

Be Real USA's Body Confident Schools

Evaluation Report

March 2020

Evaluation Conducted by the Strategic Training
Initiative for the Prevention of Eating Disorders

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STRIPED

Strategic Training Initiative for the Prevention of Eating Disorders

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For more information on Be Real USA’s Body Confident Schools Workshop and trainings, contact Denise Hamburger, Executive Director of Be Real USA: denise@berealusa.org

Executive Summary

With an estimated 70% of adolescent girls and 40% of adolescent boys reporting body dissatisfaction,¹ it is clear that poor body image in middle and high schools is a growing concern. Body dissatisfaction is associated with a myriad of negative outcomes including increased risk of developing an eating disorder, depression, unsafe sexual behaviors and poor self-esteem.² Increasing adolescent body satisfaction is key to eating disorder prevention and the promotion of overall mental wellbeing.³

Be Real USA's Body Confident Schools is a professional development workshop designed by Denise Hamburger, JD, an independent body image trainer. This workshop is a part of the Be Real Illinois Campaign. Working with the Illinois State Board of Education's Department of Health and Regulatory Wellness, the National Association of Anorexia Nervosa and Associated Disorders (ANAD), educators, coaches, and other key stakeholders, Hamburger designed the workshop based on current research evidence on body image, eating disorders, and prevention. The overarching goal of the training is to raise awareness among school staff of body image issues in adolescents and provide workshop participants with concrete steps to develop a body confident school environment. During the fall academic semester of 2019, this workshop was presented to eight of Illinois' Regional Offices of Education, the agency responsible for the educational development of teachers in their respective geographical regions. The Strategic Training Initiative for the Prevention of Eating Disorders conducted an independent evaluation of the workshop, developing pre- and post-workshop evaluation surveys and carrying out analyses of survey data to assess the effectiveness of the workshop. Pre- and post-workshop evaluation surveys were collected from 90 teachers, health educators, coaches, administrators, and other school staff across eight workshops delivered in the fall semester of 2019. Participants were each assigned unique identifiers so that change in participants' responses from the pre-workshop survey to the post-workshop survey could be statistically tested.

Key Findings

A comparison of pre- to post-workshop surveys revealed that the Be Real USA's Body Confident Schools workshop resulted in statistically significant increases in:

1. Participant knowledge of the effect of body dissatisfaction on adolescent health and well-being;
2. Percentage of participants who reject misconceptions about characteristics and qualities of individuals in larger bodies;
3. Participant self-efficacy evidenced by self-reported confidence in their ability to teach a body confidence curriculum in their school; and,
4. Participant intentions to teach a body image curriculum in the next 12 months.

Results of this evaluation indicate that the Be Real USA's Body Confident Schools workshop is an effective training for improving school staff's knowledge of adolescent body image and related issues and self-efficacy and intention to implement a body confidence curriculum for students.

Introduction

With an estimated 70% of adolescent girls and 40% of adolescent boys reporting body dissatisfaction,¹ it is clear that poor body image in middle and high schools is a growing concern. Body dissatisfaction is associated with a myriad of negative outcomes including increased risk of developing an eating disorder, depression, unsafe sexual behaviors and poor self-esteem.² Increasing adolescent body satisfaction is key to eating disorder prevention and the promotion of overall mental wellbeing.³

Be Real USA's Body Confident Schools is a professional development workshop designed by Denise Hamburger, JD, an independent body image trainer. This workshop is a part of the Be Real Illinois Campaign, an initiative that aims to spread body confidence across that state of Illinois. Working with the Illinois State Board of Education's Department of Health and Regulatory Wellness, the National Association of Anorexia Nervosa and Associated Disorders (ANAD), educators, coaches, and other key stakeholders, Hamburger designed the workshop based on current research evidence on body image, eating disorders, and prevention. The overarching goal of the training is to raise awareness among school staff of body image issues in adolescents and provide workshop participants with concrete steps to develop a body confident school environment.

During the fall academic semester of 2019, this workshop was presented to eight of Illinois' Regional Offices of Education, the agency responsible for the educational development of teachers in their respective geographical regions. Specifically, this 3-hour workshop provides:

1. Education on body image issues in adolescents and the harmful consequences of weight stigma and body dissatisfaction
2. Five steps to creating a body-confident school environment
3. An evidence-based, Health Education Curriculum Analysis Tool (HECAT) compliant body image curriculum

Working with the workshop creator, Denise Hamburger, the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED) developed rigorous pre- and post-workshop evaluation surveys and an analysis protocol to assess the effectiveness of this intervention to achieve its intended outcomes. These intended outcomes include:

1. To increase participant knowledge of the impact of body dissatisfaction on adolescents.
2. To increase the percentage of participants who reject misconceptions about characteristics and qualities of individuals in larger bodies.
3. To increase participant self-efficacy, evidenced by self-reported confidence in their ability to teach a body confidence curriculum in their school
4. To increase participant intentions to teach a body image curriculum in the next 12 months

Methods

The following is a description of the steps taken to implement the workshop, administer surveys, and analyze data.

Workshop Development

The Be Real USA's Body Confident Schools was developed and presented by Denise Hamburger, JD, an independent body image trainer. Denise is also an ANAD Ambassador, NEDA Confident Body Confident Child & Body Project Facilitator, and Body Positive Facilitator.

The workshop explores:

1. Education on body image issues in adolescence and the harmful consequences of weight stigma and body dissatisfaction
2. Five steps to create a body confident school environment,
3. An evidence-based, Health Education Curriculum Analysis Tool (HECAT)-compliant body image curriculum that can be taught in middle school and high school.

Advertisement to ROEs

The workshop presenter contacted the state office of education, offering workshop services to regional offices of education (ROEs) as a professional development option for education professionals. She advertised to ROEs with a flyer summarizing the presentation (See Appendix A). In addition, staff from several high schools reached out to Hamburger directly to arrange for the training to be offered for ROE credit to school staff.

Workshop Preparation

Prior to each workshop, the presenter printed an estimated number of pre- and post-workshop surveys. Printouts included a Cover Page with the date of the workshop and a unique participant ID, Participant Consent Form and the questionnaires. (See Appendix B for the version 2 pre-workshop survey and Appendix C for the version 2 post-workshop survey)

Unique participant IDs were numbered, 01, 02, etc. For every unique ID on a pre-workshop survey, there was a matching ID on a post-workshop survey. Pre- and post-workshop surveys were collated together to ensure each participant received matching participant IDs.

Workshop Presentation

The workshop was presented as a one-time, three-hour presentation in all cases except for one school, which requested the training be split into two 1.5 hour presentations. The workshop was presented on the following dates: September 18th, September 26th, October 3rd, October 16th, October 22nd, November 1st, November 14th, and December 11th in the fall 2019 semester.

Survey Dissemination

At the start of the workshop, the presenter handed out pre- and post-workshop survey packets. The presenter asked participants to ensure that both pre- and post-workshop surveys had the same unique ID number. Participants were then asked to complete the pre-workshop survey and pass to the presenter. Upon completion of the presentation, participants were asked to complete the post-workshop survey and pass the completed packet to the presenter. All surveys were completely anonymous and participants had the choice to complete or not complete both surveys.

Data Collection

The workshop presenter collected all surveys in a sealed envelope, then shipped the envelope priority mail to the STRIPED office at Boston Children's Hospital. Surveys were then collected by the evaluation team at Boston Children's Hospital for data entry.

