

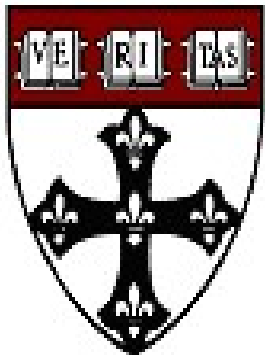
Social & Economic Cost of Eating Disorders in the United States

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

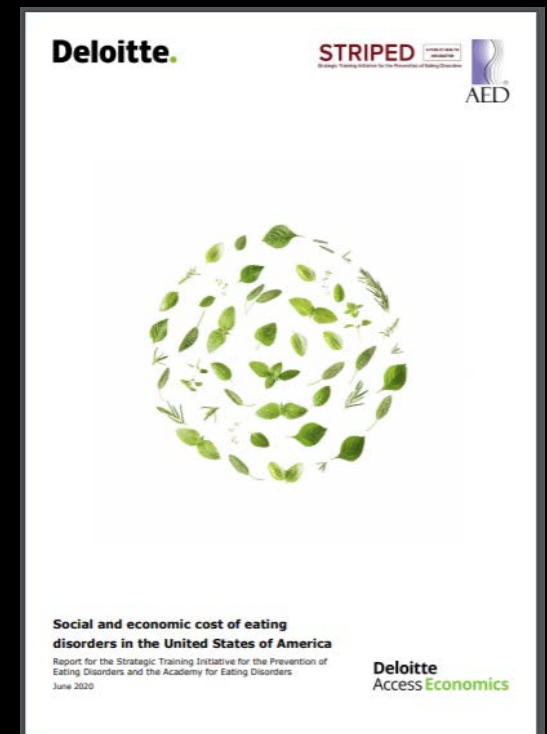
<http://www.hsph.harvard.edu/striped>



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**



THE LANCET

Strategic science with policy impact

Evidence-based policy making is an important aspirational goal, but only a small proportion of research has the policy impact it might have. Most researchers are not trained to create policy impact from their work, and the communication of research findings and the communication of research findings with policy makers is not encouraged or supported in our model to be broadly applicable for other fields of research.

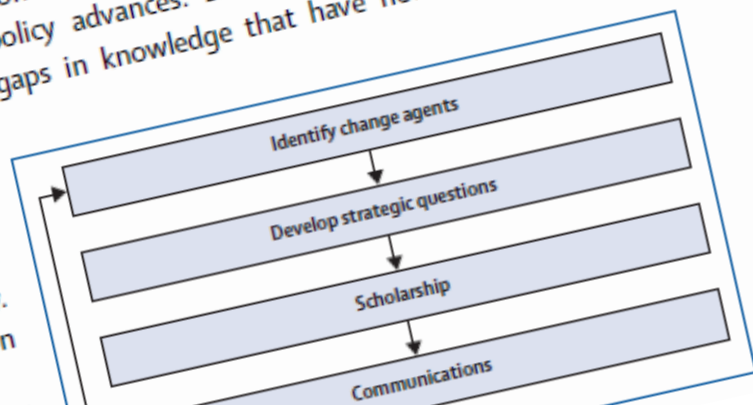
also in forms relevant to policy makers. Strategic science can complement traditional programmatic science to better realise the potential impact of scholarship on policy. We have developed a model of strategic science (figure), which we have applied to our work on nutrition policy, obesity prevention, and food systems research,¹⁻¹¹ but have designed the model to be broadly applicable for other fields of research.



Published Online
February 19, 2015
[http://dx.doi.org/10.1016/S0140-6736\(14\)62397-7](http://dx.doi.org/10.1016/S0140-6736(14)62397-7)
See Series pages 2510, 2521, and 2534
See Comment Lancet 2015; 385: 2326
See Series Lancet 2015; 385: 2400, 2410, and 2422

Brownell & Roberto, *The Lancet* 2015

but little is done to policy.
When the broad gap between evidence and policy is addressed in academic settings, the proposed solution is generally to disseminate research findings to the media and perhaps policy makers. This approach is helpful, but overlooks the importance of information flow from the policy world into research settings. The creation of a two-way policy bridge between researchers and policy makers can help to ensure that research addresses issues relevant to policy and that research findings are communicated in real time to policy makers who often must make decisions quickly. Greater tighter interaction can be... but it can also be... from individuals or institutions in a... policy advances. Such input can uncover important gaps in knowledge that have not been identified in



THE LANCET Strategic Science Defined

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

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*and clinicians,
experts by experience*

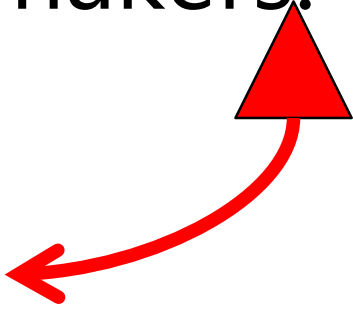
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Social and economic cost of eating disorders in the US

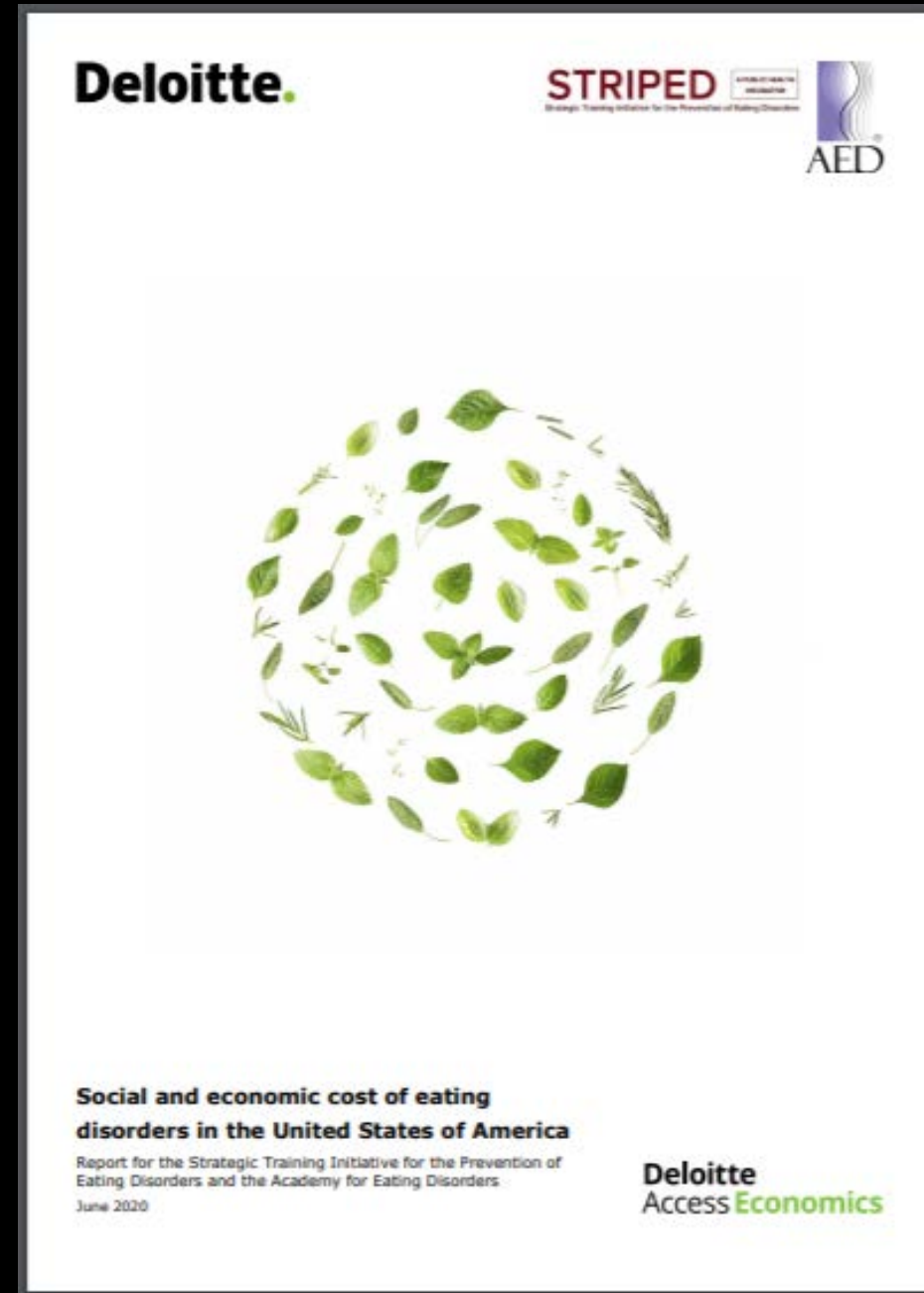
Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders

June 2020

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.

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



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:



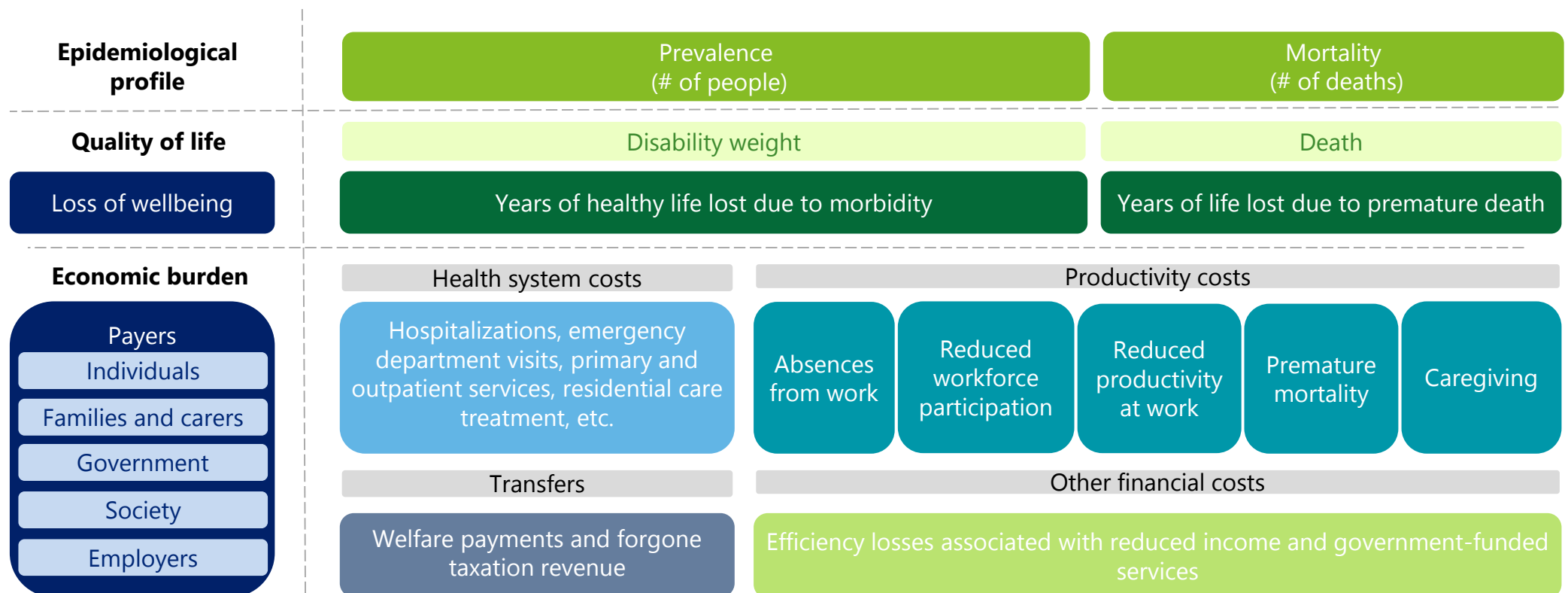
- All ages, starting as young as 5 years old to over 80 years old
- All races, however, people of color with eating disorders are **half as likely to be diagnosed or to receive treatment**
- All genders, with females being **2x more likely to have an eating disorder**
- All sexual orientations

