

# Survey Panel Results

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The Wellbeing Partners

March 2021

# Background

Each month, The Public Good Projects (PGP) conducts rapid polling to understand community attitudes toward certain health topics. For March 2021, stigma toward eating disorders was examined. Eligibility to participate in the survey included currently living in Nebraska or Iowa, specifically from one of the four counties identified by TWP in the Omaha/ Council Bluffs metropolitan area. Participants were recruited through both PGP's internal panel participants, and distribution of the survey link to community members. Data from panel surveys are intended to provide quick information that can be easily applied to programs, and are not intended to serve as a representative sample of the area.

# Demographics

The survey concluded with a total of 330 respondents. The majority of respondents were from Douglas County (60.0%). Approximately 67.9% of respondents identified as female, 31.8% as male, and 0.3% as other/non-binary. In addition, over 80% of respondents identified as White/ Caucasian, while a little less than half of respondents were between the ages of 25-44.

Demographic	
Douglas County	60.0%
Sarpy County	16.4%
Pottawattamie County	18.8%
Cass County	4.8%
White/ Caucasian	82.7%
Black/ African American	5.8%
Hispanic/ Latinx	2.1%
Asian	3.0%
American Indian/Alaska Native	0.9%
Hawaiian Native/ Other Pacific Islander	0.6%
Other Race	3.6%

Demographic		
Female		67.9%
Male		31.8%
Non-Binary/ Other		0.3%
Prefer to not say		0%
Age Groups (in years)	18-24	12.7%
	25-34	22.1%
	35-44	25.5%
	45-54	15.2%
	55+	24.5%

# Existing Knowledge of Eating Disorders

Respondents were asked to share what they currently know about eating disorders. Overall, 22% of respondents stated that they knew nothing or very little about eating disorders, while 17% of respondents specifically referenced anorexia, 14% referenced bulimia, and 9% referenced binge-eating or overeating. Respondents frequently referenced anorexia and bulimia together. Individuals who were aware of specific types of eating disorders often referenced acquaintances, or having learned about them in school.

17%

## Anorexia

- *"Anorexia is when people don't eat because they fear they will get fat or are disillusioned that they are fat."*
- *"Anywhere from not wanting to eat to wanting to eat everything. ....like anorexia, bingeing, avoidance, rumination, etc."*
- *"I know alot about anorexia because I had a friend in high school who had it."*

14%

## Bulimia

- *"Some people have bulimia eat and them make themselves throw up to lose weight"*
- *"I'm a nurse so I learned about them in school. I know people starve themselves or overeate and then throw up."*
- *"Bulimia is the one you eat then puke."*

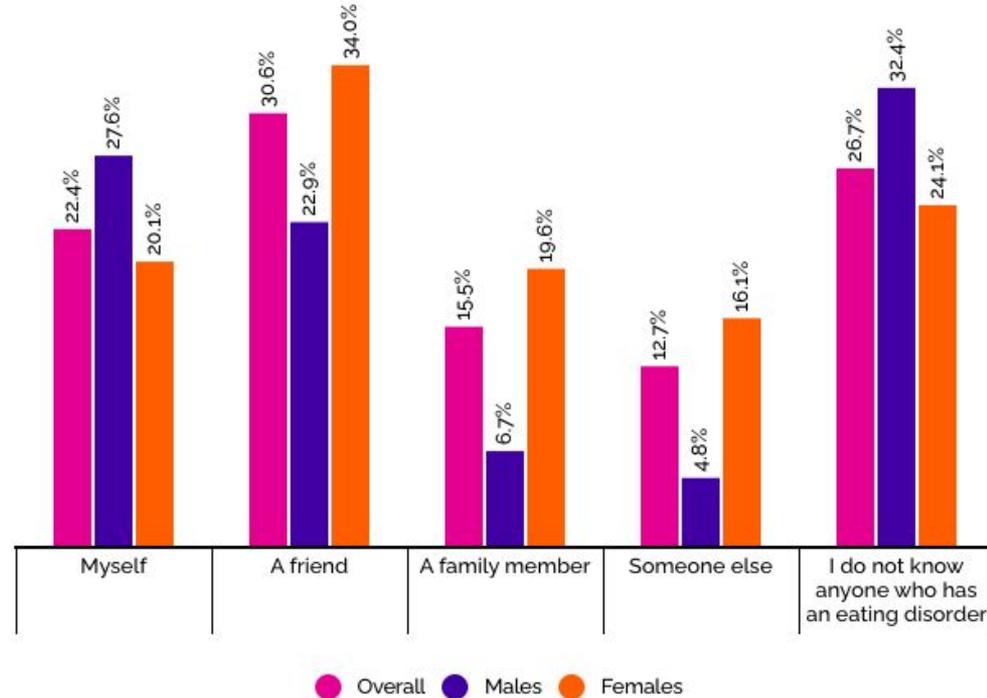
9%

## Binge-eating/ Overeating

- *"Eating disorder are both physical (ex anorexia, bulimia, binge eating etc) & psychological ( body dysmorphic disorder) Unfortunately glamorized by social media and our culture at times."*