Data Entry

The evaluation team recorded all surveys in an Excel spreadsheet. Each question on the surveys was coded in the following format:

1. Questions with Likert scale answers were coded 1-5; 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.
2. Multiple choice questions were coded left to right, with the left most answer coded as 1, and each subsequent answer coded in ascending numerical order.
3. For multiple answer questions, each answer was coded individually as either 0 = No, not selected or 1 = yes, selected.
4. Any questions that were left unanswered were removed from analysis of that particular question. Because less than 5% of the data points were missing, single deletion was completed and only the answers completed were included in analysis.

The evaluation team completed dual data entry. Each survey was recorded in an Excel spreadsheet two times. Then, the dual entries were compared to identify and correct any entry mistakes.

Data Cleaning

The surveys administered at the first workshop on September 18, 2019, had slightly different questions and answers in comparison to the surveys administered at all other time workshop events (See Appendix D for a comparison between survey versions 1 and 2). Therefore, these surveys were referred to as version 1 and the surveys administered at all following presentations are version 2. There were fourteen version 1 surveys that were first entered according to the parameters outlined and then re-coded to align with version 2. For example, question #1 in version 1, had two additional answer options that were not included in version two. These two answer options were combined to an answer option called "other." All version 2 surveys were also re-coded to include this additional answer option "other," which was recorded as no, not selected = 0.

Data Analysis

The evaluation team first ran descriptive statistics on all pre- and post-workshop questions. Descriptive statistics included the number (N) of answers to each question and each answer option, the percentage breakdown of each answer option, range, mean, and standard deviation. Next, the evaluation team conducted a Wilcoxon matched-pairs signed-rank test on the following questions:

1. About how much of my body weight can I control? (Pre-workshop Q2)
2. Having a large body is a sign of poor motivation and willpower. (Pre-workshop 3)
3. I can't understand why people with anorexia just won't eat something. (Pre-workshop Q4)
4. If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising. (Pre-workshop Q5)
5. Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated. (Pre-workshop Q6)
6. People with an eating disorder usually have a low body weight. (Pre-workshop Q7)
7. It is important to educate kids about "good foods" and "bad foods." (Pre-workshop Q10)
8. I am comfortable with my knowledge of how body image problems develop in adolescents. (Pre-workshop Q12)
9. I feel prepared to teach a body image curriculum. (Pre-workshop Q13)
10. I intend to teach a body image curriculum in the next 12 months (Pre-workshop Q14)

This test compares mean differences from pre-workshop to post-workshop mean against the hypothetical difference of zero. Statistically significant differences (p -value < 0.05) indicate there was a significant change in participant answers from pre- to post-workshop.

Then, the evaluation team conducted the McNemar test on the following questions:

1. The following mental illness has the highest mortality rate. (Pre-workshop Q8)
2. Body dissatisfaction is associated with the following.(Pre-workshop Q9)
3. The following are helpful ways to promote mental and physical well-being among young people. (Pre-workshop Q11)

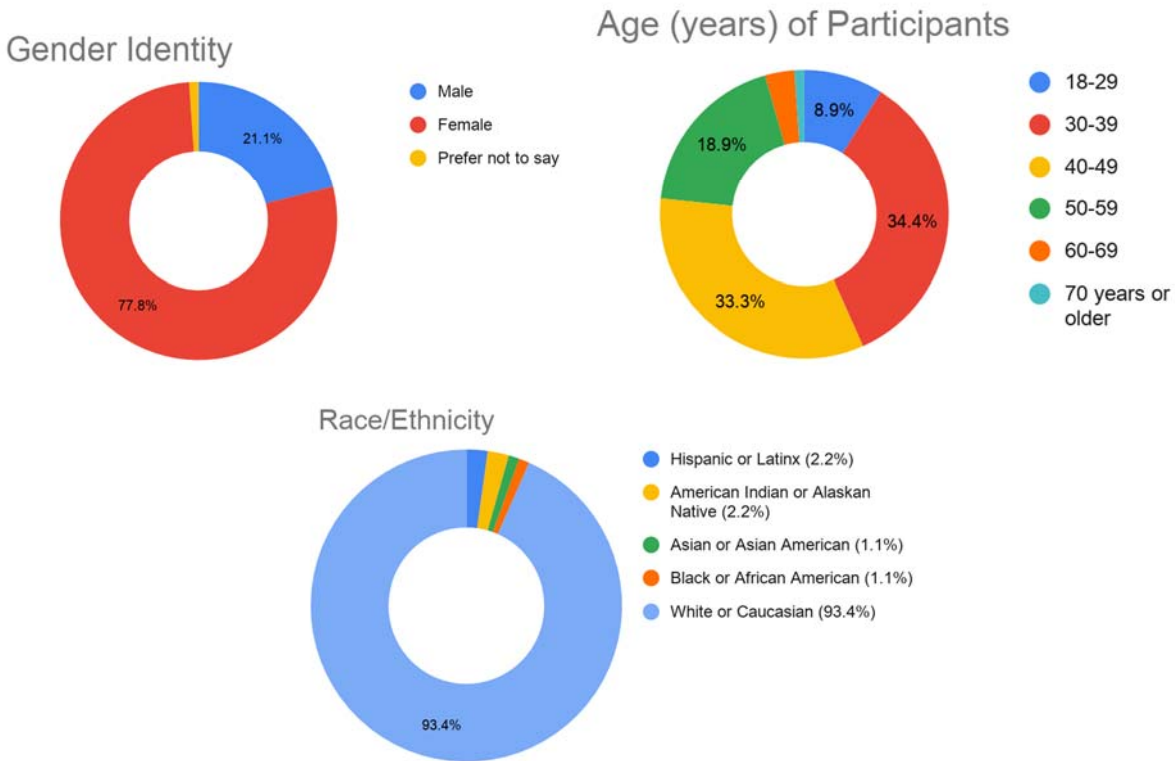
The McNemar test compares a change in proportion of correct answers against a hypothetical no change in proportion of correct answers. A statistically significant result (p -value < 0.05) with this test indicates a significant change in participant proportion of correct answers from pre- to post-workshop.

Findings

Pre- and post-workshop evaluation surveys were collected from 90 teachers, health educators, coaches, administrators, and other school staff across eight workshops delivered in the fall semester of 2019. Data were excluded for one participant who completed only one of the paired evaluation forms, and 10 participants in one workshop left early because of a class time scheduling conflict and did not participate in the evaluation. As a result, data from 89% (90/101) of workshop participants are included in evaluation analyses presented in this report.

Participant Demographics

Workshop participants were primarily female (77.8%), ages 30-49 years (67.7%), and white (93.4%).



Not shown in chart: *Middle Eastern or North African (0%), Native Hawaiian or Pacific Islander (0%), and Other (0%).*

A third of workshop participants self-identified as teachers, and about a quarter identified as coaches. Of those who identified as teachers, 65% reported being physical education teachers. Participants were able to self-select all professional roles that applied.

Professional Role (select all that apply)	N	Percent % of people who selected each role
Health Educator	32	19.9%
Teacher	53	32.9%
Coach	44	27.3%
Administrator	14	8.7%
Other	18	11.2%

Teacher, please specify your role (select all that apply)	N	% of people who selected each role
Physical education	40	64.5%
Health	13	20.9%
Drivers Education	4	6.5%
Other	5	8.1%

Coach - Please specify your role (select all that apply)	N	% of people who selected each sport
Baseball or Softball	6	15.8%
Basketball	10	26.3%
Track	5	13.1%
Football	4	10.5%
Soccer	3	7.9%
Volleyball	7	18.4%
Other	3	7.9%

Administrator & Other - Please specify your role (select all that apply)	N	% of people who selected each role
Principal/Assistant Principal	4	14.8%
School Counselor/Social Worker	13	48.1%
School Nurse	1	3.7%
School Psychologist	1	3.7%
Athletic Director	2	7.4%
Other	6	22.2%

Note: Some participants who self-identified as a coach did not specify the type of coaching.

