NEW ENGLAND COLLEGE OF OPTOMETRY

The New England College of Optometry (NECO) prepares the next generation of eye care providers, teachers, and innovators. Located in the heart of Boston, the College is a small, independent graduate institution that currently enrolls students from 33 states and eight countries. NECO graduates 10 percent of the country’s new optometrists each year and supervises 10 percent of the nation’s optometric residents.

NECO and NEE faculty and clinicians are committed to improving access to care, preventing blindness, enhancing quality of life, and developing innovative, economically viable, and reproducible models of eye care.

NEW ENGLAND EYE

New England Eye (NEE) is the patient care and clinical education affiliate of the New England College of Optometry. It is one of the largest providers of optometric services in Massachusetts with nearly 90,000 patient visits annually in more than 43 locations, including many of Greater Boston’s community health centers. New England Eye’s doctors and students provide vision care to children, the elderly, and individuals who are legally blind four days per week on the fully equipped mobile clinic, New England Eye On-Sight.

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The New England College of Optometry Annual Report is published in January by the Office of the President.

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LEARNING BY DOING: MANAGING THE VIRTUAL PRACTICE
NECO’s innovative business simulation software program enables students in Dr. David Mills’ Ophthalmic Business and Management Policy course to manage virtual optometry practices and develop comprehensive decision-making skills.

ON THE FRONT LINES OF DIGITAL LEARNING
A combination of digital source materials and interactive learning techniques enables students in Dr. Bill Sleight’s Ocular Disease course to engage more deeply and effectively with essential subject matter.

CLINICAL EDUCATION: A SPECIALIZED APPROACH
Students in NECO’s Special Populations Experience Course participate in a unique program that blends mentorship, clinical and didactic learning, and a valuable early exposure to the specialty areas within optometry.

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In conversations with NECO alumni about new developments in our classrooms and teaching clinics, I hear the same comment over and over again: “Wow, I wish we’d had that when I was a student.”

That kind of feedback underscores the fact that NECO is on the leading edge of optometric education. A few years ago, for example, the only way for students to benefit from a lecture was to attend in person and take copious notes. Today, students can log in to the NECO website and review an entire semester of lectures, thanks to the digital recording systems in our classrooms. Our curriculum and instruction remain superior: Providing access to educational content on multiple platforms and in ways that accommodate different learning styles adds even more value to NECO’s academic programs.

I’m proud of the people who have championed so many facets of NECO’s commitment to innovation, including the examples highlighted on these pages. In Dr. David Mills’ Ophthalmic Business and Management Policy course, students work in teams to establish virtual optometry practices, gaining valuable insight into factors ranging from staffing and marketing to inventory management. Students in Dr. Bill Sleight’s Advanced Ocular Disease course benefit from a hybrid model of in-person classes and interactive online coursework that enables them to self-assess their progress. And in Dr. Elise Harb’s Special Populations Experience Course, students gain early clinical exposure to a diverse group of optometric subspecialties, which gives them an advantage when applying for their fourth-year rotations.

While even I sometimes feel a little wistful when I see the wealth of tools and technologies that today’s NECO students can access, I know that in the midst of all that change and evolution, there remains a constant: our focus on patients. Training highly qualified, compassionate practitioners has always constituted the heart of the NECO experience. The innovations described in this year’s annual report not only honor that tradition; they also help ensure that we will continue to deliver on our mission – and to preserve our position at the forefront of optometric education – in the years to come.

Clifford Scott, OD ’68, MPH
President
"NECO's culture of innovation identifies new and better models for educating our students and provides a framework for our long-term success."

**Supporting a Culture of Innovation**

During my years on NECO’s board of trustees, I’ve watched the College implement many technological innovations that help us remain competitive and relevant in health care education. NECO’s culture of innovation identifies new and better models for educating our students and provides a framework for our long-term success and sustainability.

We all know the factors that contribute to a growing sense of uncertainty around higher education – from rising operation and tuition costs to changes in health care at the national level. Technology helps us address those factors – and mitigate those uncertainties – on multiple levels. Simulation models give students a sense of what life as a practicing optometrist is really like. Balancing classroom-based lectures and discussions with online programs allows students to learn at their own pace and improve retention. Digital course materials make their studies richer and more interactive.

These innovative approaches are necessary if NECO is to continue to attract and retain highly qualified students who will go on to pursue distinguished careers. What’s more, the extent to which we can invest in technological innovation is directly linked to the generosity of alumni like you. Your gift to NECO – whether it takes the form of an annual fund gift or a life bequest – allows us to procure the latest equipment for our classrooms and support high-caliber faculty members who bring those innovations to life for students.

In addition to investments in technology, your contributions to NECO help us fulfill other critical dimensions of our mission – from providing optometric services for underserved populations and expanding students’ clinical training to supporting cutting-edge research in pursuit of breakthrough health care solutions.

I thank the entire NECO community for your past gifts to the College and your ongoing support. With your help, NECO will remain a center of optometric excellence and continue to fulfill its mission of educating future generations of dedicated, compassionate, and forward-thinking optometrists.

