

EATING DISORDERS ON THE COLLEGE CAMPUS

A NATIONAL SURVEY OF PROGRAMS AND RESOURCES

FEBRUARY 2013



National Eating Disorders Association

A survey of eating disorders and body image-related programs and services on college and university campuses, conducted by the National Eating Disorders Association.

**THIS STUDY WAS APPROVED BY
THE PACE UNIVERSITY
INSTITUTIONAL REVIEW BOARD.**

Purpose

To identify what **services** and **programs** are important and available on **college and university campuses** around the country for students struggling with, recovering from, and at risk of developing **eating disorders** and **related body image issues**.

Method

Participants completed a **survey** measuring the **frequency** and **perceived importance** of a variety of programs and services, including awareness events, counseling services, support groups and information available to students specific to eating disorders. Participants were also asked to provide their feedback and suggestions for improving campus resources and access to appropriate care.

Results

Data collected from **165 colleges and universities in the U.S** was used to create a database of services and programs available to students at participating colleges across the country. The database can be used by students and parents seeking the right college campus for their needs and can facilitate a dialogue between program developers to help identify, initiate and maintain the most useful and innovative practices.

The results of the survey also show what services were rated as:

- most critical and any discrepancies between importance and availability
- describes the barriers to offering services where discrepancies exist
- describe the “ideal” college campus according to professionals in the field
- outline the short-term and long-term needs for improving campus prevention and care resources
- identify ways in which NEDA can be a part of the solution in improving services on campuses.

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The National Eating Disorders Association (NEDA) is a non-profit organization dedicated to supporting individuals and families affected by eating disorders. We campaign for prevention, improved access to quality treatment, and increased research funding to better understand and treat eating disorders. We offer educational materials, support programs and resources for parents, family and friends of those suffering, treatment referrals and support group listings, and a toll-free national Information and Resources Helpline.

Introduction

THE NEED FOR EATING-DISORDER RELATED SERVICES ON COLLEGE CAMPUSES

Attending college for the first time is both an exciting and challenging time for many young adults as they learn to navigate the adult world and balance freedom with responsibility. They are offered more choices than ever before, but with this new found freedom and responsibility comes additional pressures and stresses. As demonstrated in the 2007 Anxiety Disorders Association of America report, *An Audit of Mental Health Care at U.S. Colleges and Universities*, the increased pressure and stress may lead to mental health problems among college students and a greater need for campus mental health services. This is also a period of development in which disordered eating is likely to arise, resurface or worsen for many young men and women. Full blown eating disorders typically begin between 18 and 21 years of

age. (Hudson, 2007) Out from under the watchful eye of parents and family, eating attitudes and behaviors can change and even become dangerous without anyone noticing. Social pressure to make friends, have romantic relationships and achieve academically can lead to maladaptive coping mechanisms in the form of disordered eating. Our current cultural climate idealizing thinness and placing emphasis on weight as a primary indicator of health only contributes to fears of gaining weight.

Although some students will experiment with dieting and escape unscathed, 35% of “normal” dieters progress to pathological dieting. Of those, 20–25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995). Given that eating disorders are the mental illness with the highest mortality rate (Arcelus, 2011), early detection, intervention and treatment is

extremely important and gives an individual the best chance of recovery. Help-seeking decreases significantly when people are not aware of the options available to them (Ben-Porath, 2002; Friedman, 2009; Nolen-Hoeksema, 2006; Gould, 2007), and another study found that students who attended one-time intervention programs for NEDAwareness Week had higher levels of factual knowledge of available campus resources for body image issues and eating disordered behaviors than students who did not attend campus programming (Tillman, Arbaugh, Balaban, 2012). This is why college counseling services and student wellness centers play such a pivotal role in offering outreach, education, resources and support for the student body.

Responding to the need for resources for this age demographic and the volume of requests NEDA receives for information

about campus eating disorder-related services, we initiated this Collegiate Survey Project to understand the needs, current services available, and potential barriers to institutions meeting the needs identified. Survey participants (college service-provider representatives) provided information on eating disorder-related programs and services, including: Campus screening and awareness events; educational programs and workshops; counseling services; academic classes or programs; residence life and peer advisor programs; athlete services; and informational resources, such as articles, websites and pamphlets.



RESEARCH ON EATING DISORDERS IN THE COLLEGE POPULATION

Eating disorders are complex conditions that arise from a combination of long-standing **behavioral, biological, emotional, psychological, interpersonal,** and **social factors**. While eating disorders may begin with preoccupations with food and weight, they are most often about much more than food. People with eating disorders often use food and the control of food in an attempt to compensate for feelings and emotions that may otherwise seem overwhelming. For some, **dieting, bingeing,** and **purging** may begin as a way to cope with painful emotions and to feel in control of one's life, but ultimately, these behaviors will damage a person's physical and emotional health, self-esteem, and sense of competence and control. However, with **appropriate treatment**, people do recover from eating disorders and go on to live **healthy,** fulfilling lives.



“Freshman 15”

Although it is widely believed that freshman in college gain significant weight and college resources should be targeted to obesity prevention, the first study of its kind finds otherwise. Using a nationally representative random survey, the researchers found that freshmen gain between 2.5 to 3.5 pounds, on average. This is only ½ pound more than their same-age peers who do not attend college. (Zagorsky, 2011) Given the risks that dieting poses, especially to college students, anti-obesity campaigns on college campuses are not only unnecessary, but potentially harmful.

College Athletes

In a study of 204 female college athletes from 17 sports at 3 universities, **2%** were classified as having an eating disorder and another **25.5%** exhibited symptoms at a subclinical level. (Greenleaf, 2009)

Seeking Treatment

30–70% of those seeking treatment for an eating disorder receive medical treatment for weight loss, indicating that individuals with eating disorders are much more likely to receive treatment for a perceived weight problem than mental health treatment for an eating disorder. (Hart 2011) This indicates the need for professionals trained in assessment and identification of eating disorders, especially on college campuses.

Detection

A study of college students found that only **6%** of students with disordered

eating were queried about it by a health provider. (White, 2011)

Prevalence is increasing in college

Data from one college over a 13 year period shows total eating disorders increased from **23** to **32%** among females and from **7.9** to **25%** among males. The percentage of students eating according to a special weight loss diet increased from **4.2%** in 1995 to **22%** in 2008. (White, 2011)

Prevalence in teens

A national survey of 10,123 adolescents between 13 and 18 years old, showed the prevalence of Anorexia Nervosa to be **.3%**, Bulimia Nervosa to be **.9%**, and Binge Eating Disorder to be **1.6%**. Additionally, they found that **.8%** struggled with sub-threshold Anorexia Nervosa, and **2.5%** with sub-threshold Binge Eating Disorder. Overall, girls and boys were affected similarly for Anorexia and Bulimia. This totals **6.1%** of boys and girls between 13 and 18 year olds being affected by disordered eating. This study also found that only **3–28%** of those affected had received treatment specifically for their eating disorder (Swanson, 2011). Therefore, potentially **4.4–5.9%** of teens enter college with a pre-existing, untreated eating disorder. According to NIMH the average age of onset for Anorexia is 19 years old, bulimia is 20 years old, and binge eating disorder is 25.

Barriers to Treatment

Several barriers exist for people seeking treatment for an eating disorder.

Denial of the existence or seriousness of the problem is common among those struggling, and may inhibit help-seeking. For those ready to seek help, there may be limited availability of mental health professionals specializing in eating disorders; available treatment may not be affordable and insurance may not cover all treatment needs (or any treatment needs). Individuals with eating disorders often have some traits in common, including approval-seeking, persistence and perfectionism. These traits can present obstacles to reaching out and asking for help from friends, family or professionals. In addition, mental illnesses, including eating disorders, still carry a certain amount of stigma and misunderstanding. Although stigma surrounding eating disorders and other mental illnesses has lessened, it still exists, and media portrayal and glamorization of thinness, and even anorexia, continue to be problematic, making it difficult for the individual to admit there's a problem and seek help. The cultural value placed on thinness and normalization of dieting behaviors in the U.S. can contribute to hearing comments from others that encourage and reinforce eating disorder behaviors or family and friends not recognizing signs and symptoms.

College mental health services

According to the Anxiety Disorders Association of America, college students are requesting more services for mental health every year. Results from their 2007 national audit of mental health care at US colleges and universities, indicate that:

- The nation's top schools observed an increase in students needing and accessing mental health services
- Both national universities and liberal arts colleges offer several options for mental health services to students. Although a variety of services are offered, many schools don't have enough resources to meet the growing demand.
- Counseling centers report an increase in the number of students entering college with a pre-existing mental illness and who are taking psychiatric medication. They also report an increased awareness of mental health issues.
- On average, **95%** of schools report an increase in the number of students utilizing their services
- On average, **23%** of students at liberal arts schools and **13%** at national universities use mental health services. (ADAA, 2007)

People with anorexia nervosa have a six fold increase in mortality compared to the general population. Reasons for death include starvation, substance abuse and suicide. (Papadopoulos, 2009) Prevalence of eating disorders is similar across races and ethnicities. (Hudson 2007; Wade, 2011)



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Objectives

College health services that assess and treat eating disorders play a very important role on campuses. Colleges not only want to offer excellent services to their students, they also have a vested interest in a healthy and high-functioning population which is able to fully participate in coursework and become contributing adults after graduation. Students struggling with an eating disorder are unable to fully participate, and their illness can keep them from achieving their goals. So, **early detection**, **intervention** and **treatment** are critical for students' health, as well as the health of the institution's overall student body.

