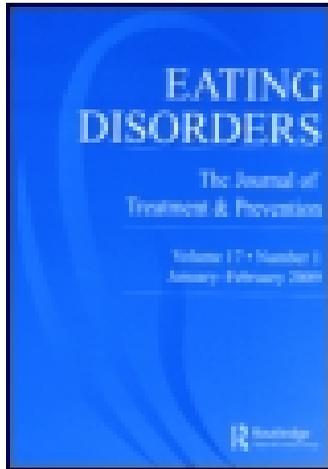


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Accelerating Progress in Eating Disorders Prevention: A Call for Policy Translation Research and Training

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THE LAST WORD

Accelerating Progress in Eating Disorders Prevention: A Call for Policy Translation Research and Training

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The public health burden of eating disorders is well documented, and over the past several decades, researchers have made important advances in the prevention of eating disorders and related problems with body image. Despite these advances, however, several critical limitations to the approaches developed to date leave the field far from achieving the large-scale impact that is needed. This commentary provides a brief review of what achievements in prevention have been made and identifies the gaps that limit the potential for greater impact on population health. A plan is then offered with specific action steps to accelerate progress in high-impact prevention, most compellingly by promoting a shift in priorities to policy translation research and training for scholars through the adoption of a triggers-to-action framework. Finally, the commentary provides an example of the application of the triggers-to-action framework as practiced at the Strategic Training Initiative for the Prevention of Eating Disorders, a program based at the Harvard T. H. Chan School of Public Health and Boston Children's Hospital. Much has been achieved in the nearly 30 years of research carried out for the prevention of eating disorders and body image problems, but several critical limitations undermine the field's potential for meaningful impact. Through a shift in the field's priorities to policy

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translation research and training with an emphasis on macro-environmental influences, the pace of progress in prevention can be accelerated and the potential for large-scale impact substantially improved.

BACKGROUND

The wide-ranging medical and psychosocial consequences of eating disorders, such as anorexia nervosa, bulimia nervosa, and binge eating disorders, and related subdiagnostic conditions, have been widely reported (Arcelus, Mitchell, Wales, & Nielson, 2011; Crow, 2005) and the global burden of disease documented in developed and emerging economies (Kessler et al., 2013; Treasure, Claudino, & Zucker, 2010; Whiteford et al., 2013). The economic consequences of eating disorders are also substantial, with high treatment costs and lost work productivity and wages (Lynch et al., 2010; Mond & Hay, 2007; Samnaliev, Noh, Sonnevile, & Austin, 2015; Stuhldreher et al., 2012). Given the profound impact the disorders can have on all systems of the body and myriad domains of social and economic life, the work of prevention scientists is vital for the field and for population health.

Over the past nearly 30 years, an increasing number of preventive interventions addressing eating disorders and poor body image have been developed, with over a hundred approaches published in the literature (Coelho, Gomes, Ribeiro, & Soares, 2014; Holt & Ricciardelli, 2008; Levine, McVey, Piran, & Ferguson, 2012; Newton & Ciliska, 2006; Rodgers & Paxton, 2014; Stice, Becker, & Yokum, 2013; Stice, Shaw, Becker, & Rohde, 2008; Stice, Shaw, & Marti, 2007; Yager, Diedrichs, Ricciardelli, & Halliwell, 2013; Yager & O'Dea, 2008). These interventions have included universal, selective, and targeted prevention strategies. They have been designed for young children, adolescents, and adults in school and community settings and online. They have targeted self-esteem, body dissatisfaction, thin-ideal internalization, media literacy, healthful nutrition and physical activity, and other indicators (Coelho et al., 2014; Holt & Ricciardelli, 2008; Levine et al., 2012; Newton & Ciliska, 2006; Rodgers & Paxton, 2014; Stice et al., 2007, 2008, 2013; Yager et al., 2013; Yager & O'Dea, 2008). Over 60 preventive interventions have been evaluated in controlled studies, the vast majority of which were efficacy trials (Stice et al., 2013). Importantly, there have been a number of notable successes from these trials documenting preventive effects on onset of eating disorders-related psychological and behavioral symptoms and/or body image problems (Austin et al., 2007; Neumark-Sztainer et al., 2010; Stice et al., 2013; Wilksch et al., 2014; Yager et al., 2013).

