

# THE FINANCIAL

## Health centers providing more care than ever before

August 14, 2017 The FINANCIAL -- Through community health centers (CHCs), doctors of optometry can play a part in increasing access to affordable, cost-effective and high-quality care in medically underserved communities. The role of CHCs is being recognized Aug. 13-19 in observance of National Health Center Week.

Community health centers (CHCs), part of President Lyndon B. Johnson's War on Poverty, have been around for more than five decades. They were designed to offer medically underserved communities comprehensive, quality and affordable health services regardless of patients' financial status.

Funded mainly by Medicaid and state and local grants, the centers have never been more vital. According to the National Association of Community Health Centers (NACHC), the number of patients receiving care in a CHC jumped 62 percent between 2005 and 2014. Patient visits climbed by 63 percent over the same period-to 90.4 million in 2014 at 8,801 health-care delivery sites, the NACHC reports.

As they were designed, the centers provide services to underserved communities. They operate in urban and rural areas, notes Gary Chu, O.D., senior director of public health and community collaboration at New England Eye and associate professor at the New England College of Optometry (NECO) in Boston. The centers' diversity is illustrated in other ways. For example:

Most patients at a CHC had either Medicaid (49 percent) or no insurance at all (24 percent) in 2015, according to The Kaiser Family Foundation. Compare that to 11 percent with Medicaid and 3 percent uninsured at private physician practices in 2014, according to the NACHC.

Patients in health centers disproportionately represent racial and ethnic groups; they prefer to speak languages other than English. To promote patient literacy, interpreters are employed at many centers.

Patients come to community health centers because they provide a variety of services under one roof, from behavior services to nutrition counseling to women's health care. That makes it convenient for patients to access care.

Terri Gossard, O.D., has served on the executive team at the One-Sight Vision Center in Oyley School in Cincinnati, Ohio, for several years. The vision center is the country's first self-supported, school-based program. Dr. Gossard also is chair of the AOA Multidisciplinary Practice Committee.

"The CHCs were created to be the safety net," Dr. Gossard says. "Certainly access is part of why the centers exist. For the underserved, there are a lack of providers and a lack of health care facilities in their communities. There may be a general lack of understanding of the health care landscape."

Dr. Chu, who places students at NECO in community health centers, adds, "And it's not just a lack of health insurance. It's their ability to travel. It's the history of social barriers that exist."

### **A career path for doctors of optometry**

As CHCs have flourished, the number of doctors of optometry practicing in the centers has grown, too.

"Three years ago, we had 134 full-time equivalents of optometrists providing optometric services throughout the country at community health centers," Dr. Gossard says. "My most recent count puts that number at 359 full-time equivalents. Obviously, that's an improvement."

Yet health centers serve only 1 in 14 people in the U.S., according to the National Association of Community Health Centers.

To enlist more doctors of optometry to practice at CHCs, Drs. Goddard and Chu say, the AOA continues to support the inclusion of optometry students in the National Health Service Corps scholarship and loan repayment programs. Relieving students of their school debt through service at the centers might encourage more students to pick CHCs as places to practice, Drs. Goddard and Chu say.

The Multidisciplinary Practice Committee produced a business plan for providing eye care service in a CHC, should a doctor of optometry be thinking about it.