

ABSTRACT

AN EDUCATIONAL PROGRAM ON EATING DISORDERS FOR HIGH SCHOOL
STUDENTS AND EDUCATORS IN ORANGE COUNTY, CALIFORNIA:

A GRANT PROPOSAL

By

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The purpose of this project was to develop a school-based program, identify a funding source and write a grant that would fund an educational eating disorder program for students attending high school in the greater Orange County area. An extensive literature review indicated that there was an increase in eating disorders among adolescents and a need for an educational program that would provide reinforcing tools for healthy lifestyles, identification of symptoms of the illness, and resources for interventions, treatment and community referrals for both student and educators.

The Robert Wood Johnson Foundation was selected as a funding source for this grant as the goals of the foundation best fit this grant. More importantly to promote healthy lifestyles for children and adults so that they can live longer and healthier lives.

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STUDENTS AND EDUCATORS IN ORANGE COUNTY, CALIFORNIA
A GRANT PROPOSAL

A THESIS

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CHAPTER 1

INTRODUCTION

Approximately 24 million men, women, and children suffer from eating disorders each year throughout the United States (National Association of Anorexia Nervosa and Associated Disorders [ANAD], 2014). Studies indicate between 10-22% of adolescents between the ages of 10 and 18 will suffer from an eating disorder (Keca, 2006; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). These percentages are steadily growing as research is revealing that many more young men and women are suffering from unhealthy eating habits, such as bulimia related behaviors, including vomiting after excessive overeating (Mitchison & Hay, 2014).

Although there is not a single cause for eating disorders, it is believed that genetics, being a young female, having been a victim of abuse, and other mental health conditions, such as low self-esteem and negative self-image as a result of being taunted or bullied about one's weight, are also contributing factors (Mitchison & Hay, 2014). Competition between peers in school-related activities can also contribute to disordered eating (Ferguson, Munoz, Garza, & Galindo, 2012). For instance, eating disorders have been seen in adolescents who are engaged in competitive sports activities such as wrestling, gymnastics and other sports that emphasize a specific body structure and weight requirements (American Psychological Association, 2014).

Research indicates that eating disorders very often go untreated due to lack of education in schools and home, and is often hidden from educators and parents by youth,

which leads to difficulty in detection and diagnosis (Merikangas et al., 2011). Without the awareness and prevention information, untreated eating disorders can result in increasingly severe mental health problems, up to and including suicide (ANAD, 2014; Keca, 2004; Merikangas et al., 2011; Mitchison & Hay, 2014). The treatment for eating disorders include intense psychotherapy as part of an inpatient psychiatric program, or therapeutic services through outpatient programs (e.g., 12 step programs), and occasionally, specific nutritional counseling (Coutturier, Isserlin, & Lock, 2010; McAleavey, 2010). It is important to educate school staff and administration, as well as encourage preventative measures in the school to reduce the likelihood of these disorders occurring.

Statement of Purpose

Given the prevalence of eating disorders and lack of systemic awareness in high school settings, the purpose of this project was to write a grant for the Orange County Department of Education in order to increase educator and adolescent awareness on the seriousness of eating disorders among youth. This grant project seeks funding for a series of educational programs that will (a) educate the administration staff and teachers on what to look for, communication strategies, and how to detect eating disorders amongst their students and, (b) develop presentations that will be given to the students to increase awareness of eating disorders, empower students to communicate, seek assistance and treatment options. This program targets 43 schools over a 12-month period and will engage educators and students in the program at each school. These presentations include awareness of eating disorders and the seriousness of the illness, confidence-building activities, and resources as well as communication tools such as how

to discuss issues with parents, teachers or counselors if an adolescent recognizes an eating-related problem in their own lives.

Conceptual Definitions

Eating disorder is defined as an unhealthy relationship with food and weight that severely impacts daily life (American Psychological Association, 2014) and is categorized as: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

Anorexia Nervosa

Individuals suffering with anorexia nervosa have a distorted self-image and an irrational fear of gaining weight. These individuals maintain a below average weight according to their age, sex and development (American Psychiatric Association, 2013).

Bulimia Nervosa

Individuals suffering from bulimia nervosa eat excessive quantities at one time. They begin feeling shame and guilt so they will purge the calories they fear by vomiting, using laxatives and diuretics or excessive exercise (American Psychological Association, 2014).

Binge Eating

Similar to bulimia, individuals suffering from binge eating will eat excessive amounts of food at one time, usually food high in fats and sugars. Unlike bulimia nervosa, they do not purge the food once it has been eaten. Many of these individuals suffer from obesity (American Psychological Association, 2014).

Social Work Relevance

While there are treatment modalities available for youth suffering from eating disorders, the problem still continues to rise due to lack of education. The National

Association of Social Workers Code of Ethics (2014) states that social workers have an obligation to help people in need and address social problems. There is a growing social problem with our youth and the amount of eating disorders in the community. This program is important and relevant as social workers have the knowledge to educate the teachers and students regarding treatment and resources. As the prevalence of eating disorders increase in our schools, it is critical that educators and administrative staff be familiar with warning signs and early detection of these debilitating disorders (Rosen and Committee on Adolescence, 2010). This program will add to the social work profession by improving school based mental health support information to the high schools, staff and students as well as opening up the idea to parents and caregivers that social workers assist and support the families in all aspects of environment and mental health. It is important to incorporate, not only the individual strengths of the person, but the strengths of the family structure and environment to promote a lasting and fulfilling recovery process.

Cultural Considerations

Although eating disorders were once believed to be a disease experienced most often by affluent White females (Rosen & Committee on Adolescence, 2010), it is clear that this disease does not discriminate and is now found in all cultures and socioeconomic backgrounds. Anorexia nervosa, bulimia nervosa and binge eating disorders are becoming more prevalent among people of color throughout the United States (Gonsalves, Hawk, & Goodenow, 2013; Rosen & Committee on Adolescence, 2010). Although eating disorders are most prevalent in industrialized societies with an abundance of food and a preference for thinness, such as United States, Europe and

Canada (Fairburn, Harrison, & Brownell, 2003), there are increasing rates in Japan and China (Lee et al., 2010) due to modernization of the culture. In 2005, the Youth Risk Behavior Surveillance System reported Latino males having the highest rate (3.9%) of vomiting and laxative use followed by White males (2.3%) and African American males (2.8%; Austin et al., 2008).

The program will take into account the cultural, racial and ethnic diversity by providing specific information regarding the individual target populations. For example, when discussing information with the Hispanic community, the program will take into account the importance of family, acculturation and possible dangers of the surrounding environment when discussing binge eating and obesity. The program will also take into account the different traumas and environmental stressors that people of color may be exposed to in their life and community (National Association of Social Workers, 2014).

