

U.S. Preventive Services Task Force Highlights High-Priority Evidence Gaps in 2019 Report to Congress

Calls for more research on mental illness, substance use, and violence prevention

WASHINGTON, D.C. – November 13, 2019 – Today, the U.S. Preventive Services Task Force (Task Force) released its ninth annual Report to Congress, highlighting research gaps from recent recommendations related to prevention of mental illness, substance use, and violence. Topics highlighted in the report include:

- Perinatal Depression: Preventive Interventions
- Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions
- Tobacco Use Prevention and Cessation in Children and Adolescents: Primary Care Interventions
- Illicit Drug Use, Including Nonmedical Use of Prescription Drug Use in Adolescents and Adults: Screening by Asking About Drug Use
- Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening
- Child Maltreatment: Interventions

“This year’s report highlights important gaps in the current evidence on how primary care clinicians can help their patients prevent mental illness, substance use, and violence,” says Task Force chair Douglas K. Owens, M.D., M.S. “The focus of this report is particularly timely given the substance use epidemic in our country and the growing attention on the role of primary care in helping to address social factors that impact health.”

Conditions related to mental illness, substance use, and violence can increase the risk for other diseases, such as diabetes, heart disease, and cancer, as well as death. Prevention of these health issues is essential, and primary care plays an important role. Future research in these areas can help fill evidence gaps and may result in new recommendations that will help to improve the health of Americans.

“By identifying research priorities, the Task Force aims to inspire public and private researchers to collaborate and target their efforts to generate new knowledge,” said Task Force vice chair Alex H. Krist, M.D., M.P.H. “We need high-quality research to better understand these complex health issues and how clinicians can meaningfully help their patients in preventing them.”

The report also provides an update on the Task Force’s activities over the past year, during which it continued to work on a full portfolio of topics that includes 85 preventive service recommendation statements, with 134 specific recommendation grades. From October 1, 2018, to September 30, 2019, the public had the opportunity to comment on 11 draft research plans, 14 draft recommendation statements, and 17 draft evidence reviews. The Task Force also published 13 final recommendation statements in the *Journal of the American Medical Association* and on the Task Force website.

The “Ninth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services” can be found on the Task Force website at

<http://www.uspreventiveservicestaskforce.org/Page/Name/reports-to-congress>.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Owens is a general internist and investigator at the Center for Innovation to Implementation at the Veterans Affairs (VA) Palo Alto Health Care System. He is the Henry J. Kaiser, Jr., professor at Stanford University, where he is also a professor of medicine, health research and policy (by courtesy), and management science and engineering (by courtesy). Dr. Owens is director of the Center for Primary Care and Outcomes Research in the Stanford University School of Medicine and the Center for Health Policy in the Freeman Spogli Institute for International Studies.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is co-director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

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