

CURRENT AFFILIATIONS OF MEMBERS OF THE ASSOCIATION OF SCHOOLS
AND COLLEGES OF OPTOMETRY WITH COMMUNITY HEALTH CENTERS

by

Allegra Paige Babiarz

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Allegra Paige Babiarz

Has been approved

16th May, 2019

APPROVED:

Dr. Lillian Kalaczinski
Faculty Advisor

ACCEPTED:

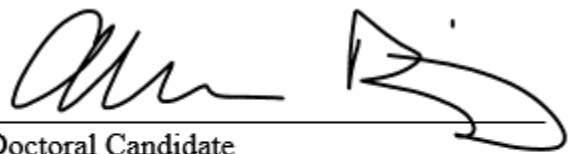
A handwritten signature in black ink, appearing to read 'Allegra Babiarz', is written over a horizontal line.

Faculty Course Supervisor

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Doctoral Candidate

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ABSTRACT

Background: From 2008 to 2015, there was a 27% growth in the number of federally qualified health centers (FQHCs) and a 42% increase in the number of patients served by FQHCs. The most current formal data available regarding the number of affiliations between FQHCs and optometric institutions is from 2008. This project quantified the number of schools and colleges of optometry that have affiliations with FQHCs and determined if that number has increased in proportion with the growth of FQHCs.

Methods: Electronic surveys through Google Forms were sent to a specified person at each Association of Schools and Colleges of Optometry member institution. The survey was designed to determine the number of affiliations with FQHCs, the types of those affiliations, and the scope of community-based primary optometric care at FQHCs.

Results: There are 47 total FQHCs that have active agreements with the optometry schools. At least 21 individual FQHC affiliations with schools have been made since 2006 and those affiliations are distributed among 14 different schools. In total, 18 schools have a formal affiliation with FQHCs. The percentage increase of total schools from 2008 to 2018 is 29.41% and the percentage increase of schools with FQHC affiliations is 63.64%. *Conclusions:* The rate of growth of FQHC affiliations is greater than the development of new optometry schools. This study can serve as groundwork for any future public health research, policy reforms, and general data that is overdue to be collected. This survey also established a directory of optometrists who work at FQHCs, which can be used to facilitate future collaborations.

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CHAPTER 1

INTRODUCTION

Several types of community health centers (CHCs) operate in the United States including Federally Qualified Health Centers (FQHCs), Rural Health Clinics, Community Health Centers, Migrant Health Centers, Homeless Health Centers, and others. FQHCs are organizations that receive federal funding to provide primary health care and preventative services to vulnerable populations within their communities. These federally funded organizations are designed to provide care without regard to patients' abilities to pay for services and operate on a sliding fee scale.¹

FQHCs receive reimbursements from government-funded insurances, reimbursements from private insurances, and grants from the federal government. Some CHCs meet the criterion for an FQHC but do not receive federal grant funding, these are called FQHC Look-Alikes. FQHCs are designated by criterion that include:

- Funding through the Public Health Service Act Section 330
- Serve an underserved population or area
- Maintain a quality assurance program
- Enlist a governing board of directors with patients filling more than half the roles
- Provide the following services:

- Preventative health
- Dental
- Mental health and substance abuse
- Hospital and specialty care
- Transportation necessary for adequate patient care.²

FQHCs originated in 1965 as a grant from the Office of Economic Opportunity to Tufts University to fund a health center in Columbia Point, Massachusetts.³ In 1989 and 1990 Medicaid and Medicare respectively became a viable and primary method of funding for health centers that met the FQHC requirement.

