



Recognizing and Treating Underserved Eating Disorder Populations:

US Military, Food Insecure, Elderly,
Disabled and Hispanic/Latine

Susan C Mengden, PhD, CEDS-s
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ABOUT ME

Susan C. Mengden, PhD, CEDS-
iaedp Approved Supervisor
Founder and Clinical Director

Clinician with over 30 years experience
specializing in the treatment of adolescents
and adults with eating disorders

- Boston, MA – Inpatient
- US Military Facility Eating Disorder IOP
- San Antonio, TX – Outpatient Eating Disorder Program, PHP, IOP



I am speaking from a place of privilege.

I am not an expert on these populations.

I am speaking to eating disorder
clinicians to raise awareness and
encourage treatment opportunities for
these populations.



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Why these Underserved Populations?

- San Antonio, Texas
 - 7th largest city in US
- Military City USA
- Retirement Community – named 3rd best place to retire by *US News & World Report* in 2018
- 64% of population identifies as Hispanic or Latine (people of Latin American decent)
- 17% poverty rate, highest in the USA (out of 25 largest metropolitan areas) Median household income of \$46,000 (USA \$53,000)
- Mother of 25-yo Down Syndrome Female

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Underserved Eating Disorder Populations

- People of Color
- Males
- LGBTQ
- Native Americans
- Asian Americans
- Government-Insured
- Atypical Eating Disorders – either end of the weight spectrum
- BED

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Underserved Eating Disorder Populations

- People of Color
 - BN and BED are greater in the Latine and non-Latine Black populations
 - Black teens report 50% more binge-purge behaviors
 - Blacks are more likely to have BED
 - Black women have higher treatment drop-out rates
- Males
 - 10-15% met clinical criteria for eating disorder
 - “white girl disease”
 - majority of men with eating disorders identify as straight

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Underserved Eating Disorder Populations

- LGBTQ
 - LGBTQ – increased risk of poverty and food insecurity
 - Transgender - increased risk of mental illness and suicide attempt
 - Transgender youth – 4X greater chance to have eating disorders
- Native Americans
 - Just as likely as whites to have an eating disorder
 - Higher incidence of binge eating and overeating
 - Low incidence of disordered eating behaviors among men
 - 2 out of 5 have a disability
- Asian Americans
 - Pressure for thinness
 - The “Thin Ideal” internalization
 - Need for more studies

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Underserved Eating Disorder Populations

- Government-Insured
 - Medicare
 - Medicaid
- Atypical Eating Disorders
 - Either end of the weight spectrum
- BED
 - Weight Stigma
 - Limited health insurance coverage
 - Medical weight loss industry

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Factors Influencing “Underserved”

- Unidentified by professionals
- Not researched
- Not recognized by self
- Obstacles in accessing treatment
 - Lack of health insurance
 - Provider scarcity
 - Poverty



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Objectives

- Discuss current research findings and treatment obstacles in the eating disorder populations of US Military and Veterans
- Review recent findings of the association between food insecurity and eating disorder pathology
- List risk factors of eating disorders and treatment obstacles in the elderly population
- List risk factors of eating disorders and treatment obstacles in the disabled populations
- Discuss prevalence rates of eating disorders and treatment obstacles in the Hispanic/Latine population



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Discussion of Treatment Issues for the Underserved Eating Disorder Populations

- Identifying - Recognition
 - US Military, Hispanic/Latine, Food Insecure, Elderly and Disabled Population Percentages/Demographics
- Implications for Clinicians and Researchers
 - Obstacles for Treatment
 - Risk Factors for Development of an Eating Disorder
 - Information will increase treatment opportunities



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Eating Disorders
in the
US Military and
Veterans

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Eating Disorders in the US Military

Prevalence Rates:

- Active Duty
 - 1.5 million in US military
 - Higher prevalence over civilians
 - 30-60% have eating disorders
 - Military women are 6X more likely to have BN
- Veteran Men and Women
 - 18 million in US
 - 16% of San Antonio population
- Dependents
 - Rates are higher than in civilians



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Eating Disorders in the US Military

Risk Factors:

- Military Sexual Trauma and Association with development of Eating Disorders
- Height and Weight Standards
- Weight Stigma among Active Duty Military Personnel
 - Promotions influenced by height/weight standards
- Overweight and Obesity in Military Personnel
- Dependents
 - Underlying emotional and situational dynamics driving development of an eating disorder
 - Loss of control, loss of support system



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Eating Disorders in the US Military

Treatment and Resources:

- Obstacles for Active Duty Personnel
 - Confidentiality
 - Command referrals
- Obstacles for Veterans
 - VA Programs
- Obstacles for Dependents
 - TDYs are limited if diagnosed
- Treatment – Military Insurance
 - Outpatient Level of Care, Dietary treatment
 - Higher Level of Care
 - Medicare - Tricare



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Eating
Disorders in
Food
Insecure
Population

Eating Disorders in Food Insecure Population

Definition of Food Insecurity:

- Inadequate access to sufficient food, both in terms of quantity and quality, secondary to lack of financial and other resources
(Coleman-Jensen, Rabbitt, Gregory, & Singh, 2015)

Preliminary Findings:

- Study by Carolyn Becker, PhD, Trinity University, at the San Antonio Food Bank, with 503 individuals
- Replicated study with 850 individuals
- Prevalence Rates
 - 17% met criteria for and eating disorder
 - 38% report binge eating
 - 38% report night eating
 - 20% report vomiting to control weight and shape
 - 23% report laxative use



Eating Disorders in Food Insecure Population

Preliminary Findings: (continued)

- Food insecurity is associated with obesity
- Most severe level of food insecurity is among adults who report having hungry children
- Compensatory behaviors
- Relationship with Exposure to Traumatic Events
 - 55% have directly experienced a traumatic event
- Weight Stigma, Anxiety, Depression
 - Internalized negative social attitudes about heavier bodies and prejudice about overweight status

Treatment and Resources:

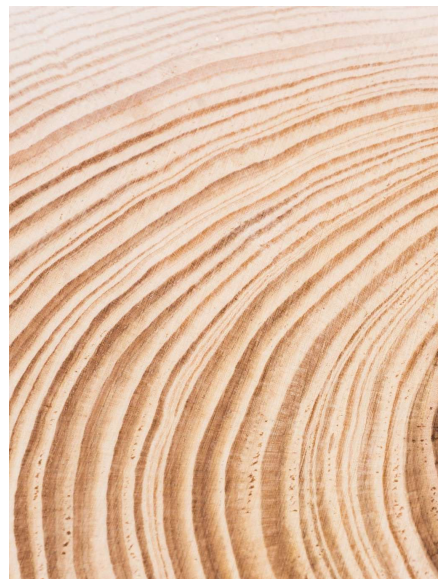
- Lack of health insurance
- Monetary grants to fight obesity may only have worsened body image and increased shame in this population



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Eating Disorders Among the Elderly



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Eating Disorders Among the Elderly

Prevalence Rates:

- 10% of US Women are over 60 years of age
- Inpatient admissions for ED treatment over the age of 40 is increasing
- From 1999 – 2009, hospitalizations for people aged 45 – 65 increased by 88%
- 13% of women over 50 are engaging in disordered eating behavior (ANAD)
- 20% of women over 70 are trying to change their body (NEDA)
- Laxative abuse most common form of purging
- 78% of deaths due to AN occur among the elderly



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Eating Disorders Among the Elderly

Risk Factors:

- Body image
- Depression/Losses
- Stressors
 - Divorce
 - Death of Significant Other
 - Illness
 - Living in a nursing facility
- Decrease in physical activity
- Ageism and Cultural Standards of Beauty



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Eating Disorders Among the Elderly

Treatment and Resources:

- Diagnosis and recognition of eating disorders in older women/men
- 3 Primary Presentations:
 - People who have suffered since adolescence and did not receive (adequate) help
 - People who had a recurrence of an eating disorder
 - People who developed an eating disorder later in life

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Women with Disabilities and Risk for Eating Disorders

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Women with Disabilities and Risk for Eating Disorders

A disturbance in body image is one of the underlying core issues and symptoms of eating disorders. Most research is on able-bodied people with normal to high intelligence.

Prevalence:

- 1 in 4 women have a disability
- 26% of adults in the US have a disability
- Highest percentages in the South
- 8-10% have ED pathology
- Physical Disabilities
 - 13.7% Mobility
 - 5.9% Hearing
 - 4.6% Vision
 - More likely to be obese by 12% higher rate
- Cognitive Disabilities
 - Case Study



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Women with Disabilities and Risk for Eating Disorders

Risk Factors:

- Body Image
- Weight concern due to mobility
- The “Appearance Idealization”
- “Body Talk” bullying behavior
- Lack of control resulting from the need for assistance
- Healthcare providers
- Weight loss mentality



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Women with Disabilities and Risk for Eating Disorders

Treatment and Resources:

- Dieting is encouraged
- Males with eating disorders and disabilities have not been researched
- Poverty
- 1/3 do not have health care

Current Studies on Treatment:

- IDD - no treatment identified to date
- Behavior management recommended

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Eating Disorders in the Hispanic/Latine Population



Eating Disorders in the Hispanic/Latine Population

Prevalence Rates and Risk Factors:

- Hispanic/Latine constitute 18% of the US population
- Obesity is one of the most prevalent weight-related concerns among Hispanic/Latine
- Eating Disorders, Obesity and Diabetes
- Prevalence rates of Diabetes in Hispanic/Latine Population
 - 11.8% have diabetes
- Prevalence rates of AN, BN, and BED
 - Mostly BN and BED, very rarely AN
 - Elevated rates of binge eating
 - Anorexia needs more research
- Similar body image dissatisfaction



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Eating Disorders in the Hispanic/Latine Population

Treatment and Resources:

- Cultural Considerations for Treatment
 - Food, many cultural foods have been labeled "bad"
 - Family Roles, family over individual needs
 - Beliefs – Religion, diet culture
 - Gender Roles
- Medical Model of weight management
- Factors Influencing Treatment
 - Acculturative Stress
 - Language
 - Poverty affecting health insurance
 - Access to treatment
 - Stigma about mental illness



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QUESTIONS?

Connect with me:
susanmphd@EsperanzaEDC.com
210.253.9763
www.EsperanzaEDC.com



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