*Steven P. Manfredi*

*Chair of the Board*
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* Deceased
CLASS OF 2016

This year’s incoming students arrived from 18 states, Canada, and China, bringing to NECO their dedication and commitment to the field of optometry. Their average GPA score of 3.4 is the highest in the history of the College, and their OAT score of 327 is on par with that of recent years, according to Dr. Taline Farra, assistant dean and director of NECO’s office of admissions. They received their undergraduate degrees from prestigious institutions including Wellesley College, Brandeis University, College of the Holy Cross, Wesleyan University, UCLA, UC Berkeley, the University of Waterloo, College of New Jersey, University of North Carolina at Chapel Hill, and University of Toronto. The 109 members of the Class of ‘16 were selected from among 930 applicants, a 3% increase over recent years, reflecting NECO’s position as a preeminent institution of eye care delivery, research, and education.

Katherine Schmidt
Lincoln, Nebraska
Biological sciences, University of Nebraska, Lincoln

“The NECO faculty is impressive. Professors genuinely care that students understand and learn the material, and they are receptive and appreciative of student input.”

- For two years, worked as an optometric technician at a vision center in Lincoln
- Vice president of the OD 2016 class and NECO Presidential Scholarship recipient

Alexandra Sexton
Lincoln, Rhode Island
Biology and psychology, Providence College

“The variety of NECO’s clinical sites allows students to gain maximum exposure to diverse populations with different types of disease. Working in these varied environments will make for well-rounded and prepared clinicians.”

- Member, OD 2016 class council
- Enjoys discovering Boston attractions from the Freedom Trail to the Museum of Science to kayaking on the Charles River

Alina Reznik
Laghorne, Pennsylvania
Biology, Temple University

“Everyone at NECO is friendly, smiling, happy, and willing to help. In all of my education, I have never experienced a more active and positive environment.”

- Her hero: her mother, who, knowing little English, came to the U.S. from Russia and pursued an RN degree while working and caring for her family
- Is invigorated by Boston’s hustle and bustle – the energy of young professionals pursuing their goals

Florence Lee
Saratoga, California
Biochemistry and cell biology, University of California, San Diego

“I chose to study optometry because it will enable me to give back to the community. I appreciate how broad the field is and the many opportunities and experiences my education will make possible.”

- While an undergraduate, named “Intern of the Quarter” for her performance working with a vision therapist and her paper on traumatic brain injury
- Spent her junior year in Denmark studying at the University of Copenhagen, taking courses taught in both Danish and English

Gaganjeet Tamber
Calgary, Alberta, Canada
Biological sciences, University of Calgary

“NECO graduates have a head start when they enter the professional world. The College’s classroom and clinical programs are second to none.”

- Shadowed his optometrist for a year and currently holds a position as a surgical assist at a Calgary hospital
- Was inspired to pursue an OD by his brother, an optometrist
Like other optometry schools, NECO has long required its students to complete a business management course. The NECO-developed practice management simulation program, used in Dr. David Mills’ Ophthalmic Business and Management Policy class, sets a new standard in health care education.

LEARNING BY DOING: MANAGING THE VIRTUAL PRACTICE
“It’s a unique way of learning, different from the typical lecture format,” says Mills, OD ‘80, MBA. His NECO students form teams and compete in managing virtual optometry practices, making strategic and economic decisions and evaluating the impact of their choices on the financial health of their business. Using cloud-based simulation software, they come to understand the challenges facing practicing optometrists as they work to improve their financial standing and operational success.

Dr. Mills began teaching his course in 2007 as a one-semester class in which students created formal business plans for an optometric practice. At the semester’s end, the top plans were entered in a competition judged by a panel of experts from the business community.

One of those judges was Cam Tipping, founder of the International Institute for Business Development (IIBD), a British Columbia-based provider of strategic planning and marketing simulation programs for business and academia. “After the competition, Cam and I discussed the possibility of developing a simulation program tailored to optometry practices,” explains Dr. Mills.

Over the next five years, he and Tipping filled countless white boards and notebooks with ideas and sketches of their vision. From the outset, NECO embraced their idea, and in 2010, President Scott, Dr. Mills, and Tipping approached Essilor, the leading provider of corrective lenses, about partnering with NECO and IIBD.

“Essilor was in the process of creating a simulation program for the optometric practitioner,” explains Dr. Mills. “Working with their developers and with IIBD, we rewrote the computer code and produced a version relevant to optometry students.”

The program was added to Dr. Mills’ class in January 2012 and forms the cornerstone of the new course content: an MBA-style overview of business fundamentals followed by an entire semester of simulated practice management.
A TOWN CALLED MAYFIELD

The route to Mayfield appears in no atlas; Dr. Mills’ students arrive there via iPad or laptop. Dr. Mills created the virtual city and populated it with 1,000 virtual patients, each with unique attributes including age, gender, income level, ocular conditions, location, and preference for glasses or contact lenses. He then expanded the model to create a city of 10,000 inhabitants. When the semester begins, each of Mayfield’s five neighborhoods – ranging from economically depressed to affluent – includes an optometric practice up for sale.

