



January 16, 2024

Dear Members of the U.S. Preventive Services Task Force:

The Diabetes Advocacy Alliance (DAA) appreciates the opportunity to comment on the U.S. Preventive Services Task Force (USPSTF) *Draft Recommendation: High Body Mass Index in Children and Adolescents: Interventions*.

Founded in 2010, the DAA is a coalition of 29 diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way prediabetes, diabetes, and obesity are viewed and treated in America. DAA members work to increase awareness of, and action on, the epidemics of diabetes and obesity, and improved access to diabetes prevention services and diabetes and obesity treatments and care. The organizations that comprise the DAA share a common goal of elevating prediabetes, diabetes, and obesity on the national agenda.

The undersigned members of the DAA fully support the draft recommendation that clinicians provide or refer children and adolescents aged 6 years or older with a high body mass index (BMI) (≥ 95 th percentile for age and sex) to comprehensive, intensive behavioral interventions. We appreciate the work of the USPSTF and the potential positive downstream impact of the Task Force's recommendations on pediatric and other primary care practices and the potential to reduce health inequities. We have seen the positive impact of the 2021 USPSTF screening recommendation for diabetes and prediabetes, especially the part of the recommendation that urges clinicians to offer or refer patients with prediabetes and diabetes to intensive behavioral therapy (IBT) interventions, such as those programs recognized by the Centers for Disease Control and Prevention's (CDC) Diabetes Prevention Recognition Program.

Since there is no equivalent to CDC's National Diabetes Prevention Program for children and youth, we appreciate that your draft recommendation includes, in its Practice Considerations section, references to the website of the [Community Preventive Services Task Force](#), which "recommends several youth interventions promoting physical activity and healthy eating, access to affordable healthy food and beverages, healthy food and beverage choices, and fostering physical activity among children, reducing sedentary screen time, and using digital health interventions for weight management." In addition, we offer the following interventions for your consideration for including in the Final Recommendation Statement.

The CDC's website has an excellent resource for clinicians entitled "[CDC-Recognized Family Healthy Weight Programs](#)." One of the programs recognized by the CDC is offered by the YMCA of the USA (Y-USA), one of the DAA members signing this letter. The Y-USA's program, "[Healthy Weight and Your Child](#)," is currently offered in 32 states with 85 program sites (and counting) offering the program. This

evidence-based program includes 25 sessions delivered over four months. It is a family-based weight management program that focuses on nutrition education and physical activity to encourage healthier eating habits and an active lifestyle to reach a healthy weight. Increasing awareness of these programs among clinicians would be beneficial, which USPSTF can assist by listing these interventions or linking to them in the “Practice Considerations section” of the Final Recommendation Statement.

Some Areas for Improvement

The undersigned members of the DAA note a few important areas for your consideration for modifications in the final recommendation statement. We note that the [2017 final recommendation](#) included mention of screening for obesity in children and adolescents as well as referrals to IBT, and we believe that screening should be added back for the 2024 final recommendation. We would appreciate adding a mention of overweight/obesity as a chronic disease, as it is important to continue to reinforce this point for clinicians to underscore the importance of this recommendation. Also, we believe that more context is needed to the section that mentions the challenges that families of children face in getting access to IBT for high BMI, as barriers to implementation are barely mentioned.

Use of Anti-Obesity Medications with Children and Adolescents

The undersigned DAA members agree with the USPSTF’s recommendation to encourage clinicians to promote behavioral interventions as the primary effective intervention for weight loss in children and adolescents. We appreciate the cautionary tone regarding using anti-obesity medications (AOMs) with children and youth. However, we wish to point out that in 2023, the American Academy of Pediatrics (AAP), in its [Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity](#), for the first time recommends that consideration could be given to using AOMs in a specific population and as an adjunct to intensive lifestyle intervention: “Pediatricians and other primary health care providers may offer children ages 8 through 11 years of age with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.” The AAP statement goes on to say that “children with more immediate and life-threatening comorbidities, those who are older, and those affected by more severe obesity may require additional therapeutic options.”

The undersigned members of the DAA thank you for considering our comments. We appreciate the impact of USPSTF recommendations and the fact that USPSTF has undertaken this critically important review. Uptake of this recommendation could help address the increasing problem of overweight and obesity in children and youth.

Sincerely,

The undersigned members of the Diabetes Advocacy Alliance

Academy of Nutrition and Dietetics
American Medical Association
Association of Diabetes Care & Education Specialists
National Kidney Foundation
YMCA of the USA