

THE EXPANDING NUTRITION'S ROLE IN CURRICULA AND HEALTHCARE ACT: A
POLICY ANALYSIS AND PREDICTION

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ABSTRACT: Rising rates of obesity and diet-related chronic disease in the United States have reached epidemic proportions, requiring a strong public policy response to help prevent and manage these conditions. Because physicians are the primary point of contact for patients receiving diagnoses, policymaking should focus on improving physician preparedness for lifestyle counseling. The Expanding Nutrition's Role in Curricula and Healthcare (ENRICH) Act offers a cost-effective and far-reaching approach for implementing a mandatory nutrition and physical activity curriculum in medical schools for all medical students, regardless of their intended specialty area. Given the vital role nutrition plays in all human systems, broad-based training of medical students will enable far greater success in counseling future patients throughout the medical care system.

PROBLEM STATEMENT

The United States is in the midst of an obesity epidemic. Trends from the Centers for Disease Control and Prevention show that since the 1980s, the prevalence of adult obesity has risen rapidly.^{1,2} In addition to the emotional and physical burden of obesity, this public health crisis is costing the nation billions of dollars: in 2008, the U.S. spent \$190 billion on obesity-related healthcare.³ As obesity rates rise, so too does the prevalence of obesity-related chronic diseases, and in 2012, healthcare spending comprised 17% of the nation's GDP, more than any other developed country.⁴

With the passage of the Affordable Care Act, Americans now have greater access to primary care physicians and preventive care. Physicians are often the first point of contact for individuals with obesity and diet-related chronic diseases, and because nutrition is associated with cardiovascular disease, cancer, and diabetes,⁵ medical professionals should be able to provide effective nutrition and lifestyle counseling for patients to help them adopt healthy lifestyle behaviors.⁶ A 1999 article in *JAMA Internal Medicine* found that patients who received 5.5 extra minutes talking about nutrition with their primary care provider lost 5 pounds and reported decreased saturated fat intake and improved LDL levels compared with a control group who did not receive nutrition counseling.⁷

Yet healthcare providers are not prepared to counsel or advise patients on lifestyle behaviors – like nutrition and physical activity – that can prevent many chronic diseases.^{5,8} Physicians must be better equipped to offer lifestyle counseling, including advice on diet, physical activity, and weight loss. Indeed, physicians themselves do not feel they have adequate knowledge of nutrition.⁹ While 94% of physicians reported that nutrition counseling should be a component of primary care, only 14% felt qualified to offer this type of counseling.¹⁰

This is not a new problem. In 1985, the National Academy of Sciences published a report recommending at least 25 contact hours of nutrition education in medical schools. Between 1998 and 2005, the Nutrition Academic Award gave \$150,000 to 21 of 126 medical institutions to help integrate nutrition education into the curricula. Students enrolled in those programs reported greater confidence in counseling patients on nutrition and lifestyle than students in other programs.¹¹ Despite these results, in 2004, only 38% of medical schools required a minimum of 25 hours of nutrition education, and by 2008, that percentage had decreased to 27% despite the rise in American obesity rates.¹² Moreover, a 2002 survey among medical schools found that and only 13% offered coursework on exercise and physical activity.¹³

THE EXPANDING NUTRITION'S ROLE IN CURRICULA AND HEALTHCARE ACT

On March 17, 2015, Representative Tim Ryan and Representative Pat Tiberi introduced the Expanding Nutrition's Role in Curricula and Healthcare (ENRICH) Act. The bi-partisan bill is now under the purview of the House Energy and Commerce Committee, specifically the Subcommittee on Health, which must approve the bill by a majority vote before the full House will consider it. Representative Ryan introduced a similar version of this bill in April 2014, but it did not advance beyond the Subcommittee.

