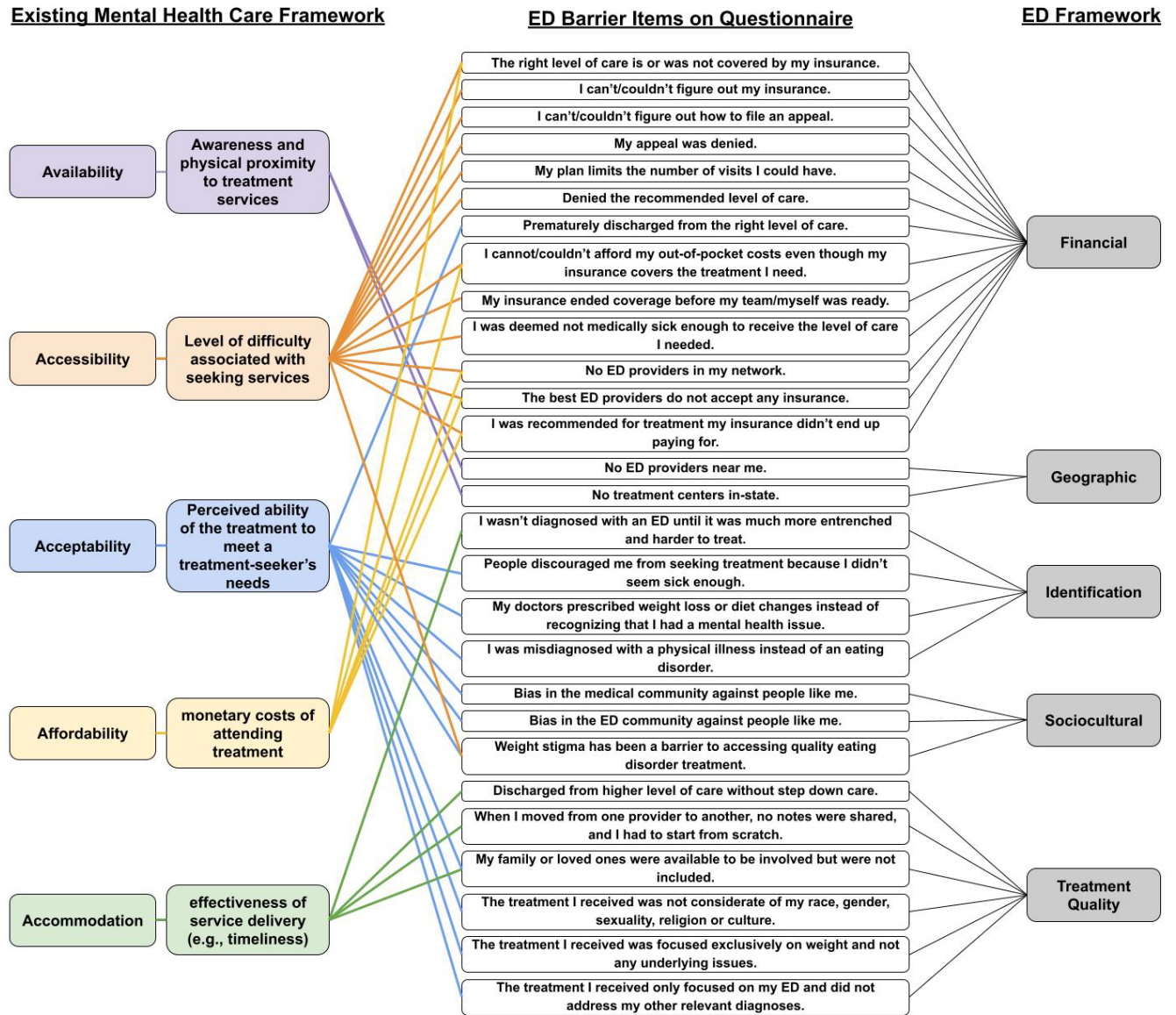


Overlap of Existing Mental Health Framework on an ED Specific Framework.



Barriers to Eating Disorder Treatment

Please complete the survey below.

Thank you!

Introduction to Survey: Thank you for choosing to spend *5-10 minutes* of your time to help us reduce barriers to treatment access for people with eating disorders!

A barrier to eating disorder treatment is an event, condition, or system that might prevent or hinder someone with an eating disorder from accessing the care they need.

This survey is designed by Project HEAL and the Eating Anxiety Treatment (EAT) Laboratory at the University of Louisville to assess current barriers to treatment that individuals with eating disorders experience. You may stop your participation in the survey at any time.

Please read the attached unsigned consent form by clicking on the document below before continuing to the survey. Thank you!

[Attachment: "BTA Unsigned Consent FINAL 9.16.20.pdf"]

Are you a robot?

- Yes
 No

How many of the images below contain one or more traffic lights? Please answer using multiple choice options provided below.



Chose 1:

- Four images contain traffic lights
 Two images contain traffic lights
 None of the images contain traffic lights
 All of the images contain traffic lights

Have you taken this survey before?

- Yes
 No

How many times have you taken this survey before?

- 1 time before
 2 times before
 3 times before
 4 or more times before
 Unsure

Are you experiencing a new barrier to accessing treatment since the previous time you took this survey? Yes No

The questions below will ask you about demographic information. Please answer these demographic questions to the best of your ability. For any items that you wish not to disclose, please leave the question blank.

What is your zip code? _____

How would you describe the area you live in? Urban (e.g., city) Suburban (e.g., suburbs) Rural (e.g., countryside)

What is your current age? _____

What sex were you assigned at birth? Male Female Intersex

What is your gender? To clarify, "cisgender" means that your gender identity MATCHES the gender you were assigned at birth, and "transgender" means that your gender identity does not match the gender you were assigned at birth. Cisgender Man Cisgender Woman Transgender Man Transgender Woman Gender non-binary Prefer not to disclose

What is your current sexual orientation? Heterosexual Gay or Lesbian Bisexual Pansexual Asexual Not Listed

If you selected "not listed" sexual orientation, how would you describe your sexual orientation? _____

What is your current marital status as you would report for your taxes? Married Single

Please select your ethnicity. American Indian or Alaskan Native Asian or South Asian Black or African American Caucasian or White Native Hawaiian or Pacific Islander Hispanic Not Listed

If you selected "not listed" for your ethnicity, how would you describe your ethnicity? _____

Have you ever, or do you currently serve in the military? I currently serve in the military. I don't currently serve in the military but have in the past. I have never served in the military.

