

Exploring the Effects of School Curriculum on Adolescents with Eating Disorders

Gary Von George

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Dr. Kathleen Patenaude

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Abstract

This project explores the relationship between school curriculum and the development of eating disorders among adolescents. It examines the perspectives of eating disorders advocates to shed light on how educational institutions can contribute positively to promoting a healthy body image and preventing the onset of eating disorders through early intervention. By analyzing the available literature and incorporating insights from advocates, this project will compare a New Hampshire school system curriculum and provide recommendations to the school system for implementing education strategies that foster body positivity and mental well-being among their students.

The National Eating Disorders Association describes eating disorders as mental and physical illnesses that are serious but can be treated. They can impact individuals of any gender, age, race, religion, ethnicity, sexual orientation, body shape, and weight. In the United States, approximately 28.8 million Americans will experience an eating disorder at some point in their lives. The exact causes of eating disorders are not fully understood, but there is an increasing agreement that a combination of biological, psychological, and sociocultural factors contribute to their development (National Eating Disorders Association, 2018c). This number may be underreported however, as it is also estimated that up to 80% of eating disorders can go undetected or without treatment. In one recent study, 92% of frontline clinicians admit to missing an eating disorder diagnosis due to the lack of screening tools (Kuntz, 2021). While eating disorders can develop at any age, studies have shown that eating disorders are more likely to develop during adolescence (Trompeter et al., 2023).

Aim

Since eating disorders are most likely to develop in adolescents, educators need to be cognizant of the signs and symptoms of eating disorders. School curriculums, lesson plans or classroom conversations may inadvertently trigger a student's eating disorder by placing the focus on weight, body mass index, body shape and calories (National Eating Disorders Collaboration, 2023). The aim of this project is to identify, review and compare curriculum and lesson plans developed by eating disorder advocates to a New Hampshire high school's curriculum and lesson plans. The goal is to develop a best practice that will limit actions in the classroom which may trigger an eating disorder to provide the student with a safe environment in which to learn.

Background

Eating disorders are not a new phenomenon. According to Bell, behaviors linked to eating disorders have been seen in writings of the ancient Greeks and early Christians. During the nineteenth century eating disorders were formally identified and classified as a medical illness although most treatments involved mental hygiene such as rest, fresh air and hot or cold baths. In the mid twentieth century, eating disorders were viewed as resulting from early childhood experiences that hindered psychological development and were treated with psychoanalysis. This theory, influenced by Sigmund Freud, declined in use due to its evidence of limited success. Current treatment involves cognitive behavior therapy and seeks to alter thinking and behaviors that contribute to the eating disorder. More recently, medications are increasingly used in the treatment of eating disorders (Bell, 2022).

The National Eating Disorders Association lists the three most common types of eating disorders as anorexia nervosa, bulimia nervosa and binge eating. Anorexia nervosa involves weight loss due to restrictive eating, inability to maintain a healthy weight, and a distorted body image. Bulimia nervosa involves cycles of binge eating followed up by compensatory behaviors such as self-induced vomiting, overuse of laxatives, or excessive exercise. An individual who has bulimia nervosa is also influenced by self-perceived body shape or size. Binge eating involves recurrent episodes in which large quantities of food are consumed, the feeling of losing control during the episode followed by feeling of guilt, shame, or distress for having the episode. Binge eating is the most common eating disorder in the United States (National Eating Disorders Association, 2018b).

While it is still unknown what exactly causes eating disorders, there are a wide range of risk factors for developing an eating disorder. These risk factors can include biological factors

such as having a close relative with an eating disorder or a history of dieting, psychological factors such as perfectionism or poor body image, and social factors such as a weight stigma, teasing or bullying or limited social networks (National Eating Disorders Association, 2018c). Around the age of six, girls start showing concerns about their weight or body shape while forty to sixty percent of elementary aged girls show the same concerns (National Eating Disorders Association, 2021).