.....

The **PURPOSE** of this study was to understand the relationship between the availability of eating disorder-related programs and services on campuses across the country to the needs identified by service providers, and develop a database of services and programs available on college and university campuses as a resource for:

- (1) students and families seeking services to meet their needs appropriately on campuses
- (2) professionals in the eating disorders field to learn about other institutions' programs and have a dialogue that can help increase the number and quality of services on campuses around the nation, and
- (3) for up-and-coming professionals interested in eating disorders to know about campuses that offer coursework, programs and services.



THE SURVEY EXPLORED THE FOLLOWING AREAS OF COLLEGE SERVICES PERTAINING TO EATING DISORDERS:

1 Educational events, programs and workshops

e.g. Body image workshops, participation in National Eating Disorders Awareness Week, etc.

2 Counseling services with staff practitioners who have a specialty in eating disorders

(e.g. psychologists, nutritionists, therapy groups) and screenings for eating disorders.

3 Academic classes, research and programs

for formal education and training in eating disorders for students or staff.

4 Residence life programs and peer advisors

who are trained to identify and offer referrals for disordered eating.

5 Athletic department services

to prevent, screen for and refer student athletes with eating disturbances, especially in high eating disorder risk sports.

6 Informational resources for students

including articles, web sites, pamphlets and library collections specifically on eating disorders

Survey Highlights

WHAT WE LEARNED

Note: Respondents of the survey were campus staff implementing mental health services, providing eating disorders information and facilitating eating disorders outreach and prevention programming.

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Overall, survey results indicate that greater funding and resources are needed to educate, screen, refer and treat college students who struggle with eating disorders or disordered eating issues.

Educational information was among the most commonly cited resources available, and was evaluated to be very/extremely important, with web-based or health service options the most important.

The survey found that informational pamphlets, websites, were most frequently cited as daily, year round resources available (80–85% offer such resources), and evaluated as extremely important. 97.9% said web-based information is somewhat (22.9%) or very/extremely (75%) important, and 96.1% stated pamphlets and brochure in the health or counseling services office is important (68.6% said very/extremely important, 27.5% said somewhat important). Library collections were pretty evenly split between “not important” (30.5%), “somewhat important” (35.6%) and “very/extremely important” (33.9%), indicating library-based resources are seen as less critical than web-based or health services-based options.

Screenings for eating disorders on campus are seriously lacking.

Screenings for eating disorders can be a critical component of identifying those struggling and intervening early, which improves treatment prognosis. 87% of respondents said it is important to offer, yet only 22.4% of those surveyed offer year-round screening opportunities and less than half (45.2%) offer screenings once per year/semester (19 people) or monthly/weekly/daily (33 people). Lack of screenings potentially contributes to students struggling going undetected and untreated.

Overall, there is an unmet need for individuals on campus who are in a position to identify and refer students to help to be better educated/trained. For example:

- 90.7% of respondents thought training opportunities for fitness instructors and dieticians was important (74.6% said very/extremely important, 16.1% said somewhat important), but only 22% said their campus offers such opportunities.

- Only 34% stated their campus has a peer advisor to refer students, and of those who do have such an advisor, 93.3% stated the advisor is very/extremely (73.3%) or somewhat (20%) important.
- While 91.3% of respondents said eating disorder training for Resident Advisors is important (67.8% said very/extremely important, 23.5% said somewhat important), only 57% of respondents said they offer such training at least once per year/semester (51 people) or monthly/weekly/daily (14 people).
- 49.6% of respondents said they either didn't know (28 people) of any Residence Life Programs or they aren't offered (28 people), but, overall 91.1% of respondents believe it is important (68.1% said very/extremely important, 23% said somewhat important), indicating an unmet need.

Therapy and counseling for students are offered by the majority of respondents, however there is still a gap between how important campus providers consider these resources, and availability.

68.6% of respondents said they have monthly/weekly/daily availability of an on staff counselor/psychologist/psychiatrist with an eating disorder specialty, and of those, 96.3% stated it is very/extremely important.

77.8% of respondents said psychotherapy (with a specialization in eating disorders) was available monthly/weekly/daily on their campus, and of those who offer it, 95.6% stated it is very/extremely impor-

tant. Not a single respondent stated that psychotherapy is not important.

Only 43.2% of campuses offer therapy group for student dealing with body image or eating disorder issues, yet 100% of respondents who said therapy groups are offered stated they are somewhat (20%) or very/extremely (80%) important. And, 97.2% of those who have monthly, weekly or daily therapy groups say it is very/extremely important.

Overall, 92.4% of respondents stated an on staff nutritionist with a specialty in eating disorders is very/extremely (79%) or somewhat (13.4%) important. Yet only 47.9% have one on a monthly/weekly/daily basis, indicating an unmet need for about half of campuses. Of the 56 whose campus offers a specialist on a monthly/weekly/daily basis, 100% stated it is very/extremely important.

Annual or bi-annual education and prevention efforts take place on most of campuses surveyed, but very few offer programs on a monthly or weekly basis.

Education and prevention programming takes place annually during National Eating Disorders Awareness Week on 65.6% of campuses, and nearly half (46.9%) reported having programs/workshops about eating disorders and body image issues at least once per semester. But, only 17.9% offer monthly or weekly ongoing programs and workshops.

Nearly all—94%—of campus program/service providers overall believe that such programming is important, indicating

an increased need for campus staff or student leaders implementing such programs. NEDA's own outcomes data on the impact of NEDAwareness Week efforts indicates a strong positive correlation between increased awareness and education, and individuals reaching out for support and treatment referrals, pointing to potential importance of sustained education of the student body in directing those struggling to help. Additional research (Tillman et al., 2012) found that students who attend an event are much more likely to be educated about available resources.

Education and prevention efforts within the Greek system were reported to be very/extremely important, but not very frequently offered. Of the **35.3%** who said their school has Greek-sponsored programs about eating disorders once per year/semester, **95.3%** stated it is important.

Programs designed to educate student athletes in high-risk sports are very much lacking. Screenings for athletes are also critically lacking.

Research indicates high-level athletes, and particularly those competing in certain sports, are at a higher risk for the development of an eating disorder.

Only **22%** of those surveyed indicated that their school offers screening and referrals by the collegiate athletic department and an alarmingly low percentage—only **2.5%**—have year-round prevention and education programs for athletes in high-risk sports such as gymnastics, wrestling, and

swimming. Only **22%** of respondents stated their school offers such programs for athletes once per year/semester (**21 people**) or monthly/weekly/daily (5 people), but **100%** of those respondents stated they are very/extremely or somewhat important.

Overall **91.6%** of respondents stated screening and referral programs by the athletic department is very/extremely (**70.6%**) or somewhat (**21%**) important, yet only **26%** stated their school offers such screenings/referrals once per year/semester (**15 people**) or monthly/weekly/daily (**16 people**).

Of those who do offer screening and referrals through the athletic department, **100%** believe it is very/extremely or somewhat important.

Education campaigns are believed to be the most successful of the programs/services offered, but outcomes data is largely unavailable for the range of programs and services included in the survey.

Respondents mostly cited education campaigns (**46%**), followed by counseling resources (**35%**) as the programs and services that are successful, but very few respondents (only **11%**) could point to actual evaluation outcomes as the basis for their response.

The low percentage of programs evaluated (**16.5%** were aware of any programs that had been evaluated, and of those only **11%** knew the results) indicates a need for more systematic and comprehensive evaluation of the impact of eating disorder services, resources, awareness outreach,

prevention and early detection efforts. Though the number of respondents aware of whether a program had success outcomes was very low, the outcomes results reported did indicate that they are having a positive impact with respect to their stated goals.

Evidence that education and outreach efforts have a positive impact on resource awareness and help-seeking behavior: NEDA's program outcomes data show a sharp spike in help-seeking behavior—in the form of calls/emails to our Helpline, requests for support and guidance from a NEDA Navigator and information-seeking on our website—during the timeframe of National Eating Disorders Awareness. Additional research by Tillman et al. (2012) reported that students who attended one-time intervention programs knew more about available on-campus resources for students experiencing body image issues and eating disorders than students who did not attend programming.