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.



COST TO ECONOMY & SOCIETY

\$64.7 Billion } Yearly economic cost of eating disorders

Additional loss of wellbeing per year **\$326.5 Billion**

Cost Breakdown:
 Productivity Losses (\$48.6B)
 Informal Care (\$6.7B)
 Efficiency Losses (\$4.8B)
 Health System (\$4.6B)



COST TO HOSPITAL SYSTEMS:

LOSS PER GROUP:

53,918 ER visits



costing **\$29.3M**

23,560 inpatient hospitalizations



costing **\$209.7M**

\$23.5B Individuals & Families



Caregivers provide 6 weeks of informal, unpaid care per year

\$17.7B Government



\$16.3B Employers



\$7.1B Society



¹Sonneville KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. International Journal of Eating Disorders 2018: 1-9.

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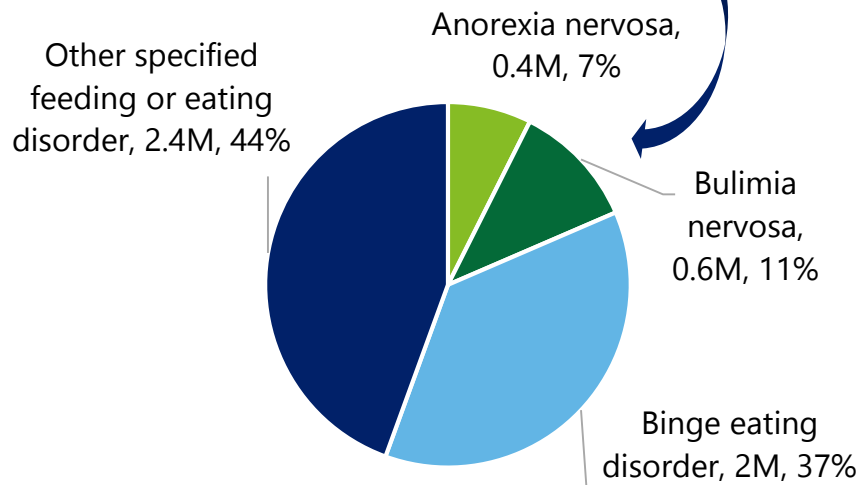
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Prevalence

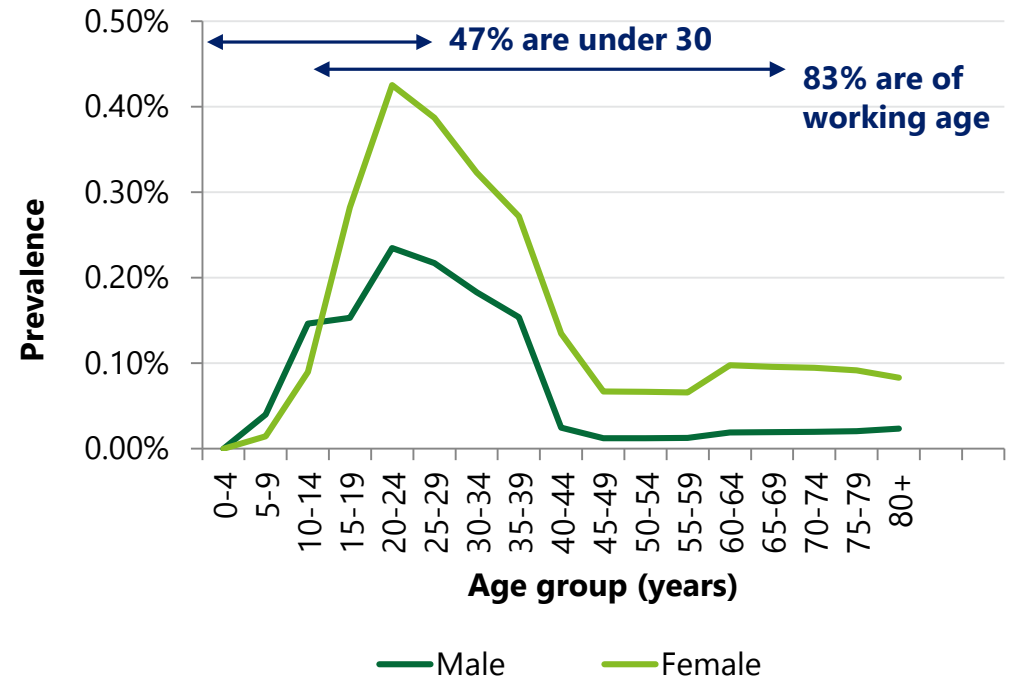
5.48 million Americans had an eating disorder (ED) during 2018-19



 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)**

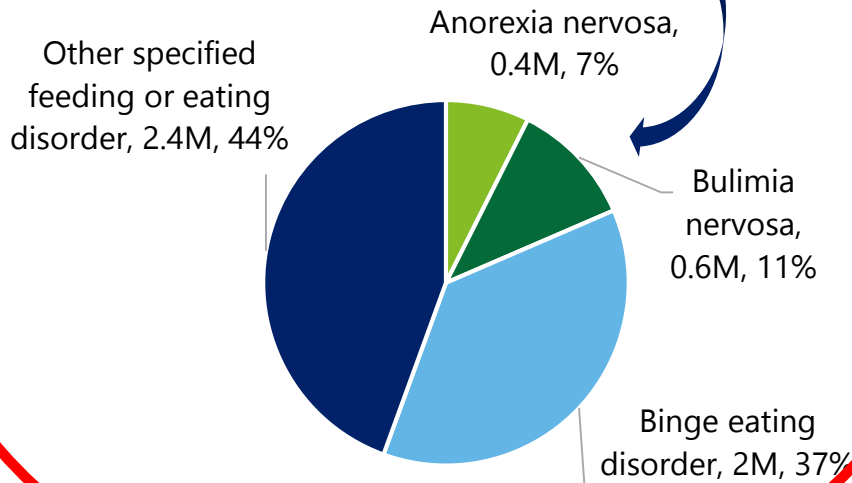
4.1% for males (6.6 million cases)