The ENRICH Act requires the Health Resources and Services Administration (HRSA) to establish a 3-year grant program for accredited medical schools. Using funds from this grant, medical schools would create or expand an integrated physical activity and nutrition curriculum into their programs. The curriculum will "be based on the best possible evidence to improve communication and provider preparedness in the prevention, management, and, as possible, reversal of obesity, cardiovascular disease, diabetes, and cancer; ...[and] address such additional topics including nutrition across the life cycle of individuals who are members of at-risk populations, physical activity training and programs for such individuals, food insecurity among such individuals, and

malnutrition among such individuals.”¹⁴ This curriculum will better prepare medical students to counsel patients on behavior change, healthy diets, and adequate physical activity. The curriculum is not meant to convert students into nutrition experts, and will not threaten the professional integrity of registered dietitians. This policy aims to provide all physicians, regardless of their medical specialty, with a general understanding of proper nutrition because dietary intake influences so many systems within the body. No additional funding is required for this bill; funds for the grants will be redirected from existing programs within NIH. An existing and effective on-line program, developed by Dr. Martin Kohlmeier and Kelly Adams at the University of North Carolina, Chapel Hill especially for medical students and practicing physicians could be used for schools that do not want to create an in-class curriculum. Dr. Adams’ curriculum is free and provides an overview of core nutrition education.¹⁵

The ENRICH Act will have far-reaching effects. First, by implementing mandatory nutrition education in medical schools, we expect to see improved lifestyle counseling for patients, which may improve preventive care and diet-related disease management. This would lower healthcare costs and improve the quality of life for millions of Americans. Additionally, research shows that medical students who study nutrition and physical activity develop better lifestyle habits, and those who practice good health behaviors are more likely to counsel patients on weight management and physical activity.¹⁶ For these reasons, the Association of American Medical Colleges, the Physician’s Committee for Responsible Medicine, the Bipartisan Policy Center, the American College of Sports Medicine, and the Alliance for a Healthier Generation all support the ENRICH Act.

MEDIA ANALYSIS

The news media has reported on expanding nutrition education into medical schools since the 1970s. A 1983 article published in *The New York Times* advocated for medical schools to implement a mandatory nutrition program, much like one at Columbia

where first year students were required to enroll in a five-week course on nutrition and diet.¹⁷ While the authors focused on malnutrition rather than obesity, the article demonstrated early news media understanding of the importance of nutrition education as part of the medical school curriculum.¹⁷ Six subsequent articles, published between 2007 and 2015, all advocate for nutrition education in medical school. These news pieces appear in politically oriented lay-media, including *The Hill* and *Roll Call*, but also in professional media sources, including *American Medical News: Ethics Forum*. These articles conclude that physicians largely are not skilled at lifestyle counseling, and that medical school curricula should include better training for students on nutrition strategies to prevent diet-related diseases. We were not able to identify any news stories that argued against nutrition education in medical schools.

ALTERNATIVE SOLUTIONS

Although the media and research communities are in agreement that physicians need better nutrition training, some alternative solutions have been proposed. Some proponents of a mandatory nutrition curriculum advocate for targeting currently practicing physicians, specifically primary care providers, rather than medical students. They argue that medical students already have a rigorous course load and medical school professors are too busy to teach a new subject. They believe that integrating nutrition modules into continuing education, board certification exams, or residency programs for primary care providers is a better option than the model the ENRICH Act proposes.

However, this solution has two major drawbacks: 1) primary care providers are not the only physicians who need to understand nutrition and its relationship to systems within the body. For example, surgeons need to counsel obese patients on weight loss to decrease the risk of adverse outcomes from operations, and obstetricians must advise patients on achieving appropriate weight gain during pregnancy; and 2) current

physicians may have a more difficult time integrating lifestyle counseling into their practice than medical students, who have yet to shape their style and approaches to patient-interaction. While the ENRICH Act will increase some of the workload for medical students, evidence from the National Heart, Lung, and Blood Institute found that just 25 hours of nutrition training in medical school was effective in better preparing students for lifestyle counseling in their practices.¹⁸

CONCLUSION

The ENRICH Act will empower all future physicians, regardless of specialty area, to counsel more effectively patients on lifestyle behaviors that are critical to healthy body function, like proper nutrition and appropriate physical activity. The obesity epidemic in America must be taken seriously, and prevention is the best way to reverse the recent trends.

We advise the members of the Committee on Energy and Commerce, chaired by Representative Fred Upton of Michigan, to permit the Health Subcommittee to approve this bill for a vote by the full House of Representatives. By supporting the bipartisan ENRICH Act and promoting nutrition and physical education for future medical providers, the Committee on Energy and Commerce will make an important and lasting contribution to improved physical and economic health in the United States.

