

TESTIMONY OF
THE EATING DISORDERS COALITION FOR RESEARCH, POLICY & ACTION
Hearing on Women's Health

The Promoting Healthy Eating Behaviors in Youth Act of 2002
as part of a Women's Omnibus Health Bill

Submitted to the
Senate Health, Education, Labor and Pensions Committee

SUBCOMMITTEE ON PUBLIC HEALTH

U.S. SENATE

April 25, 2002

The Eating Disorders Coalition for Research, Policy & Action is pleased to submit testimony to the Senate Committee on Health, Education, Labor and Pensions and the Subcommittee On Public Health in support of Senator Clinton's the Promoting Healthy Eating Behaviors in Youth Act of 2002 providing funds for eating disorder prevention research as an amendment to the Women's Omnibus Health Bill. The EDC is a coalition of ten organizations committed to federal advocacy on behalf of people with eating disorders, their families, and professionals working with these populations. Members include, leading eating disorders organizations in the country as well as family foundations and other advocacy organizations as follows: the Academy for Eating Disorders, the Anna Westin Foundation, Dads and Daughters, the Eating Disorders Institute of Minneapolis, the Harvard Eating Disorders Center, the Kristen Watt Foundation, the National Association of Anorexia Nervosa & Associated Disorders, the National Eating Disorders Association, the Renfrew Center Foundation, and The Elisa Project.

Eating disorders though not uncommon, especially among women, continue to go unrecognized as an important health priority, and are often over looked entirely in national health campaigns such as the Healthy People 2000. Until Congress addresses eating disorders through research, treatment and prevention more young people will suffer and die unnecessarily. The amendment promoting healthy eating as a way to prevent eating disorders and other health problems is an important step in recognizing eating disorders as a public health threat in need of policy attention.

Eating Disorder as a Public Health Threat

Eating disorders is a growing public health threat with an estimated 8 million Americans suffering from eating disorders. Eating disorders cut across race, color, gender and socioeconomic categories. No one is immune. Eating disorders wreak havoc on a person's psyche and body. They are commonly associated with substantial psychological problems, including depression, substance abuse, and all too frequently with suicide. They also can lead to major medical complications, including cardiac arrhythmia, cognitive impairment, osteoporosis, infertility, and most seriously death. Anorexia nervosa has the highest mortality rate of all the psychiatric disorders. A young woman with anorexia is 12 times more likely to die than other women her age without anorexia. The frequency of suicide is 75 times greater than expected in young women without eating disorders.

The Need for Access to Care

The challenges for people with eating disorders accessing appropriate treatment have created a lethal situation. We receive calls practically every week from those suffering from eating disorders, their families or friends seeking help accessing treatment. Just this week we received a call about a 15 year old girl in the hospital with severe anorexia weighing only 55 pounds and being fed through tubes – whose health insurance company refused her coverage because anorexia is a mental disorder not a physical disease. Last week we received a call from a young woman in a residential treatment center who was panic stricken as she was told that her insurance company would not pay for her treatment. In her darkest hour, when she is already feeling defeated and unworthy she is forced to fight for the care she so desperately needs. The week prior to this we received two such calls.

Health insurance companies contribute to the high death rate by either denying care or limiting the number of days they will reimburse for treatment. Research shows that eating disorders can be successfully overcome with adequate and appropriate treatment. Yet such treatments are typically extensive and long-term. The practice of insurance companies routinely limiting the number of days they will reimburse forces doctors to discharge patients with anorexia nervosa too early. Although patients with eating disorders typically require more than 6 weeks of inpatient therapy, hospitalization or residential treatment for proper recovery, insurance companies offer an average of 10 –15 days a year. Typically insurers completely ignore the standards of care for eating disorders established by the American Psychiatric Association and published in the APA journal in 2000.

According to a survey of eating disorder specialists conducted in conjunction with ANAD, 100% said that their patients are suffering relapses as a consequence of such managed care coverage limits. And virtually all specialists believed that patients with anorexia are placed in life-threatening situations because their health insurance policies mandate early discharge.

Passing the mental health parity bill for those with eating disorders is a matter of life and death. The longer Congress waits the more young people we will lose. We urge Congress to pass this bill with haste.

