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## CPSTF: A lesser known, but valuable, resource for FPs

The Community Preventive Services Task Force provides evidence-based practice interventions and related practical tools to assist in achieving health-promotion and disease-prevention goals.

Family physicians have come to rely on the US Preventive Services Task Force (USPSTF) for rigorous, evidence-based recommendations on the use of clinical preventive services. Still, many such services reach too few individuals who need them. And that's where the less well known Community Preventive Services Task Force comes in. The CPSTF makes recommendations regarding public health interventions and ways to increase the use of preventive services in the clinical setting—eg, means of improving childhood immunization rates or increasing screening for cervical, breast, and colon cancer.

To better understand how the CPSTF can serve as a resource to busy family physicians, it's helpful to first understand a bit about the inner-workings of the CPSTF itself.

### How CPSTF figures out what works

Formed in 1996, the CPSTF consists of 15 independent, nonfederal members with expertise in public health and preventive medicine, appointed by the Director of the Centers for Disease Control and Prevention (CDC). The Task Force makes recommendations and develops guidance on which community-based health promotion and disease-prevention interventions work and which do not, based on available scientific evidence.

The Task Force uses an evidence-based methodology similar to that of the USPSTF—ie, assessing systematic reviews of the evidence and tying recommendations to the strength of the evidence. However, the Task Force has only 3 levels of recommendations: recommend for, recommend against, and insufficient evidence to recommend.

Three CPSTF meetings are held each year, and a representative from the American Academy of Family Physicians (AAFP) attends as a liaison, along with liaisons from other organizations with an interest in the methods and recommendations. The CDC provides the CPSTF with technical and administrative support. However, the recommendations developed do not undergo review or approval by the CDC and are the sole responsibility of the Task Force.

The recommendations made are contained in the Guide to Community Preventive Services, often called *The Community Guide*, which is available on the Task Force's Web site at [www.thecommunityguide.org/index.html](http://www.thecommunityguide.org/index.html). The topics on which the CPSTF currently has recommendations are listed in **TABLE 1**. (Since community-wide recommendations are rarely subjected to controlled clinical trials, methods of assessing and ranking other forms of evidence are required. To learn more about how the CPSTF approaches this, see: <https://www.thecommunityguide.org/about/our-methodology>.)

**TABLE 1**

## The Community Preventive Services Task Force recommends interventions on a range of topics

Visit <https://www.thecommunityguide.org/> and click on “Topics” in the toolbar at the top to open the set of links shown below. Topic-specific resources include “What Works” fact sheets, narratives of actual practice or community experiences, promotional materials (eg, flyers, press releases), and links to additional resources.

Adolescent health	Mental health
Asthma	Motor vehicle injury
Birth defects	Nutrition
Cancer	Obesity
Cardiovascular disease	Oral health
Diabetes	Physical activity
Emergency preparedness	Tobacco
Excessive alcohol consumption	Vaccination
Health communication	Violence
Health equity	Worksite health
HIV/AIDS, STIs, and pregnancy	

### Improving immunization rates

The topic of immunizations is an example of how synergistic the CPSTF recommendations can be with those from clinical organizations. The Advisory Committee on Immunization Practices (ACIP) makes recommendations on the use of vaccines.<sup>1</sup> The CPSTF has developed a set of recommendations on how to increase the uptake of vaccines to improve rates of immunization.<sup>2</sup> Interventions they recommend include vaccine requirements for attendance at preschool, primary and secondary school, and college; patient reminder and recall systems; patient and family incentives and rewards; providing vaccines at Women, Infants, and Children clinics, schools, work sites, and homes; standing orders for vaccine administration; physician reminders; physician assessments and feedback; reducing out-of-pocket expenses for vaccines; and using immunization registries. Just as important, the CPSTF identifies interventions that lack hard evidence to support their effectiveness.

### Cancer screening works, but patient buy-in lags

The USPSTF recommends screening for breast, cervical, and colorectal cancer. And

yet, despite the proven effectiveness of these screening tests in decreasing cancer mortality, many people do not get screened. The CPSTF has developed a set of implementation recommendations that are proven to increase the uptake of recommended cancer screening tests.<sup>3</sup> These include:

- sending reminders to patients when screening tests are due
- providing one-on-one or group educational sessions
- providing videos and printed materials that describe screening tests and recommendations
- offering testing at locations and times that are convenient for patients
- offering on-site translation, transportation, patient navigators, and other administrative services to facilitate screening
- assessing provider performance and providing feedback.

### CPSTF’s range of resources

Resources provided by the CPSTF (TABLE 2) also include the following materials for physicians, patients, and policy makers:

- tools to assist communities in perform-



**Rates of immunization are known to improve with patient reminder/recall systems, incentives, and the use of vaccine registries.**

## An immunization “success story” from the field

Before 2009, the vaccination completion rates for 2-year-olds in Duval County, Florida, consistently ranked below the national target of 90%, with particularly low rates in Jacksonville. With the aim of improving vaccination rates—and not wanting to waste time “reinventing the wheel”—the Duval County Health Department (DCHD) turned to The Community Guide for interventions proven to work synergistically: system-based efforts (eg, client reminders, standing orders, clinic-based education) and community-based efforts (eg, staff outreach to clients, educational activities).

