



FEATURED EXPERT

An Interview with Carolyn Coker Ross, MD, MPH, CEDS

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Q: How long have you been treating eating disorders?

A: For over 20 years.

Q: How did you get interested in eating disorders and SUDs?

A: Members of my family have had both and this made me interested in learning how to help them. Also, ED / SUD always intrigued me because of the bio-psycho-social aspects of these diseases (involving mind, body, and spirit). I did a fellowship in Integrative Medicine and found ED / SUD respond well to a comprehensive integrative medicine approach.

Q: Do you think we adequately serve patients with comorbid ED-SUD? What could help?

A: There has always been controversy about this, and we still see treatment centers treat one condition and then refer someone to another facility for treating the other. Or they do a poor job of treating the "secondary" diagnosis.

The best way, which was the approach I pioneered at Sierra Tucson was the concurrent in-depth treatment of both SUD/ED as well as treating underlying trauma which is almost always the root cause of both.

Q: How can the eating disorder field better address the needs of communities of color regarding access to care and culturally attuned care for people with eating disorders?

A: We are so far away from my having the ability to answer this question cogently that it is very discouraging to even consider. Most treatment centers are owned by white individuals and cater to white

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individuals. Many believe this is because “that’s where the money is” or “that’s all we’re seeing.” Funding for treatment facilities is mainly sourced by white individuals to other white individuals. So there is little room for BIPOC professionals to start their treatment facilities even when they are very capable of doing so. There are very few BIPOC in the management of treatment facilities and very few facilities or healthcare professionals are culturally sensitive/ informed enough to offer care to the BIPOC clients they do get. It’s in many ways a rigged system and very hard to break into. I think raising awareness is important but rarely changes behavior. We need to encourage BIPOC clinicians to go into this field we need to find ways to open up funding for treatment centers to be owned by BIPOC individuals and we need to educate behavioral health professionals in cultural sensitivity and competence. This is a massive task that has not found a true rallying cry amongst those in power in the treatment world of ED / SUD. Until it does, we will continue to tick off boxes of diversity without truly making change happen.

Q: Are we doing enough as a field to center the needs of patients of color in eating disorder treatment spaces?

A: NO see previous response.

Q: Where does the role of trauma and food addiction fit in with this?

A: I wrote my 3rd book on Food Addiction which has now been translated into Russian. It was published in 2018 and at that time, there were not many professionals who embraced this as a possible diagnosis, and many fought it as “taking away from BED.” However, I’ve always believed what my patients tell me, and I’ve heard hundreds of stories that made me believe in the need to help them with what they perceived as the addictive power food had over them.

I also have believed for many decades that trauma is the root cause of ED / SUD and that it’s important not just to be “trauma-informed” but to really provide services to treat trauma so that patients can truly heal at the deepest level possible.

Q: Do you have any ideas about what steps could be taken in the ED field to center the voices and experiences of clinicians of color?

A: Mentorship, opening the door to opportunities for BIPOC clinicians and entrepreneurs, making sure that wherever you work/ whatever program you run pays attention to the need for cultural competence. Each individual must also do their own work - identifying biases that are unconscious and finding support for continuing to pay attention to microaggressions, bias, and discrimination - in their personal and professional lives.

Q: What are you most proud of in your career?

A: That I have not always taken the easy path, but rather have always looked to heal patients in body, mind, and spirit right from the beginning of my career. I have not always been liked for these views and have lost opportunities because of my approach as well as not being able to fully develop to my maximum potential. However, I know that I have been able to help many individuals regain their lives and go on to prosper - being able to feel “normal” and being able to have strong and long-lasting recovery. Some have even become clinicians in the field!