

WEBVTT

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Welcome and thank you for calling and to.

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23 eating disorder, awareness series.

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My name is Alison Oaks, and I am a care manager for the eating disorder team.

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Due to the format of this call, you will not be able to ask questions during the teleconference. The conference will be opened up for questions at the completion of the presentation.

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Although you do have the option of submitting questions during the conference.

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You can follow along to the presentation through this conference. You can also access the presentation for today's seminar.

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Online at W. W. W. dot Sigma.

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Dot com slash eating disorders.

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Scroll to current topics section in the middle of the page and click on today's topic labeled.

10 "" (0)

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Overlooked and underserved creating novel and collaborative eating disorder, care models to center underserved communities.

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Please note that not all policy cover today's topic.

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For more specific information, if your policy covers.

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The topics discussed in today's seminar, please contact the eating disorder team.

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By calling the number on the back of your insurance card.

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Today I have the pleasure of introducing.

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Dr, Erica Erica is a double board certified child and at.

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Adult psychiatrist who brings more than 10 years of deep expertise.

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And eating disorders and mental health since 1st, seeking out specialized training.

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While in Duke university's residency and fellowship programs.

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She previously served as the medical director of an eating disorder specialty hospital system.

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Leading policy and program development to deliver high quality.

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Effective care and their intensive outpatient.

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In partial hospitalization program, residential and inpatient units for people living with eating disorders.

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Erica is currently chair of the board of directors, the project here.

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A, leading eating disorder, nonprofit, breaking down systemic barriers and providing education and supportive resources to people of all identities and backgrounds experience eating disorders.

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She is a partner in Catalyst, therapeutic services, a private practice in Durham, North Carolina, and a consulting associate at Duke University Medical Center.

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As a mental health advocate, she also serves on the race ethnicity and equity committee.

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For the North Carolina Psychiatric Association.

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And is the immediate past president of the North Carolina Council.

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Of child and Adolescent Psychiatry.

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She her bachelor's of science at Spelman College.

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Master of public health and health care and leadership at U. N. C. Chapel Hill and her doctor to medicine at Duke University School of medicine.

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She is also a certified yoga instructor.

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So, please welcome. Dr Erica. Teresa, thank you so much for that. Warm. Welcome.

35 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

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And it really is an honor to be here today as mentioned. I am a child at a lesson adult psychiatrist and currently I'm coming to you to talk about.

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Eating disorders and the overlooked and underserved and how we can create novel and collaborative eating disorder, care models to sensor underserved communities. And that is part of what I am doing in my role as chief medical officer enterprise health, which is a telehealth program. That is aimed at serving individuals with eating disorders, adults with eating disorders virtually.

37 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

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And we provide comprehensive telehealth services to those individuals so I will walk you through some of these slides and I can't wait to hear your questions at the end. So we'll go ahead and get started.

38 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:04:12.600 --> 00:04:34.220

Today, what I hope we can accomplish, I'd love to describe the ways in which eating disorders show up among different communities and associate cultural factors that impact them next. I would also explain why combining community care with clinical care is a more inclusive way for people to start healing and knowing that.

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Different ways can actually drive better outcomes and then lastly, I'll illustrate how a trauma informed culturally sensitive approach can help us all to reach, engage and support diverse populations in their healing.

40 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

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Too often marginalized communities are overlooked when it comes to eating disorders. And this is something that I actually had the experience of learning during my training in residency and fellowship as mentioned. I asked to do an elective, which is actually not a requirement during my training. But I figured if I'm.

41 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

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Psychiatry, I probably should know a thing or 2 about eating disorders. So I decided to do a year long elective at Duke. And what was really interesting was during that time, I was confronted with my own bias when it came to eating disorders and how who is actually impacted by eating disorders.

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I don't know about you, but when I thought about eating disorders, the 1st thing I thought of was actually what I see when I Google eating disorders, if you actually type eating disorders in Google, what you will likely see are pictures of probably very thin CIS, gender white women who may come from a affluent backgrounds. Typically you think of anorexia.

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With them, but what was really interesting is during my time and training and over the last 10 years, I've come to find out the eating disorders, actually impact all genders, all ethnicities and unfortunately is those who come from marginalized communities who are often overlooked and miss out on getting services and healing, so they're eating.

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According to the research, 90% of people with eating disorders are overlooked and underserved.

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What was fascinating to me is to find out this statistic that only 6% of people with eating disorders are underweight. Now you may or may not be familiar with this picture on the left side of the screen referencing a New York Times article. You don't look anorexic. And that's because there are many individuals who are in larger bodies.

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Who actually have experienced symptoms of anorexia and unfortunately have not been able to get the care that they need. Because often times that may be determined on a BMI or weight. Which often can be a very biased way of approaching eating disorder or any kind of disorder. For that nature, so to think about only.

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6% of people with eating disorders are underweight. That's actually a very, very important statistic that means 94% individuals may have what we would call, quote, unquote, normal BMI, or overweight, or live in larger bodies. That also means that there are a lot of different kinds of eating disorders. We typically think of.

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Anorexia nervosa, which is a very impactful eating disorder, but there are lots of different eating disorders that can impact individuals and prevent them from getting the healing that they need and deserve.

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When we take a look at cultural factors, it also is interested in black people are 50% less likely to receive an eating disorder diagnosis or treatment.

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Hispanic individuals are also less likely to be referred for treatment and then Asian American students, and individuals are also less likely to experience and to get, um, diagnosis and treatment. There have been

studies looking at, um, Asian, American college students, showing that they may have higher rates of restriction.

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And purging muscle, building and cognitive restraint when it comes to eating disorder symptoms.

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When you look at Native American populations, we see higher rates of binge, eating concerns and again, less likelihood of being diagnosed with an eating disorder.

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Bypass individuals and people who are not underweight are far less likely to be diagnosed. There's actually a study, taking a look at clinicians and how we actually make the diagnosis, the leading disorders and there was a study done that show many different clinicians. A case report in that case report.

