

Defense Advisory Committee on Women in the Services (DACOWITS)

FY25 1st Quarter RFI #5

5a. 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:

Response:

- From 2017 to 2024, 13,578 Service Members (SMs) had some form of diagnosed eating disorder or disordered eating; nearly 70% were female SMs (n = 9346). No paygrade data available.
 - i. How is the prevalence rate measured (e.g., surveys, encounter data).

Response:

- Published prevalence rates are measured in the electronic medical record (MHS Genesis) encounters and the Eating Disorder Examination – Questionnaire (EDE-Q) (as issued by H2F Performance Dietitians, for example)

5a. (cont'd)

ii. What screening tools are used to determine if a Service member is experiencing disordered eating?

Response:

- Army providers use the Eating Disorder Examination-Questionnaire (EDE-Q) and Eating Disorder Examination – Questionnaire Short (EDE-QS)

iii. What treatment options are available for Service members experiencing disordered eating and/or diagnosed with an eating disorder?

Response:

- TRICARE covers services necessary to treat eating disorders. Facilities must meet certification requirements to be covered.
- TRICARE-authorized options for hospitalization, partial hospitalization, intensive outpatient and outside network referrals are available in some locations.

5b. 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.

Response:

- Routine nutrition education is provided in Holistic Health and Fitness (H2F) - resourced units.
 - Frequency of education depends on unit request, but each company receives education twice per year.
- Initial Entry Training includes a one-hour block of instruction on nutritional Readiness
- Tools available to Service Members include:
 - Nutritional fitness and maintaining a healthy weight:
 - *The Warfighter Nutrition Guide* from CHAMP is available on the HPRC website.
 - Defense Centers for Public Health – Aberdeen provides standardized nutrition and weight management education for use by DHA dietitians in a clinical setting.
 - Dangers of disordered eating: AR 600-9 provides an Appendix (Weight Loss, C-4. – C-6.) which addresses DE/ED and unsafe weight loss strategies.

5c. Provide an overview of the relationship between the body composition assessment and the fitness test, and whether it is tied specifically to the fitness test

Response:

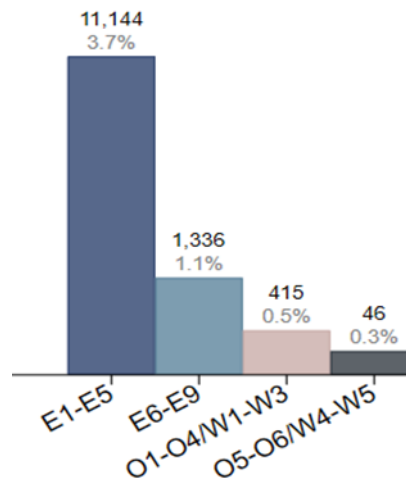
- Soldiers are exempted from the body composition test by scoring a 540 or higher on the ACFT with a minimum of 80 points in each event

5d. 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.

Response:

- In FY24 ~2.5% of Active-Duty Soldiers were on Army Body Composition Program (ABCP)
 - ~1.5% of Women, ~2.7% of Men

Active Duty Soldiers who were on the Army Weight Management Program in FY24



Source: Soldier Performance, Health, and Readiness Database (SPHERE), US Army Research Institute of Environmental Medicine (USARIEM)

5d. 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?

Response:

- AR 600-9 para. 3-2e: Soldiers identified as exceeding the body fat standard will be flagged in accordance with AR 600-8-2 and enrolled in the ABCP.

ii. What criteria are used to remove a Service member from a weight management program?

Response:

- Must meet the body fat standard IAW AR 600-9, AD 2023-08 and AD 2023-11.

iii. What type of nutritional fitness counseling or training is provided to Service members on a weight management program?

Response:

- AR 600-9 para 3-6c: Soldiers are required to meet with a dietitian or health care provider within 30 days of enrollment in the ABCP.
- Counseling sessions include information on sleep, activity, and nutrition behaviors.

5e. Describe any ongoing efforts to revise current height, weight, and body fat composition standards.

Response:

- The Army recently revised its body composition policy in 2023 (Army Directive 2023-08 and 2023-11) that includes:
 - Exemption to the body composition test if a Soldier scores a 540 or higher on the ACFT with a minimum of 80 points in each event.
 - New body composition tape test (one-site) for all sexes, based on 2 years of research and testing on the Soldier population-only from all components, ethnic backgrounds, and age groups.
 - Additional body fat assessment methods for use, if reasonably available (Bod pod, DEXA machine, or the Inbody 770 machine)
- The Army is also participating in the DoD Body Composition Working Group to receive feedback and recommendations from sister services on any additional body composition revisions as AR 600-9 undergoes a major revision.

5f. Describe any ongoing efforts to address unhealthy eating habits and/or disordered eating.

Response:

- Ongoing cultural shift away from a focus on 'height/weight' and 'passing tape' and new focus on improvements to body composition and performance.
- Continue leader education to deter unit level pressure for unhealthy nutrition-related behaviors (food shaming, skipping meals, etc.)
- DFAC initiatives that address 'unhealthy eating habits,' focused on food choices consistent with performance fueling.