Framework

During adolescence, teenagers frequently have unrealistic expectations of achieving physical perfection, which often leads to engaging in dieting behaviors. This can contribute to the high prevalence of eating disorders. Given that adolescence is a critical period of development, teenagers are particularly susceptible to developing disordered eating patterns, which can escalate into full-fledged eating disorders. Recognizing that eating disorders often emerge during adolescence, teachers and other school staff may be in the best position to recognize the warning signs and symptoms of an eating disorder and support early intervention (American Federation of Teachers Union, 2015). This is crucial due to the significant medical and psychiatric complications associated with eating disorders, including an increased risk of suicide. Adolescence is a time marked by various challenges, including puberty, academic pressures, and social expectations, underscoring the need to address and support students' mental health and well-being within the school setting (Olivero, 2015).

Eating disorders can significantly impair academic performance as they involve both nutritional and mental health issues. Poor nutrition resulting from unhealthy dietary patterns can negatively affect cognitive development, behavior, and school performance. Students with eating disorders may experience irritability, nausea, headaches, fatigue, and lack of energy. They may

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have reduced concentration and focus, impacting their ability to process information and perform tasks. Specific nutrient deficiencies, such as iron, can affect memory and concentration. Eating disorders can lead to a focus on details over the big picture, impacting information synthesis and comprehension. They can increase perfectionism, obsession with grades, anxiety, and depression. Students may become less active, withdrawn, and socially isolated. The impaired immune system can make them more prone to illnesses, leading to increased absenteeism. Despite being acutely ill, some students may maintain high academic performance due to their perfectionist attitude. However, academic performance alone is not a reliable measure of the severity of an eating disorder (National Eating Disorders Association, 2023). Research indicates that individuals with eating disorders spend seventy to ninety percent of their waking hours preoccupied with thoughts about food and weight related concerns. Consequently, a student burdened by an eating disorder will struggle to be successful in school (American Federation of Teachers Union, 2015).

Following the guidance from the National Eating Disorders Collaboration (NEDC), school staff should not be expected to have in-depth knowledge of all the comorbidities associated with eating disorders, but it is important for them to be aware of the impacts eating disorders can have on the student. This awareness will help school staff recognize the need for early identification, prompt response, and the implementation of appropriate support systems. It is worth noting that individuals with eating disorders may exhibit a combination of symptoms or in some cases, no symptoms at all. It is also important to note, that signs and symptoms can vary among individuals. Understanding groups that are at a higher risk of developing an eating disorder can assist school staff in their efforts to identify and support individuals. High-risk groups that school staff should be aware of include female adolescents, students who display

perfectionism, students who have a pressure to succeed, and students who may be unduly influenced by peer pressure. Being mindful of these groups can help school staff in identifying and providing appropriate support for individuals who may be at risk of developing an eating disorder (National Eating Disorders Collaboration, 2023b).

The NEDC also recommends that in the beginning of each school year or term, it is important for school staff to be informed and encouraged to avoid using triggering material in their lesson plans. In some cases, curriculum content may need to be modified or removed to prevent harm to students. In addition, students who are affected by eating disorders may need to be excused from certain classes or activities, such as physical education, food technology, or health classes. It is essential for school staff to provide support to these students without paying unwanted attention to them, ensuring their privacy and well-being are respected (National Eating Disorders Collaboration, 2023b).

Research indicates that many school professionals have limited knowledge and uncertainty about their role in preventing eating disorders and child obesity. This lack of knowledge leads to low teacher involvement in prevention efforts and hampers the effectiveness of school-based initiatives. Nutritional training for school professionals varies widely, and outdated views on the causes of obesity prevail among teachers, school nurses, and elementary school principals. This can result in the dissemination of misinformation and the promotion of unhealthy attitudes and behaviors, inadvertently increasing weight concerns among all students. Additionally, school professionals express a need for further training to address eating and weight-related problems effectively. School counselors and nurses often lack confidence in helping students with eating disorders, while science, physical education, health, and home economics teachers in high schools show interest in receiving training to enhance their

knowledge in this area. It is crucial to educate school personnel about the distinction between clinical treatment and prevention, clarifying that their role lies in prevention and early detection rather than treatment. Proper training and referral processes are necessary, and schools should not bear the responsibility of providing treatment without adequate resources and trained professionals (Yager & O’Dea, 2005).