The findings suggest that students who attended one-time intervention programs for NEDAwareness Week had higher levels of factual knowledge of available campus resources for body image issues and eating disordered behaviors than students who did not attend campus programming for NEDAwareness Week.

Lack of resources is the biggest barrier to implementation identified, and service/program evaluations are needed to determine the best use of limited campus resources to identify and help students struggling.

When asked what challenges institutions face in providing eating disorder services, **85%** identified lack of resources as their greatest challenge, most frequently citing:

- **Limited funding**
- **Lack of staff/no eating disorder specialist**
- **Lack of time**
- **Stigma preventing outreach involvement and student use of services provided**

Increased program and service evaluations would aid campus staff in determining how to make the best use of the resources they have available and plan for future programming needs. Increased funding for the resources identified as most critical would help to close the gaps in importance-frequency disparities.

NEDA programs and services are currently supporting the needs of campuses, but we can improve by developing more population-specific resources. And we are working hard to do just that.

When asked what NEDA could do to support efforts to provide the best services and resources to their student body, responses fell into three main categories:

- Continue current work providing a Helpline, treatment referrals, and eating disorder information.
- Continue current work providing NEDA Awareness Week materials.
- Offer more resources specific to populations, such as:
 - **Men**
 - **Specific racial and ethnic groups**
 - **College students**

◦ **Athletes**

To find out how NEDA is addressing the needs identified by survey respondents, visit the Collegiate Survey Project homepage on NEDA's website, www.myneda.org.

College and university staff believe eating disorder-related programs and services are important, and want to learn from one another.

Every program/service listed in the survey was rated (overall rating of each was determined by the average importance rating) according to perceived importance. None of the options provided received a rating of "not very important" or "not at all important," with the exception of the "other" category (participants wrote in services/programs not listed and provided a corresponding importance rating). Of most critical importance (receiving a "very" or "extremely important" rating) were those programs and services focused on treatment provision—on-staff eating disorder specialists (therapist and nutritionist), availability of one-on-one and group therapy and support groups—followed very closely by programming for preventions, education and screening. While these resources were also more frequently offered, there is still an unmet need.

In an effort to improve eating disorder-related services, respondents indicated they would like to learn the following from professionals at other colleges and universities:

- **How they are funding their services and programs**

- **Which of their services and programs have been shown to be effective**
- **What eating disorder and body image trends they are noticing on their campus**
- **How campuses can better work with off-campus community resources to address students' needs**
- **Ways to implement effective cross-campus protocol when any faculty is worried about a student.**

If you are a staff member or service provider in a college setting and willing to share information related to any of the categories identified above with colleagues, or would like to request that NEDA put you in contact with other participating campus colleagues, visit the College Survey Project homepage of the NEDA website, www.myneda.org.

The most frequently offered services (offered daily in 60% or more of the colleges) and the services cited as most important:

MOST FREQUENTLY OFFERED	RANKED MOST IMPORTANT
<ul style="list-style-type: none"> • On staff counselor/psychologist/ psychiatrist with a specialty in eating disorders and body image issues • Individual psychotherapy to address eating disorders and body image issues • Pamphlets or information sheets available in health or counseling center • Web sites with information on eating disorders 	<ul style="list-style-type: none"> • On staff counselor/psychologist/psychiatrist with a specialty in eating disorders and body image issues • Individual psychotherapy to address eating disorders and body image issues • On Staff nutritionist with eating disorders specialty • Therapy groups for students with eating disorder

Correlation between importance rating and frequency offered, organized by program/service category (based on cross-tabulation between frequency and importance variables, performed by Cornell University's Statistical Consulting Unit).

After controlling for duplicate answers from representatives of the same institution, the following were rated by 115-119 respondents:

NEDAwareness Week Activities (119 respondents)

- Overall, **73%** of colleges surveyed offer NEDAwareness Week activities, and **94.1%** of all respondents stated it is somewhat (**36.1%**) or very/extremely (**58%**) important. Only **5.9%** stated that NEDAwareness Week is not important.
- The p-value of the chi-squared test is .006, indicating that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Therapy Groups (118 respondents)

- Only **43.2%** of campuses offer therapy

group, yet **100%** of respondents who said therapy groups are offered at least once per year/semester stated therapy groups for students are somewhat (**20%**) or very/extremely (**80%**) important.

- **97.2%** of those who have monthly, weekly or daily therapy groups say it is very/extremely important.
- Of the **44.9%** who stated therapy groups are not offered, **75%** stated they are very/extremely or somewhat important.
- P-value of .002 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Body Image or Making Peace with Food groups for Students (117 respondents)

- Only **17%** knew of monthly/weekly/daily groups, but **90%** of those respondents stated they are very/extremely important, indicating an unmet need at most of the institutions.
- **15%** of respondents didn't know and **44%** stated groups aren't offered, but **70.1%** of all respondents said they are very/extremely important.
- P-value of .204 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Programs/Workshops about Eating Disorders and Body Image (117 respondents)

- Overall, **74.4%** offer such programs once per semester/year (**69 respondents**) or monthly/weekly/daily (**18 respondents**), and of those, **94%** state such groups are very/extremely or somewhat important. Only **6%** stated they do not believe they are important.
- Of those who said groups are not offered (**16.2%** of respondents), **78.9%** believe they are very/extremely important, indicating a need for programming on campuses currently lacking such resources.
- P-value of .001 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

On-Staff Counselor/Psychologist/Psychiatrist with a Specialization in Eating Disorders (118 respondents)

- **68.6%** of respondents have monthly/weekly/daily availability of an eating disorder specialist, and of those, **96.3%** stated it is very/extremely important.
- Overall, **94.9%** of respondents stated a mental health professional with an eating disorder specialty is somewhat (**7.6%**) or very/extremely (**87.3%**) important.
- Of those who don't offer a specialist (**25 respondents**), **84%** state it is somewhat or very/extremely important.
- P-value of .001 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Individual Psychotherapy for Eating Disorder Issues (117 respondents)

- **77.8%** of respondents knew psychotherapy is available monthly/weekly/daily on their campus, and **95.6%** of them say it is very/extremely important. No respondents stated that it is not important.
- Overall, respondents believe individual psychotherapy is important, with **89.7%** of respondents stating it is very/extremely important, regardless of whether it is offered on their campus.
- P-value of .000 strongly indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Articles in Newsletter, Magazine or Web for Alumni (119 respondents)

- Overall, information to alumni was not rated nearly as important as other resources. **27.7%** of respondents stated information available to alumni is not important,

44.5% stated it is somewhat important and only **27.7%** stated it is very/extremely important.

- Of those who said it is not offered, only **14.3%** believe it is very/extremely important.
- P-value of .139 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Website on Campus Servers for Current Students (119 respondents)

- **80.7%** of respondents stated that their campus offers monthly/weekly/daily availability of eating disorder-related web content, and **97.9%** of them said it is somewhat (**22.9%**) or very/extremely (**75%**) important.
- Overall, **93.5%** respondents believe web content for eating disorder information is very/extremely (**70.6%**) or somewhat important (**22.9%**).
- The p-value of .006 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Pamphlets or Information in Health or Counseling Center (119 respondents)

- **85.7%** of respondents say information is available on a monthly/weekly/daily basis, and **96.1%** of those people stated such information is important (**68.6%** said very/extremely important, **27.5%** said somewhat important).
- P-value of .008 indicates that we can reject the hypothesis that the importance variable is independent from the

frequency variable.

On-Staff Nutritionist with Eating Disorder Specialization (119 respondents)

- Overall, **92.4%** of respondents stated it is very/extremely (**79%**) or somewhat (**13.4%**) important. Yet only **47.9%** have an on-staff nutritionist with an eating disorder specialization on a monthly/weekly/daily (**56 respondents**) basis or once per year/semester (**1 respondent**), indicating an unmet need for about half of campuses.
- Of the 56 whose campus offers a specialist on a monthly/weekly/daily basis, **100%** stated it is very/extremely important.
- Of the **42%** who said a nutritionist with a specialization is not offered, **88%** said having one is very/extremely (**62%**) or somewhat (**26%**) important.
- P-value of .000 strongly indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Eating Disorder Education Coordinator (118 respondents)

- **62.7%** of respondents said that their institution does not have an eating disorders education coordinator, though **68.9%** of those respondents believe it is somewhat (**27%**) or very/extremely (**41.9%**) important.
- Only **23 respondents** said they have an education coordinator on a monthly/weekly/daily basis, but **100%** of those respondents stated that it is important on their campus (**78.3%** said very/ex-

tremely important, **21.7%** said somewhat important).

