

# 2018–2019

**REPORT TO CONGRESS**

## Community Preventive Services Task Force

Supporting Community Health  
and National Security



# CPSTF Tobacco Recommendations Used to Aid U.S. Military Reduction in Cigarette Smoking

The [Community Preventive Services Task Force \(CPSTF\) 2017 Report to Congress](#) highlighted ways the U.S. Armed Forces have used CPSTF recommendations to strengthen force readiness and resilience by improving the health of service members. This 2018–2019 report features the military’s success in reducing the prevalence of cigarette smoking that has harmed the health and military readiness of service members for decades.

*“Department of Defense Tobacco Policy Reform required cultural, organizational, and systems changes supported by evidenced-based data including The Community Guide and, most importantly, driven by a ‘unity of effort’ leadership.”*

**Douglas J. Robb, DO, MPH**  
**Lieutenant General, USAF (retired)**  
**Former Director, Defense Health Agency (2013–2015)**  
**Current Medical Chair, National Defense University**

*“Multiple surveys of military personnel have shown similar downward trends in smoking prevalence. We are pleased to note that these decreases put the overall prevalence of current smoking among military at a similar level to the national prevalence. Despite these decreases in cigarette smoking, we remain concerned about high levels of e-cigarette and smokeless tobacco use among active duty service members.”*

**CAPT Kimberly Elenberg, DNP, MSN**  
**Defense Health Agency**  
**Department of Defense**

The prevalence of current cigarette smoking among active duty service members in the U.S. Air Force, Army, Marine Corps and Navy decreased between 2011 and 2015 (see Figure 1). The Department of Defense (DoD) achieved this smoking reduction by using multiple interventions, including several evidence-based CPSTF recommendations. These included smoke-free policies that limited where people could smoke and policies that removed military discounts for tobacco products.

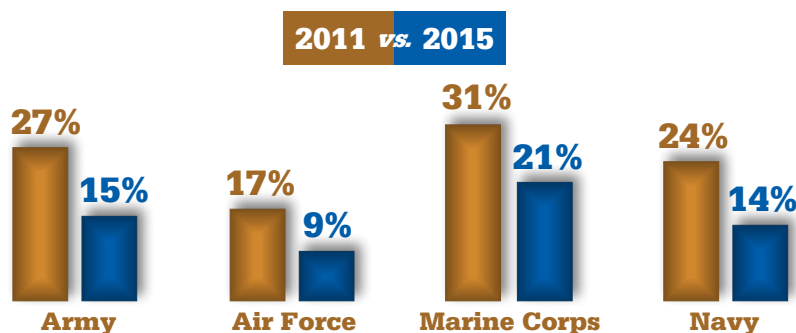
Despite declines in cigarette smoking prevalence, the tobacco product landscape shifted to include emerging products such as e-cigarettes. In 2015, the prevalence of current e-cigarette use was 12%, or about 1 in 8 active-duty service members.

Recently, the Surgeons General of the Air Force, Army, Navy, and United States issued [a joint statement](#) urging the Department of Defense to use interventions proven to help service members quit all forms of tobacco product use, including smoked, smokeless, and electronic. Many of the interventions they suggested are recommended by the CPSTF, including [smoke-free indoor air policies](#) and [smoking cessation supports](#).

The CPSTF will continue to conduct systematic reviews of tobacco-related interventions to equip decision makers with evidence-based findings to improve health among their populations. The CPSTF expects to consider interventions that address vaping and e-cigarette use when enough evidence for a CPSTF review becomes available.

**Figure 1. Prevalence of current cigarette smoking among U.S. active-duty military service members, by service branch—2011 and 2015**

For accessibility, see the appendix on page 4 for an explanation of the bar chart.



Source: Health-Related Behavior Survey.

Note: Survey questions were not asked in the same manner across years, therefore, comparisons should be made with caution.

## Community Preventive Services Task Force Findings for FY 2018–FY 2019

The CPSTF is an independent, nonfederal panel of public health and prevention experts who provide findings and recommendations based on systematic reviews of services, programs, and other interventions that improve population health. These findings and recommendations comprise [The Community Guide](#).

Like recommendations to reduce cigarette smoking, many other CPSTF recommendations are relevant to and have been put in place by the Department of Defense to assure the health and readiness of active duty service members and their families (see [2017 Annual Report to Congress](#)). The broad portfolio of CPSTF recommendations covers many other public health issues relevant to all Americans.

Over the past two years, the CPSTF issued findings and recommendations in the following areas affecting the nation’s health.

Topic	Number of Findings and Recommendations
Asthma	1
Cancer	3
Cardiovascular Disease	2
Health Equity	1
Mental Health	2
Nutrition	1
Obesity	5
Physical Activity	2
Pregnancy Health	2
Violence	1
<b>Total Number</b>	<b>20</b>

## CPSTF Priorities

The CPSTF sets its priorities every five years. In 2015, the CPSTF identified 11 priority areas for new Community Guide reviews. Priorities are based on the opportunity to improve health outcomes and where evidence exists.

- Cardiovascular Disease Prevention and Control
- Environmental Health
- Injury Prevention
- Mental Health
- Obesity Prevention and Control
- Older Adults
- Physical Activity
- Sleep Health
- Social Determinants of Health
- Substance Abuse (e.g., Prescription Drug Overdose)
- Violence Prevention

## Evidence Gaps Identified During FY 2018–FY 2019

Through its systematic reviews, the CPSTF identifies [evidence gaps](#) where more research is needed.

### Intervention-Specific Evidence Gaps

- **Community Health Workers to Increase Cancer Screening:** What are the best ways to recruit, train, supervise, and compensate community health workers to keep them in the workforce and improve outcomes?
- **Housing First Programs for Homelessness:** Is the intervention effective for women, youth, and members of the LGBTQ community?
- **School-Based Cognitive Behavioral Therapy:** What are the infrastructure and personnel needs required to sustain these programs?
- **Intimate Partner Violence/Sexual Violence Prevention Among Youth:** What combinations of specific programs, policies, or practices are most effective?

### Common Evidence Gaps across Interventions

- Is the intervention effective among American Indians/Alaska Natives?
- Is the intervention effective in rural settings?
- What does it cost to implement the intervention?
- When interventions deliver educational components to recipients, is the intervention’s effectiveness changed by the recipient’s health literacy?

## Appendix: Explanation of bar chart

Figure 1 (page 2) is a bar chart titled, “Prevalence of current cigarette smoking among U.S. active-duty military service members, by service branch—2011–2015. Prevalence of current cigarette smoking among active duty military service members, by service branch for 2011 and 2015. Between 2011 and 2015, smoking rates decreased among Army (27% to 15%), Air Force (17% to 9%), Marine Corps (31% to 21%) , and Navy (24% to 14%) service members with the Department

of Defense’s implementation of multiple interventions, including several CPSTF evidence-based tobacco-related recommendations, to promote smoking cessation.

Sources: [2011 Health-Related Behaviors Survey of Active Duty Personnel](#); [2015 Health-Related Behavior Survey—Active Duty Service Members](#). Note: Survey questions were not asked in the same manner across years, therefore, comparisons should be made with caution.

The 2018–2019 Annual Report to Congress was prepared by the Community Preventive Services Task Force (CPSTF) 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))