

# **All Eyes on Diversity, Equity, & Inclusion: Positives, Pitfalls, & Priorities**

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Institute**

# Financial Disclosures

- None



HONORING

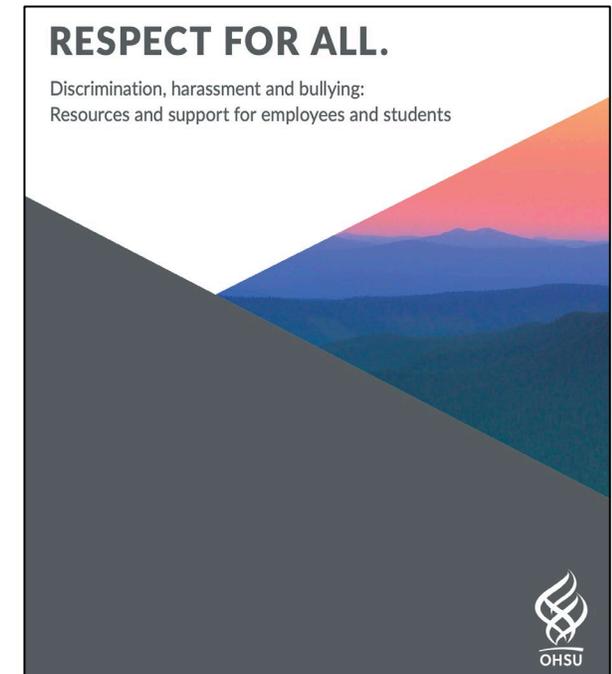
JUNETEENTH

FREEDOM DAY



# Ground Rules

- Content warning
- Uncomfortable and sensitive topics
- Safe zone for learning
- Mindful consideration
  - Focus on issues rather than disagreement & defense
  - Assumption of others' positive intent



**Who has heard of DEI?**

**What do these words mean?**

**Why are they always used together?**

**Why should we care about them?**

# Diversity

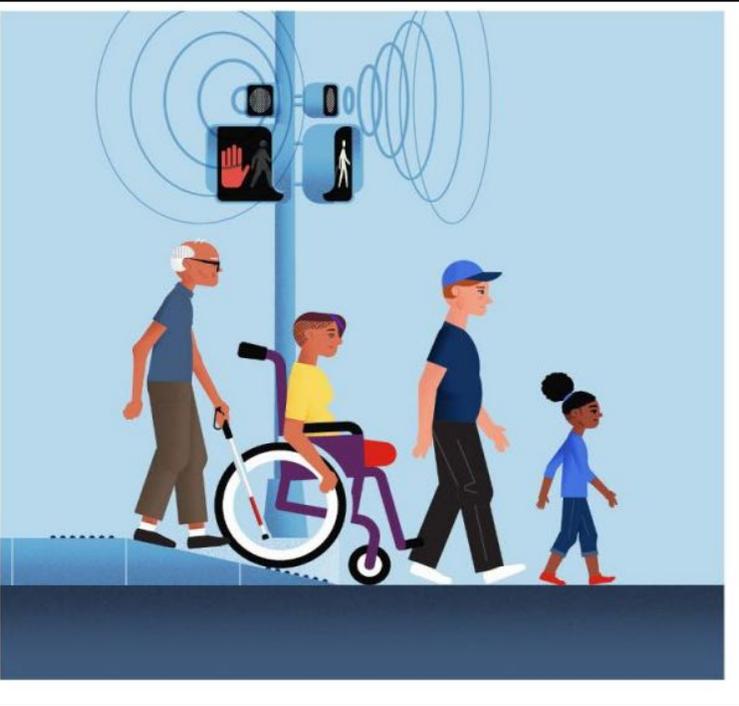
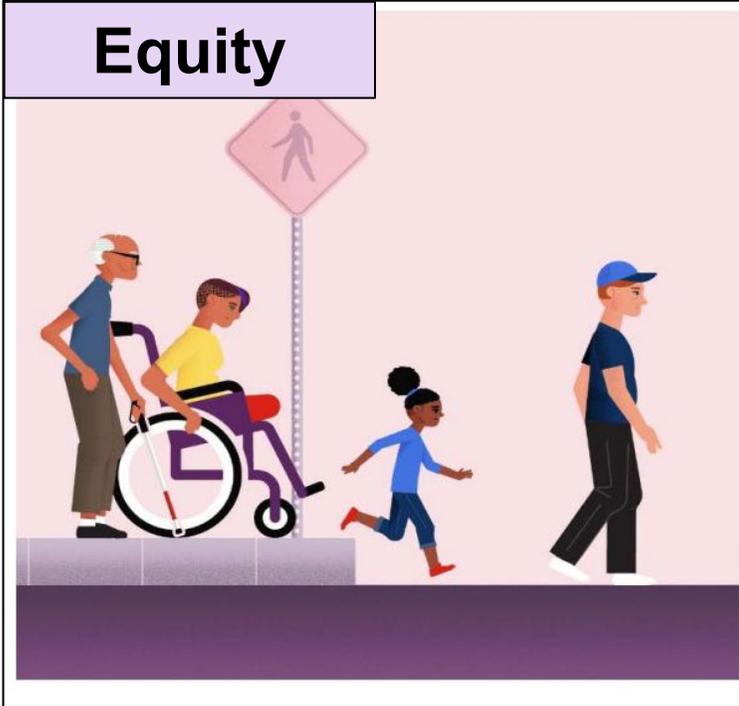
All the ways in which people differ.

# Equity

Fair access, opportunity, support, and advancement for all people. One's identity cannot predict the outcome.

# Inclusion

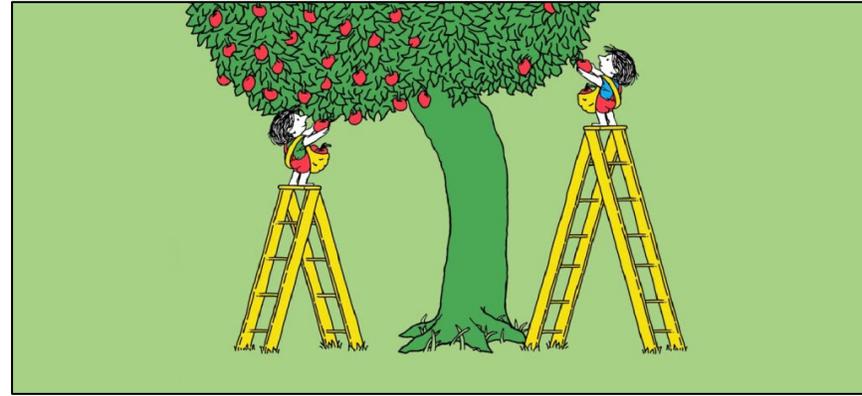
A variety of people have power, a voice, and decision-making authority. Genuine sense of belonging and value.