Do you have any disabilities that you would like to report? If so, please describe your current ability status.

What is your current employment status?

- Currently employed, part-time
- Currently employed, full-time
- Currently unemployed
- Student
- Retired
- Other

What is the highest level of education that you have obtained?

- Some high school; have not graduated
- Completed high school with a degree
- Some college
- Associate's Degree (2+ years)
- Bachelor's Degree (4+ years)
- Master's Degree
- Professional Degree (e.g., Ph.D., M.D., J.D.)

How would you describe your current annual household income?

If you live with anyone (spouse, parent, etc.) who supports you at all financially, please include their income. If you live with roommates who do not support you financially, you do not need to include their income.

- \$0-\$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$70,001-\$80,000
- \$80,001-\$90,000
- \$90,001-\$100,000
- \$100,001-\$150,000
- \$150,001-\$200,000
- Greater than \$200,000
- Prefer not to disclose

How many individuals live in your household, including yourself?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

The next group of questions is going to ask you about clinical information. Please fill out the clinical information as thoroughly as possible. For any clinical information that you do not wish to disclose, please leave the question blank.

Have you been diagnosed with an eating disorder? If so, please check which one(s).

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Atypical Anorexia Nervosa
- Atypical Bulimia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorder (OSFED)
- Eating Disorder Not Otherwise Specified (EDNOS)
- I have never received a formal eating disorder diagnosis, but I suspect that I may have an eating disorder.
- I have never been diagnosed with, nor do I suspect, that I have an eating disorder.

The following questions are concerned with the PAST FOUR WEEKS ONLY (28 days). Please read each question carefully and fill in the appropriate number.

On how many of the past 28 days...

Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?

- No days
 1-5 days
 6-12 days
 13-15 days
 16-22 days
 23-27 days
 Every day

Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?

- No days
 1-5 days
 6-12 days
 13-15 days
 16-22 days
 23-27 days
 Every day

Have you gone for long periods of time (8 waking hours or more) without eating anything at all for a reason other than influencing weight and shape?

- No days
 1-5 days
 6-12 days
 13-15 days
 16-22 days
 23-27 days
 Every day

Has thinking about food, eating, or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?

- No days
 1-5 days
 6-12 days
 13-15 days
 16-22 days
 23-27 days
 Every day

Have you had a definite fear that you might gain weight?

- No days
 1-5 days
 6-12 days
 13-15 days
 16-22 days
 23-27 days
 Every day

Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?

..... On how many of these times did you have a sense of having lost control over your eating (at the time that you were eating)?

Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?

Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape, or amount of fat, or to burn off calories?

Has your weight or shape influenced how you think about (judge) yourself as a person?

- Not at all
-
- Slightly
-
- Moderately
-
- Markedly

Of the selected diagnose(s), what is your current, PRIMARY eating disorder diagnosis? Please select one answer.

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Atypical Anorexia Nervosa
- Atypical Bulimia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorder (OSFED)
- Not Listed (please specify below)
- I am recovered from an eating disorder

If you selected "not listed" for current eating disorder diagnosis, please type your diagnosis here.

What was the age of onset, in years, of your eating disorder? Please type the age you were in years when your eating disorder first began.

If you were given a formal eating disorder diagnosis, what age were you diagnosed? Please type the age that you were in years when you were DIAGNOSED with an eating disorder.

Are you comfortable sharing your height and weight?

- Yes
- No

What is your current height in feet/ inches? Please specify units e.g., 5'2" = five feet and two inches tall.

What is your current weight, in pounds (lb)?

Weight stigma is defined as discrimination, stereotyping, or bias against someone based on their weight.

How much has weight stigma been a barrier to accessing quality eating disorder treatment for you personally?

- Not a barrier
- Slightly a barrier
- Somewhat of a barrier/ as much a barrier as any other
- Moderately a barrier
- Extreme barrier/ the most significant barrier to accessing treatment

At the time of filling out this survey, are you currently in treatment for an eating disorder?

- Yes
- No

If you are currently in treatment for an eating disorder, please select your current level of care.

- Outpatient program
- Intensive outpatient program (IOP)
- Partial hospitalization program (PHP)
- Residential treatment
- Inpatient treatment

Have you ever experienced a barrier to accessing treatment for your eating disorder?

- Yes
- No
- Unsure

Have you ever had an anxiety disorder?

Some common anxiety disorders might be Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), or other disorders characterized by anxiety.

- No
- Yes
- Unsure

Which anxiety disorder or disorders characterized by anxiety have you been diagnosed with?

- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Panic Disorder
- Separation Anxiety Disorder
- Agoraphobia
- Specific Phobia
- Illness Anxiety Disorder
- Obsessive Compulsive Disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Other Anxiety Disorder (Not Listed)
- I have not been formally diagnosed with an anxiety disorder, but I frequently experience anxiety
- I have not been diagnosed with an anxiety disorder, and I do not suspect that I have an anxiety disorder.

If you selected "Other Anxiety Disorder (Not Listed)," please specify.

Have you ever had a mood disorder?

Some examples of a mood disorder might be Major Depressive Disorder (MDD), Bipolar I or Bipolar II, Premenstrual Dysphoric Disorder (PMDD), or another disorder characterized by mood disturbances.

- No
- Yes
- Unsure

Which Mood Disorder or Mood Disorders have you been diagnosed with?

