



2017 Annual Report





Project HEAL is the largest grassroots non-profit in the US delivering prevention, treatment financing and recovery support to people suffering from eating disorders.



Dear Friends,

2017 was Project HEAL's most exciting to date. A few highlights:

- We launched a groundbreaking peer support program for people with eating disorders, Communities of HEALing, in two sites with 10 mentor/mentee pairs, with promising results.
- We partnered with researchers at the Columbia Center for Eating Disorders to conduct a randomized controlled trial on the program, evaluating effectiveness and cost effectiveness.
- We enhanced our Treatment Access Program to have a greater impact. We built a case navigation program, which will help our 300+ applicants per year to understand their insurance benefits, appeal unfair denials of care, and advocate for themselves.



- We asked our treatment partners to adopt a “treat to outcome” philosophy - keeping patients in care until they feel it is clinically appropriate to step them down, rather than having that decision be guided by insurance companies.
- We partnered with the first major motion picture on eating disorders, *To The Bone*, and helped raise public understanding of eating disorders in *The New York Times*, *The Washington Post*, and *BBC World News*.
- We became the premiere voice that full recovery is possible, hitting 37k followers on Facebook and Instagram
- We signed on 49ers Chief Strategy Officer Paraag Marathe and Legal Expert Lisa Kantor to our board of directors
- We've grown from 2 to 6 full time staff members
- We've introduced a new ambassador program, with 20 ambassadors across the globe, in addition to our 40 chapters
- We rebranded!

We could not have done this without the generous support of our donors, community of volunteers and program participants, and partners.

Thank you for your continued support!

Kristina and Liana



THE PROBLEM IS GREAT

The eating disorder crisis and impediments to a solution.

Treatment is Inaccessible for most.

Eating disorders have the highest mortality rates of all mental illnesses. One in ten Americans suffer from an eating disorder, but the majority of sufferers never receive treatment, due in large part to insufficient insurance coverage. For those who are treated, it is often not until their symptoms are extreme and entrenched. Left untreated, eating disorders can cause serious medical problems including cardiac arrhythmias, osteoporosis, reproductive disorders, and kidney failure. 10% of sufferers die, and another 30% struggle with the disorder for their entire lives (Javaras et al, 2015).

We treat eating disorders as an acute illness.

The current model treats eating disorders as acute illnesses: providing short term and costly care at residential and inpatient facilities. Even for those fortunate enough to access treatment, most are discharged prior to solidifying the gains needed to achieve lasting remission, and step-down programs are often unavailable or unaffordable. It is therefore unsurprising that the relapse rate for eating disorder sufferers in the first year following treatment is estimated to be upwards of 50% (Khalsa et al, 2017).

Little support as sufferers step down from intensive care.

Access to care following hospital discharge is of even greater concern for individuals with low incomes and in rural or underserved regions, in which options for continued care (e.g., seeing a nutritionist or psychologist with experience treating eating disorders) are greatly limited. There is a dire need for interventions aimed to increase access to services and reduce risk for relapse in this critical time frame (Hewitt, 2013).

Vast misunderstanding and misperception.

A common misperception about eating disorders is that they predominantly affect thin white women from mid-high socioeconomic strata, when in reality, the incidence of eating disorders is similar across various socio demographic groups. Pooled data from several studies showed that rates of anorexia nervosa and binge eating disorder tended to be equal in Non-Hispanic White, Hispanic, Asian and African American groups, while rates of bulimia nervosa were higher in Latinos and African Americans compared to non-Latino Whites. Stigma and misunderstanding, however, often prevents sufferers in these communities from seeking help (Marques, International Journal of Eating Disorders, 2011). Moreover, most people with eating disorders are not underweight. (Haines & Sztainer, 2006).

The result of compounded cultural stigma and misunderstanding of eating disorder causes two intertwined barriers to accessing care. The first is the impression that because one doesn't fit the stereotype, they must not have an eating disorder. The second is that because the vast majority of those who access care for their eating disorder are class-privileged white women, most treatment options reflect the culture of those groups.



SOLUTION 1: COMMUNITIES OF HEALING

In 2017, we asked our community what made the difference in their recovery, and they answered loud and clear: other people who have been there. They told us they needed to connect with people who offer living, breathing proof that recovery is not only possible, but worth fighting for.

Communities of HEALing, the first peer support program of its kind for eating disorders, is our response to that call. Free and open to anyone who is committed to an active recovery from an eating disorder, it includes weekly support groups in local communities and 1:1 mentorship. We partnered with Carolyn Costin to develop a robust mentor vetting, training and supervision process.