# Objectives



**Positives**



**Pitfalls**



**Priorities**



**DEI  
POSITIVES**

# Awareness: Representation & Inclusion

AMERICAN ACADEMY OF OPHTHALMOLOGY

For Ophthalmologists For Practice Management For Public & Patients Coronavirus

Ophthalmologists Practice Management Public & Patients

AAO 2023: Get Ready to Celebrate Mid-Year Forum 2023: What a Meeting! What an Impact! Join Your Peers to Protect Veterans' Eye Care

ASRS American Society of Retina Specialists

for Retina Specialists & Members → for Patients & Public →

The Foundation American Society of Retina Specialists

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# Awareness: Representation & Inclusion

## A. For students and residents, the OHSU School of Medicine defines diversity as:

- Persons from racial or ethnic groups that are under-represented in medicine and biomedical sciences: (a) Black or African American, (b) Hispanic or Latino/a (individual of any gender identity originating from Mexico, Central or South America, or Caribbean cultures), (c) American Indian or Alaska Native, and (d) Native Hawaiian or Other Pacific Islander.
- Persons from rural environments, defined as the majority of childhood years in a frontier environment or rural town as specified by the Oregon Office of Rural Health (i.e., a town of less than or equal to 40,000 population and at least 10 miles from a community of that size or larger).
- Persons who have experienced significant disadvantage or adversity (i.e., a first-generation college graduate; a recipient of social service resources while in elementary or secondary school, enhanced education or other programs for diverse populations; or by experience of economic, cultural, educational or family adversity).

## Webex: Bringing accessibility, usability, and inclusivity to the forefront

May 18, 2021 – Webex Team 



# Education & Action

- Local and national DEI committees and task forces
- Nearly all annual meetings/conferences now have DEI sessions
- Unconscious bias and bystander/upstander trainings
- Explosion in research in DEI, health disparities, and racism in medicine and ophthalmology
- Re-examining medical devices, data, and practices... what is the standard may not represent our patients
- A closer look at social determinants of health

## Unconscious Bias Course

Hello! 🙌 Welcome to this mini-course on unconscious bias, my goal is to help you more effectively recognize bias and consider ways to broaden your view. We'll spend about 5 minutes together a day for the next week. Text STOP anytime to opt out

Imagine a group of people asked to draw a picture of a scientist. While there isn't a "right" answer, everyone will draw according to their biases—whether they imagine a scientist as male or female, young or old, tall or short, or a particular ethnicity.

Everyone holds unconscious biases. Even you. They're generally automatic and systemically ingrained.

Over the next week 📅, every day I'll quickly show you 2 things: (1) a type of bias that could affect your work, and (2) a technique that you could use to try and undo your own unconscious biases.

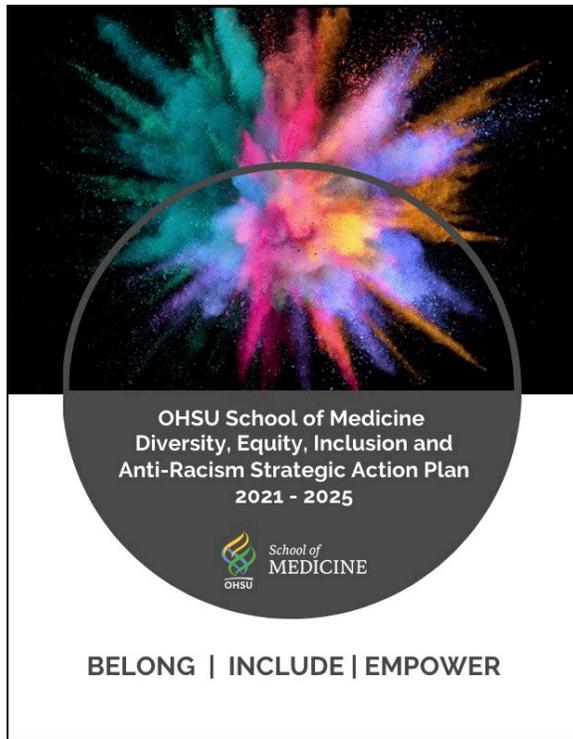
You can also review any bias anytime by texting LIST to see the full list of biases. I hope it helps!

Unconscious Bias Text Message Course  
Text "Hi" to begin the course:  
(202) 217-4768

Send message...



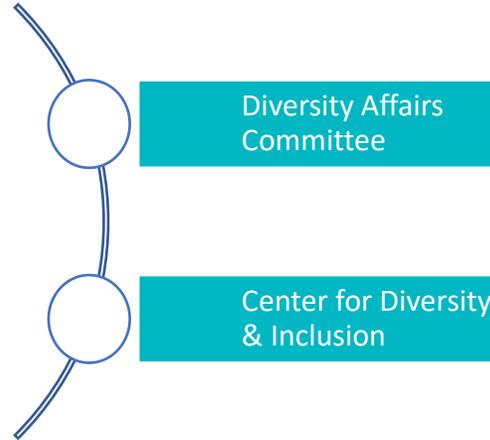
# Education & Action



OHSU School of Medicine  
Diversity, Equity, Inclusion and  
Anti-Racism Strategic Action Plan  
2021 - 2025

 School of  
MEDICINE

**BELONG | INCLUDE | EMPOWER**



**CHAPTER 17** **BCSC**

Social Determinants of Health



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®  
Protecting Sight. Empowering Lives.

EyeWiki®

**Ophthalmic Images in Diverse Patient Populations**

Diversity, Equity and Inclusion in  
Ophthalmology



**Casey Eye Institute**

**CADIO Committee**

ACGME

**EQUITYMATTERS™**

ACGME initiative with framework to:

1. Increase physician workforce diversity
2. Build inclusive learning environments
3. Promote health equity by addressing health disparities

- **DEI in *Ophthalmology***

- Academy's Task Force on Disparities in Visual Health & Eye Care released a collection of articles with a framework to address inequities in eye care and disparities in vision health.

- **LGBTQ+ and the Academy**

- The Academy is committed to advancing health equity for LGBTQ+ persons and equality for LGBTQ+ professionals and offers a number of initiatives in this area.

### Diversity, Equity, and Inclusion



The American Academy of Ophthalmology is committed to nurturing a diverse ophthalmologist community that meets the complex eye care needs of a diverse patient population and our communities.

## Diversity, Equity and Inclusion (DEI)

A reprint collection of the following papers will be provided to all Academy members and made possible by Johnson & Johnson Vision and Genentech.