- Overall, **75.5%** of respondents stated an education coordinator is very/extremely or somewhat important, but only **22.9%** said that their campus has one, indicating an unmet need.
- The p-value of .003 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Campus-Wide Opportunities for Eating Disorder Screenings (115 respondents)

- **54.8%** of respondents either weren't aware of any eating disorder screenings on campus (**19 people**) or stated it is not offered (**44 people**). Of those who said it isn't offered, **88.8%** believe it is important, indicating an unmet need.
- Overall, **87%** of respondents believe screening is important (**62.6%** very/extremely important, **24.3%** somewhat important), but less than half (**45.2%**) offer screenings once per year/semester (**19 people**) or monthly/weekly/daily (**33 people**).
- The p-value of .131 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Residence Life Programs for First Year Students (113 respondents)

- **49.6%** of respondents said they either didn't know (**28 people**) of any Residence Life Programs or they aren't offered (**28 people**), but, overall **91.1%** of respondents believe it is important (**68.1%** said

very/extremely important, **23%** said somewhat important), indicating an unmet need.

- The p-value of .240 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Residence Life Programs for Training Resident Advisors (RAs) and Community (115 respondents)

- While **91.3%** of respondents said eating disorder training for RAs is important (**67.8%** said very/extremely important, **23.5%** said somewhat important), only **57%** of respondents said they offer such training at least once per year/semester (**51 people**) or monthly/weekly/daily (**14 people**).
- The p-value of .003 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Peer Advisors to Identify and Refer those with Disordered Eating or Eating Disorders (116 respondents)

- Overall, **82.8%** of respondents believe a peer advisor trained to refer students is important, but only **34%** stated their campus has such an advisor, indicating an unmet need.
- Of those who do have such an advisor, **93.3%** stated the advisor is very/extremely (**73.3%**) or somewhat (**20%**) important.
- **66.4%** of respondents stated they either don't know if a peer advisor is offered (**27 people**) or know it is not offered (**50 people**).
- The p-value of .199 indicates that we

cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Eating Disorder Academic Courses, for Credit, Offered in Psychology, Public Health or Women's Studies (117 respondents)

- Overall, **82.9%** of respondents say that academic courses about eating disorders are important, yet only **22%** said their school offers such courses. Of those who offer a course monthly/weekly/daily, **100%** said it is important (**80%** said very/extremely important, **20%** said somewhat important).
- The p-value of .478 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Faculty-led Research on Eating Disorders (114 respondents)

- **41%** of respondents said they don't know if their school is undertaking any faculty-led research on eating disorders, but **74%** of those respondents believe eating disorder research at their school is important.
- Only **39%** said their campus offers such research opportunities, but **93.1%** believe it is important (**79.3%** said very/extremely important, **13.8%** said somewhat important).
- The p-value of .015 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Awareness Programs Sponsored and Conducted by Greek Council/System (119 respondents)

- Of the **35.3%** who said their school has Greek-sponsored programs about eating disorders once per year/semester, **95.3%** stated it is important (**78.6%** said very/extremely important, **16.7%** said somewhat important), and of those who offer such programs monthly/weekly/daily, **100%** stated it is very/extremely important.
- For those who didn't know if programs are offered (**30.3%**), **77.8%** believe it is important (**63.9%** said very/extremely important, **13.9%** said somewhat important).
- The p-value of .001 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable.

Athletic Department Eating Disorder Screening and Referral Programs

- Overall **91.6%** of respondents stated screening and referral programs by the athletic department is very/extremely (**70.6%**) or somewhat (**21%**) important, yet only **26%** stated their school offers such screenings/referrals once per year/semester (**15 people**) or monthly/weekly/daily (**16 people**).
- Of those who do offer screening and referrals through the athletic department, **100%** believe it is very/extremely or somewhat important.
- The p-value of .128 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Prevention/Education Programs for Athletes in High-Risk Sports (119 respondents)

- Only **22%** of respondents stated their school offers such programs for athletes once per year/semester (**21 people**) or monthly/weekly/daily (**5 people**), but **100%** of those respondents stated they are very/extremely or somewhat important.
- **33%** of respondents said such programs are not offered, but **81.1%** of them believe it is important. **45%** didn't know if such program exist on their campus, but **87.8%** of those respondents believe they are important.
- The p-value of .288 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Coursework or Special Training Opportunities for Dieticians, Fitness Instructors, etc., to Identify and Refer People with Warning Signs (118 respondents)

- Overall, **90.7%** of respondents thought such opportunities are important (**74.6%** said very/extremely important, **16.1%** said somewhat important), but only **22%** said their campus offers such opportunities.
- The p-value of .143 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Articles in School Newspaper about Nature, Treatment and Prevention of Eating Disorders (119 respondents)

- Of the 119 respondents, most (**61%**) have an article at least once per year/semester (69) or monthly/weekly/daily (4). Overall, **87.4%** believe having an article in the school newspaper is important (**50.4%** said very/extremely important, **37%** said somewhat important).
- Of those who offer an article at least monthly/weekly/daily, **100%** believe it is important.
- The p-value of .249 indicates that we cannot reject the hypothesis that the importance variable is independent from the frequency variable.

Special Sections of, or Collections in, Library on Campus (118 respondents)

- Overall, importance of library collections was pretty evenly split between "not important" (**30.5%**), "somewhat important" (**35.6%**) and "very/extremely important" (**33.9%**).
- Of the **16 respondents** who said special sections of their library are not offered, **56.2%** said it is not important, while among those who offer one on a monthly/weekly/daily basis **87.9%** said it is important.
- The p-value of .002 indicates that we can reject the hypothesis that the importance variable is independent from the frequency variable ❖

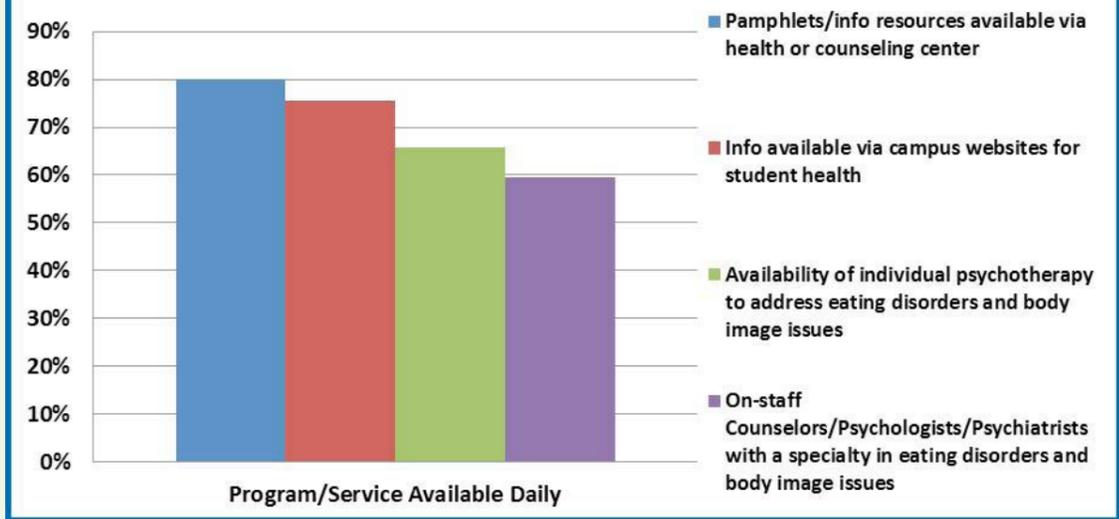
Full Study Results

Part 1: Programs and Resources available to students: Frequency & Providers

1. Participants were asked to report on the frequency of programs and activities on their campus.

		Daily/Year Round	Weekly	Monthly	Once per semester	Once per year	Not offered	Don't Know	# Responded
Informational Resources	Pamphlets or information sheets available to anyone who visits health or counseling center	80%	2%	0%	0%	1%	9%	7%	163
	Web sites on campus servers (e.g., for health and counseling center)	75%	1%	1%	2%	1%	12%	8%	163
	Articles in magazines, newsletters, or website for alumni	7%	1%	4%	6%	9%	35%	39%	163
	Special sections of, or collections in, a library on campus	25%	0%	0%	0%	4%	14%	57%	162
	Nature/Treatment of Eating Disorders	0%	0%	2%	15%	31%	28%	24%	163
Campus Events, Programs & Workshops	Programs/workshops about eating disorders and body image issues	4%	2%	12%	29%	24%	18%	11%	162
	Body image or "making peace with food" groups for students	3%	14%	2%	14%	6%	45%	16%	161
	Campus-wide opportunities for eating disorder screening evaluations	22%	1%	1%	3%	16%	40%	17%	161
	Awareness programs sponsored and perhaps conducted by Greek Council, e.g., for sororities	2%	1%	2%	17%	21%	28%	28%	163
	NEDAwareness Week events/activities	1%	0%	1%	6%	58%	28%	7%	163
Therapy/Counseling Services	Therapy groups for students with eating disorders	6%	24%	3%	9%	4%	41%	14%	162
	On staff nutritionist with eating disorders specialty	34%	9%	2%	1%	0%	43%	12%	161
	Individual psychotherapy to address eating disorders and body image issues	66%	7%	1%	1%	1%	17%	7%	161
	On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues	60%	4%	2%	1%	2%	22%	9%	161
Academic classes/Programs	Faculty-led research in which undergraduate and graduate students participate as collaborators or research assistants	18%	4%	2%	4%	5%	24%	43%	160
	Eating Disorders academic courses, for credit, offered in psychology, public health, women's studies, etc.	4%	1%	1%	10%	8%	37%	39%	163
	Eating disorders Education Coordinator	18%	0%	1%	1%	2%	59%	18%	163
Residence Life/Peer advisor Programs	Peer advisors to identify and refer disordered eating	18%	3%	4%	2%	4%	44%	26%	160
	Residence life programs for first-year students	13%	1%	2%	15%	16%	26%	27%	159
	Residence life programs for training Resident Advisors and Community	6%	1%	3%	18%	26%	20%	26%	160
Athlete Services	Prevention/education programs for athletes in high-risk endeavors such as gymnastics, wrestling, rowing, synchronized swimming, etc.	2%	1%	1%	7%	12%	35%	43%	162
	Athletic Department screening and referral programs conducted by, sports medicine, sports psychologists, and/or athletic trainers	12%	0%	1%	4%	10%	27%	47%	163

