Project Charter

Central East Priority Project Summary

Project Name: The New Face of Disordered Eating - Active Prevention and Recovery

Purpose of Board Review	☐ For Information Only ☐ For Approval ☒ For Endorsement to Proceed with Further Planning/Refinement/Review		
Project Charter Sponsor(s)	Durham East Collaborative, CMHA Durham, Whitby Mental Health Centre		
Project Type	☒ Service Enhancement ☒ New Service / Program ☐ Integration Activity ☒ Demonstration Project	☐ Single Phase Project ☒ Multi-Phase Project	
Funding Required	$ 411,584 [**2007-08**: $110,920] [**2008-09**: $300,664]		
Funding Source	LHIN Priority Provincial Priority	Funding Year (s) 2007-08, 2008-09 beyond based on Evaluation	Funding Type 2 Yr. Demonstration
Anticipated Project Owner (Accountability)	☐ CE LHIN ☒ CE LHIN Health Service Provider	☐ Assigned CE LHIN Project Team	
Project Deliverables / Goals	• Introduce much needed community components to augment the existing acute care and tertiary services to move toward a fully resourced, coordinated continuum of supports for people of all ages with disordered eating and their families. • Development of education and awareness initiatives designed to enable the earliest possible identification and intervention by families and health care providers; • Introduce community-based recovery services which include life-skill building, transition to home and caregiver (family/friend) supports		
Project Timelines	Start: November 2007	Completion: Phased enhancements to disordered eating supports - Education Event February 2008	

Project Reviewed By:

Networks: Endorsed by Mental Health and Addictions Steering Committee
Collaboratives: Durham East Collaborative
Task Groups: No
CE LHIN Staff: Involved in Charter Development

Strategic Directions

- ☐ The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- ☒ Healthcare will be person-centred in safe environments of quality care.
- ☒ Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- ☒ Resource investments in the Central East LHIN will be fiscally responsible and prudent.

Priorities for Change

- ☐ Seamless Care for Seniors
- ☒ Mental Health and Addictions
- ☐ CDPM
- ☐ Wait Times and Critical Care

Enablers

- ☒ Primary Care
- ☐ E-health
- ☐ Health Services Planning
- ☐ Health Human Resources
- ☐ Diversity
- ☐ Back Office Transformation
- ☒ Moving People Through The System

System Outcomes

☒ Accessible	☐ Safe	☒ Appropriately Resourced
☒ Effective	☒ People Centred	☐ Equitable
☐ Efficient	☒ Integrated	☐ Focused on Population Health

Project Name: **The New Face of Disordered Eating: Active Prevention and Recovery**		Project Acronym or No.: **Disordered Eating**	
Project Sponsor: Mental Health & Addictions Steering Committee Durham East Collaborative	Project Coordinator: Cheryl McCarthy	Target Project Completion Date: 3 Year phased implementation to create a community based response.	
Project Lead/Project Manager: Project Charter Development: Disordered Eating Working Group		Version No.: 1.0 (reviewed by MHA SC)	Version Date: 2007/10/01

Project Background

The Disordered Eating initiative advances a number of LHIN priority areas. The Integrated Health Services Plan identifies people with mental health and addictions needs as a priority population; in particular, early intervention for youth/young adults has been highlighted. Eating disorders consistently have the highest mortality rate for any mental illness.

Further, combating disordered eating aligns to the LHIN priority of preventing and managing chronic long-term conditions and the LHIN vision of supporting people to proactively engage in managing their own health and wellness.

The impetus behind this project are the caregivers and families who are struggling with the destruction caused by disordered eating within their families; the motivation is that significant improvements can be made through education to support early identification/intervention and life skills training to return normalcy to the lives of individuals with disordered eating and their families.

Community-based programming to support individuals with acute eating disorders to recover in a residential setting and transition to home through life skills training and family support is a gap that exists at the local, provincial and national level. “Re-feed and street” is an unfortunate phrase coined to describe the current struggle to support the difficult transition from acute care to home and community life; this is particularly true for young adults struggling to achieve independence.

