Social & Economic Cost of Eating Disorders in the United States
A Case Example of Strategic Science to Advance Policy Action for Eating Disorders

S. Bryn Austin, ScD
Harvard T.H. Chan School of Public Health

http://www.hsph.harvard.edu/strippped
I have no financial disclosures or conflicts of interest.
Overview of Presentation

1) Very brief introduction to strategic science

2) Key findings from social & economic impact report on eating disorders in U.S.

3) Bigger picture on report as case example of strategic science
   - Rationale
   - Approach
   - Amplification, policy translation

4) Concluding thoughts
Part 1: Brief Intro to Strategic Science

Brownell & Roberto, *The Lancet* 2015
“Research designed to address gaps in knowledge important to policy decisions, derived from the reciprocal flow of information between researchers and policymakers...”

Roberto & Brownell 2017; Brownell & Roberto 2015
“Research designed to address gaps in knowledge important to policy decisions, derived from the reciprocal flow of information between researchers and policymakers...”

Roberto & Brownell 2017; Brownell & Roberto 2015
“...and communicated not only in scholarly publications but also in forms relevant to policymakers.”

Roberto & Brownell 2017; Brownell & Roberto 2015
Part 1: Brief Intro to Strategic Science

THE LANCET

Strategic Science Defined

“...and communicated not only in scholarly publications but also in forms relevant to policymakers.”

and clinicians, experts by experience

Roberto & Brownell 2017; Brownell & Roberto 2015
Social and economic cost of eating disorders in the US
Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders
June 2020
Part 2: Key Findings

**Key takeaways of report**

**Eating disorders are:**

- *Common*
- *Deadly*
- *Expensive*
Part 2: Key Findings

Nearly **30 million Americans** alive today – or 9% of the population – will have an eating disorder at some point during their lives, either in the past, present or future.

Nearly **2 million children** alive today will have an eating disorder before they are 20 years old.
Part 2: Key Findings

SOCIAL & ECONOMIC COST OF EATING DISORDERS IN THE UNITED STATES

Report by the Strategic Training Initiative for the Prevention of Eating Disorders, Academy for Eating Disorders, and Deloitte Access Economics

PREVALENCE & MORTALITY

9%
Percent of the U.S. population, or 28.8 million Americans, that will have an eating disorder in their lifetime

10,200 deaths per year as a direct result of an eating disorder, equating to 1 death every 52 minutes

EATING DISORDERS AFFECT EVERYONE:

- All ages, starting as young as 5 years old to over 80 years old
- All races, however, people of color with eating disorders are half as likely to be diagnosed or to receive treatment
- All genders, with females being 2x more likely to have an eating disorder
- All sexual orientations
Study using cost-of-illness modeling

A standard methodology used to estimate financial costs & reduction in wellbeing due to a condition

Costs of eating disorders include financial costs to the health system, productivity losses, informal caregiving, and other financial costs. The costs of eating disorders also include the reduction in wellbeing for people living with eating disorders.

Costs were estimated from a societal perspective for the fiscal year 1 October 2018 – 30 September 2019 using a prevalence approach.

<table>
<thead>
<tr>
<th>Epidemiological profile</th>
<th>Prevalence (# of people)</th>
<th>Mortality (# of deaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
<td>Disability weight</td>
<td>Death</td>
</tr>
<tr>
<td>Loss of wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic burden</td>
<td>Health system costs</td>
<td>Productivity costs</td>
</tr>
</tbody>
</table>
|                         | Hospitalizations, emergency department visits, primary and outpatient services, residential care treatment, etc. | Absences from work
|                         |                           | Reduced workforce participation |
|                         |                           | Reduced productivity at work |
|                         |                           | Premature mortality |
|                         |                           | Caregiving |
| Payers                   | Transfers                | Other financial costs   |
| Individuals              | Welfare payments and forgone taxation revenue | Efficiency losses associated with reduced income and government-funded services |
| Families and carers      |                         |                         |
| Government               |                         |                         |
| Society                  |                         |                         |
| Employers                |                         |                         |
Part 2: Key Findings