# Personal Experience with Eating Disorders

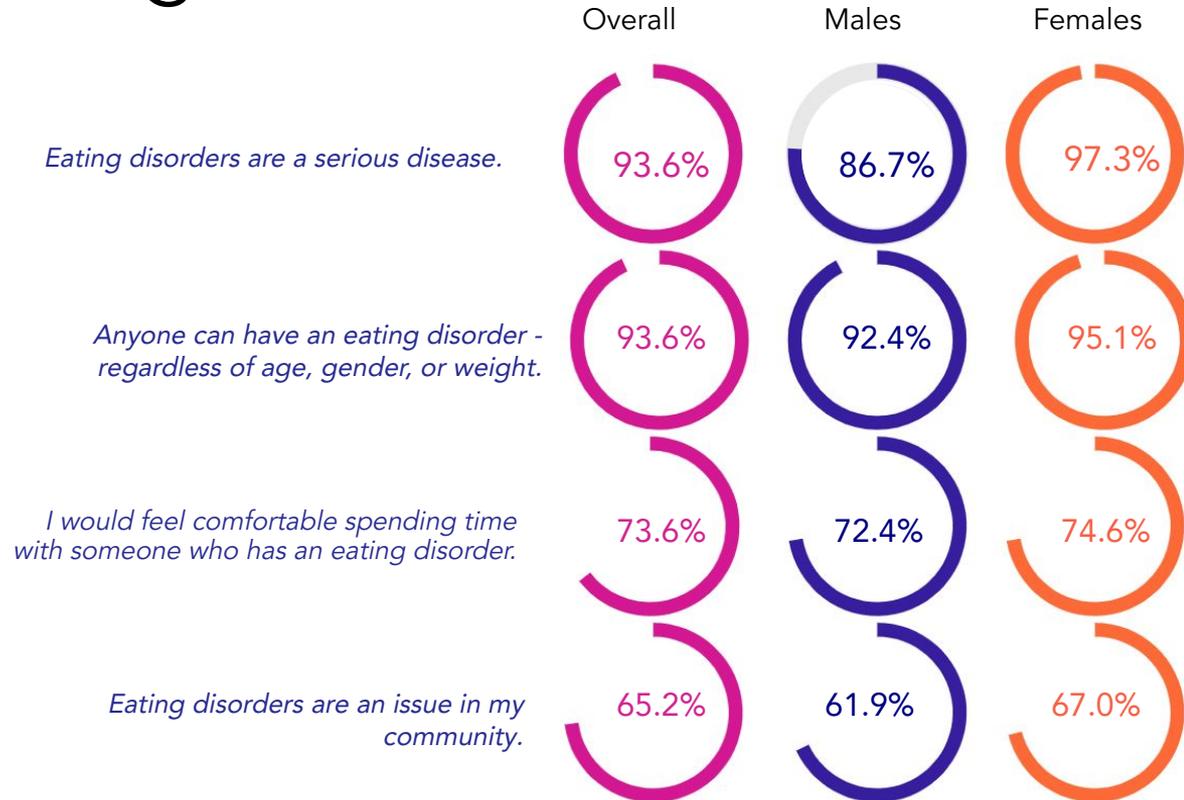
Respondents were asked if they and/ or anyone they know have ever had an eating disorder. A majority of respondents indicated that they or someone they know has had an eating disorder, with respondents most frequently citing they they knew a friend, followed by family member. Overall, around 22% of respondents stated that they personally had an eating disorder; interestingly, this number was higher among male respondents (27.6%) than females (20.1%). Conversely, a higher percentage of female respondents reported knowing a friend, family member, or someone else with an eating disorder.



# Perceptions of Eating Disorders

Over 90% of respondents agreed that eating disorders are a serious disease and that anyone can have an eating disorder. Fewer respondents (73.6%) would feel comfortable spending time with someone who has an eating disorder, and just over 65% of respondents agreed that eating disorders are an issue in the community.

Across all questions, females more frequently agreed with statements, compared to males. The largest difference was observed in agreement that eating disorders are a serious disease (97.3% females, 86.7% males).

