



# EYES ON ACCESS CASE STUDY

An Optometry Workforce Pipeline for Massachusetts Community Health Centers

Spotlight on the Mass League of Community Health Centers  
and the New England College of Optometry Partnership

## OVERVIEW

Less than 3% of community health center patients receive eye and vision care services, compared to 23% who receive dental. Yet health center patients experience disproportionately high rates of chronic conditions that increase their risk for vision loss and blindness, and racial and ethnic minorities are more likely to go blind from these chronic conditions than whites due to lack of regular eye care and other service barriers. Despite the importance of eye health, 24% of US counties have no optometrist or ophthalmologist, and for many communities, their health center is their only feasible option for eye and vision care services.

This case study highlights one innovative solution for improving access to on-site eye and vision care services at community health centers: the 51-year partnership between the New England College of Optometry (NECO) and the Massachusetts League of Community Health Centers (Mass League). Many of the patients served through this partnership would otherwise lack access to eye and vision care services.

**1 in 7:** health center patients with diabetes

**1 in 3:** health center patients whose diabetes is uncontrolled

Diabetes is the **#1 cause** of blindness among adults age 20–70

Black and Latinx individuals are **2x more likely** to go blind from diabetes-related complications than whites

**96%** of vision impairment and loss is avoidable

Children living in poverty are **2x as likely** to be visually impaired

## BACKGROUND

NECO is a private non-profit optometry school that prepares the next generation of eye care providers, educators, and innovators through rigorous curriculum, extensive clinical experiences, state-of-the-art facilities, and a strong support network. Founded in 1894, it is the oldest continuously operating optometry school in the nation. As an independent optometry school, NECO focuses solely on optometry. NECO offers a four-year doctorate degree program in optometry, an accelerated doctorate program, diverse residency program options, continuing education, a robust vision program, and much more in the city of Boston. NECO maintains numerous community partnerships, including with the Mass League, community health centers, school systems, and other partner organizations that influence vision services. Through these innovative partnerships and programming, NECO seeks to further the profession of optometry, educate other professions about optometry, clarify and establish optometrists' role within an integrated health care system, and fulfill its mission to *change the way people see the world*.



**“Regular access to eye care, and having it as part of a patient’s routine, can be the difference between going blind and maintaining functional vision.”**

—DR. MOY, OD, FAAO, CPCO,  
DIRECTOR OF HEALTH CENTER NETWORK  
AND CHIEF COMPLIANCE OFFICER, NECO



The Mass League seeks to promote population health equity for all through leadership and programs supporting community health centers and members in achieving their goals of accessible, quality, comprehensive, and community responsive health care. Founded in 1972, the Mass League is one of the first state Primary Care Associations in the country. The Mass League has taken an entrepreneurial spirit toward cultivating partnerships and approaching strategic opportunities that meet the needs of community health centers and their patients. The League serves as an information source on community-based health care to policymakers, opinion leaders, and the media, and it provides a wide range of technical assistance to health centers and communities.

## HISTORY OF THE PARTNERSHIP

The roots of this partnership lie in the late 1960s, when NECO sought to expand and enrich their students' learning opportunities in the clinical setting. Their goals were for students to train in health care environments alongside other health care professionals, to serve a more diverse array of patients including those with serious eye and vision problems, and to provide services to inner-city residents who otherwise lacked access. NECO began to approach community health centers about developing partnerships to bring vision services to these health centers.

Dr. Charles Mullen, OD, of NECO, with support from college president Bill Baldwin, approached leadership at several health centers. The college quickly realized that a lasting partnership would take time and in-depth discussions. Many health center patients and board members had negative experiences receiving care in the emergency rooms of large teaching hospitals, and were concerned that a partnership with NECO would replicate this experience. Others feared teaching institutions would “do things *to* us and not *with* us,” prioritizing the teaching institution’s goals over those of the health center and community. Some staff were reluctant to work directly with optometrists, or had little experience collaborating with them in an interdisciplinary context.

The prospective partners negotiated, compromised, and agreed upon safeguards, and in 1972, NECO formally entered into its first community health center partnership, with Dorchester House Multi-Service Center (now DotHouse Health) in Dorchester, Massachusetts. This was followed in 1973 by collaborations with two additional health centers, South End Community Health Center and Dimock Center, with others signing on in the coming years. The mutual benefits of this type of partnership were quickly apparent, which included increasing the number of patients seen for eye care, many of whom had never received eye or vision services before.

