



June 8, 2020

Dear Members of the USPSTF

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to comment on the U.S. Preventive Services Task Force (USPSTF) Draft Recommendation Statement: Healthy Diet and Physical Activity to Prevent Cardiovascular Disease in Adults with Risk Factors: Behavioral Counseling Interventions.

OCAN is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. As part of this effort, we strive to prevent disease progression, improve access to evidence-based treatments for obesity, improve standards of quality care in obesity management, eliminate weight bias, and foster innovation in future obesity treatments.

OCAN has a number of observations, suggestions, and questions for the USPSTF as it moves toward a final recommendation statement.

Overall Comments

1. Compared to the earlier recommendation, this recommendation statement provides better clarity on the population to which it applies and how it overlaps with the healthy lifestyle behavioral counseling recommendations for abnormal blood glucose, obesity, and CVD risk reduction for those with lower risk. Also, by using the terms “behavioral counseling” and “behavioral counseling interventions,” the USPSTF is moving toward terminology more consistent with that used in other similar recommendation statements. In addition, this draft recommendation statement makes it clearer that evidence supports delivery of the service by lifestyle coaches and trained leaders.

Also, OCAN believes it is vital that USPSTF highlight and repeatedly note both the efficacy of behavioral counseling for healthy lifestyle AND that it is widely accessible, available and affordable, because, as the draft evidence review noted, clinicians are providing or referring this recommended preventive service very infrequently. We must increase referral and provision rates of behavioral counseling for healthy lifestyle to increase the health status of our nation.

Comments Related to Specific Sections of the Draft Recommendation Statement

2. The boxed recommendation summary at the beginning of the Draft Recommendation Statement is stated: “The USPSTF recommends offering or referring adults with CVD risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.” OCAN suggests a re-wording of this sentence for the following reasons. While a portion of the studies reviewed showed efficacy for clinician offered multi-component behavioral interventions for healthy lifestyle (e.g., interventions provided by clinicians in a medical setting), the preponderance of the

studies reviewed were of programs and interventions not directly provided by the primary care professional, but instead were community based multi-component behavioral interventions for healthy lifestyle. The currently worded summary statement does not reflect the preponderance of the evidence and recommends clinicians “offer” the service, implying preference for primary care clinician delivery of the service in the medical setting. We urge USPSTF to align the recommendation statement with the evidence by modifying the recommendation sentence to reflect the evidence that was reviewed and found effective and by removing the term “offer.” We suggest this wording instead: “For adults with CVD risk factors, the USPSTF recommends behavioral counseling interventions to promote a healthy diet and physical activity through referral to widely accessible healthy lifestyle counseling programs or provided directly by clinicians.”

3. In the “Importance” section at the top of the Draft Recommendation Statement, this sentence appears: “Known modifiable risk factors for CVD include smoking, overweight and obesity, diabetes, elevated blood pressure or hypertension, dyslipidemia, lack of physical activity, and unhealthy diet.” OCAN believes that the USPSTF should add prediabetes (what the Task Force refers to as abnormal blood glucose) to this list.
4. In the “Importance” section at the top of the Draft Recommendation Statement, this sentence appears: “All persons, regardless of their CVD risk status, can gain health benefits from healthy eating behaviors and appropriate physical activity.” We recommend editing this sentence as follows: “All persons, regardless of their CVD risk status or socioeconomic status, can gain health benefits from healthy eating behaviors and appropriate physical activity.” The evidence review found that behavioral counseling is effective for people with CVD risk in all socio-economic levels and we believe it is vital to highlight this finding for providers. As health care providers grapple with social determinants of health and health disparities, this evidence review finding is important to highlight for clinicians and those implementing preventive health strategies.
5. In the “Practice Considerations” section, “Behavioral Counseling Interventions” sub-section, OCAN recommends that USPSTF add pharmacists to the listing of specially trained professionals that can deliver these interventions. Additionally, while we appreciate the clear identification of the wide range of individuals that can and do provide evidence based behavioral counseling effectively, we feel this section does not adequately reflect the plethora of evidence that has demonstrated that affordable, scalable translation of behavioral counseling using “non-clinician interventionists” (such as trained coaches) is equally effective. We urge adding information in this section that notes that over 75% of the studies reviewed engaged non-clinician interventionists. Also, the evidence that USPSTF has reviewed for other healthy lifestyle behavioral counseling recommendations relies heavily on community-based programs with trained lifestyle coaches. Indeed, in Table 2 of the Draft Recommendation Statement, in the section entitled “Person Delivering Intervention,” this is said: “Most were nonphysicians, including registered dieticians, health educators, nurses, lifestyle coaches, psychologists or psychology graduate students, and exercise physiologists.”
6. In the “Practice Considerations” section, “Implementation” sub-section, USPSTF uses these vague terms: “other settings” and “media-based interventions.” We urge USPSTF to instead use language that appears in Table 2, where implementation is described as “Face-to-face sessions with or without additional telephone or web-based or other technology enhanced components.” The draft evidence review is more aligned with the description in Table 2, as it noted behavioral counseling was delivered in integrated health system settings, community settings, or through telephonic counseling, all of which might be supplemented with online resources

Questions for USPSTF

Were subgroup analyses conducted on the effects of behavioral counseling intervention conducted by different interventionists, such as registered dietitian nutritionists, on health outcomes?

Did the findings differ among different behavior change goals, behavior change techniques, or intervention modality?

People-First Language

Finally, we are pleased that the USPSTF appears to be making a good faith effort to use people-first language when updating previous recommendation statements by referring to individuals affected by overweight or obesity. Unfortunately, we note that the Task Force used three inappropriate mentions of the term “obese” in the summary document and numerous examples within the larger Draft Evidence Review.

Labeling individuals as obese creates negative feelings toward individuals with obesity, perpetuates weight bias, and must be avoided. Health care providers who use respectful communication with their patients, such as people-first language, create positive, productive discussions about weight and health. We urge the USPSTF and other authors and editors of scholarly research, scientific writing, and publications about obesity to use the same rules that are the norm for referring to individuals with other disabilities, diseases, and health conditions: the use of people-first language.

Again, we appreciate the opportunity to provide feedback regarding the draft recommendation statement. Should you have any questions or need additional information, please feel free to contact me via email at chris@potomaccurrents.com or telephone at 571-235-6475. Thank you.

Sincerely,

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OCAN Co-Chair

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