

UNCLASSIFIED



# **Defense Advisory Committee on Women in the Services Request for Information**

Defense Health Agency

Dec 11, 2024

# BLUF

- The Defense Health Agency (DHA) is responding to the December 2024 Defense Advisory Committee on Women in the Services (DACOWITS) request for information on review and update to the Department of Defense (DoD) Instruction 1308.03, “*DoD Physical Fitness and Body Fat Program Procedures.*”
- In 2023, a Military Healthcare System (MHS) study reported that from 2017-2021 the annual incidence 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 and impact mental health, physical fitness, and military performance and readiness.
- DHA has been asked to provide a briefing in response to six questions related to eating disorders.



# Physical Fitness Standards and Eating Disorders (5a)

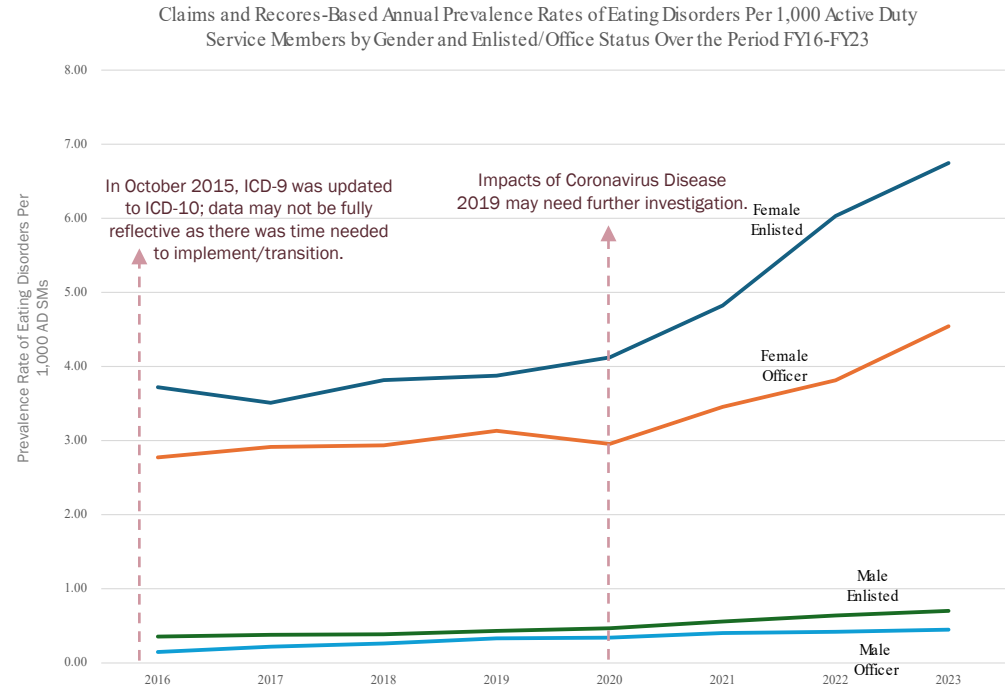
- **Question:** The prevalence rate (broken down by number and percent, gender, and paygrade groupings of E1-E5, E6-E9, O1-O4/W1-W3 and O5-O9/W4-W5) of diagnosed eating disorders and incidence of disordered eating from 2016 to present.
- **DHA Response:** Over the eight-year period FY16-FY23, a total of 9,763 unique Service members had one or more diagnoses of eating disorders.<sup>1</sup> By gender, the prevalence among females were substantially higher than males (9.41 per 1,000 for female ADSMs versus 1.19 per 1,000 for male ADSMs). By paygrade groups, prevalence rates were substantially higher for enlisted ADSMs versus officers. Data are presented on the next slide.

1. Eating disorders were identified based on International Classification of Diseases, 10<sup>th</sup> Edition (ICD-10) codes as follows:
  - Anorexia Nervosa (ICD-10 F50.0–anorexia nervosa; ICD-10 F50.00–anorexia nervosa, unspecified; ICD10 F50.01–anorexia nervosa, restricting type; and ICD10 F50.02–binge eating/purging type)
  - Bulimia Nervosa (ICD-10 F50.2–bulimia nervosa)
  - Binge Eating Disorder (ICD-10 50.81–binge eating disorder)
  - Other/Unspecified Eating Disorders (ICD-10 F50.8–other eating disorders; ICD-10 F50.82–avoidant/restrictive food intake disorder; ICD-10 F50.89–other specified eating disorders; and F50.9–eating disorder, unspecified).



# Physical Fitness Standards and Eating Disorders (5a)

- On January 1, 2016, all positions in the U.S. military opened to women.
- Between 2017 and 2022, the percentage of women on active-duty has risen 1.1 percent, with women making up 17.5 percent of the active-duty force (n=228,000).
- Data are impacted by change to ICD-10 in late 2015, and transition throughout 2016 and beyond.
- Additional data breakouts available upon request.



