Eating Disorders in Low Socioeconomic Status Populations: The Who, What, and Why and How we can Address

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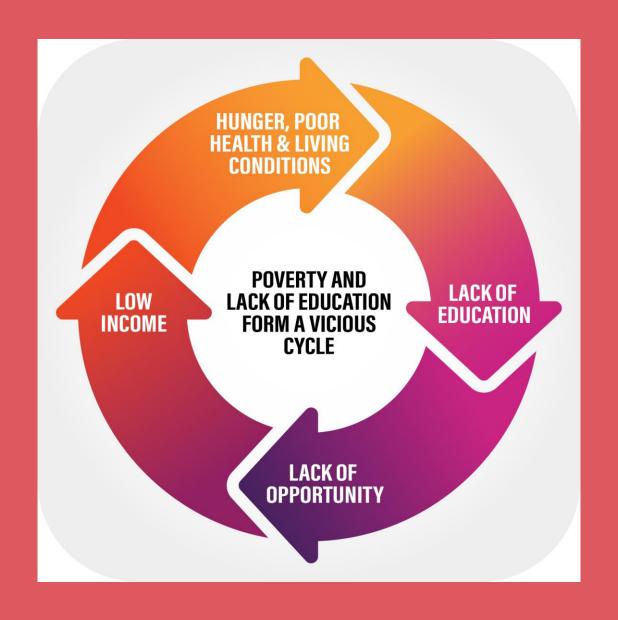


Low socioeconomic status (SES)



"Socioeconomic status (SES) encompasses not only income but also educational attainment, occupational prestige, and subjective perceptions of social status and social class."

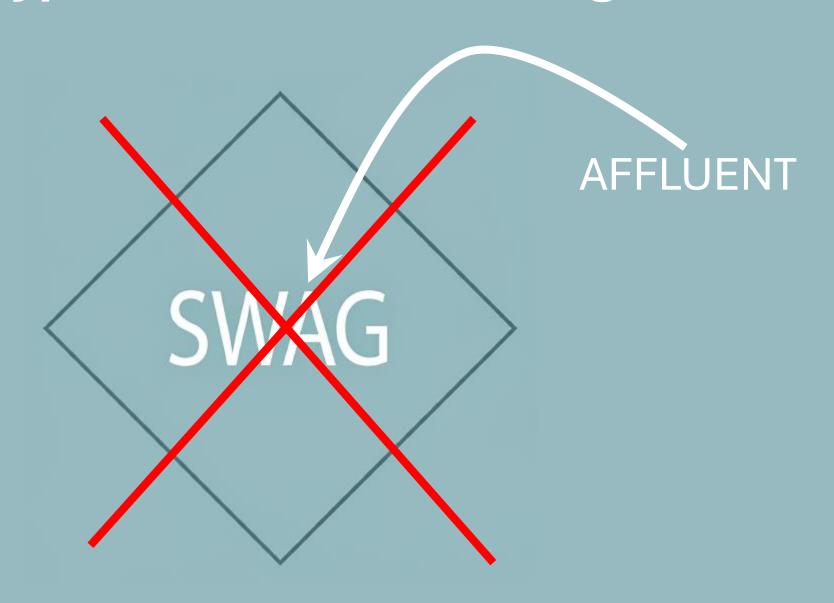
Low SES is cyclical and multigenerational



The stereotype of who has an eating disorder



The stereotype of who has an eating disorder



What about low SES and eating disorders? Likelihood of having?

130%



What about low SES and eating disorders? Perceiving need for treatment?

152%

International Journal of

EATING DISORDERS

ORIGINAL ARTICLE | Full Access

Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students

K. R. Sonneville ScD, RD X, S. K. Lipson PhD

First published: 02 March 2018 | https://doi.org/10.1002/eat.22846 | Citations: 224

What about low SES and eating disorders? Likelihood of diagnosis?

48%

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What about low SES and eating disorders? Likelihood of treatment in past year?