### Editorial

#### Why Ophthalmologists Should Care about Disparities in Vision Health

Tamara R. Fountain, Paul Lee, David W. Parke II  
Ophthalmology, Vol. 129, Issue 10, p1075–1076

#### Commentaries: Disparities in Visual Health and Eye Care in the United States

#### Disparities in Vision Health and Eye Care: Where Do We Go from Here?

Angela R. Elam, Victoria L. Tseng, Anne L. Coleman  
Ophthalmology, Vol. 129, Issue 10, p1077–1078

#### Access to Eye Care in the United States: Evidence-Informed Decision-Making Is Key to Improving Access for Underserved Populations

Ann-Margret Ervin, Sharon D. Solomon, Ruth Y. Shoge  
Ophthalmology, Vol. 129, Issue 10, p1079–1080

#### Improving Ophthalmic Workforce Diversity: A Call to Action

Jessica D. Randolph, Nazlee Zebardast, César E. Pérez-González  
Ophthalmology, Vol. 129, Issue 10, p1081–1082

#### Impact of Health Literacy on Eye Health Disparities

Hilda Capó, César A. Briceño  
Ophthalmology, Vol. 129, Issue 10, p1083–1084

#### Data Sciences and Visual Health Disparities

Gary Legault, Kristen Nwanyanwu, Sally L. Baxter  
Ophthalmology, Vol. 129, Issue 10, p1085–1086

#### Disparities in Visual Health and Eye Care in the United States

#### Disparities in Vision Health and Eye Care

Angela R. Elam, Victoria L. Tseng, Tannia M. Rodriguez, Elise V. Mike, Alexis K. Warren, Anne L. Coleman for the American Academy of Ophthalmology Taskforce on Disparities in Eye Care  
Ophthalmology, Vol. 129, Issue 10, e89–e113

#### Improving Access to Eye Care: A Systematic Review of the Literature

Sharon D. Solomon, Ruth Y. Shoge, Ann Margret Ervin, Melissa Contreras, Joy Harewood, Ugochi T. Agwu, Mildred M.G. Olivier  
Ophthalmology, Vol. 129, Issue 10, e114–e126

#### Enhancing Diversity in the Ophthalmology Workforce

Fasika A. Woreta, Lynn K. Gordon, O'Rese J. Knight, Jessica D. Randolph, Nazlee Zebardast, César E. Pérez-González

[www.aaojournal.org/dei](http://www.aaojournal.org/dei)

[www.aao.org/education/diversity-and-inclusion-education](http://www.aao.org/education/diversity-and-inclusion-education)

**How about that bias and  
upstander training?**

**How does it affect your  
practice?**



“Everyone is welcome” is drastically different from “we built this with you in mind.”

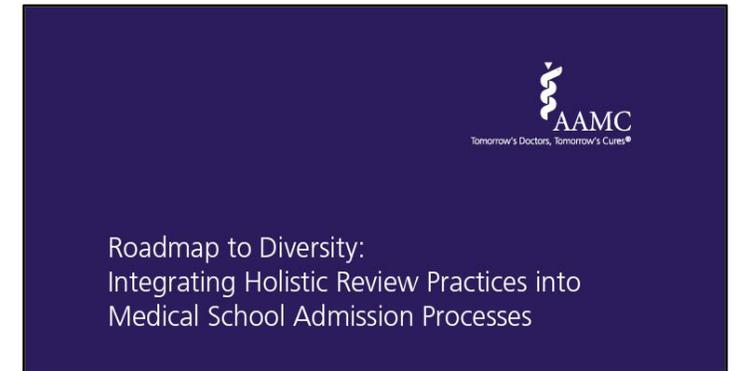
People don't want to go where they are merely tolerated; they want to go where they are included [and supported].

@imTerenceLester



# Recruitment

- **Bias reduction in hiring and recruitment**
  - Diverse selection committee
  - Unconscious bias training
  - Avoiding “fit” - pedigree bias
  - Implementing standardized interviews - affinity bias
- **Minority Ophthalmology Mentoring Program**
  - Last cycle, 100% of MOM students who applied matched!
- **Rabb Venable Excellence in Ophthalmology Research Program**
- **Underrepresented in Medicine CADIO Programs**



A large, solid orange circle is centered on a white background. Inside the circle, the words "DEI" and "PITFALLS" are written in white, bold, uppercase letters. "DEI" is positioned above "PITFALLS", and both are centered horizontally.

**DEI  
PITFALLS**

# Unconscious Bias & Microaggressions

- **Microaggressions**

- Slights, invalidations, and/or offensive behaviors that people experience in daily interactions
- By generally well-intentioned individuals who may be unaware that their action was demeaning



- **Unconscious bias**

- Our preconceived beliefs about others who are different from us
- Race, gender, ethnicity, age, sexual orientation, ability, family/marital status, socioeconomic, height, & others
- Judgement without question shaped by what fits with our narrative
- Leads to negative outcomes and discrimination



### **OR Patient**

“You don’t look like you are from here. Mexican? Indian? Are you single? I always miss out on the nice ladies.”

### **Residency Letter Writer**

“Emily has physicians in her family, so she knows what it will take to be an outstanding physician as a woman and still enjoy a balanced life.”

### **Clinic Patient**

“Nice to see you today. I’m sorry we are running behind.” - Tech

“I’d rather see you in a body bag.” - Patient

### **AAO DEI Member Feedback**

“Should the diversity we seek bring down the quality of the eye care we deliver? Fix the racism but don’t destroy ophthalmology to do it.”

# Why We Need Bias Awareness & Inclusion

- We all have biases
- Feeling of being the “other”
- Discrimination and harassment – and the law
- We have to be aware of our biases to dismantle them
- Diversity makes us smarter - diverse ideas lead to more creative solutions to problems
- Makes our jobs feel more fun



<https://builtin.com/diversity-inclusion/types-of-diversity-in-the-workplace>

# Why We Need Bias Awareness & Inclusion

- An inclusive environment. . .
  - Recognizes our unique needs
  - Reduces burn out
  - Improves morale and job satisfaction
  - Gives us a sense of belonging and value
  - Improves our ability to thrive
  - Improves team work
  - Improves production/profits – “the bottom line”
  - Increases retention



Harvard Business Review – Diverse Teams Feel Less Comfortable – and That’s Why They Perform Better, 2016

# Social Determinants of Health

- Conditions in the environment in which people are born, live, learn, work, and age that affect health outcomes
- Major drivers of **health disparities** including in **ophthalmology**





