

# 2016

ANNUAL REPORT TO CONGRESS

## Using Evidence to Improve Health Outcomes

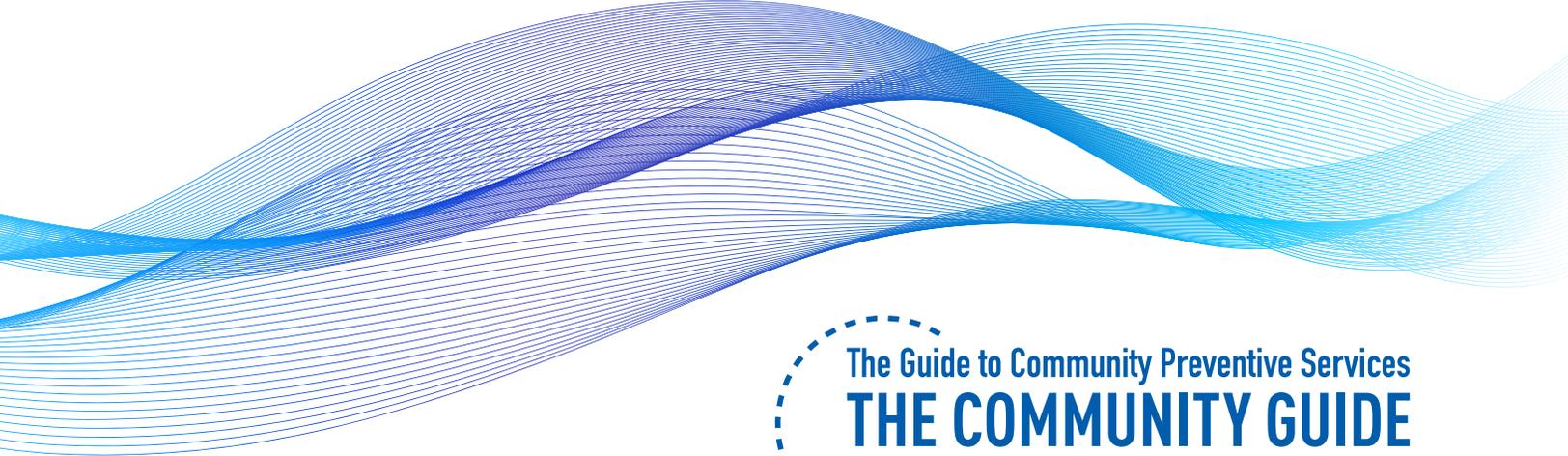
Annual Report to Congress, Federal  
Agencies, and Prevention Stakeholders

A Report by the

 **Community Preventive Services  
Task Force**

...Working to Promote the Nation's Health since 1996...

[www.thecommunityguide.org](http://www.thecommunityguide.org)



The Guide to Community Preventive Services  
**THE COMMUNITY GUIDE**

*What Works to Promote Health*



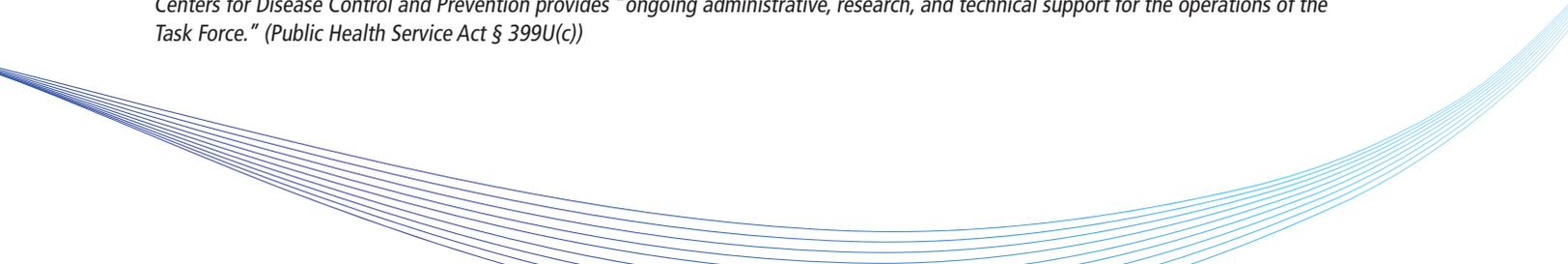
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The 2016 Annual Report to Congress was prepared by the Community Preventive Services Task Force (Task Force) in response to a statutory requirement.

