

# *Department of the Air Force*

---

*One Team, One Fight!*

## **DACOWITS RFI 5**

# **Physical Fitness Standards and Eating Disorders**



**SAF/A1**  
**Dec 2024**



- Over the past decade, the Committee has examined physical fitness standards to include body fat composition. The Well-Being and Treatment (WB&T) Subcommittee will conduct additional research on the prevalence of eating disorders among military women, which will be an extension of previous research and recommendations.
- In 2016 and 2023, DACOWITS recommended that the Military Services should review and update the *DoD Physical Fitness and Body Fat Program Procedures* ([DoDI 1308.03](#)). The DACOWITS' 2016 recommendation was supported by a meta-analysis that reported military weight standards and fitness tests contribute to eating disorder symptoms in the military. In 2023, a [Military Healthcare System \(MHS\) study](#), reported that from 2017-2021 the annual incident rate of eating disorders continued to increase year-over-year, and the incidence rate of eating disorders among military women is almost double that of civilian women. In 2023, DACOWITS' focus group participants reported that disordered eating was prevalent, as an effort to meet body composition standards. Eating disorders affect Total Force Fitness (TFF) and impact mental health, physical fitness, and military performance and readiness.
- The Committee requests a **briefing** from the **Defense Health Agency (DHA) and the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space), and Coast Guard)** to address the following:



# *The Prevalence Rate*

---

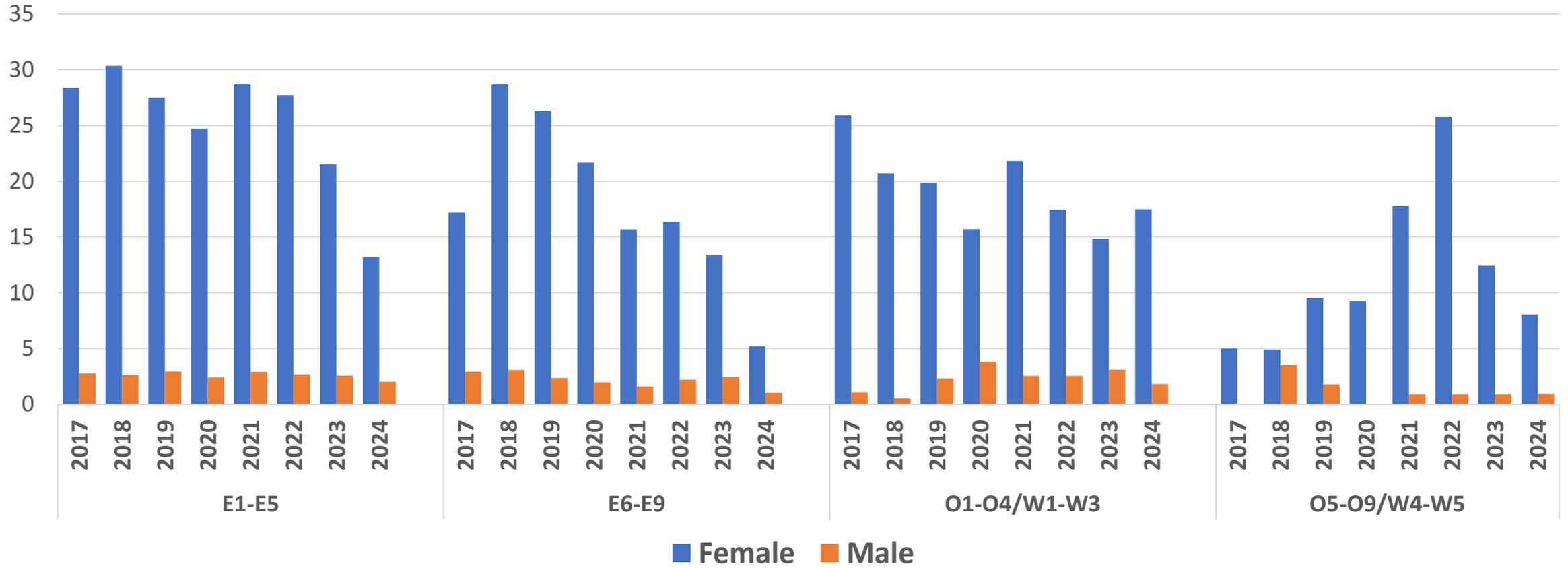
**a. The prevalence rate (broken down by number and percent, gender, and paygrade groupings of E1-E5, E6-E9, O1-O4/W1-W3 and O5-O9/W4-W5) of diagnosed eating disorders and incidences of disordered eating from 2016 to present. In addition to providing prevalence rates, please provide information on the following:**

- i. How is the prevalence rate measured (e.g., surveys, encounter data).**
  - ii. What screening tools are used to determine if a Service member is experiencing disordered eating?**
  - iii. What treatment options are available for Service members experiencing disordered eating and/or diagnosed with an eating disorder?**
- SAF/SG - Anything pertaining to prevalence rates (which would be based on clinical diagnosis codes/ICD-10 codes) would be under the purview of the DHA, as would the clinical diagnostic tools and treatment options/therapies
    - DHA surveillance pulled data by ICD-10 for DAF eating disorders by Gender and Rank from 2017-2024
    - There are specific screening tools, but not routinely deployed unless clinically indicated
    - Treatments are based on clinical findings to include psychotherapy, dietician, and medication if needed