Having individuals with limited knowledge and personal struggles teach about eating disorders and child obesity in schools can be risky. These topics are sensitive and involve complex emotional and psychological connections to food, exercise, weight control, and body image. This can lead to unintended harm, including the dissemination of misinformation, simplification of attitudes towards weight control, glamorization, normalization of eating disorders, and promotion of the thin ideal. To ensure safe and effective school-based prevention programs, it is crucial to evaluate the competence of those involved and provide adequate training or re-training as needed. In-service training should be tailored to the personal and professional needs of school professionals, with the involvement of a trained resource person who can conduct staff training sessions and provide support for students and staff. Prevention programs should include a specific focus on training teachers, providing accurate information, relevant content, attitude assessments, and continuing education. Grant proposals for these programs should allocate budget provisions for teacher training, and grant reviewers should recognize the importance of training individuals in intervention roles (Yager & O’Dea, 2005)

Teachers and school personnel have the potential to play a significant role in preventing eating disorders and child obesity, yet high school curricula typically lack education on these disorders and those at risk of developing them. Advocates have been recommending initiatives that raise awareness in schools and provide education to both faculty and students. However,

there is a limited availability of high school programs that effectively address the risks and dangers associated with eating disorders (Olivero, 2015).

Several eating disorder advocates have released guidance for schools regarding eating disorders. The National Eating Disorders Association (NEDA) is the largest nonprofit organization that provides support to individuals and families impacted by eating disorders. NEDA's primary focus is on supporting those affected by eating disorders and advocating for prevention, finding cures, and ensuring access to high-quality care for these conditions. NEDA recommends that schools implement a comprehensive approach. They should first develop a student assistance program (SAP) and establish a protocol or policy for addressing nonacademic concerns. Within the SAP, a subgroup should be designated to educate themselves about eating disorders and share their knowledge with other staff members. Providing training and distributing basic information to school staff on identifying, preventing, and supporting students with eating disorders is essential. Clear guidelines should be established for referring students suspected of having an eating disorder to appropriate counseling resources and medical practitioners. Updating anti-harassment and anti-discrimination policies to include provisions on physical appearance and body shape promotes a supportive and inclusive environment. Assigning a staff member to monitor and communicate changes in a student's well-being while maintaining confidentiality is important. Checklists can be used to monitor physical, social, behavioral, and psychological signs of eating disorders for early intervention. Public weighing and BMI measurements of students should be eliminated or minimized to reduce pressure and promote body positivity. Reviewing school materials to ensure they represent diverse body shapes, sizes, and ethnicities is necessary to promote inclusivity. Lastly, it is crucial to encourage

students of all sizes to participate in school activities and discourage typecasting based on appearance.

NEDA also recommends the vital role school nurses have in addressing mental health issues and their impact on academic success. School nurses can contribute to minimizing the impact of mental health problems on school performance by organizing mental health promotion activities at school, emphasizing self-esteem, problem-solving, coping skills, and conflict management. School nurses can also educate school staff to recognize signs and symptoms of mental health problems. School nurses should continuously assess, intervene, and follow up on the physical and mental health of the school community. School nurses also play a significant role in helping families acknowledge and address mental health issues and acting as trusted professionals. Serving as a liaison between students, families, and mental health providers in the community is important. Active participation in school committees and teams related to curriculum, child study, student assistance, and crisis intervention is recommended. Collaborating with school psychologists, counselors, social workers, and support staff forms a comprehensive mental health treatment team. Additionally, school nurses can contribute to health education or physical education lesson planning, focusing on topics such as nutrition, exercise, puberty, and the risks associated with body image and eating patterns.

The Centers for Disease Control and Prevention (CDC) is a United States government organization dedicated to protecting public health through science-based and data-driven approaches. CDC is actively engaged in promoting the health and well-being of children, families, businesses, and communities. The CDC's goal is to enhance the health security of the nation and save lives by effectively countering health threats and supporting communities and individuals in their efforts to do the same (Centers for Disease Control and Prevention, 2022).