Though peer support has had demonstrated success in other mental health fields, it has not been explored in eating disorders. Our proof of concept program brought COH to two communities with 10 mentor-mentee pairs, and preliminary outcomes were promising. One mentee describes her transformative experience:

“Having lived with a restrictive eating disorder for over 20 years, the thought of true recovery seemed altogether impossible. But after only a week as a Project Heal mentee, I knew that recovery was not only possible, but was inevitable for me. My mentor was an invaluable source of support, guidance and reassurance during the first few months of recovery. There was nothing I could say that she hadn’t heard, or felt herself...

I never realized how isolated I felt my entire teenage and adult life until meeting other girls who had the same thoughts and fears. Project Heal brought me out of isolation and into a community of others who not only understood me; they accepted me wholly, without reservation, or shame. Every time I felt overwhelmed by the path ahead of me, my mentor or the support group would inevitably pull me out of my tough spot and reignite my recovery fire.

My greatest wish is to become a mentor myself in the future. I would recommend Project Heal without reservation to anyone who is ready to open their hearts and minds to the possibility of freedom from a life of being ‘less.’”

- Mentee, 34, Philadelphia



The Communities of HEALing Mentor Training Program is a collaboration between Project HEAL and the Carolyn Costin Institute. The training is designed to ground mentors in the 8 Keys to Recovery, a framework developed by renowned clinician and eating disorder recovery advocate Carolyn Costin, as well as gold standard practices for peer support, group/individual mentorship, and facilitation of our program.



SOLUTION 2: TREATMENT ACCESS

Project HEAL was initially founded to fund treatment grants for people with eating disorders who were motivated to recover, but not able to afford care. We've funded over 90 individuals to access lifesaving care, but given that the majority of the 30 million eating disorder sufferers in the US cannot access care, we knew we had to do more. In 2017, we enhanced our treatment assistance program to have a greater impact. We're now working with the leading legal expert in the field, Lisa Kantor, and colleagues at the EDC and the Kennedy Forum to build a case navigation program, helping our 300+ applicants per year to understand their insurance benefits, appeal unfair denials of care, and advocate for themselves. We launched the enhanced program in September 2017, and have already seen a 4x growth in impact.

We also partner with most major treatment centers across the US to offer donated care to our applicants. In 2017, we asked our partners to adopt a "treat to outcome" philosophy - keeping patients in care until they feel it is clinically appropriate to step them down, rather than having that decision be guided by insurance companies. Together, we will work with the treatment industry to reform insurance coverage for eating disorders.



Treatment Access in Action

“In 2017, we awarded a grant to a highly motivated young woman in Kansas. Her health insurance policy does not cover residential treatment. Center for Change stepped in and generously agreed to provide free care to her, and they committed to “treat to outcome.” Treatment has progressed very smoothly, and the grant recipient has expressed tremendous gratitude for everything that Center for Change has taught her. Recently, to our great surprise, Center for Change decided to provide three weeks of free PHP care to her, just to ensure that the gains she has made are solidified before returning home. We are humbled and blown away by Center for Change’s generosity. And we know that this experience has changed our grant recipient’s life.” Laurie, Treatment Access Program Manager

“As a parent, you do everything you can for your child. When our daughter received a diagnosis of Anorexia Nervosa at the age of 15, we did what any parent would do; we sought treatment per the direction of our pediatrician. However, that treatment did not provide adequate means for recovery for our child or our family and six months later we were in a dire situation with further weight loss and bordering on extreme medical complication because of the eating disorder.

Our family had looked into treatment at the University of California San Diego’s (UCSD) Eating Disorder Treatment program. But, we learned from our insurance provider that the treatment would not be covered. In continuing to pursue treatment options for our daughter; I discovered a mother’s blog on Project HEAL’s Facebook page in November 2016. The blog detailed her daughter’s journey and progress with treatment received at the University of California San Diego’s Intensive Family Treatment program (IFT). This family was also a Project HEAL treatment grant recipient. I connected with the mother who told me to fill out the application. As I filled out the application, I thought there is no way we will be approved. We had insurance. However, a few weeks later, I received the best news I could ever imagine. We had been awarded a treatment grant! Tears of joy streamed down my face as I read the words in the email with the treatment grant news. I looked forward to our family learning how to tackle the eating disorder together and recovery for my daughter. Just a few months later, in January 2017, we attended treatment at UCSD’s IFT program. It was a difficult week for all, but, it educated us as parents and provided the tools we all needed to see Brooke recover.

We are now one year post treatment and it’s amazing what one year can do. Today, Brooke is enjoying her senior year of high school, applying (and being accepted to colleges), and has returned to her passion - dance.

