



Eating Disorders Policy Analysis and Recommendations

What are eating disorders? Eating disorders are psychiatric illnesses characterized by disturbances in eating behaviors and related thoughts or emotions. Eating disorders can affect people of all ages, genders, and body sizes. The most common types of eating disorders diagnoses include anorexia nervosa; the restriction of food intake, bulimia nervosa; recurrent episodes of binge eating, and binge eating disorder; which involves eating large amounts in secret.¹ Beyond diagnosed conditions, **disordered eating** describes subclinical yet harmful eating behaviors that are highly prevalent and often unrecognized in routine care.

What is the Prevalence and Severity of Eating Disorders? Eating disorders are often underdiagnosed and undertreated, and are much more prevalent than one might think. 28.8 million people, or 9% of the United States population, will have an eating disorder in their lifetime.² Proportionate to the Connecticut population, this would amount to 314,495 Connecticut residents. Additionally, eating disorders have one of the highest mortality rates among all mental illnesses.³ In fact, 10,200 deaths per year are a direct result of an eating disorder, equating to 1 death every 52 minutes.⁴

Are Eating Disorders on the Rise? Yes, unfortunately, eating disorders have been on the rise for the past several years. Online body image-related content has been increasingly linked to body dissatisfaction and the normalization of disordered eating behaviors, especially among adolescents. In fact, evidence from 50 studies in 17 countries indicates that social media usage leads to body image concerns, eating disorders/disordered eating, and poor mental health.⁵ During the COVID-19 pandemic, eating-disorder-related hospitalizations rose sharply, reflecting heightened stress, isolation, and disrupted routines.⁶

Are there gender, racial, and socioeconomic disparities in eating disorders?

Women are about 2–3 times more likely than men to develop an eating disorder, yet up to one in four diagnosed cases occur in men, whose symptoms are often overlooked due to stigma and stereotypes.⁷ Racial and ethnic minorities, including Black, Hispanic, Asian, and Indigenous populations, have equal or higher risk but receive less than half the treatment access, partly due to clinician bias and structural barriers.⁸ LGBTQ+ youth face substantially higher rates of eating disorders, reflecting the compounded effects of stigma, discrimination, and limited care.⁹ Military and veteran populations experience elevated levels of disordered-eating symptoms that frequently go undiagnosed, and individuals from lower socioeconomic backgrounds face greater barriers to timely and effective treatment.¹⁰

Legislative Policy Recommendations

- 1. Expansion of Eating Disorder Screening and Follow-up Protocol**
 - a. Require school-based health centers to offer an evidence-based screening tool to support early identification of disordered eating behaviors, and ensure timely follow-up.
 - b. Strongly encourage the utilization of evidence-based screening tools during annual physician visits.
- 2. Restrict Youth Access to Over-The-Counter Diet Pills and Muscle-Building Supplements**
 - a. Prohibit retail, online, and mail-order sale of over-the-counter diet pills and dietary supplements marketed for weight loss or muscle-building to individuals under age 18.
- 3. School-Based Eating Disorder Prevention**
 - a. Design developmentally appropriate, evidence-based educational programming on disordered eating behaviors as a component of middle and high school curricula.
- 4. Protections For People With An Eating Disorder**
 - a. Prohibit health insurance companies and State Medicaid from using Body Mass Index (BMI) to deny or limit eating disorder treatment coverage, and establish baseline medical necessity criteria.
- 5. Allocation of State Resources**
 - a. Increase funding to empower and expand community-based, non-clinical support networks that connect awareness, early engagement, and recovery.
 - b. Allocate funding to support the administration of school-based screening.
- 6. Supporting the Core Function of CT's 2-1-1 System**
 - a. Support Connecticut's 2-1-1 system, expanding access to accurate information, timely referrals, and early identification for eating-disorder-related concerns, through:
 1. Improve Categorization and Searchability; 2. Integrate Screening in Consultations.
- 7. Establish a CWCSEO Eating Disorders Subcommittee and a Holistic Food Education Workgroup**
 - a. Develop a statewide eating-disorder treatment registry and consider facility standards.
- 8. Incorporate at least one question on disordered eating behaviors into the behavioral health section of the Connecticut School Health Survey.**

1. Los Angeles Outpatient Center, [Eating Disorder Therapy: Effective Treatments for Lasting Recovery - Los Angeles Outpatient Center](#)
2. Strategic Training Initiative for the Prevention of Eating Disorders Report, [Harvard STRIPED](#), [Social and economic cost of eating disorders in the United States of America](#)
3. Mortality Rates in Patients with Anorexia Nervosa and Other Eating Disorders, [JAMA Psychiatry](#), <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1107207>
4. Mortality Rates in Patients with Anorexia Nervosa and Other Eating Disorders, [JAMA Psychiatry](#), <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1107207>
5. The social media diet: A scoping review to investigate the association between social media, body image and eating disorders amongst young people, [Global Public Health](#), <https://journals.plos.org/globalpublichealth/article?id=10.1371%2Fjournal.pgph.0001091>
6. The impact of COVID-19 on adolescents with eating disorders: Increased need for medical stabilization and decreased access to care, [International Journal of Eating Disorders](#), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9353287/>
7. Eating Disorder in Males, [Child and Adolescent Psychiatric Clinics of North America](#), <https://www.sciencedirect.com/science/article/abs/pii/S1056499319300641?via%3Dihub>
8. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students, [International Journal of Eating Disorders](#), <https://onlinelibrary.wiley.com/doi/10.1002/eat.22846>
9. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature, [Journal of Eating Disorders](#), <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-020-00327-y>
10. Eating disorder measures in a sample of military veterans: A focus on gender, age, and race/ethnicity, [Psychological Assessment](#), <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fpas0001050>