



2021 ANNUAL REPORT TO CONGRESS

Community Preventive Services Task Force Report for Fiscal Year 2021

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 economics. [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. For all evidence reviews, CPSTF uses a consistent, scientifically rigorous, published methodology.² 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. The Community Guide systematic review methods are described in an online, printable [manual](#),³ which promotes transparency and awareness by making the methods accessible to the public. CPSTF considers health equity in all systematic reviews. To date, CPSTF has focused on racial and ethnic minority populations and populations with lower incomes.⁴

Communities, businesses, the military, healthcare systems, schools, worksites, 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 all Americans.

Congress has charged CPSTF to provide an annual report that identifies gaps in research and recommends priority areas for further examination.⁵ In this report to Congress, which covers fiscal year 2021, CPSTF also features the topic of children's mental health.

CPSTF Recommendations and Findings

During fiscal year 2021, CPSTF issued nine recommendations and findings on the following topics and interventions:

- **Heart Disease and Stroke Prevention**

CPSTF recommends [team-based care to improve blood pressure control](#) based on strong evidence of effectiveness in improving the proportion of patients with controlled blood pressure and in reducing systolic and diastolic blood pressure.^{6*}

- **HIV Prevention**

CPSTF recommends [partner services interventions to increase HIV testing](#) based on sufficient evidence of effectiveness.^{7**}

- **Nutrition and Physical Activity**

CPSTF recommends [digital health and telephone interventions that are implemented in community settings](#) and focus on improving healthy eating and physical activity among adults interested in improving these behaviors. Sufficient evidence of effectiveness shows these interventions increase or maintain the amount of time adults engage in physical activity, with the greatest improvements seen among those who were less active before the intervention.⁸

CPSTF recommends [digital health and telephone interventions that are implemented at institutions of higher education](#) and focus on improving healthy eating and physical activity among students who are interested in improving these behaviors. Sufficient evidence of effectiveness shows these interventions lead to meaningful increases in fruit and vegetable intake, decreases in fat intake, and improvements or maintenance of weight status.⁹

CPSTF recommends [digital health and telephone interventions that are implemented in work settings](#) and focus on improving healthy eating and physical activity among adults interested in improving these behaviors. Sufficient evidence of effectiveness shows these interventions lead to meaningful increases in time spent in physical activity, increases in fruit and vegetable intake, and decreases in fat intake.¹⁰

- **Physical Activity**

CPSTF recommends [classroom-based physical activity break interventions](#) for primary school students to increase physical activity. Sufficient evidence of effectiveness shows that when trained classroom teachers deliver these interventions, children meaningfully increase the amount of time they spend engaged in physical activity during the school day.¹¹

*Updates prior systematic review from 2012.

**Updates prior systematic reviews from 2005.



CPSTF recommends [classroom-based physically active lesson interventions](#) for students to increase physical activity and improve educational outcomes. Sufficient evidence of effectiveness shows these interventions, when delivered by trained classroom teachers, meaningfully increase the amount of time students engage in physical activity during the school day and improve educational outcomes in math and reading.¹²

CPSTF recommends interventions that combine [park, trail, or greenway infrastructure improvements](#) with one or more additional interventions to increase physical activity and infrastructure use. Additional interventions may engage the community, increase awareness, expand programs, or enhance access. Sufficient evidence shows these interventions increase the number of people who engage in moderate-to-vigorous physical activity.¹³

CPSTF finds insufficient evidence to determine the effectiveness of [park, trail, or greenway infrastructure](#) improvements alone (i.e., implemented without additional interventions) for increasing physical activity.¹³

During fiscal year 2021, CPSTF added findings from economic systematic reviews^{14,15} to previous recommendations for intervention approaches.

- **Asthma**

CPSTF recommends [school-based self-management interventions for asthma control](#) based on strong evidence of effectiveness in reducing hospitalizations and emergency room visits among children and adolescents with asthma. However, they found there was not enough economic evidence to determine cost-effectiveness or cost-benefit for this intervention.¹⁶

- **Health Equity**

CPSTF finds societal benefits exceed the cost of [tenant-based housing voucher programs](#) that serve families with young children who are living in public housing, provide pre-move counseling, and move families to neighborhoods with greater opportunities (e.g., lower poverty level, better schools).¹⁷

- **Heart Disease and Stroke Prevention**

CPSTF finds [team-based care to improve blood pressure control](#) is cost-effective.⁶

Evidence Gaps

Each Community Guide systematic review includes a list of critical [evidence gaps](#)¹⁸ that highlights remaining questions about the intervention approach. Addressing identified evidence gaps may make 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.