This project will provide community-based programming to support individuals and families to recover and transition to home and community life. The project will leverage learnings from current research (Dimitropoulos 2007) on caregiver needs and will provide much needed support to the primary, acute and tertiary healthcare services to support long-term recovery and reduce or eliminate recidivism. The project will build knowledge and capacity in existing community mental health/addictions and crisis teams to support people with disordered eating and their caregivers.

The Prevalence of Disordered Eating

Healthy eating behaviours and developing an awareness of healthy body image must begin at young age. Eating patterns and body image norms are heavily influenced by family, peers and through media. A growing number of Canadian children and young people are overweight. In 2004, 26% of children and adolescents aged 2 to 17 were overweight or obese according to their body mass index. (Statistics Canada).

Disordered eating has widespread impact on people of all ages; men, women, boys and girls. Patterning of disordered eating behaviour (i.e. self-induced vomiting) has been noted in children as young as three years of age. A study of Ontario teens by Jones et al. (2001) found that 1 in 4 teenaged girls aged 12-18 experience at least one symptom of a serious eating disorder (e.g., self-induced vomiting, binge-eating and purging); dieting was the most prevalent weight-loss behaviour. Men are often untreated for eating disorders because their eating disorder has not been diagnosed. However, one in ten men are affected with bulimia (Bitomsky, (2002). Thirty percent of women who seek treatment to

Project Background

lose weight have binge eating disorder. (Drugs and therapy perspectives (); close to seventy-two percent of alcoholic women younger than 30 also have eating disorders (Health magazine, Jan/Feb 2002).

Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are serious mental health problems that often lead to a range of associated co-morbid health conditions (i.e. heart disease) A community sample in Ontario by Garfinkel et al. found that:

- Lifetime prevalence of full syndrome AN in women aged 18-45 is approximately 1.0% which is the same prevalence as bipolar disorder and schizophrenia.
- Lifetime prevalence of full syndrome BN in women aged 18-45 is between 2-4%
- Between 3-5% of Ontario women aged 18-45 will experience a serious eating disorder in their lifetime. (add in projection's for CE LHIN/province and reference growing youth population in CE LHIN)

Woodside et al. (2001) found that Ontario's female-to-male ratio of full or partial syndrome anorexia nervosa was 2.0:1; and for full or partial syndrome bulimia nervosa, it was 2.9:1.

Supports for Disordered Eating

In Ontario, OHIP-covered treatment for disordered eating is focused in acute care or tertiary care hospitals, through specialized inpatient, day-patient or out-patient treatment programs. Medical stabilization and inpatient treatment programs are often required as first steps in the treatment of clients with eating disorders who are severely ill. Day patient programs provide hospital supports to individuals with eating disorders who no longer require medical stabilization or 24-hour supervision (provided by inpatient care), but require a structured program to develop healthy behaviours and habits towards eating, and managing a healthy weight. Standard day treatment programs typically run in four or five-day-per-week schedules.

Outpatient care is geared toward medically stable individuals with eating disorders who require less intensive treatment. Outpatient treatment services include medical monitoring, nutritional counseling, group therapy and psycho educational sessions for individuals and their parents, individual psychotherapy and family therapy. Inpatient, day treatment patient and outpatient eating disorder treatment services generally involve multi-disciplinary staff who specialize in the assessment and treatment of eating disorders. The healthcare team commonly comprises a range of disciplines that include but is not limited to psychology/psychiatry, nutrition/dietetics, nursing, occupational therapy and social work.

Currently, residential recovery and transition to home supports for people with eating disorders are provided in exceptional circumstances only. Some Ontario residents, on the recommendation of their referring physician are referred to various programs in other provinces or in the United States, only once all treatment options within Ontario have been exhausted. This is funded at the ministry's discretion through the Out of Country OHIP program.

Project Scope

Project Purpose

A phased approach to support community-based recovery.

