

Editorials

The Community Preventive Services Task Force: A Useful Resource for Family Physicians

Joy Melnikow, MD, MPH, Department of Family and Community Medicine, University of California, Davis, California

Kathryn L. Istan, MPH, Health of the Public and Science, American Academy of Family Physicians, Leawood, Kansas

Many family physicians are familiar with the U.S. Preventive Services Task Force (USPSTF) evidence-based recommendations for clinical preventive services. However, they may not be aware of the Community Preventive Services Task Force (CPSTF), which differs from USPSTF in its focus on population health. Family physicians know that health is improved by interventions outside the examination room that impact social, behavioral, environmental, and community factors. CPSTF evaluates evidence and recommends effective interventions to improve health in the community, home, school, work, and health care settings. Systematic evidence reviews form the basis for these recommendations, which target upstream structural, economic, and social factors that affect health outcomes.

CPSTF, established by the U.S. Department of Health and Human Services in 1996, is an independent, nonfederal panel of 15 experts in public health and prevention, with broad geographic representation and training in medicine, public health, nursing, and behavioral health. Task force members are appointed by the director of the Centers for Disease Control and Prevention (CDC) for five-year terms. CDC staff provide scientific and administrative support to CPSTF, and 32 liaison organizations provide scientific input and facilitate dissemination and translation of CPSTF findings. Liaison organizations include federal agencies and other national organizations focused on health, including primary care organizations (e.g., American Academy of Family Physicians [AAFP], American Academy of Pediatrics). *Figure 1* illustrates these collaborative relationships.¹

Every five years, CPSTF chooses priority topics that guide the selection of evidence reviews.² Nine priority topics for 2020 to 2025 were selected through a review of Healthy People 2020 goals and nominations from liaisons and the public. The topics are heart disease and stroke prevention; injury prevention; mental health; nutrition,

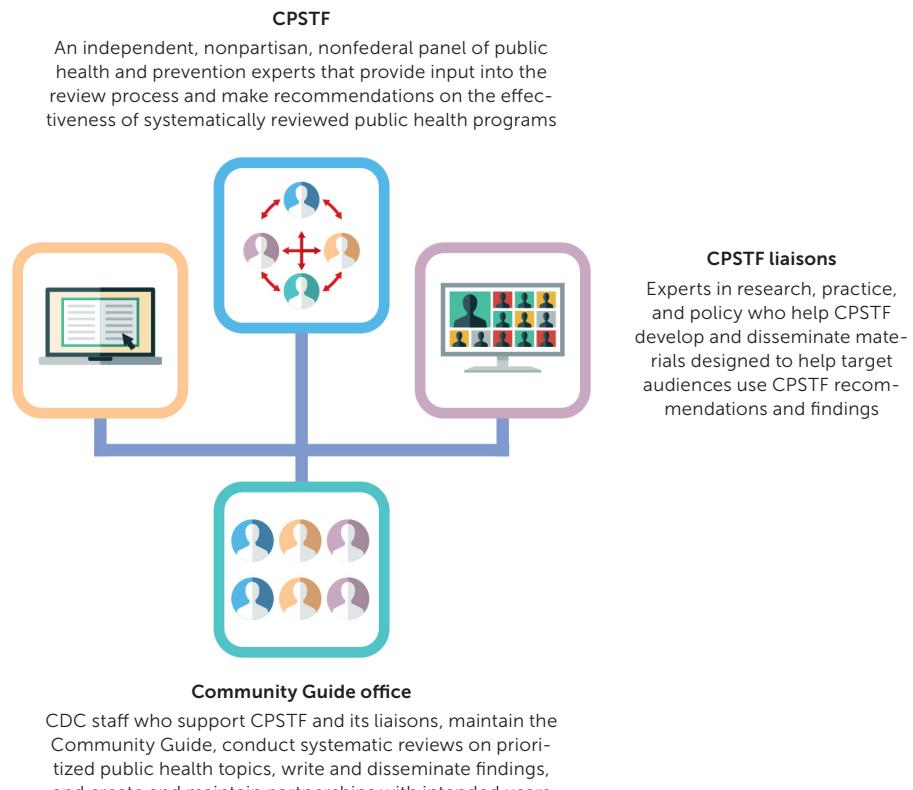
physical activity, and obesity; preparedness and response; social determinants of health (SDOH); and substance use, tobacco use, and violence prevention. Within each priority area, CPSTF applies a health equity lens to the selection and evaluation of interventions.³

CPSTF recommendations often address interventions in community settings, including schools, worksites, or homes. In some cases, community-based interventions have more evidence of benefit. For example, the CPSTF evaluation of interventions to prevent and manage obesity found insufficient evidence for six interventions conducted in health care settings (e.g., education, feedback, reminders, office systems to change practice and assist patients) but found sufficient or strong evidence for three school-based interventions (e.g., increase healthier food and beverage options in schools, with or without physical activity) and five community-based interventions (e.g., behavioral interventions to reduce sedentary screen time in children, worksite programs, technology-supported coaching).⁴ Outcomes for all types of interventions included weight loss and reduced weight gain.

All CPSTF recommendations are provided in *The Community Guide*, an online resource of interventions to improve health.⁵ *Table 1* lists interventions recommended by the CPSTF in the past six years.⁵ The interventions are presented in three groups: clinician-provided or health system-based, school-based, and community-based. In health care settings, for example, older adults presenting to the office with hypertension and diabetes mellitus may benefit from team-based care, digital health interventions to assist with blood pressure self-management and increased physical activity, and community health workers supporting blood pressure and blood glucose control.