CHAPTER 2

LITERATURE REVIEW

This review of the literature will discuss and define eating disorders, highlighting the prevalence in the youth and adolescent population. In addition it will discuss hypotheses as to why these disorders arise in individuals and why there is a cause for concern. Furthermore this chapter will analyze the populations affected by these disorders, the biological, psychological and sociological features of the individuals affected and the influence of social media on body image. Lack of awareness and education among school educators and staff, as well as, resources and treatment modalities will also be addressed.

Anorexia Nervosa

Anorexia nervosa is an eating disorder caused by an “intense fear of gaining weight or becoming fat” (American Psychiatric Association, 2013, p. 338). Many individuals who suffer from anorexia are significantly below the average body mass index and are visually underweight (A.D.A.M. Medical Encyclopedia, 2015). There are two types of anorexia as noted in the *Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V)*: Restricting Type and Binge-Eating/Purging Type (American Psychiatric Association, 2013). Restricting Type is described as weight loss being maintained by excessive dieting, fasting or excessive exercise, as opposed to Binge Eating/Purging Type, which is maintained by eating in excess followed by self induced

vomiting, and the use of laxatives, diuretics and enemas (American Psychiatric Association, 2013).

Men, women and children who generally suffer from anorexia will also develop psychiatric illness such as substance abuse, anxiety, depressed mood, irritability, insomnia and suicidal ideation due to malnourishment (American Psychiatric Association, 2013; National Alliance on Mental Illness, 2013; National Association of Anorexia Nervosa and Associated Disorders ([ANAD], 2014). Physical changes will also occur in these individuals. Often their nails and hair will become brittle, skin tone will begin to yellow and fine hair called “lanugo” will cover the body as it can no longer regulate and maintain body temperature due to starvation and malnutrition (National Alliance on Mental Illness, 2013).

Severe cases of anorexia can cause serious medical complications to occur. Due to starvation of the body, the heart rate begins to slow and blood pressure begins to drop. The body fights to stay alert and restore itself during this time. If the starvation or purging continues, there is a high risk for heart failure, bones become soft and brittle and severe dehydration can lead to kidney failure (A.D.A.M. Medical Encyclopedia, 2015). Brain scans of individuals suffering from anorexia show abnormal activity and structural changes in the brain. These changes can lead to seizures, nerve damage and distorted thinking (A.D.A.M. Medical Encyclopedia, 2015; Mitchell & Crow, 2006). Anorexia nervosa has the highest mortality rate of eating disorders and other psychiatric illness. This is due in part to death by starvation and malnutrition as well as the high rates of suicide due to depression and the above mentioned distortion of thought (Arcelus,

Mitchell, Wales, & Nielsen, 2011; National Alliance on Mental Illness, 2013; South Carolina Department of Mental Health, 2006).

Bulimia Nervosa

Bulimia is characterized by recurrent episodes of excessive eating that happen in a very short period of time (1 to 2 hours) and involves a lack of control by the individual with the disorder (American Psychiatric Association, 2013). This excessive binge eating is immediately followed by an intense fear of gaining weight, which leads the individual into inappropriate behaviors of self-induced vomiting, laxative and diuretic use, fasting and/or excessive exercise (American Psychiatric Association, 2013).

Similar to anorexia nervosa, bulimia nervosa is often associated with mood disorders such as depression and anxiety, however the majority of bulimia is found in individuals with personality disorders, specifically borderline personality disorder. This may be due in part to the lack of confidence and self worth, as well as the self-injurious nature of a borderline and bulimic individual (American Psychiatric Association, 2013; National Alliance on Mental Illness, 2013). Persons suffering from bulimia nervosa will begin to show personality changes as well as changes in their social environment. They will begin structuring life around binge and purge cycles, fluctuations in mood and defense regarding food. As the disorder worsens there may be growing signs of substance abuse and self-injurious behaviors such as “cutting” (The Center for Eating Disorders, 2009; National Eating Disorder Association, 2014).

Physical changes occur in individuals suffering from bulimia nervosa, such as damaged or rotting teeth due to acidity of vomit, scarring and blisters on the hands and knuckles from self induced vomiting and possible swollen cheeks due to damage of the

parotid gland; largest salivary gland located around the cheek bone and ear (National Alliance of Mental Illness, 2013; United States National Library of Medicine, 2014). Further, dehydration can occur which may result in heart failure, inflammation of the throat and tears to the esophagus, gastrointestinal problems may occur such as chronic bowel movement irregularity and constipation, as well as future reproduction issues for women (A.D.A.M. Medical Encyclopedia, 2015; The Center for Eating Disorders, 2009).

Binge-Eating

Similar to bulimia nervosa, binge eating is characterized by episodes of excessive eating in a short period of time (1 to 2 hours), much more rapidly than normal with an inability to control one's eating habits. However, it is not followed by inappropriate compensatory behaviors such as vomiting and laxative use (American Psychiatric Association, 2013). The majority of individuals who are diagnosed with binge eating disorder often gain a substantial amount of weight, which usually correlates directly with obesity and can lead to a high rate of physical and psychological problems in their future (American Psychiatric Association, 2013; White & Gianini, 2013). When children struggle with eating disorders and obesity at an early age, it is likely to follow them into adulthood, which can lead to non-communicable diseases such as diabetes and cardiovascular problems (Hadjigeorgiou, Tornaritis, Savvas, Solea, & Kafatos, 2012).

Obesity is becoming one of the leading and most costly health concerns in the United States with childhood obesity being one of the most serious public health concerns of this century (Hadjigeorgiou et al., 2012). In 2008, annual medical costs associated with obesity related health problems were estimated at \$147 billion nationally

(Finkelstein, Trogon, Cohen, & Dietz, 2009). With rise in binge eating disorder and obesity, these numbers are likely to increase significantly.

Research has continued to show that binge eating and obesity can lead to health concerns such as diabetes and heart failure. However, it has also been linked to psychological impairments such as depression, high levels of anxiety and in some cases bipolar disorder (American Psychiatric Association, 2013). McElroy et al. (2013) found a positive correlation of bipolar disorder among 75 patients who were clinically diagnosed with binge eating disorder. The authors correlate binge eating disorder to bipolar in part due to increased rate of irritability, elevated mood and an increase in goal directive activity such as excessive eating (American Psychiatric Association, 2013; McElroy et al., 2013).

Prevalence in Youth and Adolescents

In a study conducted by Rosen and Committee on Adolescence (2010) the authors suggest that the epidemiology of eating disorders are changing and shifting. There is a rise in disordered eating among youth and adolescents, including an increase in people of color, young males, and an increased prevalence of the disorders that were not typically seen in other countries.

Over the years research continues to find that many eating disorders are connected to alternative factors such as depression and mental illness. A study conducted by Merikangas et al. (2010) reports out of approximately 10,120 youth between the ages of 13 and 18 who were surveyed, 1 in every 5 United States youth meet the criteria for mental illness. This same study found that anxiety, mood and behavior disorders were among the highest ranking for severity and impairment (Merikangas et al., 2010).