**COST TO ECONOMY & SOCIETY**

- **$64.7 Billion**
  - Yearly economic cost of eating disorders

<table>
<thead>
<tr>
<th>Additional loss of wellbeing per year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$326.5 Billion</strong></td>
</tr>
</tbody>
</table>

**COST TO HOSPITAL SYSTEMS:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER visits</td>
<td>53,918</td>
</tr>
<tr>
<td>Inpatient hospitalizations</td>
<td>23,560</td>
</tr>
</tbody>
</table>

- **Costing:**
  - ER visits: **$29.3M**
  - Inpatient hospitalizations: **$209.7M**

**LOSS PER GROUP:**

- **$23.5B**
  - Individuals & Families
    - Caregivers provide 6 weeks of informal, unpaid care per year

- **$17.7B**
  - Government

- **$16.3B**
  - Employers

- **$7.1B**
  - Society

---


---

@HarvardSTRIPED  @harvardstriped  @STRIPED.Harvard
Part 2: Key Findings

Prevalence

5.48 million Americans had an eating disorder (ED) during 2018-19

One-year prevalence in 2018-19:

1.66% (5.48 million people)

Deaths associated with eating disorders in 2018-19: Approx. 10,200
(range of 5,500-22,000)

Prevalence of eating disorders by age and gender (%), 2018-19

47% are under 30
83% are of working age

Lifetime prevalence as of 2018-19:

8.6% for females (14.4 million cases)
4.1% for males (6.6 million cases)
Part 2: Key Findings

Prevalence

5.48 million Americans had an eating disorder (ED) during 2018-19

One-year prevalence in 2018-19:
1.66% (5.48 million people)

Prevalence of eating disorders by age and gender (%), 2018-19

Deaths associated with eating disorders in 2018-19: Approx. 10,200
(range of 5,500-22,000)

Lifetime prevalence as of 2018-19:
8.6% for females (14.4 million cases)
4.1% for males (6.6 million cases)
Part 2: Key Findings

Prevalence

5.48 million Americans had an eating disorder (ED) during 2018-19

One-year prevalence in 2018-19: 1.66% (5.48 million people)

- Anorexia nervosa, 0.4M, 7%
- Bulimia nervosa, 0.6M, 11%
- Binge eating disorder, 2M, 37%
- Other specified feeding or eating disorder, 2.4M, 44%
- 47% are under 30
- 83% are of working age
- 4.1% for males (6.6 million cases)
- 8.6% for females (14.4 million cases)

Deaths associated with eating disorders in 2018-19: Approx. 10,200 (range of 5,500-22,000)

Lifetime prevalence as of 2018-19:
- 0.00%
- 0.10%
- 0.20%
- 0.30%
- 0.40%
- 0.50%

Prevalence of eating disorders by age and gender (%), 2018-19

- Male
- Female

© 2020 Deloitte Touche Tohmatsu
The total financial costs of eating disorders are large, and there is a substantial reduction in wellbeing.

The annual financial cost of eating disorders was $64.7 billion in 2018-19, which equated to $11,808 per person with an eating disorder.

The average annual cost per person was greatest for anorexia nervosa ($27,400), followed by bulimia nervosa ($18,300).

### Financial costs of eating disorders by cost component, 2018-19

<table>
<thead>
<tr>
<th>Cost component</th>
<th>Total cost ($M)</th>
<th>Per person with condition ($)</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system</td>
<td>4,555.4</td>
<td>831</td>
<td>7.0%</td>
</tr>
<tr>
<td>Productivity losses</td>
<td>48,634.3</td>
<td>8,874</td>
<td>75.2%</td>
</tr>
<tr>
<td>Informal care</td>
<td>6,731.4</td>
<td>1,228</td>
<td>10.4%</td>
</tr>
<tr>
<td>Efficiency losses</td>
<td>4,794.8</td>
<td>875</td>
<td>7.4%</td>
</tr>
<tr>
<td>Total financial costs</td>
<td>64,716.0</td>
<td>11,808</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Financial costs of eating disorders by type, 2018-19