Student teams review and analyze distribution data and financial reports in order to choose the section of Mayfield in which they’d like to own a practice. “Students have the information they need to understand what they’re bidding on and the ocular needs of a neighborhood," says Dr. Mills. "For example, they get a feel for how many children or older people live there in order to determine the type of care to specialize in.”

Each team receives a line of credit and submits a competitive bid on the office in their chosen neighborhood. Once the bids are in, they’re each awarded a practice – and the competition for market share begins in earnest.

In conjunction with coursework on practice evaluation, market segmentation, cost accounting, inventory control, and marketing, they periodically log in to access financial reports and graphs that reflect the details of their business. (See sidebar.) Based on the reports, they make business decisions regarding staffing, office size, equipment purchases, and advertising and marketing budgets.

Meanwhile, Mayfield’s citizens are making decisions, too. Programmed to periodically seek eye care, they visit their neighborhood practices for eye exams, glaucoma treatment, or a new pair of designer frames. “As in real life, if a practice isn’t set up to deliver what they need, patients will go to the next closest location, and then the next,” explains Dr. Mills. “A practice will lose its patient base if it isn’t able to capture an adequate share of the market.”

Several times during the semester, Dr. Mills crunches the student-generated data, accelerating time and capturing six months of patient encounters in each run. Students receive profit and loss statements, balance sheets, and updated charts and graphs reflecting the results of their decisions. They learn that their decisions are not made in isolation, explains Dr. Mills. “The outcomes for each practice are affected by every action of every participant. I tell students to think of a giant Rubik’s Cube. They need to get all the colors aligned perfectly – while their competitors are trying to do exactly the same thing.”

“THIS IS A WHOLE NEW WORLD FOR OPTOMETRY EDUCATION.”

–David Mills, OD ’80
DECISIONS, DECISIONS
The practice management simulation software developed by Dr. Mills prompts students to make a range of decisions about running an ophthalmic practice, including:

- **Services**  
  Specialty of care: basic eye exams, pediatrics, glaucoma treatment, low-vision

- **Personnel**  
  Staff size, pay rate, hours worked per week

- **Equipment**  
  Necessary topographers, OCT machines, and other devices to deliver the care specialty

- **Products**  
  Quantity and cost of frames and other eye care products

- **Space allocation**  
  Square footage allocated to display, exam areas, and administration

After each run, teams review their data and produce reports that analyze the reasons for their decisions, the results of those decisions, and their plans for correcting their missteps. “That’s where the learning comes in,” says Dr. Mills. “It’s not like Monopoly, where the one with the most money wins. Some of the best reports are from students whose practices are floundering, and they’re faced with making new decisions to improve their situation.” The program allows Dr. Mills to monitor the time students spend on each decision; he adapts classroom content to allow more time to address challenging topics.

Optometry schools across the country have expressed interest in the program. Business management faculty from nine institutions recently competed in a pilot run, and Dr. Mills expects to introduce the program in their classrooms in spring 2013. “This is a whole new world for optometry education,” he says. “NECO took a leap of faith – they believed that investing in the simulation program and expanding the course to two semesters would be advantageous to students.”

Mills’ students complete the course with more than an understanding of the ins and outs of practice management. “Few of our students will open a practice the day they graduate,” he says. “But the simulation experience goes far beyond that. It teaches valuable lessons about real-life fiscal scenarios and prepares them for any situation in which they must manage financial decision-making.”
AT THE FOREFRONT OF DIGITAL LEARNING
Digital technology is transforming the way knowledge is conveyed to students of optometry. Bill Sleight, OD ‘82 – a NECO faculty member since 1983 – has embraced this transformation, providing his students with dynamic, digitally based course materials that enrich students’ experience both in and outside the classroom.

“The educator’s role is changing dramatically in the digital age,” explains Dr. Sleight. “Not long ago, the professor was the primary source of information. He stood before the class and lectured from textbooks, slides, and notes. Technology now enables us – in fact, requires us – to pursue new approaches that reflect how students learn and to create new opportunities for making subject matter more meaningful and relevant.” Dr. Sleight’s commitment to educational innovation is reflected in his Ocular Disease course for third-year NECO students, which allows for greater interactivity during lectures and more focused independent learning outside of class.

The current Advanced Ocular Disease course is an outgrowth of Dr. Sleight’s computer-based training electives, which are digital, student-driven courses that take place entirely outside the classroom. Through a series of CD-based exercises and quizzes, participants learn the appropriate vocabulary for describing ocular conditions represented in slides depicting eye disease. The success of those electives convinced Dr. Sleight to pursue a similar approach in his Ocular Disease course.
CURRENT INFORMATION

Dr. Sleight’s strategy behind the design of the Ocular Disease course is focused on giving students access to the most current information available. Every month, vast stores of new information about ocular disease become available in journals and online – information that can’t be accessed in a traditional textbook. “I knew that to make the course relevant, I would have to find a way to filter that proliferation of knowledge into a format that would be accurate, up-to-date, and accessible,” he explains.