From 2008 to 2015, there was a 27% growth in the number of FQHCs and a 42% increase in the number of patients served by FQHCs.⁴ FQHCs serve 27 million people throughout 1,400 health centers, which provide care at over 11,000 locations.⁴ In 2005, only 18.3% of FQHCs provided optometric care to patients.⁵ Optometric services are currently provided on site in 24% of FQHCs and FQHC Look-Alikes as reported by the National Association of Community Health Centers.⁶ Optometric services are not a required service in FQHCs.² According to the Healthy People 2020 initiative, vision services are crucial to a community's health. The Healthy People 2020 initiative states, "Research indicates that several diseases and eye disorders are more prevalent in certain racial and ethnic minority communities and disproportionately affect minority populations more than whites."⁷

Optometric schools and colleges are not bound to a standard number or type of clinical affiliations or externship sites to become an accredited institution.⁸ Schools and Colleges of Optometry are accredited by the Accreditation Council on Optometric

Education through the Education Department of the United States government. Those accredited schools are all members of an academic leadership organization named Association of Schools and Colleges of Optometry (ASCO). ASCO recognizes 24 optometric institutions of which 22 are part of the contiguous United States of America. Information authored by the members of the American Optometric Association Community Health Center Committee suggests the affiliation a school maintains with a CHC is rich with learning opportunities and the ability to contribute to the communities that support the school itself.⁵

The numbers of the optometric institutions and the total CHCs have independently increased since 2008. The most current formal data available regarding the number of affiliations between CHCs and optometric institutions is from 2008.⁵ This project was designed as a follow-up to the report published in 2008 regarding the affiliations between CHCs and schools and colleges of optometry. The nature of these programs, length of affiliation, clinic characteristics including student experience, and a directory of optometrists who work in the CHCs and who are affiliated with the optometric institutions were created from the data collected.

CHAPTER 2

METHODS

The first study, Affiliations of Community Health Centers with the Accredited Schools and Colleges of Optometry in the States and Territories of the United States,⁵ published in 2008, gathered self-reported data through surveys collected in 2006. This 2018 study also utilized self-reported data obtained through surveys. Questions for the 2018 survey were based on the survey questions in the 2008 publication. Input from an author from the previous study was used to re-word questions to eliminate confusion and redundancy on various questions. The 2018 survey was created with Google Forms and was completely internet-based.

The 2018 survey was sent to the attendees of the 2017 Association of Schools and Colleges of Optometry Clinic Director Meeting with a cover letter explaining the purpose of the study. Those contacts either responded to the survey or recommended the best person to answer the questions. Follow-up contact was performed with emails and phone calls until every school had responded with at least one completed survey. The following variables regarding FQHCs were measured: how many and what type of students and residents are at each FQHC; duration of student exposure to the FQHCs; names of optometrists; employment status of each optometrist; physical properties of the building;

specific services provided at each FQHC; contributions to FQHCs from the schools; and duration of the FQHC-school affiliation. A copy of the survey exists in Appendix A.

Survey responses were organized into a Google Sheets program through a program within Google Forms. The Google Sheets information was then exported to a Microsoft Excel program where the data was organized to be used in this paper.

The Institutional Review Board confirmed this study did not require approval through its organization at Ferris State University.

CHAPTER 3

RESULTS

In 2018, 24 schools and colleges of optometry (hereby referred to as “schools”) were affiliated with ASCO. One school was unable to be contacted (Puerto Rico) and the other operates outside of the United States government (Waterloo). Completed surveys were received by 22 schools, and those surveys showed 18 schools have a formal affiliation with FQHCs. One school has an agreement to see patients in its own clinic, who are referred from an FQHC, and is not considered in any counts involving FQHCs. Another school has four affiliations with health centers that do not meet the criteria for an FQHC or an FQHC Look-Alike. There are 47 total FQHCs that have active agreements with the schools. One FQHC has a formal agreement with two schools. Only one FQHC Look-Alike was reported to be affiliated with a school.

The number of students or residents involved with the schools are as follows: one school includes third year students, fourth year students, and residents in its FQHC affiliations (Michigan College of Optometry); one school includes only third year students in its FQHC affiliations (Rosenberg School of Optometry); four schools include only fourth year students in their FQHC affiliations (The Ohio State University College of Optometry, Salus University, Indiana University School of Optometry, and Southern

College of Optometry); six schools include third year and fourth year students in their FQHC affiliations (University of Pikeville Kentucky College of Optometry, Western University of Health Sciences, SCCO at MBKU, MCPHS School of Optometry, Pacific University College of Optometry, and University of Missouri - St. Louis); six schools include fourth year students and residents in their FQHC affiliations (UC Berkeley School of Optometry, University of Houston College of Optometry, Nova Southeastern College of Optometry, SUNY Optometry, Midwestern University Arizona College of Optometry, and New England College of Optometry).