Many participants (43%) teach/coach/interact with high school students.

What grades do you teach/coach? (Select all that apply)	N	Percent % of people who selected each grade range
K-2nd	17	11.8%
3rd-5th	20	13.9%
6th-8th	39	27.1%
High School	62	43.0%
Other	6	4.2%

Descriptive Statistics of Workshop Outcomes

The most prominent reason participants said they attended the workshop was to serve as a resource for students/athletes with poor body image. Thirty-one percent (31%) of participants chose answer option four (shown in the chart below).

What brought you to this workshop today? (select all that apply & circle the most prominent reason for attending)			Most prominent reason for attending this workshop	
	N	% of endorsements	N	% of endorsements
To teach a body image curriculum in a health class	34	14.9%	6	22.2%
I want to teach aspects of body confidence in my non-health class	40	17.5%	5	18.5%
To help inform administrative policies on appearance-based bullying	30	13.1%	2	7.4%
I want to serve as a resource for my students/athletes with poor body image	70	30.7%	10	37.0%
My own personal interest in this topic	39	17.1%	4	14.8%
Other ¹	15	6.6%	0	0

1. Other includes the following answer options only listed in one workshop date survey: I want to be more informed on this topic as a professional, I want to be more informed on this topic in general.

Note: Many participants did not indicate their most prominent reason for attending.

What challenges exist that may make it difficult to implement a body image curriculum in your school?	N	% of endorsements
Lack of time given the current curricular requirements	48	42.9%
Lack of administrative support	6	5.3%
Lack of resources	21	18.8%
There are more critical competing priorities	11	9.8%
No challenges exist	17	15.2%
Other	9	8.0%

Effect of Workshop on Intended Outcomes

Pre-post-workshop comparison Wilcoxon test

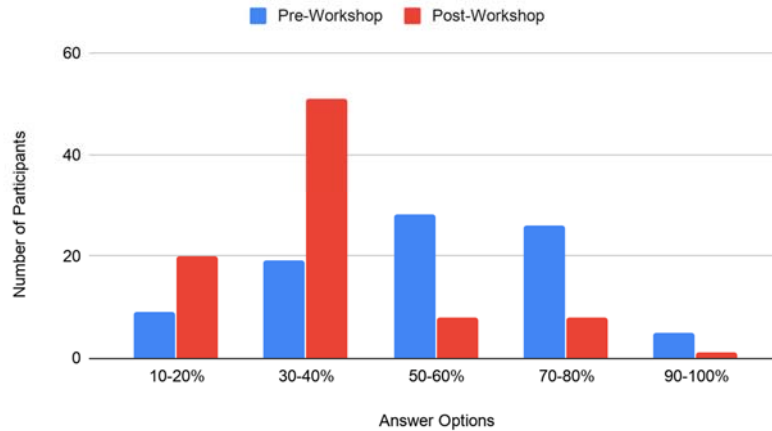
This test compares mean differences from pre-workshop to post-workshop mean against the hypothetical difference of zero. Statistically significant differences (p -value < 0.05) indicate there was a significant change in participant answers from pre- to post-workshop.

	Pre-workshop M (std dev)	Post- workshop M (std dev)	Z	P
About how much of my body weight can I control? (Pre-survey Q2)	2.99 (1.084)	2.08 (0.887)	-5.002	0.000**
Having a large body is a sign of poor motivation & willpower. (Pre-survey Q3)	1.84 (0.820)	1.33 (0.539)	-5.044	0.000**
I can't understand why people with anorexia just won't eat something. (Pre-survey Q4)	1.52 (0.851)	1.42 (0.920)	-1.311	0.190
If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising. (Pre-survey Q5)	1.76 (1.000)	1.43 (0.925)	-2.808	0.005**
Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated. (Pre-survey Q6)	3.88 (0.910)	3.98 (1.316)	-0.731	0.465
People with an eating disorder usually have a low body weight. (Pre-survey Q7)	2.18 (0.955)	1.74 (0.801)	-3.067	0.002**
It is important to educate kids about "good foods" and "bad foods". (Pre-survey Q10)	3.92 (1.220)	1.72 (1.122)	-7.345	0.000**
I am comfortable with my knowledge of how body image problems develop in adolescents. (Pre-survey Q12)	3.29 (0.838)	4.31 (0.554)	-6.723	0.000**
I feel prepared to teach a body image curriculum. (Pre-survey Q13)	2.94 (0.981)	4.34 (0.823)	-6.959	0.000**
I intend to teach a body image curriculum in the next 12 months. (Pre-survey Q14)	3.41 (1.027)	4.19 (1.080)	-4.325	0.000**

** Indicates statistically significant values; M is mean score.

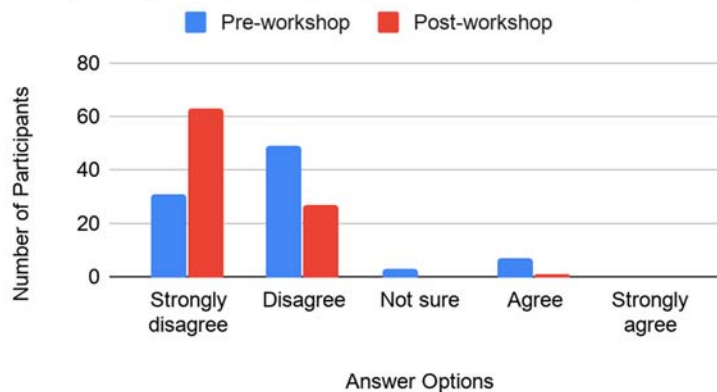
From pre- to post-workshop, participants exhibited an increase in understanding the thin ideal and myths portrayed by the diet industry. Specifically, there was a statistically significant shift towards the correct answer (30-40%) to "About how much of my body weight can I control?" (Pre-workshop survey Q2)

About how much of my body weight can I control?



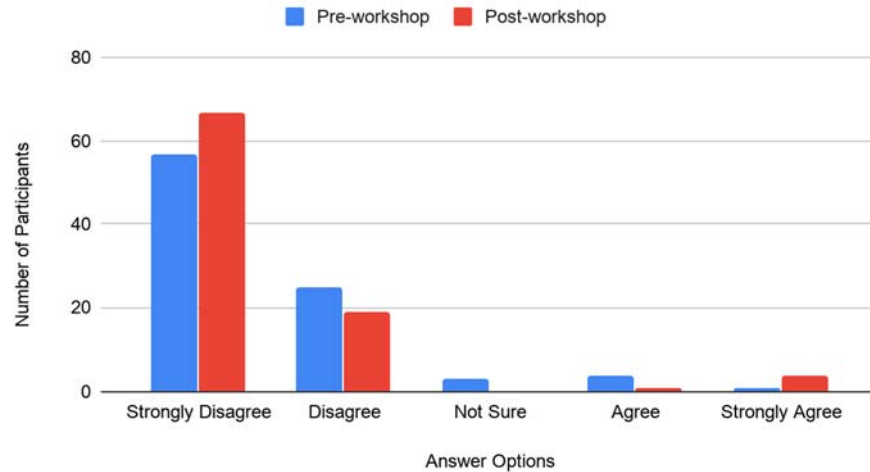
There was a statistically significant increase in the percentage of participants who reject misconceptions about characteristics and qualities of individuals in larger bodies. Specifically there was a significant increase in the number of participants who strongly disagree with the statement “Having a large body is a sign of poor motivation and willpower” from pre- to post-workshop. (Pre-workshop survey Q3)

Having a large body is a sign of poor motivation and willpower.