Introduce much needed community components to augment the existing acute care and tertiary services to move toward a fully resourced, coordinated continuum of supports for people of all ages with disordered eating and their families. The initiative would use a system-wide approach to prevent and combat disordered eating; engaging acute, tertiary and community-based health service providers, public health, education and other community services.

Project Purpose

The proposed initiative will combat disordered eating through two primary mechanisms:

- the development of education and awareness initiatives designed to enable the earliest possible identification and intervention by families and health care providers;
- the development of a community-based recovery services which include life-skill building, transition to home and caregiver (family/friend) supports including:
    - outreach services to families (group and individuals);
    - peer support/mentoring (families and individuals with disordered eating);
    - comprehensive intensive case management support;
    - residential recovery (utilize existing supportive housing and pursue development of new residential recovery capacity)

Services would improve transitions from acute care to community/home living and between the child and the adult system. Initiatives will build life skills and knowledge in consumers and their caregivers/family to combat disordered eating on a day-to-day basis.

The initiative would adopt a family-centred approach to recovery. The importance of understanding the needs of the entire family while assessing separately what is required by the individual with an eating disorder and that of their caregivers (family and friends) would be supported. Further, services would include education on the importance of developing healthy eating habits and being healthy 'at any size.'

Strategic Alignment

- The Disordered Eating is aligns to various LHIN priority areas: The identification of people with mental health and addictions needs and their caregivers as a priority population, the need for early intervention and recovery support for youth/young adults; the importance of preventing and managing chronic long-term conditions and the LHIN vision of supporting people to proactively engage in managing their own health and wellness.
- There is an absence of residential recovery in Ontario and widely accepted need to strengthen programs that help people with eating disorders and their families develop the skills needed to permanently recover and transition from acute care settings to living at home or in the community. Out of Country recovery for disordered eating is approximately $1000/day $US or approx. $150,000 - $270,000 per client. (Determine # of clients receiving services in US and add in estimated annual cost to provincial system)
- Family and Caregiver support has been identified by the provincial Mental Health Alliance (e.g. Centre for Addiction and Mental Health, CMHA provincial and other mental health and addictions agencies) as a priority
- Is a timely opportunity for education on disordered eating and balanced messaging given current provincial focus on reducing obesity.
- Initial discussions have generated the interest of provincial partners. The project will provide impetus for collective problem-solving on how to improve recovery, transition to community living and family support amongst local health service providers and provincial leaders in disordered eating including the Hospital for Sick Children, University of Toronto researchers, provincial acute ED provider network (Gail McVeigh, Ann Kerr) and National Eating Disorder Information Centre (NEDIC).
- In keeping with the current provincial preference to invest in provincially accessible eating disorder initiatives, all tools/programming developed would be shareable and transitional support models would be able to be replicated in any community. Further the residential recovery program would be designed and developed to be a provincial resource.
- All components of the project will leverage the knowledge/learnings of local and provincial leaders such as:
    - the recent launch of website and tools for education providers/schools and parents by the Hospital for Sick Children and IWK Healthcare (Nova Scotia) – Healthy Eating at Any Size

Strategic Alignment

http://research.aboutkidshealth.ca/thestudentbody/home.asp

- the Hospital for Sick Children Research Study/pilot on Culturally Competent prevention materials for immigrant parents to combat disordered eating which included reference groups in Scarborough (Tamil and Chinese populations).
- the Heart and Stroke Foundation focus – Healthy Eating Active Living (HEAL) initiative
- Whitby Mental Health Centre's – Stamp out Stigma program – possibility to incorporate disordered eating component
- Talking About Mental Illness (TAMI) Coalition – bring disordered eating issue to their table for discussion on alignment/opportunities
- Equine (horse) Assisted Growth and Learning Association (EAGALA) – local providers (Northumberland) are interested in exploring opportunities for programs.

Project Benefits

What results-based benefits can be expected as a result of completing this project? What specific targets/metrics to be achieved, if known?