World Health  
Organization



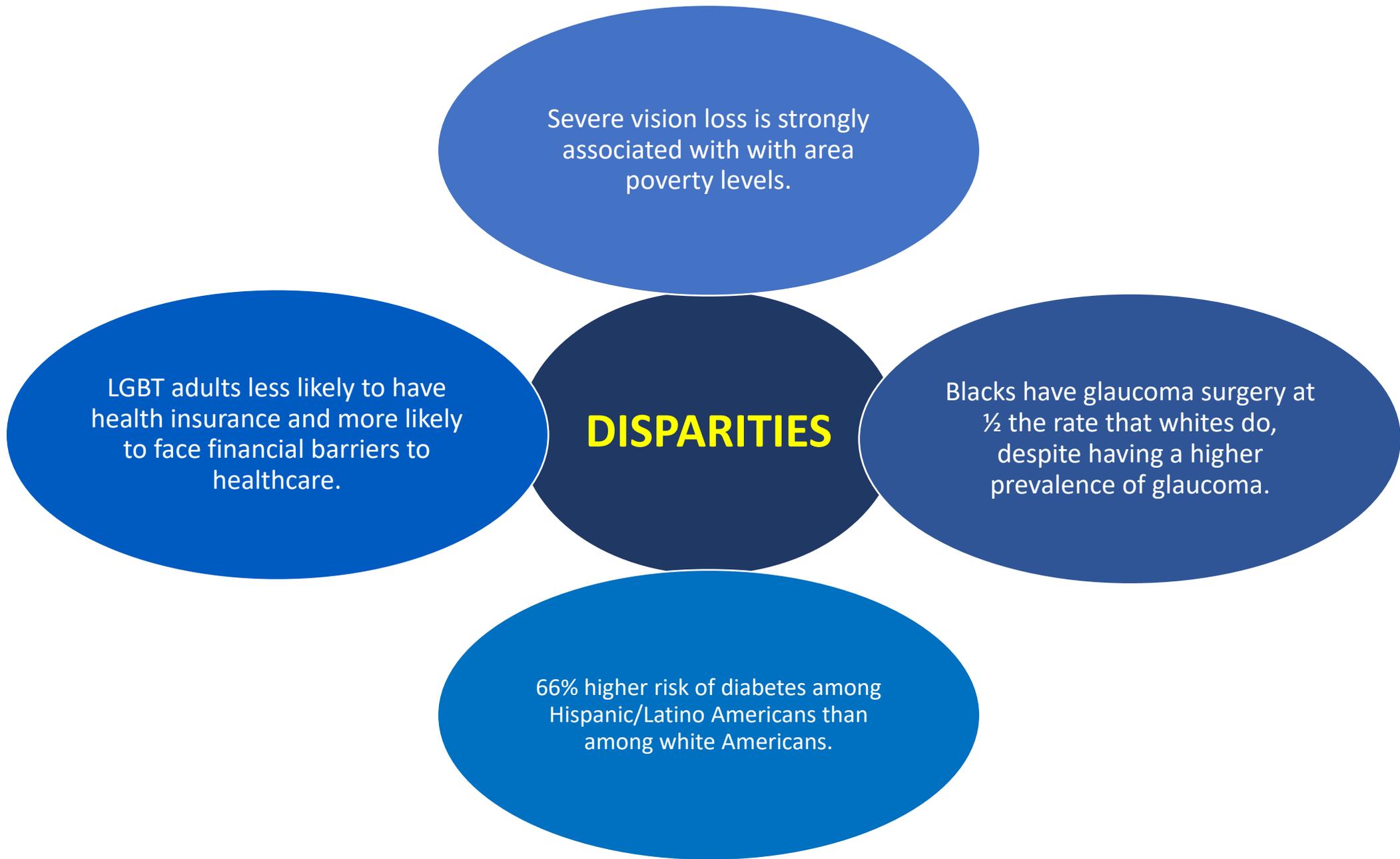
Commission on  
Social Determinants of Health

# Closing the gap in a generation

Health equity through action on  
the social determinants of health

How much do SDOH affect health outcomes? How much does medical care account for health outcomes?

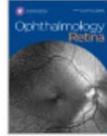
**SDOH estimated to account for 80% of a population's health outcomes, while medical care accounts for only 20%**





## Ophthalmology Retina

Volume 4, Issue 5, May 2020, Pages 550-552



Report

# Neighborhood Deprivation and Adherence to Initial Diabetic Retinopathy Screening

Ramsey Yusuf BA<sup>1\*</sup>  , Evan M. Chen BS<sup>1\*</sup>, Kristen Nwanyanwu MD, MBA<sup>1</sup>, Bradley Richards MD, MBA<sup>2</sup>



AMERICAN ACADEMY  
OF OPHTHALMOLOGY



# Large Disparities in Receipt of Glaucoma Care between Enrollees in Medicaid and Those with Commercial Health Insurance

Angela R. Elam, MD,<sup>1,2</sup> Chris Andrews, PhD,<sup>1,2</sup> David C. Musch, PhD, MPH,<sup>1,2,3</sup> Paul P. Lee, MD, JD,<sup>1,2</sup> Joshua D. Stein, MD, MS<sup>1,2,4</sup>



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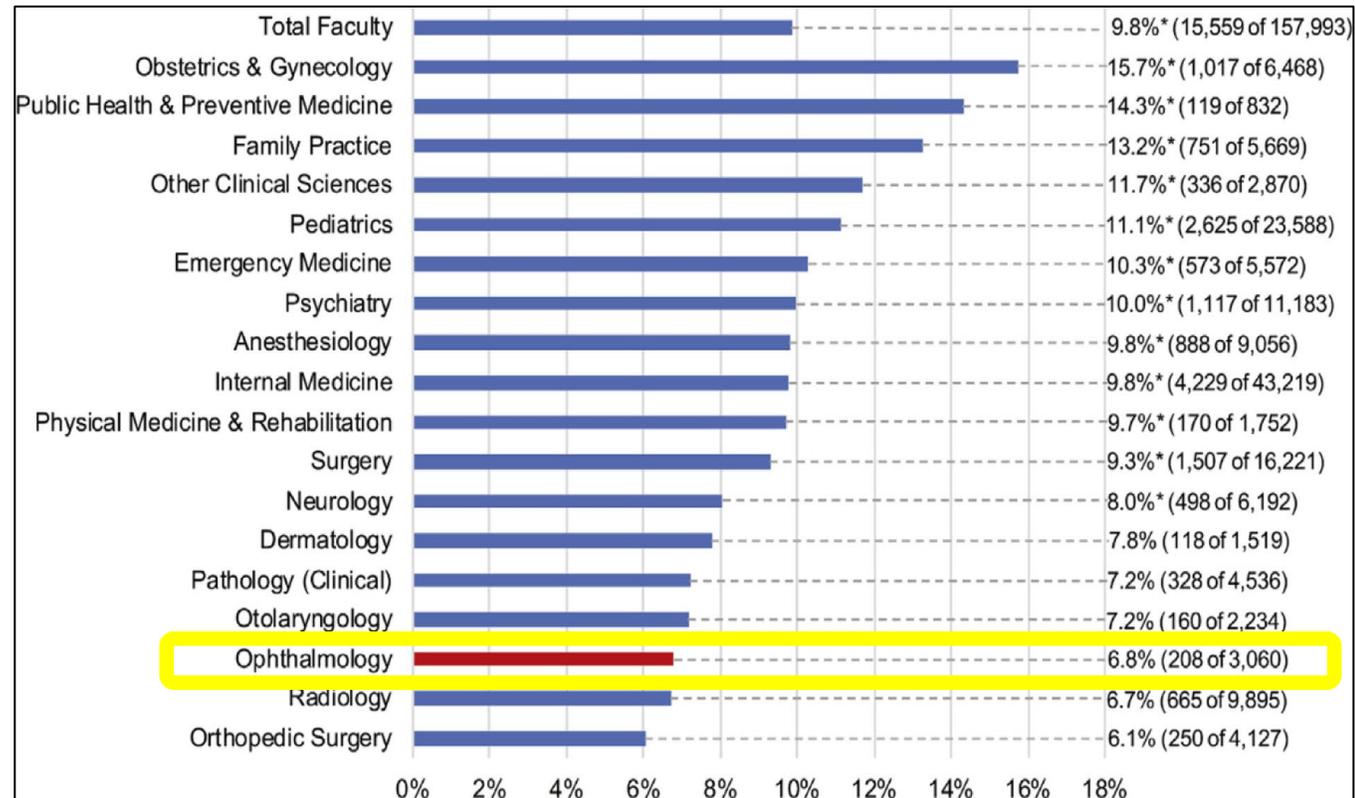
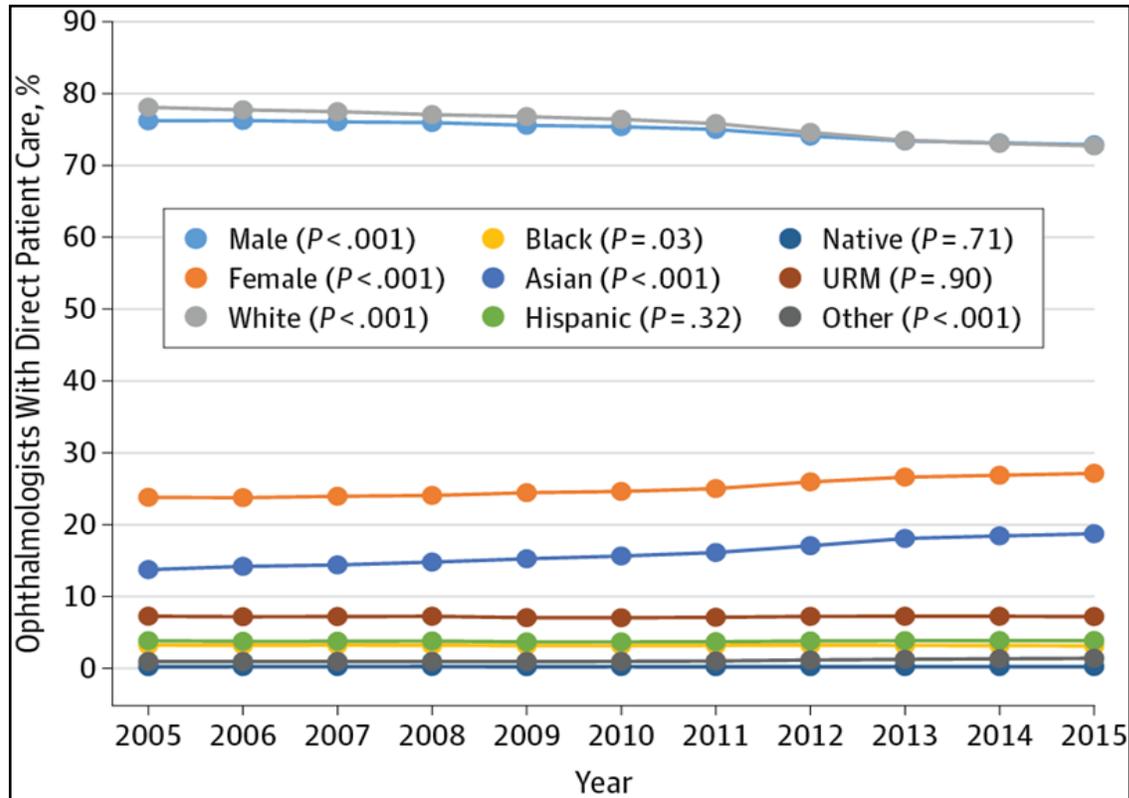