DISCUSSION

Given the clear signs of progress, should we stay the course and continue to develop the prevention field along the same path as has been followed so far? The answer is no. Several critical limitations to the approaches developed to date leave the field far from achieving the large-scale impact on population health that is needed. One, in the eating disorders and body image literature as a whole, preventive intervention studies make up only a small proportion of published research. A recent evaluation of all articles appearing in the *International Journal of Eating Disorders*, the leading journal in the field, and *Eating Disorders: The Journal of Treatment and Prevention* from 2005–2010 found that articles describing preventive intervention studies made up only 3% of articles in the former journal and 8% of papers in the latter journal (Austin, 2012). In contrast, more than half of the articles in both journals were focused on diagnosis, treatment, and course of illness. This gross imbalance suggests prevention is ranked very low among the field's priorities, but were the field to reallocate scientific attention and resources, even to a modest degree, for prevention research and training of emerging scientists, likely productivity would increase appreciably.

Two, only a small proportion of the preventive intervention studies produced so far have moved beyond the efficacy trial stage to be evaluated in effectiveness (Austin et al., 2007; Becker, Smith, & Ciao, 2006; Becker et al., 2010; Matusek, Wendt, & Wiseman, 2004; Perez, Becker, & Ramirez, 2010; Stice et al., 2013) and dissemination (Austin et al., 2012; Kilpela et al., 2014) studies. Large-scale impact of behavioral interventions on population health necessitates progression through the phases of evaluation from efficacy to effectiveness to dissemination (Brownson & Jones, 2009; Flay, 1986; Glasgow, Lichtenstein, & Marcus, 2003). Furthermore, preventive interventions by and large have been dominated by selective and targeted approaches, with only a minority using universal strategies (Wilksch, 2014). No doubt the reliance on selective and targeted approaches is in part a consequence of the documented prominence of clinical disciplines and the comparative quiescence of public health or similar disciplines in the eating disorders prevention field (Austin, 2012). In addition, nearly all evaluated preventive interventions (with a rare exception [Gauvin & Steiger, 2012]) to address eating disorders and poor body image are targeted at the individual level (Gauvin & Steiger, 2012; Levine et al., 2012; McLaren & Piran, 2012; Sanchez-Carracedo, Neumark-Sztainer, & Lopez-Guimera, 2012). While individual-level behavior change should be a key element in the field's overall preventive strategy, an exclusive focus on the individual without seeking to change the larger societal conditions that produce illness has been widely rejected by public health professionals across a range of health concerns—including mental health, cancer, obesity, substance use, accidental injury, and more—both as needlessly limited in the potential to have a meaningful

impact and even unethical, placing the burden solely on individuals while leaving toxic environments and societal bad actors unchallenged (Austin, 2000, 2011; Braveman & Gottlieb, 2014; Braveman et al., 2011; Colditz, Emmons, Vishwanath, & Kerner, 2008; Levine et al., 2012; McLaren & Piran, 2012; Piran, 2010; Schwartz & Brownell, 2007).

