



ADVOCACY FOR THE FUTURE OF OPTOMETRY'S LEADERSHIP



The fourth and final part of this multipart series considers how to engage early career optometrists in advocacy efforts.

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The previous three parts of this multipart series on advocacy outlined important issues and key objectives for the future of optometry.¹⁻³ In addition to the urgent need for stakeholders to better understand and clearly define contemporary advocacy within the profession, the case was made to prioritize health advocacy to advance our profession in the health care arena. To recognize optimum approaches when allocating financial, personal, time, and other resources, modern advocacy actions were presented to encourage and inform advocacy leadership. Modernization requires completing routine outcomes assessments,

performance reviews, filling gaps, and maintaining shared focus on synthesizing evidence and strategic goals to further demonstrate the value of optometric care to health, the public, and stakeholders.

This installment examines the future of optometric advocacy leadership and the emerging advocate pool, highlights challenges, and details actions to take now to effectively engage with our future colleagues who must take control of optometry's advocacy future.

THE FUTURE OF HEALTH IN THE UNITED STATES

Healthy People 2030, an initiative that is setting data-driven national

objectives to improve the nation's health, focuses on several key areas⁴:

- Social determinants of health, the conditions in environments where people are born, live, work, play, worship, and age that affect health
- Leading health indicators (LHIs), 23 key objectives that outline how to improve health
- Health Disparities Data Program
- Evidence-based resources

Each decade since 1980, Healthy People 2030 has been developing and evaluating health objectives, and as of 2020, nearly 200 health stakeholders have pledged to advance health through the Healthy

People's Champion Program.⁵ LHIs are selected based on recommendations from health stakeholders, including the National Academies of Sciences, Engineering, and Medicine (NASEM) and the Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030.⁵

Although the current subset of LHIs includes important factors across a patient's lifespan, it does not have

in existing policies and guidance on finding where and how to promote eye care.

THE FUTURE OF OPTOMETRY

For optometric care to advance, our professional advocacy landscape must include strategies to support early career mentorship and sponsor younger colleagues. Factors such as licensure portability, student debt, advancing technologies, duplicative

- are encouraged to expand their desired knowledge and skills beyond traditional (eg, legislative) optometric advocacy emphases;
- gain the ability to promote equitable access and expand the uptake of high quality eye care;
- are positioned and engaged in all facets of health care, health policy, and care delivery settings throughout the broader health care arena; and
- are fully supported in expanding advocacy efforts for achieving health equity and desired health outcomes.

“ACHIEVING HEALTH EQUITY REQUIRES VALUING EVERYONE EQUALLY, WITH FOCUSED EFFORTS TO ADDRESS AVOIDABLE INEQUALITIES AND THE ELIMINATION OF HEALTH AND HEALTH CARE DISPARITIES.”

an indicator reflecting NASEM's 2016 report, which found that “eye examination is the gold standard” in clinical care,⁶ nor the input of other national stakeholders, such as the American Public Health Association, the National Eye Institute, the Centers for Disease Control and Prevention, and the US Department of Health and Human Services supporting eye care as essential to health.⁷⁻¹¹

Healthy People 2030 is only one example of why a greater understanding of our advocacy landscape is required to effect and maintain change. Recall that the term *advocacy* describes the act of galvanizing public support for a plan of action or a recommendation. As such, future advocates require motivation to aim for expanded inclusion of eye care

licensure requirements, low trust, challenges with work-life integration, and lack of formal advocacy awareness and engagement during training will continue to negatively affect young doctors' engagement.³ In turn, lack of engagement of doctors from all backgrounds and practice settings will prolong existing challenges of membership loss and stagnation in advocacy organizations, as well as low retention of early career doctors. Loss of key demographics and the perspectives they bring will then adversely affect the overall health, relevance, and reputation of the profession.

The value of a health profession is reflected in how effectively people are cared for to maintain and improve health; thus, it is critical that future professional advocates:

LEADERSHIP IN ADVOCACY

To plan for our professional advocacy future, we must acknowledge, mentor, and sponsor those who will lead it. It is essential that we proactively recognize professional demographics, embrace generational motivations, and validate the values of emerging colleagues who choose to assume these positions and tackle the current and evolving health landscape.