“...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.”  
(Public Health Service Act § 399U (b) (6))

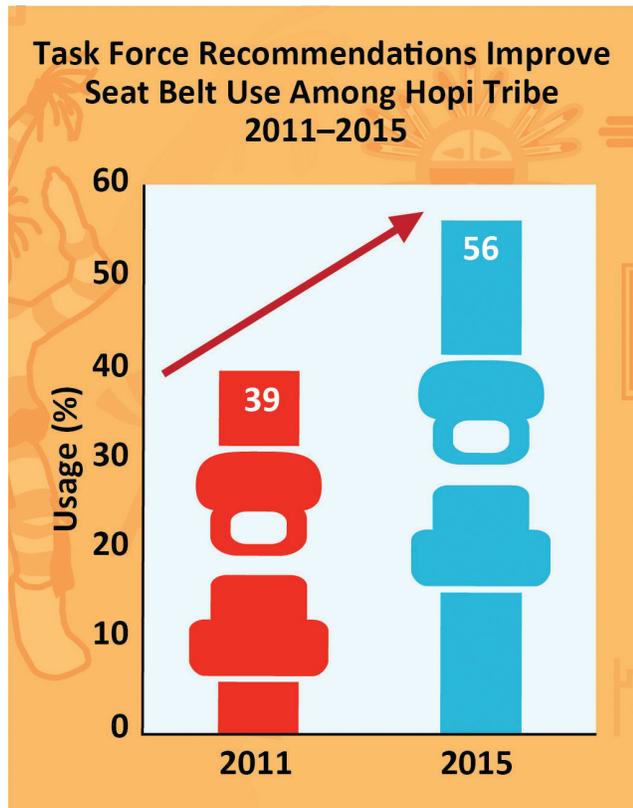
*Centers for Disease Control and Prevention provides “ongoing administrative, research, and technical support for the operations of the Task Force.” (Public Health Service Act § 399U(c))*



This 2016 Annual Report to Congress highlights the work of the Community Preventive Services Task Force (Task Force) in fiscal year (FY) 2015. In this report, you will find

- Links to stories of how states, healthcare systems, and communities used Task Force recommendations to address health needs, including examples of the effects of using evidence to improve public health outcomes
- Links to a list of the 17 evidence-based findings the Task Force produced
- Evidence gaps related to the 17 findings that funders, researchers and evaluators can fill to strengthen the evidence
- Priorities for future Task Force work.

The work of the Task Force supports public health professionals' use of evidence to improve public health outcomes and encourages research and evaluation to fill gaps in the evidence.



***“The (Task Force) recommendations helped us try to mimic in our own way what has worked for other people.”***

Gregory Sehongva, Hopi Tribal Motor Vehicle Injury Prevention Program Coordinator, Hopi Health Care Center.

(Source: Tightening the Belt: Increasing Occupant Restraint Use on the Hopi Reservation)

### What new stories show how communities have used Task Force recommendations?

Two of the newest Community Guide in Action stories feature motor vehicle injury prevention programs in two tribes. These stories are also an example of how funders can strengthen the impact of Task Force recommendations. Stories are available on all topics reviewed in 2015 and more. [Read them all now!](#)

### What evidence did the Task Force find?

In FY 2015, the Task Force issued 17 recommendations and other findings in the topic areas of

- [Cardiovascular Disease Prevention and Control](#) (Links to 3 new recommendations)
- [Health Disparities \[Promoting Health Equity\]](#) (2 new recommendations)
- [Increasing Appropriate Vaccination](#) (8 updated recommendations and 4 updated insufficient evidence findings).

