Children's Hospital of Philadelphia PolicyLab

# More Teens Are Engaging in Weight Control Behaviors. Policy Action Can Help.

Adolescent Health & Well-Being

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*Editor's Note: This post is part of a series to explore how we can utilize research, clinical experience, and policy levers to prevent and enhance treatment of eating disorders in children and teens at a time when behavioral health concerns, including eating disorders, in youth are demanding attention and resources.*

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Disordered weight control behaviors (DWCB) are a group of harmful practices known to affect a large proportion of children and adolescents. They can include restrictive eating, overexercising, the use of laxatives or diet pills, self-induced vomiting or other strategies to control one's weight or shape. Children and adolescents who engage in DWCB are significantly more likely to develop a more serious eating disorder, and they experience generally poorer mental health and inadequate nutrition. A recent analysis reported that more than 1 in 5 children and adolescents across the globe reported some form of disordered eating behavior.

The ubiquity of these harmful behaviors means that widespread policy action may be especially impactful to reduce or prevent DWCB among children and adolescents. These policy approaches could occur via several different avenues, but research has made it clear that no single approach will fix the problem. Rather than taking a one-size-fits-all approach, we must address the issue on a population level and from multiple angles to support adolescents in building healthy relationships with food and their bodies.

## Policy Avenues to Reduce Disordered Weight Control Behaviors in Teens

In a review of the literature on DWCB policy, school-based policies are the most commonly proposed and implemented type of intervention to reduce DWCB. These policies aim to impact students in a given grade, district or area. They include implementing anti-bullying policies, changing curriculum requirements to be more body positive or body neutral and to include content on eating disorders, or improving the abilities of school nurses, teachers and other staff to screen students for DWCB. Studies have reported that these interventions are broadly supported by teachers, administrators, and families, and can be fairly inexpensive to implement. Several U.S. states have proposed legislation in support of these school-based interventions with mixed success.

Public policy approaches to reduce DWCB aim to make a broader impact (e.g., reaching those in the community), and therefore can be costly and more difficult to implement. Policy strategies could include banning weight-based discrimination, improving access to nutrition education outside of public schools or campaigns that reach individuals in the community (such as advertisements). To date, Michigan is the only U.S. state with legislation banning weight discrimination, though a similar law recently passed in New York City.

Though they are far-reaching, the nature of these policies could also make evaluating their effectiveness difficult, and so many of these approaches are understudied.

Perhaps the intervention most challenging to implement is increasing regulation of the beauty, fashion and wellness industries. Public health experts recommend policies that would prohibit the modification of images in advertisements, encourage the inclusion of models and television shows with diverse body sizes and shapes, and perhaps most notably, limit the reach of potentially harmful advertisements and products to children and adolescents through social media apps and websites. Public opinion research found that these policies are broadly supported by the general public but often face fierce opposition from the industries themselves. Legislation was recently introduced in California that aims to protect minors from predatory advertisements or content on social media.

The health care field itself is another useful avenue to prevent and reduce DWCB. Public health approaches that shift the focus away from an individual's body weight or body mass index (BMI) can help to appropriately reframe the connection between body size and health, ultimately helping young people understand that they can work toward health no matter what shape or size their body is. In Colorado, Lt. Gov. Dianne Primavera signed a bill into law that effectively prohibits the use of BMI in determining the level of care necessary for eating disorder treatment. Policies such as these help to reframe thinking around eating disorders and DWCB and shift focus away from an individual's weight.

## How Can Research Support These Efforts?

As we enact policies that aim to prevent DWCB, we also need to be sure that they're effective. Experts have recommended many different policy approaches to prevent DWCB, but few of them have been studied robustly. There is an urgent need to study how effective these proposed strategies are so that funds to support these initiatives can be used in the most impactful way possible.

Children and adolescents need support to prevent the development of DWCB and the potential subsequent development of eating disorders. Fortunately, we have many options at our disposal. But it's critical that researchers, policymakers, parents, and community members advocate for these types of interventions and the research that investigates them. Doing so could help interrupt the growing trend of DWCB and help teens to better understand their own bodies and health.

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