Simultaneous to increasing care access and service provision, the Mass League also partnered with NECO on public policy efforts. In the 1970s, providers, NECO professors, and the Mass League’s public policy analysts were concerned about potential changes to public policy that could threaten access to eye care services and necessities (like glasses) for those with Medicaid or those without insurance. Thus, the Mass League collaborated with NECO and the Massachusetts Society of Optometrists on policy advocacy to

protect eye care access. Dr. James W. Hunt Jr., PhD, the Mass League’s then-president and CEO, testified regularly in the legislature in support of eye care service expansion. The League also began to provide data demonstrating the need for eye care in communities, including its impact on employment, student advancement, and other outcomes.

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## Why optometrists?

Optometrists are the “primary care providers of the eye.” The well-being of a patient includes their ability to see and function visually for their lifestyle, and an optometrist helps ensure this through annual wellness checks. These visits include monitoring, screening, and education, and referrals to specialists or other health care team members when needed. “Sometimes we will catch diabetes or hypertension before the person goes to their primary care provider,” says Dr. Moy, which leads to collaboration with primary care to get the appropriate tests performed.

“We really want primary care providers to know that we’re in their court and we can back them up.”

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## THE PARTNERSHIP TODAY

Today, NECO maintains collaborations with 16 community health centers. Recognizing that every health center has different patients and organizational structure, NECO has developed three models for partnership. In some health centers, NECO faculty embed within the health center to run and operate the department: faculty provide care to patients, and students rotate into the department for their clinical internships. In this model, NECO subsidizes the salary of the faculty-optometrist. In the second model, health centers staff the department internally and host students for their internships. Finally, NECO runs a post-degree one-year residency program where residents may opt to work in a community health center to further their skills, and health centers may choose to combine this option with one of the others described above. As of 2023, 27 faculty optometrists are deployed to health centers in Massachusetts, with approximately 400 NECO interns and 4 residents.

NECO faculty, students, and residents are fully integrated into the health center's interdisciplinary care teams, including in health centers where NECO faculty run and operate the department. Working within the same electronic health record system enables easy and fast communication, which facilitates collaboration and warm handoffs. NECO faculty maintain knowledge of their health centers' other departments and services (e.g., domestic violence, health insurance navigation), workflows, and protocols. The Mass League credits NECO for its flexibility in creating and maintaining this seamless integration. Over the years, NECO has adapted how it partners with several health centers to address individual, changing health centers' internal needs and capacity.

This versatile approach to partnership has provided a highly adaptable model in addressing the community's vision care needs. If a school reaches out to a local health center's eye care department for assistance, they might send a team (including students and residents) to the school to perform screenings and schedule full exams with the health center or usual place of care. In other places, a call from a local school might mean setting up an eye clinic at the school or using a mobile van to provide services.

Both partners dedicate significant resources to their ongoing collaboration. The college has a staff position dedicated to coordinating with its health centers partners and fostering relationships with the Mass League, health centers, and other community partners. It continues to receive requests for partnership from health centers, and evaluate each opportunity closely to ensure the collaboration can produce a high-quality program. Likewise, the Mass League has a dedicated staff member who oversees the Eye Care Service Forum, which is a quarterly convening of clinical directors and other health center staff functioning in eye care roles, to discuss clinical topics relevant to eye care in community health centers. The League also hosts an Eye Care Online Community, which serves as an opportunity for members of the eye care community to network with one another.

The partners have identified where their missions overlap, allowing them to build off each partners' strengths. The following sections detail several areas of mutual benefit.

## INCREASING ACCESS, REACHING NEW PATIENTS

Since 1972, NECO has served 1 million health center patients through this partnership. Furthermore, for health centers where NECO faculty run and operate the department, “they get an optometrist at the highest level of learning and patient care, [namely] a professor, so it’s a pretty big win,” adds Dr. Amy Moy, OD, FAAO, CPCO, Director of Health Center Network and Chief Compliance Officer at NECO.

Optometrists see patients annually, and can thus serve as an entry point for patients who are not yet accessing medical, dental, or behavioral health services. Full integration allows for warm handoffs between departments, and co-management of conditions like glaucoma for patients with diabetes. “There’s an opportunity not just for access but for treatment of the whole patient,” says Dr. Hunt. “It can also be an opportunity for health centers to cross-fertilize to other programs.”

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DIRECTOR OF HEALTH CENTER NETWORK AND  
CHIEF COMPLIANCE OFFICER AT NECO

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## WORKFORCE PIPELINES

The partnership has created a strong workforce pipeline for community health centers. Clinical internships are many students’ first exposure to health centers, and increases the number who ultimately choose careers in health centers. “The student experience in health centers causes a level of stickiness,” notes Dr. Hunt. “They see the impact right away, they love what they do, and they are proud of their service.”