Table 1. Type and Number of Optometry Students and Residents who Rotate Through FQHCs

OPTOMETRY SCHOOL	3RD YEAR STUDENTS	4TH YEAR STUDENTS	RESIDENTS
Michigan College of Optometry	✓	✓	✓
Rosenberg School of Optometry	✓		
The Ohio State University College of Optometry; Salus University; Indiana University School of Optometry; Southern College of Optometry		✓	
University of Pikeville Kentucky College of Optometry; Western University of Health Sciences; SCCO at MBKU; MCPHS School of Optometry; Pacific University College of Optometry; University of Missouri - St. Louis	✓	✓	
UC Berkeley School of Optometry; University of Houston College of Optometry; Nova Southeastern College of Optometry; SUNY Optometry; Midwestern University Arizona College of Optometry; New England College of Optometry		✓	✓
Total students	161	425	22
Total FQHCs	9	27	9

Due to variance in student clinic enrollment, the following numbers are based on the lowest estimate provided by each school. Across all schools, 161 third year students rotate through nine FQHCs, 425 fourth year students rotate through 27 FQHCs* and one FQHC look-Alike, and 22 optometric residents practice in nine FQHCs.*

At least 21 individual FQHC affiliations with schools have been made since 2006 and those affiliations are distributed among 14 different schools. In total, 18 schools have a formal affiliation with FQHCs, of which 14 schools are reporting new affiliations since the 2008 publication.

The original schools who reported affiliations in the previous study reported a total net decrease in the number of affiliations since 2006. This previously studied group included: Illinois College of Optometry, The New England College of Optometry, The Ohio State University College of Optometry, Michigan College of Optometry at Ferris State University, Indiana University School of Optometry, University of Missouri-St. Louis School of Optometry, University of Houston College of Optometry, University of Alabama at Birmingham School of Optometry, and Pacific University School of Optometry. At the time of the previous study, these schools reported 35 CHC affiliations (note: Inter-American University of Puerto Rico was not included in this list due to the inability to reach the school for updated results for this study).

* New England College of Optometry reported 14 separate FQHC affiliations that are counted as one FQHC for the student and resident totals.

Table 2. Reported CHC Affiliations in Schools Between 2008 and 2018

SCHOOLS THAT REPORTED IN 2008 AND 2018	CHCS IN 2008	CHCS IN 2018	CHANGE FROM 2008
Illinois College of Optometry	1	0	-1
Inter-American University of Puerto Rico	2	n/a	n/a
The New England College of Optometry	14	14	0
The Ohio State University, College of Optometry	1	2	+1
Michigan College of Optometry at Ferris State University	1	2	+1
Indiana University, School of Optometry	4	1	-3
University of Missouri-St. Louis, School of Optometry	3	3	0
University of California at Berkeley, School of Optometry	3	4	+1
University of Houston, College of Optometry	3	1	-2
University of Alabama at Birmingham, School of Optometry	3	4	+1
Pacific University, College of Optometry	2	1	-1

Table 3. U.S.-Based Schools/Colleges of Optometry and Number of CHC Affiliations with Affiliation Dates

SCHOOL	CHC AFFILIATIONS	YEAR ESTABLISHED
Indiana University School of Optometry	1	2014
Michigan College of Optometry	2	1998, 1998
New England College of Optometry	14	1969-2015
Pacific University College of Optometry	1	2012
SCCO at MBKU	2	2004, 2017
The Ohio State University College of Optometry	2	2000, 2014
UAB School of Optometry	4 non-CHC clinics	2003
UC Berkeley School of Optometry	4	1996, 2010, 2012, 2017
University of Houston College of Optometry	1	2013
University of Missouri - St. Louis	3	Unknown
MCPHS School of Optometry (Est. 2012)	2	2013
Midwestern University Arizona College of Optometry (Est. 2013)	1	2016
Nova Southeastern College of Optometry (Est. 1989)	1	1987
Rosenberg School of Optometry (Est. 2013)	1	2010
Salus University (Est. 1919)	1	2016
Southern College of Optometry (Est. 1932)	1	2016
SUNY Optometry (1971)	3	1990s
University of Pikeville Kentucky College of Optometry (Est. 2015)	1	2016
Western University of Health Sciences (Est. 2013)	7 FQHCs, 1 Look-Alike (2015)	2012, 2013, 2016, 2017, 2018

