Roger Wilson is Vice President for Professional Services and Strategy Assessment for the New England Eye Institute, the clinical services corporation of the New England College of Optometry. He is a 1980 graduate of the College and holds the rank of Professor. More than twenty years' commitment to community as a clinician, educator, health services researcher, and administrator has led Roger to conclude that "a successful partnership should be a transformational experience for both parties." As chair of the American Optometric Association's recently formed Community Health Center Committee, Roger hopes to build capacity for eye and vision services within health centers nationally and create a new career path for optometry school graduates interested in community health.

Roger's clinical experience includes over twenty years of service at a Boston-area community health center. He has a keen interest in community based health care, best practices in health care delivery, and community-based participatory research. Roger is the recipient of two National Eye Institute Community Awards that provided for community-based outreach projects. These projects linked risk assessment of ophthalmic diseases to the Healthy People 2010 Vision Objectives. He also was a co-recipient of a 2004 Schwartz Center grant, which was used to fund a Cultural Competency Forum for the Eye Institute's professional staff. He is also a fellow of the American Academy of Optometry and a member of the American Public Health Association.

Q: Briefly, what is the mission of your organization?
A: The mission of the New England Eye Institute (NEEI) is to improve the visual health of populations through excellence in collaborative and community oriented patient care, education and research. Our organization is a network of over forty (40) eye care centers and programs that reach out to the community with tailored programs for diverse and vulnerable populations including children, the elderly and the homeless.

We are the clinical teaching arm of the New England College of Optometry (NECO). New England Eye offers specialized services for whole-person, comprehensive eye care through its ongoing collaboration with area health professionals. Through the delivery of excellent eye care for people in need, NEEI is playing a leading role in the Healthy People/Healthy Vision 2010 national health agenda.

Our board chair Sally Deane says that we are "the Switzerland of eye care" in Boston. She is referring to our excellent relationships with Boston area delivery systems and professional staff. We have collaborations with the three major hospital systems in Boston, twelve community health centers through our affiliation with the Massachusetts League of Community Health Centers, and many other health care and social service agencies throughout Massachusetts.

Q: What do you most want people to know about the work that you do and the unique characteristics of your organization?
A: I want CCPH members and students to know that it is possible to build a collaborative system of quality eye care delivery that responds to the needs of children, frail elders, people with disabilities, and those without proper access to care, and that this system is working - it a model for the nation. It combines the best practices of services delivery, comprehensive quality, and excellent education.

As optometrists we provide front line eye and vision care to most of the patients most of the time, and we co-manage the more complex medical and surgical needs of our patients with a wonderful network of hospital and community-based ophthalmologists, primary care physicians and other providers. Our care team has figured out that the most important person in the relationship is the patient, and so we go about our work through implementing the best practices possible to achieve good visual health for our patients.

With the NECO's strong curriculum in community care and public health and NEEI's multiple affiliations in greater Boston, our students are well positioned to successfully compete for job openings at health centers and other community settings. Having the opportunity to train at multi-disciplinary health centers distinguishes our programs and our graduates from any others in the nation.
mission to provide excellence in care, and because we can do it through forming partnerships with other organizations, all of a sudden there is a realization that the work of one organization can make a difference. The New England Eye Institute is a great example of a community based organization that connects the dots of disparity so that they can be confronted and dealt with through both our network of programs and the quality care provided by our dedicated doctors of optometry, optometry students, and optometry residents.

Q: What is your dream for the future of your organization and/or community-campus partnerships you’re involved in?
A: One day, when the National Institutes of Health and National Eye Institute review the progress being made across the United States in the area of visual health disparities and community based optometric education initiatives, they will zero in on Boston as a city that is head and shoulders above the rest of the nation. As they “drill down” into the data they will discover that the community settings with the most improvement to access for eye and vision services, and the related significant improvement in eye health problems relating to the ten vision objectives of Healthy People 2010 are those agencies and organizations being served by the amazing professional staff of the New England Eye Institute and the New England College of Optometry.

