

## Foreword on Moving Forward

Language about **identity, diversity, equity, and inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists.

Characters throughout this course will use varying pronouns, such as she/her, he/him, and they/them, to reflect the range of gender identities that exist within our communities.



# Health Inequities in Vision Care

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## Previous Activities to Check Out:



**Equity and Health  
Care Disparities:  
The Role of Leaders  
in Addressing the  
Crisis**



**Addressing  
Unconscious Bias  
and Disparities in  
Health Care:  
A Call to Action**



**Call to Action:  
Racial Disparities  
in Maternal Health**

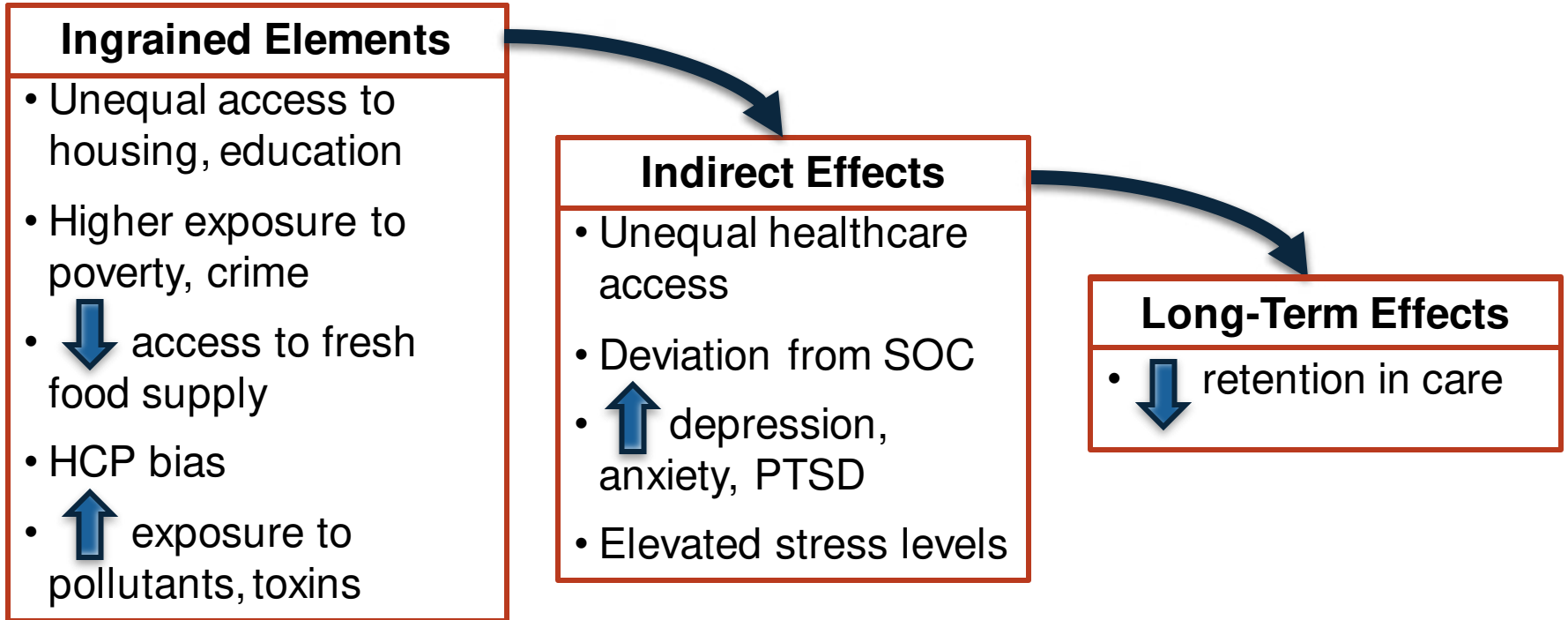


# Learning Objective

Analyze the influence of unconscious bias, health disparities, and health inequities on vision care.