189%

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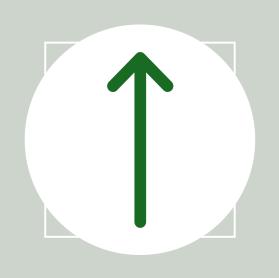
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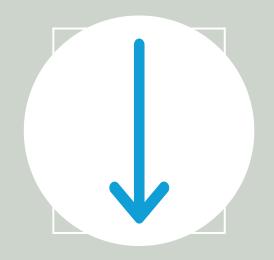
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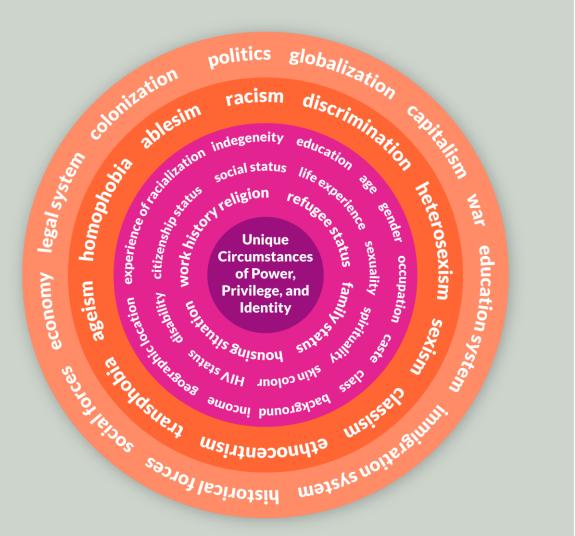
Two overarching reasons low SES populations have higher eating disorder risk:





OF RISK FACTORS

DECREASED TREATMENT ACCESSIBILITY



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AN IDEA WORTH RESEARCHING



Where identities converge: The importance of intersectionality in eating disorders research

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Abstract

Disparities in eating disorder (ED) risk, diagnosis, and treatment for those who occupy multiple marginalized social identities (e.g., combined racial/ethnic and sexual minority statuses), underscore the need for advancing multicultural research in the ED field. In this article, we argue that intersectionality-informed approaches, which examine the ways in which one's multiple social identities interact to inform risk for ED outcomes, offer an established framework for identifying frequently underserved individuals who may be at greatest risk for EDs. We highlight preliminary intersectional research in EDs and offer suggestions for further progression. In particular, we encourage future intersectionality-informed research to incorporate a broader range of social identities (e.g., age, ability status), consider the ways in which these identities may be dimensional and fluid, and embrace strengths-based approaches to illuminate dimensions of identity that may serve as protective factors. To support such research, we describe quantitative and qualitative methods for pursuing questions of intersectionality in ED investigations. Given the success of intersectionality-informed research in other areas of psychopathology and its relevance to ED as suggested by initial research, the continued pursuit of these approaches in EDs has high potential to improve identification and treatment for patients who have too often been overlooked.