Benefits to people with disordered eating and their caregivers:

- Provide a focus on recovery from disordered eating;
- Strengthen support for families – reduce negative impacts on family;
- provide supports to family and consumer in the community where they live by providing tools to support re-integration to the community such as day-to-day coping and life skill building resources, transitional housing close to home and residential recovery that includes programming for families;
- Provide a safe and supported environment for transitioning from acute care services;
- Restore 'normalcy' to life of individual and their family;
- Prevention and recovery for people of all ages both men and women.

Benefits to Health Service Providers and healthcare system:

- Help to stop the cycle of re-hospitalization - "feed and street;"
- Provide a community support program to alleviate pressures in acute care and allow maximum efficiency/focus in acute/tertiary settings;
- Provide support to Ontario residents in province - keep provincial healthcare resources in Ontario. Would be a provincial resource, not limited to CE LHIN.

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
1. High level Goals/outcomes to be achieved	A. Objectives: Clear statements of specific activities/tasks that must be performed or deliverables that must be achieved to meet the goal	• What measures can/will be used to evaluate success • Need to identify and discuss specific measures/metrics
Project Start-up and Program Development 2. Launch Disordered Eating recovery initiative and establish foundation for future enhancements	A. Hire 1FTE Initiative/Clinical Resource Coordinator (Fiscal 2007-08) B. Hire 1FTE clinical resource/case manager/training coordinator (2008-09) C. Establish new or link with existing charitable foundation to enable community and business contributions to the initiative (e.g. establish EDEN foundation)	• Coordinator in place to lead program start-up/initiation and provide on-going program coordination • Intensive Case Management and life Skills training provided • Charitable foundation established
Education and Awareness Activities 3. In conjunction with health promotion partners and provincial partners increase education and awareness of the importance of healthy eating and body image to prevent disordered eating.	A. Launch Disordered Eating recovery initiative through an Educational Conference/Event, during Eating Disorders Awareness Week February 3 through 9, 2008 Event will be planned in partnership with Sheena's Place (Anne Elliot), and NEDIC (Merryl Bear). Event will focus on early identification/increasing awareness of healthy eating and positive body image to prevent disordered eating and the supports needed by individuals and families to combat/recover from disordered eating. [See Appendix for more information on Conference] B. Develop comprehensive marketing/communication strategy C. Identify and develop education tools/resources needed to support early identification and recovery. Tools and resources will support: • Parents and family/friend caregivers • Youth/student populations and their educators • Health Service Providers	• Conference Committee struck; • Conference held; • Community partners engaged; • Strategies to move initiative forward in partnership with community providers identified; • Marketing/communication strategy in place; • Tools and resources developed and disseminated.

Goals	Objectives/Deliverables	Performance Measures
	(physicians, Emergency Departments, nurses, social workers, case managers) • General public	
Transition to home/community living and residential recovery 4. Develop a transition/re-integration to home or community and residential recovery program for people with eating disorders and their families. 5. The transition and residential recovery program will require involvement of health care providers as partners with the family. The program will increase capacity of acute care services by providing appropriate community-based recovery options.	A. Identify best practice models for transition to home/community using residential and non-residential options (e.g. Remuda residential program in Arizona accessed by Out of Country OHIP). B. Identify best practice models for building consumer and caregiver day-to-day coping/life-skills and confidence. C. In partnership with community mental health, crisis & addictions HSPs, implement the best practice service delivery approaches for transition to home/community living. D. Work with acute care providers to Improve access to medical stabilization (e.g. re-hydration and potassium levels)	• People with eating disorders and their families receive appropriate support to transition from acute to home/community living • Residential recovery is available within Ontario. • Avoidance/delayed admission (as appropriate) to acute services and reduced recidivism (re-admission) to acute care settings. • Appropriate use of Emergency Departments • Reduces waiting times for acute care services • Appropriate Length of Stay in acute care programs
Caregiver[1] Support program: 6. Establish an on-going support program for caregivers (family/friend) and people with disordered eating.	A. Identify best practice models and/or essential components for on-going support for caregivers for people with disordered eating B. Clarify and then provide the tools/resources and programs needed by caregivers Examples include: • An interactive website for parents, siblings and those with disordered eating (teaching/ learning portals, discussion forums); • Toll free-staffed support line; • caregiver peer support/mentoring programs; • consumer peer support/mentoring programs; • Self management training (goal setting and capacity	• Program applies best practices and utilizes current research (Dimitropoulos 2007). • Tools and resources developed and accessed/disseminated. • Health service provider and community/self referrals are received.

