

“Our Changing Vision”

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One of the greatest public health challenges is ensuring that every individual has access to the care they inherently deserve. Disparities in healthcare are disproportionately prevalent in minority populations. This difference is further mirrored in the demographics of medical practitioners in the U.S. Eye care is no exception. Providers from minority populations remain severely underrepresented relative to their proportions in the general population. It is essential to equitably care for vision by improving underserved population access to eye care. This can be accomplished by revitalizing cultural competency education and encouraging underserved population representation in leadership.

Working towards a culture that embraces diversity can bridge access for underserved populations and optimize eye care in our nation. Implicit biases can subconsciously influence medical decision-making and patient-physician interactions. Addressing these with cultural competency training can equip providers with a greater understanding of how to approach patient interactions for a more successful, comprehensive clinical practice. It can foster honest conversations to correct misconceptions and better understand social nuances. Many cultures hold a historically-based wariness of medicine, and eye care providers sensitive to this can educate and guide patients in a more informed manner. Practitioners utilizing cultural competency knowledge can become social justice champions to identify needs that they may not have been able to advocate for otherwise. Diversity in hiring practices can also greatly influence the improvement of equitable eye health. There is great pride in representation; feeling seen and heard can build better collaborative decision-making between providers and patients. Having members of underrepresented minorities in a care team will not only improve quality of care but also open unique educational opportunities and discussions for other team members to navigate care of underserved populations. Leadership from minority populations can direct efforts to effectively provide eye care that may not otherwise be facilitated. Empowering underserved populations is essential to vision health for all.

The first step to improving barriers to eye care is organization-specific strategizing. Institutions can form committees to develop actionable strategies to eliminate implicit biases and promote diversity. Formal discussions led by these committees can train providers to develop cultural sensitivity through seminars, book clubs, or role-play workshops. Partnering with local organizations by contributing volunteers and resources for vision screenings or community clinics can put this training into practice. Institutions can review their hiring practices and make goals to interview a certain percentage of qualified applicants from underrepresented minorities. A pipeline strategy to increase representation is to inspire interest in eye care in students from underrepresented backgrounds. Recruiting can be accomplished by mentorship or scholarship programs from the high school level up that provide clinical or research experience to further career goals and promote leadership skills. These are a few examples of conscientious changes that can promote accessible eye care.