Most Frequently Cited: Daily Availability



“Other” Free Response

38 participants listed other programs or services they offered including:

Specific Program/Curriculum

- Reflections Prevention Program—developed by Carolyn Becker, PhD
- The Body Project—developed by Eric Stice, PhD
- Body IQ Program
- Full of Ourselves prevention curriculum for elementary students
- Love Your Body day
- “Speak Out” event
- Newcope: an anonymous and confidential peer counseling program

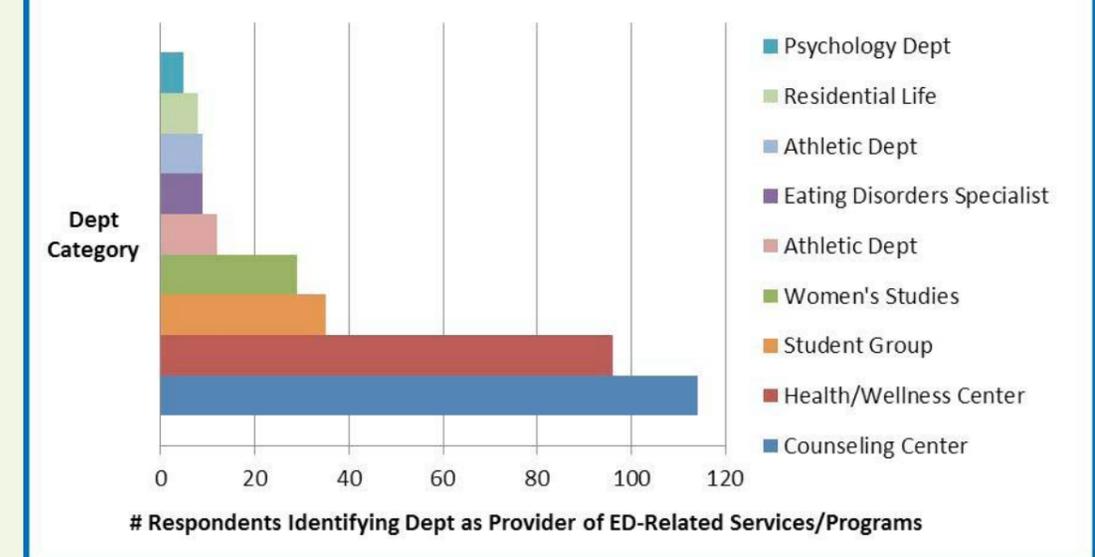
Resources and Education Outreach

- Hosting nationally recognized speakers, including authors, celebrities
- Drop-in center
- Multidisciplinary treatment team and regular consultations
- Training for graduate student psychology interns
- Active Minds participation (student group with chapters on hundreds of campuses to address mental health issues)
- Student-led outreach programs

2. Service Providers or Departments Implementing Programs and Services
 Participants were asked to specify the service providers of the programs offered. Overwhelmingly, the respondents cited the Counseling Center and the Student Health/Wellness Center.

144 (87.8%) responded:

Departments Implementing Eating Disorder-Related Programs & Services



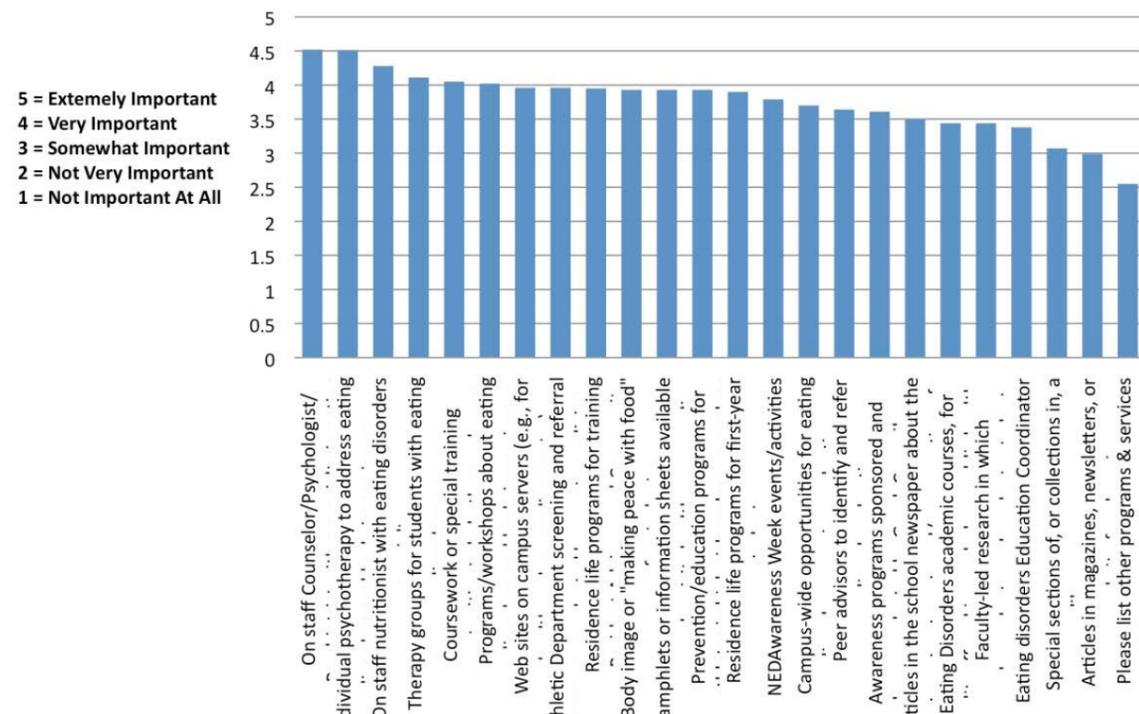
Part II: Programs and Resources Available to Students: Importance

1. Participants were asked to indicate the importance of the following programs and activities to their student body.

	5 Extremely	4 Very	3 Somewhat	2 Not Very Important	1 Not Important At All	Rating Aver- age	Response Count
On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues	69.30%	19.70%	6.60%	2.20%	2.20%	4.52	137
Individual psychotherapy to address eating disorders and body image issues	70.10%	18.20%	6.60%	2.90%	2.20%	4.51	137
On staff nutritionist with eating disorders specialty	58.70%	22.50%	12.30%	1.40%	5.10%	4.28	138
Therapy groups for students with eating disorders	45.90%	31.10%	14.10%	5.90%	3.00%	4.11	135
Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating	39.70%	36.80%	15.40%	5.10%	2.90%	4.05	136
Programs/workshops about eating disorders and body image issues	33.80%	41.90%	19.10%	2.90%	2.20%	4.02	136
Web sites on campus servers (e.g., for health and counseling center)	35.80%	35.80%	21.90%	2.20%	4.40%	3.96	137
Athletic Department screening and referral programs conducted by, sports medicine, sports psychologists, and/or athletic trainers	38.70%	32.80%	21.20%	0.70%	6.60%	3.96	137
Residence life programs for training Resident Advisors and Community	34.60%	37.50%	20.60%	2.90%	4.40%	3.95	136
Body image or "making peace with food" groups for students	35.00%	35.80%	19.70%	5.80%	3.60%	3.93	137