- Anorexia nervosa, $11.2B, 17%
- Bulimia nervosa, $11.4B, 18%
- Binge eating disorder, $19.4B, 30%
- Other specified feeding or eating disorder, $22.8B, 35%

### Financial costs of eating disorders by cost component and age, 2018-19

- Health system costs
- Individual production losses
- Caregiver production losses
- Efficiency losses

© 2020 Deloitte Touche Tohmatsu
The annual financial cost of eating disorders was \textbf{$64.7 \text{ billion}$} in 2018-19, which equated to \textbf{$11,808 \text{ per person with an eating disorder}$}.

The average annual cost per person was greatest for anorexia nervosa ($27,400), followed by bulimia nervosa ($18,300).
Part 2: Key Findings

Financial costs

The total financial costs of eating disorders are large, and there is a substantial reduction in wellbeing.

The annual financial cost of eating disorders was $64.7 billion in 2018-19, which equated to $11,808 per person with an eating disorder.

The average annual cost per person was greatest for anorexia nervosa ($27,400), followed by bulimia nervosa ($18,300).

Financial costs of eating disorders by type, 2018-19

- Anorexia nervosa, $11.2B, 17%
- Bulimia nervosa, $11.4B, 18%
- Binge eating disorder, $19.4B, 30%
- Other specified feeding or eating disorder, $22.8B, 35%

Financial costs of eating disorders by cost component, 2018-19

<table>
<thead>
<tr>
<th>Cost component</th>
<th>Total cost ($M)</th>
<th>Per person with condition ($)</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system</td>
<td>4,555.4</td>
<td>831</td>
<td>7.0%</td>
</tr>
<tr>
<td>Productivity losses</td>
<td>48,634.3</td>
<td>8,874</td>
<td>75.2%</td>
</tr>
<tr>
<td>Informal care</td>
<td>6,731.4</td>
<td>1,228</td>
<td>10.4%</td>
</tr>
<tr>
<td>Efficiency losses</td>
<td>4,794.8</td>
<td>875</td>
<td>7.4%</td>
</tr>
<tr>
<td>Total financial costs</td>
<td>64,716.0</td>
<td>11,808</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Financial costs of eating disorders by cost component and age, 2018-19

© 2020 Deloitte Touche Tohmatsu
Financial costs
The total financial costs of eating disorders are large, and there is a substantial reduction in wellbeing

The annual financial cost of eating disorders was $64.7 billion in 2018-19, which equated to $11,808 per person with an eating disorder.

The average annual cost per person was greatest for anorexia nervosa ($27,400), followed by bulimia nervosa ($18,300).

Financial costs of eating disorders by cost component and age, 2018-19

Financial costs of eating disorders by type, 2018-19

Financial costs of eating disorders by cost component, 2018-19

Part 2: Key Findings
Part 2: Key Findings

Health system costs

The vast majority of health system costs of eating disorders was due to primary and outpatient care.

Health system costs due to eating disorders totaled $4.6 billion, or $831 per person with an eating disorder.

The estimated average cost per person was highest for individuals with anorexia nervosa ($2,615), followed by those with bulimia nervosa ($1,335).

Further research is required to better understand the costs of medical nutrition therapy. These costs may also be substantial (up to $570 million).

“My treatment course was absolutely delayed by lack of finance, options and gender inequality that existed.”

“Intensive outpatient care was a significant financial burden. Asking staff how people could afford this care they said often second mortgages were taken, dipping into college savings plans.”
Health system costs

The vast majority of health system costs of eating disorders was due to primary and outpatient care.

Health system costs due to eating disorders totaled $4.6 billion, or $831 per person with an eating disorder.

The estimated average cost per person was highest for individuals with anorexia nervosa ($2,615), followed by those with bulimia nervosa ($1,335).