In addition to our accomplishments in Boston, our work is beginning to influence others nationally. Using the NECO/NEEI model it is my hope that all the schools and colleges of optometry in the US will establish clinical and teaching affiliations with neighboring community health centers and other community organizations and agencies. For example, the American Optometric Association (AOA) recently formed a new committee, the Community Health Center Committee and I am proud to be its first chair. By the formation of this committee, and working in conjunction with the National Association of Community Health Centers (NACHC), we hope to build capacity for eye and vision services within health centers nationally. We also plan to create a new career path for optometry school graduates interested in community health.

Q: What wisdom would you like to communicate to others in this field? What advice would you give to a student or professional just entering into the field?
A: Collaboration is the key to successful partnerships in community health initiatives. Fundamental to collaboration is communication; ongoing and consistent communication so that trust, understanding, and respect are both earned and built. Once those elements are in place great things can happen.
In my twenty plus years of service at a Boston-area community health center eye clinic I learned how to be a better doctor by listening to my patients. My patients taught me how to care for them by expressing their needs to me openly and honestly. And when I didn’t “get it”, they looked me in the eye and repeated it until I did. For students interested in a career in the health professions, I would encourage them to consider optometry. In particular, I invite them to learn about the unique aspects of the New England College of Optometry’s community care curriculum. As a fully integrated front-line primary care provider, optometrists are gatekeepers to the health care system. The rewards are both immediate and enduring - you are able to help people see better, to function better, and function more safely; and you are able to assist people in accessing other components of the health care system and the related enabling services that improve the quality of life. There is no other community-based program in the United States like the one offered at the New England College of Optometry. Our graduates will be uniquely positioned to care for a vast array of people due to the emphasis we place on community-based professional clinical education.

Q: What is the biggest challenge you face in your work and how are working to overcome it?
A: Our greatest challenge lies with finding the resources necessary to do more. Our mission is different - we bring services to people in their own communities and in many cases into their own homes. That model of service delivery, especially when linked to educational demand, is a very complex model to implement and sustain. Our revenue is derived from four areas: an annual educational service payment from NECO, professional fees from our owned and operated sites, professional services contracts, and grants and gifts. To partially respond to the resource demand, we have developed a variety of business models. These business models have enabled us to provide excellent care to our patients, excellent education to our students, and to seek appropriate reimbursement for our services.

Nevertheless, if are going to grow sufficiently to keep up with the demand for our services we will need to continue to develop these revenue streams and we will need to find some new ones. This is tough work for any non-profit.

Q: If you could give advice to a policymaker what would you recommend?
A: I would ask policy makers to broaden their knowledge about what primary care really means. Health care does not stop at any part of the body or organ system. The total care of the patient must include an understanding of all health care needs of the patients.

A needs assessment should be conducted immediately to determine the availability and access to eye and vision care for the nation’s poor, underinsured, and uninsured. Optometry should have a seat at the table as the dialogue continues about how we can develop best practices in the delivery of health services.

My work has expanded to a national forum. As previously mentioned, I chair the American Optometric Association’s Community Health Center Committee. Working in conjunction with the National Association of Community Health Centers, we hope to assist health centers across the nation to open or expand eye services for millions of people who need care. We hope to make policy makers better informed about this initiative.

Policy makers have an opportunity to improve the health of millions of people by making an investment in eye care services throughout the nation’s community health centers. This single act would reach millions of needy patients who go without eye and vision services - children; frail elders; people with diabetes; homeless people; people with glaucoma, cataracts, macular degeneration, uncorrected refracted errors, and so on.

My point here is that we have made great strides in providing needed health services to many people, but we must do more. We need to continue to invest in the infrastructure of the health center system so that comprehensive eye care is available and accessible to the nation’s poor and near poor.

Q: Why did you join CCPH? How would you describe the organization to your colleagues?
A: I confess that I am constantly waving the CCPH flag. For example, I am always sending links to curriculum planning strategies, toolkits for community-based clinicians who are seeking to translate their work into community scholarship, and notices of interesting meetings.
My professional roots are embedded deep into the community. I always felt that my students learned more about compassion and caring at my community-based practice site than others.