Although physicians traditionally have limited themselves to clinical settings, family physicians can play an important role in advocating for

FIGURE 1



CDC = Centers for Disease Control and Prevention; CPSTF = Community Preventive Services Task Force.

Collaborative relationships between the CPSTF, CDC staff, and liaison organizations.

Adapted from *The Community Guide. Methods Manual for Community Guide Systematic Reviews*. Updated June 7, 2023. Accessed August 30, 2023. <https://www.thecommunityguide.org/pages/methods-manual.html>.

policies to improve health through school- and community-based interventions. Recommendations on a range of topics, such as pregnancy, mental health, vaccination rates, and SDOH, are listed in What Works Fact Sheets at <https://www.thecommunityguide.org/pages/what-works-fact-sheets.html>. Family physicians can advocate for CPSTF-recommended school-based cognitive behavior therapy to reduce student depression and anxiety; healthy school meals for all (interventions to increase participation in school meal programs that reduce food insecurity and school absenteeism); and tenant-based housing voucher programs to improve housing quality, access to health care, and physical and mental health.

Since its inception, the CPSTF has prioritized health equity and SDOH. In 2022, the CPSTF reiterated this commitment and adopted specific goals to consider health equity in the processes of topic prioritization, evidence evaluation, and

evidence translation and to emphasize CPSTF membership diversity.³

AAFP, a liaison organization to CPSTF, recognizes the importance of addressing SDOH to advance health equity and acknowledges the contributions of poverty, systemic racism, and discrimination to health inequities.⁶ There is extensive overlap between the goals of family medicine and those of public health; family physicians are key in improving community health.⁶ AAFP encourages family physicians to incorporate SDOH in their work by addressing the social needs of individual patients, creating a practice culture that values health equity and supports cultural proficiency, learning about organizations working to improve health equity in their community, and advocating for public policies that improve SDOH and reduce health inequities.⁶ The EveryONE Project guide to physician advocacy describes how to promote health equity by

TABLE 1

Community Preventive Services Task Force Recommendations Relevant to Family Physicians From 2017 to 2023

Intervention	Year
Clinician-provided or health systems-based	
Cancer screening	
Patient navigation services to increase breast, cervical, or colorectal cancer screening	2022
Interventions engaging community health workers to increase breast, cervical, or colorectal cancer screening	2019
HIV prevention	
Digital health interventions to improve adherence to HIV pre-exposure prophylaxis	2021
Partner services interventions to increase HIV testing	2021
Clinical decision support system to increase HIV screening	2020
Chronic disease prevention and management	
Team-based care to improve blood pressure control	2020
Tailored pharmacy-based interventions to improve medication adherence	2019
Digital health interventions for adolescents who are overweight or obese	2019
Digital health interventions for adults 55 years and older to increase physical activity	2019
Exercise programs to prevent gestational hypertension	2019
Lifestyle interventions to reduce the risk of gestational diabetes	2017
Activity monitors to increase physical activity for adults who are overweight or obese	2017
Cell phone apps within health care systems for self-management of type 2 diabetes mellitus	2017
Comprehensive telehealth interventions to improve diet for patients with chronic diseases	2017
Text messaging interventions for medication adherence among patients with chronic diseases	2017
Interactive digital interventions for self-management of blood pressure	2017
Engagement of community health workers to help patients manage type 2 diabetes	2017
Mobile health interventions for treatment adherence in those with newly diagnosed heart disease	2017
Tobacco	
Text messaging interventions for tobacco cessation	2020
School-based	
Tobacco	2019
Internet-based interventions for tobacco cessation	
Nutrition and physical activity	
Healthy school meals for all programs	2022
Classroom-based physical activity interventions	2021
Meal interventions or fruit and vegetable snacks combined with physical activity	2018
Gardening interventions to increase vegetable consumption among children	2017
Mental health	
School-based antibullying interventions	2021
School-based cognitive behavior therapy (universal or targeted) to reduce depression and anxiety symptoms	2019
Asthma	
School-based self-management interventions for children and adolescents with asthma	2019

continues

Note: All recommendations by the Community Preventive Services Task Force must be supported by sufficient or strong evidence.

TABLE 1 (continued)**Community Preventive Services Task Force Recommendations Relevant to Family Physicians From 2017 to 2023**

Intervention	Year
Community-based	
Nutrition and physical activity	
Home-based exercise interventions for adults 65 years and older	2022
Home-delivered and congregate meal services for older adults	2021
Park, trail, and greenway infrastructure combined with additional interventions	2021
Digital health and phone interventions to increase healthy eating and physical activity among students at institutions of higher education	2021
Worksite digital health and phone interventions to increase healthy eating and physical activity	2021
Community-based digital health and telephone interventions to increase healthy eating and physical activity	2020
Interventions to increase active travel to school	2018
Social determinants of health	
Tenant-based housing voucher programs	2020
Permanent supportive housing with housing first	2019
Violence prevention	
Primary prevention interventions to reduce intimate partner violence and sexual violence among youth	2018

Note: All recommendations by the Community Preventive Services Task Force must be supported by sufficient or strong evidence.

Information from reference 5.

detecting disparities, identifying root causes, and promoting policy solutions.⁷

The CPSTF Community Guide is a valuable resource for family physician advocates seeking concrete examples of interventions that improve health and equity.

Editor's Note: Dr. Melnikow is a member of the CPSTF.

Address correspondence to Joy Melnikow, MD, MPH, at jamelnikow@ucdavis.edu. Reprints are not available from the authors.

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