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Was all about a woman named Mary all of the case reports have the same exact information. There is just 1 particular thing that was different. And that was Mary's race. Someone who looked at Mary as a Caucasian woman, or Mary as a black woman, or Mary as a Latino woman, what the clinicians found, or what what we saw.

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The study is that there was clinical bias they diagnosed 44% of white Mary, with eating disorders about 41% of those who were Latina with eating disorders and only 17% of black Mary's were diagnosed with the eating disorder. So that just goes to show you that. We have a lot of work to do.

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Comes to our own internal bias implicit bias is what we will call it when we talk about diagnosing individuals with eating disorder. And I think that bias can also be applied to what we just shared earlier in terms of people who may live in larger bodies who may never, ever, even be asked whether or not they have.

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An eating disorder, or ask what the relationship with bike with their body, or with food. So those people often get misdiagnosed or even placed on weight management programs, which can really be dangerous, especially in the context of an eating disorder.

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Another factor is finances. Individuals with public insurance are 60% less likely to receive treatment. Of course, I'm talking to all of you here at Sigma. So that's not necessarily a concern. But treatment could still be very expensive. And that can be a significant barrier for people who are trying to access.

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For their eating disorder, another challenge is the community, we see significantly higher rates of eating disorders in and non gender, non binary individuals. And then we also see that men and boys who have eating disorders often, get overlooked as well because.

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We think about again, eating disorders again, as I did before my training, I often thought that it only impact that women I had no idea that boys, men and other genders could actually be impacted by eating disorders. And in fact, they can, and sometimes they suffer from higher rates of challenges and comorbidities and.

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And even problematic symptoms that can even lead to mortality. Actually, with that being said eating disorders. A lot of people don't realize, have a significantly high mortality rate. When you look at all of the psychiatric disorders, opioid use disorders, usually have the highest mortality rate 2nd to that.

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Be eating disorders, so it just highlights the urgency and why it's so important that if you're struggling or if, you know, someone who's struggling with an eating disorder that you really make sure that they're that, you know, that healing is available. That help is available.

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There are so many different barriers to keeping people from getting in the care that they need 1 of the things is systemic racism. I talked a little bit about some of the cultural challenges and that a lot of times eating disorders are overlooked. The marginalized identities, including people of color.

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So there's a challenge in that with systemic racism there is so much of an emphasis being placed on the ideal standard of beauty, which sometimes is rooted in racism because it is reflected in a standard of beauty being looked as being all weight, or having a very thin.

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Body, and sometimes that is idealized and worship in the sense that can lead people and predisposed them to developing an eating disorder. Another barrier is a complex payer system. The reality is it can be very, very hard to access treatment because treatment can be very, very.

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Difficult and expensive. There are a lot of providers and specialists in the eating disorder field. Well, probably not a lot. But the ones who aren't eating to sort of feel many of them do not even take insurance. So that is 1 of the things that we are trying to overcome. I know at arise with working with insurance payers, like Cigna to make sure that.

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You all have access to care, because it could be very difficult to find that care talked a little bit about implicit and explicit bias. So that is when individuals and a medical system may carry their own implicit bias and make it less likely to diagnose or to even look for eating disorders and people that.

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Or not, who don't fit that mold that we typically envision when we think of eating disorders that again is really based on what we see in social media and magazines, um, what we see on TV. And, like, I mentioned on Google, when you Google, it, we've kind of think of what we imagine, an individual of eating disorder to look like.

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And when we hold those images as providers, it could be very hard for us to not challenge that implicit bias. So that's something that's really important for us to do that internal work to make sure that we're not missing the mark and not missing anyone who could be suffering.

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There also is a challenge with treatment providers. Um, as I mentioned, we really don't have enough treatment providers in the landscape to treat eating disorders, but there's, especially a lack of diversity among treatment providers. There have been some reports that share that only 2% of the treatment providers are.

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Actually, people of color so, when we think about what's necessary in treating an individual with an eating disorder, considering that eating disorders really do impact, have a mental health impact and a medical impact. So, eating disorders generally do require a multidisciplinary treatment approach, which consists of the therapist, a dietitian.

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And a psychiatrist, a primary care doctor, and it can sometimes be very hard for individuals to find those specialists who may have shared backgrounds, shared ethnicities to them. And that can sometimes be very hard if you're seeking out care. And you don't necessarily find.

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A treatment provider who either looks like you, or at least it has the cultural competency training to be able to take care of your eating disorder, considering all the cultural factors that may come along with it. So that can be a challenge as well.

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Wait discrimination that is something that is very, very problematic, particularly in a medical field. Again. I talked a little bit about how weight can be. Unfortunately overemphasize. I think in a medical community, we tend to put a lot of our basis on the BMI, which with.

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Originally studied, when we think about the BMI that was originally studied in a very small population of European men actually, and that skill has not necessarily been fully validated amongst all bodies and ethnicities. So there is somebody who can be actually diagnosed with obesity and not be obese.

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At all, they may have a lot more muscle mass and it's very hard to put people in categories, but unfortunately, because of the emphasis that our medical system is placed on weights. Sometimes people even within a medical field can experience weight discrimination and weight stigma and.

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That weight discrimination and stigma can be internalized. Imagine if you are engaging and eating disorder behaviors that say, okay, well, I'm doing this, but I'm not losing any weight. So I must not be sick, whereas that's farthest from the truth. You can actually have all different kinds of weights and then still experience eating disorder behaviors.

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And symptoms that can impact your well, being your mental health and your physical health.

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Another challenge and barrier is a lack of representation and research when we think about a lot of the research and especially the early research. That was done in eating disorders. So much of that was done in a higher level of care settings and especially at a time. When people did not necessarily have.