A wellness-based prevention program in 2007 discussed the differences between prevention programs that may unintentionally encourage dieting and thin ideals by lecturing or instructing students, as opposed to a well-rounded approach (Russell-Mayhew, Arthur, & Ewashen, 2007). A well rounded approach to eating disorders encourages teachers, parents and students to be involved in environmental changes, and develop self-esteem enhancing strategies as well as social skills (Russell-Mayhew et al., 2007). This wellness-based program found that starting early with elementary school children and getting teachers and parents involved in the program have the greatest effect on preventing eating disorders in youth and adolescents as they continue through their education (Russell-Mayhew et al., 2007). If we look to the above-mentioned statistics, it should highlight that the rise in youth mental illness can also mean a continued rise in adolescent eating disorders (Haines & Neumark-Sztainer, 2006). It is important for schools, faculty and parents to begin focusing on prevention and early intervention as opposed to focusing all attention and efforts of treatment based interventions (Haines & Neumark-Sztainer, 2006).

Athletics and Eating Disorders

Additional studies indicate that being involved in highly competitive sports, such as gymnastics, wrestling, and cross country running that require high performance and an ability to maintain a specific weight, may be a factor in youth and adolescents developing an eating disorder (Wadas & DeBeliso, 2014). The majority of the athletes who suffer from eating disorders are women; however the number of men is growing steadily due to the increasing amount of sports that require men to maintain a specific weight class and physique (Kakaiya, 2008).

Bachner-Melman, Zohar, Ebstein, Elizur and Constantini (2006) reported a similar perfectionistic, high self-expectation and competitiveness between athletes and anorexia nervosa patients. Although eating disorders do not turn up in all athletes, there are three distinct subgroups of athletes that were found to have an increased probability of developing disordered eating (Bachner-Melman et al., 2006). First, are compulsive runners, as opposed to those who run for sport or competition. Second, are elite athletes that perform at the highest echelon of their sport (e.g., those who perform in Olympic sports). Lastly are those who engage in aesthetic sports and tend to have more problematic attitudes toward their appearance and weight, such as dancers, gymnasts, swimmers, divers, cheerleaders and figure skaters (Bachner-Melman et al., 2006). It was reported that many of these aesthetic athletes were at greater risk of eating disorders than their non-aesthetic counter parts (Bachner-Melman et al., 2006).

There tends to be considerable underreporting of eating disorders among adolescent athletes in high school. Some researchers indicate that it could be due to a desire to protect coaches or their athletic departments (Kakaiya, 2008; Wadas & DeBeliso, 2014). These student athletes may refrain from reporting any type of disordered eating, assuming that it will affect their ability to qualify or be a member of the team (Kakaiya, 2008; Torstveit, Rosenvinge, & Sundgot-Borgen, 2008; Wadas & DeBeliso, 2014). Other case studies indicate that athletes are reluctant to admit their unhealthy eating habits, as it is seen as a weakness to the team and coaches (Bonci et al., 2008; Torstveit et al., 2008). According to Yager and O'Dea (2005) schools play a significant role in the lives of youth and have many opportunities to educate and prevent disordered eating and obesity with their students (see also ANAD, 2014). National

Association of Anorexia Disorder and Associated Disorders (2014) reports, administration staff and teachers receive little to no education regarding nutrition and prevention techniques. Therefore, the lack of knowledge and education between staff members becomes a barrier for prevention programs in schools and may have a negative impact on youth (ANAD, 2014; Yager & O’Dea, 2005).

Eating Disorders and Women

In recent years studies have begun to indicate an increase in eating disorders among middle-aged men and women. An Australian study reported that out of 475 women ages 60 to 70 years old, 425 of them reported body dissatisfaction, dieting and excessive efforts to maintain their weight (Borchard, 2011). Eighteen of those women were clinically diagnosed with anorexia, bulimia or binge eating disorder and 21 of those women admitted to single symptom disordered eating such as laxative, diuretics or vomiting to lose weight (Borchard, 2011).

Although eating disorder symptoms are similar between adolescents and adults, the context of why the eating disorder is present is different. For older adults the struggle can be affected from their marriage or partnership, their relationship with their children and their career. Many older adult women who are caring for their parents as they age may begin to struggle with an eating disorder due to being stressed and overwhelmed (Gagne et al., 2012; National Eating Disorder Association, 2014). The health risks of an eating disorder are dangerous at any age. However, older adults who suffer have higher health risks, as their bodies are not as resilient as youth and adolescents. They are at greater risk of gastrointestinal difficulties, cardiac, bone and even dental complications (Gagne et al., 2012; National Eating Disorder Association, 2014).

Eating Disorders and Males

Although there is not much research regarding men and eating disorders, there are a few studies over the last several years that emphasized an increase in male eating disorders as well. A research study conducted on 3,000 male and female participants at Harvard University in 2006 found 25% ($N = 375$) of male participants were suffered from anorexia or bulimia nervosa and 40% ($N = 780$) of men suffered from binge eating disorder (Harris & Cumella, 2006). Additionally, a recent article reports, out of 21,743 men 1,630 (13%) of them were suffering from binge eating and depression (Striegel, Bedrosioan, Wang, & Schwartz, 2011). Although males with body image concerns may be less likely to suffer from anorexia and bulimia as their female counterparts, males are more likely to suffer from body dysmorphia or a term known as “bigorexia” (Leone, Sedory, & Gray 2005, p. 2; Pope et al., 2005). This term alludes to males becoming compulsive in their exercise routines, abusing muscle enhancers and weight loss supplements or resorting to steroid use in order to get the ideal physique they are after (Leone et al., 2005; Pope et al., 2005). This specific type of weight routine is found in males who may have experienced late onset puberty, were victim of bullying for their physique or struggling with their sexuality (Hepworth, 2010).

Over the last three decades there has been a significant increase of men who are dissatisfied with their bodies, however due to their societal roles they are less likely to seek help as there is a growing amount of negative attitudes toward men for seeking psychological assistance (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Goldfield, Blouin, & Woodside, 2006; Schooler & Ward, 2006). Furthermore, although males show same signs and symptoms for eating disorders, they are less likely to be

properly diagnosed, as many clinicians still believe only young females are affected by eating disorders (Esch & Zullig, 2008).