For the interventions CPSTF recommended during fiscal year 2021 described above, the evidence gaps included the following:

- Which factors affect sustainability and intensity of **team-based care interventions to improve blood pressure control**?
- How does the effectiveness of **digital health and telephone interventions to increase healthy eating and physical activity** differ by gender, race or ethnicity, health literacy level, or baseline weight status?
- How does the effectiveness of **classroom-based physical activity breaks** and **physically active lessons** differ by participant characteristics including student age, grade, race or ethnicity, disability status, household income, and parents' education?
- Which **park, trail, and greenway infrastructure improvements** (e.g., programming, access, promotion of use or community engagement) are most effective at increasing physical activity and use?

CPSTF Priorities for 2020-2025

CPSTF selects priority topics every five years for systematic evidence reviews on population health interventions, which form the basis for their recommendations and findings. CPSTF used a data-driven process to select priority topics for 2020-2025, starting with [Healthy People 2020 topics](#)¹⁹ soliciting nominations for topics from public health partners and the public, and applying criteria (e.g., burden, disparities, preventability) to narrow the number of topics. The priority topics guide the overall work of CPSTF but do not preclude consideration of other topics. The nine topics listed below join the set of more than 20 topics considered by CPSTF since its inception in 1996.

- 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 Programs Help Improve Children’s Mental Health

Mental health is a priority topic for CPSTF to conduct evidence-based reviews on population health interventions. Mental health is an important part of overall health and well-being at every stage of life, from childhood and adolescence through adulthood. CPSTF recommends [universal](#)²⁰ and [targeted](#)²¹ school-based cognitive behavioral therapy programs as effective ways to prevent or reduce anxiety and depression symptoms among children and adolescents. Decision-makers can use the CPSTF recommendations to inform their efforts to prevent or reduce anxiety and depression and promote well-being among children and adolescents.

Mental health conditions, such as anxiety and depression, are common in children.²³ Among children aged 3 to 17 years, 7.1% (approximately 4.4 million) have been diagnosed with anxiety and 3.2% (approximately 1.9 million) with depression.²⁴ These conditions can last into adulthood and increase risks for substance use, sexual risk behavior, conduct disorder, and poor academic outcomes.^{25,26,27}

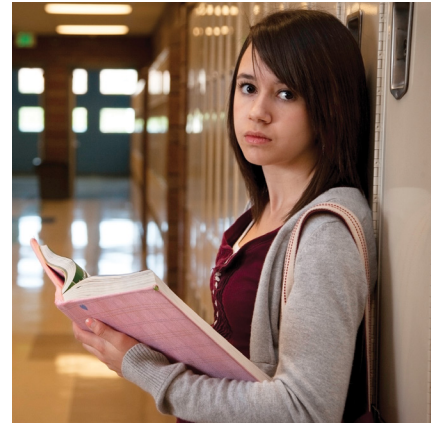
Suicide is also of concern among children and adolescents. In 2019, about one in five (19%) high school students had seriously considered attempting suicide during the past year.²⁸

Pandemics can cause psychological distress and exacerbate existing mental disorders in children and adolescents.²⁹ The coronavirus disease 2019 (COVID-19) pandemic has presented challenges for children that are stressful and unprecedented. Public health actions, such as physical distancing, are necessary to reduce the spread of COVID-19 but may cause children to feel isolated and increase stress, anxiety, and depression.^{29,30}

Enduring systemic inequities in [social determinants of health](#)⁴ (e.g., education, financial stability) may increase barriers to accessing quality mental health care. For example, some families cannot find mental health care due to lack of providers in their area, and others may not be able to afford mental health services due to the high cost or lack of insurance or lack of parity in coverage.³¹ These challenges may be especially pronounced for children from racial and ethnic minority communities, rural communities, and children from families with lower incomes.^{32,33,34}

A public health approach to children’s mental health includes promoting mental health for all children, providing preventive interventions to children at risk, and treating children with identified disorders.³⁵ In partnership with communities, schools provide the opportunity to offer a seamless continuum of supports to a large population of students with and without mental health difficulties.³⁶ A recent U.S. Surgeon General’s Advisory includes recommendations to support mental health for institutions, including schools, that surround children and shape their day-to-day lives.²² Some of these recommendations may be addressed through school-based programs recommended by CPSTF. These programs are recommended based on strong evidence of effectiveness.^{20,21} The programs can help students develop strategies to solve problems, regulate emotions, and establish helpful patterns of thought and behavior, which can lead to improved mental health and well-being among children and adolescents.

Learn more about [CPSTF recommendations and findings for mental health](#).³⁷



“The pandemic era’s unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced.”

Vivek H. Murthy, MD, MBA

Vice Admiral, U.S. Public Health Service
Surgeon General of the United States

[Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory, 2021](#)²²



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The 2021 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)