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Insurance that was able to pay for their care. They may have had to pay for their higher level of care, like, residential treatment or even inpatient treatment, completely out of pocket. And that meant that. Those research studies really would only focus then on the subset of individuals who may have been more affluent typically, having more resources.

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And really negating to look at the bigger population to see what ethnic cultural diversity can be represented diversity in terms of socio economic status. So we still have a lot of room to to go and to do when it comes to making the research that we have.

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More inclusive in representing the broader society.

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We talked a little bit about the shortage of just healthcare professionals, all together. Unfortunately, a lot of the resources that we have for eating disorders are typically in bigger cities or cities. That are attached to the bigger academic centers. That do a lot of the research. But if you are living in a rural area, or.

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Smaller town, it could be very, very hard to find care and especially specialized care and that's 1 of the reasons why we wanted to start our program at arise realizing that there was just a lack of health care professionals in some of those other areas and making sure that we can offer resources via telemedicine. So.

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So that people can actually access a full comprehensive eating disorder team from the seat of their own home.

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And then, of course, another barrier that can keep folks from getting the care is a lack of patient centered care can be very difficult to find doctors and therapists who may actually be able to provide the care that you need eating disorder care is not a 1 size fits all approach. There are lots of different therapies that.

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Can be administered for, for individuals with eating disorders and unfortunately, there are some programs that may only focus on 1,

particular type of therapy for instance, family based therapy treatment, which could be a very great treatment for some individuals. But for others, especially if you're coming from a very.

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Family environment, a family based approach may not necessarily be the best approach for your eating disorder or if you're alienated from your family, and you live in an area where there's a lot of isolation, and you don't have much community support in those cases. Maybe a cognitive behavioral therapy approach, or a dialectical behavioral there.

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The approach could be beneficial, so it's really important to make sure that not only are we accessing care? That is comprehensive. That is inclusive, but we also want to make sure that care is patients censored.

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Within a broader health care system there is.

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A lot of challenges and other additional barriers, such as a lack of screening for eating disorders. I often tell folks that I've been in this work for so long, and I have yet to ever been asked by my physicians or therapist, whether or not. I have an eating disorder. I've never been screened for 1 and I'm not going to.

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How old I am, but I've been around long enough to the point where I think that's a challenge in our healthcare system to, um, to never have been screened for an eating disorder based on what you may look like. There's also a lack of mental health parody. Sometimes we're able to get resources for those medical conditions.

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But we may not necessarily be able to get resources for something like eating disorders, which is both a medical and a psychiatric condition. Sometimes there can also be challenges with insurance coverage, due to medical instability again. Because we may traditionally think of eating disorders as impacting those with.

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Lower body weight, so sometimes those denials can come through because we really only ask about weight. Um, so that's something that we're all learning as a profession, I think, in our health care system I think Cigna is doing a really good job of looking at the broader picture that we'd is just 1 tiny puzzle piece. There's.

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How many other things that actually can impact and eating disorder and we have to make sure that we cover those things.

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And then we can have a lack of coordination of care and team planning. So, again, because eating disorders are so complex. It's really important to ensure that there is a comprehensive team. So, again, a dietitian, a therapist and psychiatrist, a primary care doctor, and we want to make sure that those individuals are not operating and.

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Silo, because of a dietitian is recommending intuitive eating, but the therapist is recommending more structured eating, then that can really, really be complicated. Right? So, we want to make sure that there is alignment and collaboration amongst all of the treatment providers. So that the individual who is suffering from the eating disorder.

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Is aware of that plan they could be confident that everyone is in communication and then healing happens that way when there's more collaboration in teamwork.

99 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:21:53.819 --> 00:22:13.819

As I mentioned earlier, there are very limited options when it comes to culturally sensitive care and diverse clinicians. 1 of the things that I act actually really encourage clinicians to do with their own internal work to be able to do trainings and cultural competency and cultural sensitivity.

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Make sure that we're doing a better job of hiring individuals and not only hiring individuals from diverse backgrounds, but also training those individuals. So, catching them when they're in their training programs. Just, like, when I was in my training program, I was brought into this field and I learned so much and because of that, I've been able to reach, I think, a broader.

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Because of my own background and combining that with my clinical background.

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Again, we have to do a better job of.

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What we've traditionally done in terms of our emphasis on underweight population and again, typically, we focus on anorexia nervosa, neglecting some of the other types of eating disorders and you may ask. Okay. Well, Dr Erica, what are some of those other types of eating disorders? Anorexia is just 1 that does come in 2 subtypes. So you have anorexia nervosa.

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00:23:02.509 --> 00:23:22.509

Restricting type or an event anorexia nervosa bench, purge type. We also can see bulimia. Nervosa. There's an eating disorder called binge eating disorder, which is actually the most common eating disorder here in the United States. Other eating disorders include our fed, which is avoiding restrictive food.

105 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:23:22.509 --> 00:23:42.509

Intake disorder, characterize by avoiding restrictive food intake, duty movie, the texture or trauma sometimes can impact that. And then we also have disorders that can be overlooked, like PICA or rumination disorder. And then, of course other specified feeding or eating disorder. And in.

106 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:23:42.509 --> 00:24:02.509

That bucket can be lots of different eating disorders where people are having impairment, but they may not meet the specific criteria as designated by DSM 5, which is the diagnostic statistic manual that we as psychiatrists and professionals use to diagnose eating disorders. Not everyone will have all of those.

107 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:24:02.509 --> 00:24:20.579

Specific diagnosis diagnostic criteria, so, for those individuals, we may sometimes place them in that other category. So that's where we sometimes may see a typical anorexia, which I really don't like that name. Because the only thing that's a typical about a typical anorexia is the weight.

108 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:24:20.579 --> 00:24:34.289

Piece the symptoms can be just as devastating and just as deadly. Unfortunately. So it's really important that we really look at the eating disorders within a broader context that there's so much more that we can sometimes overlook.