# Health Disparities: How We Got Here <sup>1-5</sup>

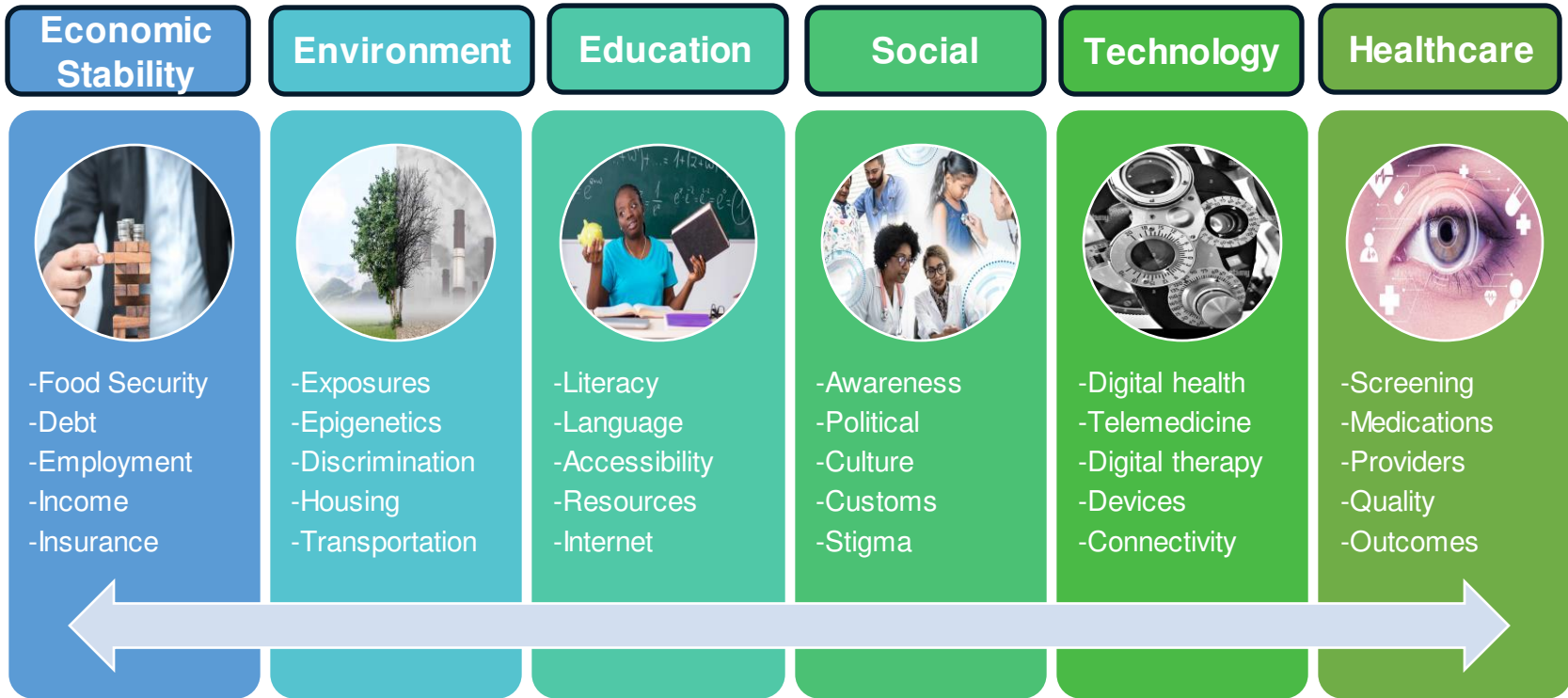


HCP = healthcare provider; PTSD = post-traumatic stress disorder; SOC= standard of care

1. Hasan B, et al. *Clin Rheumatol*. 2022;31:1–13. 2. CME Outfitters, LLC. 2021. Equity and Health Care Disparities: The Role of Leaders in Addressing the Crisis. 3. CME Outfitters, LLC. 2021. Addressing Racial Disparities in Orthopedic Care. 4. CME Outfitters, LLC. 2021. Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient. 5. CME Outfitters, LLC. 2021. Parameters of Pain Care: Mitigating Racial Disparities in Patients with Chronic Pain.