Social Media and Body Image Concerns

Throughout history, magazines, newspapers and movies have shaped our standards of beauty. Over the past decade our cultural ideals have become much more prevalent than ever before through social media, Internet access and movies. There are recent arguments that social media (Facebook, Instagram, television commercials, among others) has been affecting our youth and society by portraying false images and low body weight as indicators of beauty (Ferguson et al., 2012; Levin & Murnen, 2009). In recent years social media sites have portrayed a positive image of eating disorders by creating Facebook and Instagram sites such as “pro-ana” and “pro-mia” (Shalby, 2014, p. 1) that encourage youth and adolescents to post pictures to the sites and get inspiration from their peers. Many of these photos encourage food restriction and fasting (Shalby, 2014). In 2007 a study was conducted on 147 women randomly assigned to one of two conditions (Mazzeo, Trace, Mitchell, & Gow, 2007). Condition one had women watch an episode of a reality show based on cosmetic surgery. The second condition group watched an episode of a home improvement show. The women in the cosmetic group at post-test reported that after watching the reality show they had lower self esteem and felt a higher pressure to be thin; these feelings persisted after a 2-week follow-up (Mazzeo et al., 2007) providing added evidence that society and social media add to lower self worth and possibly eating disorders.

Youth and adolescents typically have a false perception of their weight and therefore, tend to engage in unhealthy weight control behaviors (Gonsalves et al., 2013).

Recently, a qualitative study by Ferguson and colleagues (2012) reports that although there are speculations whether social media has any influence on eating disorders, they found it did have an influence on peer competition. A recent study of high school students reported that adolescents who were overweight or obese typically reported that their negative perception of self has come from being teased and bullied by their peers throughout their high school career (Gonsalves et al., 2013).

Additional studies indicate that being bullied or competing with peers, have a negative effect on adolescent self-worth and can lead to depression, self-esteem issues and eating disorders (Gonsalves et al., 2013; Keca, 2004; Wertheim, Paxton, & Blaney, 2004). Rosen and Committee on Adolescence (2010) report that adolescent's negative body image and body-shape concerns are common and are likely to increase the development of an eating disorder if these negative feelings persist.

Biological Factors

Recent evidence suggests that eating disorders are biological and can be found in genetic traits of family members. A cohort study of 158, 679 children was conducted over 7 years to determine whether a parent who was diagnosed with a mental illness had any effect on their children developing an eating disorder (Bould, Koupil, Dalman, DeStavola, Lewis and Magnusson, 2014). Authors found that children were at greater risk if their parents were diagnosed with bipolar affective disorder, personality disorder or anxiety/depression (Bould et al., 2014). Additionally, Allen, Byrne, Forbes and Oddy (2014) found mothers who have previously suffered or are currently suffering from an eating disorder have children who reported having significantly higher symptoms of eating disorders than children whose parents do not suffer from an eating disorder.

Further information found a negative correlation between childhood disordered eating and parents who were diagnosed with Schizophrenia, somatoform disorder or substance misuse (Bould et al., 2014).

A recent study of identical twins revealed that if one twin suffers from an eating disorder the likelihood of his or her identical twin having similar disordered eating is nearly 80% (Hinney, & Volckmar, 2013; Raevuori, 2013). Similarly, Llewellyn and colleagues (2014) conducted another study of twin children who have overweight and obese parents. It was found that the children in the study are genetically predisposed to have low satiety responsiveness to food, which makes them higher risk for eating disorders including obesity as they reach adolescence and then adulthood.

Recent evidence has studied set-shifting which relates to flexibility or the ability to shift attention, in individuals with eating disorders (McAnarney et al., 2011). McAnarney and colleagues (2011) found 24 adolescent females diagnosed with anorexia nervosa and 37 normal controls and compared their set shifting skills. They reported those suffering from anorexia nervosa have a significant impairment in their set-shifting and executive functioning ability. Further research is being conducted regarding these biological traits in those who suffer from disordered eating and will hopefully give more information in the not so distant future.

Psychological Factors

Many psychological risk factors such as childhood sexual abuse, physical abuse, depression, personality disorders, perfectionism and obsessive-compulsive traits as well as family environment and influence have been associated with the onset of eating disorders (Fisher, Sinton, & Birch, 2009; National Eating Disorder Collaboration, 2014;

Smolak, 2009). Data from a baseline of 218 mothers and daughters reported, 50 of the daughters whose parents frequently commented on their weight reported higher body dissatisfaction and depressive symptoms. These participants also reported greater prevalence of unhealthy weight control behaviors (Bauer, Bucchianeri, & Neumark-Sztainer, 2013). Currently, if an individual's body shape does not fit contemporary body shape and size standards it can often put them at higher risk of developing body dissatisfaction and low self-worth (Paxton, Eisenberg, & Neumark-Sztainer, 2006), which can lead youth to believe that they are in constant comparison with peers and friends.

In another study, Santos, Richards, and Bleckley (2007) studied a group of 241 high school students and found that depressive attitudes and disordered eating were directly related to one another. These authors reported evidence that when the disordered eating increased, depressive symptoms increased as well. Research has suggested that body dissatisfaction and the thin ideal can play a part in increased symptoms of depression and eating disorder, as this negative thought process is a pathway for low self-esteem, excessive dieting and ultimately disordered eating (Becker, Plasencia, Kipela, Briggs, & Stewart, 2014; Johnson & Wardle, 2005; Van den Berg, & Neumark-Sztainer, 2007).

Finally, a study by Krug and colleagues (2013) was conducted of 297 participants who were sisters, 147 of which who had been physically or sexually abused. They found that the sisters who had been previously abused were 4.5 more likely to develop an eating disorder within 3-5 years of the abuse. These same participants were also more likely to

develop obsessive-compulsive personality traits in adulthood as a result of the abuse and disordered eating (Krug et al., 2013).

Sociological Factors

Society has a significant influence on the way youth and adolescents define beauty. Many of these influences are directly related to social media images and messages (Tiggemann, 2005), as well as the input of parents, peers, schools and communities (Clark & Tiggemann, 2006; Jones, Vigfusdottir, & Lee, 2004). Over time it is only natural that these messages become internalized within our youth and adolescent population, which can then create a negative body image and dissatisfaction with self (Clark & Tiggemann, 2006). Various studies of adolescent females report that the idealized body images that are portrayed in social media today are a direct result in body dissatisfaction, which make these individuals more vulnerable to eating disorders (Ferguson et al., 2012; Wertheim, Paxton, & Blaney, 2009).

Moreover, factors such as shame and social anxiety may play a role in eating disorders specifically bulimia nervosa. In a study of 104 patients, 26 of which were clinically diagnosed for eating disorder. Grabhorn, Stenner, Kaufbold, Overbeck and Stangier (2005) found higher levels of shame, and low self-esteem in individuals of the bulimia group through numerous variables such as Internalized Shame Scale (ISS) and Social Interaction Anxiety Scale (SIAS).

Lack of Awareness in Community Schools

Research indicates that encouraging exercise and healthy eating in schools and among student can increase attention, decrease disciplinary problems and increase academic achievement (California Department of Education, 2013; Centers for Disease

Control and Prevention, 2011). However, with this information there is still a lack of awareness and education among teachers, schools and educators (Mahar et al., 2006).