Three, not only do preventive interventions insufficiently address the macro environment, but even the observational literature on determinants of eating disorder symptoms and poor body image has generally overlooked macro-environmental factors (McLaren & Piran, 2012; Paxton, 2012; Wang, Peterson, McCormick & Austin, 2013). A recent systematic review of research on environmental influences on eating disorders and body image identified 93 observational studies in the English-language, peer-reviewed literature from 1994–2012, covering nine environmental constructs (Wang et al., 2013). More than half of the studies defined *environment* as family, a quarter as peer relationships, a tenth as media, and small percentages of the remaining examined other behavioral settings, sociocultural or interpersonal factors, and twin environments. None of the studies identified in this review examined policy or built and consumer industry environments (Wang et al., 2013). It is important to note that other areas of public health have long ago moved away from an exclusive focus on individual and interpersonal level determinants and behavior change strategies, instead directing valuable scientific attention and resources to building an expansive body of research on environmental determinants of health, such as in the areas of cancer prevention, tobacco and alcohol use, nutrition, and many others, generating a powerful array of environmentally targeted preventive intervention approaches to maximize large-scale impact on population health (Colditz et al., 2008; Gostin, 2000; Institute of Medicine, 2000; Schwartz & Brownell, 2007; Swinburn, Egger, & Raza, 1999). In sum, though important advances in the prevention of eating disorders and poor body image have been made over the past nearly 30 years, several critical limitations described above profoundly undermine the field's potential to make a difference in population health. Bluntly stated, if we keep doing more of the same over the next 30 years of research, we will continue to earn only the same type of small-scale victories with little promise of substantial impact on population health. How can we speed up our progress toward meaningful impact? We must make a shift in our field's priorities to policy translation research and training guided by a triggers-to-action framework, as described below.

Keys to Accelerating Progress in Prevention

For well over a decade, translation—which in the simplest terms can be described as systematic and deliberate processes using research findings to inform changes in policy and practice to improve population health—has become increasingly central to the missions of health sciences and of major government and foundation funders of health research (Alfano et al., 2014;

Lomas, 2000; McGinnis, Williams-Russo, & Knickman, 2002; Rubio et al., 2010; Sung et al., 2003; Zerhouni, 2005). Subsequent to the U.S. Institute of Medicine (IOM) Clinical Research Roundtable's 2003 publication on translational research, which described translational research in two phases (T1 and T2) (Sung et al., 2003), scholars have expanded on the phases to include T3 and T4 to delineate types of translation occurring in the public health and policy sectors with the potential to improve population health on a large scale (Alfano et al., 2014; Khoury et al., 2007). In addition, the IOM further extolled the importance of policy translation, urging scientists in its 2011 report *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges* to engage in active policy research to identify promising innovations for high impact (Institute of Medicine Committee on Public Health Strategies to Improve Health, 2011).

Echoing the IOM's call, Kessler and Glasgow challenged health researchers to ask the question, "Will this research generate data likely to result in policy or practice improvement within three to five years?" (Kessler & Glasgow, 2011). This question, which is no less applicable for researchers focused on eating disorders and body image, must be followed with the pragmatist's question: "If yes, how?" How do we make sure our work is aptly designed and targeted for policy translation and macro-environmental change to maximize impact on population health? Progress in prevention in eating disorders and body image problems can be accelerated through two pivotal types of changes: One involves changes in study designs and the study methods given priority and a second involves adoption of a triggers-to-action framework to guide research and training activities.

Shift Priorities in Research Designs and Methods

A number of other fields (e.g., cancer prevention, alcohol and tobacco use, nutrition, etc.) have already made transformative shifts in the types of research design and methods and corresponding training of new scholars that can serve as models for the eating disorders and body image field (Colditz et al., 2008; Gostin, 2000; Institute of Medicine, 2000; Rubio et al., 2010; Schwartz & Brownell, 2007; Swinburn et al., 1999). The shifts include:

1. *Plan for rapid translation*: Design studies to begin with a focus on potential for rapid translation with an aim to generate evidence relevant for practice and policy uptake. To do this, researchers must involve end users, policymakers, and transdisciplinary teams from the earliest stages of the design process (Jones, Kreuter, Pritchett, Matulionis, & Hann, 2006; Kessler & Glasgow, 2011; Ross, Lavis, Rosriguez, Woodside, & Denis, 2003).
2. *Move beyond direct replication of efficacy randomized controlled trials (RCTs)*: Use alternatives such as replication across varied settings and

conditions, effectiveness and dissemination studies, cohort multiple RCT designs, quasi-experimental designs, and studies based in rapid-learning, real-world settings such as health-maintenance organizations, public healthcare systems, primary care-based networks, education systems, etc. (Brownson & Jones, 2009; Kessler & Glasgow, 2011; Mirvis, 2009; Relton, Torgerson, O’Cathain, & Nicholl, 2010). Compared to efficacy trial methods, these methods can generate findings to inform programs that are more appropriate for and sustainable in real-world settings and, in some cases, produce results at a much faster pace.

