



July 15, 2022

Office of the Assistant Secretary for Health, Office of the Secretary,
U.S. Department of Health and Human Services
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Dear White House Conference on Hunger, Nutrition, and Health Colleagues,

The Eating Disorders Coalition for Research, Policy & Action (EDC) is honored to submit comments to the White House Conference on Hunger, Nutrition, and Health to directly inform the national strategy under development. **Specifically, we urge that eating disorders are integrated within the Conference and subsequent national strategy.**

The Eating Disorders Coalition for Research, Policy & Action is a nonprofit organization comprised of patient and caregiver advocates, treatment providers, advocacy organizations, and academics aimed to advance the recognition of eating disorders as a public health priority throughout the United States. By promoting federal support for improved access to care, the EDC seeks to increase the resources available for education, prevention, and improved training, as well as for scientific research on the etiology, prevention, and treatment of eating disorders.

The following comments provide research, policy solutions, and suggestions for experts in the field for consideration at the Conference and in the national strategy.

Pillar 1: Improve Food Access and Affordability

According to the USDA, more than 38 million people, including 12 million children, in the U.S. are food insecure.¹ Further, households headed by a single woman and households of color experience higher food insecurity rates than the national average.² Current SNAP benefits fall short in providing individuals and families with enough food. Data shows that food-insecure SNAP participants report needing \$10 to \$20 more per person each week to supply enough food to meet their needs.³ Nearly 25% of SNAP participants exhaust their benefits within a week of receipt, and over 50% exhaust all their benefits within the first two weeks.⁴

The immense inadequacy of benefits coupled with the once per month distribution may inadvertently perpetuate patterns of disordered eating resulting in a cycle of binge and restrict. **Groundbreaking research has shown that individuals with the highest level of food insecurity engage in significantly higher levels of binge eating, dietary restraint, weight self-stigma, and worry compared to**

¹ United States Department of Agriculture. (April 22, 2022). Key Statistics & Graphics. USDA Economic Research Service. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#insecure>

² *Ibid.*

³ Carlson, S., Llobrera, J., & Keith-Jennings, B. (July 15, 2021). More Adequate SNAP Benefits Would Help Millions of Participants Better Afford Food. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/food-assistance/more-adequate-snap-benefits-would-help-millions-of-participants-better#:~:text=Food%2Dinsecure%20SNAP%20participants%20report,of%20a%20nutritious%20meal%20plan.>

⁴ *Ibid.*

participants with lower levels of food insecurity.⁵ The research also shows the behaviors worsen as the level of food insecurity worsen.

Pillar 1: Solutions

- Increase SNAP benefits
- Peg SNAP benefits to inflation
- Update benefit distribution cycles to assist in the provision of a steady stream of benefits throughout the course of the month

Pillar 2: Integrate Nutrition and Health

Much of the conversation around nutrition and health has been centered around tackling the obesity epidemic and more recently “diet-related diseases.” **However, eating disorders has remained largely absent from the conversation despite the fact that obesity/overweight are significant risk factors for eating disorders.** Outdated stereotypes about who is affected by eating disorders hamper our ability to truly meet the needs of the over 30 million Americans who will struggle with these conditions at some point in their lives.⁶ In fact, many individuals whose BMIs are in the overweight or obese range are currently struggling with an eating disorder; however, these individuals often remain undetected and untreated as they do not fit the stereotype perpetuated in the dominant culture. For example, researchers have found African American, Latina and Native American teenagers are more likely to binge eat and purge than their white counterparts.⁷ Yet communities of color are diagnosed with an eating disorder at half the rate of their white counterparts and have less access to treatment.⁸

In turn, the focus on food insecurity, “diet-related diseases,” and nutrition in the Conference and the national strategy means that eating disorders are inherently interwoven. In light of that, **we are requesting that eating disorder subject matter experts are included in policy discussions, strategic planning, and dissemination of communications to ensure that Americans with these conditions are not inadvertently harmed or overlooked by policies and strategies enacted after the Conference.**

Meaningful steps to increase awareness of and action on eating disorders are well within reach and dovetail with existing strategies. For example, primary care providers and pediatricians could routinely screen for eating disorders if a patient screens positive for food insecurity and other eating disorder-linked social determinants of health (e.g., trauma). The development and dissemination of toolkits, resource libraries, and other materials that are specific to their location and their population would equip healthcare providers with the knowledge and skills needed to assist patients who are in their care. In the school setting, Local School Wellness Policies (LSWPs) requirements can be updated to ensure that comprehensive preventive efforts are being interwoven into schools. Currently, these LSWPs enforced within the USDA’s Food and Nutrition Service only require schools to create policies focused on nutrition and physical activity. Expanding these requirements to include a focus on mental health promotion and education would assist

⁵ Hazzard, V. M., Loth, K. A., Hooper, L., & Becker, C. B. (2020). Food Insecurity and Eating Disorders: a Review of Emerging Evidence. *Current psychiatry reports*, 22(12), 74. <https://doi.org/10.1007/s11920-020-01200-0>

⁶ 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/striped/report-economic-costs-of-eating-disorders/>.

