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For Immediate Release

65 Bipartisan Members of Congress Urge CDC To Include Eating Disorders within National Surveillance Systems

WASHINGTON, D.C. (October 30, 2017) — Last week, 65 bipartisan Members of both the U.S. Senate and House of Representatives sent letters to the Center for Disease Control (CDC) urging the re-inclusion and inclusion of eating disorders surveillance questions within the CDC national surveillance systems. The [Senate letter](#) was led by **Senators Tammy Baldwin [D-WI], Elizabeth Warren [D-MA], Shelley Moore Capito [R-WV], and Amy Klobuchar [D-MN]**, supported by thirteen of their Senate colleagues. The corresponding [House of Representatives letter](#) was led by **Rep. Markwayne Mullin [R-OK] and Rep. Ted Deutch [D-FL]** and received an additional 46 bipartisan Representatives' support.

“Including eating disorders in the CDC’s national survey is a step in the right direction to understanding the mental health struggles that those with eating disorders face,” said **Congressman Mullin**. “Anorexia has the highest mortality rate of any mental health disorder and binge eating disorder leads to obesity, which spurs the additional health risks that go along with unhealthy eating habits. It is high time that we make mental health a priority by tracking this data again so that we know best how to treat this population.”

After over two decades of mandatory surveillance of eating disorders signs and symptoms under the CDC’s Youth Risk Behavioral Surveillance System, the CDC and state stakeholders voted to remove the mandatory eating disorders surveillance questions in 2015. Furthermore, no other CDC surveillance systems with youth or adults include eating disorders surveillance. Consequentially, eating disorder researchers and public health experts across the nation were left with only outdated and piecemeal data to help shape public health programs, identify emerging warning signs and symptoms, and discover highly affected communities and groups such as boys and men, Native Americans, and veterans.

“Eating disorders are a serious public health issue affecting millions of Americans, but good national data on eating disorders is lacking,” said **Senator Warren**. “Collecting better data will help our public health professionals and health care practitioners better detect and treat this problem.”

“The CDC’s health monitoring system is excellent – *when the right questions are asked*. But when important health conditions are overlooked, it leaves health researchers and clinicians ill-equipped to offer a public health response to affected communities,” said **Dr. Bryn Austin, Director of the Harvard T.H. Chan School of Public Health’s STRIPED and Board President of the Eating Disorders Coalition**.

“With tens of millions of Americans affected and countless families losing loved ones to these deadly disorders every year, we can’t afford to leave eating disorders out of our nation’s surveillance system any longer.”

"Too many Americans struggle with eating disorders and access to needed care. I am proud of the bipartisan progress we have made with the Anna Westin Act to improve health insurance coverage for treatment, but there is still more work to do, as current information on this devastating disease is more than ten years old." **said Senator Baldwin.** “Enhanced data collection and surveillance of eating disorders by the Centers for Disease Control and Prevention is critical to improving prevention, treatment, and diagnosis to better support the 192,000 Wisconsinites who are struggling with an eating disorder.”

Eating disorders are a serious mental illness, affecting all ages, races, body sizes, sexual orientations, ethnicities, and socioeconomic statuses.¹ Despite cultural misconceptions, eating disorders intersect with other emerging health issues including substance use disorder and obesity. Particularly 50% of individuals with eating disorders have a co-occurring substance use disorder², and 81% of people with binge eating disorder have clinical overweight or obesity.³ In turn, surveillance, research and prevention programming for these emerging health issues must also include eating disorders to be successful in helping Americans across the nation.

"There is still so much that we don’t understand about eating disorders. What we do know is that as many as 30 million Americans will face a significant eating disorder at some time in their lives and that eating disorders have the highest mortality rates of any mental illness,⁴" **said Congressman Deutch.** “CDC’s annual surveys can help us bridge the current research gap to improve prevention and treatment and, ultimately, to save lives.”

While this is a promising first step towards re-including and including important surveillance of this life-threatening illness, the eating disorders community plans to continue outreach and education to the CDC and relevant state stakeholders to ensure these questions are included within the 2019 surveillance systems.

*The **Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)** is a graduate-level training initiative based at the Harvard T.H. Chan School of Public Health and Boston Children’s Hospital. They bring together experts in eating disorders, public health, adolescent preventive medicine, health law, policy, and economics, and many other disciplines to create a public health incubator, a place where transdisciplinary collaborations catalyze crosscutting, innovative approaches to eating disorders prevention. www.hsph.harvard.edu/striped*

*The **Academy for Eating Disorders (AED)** is a global professional association committed to leadership in eating disorders research, education, treatment, and prevention. <http://www.aedweb.org/>*

*The **Eating Disorders Coalition (EDC)** is a Washington, D.C.-based, federal advocacy organization comprised of treatment providers, advocacy organizations and entities, parents of children with eating disorders, and people experiencing eating disorders nationwide. Additional resources can also be found at www.eatingdisorderscoalition.org.*

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¹ Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.

² National Center on Addiction and Substance Abuse at Columbia University. (2003). *Food for thought: substance abuse and eating disorders* <http://www.centeronaddiction.org/addiction-research/reports/food-thought-substance-abuse-and-eating-disorders>

³ Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348–358. <http://doi.org/10.1016/j.biopsych.2006.03.040>

⁴ Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358.