

GUEST EDITORIAL: MADAM PRESIDENT—WOMEN IN LEADERSHIP AND SERVICE



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Having graduated from optometry school in 2014 when the average graduating class was comprised of 70% women and 30% men, it was interesting to look back at the governing bodies of our profession's two most reputable organizations.¹ The American Optometric Association (AOA), and the American Academy of Optometry (AAO) are regarded as cornerstone organizations in our profession. They serve to unify and amplify our thoughts and concerns as well as provide a platform on which to share our research and ideas.

A review of our profession's history reveals that, although a few notable women held leadership positions in the AOA and AAO, it was not until just 26 years ago that a woman was at the helm of either of these institutions. The changes that have led to the current state of our profession are a reflection of a combination of social progress, economic shifts, and an increase in the number of women practicing optometry.

Women have been members of the AAO since 1934. Many became fellows in the post-World War II era.² However, it was not until later that a woman was elected to a position of leadership; Dr. Joan Exford was the first woman president of the AAO in 1993 and 1994. The significance of her accomplishments may be difficult to grasp given the current status of our profession—the first president of the AAO was Morris Steinfeld in 1922.³

Dr. Exford was the first woman elected to the Academy's executive council where she served as secretary-treasurer for two years, president-elect for two years, and finally president.⁴ Her involvement in optometry extends to other organizations as well. She has been a member of the board of trustees at the New England College of Optometry and chairperson of the Massachusetts Board of Registration of Optometrists among others. She is currently a partner and practices at Korb Associates in Boston, MA.⁵

Since 1994, the Academy has had two other women presidents, Dr. Karla Zadnik in 2011 and 2012, and current president Dr. Barbara Caffery—equally remarkable women. Dr. Zadnik is presently serving as dean of the Ohio State University College of Optometry. A highlight of her career in academia includes serving as chair of the Collaborative Longitudinal Evaluation of Keratoconus (CLEK) study. The landmark study took place from 1994 through 2007 and was optometry's first National Eye Institute-funded multicenter study.⁶ In addition to seeing patients at her group practice in Toronto, Dr. Caffery teaches at the University of Waterloo School of Optometry and participates in dry eye and contact lens research.⁷

The AOA had a woman preside over its national convention as early as 1911. Dr. Elva Cooper, second vice-president, led the annual meeting as well as oversaw committee nominations and officer elections that year given the president and first vice-president at the time were ill and could not attend. Although this revolutionary change was regarded as a positive one, the AOA did

not see its first woman president, Dr. Dori Carlson, until 2011, and then Dr. Andrea Thau (2016-2017), followed by Dr. Barbara Horn (2019-2020).^{8,9}

These changes reflect the shift in the demographics of our profession and can be correlated to other social factors. Just 40 years ago, a 19% female enrollment in optometry school was considered an "all time high."¹⁰ However, despite earning their degrees, relatively few of these optometrists actually went on to practice. By contrast, of the roughly 49,000 doctors of optometry in practice today, 42% are women.¹¹

The phenomenon of fewer women optometrists entering the workforce despite earning their degrees was most notable in the post-World War II era, when social pressure encouraged women to retreat to the domestic sphere and leave jobs open for returning veterans. Unequal access to positions, unequal pay, and a higher barrier to enter into self-employed private practice were also factors. These conditions persisted during the course of the late twentieth century.

The AOA's *State of the Profession* report confirms that income inequality has also been persistent; women were making 29% less than their male counterparts as late as 1994. Even when adjusting for years-in-practice, which was an average of 10 years less, the income gap was still 16%. Women were also far more likely to be employed (as opposed to self-employed) and made up only 23% of the practices at a time when they made up the majority of students.¹² This may have been in part due to the obstacles women faced in obtaining business loans.¹³ It was not until the 1980's that federal legislation was passed prohibiting banks from requiring women have a male signatory on credit applications.



Dr. Joan Exford Korb



Dr. Elva Cooper



Dr. Dori Carlson

As a full-time clinic director of an O.D./M.D. practice and first time mother of a one-year-old child, I can appreciate firsthand what a privilege it is to have opportunities to pursue research as a fellow, or perhaps someday choose to own a practice all while enjoying (and enduring) the joys and tribulations of motherhood. Without the influence of women in our field, specifically in positions of leadership, and others who supported them this likely would not be possible. Their contributions have an impact that goes beyond the studies they publish, or the regulatory processes they oversee. They also serve to influence social progress and bring issues to light that may not impact our community equally as a whole.

Lending service to public health institutions beyond organized optometry is also a remarkable way to positively impact our society. Having trained in a hospital-based setting, and at the bench in the research and development department of a biotechnology company, I experienced the power of legislation at those levels and how they impact direct patient care. We are presently living through a vivid example of this during the COVID-19 pandemic. Just as women bring a unique perspective and approach to problem solving within optometry, so do they at the Centers for Disease Control, Food and Drug Administration (FDA) or even the governing body of a hospital system as vast as that of the Veteran's Administration. As a participant in the FDA approval process for medical devices I learned the impact regulations make on being able to get a product out to market which can transform treatment options and outcomes for patients. Furthermore, I was able to experience how these medical devices were integrated into patient care and how it impacted clinical decision making. Bringing a medical device to market does not automatically solve the health challenges a society may face. Thoughtful allocation of these resources is what ultimately helps people.

Throughout my career in science, both in industry and as a clinician, I have made it a point to make note of what effective leaders consider when approaching a challenge. My takeaway has been that, no matter the setting or challenge, it is critical to consider the issue from all perspectives. In biotechnology this

could mean taking the changes an engineer proposed and considering how this would impact manufacturing and even the end-user at the hospital. In my clinical practice, this translates into designing a treatment plan that is feasible for a particular patient, rather than impose a one-size-fits-all plan they may not be able to implement, whether because of affordability or other barriers. Understanding how these things fit together illustrates just how powerful a thoughtful public health leader can be—and by virtue of our diverse experiences as women, we bring an important perspective to the table as leaders and decision makers.

It is incredibly encouraging and important to have a diverse group of role models in positions of leadership, especially at the helm of the AOA and AAO. Involvement in these organizations, especially in a leadership capacity, shapes everything from the laws that dictate our scope of practice to the funds that provide a means for cutting edge research. To lead these institutions is to play a great role in shaping the future of optometry.

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