All of this would not be possible without the treatment grant and support from Project HEAL. I have said to Liana and Kristina many many times - thank you hardly seems to be enough for what Project HEAL has done for our family. But, from the bottom of our hearts, we are forever grateful for all that you do. Not only for our family but for all that you impact with this organization.”- Aimee



CHAPTERS AND AMBASSADORS

Our local community and university-based chapters are at the core of Project HEAL. We have over 40 chapters across the US and internationally who work to raise awareness about eating disorders, help sufferers connect with treatment and resources in their local communities, and provide one another with a community of support, hope and healing. Additionally, in early 2017, recognizing a need for a high-level volunteer role for folks in areas that are not quite ready to start a Chapter, Project HEAL established its Ambassador program. Since launching in February 2017, Project HEAL has over 20 ambassadors in 5 countries, working to bring the mission and values of Project HEAL to their local community, with an overarching goal of building support to establish a new Chapter.

Alberta Chapter

American University Chapter

Boston Chapter

Central New Jersey Chapter

Chicago Chapter

Denver Chapter

Elon Chapter

Greater Houston Area Chapter

Marywood University Chapter

New York City Chapter

North Texas Chapter

Northwest Montana Chapter

Ohio State University Chapter

Phoenix Chapter

Rhode Island Chapter

Saint Mary's College Chapter

San Diego Chapter

San Francisco Chapter

San Luis Obispo County Chapter

Saratoga Springs Chapter

Seattle Chapter

Southeast North Carolina Chapter

Southeast Pennsylvania Chapter

Southern Arizona Chapter

Southern California Chapter

Southern Oregon Chapter

Spokane Chapter

Suffolk County Chapter

SUNY New Paltz Chapter

Sydney, Australia Chapter

Toronto Chapter

Tulane University Chapter

University of Central Florida Chapter

University of Cincinnati Chapter

University of Delaware Chapter

University of Maryland Chapter

University of Miami Chapter

University of Pennsylvania Chapter

University of Pittsburgh Chapter

University of Washington Chapter

University of Wisconsin Chapter

West Virginia University Chapter

Western Michigan Chapter

* New this year



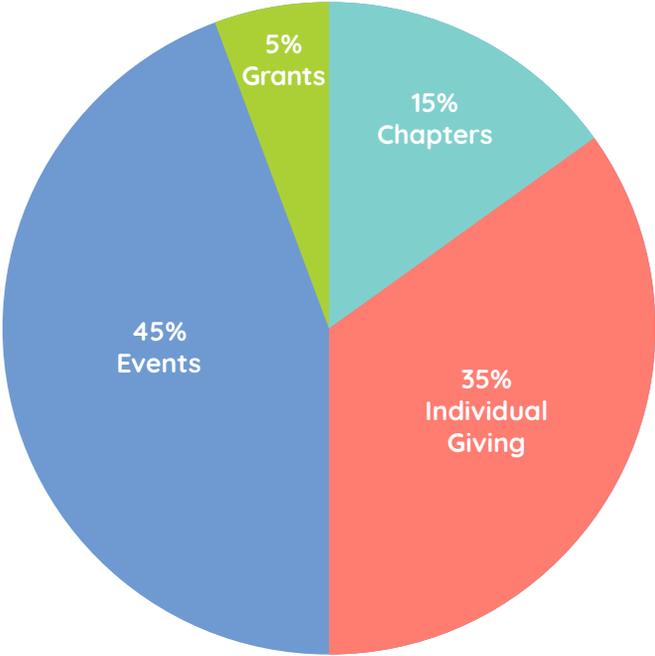
2017 New Ambassadors

Florence (International Ambassador, United Kingdom (London, England))
Brittany (Houston Chapter Ambassador)
Rebekah (National Ambassador, Oklahoma City)
Gretchen (National Ambassador, Nashville, TN)
Simran (National High School Ambassador, Long Island, NY)
Colleen (National Ambassador, Long Island, NY)
Tracey (International Ambassador, Perth Australia)
Ayanna (NYC Chapter Ambassador, Queens, NY)
Mona (International Ambassador, Japan (Tokyo))
Maya (National Ambassador, Santa Barbara, CA)
Robyn G (National Ambassador, Lincoln, NE)
Ashna (Toronto Chapter Ambassador, Toronto, ON)
Sarah (National Ambassador, Destin, FL)
Jill (University of Pittsburgh Chapter Ambassador)
Eva (National High School Ambassador, New York, NY)
Emma (National Ambassador, Provo, UT)
Lindsey (National Ambassador, Austin, TX)

