

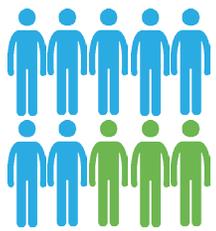
EAT for Health Act

FACT SHEET

Physicians
Committee
for Responsible Medicine
PCRM.ORG

Nutrition is increasingly accepted as having a large role in preventing and treating chronic disease, but current medical education curriculum does not reflect this growing emphasis. Physicians may receive a small number of hours of nutrition training in medical school or they may seek continued medical education credits after graduation—but neither is required. Meanwhile, our health care costs from chronic disease continue to grow and medical schools have been slow to change.

The Education and Training (EAT) for Health Act of 2013



7 out of 10 deaths among Americans each year are from chronic diseases such as heart disease, cancer, and diabetes that can be prevented and treated through proper nutrition and other lifestyle changes.¹

Consumer surveys show that physicians are considered credible sources of nutrition information. However,

more than half

of graduating medical students still rate their nutrition knowledge as “inadequate.”²

94%

of physicians feel that nutrition counseling should be part of primary care visits, but only

14%

feel qualified to offer it.³



Background

- Over the past three decades, the need to improve and increase medical nutrition education has been cited by professional groups, scientific publications, and a congressional mandate.
- The direct medical costs associated with obesity in 2008 totaled \$147 billion. In 2010, heart disease cost \$189.4 billion, hypertension cost \$54.9 billion, and cancer cost \$102.8 billion. Diabetes cost \$116 billion in 2007. Combined, the total costs of these diseases are more than twice the cost of the entire Apollo Space Program. Further, these figures all represent direct medical costs. Indirect and intangible costs, such as lost productivity, pain, and a decreased quality of life, add considerably more.

27% of med schools provide the 25 hour minimum recommended by NAS

29% of med schools require less than 12 hours

More than **75%** of med school instructors want more nutrition education

Nutrition education in U.S. medical schools⁴

- By current count, 15 states mandate continuing medical education (CME) in specific topics—but **none of them require nutrition training**. In other words, once medical students become physicians, they are not required to complete any further nutrition education. The lone exception is the state of California, which in 2011 created a law requiring physicians who treat chronic diseases to receive nutrition information from the Department of Health.

The Solution

Changes in public policy are necessary to ensure physicians who are employed by the federal government are kept up-to-date on changing nutrition standards. The EAT for Health Act will:

- Direct the Secretary of Health and Human Services to issue guidelines for federal agencies to require their health care professionals to receive 6 hours of annual nutrition CME.
- Require a formal attestation from the Secretary that federal agencies have achieved this goal.
 - If the goal is not achieved, each agency must produce a report stating the percentage of physicians that have achieved it.
- Define nutrition education courses as those that focus on the prevention, management, and, where possible, reversal of chronic disease through diet.

An Issue of National Security

Weight problems were the number one cause of military discharge in 2012. In the first 10 months of 2012 alone, the U.S. military discharged 1,625 active-duty personnel due to obesity, about 15 times the number discharged for obesity in 2007.⁵ According to Mission: Readiness, an organization comprised of 300 retired military generals and admirals, the Department of Defense annually spends \$1 billion on medical care associated with weight-related health problems. Further, the cost of replacing and training each one of those discharged soldiers is \$50,000 for each man or woman, adding up to approximately \$60 million per year.⁶

Further, in recent conflicts more soldiers were 79 percent more likely to be evacuated from battle due to bone fractures or sprains than combat injuries.⁷ Although fit soldiers also suffer these types of injuries, they are far more likely to occur in overweight or obese individuals.

The EAT for Health Act of 2013 will improve our military readiness and increase our national security by ensuring a fit, effective Armed Forces. It will continue to help those soldiers that have been discharged by requiring health care professionals employed by the Veterans Administration to receive nutrition education.

What the EAT for Health Act DOES and DOES NOT Do:

IT DOES:

- Ensure that physicians be kept up-to-date on the latest nutritional science by requiring annual credits in nutrition CME.
- Stipulate that six of those annual credits be in nutrition.
- Place a higher federal priority on holistic care by ensuring that nutrition education courses taken by federal health care professionals focus on the prevention, management, and reversal of diet-related disease.

IT DOES NOT:

- Require that any particular diet be taught.
- Advocate for adoption of the Mediterranean, Paleo, Atkins, vegan, or vegetarian diets.
- Add an extra burden to our physicians' already busy schedules. Physicians are **already required** to get a certain number of hours of CME credits every year, according to their state licensing requirements.

Support

The EAT for Health Act is supported by a broad coalition of public health, nutrition, and veterans' organizations, including the American Heart Association, the American Nurses Association, Center for Science in the Public Interest, and the Returning Veterans Project.



**American
Heart
Association®**



**CENTER FOR
Science IN THE
Public Interest**



The Physicians Committee for Responsible Medicine is a national non-profit led by a group of more than 12,000 physicians. PCRM promotes preventive medicine, especially nutrition, conducts clinical research, and advocates for higher ethical standards in education and training. Including scientists, researchers, other health care professionals, and laypersons, PCRM counts more than 150,000 members nationwide.

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3. Vetter, M.L. et al, "What Do Resident Physicians Know About Nutrition? An Evaluation of Attitudes, Self-Perceived Proficiency, and Knowledge." *Journal of the American College of Nutrition*, 27(2), 287-98.
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