School Health Guidelines have been re-evaluated and updated every 5 years since the 1980s however the rate of obesity and eating disorders in youth are on the rise (Centers for Disease Control and Prevention, 2011). These guidelines are created to assist educators and students in eating better and choosing healthier alternatives, but a national survey conducted for the 2004-2005 school year found that one or more competitive food sources (e.g., burritos, burgers, ice cream, etc.) were available in approximately 75% of elementary schools, 97% of middle schools and 100% of high schools (Center for Disease Control and Prevention, 2011; Fox, Gordon, Nogales, & Wilson, 2009). This leads us to believe that the food source available in schools is outweighing the healthy eating education that districts are trying to convey.

Teachers and school staff could play a very significant and important role in the prevention of eating disorders and educating the youth regarding healthy eating and body image (Smolak et al., 2001). With the school districts failing to investigate the knowledge of nutrition, dieting and weight control facts of their personnel, it is likely that the school prevention programs that are already in place will continue to be unsuccessful (Yager, 2003). Many teachers and school personnel lack the knowledge regarding weight control, prevention or the appropriate methods of preventing eating disorders from occurring in their schools. It is important for school professionals and educators to have the appropriate body image and weight control information so they can be successful in the prevention of disordered eating from occurring in their schools, as well as be role models for their students (Yager & O'Dea, 2005).

Treatment Modalities

Due to unmet treatment needs or lack of treatment all together, these disorders are becoming a public and universal health concern (Swanson et al., 2011). Research has shown over the years that family therapy has been an effective approach for adolescents diagnosed with eating disorders, specifically anorexia nervosa (Dare & Eisler, 2000; Hollesen, Clausen, & Rokkedal, 2013; Sholtz & Asen, 2001). Bringing multiple families together for treatment can have a positive effect on the families, as it allows the individuals to share their stories with others and not feel so isolated from the rest of society. Family therapy educates the families regarding the disorder and encourages parents and family members to assist the individual with their recovery and keeping them accountable (Eisler, 2005; Scholz et al. 2005).

A pilot study was conducted on 20 individuals who were either diagnosed with anorexia nervosa or an eating disorder not otherwise specified-anorexia nervosa (EDNOS-AN). All of the participants reported psychological symptoms ranging from depression and anxiety to obsessive-compulsive disorder (OCD) and attention-deficit hyperactive disorder (ADHD). Following the multiple family therapy sessions 13 (65%) of the patients were no longer diagnosed with an eating disorder and reported higher levels of confidence, healthier eating habits and lower levels of weight concern. Of the remaining seven participants, five (25%) no longer met criteria for anorexia nervosa and were instead given a diagnosis of EDNOS-AN. One patient was diagnosed with EDNOS-BN (bulimia nervosa) and one patient had little to no change and continued to maintain her diagnosis of anorexia nervosa (Hollesen, Clausen, & Rokkedal, 2013).

Further research has shown that cognitive dissonance, a term coined by psychologist Leon Festinger in 1954, has been a successful form of treatment for adolescents with eating disorders. Cognitive dissonance suggests that if individuals act in a way that contradicts their beliefs they will then change their beliefs to match their actions or vice versa. This approach is made up of several group sessions that focus on societal thin ideals, reduction of body dissatisfaction, unhealthy weight control behaviors, negative affect and reduction of eating disorder symptoms (Stice, Rohde, Gau, & Shaw, 2009). A study conducted by Stice and colleagues (2009) reported a significant decrease in eating disorder risk factors at a one-year follow up for those individuals who completed 6 of the 8 sessions that are required for cognitive dissonance treatment.

Cognitive Behavior Therapy-Enhanced (CBT-E) has recently been studied as a therapeutic model for the treatment of bulimia nervosa and binge eating disorder. Many individuals who suffer from eating disorders tend to base their self-worth on the emphasis of their body shape and weight, therefore a cognitive behavior approach would be a positive approach toward treatment (Murphy, Straebl, Cooper, & Fairburn, 2010). This therapeutic approach is designed to treat the psychopathology of the thought process rather than the diagnosis itself, as the majority of eating disorders have a great effect on cognitive thought process and self-worth of a person. This enhanced version of CBT has been designed for all ages and consists of a four stage process which consists of anywhere between twenty and forty sessions depending on the severity of the cognitive functioning and the disorder (Murphy, Straebl, Cooper, & Fairburn, 2010). Dalle Grave and colleagues (2013) found a substantial increase in weight among the individuals who participated and completed the Cognitive Behavior Therapy sessions.

In summary, there are many inpatient and outpatient treatment facilities for adults, children and adolescents. However, there is a lack of education and resources in Orange County community school districts regarding the signs, symptoms and prevention strategies for eating disorders. Eating disorders are on the rise among the youth population, yet the state of California does not provide any sort of government funding to combat anorexia, bulimia or binge eating disorders. The proposed grant will not only educate students regarding these dangers, but teachers and administrative staff as well. The National Eating Disorder Association (2014) emphasizes not only warning the public about signs, symptoms and dangers of disordered eating, but to build confidence in community youth while providing prevention strategies for educators and students. The purpose of this grant was to educate students and faculty regarding disordered eating, as well as build self-confidence in youth. This grant will provide 42 schools across Orange County, California with prevention strategies and resources.

CHAPTER 3
METHODOLOGY

Target Population

The target population of this grant proposal will be youth of all racial/ethnic, socioeconomic and sexual orientation, between 14 and 18 years of age attending high school in Orange County, as well as educators, teachers and administrative staff in the Orange County school districts. The program will focus the majority of time on Fullerton, Brea, Orange, Anaheim, Santa Ana, Buena Park, Garden Grove and Yorba Linda/Placentia school districts. There are over 100 high schools throughout Orange County (public and private). Due to the limited amount of time given, the goal with this grant is to contact and communicate with the 43 high schools in and around the above-mentioned cities over a 12-month time span. There are approximately 500,000 youth and adolescents attending the 600 schools in Orange County, California and 500-1,500 full time and part time teachers and educators throughout the districts. Nearly 100,000 of those 500,000 youth between 12 and 19 years of age, suffer from some sort of disordered eating including obesity, binge eating, anorexia and bulimia nervosa (U.S. Census Bureau, 2014).

Host Agency

According to Orange County Department of Education (OCDE; 2014) website, OCDE is a public education organization that provides services to over 27 school districts, 600 schools and 500,000 students throughout Orange County. As of 2013, more

than 132,000 students benefited from one of the seven student programs offered by OCDE: academics, college and career readiness, General Educational Development (GED) testing, health and safety, learning resources and youth development/leadership (OCDE, 2014). The department is dedicated to preparing youth for the future and assisting them in becoming the best they can be in their life and community. Due to the grant writing process and the dedication of the staff, OCDE was recently awarded fifteen million dollars to prepare students for the 21st century work force (OCDE, 2014).