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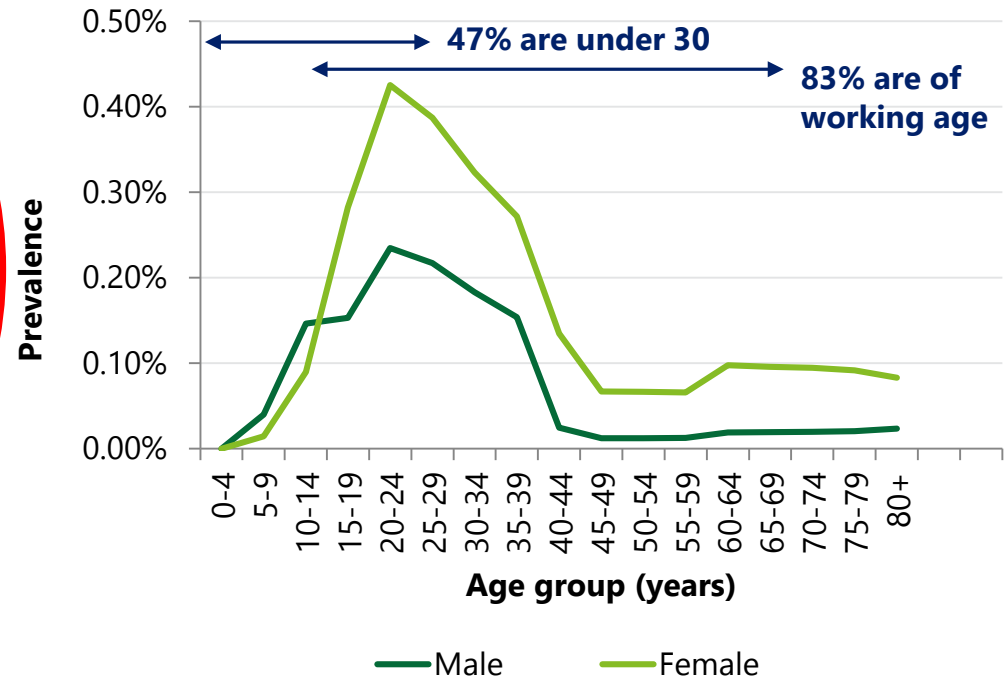
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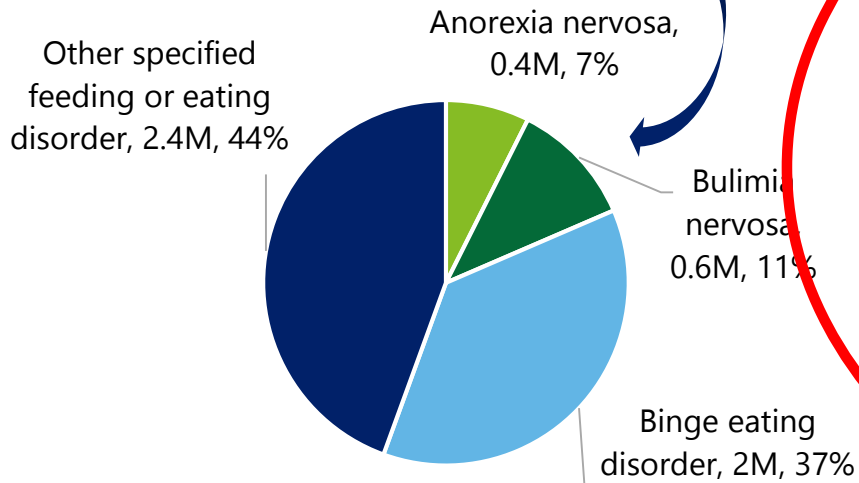
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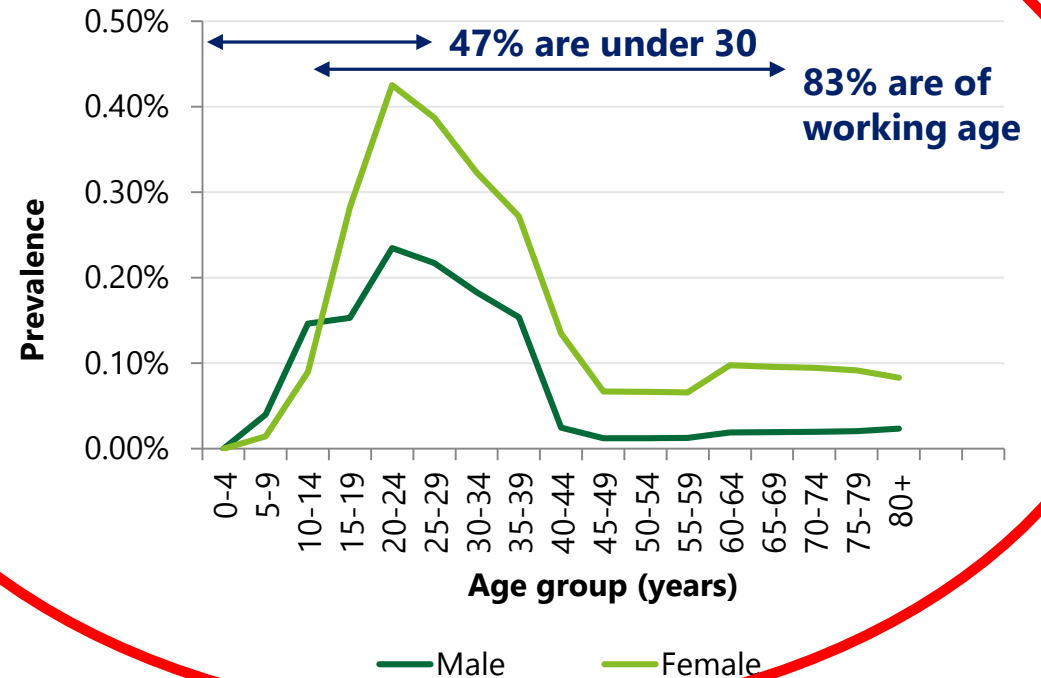
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Financial costs

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

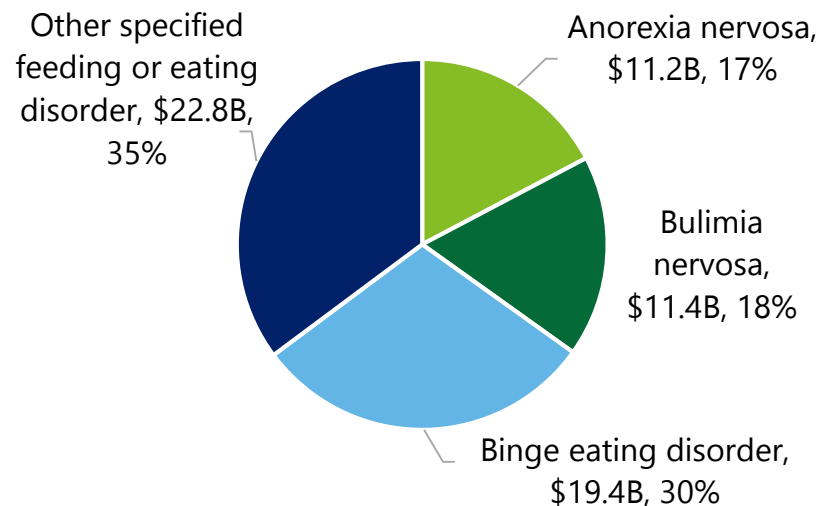
The annual financial cost of eating disorders was \$64.7 billion in 2018-19, which equated to \$11,808 per person with an eating disorder.

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

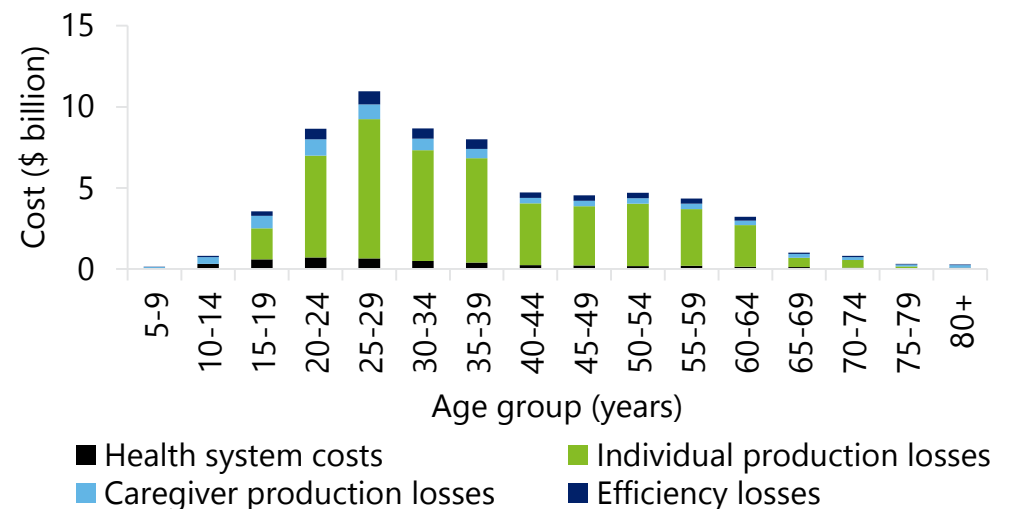
Financial costs of eating disorders by cost component, 2018-19