The CDC has released guidelines for schools to follow. The CDC guidelines recommend coordinating efforts among school and community representatives to develop, implement, and evaluate healthy eating and physical activity policies and practices. It also requires establishing supportive environments within schools that encourage healthy choices and physical activity throughout the day. Providing nutritious food choices in school meal programs and all food venues within schools is essential. Schools should prioritize quality physical education and ensure students engage in at least 60 minutes of daily physical activity. Additionally, offering well-structured health education curricula equips students with the knowledge, skills, and attitudes for healthy eating and physical activity. Providing resources and support for identifying, following up, and treating health and mental health conditions related to diet, physical activity, and weight is crucial. Collaborating with families and community members and prioritizing staff wellness through employee wellness programs are also important. Finally, investing in staff professional development ensures qualified individuals are equipped to deliver physical education, health education, nutrition services, and health-related services (Centers for Disease Control and Prevention, 2021a).

In addition to the school guidelines, the CDC has released tips for teachers that would ensure students have access to drinking water throughout the day, encourage the consumption of plain water over sugary drinks and avoid using food or beverages as rewards and instead offer nonfood items or physical activities. CDC also recommends that regular recess time should be scheduled, classrooms incorporate movement into academic lessons and planned breaks, and collaborate with physical education teachers. Additionally, weight concerns and stigma should be addressed, with support provided for those students with eating disorders or weight concerns. Finally, physical activity should not be used as punishment, and healthy eating and physical

activity topics should be included in health education (Centers for Disease Control and Prevention, 2021b).

The National Eating Disorders Collaboration (NEDC) is an Australian government initiative that focuses on creating a nationally consistent and evidence-based system of care for eating disorders (National Eating Disorders Collaboration, 2023a). The NEDC recommends that schools should implement comprehensive eating disorder prevention programs by using evidence-based information and resources that are appropriate for students' developmental and socio-cultural context. The programs should focus on reducing risk factors associated with eating disorders, such as body dissatisfaction, dieting, and peer pressure. It is crucial to communicate about eating disorders in a way that minimizes harm and promotes awareness, understanding, and help-seeking behaviors. Emphasizing protective factors like body acceptance and a healthy relationship with food and physical activity is essential. Instead of solely focusing on weight, programs should consider the holistic aspects of well-being, including social, emotional, and physical aspects. Utilizing innovative and interactive approaches, such as small group activities, reflective exercises, videos, and online learning, can enhance engagement. Creating a safe and comfortable environment for students during program delivery is vital, fostering respectful and open communication through a collaborative classroom agreement developed with students. Multiple sessions should be included to cover specific topics and allow time for reflection (National Eating Disorders Collaboration, 2023b).

The New Hampshire high school that I reviewed has a population of approximately 580 students in grades 9-12. There is one middle school (6-8) and three elementary schools (PreK-5) located within the school district and the district has a total student population of approximately 1,840 students. Approximately 12.7% of the families are below poverty level and approximately

30.55% of the families receive food stamp/SNAP benefits (National Center for Education Statistics, 2022). The school curriculum as it pertains to health and physical education is posted on the school district website. When reviewing the curriculum for all grade levels, it presents as very vague and does not shed light on what is being taught in the classroom and how the materials are being presented.

In meeting with the high school's health and wellness coordinator, we discussed how students could arrive at the high school having never been in a formal health class. There are not any dedicated health teachers at the elementary school level and health information is presented through the elementary school teachers and guidance counselors and school nurse. In middle school health and wellness is offered as one of the "specials" classes in the middle school. These classes include general music, band, choir, health, physical education, and media. Students can choose which specials they take based on their interests and activities. There are students who do not participate in health or physical education classes at any time during their middle school years.

Wanting to know how information regarding body image is presented at the elementary level, I spoke with a school nurse at one of the elementary schools. I learned that she only presents health information to the 5th grade classrooms. When I inquired about presentations regarding body image, I was told that the presentation is primarily focused on sex education. She did tell me that at the request of the 5th grade teachers, she has added to the presentation slides on body image. In her presentation, which she let me view, the last two slides are dedicated to body image. The first slide is a picture of a stereotypical picture of a model walking down a runway and is being shown to discuss what people think a perfect body may look like. The next slide

discusses that people are different and that bodies come in all shapes and sizes and body acceptance.