Total change of reported CHC affiliations from the 2008 publication to 2018 is three less CHCs when comparing the schools that were able to report for both studies. One school reported it had affiliations prior to the 2008 study, but those affiliations were not published in 2008 and cannot be compared in this study for consistency. Many schools were inconsistent with the affiliations that were reported from the previous study to this study (for example, a school reports in 2008 that they have 2 FQHC affiliations, but in 2018 reports that they had 3 FQHC affiliations since 1975).

Schools that were not reported in the previous study make up a second group of schools with CHC affiliations (highlighted in Table 3). This group of schools has a total of 19 FQHC affiliations of which four FQHC affiliations are reported to exist before 2006.

A gross view of the growth in the data can be calculated: 64.71% (11/17) of schools had affiliations with CHCs in the 2008 publication, and in 2018 81.81% (18/22) have affiliations with CHCs. The percentage increase of total schools from 2008 to 2018 is 29.41% $((22-17)*100/17)$. The percentage increase of schools with CHC affiliations is 63.64% $((18-11)*100/11)$.

The data reported regarding the services within the CHCs was calculated only for FQHCs that have school affiliations. Most of the optometric staffing at FQHCs is by faculty appointment. Frequency of services offered at FQHCs has increased, with the presence of an optical with the largest increase among the services. Binocular vision and vision therapy were surveyed as a single item in the 2008 publication but were asked as separate items for this study.

Table 4. Optometric Staffing at FQHCs

TYPE OF APPOINTMENT	FREQUENCY
FACULTY APPOINTMENT (aT tHE SCHOOL oR COLLEGE oF OPTOMETRY)	18
STAFF APPOINTMENT (aT tHE HEALTH CENTER)	4
BOTH a FACULTY aND a STAFF APPOINTMENT	3
UNKNOWN	6

Table 5. Clinical Services Offered at Each Reported FQHC Compared to 2008

SERVICE	FREQUENCY IN 2008	FREQUENCY IN 2018	CHANGE FROM 2008
COMPREHENSIVE DILATED EYE EXAMS	37	30	+7
VISUAL FIELD TESTING wITH AUTOMATED PERIMETRY	29	27	+2
FUNDUS PHOTOGRAPHY	18	25	-7
OPTICAL	33	22	+11
OCT	n/a	18	n/a
CONTACT LENSES	19	16	+3
BINOCULAR VISION	13	15	-2
VISION THERAPY		9	+4
LOW VISION	n/a	4	n/a
ON-SITE OPTICAL LABORATORY	n/a	3	n/a

CHAPTER 4

DISCUSSION

CHC affiliations with optometry schools and colleges are stronger than before. While the number of optometry schools has grown by 29.41%, the affiliations with CHCs has grown by 63.64%. The rate of growth of CHC affiliations is beyond the growth of schools, and it can be easily seen with the increased number of affiliations after the year 2006. The growth overshadows the net loss of three CHCs from the original group of schools studied (Puerto Rico is not counted in this study or net loss calculations because data was not able to be obtained for this study).

Several challenges emerged when comparing data from the previous study to this study. The first challenge when analyzing data is that the total number of optometry schools has increased from 17 to 24, but only 22 schools were included in this study. The second challenge is the schools that were established during the time of both studies were inconsistent with their reported findings. For instance, one school did not report any CHC affiliations in the 2008 publication but replied to the new survey that there were in fact affiliations prior to the 2008 study.

