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

Ambar Faridi, MD
Associate Professor
Associate Residency Program Director
Director for DEI
Oregon Health & Science University - Casey Eye Institute
Staff Ophthalmologist
VA Portland Health Care Center
Financial Disclosures

• None
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

Image Sources
https://onlinepublichealth.gwu.edu
https://sierraconstellation.com
https://www.inclusionhub.com
DEI POSITIVES
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).
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 Text Message Course
Text "Hi" to begin the course: (202) 217-4768
Education & Action

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 (DEI)

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

Editorial

Why Ophthalmologists Should Care about Disparities in Vision Health
Tamara R. Fountaine, Paul Lee, David W. Parke II

Disparities in Vision Health and Eye Care: Where Do We Go from Here?
Angela R. Elam, Victoria L. Tseng, Anne L. Coleman

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

Improving Ophthalmic Workforce Diversity: A Call to Action
Jessica D. Randolph, Nazlee Zebardast, César E. Pizcor-González

Impact of Health Literacy on Eye Health Disparities
Hilda Capó, César A. Briceño

Data Sciences and Visual Health Disparities
Gary LeGault, Kristen Nwanyanwu, Sally L. Baxter

Disparities in Visual Health and Eye Care in the United States

Disparities in Vision Health and Eye Care
Angela R. Elam, Victoria L. Tseng, Tamara M. Rodriguez, Elise V. Mike, Alexis K. Warner, Anne L. Coleman for the American Academy of Ophthalmology Taskforce on Disparities in Eye Care
Ophthalmology, Vol. 129, Issue 10, e489-e413

Improving Access to Eye Care: A Systematic Review of the Literature
Sharon D. Solomon, Ruth Y. Shoge, Ann Margret Ervin, Melissa Contreras, Joy Harewood, Liguchi T. Aguwa, Mildred M.C. Olivier

Enhancing Diversity in the Ophthalmology Workforce
Fesika A. Woreta, Lynn K. Gordon, O'Reese J. Knight, Jessica D. Randolph, Nazlee Zebardast, César E. Pérez-González
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

DEI PITFALLS
Unconscious Bias & Microaggressions

• **Microaggressions**
  - Slight, 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

https://jpoolorial.com/unconscious-bias-fix/ and OHSU Inclusive Language Guide
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

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

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

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%.
Severe vision loss is strongly associated with area poverty levels.

Blacks have glaucoma surgery at ½ the rate that whites do, despite having a higher prevalence of glaucoma.

LGBT adults less likely to have health insurance and more likely to face financial barriers to healthcare.

66% higher risk of diabetes among Hispanic/Latino Americans than among white Americans.
Disparities in Vision Health and Eye Care

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

Representation: We Need to do Better in Ophthalmology


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
Implicit Association Test
https://implicit.harvard.edu/implicit/takeatest.html

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. 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: irbshelp@virginia.edu
Website: https://research.virginia.edu/irb-sbs
Website for Research Participants: https://research.virginia.edu/research-participants

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.
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
• **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.
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

Re-examine Recruitment & Retention

The Minority Ophthalmology Mentoring Program

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.

Minority physicians’ role in the care of underserved patients: diversifying the physician workforce may be key in addressing health disparities.

Physician location and specialty choice.
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 the receiver of the behavior and create a strategy together referred to as the **Delay** technique

https://thoughtcatalog.com/
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 8.6x 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 80% 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!

**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 common in letters for female applicants. Don’t add doubt unless it is strictly necessary!

**Adjectives to avoid:**
caring
compassionate
hard-working
dependable
diligent
dedicated
tactful
warm
helpful

**Adjectives to include:**
successful
excellent
accomplished
outstanding
skilled
knowledgeable
insightful
resourceful
confident
ambitious
independent
intellectual

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