# Disparities in Vision Health and Eye Care

Angela R. Elam, MD,<sup>1,2,3</sup> Victoria L. Tseng, MD, PhD,<sup>4</sup> Tannia M. Rodriguez, MSE,<sup>5</sup> Elise V. Mike, MD, PhD,<sup>6</sup> Alexis K. Warren, MD,<sup>7</sup> Anne L. Coleman, MD, PhD,<sup>4,8</sup> for the American Academy of Ophthalmology Taskforce on Disparities in Eye Care

*Ophthalmology*. 2022 Oct;129(10):e89-e113.

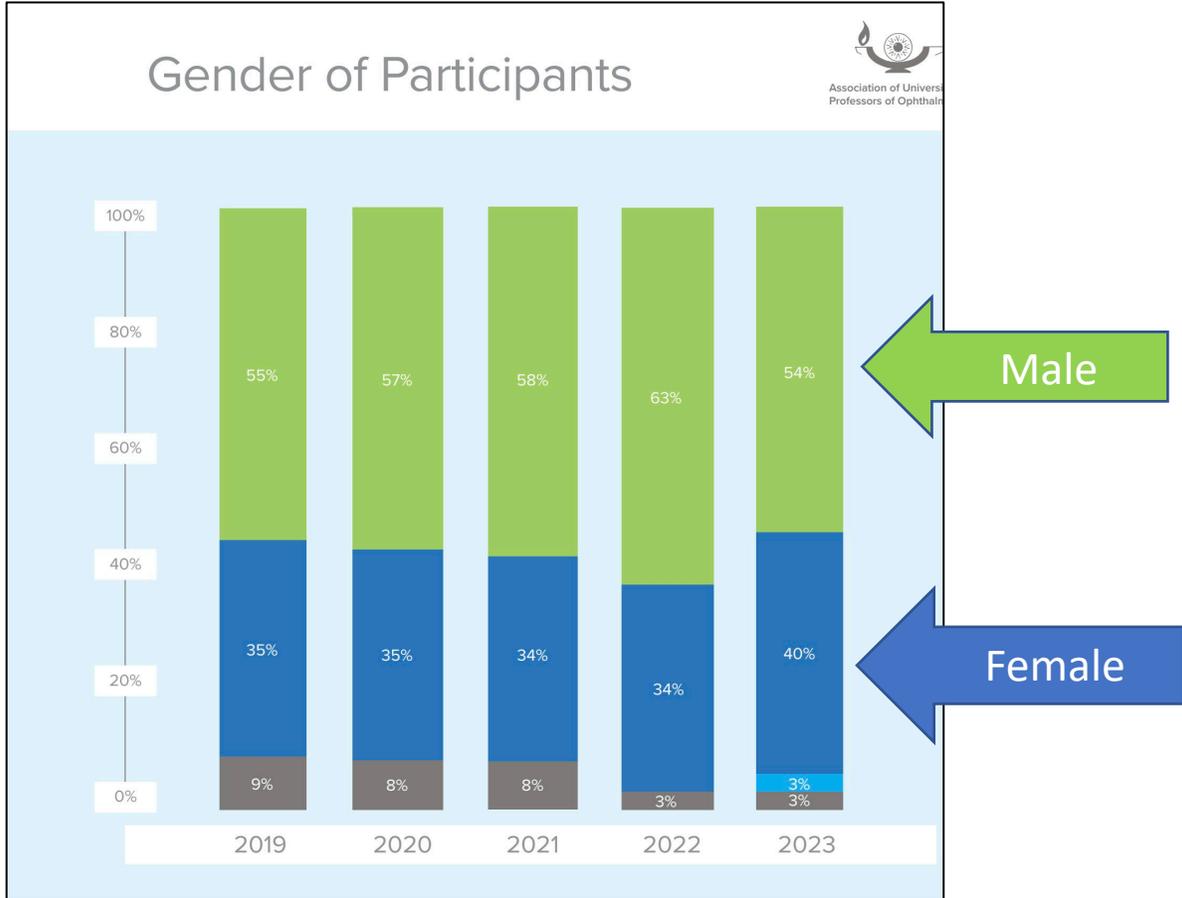
# Representation: We Need to do Better in Ophthalmology



Xierali IM, Nivet MA, Wilson MR. Current and Future Status of Diversity in Ophthalmologist Workforce. *JAMA Ophthalmol.* **2016**;134(9):1016–1023.

