

## EAT for Health Act FACT SHEET

Despite the increase in chronic disease mainly due to diet, nutrition education remains low among health care providers. Seven out of ten 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.<sup>1</sup> Ninety-four percent of physicians feel that nutrition counseling should be part of primary care visits, but only 14 percent feel qualified to offer it.<sup>2</sup>

Nutrition is increasingly accepted as having a large role in preventing and treating chronic disease, but current medical and nurse practitioner curricula 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 education (CE) credits after graduation—but neither is required. Nurse practitioners (NP) receive nutrition education as undergraduates, but there is no specific requirement at the graduate level. Meanwhile, our health care costs from chronic disease continue to grow.

### Reaching Special Populations: Veterans and Native Americans

The EAT for Health Act will reach populations who are disproportionately impacted by chronic disease due to diet and other lifestyle factors, and who uniquely access health services through the federal government. EAT for Health will encourage federally-employed health care providers at the Department of Defense (DOD) and the Department of Veterans Affairs (VA), and Indian Health Services (IHS) to receive nutrition CE.

- One in four Americans cannot serve in the military due to weight. For those serving, the military discharged 4,300 active-duty personnel due to weight problems in 2012.<sup>3</sup>
- The military spends well over \$1 billion a year to treat weight-related health problems such as heart disease and diabetes through its TRICARE health insurance for active duty personnel, reservists, retirees and their families.<sup>4</sup>
- American Indian or Alaska Native adults are 60 percent more likely to be obese and over twice as likely as to have diabetes compared to White adults.<sup>5</sup>
- American Indian or Alaska Native adults have the highest rate of diabetes among all minority groups at 15.9 percent.<sup>6</sup>

**The EAT for Health Act will reduce chronic disease in special populations accessing federal health services, reduce federal healthcare costs, and help nearly 18,000 federal primary care providers meet the challenges they face today with their patients.**

We must ensure primary care providers 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 such as the DOD, VA, and IHS to encourage their full-time primary care providers to receive nutrition CE. The bill does not require or mandate CE, nor does it specify an amount of CE.
- Require a report 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 primary care providers that received nutrition CE.

- Defines continuing education related to nutrition as those that focus on the prevention, management, and, where possible, reversal of obesity, cardiovascular disease, diabetes, or cancer. The bill does not require any particular diet be taught.
- Complement primary care providers' existing CE requirements. Physicians and nurse practitioners are already required to get a certain number of CE credits every year—receiving nutrition CE will help them meet their existing requirements and not add to existing requirements.
- Have no cost other than issuance of guidelines and reporting.

### **The importance of nutrition Continuing Education (CE) for federal primary care providers**

- As an employer, **the federal government can reach 18,000 primary care providers who serve veterans and Native Americans** to encourage these providers receive the latest in nutritional science for adequate nutrition counseling.
- By current count, 15 states mandate CE 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 state Department of Health.
- Nutritional CE is available in a variety of topics from many different institutions and organizations. For example, the Mayo Clinic offers courses addressing the comprehensive management of obesity, nutrition supplements, and the role of nutrition and physical activity in disease prevention and management.
- Recognizing the importance of nutrition, *Healthy People 2020*—the federal government's framework for a healthier nation—includes a goal (NWS-6) to increase the proportion of physician office visits that include counseling or education related to nutrition or weight. According to *Healthy People 2020*, only 13.8 percent of physician office visits included counseling about nutrition or diet (2010 latest year available).

### **Support**

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

*The Physicians Committee is leading a revolution in medicine—putting a new focus on health and compassion. The Physicians Committee combines the clout and expertise of more than 12,000 physicians with the dedicated actions of 150,000 members across the United States and around the world. For more information, please contact [legislative@PCRM.org](mailto:legislative@PCRM.org).*

[www.PhysiciansCommittee.org](http://www.PhysiciansCommittee.org)

---

1 Kung HC, Hoyert DL, Xu J, Murphy SL. Deaths: final data for 2005. *Natl Vital Stat Rep*. 2008;56:1-120.

2 Vetter ML, Herring SJ, Sood M, Shah NR, Kalet AL. What do resident physicians know about nutrition? An evaluation of attitudes, self-perceived proficiency, and knowledge. *J Am Coll Nutr*. 2008; 27:287-298.

3 Robert Wood Johnson Foundation. Mission: Readiness. Retreat Is Not An Option. Published September 2014

4 Dall, T.M., Zhang, Y., Chen, Y.J., Wagner, R.C., Hogan, P.F., Fagan, N.K.. Cost associated with being overweight and with obesity, high alcohol consumption, and tobacco use within the Military Health System's TRICARE prime-enrolled population. *American Journal of Health Promotion*, 22(2), 120-139

5 Schiller JS, Lucas JW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, National Center for Health Statistics. *Vital Health Stat* 10(256). 2012

6 Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. <sup>1</sup>