109 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:24:37.469 --> 00:24:48.209

We've talked a lot about some of the systemic barriers and maybe even financial barriers, but there are also some individual and intrinsic barriers that can sometimes.

110 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:24:48.209 --> 00:25:08.209

Prevent people from seeking the help that they need and deserve 1 of those is shame. Guilt and embarrassment. Especially if you have an idea of what eating disorders may be. What do you think they may be in if you are dealing with 1 yourself that can lead to a lot of internalized shame there can be embarrassment because of the.

111 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:25:08.209 --> 00:25:28.209

Types of symptoms that you may be engaging in a lot of guilt. And when we experience that shame and guilt and embarrassment, we can internalize that and end up being very isolated. We can sometimes suffer and silence from eating disorder because of the shame because of the guilt. It could be very hard. I can't tell you how many individuals.

112 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:25:28.209 --> 00:25:36.359

I have served during my career who have told me, you know, doctor, Erica, my own primary care. Doctor doesn't even know that. I have an eating disorder.

113 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:25:36.359 --> 00:25:56.359

And when I ask, oftentimes, it's because they're worried about how they will be perceived, they're worried about shame they're worried that they'll be embarrassed that their doctors or their therapist may look at them differently. So, unfortunately, what will then happen is they suffer and silence and will struggle with the eating disorder. There are some people I know.

114 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:25:56.359 --> 00:26:05.669

Struggled with their eating disorders for years and even decades, because they were too afraid to tell their treatment providers about that about their symptoms.

115 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:26:05.669 --> 00:26:25.669

And that's something I think we can work on as a medical profession stigma that can also include within a cultural context. There are certain cultural individuals from different cultural backgrounds and ethnicities that may sometimes stigmatize eating disorders or or mental health disorders.

116 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:26:25.669 --> 00:26:30.389

And it could be very hard to access that care when we are.

117 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:26:30.389 --> 00:26:49.799

Experiencing our own stigma related to it and sometimes it may not even be our own internal stigma. Sometimes it could be stigma within our family unit, or within our communities. I've heard people tell me even as a black woman, you know Dr, Erica there's no way. I could be struggling with eating disorders that the White woman's disease.

118 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:26:49.799 --> 00:27:05.699

And how would I be able to tell my parents and my families that I'm struggling with that again stigma and Shane, leading to people preventing them from actually seeking their care. Another challenge is mistrust of the medical system.

119 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:27:05.699 --> 00:27:16.199

Unfortunately, there are a lot of individuals who do not trust their providers or do not trust their dietitians or therapist or psychiatrists because of the previous.

120 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:27:16.199 --> 00:27:36.199

Trauma experience, traumatic experience within the medical field and that's something I think that we have to do a better job of doing as physicians, and as medical providers to really establish that trust from the beginning. And how does 1 establish trust it really starts with listening, right? Being able to listen being able to create a safe.

121 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:27:36.199 --> 00:27:47.159

Space a brave space for our patients to be able to share some of their challenges that they've experienced within a medical system to assess and make sure that we're looking out for trauma.

122 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:27:47.159 --> 00:27:59.909

Previous trauma experiences, it's really important because some studies show that over 75% of individuals with eating disorders may have had some sort of traumatic event in the past.

123 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:27:59.909 --> 00:28:19.909

That's really important for us then as medical providers to assess for trauma at the very beginning knowing that not everyone will disclose trauma symptoms or trauma experiences on that 1st intake again, because so much of sharing our stories and sharing what we've had to overcome.

124 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:28:19.909 --> 00:28:39.909

Over the years, we have to do that within an environment that we feel like, we can trust our providers in an environment. We feel like it's it can be safe. So that takes time to build that report. So, again, put our listening Arizona when it comes to our patients and our members so that we're creating that space for them to tell us about the things that.

125 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:28:39.909 --> 00:28:59.909

Experience, especially when it comes to medical trauma and when I think about medical trauma, what am I talking about there? I'm talking about people who may have had treatment, but they weren't able to continue to

get their treatment cover in their coverage drop because of it. Maybe individuals who are forced into treatment.

126 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:28:59.909 --> 00:29:19.909

Forced into a higher level of care, or even individuals who had to go into care, but were harmed by their care because maybe they saw a physician or doctor who did not approach them with cultural sensitivity, or who was not welcoming and inclusive to help them.

127 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:29:19.909 --> 00:29:35.279

Feel included when it came to their gender and their sexual identity. So, we have to make sure that we do a better job as medical providers to create that trust and to make sure that we are not causing even further harm to prevent you off from getting the treatment that you deserve.

128 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:29:35.279 --> 00:29:52.919

Also, there could be a lack of recognition within a family within a culture and even community. There have been times I've worked with individuals and for whatever reason, because of their spiritual practices, they thought that. Okay. Well, because of my faith, I can't actually access.

129 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:29:52.919 --> 00:30:12.919

Health care mental health care, right? Because I have to pray it away. How many times have we heard that, or said that, you know, pray the stress away and realizing that those 2 things can coexist we can actually serve individuals with their eating disorders and other psychiatric Co occurring illnesses while also honoring those spiritual practices and honoring.

130 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:30:12.919 --> 00:30:32.919

Those religious practices I've worked with individuals where I've actually had their pastor come into treatment because if they are being told in church, that they need to fast and pray. But they have an eating disorder. Fasting part of that. May actually make their eating disorder worse. So, when I met with their with their.

131 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:30:32.919 --> 00:30:52.919

We are actually able to come up with other ways in which they confess, usually, we think about fasting and a food context, but are there other ways that they can fast and pray that could still honor their faith and their religion but not exacerbate their eating disorder symptoms so fasting from social media or fasting from going on shopping sprees.

132 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:30:52.919 --> 00:31:12.919

So there are lots of different ways that we, as clinicians can collaborate with community with their culture with family to ensure that

we are all on the same page in helping those individuals overcome their eating disorder. We've already talked a little bit about clinician bias. And those negative interactions that come, and then as well as the lack of cultural sensitivity and.