There is a growing rate of eating disorders and obesity throughout Orange County, Stanton (51.8%), Santa Ana (46.5%), Anaheim (43.5%) and Orange (43.2%; UCLA Center for Health Policy Research, 2012). Jim Perez, manager of Safe Schools and Support Services with OCDE, agrees there is a need for eating disorder education and information in our local school districts and supports this program (personal communication, June 3, 2014).

Search for Funding Source

There were various methods used to explore funding options for this grant proposal. In order to complete a thorough investigation of the funding sources, several search engines, such as Google and Google Scholar were used. There were several searches from local and state levels with key words including, but not limited to “*grants*,” “*eating disorders*,” “*adolescents*,” “*eating disorders in youth*,” “*prevalence*,” “*disordered eating*,” “*obesity in youth*” and “*high school mental illness and disordered eating treatment*.” The California State Long Beach library and the Long Beach Nonprofit Partnership were used as primary sources to locate grant funding.

Website and funding sources that were identified and used through Google search were U.S. Department of Health and Human Services (www.hhs.gov/grants), Fundsnet (www.fundsnet-service.com) and Centers for Disease Control and Prevention (www.cdc.gov), National Institute of Health (www.nih.gov/grant) and University of Long Beach, Office of University Research.

Identification of Potential Funding Sources

A thorough search of potential funding sources was conducted and narrowed down to three promising funders, National Institute of Health, Orange County Community Foundation and Robert Wood Johnson Foundation. The National Institute of Health (NIH; 2014) provides nearly 80% of its funding to competitive grants at nearly 2,500 universities throughout the United States and invest nearly 30 billion dollars annually for medical research. In 2007 this foundation funded transitional research for eating disorders. However, this funder did not fit the goal of the proposed grant since their focus is granting medical research as opposed to prevention education in the schools.

According to The Orange County Community Foundation (OCCF; 2014) it claims to have a strong interest in fulfilling the needs of educators and students throughout Orange County. Since 1989, this foundation has donated more the \$250 million to meet the needs of Orange County local non-profits and students alike (OCCF, 2014). In 2014, OCCF granted approximately \$550,000 toward non-profit agencies in the community to provide health, wellness and education support to Orange County residents. This foundation appears to have a strong commitment to the youth in the community. However, the foundation is a secondary source that contributes funds to already existing

grant funding sources and does not fit the required level of funding needed for this particular grant.

The Robert Wood Johnson Foundation (2014) was another highly considered funder for this project due to the foundations dedication to child and youth education through school-based supports. Additionally, this foundation has funded many educationally based programs throughout the United States in order to foster healthy lifestyles. Upon further investigation of this funding source, it was found that Robert Wood Johnson Foundation was the best fit with regards to required level of funding, geographic location, and acceptance of unsolicited proposals.

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (2014) seeks to improve the health and well-being of all Americans through means of private funding that must be used for public. The four main goals of the foundation are (a) to improve the health and health care of all Americans (b) to insure that all Americans who are eligible have access to adequate health care, (c) to promote healthy lifestyles for children and adults so that they can live longer and healthier lives and (d) discover and explore cutting edge ideas, take advantage of what is evolving and being open to new educational possibilities for the health of our youth. The Robert Wood Johnson Foundation funds grants for the project in the United States that advance their mission to improve the health of all Americans. The types of projects funded by the foundation are ones that are measurable and create meaningful change and must address one of the nine listed: Service demonstrations, gathering and monitoring of health related statistics, public education, training and fellowship programs, policy analysis, health service research, technical assistance,

communications activities, and evaluations (Robert Wood Johnson Foundation, 2014). The proposed grant would touch on a number of the above mentioned program areas, such as, public education, service demonstration and communication activities.

The Robert Wood Johnson Foundation (2014) award most grants through call for proposals (CFPs), however accept unsolicited proposals through pioneering ideas that are new and creative. Each CFP includes the purpose of the program, background information, eligibility and amount to be awarded for proposal, utilization of funds, deadlines and important dates for proposal and budget admissions. The foundation accepts unsolicited proposals are at any time and issues grant awards throughout the year. This proposed program would likely be funded through unsolicited proposals due to content not matching the CFP opportunities at this time.

Agencies that are planning to submit a proposal to the Robert Wood Johnson Foundation must be tax exempt under 501 (c)(3) of the internal revenues code and complete a 3 part process. First, complete a brief proposal checklist to ensure that your grant will be funded. Once the checklist has been reviewed a brief proposal that will be reviewed by the granting committee is submitted. Lastly, if the brief proposal is approved, the grant writer will be asked to submit a full proposal, which will include proposal narratives, full budget and budget narratives to determine whether the proposed program will be funded.

Needs Assessment

In order to determine the need for this program, information was gathered about the prevalence of eating disorders in adolescents, statistics, outreach programs and educational development for the proposed grant. Data sources and information provided

by National Eating Disorder Association (www.nationaleatingdisorders.org), Anorexia Nervosa and Associated Disorders school outreach program (www.anad.org), and Eating Disorder Foundation of Orange County (www.edfoc.org), regarding the incidence and prevalence of disordered eating in Orange County. Literature was examined to determine best practice for delivery of information to youth and educators on eating disorder symptoms and treatment from ANAD school outreach and guidelines (www.anad.org/get-information/school-guidelines). Peer review articles were read and analyzed to extract any unknown information and resources to get a better understanding of the proposed topic. The grant writer went a step further and consulted with educators, social work students and OCDE's, Jim Perez, for validation of the proposed program within the identified schools in Orange County. It was determined that the prevention program would be supported in the schools and community (Personal communication, August 25, 2014).

CHAPTER 4

GRANT PROPOSAL

The following is a grant proposal to the Robert Wood Johnson Foundation to promote eating disorder awareness in 43 high schools throughout Orange County, California. This grant will reach approximately 15,000 students and 1,500 teachers and administrative staff throughout the Orange County School Districts over the 12-month duration of this funding. The program will focus mainly on raising awareness, educating the teachers and administrative staff, building confidence in our youth and empowering the students to communicate and seek assistance if needed. The grant is dedicated to supporting educators and youth while building a solid foundation for prevention in community schools. Several components have been omitted from the proposal for the purpose of this thesis project. These excluded components include: Final Narrative Report form, bibliography of materials and product lists, financial reporting information and tax exempt letter from the Internal Revenue Service. The project timeline, proposed budget and budget narrative can be found in the proposal.

Program Description

This two-part program is designed to inform educators (teachers, school counselors, coaches/assistant coaches), administration staff (principal, vice-principal, nursing and front office staff), and the high school students regarding the increase in adolescent eating disorders, risk factors for the illness, and communication strategies for

seeking or providing assistance. The presentation will provide all attendees with reinforcing tools on healthy lifestyles, identification of symptoms of the illness, and resources for intervention, treatment and community referrals.