⁷ Sonneville KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders* 2018: 1-9

⁸ *Ibid.*

children and adolescents have a more comprehensive understanding about the connection between physical health and mental health.

Pillar 2: Solutions

- Increase investments in SAMHSA’s Center of Excellence for Eating Disorders, which provides trainings for health care professionals to screen, briefly intervene, and refer patients to treatment.
 - Restoring Hope for Mental Health and Well-Being Act ([H.R. 7666](#), Section 131)
- Integrate mental health promotion and education requirements to existing guidelines within Local School Wellness Policies.
 - Improving Mental Health and Wellness in Schools Act ([H.R. 5526/S. 2930](#))
- Strengthen the partnership between HRSA’s Primary Care Training and Enhancement Grant Program and SAMHSA’s Center of Excellence for Eating Disorders to further scale trainings.
- Create a demonstration project of food banks or pantries and eating disorder treatment centers or organizations to assist with screening, resource dissemination, and/or referrals to care.
- Dismantle moralizing terms that can stigmatize or shame individuals about their bodies and food selections. For example, “good v. bad foods” and “healthy v. unhealthy foods.”
- Inclusion of eating disorder subject matter experts to inform policy, strategy, and communications subsequent to the Conference and in the national strategy.

Pillar 3: Empower All Consumers to Make and Have Access to Healthy Choices

To protect consumers from disinformation, adverse events, and widening health inequities, **enhanced consumer education and robust funding for agencies and programs that oversee dietary supplement products is needed.**

According to the FDA adverse event reporting system, weight-loss supplements are three times more likely to cause severe medial injury than vitamins.⁹ In the U.S., 23,000 emergency room visits each year are attributed to supplements—25% of which account for weight-loss supplements.^{10,11,12,13} **Last, 60% of supplement users mistakenly believe that the government prescreens the products for safety and efficacy before released onto the market.**¹⁴

⁹ Or F, Kim Y, Simms J, Austin SB. Taking stock of dietary supplements' harmful effects on children, adolescents, and young adults. *Journal of Adolescent Health*. 2019;65(4):455-461.

¹⁰ Abdel-Rahman A, Anyangwe N, Caracci L, Caspar S, Danam RP, Enongene E, Erives G, Fabricant D, Gudi R, Hilmas CJ, Hines F, Howard P, Levy D, Lin Y, Moore RJ, Pfeiler E, Thurmond TS, Turujman S, Walker NJ. The safety and regulation of natural products used as foods and food ingredients. *Toxicological Sciences*. 2011 ;123(2):333-348.

¹¹ Fong TL, Klontz KC, Canas-Coto A, Caspar SJ, Durazo FA, Davern T J 2nd, Hayashi P, Lee WM, Seeff LB. Hepatotoxicity due to Hydroxycut: A case series. *American Journal of Gastroenterology*. 2009; 105(7): 1561-1566.

¹² Grundlingh J, Dargan PI, El-Zanfaly M, Wood DM. 2,4-Dinitrophenol (DNP): A weight loss agent with significant acute toxicity and risk of death. *Journal of Medical Toxicology*. 2011;7(3):205-212.

¹³ Guyda HJ. Use of dietary supplements and hormones in adolescents: A cautionary tale. *Pediatric Child Health*. 2005;10(10):587-590.

¹⁴ FDA Center for Food Safety and Applied Nutrition, 2014 *FDA Health and Diet Survey* Rockville, MD: U.S. Food and Drug Administration; 2016.

It is important to underscore that the dietary supplement industry exacerbates health inequities given these products are disproportionately consumed by African American (49%) and Latinx households (42%).¹⁵ Further, uninsured adults are three times more likely to use harmful weight-loss supplements than insured adults and immigrants with low English proficiency are at higher risk of not understanding FDA alerts/recalls on supplements compared to those with high English proficiency.¹⁶

Pillar 3: Solutions

- Increase funding for the FDA Office of Dietary Supplements to assist in further oversight of products on the market and to inform regulatory updates to Dietary Supplement and Health Education Act (DSHEA).
- Increase funding for Operation Supplement Safety within the U.S. Department of Defense to safeguard the health of our nation’s servicemembers and their families.
- Maintain the prohibition of utilizing SNAP benefits for the purchase of dietary supplement products.

Pillar 5: Enhance Nutrition and Food Security Research

Although health care practitioners are screening for food insecurity, there are a dearth of data on individuals with a past history of food insecurity but who no longer meet this definition. Given food insecurity is associated with adverse childhood experiences (ACE); which are known to demonstrate negative effects throughout the lifespan¹⁷, there is reason to believe that a history of food insecurity would continue to impact an individual’s relationship with food irrespective of that individual’s current status. **More research is needed to understand this sub-population particularly when it comes to eating disorders as early experience with food insecurity can prime individuals for a “feast versus famine” pattern of eating that may predispose them to eating disorder behaviors like binge eating and dietary restriction^{18, 19}.**