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

Financial costs of eating disorders by type, 2018-19



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



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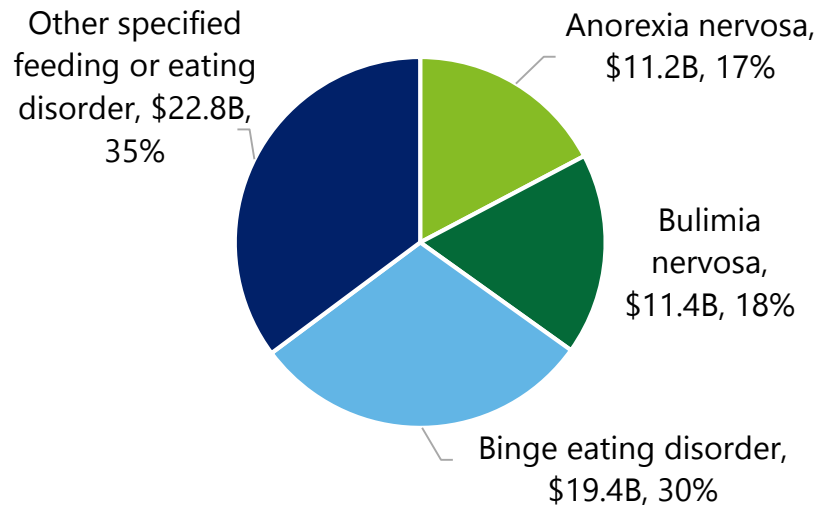
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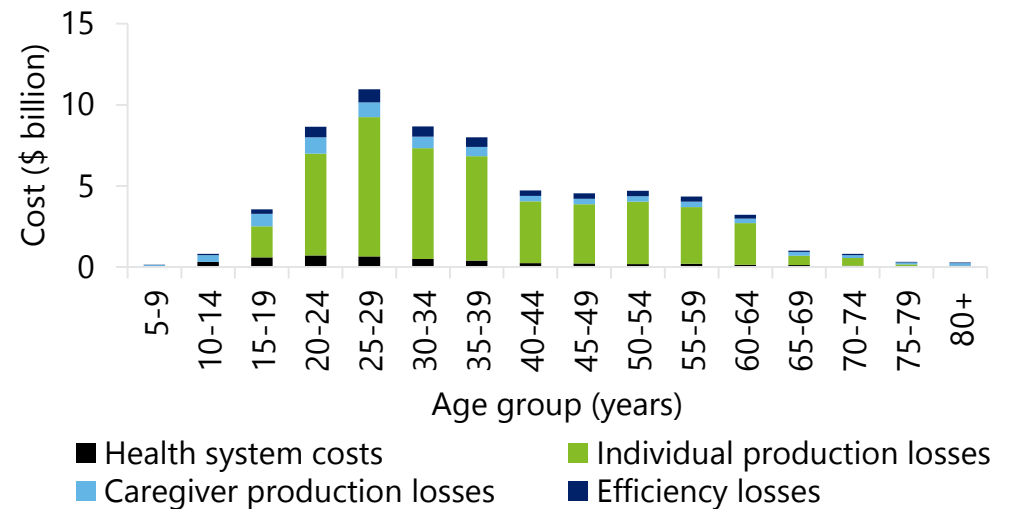
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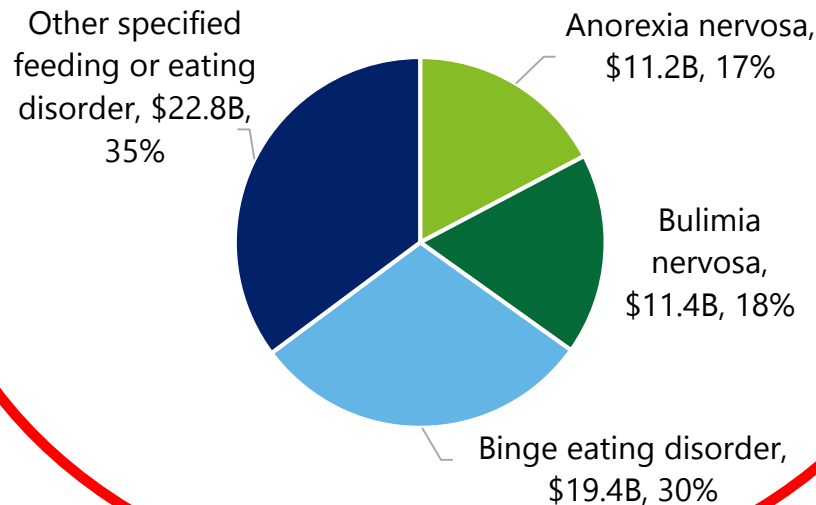
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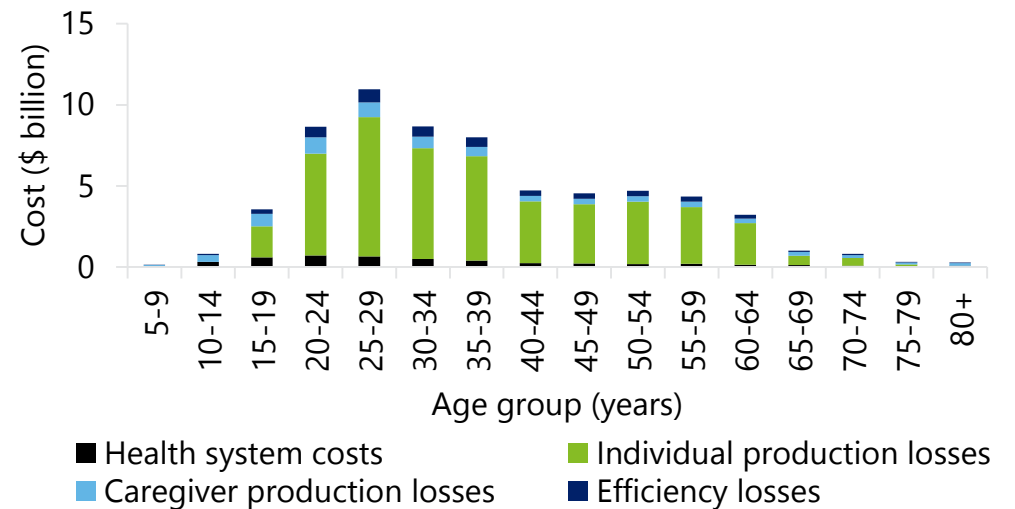
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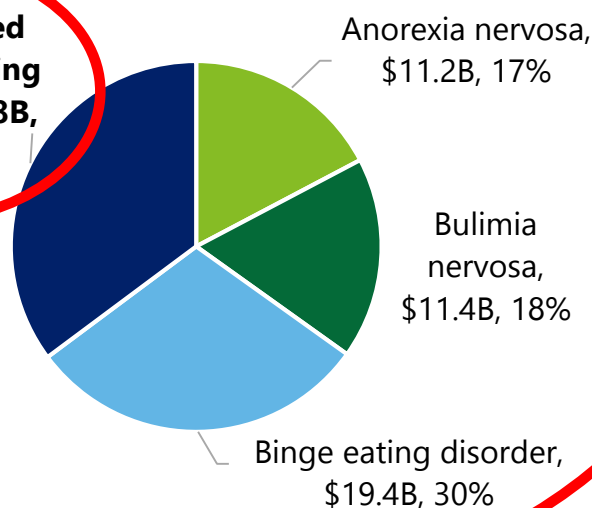
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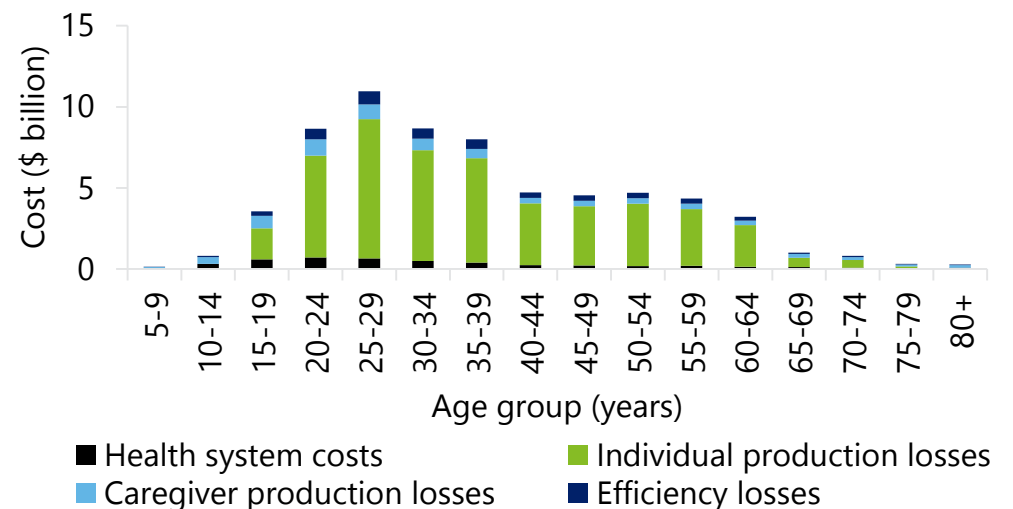
Other specified feeding or eating disorder, \$22.8B, 35%



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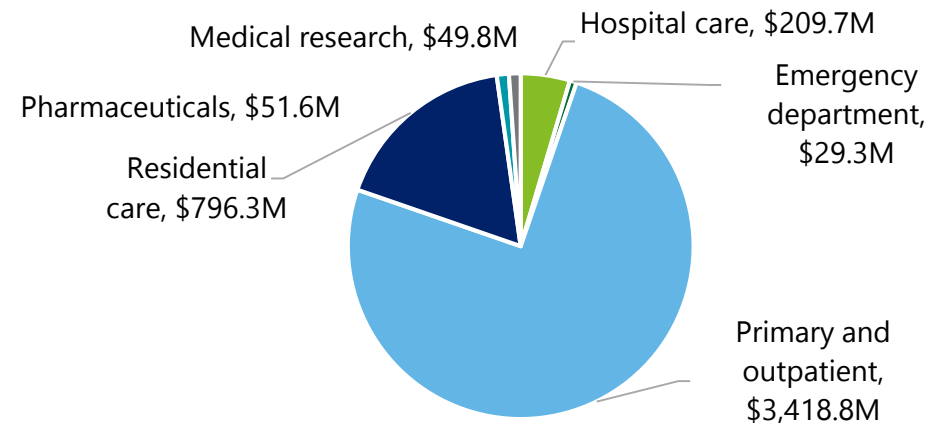
The vast majority of health system costs of eating disorders was due to primary and outpatient care

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).

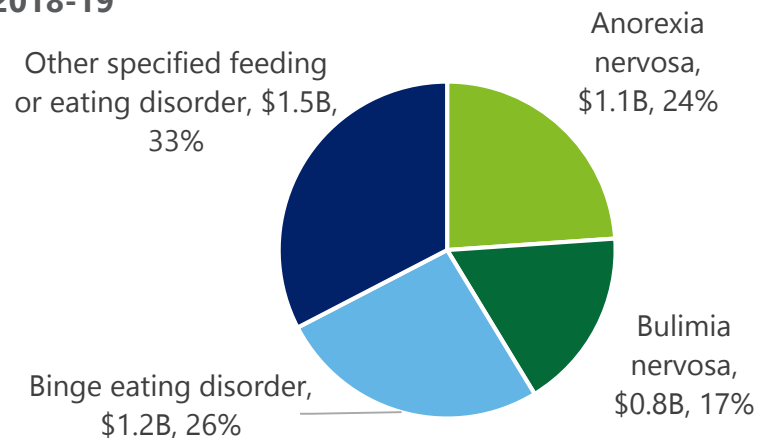
Health system costs of eating disorders by cost type, 2018-19



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

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Health system costs of eating disorders by eating disorder, 2018-19