133 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:31:12.919 --> 00:31:32.919

Understanding and care, but I want to just emphasize how important that is if you don't feel seeing if you don't feel heard if you feel as though you're being overlooked or dismissed that will absolutely pull us away from seeking the care that we deserve. And that's why the collaborative culturally sensitive care is so critical and important in an overcoming eating.

134 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:31:32.919 --> 00:31:36.449

For barriers.

135 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:31:36.449 --> 00:31:44.369

We need to think differently about the care that we provide to eradicate barriers and bring people the support that they deserve.

136 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:31:44.369 --> 00:32:04.369

That means that care needs to be accessible, it needs to be centered to what each person needs with equity at the foundation. So access the care again is critical. And I've already outlined a number of barriers that we, as a medical system, including clinicians and insurance companies. Really have to break.

137 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:32:04.369 --> 00:32:24.369

Down to make sure that the people we serve, get the care that they need and that it's affordable and that it works. We also value the fact that it's important to have patient centered care knowing that patient sensor care will actually lead to better outcomes. That means delivering the right care by multiple evidence based modalities and.

138 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:32:24.369 --> 00:32:44.369

Personalizing that care just as I did in that example previously. So, again, looking at that full person, and not only the eating disorder. Right again, when we think about eating disorders, they are both psychiatric and medical conditions. They tend to coexist with other medical and psychiatric conditions. So, it's not uncommon to see.

139 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:32:44.369 --> 00:33:04.369

Individuals with eating disorders have dealt with trauma maybe PTSD they are at higher risk for dealing with substance, use disorders with mood disorders, like depression and bipolar disorder as well as ADHD and many other psychiatric disorders. And then we also see on the other flip side of that.

140 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:33:04.369 --> 00:33:24.369

With eating disorders who may deal with cardiac concerns and remain deal with skin conditions and pulmonary conditions diabetes. So there could be a lot of overlap when it looked when we look at eating disorders and medical Co occurring disorders and Co, occurring psychiatric disorders. And we can't treat them.

141 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:33:24.369 --> 00:33:44.099

Bubble, so, it's really important that if you have someone with an eating disorder that we're really looking within a greater context to see okay, what else is happening here how can we address some of those other psychiatric and medical conditions? Because again, they can't happen in silos. We have to look at the big picture and that's really what personalized care is all about.

142 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:33:44.099 --> 00:33:55.049

And then, of course, knowing that health equity is foundational our model at a rise is built by and for communities that have been overlooked to ensure that all people can heal.

143 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:33:55.049 --> 00:34:04.379

1 of the things that we do at arise as we bring together community support and clinical care understanding that.

144 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:34:04.379 --> 00:34:24.379

Community care is really important people again. They may have families, but they may not have great relationships with their families, or they may need some additional support, um, to make sure that they are getting the care that they need is to stay engaged in their care. So, what we do at arise is we provide a care advocate, which is someone who has.

145 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:34:24.379 --> 00:34:44.379

Experience with an eating disorder who can walk alongside the individual to provide 1 on 1 live and AC support, we also are able to provide group support because, as we know dealing with eating disorders, we just shared it could be stigmatizing. There could be a lot of shame and isolation. So unfortunately, people with eating disorders tend to start.

146 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:34:44.379 --> 00:35:04.379

With them on their own, and that can be very isolating and lonely. So what we try to do at arise is really pair our clinical care with the community care. So that they can get that additional support. And the other thing that we really value is making sure that it's patient centered by doing individualized care plans. And that means making sure that.

147 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:35:04.379 --> 00:35:23.459

All of the disciplines were involved in care on the same page, making sure that we're encouraging that communication that we're encouraging collaboration to really make sure that they're significant. There are identified goals that members are able to identify and that we are able to help them reach those goals.

148 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:35:23.459 --> 00:35:32.669

In doing that within an individualized care plan by providing different kinds of evidence based modalities and specialize and diverse care teams.

149 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:35:32.669 --> 00:35:54.289

The way that we take our approach to care is essentially trauma informed. I mentioned early because trauma is so high and individuals with eating disorders. It's something that is absolutely necessary to be able to address to ensure that there's physical and emotional safety to build rapport and trust from day. 1.

150 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:35:54.289 --> 00:36:14.289

Really to make sure that each individual who is seeking care has a choice and has a say in their care that they have autonomy again. We want to provide that holistic care. So making sure that we are addressing any underlying factors that may be overlook, treating any Co morbid or conditions as I shared earlier. And then.

151 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:36:14.289 --> 00:36:34.289

Making sure that that care is person centered so structuring to get to know the member better. I think in any kind of medical care, it's important for us to think about what your overarching goals are for your care. What does health look like to you? You know, what are your goals and how do we understand what those goals are? Especially when it comes to meeting those specific.

152 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:36:34.289 --> 00:36:54.289

Behavioral targets for the eating disorder and psychological targets, and then, lastly, providing that cultural, culturally sensitive care. And 1 of the ways that we do that is by vetting and hiring providers with diverse identities and benchmarking and training individuals via a partnership that we have with pilot. That insurance culturally competencies and then, of course.

153 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:36:54.289 --> 00:36:57.509

Doing workshop shops with our full team.

154 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:36:57.509 --> 00:37:19.699

Another thing that's really important to us and I think this is something that needs to be important pretty much with our medical conditions, not just eating disorders is really addressing social determinants of health when we think about social determinants of health. Those are some of the broader aspects of what we think about in everyday life that may.

155 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:37:19.699 --> 00:37:39.699

Actually impact our health, so, for instance, health care access and quality that's looking at insurance that's looking at. Our Co pays coinsurance, making sure that we are able to access the care that we need. Um, healthcare access also means there may not necessarily be clinics right?