There are also limited data on the trends of unhealthy weight control practices among school-aged children (who are also at increased risk for eating disorders) given the CDC removed those questions from the Youth Risk Behavior Surveillance Survey (YRBS) in 2015. This removal was surprising given the questions had been in the survey for over two decades, and unhealthy dieting behaviors among adolescents such as diet pill use, fasting, vomiting, and laxative use, have been persistent, and racial disparities in the prevalence of these behaviors have shown no improvement.²⁰ Given a teen with anorexia nervosa has ten times the risk of dying than a same-age peer and eating disorder emergency room admissions for girls ages 12-17 have

¹⁵ Pillitteri JL, Shiffman S, Rohay JM, Harkins AM, Burton SL, Wadden TA. Use of dietary supplements for weight loss in the United States: Results of a national survey. *Obesity* (Silver Spring). 2008;16(4):790-796. doi:10.1038/oby.2007.136

¹⁶ Cohen P, Benner C, McCormick D. Use of a pharmaceutically adulterated dietary supplement, Pai You Guo, among Brazilian-born women in the United States. *Journal of General Internal Medicine*. 2012;27(1):51-56.

¹⁷ Royer MF, Ojinnaka CO, Zhang X, Thornton AG, Blackhorse K, Bruening M. Food insecurity and adverse childhood experiences: a systematic review. *Nutr Rev*. 2022 May 9;nuac029. doi: 10.1093/nutrit/nuac029. Epub ahead of print. PMID: 35535026.

¹⁸ Goode, R. W., Watson, H. J., Masa, R., & Bulik, C. M. (2021). Prevalence and contributing factors to recurrent binge eating and obesity among black adults with food insufficiency: findings from a cross-sectional study from a nationally-representative sample. *Journal of eating disorders*, 9(1), 154. <https://doi.org/10.1186/s40337-021-00509-2>

¹⁹ Hazzard VM, Loth KA, Hooper L, Becker CB. Food Insecurity and Eating Disorders: a Review of Emerging Evidence. *Curr Psychiatry Rep*. 2020 Oct 30;22(12):74. doi: 10.1007/s11920-020-01200-0.

²⁰ Chin S, Laverty A, Filippidis F. Trends and correlates of unhealthy dieting behaviors among adolescents in the United States, 1999-2013. *BMC Public Health* 2018; 18(1): 439.

doubled since 2019,²¹ we have no data to inform public health interventions to address this growing problem. Additionally, we know that hospitalizations for eating disorders in children’s hospitals have doubled in the wake of the pandemic thereby further highlighting the need for population-level data like the YRBS to inform public health and preventive strategies.²²

Pillar 5: Solutions

Urge CDC to reintegrate the following unhealthy weight control practice questions into YRBS:

- 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?
- 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.)
- During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

Additionally, given that binge eating disorder is the most common eating disorder, we request the CDC consider the integration of a new question related to this unhealthy behavior on the standard YRBSS questionnaire. The sample question 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 YRBSS to capture.

- 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?²³
 - If response is more than never: Did you feel out of control, like you could not stop eating even if you wanted to stop?
- Direct funding to the National Institutes of Health to investigate the long-term impact of childhood food insecurity on the mental and physical well-being of individuals, with a particular focus on eating disorders and other co-morbid psychiatric conditions.

Experts in the Field: White House Conference Speaker Considerations

- [Dr. Christine Peat](#), PhD, Associate Professor of Psychiatry and Director of the National Center of Excellence for Eating Disorders, University of North Carolina at Chapel Hill

²¹ Radhakrishnan, Lakshmi, Leeb, Rebecca, Bitsko, Rebecca . . . & Anderson, Kayla. (February, 18, 2022). Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic—United States, January 2019-January 2022. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 71. Retrieved from <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7108e2-H.pdf>

²² Lin, J. A., Hartman-Munick, S. M., Kells, M. R., Milliren, C. E., Slater, W. A., Woods, E. R., Forman, S. F., & Richmond, T. K. (2021). The Impact of the COVID-19 Pandemic on the Number of Adolescents/Young Adults Seeking Eating Disorder-Related Care. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 69(4), 660–663. <https://doi.org/10.1016/j.jadohealth.2021.05.019>

²³ Sonnevile KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders* 2018: 1-9



- [Dr. Rachel Goode](#), PhD, MPH, MSW, Assistant Professor at the School of Social Work, University of North Carolina at Chapel Hill
- [Dr. Keesha Middlemass](#), Associate Professor, Department of Political Science, Howard University in Washington, DC
- [Dr. Carolyn Becker](#), Professor, Center for the Sciences and Innovation, Trinity University in San Antonio, TX
- [Dr. Nicole Larson](#), RDN, Instructor, Division of Epidemiology and Community Health, University of Minnesota
- [Dr. Jillian Lampert](#), RD, Chief Strategy Officer at Accanto Health (The Emily Program and Veritas Collaborative) in St. Paul, MN
- [Dr. Bryn Austin](#), ScD, Director, Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED) at Harvard University and Boston Children's Hospital
- [Food and Mood Project: SAMHSA Regions 7 & 8, and USDA FNS Mountain Plains Region](#)

We thank you again for the opportunity to comment and look forward to continuing to work with you.

Sincerely,

Eating Disorders Coalition for Research, Policy & Action