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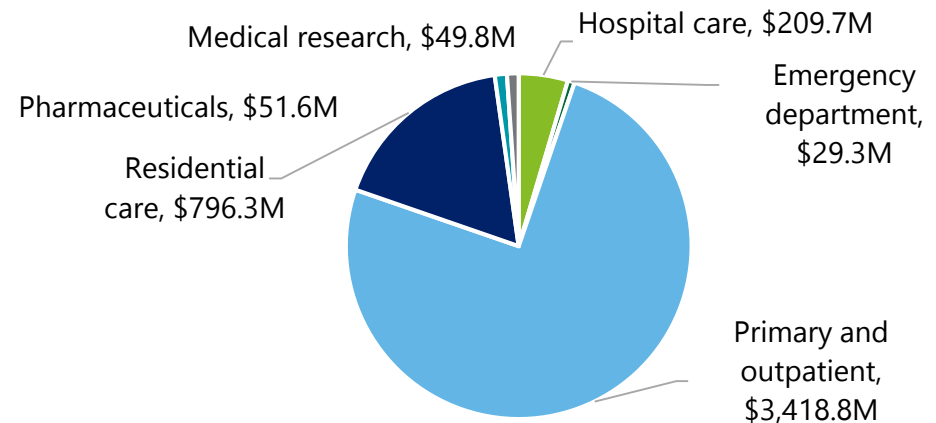
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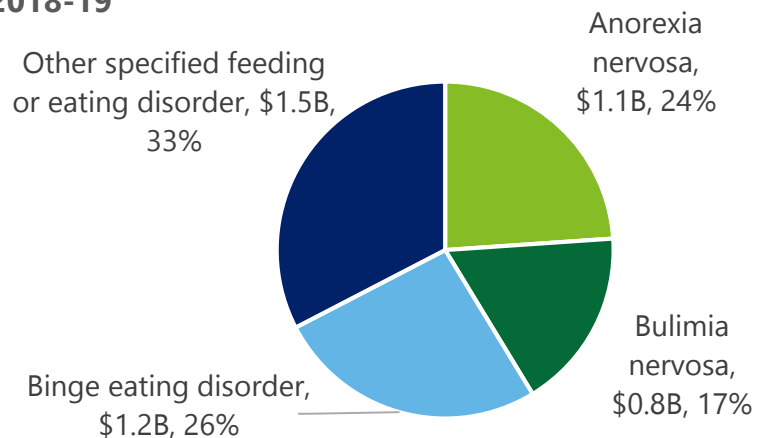
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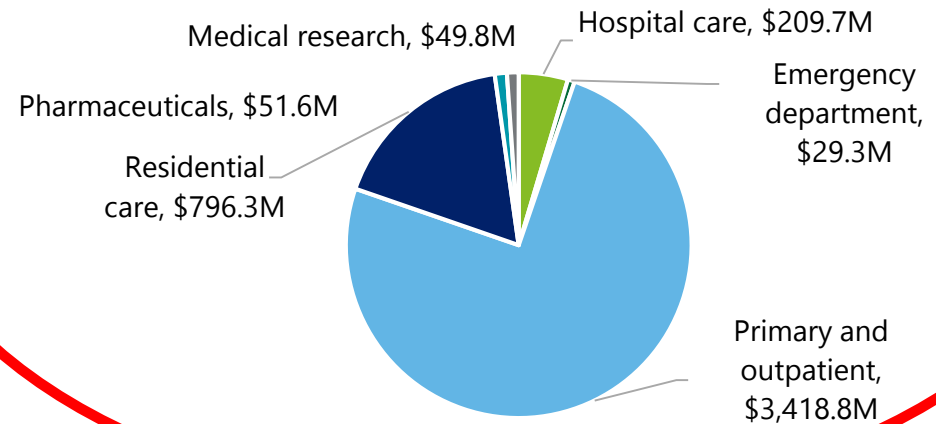
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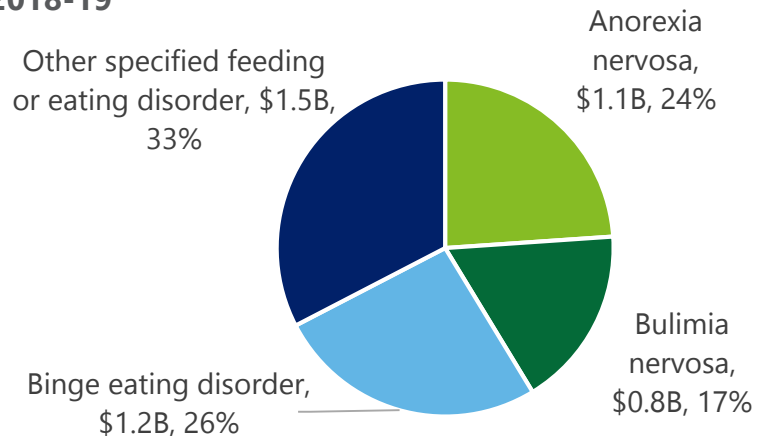
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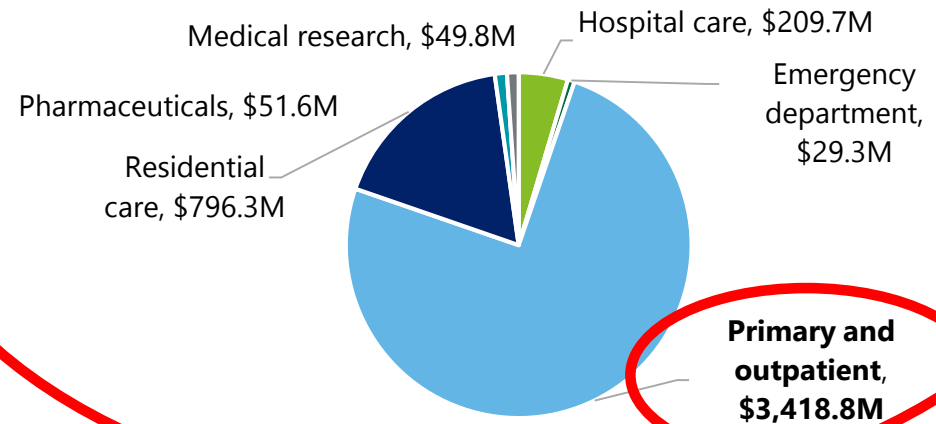
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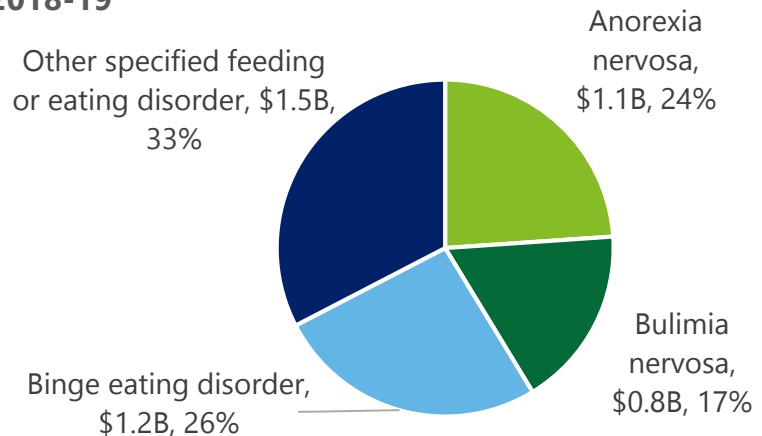
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Productivity costs

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.

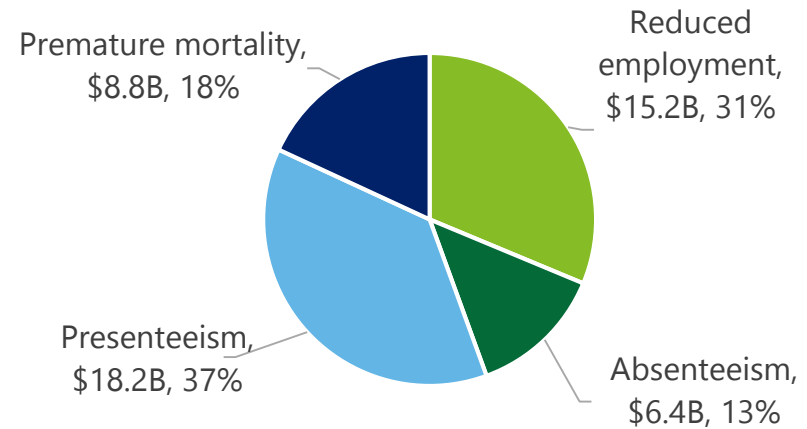
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Presenteeism impacts were also substantial (~10% lower work output).

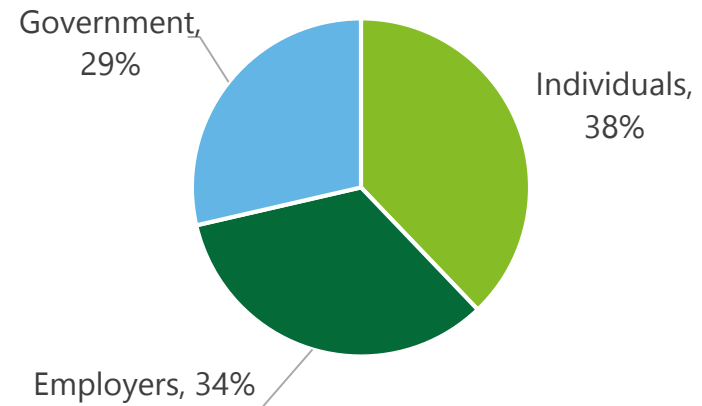
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Presenteeism measures costs due to reduced productivity when an individual attends work while they are unwell compared to when they are healthy.