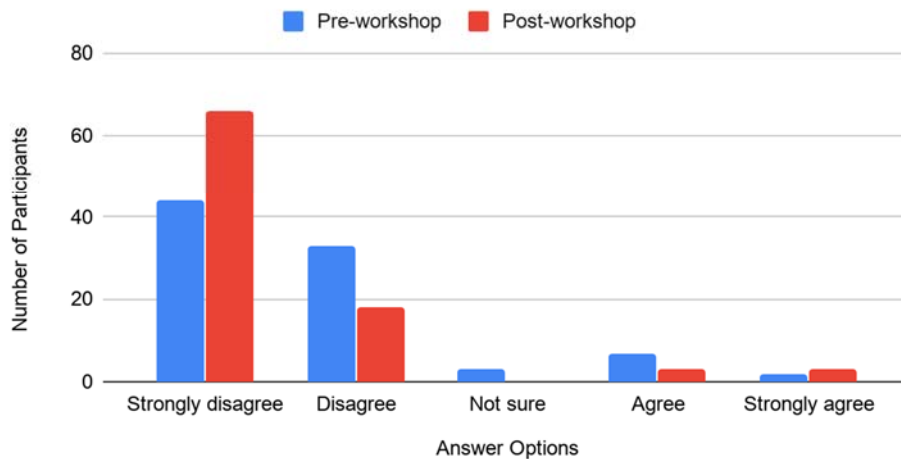
From pre- to post-workshop there was not a statistically significant change in participant responses to the statement, “I can’t understand why people with anorexia just won’t eat something.” Both pre- and post-workshop, the majority of participants chose “Strongly Disagree” in response to that statement. (Pre-workshop survey Q4)

I can't understand why people with anorexia just won't eat something.



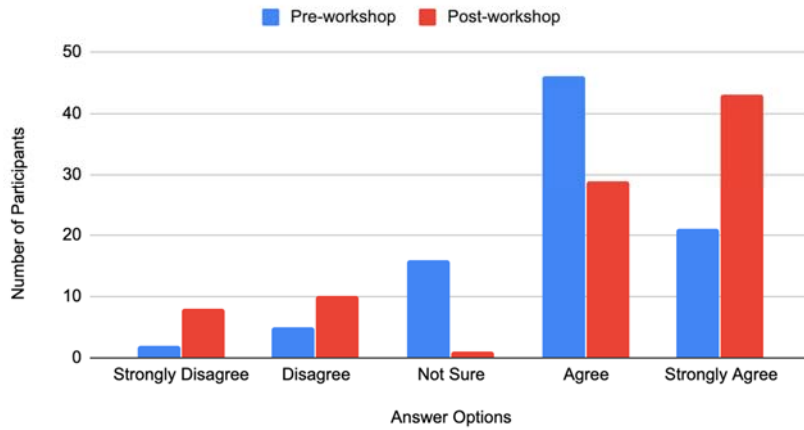
In contrast, there was a statistically significant increase in the number of participants who strongly disagree with the statement, "If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising" from pre- to post-workshop. (Pre-workshop survey Q5)

If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising.



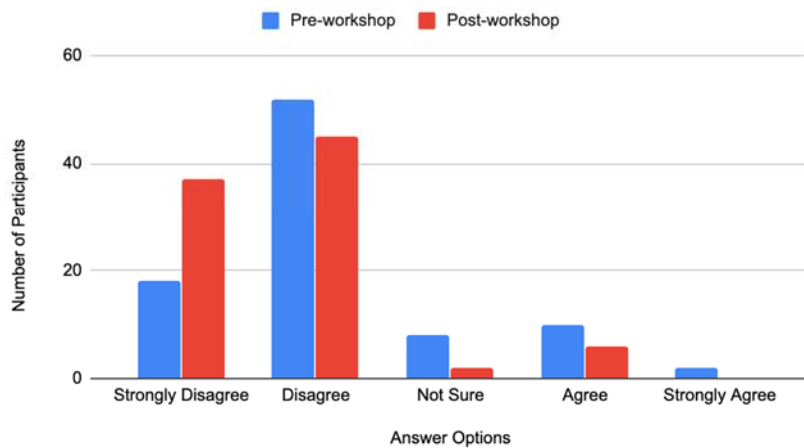
There was no statistically significant change in participants responses to the statement, "Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated" from pre- to post-workshop. (Pre-workshop survey Q6)

Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated.



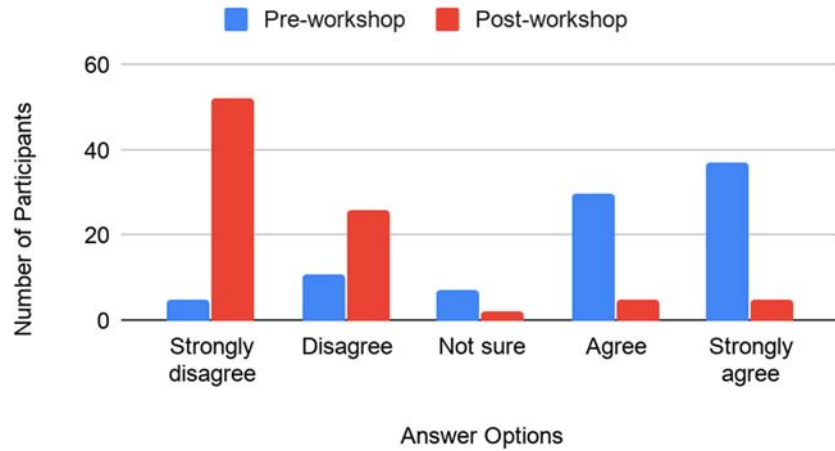
From pre- to post-workshop there was a statistically significant increase in participants who responded in disagreement to the statement, “People with an eating disorder usually have a low body weight”. (Pre-workshop survey Q7)

People with an eating disorder usually have a low body weight



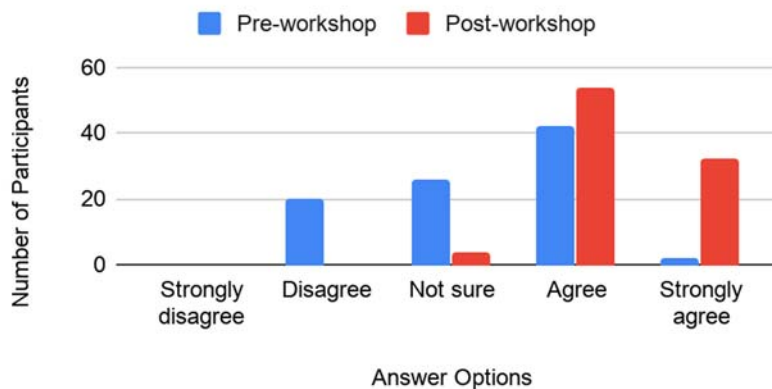
There was a statistically significant increase in the number of participants who strongly disagree with the statement, “It is important to educate kids about ‘good foods’ and ‘bad foods’” from pre- to post-workshop. (Pre-workshop survey Q10)