Further research is required to better understand the costs of medical nutrition therapy. These costs may also be substantial (up to $570 million).

“My treatment course was absolutely delayed by lack of finance, options and gender inequality that existed.”

“Intensive outpatient care was a significant financial burden. Asking staff how people could afford this care they said often second mortgages were taken, dipping into college savings plans.”
Health system costs

The vast majority of health system costs of eating disorders was due to primary and outpatient care.

Health system costs due to eating disorders totaled $4.6 billion, or $831 per person with an eating disorder.

The estimated average cost per person was highest for individuals with anorexia nervosa ($2,615), followed by those with bulimia nervosa ($1,335).

Further research is required to better understand the costs of medical nutrition therapy. These costs may also be substantial (up to $570 million).

"My treatment course was absolutely delayed by lack of finance, options and gender inequality that existed."

"Intensive outpatient care was a significant financial burden. Asking staff how people could afford this care they said often second mortgages were taken, dipping into college savings plans."

© 2020 Deloitte Touche Tohmatsu
Health system costs

The vast majority of health system costs of eating disorders was due to primary and outpatient care.

Health system costs due to eating disorders totaled $4.6 billion, or $831 per person with an eating disorder.

The estimated average cost per person was highest for individuals with anorexia nervosa ($2,615), followed by those with bulimia nervosa ($1,335).

Further research is required to better understand the costs of medical nutrition therapy. These costs may also be substantial (up to $570 million).

“My treatment course was absolutely delayed by lack of finance, options and gender inequality that existed.”

“Intensive outpatient care was a significant financial burden. Asking staff how people could afford this care they said often second mortgages were taken, dipping into college savings plans.”
Part 2: Key Findings

Productivity costs

Productivity costs of eating disorders largely made up of presenteeism & reduced employment, with costs being borne by individuals, employers & government

Productivity costs due to eating disorders totaled $48.6 billion, or $8,874 per person.

Individuals with anorexia nervosa or bulimia nervosa were estimated to be absent from work for an additional 27.3 days per year, which was lower for other eating disorders (4.2 days per year).

Presenteeism impacts were also substantial (~10% lower work output).

**Absenteeism** measures costs due to temporary absences from work due to eating disorders.

**Presenteeism** measures costs due to reduced productivity when an individual attends work while they are unwell compared to when they are healthy.
Productivity costs of eating disorders largely made up of presenteeism & reduced employment, with costs being borne by individuals, employers & government.

**Productivity costs** due to eating disorders totaled $48.6 billion, or $8,874 per person.

Individuals with anorexia nervosa or bulimia nervosa were estimated to be absent from work for an additional 27.3 days per year, which was lower for other eating disorders (4.2 days per year).

Presenteeism impacts were also substantial (~10% lower work output).

**Absenteeism** measures costs due to temporary absences from work due to eating disorders.

**Presenteeism** measures costs due to reduced productivity when an individual attends work while they are unwell compared to when they are healthy.
Part 2: Key Findings

Productivity costs

Productivity costs of eating disorders largely made up of presenteeism & reduced employment, with costs being borne by individuals, employers & government.

Productivity costs due to eating disorders totaled $48.6 billion, or $8,874 per person.

Individuals with anorexia nervosa or bulimia nervosa were estimated to be absent from work for an additional 27.3 days per year, which was lower for other eating disorders (4.2 days per year).

Presenteeism impacts were also substantial (~10% lower work output).

Absenteeism measures costs due to temporary absences from work due to eating disorders.

Presenteeism measures costs due to reduced productivity when an individual attends work while they are unwell compared to when they are healthy.

Productivity costs of eating disorders by type, 2018-19

- Premature mortality, $8.8B, 18%
- Reduced employment, $15.2B, 31%
- Presenteeism, $18.2B, 37%
- Absenteeism, $6.4B, 13%

Productivity costs of eating disorders by bearer of cost, 2018-19

- Individuals, 38%
- Employers, 34%
- Government, 29%
Productivity costs of eating disorders largely made up of presenteeism & reduced employment, with costs being borne by individuals, employers & government.