Each semester, Dr. Sleight gathers information from the most recent and reliable articles, images, and webinars and digitally formats it for presentation to his Ocular Disease students. He annotates and references the slide material, then creates text to accompany the images, including information on the epidemiology, demographics, pathogenesis, clinical exam procedures, and treatment for each disease type.

The elective CD supplements the core Advanced Ocular Disease material by providing a rich overview of ocular disease ranging from uveitis and retinal vascular disease to macular dystrophies, conjunctiva, melanoma, and inflammation and infection of the eyelid.
Students review the material outside class, developing their diagnostic skills as they discern differences among the disorders, completing self-assessments, and interpreting the feedback they receive on their responses to online quizzes. “The interactive learning model facilitates retention,” explains Dr. Sleight. “Rather than just reading text, students observe, analyze, and make decisions, just as they would in a clinical or practice setting.”

The digital format familiarizes students with the various stages of the diagnostic process. “Using the correct terminology for what they’re observing is the first step toward making an accurate diagnosis,” Dr. Sleight says. “Once students identify the most fundamental facts about each potential diagnosis using the CD-based materials, they can then narrow it down with supplementary testing using information included on the CD. In this way, the digital materials provide a foundation for the comprehensive knowledge base that they will build over time.” Through this technology-driven, clinical pathologic approach, students come to identify the primary tissue involved for each condition, as well as the underlying pathologies of inflammation, circulatory irregularities, tumors, physical trauma, and degenerative disorders.

AN INTERACTIVE CLASSROOM
The digital course materials also enrich face-to-face interactions between Dr. Sleight and his students. During lectures, students are able to access the digital text and slides on their laptops and add their own notes to the materials. “The fact that they simultaneously listen, observe, and annotate helps increase retention,” notes Dr. Sleight.

Prior to the final exam, students participate in four to six hours of interactive review lectures. Clickers in hand, they select answers to questions regarding the types of cases likely to appear on the exam, identifying pathologies displayed in sample slides. “These sessions provide an additional opportunity for students to internalize their newfound knowledge, receive feedback on their responses, and discuss representative cases with peers,” says Dr. Sleight. Classroom hours displaced by the review session are recaptured in additional online lectures.

Students are permitted to bring their computers to the exam, where they are outfitted with secure browser technology that prohibits Internet searches during the test. “Students can view the images in magnified detail on their monitors rather than trying to see them from the back of the room, which helps improve the accuracy of their responses,” says Dr. Sleight. “The interactive format also allows them to complete the test at their own pace.”

The exams include simulated cases that challenge students to use their diagnostic skills to identify the conditions they’ve been studying. “Instead of memorizing facts without purpose, they compare and contrast the images and recall the key points that set them on the path to a diagnosis,” says Dr. Sleight.

Students complete the course with not only a strong foundation in ocular pathology – the digital course materials also serve as a portable research library that they continue to annotate and personalize as they refine their diagnostic skills. Explains Dr. Sleight, “The digital format of the materials helps ensure that students can keep their knowledge current as new research studies and treatment options emerge. The information they acquire over the course of the semester will benefit them throughout their career.”
NECO’s diverse and robust clinical education component has long set the institution apart from other optometry schools. Only a few weeks into their professional education, NECO students begin to perform vision screenings in Boston-area preschools and elementary schools. Throughout the program, they spend increasingly more time in the clinic, and by their fourth-year clinical rotations are devoted to full-time delivery of vision care.

Students in Dr. Elise Harb’s Special Populations Experience Course (SPEC) have the added opportunity to provide specialty care alongside fourth-year students and residents at Boston health centers, hospitals, and New England Eye affiliates.
“Timing of clinical education is crucial,” says Harb, OD ’04, MS ’05. “It’s best when delivered concurrently with classroom work so that students can see firsthand the very conditions they are learning about and put into practice the techniques they’re studying in the classroom.” First offered in 2011, the SPEC elective was designed by Dr. Harb and her colleagues in NECO’s Specialty and Advanced Care Department to give third-year students earlier and broader clinical experience in the specialty areas of optometry: pediatrics, advanced contact lenses, low vision, individuals with disabilities, and vision therapy.

“Part of our job as an optometric institution is to make sure we expose our students to the patient populations that will help them decide if they want to focus on a specialty or apply to an optometric residency,” says Dr. Harb. It’s rare that optometry students have the opportunity to work in specialties until the final year of their program – sometimes too late to apply to an appropriate residency program. But Dr. Harb’s third-year students have an advantage. “SPEC allows students to practice their skills early on and begin to follow their passion along a career path,” she says.

The SPEC course introduces students to the diverse populations they’ll serve in their final-year clinical rotations and provides a foundation for the delivery of comprehensive care in their future practice. “Students gain experience in all the specialty areas of optometry,” says Dr. Harb. “If a child with Down syndrome or a 90-year-old comes to a NECO graduate’s optometry practice, he or she will have had experience working with that population.”