It is important to educate kids about “good foods” and “bad foods”

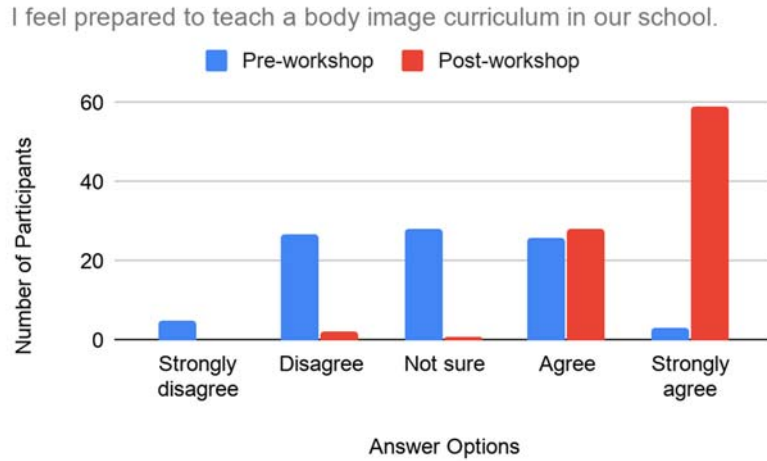


In addition, there was a statistically significant increase in the number of participants who agree and strongly agree with the statement “I am comfortable with my knowledge of how body image problems develop in adolescents” from pre- to post-workshop. (Pre-workshop survey Q12)

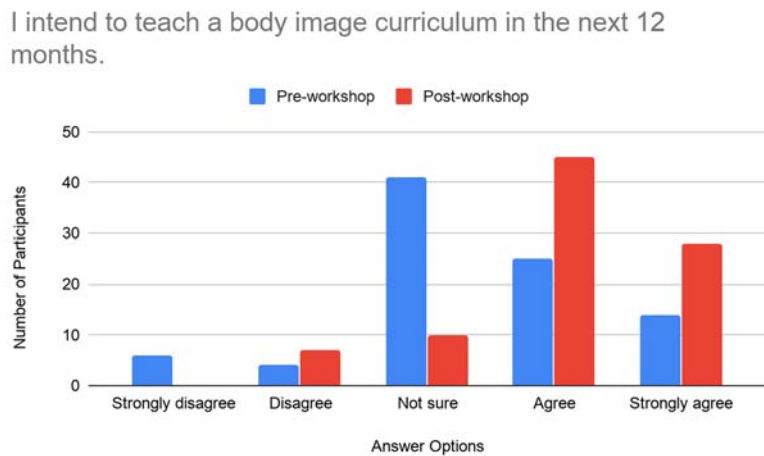
I am comfortable with my knowledge of how body image problems develop in adolescents.



There was a statistically significant increase in participant self-efficacy in their preparedness to teach a body confidence curriculum in their school from pre- to post-workshop. (Pre-workshop survey Q13)

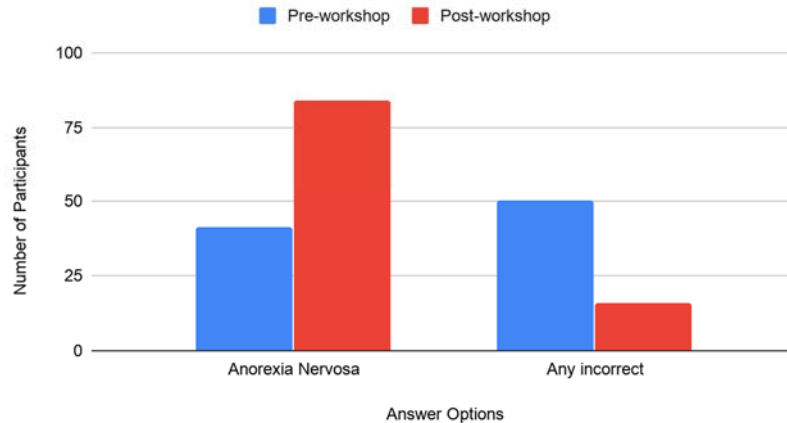


There was a statistically significant increase in participant intentions to teach a body image curriculum in the next 12 months from pre- to post-workshop. (Pre-workshop survey Q14)



From pre- to post-workshop, there was a statistically significant increase in the percent of correct answers (Anorexia Nervosa) to the question “The following mental illness has the highest mortality rate.” (Pre-workshop survey Q8)

The following mental illness has the highest mortality rate



The following mental illness has the highest mortality rate:

		Pre-workshop	
		Incorrect	Correct (Anorexia Nervosa only)
Post-workshop	Incorrect	4 (5%)	3 (3%)
	Correct (Anorexia Nervosa only)	45 (50%)	38 (42%)

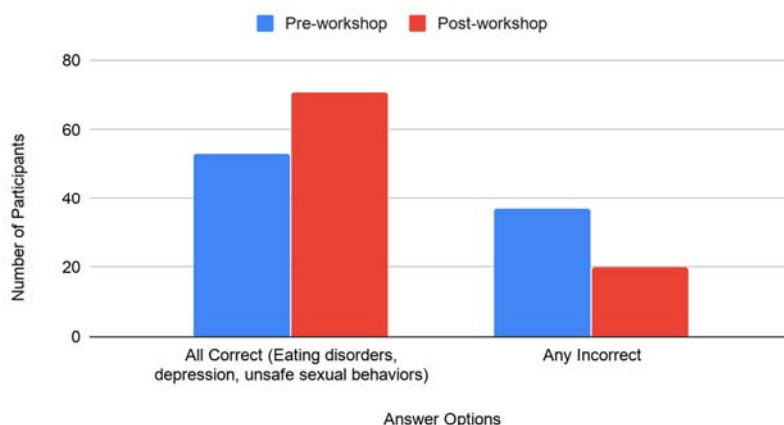
At pre-workshop, 41 out of 90 (46%) participants responded correctly; whereas, post-workshop, 83 of 90 (92%) participants answered correctly.

McNemar Test Results

N	90
Test statistic	35.021
P	0.000**

There was an increase in participant knowledge of impacts on body dissatisfaction in adolescents. Specifically, there was a statistically significant increase in the proportion of participants who correctly identified the following as being associated with body dissatisfaction: eating disorders, depression, and unsafe sexual behavior. Approximately one third (31%) of participants who answered this question incorrectly at pre-workshop, answered correctly at post-workshop. (Pre-workshop survey Q9)

Body dissatisfaction is associated with the following:



Body dissatisfaction is associated with the following:	Pre-workshop		Post-workshop	
	N	%	N	%
All Correct (Eating disorders, Depression & Unsafe sexual behaviors)	53	59%	71	79%
Participants could select any/all of the following:				
Eating disorders	84	93%	89	99%
Depression	87	97%	86	96%
Unsafe sexual behaviors	70	78%	86	96%
Higher motivation to engage in healthy behaviors	18	20%	15	17%
Other ¹	2	2%	1	1%

Body dissatisfaction is associated with the following:

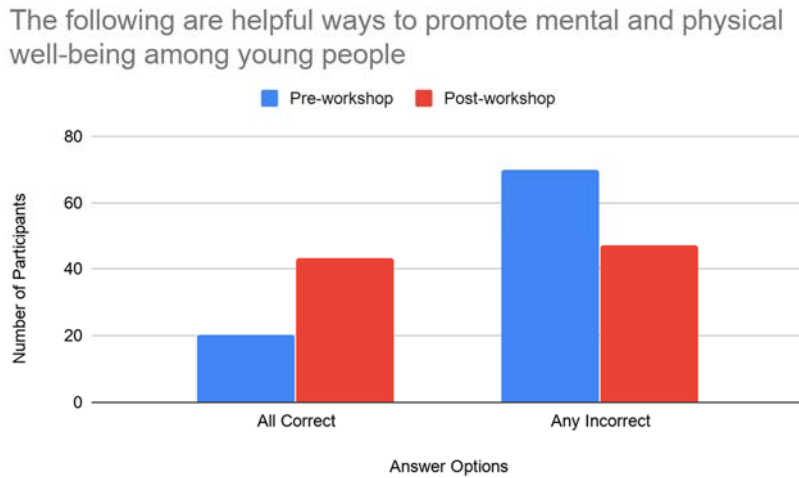
		Pre-workshop	
		Incorrect	Correct (Eating disorders, depression, Unsafe sexual behaviors)
Post-workshop	Incorrect	9 (10%)	10 (11%)
	Correct (Eating disorders, depression, Unsafe sexual behaviors)	28 (31%)	43 (48%)

At pre-workshop, 53 out of 90 (59%) participants responded correctly; whereas, post-workshop, 71 of 90 (79%) participants answered correctly.

McNemar Test Results

N	90
Test statistic	7.6
P	0.005**

Finally, there was a statistically significant increase in the number of participants who answered the following completely correct “The following are helpful ways to promote mental and physical well-being among young people”. Participants who answered completely correct, chose all of the following: sufficient sleep, eating to fuel the body well, stress management strategies, have a clear policy to prevent and address teasing and harassment based on weight and appearance. (Pre-workshop survey Q11)



The following are helpful ways to promote mental and physical well-being among young people:

		Pre-workshop	
		Incorrect	Correct (Sufficient sleep, eating to fuel the body well, stress management strategies, Have a clear policy to prevent and address teasing and harassment based on weight and appearance)
Post-workshop	Incorrect	40 (45%)	7 (8%)
	Correct	30 (33%)	13 (14%)

At pre-workshop, 20 out of 90 (22%) participants responded correctly; whereas, post-workshop, 43 of 90 (48%) participants answered correctly.

McNemar Test Results

N	90
Test statistic	13.08
P	0.000**

The following are helpful ways to promote mental and physical well-being among young people: [list of 9 options; 4 correct; 5 incorrect]	Pre-Workshop		Post-Workshop	
	N	%	N	%
All Correct <ul style="list-style-type: none"> Sufficient sleep Eating to fuel the body well Stress management strategies Have a clear policy to prevent and address teasing and harassment based on weight and appearance 	20	22%	43	48%
Any incorrect				
Physical activity for weight loss	47	52%	28	31%
Food intake journals	48	53%	4	4%
Labeling foods as “good” and “bad”	25	28%	3	3%
Regular tracking of body measurements (weight, BMI)	17	19%	2	2%
Group diets	11	12%	1	1%
Other ¹	15	17%	14	16%

1. The answer option Other was used to encompass answer options from survey version 1 that were not included in survey version 2. These options include: Physical activity for mental and physical health, self-compassion and mindfulness exercises, increase awareness about the impact of social media, Having a point person at your school to be a resource on body confidence promotion and eating disorders prevention for students and staff, Training on promoting body confidence for teachers and coaches, Appreciation for body diversity, and Offer in-school and after-school activities that encourage a variety of physical activities.

Conclusions and Recommendations

Results of this evaluation indicate that the Be Real USA’s Body Confident Schools workshop can be an effective tool for improving school staff’s knowledge of adolescent body image issues and reducing misconceptions of the characteristics and qualities of individuals in larger bodies. In addition, the workshop can effectively increase school staff’s self-efficacy and intention to implement a body confidence curriculum for students. As Be Real USA’s Body Confident Schools trainings expand to more school districts across Illinois and nationally, it will be vital to continue evaluation of implementation and outcomes and to introduce long-term follow-up evaluation with workshop participants, ideally three, six, and 12 months following participation in the training.

Citations

1. Wertheim, E. H., & Paxton, S. J. (2011). Body image development in adolescent girls. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice, and prevention* (p. 76–84). Guilford Press; Baker, J.H., Higgins Neyland, M.K., Thorton L.M., Runfola, C.D., Larsson, H., Lichtenstein, P., Bulik, C. Body dissatisfaction in adolescent boys. *Developmental Psychology*, 55(7), 1566-1578.
2. Smink, F. R., Van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: incidence, prevalence and mortality rates. *Current psychiatry reports*, 14(4), 406-414.
3. Stice, E., Shaw, H., & Marti, C. N. (2007). A meta-analytic review of eating disorder prevention programs: Encouraging findings. *Annual Review in Clinical Psychology*, 3, 207-231.

Appendix A: Workshop Advertisement Flyers

What: Professional Learning Opportunity

For: Physical Education and Health Teachers, Advisors, Counselors, Coaches, Administrators

Students in Illinois need

Body Confidence

Adolescents' body dissatisfaction has reached critical levels in today's "Kardashian Culture." The uptick in students' visual social media -- especially Instagram and Snapchat -- has created an environment where 75% of female and 50% of male adolescents spend too much time worrying how their bodies appear to others.

Body dissatisfaction affects adolescent mental health. It interferes with children's school performance as well as their ability to achieve potential in other areas of their lives. Research links body dissatisfaction to eating disorders, low self-esteem, and depression.

Half-Day Workshop:

How To Create A Body Confident School Environment

Participants in this course will:

- Learn how body image issues arise for adolescents
- Learn how to create a body confident school climate
- Be introduced to an evidence-based, HECAT-standard compliant body image curriculum that can be taught in health or advisory classes in middle schools and high schools
- Receive National Eating Disorder Association (NEDA) toolkits for teachers and coaches on body image



 mybodymyself



Denise Hamburger is a body image facilitator for the National Eating Disorder Association (NEDA) and The Body Positive. She is an ambassador for National Association of Anorexia Nervosa and Associated Disorders (ANAD). Denise teaches Dove's Confident Me curriculum in middle schools and high schools. She is working with the Illinois State Board Education (ISBE) to help introduce body image curriculum to Illinois schools. You can find her blog at MyBodyMyself.com.

Appendix B: Pre-workshop Survey (Version 2)

Be Real Illinois

5 Steps to Creating a Body Confident School

PRE-WORKSHOP SURVEY

DATE
Location

ID #: _____

Thank you for your participation in today's workshop.

We invite you to participate in a research study to evaluate the impact of this workshop.

In order to evaluate your experience in the workshop and to understand whether the workshop is successful in achieving its goals, we ask for your participation in completing this brief (15 question) pre-workshop survey now and a post-workshop survey at the end. Both of the surveys will require 5-10 minutes of your time. The purpose of the surveys will be to assess your experience participating in the workshop and any changes to your responses between the two survey time points. These surveys were developed and will be analyzed by research staff at Boston Children's Hospital. The person giving the workshop today will not see your responses to the survey questions.

These surveys are completely voluntary. You can decline to complete one or both of the surveys, and this will not impact your participation in the workshop today.

You can skip questions or stop answering questions at any time. If you do not complete the survey, you can just submit a blank or partially completed survey in the survey collection envelope provided. We will not know who completed the surveys and who did not.

Your answers will be completely anonymous. We are not collecting any names or other personal information. Please do not include any personal information in your responses to this survey.

We hope that you will take the time to honestly share your thoughts. Your participation in this study is important to us, and the combined results of the surveys will give the use information that could help to improve the workshop going forward.