Important Role of Prevention

In addition to pushing for treatment for those currently suffering from eating disorders it is equally important to offer prevention programs for youth. Primary efforts are designed to prevent the occurrence of eating disorders before they begin by promoting healthy development.

Experts on optimal prevention programs for eating disorders conclude that successful programs are designed to promote healthy development, thus are multidimensional and comprehensive. Successful curricula include not only information about nutritional content but also information about responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills, such as stress management, communication skills, problem solving and decision making skills. Successful interventions are tailored to the developmental and cultural needs of the target population and include family, school and community involvement.

Basic Principles for the Prevention of Eating Disorders

Eating disorder prevention experts, Margo Maine Ph.D. and Michael Levine, Ph.D. outline a number of important principles for prevention efforts as outlined here.

1. Given that eating disorders are serious and complex problems we need to avoid thinking of them in simplistic terms, like "anorexia is just a plea for attention," or "bulimia is just an addiction to food." Eating disorders arise from a variety of physical, emotional, social, and familial issues, all of which need to be addressed for effective prevention and treatment.

2. The objectification and other forms of mistreatment of women by others contribute directly to two underlying features of an eating disorder: obsession with appearance and shame about one's body.
3. Eating disorders are not just a "woman's problem" or "something for the girls." Males who are preoccupied with shape and weight can also develop eating disorders as well as dangerous shape control practices like steroid use.
4. Prevention efforts will fail, or worse, inadvertently encourage disordered eating, if they concentrate solely on warning the public about the signs, symptoms, and dangers of eating disorders. Effective prevention programs must also address:
 - Our cultural obsession with slenderness as a physical, psychological, and moral issue.
 - The roles of men and women in our society.
 - The development of people's self-esteem and self-respect in a variety of areas (school, work, community service, hobbies) that transcend physical appearance.
5. Whenever possible, prevention programs for schools, community organizations, etc., should be coordinated with opportunities for participants to speak confidentially with a trained professional with expertise in the field of eating disorders, and, when appropriate, receive referrals to sources of competent, specialized care.

Promoting a Healthy Environment for Youth

In addition to inoculating the individual from developing disordered eating, effective prevention efforts should also create positive environments for youth in which they may flourish. Such environments would emphasize the value of each child, promote a sense of self-efficacy and confidence, be free from harassment and violence, respond appropriately to teasing and bullying, separate a child's worth from beauty and body weight, offer nutritional and tasty food options, offer opportunities for exercise and play, encourage youth to value their uniqueness and the uniqueness of others, and other factors that promote the healthy development of youth.

Efforts designed to promote healthy eating must be done in such a way as to not inadvertently create new problems. Focusing on body weight and urging youth to be thin has not helped reduce the prevalence of overweight. Instead it has resulted in a host of new health problems such as widespread body dissatisfaction, poor body image, low self-esteem, pathogenic weight control practices, and eating disorders. Therefore, effective interventions for promoting healthy eating with youth should promote a healthy lifestyle and not promote unhealthy weight management techniques.

The Dire Need for Prevention Research Dollars

If we do not begin widespread, well-researched, effective eating disorder prevention programs to foster healthy eating habits in youth, the costs to our society and to our health care system will be devastating. As many as 5-10% of people with anorexia nervosa or bulimia nervosa will die prematurely – many struck down in the prime of their lives. Even those who recover suffer needlessly, impairing their intellectual, academic, vocational, economic, social, emotional and personal functioning. Furthermore, countless women of all ages and increasing numbers of men also suffer from sub-clinical eating disorders, demonstrating some, but not all, of the symptoms of eating disorders. As they are unlikely to receive treatment, their compromised nutritional

intake can lead to serious health problems such as cardiac irregularities, chronic gastro-intestinal disorders, infertility, osteoporosis, as well as severe anxiety and mood fluctuations.

The lack of substantial funding for prevention oriented research is one of the greatest problems contributing to the ongoing increase in eating disorders and related conditions. The research done to date has begun to differentiate effective prevention approaches from ineffective ones. We desperately need more funding to build on this body of knowledge and begin to eradicate these life-destroying illnesses. The EDC urges the committee to move this important women's health bill forward.