Productivity costs of eating disorders by type, 2018-19



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



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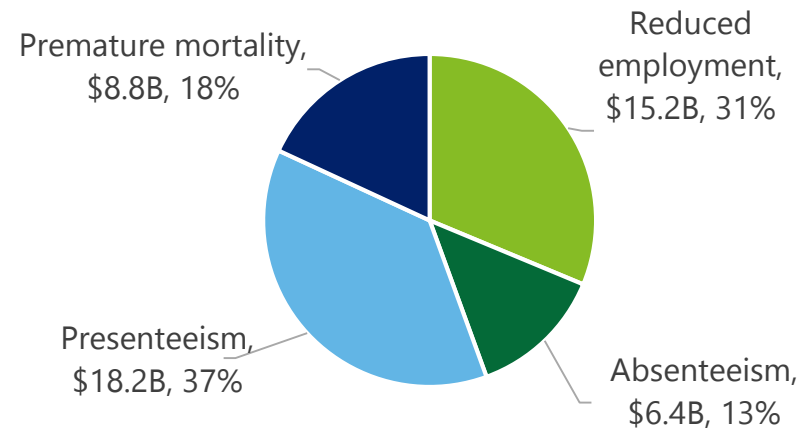
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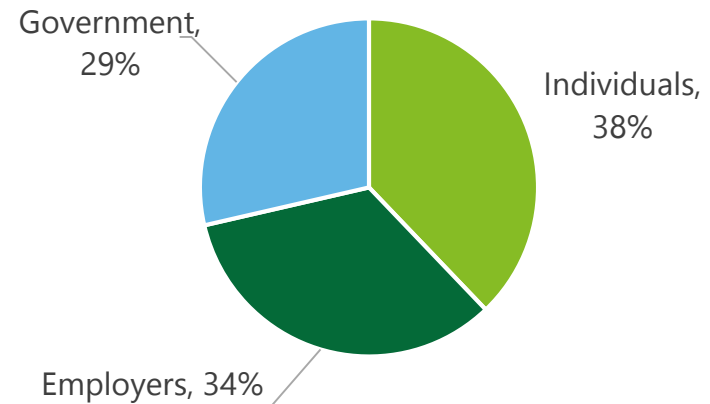
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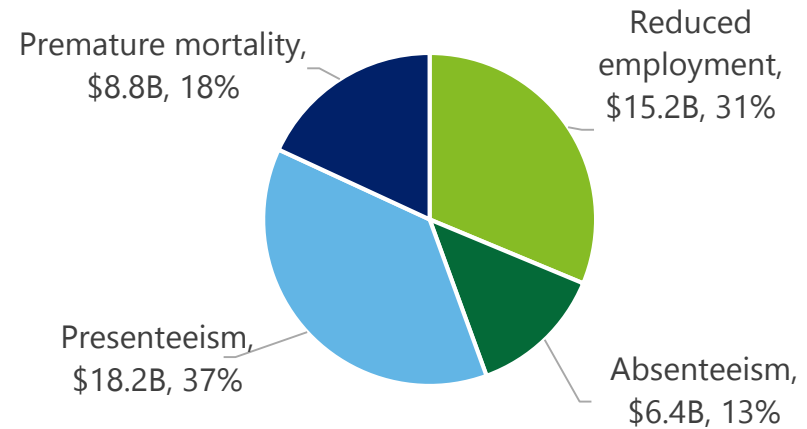
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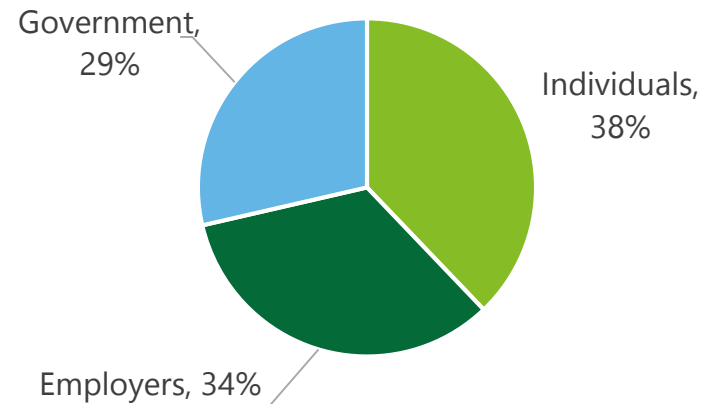
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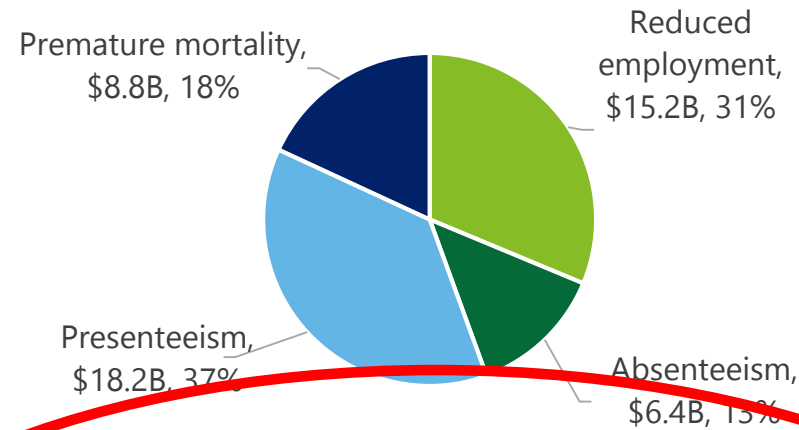
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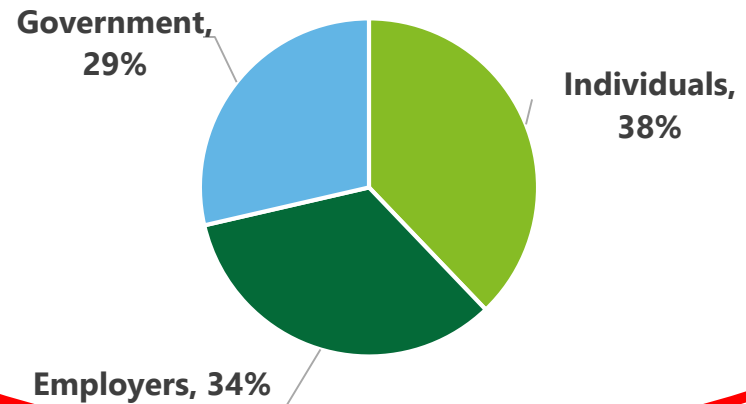
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Other financial costs

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.”

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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.”

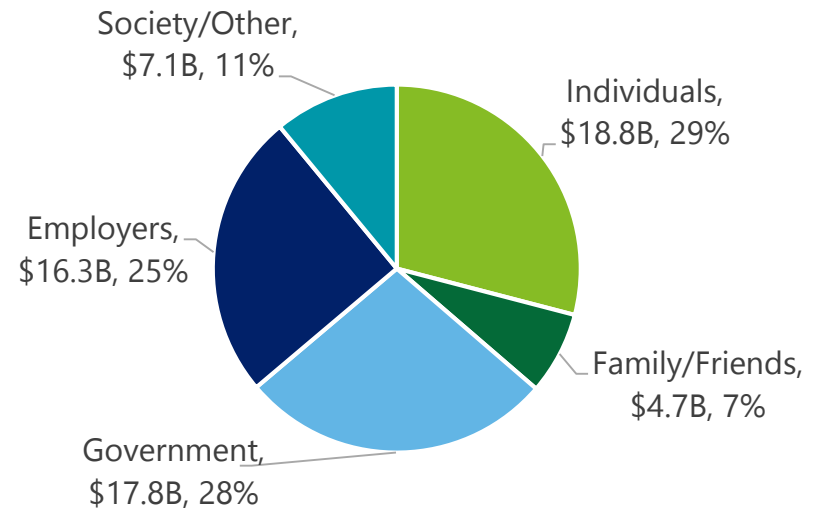
Who bears the cost?

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.

Financial costs of eating disorders by payer, 2018-19



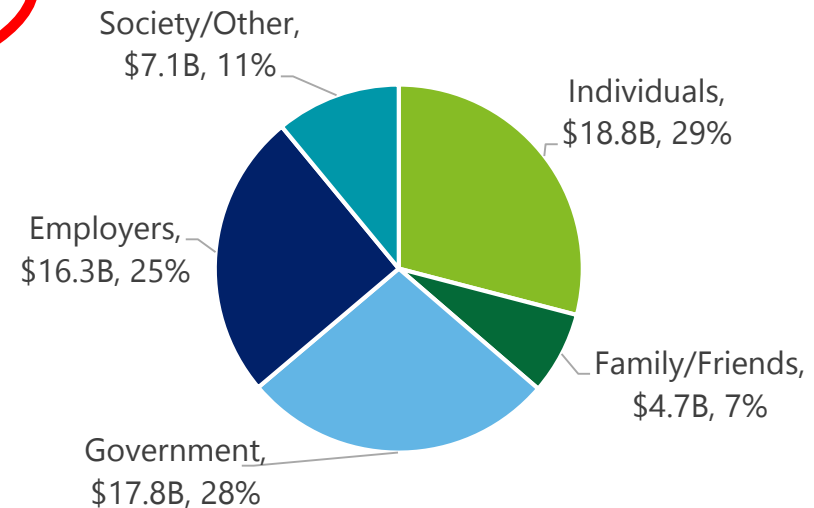
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Wellbeing costs

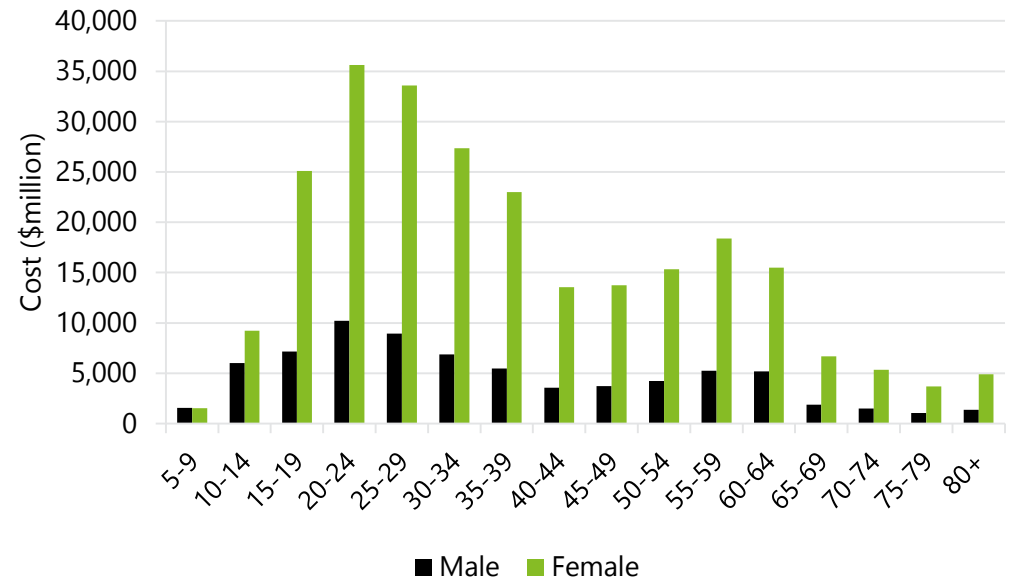
Wellbeing costs of eating disorders in 2018-19 were significant, with the 15-39 years old age group bearing the highest wellbeing costs

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.”