To be considered for the elective, students complete an application identifying the specialty they’re most interested in and outlining their goals in working with that population. Once accepted, students are paired with a clinical mentor in their specialty area – a NECO faculty member based in one of New England Eye’s clinical settings. Once a week, student and mentor meet to discuss challenges and goals, classroom assignments, and cases they observe in the clinic.
“THE SPEC ELECTIVE HELPED SOLIDIFY THE DIRECTION I WANT TO TAKE MY OPTOMETRIC CAREER.”

–N.O., NECO student in pediatrics specialty at Codman Square Health Center

**IN THE CLINIC**
Students spend an average of eight hours each week in their mentor’s clinic, learning firsthand about eye care delivery, applying coursework, developing clinical decision-making skills, and becoming adept at articulating case findings.

“We’ve carved out space for each student in our clinics so they can see patients independently,” says Dr. Harb. Working alongside their mentors, students are responsible for the delivery of all aspects of comprehensive eye care, including pediatric eye exams, contact lens fittings, and determining the device needs of low-vision patients. Students provide personalized care, working closely with patients during every phase of treatment from conducting the initial exam to making sure they’re comfortable with new low-vision devices to instructing them in prescribed vision therapy exercises.

“SPEC students work side by side with residents and fourth-year NECO and the Special Populations Rotation students and participate in weekly grand rounds with them,” says Dr. Harb. Sharing the clinic with more experienced students sets the stage for building peer-to-peer mentorships and a professional network. “A family relationship develops, in which they’re able to help each other and discuss their career paths.”

**IN THE CLASSROOM**
In conjunction with their time in the clinic, SPEC students attend classes that foster critical thinking and independent learning. “Doctors must be able to recognize when they need more information about a case or a condition – and where to turn to learn more,” says Dr. Harb.

The course emphasizes the importance of clinical research, basic scientific principles, and the interpretation of scientific studies. Students hone their skills by participating in and leading journal clubs throughout the term, and present a clinical case in a grand-rounds format to their peers, residents, and faculty. The presentation improves students’ ability to analyze and articulate a case and requires the integration of relevant clinical research. As a final requirement, they complete a paper focused on a self-chosen topic in their specialty area, in which they incorporate a clinical research literature review.

**THE ROAD AHEAD**
More than a chance to explore their interests, SPEC is an opportunity for students to gain an advanced knowledge base in a specialty area. “SPEC students are better prepared for the specialty clinics they’ll attend in their fourth-year rotations and are introduced to populations they’ll encounter throughout their optometric career,” says Dr. Harb.

Whether their plans include private practice, research, or academia, NECO’s SPEC students emerge as well-prepared clinicians equipped with a strong practical foundation in the delivery of comprehensive specialty care.
SPECIAL POPULATIONS
CLINIC SITES

- New England Eye clinics including the New England Eye mobile clinic
- Pediatrics
  Boston Medical Center,
  neighborhood health centers,
  school-based clinics
- Contact lens
  New England Eye Commonwealth,
  area hospitals
- Individuals with Disabilities
  Perkins School for the Blind,
  Cotting School
- Low vision
  Boston University Eye Associates,
  area hospitals
- Vision therapy
  Private practices
Nationally recognized for optometric care since 1894, New England Eye is the patient care and teaching affiliate of the New England College of Optometry. We are the largest provider of optometric services in Boston – our reach includes 65% of the community health centers in Boston’s underserved neighborhoods.

NEW ENGLAND EYE

FLAGSHIPS
1. NE Eye Commonwealth
   940 Commonwealth Ave., Boston
2. NE Eye Roslindale
   4199 Washington St., Suite 2, Roslindale

HOMELESS SERVICES
3. Boston Healthcare for Homeless Program - Jean Yawkey Place
   780 Albany St., Boston
4. NE Eye at Pine Street Inn
   444 Harrison Ave., Boston

SCHOOL PROGRAMS
5. NE Eye at Framingham Public Schools
   51 Flagg Dr., Framingham
6. NE Eye at Boston Renaissance Charter School
   250 Stuart St., Boston
7. Boston Public Schools
   26 Court St., Boston
8. Lynn Public Schools
   90 Commercial St., Lynn
9. Lowell Public Schools
   43 Highland St., Lowell
10. ABCD Head Start
    178 Tremont St., Boston
11. Higginson Lewis School
    171 Walnut Avenue, Roxbury

DISABILITIES
12. NE Eye at Perkins School for the Blind
    175 North Beacon St., Watertown
13. May Institute
    794 Broadway St., Revere
14. Cotting School for Multi-handicapped Children
    453 Concord Ave., Lexington
    405 Washington St., Hanover

HOSPITALS
16. Boston Medical Center, Dept. of Ophthalmology
    720 Harrison Ave., Boston
17. Tufts Medical-Floating Hospital for Children
    755 Washington St., Boston

COMMUNITY HEALTH CENTERS
18. Codman Square Health Center
    637 Washington St., Dorchester
19. The Dimock Center
    55 Dimock St., Boston
20. Dorchester House Multi-Service Center
    1353 Dorchester Ave., Dorchester
21. East Boston Neighborhood Health Center
    10 Gove St., East Boston

