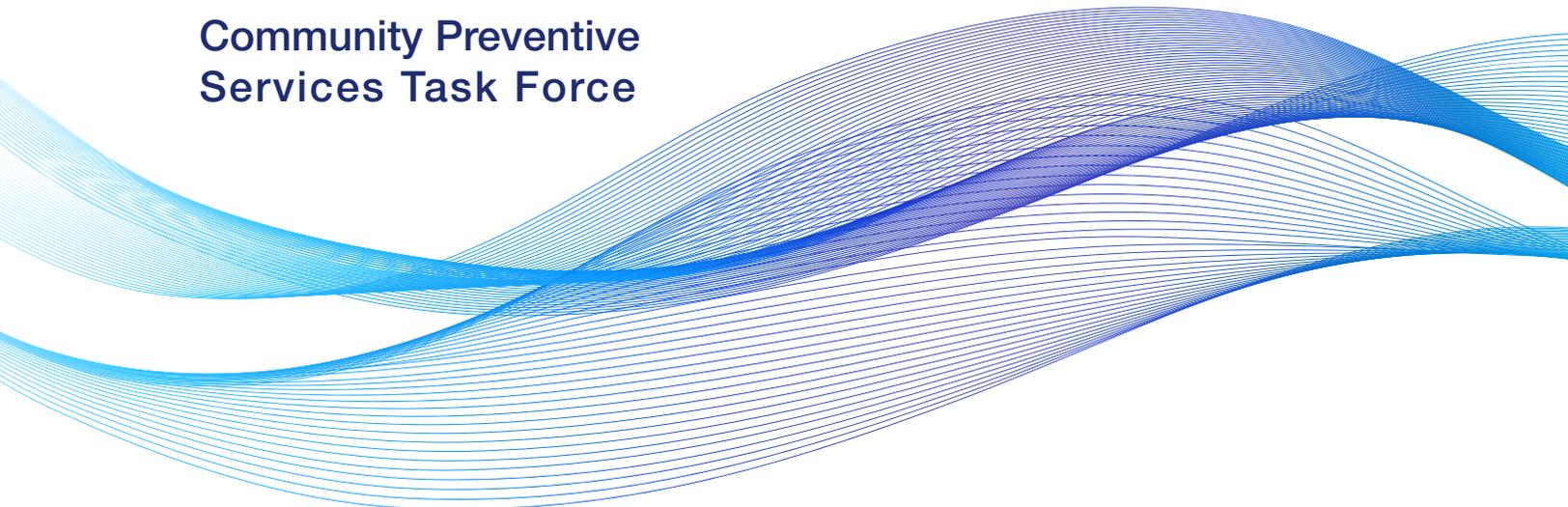


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**A N N U A L
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**Community Preventive
Services Task Force**



Community Preventive Services Task Force Findings for Fiscal Year 2020

The Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts that provides findings and recommendations on services, programs, and other interventions to improve population health. These findings and recommendations are based on systematic reviews of evidence on effectiveness and economics. They comprise [The Community Guide](#), providing a resource for decision-makers in the public and private sectors.¹

CPSTF recommendations are not mandates, but rather evidence-based options that decision-makers can use when seeking to improve the health of their communities. CPSTF evidence reviews use a consistent, scientifically rigorous, published methodology.² Each review generally considers all types of comparative study designs and includes studies from high-income countries that are published in English.

CPSTF recommendations have been put into practice in communities and other settings such as businesses, the military, healthcare systems, schools, and worksites. The broad portfolio of the CPSTF findings and recommendations covers a range of public health issues relevant to all Americans.

CPSTF Findings and Recommendations

During fiscal year 2020, the CPSTF issued four findings and recommendations on the following topics and interventions:

- **Health Equity – Housing Programs and Policies:** The CPSTF recommends [tenant-based housing voucher programs](#) based on sufficient evidence of effectiveness in improving health and health-related outcomes for adults.³
- **HIV Prevention:** The CPSTF recommends [clinical decision support systems \(CDSS\) for HIV screening](#) to increase screening based on strong evidence of effectiveness.⁴
- **Tobacco:** The CPSTF recommends [internet-based interventions](#) based on sufficient evidence of effectiveness in increasing tobacco use cessation among adult tobacco users.⁵

The CPSTF recommends [mobile phone text messaging interventions](#) based on strong evidence of effectiveness in increasing tobacco smoking cessation among adults who are interested in quitting.⁶

During fiscal year 2020, the CPSTF also added findings from economic systematic reviews⁷ to previously-recommended interventions.