In the meeting with the high school's health and wellness coordinator I was supplied with the lesson plans that are used in health class. I was informed that the curriculum posted on the school district's website is out of date and the high school is using the HealthSmart curriculum. According to information gleaned from HealthSmart website, the curriculum is a flexible and comprehensive health education program designed for K-12 students that focuses on essential concepts and skills for developing healthy behaviors. The program aligns with the National Health Education Standards, addresses primary areas of risk identified by the CDC, and incorporates key knowledge and skill expectations for each grade level. It supports social and emotional learning and promotes the healthy growth and development of youth. It fully supports the implementation of the Whole School, Whole Community, Whole Child (WSCC) approach, integrating health education into a comprehensive school health program. HealthSmart lessons provide opportunities to incorporate other WSCC components, such as health services and counseling, reinforcing the outcomes of health education. By aligning with the NHES and the CDC's 15 characteristics of an effective health education curriculum, HealthSmart aims to equip students with the necessary knowledge, skills, and attitudes to make informed decisions and maintain healthy lifestyles (HealthSmart, 2023).

In reviewing the HealthSmart materials, I found that included in the lesson plans were exercises on reading and interpreting nutrition panels on food products and calculating body mass index (BMI). I was also surprised to learn that in one physical education class, students were asked to weigh themselves. While these materials and information are pertinent to a healthy lifestyle, for a person with an eating disorder, these can have a triggering effect on the disorder.

Significance of the Project

Eating disorders are a significant medical condition that can affect both mental and physical wellbeing. Eating disorders have the second highest mortality rate among mental health disorders, and adolescents aged 15–24 with anorexia have 10 times the risk of dying compared to their same-aged peers with 1 in 5 of these deaths by suicide (NEDA, 2021). According to Marson and Keenan-Miller, health disparities in eating disorders are a significant problem caused by myths, lack of culturally relevant approaches, and systemic biases like racism. Debunking the myth that eating disorders only affect a specific group, such as thin, white, affluent girls, is crucial. This stereotype leads to individuals with higher weights, racial and ethnic minorities, socioeconomically disadvantaged individuals, and males receiving less care. These myths also impact individuals' perceptions of needing treatment. Studies show that males are less likely than females to recognize the need for treatment, while individuals from affluent backgrounds are more likely to seek and receive treatment. Biases persist within the healthcare system and in our own attitudes towards our bodies, even though eating disorders can affect anyone (Marson & Keenan-Miller, 2021).

Disparities in eating disorders are also present in the black, indigenous, and people of color (BIPOC) community. Research spanning two decades highlights unmet needs among BIPOC individuals. They are less likely to receive a diagnosis or be referred for treatment, even when their symptoms are like those of white individuals. Discrimination and stress related to adapting to a new culture worsen body dissatisfaction and eating disorder symptoms in BIPOC individuals. Clinicians are less likely to inquire about eating habits or refer people of color for evaluation or treatment, despite clear signs of eating disorder symptoms. Additionally, BIPOC

individuals are more prone to binge eating, while those with lower weights are more likely to be diagnosed and recognize the need for treatment (Marson & Keenan-Miller, 2021).

One recent study found that youth with public insurance were only one-third as likely to receive appropriate treatment compared to those with private insurance (Moreno, et al., 2023).

Methods Used to Complete the Project

The methods used to complete this project included literature review for the purposes of identifying data, recommendations, and best practices regarding eating disorder advocates as it pertains to adolescent education. In addition, a review of the New Hampshire high school wellness program and lesson plans along with interviews with teachers and school nurses were conducted to determine the current state. A comparison of the New Hampshire high school program to the literature review findings was completed to identify any gaps in the high school's curriculum that may trigger eating disorders. The results of the findings and any recommendations for improvement will be presented to the New Hampshire high school health and wellness director and the curriculum coordinator for their review and actions. Implementation of any recommendations for improvement will be at the discretion of the high school and school district.