Training for School Educators and Staff

The first portion of the program will focus on delivering a 90-minute educational presentation about eating disorders and identifying risk factors for the educators and staff who attend the presentation. The presenter will provide attendees with sample instruction lesson plans on eating disorders and effective tools for giving or receiving assistance for youth who believe they may have this disorder. Additionally, teachers and staff will be provided instructional tools for communicating their concerns to parents and/or caregivers. The second portion of this education presentation will consist of a brief role-play session to help educators and staff become comfortable with the communication tools presented while allowing for a brief question and answer session. At the end of the presentation, staff will be provided with detailed information sheets regarding eating disorder warning signs and symptoms as well as a listing of current community resources for referrals throughout the greater Orange County area.

Training for High School Students

The second segment of this program will focus on eating disorder education for students. Each school will be provided a one-hour presentation by an expert in the eating disorder diagnosis and treatment field. All students will be encouraged to attend the presentation in order to receive current prevention and intervention information. The emphasis will be on the dangers of disordered eating, assessment and treatment, as well as, resources, and tools for communicating about this disorder with teachers or parents.

The presentation will begin with information to raise awareness of eating disorders and a brief tutorial on health hazards of dangerous dieting. A short video about social media and the perpetuation of unrealistic ideals (body image and perfectionism) will be shown, followed by a lecture and discussion on media literacy to assist students in analyzing and thinking critically about the advertisements they are subjected to on television and Internet. The remainder of the presentation will focus on providing communication tools and confidence-building strategies delivered through a scripted role-play exercise with student volunteers to illustrate how to confidently communicate their concerns with parents or trusted school advisors. In conclusion, each student will be provided an information packet about the topics discussed, the hazards of disordered eating, and communication tips for youth. Current community-based resources for assessing eating disorder as well as treatment referrals will be provided.

Program Goals and Objectives

Education and Administrative Staff:

Goal 1: Increase educator and staff awareness of the dangers of eating disorders and risk factors for having this illness.

Objective 1: A 90-minutes training session will be provided to all attending educators and administrative staff about eating disorders to raise awareness of risk factors for eating disorders in the youth they service at their respective school.

Objective 2: Materials will be provided to reinforce the presented information, along with referrals for assessment and treatment within their community.

Goal 2: Increase educator and staff members' ability to identify at-risk students who attend their school, and who may be demonstrating signs and symptoms of an eating disorder.

Objective 1: Through post-test assessments, educators and staff members will be able to show evidence of their ability to identify warning signs of potential eating disorders in typical high school students.

Goal 3: Increase knowledge of appropriate communication tools to provide sensitive and effective interventions with students.

Objective 1: Provide scripted role-play exercises about best practice for communicating concerns with students at their school.

Objective 2: A post-test assessment will be provided to all educators regarding communication strategies and their comfort level for confronting at risk youth.

Students:

Goal 1: Increase awareness of eating disorders and the health hazards of dangerous dieting to all high school students attending the assembly presentation.

Objective 1: It is estimated that 100% of attending students will actively participate in the presentation and all students will receive an informational packet regarding risk factors and hazards of dangerous dieting and eating disorder symptoms as well as active community-based referrals for treatment and/or counseling assistance.

Goal 2: Empower students to communicate and seek assistance regarding an eating disorder for themselves or their peers.

Objective 1: A scripted role-play exercise for all students to assist them to better understand how to confidently communicate with a parent or trusted advisor regarding

how to seek assistance if they are experiencing symptoms of eating disorders. It is estimated that 100% of attending students will receive this information and be provided with information and materials to reinforce this message including: tools, techniques and assistance for counseling and/or treatment referrals.

Program Evaluation

For the evaluation of the educators and administrative component, all participants will be provided with a post-test assessment, which will consist of 6-10 Likert scale type questions regarding the effectiveness and relevance of the information provided. The attending educators and staff will also receive a secondary post-test 3-months following presentation to measure the retention of information. It is estimated that 65-70% of the surveys will be completed and returned to the grant administrators for analysis.

Out of 43 schools that will be contacted over the 12 months, it is estimated that 75-80% of the students will actually attend the given presentation. It is estimated that the proposed grant will reach between 15,000-16,000 students throughout Orange County.

Budget

Salaries and benefits for the proposed grant will provide for a full-time MSW program director salary, and two part time MSW program educators salaries. If the program proves successful, the Orange County Department of Education MSW staff can be trained to implement and continue the program following the grant year.

Program Director: The program director will be employed full time with a salary of \$70,000 plus 28% fringe benefits of \$19,600. This individual will have a Master's degree in Social Work with knowledge and background in eating disorders. The program director will be responsible for contacting high school administration, setting up

presentation dates, evaluation of program goals, scheduling and training MSW program educators, as well as other administrative tasks when necessary. The program director will be available to fill in for educational presentations to staff and students as needed.

Program Educators: The program educators and presenters will be employed part time with a salary of \$35,000 plus 28% fringe benefits of \$9,800. These individuals will hold a Master's Degree in Social Work and be responsible for presenting the information to the staff and students throughout Orange County high schools. One of these two MSW educators will be bilingual to assist in areas with a larger Hispanic, Spanish speaking population. Both will be responsible for supporting program director with evaluation of goals and clerical work as necessary.

Operations and Expenses

Telephone, Fax, and Internet: Approximately \$250.00 per month will be spent on telephone access (including cell phone communication), facsimile lines and WiFi/Internet access for office use, totaling \$3,000.00 for the year.

Equipment: Approximately \$517.00 per month will be spent on equipment such as copy machines, telephones, printers and fax machines for clerical and office production, totaling \$6,200.00 per year.

Supplies: Approximately \$400.00 per month will be spent on program supplies, office supplies and educational material for staff and students, totaling \$4,800.00 for the year.

Travel and Reimbursement: Approximately \$350.00 per month will be spent on travel expenses to educational conferences and mileage reimbursement to program director and educators. This will total \$4,200.00 for the year.

Miscellaneous: Approximately \$100.00 per month will be spent on any miscellaneous expenses for the staff. This includes extra supplies, staff development, and raffle gifts for students and staff, totaling \$1,200.00 for the year.

Food and Beverage: Approximately \$550.00 per month will be spent on providing educational and administrative staff with food and refreshments during presentation. This will total \$6,500.00 for the year.

Administrative Overhead: Approximately 10% or \$30,000 will be spent on administrative overhead to OCDE staff for the use of their facilities over the 12-month grant period.

In-Kind Resources

The Orange County Department of Education will provide the office space including utilities and administrative overhead for the year. The rent for the space provided would be the equivalent of approximately \$2,500.00 a month or \$30,000 for the year. Utilities would equal approximately \$11,000 for the year including janitorial expenses, electricity, and access to facilities, totaling \$41,000.00 for the year.

Program Total Cost

The overall proposed grant requires a budget of approximately \$276,100. Funding entails program staff salaries and benefits, operational expenses, food and beverage and in kind expenses, as well as an additional 10% for administrative overhead. See the appendix for a detailed line item budget.