- Major Depressive Disorder (MDD)
- Bipolar I
- Bipolar II
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder (PMDD)
- Cyclothymic Disorder
- Disruptive Mood Dysregulation Disorder
- Other Mood Disorder (Not Listed)
- I have not been diagnosed with a mood disorder, but I suspect that I may have one.
- I have not been diagnosed with a mood disorder, and I do not suspect that I have one.

If you selected "Other Mood Disorder (Not Listed)," please specify.

Have you ever been diagnosed with a personality disorder?

No
 Yes
 Unsure

Which personality disorder have you been diagnosed with?

Borderline Personality Disorder (BPD)
 Dissociative Identity Disorder (DID)
 Not Listed

If you selected "Not Listed" personality disorder, please describe.

Which other commonly co-occurring psychiatric disorders have you been diagnosed with?

Substance Use Disorder (SUD)
 Autism Spectrum Disorder (ASD)
 I haven't been diagnosed with any additional psychiatric disorder besides any that I already reported, if applicable.
 Other co-occurring psychiatric disorder (Not Listed)

If you selected "Not Listed" co-occurring psychiatric disorder, please describe.

Have you ever experienced suicidal ideation, or engaged in a suicide attempt or non-suicidal self-injury?

Yes
 No

Which of the following have you experienced?

Attempted Suicide
 Experienced Suicidal Thoughts or Suicidal Ideation
 Non-Suicidal Self-Injury (NSSI; e.g. self-harm without suicidal intent)
 Other

If you ever feel that you cannot keep yourself safe, please call the number to the National Suicide Prevention Lifeline: 1-800-273-8255

What other diagnoses have you been given, if any (e.g., ADHD, etc.)? Please list them.

You are more than half way done! Thank you for taking the time to answer these questions. We cannot underscore how important your responses are to helping us understand barriers to treatment quality and access.

The next set of questions is going to ask you about your health insurance. Please do your best to fill out health insurance information to the best of your ability.

At the time that you experienced the barrier to accessing treatment, do you currently/did you have health insurance?

Yes
 No

At the time that you experienced a barrier to accessing treatment, how do/how did you pay for your health insurance?

Please select all that apply.

- Employer pays health insurance in full
- Employer pays health insurance in part and I pay the rest
- I pay out of pocket in full
- I pay out of pocket and submit to my out of network benefits
- Government-funded healthcare
- I am on my parent/guardian's healthcare plan
- Other

If you selected "other" for how you pay for health insurance, please describe how you pay for services.

What insurance do you have, or did you have, at the time that you experienced difficulty accessing eating disorder treatment? If you have never had health insurance, please leave this question blank.

To your knowledge, are there any levels of care that your health insurance does NOT cover?

- Yes
- No
- Unsure

Some examples of "levels of care," are outpatient therapy, outpatient nutrition/dietitian, intensive-outpatient program, partial hospitalization program, or residential.

Which level(s) of care does your health insurance not cover? Please specify.

- Outpatient programs
- Intensive outpatient programs (IOP)
- Partial hospitalization programs (PHP)
- Residential treatment
- Inpatient treatment

What is your out-of-pocket maximum for in-network providers?

You can find this information in your Explanation of Benefits (EOB) either on your insurance's website, on the back of your insurance card, or in a pamphlet that was mailed with your insurance information.

What is your deductible for in-network care?

You can find this information in your Explanation of Benefits (EOB) either on your insurance's website, on the back of your insurance card, or in a pamphlet that was mailed with your insurance information.

If eating disorder providers are not in network, what is your out of pocket maximum for out-of-network care?

You can find this information in your Explanation of Benefits (EOB) either on your insurance's website, on the back of your insurance card, or in a pamphlet that was mailed with your insurance information.

If eating disorder providers are not in network, what is your deductible for out-of-network care?

You can find this information in your Explanation of Benefits (EOB) either on your insurance's website, on the back of your insurance card, or in a pamphlet that was mailed with your insurance information.

How much have you paid out of pocket for eating disorder treatment in the past 12 months? Estimates are acceptable.

How much have you paid out of pocket for eating disorder treatment in your lifetime? An estimate is acceptable.

What steps have you taken to afford treatment? Please check all that apply.

- Worked overtime or a second job
- Took out a second mortgage
- Sold personal belongings
- Took out personal loans
- Stopped paying student loans
- Accrued credit card debt
- Arranged a payment plan or sliding scale rate with a provider
- Other

If you selected "other" for steps taken to afford eating disorder treatment or would like to elaborate on your selection, please do so below.

The following items will ask you about your experiences seeking eating disorder treatment. Please answer these questions as thoroughly as you can.

Have you ever sought treatment for an eating disorder?

- Yes
- No

Have you ever received specialized treatment for an eating disorder?

- Yes
- No

Do you consider yourself to either be in recovery or fully recovered from an eating disorder?

- Yes
- No

How many treatment episodes have you had in your lifetime? In other words, how many distinct times have you been in a treatment in your lifetime?

A "treatment episode" would be best defined by the number of times you have admitted to any kind of treatment and/or started with a new treatment team.

In total, how long would you estimate that you have spent in treatment in weeks?

*There are 52 weeks in one year. If you've been in treatment for multiple years, please feel free to report your time spent in treatment in years.

Which levels of care have you received treatment at?
Please check all that apply.

- Outpatient Therapy
 Intensive outpatient program (IOP)
 Partial hospitalization program (PHP)
 Residential
 Inpatient
 Outpatient Nutrition/Dietitian

Have your providers coordinated together (with your permission) about your care by sharing notes and transferring care smoothly?

- Always
 Sometimes
 Never

Have you had negative experiences with treatment due to unethical or negligent treatment (does not include personal preferences or dislikes)?

- Yes
 No

A negative experience might include non-responsiveness to crisis, inappropriate behavior or comments, or deviance from evidence-based treatment.

If you stated that you have had negative experiences related to treatment quality, please explain here.

Have you been recommended for a level of care that you later realized was inappropriate and potentially financially motivated for the person who recommended it?

