

PRESIDENT'S MESSAGE



October 2020

President's Message - Increasing the Diversity of Optometric Doctors

Current research reports a higher percentage of brown and Black people than their proportion of the general population are dying from COVID-19. The current pandemic has laid bare the chronic health disparities in America. In a proceeding of the National Academies of Sciences, Engineering, and Medicine, National Academy of Medicine (NAM) President Dr. Victor Dzau remarked that a lack of diversity in the health work force contributes to health disparities.

These disparities include eye health. And according to *Optometric Education: The Journal of the Association of Schools and Colleges of Optometry*, "Health services research has shown that minority health professionals are likely to serve minority and medically underserved populations. The Institute of Medicine recommends increasing the number of minority health professionals as a key strategy for eliminating health disparities."

Unfortunately, the lack of diversity in the optometric profession is stark: According to a [2018 DataUSA report](#) using data from the last U.S. Census, African Americans made up 1.45% of the optometric profession—540 out of a total 37,600 nationwide.

California's numbers are consistent, and it's not getting any better anytime soon. An [Association of Schools and Colleges of Optometry \(ASCO\) survey](#) reports that the 2018-19 second-year class at all California optometry schools included 0% who identified solely as "Black or African American." (Little more than 5% of the second-year class at Western University of Health Sciences identified as "two or more" of any race, which could include African Americans. Less than 4% selected this category at the Marshall B. Ketchum Southern California College of Optometry, 0% at the UC Berkeley School of Optometry.) Two years from now, the new optometry graduates of the most populous state in the union will include 0% African Americans. Proposition 209 continues to prohibit public schools from "granting preferential treatment" to any individual or group based on race, sex, color, ethnicity, or national origin.

Despite this, what are colleges and optometry schools (public and private) doing to encourage diversity in the profession? What are the professional optometric associations doing to address this racial imbalance? Most importantly, what strategies work?

Going from zero to a percentage that will influence patient health disparities will take a long time. In the shorter term, what can be done to address the challenges facing California's Black patients who will sit in optometry chairs now? How should chronic health disparities impact "standard of care" and the Board's role to protect the consumer-patient?

I eagerly await the [National Institutes of Health-funded work of Nao Hagiwara](#), associate professor of health psychology at Virginia Commonwealth University. She hopes to uncover which specific physician communication behaviors during medical interactions are associated with health outcomes among Black patients with type 2 diabetes, such as satisfaction with care, trust in physicians, medication adherence, and diabetes management. These findings could inform strategies for the treatment of Black patients with diabetic retinopathy.

I ask the leaders of the optometric profession and individual optometrists to write to me at optometry@dca.ca.gov with their ideas and recommendations. I hope this will be a catalyst for an ongoing conversation regarding diversity in the profession, consumer-patient protection, and ensuring an enlightened, unbiased standard of care.

Stay tuned for more in future President's Messages.



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