# Inequitable Factors in Vision Care

## Social Determinants of Health





# Meeting the Patient Where They Are

## Improving Outcomes by Listening to Their Needs

- Patients need to know that you care before they care what you know
- Talk to patients about barriers to getting to a provider, lack of access to transportation, etc
- Ask patient what are their goals and needs
  - Read bible or books
  - Watching TV
  - What will make their quality of living better?
- When you build that relationship with the patient, their follow up to treatment and visits increases

# Getting a Visual on Pediatric Eyecare Needs

- Impact on educational/schooling outcomes
  - In the United States, > 20% of school-aged children have vision care needs<sup>1</sup>
- Children racial and ethnic underserved populations more likely to have unmet vision care needs<sup>1</sup>
- In low-income households, > 2x the odds of children self-reporting poor visual function<sup>2</sup>
- In Black and Mexican American adolescents<sup>2</sup>:
  - 3x the odds of reporting poor subjective visual function
  - 2x the odds of presenting with visual acuity worse than 20/40
- Untreated vision problems in children can result in lifelong difficulty to learn, work, and complete daily activities<sup>3</sup>

1. Glew P, et al. *J Policy Anal Manage.* 2018;37(2):265-300. 2. Adomfeh J, et al. *JAMA Ophthalmol.* 2022. [Epub ahead of print].

3. Office of Disease Prevention and Health Promotion (ODPHP). ODPHP Website. 2019. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/sensory-or-communication-disorders/reduce-vision-loss-children-and-adolescents-v-03>. Accessed September 22, 2022.

# Vision Health: Tools, Treatments, and Goals

## Tools and treatments

- Need to ask the right questions
- Proper glasses, contacts
- Look at their phone to increase font and brightness
- Would iPad help them, activate the entire family
- Medications, Procedures
- Bionics, Surgeries, Implants
- Screening technology
- Digital health, digital therapeutics
- Gene therapies

## Goals set by the Healthy People Initiative<sup>1</sup>

- **Reduce VL:** from DR, glaucoma, cataract, ARMD, refractive errors; in children and teens
- **Increase:** use of rehab services by people with VL; no. of kids 3 to 5 who get a vision screening; and no. of adults who get a CEE every 2 years; access to vision services in community health centers
- **Understand:** factors that impact use of protective eyewear in work and play settings; the impact of screen time on eye development and VL
- **Better track** eye health and access to eye care

ARMD = age-related macular degeneration; CEE = comprehensive eye exam; DR = diabetic retinopathy; VL = vision loss

1. Office of Disease Prevention and Health Promotion (ODPHP). ODPHP Website. <https://health.gov/healthypeople/about/workgroups/vision-workgroup>. Accessed September 20, 2022.

# Approaches to Minimizing Disparities

## Assess

Review SDOH like accessibility, home environment, and social support, and ethnicity in the treatment planning process  
Screening is crucial

## Optimize

Consider comorbid factors: obesity, CV disease, autoimmune disorders, DM, smoking  
Examine the impact of SDOH on screening, device type, medication, and technologies selected

## Ask

Ask about barriers accessing treatment, follow-up appointments, and medication or medical device adherence

## Integrate

Telehealth and digital therapeutics as appropriate,  
Ensure patient/family are comfortable with technology  
Integrate growing medical and social care needs