Productivity costs due to eating disorders totaled $48.6 billion, or $8,874 per person.

Individuals with anorexia nervosa or bulimia nervosa were estimated to be absent from work for an additional 27.3 days per year, which was lower for other eating disorders (4.2 days per year).

Presenteeism impacts were also substantial (~10% lower work output).

Absenteeism measures costs due to temporary absences from work due to eating disorders.

Presenteeism measures costs due to reduced productivity when an individual attends work while they are unwell compared to when they are healthy.
Other financial costs

Other financial costs of eating disorders were made up of informal care costs and efficiency losses, at $11.5B combined

**Informal care costs**

Informal caregiving for eating disorders was estimated to cost $6.7 billion in 2018-19.

Informal care cost an average of $1,228 per person with an eating disorder.

Approximately 23.6% sought help from a loved one or close friend, meaning there were 1.3m caregivers.

Each caregiver provided 4.45 hours of care per week on average, or 5.8 full-time working weeks per annum.

5.8m hours of informal care were provided in 2018-19, which equates to 144,000 full-time working weeks.

**Efficiency losses**

Efficiency losses due to eating disorders were estimated to cost $4.8 billion in 2018-19.

“The emotional toll of the condition was significant. Our family was separated for one year across continents. As a family of five, we each blamed ourselves, thinking that we were the problem that may have resulted in our daughter nearly losing her life.”
Other financial costs
Other financial costs of eating disorders were made up of informal care costs and efficiency losses, at $11.5B combined

Informal care costs
Informal caregiving for eating disorders was estimated to cost $6.7 billion in 2018-19.

Informal care cost an average of $1,228 per person with an eating disorder.

Efficiency losses
Efficiency losses due to eating disorders were estimated to cost $4.8 billion in 2018-19.

Approximately 23.6% sought help from a loved one or close friend, meaning there were 1.3m caregivers.

Each caregiver provided 4.45 hours of care per week on average, or 5.8 full-time working weeks per annum.

5.8m hours of informal care were provided in 2018-19, which equates to 144,000 full-time working weeks.

“The emotional toll of the condition was significant. Our family was separated for one year across continents. As a family of five, we each blamed ourselves, thinking that we were the problem that may have resulted in our daughter nearly losing her life.”
# Part 2: Key Findings

## Other financial costs

Other financial costs of eating disorders were made up of informal care costs and efficiency losses, at $11.5B combined.

<table>
<thead>
<tr>
<th>Informal care costs</th>
<th>Efficiency losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal caregiving for eating disorders was estimated to cost <strong>$6.7 billion</strong> in 2018-19.</td>
<td>Efficiency losses due to eating disorders were estimated to cost <strong>$4.8 billion</strong> in 2018-19.</td>
</tr>
</tbody>
</table>

Informal care cost an average of $1,228 per person with an eating disorder.

Approximately **23.6%** sought help from a loved one or close friend, meaning there were **1.3m** caregivers.

Each caregiver provided **4.45 hours** of care per week on average, or **5.8 full-time** working weeks per annum.

**5.8m hours** of informal care were provided in 2018-19, which equates to **144,000 full-time** working weeks.

> “The emotional toll of the condition was significant. Our family was separated for one year across continents. As a family of five, we each blamed ourselves, thinking that we were the problem that may have resulted in our daughter nearly losing her life.”
Who bears the cost?

Individuals bear the largest share of the financial costs of eating disorders in the U.S. in 2018-19, followed by government and employers.

The total financial costs borne by people living with eating disorders and their loved ones was $23.5 billion in 2018-19, which includes out-of-pocket payments for health care ($363.5 million).

Government taxation revenue was reduced by $16.0 billion, and governments also paid $1.8 billion to fund health and other services in 2018-19.
Part 2: Key Findings

Who bears the cost?

Individuals bear the largest share of the financial costs of eating disorders in the U.S. in 2018-19, followed by government and employers.

