



November 28, 2016

U.S. Preventive Services Task Force Program Office  
5600 Fishers Lane  
Mail Stop 06E53A  
Rockville, MD 20857

**Re: Comments Draft Evidence Review for Obesity in Children and Adolescents: Screening**

To Whom It May Concern:

Trust for America's Health (TFAH) is grateful for the opportunity to comment on the U.S. Preventive Services Task Force (USPST) draft evidence review regarding screening for obesity in children and adolescents.<sup>1</sup> As a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority, we believe addressing obesity in the United States is a key component of improving public health more broadly. As we noted in our report, "The State of Obesity 2016: How Obesity Threatens America's Future," the impact of childhood obesity often extends into adulthood.<sup>2</sup> Compared to children within a healthy BMI range, children who are obese are significantly more likely to experience premature death (i.e. before the age of 55) from health related causes.<sup>3</sup> It is incumbent upon those not only in the prevention community but the larger health care system as a whole to recognize the impact preventing obesity in childhood can have as children grow into adults. Accordingly, TFAH is pleased the USPSTF's has undertaken a review of the evidence surrounding childhood screening for obesity.

We respectfully offer the following comments and recommendations for your consideration:

**Expand the scope beyond the clinical setting**

In our 2014 comments on the draft research plan for this topic, TFAH recommended the inclusion of evidence on obesity interventions conducted in nonclinical settings, by non-physician personnel, or both.<sup>4</sup> Efforts to address childhood obesity should not be arbitrarily limited to the clinical setting, and community-based programs, such as those led by school nurses, should be considered in the evidence review. Unfortunately, the

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<sup>1</sup> USPSTF, Evidence Synthesis Number 150 Screening for Obesity and Intervention for Weight Management in Children and Adolescents: A Systematic Evidence Review for the U.S. Preventive Services Task Force (2016)

<sup>2</sup> Segal, L. M., Martin, A., & Rayburn, J. Trust for America's Health (September 2016). The State of Obesity 2016: Better Policies for a Healthier America, [www.stateofobesity.org](http://www.stateofobesity.org)

<sup>3</sup> Franks PR, Hanson W, Knowler M, et al. "Childhood Obesity, Other Cardiovascular Risk Factors, and Premature Death." *New England Journal of Medicine*, 362(6):485-93, 2010

<sup>4</sup> Levi, J. for Trust for America's Health, to U.S. Preventive Services Task Force (November 18, 2014).

draft review appears to have excluded most studies of community-based interventions, and we urge USPSTF to reconsider that scope.

In addition, current USPSTF guidelines recommend that “*clinicians* screen children aged 6 years and older for obesity”<sup>5</sup> (emphasis added), and the draft evidence review included only screening conducted in a primary care setting.<sup>6</sup> As a result, we are concerned that the review misses a vulnerable population at risk of obesity: children and adolescents who lack access to primary care. Indeed, several studies have noted that obesity screening occurs almost entirely in clinical settings<sup>7</sup> which excludes high-risk child and adolescent populations that lack routine access to traditional primary care settings from receiving this important intervention. These studies<sup>8,9,10</sup> have examined the effects of obesity screening and other obesity related interventions within the school settings and may provide some additional context for USPSTF’s evidence review.

Because TFAH supports prevention where people work, live, play and learn, we would argue that a range of non-primary care settings, from emergency rooms and community centers like YMCA to schools, are all feasible settings for obesity screenings, and that evidence of screening in such settings should be included.<sup>11</sup>

### **Define intensive behavioral interventions based on results of evidence review**

In conjunction with obesity screening, current USPSTF guidelines recommend that providers offer or refer children to “*comprehensive, intensive* behavioral interventions to promote improvement in weight status”<sup>12</sup> (emphasis added). Results of USPSTF’s new draft evidence review suggest that “lifestyle-based weight loss programs with at least 26 hours of contact consistently demonstrated small average reductions in excess weight compared to usual care or other control groups in children and adolescents who were

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<sup>5</sup> US Preventive Services Task Force. (2010). Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics*, 125(2), 361-367.

<sup>6</sup> USPSTF, Evidence Synthesis Number 150, *supra* note 1.

<sup>7</sup> Demerath, E., Muratova, V., Spangler, E., Li, J., Minor, V. E., & Neal, W. A. (2003). School-based obesity screening in rural Appalachia. *Preventive Medicine*, 37(6), 553-560.

<sup>8</sup> *Id.*

<sup>9</sup> Braunschweig, C. L., Gomez, S., Liang, H., Tomey, K., Doerfler, B., Wang, Y. & Lipton, R. (2005). Obesity and risk factors for the metabolic syndrome among low-income, urban, African American schoolchildren: the rule rather than the exception?. *The American Journal of Clinical Nutrition*, 81(5), 970-975.

<sup>10</sup> Llargués, E., Recasens, M. A., Manresa, J. M., Jensen, B. B., Franco, R., Nadal, A. & Castell, C. (2016). Four-year outcomes of an educational intervention in healthy habits in schoolchildren: the Avall 3 Trial. *The European Journal of Public Health*, ckw199.

<sup>11</sup> U.S. Preventive Services Task Force (2016). *Final Research Plan: Drug Use in Adolescents and Adults, Including Pregnant Women: Screening*.

<https://www.uspreventiveservicestaskforce.org/Page/Document/final-research-plan/drug-use-in-adolescents-and-adults-including-pregnant-women-screening>

<sup>12</sup> US Preventive Services Task Force. (2010). Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics*, 125(2), 361-367.

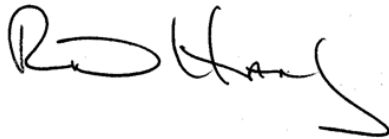
overweight or had obesity.”<sup>13</sup> Based on these studies, TFAH recommends that USPSTF update its recommendation to clarify that “comprehensive, intensive behavioral interventions” should align with this 26-hour threshold. This specificity is important for guiding both clinical practice and payer coverage determinations.

## Conclusions

Overall, TFAH is encouraged that USPSTF has undertaken an evidence review of obesity screening, particularly in this important population. Early prevention is one of the most important tools at our disposal for improving public health, and we applaud USPSTF for compiling evidence to better understand this prevention strategy.

Thank you for your consideration of these comments. We look forward to the release of the final evidence review and, potentially, an updated obesity screening recommendation. If you have any questions, please feel free to contact Jack Rayburn, TFAH’s Senior Government Relations Manager, at (202) 223- 9870 x 28 or jrayburn@tfah.org.

Sincerely,



Richard Hamburg  
Interim President and Chief Executive Officer  
Trust for America’s Health

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<sup>13</sup> U.S. Preventive Services Task Force (2016). Screening for Obesity and Intervention for Weight Management in Children and Adolescents: A Systematic Evidence Review for the U.S. Preventive Services Task Force. p. 38