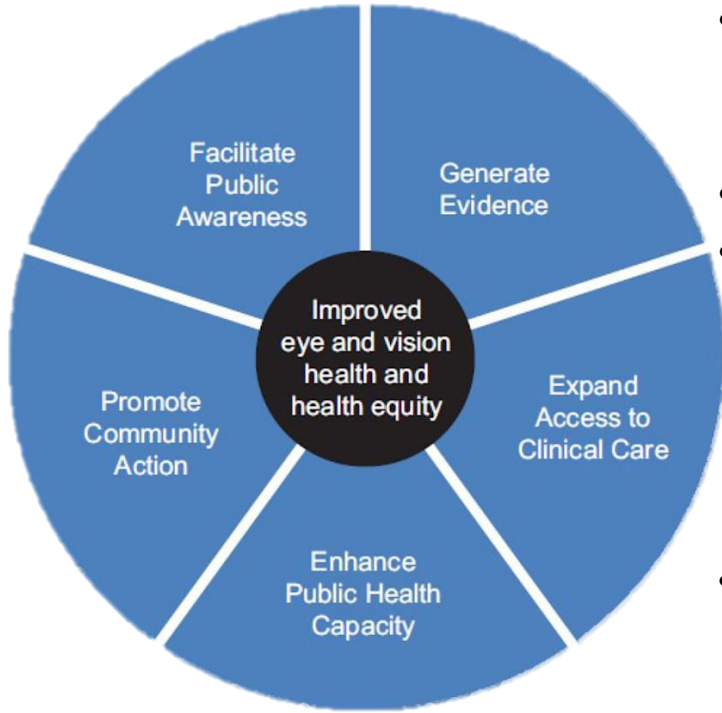
## Educate

Patient/family about treatment options and the care plan to encourage SDM  
Recognize cultural or language barriers and offer appropriate educational materials

# Vision Care: Questions to Guide Assessing Social Determinants of Health

- What challenges do you have getting to appointments?
- Do you have access to internet for telehealth visits and do you feel comfortable with the technology or can we help you?
- Do you have access to a pharmacy?
- Do you have access to care in your preferred language?
- Do you have insurance for visits & prescriptions?
- Do you have safe housing?
- Do you have a safe/accessible place to store/refrigerate medications or heat eye masks?
- Do you ever need to use a cane, walker, or wheelchair for any physical limitations?
- Are there family members, friends, or neighbors who can help you?
- Are you experiencing discrimination that is negatively impacting your health?
- How do you prefer to learn about things?
- Can you afford and access healthy food?

# Addressing Structure and Accessibility to Treatment

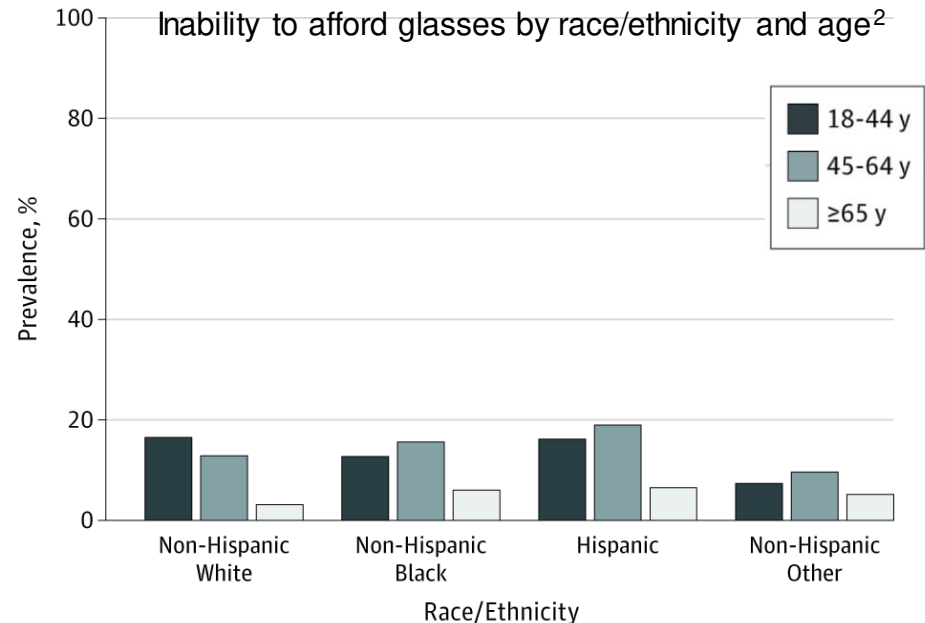


- Identify at-risk and underserved populations as well as barriers affecting vision care in diverse populations
- Ensure you are offering language access services
- Recognize interventions preventing visual impairment and maintaining eye function
- Analyzing unconscious bias and structural racism within vision care
  - Lack of diversity in mentorship
  - Attitudes and stereotypes
- Make sure your team is engaging in ongoing Diversity, Equity and Inclusivity training

# Bridging the Gap in Vision Care

- Cultural associations related to the need to wear glasses<sup>1</sup>
  - Increase access to screening and options for glasses
  - Glasses should become a social norm among racial and ethnic underserved communities
- “Universal fit” frames<sup>1</sup>
  - Available in the mainstream market: “universal-fit” and “Asian-fit” frames\*
  - Eyewear lines need to become more inclusive and cognizant of various face shapes