- **Cardiovascular Disease:** The CPSTF found [tailored pharmacy-based interventions to improve medication adherence](#) are cost-effective for cardiovascular disease prevention. Evidence also showed the averted healthcare cost for people with cardiovascular disease exceeded the implementation cost; from a healthcare system perspective, this may produce a favorable return on investment.⁸
- **Cancer:** The CPSTF found interventions that engage community health workers to increase screening for [cervical](#)⁹ and [colorectal cancer](#)¹⁰ were cost-effective; there was not enough evidence to determine cost-effectiveness for [breast cancer](#)¹¹ interventions.



Evidence Gaps

Each Community Guide systematic review includes a list of critical [evidence gaps](#)¹² that highlight remaining questions about the intervention approach. Filling identified evidence gaps may make a significant positive impact on public health, health disparities, and healthcare costs. Researchers and program evaluators can review identified evidence gaps relevant to their research and develop studies and real-world evaluations to address them.

Common evidence gap questions include:

- Will it work for everyone? How might it affect populations differently?
- Will it work everywhere? Is it more effective in certain settings?
- Are some intervention components more important than others? Does it matter who delivers the intervention?
- What are the economic benefits? What are intervention costs? Is it cost-effective?

For the four interventions that CPSTF recommended during fiscal year 2020, the evidence gaps included the following:

- How would the following program factors influence the effectiveness of **tenant-based housing voucher programs**?
 - ➔ Allowing more time for a housing search
 - ➔ Recruitment and education of landlords to the voucher programs
 - ➔ Assistance for voucher users to move to high-opportunity areas (such as pre-move counseling)
 - ➔ Short-term payments to cover initial move expenses

- Most studies reporting on HIV screening among people at high risk did not report effectiveness by specific risk behaviors. For example, how effective are **CDSS for HIV screening** among people who have male-to-male sexual contact or inject drugs and for people who are transgender?
- How effective are CDSS for HIV screening in rural areas?
- How does the effectiveness of **internet-based tobacco cessation** interventions that use automated, interactive, and tailored guidance compare with interventions that use static websites or printed materials in U.S. populations and settings?
- What is the impact of **internet-based and mobile phone text message tobacco cessation** intervention approaches on long-term cessation outcomes (12 months or more following intervention)?
- Are **internet-based and mobile phone text message tobacco cessation** interventions effective with clients who want to quit using e-cigarettes?

The Community Guide includes ways that researchers and funders can use CPSTF evidence gaps to strengthen their research proposals and funding announcements.

CPSTF Priorities for 2020-2025

The CPSTF selects priority topics every five years to guide systematic evidence reviews on population health interventions, which form the basis for their findings and recommendations. The CPSTF used a data-driven process to select priority topics for 2020-2025. They first considered all [Healthy People](#)¹³ topics and engaged stakeholders to provide input, then applied criteria, such as magnitude of burden, disparities, potential population health impact, and balance across topics, to finalize the priority list. The nine topics listed below join the set of more than 20 topics considered by CPSTF since its inception in 1996. The priority topics guide the overall work of CPSTF but do not preclude consideration of other topics.

- Heart Disease and Stroke Prevention
- Injury Prevention
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Preparedness and Response
- Social Determinants of Health
- Substance Use
- Tobacco Use
- Violence Prevention



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The 2020 Annual Report to Congress was prepared by the Community Preventive Services Task Force (CPSTF) in response to a statutory requirement. “...providing yearly reports to Congress and related agencies identifying gaps in research and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.” (Public Health Service Act § 399U^(b) (6))
Centers for Disease Control and Prevention provides “ongoing administrative, research, and technical support for the operations of the Task Force.” (Public Health Service Act § 399U^(c))