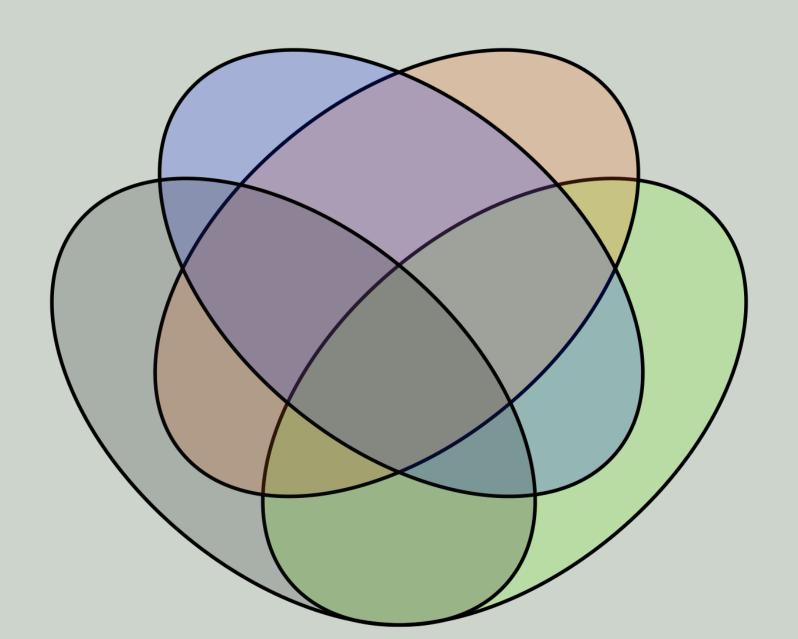
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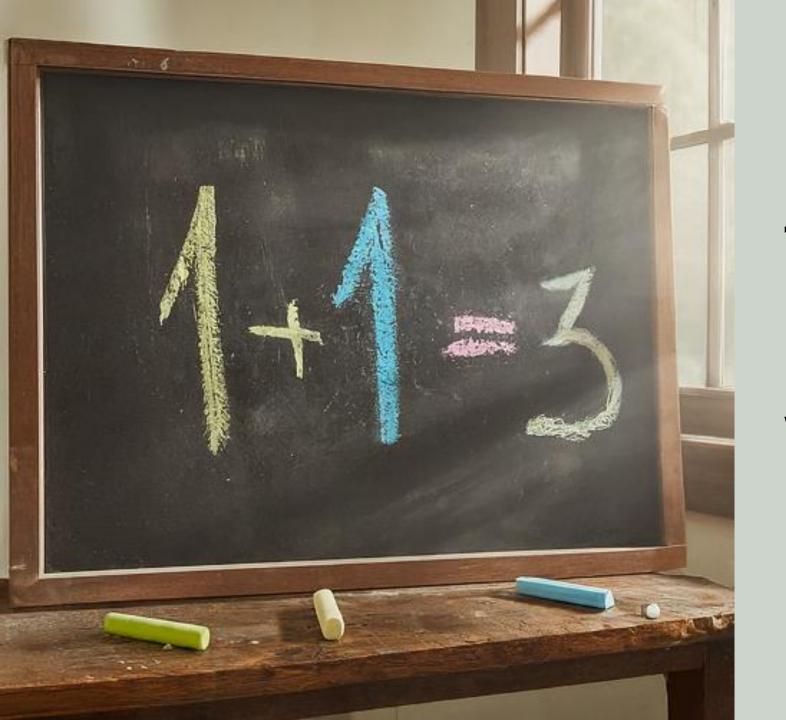
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Intersectionality of low SES and other identities



Increased likelihood of eating disorder risk factors





Certain risk factors may be MORE harmful among those with low SES

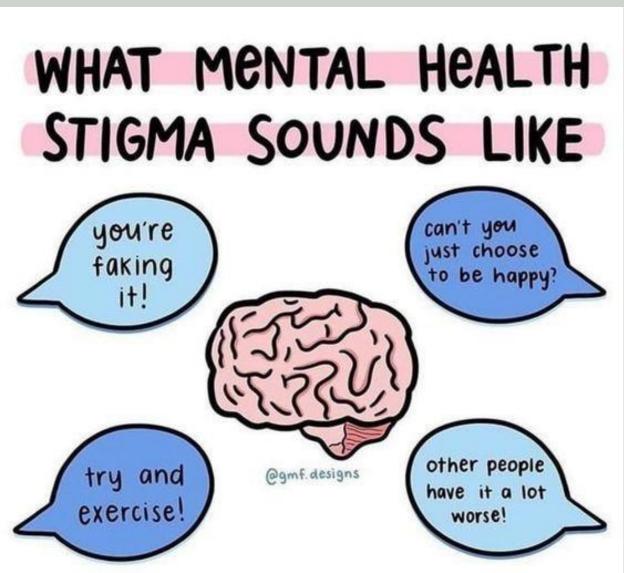
Decreased likelihood of eating disorder <u>treatment</u>: financial restrictions

- Unable to afford expensive private treatment
- Long wait times to be seen
- Transportation is not readily available (car, public transport, etc.)
- Money for food or other treatment needs

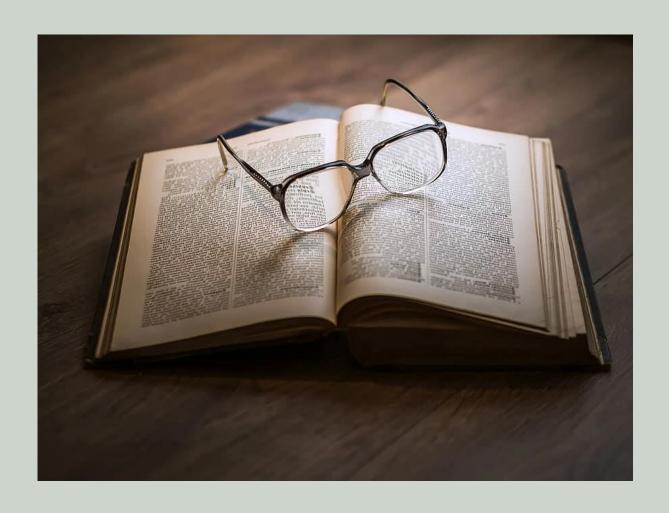


Decreased likelihood of eating disorder <u>treatment</u>: sociocultural characteristics





Treatment isn't designed for low SES families



- Many recommendations for treatment aren't possible:
 - Food insecurity
 - Having a parent/family monitor meal times
 - Eating at specific times
- Ex. Family Based Therapy

What does this mean?