156 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:37:39.699 --> 00:37:57.869

Freestanding clinics in the area that you may live in. So how are we navigating that when it comes to individuals who may not necessarily have access within their immediate neighborhoods looking at transportation, or offering virtual options? Those are solutions.

157 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:37:57.869 --> 00:38:16.530

Another social determinants of health is looking at the neighborhood and environment. So, housing, and looking at the community, is there access to the best system is their access to transportation, you know, is it safe to be able to walk to get the care that they need? You know, all of that is very important.

158 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:38:16.530 --> 00:38:36.530

Economic stability, looking at poverty, looking at employment, childcare, and even food and security. So, food and security is of course, very, very important. When it comes to eating disorder here. I can diagnose someone with an eating disorder. I can work with the dietician to place someone on an amazing meal plan.

159 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:38:36.530 --> 00:38:56.530

And to provide structure for that meal plan, but at the end of the day, if there's food and security, that is going to be really hard for a member to follow our plan of care. Because we have to ensure that they actually even have access to food. So, it's so important within a broader context of treating eating disorders but I think in health.

160 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:38:56.530 --> 00:39:16.530

Together to be able to identify what those social determinants of health are, and to be able to identify if there are any challenges of food and security how do we help our patients and our members navigate that food and security. So that again, we're working collaborative collaboratively to give them the access and give them the treatment that they need. We can't do that. If people are.

161 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:39:16.530 --> 00:39:36.530

Suffering from food and security, we have to think about. Okay what resources are available in their community. Are there any food pantry is available are the things that churches or other religious organizations that we can partner with to ensure that they can get the food and then also working with the dietitian on maybe some creative solutions on how to work with.

162 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:39:36.530 --> 00:39:45.780

Canned goods and frozen meals to really make sure that they were able to get the food that they need to engage in their healing from their eating disorder.

163 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:39:45.780 --> 00:40:05.780

And then education is another thing that we look at in terms of social determinants of health, structural and institutional racism that even comes down to language, right language barriers can be a significant barrier. So how re, navigating that in the health care system. So, there's so many different things when it comes to social determinants of health.

164 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:40:05.780 --> 00:40:19.440

And we believe that when you combine community care with clinical care, we're able to better address those social determinants of health that can sometimes become a barrier in and of themselves to accessing eating disorder care and treatment.

165 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:40:22.800 --> 00:40:42.800

And these are just a couple of quotes that we've heard from some of our own patients who have had some of those barriers who have shown us that. Hey, I've, I've grown up with food and security. Um, I'm a full time student, surviving, unlimited funds. How can I participate in your program or for those who may not have childcare or.

166 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:40:42.800 --> 00:41:02.800

You have just lost their job maybe single parents who are working 2 jobs that it could be very difficult being a single parent working 2 jobs to leave their work and then go and access care. So, how are we being creative in some of those solutions? And I think that combination again of clinical care .

167 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:41:02.800 --> 00:41:06.900

Care can be 1 way of addressing some of these barriers.

168 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:41:11.520 --> 00:41:25.020

So, again, individualized care really is hearing and censoring the member. You know, individualized care should be customized. Each plan being designated to meet the specific needs of each member again.

169 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:41:25.020 --> 00:41:45.020

I can't even though I've learned a lot of different ways and approaches to taking care of my patients at the end of the day. I always tell my patients. You are the expert of view. I may be an expert at eating disorders, but you are the expert of view. So how can we work together? How do we collaborate to make sure that you're getting what you need and that you're able to heal from.

170 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:41:45.020 --> 00:42:05.020

Eating disorder, and part of that is making sure that the member is the key architect of the plan. Sure. I may be the physician, but at the end of the day, I want to come alongside you and empower you so that we can work together to make sure that we are addressing all of your needs. And part of that is doing holistic goal setting. So, setting up healing goals that can.

171 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:42:05.020 --> 00:42:25.020

Multiple areas of their life, what we do at arise. We look at the 8 dimensions of wellness, because we really believe that can impact again, health and on a greater whole. And then what we tried to do as well, as I mentioned earlier is address some of the barriers, including social determinants of health, ensuring that our care advocates work with members, compose the plan that.

172 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:42:25.020 --> 00:42:45.020

Both acknowledges and addresses their social and emotional barriers and then, lastly, as I mentioned earlier, making sure that care is actually collaborative. So, the plan is shared updated and modified by all members of the team, making sure that if there are external members of the team that everyone is in communication, how many times have you been in care where you've gone through your family medicine?

173 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:42:45.020 --> 00:43:05.020

Doctor, you gone through your gastroenterologists, your dietician, and you're hearing a different plan from everyone that can lead to very confusing care that can lead to things being dropped through dropped and lost falling through the cracks and unfortunately leads to poor healthcare outcomes. So that.

174 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:43:05.020 --> 00:43:15.030

Preparation is absolutely critical in ensuring that we are working together as a team to address all of the, all of the challenges that 1 member may bring to us.

175 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:43:15.030 --> 00:43:37.430

Bringing community and persons into clinical care together for long term. Healing really does begin in our eyes with peer support. We believe that when individuals can get peer support that helps it helps them to be more engaged in care. At least the greater reductions and body dissatisfaction, greater reduction of anxiety, greater reduction.

176 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:43:37.430 --> 00:43:57.430

Symptoms and also in disordered eating behaviors, such as benching and purging and restriction. So when you're able to walk alongside with someone who could say, hey, I've been here, I've done this. I've been able to navigate the healthcare system, and I've been able to do it successfully. I want to come alongside and help you do it and also.

177 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:43:57.430 --> 00:44:15.480

And, you know, there's no shame you don't have to be shame, experienced shame. You don't have to experience guilt or embarrassment. You are not the only 1 you are not alone in this. I can help you. And I think knowing that there's someone by your side who has been there done, that can sometimes just be so encouraging.