- Yes
 No

If you stated that you feel that you were inappropriately recommended for a higher level of care, please explain.

Have you ever received unhelpful or damaging comments or care from non-Eating Disorder providers? (e.g. primary care or other providers)

- Yes
 No

If you answered that you have received a damaging comment from a non-Eating Disorder provider, please explain the comment that was made.

You are almost done with the survey! We appreciate your continued participation! The remainder of the questions will take an inventory of the number of diagnostic, treatment, access, and insurance-related barriers to eating disorder care that you may have experienced. Please complete these inventories to the best of your ability by selecting all choices that apply to you.

What diagnostic barriers to eating disorder treatment have you experienced? Please check all that apply.

- I wasn't diagnosed with an ED until it was much more entrenched and harder to treat.
 People discouraged me from seeking treatment because I "didn't seem sick enough."
 My doctors prescribed weight loss or diet changes instead of recognizing that I had a mental health issue.
 I was misdiagnosed with a physical illness instead of an eating disorder.

What treatment quality barriers to eating disorder care have you experienced? Please check all that apply to you.

- Discharged from higher level of care without step down care.
- I was recommended for treatment my insurance didn't end up paying for.
- When I moved from one provider to another, no notes were shared and I had to start from scratch.
- My family or loved ones were available to be involved but were not included.
- The treatment I received was not considerate of my race, gender, sexuality, religion or culture.
- The treatment I received was focused exclusively on weight and not any underlying issues.
- The treatment I received only focused on my ED and did not address my other relevant diagnoses.

What eating disorder treatment barriers related to access have you experienced? Please check all that apply to you.

- Not eligible for insurance.
- Bias in the medical community against people like me.
- Bias in the ED community against people like me.
- No ED providers in my network.
- No ED providers near me.
- No treatment centers in-state.
- The best ED providers do not accept any insurance.
- Other

Please describe the eating disorder treatment barrier related to access that you experienced.

What insurance-related barriers to eating disorder treatment have you encountered? Please check all that apply.

- The right level of care is or was not covered by my insurance.
- I can't/couldn't figure out my insurance.
- I can't/ couldn't figure out how to file an appeal.
- My appeal was denied.
- My plan limits the number of visits I could have.
- Denied the recommended level of care.
- Prematurely discharged from the right level of care.
- I cannot/ couldn't afford my out of pocket costs even though my insurance "covers" the treatment I need.
- My insurance ended coverage before my team/myself was ready
- I was deemed not medically sick enough to receive the level of care I needed

Did the barrier(s) to treatment occur in the past, or are the selected barrier(s) currently preventing access to treatment? Select all that apply.

- The barrier to treatment was in the past
- The barrier to treatment is current
- I have never experienced a barrier to accessing eating disorder treatment

Did you fill this survey out on behalf of yourself or on behalf of someone else?

- Myself
- My child or dependent
- My spouse
- Other

If you selected "other" for who is having trouble accessing treatment, please specify below:

The Eating Anxiety Treatment (EAT) Lab at the University of Louisville offers a variety of research opportunities for individuals with eating disorders. If you're interested in participating in a research study, copy & paste this link into a new tab on your browser: <http://www.louisvilleeatlab.com/>

Would you like to participate in a research study through the EAT Lab to better understand how treatment barriers relate to eating disorder pathology? Yes No

If you would like the EAT Lab to contact you to participate in research studies through the University of Louisville, please provide your email address. _____

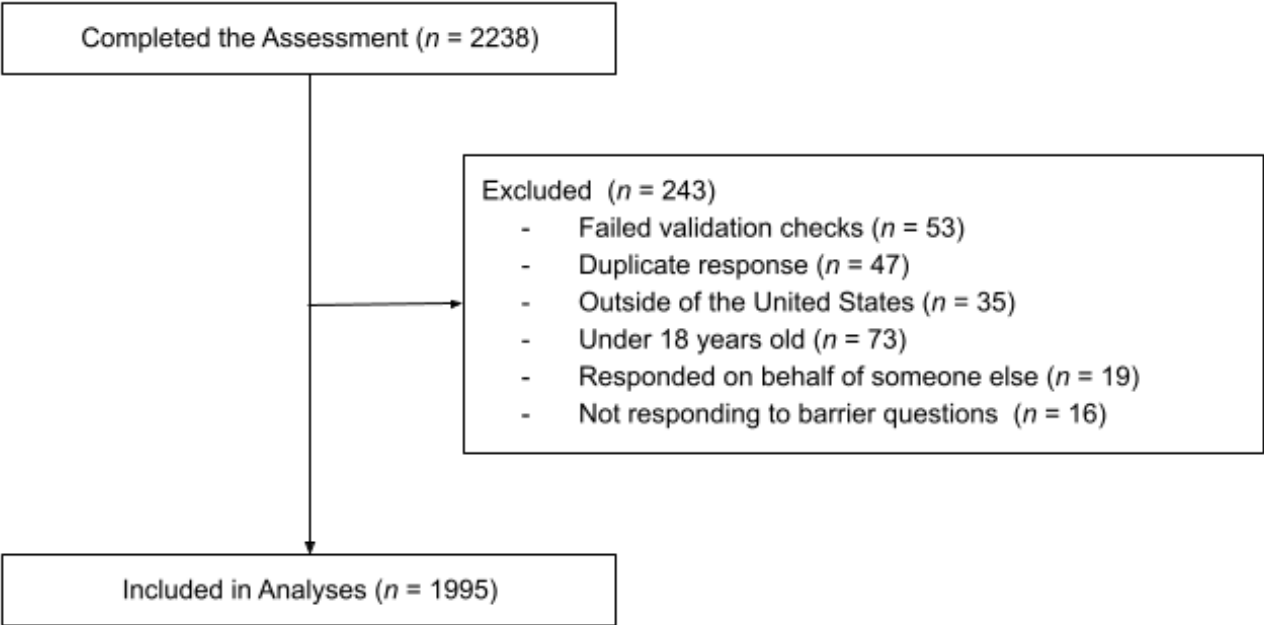
If you are eligible to participate in a research study at the EAT Lab, may the EAT Lab use coded data from this survey to better understand how treatment barriers relate to eating pathology? Yes No