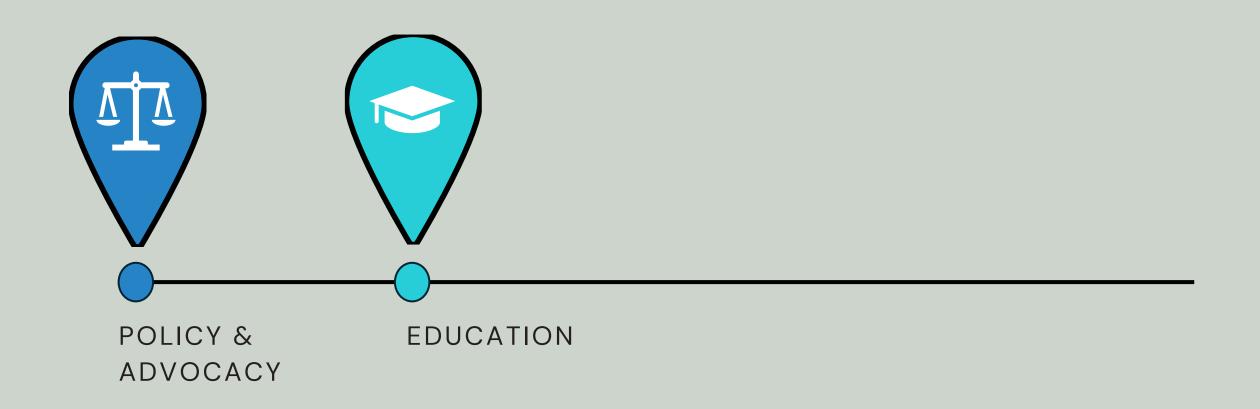
Individuals who are low SES are:

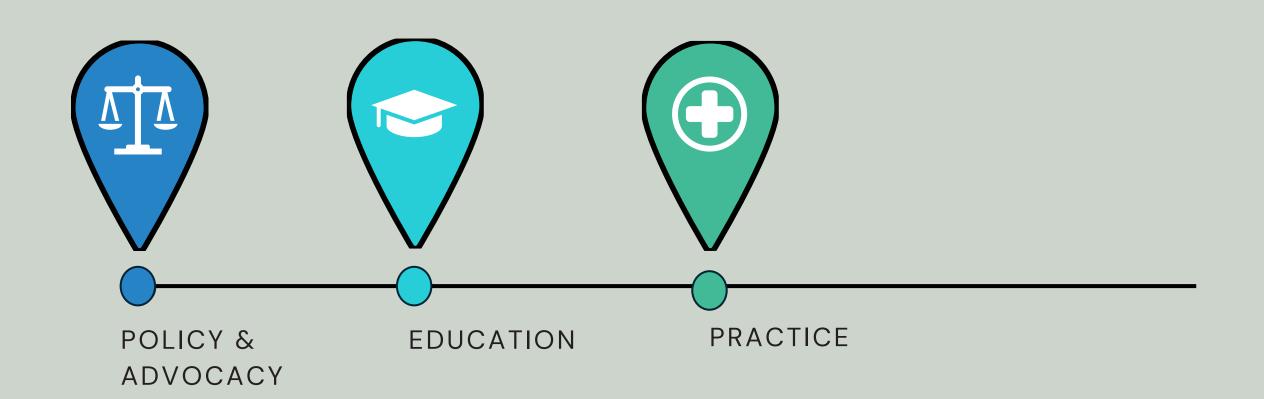
- More likely to develop an eating disorder
- Less likely to get treatment
 - Less likely to believe that they need treatment
 - Less likely to get a diagnosis
 - Treatments are not designed for them, may be less efficacious