The Cardiovascular Disease recommendations from FY 2015 formed part of the evidence base for the [Million Hearts®](#) initiative to prevent 1 million heart attacks and strokes in 5 years. The recommendation on [Interventions Engaging Community Health Workers to Prevent Cardiovascular Disease](#) helped guide decisions about using community health workers by the [Centers for Medicare and Medicaid Services Innovation Center Model](#) from Washington State and its 80-member task force—including community organizations and health insurers. Testimony to the Georgia State Legislature used the FY 2015 Health Equity recommendation on [School-Based Health Centers](#) to provide the scientific evidence about their effects on educational and health outcomes. Numerous health departments have expressed interest in the FY 2015 updated recommendations on Increasing Vaccination (see link in bulleted list above).

Task Force findings and the systematic reviews of the evidence on which they are based are compiled in the Guide to Community Preventive Services (The Community Guide). At the end of FY 2015, [The Community Guide](#) contained 218 [recommendations and other findings](#). In addition to the topics reviewed in FY 2015, The Community Guide contains findings on 17 additional high-priority health topics (Table 1).

### What important evidence gaps did the Task Force find in FY 2015?

In FY 2015, four interventions aiming to [Increase Appropriate Vaccination](#) were found to have insufficient evidence to make a recommendation due either to limited available published studies or inconsistent results across studies. A finding of insufficient evidence means more published research or

evaluation data are needed to conclude whether these interventions work.

Even when enough evidence exists for the Task Force to recommend an intervention, information may be missing that could help users decide if the intervention will work in their specific setting or meet their unique needs. Among the 13 interventions the Task Force recommended in FY 2015, a number of evidence gaps repeatedly surfaced:

- Were the interventions effective in rural settings?
- Did effectiveness differ by race, ethnicity, age, disability, education, income, or insurance status?
- Which components of the interventions are essential for the interventions to be effective? What other components or combinations of components can increase effectiveness?
- Does effectiveness differ according to the way the intervention is delivered (e.g., the length of the program, face-to-face versus telephone, instructor-to-learner ratio)?
- How are programs and their effects over time sustained to reap maximum benefit?
- What are the long-term effects of the interventions on health, economic, and other outcomes?
- What are the costs of developing and implementing components of the interventions?
- What are the main drivers of intervention cost and economic benefits?

Researchers and evaluators can fill evidence gaps highlighted by the Task Force to make a major impact on the health of the nation, and assist in reducing health inequalities and healthcare costs. [Detailed evidence gaps](#) are noted for every Community Guide review. The greatest impact may be seen when funders of research and programs highlight evidence gaps in funding announcements, leading to complementary research and evaluation studies, which together can fill evidence gaps.

### Who is the Community Preventive Services Task Force?

The U.S. Department of Health and Human Services established the [Community Preventive Services Task Force](#) (Task Force) in 1996 to support U.S. decision makers by identifying community preventive services that can be carried out in community and healthcare settings to save lives and dollars, reduce health disparities, and improve quality of life. The work of the Task Force, as defined in Section 399U of the Public Health Service Act [42 U.S.C. §280g-10], is to review the scientific evidence on the effectiveness and economic benefit of community preventive services to make recommendations for individuals and organizations delivering these services. Task Force findings are not mandates for compliance or

spending; instead, they provide evidence-based options that decision makers can review to see if any meet their needs. This includes governmental public health agencies; community, professional, and non-profit organizations; public health professionals; clinicians; healthcare systems; Indian tribes and tribal organizations; employers; schools; and policymakers. The Task Force is an independent, nonpartisan, nonfederal, unpaid 15-member panel of public health and prevention experts appointed by the Director of Centers for Disease Control and Prevention (CDC).