If the barrier(s) to accessing eating disorder treatment occurred in the past, are you interested in having someone from Project HEAL contact you to potentially share your story publicly? Yes No

Link to Project HEAL Treatment Access Application for CURRENT Barrier:
<https://www.theprojectheal.org/apply-for-support>

Link to Optional Project HEAL Contact form for PAST Barrier to Treatment:
https://docs.google.com/forms/d/e/1FAIpQLSc7q_NhqfGGFsPwLNfOAEMU8Tx5cIkMOufqLD3CiLWihIx2rQ/viewform

Consort Diagram of Final Analytic Sample from Treatment Access Climate Survey



Disparities in Mean Number of Barriers Across Demographics

	Barrier		t or F	p
	Mean	SD		
Sexual Orientation			-3.90	<.001
Heterosexual	8	5		
Sexual Minority	9	6		
Race			1.09	.36
American Indian or Alaskan Native & Native Hawaiian or Pacific Islander	7	5		
Asian or South Asian	8	6		
Black or African American	8	5		
Caucasian or White	9	5		
Other	10	6		
Multiple Races	9	6		
Ethnicity			-.50	.62
Hispanic	8	6		
Not Hispanic	9	5		
Gender Identity			3.90	.004
Cisgender Man	7	5		
Cisgender Woman	9	5		
Transgender Man	9	5		
Transgender Woman	9	7		
Gender Non-Binary	10	6		
Education Level			.03	.99
Some High School or High School Degree	9	5		
Some College or College Degree	9	6		
Masters Degree	9	5		
Doctoral Degree	9	5		
Employment Status			8.84	<.001
Part Time Employment	9	5		
Full Time Employment	8	5		
Unemployed	10	5		
Household Income			7.00	<.001
At or below \$70,000	9	5		
Above \$70,000	8	5		
Disability Status			-6.88	<.001
Did Not Report Disability	8	5		
Reported Disability	10	6		
Employment Urbanicity			.06	.94
Urban	9	6		
Suburban	9	5		
Rural	9	6		
Self-report ED diagnosis			19.17	<.001
Anorexia Nervosa	10	6		
Bulimia Nervosa	10	5		
Binge Eating Disorder	7	5		
Other Specified Feeding and Eating Disorder	10	5		

Avoidant or Restrictive Food Intake Disorder	7	5
Recovered	7	5

Overall and specific differences in barrier endorsement across demographics

	Endorsed Barrier		X ²	p
	n	%		
Lifetime Financial Barriers				
Sexual Orientation			.27	.61
Race			1.74	.88
Ethnicity			.60	.44
Gender			7.30	.12
Education Level			1.54	.67
Employment Status			13.02	.001
<i>Full-time vs. Unemployed^a</i>			12.78	<.001
Full-time	729	80		
Unemployed	192	91		
<i>Part-time vs. Unemployed^a</i>			9.77	.002
Part-time	243	80		
Unemployed	192	91		
Household Income			44.61	<.001
<\$70,000	964	86		
≥\$70,000	505	74		
Disability Status			4.70	.03
Area of Living			2.32	.31
Self-Report Primary Eating Disorder Diagnosis			42.40	<.001
<i>AN vs. ARFID^b</i>			9.19	.002
AN	516	85		
ARFID	71	73		
<i>AN vs. Recovered^b</i>			24.37	<.001
AN	516	85		
Recovered	311	73		
<i>BN vs. ARFID^b</i>			10.36	.001
BN	154	89		
ARFID	71	73		
<i>BN vs. Recovered^b</i>			17.02	<.001
BN	154	89		
Recovered	311	73		
<i>OSFED vs. Recovered^b</i>			18.53	<.001
OSFED	345	85		
Recovered	311	73		
Geographic Barriers				
Sexual Orientation			.57	.45
Race			3.87	.57
Ethnicity			.09	.77
Gender			2.46	.78
Education Level			10.61	.01
<i>High School Education vs. Master's Degree^c</i>			9.57	.002
High School Education	72	49		
Master's Degree	156	34		
Employment Status			2.71	.26
Household Income			17.10	<.001
<\$70,000	483	43		
≥\$70,000	229	33		
Disability Status			1.48	.22
Area of Living p=.016			53.70	<.001
<i>Suburban vs. Rural^d</i>			26.25	<.001

Suburban	423	40		
Rural	131	59		
<i>Urban vs. Rural^d</i>			53.40	<.001
Urban	223	32		
Rural	131	59		
<i>Suburban vs. Urban^d</i>			13.32	<.001
Suburban	423	40		
Urban	223	32		
Self-Report Primary Eating Disorder Diagnosis			31.74	<.001
<i>AN vs. BED^b</i>			10.53	.001
AN	274	45		
BED	45	31		
<i>BN vs. BED^b</i>			10.34	.001
BN	84	48		
BED	45	31		
<i>AN vs. Recovered^b</i>			20.20	<.001
AN	274	45		
Recovered	134	31		
<i>BN vs. Recovered^b</i>			15.11	<.001
BN	84	48		
Recovered	134	31		
<i>Identification Barriers</i>				
Sexual Orientation			13.32	<.001
Heterosexual	913	77		
Sexual Minority	686	84		
Race			7.76	.17
Ethnicity			.86	.36
Gender			5.18	.27
Education Level			2.82	.42
Employment Status			1.43	.49
Household Income			7.77	.005
<\$70,000	918	82		
≥\$70,000	526	77		
Disability Status			8.26	.004
No Reported Disability	1262	79		
Reported Disability	337	85		
Area of Living			4.26	.12
Self-Report Primary Eating Disorder Diagnosis			29.32	<.001
<i>OSFED vs. AN^b</i>			12.84	<.001
OSFED	358	88		
AN	482	80		
<i>OSFED vs. Recovered^b</i>			28.73	<.001
OSFED	358	88		
Recovered	315	74		
<i>Sociocultural Barriers</i>				
Sexual Orientation			21.87	<.001
Heterosexual	813	69		
Sexual Minority	642	79		
Race			14.58	.01
<i>Asian or South Asian vs. Caucasian or White^e</i>			7.39	.007
Asian or South Asian	35	92		
Caucasian or White	1254	72		
Ethnicity			.12	.73
Gender			14.72	.01
<i>Transgender & Non-Binary vs. Cisgender^f</i>			13.60	<.001