COMMUNITY HEALTH CENTERS
22. Fenway Community Health Center
    1340 Boylston St., Boston
23. Geiger-Gibson Community Health Center
    250 Mt. Vernon St., Dorchester
24. Joseph P. Smith Community Health Center
    300 Western Ave., Allston
25. Lynn Community Health Center
    23 Central Ave., 5th Floor, Lynn
26. Martha Eliot Health Center
    75 Ricker St., Jamaica Plain
27. North End Community Health Center
    352 Hanover St., Boston
28. South Boston Community Health Center
    386 W. Broadway, South Boston
29. South End Community Health Center
    1601 Washington St., Boston
30. Upham’s Corner Health Center
    500 Columbia Rd., Dorchester

GERIATRICS / LOW VISION
31. Boston University Eye Associates, Brockton
    22 Christy Dr., Brockton
32. NE Eye at MAB Worcester
    799 W Boylston St., Worcester
33. Marian Manor
    130 Dorchester St., South Boston
34. The Boston Home
    2049 Dorchester Ave., Dorchester
35. Elder Service Plan of the North Shore - Friend St.
    37 Friends St., Lynn
36. Elder Service Plan of the North Shore - Buffum St.
    9 Buffum St., Lynn
37. Elder Service Plan of the North Shore - Market St.
    62 Market St., Lynn
38. Elder Service Plan of the North Shore - Cummings
    100 Cummings Center, Beverly
39. Elder Service Plan of Harbor Health
    2216 Dorchester Ave., Dorchester
40. Upham’s Elder Service Plan - Savin Hill
    1140 Dorchester Ave., Dorchester
41. Upham’s Elder Service Plan - Dudley Square
    36 Dearborn St., Roxbury
42. Boston Housing Authority, Elder Housing
    125 Amory St., Jamaica Plain
43. Mass. Commission for the Blind
    600 Washington Street, Boston
44. Riverbay Club
    99 Bracket St., Quincy
Our Growing Patient Care System
Dr. Harry Zeltzer’s humanitarian spirit has never flagged. After retiring from a long career in private practice and humanitarian endeavors, the octogenarian finds himself busier than ever serving as webmaster and executive director of Volunteer Optometric Services to Humanity (VOSH). His compassion – fostered in the close-knit neighborhood of his childhood – is embodied in his generous ongoing gift to NECO.

A HUMANITARIAN VISION
The Dorchester of the 1930s was a cohesive community where parents looked after neighbors’ children and residents worked together for a common good. “I remember playing in the street alongside lawyers digging ditches for WPA projects,” says Zeltzer, OD ’52. Each morning, his father—a custom peddler—drove his packed car through the neighborhoods selling house wares on credit. “Customers would pay a dollar a week,” recalls Dr. Zeltzer. “Everything was done on trust.”

Young Harry shared the dream of the other neighborhood children: to one day attend college and pursue a fulfilling career. In the meantime, they enjoyed pick-up ball games in the nearby park and saved their nickels for Saturday matinees. Inspired by his hero, John Wayne, Zeltzer enlisted in the Army at 17—too late in the war for combat, but in time to aid in post-war reconstruction in Japan as a medical technician.

When he returned from the Army, Dr. Zeltzer discovered that several friends were attending the Massachusetts School of Optometry and was intrigued by their discussions. “Optometry appealed to me,” he says. “The idea of helping people was a strong stimulus, and thanks to the GI Bill, I was fortunate enough to enroll.” Each morning, he took the subway—and later a second-hand Chevy complete with a rumble seat for his classmates—to Huntington Avenue, the location of the College he saw relocate to bigger and better facilities on Newbury Street and eventually its present site on Beacon Street.

After graduating in 1952, Dr. Zeltzer established a practice in Waltham, Massachusetts, where the history of a patient with red-green color deficiency sparked the idea for a tiny device with big impact. “The patient was an electronics technician and had trouble coding wires,” Dr. Zeltzer recalls. “He’d discovered that by holding a red plastic filter before them, he could differentiate the colors.” Prompted by his patient’s ingenuity, Dr. Zeltzer began researching the effect of colored contact lenses on color perception. He narrowed the colors to a single red bandwidth transmission and worked with a local lens manufacturer to produce an innovative hard lens. Used monocularly, it enabled patients with red-green deficiency to recognize confused colors without disrupting normal colors. For the first time, his patients reported they could identify ripe strawberries, more easily navigate among flashing traffic lights, and enjoy the changing autumn leaves.

The Zeltzer X-Chrom lens underwent improvement in design and material over the years and has been awarded several U.S. patents. It is licensed to and manufactured by Adventure in Colors, Inc. of Golden, Colorado. “I serve as a consultant to the company and to the doctors who prescribe it,” says Dr. Zeltzer.