This study found growth in nearly all areas that were previously studied in the 2008 publication. One area that did not show growth was in the frequency tally of

services offered at different CHCs. Fewer total CHCs were affiliated with schools in the 2008 publication than there are in 2018, (37 then and 47 now). Many schools did not submit a separate survey response per CHC reported in 2018. Therefore, one school with two or more affiliations may indicate that the CHC provides comprehensive dilated eye exams meaning each CHC provides that service, yet the frequency of the data remains at one. For this reason, it is important to ensure strict compliance to the rules of the survey for those who submit responses in the future.

Some schools reported FQHC affiliations prior to 2006 that were not reflected on the study published in 2008. Minor inconsistencies with data collection can skew results, and it therefore must be considered carefully before making major policy changes.

There has not been a directory made of optometrists who work in CHCs. This survey allowed for the first documentation of optometrists' names, school affiliation, and name of the FQHC (see Appendix B). New England College of Optometry, Rosenberg School of Optometry, and UC Berkeley School of Optometry did not contribute to the directory for various reasons. Questions regarding staff at CHCs affiliated with those three schools may be directed towards those schools individually. The majority of staffing at FQHCs that have optometry school affiliations are by faculty appointment which suggests the strength of the affiliation is strong. A faculty appointment is considered stronger than a staff appointment due to the resources that must be allocated to a faculty appointment position.

Understanding the status of optometry schools and their CHC affiliations will help shape future policy. Optometry schools are at an excellent position within their communities to give back and establish access to optometric care through various CHCs.

Studying the growth of FQHCs serves as a good measurement as compared to all CHCs, because the FQHC requirements are strict, which makes the data easier to research than other types of CHCs. It is promising to see the growth in both FQHCs and their optometry school affiliations.

The future of this project might include another survey in five years, instead of over a decade like this study. At the time of the next survey, the number of optometry schools may be closer to the current number of schools in 2018, which will help make similar comparisons in growth of CHCs and FQHCs. Optometric institutions may have a better background understanding of CHCs versus FQHCs now compared to a decade ago and can provide clearer survey answers than in previous studies. It will be important in future studies to enforce the individual response for each CHC affiliation, as to not skew the data like mentioned before. The trend of optometric affiliations with CHCs has been positive; the continued growth of affiliations would be beneficial to students of the optometry schools and the communities the CHCs serve.

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APPENDIX A

SURVEY QUESTIONS

Survey Investigating the Affiliations with Federally Qualified Community Health Centers and the Schools and Colleges of Optometry.

The following information must be completed for each health center affiliation. Because some schools have multiple affiliations, this section may need to be completed more than once.

By participating in this survey, you consent to the use of the data you provide to be used in this research study and by the Association of Schools and Colleges of Optometry.

Name of school or college of optometry:
Name and position of person completing survey:
Email for person completing survey:
Telephone number for person completing survey:

1. Does the school or college have a formal affiliation with any Federally Qualified Community Health Centers (FQHCs)?

(Yes, No, Not Sure)

2. Does the school or college have any teaching agreements for clinical training of students, residents, or other educational activities with any FQHCs? (Does an FQHC serve either as an externship site or clinical rotation site for optometry students and/or residents?)

(Yes, No, Not Sure)

3. Does the school or college have any affiliations with other types of community health centers not yet accounted for in this survey?

(Yes, No, Not Sure)

Description of Each Community Health Center Affiliation (Externship, Clinical Rotation Site, etc.)

If you answered "No" to questions 1-3 in the previous section (no affiliations with any type of health center), you are finished. Please scroll to the bottom of this form and click "submit form".

If you answered "Yes", "Not sure", or "Other" to any of the questions 1-3 in the previous section, please fill out this section for each health center affiliated with the school or college, and then submit the form. A separate survey will need to be completed for each affiliation. Submitting this survey will lead you to an exit page with the option to "submit a new response".

If you are not sure whether a health center is a Federally Qualified Health Center (FQHC), follow the link below for more information. If you are still unsure of the health

center's designation, please skip to question three and provide a full description of the health center.