Transgender & Non-Binary	172	84		
Cisgender	1257	72		
Education Level			14.99	.002
<i>High School Education vs. Some College or College Degree^c</i>			9.22	.002
High School Education	125	85		
Some College or College Degree	968	74		
<i>High School Education vs. Master's Degree^c</i>			12.36	<.001
High School Education	125	85		
Master's Degree	316	70		
<i>High School Education vs. Doctoral Degree^c</i>			11.60	<.001
High School Education	125	85		
Doctoral Degree	46	65		
Employment Status			17.01	<.001
<i>Full-time vs. Unemployed^a</i>			14.91	<.001
Full-time	641	71		
Unemployed	177	84		
<i>Part-time vs. Unemployed^a</i>			15.12	<.001
Part-time	207	69		
Unemployed	177	84		
Household Income			36.94	<.001
<\$70,000	875	79		
≥\$70,000	446	66		
Disability Status			38.47	<.001
No Reported Disability	1119	70		
Reported Disability	336	86		
Area of Living			1.77	.41
Self-Report Primary Eating Disorder Diagnosis			99.59	<.001
<i>AN vs. BN^b</i>			20.18	<.001
AN	407	68		
BN	148	85		
<i>AN vs. OSFED^b</i>			54.31	<.001
AN	407	68		
OSFED	356	88		
<i>BN vs. Recovered^b</i>			31.87	<.001
BN	148	85		
Recovered	261	61		
<i>BED vs. Recovered^b</i>			14.23	<.001
BED	114	79		
Recovered	261	61		
<i>OSFED vs. Recovered^b</i>			76.28	<.001
OSFED	356	88		
Recovered	261	61		
<i>OSFED vs. ARFID^b</i>			18.89	<.001
OSFED	356	88		
ARFID	68	70		
<i>Treatment Quality Barriers</i>				
Sexual Orientation			8.28	.004
Heterosexual	752	63		
Sexual Minority	571	70		
Race			7.36	.20
Ethnicity			1.63	.20
Gender			12.68	.03
Education Level			.85	.84
Employment Status			5.63	.06
Household Income			9.32	.002

<\$70,000	765	68		
≥\$70,000	421	61		
Disability Status			23.82	<.001
No Reported Disability	1020	64		
Reported Disability	303	77		
Area of Living			2.03	.36
Self-Report Primary Eating Disorder Diagnosis			41.75	<.001
<i>AN vs. BED^b</i>			29.97	<.001
AN	448	74		
BED	75	51		
<i>AN vs. ARFID^b</i>			12.59	<.001
AN	448	74		
ARFID	55	57		
<i>AN vs. Recovered^b</i>			15.55	<.001
AN	448	74		
Recovered	267	63		
<i>BN vs. BED^b</i>			13.04	<.001
BN	123	71		
BED	75	51		
<i>BED vs. OSFED^b</i>			16.35	<.001
BED	75	51		
OSFED	282	70		

Note. Endorsement of each barrier group was coded as 0 = did not endorse and 1 = endorsed.

For gender under identification and financial, cisgender men and transgender men were combined, and cisgender women and transgender women were combined. Overall barrier significant results are bolded for ease of reading (Bonferroni correction $p = .01$). AN = Anorexia Nervosa; BN = Bulimia Nervosa; BED = Binge Eating Disorder; OSFED = Other Specified Feeding and Eating Disorder; ARFID = Avoidant/Restrictive Food Intake Disorder.