I tell my colleagues that CCPH is the embodiment of what NEEI has been trying to accomplish through our community care mission. CCPH is the "go to" organization for solutions pertaining to professional growth, balancing academic and service demands, and the integration of these components into a more rewarding and successful career in academic health care.

Q: What does "community-campus partnership" mean to you?
A: A community-campus partnership should be one that combines the best of common goals: a community with a stated need and a campus with a desire to collaborate with that community to address the need. The ideal partnership places trust and mutual respect first, where each party teaches and learns from the other. A successful partnership should be a transformational experience for both parties. A great example of what partnership means to me is what occurs through a well-planned community-based participatory research endeavor. I have been privileged to attend a few meetings of such a program in Boston called Cherishing Our Hearts and Souls Coalition, a partnering of an inner city neighborhood with the Harvard School of Public Health. These meetings are very different than professional conferences. You can tell that something is happening in these halls - a community is teaching a major university about what really matters to them, and how to interact, communicate, and meet their needs; and a school of public health is teaching a community how to improve its health status and how to influence public policy.

Q: What value do you see in being a member of CCPH to meet your future goals for your organization and for the field? What is your favorite part of CCPH?
A: As a health care leader and manager it is important to me to have a resource to turn to so that I do not have to reinvent the wheel. I appreciate being able to reference CCPH materials to help address internal challenges such as promotion and tenure for community-based clinicians and the translation of health care work into a new form of scholarship - community scholarship. Some of the curriculum models developed by CCPH members are very helpful as we address curriculum needs and reform. I also feel that CCPH helps us to focus on the reality of how to be a better partner with communities - learning the "how to" in establishing a strong trusting relationship with a community.

Q: What has been your biggest challenge at work and how have you overcome it?
A: New England Eye Institute is a relatively new entity. It was formed in 2002 as a "spin-off" of our parent, the New England College of Optometry. It was created to introduce community governance into our clinical system, and to assist us with fundraising and regulatory compliance. While we do have our own governing board, the College as the sole corporate member, is responsible for appointing NEEI's president, appointing our board and approving our budget. Our "birth" has not been without growing pains. I see two key challenges for our organization. Holding people accountable in a changing regulatory environment is a significant challenge. The other challenge is to motivate faculty to keep the focus on community service, while sustaining excellence in teaching. These issues and how people feel about them are challenging to manage. Some faculty struggle with what feels like the competing demands between academic responsibilities and clinical assignments. What mission do they work for? How can they be simultaneously accountable to the teaching mission and patient care mission? Our job is to reinforce and explain to faculty that they don't have to choose one mission over the other. The relationship between education and service delivery works best when they are in balance. In reality, the missions of NEEI and NECO are integrated. However, we need to move toward better alignment so that we can create a stronger, synergistic and more beneficial relationship for our faculty, students and patients.

Q: What strengths and talents do you bring to CCPH?
A: My experience with community partnerships includes an over twenty year commitment to community as a clinician, educator, health services researcher and administrator. I am currently responsible for strategic assessment, professional staffing, and performance improvement at NEEI. As the liaison for clinical education issues between NEEI and our parent NECO my office works closely with academic affairs. I also lead our best practices group, comprised of the operations directors from six different community health centers. These experiences have taught me how community care is delivered and have made me even more aware of the challenges that we face in balancing clinical care, service learning and teaching, and health services research. As the current chair of the American Optometric Association's (AOA) Community Health Center Committee and past chair of the AOA Healthy Eyes Healthy People Committee, I have begun to appreciate how building
partnerships and collaborations can eventually lead to the formation of coalitions. In contrast to working within solitary professional organizations, coalitions are better able to address complex health care issues through advocacy and through informing and influencing policy.

Hopefully my academic, community and other professional experiences can positively contribute to CCPH goals.

**Q: What keeps you motivated to do the work you do?**

A: I often say to my friends and colleagues that I intend to stick around "until the miracle happens". And that miracle, which I define as measurable improvements in the visual health of populations will happen - first in Boston - and then in the rest of the US. That miracle will happen if we stay true to our mission of bringing eye and vision services to patients in need though partnering with communities. And once that happens then we'll see what is in the cards for my future.

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