Checking the Florida Shots Registry, clinic staff identified infants and toddlers who were due for, or had missed, vaccinations. They sent monthly reminders to parents, urging them to make appointments. DCHD also provided parents with educational materials, vaccination schedules, and safety evidence to reinforce awareness of the need for immunizations.

At local clinics, DCHD trained staff to administer vaccines and established standing orders authorizing them to do so even in the absence of a physician or other approving practitioner.

DCHD also formed an immunization task force of community stakeholders that worked with hospitals to send nurses and physicians each week to immunize children at churches and other convenient locations.

Within one year, the rate of complete immunization for 2-year-olds rose from 75% to 90%—the national target. DCHD is now applying interventions from The Community Guide to discourage tobacco use and to prevent sexually transmitted infections.

Read the full story at: <https://www.thecommunityguide.org/stories/good-shot-reaching-immunization-targets-duval-county>.

➤ The CPSTF publishes accounts of how organizations have applied its recommendations to dramatically improve patient outcomes. (One example appears at right.)

ing a community health assessment and in prioritizing health needs

- fact sheets on what works for specific populations or conditions. (One

recently added fact sheet is a description of interventions to address the leading health problems that affect women.<sup>4</sup>)

- examples of how communities have used CPSTF recommendations to address a major health concern in their populations. (See “An immunization ‘success story’ from the field” at left.)

## Tackling controversial social issues

Public health interventions are often politically charged, and the CPSTF at times makes recommendations that, while supported by evidence, raise objections from certain groups. One example is a recommendation for “comprehensive risk reduction interventions to promote behaviors that prevent or reduce the risk of pregnancy, human immunodeficiency virus (HIV), and other sexually transmitted infections (STIs).”<sup>5</sup> These interventions may include a hierarchy of recommended behaviors that identifies abstinence as the best or preferred method, but also provides information about sexual risk reduction strategies. Abstinence-only education initiatives were rated as having insufficient evidence for effectiveness.<sup>6</sup>

Another example that falls in the controversial realm is a recommendation against “policies facilitating the transfer of juveniles from juvenile to adult criminal justice systems for the purpose of reducing violence, based on strong evidence that these laws and policies are associated with increased subsequent violent behavior among transferred youth.”<sup>7</sup>

And a third example is a recommendation for “the use of regulatory authority (eg, through licensing and zoning) to limit alcohol outlet density on the basis of sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms.”<sup>8</sup> The CPSTF also recommends increasing taxes on alcohol products to reduce excess alcohol consumption.<sup>9</sup>

## Reducing health disparities

The CPSTF places a high priority on interventions that can reduce health disparities. Many of their topics of interest focus on inter-

TABLE 2

## A sampling of CPSTF resources

<p><b>Intervention recommendations</b></p> <p><b>Diabetes: Combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk</b></p> <p><a href="https://www.thecommunityguide.org/findings/diabetes-combined-diet-and-physical-activity-promotion-programs-prevent-type-2-diabetes">https://www.thecommunityguide.org/findings/diabetes-combined-diet-and-physical-activity-promotion-programs-prevent-type-2-diabetes</a></p> <p>Intervention profiles include details of the Task Force’s findings—eg, evidence tables of relevant studies, economic implications, evidence gaps, considerations for implementation, and promotional/educational materials to use with the health care community (eg, topic-specific slide presentations, research summaries).</p>
<p><b>“What works” fact sheets</b></p> <p><b>Obesity prevention and control</b></p> <p><a href="https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Obesity-factsheet-and-insert.pdf">https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Obesity-factsheet-and-insert.pdf</a></p>
<p><b>Tools for self-assessing community health priorities or forming partnerships</b></p> <p><a href="https://www.thecommunityguide.org/tools">https://www.thecommunityguide.org/tools</a></p>
<p><b>Community guide in action: Stories from the field</b></p> <p><b>An evidence-based approach to Montana’s health landscape</b></p> <p><a href="https://www.thecommunityguide.org/stories/evidence-based-approach-montanas-health-landscape">https://www.thecommunityguide.org/stories/evidence-based-approach-montanas-health-landscape</a></p>

ventions to reduce health inequities among racial and ethnic minorities and low-income populations. For instance, the Task Force recommends early childhood education, all-day kindergarten, and after-school academic programs as ways to improve health and decrease health disparities.<sup>10</sup>

Social determinants of health for individuals and populations are increasingly appreciated as issues to be addressed by physicians and health systems. The CPSTF can serve as a valuable evidence-based resource in these efforts, and their recommendations complement and build on those of other authoritative groups such as the USPSTF, ACIP, and AAFP.

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