

Obesity Screening and Management for Children 6+ and Adults



Obesity and Cancer Risk

For the majority of Americans who do not use tobacco, the most important behaviors to reduce cancer risk are weight control, dietary choices, and physical activity.¹ In fact, the combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition causes 18% of all cancers or nearly one-fifth of the 1.7 million cancer cases expected to be diagnosed in 2019.²

Currently, nearly two in three adults and one in three youth aged 10 to 17 are overweight or obese.^{3, 4} Overweight and obesity are clearly associated with an increased risk for several common cancers, including colon, esophageal, kidney, pancreatic, endometrial, and postmenopausal breast cancer. Being overweight or obese may also be associated with other cancers such as liver, cervix, ovary, non-Hodgkin's lymphoma, multiple myeloma, and aggressive prostate cancer.⁵

The biological link between excess weight and cancer is believed to be related to multiple factors, including fat and sugar metabolism, immune function, hormone levels, proteins that affect hormone levels, and other factors related to cell growth.^{6, 7} Maintaining a healthy body weight throughout life is key to reducing cancer risk.

Evidence-based Obesity Screening and Management

Youth and adults who maintain a healthy weight can prevent many adverse health outcomes, including reducing their long-term cancer risk. Body mass index (BMI), as determined by the weight and height of an individual, can be used to screen for weight categories such as overweight and obesity.⁸ The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all children aged 6 years and older for obesity and provide or refer those individuals found to be overweight or obese to comprehensive, intensive behavioral interventions that can lead to a healthier weight.⁹ For adults, the Task Force recommends that clinicians offer or refer obese adults to intensive multicomponent behavioral interventions to achieve a healthier weight.¹⁰

The USPSTF found that effective behavioral interventions for children had many elements in common. They all:

- included parents;
- provided information about healthy nutrition, portion size, and physical activity;
- were conducted in a specialty setting;
- taught children stimulus control;
- helped children to identify goals;
- used rewards or reinforcement;
- taught coping skills; and
- addressed body image.¹¹

More intense programs with ≥ 26 hours of contact with the child and/or the family over a period of 2 to 12 months led to weight loss. Behavioral interventions with at least 52 contact hours showed greater weight loss.¹² In the current guidelines "Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults," however, USPSTF could not determine the most effective types of interventions because of the many differences among the trials examined. Still the Task Force determined that intensive, multi-component behavioral interventions can help obese patients lose weight and maintain that loss.¹³

The Affordable Care Act and Coverage for Obesity Screening and Management

The Affordable Care Act (ACA) requires all new commercial health insurance plans and Medicaid programs that cover newly eligible individuals to cover USPSTF "A" and "B" graded recommended preventive services at no cost to the

patient.¹⁴ (Note that association health plans with more than 50 employees and short-term plans, recently allowed on the market, do not have to meet these requirements. Moreover, because insurance plans are responsible for interpreting the recommended services and defining the specific benefits and eligibility criteria, there can be inconsistency in the administration of these services. In addition, plans can impose utilization-management techniques such as prior authorization and put certain other limits on coverage.) Obesity screening for children 6+ and obesity management for both children and adults have a “B” grade. Thus eligible children and adults covered by new commercial health insurance plans subject to the ACA or newly eligible for Medicaid programs may not have to pay for comprehensive obesity management programs.

Medicare and Coverage for Obesity Screening and Management

In 2011, a National Coverage Determination for Medicare enrollees includes coverage of obesity intensive behavioral therapy consisting of the following:

1. Screening for obesity in adults using measurement of BMI;
2. Dietary (nutritional) assessment; and
3. Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

ACS CAN Position

The American Cancer Society Cancer Action Network (ACS CAN) is committed to ensuring children and adults have access to evidence-based obesity management programs in order to reduce their long-term cancer risk. ACS CAN will strongly advocate to protect and to increase health coverage guarantees at no cost for these services and to ensure preventive benefit coverage definitions and eligibility criteria are clear and consistent for consumers and providers.

For more information on ACS CAN’s advocacy work around healthy eating and active living environments, please visit <https://www.fightcancer.org/what-we-do/healthy-eating-and-active-living>.

¹ American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta, GA: American Cancer Society, 2019.

² Ibid.

³ *Obesity and Overweight*. Centers for Disease Control and Prevention, National Center for Health Statistics, June 13, 2016. Accessed October 7, 2019. <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>.

⁴ National Survey of Children’s Health, Data Resource Center for Child and Adolescent Health. Accessed October 7, 2019. www.childhealthdata.org/browse/survey/results?q=7288&r=1.

⁵ Kushi LH, Doyle C, McCullough M, et al. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the Risk of Cancer with Healthy Food Choices and Physical Activity. *Ca Cancer J Clin* 2012; 62: 30-67.

⁶ Ibid.

⁷ Iyengar NM, Hudis CA, Dannenberg AJ. Obesity and cancer: local and systemic mechanisms. *Annu. Rev. Med.* 2015;66:297–309.

⁸ Centers for Disease Control and Prevention. *Body Mass Index*. Retrieved from <http://www.cdc.gov/healthyweight/assessing/bmi/> Accessed September 17, 2019.

⁹ US Preventive Services Task Force. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2017;317(23):2417–2426. doi:10.1001/jama.2017.6803.

¹⁰ US Preventive Services Task Force. Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2018;320(11):1163–1171. doi:10.1001/jama.2018.13022.

¹¹ US Preventive Services Task Force. Screening for Obesity in Children and Adolescents. 2017.

¹² Ibid.

¹³ US Preventive Services Task Force. Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults. 2018.

¹⁴ The Patient Protection and Affordable Care Act, Sec. 2713, Coverage of Preventive Services.

<https://www.govinfo.gov/content/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>. Accessed September 17, 2019.