

SERVE ACT (H.R. 1309/S. 194)

SUPPORTING EATING DISORDERS RECOVERY THROUGH VITAL EXPANSION

THE FACTS ON EATING DISORDERS



NUMBER OF AMERICANS AFFECTED BY EATING DISORDERS:
28.8 MILLION¹

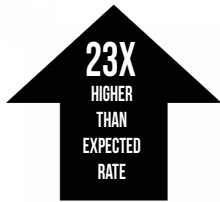


ONE DEATH EVERY
52 MINUTES²

YEARLY COST OF UNTREATED EATING DISORDERS:³

U.S. ECONOMY
\$64.7 BILLION

FAMILIES & INDIVIDUALS
\$23.5 BILLION

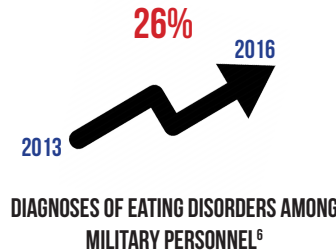


SUICIDE RATE FOR THOSE AFFECTED BY EATING DISORDERS:⁴

EATING DISORDERS IN THE MILITARY & MILITARY FAMILIES

SERVICEMEMBERS:

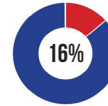
HIGHER PREVALENCE RATE OF EATING DISORDERS IN THE MILITARY COMPARED TO THE CIVILIAN POPULATION, DUE TO COMBAT EXPOSURE, STRICT WEIGHT AND PHYSICAL FITNESS REQUIREMENTS, AND OTHER UNIQUE RISK FACTORS⁵



PTSD/MST

EATING DISORDERS

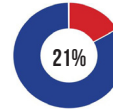
STUDIES SHOW THAT THERE IS A STRONG CORRELATION BETWEEN PTSD, MILITARY SEXUAL TRAUMA, AND EATING DISORDERS⁷



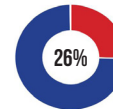
PERCENTAGE OF FEMALE VETERANS WHO ARE AFFECTED BY AN EATING DISORDER⁸

MILITARY FAMILIES:

SYMPTOMATIC FOR AN EATING DISORDER:⁹



CHILDREN OF SERVICEMEMBERS



SPOUSES OF SERVICEMEMBERS

THESE RATES ARE **3 TIMES** THAT OF THEIR CIVILIAN PEERS¹⁰

SERVE ACT INCREASES IDENTIFICATION AND TREATMENT OF EATING DISORDERS FOR SERVICEMEMBERS AND THEIR FAMILIES

ISSUE #1: AGE LIMIT ON CARE FOR MILITARY FAMILIES

ISSUE:

- Military family members cannot receive higher levels of evidence-based eating disorders treatment, called residential treatment, if they are over the age of 20. Those affected by substance use disorder are not faced with the same age restriction.

SOLUTION:

- Extend the age limit for military family members to access residential eating disorders care from 20 to the Medicare-eligibility age.

ISSUE #2: DEFENSE HEALTH BOARD REPORT RECOMMENDED SYSTEMATIC PROTOCOLS FOR SCREENING AND TREATMENT OF EATING DISORDERS

ISSUE:

- The Defense Health Board report found that women in the armed forces are disproportionately impacted by eating disorders, affecting military readiness and health. The report also noted, "variability in screening protocols results in stark differences in reported prevalence of diagnosed eating disorders."¹¹

SOLUTION:

- Require the Secretary of Defense to take steps to identify, treat, and rehabilitate servicemembers affected by eating disorders, as was done for substance use disorder.
- Require the DoD and VA to establish clinical practice guidelines for eating disorders treatment, which have been created for numerous other medical and mental health conditions.

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Citations from Infographic:

(1): Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>.

(2): Ibid

(3): Ibid

(4): Harris, E.C. & Barraclough, B. (1997). Suicide as an outcome for mental disorders: a meta-analysis. *British Journal of Psychiatry*, 170(3), 205-228.

(5): Bartlett, B. and Mitchell, K., 2015. Eating disorders in military and veteran men and women: A systematic review. *International Journal of Eating Disorders*, 48(8), pp.1057-1069.

(6): Williams, Valerie AU., Stahlman, Shauna AU., Taubman, Stephen. (2018). Diagnoses of eating disorders, active component service members, U.S. Armed Forces, 2013-2017. VL-25.

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(8): Slane, J., Levine, M., Borrero, S., Mattocks, K., Ozier, A., Silliker, N., Bathulapalli, H., Brandt, C. and Haskell, S., 2016. Eating Behaviors: Prevalence, Psychiatric Comorbidity, and Associations With Body Mass Index Among Male and Female Iraq and Afghanistan Veterans. *Military Medicine*, 181(11), pp.e1650-e1656.

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