Dr. Michael Purdy, OD, MPH, Chief Clinical and Community Service Officer at Hilltown Community Health Center, agrees, noting that “health centers are looking for people who are mission-driven and oriented toward breaking down barriers, and this partnership allows [health centers] to show [students] this opportunity is available.” In the last 5 to 10 years of the residency program, approximately 60% of all residents take positions in community health centers upon finishing the program.

One key feature of the partnership is NECO’s requirement that all fourth-year students must perform a three-month placement at a community health center. The majority of students also rotate through a health center at least once before their final year. This means 400 students per year are exposed to health centers as a potential employer. It also allows NECO to integrate its organizational mission and values into the student experience. Dr. Howard Purcell, OD, FAAO, President and CEO of NECO, explains that “we want all our graduating students to go out into the world with a sense of serving the community, advocating for patients who are less resourced, and understanding their role in creating eye care access for all. By requiring these health center rotations, we’re making sure all students have experience in community health.”

## EXPANDING AND DEEPENING EDUCATIONAL OPPORTUNITIES

Partnership with health centers likewise provides NECO with multiple benefits. Students are able to work with an array of patient populations. They train in a multidisciplinary setting where they can see whole-person care in action, as well as learn about interdisciplinary team care and warm handoffs. They also witness firsthand the social determinants of health and how those play out in a clinical environment. NECO seeks to provide students with diverse clinical experiences, and believes its wide community health centers partnership network helps it stand apart from other optometry schools.

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**“By requiring students to be in health centers where cultural competency is at the forefront, they leave NECO exposed to people of different cultures that they may not have experienced before. I think that’s invaluable.”**

—DR. AMY MOY, OD, FAAO, CPCO,  
DIRECTOR OF HEALTH CENTER NETWORK AND  
CHIEF COMPLIANCE OFFICER AT NECO

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## ONGOING COMMUNICATION

Both organizations have similar goals regarding health equity and service access, and thus prioritize ongoing communication to continue identifying and collaborating on areas of mutual benefit. Dr. Hunt and other health center leaders have sat on the NECO board. NECO maintains regular communication, as it values the insight and work that the Mass League accomplishes beyond eye care services. The partners continue to listen and educate one another on issues of common concern, including recent developments in eye care policy and service provision within Massachusetts and around the nation. Recently, Dr. Hunt was asked to join NECO’s developmental committee and current CEO Dr. Curry has spoken at various NECO events.

NECO credits their partnership’s success to strong leadership and support from the Mass League. Both Dr. Hunt and current President and CEO Dr. Michael Curry, Esq., have been fully in support of eye care, and Dr. Moy believes this has made a large difference in the success of the partnership. “The Mass League’s support of us sends a strong message to the other health centers that don’t have eye care,” she says. “If state association across the country choose to highlight eye care, then people will stand up and notice.”

## FUTURE DIRECTIONS

As this partnership moves into its sixth decade, both the Mass League and NECO are looking to the future. Although traditionally based in the greater Boston area at locations reachable by public transportation and thus by students and faculty, the partnership has recently expanded into Western Massachusetts, to continue reaching those most in need of eye care. This expansion has brought new challenges around transportation access and adapting the model to rural environments. Other access barriers include serving individuals who are ineligible for public insurance, such as those who lack documentation. The partners are also watching the push toward capitation models, which will affect how optometry services are utilized. Massachusetts currently uses a capitation model for primary care but a fee-for-service model for specialty services, and both partners will continue to watch how the shifting payment landscape impacts care and access.

Both are also looking to the future of the health care workforce pipeline. NECO is part of the 13% promise, which seeks to shift the proportion of Black Americans in optometry to reflect their representation in society at large. "By making this commitment, we have more students from various diverse backgrounds becoming optometrists, and the hope is that diverse patients can be cared for by providers of their own backgrounds," says Dr. Moy.

The Mass League sees a similar priority. "We should be focused on promoting admissions to college, including looking within our communities and our patients to find those with lived experience who can enter the pipeline," says Dr. Hunt. "That's not tomorrow's pipeline, that's the pipeline five years from now."

## CONCLUSION

Eye care remains a pressing public health issue, and community health centers have a vital role to play in increasing access and integrating vision services into whole-person care. Recent developments like embedded telehealth have created flexibility in how health centers utilize their physical space, providing the opportunity to offer services like eye care that once seemed infeasible due to lack of space. As health centers consider possible mechanisms to provide eye and vision health services, partnering with an educational institution presents one promising avenue. It can increase service access, address health inequities, improve health outcomes, develop a strong workforce pipeline, and improve the diversity of clinical training experiences for the next generation of optometrists.

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