^aBonferroni corrected $p = .016$

^bBonferroni corrected $p = .003$

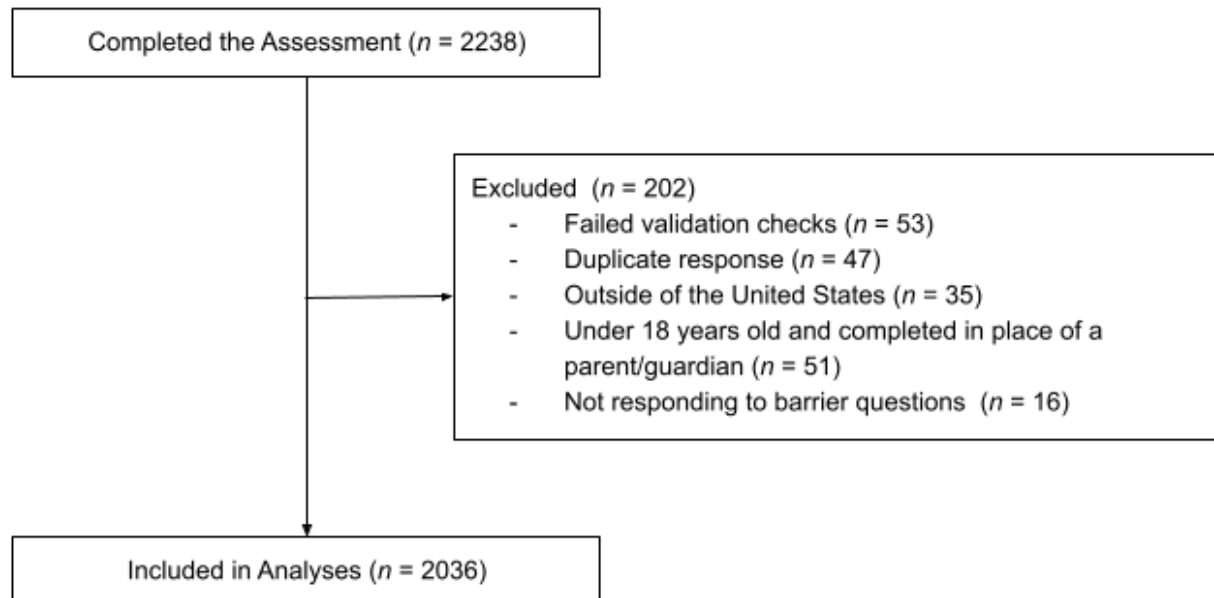
^cBonferroni corrected $p = .008$

^dBonferroni corrected $p = .016$

^eBonferroni corrected $p = .01$

^fBonferroni corrected $p = .02$

Consort Diagram of Final Analytic Sample from Treatment Access Climate Survey including Responses on Behalf of Someone Else



Disparities in Mean Number of Barriers Across Demographics Including Responses on Behalf of Someone Else

	Barrier		<i>t</i> or <i>F</i>	<i>p</i>
	Mean	<i>SD</i>		
Sexual Orientation			-4.17	<.001
Heterosexual	8	5		
Sexual Minority	9	6		
Race			1.21	.30
American Indian or Alaskan Native & Native Hawaiian or Pacific Islander	7	5		
Asian or South Asian	7	6		
Black or African American	8	5		
Caucasian or White	9	5		
Other	10	6		
Multiple Races	9	6		
Ethnicity			-.33	.74
Hispanic	8	6		
Not Hispanic	9	5		
Gender Identity			4.15	.002
Cisgender Man	7	5		
Cisgender Woman	9	5		
Transgender Man	9	5		
Transgender Woman	9	7		
Gender Non-Binary	10	6		
Education Level			.46	.71
Some High School or High School Degree	8	5		
Some College or College Degree	9	5		
Masters Degree	9	5		
Doctoral Degree	9	5		
Employment Status			8.30	<.001
Part Time Employment	9	5		
Full Time Employment	8	5		
Unemployed	10	5		
Household Income			7.07	<.001
At or below \$70,000	9	5		
Above \$70,000	8	5		
Disability Status			-6.97	<.001
Did Not Report Disability	8	5		
Reported Disability	10	6		
Employment Urbanicity			.08	.92
Urban	9	6		
Suburban	9	5		
Rural	9	6		
Self-report ED diagnosis			19.29	<.001
Anorexia Nervosa	10	6		
Bulimia Nervosa	9	5		
Binge Eating Disorder	7	5		

Other Specified Feeding and Eating Disorder	10	5
Avoidant or Restrictive Food Intake Disorder	7	5
Recovered	7	5

Table 4

Overall and specific differences in barrier endorsement across demographics including responses on behalf of someone else

	Endorsed Barrier		X ²	p
	n	%		
Lifetime Financial Barriers				
Sexual Orientation			.58	.45
Race			4.12	.53
Ethnicity			1.07	.30
Gender			10.87	.03
Education Level			.80	.85
Employment Status			10.45	.005
<i>Full-time vs. Unemployed^a</i>			10.10	.001
Full-time	732	80		
Unemployed	193	89		
<i>Part-time vs. Unemployed^a</i>			8.09	.004
Part-time	245	80		
Unemployed	193	89		
Household Income			40.84	<.001
<\$70,000	973	86		
≥\$70,000	516	74		
Disability Status			4.62	.03
Area of Living			1.61	.45
Self-Report Primary Eating Disorder Diagnosis			41.46	<.001
<i>AN vs. ARFID^b</i>			9.88	.002
AN	525	86		
ARFID	73	73		
<i>AN vs. Recovered^b</i>			25.81	<.001
AN	525	86		
Recovered	313	73		
<i>BN vs. Recovered^b</i>			13.75	<.001
BN	156	87		
Recovered	313	73		
<i>OSFED vs. Recovered^b</i>			18.81	<.001
OSFED	347	85		
Recovered	313	73		
Geographic Barriers				
Sexual Orientation			.54	.46
Race			5.72	.34
Ethnicity			.02	.90
Gender			2.74	.60
Education Level			6.82	.08
Employment Status			2.53	.28
Household Income			14.65	<.001
<\$70,000	488	43		
≥\$70,000	238	34		
Disability Status			1.16	.28
Area of Living			53.90	<.001
<i>Suburban vs. Urban</i>			12.23	<.001
Suburban	431	40		
Urban	226	32		
<i>Suburban vs. Rural^c</i>			27.69	<.001

Suburban	431	40		
Rural	135	59		
<i>Urban vs. Rural^c</i>			53.82	<.001
Urban	226	32		
Rural	135	59		
Self-Report Primary Eating Disorder Diagnosis			29.62	<.001
<i>AN vs. BED^b</i>			10.63	.001
AN	280	46		
BED	46	31		
<i>AN vs. Recovered^b</i>			19.91	<.001
AN	280	46		
Recovered	137	32		
<i>BN vs. Recovered^b</i>			12.04	<.001
BN	84	47		
Recovered	137	32		
<i>Identification Barriers</i>				
Sexual Orientation			14.56	<.001
Heterosexual	931	77		
Sexual Minority	694	84		
Race			9.20	.10
Ethnicity			.84	.36
Gender			5.30	.26
Education Level			3.34	.34
Employment Status			1.61	.45
Household Income			6.37	.012
Disability Status			8.46	.004
No Reported Disability	1284	79		
Reported Disability	341	85		
Area of Living			3.08	.22
Self-Report Primary Eating Disorder Diagnosis			30.48	<.001
<i>OSFED vs. AN^b</i>			13.18	<.001
OSFED	362	89		
AN	492	80		
<i>OSFED vs. Recovered^b</i>			29.86	<.001
OSFED	362	89		
Recovered	318	74		
<i>Sociocultural Barriers</i>				
Sexual Orientation			23.91	<.001
Heterosexual	829	69		
Sexual Minority	650	79		
Race			13.97	.02
Ethnicity			.19	.67
Gender			14.35	.006
<i>Transgender & Non-Binary vs. Cisgender^d</i>			13.92	<.001
Transgender & Non-Binary	174	84		
Cisgender	1278	72		
Education Level			12.04	.007
<i>High School Education vs. Master's Degree</i>			9.70	.002
High School Education	137	83		
Master's Degree	318	70		
<i>High School Education vs. Doctoral Degree</i>			8.00	.005
High School Education	137	83		
Doctoral Degree	46	66		
Employment Status			16.01	<.001
<i>Full-time vs. Unemployed</i>			14.61	<.001
Full-time	642	71		

