March is National Women’s History Month. This observance began as National Women’s History Week in California in the 1970s as a way to increase awareness of women’s historical contributions to the country. In 1980, President Jimmy Carter formalized National Women’s History Week, relaying this message to the country:

“From the first settlers who came to our shores, from the first American Indian families who befriended them, men and women have worked together to build this nation. Too often the women were unsung and sometimes their contributions went unnoticed. But the achievements, leadership, courage, strength and love of the women who built America was as vital as that of the men whose names we know so well.”

In 1987, by Congressional proclamation, the week-long observance was extended to an entire month.

**Trending Up Since 1899**

The historical trends of women in optometry and other healthcare professions are interesting and illuminating. The March edition of *Optometric Education* is the perfect opportunity to explore these trends and celebrate contributions by women to the profession of optometry.

Around 1899, Gertrude Stanton was reported to become the first licensed female optometrist. She was soon followed by Millie Armstrong. In 1912, there were 500 female optometrists. In 1898, two women were charter members of the American Association of Opticians, which later became the American Optometric Association. However, by 1968, only 368 women were optometrists in the United States, representing 2.1% of active optometrists in the country at the time. In 1969 only 73 females, 2.9% of enrollees, were optometry school students. Despite this trend, women in the 70s accounted for a very small percentage of practicing optometrists.

Women faced many barriers, either real or perceived, to pursuing a career in optometry. The barriers included social pressure to pursue a more traditional career such as nurse, teacher or secretary, as well as a lack of role models. A study conducted by the Department of Health, Education, and Welfare (as it was known at the time) identified barriers to the profession as stereotyped opinions, unequal access to participate in the status and other rewards from social organizations, discriminatory experiences, problems of household maintenance, stereotypical concerns with practice patterns, and discrimination in placement activities upon graduation. Despite the barriers, political changes in the country, such as passage of Title IX and new draft laws that no longer allowed full-time students to avoid the military, seemed to open doors for more women to pursue the profession. Additionally, more women were attending college overall in the 70s.

The percentage of optometry school enrollees who were women continued to grow in the 80s, from 19% in 1980 to 44% by 1989. From my observations, several of the barriers identified in the 70s were still present in the 80s. However, women in this decade did benefit from fading stereotypes regarding what careers they should pursue. As far as enrollment in optometry schools, 1992-93 was a pivotal academic year. Women became the majority of students enrolled. They continue to lead in enrollment, at 54% in 1999-2000, 64% in 2009-2010 and 68% in 2017-2018. As faculty members, in academic year 2017-2018 women filled the majority of clinical and didactic positions at the associate, assistant and instructor levels. At the rank of professor, women represented 29% of didactic faculty and 47% of clinical faculty. In 2018, 38% of tenured faculty were female, and 59% of faculty on the tenure track were female. In academic leadership, 43% of chief academic officers are female, and 21.4% of the members of the Board of Directors and Executive Committee (both comprised of deans and presidents) of the Association of Schools and College of Optometry (ASCO) are female.

More women today are also members of optometric professional organizations. The 2018 annual report of the American Academy of Optometry (AAO) noted that approximately 40% of fellows and approximately 63% of candidates for fellowship are female. Role models are often key for women aspiring to leadership roles, and there are more of them today. Dr. Joan Exford became the first female president of the AAO in 1993, followed by Dr. Karla Zadnik in 2011 and Dr. Barbara Caffrey in 2018. Dr. Dori Carlson became the first female president of the American Optometric Association in 2011, and Dr. Andrea Thau was elected to the role in 2016. Dr. Jennifer Smythe Coyle became the first female president of ASCO in 2013, and Dr. Elizabeth Hoppe became the first female editor of the ASCO journal *Optometric Education* in 2005.
In other healthcare professions, similar trends have occurred. In 1971, 9.2% of medical school graduates were female. The percentage increased to 23% in 1979, 33% in 1989, and 48% in 2010. Not until 2017 did the number of women enrolled in medical schools exceed the number of men. In academic medicine, 25% of professors, 37% of associate professors, 46% of assistant professors, and 58% of instructors are women. Dentistry school female enrollment increased from 2.7% in 1971 to 19.8% in 1980, 38% in 1990, and 48.8% in 2015. In 2017, 22% of the deans at the 65 dental schools across the country were female.

Beyond the Numbers

In the past 50 years, women in optometry have made huge strides. Women in the 60s, 70s and 80s had few role models and many barriers to overcome. The first female optometric leaders forged ahead in uncharted territory. We should celebrate all of our accomplishments, but not lose sight of remaining disparities or new challenges. As faculty we have the unique role of guiding and influencing cohorts of students throughout the years. Within our institutions, we should foster leadership in all faculty and students while embracing and supporting the profession, women’s contributions and the future.

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References

from: https://www.aamc.org/data/facultyroster/453634/faculty-trends-percentages.html

Dr. Denial [deniala@neco.edu], Editor of Optometric Education, is a Professor and Chair of the Department of Primary Care at the New England College of Optometry and a Clinical Instructor at a community health center in Boston.