By choosing to participate in the survey, I am acknowledging that I have read and understood the following:

- This survey is anonymous.
- My participation is voluntary.
- I can skip questions I do not wish to answer.
- I can stop taking the survey at any point.

____ I agree to the statements above (consent to participate).

____ I do NOT agree to the statements above (participation declined).

If you have any questions you can contact Erin Gibson, Program Manager at Boston Children's Hospital at erin.gibson@childrens.harvard.edu or 857-218-4930.

SURVEY QUESTIONS

1. What brought you to this workshop today? (Select all that apply and CIRCLE the most prominent or biggest reason you are here today)

- To teach a body image curriculum in a health class
- I want to teach aspects of body confidence in my non-health class
- To help inform administrative policies on appearance-based bullying
- I want to serve as a resource for my students/athletes with poor body image
- My own personal interest in this topic

2. About how much of my body weight can I control?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10-20% | 30-40% | 50-60% | 70-80% | 90-100% |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Having a large body is a sign of poor motivation and willpower.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. I can't understand why people with anorexia just won't eat something.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. People with an eating disorder usually have a low body weight.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. The following mental illness has the highest mortality rate:

- Schizophrenia
- Major depression
- Bulimia nervosa
- Bipolar disorder
- Anorexia nervosa

9. Body dissatisfaction is associated with the following (check all that apply)

- Eating disorders
- Depression
- Unsafe sexual behaviors
- Higher motivation to engage in healthy behaviors

10. It is important to educate kids about “good foods” and “bad foods.”

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

11. The following are helpful ways to promote mental and physical well-being among young people (select all that apply):

- Sufficient sleep
- Physical activity for weight loss
- Eating to fuel the body well
- Food intake journals
- Labeling foods as “good” and “bad”
- Regular tracking of body measurements (weight, size, BMI)
- Group diets
- Stress management strategies
- Have a clear policy to prevent and address teasing and harassment based on weight and appearance

12. I am comfortable with my knowledge of how body image problems develop in adolescents.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

13. I feel prepared to teach a body image curriculum in our school.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

14. I intend to teach a body image curriculum in the next 12 months.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

Appendix C: Post-workshop Survey (Version 2)

Be Real Illinois

5 Steps to Creating a Body Confident School

POST-WORKSHOP SURVEY

DATE
Location

ID #: _____

Thank you for your participation in today's workshop.

We invite you to participate in a research study to evaluate the impact of this workshop.

In order to evaluate your experience in the workshop and to understand whether the workshop is successful in achieving its goals, we asked for your participation in completing a pre-workshop survey and now invite you to complete this brief (15 question) post-workshop survey that will require about 10 minutes of your time. The purpose of the surveys will be to assess your experience participating in the workshop and any changes to your responses between the two survey time points. These surveys were developed and will be analyzed by research staff at Boston Children's Hospital. The person giving the workshop today will not see your responses to the survey questions.

These surveys are completely voluntary. You can decline to complete one or both of the surveys, and this will not impact your participation in the workshop today.

You can skip questions or stop answering questions at any time. If you do not complete the survey, you can just submit a blank or partially completed survey in the survey collection envelop provided. We will not know who completed the surveys and who did not.

Your answers will be completely anonymous. We are not collecting any names or other personal information. Please do not include any personal information in your responses to this survey.

We hope that you will take the time to honestly share your thoughts. Your participation in this study is important to us, and the combined results of the surveys will give us the information that could help to improve the workshop going forward.

By choosing to participate in the survey, I am acknowledging that I have read and understood the following:

- This survey is anonymous.
- My participation is voluntary.
- I can skip questions I do not wish to answer.
- I can stop taking the survey at any point.

____ I agree to the statements above (consent to participate).

____ I do NOT agree to the statements above (participation declined).

If you have any questions you can contact Erin Gibson, Program Manager at Boston Children's Hospital at erin.gibson@childrens.harvard.edu or 857-218-4930.

1. What brought you to this workshop today? (Select all that apply and CIRCLE the most prominent or biggest reason you are here today)

- To teach a body image curriculum in a health class
- I want to teach aspects of body confidence in my non-health class
- To help inform administrative policies on appearance-based bullying
- I want to serve as a resource for my students/athletes with poor body image
- My own personal interest in this topic

2. About how much of my body weight can I control?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10-20% | 30-40% | 50-60% | 70-80% | 90-100% |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Having a large body is a sign of poor motivation and willpower.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. I can't understand why people with anorexia just won't eat something.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. If an overweight child is teased for his/her size, it may motivate him/her to do something about it, like eating less and exercising.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Men and people of non-white race/ethnic groups who have eating disorders are less likely to be diagnosed and treated.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. People with an eating disorder usually have a low body weight.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Not Sure</i> | <i>Agree</i> | <i>Strongly Agree</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. The following mental illness has the highest mortality rate:

- Schizophrenia
- Major depression
- Bulimia nervosa
- Bipolar disorder
- Anorexia nervosa

9. Body dissatisfaction is associated with the following (check all that apply)

- Eating disorders
- Depression
- Unsafe sexual behaviors
- Higher motivation to engage in healthy behaviors

10. It is important to educate kids about “good foods” and “bad foods.”

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

11. The following are helpful ways to promote mental and physical well-being among young people (select all that apply):

- Sufficient sleep
- Physical activity for weight loss
- Eating to fuel the body well
- Food intake journals
- Labeling foods as “good” and “bad”
- Regular tracking of body measurements (weight, size, BMI)
- Group diets
- Stress management strategies
- Have a clear policy to prevent and address teasing and harassment based on weight and appearance

12. I am comfortable with my knowledge of how body image problems develop in adolescents.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

13. This workshop increased my knowledge/understanding of how body image problems affect adolescents.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

14. This workshop shifted my attitudes surrounding weight stigma and stereotypes about eating disorders.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

15. I feel prepared to teach a body image curriculum in our school.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

N/A: Teaching a body image curriculum does not fit within the scope of my professional role.

16. I intend to teach a body image curriculum in the next 12 months.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

N/A: Teaching a body image curriculum does not fit within the scope of my professional role.

17. How do you describe yourself?

- Male
- Female
- Prefer not to say

18. Race/Ethnicity (check all that apply):

- Hispanic or Latinx
- Middle Eastern or North African
- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other

19. Age:

- 18-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70 years or older

20. Please indicate your professional role:

- Health educator
- Teacher
 - Please specify the subject(s) you teach: _____
- Coach
 - Please specify the sport/activity you coach: _____
- Administrator
 - Please specify your role: _____

Other

● Please specify your role: _____

21. Which grades do you work with in your professional role? (select all that apply)

- K - 2nd
- 3rd - 5th
- 6th - 8th
- High school
- Other

Please specify: _____

22. I feel more confident in my ability to implement the following components of a Body Confident School Environment in my school:

	5 Steps to Create a Body Confident School Environment	Check all that apply
a.	Provide education to teachers/coaches/administrators on promoting body confidence with their students	
b.	Provide education to teachers/coaches/administrators to identify eating disorder symptoms	
c.	Designate a point person at your school to be a resource on body confidence promotion and eating disorders prevention for students and staff	
d.	Adopt and enforce anti-bullying protocols	
e.	Implement a body image curriculum	

23. What challenges exist that may make it difficult to implement a body image curriculum in your school? Choose all that apply.

