



2022 ANNUAL REPORT TO CONGRESS

Community Preventive Services Task Force Report for Fiscal Year 2022

The Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts that provides recommendations and findings on programs, services, and other interventions to protect and improve population health. These recommendations and findings are based on systematic reviews of evidence of effectiveness and economic impact. [The Community Guide](#) comprises CPSTF recommendations and findings and is a resource for decision-makers in public and private sectors.¹ CPSTF recommendations are not mandates but rather evidence-based options that decision-makers can use when seeking to improve health in their communities.

Communities, businesses, the U.S. Armed Forces, healthcare systems, schools, public health departments, employers, and related groups put CPSTF recommendations into practice. The broad portfolio of CPSTF recommendations and findings covers a range of public health issues relevant to everyone in the United States.

Congress has charged CPSTF to provide an annual report that identifies gaps in research and recommends priority areas for further examination.² In this report to Congress, which covers fiscal year 2022, CPSTF also features the topic of physical activity.

CPSTF Recommendations and Findings

During fiscal year 2022, CPSTF issued eight recommendations and findings on the following topics and interventions:

Cancer Screening

CPSTF recommends [patient navigation services to increase breast, cervical and colorectal cancer screening](#) among historically disadvantaged racial and ethnic populations and people with lower incomes.³ CPSTF recommends patient navigation services to increase:

- Breast cancer screening by mammography based on strong evidence of effectiveness
- Cervical cancer screening by Pap test based on sufficient evidence of effectiveness
- Colorectal cancer screening by colonoscopy, fecal occult blood test or fecal immunochemical test based on strong evidence of effectiveness

Patient navigation services are expected to advance health equity when implemented among these populations who often have lower screening rates.

HIV Prevention

CPSTF recommends [digital health interventions to increase adherence to HIV pre-exposure prophylaxis \(PrEP\)](#) based on sufficient evidence of effectiveness. These interventions improve both daily-use pill taking and retention in PrEP care, thereby improving health for population groups who are not infected with HIV and engage in behaviors that may increase their chances of getting HIV.⁴

Nutrition, Physical Activity, and Obesity

CPSTF recommends [home-delivered and congregate meal services for older adults living independently](#) (i.e., not residents of senior living or retirement community centers) based on sufficient

evidence of effectiveness showing reductions in malnutrition. For home-delivered meal services, CPSTF also finds sufficient evidence of effectiveness for increasing energy intake and improving health-related quality of life and well-being. For congregate meal services, additional research is needed to determine whether these services improve energy and protein intake and health-related quality of life and well-being.⁵

CPSTF recommends [home-based exercise interventions](#) based on sufficient evidence of effectiveness in improving measures of physical fitness (e.g., muscle strength, muscle power, muscle endurance, and balance) among adults aged 65 years and older.⁶

Social Determinants of Health

CPSTF recommends [Healthy School Meals for All](#) based on strong evidence of effectiveness in increasing student participation in the U.S. Department of Agriculture's National School Lunch Program and School Breakfast Program and sufficient evidence of effectiveness in reducing school absenteeism.⁷

Violence Prevention

CPSTF recommends [school-based anti-bullying interventions](#) based on strong evidence of effectiveness for small but meaningful reductions in self-reported bullying perpetration and victimization and improvements in student mental and behavioral health symptoms (e.g., depression, anxiety, insomnia, suicidality, loss of wellbeing). Interventions focused on cyberbullying were effective in reducing cyberbullying perpetration and victimization.⁸

During fiscal year 2022, CPSTF added findings from one economic systematic review^{9,10} to an existing recommendation:

HIV Prevention

CPSTF finds [partner services interventions to increase HIV testing](#) are cost-effective based on cost per quality-adjusted life year (QALY) estimates that were either cost-saving or below a conservative benchmark of \$50,000 per QALY gained.¹¹

Evidence Gaps

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

Evidence gaps CPSTF identified for the intervention approaches described above include the following:

- How effective are **patient navigation services** in increasing repeat cancer screening? The U.S. Preventive Services Task Force recommends repeating breast, cervical, and colorectal cancer screening at appropriate intervals (USPSTF [2016](#), [2018](#), [2021](#)), and studies included in the CPSTF review only examined one-time screening.
- How effective are **digital health interventions to increase adherence to HIV PrEP** in rural areas? How effective are these interventions for populations such as older adults, females and transgender persons, people in racial or ethnic minority groups, people with mental health

issues, and people who engage in excessive alcohol use or drug use (including injection drug use)?

- What is the impact on dietary intake of including nutrition education with **home-delivered or congregate meal services**? Does participation affect activities of daily living, instrumental activities of daily living, or medication adherence?
- How effective are **home-based exercise interventions** for older adults from historically disadvantaged racial and ethnic populations and for participants with lower incomes?
- How does the effectiveness of **Healthy School Meals for All** vary between high schools and elementary and middle schools?
- How effective are **school-based anti-bullying interventions** when implemented in high schools, charter or private schools, rural communities, and communities with lower incomes?