Advocacy that includes principles of diversity, equity, and inclusion (DEI) remains key to raising awareness of race, sex, gender identity, ethnicity, culture, religion, ability, and age, and how these factors intersect. Priority actions that involve health determinants are also essential to informing future advocacy leadership on how to advance health equity, reduce health disparities, and improve population health through comprehensive optometric care.

The following sections offer some reminders about what our future holds (for a more detailed look at the current data, see *By the Numbers*).

WHO WILL OUR FUTURE ADVOCATES BE?

Women in Optometry

More than half of students in MD- and DO-granting institutions were women in 2020.¹² This trend has continued throughout health

BY THE NUMBERS

70%

The percentage of students identifying as women who entered the profession of optometry in North America in the fall of 2023. Since 2006, the percentage of women entering the field has been more than 60%, and 5 of the last 6 years have seen women's representation at 70% or higher.¹

4.3%

&
8.7%

The percentage of full-time Black or African American optometry students (up from 2.7% in 2018), and the percentage of full-time Hispanic or Latino optometry students (up from 6.4% in 2018), respectively, in 2023. The percentage of Asian optometry students was 30.4%, and the percentage of White optometry students decreased to 49.5% (down from 52.2% in 2018).² Another report stated that 75% of optometrists in the United States are White, followed by Asian at 16.1%, Hispanic/Latin American at 3.8%, Black/African American at 2.7%, and Indigenous at 0.1%.³

30%

The percentage of Americans who now identify as having no religious affiliation (an increase from 5% about 50 years ago). Of these, 63% report none (no affiliation in particular), 20% agnostic, and 17% atheist.⁴

1. Every optometry school's 2023 first-year class is majority-female. *Women in Optometry*. September 19, 2023. Accessed March 5, 2024. womenin-optometry.com/news/article/every-schools-first-year-class-is-majority-female/

2. 2022-2023 Annual Student Data Report. Association of Schools and Colleges in Optometric Education. optometriceducation.org/wp-content/uploads/2023/05/2022-23-Annual-Student-Data-Report.pdf

3. Elder K. On diversity in optometry, progress, but more work to be done. *Optometric Education*. Association of Schools and Colleges in Optometry. Summer 2022. journal.opted.org/article/on-diversity-in-optometry-progress-but-more-work-to-be-done/

4. Boorstein M. More Americans are nonreligious. Who are they and what do they believe? *Washington Post*. January 24, 2024. Accessed March 11, 2024. www.washingtonpost.com/dc-md-va/2024/01/24/nones-no-religion-study/

care, where representation of women outpaces other industries; however, women—and especially women of color—remain underrepresented at senior levels in health care.¹³

Racial Diversity and Representation

Many institutions have made increasing racial diversity among optometry students and eye care professionals a top priority. The 13% Promise—a pledge taken by multiple schools and the optometric industry—aims to achieve a 13% representation of Black/African American students enrolled in colleges of optometry and other areas of the eye care industry by 2025, with five current signatories.¹⁴

Gender Identity and Sexual Orientation

Little data are documented on percentages of students entering the profession and graduating who identify as lesbian, gay, bisexual, transgender/gender diverse, intersex, queer, questioning, asexual, two-spirit, or other (LGBTQIA+). Emerging representation from groups such as the recent PRIDE ODs (People Respecting Inclusion, Diversity, and Equity for LGBTQIA+ individuals and allies) will help to inform advocacy related to this growing, diverse demographic within the profession.¹⁵

Religion

Data show that atheists and agnostics, on average, have more education than religiously affiliated Americans and are a young and diverse group. These trends and changing data augment long-held views on the importance of traditional religious affiliations, and what to consider when planning for future advocacy leadership and engagement.

Generational Change

Every generation brings its own experiences, challenges, and values.

In brief, data show almost 80% of Millennials (those born from 1981–1996) are in full-time employment and 25% are in management roles.¹⁶ Data also tell us that members of Generation Z (those born from 1997–2012) are on track to become the most educated generation so far,¹⁷ are motivated by a sense of purpose, and are drawn to careers that align with their values and beliefs. They are also passionate about issues related to DEI and social justice, including racial justice and gender equality.¹⁸ Their values, and likely those of Generation Alpha (those born from 2013–2025), when further quantified, will affect investment in, passion for, and commitment to professional advocacy goals by future doctors of optometry.