<https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

1. Please list the name of the Federally Qualified Health Center with whom the school is affiliated. (If the health center is not a designated FQHC, leave this question blank and skip to question 2.)
2. If the school or college has an affiliation with a health center that is not an FQHC (i.e. Rural Health Clinic, Community Health Center, Health Center for the Homeless, Health Center for Residents of Public Housing, Migrant Health Center) please complete the following information: center name and designation. Leave blank if you answered question 1, or if you are not sure of the health center designation.
3. Please provide the name, location, and description of the health center if it does not match any of the qualifications above or you are unsure of its designation.
4. How many optometry students are typically scheduled in a year to be at the health center? How many are 3rd Year students? 4th Year students? Other students?
5. How many residents are typically scheduled in a year to be at the health center?
6. How many weeks total is the rotation for students/residents at the site? If different between students and residents, please explain.
7. What is/are the name(s) of the optometrist(s) who work at the health center?
8. Indicate the employment status of the optometrist(s) who work at the health center:
(Faculty Appointment (at the school or college of optometry); Staff Appointment (at the health center); Both a faculty and a staff appointment; Other:)
9. Are the hours of operation for the health center's eye care services full-time or part-time?
10. How many exam rooms are available for eye examinations?
11. Select which ocular services are provided at the health center:
(Comprehensive dilated eye exams; Contact lenses; Binocular vision; Vision therapy;
Low vision; Visual field testing with automated perimetry; Fundus photography; OCT;
Optical; On-site optical laboratory; Other:)

12. What specific financial and physical contributions has the school or college of optometry made to the health center (such as purchasing of equipment, staff salaries, build out, etc.)?

13. Who is responsible for the salary of the optometrist(s)? Select all that apply.
(Health Center; School or college of optometry; Other:)

14. What year was the health center affiliation established?

Do you have any additional comments (such as operations, or historical information)?

If your school has more than one affiliation with a health center, please submit this form now, and click "submit a new response" on the next page.

You will have to enter the school demographic information at the start of the survey again.

Any questions can be sent to: Allegra Babiarz at babiara@ferris.edu

APPENDIX B

SCHOOL-AFFILIATED COMMUNITY HEALTH CENTER OPTOMETRIST
DIRECTORY

Doctor's Last Name, First Name
School Affiliation
Name of FQHC

Andrus, Shawn
Michigan College of Optometry
Cherry Street Services, Inc.

Au, Michael
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Baker, Meagan
Michigan College of Optometry
Cherry Street Services, Inc.

Bauer, Matthew
Western University of Health Sciences
Open Cities Health Center, St. Paul, MN

Bhakhri, Raman
SCCO at MBKU
South Central Family Health Center & Hurtt Medical Clinic

Bos, Kevin
Michigan College of Optometry
Cherry Street Services, Inc.

Bradley, John
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Brooks, Erin
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers

Bruning, Brian
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers

Capone, Robert
Western University of Health Sciences
East Boston Neighborhood Health Center

Carlson, Adam
Michigan College of Optometry
Cherry Street Services, Inc.

Castrejon, Franco
Western University of Health Sciences
Nipomo Community Medical Center Operated by Community Health Centers of The
Central Coast, Inc.

Caudill, Cliff
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Cecil, Kendall
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Contardo, Leonard
MCPHS School of Optometry
Family Health Center of Worcester and Edward M. Kennedy Community Health Center

Cooper, Jan
Western University of Health Sciences
John Wesley Community Health Institute, Los Angeles, CA

Daka, Dedrix
Western University of Health Sciences
MCR Health Services, Bradenton, FL; Manatee County Rural Health Services, Inc.

Davis, Jackie
The Ohio State University College of Optometry
Lower Light Christian Health Center, Inc

Empey, Gregory M.
Western University of Health Sciences
Castle Family Health Center (Look-Alike)

Evans, Jason
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Fitzgerald, Rachel
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Fox, Annah
Michigan College of Optometry
Cherry Street Services, Inc.

Fox, Jamal
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers

Giardina, Frank
Western University of Health Sciences, Southern College of Optometry
Nipomo Community Medical Center Operated by Community Health Centers of The Central Coast, Inc.