3. *Apply simulation modeling methods*: Simulation modeling methods are now commonly employed in fields such as climate science, economics, and decision analysis. In the context of eating disorders and body image, these methods can be used to examine potential effects of policy changes, multiple exposures, and moderators under varied conditions. These methods can accelerate the pace of evidence generation more so than most any other method (Glasgow & Emmons, 2007; Kessler & Glasgow, 2011).
4. *Carry out economic studies*: Economic study methods are essential to evaluate intervention costs and savings, return-on-investment, and cost-effectiveness of interventions and comparative cost-effectiveness across varied programs under consideration by policymakers and program planners. Every published preventive intervention—not to mention every treatment intervention—should report intervention costs, so that economic analysis of intervention effects can be conducted (Glasgow & Emmons, 2007; Kessler & Glasgow, 2011; McGinnis et al., 2002).

Adopt a Triggers-to-Action Framework to Guide Prevention Research and Training

Public health law scholar Michelle Mello cogently argues that promoting population health through macro-environmental change is most often achieved through law and policy in the public sector and practice standards in the private sector. She identifies three conditions needed to trigger regulatory action in these sectors: (a) evidentiary base addressing two questions: Does the scientific evidence link the exposure in question to long-term health problems?; and Do economic costs favor prevention?; (b) practical considerations as to how preventive approaches can be operationalized into law and policy; and (c) political will among decision makers and the public to support action (Austin, 2012; Mello, Studdert, & Brennan, 2006). To illustrate the pragmatic value of this framework, what follows are examples of concrete ways that the triggers-to-action framework is used to inform the research and training agenda of the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED; www.hsph.harvard.edu/striped), a program based at the Harvard T. H. Chan School of Public Health and Boston Children’s Hospital in the United States.

The STRIPED program was established to provide emerging public health and adolescent health professionals with training in translational approaches to eating disorders prevention through classroom, research, and practicum experiences working with transdisciplinary teams. All STRIPED research activities, including those described below informed by a triggers-to-action framework, serve as mentored learning laboratories for our trainees based at Harvard University and Boston Children's Hospital.

Trigger 1a: Evidentiary base: Does the scientific evidence link the exposure in question to long-term health problems? This first trigger, focused on identifying determinants of disorder, is the most developed in the eating disorders and body image literature. The recent review (mentioned above) of scientific articles published in the *International Journal of Eating Disorders* and *Eating Disorders: The Journal of Treatment and Prevention* found more than a quarter of the published work in these journals examined determinants (Austin, 2012). However, as also described above, there are large gaps in the science on macro-environmental determinants, particularly those related to law, policy, built environment, and consumer industries (Wang et al., 2013). A few examples of macro-environmental forces that may influence eating disorders and body image but have received little research attention include the industries selling over-the-counter drugs and supplements in the laxative, colon "cleansing," weight loss, and muscle-building markets; cosmetic surgery and procedures industry; and UV tanning industry, among others. To address the need for new research targeting trigger 1a, STRIPED is currently conducting a study across seven major U.S. metropolitan areas examining the characteristics of these industries, their scale, scope, and geographic distribution and exploring linkages between exposure variation and health outcomes relevant to eating disorders and body image problems (Austin, Gordon, Blossom, Kennedy, & Williams, in preparation; Austin et al., 2013).