The total financial costs borne by people living with eating disorders and their loved ones was $23.5 billion in 2018-19, which includes out-of-pocket payments for health care ($363.5 million).

Government taxation revenue was reduced by $16.0 billion, and governments also paid $1.8 billion to fund health and other services in 2018-19.
Wellbeing costs of eating disorders in 2018-19 were significant, with the 15-39 years old age group bearing the highest wellbeing costs.

1.3 million DALYs were lost due to eating disorders in 2018-19, which represented approximately 1.2% of the total burden of disease in the US.

The loss of wellbeing value was estimated to be $326.5 billion in 2018-19, at an average cost of $59,600 per person with an eating disorder.

“The emotional toll was significant. I often felt belittled when I dealt with clinicians who were not competent in the treatment of my condition.”
Wellbeing costs of eating disorders in 2018-19 were significant, with the 15-39 years old age group bearing the highest wellbeing costs.

**1.3 million DALYs** were lost due to eating disorders in 2018-19, which represented approximately **1.2% of the total burden of disease in the US.**

The loss of wellbeing value was estimated to be $326.5 billion in 2018-19, at an average cost of $59,600 per person with an eating disorder.

"The emotional toll was significant. I often felt belittled when I dealt with clinicians who were not competent in the treatment of my condition."
Part 2: Key Findings

Wellbeing costs

Wellbeing costs of eating disorders in 2018-19 were significant, with the 15-39 age group bearing the highest wellbeing costs.

1.3 million DALYs were lost due to eating disorders in 2018-19, which represented approximately 1.2% of the total burden of disease in the US.

The loss of wellbeing value was estimated to be $326.5 billion in 2018-19, at an average cost of $59,600 per person with an eating disorder.

"The emotional toll was significant. I often felt belittled when I dealt with clinicians who were not competent in the treatment of my condition."
Part 2: Key Findings

Cost to economy comparable to or exceeds other serious conditions in U.S.

- Parkinson’s disease: $53.8 billion in 2019 USD
- Schizophrenia: range from $27.6 billion to $111 billion in 2019 USD
Implications

- Understanding social & economic costs essential to inform resource allocation for research, treatment, prevention

- Most comprehensive study to date
  - Demonstrates depth & breadth of impact of eating disorders
Future areas of research
Looking ahead

More research needed into cost-effective treatment & prevention options to reduce cost of eating disorders to U.S. society

Further research required to understand and estimate the additional costs of eating disorders that may be attributable to structural racism and other structural oppressions in the U.S.

More research needed to estimate cost-effectiveness of stepped, integrated care models to reduce burden of eating disorders.

Future research required to understand long-term impacts of eating disorders and impact of comorbidities on costs associated with eating disorders.

Further research needs to be undertaken to estimate costs that may be prevented through early intervention and prevention of eating disorders.
Part 3: Bigger Picture

The bigger picture

Social and economic cost of eating disorders in the United States of America
Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders
June 2020
The bigger picture

Economic impact report as case example of strategic science to advance policy action for eating disorders

- Rationale
- Approach
- Amplification, policy translation

---

Brownell & Roberto, *The Lancet* 2015
Several years ago, three major national eating disorders cost-of-illness reports released globally:
Part 3: Bigger Picture

Rationale

- Several years ago, three major national eating disorders cost-of-illness reports released globally:
Rationale

- Several years ago three major national eating disorders cost-of-illness reports released globally:
  - 2015: U.K.’s Beat contracted with PWC
Part 3: Bigger Picture

Rationale

- Inspired by Butterfly’s achievements in leveraging their Australian reports & subsequent strategically targeted survey

- **Goal:** We sought to follow Butterfly’s & Beat’s lead in the U.S.
Part 3: Bigger Picture

Rationale

- Inspired by Butterfly’s achievements in leveraging their Australian reports & subsequent strategically targeted survey

The Sydney Morning Herald

'Great sense of guilt': Crippling cost of treatment forces eating disorder patients into debt

By Kate Aubusson
May 3, 2019 -- 1.30pm

Braiden Fitzsimmons couldn’t shake the feeling he had become a burden to his parents as they paid for his weekly sessions with a psychologist.