Unemployed	179	84		
<i>Part-time vs. Unemployed</i>			13.68	<.001
Part-time	211	69		
Unemployed	179	84		
Household Income			37.68	<.001
<\$70,000	887	79		
≥\$70,000	457	66		
Disability Status			39.38	<.001
No Reported Disability	1139	70		
Reported Disability	340	86		
Area of Living			1.56	.46
Self-Report Primary Eating Disorder Diagnosis			101.92	<.001
<i>AN vs. BN^b</i>			21.52	<.001
AN	414	68		
BN	154	86		
<i>AN vs. OSFED^b</i>			54.16	<.001
AN	414	68		
OSFED	359	88		
<i>BN vs. Recovered^b</i>			33.98	<.001
BN	154	86		
Recovered	264	62		
<i>BED vs. Recovered^b</i>			14.72	<.001
BED	116	79		
Recovered	264	62		
<i>OSFED vs. Recovered^b</i>			76.89	<.001
OSFED	359	88		
Recovered	264	62		
<i>BN vs. ARFID^b</i>			10.87	<.001
BN	154	86		
ARFID	69	69		
<i>OSFED vs. ARFID^b</i>			21.83	<.001
OSFED	359	88		
ARFID	69	69		
<i>Treatment Quality Barriers</i>				
Sexual Orientation			8.534	.001
Heterosexual	759	63		
Sexual Minority	571	69		
Race			9.36	.10
Ethnicity			1.28	.26
Gender			11.84	.02
Education Level			.56	.91
Employment Status			4.69	.10
Household Income			7.75	.005
<\$70,000	771	68		
≥\$70,000	431	62		
Disability Status			22.17	<.001
No Reported Disability	1036	63		
Reported Disability	304	76		
Area of Living			1.77	.41
Self-Report Primary Eating Disorder Diagnosis			42.95	<.001
<i>AN vs. BED^b</i>			31.93	<.001
AN	455	74		
BED	75	50		
<i>AN vs. ARFID^b</i>			12.40	<.001
AN	455	74		
ARFID	57	57		

<i>AN vs. Recovered^b</i>			15.86	<.001
AN	455	74		
Recovered	269	63		
<i>BN vs. BED^b</i>			12.49	<.001
BN	125	70		
BED	75	50		
<i>BED vs. OSFED^b</i>			17.69	<.001
BED	75	50		
OSFED	284	70		

Note. Endorsement of each barrier group was coded as 0 = did not endorse and 1 = endorsed.

For gender under identification and financial, cisgender men and transgender men were combined, and cisgender women and transgender women were combined. Overall barrier significant results are bolded for ease of reading (Bonferroni correction $p = .01$). AN = Anorexia Nervosa; BN = Bulimia Nervosa; BED = Binge Eating Disorder; OSFED = Other Specified Feeding and Eating Disorder; ARFID = Avoidant/Restrictive Food Intake Disorder.

^aBonferroni corrected $p = .016$

^bBonferroni corrected $p = .003$

^cBonferroni corrected $p = .016$

^dBonferroni corrected $p = .02$

Table 5.

Relations between Barriers and ED Symptoms, Illness Trajectory, and BMI including Responses on Behalf of Someone Else

	Endorsed		Not Endorsed		t	p
	M	SD	M	SD		
Lifetime Financial Barriers						
Age of Eating Disorder Onset	14	5	14	4	1.11	.27
Age of Eating Disorder Diagnosis	20	7	21	7	-0.85	.40
Eating Disorder Treatment Delay	7	7	6	7	-1.29	.20
Eating Disorder Symptoms	3	2	3	2	-56.00	<.001
BMI	25	9	25	9	.56	.57
Geographical Barriers						
Age of Eating Disorder Onset	14	5	14	5	-.36	.72
Age of Eating Disorder Diagnosis	21	7	21	7	.56	.57
Eating Disorder Treatment Delay	6	7	7	7	.85	.40
Eating Disorder Symptoms	3	2	3	2	-5.50	<.001
BMI	24	8	25	9	3.53	<.001
Identification Barriers						
Age of Eating Disorder Onset	14	5	15	5	4.30	<.001
Age of Eating Disorder Diagnosis	21	7	18	6	-7.45	<.001
Eating Disorder Treatment Delay	7	7	3	5	-11.38	<.001
Eating Disorder Symptoms	3	2	3	2	-4.27	<.001
BMI	25	9	22	6	-8.00	<.001
Sociocultural Barriers						
Age of Eating Disorder Onset	14	5	15	5	4.39	<.001
Age of Eating Disorder Diagnosis	21	7	20	7	-1.91	.06
Eating Disorder Treatment Delay	7	7	5	6	-5.02	<.001
Eating Disorder Symptoms	3	2	2	2	-9.71	<.001
BMI	26	9	22	7	-8.67	<.001
Treatment Quality Barriers						
Age of Eating Disorder Onset	14	5	15	5	1.94	.05
Age of Eating Disorder Diagnosis	20	7	22	8	5.48	<.001
Eating Disorder Treatment Delay	6	7	8	9	3.45	<.001
Eating Disorder Symptoms	3	2	3	2	-3.32	<.001
BMI	24	8	25	9	1.94	.05