

I am in charge of community education and outreach for an eating disorder treatment program in the Minneapolis/St. Paul metro area. Nearly every day I get calls from local health teachers asking us to come speak to their health classes about eating disorders.

They ask us to come and speak for the same primary reason.

They are terrified of saying the wrong thing. They are unsure of how to even approach the topic.

And these are teachers that talk about lots of typically difficult topics like sex, drugs, sexually transmitted diseases, teenage pregnancy and the like. When it comes to eating disorders, they worry about what to say and how to say it.

They worry that they will inadvertently say something to trigger disordered eating in students. They worry that they wouldn't know what on earth to say to a student struggling with an eating disorder returning to school after treatment.

And at the same time, they wonder how the previous lectures highlighting the concerns about obesity are affecting students.

Looking out at their students, they feel the body image distress and disdain. They hear the said and unsaid pressures of adolescence. They see the concern about weight seeping out of the students. And they do not feel adequately equipped to effectively address the topic.

And that is just the health teachers. I haven't even mentioned the concerns of the coaches dealing with high performing athletes and wondering if "just a little weight loss will help them run faster".

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Or the school foodservice workers who see those same kids not eating at the lunch table every day...

Or the school counselors dealing with a group of students terribly concerned about another student...

Or the school administrators wondering when it is okay to require a student to leave school because of their health status related to an eating disorder...

Or the concerns of professors, residence hall advisors, and campus counselors who see students struggling with eating disorders on campus and feel powerless to do anything for them...

The list could go on and on.

Now, back to those daily phone calls I get. There are nearly 1000 public schools in our area. We can't possibly get to every school. In fact, I don't believe it is in the best interest of the students in those schools that we go to every school. They don't need really need me to come speak to them. They need information delivered by the people that see them every day. People in a position to help them when they need it.

We need to put adequate, evidence-based information in the hands of the people that interface with those students every day. In the hands of those teachers, those coaches, those foodservice workers, those school counselor and school nurses and administrators and professors and residence hall advisors. They have relationships with the students; they are in the strongest position to help students get the information and the help that they need.

The FREED Act provides for this training through a grant program for education and training for school and higher education professionals. Training that can make a difference in so many lives.

The FREED Act also provides for training to meet another critical need; the training of Health Professionals. We must train health professionals to identify and appropriately address the complications of eating disorders across the entire spectrum of eating disorders.

We know that eating disorders carry with them a significant health burden. We know that individuals struggling with eating disorders can have many medical complications, including undernutrition, cardiac problems, compromised bone health, electrolyte imbalances, fertility issues and are at a significantly high risk of death due to the eating disorder.

And when they do show up for medical care, too frequently individuals with eating disorders have their symptoms missed or their complaints minimized. They also, unfortunately, get inaccurate information from well-meaning, but sorely uninformed health professionals. I'm reminded of the time one of my clients mustered up the courage to go see her primary care doctor to check out a racing heartbeat and after getting weighed (in the hallway), the well-intentioned nurse proclaimed something to the effect of "oh, honey, you have nothing to worry about. I'd take a little fast heartbeat to weigh what you do". My client never went back to that office, and in fact, it was a year, a year! before she agreed to seek medical care again.

Now, I don't really begrudge that nurse. She is a woman steeped in this culture that demands thinness and expects us to value ourselves as human beings based primarily on what we look like. And we can train her and millions like her to better understand the deadly effects of eating disorders and equip her with some tools to better serve the people she sees. We might even be able to help her feel better about herself, just the way she is.

We also know that too often individuals with eating disorders are dismissed as unmotivated, labeled as “difficult”, and that health professionals are reluctant to care for them. And why is that?

It's the same reason as the teachers. They feel unprepared and they don't know what to say.

Health professionals need to start asking questions about eating disorder behaviors. And most importantly, they need to know what to do with the answers they will get once they start asking.

Eating disorders are not an uncommon issue. Recent statistics tell us that more women in the United States have an eating disorder than have breast cancer. There is not a health professional out there that is going to deny the seriousness of breast cancer or yearn for the weight loss of someone struggling with cancer.

How can we possibly still be denying the seriousness of eating disorders or continuing to not train providers to deal with these issues?

I propose that teachers and health professionals alike may feel like they are at odds with the messages they are supposed to be conveying: “DON'T GET FAT-whatever you do-and at the same time, don't get an eating disorder, because I don't know how to deal with that either.”

There must be way to integrate the development of positive self-esteem and self-care across all age groups in a way that addresses both obesity AND eating disorder initiatives.

As it turns out, there are lots of ways. We are all on the same side.

The FREED Act encourages integrating messages into new and existing federally-funded anti-obesity campaigns that will help address eating disorders too. We can include questions about eating disorders in federally-funded obesity related studies. We can accomplish much more by integrating these issues than by trying to treat them as completely separate entities.

In fact, with this integration, we can simplify our messages, and make them a whole lot less blaming in the process.

Discouraging unhealthy dieting behaviors (because we know that dieting often just leads to weight gain), encouraging positive family meals (because we know that family meals protects against eating disorders AND obesity), and promoting positive body image over body hatred (because that makes life a lot more satisfying to live), will help everyone.

The FREED Act will help equip those teachers with the information to teach and support our children better, the FREED Act will help our health professionals serve their patients better, and FREED Act could even help that nurse and my client to love herself for who she is, rather than what she weighs.

Thank you.