	5 Extremely	4 Very	3 Somewhat	2 Not Very Important	1 Not Important At All	Rating Aver- age	Response Count
Pamphlets or information sheets available to anyone who visits health or counseling center	33.60%	33.60%	26.30%	5.10%	1.50%	3.93	137
Prevention/education programs for athletes in high-risk endeavors such as gymnastics, wrestling, rowing, synchronized swimming, etc.	39.40%	31.40%	19.00%	2.90%	7.30%	3.93	137
Residence life programs for first-year students	31.10%	40.70%	20.00%	3.00%	5.20%	3.9	135
NEDAwareness Week events/activities	26.30%	34.30%	34.30%	2.20%	2.90%	3.79	137
Campus-wide opportunities for eating disorder screening evaluations	24.40%	38.50%	25.20%	6.70%	5.20%	3.7	135
Peer advisors to identify and refer disordered eating	25.00%	34.60%	25.70%	8.80%	5.90%	3.64	136
Awareness programs sponsored and perhaps conducted by Greek Council, e.g., for sororities	28.50%	35.80%	16.80%	5.80%	13.10%	3.61	137
Articles in the school newspaper about the nature, treatment, and/or prevention of eating disorders	15.30%	37.20%	35.80%	5.80%	5.80%	3.5	137
Eating Disorders academic courses, for credit, offered in psychology public health, women's studies, etc.	20.00%	27.40%	36.30%	9.60%	6.70%	3.44	135
Faculty-led research in which undergraduate and graduate students participate as collaborators or research assistants	19.30%	33.30%	25.90%	14.80%	6.70%	3.44	135
Eating disorders Education Coordinator	23.50%	21.30%	33.10%	13.20%	8.80	3.38	136
Special sections of, or collections in, a library on campus	13.90%	19.70%	35.80%	20.40%	10.20%	3.07	137
Articles in magazines, newsletters, or website for alumni	8.00%	20.40%	44.50%	16.80%	10.20%	2.99	137

Average Rating: Evaluation of Importance of Program/Service On Campus



“Other” (free responses, coded):

What other programs or services do you think are important to your student body?

- Wellness activities
- Body Image and Health Task Force
- Other college clubs and organizations that help w/ NEDAwareness Week
- Groups to improve body image
- Programming for men
- Health professionals who can work as part of a multi-disciplinary team
- Drop-in center
- National speakers
- Case managers or ED care coordination

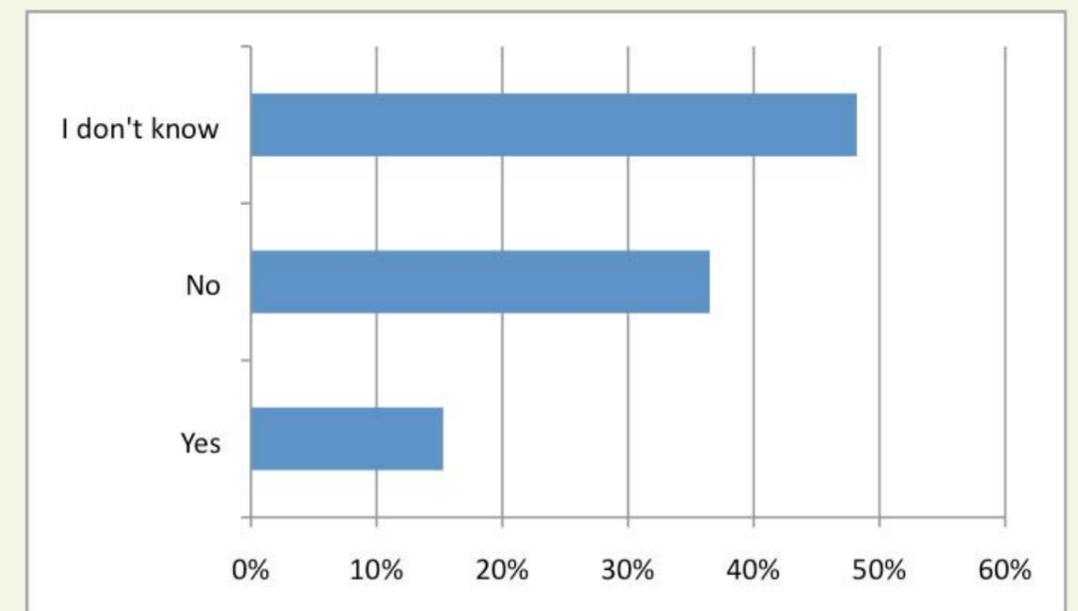
Part III: Programs and Services Evaluation

1. Participants were asked which of the programs on their campus they felt had been very successful. 106, (65%) of participants responded.

Free responses fell into the following categories:

# of Respondents Indicating Program/Service was Successful	Program/Service Cited
58	National Eating Disorders Awareness Week
30	Individual Counseling
25	Eating Disorder Treatment specialists
22	Student Groups
17	Support Group for eating disorders
12	None
10	Screenings for eating disorders

2. Participants were asked if any programs, to their knowledge, have been evaluated. The chart below indicates that very few respondents are aware of evaluations, or they have not been evaluated. Only 15.3% indicated they knew of any programs that had been evaluated.



3. Participants were asked to indicate which of the programs or services on their campus have been evaluated if they answered “Yes” to knowledge of evaluations. The low response count (only 47, or 29%) in the table below is indicative of the need for increased evaluation of effectiveness of eating disorder–related programs and services for a demographic in which there are rising needs.

Program/Service	Percent Indicating Evaluation Has Been Conducted	Response Count
NEDAwareness Week events/activities	25.5%	12
Programs/workshops about eating disorders and body image issues	25.5%	12
Individual psychotherapy to address eating disorders and body image issues	25.5%	12
On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues	23.4%	11
Residence life programs for training Resident Advisors and Community	19.1%	9
Therapy groups for students with eating disorders	14.9%	7
Pamphlets or information sheets available to anyone who visits health or counseling center	10.6%	5
On staff nutritionist with eating disorders specialty	10.6%	5
Residence life programs for first–year students	10.6%	5
Web sites on campus servers (e.g., for health and counseling center)	8.5%	4
Awareness programs sponsored and perhaps conducted by Greek Council, e.g., for sororities	8.5%	4
Body image or “making peace with food” groups for students	6.4%	3
Campus–wide opportunities for eating disorder screening evaluations	4.3%	2
Peer advisors to identify and refer disordered eating	4.3%	2
Faculty–led research in which undergraduate and graduate students participate as collaborators or research assistants	4.3%	2
Articles in the school newspaper about the nature, treatment, and/or prevention of eating disorders	4.3%	2
Articles in magazines, newsletters, or website for alumni	2.1%	1
Eating Disorders academic courses, for credit, offered in psychology public health, women’s studies, etc.	2.1%	1
Special sections of, or collections in, a library on campus	2.1%	1
Eating disorders Education Coordinator	0.0%	0
Athletic Department screening and referral programs conducted by, sports medicine, sports psychologists, and/or athletic trainers	0.0%	0
Prevention/education programs for athletes in high–risk endeavors such as gymnastics, wrestling, rowing, synchronized swimming, etc.	0.0%	0
Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating	0.0%	0

4. For the programs/services they indicated above, participants were asked how they were evaluated (free response, coded). 16.5%, or 27 people, responded.

- 62% indicated by survey
- 12% indicated evaluation by successful distribution of the resources
- 12% indicated measurement of attendance to events
- 11% did not know
- 8% by peer review feedback

5. What were the results of the evaluations (free response, coded)? 16.5%, 27 answered. The percentages are representative of the responses from the 27 people who answered:

Results	Response Count (out of 27)	Percent
Positive	14	52%
TBD (in process)	2	7%
N/A	5	19%
Satisfactory	2	7%
Negative	2	7%
Other	2	7%

Part IV: Barriers and Campus Service Improvement Needs

All free response answers were coded into categories. Participants could write in multiple responses to each question.

1. Participants cited the following as the greatest challenges their institution faces in providing the best services for students with an eating disorder (72%, 118 answered):
 - Limited time and funding
 - Stigma preventing outreach and use of services provided
 - Lack of specialized professionals/Eating Disorder Treatment Team
 - Lack of student interest
2. Participants described what their institution has done to try to meet these challenges with the following (54%, 89 answered):
 - Increased awareness efforts
 - Increasing ED specialized staff through new hires and trainings for current staff
 - Referrals to off campus resources
 - Created treatment teams and multi–disciplinary collaboration
 - Fundraising
 - Nothing, or participant did not know

3. Participants describe an “ideal” college campus for students with eating disorders or recovering from an eating disorder, or at risk for developing an eating disorder as (72%, 118 answered):

- Having eating disorder specialists on campus
- Providing prevention education
- No stigma among students
- Having support groups
- Having more local eating disorders–specific treatment options
- Having more money
- A culture that did not glorify impossible standards of beauty, exemplified by the mass media

4. When asked if they would be interested in learning more about National Eating Disorders Awareness Week and NEDA educational materials (35%, 58 answered):

- 63% said they were already familiar with NEDA
- 38% said Yes
- 0.03% said No

5. When asked how NEDA can support their efforts to provide the best services and resources to their student body, respondents said (72%, 118 answered):

- Provide more resources on:
 - Diverse populations
 - College specific information
 - NEDAwareness Week how–to guides
 - Other college success stories
- Provide grants
- Provide NEDA speakers
- Continue current work

To find out what NEDA already offers, and how we are working to address the items identified here, visit the Collegiate Survey Project homepage on our website, www.myneda.org.