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ADDITIONAL WORKS REFERENCED

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1. Physicians Committee for Responsible Medicine. "About the ENRICH Act." Legislative Focus. Accessed 20 April 2015. Available from <http://www.pcrm.org/lf/enrich/about-the-enrich-act>

This group (PCRM) supports the ENRICH Act, and highlights two important aspects of the legislation: 1) The bill does not require any new funding, and 2) Integrating nutrition into curricula would allow opportunities to educate during medical school, residency, and continuing education. The PCRM supports the ENRICH Act, and this site provides extensive information in a questions and answers format for advocates and current physicians.

2. Healthy Farms, Healthy People Coalition. "Congressional briefing on EAT for Health and ENRICH Acts: Improving Nutritional Education among Health Care Professionals." *Healthy Farms, Healthy People*. 5 April 2014. Accessed 20 April 2015. Available from <http://hfhpcalition.org/2014/04/05/congressional-briefing-on-eat-for-health-and-enrich-acts-improving-nutrition-education-among-health-care-professionals/>

This site cross-posts a press release from the PCRM and explains the benefits of 2014's ENRICH Act and the EAT for Health Act. As described above, PCRM openly supports the 2015 ENRICH Act which is nearly the same as the 2014 version. By spreading the message from PCRM, this site positions itself as an advocate for the legislation and the movement to incorporate nutrition education into medical school curricula.

3. Bipartisan Policy Center. "Glickman and Shalala: The ENRICH Act will provide better tools to fight obesity epidemic." *Health*. 23 March 2015. Accessed 20 April 2015. Available from <http://bipartisanpolicy.org/article/glickman-and-shalala-the-enrich-act-will-provide-better-tools-to-fight-obesity-epidemic/>.

The Bipartisan Policy Center is a strong advocate for the ENRICH Act and improved nutrition education for medical providers. Interestingly, the authors of this article are co-chairs of the BPC Prevention Initiative, which helps to frame this issue (and this specific article) within the context of preventive care.

4. "Expanding Nutrition's Role in Curricula and Healthcare (ENRICH) Act." Physicians Committee for Responsible Medicine. Accessed 20 April 2015. Available from http://www.integrativepractitioner.com/uploadedFiles/Press_Releases/ENRICH-Act-Fact-Sheet.pdf

This fact sheet on the ENRICH Act claims that supporters of the legislation include the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, the American Medical Student Association, the American College of Preventive Medicine, the American Heart Association, the American Society for Nutrition, and the American College of Sports Medicine.

PASS THE EXPANSION OF NUTRITION'S ROLE IN CURRICULA AND HEALTHCARE (ENRICH) ACT OF 2015

HOUSE COMMITTEE ON ENERGY AND COMMERCE

THE PROBLEM: In the United States, nearly **7 out of 10 adults are overweight or obese**. Poor nutrition increases the risk for unhealthy weight, which can lead to diseases like diabetes, cancer, and cardiovascular conditions. High quality diet and physical activity can reduce the risk of disease, which improves the physical and mental health of Americans and reduces healthcare spending.



WHAT CAN THE HOUSE COMMITTEE ON ENERGY AND COMMERCE DO TO HELP AMERICANS GET HEALTHIER?

Doctors are viewed as a trustworthy source of information and are well positioned to advise patients on healthy lifestyle choices. However, they have inadequate training in nutrition and physical activity; **94%** of physicians believe that nutrition counseling should be a component of primary care, but only **14%** feel qualified to offer it. Additionally, **less than 25%** of doctor's office visits includes counseling on diet and exercise.

ACTION NEEDED: Pass the **ENRICH Act of 2015**, a **bipartisan** three-year grant program that will expand or introduce physical activity and nutrition curricula into U.S. Medical Schools and Osteopathic Colleges.

- This curriculum will better prepare medical students to counsel patients on healthy habits that will in turn help manage and may prevent chronic diseases like obesity, hypertension, and diabetes.
- This educational policy will be available for all medical students at participating schools, regardless of intended specialty.
- This policy requires **no new funding**.

Join the American Heart Association, the Bipartisan Policy Center, the Alliance for a Healthier Generation, and the American College of Sports Medicine, and support this policy. Help us improve American health and prosperity, and **advance this bill to a full House vote!**



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