[1] Caregivers would include appointed care providers where no family/friend support is available.

Goals	Objectives/Deliverables	Performance Measures
	building); • Day-to-day coping tools for parents/families, • Recreational programs (i.e. equine assisted growth and learning therapy (EAGALA))	

Project "IN" & "OUT" of Scope Items

"IN" Scope	"OUT" of Scope
As outlined in Goals and Objectives section and also including: **Transition to home/community living and residential recovery** • Identification of existing acute care supports for Disordered Eating • Identification/clarification of needs of people with eating disorders and caregivers to improve coping and community re-integration/transition • Utilize/augment supports in existing supportive housing programs • Development of models/practices that can be replicated province-wide **Caregiver Support Program** • Identification of existing caregiver supports for disordered eating • Identification of existing supports for other/related disorders (e.g. cutting, obsessive compulsive, anxiety, problem-gambling, etc.) • Development of tools/resources that could also be utilized by caregivers supporting people with related conditions.	• Although it is recognized that people with disordered eating also have other conditions (i.e. obsessive compulsive, cutting) development of a comprehensive caregiver support program to reach beyond eating disorders is considered out of scope during this foundation building phase.

Project Timelines

High-Level Milestones	Target Completion Dates
Secure project start-up and program development resources	♦ December 2007
LHIN identifies lead agency for project initiation	♦ December 2007

High-Level Milestones	Target Completion Dates
Establish Charitable Foundation	♦ January 2008
Interactive web-site development/design initiated	♦ January 2008
Education Event/Launch to coincide with February 2008 Eating Disorder Awareness Week	♦ February 2008
Program Advisory Committee (Project Team) established	♦ March/April 2008
Comprehensive Marketing Strategy Developed	♦ June 2008
Education tools/resources needed to support early identification, and recovery developed	♦ On-going
Best practices and preferred model(s) for transition to home/community living and residential recovery identified.	♦ August 2008
Transitional residential supports provided through augmenting existing supportive housing with intensive case management supports	♦ May 2008
Best practices and preferred model(s) on-going support for caregivers for people with disordered eating identified.	♦ August 2008
Tools/resources and programs needed by caregivers are implemented	♦ On-going
Evaluation of Disordered Eating program: Design and implement the qualitative and quantitative evaluative processes needed for continuous quality improvement and program sustainability.	♦ Initiate: On-going throughout next three years
Open new residential recovery program	♦ Depending on resource availability

Project Costs

Category	Explanation	2007-08	2008-09	2009-10	TOTAL
Salaries and Wages – program coordinator with clinical resource abilities	Initiative Coordinator/Clinical Resource	29167	70000	70000	169,167
Benefits (22% of S&W)		6708	16100	16100	32200
ODOE (5% of S&W)		1458	3500	3500	7000
Salaries and Wages	Part-time/shared Admin. Assistant	8333	20000	20000	40000
Benefits 22%		1917	4600	4600	9200
ODOE 5%		417	1000	1000	2000
Salaries and Wages – Transitional Support and residential recovery	Clinical Resource/ Intensive Case Management		70000	70000	140,000
Benefits (22% of S&W)			16100	16100	32200