WHY REPRESENTATION MATTERS FOR HEALTH ADVOCACY

This information is important for the outlook of our profession because it helps us understand how to align people, resources, and efforts for future advocacy with the aim of attaining optimum health outcomes and promoting optometry as a relevant, dynamic, and desired care profession essential to the health of

the nation.^{7–11} Principles of inclusion and representation contribute to future professional excellence in education, programing, knowledge synthesis, evidence-based policies, and clinical care delivery. Achieving health equity relies on supporting and integrating DEI principles.^{19,20}

Patient Health Outcomes

DEI within the profession leads to stronger connections with patients, increased patient satisfaction, and better decision-making and communications, resulting in improved health outcomes. Health equity—not to be conflated with DEI—is a state in which everyone has a fair and just opportunity to be as healthy as possible.²⁰ This requires representation and removal of obstacles contributing to negative effects of determinants of health.

Achieving health equity requires valuing everyone equally, with focused efforts to address avoidable inequalities and the elimination of health and health care disparities.^{4,20} Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on racial or ethnic group, religion,

socioeconomic status, age, mental health, disability, sexual orientation or gender identity, geographic location, and other characteristics historically linked to discrimination and exclusion.⁴

Advocacy focused on health equity increases access to care by removing barriers to certain populations accessing care. Collaboration with future advocates is necessary to gain a diversity of perspectives, creative advocacy objectives, and implement professional solutions. For health equity advocacy to be prioritized, *advocacy champions must be supported to develop and monitor key professional performance indicators with the same attention as other clinical, legislative, and advocacy initiatives.*

Health of the Profession

Professional advocacy is associated with every doctor's daily activities—in the office, with the community, in education and in clinical care, and organizations. Our profession will only maintain relevance by effectively caring for all populations by protecting and improving everyone's health.

Future advocates will face a plethora of contemporary advocacy challenges we have not seen before. As a frontline health care profession, a relevant example involves emerging data showing that, as compared with pre-pandemic levels, the COVID-19 pandemic has resulted in lower rates of primary care visits, particularly among diverse groups.²¹ One in five adults delayed care or did not receive necessary medical care, and, as a result, guideline-recommended screening for medical conditions such as hypertension, diabetes, and cancer decreased sharply.²¹

A slow recovery from disruptions in accessing primary health care services during the ongoing pandemic may worsen health care disparities in the future,

AT A GLANCE

- For optometric care to advance, our professional advocacy landscape must include strategies to support early career mentorship and sponsor younger colleagues.
- Priority actions that involve health determinants are also essential to informing future advocacy leadership on how to advance health equity, reduce health disparities, and improve population health through comprehensive optometric care.
- Addressing national health care disparities while managing the ever-present challenges of inadequate use of existing primary eye care services will require a diverse, informed, and invested advocacy talent pool.

resulting in long-term public health consequences.²¹ Addressing these national health care disparities while continuing to manage the ever-present challenges of inadequate use of existing primary eye care services will require a diverse, informed, and invested advocacy talent pool.

CONNECT WITH YOUR YOUNGER PEERS

Evidence shows that future professionals will look, engage, and prioritize much differently than those of today. A real concern is how effectively—and proactively—advocacy leadership will facilitate strategic planning and transitioning to future advocates. Future professional advocacy actions that align with the generation-specific values of our younger colleagues will provide the greatest opportunities for engagement, growth, and success. This will require each of us born in an earlier generation—and all those who make decisions on our behalf along the way—to acknowledge and prioritize values that may differ from our own to minimize issues such as professional membership stagnation, engagement apathy, and burnout,²² all of which can lead to loss of effective future advocacy champions. ■

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“FUTURE PROFESSIONAL ADVOCACY ACTIONS THAT ALIGN WITH THE GENERATION-SPECIFIC VALUES OF OUR YOUNGER COLLEAGUES WILL PROVIDE THE GREATEST OPPORTUNITIES FOR ENGAGEMENT, GROWTH, AND SUCCESS.”