

December 1, 2021

Dr. Nancy Brener  
Division of Adolescent and School Health  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS-D74  
Atlanta, Georgia 30329

Dear Dr. Brener,

On behalf of the undersigned state, national, and international organizations, in coordination with Academy for Eating Disorders (AED) and the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED) based at the Harvard T.H. Chan School of Public Health and Boston Children's Hospital, we are pleased to submit a proposal requesting the re-inclusion of items measuring "Unhealthy Weight Control Practices" within the standard and/or national Youth Risk Behavior Survey (YRBS).

For many years, the YRBS included "Unhealthy Weight Control Practices" survey items,<sup>1</sup> providing public health and adolescent health professionals some of the only ongoing national data available on disordered eating/weight-related behaviors in young people. Unfortunately, when these items were removed from the main YRBS questionnaire in 2015, we have been left without representative, national data with which to monitor emerging patterns in disordered eating/weight-related behaviors. As you may be well aware, these behaviors are often precursors to development of eating disorders, serious mental health conditions that often onset in adolescence and affect young people of all genders and race/ethnicities. Furthermore, the removal of these survey items now hinders our ability to track worsening racial/ethnic inequities in disordered eating/weight-related behaviors that appear in YRBS data through 2013, the last year for which YRBS data are available.

Eating disorders are serious biologically-based mental illnesses that will affect nearly 30 million Americans during their lifetime.<sup>2</sup> All types of eating disorders (e.g., anorexia nervosa, bulimia nervosa, and binge-eating disorder) lead to numerous adverse medical complications, and have among the highest case fatality rate of any psychiatric illness;<sup>2,3</sup> further, a teen with anorexia nervosa has ten times the risk of dying than a healthy same-age peer.<sup>4</sup> While eating disorders can be successfully treated, 75 percent of adolescents with anorexia nervosa and bulimia nervosa and 90 percent of those with binge-eating disorder never receive treatment due to a lack of routine screening and/or socioeconomic barriers to care.<sup>5</sup> This is particularly alarming, as eating disorders typically co-occur with other high-morbidity illnesses, including depressive and substance use disorders,<sup>6</sup> and are associated with considerable economic costs when untreated.<sup>7</sup>

Adding to the emerging urgency, the ongoing COVID-19 pandemic has exacerbated established eating disorder risk factors such as social isolation and psychological distress, and evidence suggests that this is contributing to a rise in disordered eating/weight-related behaviors among adolescents.<sup>8</sup> Because the pandemic and its mental health consequences are disproportionately affecting marginalized social groups, there is also concern that the under-addressed racial/ethnic disparities in disordered eating/weight-related behaviors – which have shown no improvement

since 1999<sup>9</sup> – may be widening. Indeed, new research conducted by STRIPED researchers suggests that Black and Latinx communities in the U.S. have had a disproportionately high risk of diet pill use since the onset of the pandemic,<sup>10</sup> which may be driven by increases in psychological distress, financial difficulties, and experiences with discrimination.<sup>11</sup> There is thus a critical need for public health surveillance of these behaviors to guide equitable resource allocation and intervention.

While state grantees still have the option to include the “Unhealthy Weight Control Practices” questions in their supplemental surveys, many grantees simply do not have the resources within their state health or education departments to produce and analyze supplemental survey data. Given these resource limitations, and in light of the pandemic’s impact on the prevalence of disordered eating/weight-related behaviors, we strongly urge the re-inclusion of the following validated questions in the YRBS 2021 ballot process for the integration in the 2023 YRBS survey cycle:

1. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
  - Response options: Yes, No
2. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast.)
  - Response options: Yes, No
3. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
  - Response options: Yes, No

Additionally, given that binge-eating is the most prevalent disordered eating/weight-related behavior and is often driven by experiencing food insecurity (which has been exacerbated by the ongoing COVID-19 pandemic),<sup>10,12</sup> we also strongly urge the CDC to integrate a new question related to this unhealthy behavior on the standard YRBS questionnaire. The survey item below is one that has been validated and used by researchers in major NIH-funded studies of adolescent health and would be highly valuable data for the CDC to capture in population health surveillance systems:

4. Sometimes people will go on an ‘eating binge,’ when they eat an amount of food that most people would consider to be very large, in a short period of time. In the past 30 days, how often did you go on an eating binge?
  - Response options: Never, Less than monthly, 1-3 times per month, Once a week, More than once a week
  - a. If response is more than never: Did you feel out of control, like you could not stop eating even if you wanted to stop?<sup>13</sup>
    - Response options: Yes, No

We thank you for your commitment to adolescent health in and outside the classroom. We would also like to highlight and thank the undersigned YRBS coordinators who have officially offered their support to this proposal, as well as those who indicated to us their desire to have these items re-introduced onto the 2023 YRBS survey. Please contact Samantha Hahn, PhD, MPH, RD at [hahn0203@umn.edu](mailto:hahn0203@umn.edu) or Ariel Beccia, MS at [Ariel.Beccia@umassmed.edu](mailto:Ariel.Beccia@umassmed.edu) with any questions or requests for additional information.

Sincerely,

 

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<sup>1</sup> Centers for Disease Control and Prevention. (2017). "Youth Risk Behavior Surveillance System (YRBS) Overview." Retrieved from <https://www.cdc.gov/healthyouth/data/yrbs/overview.htm>.

<sup>2</sup> Streatfeild J, Hickson J, Austin SB, et al. Social and economic cost of eating disorders in the United States: Evidence to inform policy action. *Int J Eat Disord.* 2021;54(5):851-868.

<sup>3</sup> Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality rates in patients with anorexia nervosa and other eating disorders: A meta-analysis of 36 studies. *Arch Gen Psychiatry.* 2011;68(7):724-731.

<sup>4</sup> Fichter MM, Quadflieg N. Mortality in eating disorders: Results of a large prospective clinical longitudinal study. *Int J Eat Disord.* 2016; 49:391-401.

<sup>5</sup> Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR. Prevalence and correlates of eating disorders in adolescents. *Arch. Gen. Psychiatry.* 2011;68(7):714-723.

<sup>6</sup> Herpertz-Dahlmann B. Adolescent eating disorders: Update on definitions, symptomatology, epidemiology, and comorbidity. *Child Adolesc Psychiatr Clin N Am.* 2015;24(1):177-196.

<sup>7</sup> Streatfeild J, Hickson J, Austin SB, Hutcheson R, Kandel JS, Lampert JG, et al. Social and economic cost of eating disorders in the United States: Evidence to inform policy action. *Int J Eat Disord.* 2021;54(5):851-868.

<sup>8</sup> Rodgers RF, Lombardo C, Cerolini S, et al. The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *Int J Eat Disord.* 2020;53(7):1166-1170.

<sup>9</sup> Chin SNM, Laverty AA, Filippidis FT. Trends and correlates of unhealthy dieting behaviours among adolescents in the United States, 1999-2013. *BMC Public Health.* 2018;18(1):439.

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<sup>10</sup> Austin SB, Beccia AL, Vitagliano J, et al. Racial/ethnic inequities in use of deceptive “wellness” dietary supplements during the COVID-19 pandemic in the United States. Poster presented at: Eating Disorders Research Society Meeting, 2021, virtual (due to the pandemic).

<sup>11</sup> Simone M, Emery RL, Hazzard VM, Eisenberg ME, Larson N, Neumark-Sztainer D. Disordered eating in a population-based sample of young adults during the COVID-19 outbreak. *Int J Eat Disord.* 2021;54(7):1189-1201.

<sup>12</sup> Hazzard VM, Loth KA, Hooper L, Becker CB. Food insecurity and eating disorders: A review of emerging evidence. *Curr Psychiatry Rep.* 2020;22(12):74.

<sup>13</sup> Sonnevile KR, Horton NJ, Micali N, Crosby RD, Swanson SA, Solmi F, Field AE. Longitudinal associations between binge eating and overeating and adverse outcomes among adolescents and young adults: Does loss of control matter? *JAMA Ped.* 2013;167(2):149-155.