Goal: We sought to follow Butterfly’s & Beat’s lead in the U.S.
Part 3: Bigger Picture

Rationale

- Inspired by Butterfly’s achievements in leveraging their Australian reports & subsequent strategically targeted survey

Goal: We sought to follow Butterfly’s & Beat’s lead in the U.S.
Part 3: Bigger Picture

Approach

- We contacted Deloitte team that had done Australian report to determine interest, capacity
- Partnership of STRIPED & Academy for Eating Disorders, funded by STRIPED to contract with Deloitte
  - **Goal:** To ensure close collaboration across sectors to enhance visibility & credibility
Part 3: Bigger Picture

**Approach**

- Assembled advisory panel with diverse expertise

  **Goal:** Ensure range of technical & stakeholder perspectives at table

**Panel Members' Sectors**

- Academia
- Business
- Community
- Government adjacent
Part 3: Bigger Picture

Approach

- Assembled advisory panel with diverse expertise

  **Goal:** Ensure range of technical & stakeholder perspectives at table

Panel Members’ Sectors
- Academia
- Business
- Community
- Government adjacent

Panel Members’ Expertise
- Health economics
- Medicine
- Policymaking
- Epidemiology
- Decision sciences
- Psychology
- Experts by experience
Part 3: Bigger Picture

Amplification With Unified Voice

- Report release & press conference timed with Virtual ICED 2020 with Deloitte team & myself
  - Moderated by Johanna Kandel, leading voice for experts-by-experience

Johanna Kandel
Moderator

Virtual ICED2020
Taking a Different Perspective

Save the date:

Wednesday, June 24, 5PM EST

Social & Economic Cost of Eating Disorders in the U.S. Report Launch
Amplification With Unified Voice

- Report release & press conference timed with Virtual ICED 2020 with Deloitte team & myself
  - Moderated by Johanna Kandel, leading voice for experts-by-experience
- Facebook Live interviews with community advocates

Part 3: Bigger Picture

NEDA
Feeding hope.
National Eating Disorders Association

THE ALLIANCE
for Eating Disorders Awareness

Save the date:
Wednesday, June 24, 5PM EST

Social & Economic Cost of Eating Disorders in the U.S. Report Launch

Johanna Kandel
Moderator
Part 3: Bigger Picture

Amplification With Unified Voice

- Report release & press conference timed with Virtual ICED 2020 with Deloitte team & myself
  - Moderated by Johanna Kandel, leading voice for experts-by-experience
  - Facebook Live interviews with community advocates

- **Goal:** To communicate with community advocates on key findings, call for policy action in context of lived experience
Part 3: Bigger Picture

Amplification With Unified Voice

- Coordinated a dozen major eating disorders organizations in U.S. to amplify in unison with shared infographic & social media
Part 3: Bigger Picture

Amplification With Unified Voice

- Coordinated a dozen major eating disorders organizations in U.S. to amplify in unison with shared infographic & social media

- **Goals:**
  - To speak with one, unified voice from community on the key findings, call for policy action
  - To ensure report findings integrated consistently in communications & meetings led by other major ED federal advocacy groups
Part 3: Bigger Picture

Amplification With Unified Voice

- 1-page infographic with all partnering organizations’ logos
Part 3: Bigger Picture

Amplification With Unified Voice

- 1-page infographic with all partnering organizations’ logos
- Social media assets with weeklong schedule for release

Social & Economic Cost of Eating Disorders in the United States

Did you know, there are 18,200 deaths per year as a direct result of an eating disorder?

That’s 1 death every 52 minutes.

Eating disorders affect everyone:
- All ages, starting as young as 5 years old to over 80 years old
- All races, however, people of color with eating disorders are half as likely to be diagnosed or to receive treatment
- All genders, with females being 2x more likely to have an eating disorder
- All sexual orientations

Social & Economic Cost of Eating Disorders in the U.S. Report

Eating disorders cost the U.S. economy $64.7B per year. Families & individuals shoulder $23.5B of that total.