6. Participants also provided suggestions on what other questions we should be asking professionals at colleges and universities (29%, 48 answered). Responses fell into the following categories, stating that we should ask about:

- Efficiency of types of services provided
- Prevalence of eating disorders campus
- Costs of programs
- How campuses implement collaboration between departments
- Co–morbidity among students struggling with an eating disorder

Methodology

Subjects were recruited by contacting counseling and wellness centers staff on college campuses and asking for a staff member to complete the survey about eating disorders–related services and programs provided. Of 529 colleges and universities that were contacted, 163 responded to the survey, a response rate of 31%. Subjects (staff members involved in providing eating disorders–related programs and services) were invited to participate via email through the National Eating Disorders Association, and encouraged to pass the invitation to colleagues at other institutions or departments. Each subject was asked to complete a brief survey on surveymonkey.com that took approximately 15 to 30 minutes to complete. The survey was created by the Principal Investigator with the help of a subcommittee of specialists in the field of eating disorders research and treatment practice. Participants were able to indicate if they would like to receive the results of this study. In addition, participants were asked if their programs could be publicly listed by NEDA in a database of colleges that offer eating disorder and body image–related programs and services. Respondents were also asked if they could be contacted by program/service staff on other campuses who are interested in learning more about their programs. Both were voluntary components and consent was indicated by respondents who chose to include this information and permission. Requests for contact information of those listed in the college services database will only be granted if the respondent at the school in question gave permission.

By signing the consent form and filling out the survey, participants gave consent for NEDA to include their data in this research. This information was separated from the data when it was transferred into an SPSS database, thereby separating the contact information from the specific data collected from that individual. For all survey responses in which the participant did not identify themselves as a staff or other official representative of eating disorder–related programs/services, NEDA contacted a staff member for verification of accuracy of information as a requisite for inclusion in the resulting publication. All data was originally collected in December of 2010, and data was verified as still accurate in 2012 for the release of this publication. All free response data was coded and the frequency and importance of services cross–tabulation data was performed by the Cornell University Statistical Consulting Unit.

LIMITATIONS OF STUDY

As this study's data includes only responses from those colleges that chose to participate, the data cannot be said to be representative of college campuses generally. There are schools providing services and programs not listed in the resulting database publication, and information about eating disorder-related programs and services on their campus could not be included in the data collected.

Data was collected via email thereby eliminating direct interaction with subjects. The lead investigator has completed the Human Subject Training exam through NIH.

IRB approval was granted on **6/9/2010** from
PACE UNIVERSITY INSTITUTIONAL REVIEW BOARD

Conclusion

Based on the survey responses we collected the study was launched in response to the volume of requests found that counseling and therapy services were reported to have the **highest importance** and are offered with the **most frequency**, yet there is still a significant gap in perceived need and available counseling or nutritional services by staff specializing in eating disorders. There is a large unmet need for screenings and counseling services for athletes, and eating disorder screenings for the general student population are evaluated to be **very important**, but **infrequently available**. While colleges are mostly meeting the need of educational materials about eating disorders in college health service settings (online or in office), campuses identified that they need to improve or expand training for personnel and student leaders on campus to educate, detect a problem and refer students to appropriate help.

Given the success at meeting students' needs, the greatest challenges respondents cited were limited time and funding for programs or trained staff specializing in eating disorders. Respondents also cited stigma preventing attendance to outreach events and student use of services, and lack of student interest in programming. Campuses believe that overall, programs and services addressing eating disorders are very important, and with increased funding and staff time dedicated, awareness, prevention and treatment options could better meet the needs of the student population ❖

JOIN THE FIGHT AGAINST EATING DISORDERS

In October 2010, NEDA released the findings from our national survey, conducted by American Viewpoint, a nationally recognized public opinion research company. The survey showed an increase in public awareness of eating disorders and a breakthrough in how eating disorders are viewed. Out of a sample of one thousand adults in the U.S. **82%** of respondents believe that eating disorders are a physical or mental illness and should be treated as such, with just **12%** believing they are related to vanity. **95%** of the respondents today would tell someone and seek help if they struggled with the disorder, or would encourage others to get help. **86%** favor schools providing information about eating disorders to students and parents.

The National Eating Disorders Association has many programs designed to fulfill a public need for education, support and access to treatment for eating disorders. There are many ways to get involved with these programs by volunteering and using the resources NEDA has to offer.

OUTREACH AND ADVOCACY PROGRAMS

National Eating Disorders Awareness Week is the largest eating disorders outreach effort in the nation. It is a collective effort of volunteers, including eating disorder professionals, health care providers, students, educators, social workers, and individuals committed to raising awareness of the dangers surrounding eating disorders and the need for early intervention and treatment.

Solutions Through Advocacy and Reform, or **S.T.A.R. Program**, is a staff and volunteer led lobbying effort—at both the state and federal level—to fight for awareness, education, early intervention and prevention programs, funding for research, and improved access to treatment of eating disorders by speaking with legislators, mobilizing members, and forging alliances with other groups who share our vision.

Annual NEDA Conference brings together treatment professionals, researchers, and top experts in the field with students, educators, families and individuals affected to learn about current research, treatment, tools and strategies for supporting a loved one and sustaining recovery, as well as workshops designed to provide training on leading outreach efforts in their communities.

Media Watchdog program is an activist-driven effort to encourage responsible media messages surrounding weight, health, and body image issues and hold entertainment and advertising companies accountable for the impacts of their messages.

NEDA Walks are outreach and community building events that raise public awareness and funds to support NEDA's critical programs and services.

Proud2Bme.org is a new, interactive teen website that provides a safe community space to get the latest information and engage in discussions about everything from news and entertainment to fashion and beauty—all with the goal of promoting positive body image and healthy attitudes about food and weight.

SUPPORT PROGRAMS

In addition to leading advocacy and outreach efforts, NEDA offers programs to support individuals and their families through recovery.

National Toll-free Information and Referral Helpline: Volunteers are there to offer support and guidance with compassion and understanding.

Parent, Family & Friends Network: Publishes a quarterly newsletter, hosts live webinars on topics helpful for those supporting someone who is struggling, and offers a Loss Support Network for those who have lost a loved one to an eating disorder.

NEDA Navigators: Individuals who have experience, either personally or through supporting a loved one, navigating the overwhelming systems and emotions involved with seeking treatment for an eating disorder. Trained volunteers are available to help find treatment referrals, local support groups, resources tailored to one's needs and be a listening ear through the journey. This program is an outreach of the Parent, Family & Friends Network.



Appendix A

COLLEGES SURVEYED

- | | | |
|---|--|------------------------------------|
| Abilene Christian University | Indiana University | Texas Tech University |
| Adams State College | Iowa State University | The Ohio State University |
| Adelphi University | John Carroll University | The University of Akron |
| Agnes State College | Johns Hopkins University | The University of Kentucky |
| Alvernia University | Juniata College | Towson University |
| American University | Kansas State University | UC Berkeley |
| Appalachian State University | Kent State University | UC Santa Barbara |
| Arizona State University | Life University | UCLA |
| Augsburg College | Louisiana State University | UCSD |
| Austin College | Luther College | UMBC Shady Grove |
| Baylor University | Marquette University | University of Alaska Southeast |
| Bentley University | Medical University of South Carolina | University of Arizona |
| Bismarck State College | Michigan State University | University of Arkansas |
| Boston University | Monmouth University | University of Central Missouri |
| Bowdoin College | Montana State University | University of Colorado at Boulder |
| Bowling Green State University | Montclair State University | University of Florida |
| Brescia University | Muhlenberg College | University of Georgia |
| California State University | Murray State University | University of Hartford |
| Carnegie Mellon University | Nassau Community College | University of Illinois at Chicago |
| Case Western Reserve University | New York University | University of Iowa |
| Cedarville University | Niagara University | University of Kentucky |
| Christopher Newport | North Carolina Agricultural and Technical State University | University of Mary |
| Clarkson College | North Dakota State University | University of Mary Hardin-Baylor |
| Clayton State University | Northeastern University | University of Maryland |
| College of William and Mary | Northern Illinois University | University of Massachusetts |
| Columbia University – Teachers College | Ohio University | University of Michigan |
| Cornerstone University | Penn State University | University of Missouri–Kansas City |
| Creighton University | Portland State University | University of New Hampshire |
| Dartmouth College | Princeton University | University of North Alabama |
| Daytona State College | Purdue University | University of North Dakota |
| Drew University | Queens College | University of Northern Iowa |
| East Stroudsburg University | Rice University | University of Notre Dame |
| Elizabethtown College | Rowan University | University of Pittsburgh |
| Emory University | Saint Mary's College | University of St. Thomas |
| Evangel University | Salisbury University | University of Texas |
| Fairleigh Dickinson University | Salt Lake Community College | University of Texas at Austin |
| Framingham State University | San Diego State University | University of Texas at San Antonio |
| Furman University | Seattle Pacific University | University of Virginia |
| Gordon College | Seattle University | University of Wisconsin–Madison |
| Grove City College | Shippensburg University | Valley City State University |
| Gulf Coast Community College | Southeastern Louisiana University | Vanderbilt University |
| Harding University | Stanford University | Virginia Commonwealth University |
| Hartwick College | Stephen F. Austin State University | Virginia Tech |
| Houghton College | SUNY Oneonta | Washington State University |
| Hunter College | Temple University | Wayne State College |
| Illinois State University | Terra State Community College | West Chester University |
| Indiana Purdue University of Fort Wayne | Texas A & M University | Winona State University |
| | | York College of Pennsylvania |
| | | Youngstown State University |

Appendix B

DSM-IV-TR DIAGNOSTIC CRITERIA FOR EATING DISORDERS, APA

*Diagnostic and Statistical Manual of Mental Disorders
(4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000)*

Anorexia Nervosa

1. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less 85% of that expected; or failure to make expected weight gain during a period of growth, leading to body weight less than 85% of that expected).
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
4. In postmenarchial females, the absence of at least three consecutive menstrual cycles.

