

Defense Advisory Committee on Women in the Services (DACOWITS)



December 2024

Requests for Information #5

Headquarters Marine Corps



DACOWITS RFI #5

Physical Fitness Standards and Eating Disorders

RFI 5.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."*

Response 5.a:

Diagnosis and treatment of eating disorders and disordered eating most often occurs during care provided at the Military Treatment Facility. The Marine Corps defers to the data collected by the Defense Health Agency (DHA) as to the prevalence rate of diagnosed eating disorders and incidences of disordered eating from 2016 to present. The Navy's Bureau of Medicine and Surgery's Office of Women's Health (BUMED OWH) remains in routine collaboration with the DHA to continuously evaluate healthcare data and identify key trends related to women's health to inform priorities to optimize the health of female Sailors and Marines.

RFI 5.a.i: *"How is the prevalence rate measured (e.g., surveys, encounter data)."*

Response 5.a.i:

The Marine Corps defers to the DHA as to the measurement approach to determine the prevalence rate.



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Physical Fitness Standards and Eating Disorders

RFI 5.a.ii: *"What screening tools are used to determine if a Service member is experiencing disordered eating?"*

Response 5.a.ii:

The most recent recommendation from the US Preventative Services Task Force (USPSTF) in 2022 is that current evidence is insufficient to recommend for or against routine screening of eating disorders in adults. The American Psychiatric Association recommends screening for eating disorders as part of every initial psychiatric evaluation. Psychiatric providers can use questionnaires, such as the SCOFF questionnaire to screen Service members for disordered eating behaviors. This questionnaire consists of five questions that address core features of disordered eating.

The five questions are as follows, with each bolded letter correlating to the SCOFF acronym:

- Do you make yourself **S**ick because you feel uncomfortably full?
- Do you worry that you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **O**ne stone (14 lb.) in a 3-month period?
- Do you believe yourself to be **F**at when others say you are too thin?
- Would you say that **F**ood dominates your life?

In addition to psychiatric screening, providers can use laboratory testing and bloodwork (i.e., blood glucose monitoring, protein levels) to identify biometric indicators of disordered eating if suspected.

Also, the BUMED OWH and the Female Force Readiness Navy Medicine Operational Clinical Community (FFR NMOCC) collaborated to develop a Provider Guide on Disordered Eating to aid providers in identifying and treating Service members who may be displaying disordered eating behavior.



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RFI 5.a.iii: *"What treatment options are available for Service members experiencing disordered eating and/or diagnosed with an eating disorder?"*

Response 5.a.iii:

Service members can request treatment for disordered eating and/or an eating disorder at regular intervals including during

1. Healthcare visits during pre-deployment,
2. Annual well-woman visits,
3. Physical exams,
4. If referred following completion of the PHA, and
5. At any time upon member outreach to their Primary Care Manager (PCM) or an Embedded Mental Health (EMH) provider.

Depending on the evaluation and diagnosis of their provider, Service members will be referred for the appropriate care either within the Military Treatment Facilities (MTFs) or civilian sites that specialize in behavioral health and/or eating disorder treatment options. TRICARE covers services necessary to treat eating disorders if the facilities meet certification requirements.



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RFI 5.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."*

Response 5.b:

The OWH and FFR NMOCC have developed multiple health education resources focused on nutritional fitness, maintain a healthy weight, and dangers of disordered eating. The OWH Nutrition Guidelines and Recommendations for Service Women provides general nutrition guidelines for Service women including information on the nutrition in Meals Ready to Eat (MREs), optimal nutrition for intense physical training, and prioritizing healthy choices in dining facilities. Additionally, the Deployment Readiness Education for Service Women (DRES) Handbook offers nutrition guidance and indicators of disordered eating. To further educate Service women on the prevalence and dangers of disordered eating, the OWH developed the Disordered Eating Patient Guide to explain the most common eating disorders and their common signs and symptoms. The Recognizing and Addressing Disordered Eating as a Service Member Guide resource helps Service women understand the difference between disordered eating and eating disorder symptoms as well as common myths about eating disorders. Further, healthy eating information and nutrition guidance for Service women is included in additional OWH resources related to mental health, postpartum recovery, pre-conception and neuromusculoskeletal health.