178 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:44:15.480 --> 00:44:35.480

And part of what that care allows us to do, we provide 1 on 1 support. So individual care planning peer mentorship, which really includes vision alignment, social skill development. And then, of course, that general, social and emotional support as well, as peer group support. So you hear from other members who may have.

179 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:44:35.480 --> 00:44:55.480

Experience challenges that they're eating disorder and being able to navigate that within a group setting doing Neil supports via group learning doing psycho education learning about eating disorder learning about different ways. They show up learning about how to re, engage in physical activity to make it physical activity more meaningful. These are all things that can be.

180 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:44:55.480 --> 00:45:11.040

Done in a group support setting and then, of course, being able to champion and being able to be an advocate advocate for our patients and our members. So helping to advocate for them and care team meetings and care coordination and even with care referrals.

181 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:45:11.040 --> 00:45:32.300

Our care advocates are really, really trained to be advocates to ensure our members have a say in their care, and that their voices are heard to make sure that there's alignment. So, providing that information. So I'm ensuring members understand the recommended care plan. So that as

doctors, sometimes I talk and what I call medical leave, and my patient may leave and say.

182 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:45:32.300 --> 00:45:52.300

Dr, Eric, put me on this med. I have no idea why, what are the side effects that cure advocate can say, you know, talk to Erica that patient didn't start the medication because they were worried about some of the side effects. Maybe you can talk a little bit more about what those side effects are. And then that helps me to be in more alignment with my patient and a patient to be more in alignment with me and the team.

183 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:45:52.300 --> 00:45:59.790

In the treatment plan, the other way in which they can support our members is really through accountability, holding care temp team members.

184 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:45:59.790 --> 00:46:19.790

Responsible, but also for our members to be accountable for placing their own wellness goals at the forefront. And then again, having a sense of autonomy. I can't emphasize again. How important a sense of autonomy is when it comes to our own medical care, making sure that we are feeling, like, we are empowered to make our own medical decisions, and that our medical team provide.

185 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:46:19.790 --> 00:46:26.070

Those are coming alongside of us to be able to encourage that autonomy and help facilitate that autonomy.

186 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:46:26.070 --> 00:46:48.470

So some of the things that we can collectively do, as, I think clinicians, when it comes to overcoming the barriers that are outlined earlier, we can do our own work when it comes to checking our own biases that means, you know, doing the research. Maybe doing additional trainings to really understand how is my privilege.

187 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:46:48.470 --> 00:47:08.470

And how does my bias impact? The people in the individuals that I serve? Am I approaching care in a very culturally inclusive way? Do I screen all of my members and all of my patients for eating disorders? Do I make sure that the environment that I have for them is a safe environment where they can share what they've.

188 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:47:08.470 --> 00:47:28.470

Parents and their traumas, where they feel welcomed, where they feel like, I'm acknowledging and honoring their gender and their sexuality and their religion and their ethnicity. All of those things are important. Making sure that I'm also understanding how their systemic barriers.

Right? What are those social determinants of health? What are those other.

189 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:47:28.470 --> 00:47:48.470

Broader barriers that may prevent them from actually getting the care that we need. So, it really does start with us changing a culture of eating disorder diagnosis and treatment starts with us as clinicians and it also starts with encouraging our members and our patients to speak up to be able to not feel like they have to live in shame or fear.

190 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:47:48.470 --> 00:48:08.470

That if you're struggling with the eating disorder, if you know that you're dealing with symptoms, you may not fit that typical stereotype of what we consider to be an individual with the eating disorder or maybe, you know, loved 1 or a friend who's struggling with restriction or benching or purging, or maybe compulsive exercising that you can say, you know, I think you might need.

191 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:48:08.470 --> 00:48:28.470

Help healing is indeed possible. You don't have to struggle with this on your own. So, that is my hope that we can all take that away today. So some key takeaways are just understanding the social cultural factors and how they impact eating disorders across different communities. Ensuring that care is trauma informed.

192 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:48:28.470 --> 00:48:48.470

Holistic and person centered and culturally sensitive that that's all going to be critical in supporting these communities, especially those who are marginalized and overlooked understanding that person censored goals acknowledges each individuals, goals, barriers, experiences, including their social determinants of health and then also, that integrated.

193 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:48:48.470 --> 00:49:04.380

In clinical care with community support is an effective way to address the needs and promote long term healing. So, again, I hope you understand that healing is indeed possible. If you have any questions at all, please feel free to reach out. I'd love to take any questions that you may have at this time.

194 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:49:21.750 --> 00:49:25.230

And if you have any questions, feel free to place them in the chat.

195 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:49:30.300 --> 00:49:38.220

Okay, so the 1st question that we have here is, can you just find cognitive restrain.

196 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:49:38.220 --> 00:49:58.430

Absolutely, so that can mean, you know, it can be associated with a lot of perfectionism so really the cognitive restraint that comes to certain types of eating disorder behaviors like, okay, I have to eat X amount of calories, or I can't eat certain types of food groups. Um.

197 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:49:58.430 --> 00:50:18.430

I have to be very careful with the types of food that I eat being, you know so it may not necessarily be fasting or restricting or, you know, skipping meals, but it could be restraining some of the types of foods that you eat based on a lot of times, I think in our medical field, and even culturally, we may label foods.

198 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:50:18.430 --> 00:50:38.430

Is good or bad, right? How many people? I'm sure you've heard that multiple times or? You've seen it multiple times throughout TV here. Okay. You know, if you eat this food, that's bad. And this is why you need to be on this diet or that diet. So, that's really the basis of a lot of the diet culture that we see in our society today that can be based on some of that.

199 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:50:38.430 --> 00:50:41.490

Cognitive restraint.

200 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:50:41.490 --> 00:50:57.441

Okay, thank you. All right so our next question that we have is what, if someone doesn't really enjoy eating struggles with eating particular foods and sees it as something they just have to do is that a form of an eating disorder?