# Prevalence Rates

DAF Eating Disorder Rates (per 10,000) by Rank and Year Stratified by Gender (2017- 2024)



\*O10 - No reported cases



# Training Tools

## **b. Training or tools provided to all Service members on nutritional fitness, maintaining a healthy weight, and dangers of disordered eating. Describe how often and in what setting training is provided.**

- SAF/SG - This pertains to prevention provided to all service members (ie annual SIPR training), which would not fall under the purview of the SAF/SG; DAF is not tracking any training on nutritional fitness, healthy weight or disordered eating provided to all service members; it is uncertain if there is any training during Basic Military Training (BMT), Officer Training School (OTS), or similar
- Airmen and Guardians who did not voluntarily opt into the Wearables study are subject to the AF fitness and Body Composition policy (DAFMAN 36-2905); while body composition (BC), health, and physical fitness are inextricably tied to one another, in the DAFMAN BC is “de-coupled” from the Physical Fitness Assessment (PFA) and is a separate and distinct program; for Guardians in the study, there is no episodic, calendar-based test – their fitness and activity are being examined in an ongoing manner – therefore there is no need to delineate a coupled/uncoupled BC program



# *Relationship Between the Height/Weight and Fitness Test*

---

**c. Provide an overview of the relationship between the height/weight and the fitness test, and whether it is tied specifically to the fitness test.**

- The DAF's current Body Composition Program (BCP) utilizes Waist to Height Ratio (WHtR) to assess central adiposity (belly fat) which stratifies health risk based on criterion scoring
- The DAF's Body Composition Assessment (BCA) is not informed by weight; the WHtR method is a comparison of waist girth to stature
- Height and body weight does not inform the DAF Physical Fitness Assessment (PFA) and is not factored into the comprehensive scoring of age/gender categories
- Body composition and physical fitness are reciprocal however the BCA is decoupled from the PFA and is a separate and distinct program
- WHtR is not a measure of mass/weight (e.g., BMI); therefore, the historic unhealthy/unsafe practices to temporarily shed weight (water weight) are extremely unlikely to alter waist girth or stature and distort the BCA



# ***Service Members on a Weight Management Program***

---

**d. Number of Service members (broken down by number and percent, gender, and paygrade groupings of E1-E5, E6-E9, O1-O4/W1-W3 and O5-O9/W4-W5) on a weight management program:**

- i. What criteria are used to determine if a Service member is placed on a weight management program?**
  - ii. What criteria are used to remove a Service member from a weight management program?**
  - iii. What type of nutritional fitness counseling or training is provided to Service members on a weight management program?**
- AF/SG: Members identified not meeting the WHtR standard ( $\geq .55$ ) are enrolled in the BC Improvement Program (BCIP)
    - Requires medical evaluation from military provider to determine if a medical condition(s) precludes success in BC optimization
    - Requires Airmen to utilize online and local resources to develop an Individual Action Plan (IAP) that is submitted to the supervisor and commander
    - Member is removed from BCIP when achieving a WHtR  $< .55$
  - USSF: has embedded Guardian Resilience Teams (GRTs) provides basic nutritional information, education, and practical solutions to instill a sound nutritional foundation
    - For higher acuity dietary care, the priority is to leverage local Dietetics assets – Registered Dieticians (RDs) – either through the MTF, or existent Health Promotion programs, when and where possible
    - Nutritional support is carried out both individually, and in group settings; the frequency of individual counseling is dictated by the demand signal for that counseling; group education is conducted at monthly or semi-monthly classes, or on-demand as requested by individual units



# ***Revision of Current Height, Weight, and Body Fat Composition***

---

## **e. Describe any ongoing efforts to revise current height, weight, and body fat composition standards.**

- In Apr 2023 the DAF implemented the WHtR methodology with a one-year adaptation period, since extended to 180 days post publication of new policy
- During the adaptation period, data was collected to assess results across the force ahead of potential implementation of administrative actions based solely on the BCA results
- Given the data observed during the adaptation period, HAF/A1 decided to postpone the draft policy to conduct a comprehensive review of both the Body Composition and Physical Fitness Program
- DAF Senior Leaders are currently working through decision briefings for potential program/policy changes
- There are no intentions to revise the USSF BC requirements; the methodology WHtR, and its associated, risk-based parameters are universally accepted by the leading national and international Public Health, Preventive Medicine, Medical, and Exercise Science governing bodies



# ***Unhealthy Eating Habits and/or Disorder Eating***

---

## **f. Describe any ongoing efforts to address unhealthy eating habits and/or disordered eating.**

- As outlined previously, there is an ongoing and persistent effort to engage with Airman and Guardians in a variety of settings, to instill in our service's culture, scientifically validated nutritional guidance, sustainable lifestyle practices, and relatable physical fitness programming; in those cases where disordered eating is diagnosed, it is the DAF's intention to follow the guidance of SAF/SG and collaborate in any and every way possible to facilitate long-term health and quality of life for our personnel