9% of Americans will have an eating disorder in their lifetime.

Families and individuals provide 8 weeks worth of informal, unpaid care per year.

Social & Economic Cost of Eating Disorders in the U.S. Report

#EdAwareness
Part 3: Bigger Picture

Translation to Policymakers

- Contracted with Capitol Hill-based government relations & communications firms
Part 3: Bigger Picture

Translation to Policymakers

- Contracted with Capitol Hill-based government relations & communications firms

**Goal:** Get key findings, call for policy action in go-to news source for lawmakers, federal agency staff

*Op-ed placed in The Hill, daily news source widely read by federal policymakers*
Translation to Policymakers

- Contracted with Capitol Hill-based government relations & communications firms

**Goal:** Get key findings, call for policy action in go-to news source for lawmakers, federal agency staff

Eating disorders cost US $65 billion a year: Here's what agencies can do

Op-ed placed in *The Hill*, daily news source widely read by federal policymakers

Note: Had to add COVID hook to get journalists’ attention!
Op-ed urged policy action to:

1) Begin systematic national surveillance of eating disorders
2) Increase research funding
3) Correct insurance coverage gaps within federal payer systems to ensure comprehensive eating disorders treatment coverage
Part 3: Bigger Picture

Translation to Policymakers

- Government relations firm setting up meetings with federal agencies & major healthcare lobbying coalitions
Part 3: Bigger Picture

Translation to Policymakers

- Government relations firm setting up meetings with federal agencies & major healthcare lobbying coalitions

- **Goals:**
  - Discuss key findings, options for policy action in meetings with policymakers themselves
  - Leverage influence of major non-ED coalitions on Capitol Hill to amplify, reinforce our key asks
Concluding thoughts
Part 4: Conclusion

Concluding Thoughts

- **Our study has:**
  - Made critical steps toward more fully understanding social & economic burden of eating disorders in U.S.
  - In addition, these new data will allow us to estimate:
    - Cost-effectiveness, improved quality of life, and most importantly, lives to be saved by scaling up effective prevention, early detection & treatment interventions
Concluding Thoughts

- Our study has:
  - Made critical steps toward more fully understanding social & economic burden of eating disorders in U.S.
  - In addition, these new data will allow us to estimate:
    - Cost-effectiveness, improved quality of life, and most importantly, lives to be saved by scaling up effective prevention, early detection & treatment interventions

- From strategic science perspective, our top priority for undertaking impact report:
  - To engage decision makers in U.S. government, healthcare & other sectors to motivate them to take action
Part 4: Conclusion

Concluding Thoughts

- U.S. policymakers have the evidentiary base to justify action
  - $65 billion lost annually to the economy due to eating disorders
- One life lost every 52 minutes
- Escalating mental health crisis during COVID-19 pandemic further underscores urgency

- Responsibility for all of us in the U.S. now is to use methods of strategic science to motivate policymakers to act
Concluding Thoughts

- U.S. policymakers have the evidentiary base to justify action
  - $65 billion lost annually to the economy due to eating disorders
  - One life lost every 52 minutes
  - Escalating mental health crisis during COVID-19 pandemic further underscores urgency

- Responsibility for all of us in the U.S. now is to use methods of strategic science to motivate policymakers to act

*The lives depending on us can’t afford to wait*
Q: Who will be next to generate similar impact report?

- **Canada?**
  - National Eating Disorders Information Centre investigating possibility of similar national report
Q: Who will be next to generate similar impact report?

- **Canada?**
  - National Eating Disorders Information Centre investigating possibility of similar national report

- **European Union?**
  - Academy for Eating Disorders’ Unna Danner, Ursula Bailer & Gry Kjaersdam Telleus leading efforts to initiate EU report
Thank you!

To read report: https://bit.ly/3jOviY8

Contact:
Bryn.Austin@childrens.harvard.edu