Project Costs

Category	Explanation	2007-08	2008-09	2009-10	TOTAL
ODOE (5% of S&W)			3500	3500	7000
Education and Awareness	Launch/Education Event (Feb 08) - $20,000 On-going Education/ Community awareness - $20,000	20,000	20,000	20,000	$60,000
Caregiver Support Program	Website design, development and maintenance $10,000 + $5000 Develop education and caregiver tools/resources needed - $25,000	$10,000	$30,000	$30,000	$70,000
Transition to home/community and residential recovery	*Clinical Resource/Intensive Case Management*	Cost for development of new Residential Recovery facility not included; 3 year costs include intensive case management (1FTE: approx 15 clients) support for existing supportive housing units and community settings only			
Evaluation:	Design and implement the qualitative and quantitative evaluative processes needed for continuous quality improvement and program sustainability.	16,000	8,000	8,000	32,000
Subtotal		94,000	254,800	254,800	$603,600
Administration Fee for Lead Project Sponsor Organization	18% of total budget - office space, computer, IT, Phone, Housekeeping, staff travel, Long distance charges, postage, office supplies, professional development	16,920	$45,864	$45,864	$108,648
TOTALS		**$110,920**	**$300,664**	**$300,664**	**$712,248**

Funding Source

Potential sources for development and expansion of this new Disordered Eating program include:

- New provincial priority Disordered Eating fund
- LHIN Priority fund
- Reallocations from Health Service Provider agencies (shared or redistribution)
- Foundation Funding

Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
A Project Advisory Committee will be created. Target 9-12 members representing following perspectives/interests: • Caregiver Champion • Physician Champion • Community Mental Health and Addictions Organizations –(e.g. CMHA) • Whitby Mental Health • MOHLTC representative • Acute Care Provider (e.g. Lakeridge Health, Sick Kids, Toronto East General) • Public Health Unit • Talking About Mental Illness Coalition (TAMI) • Research • ED Provincial Network • School Board	• Program Advisory Committee will advise on program initiation and development.	• On-going	

Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
Project Partners: Provincial: MOHLTC Provincial hospital based Eating Disorder program network/leads Heart and Stroke Foundation of Ontario HSPs: Community Mental Health and Addictions Agencies (e.g. CMHA-Durham) Whitby Mental Health Centre CE CCAC Hospitals: Lakeridge Healthcare Corp – Toronto East General Toronto Sick Kids Family Physicians: and Specialists - Pediatricians LHIN Planning Partnerships: Collaboratives (9) Mental Health and Addictions Network Primary Care Working Group CDPM Network		

Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies
• People with eating disorders	• target population	
• Caregivers	• Target population	
• Health Service Providers, particularly family physicians	• Program will improve ability to deliver comprehensive care	
• Acute care service providers	• Program will improve ability to deliver care	

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact

People & Organization Change Impacts

Description of Impact	Impact Management Strategies
• A new community resource program	• Marketing and awareness to community and health service providers will be required

Project Communications

Audience	Information Needs	Format & Timing	Responsible
• Consumers & Caregivers • Health Service Providers • General Population	• A comprehensive communication and marketing strategy will be developed		

Project Risks

Risk	Likelihood	Impact	Risk Response
• Absence of new provincial resources	• Moderate	• High	• Continued advocacy to province
• Significant growth in demand as new cases are found	• Moderate	• Moderate	• Development of foundation for charitable donations • Increase projected cost estimates

Critical Success Factors

- Leadership of Community Mental Health agencies
- Support and partnerships particularly during during start up/design phase of existing acute and tertiary care providers at local and provincial level
- Caregiver involvement

Assumptions & Constraints

Assumptions	Constraints
• Provincial service gap and impact on individuals and caregivers is significant enough to warrant provincial attention • Families and individuals will continue to seek help and support • Acute and tertiary providers have identified recovery through transition to home/community and caregiver support as much needed and currently lacking within the system • Acute care/tertiary specialization will continue to be required	• Competing provincial priorities • Disordered Eating behaviour is often hidden/dismissed until a crisis point is reached • Acute care resources are also stretched and inconsistently available