Giordano, Stephanie
SUNY Optometry
Ezras Choilim Health Center Inc.; Community Health Center of The North Country
Operated by United Cerebral Palsy Association of The North Country, Inc - Gouverneur

Gonzalez, Benedicte
SCCO at MBKU
South Central Family Health Center & Hurtt Medical Clinic

Haskes, Lloyd
SUNY Optometry
New York City Health & Hospitals Corporation- East New York Diagnostic Center

Hendricks, Bridget
MCPHS School of Optometry
Family Health Center of Worcester and Edward M. Kennedy Community Health Center

Kamian, Kim
SUNY Optometry
Ezras Choilim Health Center Inc.; Community Health Center of The North Country
Operated by United Cerebral Palsy Association of The North Country, Inc - Gouverneur

Khalaf, Alia
MCPHS School of Optometry
Family Health Center of Worcester and Edward M. Kennedy Community Health Center

Kinzer, Eilene
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Makhlouf, Rim
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Mika, Renee
Michigan College of Optometry
Cherry Street Services, Inc.

Moreno, Suzanna
University of Houston College of Optometry
Asian American Health Coalition Dba Hope Clinic

Nabhan, Tareq
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers

Najman, Perla
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Nerderman, Joan
The Ohio State University College of Optometry
Lutheran Social Services of Central Ohio, Faith Mission

Nguyen, Linda
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers

Nguyen, Thuy-Lan
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Oosting, David
Michigan College of Optometry
Baldwin Family Health Care, Inc.

Page, Jennifer
Indiana University School of Optometry
Raphael Indiana

Perry, Felton
UAB School of Optometry
NOT FQHC: Western Health Clinic, Midfield, AL (Jefferson County Department of Health); Firehouse Shelter for the Homeless, Lovelady Re-Entry Program; Foundry Re-Entry Program

Pham, Christine
Western University of Health Sciences
Eisner Downtown Los Angeles, Chapcare Pasadena, Community Health Alliance of
Pasadena; Eisner Pediatric & Family Medical Center

Ransdell, Amanda
The Ohio State University College of Optometry
Lower Light Christian Health Center, Inc

Rodman, Julie
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Rogala, James
University of Pikeville Kentucky College of Optometry
Big Sandy Health Care, Inc. Mountain Comprehensive Care Center, Inc.

Sansone, Jackie
Indiana University School of Optometry
Raphael Indiana

Sayani, Amar
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Simmons, Angel Novel
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health
Centers

Simon, Gerald
UAB School of Optometry
NOT FQHC: Western Health Clinic, Midfield, AL (Jefferson County Department of
Health); Firehouse Shelter for the Homeless, Lovelady Re-Entry Program; Foundry Re-
Entry Program

Sims, Janene
UAB School of Optometry
NOT FQHC: Western Health Clinic, Midfield, AL (Jefferson County Department of
Health); Firehouse Shelter for the Homeless, Lovelady Re-Entry Program; Foundry Re-
Entry Program

Steele, Beth
UAB School of Optometry
NOT FQHC: Western Health Clinic, Midfield, AL (Jefferson County Department of Health); Firehouse Shelter for the Homeless, Lovelady Re-Entry Program; Foundry Re-Entry Program

Steen, Jessica
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Takaki, Katherine
SCCO at MBKU
South Central Family Health Center & Hurtt Medical Clinic

Trujillo, Luis
Salus University
Delaware Valley Community Health, Inc - Norristown Community Health, PA

Vaughn, Alexia
UAB School of Optometry
NOT FQHC: Western Health Clinic, Midfield, AL (Jefferson County Department of Health); Firehouse Shelter for the Homeless, Lovelady Re-Entry Program; Foundry Re-Entry Program

Vollmer, Lori
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Woods, Albert
Nova Southeastern College of Optometry
North Broward Hospital District - Specialty Care Center (Ft. Lauderdale, FL)

Wrubel, Dan
Michigan College of Optometry
Baldwin Family Health Care, Inc.

Young, Dwayne
University of Missouri - St. Louis
Betty Jean Kerr - People's Health Centers, Affinia Healthcare, Family Care Health Centers