Project Deliverables

The deliverables for this project will be presented to the superintendent of the New Hampshire school district and the curriculum coordinator of the New Hampshire school district. In addition, I will forward my findings to the health and wellness coordinator at the New Hampshire high school, the school nurse at the New Hampshire high school, middle school and

elementary schools in the hopes of starting a conversation on this topic area. As I have no influence over any of these entities, I will ask to present the project findings at a school board meeting and offer any assistance that may be required to implement a program that will raise awareness of eating disorders in adolescents and how the school district can be better prepared to recognize and address early intervention and prevention.

Implications

Eating disorders are a serious and increasing problem in the United States, with significant implications for individuals' lives. The National Eating Disorder Association (NEDA) has reported that eating disorders result in a loss of life every 62 minutes, either due to medical complications or suicide. Anorexia nervosa, characterized by restrictive eating and compulsive exercise, is the second-deadliest mental illness after opioid addiction, causing death for 10 percent of those affected. It currently affects 1 percent of females and 0.3 percent of males, making it as prevalent as autism in girls. Bulimia nervosa, involving purging after eating, is more widespread, while binge-eating disorder, characterized by out-of-control eating, affects approximately 15 million Americans, slightly more females than males. However, the true prevalence of eating disorders may be even higher, as many cases go unnoticed and unreported until dangerous side effects become apparent.

Treating eating disorders requires sustained intervention over time, but there is a shortage of professionals trained to recognize and treat these conditions, especially in regions like the Lakes Region and northern parts of New Hampshire. Limited insurance coverage for treatment further complicates the issue. Many primary-care providers lack sufficient training in recognizing and addressing eating disorders, with medical and nursing school education offering minimal instruction in this area. Finding appropriate treatment, including therapists and intensive

outpatient programs, can be challenging, particularly for those without financial or physical means to access care in southern New Hampshire Baker, 2020).

The impact of eating disorders extends to schools, where students may struggle with these conditions. Efforts to promote mental wellness and reduce stigma have encouraged more students to seek help. However, certain eating disorders, like binge-eating disorder, still carry shame and embarrassment, preventing some individuals from seeking assistance. Teachers, coaches, and cafeteria staff may notice signs such as discarded lunches, low energy, and weight changes, but many individuals remain silent about their struggles. Early intervention is crucial, as disordered eating can lead to severe physical and mental health consequences.

Recommendations

Schools bear a significant responsibility in preventing eating disorders through the implementation of strategies and programs. This entails reducing risk factors, enhancing protective factors, and preventing body dissatisfaction, disordered eating, and eating disorders. To accomplish this, schools should establish clear policies and strategies for mental health and well-being, involving all staff members, including teachers, counselors, administrators, and volunteers.

Creating a safe and supportive environment necessitates the establishment of protocols that promote positive body image and prevent eating disorders. These protocols may include inclusivity statements, fostering self-esteem and body acceptance, addressing teasing and bullying, avoiding assessments based on body measurements, discouraging negative comments about bodies or food, promoting a non-diet culture, providing inclusive opportunities for physical

activity, avoiding food labeling, offering diverse food options, displaying diverse body representations, and providing resources for families and support.

Additionally, it is crucial for schools to implement an ongoing program on eating disorders in the high school curriculum for educational and preventive purposes. It is important to ensure that the curriculum and the way it is taught do not trigger eating disorders. The school can utilize available resources such as nurses, guidance counselors, and social workers to provide support to students who want to discuss their disordered eating behaviors or those of their friends.

Based on guidance and best practices as identified by the National Eating Disorder Association, The Center for Disease Control, The National Teachers Union and the National Eating Disorders Collaboration, the New Hampshire school district needs to review their school district health curriculums and update them so that they are reflective of what is being taught in the district. The New Hampshire school district needs to put an emphasis on ensuring that health classes are presented by staff who possess the competencies to effectively deliver the education in a safe and productive manner. School lesson plans need to be carefully reviewed and any lessons that may contain triggering words or actions should be removed or re-written as to be positive and supportive in nature.

By implementing these comprehensive prevention protocols and involving the entire school community, the New Hampshire school district and staff can play a vital role in creating a positive and supportive environment that supports their students' mental health and prevents eating disorders.

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