**A DEDICATION TO GIVING**

Following his retirement in 1985, Dr. Zeltzer turned to volunteering, providing eye care to underserved populations from Eastern Europe to Africa to Latin America—and with his wife, Joan, a nurse midwife—in rural Kentucky and Arizona’s Navajo Nation. He has assisted in the development of the Helen Keller International’s ChildSight program, and served as president of VOSH International, which awarded him its Lifetime Achievement Award in 2008. In 2002, he was named NECO Alumnus of the Year and received the Essilor Humanitarian Award in 2003. In 2004 he was awarded an honorary degree of Doctor of Ocular Science from the New England College of Optometry.

But as far-ranging as his generosity has been, Dr. Zeltzer has never lost sight of his beginnings. His agreement with Adventure in Colors included one important stipulation: that all X-Chrom royalties be assigned to NECO. “I’m grateful to the College,” he says. “My education made it possible for me to serve humanity in so many ways.” Not only will the royalties help keep NECO at the forefront of optometric education and innovation, the NECO-X-Chrom association paves the way for future research grants in the area of color deficiency.

“At a certain point, we all begin thinking about what our life has represented,” says Dr. Zeltzer. “It’s our obligation to consider ways to give back.”
The Philanthropist’s Society 2012
(Cumulative giving of $50,000 or more)

Members of The Philanthropist’s Society are recognized for their cumulative giving to the New England College of Optometry and New England Eye. This distinguished group has demonstrated their exceptional commitment. We are pleased to express our gratitude for their philanthropic leadership.

**Visionary**
($500,000 and greater)
- Bausch & Lomb
- Lester Marcus, OD ’54*

**Humanitarian**
($250,000-$499,999)
- Alcon Laboratories
- Stella Beider*
- CIBA Vision
- G. Burtt Holmes, OD ’52
- Marco Family Foundation
- Massachusetts Commission for the Blind
- Maurice Saval*
- Vision Service Plan
- Vistakon®, Division of Johnson & Johnson Vision Care, Inc.
- Clinton Wilson, OD ’43*

**Benefactor**
($100,000-$249,999)
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- Edith Heymans*
- Drs. Donald Korb, ’57 and Joan Exford
- The Ludcke Foundation
- Christine & Steven P. Manfredi
- Polymer Technology
- Carl & Ruth Shapiro
- Family Foundation
- State Street Foundation
- The Whitaker Foundation

**Leader**
($50,000-$99,999)
- Anonymous
- Allergan, Inc.
- B&R Foundation
- Blue Cross Blue Shield of Massachusetts
- The Boston Foundation
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- Friends of the Disabled
- Gould Family
- Charitable Foundation
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- Juvenile Diabetes Research Foundation
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- Monthe Kofos, OD ’43*
- Joseph Molinari, OD ’74
- Drs. Mary and Clifford Scott, ’68
- Melvin Stack, OD ’53
- William Tolford, OD ’55*

The Legacy Society 2012

The Legacy Society honors individuals who have remembered the New England College of Optometry in their estate plans. We recognize this esteemed group of individuals with deep gratitude for their commitment to the future success of the College.

- Arthur Baker, OD ’67
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- Joseph Feldberg, OD ’52*
- Marion & Dr. Eugene Fischer, ’61*
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- Edith Hochstadt*
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- Joseph Molinari, OD ’74
- Jean T. & Pasquale Palomba, OD ’38*
- Andrew Portoghese, OD ’60
- Harvey Rappoport, OD ’75
- Maurice Saval*
- Norman C. Spector, Esq.
- Melvin Stack, OD ’53
- Timothy Tolford, OD ’79
- William Tolford, OD ’55*

(*) Indicates that the donor is deceased.
The President’s Circle 2012

The President’s Circle recognizes alumni and friends whose gifts to the 2012 Annual Fund totaled $1,000 or more. Members of this prestigious group are among the College’s most loyal supporters. They are recognized at the following giving levels.

**Diamond**  
($100,000-$500,000)  
Massachusetts Commission for the Blind

**Ruby**  
($50,000-$99,999)  
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**Emerald**  
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- C. Farrell Gallaway, OD ’49
- Mary Ellen Gallic, OD ’85
- Victor R. Gallo, OD ’63
### Assets

<table>
<thead>
<tr>
<th>Asset</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,049,889</td>
<td>$1,537,517</td>
</tr>
<tr>
<td>Cash on deposit with trustee</td>
<td>164,295</td>
<td>163,504</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>678,776</td>
<td>1,109,464</td>
</tr>
<tr>
<td>Prepayments and other assets</td>
<td>493,707</td>
<td>401,626</td>
</tr>
<tr>
<td>Contributions receivable, net</td>
<td>147,756</td>
<td>147,929</td>
</tr>
<tr>
<td>Student loans, net</td>
<td>7,674,643</td>
<td>7,357,093</td>
</tr>
<tr>
<td>Investments, at market value</td>
<td>12,153,112</td>
<td>13,142,266</td>
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<tr>
<td>Property, plant, and equipment, net</td>
<td>11,991,270</td>
<td>12,018,105</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$35,353,448</strong></td>
<td><strong>$35,877,504</strong></td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