Fairless EA, Nwanyanwu KH, Forster SH, Teng CC. Ophthalmology departments remain among the least diverse clinical departments at United States medical schools. *Ophthalmol* **2021**;128(8):1129-1134

# SF Match Ophthalmology Data





# An Eye on Gender Equality: A Review of the Evolving Role and Representation of Women in Ophthalmology

Hannah K. Gill <sup>a</sup>, Rachael L. Niederer <sup>a</sup>, Erin M. Shriver <sup>b</sup>, Lynn K. Gordon <sup>c</sup>, Anne L. Coleman <sup>c, d</sup>, Helen V. Danesh-Meyer <sup>a</sup>  

- Review of literature on gender across ophthalmology
- Gender inequities reported in key areas
  - Women remain underrepresented in positions of professional & academic **leadership**; encounter **more bias & discrimination** than men, including a **gender-pay gap**; report sharply differing training experiences from male peers, including **fewer opportunities to operate**, **less access to mentorship, more burnout**, and **contrasting expectations around contributions to family life**.



**DEI  
PRIORITIES**

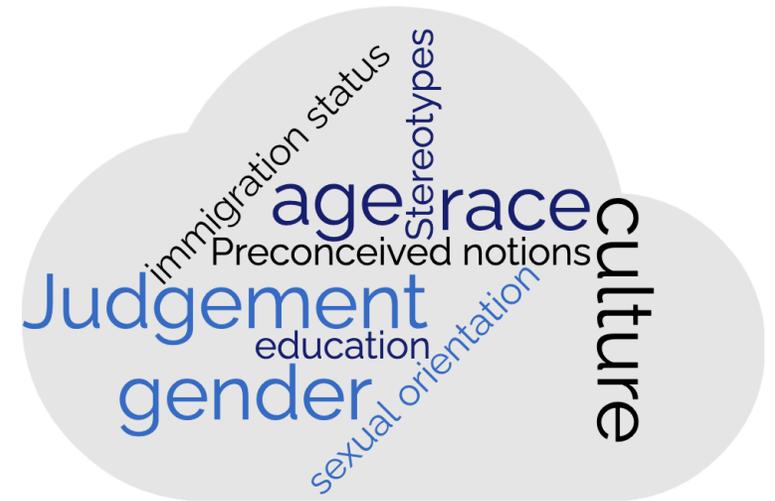
# Re-train Your Brain: Dismantle Unconscious Bias

- **Awareness**

- Acknowledge your unconscious biases
- Learn about problems that result from bias
- Need ongoing education rather than a checkbox

- **Action**

- Take Implicit Association Tests via Harvard Project Implicit
- Stanford Unconscious Bias in Medicine course
- Educate and call each other out
- <https://www.aao.org/education/diversity-and-inclusion-education>



# Implicit Association Test

<https://implicit.harvard.edu/implicit/takeatest.html>



Project Implicit

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## Preliminary Information

On the next page you'll be asked to select an Implicit Association Test (IAT) from a list of possible topics. We will also ask you (optionally) to report your attitudes or beliefs about these topics and provide some information about yourself.

We ask these questions because the IAT can be more valuable if you also describe your own self-understanding of the attitude or stereotype that the IAT measures. We would also like to compare differences between people and groups.

**Note:** This site is designed for adults, aged 18 or older.

**Data Privacy:** Data exchanged with this site are protected by SSL encryption. Project Implicit uses the same secure hypertext transfer protocol (HTTPS) that banks use to securely transfer credit card information. This provides strong security for data transfer to and from our website. IP addresses are routinely recorded, but are completely confidential. We make the anonymous data collected on the Project Implicit Demonstration website publicly available. You can find more information on our [Data Privacy page](#).

**Important disclaimer:** In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

If you have questions about the study, please contact Project Implicit at [questions@projectimplicit.net](mailto:questions@projectimplicit.net). To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:

Tonya R. Moon, Ph.D.  
Chair, Institutional Review Board for the Social and Behavioral Sciences  
One Morton Dr Suite 500  
University of Virginia, P.O. Box 800392  
Charlottesville, VA 22908-0392  
Email: [irbsbshelp@virginia.edu](mailto:irbsbshelp@virginia.edu)  
Website: <https://research.virginia.edu/irb-sbs>  
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**I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed**



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### Gender-Career IAT

**Gender - Career.** This IAT often reveals a relative link between family and females and between career and males.

### Weight IAT

**Weight ('Fat - Thin' IAT).** This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

### Religion IAT

**Religion ('Religions' IAT).** This IAT requires some familiarity with religious terms from various world religions.

### Race IAT

**Race ('Black - White' IAT).** This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

### Disability IAT

**Disability ('Physically Disabled - Physically Able' IAT).** This IAT requires the ability to recognize figures representing physically disabled and physically able people.

### Sexuality IAT

**Sexuality ('Gay - Straight' IAT).** This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

### Presidents IAT

**Presidents ('Presidential Popularity' IAT).** This IAT requires the ability to recognize photos of Joseph Biden and one or more previous presidents.

### Gender-Science IAT

**Gender - Science.** This IAT often reveals a relative link between liberal arts and females and between science and males.

### Native IAT

**Native American ('Native - White American' IAT).** This IAT requires the ability to recognize last names that are more likely to belong to Native Americans versus White Americans.

### Weapons IAT

**Weapons ('Weapons - Harmless Objects' IAT).** This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

### Transgender IAT

**Transgender ('Transgender People - Cisgender People' IAT).** This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.

### Asian IAT

**Asian American ('Asian - European American' IAT).** This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

### Skin-tone IAT

**Skin-tone ('Light Skin - Dark Skin' IAT).** This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

### Arab-Muslim IAT

**Arab-Muslim ('Arab Muslim - Other People' IAT).** This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

### Age IAT

**Age ('Young - Old' IAT).** This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

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# Address SDOH and Health Disparities

- Underrepresented status, lower educational level and income, and lack of insurance are all associated with **greater visual impairment** in the U.S.
- **Assess the impact of SDOH** as part of patient encounters – address SDOH and reduce health disparities in eye care
  - Implement screening tools, e.g. American Academy of Family Physicians form
- **“In the next 5 years, half of health systems will be actively engaged in providing resources to address SDOH. Integrating these resources into care will be crucial in improving access.”** - OHSU Provost Dr. Marie Chisholm-Burns



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Social Needs Screening Tool

---

**HOUSING**

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?<sup>2</sup>

Yes  
 No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)<sup>2</sup>

Bug infestation  
 Mold  
 Lead paint or pipes  
 Inadequate heat  
 Oven or stove not working  
 No or not working smoke detectors  
 Water leaks  
 None of the above