More eating disorders, with worse outcomes



POLICY & ADVOCACY

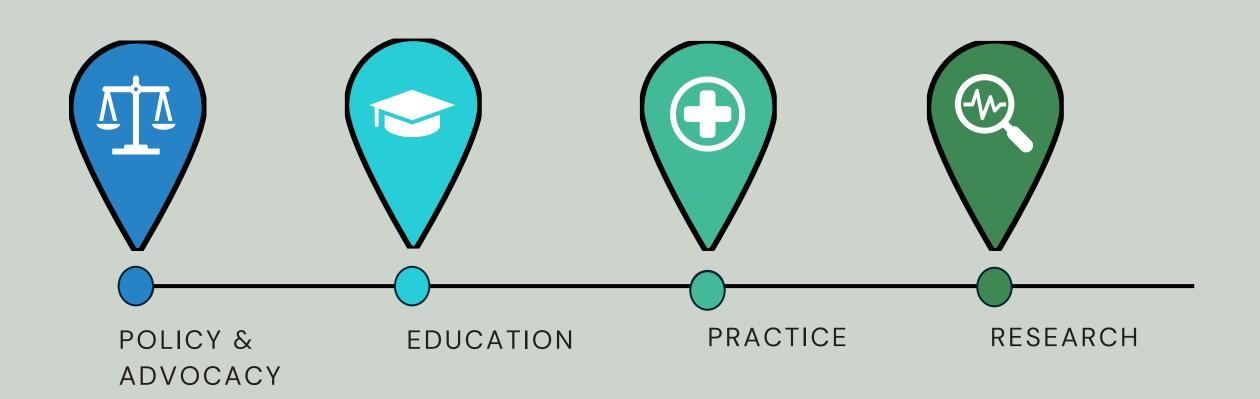


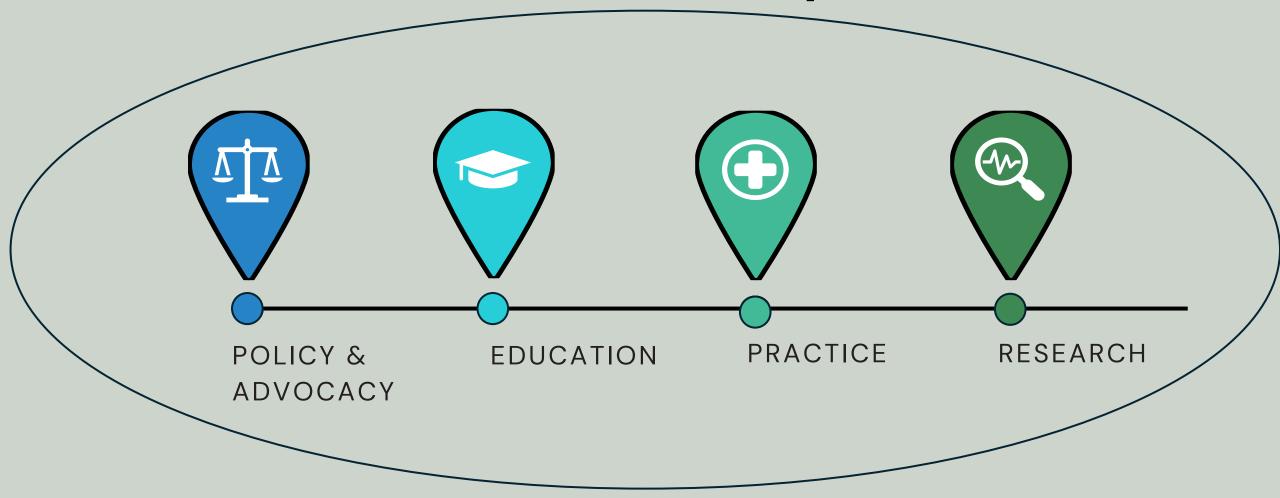


Providing culturally competent care to low SES populations

- Be knowledgeable about the realities of those who are low SES including stresses, available resources, barriers, supports
- Consider whether existing treatment options are genuinely accessible to those with low SES
- Knowledge of the barriers:
 - Keep them from treatment
 - Traditional approaches not feasible
 - More stress
 - Less time
- · Barriers can include
 - Social
 - Monetary
 - Geographical
 - Time
 - Etc.









THANK YOU!