- Accessibility of private practice<sup>3</sup>
- Affordability of glasses<sup>1-3</sup>



\*Exclusions apply

1. Chou B. Review of Optometry Website. 2022. <https://www.reviewofoptometry.com/article/the-role-of-race-and-ethnicity-in-optometry>. Accessed September 22, 2022. 2. Saydah SH, et al. *JAMA Ophthalmol.* 2020;138(5):479–489. 3. Johnson E. Review of Optometry Website. 2022. <https://www.reviewofoptometry.com/article/breaking-down-barriers-the-black-experience-in-optometry>. Accessed September 22, 2022.

# Underserved Patients and Eyewear

- Things that are made for everybody are made for nobody
- Glasses are often universal fit
- Patients who don't fit this frame are asked to widen the temples of the frames, etc. Look for eyewear that meet underserved patient needs and fit
- Glasses have to be affordable for underserved as well



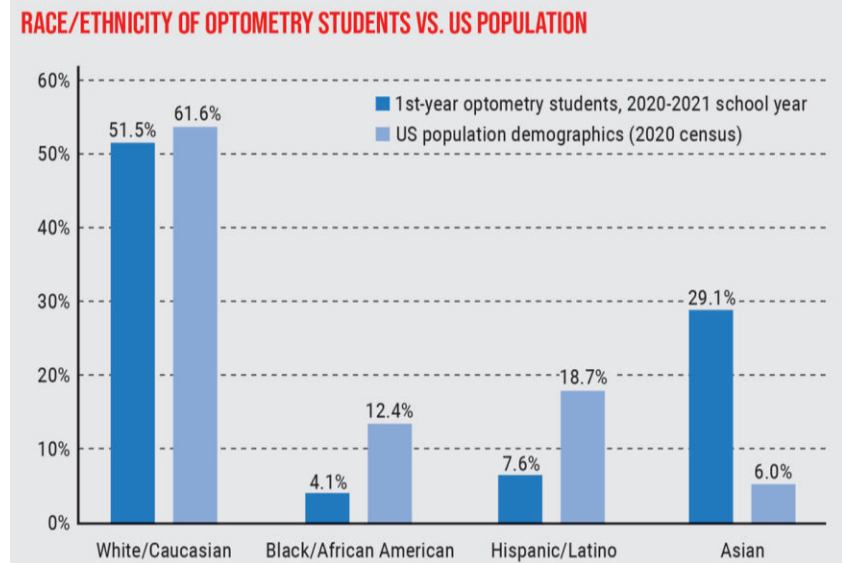
# Improving Provider Education in Vision Care

**Reform the curriculum** and integrate diversity education into curriculum

**Black Americans and African Americans constitute<sup>1</sup>:**

- 1.8% of practicing optometrists
- 3.2% of students in optometry school
- 3.8% of faculty in colleges of optometry

Deconstruct “bad habits” taught throughout schooling and training<sup>2</sup>



1. Black EyeCare Perspective. Black EyeCare Perspective Website. 2021. <https://blackeyecareperspective.com/the-13-promise>. Accessed September 22, 2022. 2. Johnson E. Review of Optometry Website. 2022. <https://www.reviewofoptometry.com/article/breaking-down-barriers-the-black-experience-in-optometry>. Accessed September 22, 2022.

# Examples of Calls for Equity in Vision Care



## **Black Eye Care Initiative: The 13% Promise**

Actively working to redefine the color of the eyecare industry 1% at a time by creating a pipeline for Black students in optometry



## **ASCO: Diversity and Cultural Competency Committee**

Promoting racial and ethnic diversity and inclusion initiatives at optometric institutions

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Identify potential cultural or language barriers.
- Ask patients if they foresee any barriers to accessing treatment, follow-up appointments, and medication/treatment adherence.
- Assess each patient's health disparities during the treatment planning process, including unconscious bias, prior healthcare experiences, SDoH, age of onset of vision difficulties, occupation, comorbidities, and health literacy.
- Educate patients to minimize inequities in vision health care and promote health literacy.
- Integrate all members of the care team to develop holistic action plans with individualized SMART goals for all patients.
- Address equity



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**Obesity**

**Vision Care**

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