





U.S. Coast Guard Briefing to DACOWITS RFI 5 December 2024

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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.

Eating Disorders in AD SM(2021-2023): Incident cases (new patients each year)

Year	USCG Clinic	MIF	Total	AD	%w/ Eating Disorder
Total 2021	9	4	13	40180	0.03%
Women	3	3	6	6334	0.09%
Men	6	1	7	33846	0.02%
Total 2022	17	5	22	38744	0.06%
Women	16	3	19	6223	0.31%
Men	1	2	3	32521	0.01%
Total 2023	15	7	22	38881	0.06%
Women	12	3	15	6335	0.24%
Men	3	4	7	32546	0.02%
2021-2023	41	16	57	117,805	0.05%
Women	31	9	40	18,892	0.21%
Men	10	7	17	98,913	0.02%



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.

Prevalent cases (total patients each year)					
Year	USCG Clinic	MIF	Total	AD	%w/ Eating Disorder
Total 2021	9	4	13	40180	0.03%
Women	3	3	6	6334	0.09%
Men	6	1	7	33846	0.02%
Total 2022	23	6	29	38744	0.07%
Women	19	3	22	6223	0.35%
Men	4	3	7	32521	0.02%
Total 2023	18	10	28	38881	0.07%
Women	12	3	15	6335	0.24%
Men	6	7	13	32546	0.04%
2021-2023	50	20	70	117,805	0.06%
Women	34	9	43	18,892	0.23%
Men	16	11	27	98,913	0.03%

Source: MHS Genesis ICD-10 coding using Discern Reporting Tool. USCG had paper records from 2015-2021 and no data are available. Defer to DHA for active duty TRICARE data. MHS Genesis system cannot provide data by paygrade.



a (cont'd). 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?

- i. Prevalence rates using ICD-10 coding are obtained by querying MHS-Genesis encounter data.
- ii. No Coast Guard enterprise-level guidance or requirements exist for screenings. However, if a SM was found to be below minimum standards on their twice-yearly body composition screening, a referral may be made to their primary care provider for evaluation.
- iii. USCG providers utilize the TRICARE network (DoD as well as civilian) to support and treat members.



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.



USCG enlisted recruits all receive a presentation on diet and nutrition. They do not receive instruction on disordered eating. A registered dietitian is available to recruits if they have questions or concerns. During the lesson, they are taught to list the three major nutrients the body needs, define the five major food groups, and explain the importance of hydration.

USCG Academy cadets receive information on diet and nutrition during their in-processing summer (Swab Summer). Cadet counseling staff occasionally offer trainings on the topic of disordered eating, including types/symptoms, risk factors to development, and treatment. A nurse with experience in eating disorders is available for cadets requesting additional information or assistance.

- Swab Summer: 1.25 hours, Nutrition Fundamentals – delivered by HS staff from the clinic. Cadets are taught nutrition fundamentals of a healthy diet to maintain compliance with health and well-being personal readiness standards in accordance with Coast Guard policy.
- 4/c Academic year: .25 credit course, Fitness and Wellness – delivered by health and physical education staff. Approximately 2 hours dedicated to nutrition.
- Self-Study: 1.0 hour Life Skills Course, Nutrition as a Junior Officer. This course builds off previous exposure to nutrition basics and teaches cadets to maintain a healthy relationship with cuisine in accordance with U.S. Department of Agriculture guidance.



b. Training or tools provided to all Service members on nutritional fitness - cont'd.

- Sentinel Transformation and Readiness Training Course: This course is still under development but will be delivered to all active-duty enlisted members upon graduation of bootcamp. The course curriculum will include a session on personal health in which students examine the role of nutrition and healthy habits on mental and physical health as it relates to organizational goals. During the lesson, students will review different aspects of nutrition including proteins, carbohydrates, fats, vitamins, and minerals; state examples of healthy habits; identify strategies for maintaining a healthy lifestyle; explain the impact of nutrition and healthy habits on physical health; explain the impact of lack of sleep on the human brain/body; explain the impact of nutrition and healthy habits on mental health; and identify the impact proper nutrition and healthy habits have on the achievement of organizational goals.
- Officer Candidate School- Officer Candidates receive six classes totaling 12 hours of instruction that address the following objectives: Design a one-year nutritional and fitness goals; complete an online Personal Wellness Profile for evaluation of overall health and wellness; identify an individual nutrition plan based on personal needs to understand proteins, carbohydrates, fats, minerals, and how the body processes each; identify the importance of nutrients and macronutrients play into a balanced diet; identify a personal strategy for incorporating a healthy nutritional program into the lifestyle as an officer; understand how diet is related to various health-related diseases; identify proper self-management strategies for coping with stress; identify methods for maintaining fitness while on the job.
- Direct Commission Officer Course: Direct Commission Officers receive two hours of introductory training identifying macronutrient needs and fitness strategies to accommodate an officer's busy schedule.
- Reserve Officer Indoctrination Course: Reserve Officer Candidates do not receive any health and wellness education. This course curriculum is currently undergoing in a triennial review.



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.



There is no correlation between height/weight and the fitness test. The Coast Guard's screening weight standards are based on maximum allowable weight as well as body mass index (BMI), which correspond with an individual's height. The Coast Guard established the BMI standard of 19.0 (minimum) and 27.5 (maximum), regardless of age or gender.



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:



The current number of Service members on the weight management program is not tracked by an IT system which can provide this data. Service members are placed on the weight management program through the CG-3307 (Administrative Remarks) document which becomes part of a Service member's personnel record.

CG-3307s are used for a wide variety of personnel entries and are they categorized by a subject (in this case the weight management program). Therefore, the USCG is not able to determine the current number of Service members on the weight management program.



d (cont'd).

i. What criteria are used to determine if a Service member is placed on a weight management program?

Per COMDTINST 1020.8 (series), a Service members will be placed on a weight management program in a probationary status when the member has exceeded their maximum allowable weight (MAW), fails compliance through one or both of the taping measurements, and fails compliance through the physical fitness test (PFT). Non-compliance with the PFT occurs when:

- (1) A medical officer determines that the member is not cleared to take the PFT, and they do not qualify for a medical abeyance or exemption, or;
- (2) The member declines to take the PFT, or;
- (3) The member does not pass the PFT.



d (cont'd).

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

A Service member is removed from the weight management program after achieving compliance with body composition standards through MAW, at least one of the taping measurements, or the PFT during their probationary period.



d (cont'd).

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

iii. No standard enterprise-wide nutritional/fitness counseling or training is provided to Service members who do not meet body composition testing standards. Service members can be referred to a registered dietitian for nutritional counseling or to an exercise physiologist for guidance on determining the best fitness and exercise regimen based on their personal medical status at an MTF or a community facility.



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



The Body Composition Standards Program, COMDTINST 1020.8I, was revised in 2022. The instruction is on schedule for periodic revision in 2027.



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



As part of its Integrated Primary Prevention Program, the USCG has Resilience Coordinators (RC) at every district/parent command with training opportunities for additional RCs forthcoming.

The RCs receive Uniformed Services University training in areas such as sleep, hygiene, fitness, nutrition, stress management, suicide prevention, and behavioral change.

Being an RC is a voluntary, collateral duty. RCs serve as a local access point to provide members with evidence-based wellness and resilience information and resources.