**FOOD**

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.<sup>3</sup>

Often true  
 Sometimes true  
 Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.<sup>3</sup>

Often true  
 Sometimes true  
 Never true

**TRANSPORTATION**

5. Do you put off or neglect going to the doctor because of distance or transportation?<sup>4</sup>

Yes  
 No

**UTILITIES**

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?<sup>4</sup>

Yes  
 No  
 Already shut off

**CHILD CARE**

7. Do problems getting child care make it difficult for you to work or study?<sup>2</sup>

Yes  
 No

**EMPLOYMENT**

8. Do you have a job?<sup>6</sup>

Yes  
 No

**EDUCATION**

9. Do you have a high school degree?<sup>6</sup>

Yes  
 No

**FINANCES**

10. How often does this describe you? I don't have enough money to pay my bills.<sup>7</sup>

Never  
 Rarely  
 Sometimes  
 Often  
 Always

**PERSONAL SAFETY**

11. How often does anyone, including family, physically hurt you?<sup>8</sup>

Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

12. How often does anyone, including family, insult or talk down to you?<sup>8</sup>

Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

**The EveryONE Project\***  
Advancing health equity in every community

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# Address SDOH and Health Disparities

- *Address biases in your practice.* How are people of a lower socioeconomic status or lower literacy level viewed? By acknowledging potential bias, ophthalmologists can work to mitigate the effects it may have on patient care.
- *Provide patient-centered care based on the principles of empathy, curiosity, and respect.* Consider the patient's culture and the possible roles of communication styles; mistrust and prejudice; family dynamics; traditions and spirituality; and sexual orientation and gender.
- *Integrate patient social support structures into your practice.* Provide support such as parking or transportation vouchers.
- *Improve access to care and quality of care.* This includes improving patient-physician communication and patient health literacy and reducing cultural and linguistic barriers. It may be helpful to do a quality assurance assessment of your practice to identify any disparities in the care being provided to patients.



## Acknowledgment

Sriranjani Padmanabhan

Neeti Parikh

Fasika Woreta

Angela Elam

Kristen Nwanyanwu

**Mr. C has worsening wet AMD. He has been non-compliant with office visits and treatment.**



# Re-examine Recruitment & Retention

- Assemble diverse search committee with bias training plus structured questions
- “Distance traveled”
- Advocate for underrepresented providers, physicians, staff, trainees, and women - not a pat on the back once matched or hired!
- Support AAO DEI efforts
- Volunteer to be a MOM mentor



**AMERICAN ACADEMY OF OPHTHALMOLOGY®**  
Protecting Sight. Empowering Lives.

**Association of University Professors of Ophthalmology**

Discover a Rewarding Career in Ophthalmology

Participate in the **Minority Ophthalmology Mentoring (MOM) program.**

This innovative program supports underrepresented minorities in ophthalmology, African Americans, Hispanics and Native Americans, with the goal of helping students become competitive ophthalmology residency applicants. Each student is matched with an ophthalmologist mentor who provides valuable guidance for medical career planning and decision-making.

The MOM program is committed to mentoring you as you explore ophthalmology.

Learn more and apply at [aao.org/minority-mentoring](http://aao.org/minority-mentoring).

# Re-examine Recruitment & Retention

CURRENT PERSPECTIVE

## The Minority Ophthalmology Mentoring Program

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By [David W. Parke II, MD, CEO](#)

The goal of the Minority Ophthalmology Mentoring program is to provide support to medical students from groups underrepresented in ophthalmology (relative to the patient population) so that they will strongly consider choosing ophthalmology as a career path. They come from a broad spectrum of backgrounds and medical schools. Most are rising second-year medical students.

The program was born not in response to the events of last year, but in 2016 after data emerged revealing that although certain minority groups make up over 30% of the U.S. population, they constituted only 6% of practicing ophthalmologists. Further, the percentage of ophthalmologists who are Black had not increased in decades.

Why is this so important? Studies have shown that, in general, patients prefer to go to physicians of the same color or ethnicity. They see physicians more often and have better outcomes of care. And physicians of color practice in communities of color more often than other physicians. This is important to the health of our communities.

- **Diverse physicians are more likely to care for minoritized, and medically indigent patients and practice in underserved communities.**
- **Patients' choice data reveals a strong association between patients' and physicians' race & ethnicity.**
- **Diversifying the physician workforce may be key in addressing health disparities.**



Physician race and care of minority and medically indigent patients.  
Moy et al. JAMA. 1995;273(19):1515-1520.

Minority physicians' role in the care of underserved patients: diversifying the physician workforce may be key in addressing health disparities.  
Marrast et al. JAMA Intern Med. 2014 Feb 1;174(2):289-91.

Physician location and specialty choice.  
R.L. Ernst and D.E. Yett. Ann Arbor, MI: Health Administration Press, 1985.

# Foster Inclusion

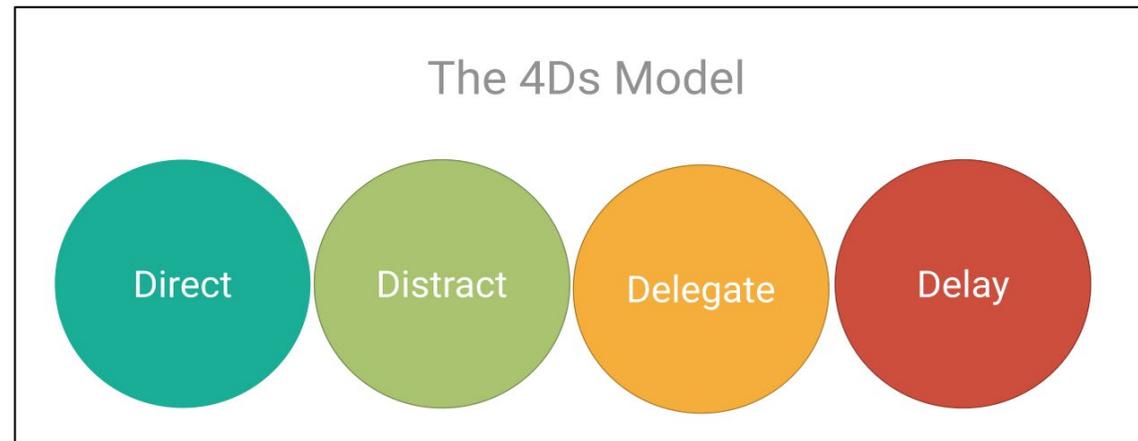
- Be open to learning and welcome differences in your team
- Read about the use of inclusive language
- Check in with your team AND patients about unmet needs and exclusionary practices and spaces
- Understand the difference between equality and equity



<https://www.aao.org/education/interview/building-inclusive-workplace-clinic>

# Upstander and Bystander Tools

- **Delegate** and get help from someone else
- **Distract** offender
- Be **Direct** and talk to the offender
- Speak to to the receiver of the behavior and create a strategy together referred to as the **Delay** technique



# Think About the Words You Use

## **Wheelchair bound?**

Wheelchairs are mobility tools. People are not stuck in them.