#### Liabilities:

<table>
<thead>
<tr>
<th>Liability</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$1,184,538</td>
<td>$1,103,090</td>
</tr>
<tr>
<td>Annuity obligations</td>
<td>140,991</td>
<td>148,933</td>
</tr>
<tr>
<td>Interest rate swap, at fair value</td>
<td>818,759</td>
<td>369,911</td>
</tr>
<tr>
<td>Lines of credit</td>
<td>269,777</td>
<td>323,103</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>2,270,301</td>
<td>2,028,252</td>
</tr>
<tr>
<td>Bonds payable</td>
<td>8,555,000</td>
<td>8,900,000</td>
</tr>
<tr>
<td>Refundable U.S. government grants</td>
<td>6,650,653</td>
<td>6,487,345</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>$19,890,019</strong></td>
<td><strong>$19,360,634</strong></td>
</tr>
</tbody>
</table>

#### Net assets:

<table>
<thead>
<tr>
<th>Net asset</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$8,977,457</td>
<td>$9,852,245</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>4,304,100</td>
<td>4,484,247</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>2,181,872</td>
<td>2,180,378</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$15,463,429</strong></td>
<td><strong>$16,516,870</strong></td>
</tr>
</tbody>
</table>

**Total liabilities and net assets**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$35,353,448</strong></td>
<td><strong>$35,877,504</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**NECO Operating Revenues**

- Contributions, Grants & Contracts
- Other Sources
- Patient Care
- Tuition & Fees

**NECO Operating Expenses**

- Auxiliary Enterprises
- Clinical Instruction & Patient Care
- Research
- Instruction
- Student Services
- Academic Support
- Institutional Support
### NEW ENGLAND COLLEGE OF OPTOMETRY

#### CONSOLIDATED STATEMENTS OF ACTIVITIES

**Years Ended June 30**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition and fees</td>
<td>$16,837,281</td>
<td>$16,434,994</td>
</tr>
<tr>
<td>Less scholarships and grants</td>
<td>$(325,354)</td>
<td>$(363,176)</td>
</tr>
<tr>
<td>Tuition and fees, net</td>
<td>16,511,927</td>
<td>16,071,818</td>
</tr>
<tr>
<td>Contributions</td>
<td>372,674</td>
<td>789,727</td>
</tr>
<tr>
<td>Patient care</td>
<td>3,684,714</td>
<td>3,282,989</td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>2,241,297</td>
<td>1,965,207</td>
</tr>
<tr>
<td>Interest income</td>
<td>36,057</td>
<td>8,987</td>
</tr>
<tr>
<td>Other sources, including auxiliary enterprises</td>
<td>314,963</td>
<td>97,073</td>
</tr>
<tr>
<td><strong>Total operating revenues</strong></td>
<td>23,161,632</td>
<td>22,215,802</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total operating revenues and net assets released from restrictions</strong></td>
<td>23,161,632</td>
<td>22,215,802</td>
</tr>
</tbody>
</table>

| **Operating expenses**      |         |         |
| Clinical instruction and patient care | 7,463,857 | 6,707,303 |
| Instruction                 | 5,220,550 | 4,935,117 |
| Research                    | 1,821,613 | 1,451,767 |
| Academic support            | 1,342,023 | 1,309,176 |
| Student services            | 1,410,805 | 1,231,910 |
| Institutional support       | 6,043,756 | 5,025,702 |
| Auxiliary enterprises       | 202,331  | 156,751  |
| **Total operating expenses**| 23,504,935 | 20,817,726 |
| Change in net assets from operating activities | $(343,303) | 1,398,076 |

| **Non-operating activities**|         |         |
| Investment return           | (252,437) | 1,813,373 |
| Change in value of annuity obligations | (17,828) | (20,077) |
| Change in value of life income funds | 8,974 | 26,630 |
| Change in fair value of interest rate swap | (448,847) | 27,380 |
| Reclassification of net assets | — | — |
| **Change in net assets**    | (1,053,441) | 3,245,382 |
| **Net assets as of beginning of year** | 16,516,870 | 13,271,488 |
| **Net assets as of end of year** | $15,463,429 | $16,516,870 |
THE LEGACY SOCIETY
AN INVESTMENT IN NECO’S FUTURE

When David Helfman, OD ’69, and his wife, Claire, were discussing their estate plans, they chose to include a gift to the New England College of Optometry in their will. “NECO prepared me for a marvelous profession,” says Dr. Helfman. “We both felt it was our duty to give something back.”

With his gift, Dr. Helfman became a member of The Legacy Society, a group of generous, forward-thinking individuals who provide support to the College through their wills, life income arrangements, personal trusts, or other long-term gifts. “We gave a great deal of thought to the practical applications of our legacy,” says Dr. Helfman. “Including NECO in our estate plans will help the College sustain its educational leadership for the long term.

“Over the past 40 years, I’ve watched the optometric profession expand dramatically. Few of us could have predicted that optometry would evolve into the all-encompassing profession it is today. Gifts to The Legacy Society ensure that the College will remain at the forefront of optometric education and continue to prepare skillful and compassionate health professionals well into the future.”

To learn more about becoming a member of The Legacy Society, please contact:

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