

Diversity, Inclusion, Cultural and Linguistic Competence: Do We Have a Strategy? | 1

Over the past 20 years, health professions schools have considered and wrestled with the importance of diversity and the teaching of cultural and linguistic competence. As the U.S. population becomes increasingly diverse, more health agencies are seeking to have a workforce that reflects the general population in terms of race, ethnicity and socioeconomic background.¹ The profession of optometry is not immune to this trend.

In 2005, ASCO recognized this trend and formed a task force to address the issue. In 2011 the task force became a standing committee within the Association's structure. This strategic change is to be commended. The committee's charge was to address cultural competency and diversity within the schools and colleges of optometry. We have made great strides in teaching cultural and linguistic competence — as illustrated in [“The Path to Cultural Competence in Optometric Education and Practice: a Timeline to Multicultural Clinical Excellence”](#) — and in decreasing the gender divide. However, we have not made significant strides in the racial and ethnic diversity of our student body, our faculty or the leadership of the profession. (See [“Diversity in our Colleges and Schools of Optometry.”](#)) Simply put, the make-up of our profession and optometry schools does not reflect the diversity of our nation.¹

Seeing the Whole Picture

It is true that all health professions have been woeful in addressing the gap between the racial and ethnic composition of society and the racial and ethnic composition of their institutions of education. However, many have a defined strategy, as do many Fortune 500 companies who understand that diversity is important to their success.² Common to these efforts is the understanding that diversity and culture, as well as inclusion, are related in our quest for cultural competence, but they have separate definitions. Diversity is generally defined as the condition of having or being composed of differing elements; whereas, culture is defined as an integrated pattern of human behavior that includes, but is not limited to, thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of an ethnic group or social group whose members are uniquely identifiable by that pattern of human behavior.³ Many of us default in our thinking and equate culture and diversity with race and ethnicity. But our thinking should include sexual orientation, religion, age, etc.

Furthermore, many universities and large companies have set up an Office of Diversity and Inclusion, with the realization that diversity and inclusion are separate terms with different definitions. We tend to easily notice the word diversity but quickly skip over the word inclusion. As explained by Andrés Tapia, the Global Diversity & Inclusion Solutions Leader for Korn Ferry Hay Group: *Diversity is the mix; inclusion is making the mix work.*⁴ A workforce, a student body, a profession may be diverse, but if minority groups (all forms) are not included in decision-making or leadership roles then segregation is the result and the benefits of diversity are not achieved. Before the value of diversity can be appreciated, organizational and individual commitment to having all groups heard and understood must be present. This inclusion must also entail opportunities for participation in leadership roles so that all may learn from the experiences of a diverse group of individuals.

Where Do We Go from Here?

How can we change the diversity of our health professions? It is unrealistic to believe that setting up a committee with committed individuals and a charge will instantaneously usher change. Change comes slowly, and it takes a concerted effort. Making change a reality requires time and a profession-wide organizational commitment to diversity, inclusion and cultural competence from practitioners, leadership (AOA, AAO and ASCO) and each school and college of optometry. Currently, we are far from our ideal! However, with sound strategy and defined goals that translate to defined results, we will one day make great strides to improve this great profession, which is definitely a worthy endeavor!

References

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Diversity, Inclusion, Cultural and Linguistic Competence: Do We Have a Strategy? | 2

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