Loss of wellbeing due to eating disorders by age and gender, 2018 -19



Wellbeing costs

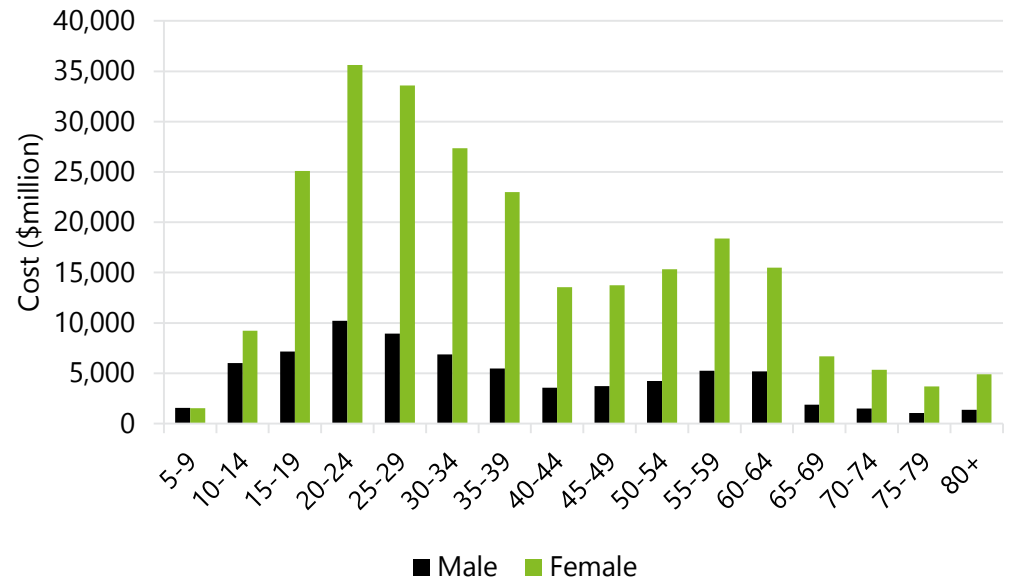
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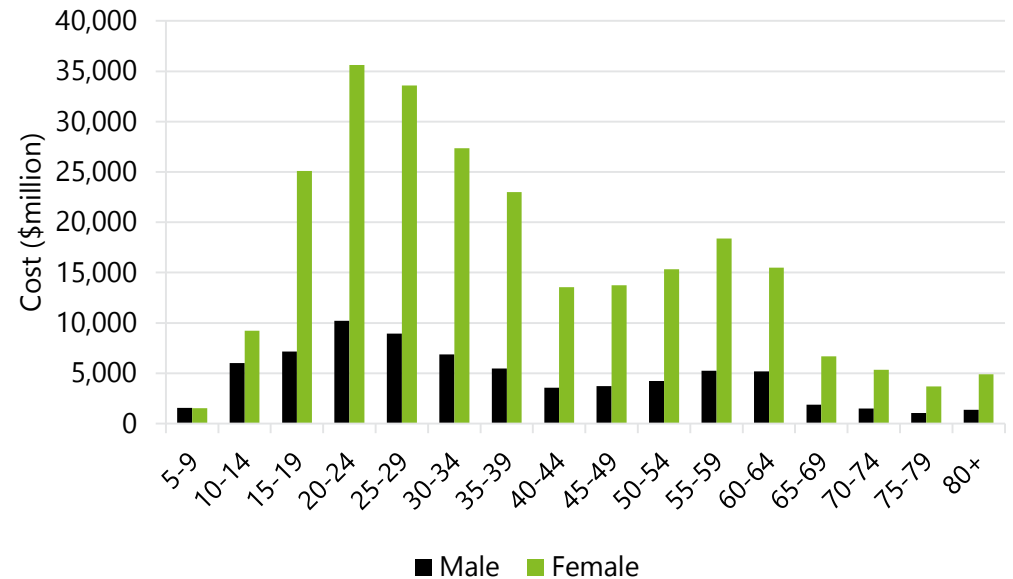
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Loss of wellbeing due to eating disorders by age and gender, 2018 -19



“The emotional toll was significant. I often felt belittled when I dealt with clinicians who were not competent in the treatment of my condition.”

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

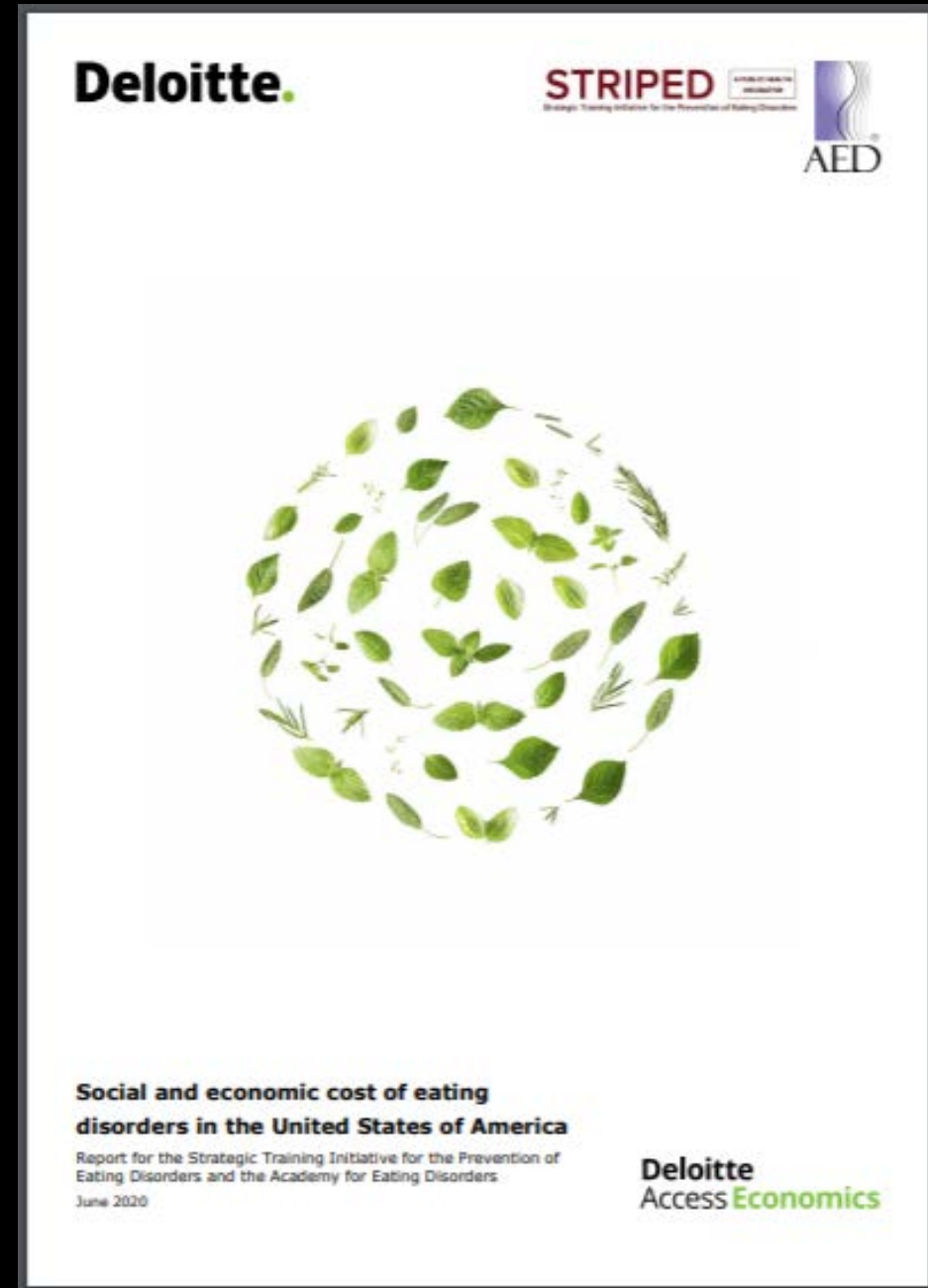
Future areas of research

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.

The bigger picture



The bigger picture

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

- Rationale
- Approach
- Amplification, policy translation



Rationale

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 - 2012 & 2015: Australia's Butterfly Foundation contracted with Deloitte Access Economics
 - 2015: U.K.'s Beat contracted with PWC



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.



Butterfly
LET'S TALK eating disorders



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, 2018 – 7:30pm



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.



Butterfly
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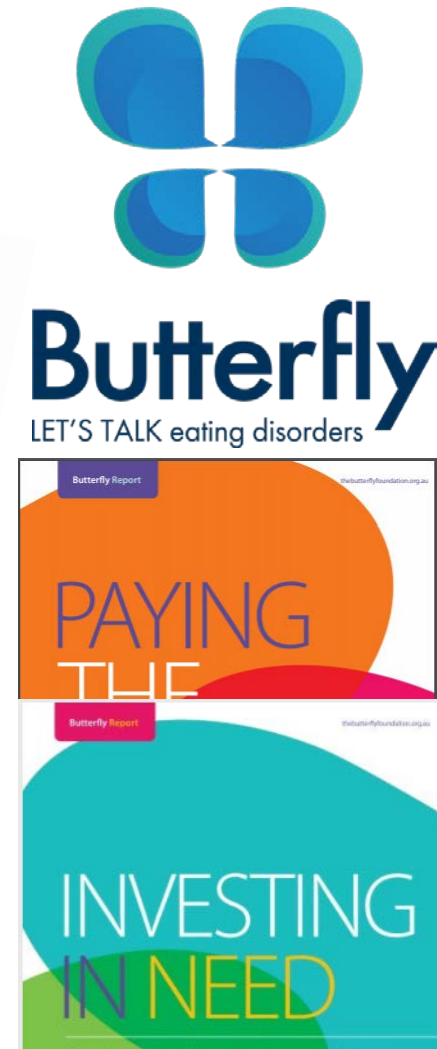


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Approach

- 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

Deloitte.
Access Economics

*Academic
research center*

 **AED** Academy for
Eating Disorders

*Technical experts
from business
sector*

STRIPED A PUBLIC HEALTH
INCUBATOR
Strategic Training Initiative for the Prevention of Eating Disorders

*Global clinical,
research professional
society*

Approach

- Assembled advisory panel with diverse expertise
 - *Goal:* Ensure range of technical & stakeholder perspectives at table

Panel Members' Sectors

- Academia
- Business
- Community
- Government adjacent



Tracy Richmond



Johanna Kandel



Bryn Austin



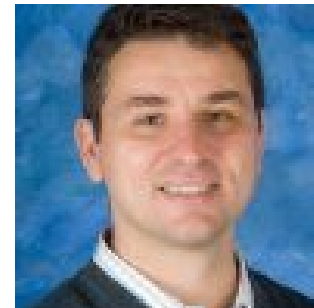
Davene Wright



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Rebecca Hutcheson



Mihail Samnaliev



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- Business
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- Government adjacent

Panel Members' Expertise

- Health economics
- Decision sciences
- Medicine
- Psychology
- Policymaking
- Experts by experience
- Epidemiology



Tracy Richmond



Johanna Kandel



Bryn Austin



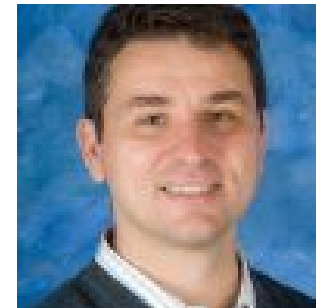
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Amplification With Unified Voice

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

The graphic is a 'Save the date' announcement for a virtual event. At the top, it reads 'Virtual ICED2020' in white text on a blue background, with the tagline 'TAKING A DIFFERENT PERSPECTIVE' below it. To the right is a globe showing Australia and New Zealand. Further right are logos for ANZAED (Australia & New Zealand Academy for Eating Disorders) and AED (Academy for Eating Disorders). Below the globe is a portrait of Johanna Kandel, a woman with dark hair, smiling. Underneath her portrait is her name 'Johanna Kandel' and her role 'Moderator'. The main text of the graphic says 'Save the date:' in purple, followed by 'Wednesday, June 24, 5PM EST' in large purple letters. Below that, it says 'Social & Economic Cost of Eating Disorders in the U.S. Report Launch' in black. At the bottom right, there is a logo for STRIPED (Strategic Training Initiative for the Prevention of Eating Disorders) and the AED logo again. A dotted line is at the very bottom.