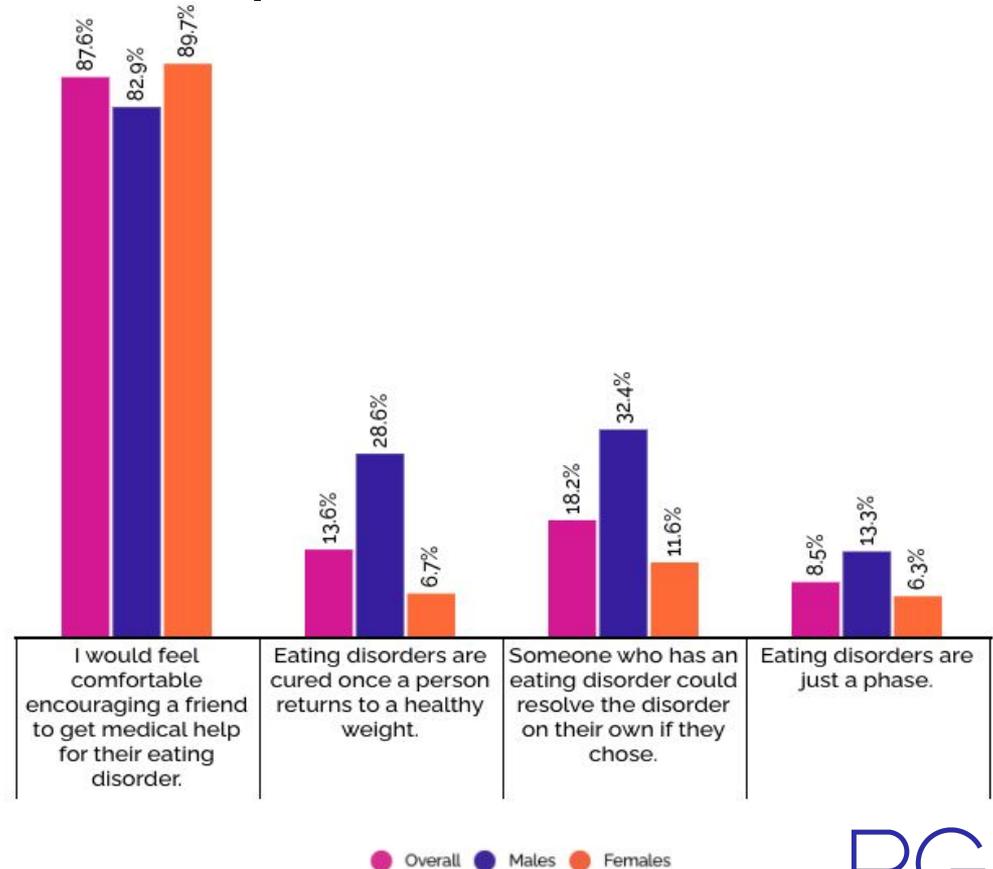


Percentage of respondents that agreed with the statement.

# Attitudes Toward Recovery

Most respondents said they would feel comfortable encouraging a friend to get medical help for their eating disorder, with females slightly more often agreeing than males (82.9% males, and 89.7% females).

Across other questions related to treatment and recovery from eating disorders, there were substantial differences between male and female respondents, with males holding more stigmatizing views of recovery from eating disorders. The largest difference was observed in agreement that eating disorders are cured once a person returns to a healthy weight (6.7% females; 28.6% males).



# Community Support for Eating Disorders

In an open-ended question, respondents were asked about ways their community could best support those with eating disorders. The most common responses included (in order of most to least frequently mentioned):



## More resources and connections to treatment options

- *"Show where help is available. Use billboards, social media, TV & radio"*
- *"Providing affordable assistance such as therapy for individuals in the community"*
- *"More local resources. More specialized mental health practitioners."*



## Support groups

- *"Support groups that are local & confidential."*
- *"Overeater Anonymous and get with a good dietician."*
- *"Set up support groups and provide guidance to people"*



## Education and awareness

- *"In my community this topic is rarely discussed. I think education around this subject would be a good place to start."*
- *"More education - especially within the school system."*



## More inclusive portrayals of body image

- *"Show how all body types can be healthy, there's not just ONE body type that is best. be careful with how we talk about bodies and food and exercise - be inclusive"*
- *"Supporting all body types"*



## Normalize talking about eating disorders and seeking treatment

- *"Remove the stigma of seeking professional psychiatric help."*
- *"Stop the stigma - help everyone be more comfortable with talking about eating disorders and getting help"*



## More education and increasing availability of healthy food

- *"Encourage better eating habits at grocery stores"*
- *"Better dining options that conform to dietary restrictions without hassles."*

Thank you.