Sign-Off

Workstream Lead/Project Sponsor

Name & Organization	Signature	Date
Mental Health and Addictions Steering Committee	Dr. Peter Prendergast, Chair	

Project Lead/Project Manager

Name & Organization	Signature	Date
Charter Development: Cheryl McCarthy Durham East Collaborative Member Linda Gallacher, MHA Steering Committee and Durham East Collaborative Member	Cheryl McCarthy Linda Gallacher	

Project Partners

Name(s) & Organization(s)	Signature(s)	Date(s)

Project Team Members

Name(s) & Organization(s)	Signature(s)	Date(s)

Charter Revision History			
Version Numbering: ▪ 0.x - internal draft - under development *(Working copy for Project Coordinators)* ▪ 1.x - document under review / internal draft *(Begin 1.0 numbering when sent to Workstream Lead for comment)* ▪ 2.x - document submitted for approval *(Begin 2.0 numbering when sent to Oversight for approval)* ▪ 3.x - document approved *(Renumber to 3.0 after Oversight Approval)*			
Revision No.	Description	Modified By	Date
0.1	Development of first draft	Team	Aug 8, 2008
0.2	Development of second draft	Team	Aug 19, 2008
0.3	Development of third draft	Team	Sept 28, 2007
1.0	With comments from MHA SC incorporated	Jeanne Thomas	Oct 1, 2007

Appendix A

Educational Event/Initiative Launch: February 2008
The New Face of Disordered Eating: Active Prevention and Recovery

Guest Speaker(ideas):

- Sandra Friedman; Gina Dimitropoulos (regarding her thesis on Caregivers); Family Member
- Family Caregiver education possible topics: Supporting someone you care about who suffers from Disordered Eating; Awareness/education of DE symptoms/behaviours; Self-care; Finding/Accessing Supports; etc.
- Professional education on Disordered Eating possible topics: awareness of DE; effectively supporting the individual and caregiver awareness of the illness; awareness of available resources
- Sponsorship: by industry, business, pharmacy, community partners

Marketing:

Adopt the phoenix as the recovery symbol - Use this to launch a campaign

Target participants:

- Parents/family members/caregivers
- Physicians, mental health workers, educators
- teens/youth

Marketing Invitation to participate:

Does someone you care about…count calories, think about food as good and bad, think thin is healthy, worry over food consumption or any slight weight gain?

Do you count calories?

Do you think about foods as good and bad?

Thin is healthier?

What are your bad foods? – pick from a wall

Info Sheet on Early Warning Signs?

- who are their image influences? -media
- where do their image influences come from?

- Recognizing warning signs: eg. suffer from fatigue?

If I am seeing this what should I do? When should I be concerned? How can I help?

- Talking to your child about disordered eating and behaviours linked to DE
- Is it cute? or is it a real problem/concern?

Outcomes:

Food is food

Discussion and input into design of recovery/transition to model and caregiver support program

Developing empathy – what it is like to live as an individual and family coping with disordered eating.

Walk out with a change in behaviour – action plan; links to resources; how they will contribute to new program

Education package on DE which could be incorporated into agency professional training.

Professional Sensitivity for ICU, CCU, ED staff – best practices for care in acute settings – medical and psychological support.

Difficulty in obtaining a diagnosis: Approximately 20 conditions that must be met before receiving specific eating disorder diagnosis – new diagnosis – Disordered Eating, non specified

Plant seed of change – involving groups from outside LHIN

Remove the fear – give the coping skills

Develop a vision for CE LHIN

Potential sponsors:

Teachers Federation: Body Image

Heart and Stroke Foundation of Ontario

Education

Pharmacy

Johnson & Johnson

Media/Radio – engage Dan Carter

Diet Industry

Durham Lives – Health Department

Must have at events:

- way to bring physicians (CME, or stipend, peer leader (Dr. Blake Woodside Toronto General)
- Food appropriate/learning from menu
- Half day session (perhaps for family/caregivers)
- Day long session
- Resource information to take away