CPSTF Priorities for 2020-2025

Every five years, CPSTF uses a data-driven process to select priority topics that guide their systematic evidence reviews of population health interventions. To select topics for 2020-2025, CPSTF started with [Healthy People 2020 topics](#),¹³ solicited nominations for topics from public health partners and the public, and applied criteria (e.g., burden, disparities, preventability) to narrow the number of topics.¹⁴ Priority topics guide the overall work of CPSTF but do not preclude consideration of other topics. The nine topics listed below are the priority topics selected by CPSTF to guide their work in 2020-2025.

- 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

CPSTF-recommended Physical Activity Interventions Improve Health

Being physically active is one of the best things people can do to improve their health, regardless of age, sex, race, disability status, socio-economic status, geographical location, or current physical activity or fitness level.¹⁵ However, not everyone has access to safe and convenient places to be physically active. CPSTF recommends 21 evidence-based interventions to increase physical activity in communities, workplaces, schools, and homes. Decision-makers can use the CPSTF recommendations to inform their efforts to increase physical activity for everyone in their communities.

Benefits of Physical Activity

Physical activity decreases premature deaths and has many health benefits. Just a single session of physical activity, such as housework, walking briskly, or running, can reduce anxiety.¹⁵ The long-term benefits of physical activity include better academic performance for youth, better mental health for youth and adults, and lower risk of developing numerous chronic diseases such as type 2 diabetes, heart disease, and some cancers for adults.¹⁵ For the growing population of older adults,¹⁶ being physically active reduces risks for dementia and fall-related injuries, improves overall physical functioning, and helps maintain independent living.¹⁵ Being physically active also contributes to military readiness and offers many performance and health benefits to service members.¹⁷



[CDC, Physical Activity](#)

Physical Activity in the U.S.

In the United States, only about one in two adults and one in four adolescents meet federal guidelines for aerobic physical activity,¹⁵ and one in five adults report doing no physical activity or exercise outside of their regular job.¹⁸ People who are not physically active are more likely to get very sick from COVID-19 than people who are physically active.^{19,20}

Low rates of physical activity result in an estimated \$117 billion in direct healthcare costs annually in the United States.²¹ Many strategies to improve physical activity in populations are cost-effective and a good economic value.²²

Physical Activity Interventions for a Variety of Settings

CPSTF-recommended interventions can increase opportunities for everyone to be physically active in a variety of settings.²³ Many CPSTF recommendations are included in CDC's [Active People, Healthy Nation](#)²⁴ initiative and can be used to help achieve [Healthy People 2030](#) objectives and targets.²⁵ Community organizations can use resources such as the [Move Your Way Community Playbook](#)²⁶ to support their efforts to implement CPSTF recommendations.

CPSTF RECOMMENDATIONS TO INCREASE PHYSICAL ACTIVITY

COMMUNITY-WIDE INTERVENTIONS	WORKPLACE-BASED INTERVENTIONS	SCHOOL-BASED INTERVENTIONS	HOME-BASED INTERVENTIONS
<ul style="list-style-type: none"> • Parks, trails, and greenways with additional interventions • Built environment strategies • Social support 	<ul style="list-style-type: none"> • Digital health interventions to increase physical activity and healthy eating 	<ul style="list-style-type: none"> • Active travel to school • Classroom-based physical activity breaks or active lessons 	<ul style="list-style-type: none"> • Family-based interventions • Digital health interventions for adults 55 years and older

[CPSTF Findings for Physical Activity](#)

- **Communities can** make physical activity an easy choice for everyone by providing opportunities for pedestrian, bicycle, and public transportation to safe and accessible places for people to be physically active (e.g., creating or enhancing parks, trails or greenways; built environment strategies) and forming supportive social networks (e.g., walking groups).
- **Workplaces can** support physical activity for their employees (even remote workers) by providing information, counseling, and social support through websites, emails, or telephone calls.
- **Schools can** play an important role by supporting safe travel routes that make it easier for students to walk or bike to school and by introducing physical activity breaks and physically active lessons into the school day.
- **Individuals and families can** engage in regular physical activity at home. Families can help increase physical activity among children by setting goals and modeling physical activity behaviors.

CPSTF Methods

For all evidence reviews, CPSTF uses a consistent, scientifically rigorous, published methodology. The Community Guide systematic review methods are described in an online, printable manual.²⁷ Each review generally considers all types of comparative study designs and includes peer-reviewed studies that are published in English from the United States and other high-income countries. CPSTF considers health equity in all systematic reviews and has identified historically disadvantaged racial and ethnic populations and populations with lower incomes as populations of special importance in achieving health equity.²⁸

The 2022 Report to Congress was prepared by the Community Preventive Services Task Force 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.” (42 U.S.C. §280g-10)

The Centers for Disease Control and Prevention provides “ongoing administrative, research, and technical support for the operations of the Task Force.” (42 U.S.C. §280g-10)

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