

The Community Preventive Services Task Force: 25 Years of Effectiveness, Economics, and Equity



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As this year marks 25 years of the Community Preventive Services Task Force (CPSTF)¹ and *The Guide to Community Preventive Services (The Community Guide)*,² there is much that merits recognition. *The Community Guide* is a collection of evidence-based recommendations and findings from the CPSTF, an independent, nonfederal panel of 15 public health prevention experts. CPSTF issues recommendations and findings on the basis of rigorous systematic reviews of effectiveness and economic evidence as well as considerations for health equity, programs, services, and policies implemented in real-world settings.

The Task Force was established by the HHS in 1996, with Congressional authorizing language updated in 2010.³ The Community Guide Office at the Centers for Disease Control and Prevention provides scientific and administrative support to CPSTF. The CPSTF also includes 32 Liaison organizations⁴ representing federal agencies, public health organizations, and clinical and health professional associations (including the American College of Preventive Medicine). Rather than document a series of Task Force accomplishments over the past 25 years, the authors have chosen to emphasize 3 fundamental aspects of our work: effectiveness, economics, and equity.

To guide its work, the CPSTF uses a data-driven process to select priority topics. The paper by Lansky et al.⁵ reports on this process. For the period 2020–2025, CPSTF identified 9 priority topics related to chronic disease, injury, emergency preparedness and response, and social determinants of health.

Once CPSTF prioritizes topic areas and selects intervention approaches for review, scientists from The Community Guide Office work with CPSTF members and a team of researchers, Liaison representatives, and subject-matter experts to conduct systematic reviews of effectiveness. CPSTF considers the results of these reviews and determines, on the basis of the strength of the evidence, whether to recommend the intervention approaches—or whether the approaches need further study (a finding of insufficient evidence). First described in an article published in the *American Journal of*

Preventive Medicine in 2000,⁶ Community Guide systematic review methods for determining the effectiveness of intervention approaches remain robust. These methods have been adapted over the past 25 years to reflect changes in electronic resources, other efficiencies, and advancements in the field of systematic review. The Community Guide systematic review methods are described in an online manual,⁷ which promotes transparency and awareness by making the methods accessible to the public.

An economic review is conducted for interventions that are recommended on the basis of effectiveness by CPSTF. CPSTF economic findings can help decision makers to prioritize among and choose interventions that work and have economic value. On the basis of published literature and using a process similar to the effectiveness reviews to assess the quality of existing economic evaluations and summarize the findings, the economic reviews assess the economic impact of a recommended intervention approach.⁷ Economic reviews determine the cost to implement the intervention, the economic benefits owing to the intervention, and a summary of economic estimates related to cost–benefit and cost effectiveness. As an integral part of *The Community Guide* methods since the beginning, CPSTF economic findings have contributed to meeting the nation's public health goals by providing information to improve the efficiency of public health programs.

Health equity and social determinants of health have been priorities for CPSTF since its inception.⁸ The Community Guide systematic review methods

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are explicitly designed to assess equity in every systematic review by examining how well interventions work across populations—with a focus on race/ethnicity and SES⁹—as well as the settings and characteristics of the intervention that address equity issues such as the ability of various populations to access the interventions. Routine examination of the applicability of systematic review findings to racial/ethnic minority and low-income populations as well as a discussion of research gaps and implementation considerations places a health equity lens on a range of important public health issues addressed by CPSTF such as cancer, diabetes, HIV infection, and asthma.

The CPSTF also conducts systematic reviews on intervention approaches to address social determinants of health; recent reviews have been on housing, including Housing First programs, which were shown to have positive health outcomes for people with substance use/mental health conditions and for people living with HIV infection.¹⁰ For these programs, the economic evaluation found that the economic benefits exceeded the intervention costs.¹¹ These recommendations offer decision makers important evidence-based programs that can be used by public health as well as housing agencies at the state and local levels.

As of 2021, the CPSTF has findings for >250 intervention approaches in 21 topic areas of public health and preventive medicine. For each intervention approach, a variety of communications products are developed to disseminate the CPSTF recommendations and findings through The Community Guide website for uptake and implementation by Centers for Disease Control and Prevention programs; state, tribal, local, and territorial health departments; other agencies and organizations; and decision makers. The systematic reviews on which CPSTF recommendations are based are often published in the *American Journal of Preventive Medicine*. In recent years, CPSTF has made use of social media to enhance the awareness of and strengthen engagement with partners.

The CPSTF recommendations have longevity owing to the robust methods and applicability to multiple public health and health systems issues, as demonstrated with the current coronavirus disease 2019 (COVID-19) pandemic. Traffic to *The Community Guide* website reflects contemporary issues, with increased visits to the recommendation on school closures¹² in the early days of the COVID-19 pandemic, followed by interest in interventions to increase routine vaccinations¹³ as the COVID-19 vaccines were being rolled out and evidence showed decreases in the uptake of routine vaccinations. Similarly, interest in the recommendations on

interventions to address housing¹⁴ as a social determinant of health remains high in the context of the social and economic impacts of the pandemic as well as more widespread interest in health equity.

McGinnis and Foege¹⁵ said, in writing about the launch of the *Guide to Community Preventive Services*, “The constant is that this is an evolutionary process—it is never finished, but always exciting.” This remains true 25 years later: never finished but always exciting.

CREDIT AUTHOR STATEMENT

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