Why Minority Eye Health Still Matters
A Call for Current – and Future – Eyecare Professionals to be Culturally Competent

In response to our nation’s increasing diversity, new trainings and programs focused on providing high-quality, culturally competent care within the health care industry have emerged. But, how has the eyecare industry embraced the need for culturally competent education? Is there more that can be done? Can we learn from other medical professionals, such as primary care physicians and nurses, and take away best practices? Additionally, what should you, as an Optometrist or optical professional, be doing to ensure you are creating the best possible eyecare experience and treatment outcome for all patients?

These questions and more were discussed among eye health and cultural experts during a Transitions Optical-sponsored panel at the National Optometric Association (NOA)’s 2017 annual National Convention. During the “Minority Eye Health Matters” panel, participants addressed the unique eye health needs of the two largest ethnic minority populations in the U.S.: African Americans and Hispanics. This paper summarizes the conversations that took place and highlights some easy-to-implement strategies all eyecare professionals can adopt to become more culturally competent and provide the best care for all patients.

From left to right: Charlotte Parniawski, RN-BC, MSN, CNE; Edwin Marshall, OD, MS, MPH; Mila Ferrer, Blogger and founder of Familias con Diabetes; Sherrol Reynolds, OD, FAAO, President-Elect, NOA; Fayiz Mahgoub, Optometry Student, Western University College of Optometry
A SNAPSHOT OF THE FACTS

African Americans and Hispanics are the two largest ethnic minority populations in the U.S. today (making up 30% of our population). According to the Census Bureau, demographic trends also show that ethnic minorities as a whole will become the majority by the year 2050.

Chronic/systemic diseases, like diabetes, hypertension, and glaucoma are on the rise. Unfortunately, while diabetes and hypertension are becoming more prevalent, those who are at higher risk (like African Americans and Hispanics) may not be receiving the care they need. Research has shown that two-thirds of Americans don’t know that their ethnicity can be a risk factor in developing eye health issues, and only four out of 10 Americans have scheduled a comprehensive eye exam within the past year.ii

GLAUCOMA

More than 2.7 million Americans over the age of 40 have glaucoma, and that number is on the rise, set to double by 2050.vi

People of African descent are 6-8x more likely to develop glaucoma than Caucasians.vii

In African Americans, glaucoma occurs at a younger age, is more severe, and is the leading cause of blindness after cataracts.ix

Diabetes is more common in U.S. minority populations, especially African Americans, American Indians and Hispanics.x

Diabetic eye disease is the most common cause of new blindness in all adults.x

Glucoma occurs among more than 2 percent of Americans over the age of 40 (2.7 million), which includes:
- Whites (1,755,000)
- African Americans (513,000)
- Hispanics (296,000)
- Other (189,000) xi

Diabetes affects 30.3 million Americans (1 out of every 11 people) and 72 million are undiagnosed, while 84.1 million Americans have pre-diabetes. It is the 7th leading cause of death in the U.S.ii

About 75 million Americans have high blood pressure (1 in 3 in adults over the age of 20).viii

This number almost doubles among African American adults.

Blood pressure must be high over a sustained period of time to cause vision problems, but the likelihood of having vision loss from high blood pressure is increased for people with diabetes.v

According to the National Eye Health Education Program (NEHEP), half of all people with diabetes don’t get annual comprehensive dilated eye exams.

Only half (54%) of people with high blood pressure have their condition under control.xii

The NOA’s mission of “Advancing the Visual Health of Minority Populations” is one that is critically important in addressing these issues. Panelists discussed the NOA’s “Three Silent Killers” initiative which focuses on glaucoma, diabetic eye disease, and high blood pressure and their ocular complications that are causing blindness amongst racial and ethnic minorities, like the African American and Hispanic population. The initiative emphasizes the need for prevention and routine eyecare, before it is too late for the patient. The panelists were aligned on the importance of scheduling regular comprehensive eye care visits.

“Chronic diseases, like diabetes, glaucoma, and hypertension are on the rise. Current data shows that the numbers are only going up. There are many reasons for this. It’s multi-factorial. The obesity epidemic is at play and there is increased awareness about these conditions. However, the patients that really need detection of these conditions, minority patients, are most likely not getting exams.” – Dr. Sherrol Reynolds

SUCCESS WITH COLLABORATION TO IMPROVE COMMUNICATION

Early detection, education, management and treatment of chronic and systemic diseases all play an important role in improving the vision and quality of life for the minority patients you serve. Roundtable participants agreed strongly that regardless of race or ethnicity, quality communication with patients is key. Panelists shared strategies (captured in the following section) that have worked for them to improve physician-patient communication and reduce misunderstandings.

Implementing complementary communication strategies like these can demonstrate to patients that you are a true advocate for their overall health and well-being.

Establish a List of Resources in Your Community

Many times, Optometrists are the first to let a patient know that they have a systemic disease such as diabetes or hypertension. To avoid overwhelming the patient during this first discussion, participants discussed the idea of providing patients with a list of health professionals (clinics, cardiologists, certified diabetes educators, etc.) in your community that they can turn to for more support and information. Referring your patients to these nearby resources shows that you have taken the time to do some homework for the patient, and will speak volumes about your commitment to their health.

“I have noticed in the past 15 years every patient that I have taken care of seems to have one or more of these three co-morbidities: cardiovascular disease, chronic obstructive pulmonary disease (COPD) or diabetes. As we know with chronic illness, each one of those presents with other co-morbidities underneath them.” – Charlotte Pamlawski
Make it a Team Effort by Taking a Collaborative Care Approach

Considering the undeniable link between eye health and overall health and quality of life, there is a great need for eyecare professionals to collaborate with the general health care sector and other experts to promote eye health education and provide optimal eye care.

Panelists emphasized that when a patient is set up with a strong network of support, treatment and management of a chronic disease is much easier. This network should consist of you, the eyecare professional, and their other healthcare providers. Additionally, because family is a central focus of life for many African Americans and Hispanics, it’s a great idea to integrate members of the family as well so that everyone knows what’s best for the patient.

It is important to note that the panelists strongly agreed that if an interpreter is required, an outside interpreter should be involved. Family members should not be relied on as an interpreter because they are emotionally connected to the patient and may not accurately relay the medical information being shared.

Providing insights from the nursing and hospital sector, Charlotte suggested that eyecare professionals create and hand out “Patient Passports” that patients can carry with them from one health professional to the next to update their medical history and treatment recommendations. In the passport, the patient should be asked to list:

- their appointments
- their medications
- the dialogue between all of their healthcare professionals
- their thoughts and feelings during the process

According to Charlotte, the passports can help promote consistency in messaging between professionals and promote follow-up care on behalf of the patient.

“Not only are we talking to the patient, we have to talk to the families in many cases to make sure the family is part of the process of healthcare. It has to be a team approach. Privacy has to be considered, but with some cultures decisions about health care are family decisions and it’s important for the healthcare provider to understand this cultural concept. We also have to be better communicators with the other members of the healthcare team. We need to make sure the entire team of providers is engaged and coordinated in helping patients through the process.” – Charlotte Parniawski

“Obtain a list of resources in your community because it really takes a village to manage someone with a chronic illness. Locate an American Diabetic Association’s certified nurse practitioner. These nurses can be a conduit between yourself and the primary care physician. Most of these practitioners are bilingual and usually conduct a 6-8 week program that will tighten up the plan of care for a diabetic patient. This program will help with medication management, nutritional counseling, education of the disease process and symptoms, recognition of warning signs and the importance of health maintenance through regular appointments with practitioners of the entire health care team.” – Charlotte Parniawski

Patients with Diabetes: Struggles (and Strategies)

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Many eyecare and health providers have encountered challenges when offering care and advice to patients. Drawing on their expertise, the panelists offered this advice.

**QUESTION FROM THE AUDIENCE**

“I’m not a doctor. I am this crazy mom who got kicked into the diabetes world 11 years ago when my son was diagnosed with Type 1 Diabetes. I was swirled in a tornado of information. I started Googling and looking on social media. We started a blog in Spanish because I found out that there was no one talking about diabetes in Spanish. Our site is called Familias con Diabetes – Familias con Diabetes – Because diabetes is a family disease. It’s not a condition only my son was diagnosed with.” – Mila Ferrer

**PANELIST ADVICE**

“Let your patients know that they are not alone in managing their diabetes, and that you are here to help them. There may be initial shock with this diagnosis, so be patient and continually communicate with your patients to ensure they retain what you are saying.

“When we deliver information to patients, they may not hear what we are saying. The first time you mention the word diabetes, they may go blank. Diabetes is all they hear and nothing else you say gets through. When you start talking about things they need to do to better protect themselves, that may get lost so we have to keep coming back and making sure that not only do they hear the words, but they understand what we are saying. We have to be effective communicators.” – Dr. Edwin Marshall

“Make sure your patients understand why they need to take medication and what it is doing for them. Sometimes, you may want to take a blunt approach to emphasize the severity of the issue.

“Because there aren’t symptoms with glaucoma it’s important for me to not only tell patients about the disease, I actually sort of have them simulate what’s going to happen to them at the end. So, it’s a little harsh, but I say ‘close your eyes. What do you see? Nothing? That’s where we’re headed if you don’t use your eye medication.’ Blindness is the most feared complication for our patients. They’d rather lose a limb than lose their vision.” – Dr. Sheroll Reynolds

“Help your patients understand what you are saying and how it affects them. If you are just saying ‘you have to take medication,’ they may tune you out. Make sure your patients understand why they need to be taking medication.”

“I am not sure what to tell them about food and diet.”

“Do not get too technical with your patients. They’re not doctors. Sometimes, all they want to hear is ‘Eat this, not that.’”

“In Hispanic culture, family life is closely linked with the preparation of meals and the practice of eating together. Food being a big part of life, you should connect your patients with helpful resources or people who can educate them on ways to enjoy their favorite foods by preparing them in a healthier way.

“I know a certified diabetes educator in New York. She sits with her patients and tells them ‘this is how you’re going to be eating your favorite foods, but let’s learn how to cook it in a healthier way.’ She’s told me, ‘If I ever tell my Dominican patients there’s no more mangú or beans for you, they’re going to walk right out of my office and I’ll never see them again.’ This is especially important among Hispanic and African Americans where food is so bonded with our culture.” – Mila Ferrer
Where should learning begin? A look at schools.

While extensive investment is made in educating students in optical fields about the medical side to their jobs, “soft skills,” such as communication are often less emphasized. Depending on the school or college of Optometry, for example, a student may or may not be offered cultural competency training. The panel discussed how students are most certainly learning about different ethnic groups and the eye diseases they are most susceptible to, but that they do not learn about how to appropriately communicate so that their patients understand what their diagnosis is, or what is expected of them.

Panelists discussed the availability of the Association of Schools and Colleges of Optometry (ASCO) Guidelines for Culturally Competent Eye and Vision Care, which provides a toolkit for faculty, students, and others on what someone needs to know to be able to provide culturally competent eye and vision care. The panel agreed that industry professionals need to keep urging faculty to make cultural competency a priority and refer to this toolkit for support in enhancing their curriculum.

What can you do in your practice today? It’s never too late to take steps toward being culturally competent.

All patients want to be treated as individuals and with respect, and they all want the best possible eye care experience and treatment outcome. Despite these similarities, your culturally diverse patients have unique needs that, if not understood, could impact the level and effectiveness of the care they receive. Language and cultural barriers can also make it difficult for an eyecare professional to provide the best possible care so it’s important to have a strategy for addressing language barriers as well.

Strategies and advice from the panelists included:

- Understand cultural barriers to care and promote a culturally sensitive environment that all members of your team learn to embrace.
  - Consider holding staff training on cultural considerations for care. Or, bring in a cultural expert to speak to your staff about strategies they can start implementing right away.
  - Challenge your staff (and yourself) to become aware of any implicit bias you may have regarding patients. During the panel, there was mention of an exercise through a program called “Winning Balance” that one can rent out from the library and take to help bring to light any racially biased thoughts you may have when meeting someone for the first time. Once you recognize the biases you are holding, it becomes easier to recognize them (and stop them from recurring) in your everyday life.
- Hire personnel in your office that is representative of the community you serve. Instead of relying on Google translate, hire a Spanish-speaking staff member who can help relay information to your Hispanic patients and make them feel more welcome.

“...” - Fayiz Mahgoub

- Use bilingual and in-language resources to alleviate communication barriers and provide patients with information they can take home and digest further. These tools can especially be helpful if you do not have staff who can speak Spanish. During the panel, specific resources from the National Eye Institute and Transitions Optical were shared.
  - 75% of African Americans and 79% of Hispanics believe it’s a sign of respect when an eyecare professional offers educational materials that are bilingual or in-language. Millennials feel even more strongly, with 8 of 10 saying this.
  - Transitions Optical offers free bilingual resources that you can download for your practice at MyMulticulturalToolkit.com. Last year, Transitions Optical also collaborated with the NOA to offer the “What to Expect” brochure series, available on the NOA website (NationalOptometricAssociation.com), to raise awareness among multicultural patients of all ages about their unique eye health risks. The series includes a brochure on Adult Eyes, Kids Eyes, African American Eyes and Hispanic Eyes (available in English and Spanish).

Looking to the future: Promoting wellness to all

The panel agreed, we need to earnestly consider how we’re going to turn around the trajectory in terms of what’s projected for vision impairment and blindness due to diseases, like diabetes, hypertension, and glaucoma.

The idea of the eyecare professional serving as a steward of overall health frequently came up as a solution:

Most of the major blinding eye diseases do not have symptoms in their earlier stages, so it is important to promote regular eye screenings and a healthy lifestyle to all patients – especially those at higher risk – so that we have a better chance at catching diseases early and treating them before permanent vision loss occurs.
It is not uncommon for an African American or Hispanic patient to walk into your door without having seen an eye doctor or even a primary care physician in years. This lack of interaction with health care providers diminishes the opportunity for preventative care, but also for education about issues that can affect their overall health. Panelists agreed eyecare professionals should keep urging each other to spend a few more minutes of their time with each patient to talk about the importance of maintaining a healthy diet, exercising, not smoking, medication management and UV protection for the eyes and skin. While these topics may not be covered in school curriculum, the panelists believe as an eyecare professional you need to be an overall health educator as well.

REFERENCES

2. Online survey conducted by Wakefield on behalf of Transitions Optical, Inc. in March 2015, among a representative sample of 1,000 Americans ages 18+ (including oversamples of up to 400 interviews among African Americans, American Indians, Asian Americans and Hispanics).
3. https://nei.nih.gov/content/10-things-you-should-know-about-glaucoma
6. https://www.healthcentral.com/encyclopedia/g/glaucoma
13. Survey conducted in English by Wakefield on behalf of Transitions Optical, Inc. in March 2015 among a representative sample of 1,000 American adults.