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Physical Fitness Standards and Eating Disorders

RFI 5.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."*

Response 5.b:

The Marine Corps maintains comprehensive nutrition and fitness programs to support Marines' health and readiness:

1. Basic nutrition education during entry level training.
2. Annual Preventive Health Assessments.
3. Unit Physical Training Leaders providing fitness and nutrition guidance.
4. Semper Fit program offering nutrition workshops and counseling.
5. Operation Supplement Safety education.
6. Clear body composition and appearance standards (MCO 6110.3A).
7. Fueled to Fight® program with color-coded meal choices in mess halls.

These initiatives ensure Marines have the knowledge and resources to maintain peak physical readiness through proper nutrition and healthy weight management.



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Physical Fitness Standards and Eating Disorders

RFI 5.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."*

Response 5.c:

Performance on the Marine Corps Physical Fitness Test (PFT) and Combat Fitness Test (CFT) are factors in body composition program decisions.

- Marines who score a 285 or higher on both the PFT and CFT are exempt from weight and body fat limits.
- Marines who score a 250 or higher on both the PFT and CFT are allowed an additional one percent body fat.



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RFI 5.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?"

Marines on Weight Control (as of 18 Oct 2024)

	Females		Males	
	Number on Weight Control	Percentage of Gender & Grade	Number on Weight Control	Percentage of Gender & Grade
E1-E5	148	1.1%	1545	1.1%
E6-E9	8	0.3%	72	0.3%
O1-O4/ W1-W3	3	0.1%	9	0.0%
O5-O9/ W4-W5	0	0.0%	2	0.1%
Total	159	0.8%	1628	0.9%



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RFI 5.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?"*

Response 5.d.i: All Marines conduct semi-annual weigh-ins. If a Marine is found to be out of height/weight standards, a body fat estimation is conducted utilizing the circumference (tape) method. Measurements are taken three times by two separate evaluators. Marines who exceed body fat percentage standards via the circumference method will have body fat verified using bioelectrical impedance analysis (BIA). Marines who exceed BIA verified body fat standards are assigned to the body composition program.

Response 5.d.ii: Marines are removed once they have met body composition standards. Marines on their first Body Composition program (BCP) assignment are removed upon the end of that six-month assignment if in standards. Marines on their second assignment can be removed once they have met standards at any time during the six-month period.

Response 5.d.iii: Marines are provided nutritional fitness counseling via in-person or virtual sessions conducted by Navy Medicine or Semper Fit. They are also provided a supervised physical training plan via Force Fitness Instructors or Command Physical Training Representatives.



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Physical Fitness Standards and Eating Disorders

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

Response 5.e:

In March 2022, the Department of Defense (DoD) updated the physical fitness and body composition program guidelines, per DoD Instruction 1308.03, as result of research led by the Army and Marine Corps on the efficacy of the guidelines. In this research, the Marine Corps surveyed approximately 2,200 Marines and covered a series of body composition testing, including body dimensions, the “tape test” (wherein the circumference of a body part, like a torso, is measured via a measuring tape), and dual-energy x-ray absorptiometry (DXA) and bioelectrical impedance analysis (BIA) body composition evaluation. The research found that while Marines average 22% body fat for men and 30% body fat for women, there were discrepancies in the tape-test performance, with the test overestimating 0.6% of men and 6.3% of women and underestimating 7.9% of men and 1.6% of women. The report also found that the body mass index had poor correlations with physical performance testing. Following this research, the Marine Corps modified their body composition program in 2023. The modified program increased the total allowable female body fat standards by 1%. The updated maximum body fat percentage standards for female Marine age groups are 27% for ages 17-25, 28% for ages 26-35, 29% for ages 36-45, and 30% for ages 46-51+.

Marine Corps human performance policies are in a constant state of analysis, assessment, and modification if warranted. Research with support from US Army Research Institute of Environmental Medicine has continued and may support future revisions to height, weight, and body composition standards.



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Physical Fitness Standards and Eating Disorders

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

Response 5.f: The Marine Corps addresses disordered and unhealthy eating habits through:

1. Mental health professionals embedded in operational units.
2. Body Composition Program with individualized counseling.
3. Annual Preventive Health Assessments.
4. Semper Fit health screenings and referrals.
5. Leadership training to recognize warning signs.
6. Research partnerships to develop prevention strategies.
7. Resources available via Military One Source (e.g. Health Coaching, Fitness and Nutrition guidance, and Stress Management)

These programs ensure comprehensive support for Marines' nutritional and behavioral health.