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



A promotional flyer for the "Virtual ICED2020" event. At the top, it says "Virtual ICED2020" in white on a blue background, with the tagline "TAKING A DIFFERENT PERSPECTIVE" below it. To the right is a globe and the ANZAED logo. A portrait of Johanna Kandel is shown with the text "Johanna Kandel Moderator". The main text reads "Save the date: Wednesday, June 24, 5PM EST" in large purple letters. Below this is the title "Social & Economic Cost of Eating Disorders in the U.S. Report Launch" and the AED logo. A dotted line is at the bottom.

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 - Facebook Live interviews with community advocates



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

Amplification With Unified Voice

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



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



Amplification With Unified Voice

- 1-page infographic with all partnering organizations' logos

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

STRIPED
Strategic Training Initiative for the Prevention of Eating Disorders



[LINK TO REPORT](#)

Academy for Eating Disorders
AED

PREVALENCE & MORTALITY



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

COST TO ECONOMY & SOCIETY

\$64.7 Billion } Yearly economic cost of eating disorders

Additional loss of wellbeing per year **\$326.5 Billion**

Cost Breakdown:
Productivity Losses (\$48.6B)
Informal Care (\$6.7B)
Efficiency Losses (\$4.8B)
Health System (\$4.6B)



COST TO HOSPITAL SYSTEMS:

53,918 ER visits
costing **\$29.3M**



23,560 inpatient hospitalizations
costing **\$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



¹Sonneville KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. International Journal of Eating Disorders 2018; 1-9.

@HarvardSTRIPED @harvardstriped @STRIPED.Harvard



Amplification With Unified Voice

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

STRIPED A PUBLIC HEALTH INITIATOR
Academy for Eating Disorders

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

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

STRIPED A PUBLIC HEALTH INITIATOR
Academy for Eating Disorders

Did you know... Families and individuals provide 6 weeks worth of informal, unpaid care per year.

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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



Did you know, there are 10,200 deaths per year as a direct result of an eating disorder?

LINK TO REPORT

CHALLENGE & MORTALITY

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

That's 1 death every 52 minutes.

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

ECONOMY & SOCIETY

Cost Breakdown:

Productivity Losses (\$48.6B)
Care (\$6.7B)
Losses (\$4.8B)
Treatment (\$4.6B)



LOSS PER GROUP:

\$23.5B Individuals & Families
provide 6 weeks of paid care per year

\$17.7B Government

\$16.3B Employers

\$7.1B Society

Eating disorders affect all genders, but females are 2x more likely than males to have an eating disorder.

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

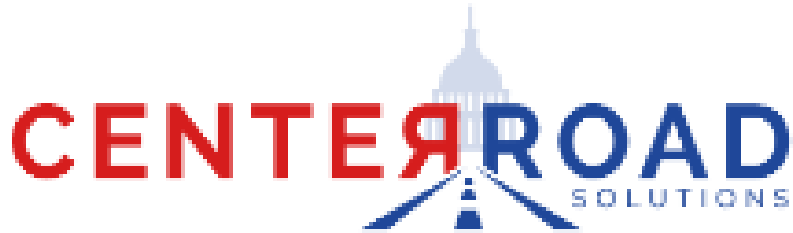
#EatingDisordersEconomics

9% OF AMERICANS WILL HAVE AN EATING DISORDER IN THEIR LIFETIME.



Translation to Policymakers

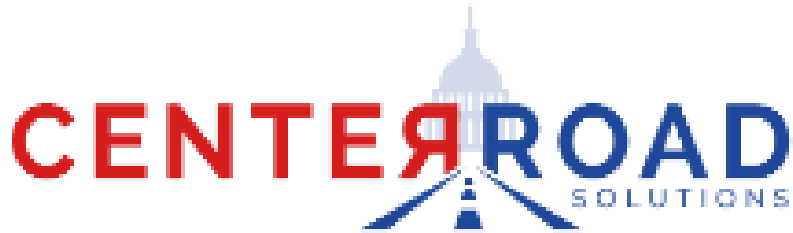
- Contracted with Capitol Hill-based government relations & communications firms



NEW HEIGHTS
COMMUNICATIONS

Translation to Policymakers

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NEW HEIGHTS
COMMUNICATIONS



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

BY S. BRYN AUSTIN, CHRISTINE M. PEAT, CYNTHIA M. BULIK, OPINION CONTRIBUTORS —
07/22/20 01:30 PM EDT

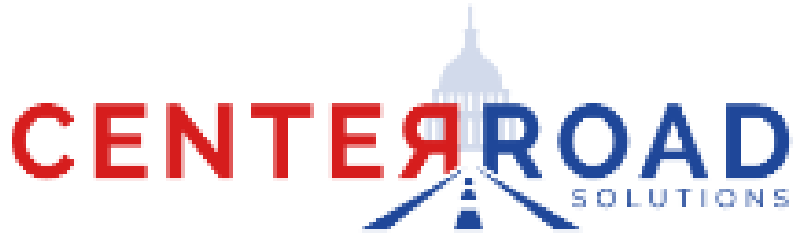
42 C

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

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

Translation to Policymakers

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Note: Had to add COVID hook to get journalists' attention!



National Center of Excellence
for Eating Disorders

Translation to Policymakers



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

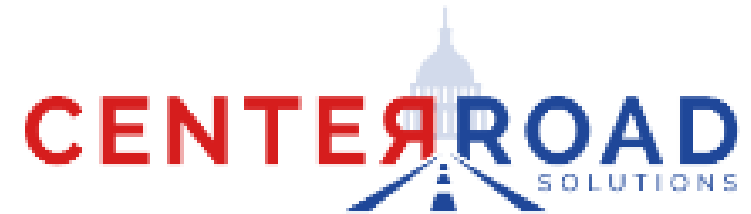
BY S. BRYN AUSTIN, CHRISTINE M. PEAT, CYNTHIA M. BULIK, OPINION CONTRUBUTORS —
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Op-ed urged policy action to:

- 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

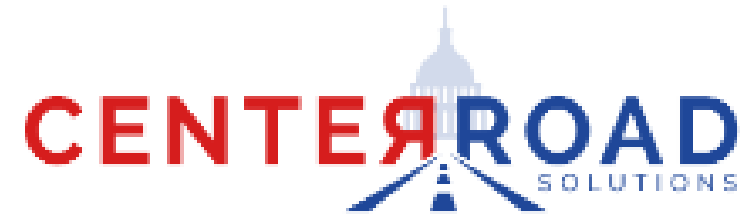
Translation to Policymakers

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



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

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

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 - 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

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

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 - 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?

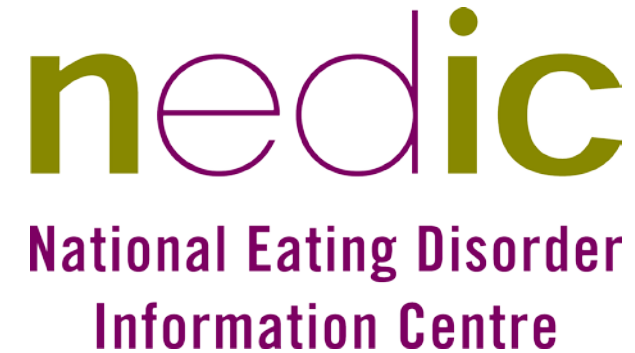
- **Canada?**
 - National Eating Disorders Information Centre investigating possibility of similar national report



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



Unna Danner



Ursula Bailer

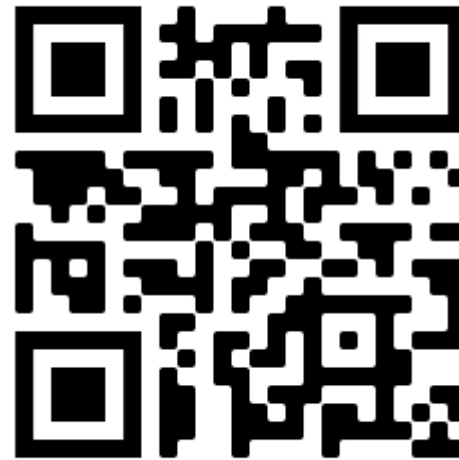


Gry Kjaersdam Telleus

Thank you!

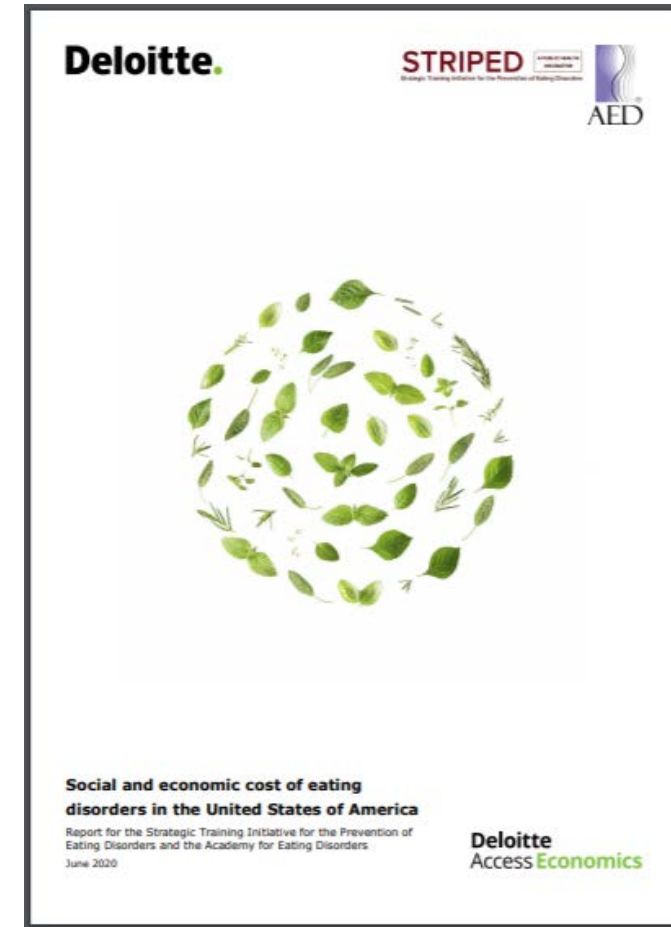
To read report:

<https://bit.ly/3jOviY8>



Contact:

Bryn.Austin@childrens.harvard.edu



STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders