



**August 25, 2022**

### **Advancing Health Equity Through Glaucoma Research at Mount Sinai**

This week, we want to share a study from our colleagues at New York Eye and Ear Infirmary of Mount Sinai (NYEE) that will impact the future of screening and care for [glaucoma](#), the leading cause of blindness in the country. [The study](#) found that, compared to white patients, Black patients had twice the risk of early vision loss and were six times more likely to experience advanced vision loss.



The study's lead researcher, **Louis R. Pasquale, MD, FARVO, Deputy Chair for Ophthalmology Research** at the Icahn School of Medicine at Mount Sinai and Director of the NYEE Eye and Vision Research Institute, said that knowing African descent is a significant risk factor for glaucoma blindness will signal to clinicians that they should conduct closer examinations for some patients, so they can detect the disease earlier and begin treatment faster.

**Tamiesha Frempong, MD, MPH, Assistant Professor of Ophthalmology, Medical Education, and Pediatrics** for the Icahn School of Medicine at Mount Sinai, told us that “The benefits of studies like this are being able to raise awareness among health care providers and hospital administrators about differences in outcomes and disease burden and severity by race,” she said.



“Using race categories, without transparency, can be a complex issue that impacts data collection. These factors and outcomes will help push researchers to unravel limitations within studies and dig deeper to discover and uproot origins in structural and persistent racism and bias.”

In response to the study’s findings, Louis is advocating for glaucoma screening in Black teenagers and young adults, especially those with a family member who has been diagnosed with early-onset glaucoma. He also plans to continue researching the causes of this disparity, including the ways in which discrimination and social injustices, which can be inherited from one generation to the next, may play a role in treating or avoiding vision loss from glaucoma in patients across all races and ethnicities.

This work to learn more about how individuals and groups are impacted by disease and illness—and the role that factors like race, environment, and genetics play—is critical to our efforts to embrace anti-racism and create more equity in health care. We’re immensely proud of research our colleagues are conducting across the Health System and will continue to share their work with you in future bulletins.

Before we wrap, one quick note—in honor of Labor Day Weekend, we won’t publish a Bulletin next week. We look forward to being back in your inboxes on Thursday, September 8.

Until next time, we invite you to consider attending one of our events this week listed below.

All the best,

Angela and Shawn

## Join Us for an Upcoming Event

### **Chats for Change: Structural Racism Series: Health and Social Segregation**

– Structural racism is a driver of health inequities. Join Jay Johnson, CHES and Leona Hess, PhD on **Tuesday, August 30 from noon-1 pm** to discuss the ways in which the health of social groups is strongly affected by structural, rather than individual, phenomena. Join us as we examine the complex relationship between social segregation and health disparities. [Join here.](#)

### **Chats for Change: Structural Racism Series: Restructuring Systems** – While

some continue to believe medicine is apolitical and grounded purely in science, history and research reveal that medicine is inseparable from underlying systems, laws, and policies. Join Jay Johnson, CHES and Leona Hess, PhD on **Tuesday, September 6 from noon-1 pm** to brainstorm ways to restructure systems to improve conditions that affect health in workplaces, neighborhoods, and schools. [Join here.](#)

[Road Map for Action](#)

[Past Bulletins](#)

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