# Physical Fitness Standards and Eating Disorders (5a)

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- **Question:** 5.a.i. How is the prevalence rate measured (e.g., surveys, encounter data).
- **DHA Response:** This data is based on clinical encounters documented in the medical record.



# Physical Fitness Standards and Eating Disorders (5a)

- **Question:** 5.a.ii. What screening tools are used to determine if a Service member is experiencing disordered eating?
- **DHA Response:** All applicants entering the military are screened for disordered eating at a Military Entrance Processing Station to determine if they meet DoD's medical qualification standards. After joining the military, Service members receive annual health screenings called the Periodic Health Assessment (PHA). Although these screenings do not include specific questions regarding eating disorders, the PHA includes questions on unexplained weight loss or gain as well as mental health and distress in the behavioral health section of the assessment. Additionally, medical personnel, including behavioral health, may be able to diagnose an eating disorder during an in-person physical exam or behavioral health appointment. MTF primary care clinics also routinely assess weight, height, and body mass index, and changes in growth or weight, which is consistent with the U.S. Preventive Services Task Force recommendations.



# Physical Fitness Standards and Eating Disorders (5a)

- **Question:** 5.a.iii. What treatment options are available for Service members experiencing disordered eating and/or diagnosed with an eating disorder?
- **DHA Response:** Treatment of an eating disorder is challenging and usually requires a multidisciplinary, long-term approach which the TRICARE program currently provides to all beneficiaries. The TRICARE Basic (*i.e.*, medical) benefit provides medically or psychologically necessary and appropriate services for eating disorders to include both inpatient and outpatient services: emergency and non-emergency inpatient hospitalization, residential treatment center (RTC) care for children and adolescents up to age 21, partial hospitalization programs, intensive outpatient programs, and outpatient office-based mental health services. These services are often provided in collaboration with Private Sector Care.



# Physical Fitness Standards and Eating Disorders (5b)

- **Question:** 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.
- **DHA Response:** To optimize Service member readiness, and overall health, before, during and after their time in service, training and education about lifestyle and performance medicine is provided on an ongoing basis. SEA WAVES, a nonprofit organization dedicated to addressing eating disorders within the military community, is also part of Military OneSource's community resource finder.
- For health care providers, DHA has partnered with the Uniformed Services University to develop standardized training courses which will include military-specific concerns related to eating disorders among ADSMs. There will be both virtual on-demand (asynchronous) trainings, as well as a live, virtual training.





# Physical Fitness Standards and Eating Disorders (5c)

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- **Question:** Provide an overview of the relationship between the height/weight and the fitness test, and whether it is tied specifically to the fitness test.
- **DHA Response:** DHA defers to the Military Services/Departments regarding fitness testing, which is Service-specific.



# Physical Fitness Standards and Eating Disorders (5d)

- **Question:** 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:
- **DHA Response:** DHA defers to the Military Services/Departments regarding their weight management program enrollment.
- **Question:** 5.d.i. What criteria are used to determine if a Service member is placed on a weight management program?
- **DHA Response:** DHA defers to the Military Services/Departments regarding their weight management programs.



# Physical Fitness Standards and Eating Disorders (5d)

- **Question:** 5.d. ii. What criteria are used to remove a Service member from a weight management program?
- **DHA Response:** DHA defers to the Military Services/Departments regarding their weight management programs.
  
- **Question:** 5.d. iii. What type of nutritional fitness counseling or training is provided to Service members on a weight management program?
- **DHA Response:** DHA defers to the Military Services/Departments regarding their weight management programs.



# Physical Fitness Standards and Eating Disorders (5e)

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- **Question:** Describe any ongoing efforts to revise current height, weight, and body fat composition standards.
- **DHA Response:** DHA defers to the Military Services/Departments regarding body composition standards, which is/are Service-specific.



# Physical Fitness Standards and Eating Disorders (5f)

- **Question:** Describe any ongoing efforts to address unhealthy eating habits and/or disordered eating.
- **DHA Response:** To optimize Service member readiness, and overall health, before, during and after their time in service, training and education about lifestyle and performance medicine is provided on an ongoing basis. Check points for physical (e.g., body mass index, activity capacity) and psychological health are done through periodic evaluations in an ongoing effort to identify and address any issues.
- As noted previously, treatment usually requires a multidisciplinary, long-term approach. While MTFs have staff psychologists and nutritionists, there are no MTFs with specialized facilities to develop eating disorder specialty programs. Any medically or psychologically necessary care and services, to include both inpatient and outpatient services, is generally provided in Private Sector Care.