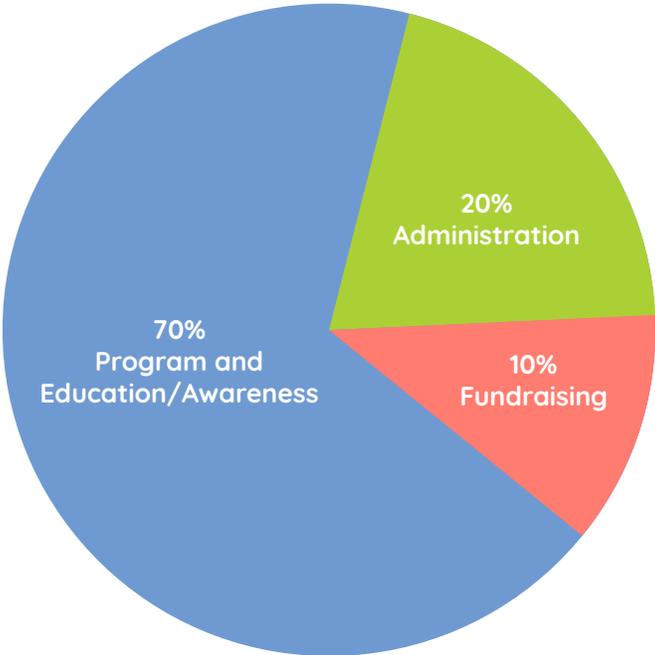


FINANCIALS

2017 Funding Sources



2017 Resource Allocation



THANKS TO YOU

Corporate and Foundation Donors:

San Francisco 49ers, Johnson & Johnson, Bruce C Abrams Foundation, Robert Tipton Memorial Foundation, ED Referral, ED Hope, Tower Foundation, Marie Ashton Young- Erturun Foundation

Treatment Center Partners:

Aloria Health, Avalon Hills, Center For Change, The Columbia Center for Eating Disorders, La Ventana, UCSD Eating Disorders Center for Treatment and Research, Veritas Collaborative, A New Beginning, Better Body Solutions, Balance Eating Disorder Treatment Center, Castlewood Treatment Centers, Center for Balanced Living, Center For Discovery, The Center for Eating Disorders Care at University Medical Center of Princeton at Plainsboro, ED-180, Eating Disorder Therapy LA, Eating Disorder Treatment Collaborative (EDTC) and F.E.E.D, Farrington Speciality Counseling, Healthy Teen Project, Lotus Collaborative, Metro Behavioral Health Associates, Monte Nido and Affiliates/Oliver Pyatt Centers, Remuda Ranch at the Meadows, The Renfrew Center, Walden Behavioral Care, International Treatment Provider Partners, Waterstone Clinic (Toronto-Canada), Koli (Jerusalem-Israel)

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Alberta Chapter, American University Chapter, Boston Chapter, Central New Jersey Chapter, Chicago Chapter, Denver Chapter, Greater Houston Area Chapter, Marywood University Chapter, New York City Chapter, North Texas Chapter, Northwest Montana Chapter, Ohio State University Chapter, Phoenix Chapter, Rhode Island Chapter, Saint Mary’s College Chapter, San Diego Chapter, San Francisco Chapter, San Luis Obispo County Chapter, Saratoga Springs Chapter, Seattle Chapter, Southeast North Carolina Chapter, Southeast Pennsylvania Chapter, Southern Arizona Chapter, Southern California Chapter, Southern Oregon Chapter, Spokane Chapter, Suffolk County Chapter, SUNY New Paltz Chapter, Sydney, Australia Chapter, Toronto Chapter, Tulane University Chapter, University of Central



Florida Chapter, University of Cincinnati Chapter, University of Delaware Chapter, University of Maryland Chapter, University of Miami Chapter, University of Pennsylvania Chapter, University of Pittsburgh Chapter, University of Washington Chapter, University of Wisconsin Chapter, Western Michigan Chapter, West Virginia University Chapter

Ambassadors:

Florence (International Ambassador, United Kingdom)
Brittany (Houston Chapter Ambassador)
Rebekah (National Ambassador, Oklahoma City, OK)
Gretchen (National Ambassador, Nashville, TN)
Simran (National High School Ambassador, Long Island, NY)
Colleen (National Ambassador, Long Island, NY)
Tracey (International Ambassador, Perth Australia)
Ayanna (NYC Chapter Ambassador, Queens, NY)
Mona (International Ambassador, Japan)
Maya (National Ambassador, Santa Barbara, CA)
Robyn G (National Ambassador, Lincoln, NE)
Ashna (Toronto Chapter Ambassador, Toronto, ON)
Sarah (National Ambassador, Destin, FL)
Jill (University of Pittsburgh Chapter Ambassador)
Eva (National High School Ambassador, New York, NY)
Emma (National Ambassador, Provo, UT)
Lindsey (National Ambassador, Austin, TX)
Abigail “Abby” (National High School Ambassador, Destin, FL)
Christina (National Ambassador, Pensacola, FL)
Addison (National Co-ambassador, Provo/Orem, UT)
Surasya (National High School Ambassador, Durham, NC)
Brenna (Boston Chapter Ambassador, South Shore, MA)

Champions:

Amy Elizabeth Cunningham, Tara Deliberto, Sammi Farber

Celebrity Champions:

Lily Collins, Arianna Huffington, Camila Mendes, Amanda Crew, Tom Insel

