



June 14, 2023

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 Research Plan: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: 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.

DAA members appreciate the work of the USPSTF and the downstream impact of the Task Force's work on primary care practices and the potential to reduce health inequities. For example, a study published this month in the *American Journal of Preventive Medicine* showed that, compared with the USPSTF's 2015 diabetes screening recommendation, using the USPSTF's revised 2021 diabetes screening criteria "will identify more adults with prediabetes and diabetes in all racial and ethnic groups than the 2015 criteria. Screening all adults aged 35–70 years exhibited even higher sensitivity and performed most similarly by race and ethnicity, which may further improve early detection of prediabetes and diabetes in diverse populations."<sup>1</sup>

The DAA has comments in two areas of the Proposed Research Approach in the Draft Research Plan:

### **1. Proposed Research Approach: Population**

In the Proposed Research Approach of the Draft Research Plan, USPSTF defines the population to include in identifying studies for the Evidence Review as "Adults age 18 years or older selected based on higher BMI ( $\geq 25$  kg/m<sup>2</sup>) or other adiposity measures (e.g., waist circumference)." However, the Centers for Disease Control and Prevention (CDC) states on its website that "the standard BMI classification doesn't catch Asian American people who are in the healthy weight range (BMI 18.5 to 24.9) but may have too much visceral fat and already be at risk for type 2 diabetes," and thus recommends that Asian Americans be screened at BMIs of 23 or greater.<sup>2</sup> We encourage you to amend your population definition to include this lower BMI parameter for studies that include data on Asian Americans.

Also, the Proposed Research Approach proposes to include "studies including or limited to individuals with additional cardiovascular disease risk factors, including hypertension, dyslipidemia, or impaired

glucose metabolism; postpartum women; persons with a history of cancer are included.” Since prediabetes and diabetes are both states of “impaired glucose metabolism,” the DAA encourages USPSTF to include studies of weight management or maintenance in people with established diabetes, as well as people with prediabetes, since type 2 diabetes is largely comorbid with obesity. According to one study of NHANES data reported in 2011, “80.3% of adults with diabetes were considered overweight (BMI  $\geq$  25) and 49.1% were considered obese (BMI  $\geq$  30).”<sup>3</sup> We also note that the Proposed Approach to Assessing Health Equity and Variation in Evidence Across Populations does include “presence of comorbid conditions.”

## **2. Proposed Research Approach: Interventions**

In the Interventions section of the Proposed Research Approach, in addition to the types of studies proposed for inclusion, we urge you to include more recent studies involving different modalities of diabetes prevention programs, including fully virtual programs, and diabetes prevention studies that use pharmacologic interventions.

The undersigned members of the DAA thank you for considering our comments. We appreciate that the USPSTF is undertaking this critically important review. If you have any questions for us, please contact Katie Adamson, DAA Co-Chair with the YMCA of the USA, at [Katie.Adamson@ymca.net](mailto:Katie.Adamson@ymca.net).

Sincerely,

American Medical Association

Association of Diabetes Care & Education Specialists

Black Women’s Health Imperative

Weight Watchers (WW)

YMCA of the USA

<sup>1</sup>O’Brien MJ, Zhang Y, Bailey SC, et al. Screening for Prediabetes and Diabetes: Clinical Performance and Implications for Health Equity. *Am J Prev Med*:Vol 64(6), pg. 814-823. June 2023.

<sup>2</sup>Centers for Disease Control and Prevention. Diabetes and Asian American People. Accessed on June 3, 2023. <https://www.cdc.gov/diabetes/library/spotlights/diabetes-asian-americans.html>.

<sup>3</sup>Nguyen NT, Nguyen X-MT, Lane J, and Wang P. Relationship between obesity and diabetes in a US adult population: findings from the National Health and Nutrition Examination Survey, 1999-2006. *Obes Surg*. 2011 Mar;21(3):351-5. doi: 10.1007/s11695-010-0335-4.