CHAPTER 5
LESSONS LEARNED

Program Design

The focus of this thesis project was to create a school-based program that would educate administration staff and students attending high school in Orange County, California about the prevalence and dangers of eating disorders. The program design is modeled after successful training programs such as National Association of Anorexia Nervosa and Associated Disorders (ANAD) school outreach program (2014). The outreach program works to empower students to feel good about themselves and their body shape at any size (ANAD, 2014). This thesis project expands on the empowerment and adds a prevention and intervention piece for educators, as many schools do not provide training and information about the dangers of disordered eating (ANAD, 2014). A thorough review of the literature revealed there were few prevention programs dedicated to eating disorders among adolescents. However, literature reports 22% of youth between the ages of 10 and 18 will suffer from an eating disorder (Keca, 2006; Swanson et al., 2011). It is important for schools, faculty and parents to begin focusing on prevention and early intervention as opposed to focusing primarily on treatment based programs (Haines & Neumark-Sztainer, 2006).

Host Agency Selection

The selection of Orange County Department of Education (OCDE) as a host agency was not difficult. The Safe Schools and Support Services administrator, Jim

Perez was eager to collaborate with the grant writer to create a school-based program the youth could benefit from. After speaking with Jim Perez and reviewing the project, he agreed that there was a need for a prevention program dedicated to youth and was happy to offer his services to the project (personal communication, June 3, 2014). It was agreed that OCDE was a good fit for this grant as they provide services to over 27 school districts, 600 schools, and 500,000 students (OCDE, 2014). Safe Schools and Support Services, one of the many programs connected to OCDE, employ a number of social workers who work directly with students and educators in the schools. If the grant is successful, it could be implemented by those social workers already embedded in the schools.

Steps in Grant Writing

It was important to first establish a need in the community and demographic of which they would like the grant to focus. Next, the writer decided what type of program they thought may be a best fit for the community and demographic. Collaboration with a community agency was beneficial in getting crucial information about the grants and programs that had been funded previously, and how the grant writer could either add to existing programs or have a completely new and innovative way of meeting the needs of the community. Once the need for the program had been established it was imperative to gather information and research regarding the specific problem of which to focus. It was important for the grant writer to gather information regarding the prevalence of the problem, the demographic that was most affected and the previous attempts to address the problem.

The next step in the grant writing process was creating and developing the actual program to be implemented once the grant was accepted and funded. It was important that the program layout be comprehensive in addressing the needs of the target population, was evidence-based and had measurable objectives to show whether the program was successful. Following the development of the program was researching the grant and funding source. This process was found to be time consuming and slightly discouraging. Accessing information regarding requirements and funding on state and federal grant sites deemed difficult at times. With some guidance the grant writer chose The Robert Wood Johnson Foundation for funding as the goals and mission of the foundation fit well with the grant project.

The final step in the grant writing process was the actual writing of the grant. It was imperative that developers of the grant adhere to the instructions given by the funding source, in this case Robert Wood Johnson Foundation. The grant writing process is competitive, especially in times of budget cuts and economic hardship. It was important for the writer to prove the necessity for this particular grant and be able to show its worth by demonstrating effective evidence-based practice through strong research and measurable outcomes while exhibiting unique and innovative ideas. In order for the grant writer to be awarded funding, they must be able to exhibit a unique and distinguishable idea from the rest of their counterparts. This particular grant was written to enhance knowledge and awareness of the alarming increase of eating disorders throughout the greater Orange County. It deemed unique from previous thesis written and seemed to meet the need of youth today.

Challenges

Major challenges for the writer of this grant were finding funding sources that supported a prevention program for eating disorders among adolescents. The process was difficult due to the majority of the sources available funding medical research regarding disordered eating and its effects on the body (National Institute of Health, 2014), or merely focusing on obesity prevention as opposed to eating disorders in general (Orange County Community Foundation, 2014). The writer of this grant required a funding source that would provide a large amount of money for a school based education and prevention program focusing on the entire spectrum of eating disorders. Robert Wood Johnson Foundation was found to meet all the qualifications needed to fund said grant. Further difficulty arose when the writer discovered many of the sources found would not fund the large amount of money required for this grant to be successful (Orange County Community Foundation, 2014; The Eating Disorder Foundation, 2013). Once the funding source was selected, deadline requirements and staying within foundation guidelines such as length and pertinent information posed to be a slight challenge, as well as, finding ways to appropriately measure education and prevention success among the students.

Additional challenges were finding research to support the rise of eating disorders and the needs assessment among the community and demographic that the writer chose to focus. Throughout the literature review the writer discovered that eating disorders seem difficult to detect and treat. Further review found there to be speculation among experts as to why eating disorders occur. However, there was no concrete evidence to solidify why the disorders take place and who would be affected. Much of the research and

reviews were found to be in different countries such as Australia and Spain. However, some of the research studies were repeated in the United States and the writer was able to get pertinent information to support the need.

Implications of Social Work

Social workers strive to alleviate the conditions of those in need of assistance and improve the quality of life for said individuals. Being able to design a program that incorporates multiple domains such as individual, family, school, community, and the environment, is crucial for the grant writing process. To accomplish this goal it becomes most important to develop a program that will secure funding. The ability to display effective research, evidence-based practice, and observable and measurable outcomes becomes imperative to receiving the funding needed to improve the lives of those seeking services.

As stated above, grant writing is a competitive market. It is a necessary skill to improve the field of social work, especially in times of economic hardship and budget cuts. Many programs that the social work field relies upon are based on community organizations ability to receive and secure funding. It is vital that social workers learn and incorporate the grant writing process in order to develop and sustain necessary programs for the individuals and communities that they serve. Those who actively participate in policy changes and pursuing money from grant funding help to implement change on multiple levels and therefore advocating for social justice.

APPENDIX
LINE ITEM BUDGET

TABLE 1. Line Item Budget

EXPENSES	AMOUNT	IN KIND
Salaries and Benefits		
Program Director (MSW)	\$70,000	
Benefits @ 28%	\$19,600	
Part-time Program Educator (MSW)	\$35,000	
Benefits @ 28%	\$9,800	
Part-time Program Educator (MSW)	\$35,000	
Benefits @ 28%	\$9,800	
Total Salaries and Benefits	\$179,200	
Direct Expense		
Telephone, fax, Internet	\$3,000	
Equipment (computers, copy machine)	\$6,200	
Copies, Handouts, Supplies	\$4,800	
Traveling, Mileage Reimbursement	\$4,200	
Miscellaneous	\$1,200	
Direct Expense Total	\$19,400	
Food and Beverage	\$6,500	
Administrative Overhead @ 10%	\$30,000	
Total Amount Requested from RWJ	\$235,100	
In-Kind Contributions		
Rent		\$30,000
Utilities		\$11,000
Total In Kind		\$41,000
Total Cost	\$235,100	
Total In Kind	\$41,000	
Requested Total	\$276,100	

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