201 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:50:57.441 --> 00:51:17.720

Yes, that is such a great question. Thank you for that. So yes, there it doesn't mean that it is an eating disorder, because by definition eating disorder does need to lead to some sort of impairment. Whether that's medical, physical impairment, emotional distress, and sometimes there are individuals who may.

202 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:51:17.720 --> 00:51:37.720

Variance that, within the context of what we call our fed. So rific, which is avoiding restrictive food intake disorder is characterized by people who may struggle with eating certain types of foods, or may just not eat food because they don't they're not interested in food. So, it may not necessarily be associated with a body image.

203 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:51:37.720 --> 00:51:57.720

As we usually see with anorexia nervosa or bulimia nervosa, there's actually using no body image component whatsoever when it comes to our fit. Usually, when people have our fed, they may avoid food or they don't eat enough because they may not have interest in it. Food is the food just isn't appealing.

204 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:51:57.720 --> 00:52:17.720

There could be certain reasons because of texture. So some people may avoid certain textures of food that they don't like there could be fear associated with that fit food. So a fear based sort of approach could be that. Maybe I don't need that food because I'm afraid it's going to make me sick, or I'm afraid it's going to make me vomit. So they made avoid food because.

205 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:52:17.720 --> 00:52:37.720

That or there may be some traumatic experience associated with that food. So you may hear of people who have been, you know, in a traumatic setting where the perpetrator fed them the same food every day. And then because of that, they've avoided all foods within that group. Um, so there could be many different reasons that are not body image related.

206 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:52:37.720 --> 00:52:57.720

And sometimes for those folks who just may not have a desire, or may not be interested in it, they think food is like, uh, whatever there's nothing appealing about it. It really becomes a disorder when they may have that impairment. So, if they're lacking key nutrients, if they're having physical challenges because of it. So that could be malnutrition that.

207 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:52:57.720 --> 00:53:17.720

The heart conditions, heart palpitations or chest pain. Sometimes we don't get enough nutrition or heart muscle. Maybe, you know, a lot weaker. Um, so there could be other medical manifestations. That can happen or even emotional manifestations. You know, sometimes it could be hard. You want to eat, but you can't.

208 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:53:17.720 --> 00:53:37.720

That socially, so you may avoid social, all social events that include food and that could be very isolating or it may cause other types of emotional distress. So, if it does meet that criteria, in terms of impairment, it can indeed be an eating disorder. And I would encourage you to reach out to an eating disorder specialist so that someone in a medical.

209 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:53:37.720 --> 00:53:44.550

Impressions who has a background in eating disorders to see so maybe get further evaluation to determine if that may be.

210 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:53:44.550 --> 00:53:55.310

Okay, thank you. So our next question, how do I offer help for a loved 1? Like a parent who may be struggling.

211 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:53:55.310 --> 00:54:15.920

That is, thank you for that question. I think we see that so many times where we may see a loved 1 struggling with an eating disorder or really any other psychiatric condition. Right? And I think the important thing when approaching a loved 1 is to 1st, create a space where you can show them that you are approaching them with love and.

212 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:54:15.920 --> 00:54:35.920

Fashion and non judgment right? So again, when we think about eating disorders, we talked a little bit about the shame, the the guilt often times. That's because we're afraid that people are judging us we're afraid that people are going to look down on us or think, think differently of us and it's important to start the conversation and.

213 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:54:35.920 --> 00:54:53.280

To make sure that you're informing them that you care about them that what you're going to share, you're coming with a heart of compassion and not judgment and then to be able to share what you're noticing, you know, I think when we can do that and love to say, you know, I'm noticing that.

214 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:54:53.280 --> 00:55:13.280

You know, you're being more isolated, I've noticed these patterns of behavior when it comes to food, or when it comes to exercise. And I'm concerned about you and I want you to know that there are resources available. There is help and healing available. And here are potentially some of those resources 1 of the resources that.

215 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:55:13.280 --> 00:55:33.280

I love that. We mentioned at the very beginning in my bio is project. Teal project Hill is a nonprofit organization that is really designed to break down healthcare, systemic financial barriers to eating disorder care. And there are a lot of different resources. So, you can always go to project deals website. Um, the other thing.

216 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)

00:55:33.280 --> 00:55:55.790

They offer free clinical assessments for all individuals. So if you suspect a loved 1 has an eating disorder, or you have an eating disorder you could, and you want to make sure that they get a clinical evaluation. That's completely non bias you can say, you know, let's go to project deals website. Maybe we could set up an appointment for an assessment to see if you do indeed have an eating disorder and they can give us some recommendation. So.

217 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:55:55.790 --> 00:56:00.570
That's always an option as well, but again, I think it's acknowledging that help us.

218 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:00.570 --> 00:56:04.830
Is available healing is available, giving a sense of hope.

219 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:04.830 --> 00:56:09.420
Providing that with a sense of compassion and love and grace.

220 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:09.420 --> 00:56:14.460
And then just sharing what you're noticing, and being able to then provide those resources.

221 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:18.540 --> 00:56:23.559
All right, thank you very much. I think that concludes our questions for.

222 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:23.559 --> 00:56:38.540
Thank you all great questions. Yeah, thank you. And thank you talk to Erica for providing all of this wonderful information for all of us today. And again, if anyone has any questions about anything that was.

223 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:38.540 --> 00:56:58.540
Discuss today, please contact the eating disorder team by calling the number on the back of your insurance card and please do mark your calendars and join us next month on October 24th as we will have a presentation regarding discuss act. Now, not later challenging a.

224 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:56:58.540 --> 00:57:02.640
Appearance ideals and shifting your relationship with your body.

225 "Dr. Erikka Dzirasa, MD, MPH" (1574473728)
00:57:02.640 --> 00:57:09.780
Well, thank you all again. Yeah. Good. 1, huh? Yes, thank you.