## **Diabetic patient?**

A diagnosis does not define a person.

## **Preferred pronoun?**

Like anyone, a transgender person's pronouns are what they call themselves, not what they prefer to be called.



# Avoiding gender bias in reference writing

Got a great student? Planning to write a super letter of reference?  
Don't fall into these common traps based on unconscious gender bias.

## Mention research & publications

Letters of reference for men are 4x more likely to mention publications and twice as likely to have multiple references to research. Make sure you put these critical accomplishments in every letter!

## Don't stop now!

On average, letters for men are 16% longer than letters for women and letters for women are 2.5x as likely to make a minimal assurance ('she can do the job') rather than a ringing endorsement ('she is the best for the job').

## Emphasize accomplishments, not effort

Letters for reference for men are more likely to emphasize accomplishments ('his research', 'his skills', or 'his career') while letters for women are 50% more likely to include 'grind-stone' adjectives that describe effort. 'Hard-working' associates with effort, but not ability.

## We all share bias

It is important to remember that unconscious gender bias isn't a male problem. Research shows that women are just as susceptible to these common pitfalls as men. This is a problem for all of us - let's solve it together!

brought to you by:  
 THE UNIVERSITY OF ARIZONA  
**Commission on the Status of Women**

Research from Trix, F & Psenka, C. Exploring the color of glass: Letters of recommendation for female and male medical faculty. *Discourse & Society*, 2003; and Madera, JM, Hebl, MR, & Martin, RC. Gender and letters of Recommendation for Academia: Agentive and Communal Differences. *Journal of Applied Psychology*, 2009.



## Keep it professional

Letters of reference for women are 7x more likely to mention personal life - something that is almost always irrelevant for the application. Also make sure you use formal titles and surnames for both men and women.

## Stay away from stereotypes

Although they describe positive traits, adjectives like 'caring', 'compassionate', and 'helpful' are used more frequently in letters for women and can evoke gender stereotypes which can hurt a candidate. And be careful not to invoke these stereotypes directly ('she is not emotional').

## Be careful raising doubt

We all want to write honest letters, but negative or irrelevant comments, such as 'challenging personality' or 'I have confidence that she will become better than average' are twice as common in letters for female applicants. Don't add doubt unless it is strictly necessary!

## Adjectives to avoid: Adjectives to include:

caring	successful
compassionate	excellent
hard-working	accomplished
conscientious	outstanding
dependable	skilled
diligent	knowledgeable
dedicated	insightful
tactful	resourceful
interpersonal	confident
warm	ambitious
helpful	independent
	intellectual

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# Actions to Reduce Bias & Improve DEI

- **Allyship**

- Available sounding board
- Active bystander
- Mentor & advocate
- Sponsor in spaces of opportunity
- Authentic supporter: encourage your team to own their successes



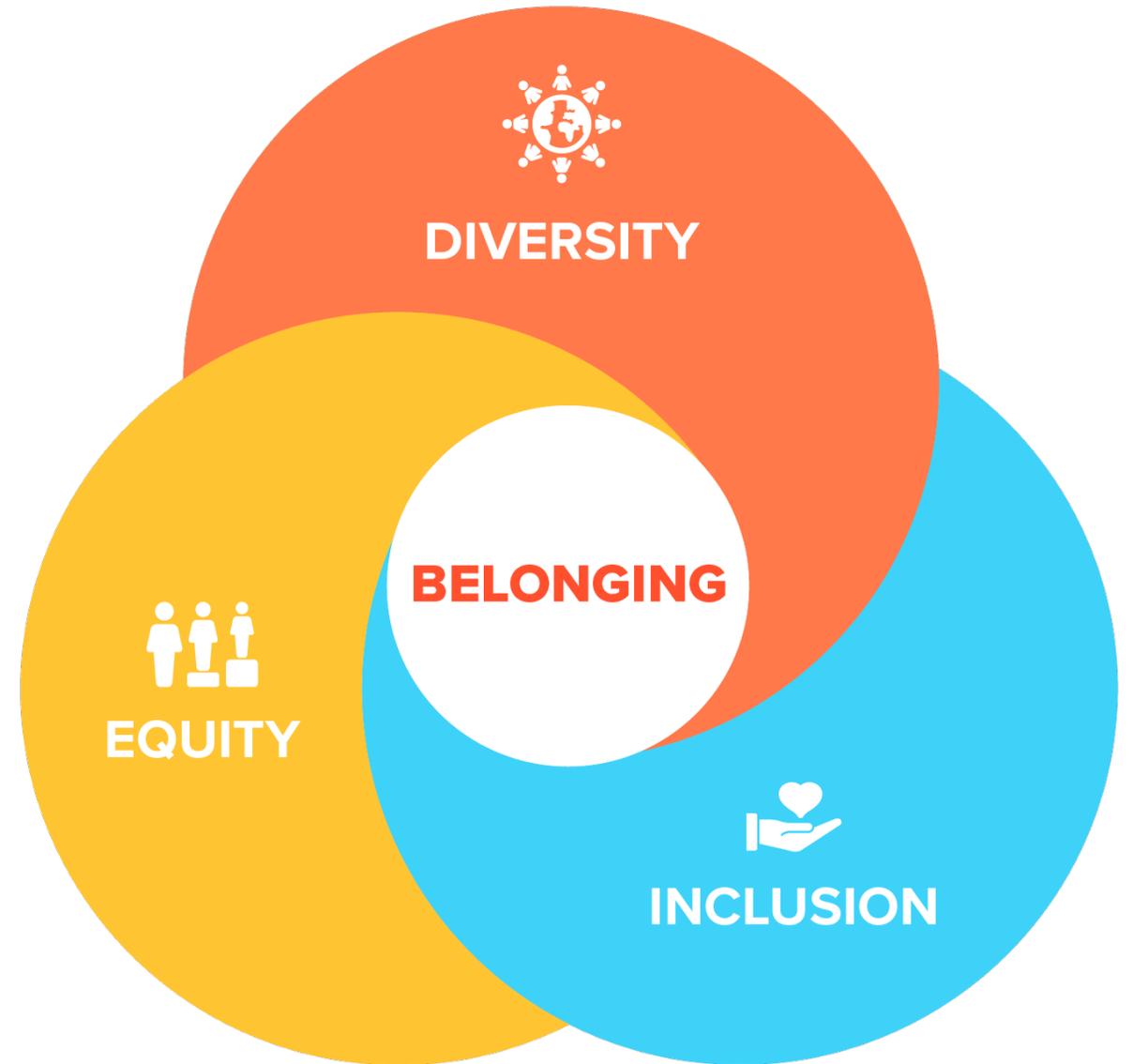
- **Accountability**

- Recruitment & retention
- Promotion
- Representation in leadership
- Scholarship
- Awards and recognition
- Compensation



# Positives Pitfalls Priorities

How will you change  
your mindset &  
practices?



# Thank You

VA Portland  
Health Care  
System



CASEY EYE  
*Institute*