- Lack of time given the current curricular requirements
- Lack of administrative support
- Lack of resources
- There are more critical competing priorities
- No challenges exist
- Other (please specify): _____

24. I would recommend this training to other teachers/coaches/administrators.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

-
-
-
-
-

Please provide any additional comments you may have:

Appendix D: Comparison of Version 1 Survey vs Version 2 Survey

Version 1	Version 2
What brought you to this workshop today?	
<ul style="list-style-type: none"> ● To teach a body image curriculum in a health class ● I want to teach aspects of body confidence in my non-health class ● To help inform administrative policies on appearance-based bullying ● I want to serve as a resource for my students/athletes with poor body image ● <i>I want to be more informed on this topic as a professional</i> ● <i>I want to be more informed on this topic in general</i> ● My own personal interest in this topic 	<ul style="list-style-type: none"> ● To teach a body image curriculum in a health class ● I want to teach aspects of body confidence in my non-health class ● To help inform administrative policies on appearance-based bullying ● I want to serve as a resource for my students/athletes with poor body image ● My own personal interest in this topic
<p>Which of the following are factors that can influence your body weight? (select all that apply)</p> <ul style="list-style-type: none"> ● Genetics ● Age/Life stage ● Illness ● Medication ● Mental Health ● Race/ethnicity ● Socioeconomic status ● Substance use ● Food intake ● Physical activity ● Physical environment ● Local resources ● Only food intake and physical activity ● All of the above 	<p>Removed from this version</p>
<p>Questions 2-7, 10, 12-16, and 24 (See Appendix C) had Likert scale answer options that differed in versions 1 and 2.</p>	
<p>7-item Likert scale</p> <ul style="list-style-type: none"> ● Strongly Disagree ● Disagree ● Moderately Disagree ● Not Sure ● Moderately Agree 	<p>5-item Likert scale</p> <ul style="list-style-type: none"> ● Strongly Disagree ● Disagree ● Not Sure ● Agree ● Strongly Agree

<ul style="list-style-type: none"> ● Agree ● Strongly Agree 	
<p>Body dissatisfaction is associated with the following (check all that apply)</p>	
<ul style="list-style-type: none"> ● Eating disorders ● <i>Higher self-esteem</i> ● Depression ● Unsafe sexual behaviors ● <i>Improved self-care</i> ● Higher motivation to engage in healthy behaviors 	<ul style="list-style-type: none"> ● Eating disorders ● Depression ● Unsafe sexual behaviors ● Higher motivation to engage in healthy behaviors
<p>The following are helpful ways to promote mental and physical well-being among young people (select all that apply)</p>	
<ul style="list-style-type: none"> ● Sufficient sleep ● <i>Physical activity for mental and physical health</i> ● Physical activity for weight loss ● Food intake journals ● Eating well to nourish the body ● Group weight loss activities ● <i>Self-compassion and mindfulness exercises</i> ● Stress management strategies ● Labeling foods as acceptable and unacceptable ● <i>Increase awareness about the impact of social media</i> ● <i>Having a point person at your school to be a resource on body confidence promotion and eating disorders prevention for students and staff</i> ● <i>Training on promoting body confidence for teachers and coaches</i> ● Regular tracking of body measurements (weight, size, BMI) ● <i>Appreciation for body diversity</i> ● <i>Offer in-school and after-school activities that encourage a variety of physical activities</i> ● Have a clear policy to prevent and address teasing and harassment based on weight and appearance 	<ul style="list-style-type: none"> ● Sufficient sleep ● Physical activity for weight loss ● Eating to fuel the body well ● Food intake journals ● Labeling foods as “good” and “bad” ● Regular tracking of body measurements (weight, size, BMI) ● Group diets ● Stress management strategies ● Have a clear policy to prevent and address teasing and harassment based on weight and appearance
<p>I am comfortable with my ability to promote a Body Confident School Environment at my school.</p>	<p>Removed from this version</p>

<p>This workshop increased my sense of self efficacy in regard to addressing body image issues in adolescents.</p>	<p>Removed from this version</p>
<p>Do you currently have a curriculum in your school that covers the topic of body image?</p>	<p>Removed from this version</p>
<p>I see a need to offer a body image curriculum in my school.</p>	<p>Removed from this version</p>
<p>How many hours of training have you received previously on the topic of body image and body confidence/dissatisfaction?</p>	<p>Removed from this version</p>
<p>Which of the following components of creating a Body Confident School Environment currently exist at your school or could be useful to implement in your school? (check all that apply for both “currently exist” and “could be useful to implement”)</p> <ul style="list-style-type: none"> ● Provide education to teachers/coaches/administrators on promoting body confidence with students ● Provide education to teachers/coaches/administrators to identify eating disorder symptoms ● Designate a point person at my school as a resource on body confidence promotion and eating disorders prevention for students and staff ● Adopt and enforce anti-bullying protocols ● Implement a body image curriculum 	<p>I feel more confident in my ability to implement the following components of a Body Confident School Environment in my school: (check all that apply)</p> <ul style="list-style-type: none"> ● Provide education to teachers/coaches/administrators on promoting body confidence with students ● Provide education to teachers/coaches/administrators to identify eating disorder symptoms ● Designate a point person at my school as a resource on body confidence promotion and eating disorders prevention for students and staff ● Adopt and enforce anti-bullying protocols ● Implement a body image curriculum
<p>I intend to use the information I learned today in the following ways (choose all that apply ONLY under the professional role that most closely applies to you)</p> <p>A.For health teachers</p> <ul style="list-style-type: none"> ● Teach a body image curriculum to my students ● Provide education to teachers/coaches/administrators on promoting body confidence with students ● Provide education to teachers/coaches/administrators to identify eating disorder symptoms ● Work to designate a point person at 	<p>Removed from this version</p>

<p>my school as a resource on body confidence promotion and eating disorders</p> <ul style="list-style-type: none"> ● Promote adoption and/or enforcement of anti-bullying protocols <p>B.For teachers of other subjects</p> <ul style="list-style-type: none"> ● Provide education to teachers/coaches/administrators on promoting body confidence with students ● Provide education to teachers/coaches/administrators to identify eating disorder symptoms ● Work to designate a point person at my school as a resource on body confidence promotion and eating disorders ● Promote adoption and/or enforcement of anti-bullying protocols <p>C.For social workers or guidance counselors</p> <ul style="list-style-type: none"> ● Provide education to teachers/coaches/administrators on promoting body confidence with students ● Provide education to teachers/coaches/administrators to identify eating disorder symptoms ● Work to designate a point person at my school as a resource on body confidence promotion and eating disorders ● Promote adoption and/or enforcement of anti-bullying protocols <p>D.For athletic coaches or other sports professionals</p> <ul style="list-style-type: none"> ● Provide education to other coaches on promoting body confidence with students ● Provide education to other coaches to identify eating disorder symptoms ● Work to designate a point person within the athletic department as a resource on body confidence promotion and eating disorders in student athletes ● Promote adoption and/or enforcement of anti-bullying protocols <p>E.For administrators</p> <ul style="list-style-type: none"> ● Set up an education seminar/workshop for 	
---	--

<p>teachers/coaches/administrators at my school on promoting body confidence with students</p> <ul style="list-style-type: none"> ● Set up and education seminar/workshop for teachers/coaches/administrators to identify eating disorder symptoms ● Designate a point person at my school as a resource on body confidence promotion and eating disorders in student athletes ● Adopt and enforce anti-bullying protocols 	
<p>If we provide a training curriculum and materials, would you be interested in offering a workshop to other teachers/coaches/administrators at your school?</p>	<p>Removed from this version</p>