**Table 1.**

<b>20 TOPICS ADDRESSED BY TASK FORCE REVIEWS*</b>
<a href="#">Adolescent Health: Improving</a>
<a href="#">Alcohol: Preventing Excessive Consumption</a>
<a href="#">Asthma Control</a>
<a href="#">Birth Defects: Preventing</a>
<a href="#">Cancer Prevention and Control*</a>
<a href="#">Cardiovascular Disease Prevention and Control*</a>
<a href="#">Diabetes Prevention and Control*</a>
<a href="#">Emergency Preparedness and Response</a>
<a href="#">Health Communication and Social Marketing</a>
<a href="#">Health Disparities—Health Equity*</a>
<a href="#">HIV/AIDS, Sexually Transmitted Diseases, and Teen Pregnancy: Preventing</a>
<a href="#">Mental Health: Improving</a>
<a href="#">Motor Vehicle–Related Injury Prevention</a>
<a href="#">Obesity Prevention and Control*</a> (includes Nutrition: Promoting Good)
<a href="#">Oral Health: Improving</a>
<a href="#">Physical Activity: Increasing*</a>
<a href="#">Tobacco Use and Second-Hand Smoke Exposure: Reducing</a>
<a href="#">Vaccination: Increasing Appropriate*</a>
<a href="#">Violence Prevention*</a>
<a href="#">Worksite Health Promotion</a>

\*Asterisks and dark blue text indicate topics with active systematic reviews in FY 2015.

### How does the Task Force develop its recommendations?

Community preventive programs, services, and policies affect health at the population level, reduce illness, injury, disability, and premature death, and improve well-being. The Task Force evaluates these types of community preventive services to answer fundamental questions in public health about the effectiveness of

- Mass media, education and training programs (e.g., [do diet and physical activity promotion programs reduce diabetes?](#))
- Health systems interventions that help more people receive effective clinical preventive services or that improve coordination of care (e.g., [does team-based care improve blood pressure control?](#))
- Environmental and policy changes (e.g., [do street-scale urban design—safer street crossings, better lighting—and land use policies increase physical activity and improve health?](#)).

The Task Force reaches its evidence-based recommendations using a rigorous, thorough, and replicable [systematic review process](#). Each systematic review is conducted under Task Force oversight by subject matter experts from CDC, other federal agencies, academia, and practice and policy settings. Using transparent and publicly available methods that meet international scientific standards, all relevant, high-quality research and evaluation studies are located and appraised.

The Task Force examines the evidence in a public meeting, and issues one of [three findings](#)

1. Recommend the intervention as an option on the basis of evidence that it is effective
2. Recommend against the intervention because of evidence that it is ineffective or harmful
3. Conclude there is insufficient evidence to recommend for or against the intervention and recommend research and evaluation to fill evidence gaps.

### What will the Task Force review in the future?

During FY 2015, the Task Force ranked its future work. It considered 40 health topics aligned with [Healthy People 2020 topic areas](#). For each topic, the Task Force requested input from [Task Force Liaison organizations](#) and the general public, and considered eight criteria

- Presence of important health disparities
- Balance across public health topics
- Audience and stakeholder interest
- Ability to complete enough reviews in 2 to 4 years to provide users with an adequate menu of options for addressing the health topic
- Potential extent of preventable illness, premature death, and healthcare burden for the U.S. based on how many people are affected and the impact
- Alignment with national efforts (e.g., [Healthy People 2020](#), [Public Health Accreditation](#); [County Health Rankings](#))
- Complementary work of the [U.S. Preventive Services Task Force](#), [Advisory Committee on Immunization Practices](#), and other bodies which provide guidance on addressing health issues

- Degree to which Task Force findings would be relevant and helpful to the field.

The Task Force ranked 11 priority areas for new Community Guide reviews in the coming years (Table 2).

**Table 2.**

<b>PRIORITY AREAS FOR FUTURE COMMUNITY GUIDE REVIEWS</b>
Cardiovascular Disease Prevention and Control
Environmental Health
Injury Prevention
Mental Health: Improving
Obesity Prevention and Control (also includes Nutrition: Promoting Good)
Older Adults
Physical Activity: Increasing
Sleep Health
Social Determinants of Health
Substance Abuse (e.g., Prescription Drug Overdose)
Violence Prevention

Visit [thecommunityguide.org](http://thecommunityguide.org) for more details on FY 2015 and to keep up with Task Force work in FY 2016.