Sub-types:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e. self-induced vomiting or the misuse of laxatives, diuretics or enemas)

Binge-Eating/Purging Type: During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics or enemas)

Bulimia Nervosa

1. Recurrent episodes of binge eating characterized by BOTH of the following:
 - a. Eating in a discrete amount of time (within a 2 hour period), an amount that is definitely larger than most people would eat during a similar time period.
 - b. Sense of lack of control over eating during an episode.
2. Recurrent inappropriate compensatory behavior in order to prevent weight gain (self-induced vomiting, misuse of laxatives or diuretics, starvation, or compulsive exercising).
3. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.
4. Self-evaluation is unduly influenced by body shape and weight.
5. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Sub-types:

Purging type: during the current episode of bulimia nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Nonpurging type: during the current episode of bulimia nervosa, the person has used

other inappropriate compensatory behaviors, such as fasting, excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Eating Disorder Not Otherwise Specified

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.
2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.
4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).
5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
6. Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa.

Binge Eating Disorder

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
 2. A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- B. The binge-eating episodes are associated with three (or more) of the following:
 1. Eating much more rapidly than normal
 2. Eating until feeling uncomfortably full
 3. Eating large amounts of food when not feeling physically hungry
 4. Eating alone because of feeling embarrassed by how much one is eating
 5. Feeling disgusted with oneself, depressed, or very guilty afterwards
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for three months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.

Appendix C

SIGNS OF AN EATING DISORDER & HOW TO HELP A FRIEND

People struggling with disordered eating may exhibit some of the following signs and symptoms, depending on the type of eating disorder:

- Preoccupation with weight, food, calories, fat grams and dieting
- Frequent comments about feeling “fat” or overweight
- Dramatic weight loss or rapid fluctuations in weight
- Creating schedules or rituals to make time for binge sessions
- Dressing in layers or baggy clothes to hide weight loss or body shape
- Distorted view of body weight or shape
- Over-emphasis of weight or shape on self-evaluation
- Refusing to eat certain foods, or restricting whole categories of food (e.g. no fat, etc.)
- Complaints about constipation, abdominal pain, cold intolerance, lethargy or excess energy
- Growth of a fine, downy hair, called lanugo, on face, arms or legs
- Denying feeling hungry, skipping meals or taking small portions at meals
- Food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on plate)
- Cooking meals for others without eating any, or secretly binging on it later
- Consistently making excuses to avoid meals or situations involving food or concern about eating in public
- Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury; the need to “burn off” calories taken in
- Withdrawing from friends and becoming more isolated and secretive
- Loss of menstrual period in post-puberty females
- Feelings of being ineffective, need for control, inflexible thinking or overly restrained initiative and emotional expression
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers
- Stealing or hoarding food
- Periods of uncontrolled eating beyond the point of feeling comfortably full
- Engaging in sporadic fasting or repetitive dieting
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, packages of laxatives
- Drinks excessive amounts of water, or uses excessive amounts of mouthwash, mints and gum

- Shows unusual swelling of the cheeks or jaw area, has calluses on the back of the hands and knuckles from self-induced vomiting, teeth are discolored or stained, or looks bloated from fluid retention

How to Help a Friend

If you are worried about a friend’s eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of an eating disorder. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

What to Say—Step by Step

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from other distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend’s eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of the wills with your friend. If your friend refuses to acknowledge that there is a problem or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory “you” statements like, “You just need to eat.” Or, “You are acting irresponsibly.” Instead, use “I” statements. For example: “I’m concerned about you because you refuse to eat breakfast or lunch.” Or, “It makes me afraid to hear you vomiting.”

Avoid giving simple solutions. For example, “If you’d just stop, then everything would be fine!”

Express your continued support. Remind your friend that you care and want your friend to be healthy and happy.

After talking with your friend, if you are still concerned with their health and safety, find a trusted friend or medical professional to talk to. It could be helpful for you, as well as your friend, to discuss your concerns and seek assistance and support from a professional.

HOW TO BE SUPPORTIVE

LEARN as much as you can about eating disorders. Read books, articles, and brochures.

KNOW THE DIFFERENCES between facts and myths about weight, nutrition, and exercise. Knowing the facts will help you reason against any inaccurate ideas that your friend may be using as excuses to maintain their disordered eating patterns.

BE HONEST Talk openly and honestly about your concerns with the person who is struggling with eating or body image problems. Avoiding it or ignoring it won't help!

BE CARING, BUT BE FIRM Caring about your friend does not mean being manipulated by them. Your friend must be responsible for their actions and the consequences of those actions. Avoid making rules, promises, or expectations that you cannot or will not uphold. For example, "I promise not to tell anyone." Or, "If you do this one more time I'll never talk to you again."

COMPLIMENT your friend's wonderful personality, successes, or accomplishments. Remind your friend that "true beauty" is not simply skin deep.

BE A GOOD ROLE MODEL in regard to sensible eating, exercise, and self-acceptance.

TELL SOMEONE It may seem difficult to know when, if at all, to tell someone else about your concerns. Addressing body image or eating problems in their beginning stages offers your friend the best chance for working through these issues and becoming healthy again. Don't wait until the situation is so severe that your friend's life is in danger. Your friend needs as much support and understanding as possible.

Appendix D

RESOURCES FOR PARENTS

The National Eating Disorders Association has put together many resources for parents of a child with an eating disorder. To begin with we recommend that parents become educated about eating disorders, and learn the difference between facts and myths about the illness, weight, nutrition and exercise. NEDA has developed a parent toolkit which can be found on our website www.nationaleatingdisorders.org that offers a wealth of information on everything from diagnosis to treatment and insurance issues.

NEDA also offers a **Parent, Family & Friends Network** that helps connect family with support and resources. The network offers information through the quarterly Newsletter, webinars and Navigator Program to help parents feel less alone. The **NEDA Navigators** connect people and families in recovery with those who are struggling. Navigators provide local support and referrals as trained volunteers who have recovered from an eating disorder or helped a loved one recover.

NEDA has a national toll-free helpline, which offers immediate support and information from trained volunteers. The number is: **1-800-931-2237** and is open Mon-Fri 9-5 EST. The helpline also offers other resources that may not be available on our website. In addition, we offer a free, online database of eating disorder treatment providers across the country on our website, as well as guides on seeking treatment and questions to ask potential providers.

Recommended Dos and Don'ts

DO

- Educate yourself on eating disorders
- Learn the differences between facts and myths about weight, nutrition and exercise
- Ask what you can do to help
- Listen openly and reflectively
- Be patient and nonjudgmental
- Talk with the person in a kind way when you are calm and not angry, frustrated or upset
- Remind the person that he/she has people who care and support him/her
- Suggest professional help in a gentle way and offer to go along
- Compliment the person's personality successes and accomplishments
- Encourage treatment compliance
- Encourage social activities
- Remember: Recovery work is up to the affected person
- Understand that the person is not looking for attention or pity

DON'T

- Accuse or cause feelings of guilt
- Invade privacy and contact the patient's doctors or others behind his/her back
- Demand weight changes
- Make eating, food, clothes or appearance the focus of the conversation
- Make promises or rules you cannot follow
- Threaten (e.g. if you do this once more I'll...)
- Create guilt or place blame on the person
- Put timetables on recovery
- Take the person's actions personally
- Try to change the person's attitudes about eating or nag about food
- Try to control the person's life
- Use scare tactics to get the person into treatment, but do call 911 if you believe the person's condition is life-threatening



National Eating Disorders Association

Appendix E

QUESTIONNAIRE

Appendix F

CROSS TABULATION DATA

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