Trigger 1b: Evidentiary base: Do economic costs favor prevention? A series of STRIPED economic studies have been designed to address this trigger to action by contributing to the evidentiary base on economic costs and savings achievable through primary and secondary prevention. The first of these studies, conducted in collaboration with the U.S. Centers for Disease Control and Prevention, documented the substantial cost savings of Planet Health, a middle school nutrition and physical activity health promotion program, that can be attributed to its primary preventive effects for early adolescent girls on both obesity (Gortmaker et al., 1999; Wang, Yang, Lowry, & Wechsler, 2003) and onset of eating disorder symptoms (Austin et al., 2005, 2007, 2012; Wang, Nichols, & Austin, 2011). In a second economic study, conducted in response to policy advocacy in Virginia, New York, and elsewhere calling for secondary prevention through eating disorders screening for young people, our team used simulation methods to estimate the cost-effectiveness of universal eating disorder screening in U.S. middle and high

schools compared to the current practice of no screening in U.S. schools. Our findings estimated cost-effectiveness of universal eating disorders screening would be comparable to that of other well-accepted adolescent screenings, such as for cervical cancer and blood pressure (Wright, Austin, Noh, Jiang, & Sonnevile, 2014). A third economic study provided new evidence of the economic burden of eating disorders using data from the U.S. nationally representative Medical Expenditures Panel Study, showing those with eating disorders and other mental health comorbidities, compared to the general population, experience sizable hardships in healthcare costs, unemployment, and reduced annual income (Samnaliev et al., 2015).

Trigger 2: Practical considerations as to how preventive approaches can be operationalized into law and policy. Through a series of legal studies, STRIPED has addressed this trigger to begin to identify the array of viable strategies in the U.S. legal context to promote prevention through the legislative and administrative branches of government at the federal, state, and municipal levels. Two studies enumerated promising regulatory actions that would improve protections for consumers from over-the-counter drugs and supplements marketed for weight control and muscle building (Pomeranz, Barbosa, Killian, & Austin, 2014; Pomeranz, Taylor, & Austin, 2013). Another pair of studies delineated viable regulatory actions that would improve protection of minors targeted by the cosmetic surgery industry and protect other vulnerable populations from exploitation by practitioners illegally proffering dangerous cosmetic surgery procedures (Cooper, 2014a, 2014b). An additional study outlined viable approaches to apply U.S. occupational health and safety laws to protect the health of runway models working in the fashion industry (Record & Austin, under review).

Trigger 3: Political will among decision makers and the public to support action. Political will is influenced through advocacy, and scientists have an important role in advocacy both as engaged citizens and as expert advisors regarding the evidence base supporting certain policy changes over others. In collaboration with national and regional eating disorders advocacy groups such as the Eating Disorders Coalition, National Eating Disorders Association, Multi-Service Eating Disorders Association, and others, STRIPED has cultivated partnerships to affect political will in two areas closely tied to our research: expansion of eating disorders screening in schools and improved regulation of over-the-counter drugs and supplements marketed for weight loss and muscle building. Activities include: involving community stakeholders as advisors early in the research process to ensure that findings will address top concerns from the perspective of policymakers and advocates and to enhance uptake by policymakers; offering expert guidance on current evidence to policymakers and advocates; engaging in advocacy with community partners through co-organizing legislative briefings, informational meetings with policymakers, and drafting legislation.

CONCLUSION

Much has been achieved in the nearly 30 years of research carried out for the prevention of eating disorders and body image problems, but several critical limitations undermine the field's potential for meaningful impact. Through a shift in the field's priorities to policy translation research and training with an emphasis on macro-environmental influences, the pace of progress in prevention can be accelerated and the potential for large-scale impact on population health substantially improved. The STRIPED program offers just one example of how research and training programs can adopt a triggers-to-action framework to successfully guide accelerated policy translation activities for prevention. Ideally going forward we will see many more examples emerge from the field. Perhaps if as a field we can make these necessary shifts in our priorities, 30 years from now we will look back at our accomplishments in preventing eating disorders and body image problems and know we have finally had a meaningful impact to advance population health.

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