Franco, Jovany – Personal Statement (Heed Ophthalmic Foundation Resident Retreat 2026)

I was raised on a dairy farm in rural California, the child of blue-collar Mexican immigrants who neither spoke English nor had the opportunity to pursue higher education. My community was medically underserved—not by chance, but due to structural forces rooted in geography, language, and socioeconomic constraint. My lived experience, along with that of my family and community, now directly inform my academic focus. As a resident physician at the University of Michigan Kellogg Eye Center, I combine Geographic Information Systems (GIS) methodology with data from the U.S. Census Bureau, Centers for Medicare & Medicaid Services, financial databases, and institutional electronic health records to study community-level variation in access to and delivery of ophthalmic care.

I have conceptualized and led multiple analyses characterizing the geographic distribution and coverage of the U.S. eye care workforce. This includes a recently published study (Franco *et al. Ophthalmology*, 2025) integrating drive time-based service area analysis and Census tract-level sociodemographic data to characterize the coverage of ophthalmologists and optometrists in the U.S. While approximately 98% of Americans reside within an hour of an eye care provider, reduced access remains disproportionately concentrated in older and socioeconomically disadvantaged communities. Subsequent published analyses (Franco *et al. JAMA Ophthalmology*, 2025; Franco *et al. JAAPOS*, 2025) apply a similar geospatial framework to specifically characterize the workforces of underserved ophthalmic subspecialties, finding that 7% and 14% of U.S. residents live beyond an accessible distance to a neuro-ophthalmologist or pediatric ophthalmologist, respectively. As with the general eye care workforce, reduced geographic access to both subspecialties is disproportionately concentrated in structurally vulnerable communities—findings with direct implications for future workforce planning and deployment of alternative care delivery models.

Additional work maintains this focus on access, while integrating my interest in retinal disease. This derives, in part, from having observed family members suffering from the sequelae of undertreated diabetic retinopathy—complications disproportionately borne by Latino communities. Recent work (Franco *et al. Clinical Ophthalmology*, 2025) combines GIS-based service area analysis, private equity (PE) transaction data, and difference-in-differences (DiD) methodology to demonstrate that locoregional PE acquisition of retina practices is associated with a significant increase in academic vitreoretinal surgical volume—specifically in the form of financially burdensome, time-sensitive cases (*e.g.,* complex retinal detachment repairs) rather than less costly, routine cases (*e.g.,* membrane peels). My forthcoming work applies similar geospatial methodology along with counterfactual simulation to demonstrate disparate utilization of higher-cost, on-label anti-VEGF agents across U.S. communities. This work shows that, despite uniform coverage and reimbursement rules under Medicare Part B, lower-income communities less frequently receive higher-cost agents, translating to billions of dollars in differential public spending. In another upcoming study, we find community-level context similarly influences diffusion of ophthalmic diagnostic technology. Specifically, while approximately three-fourths of U.S. residents lived within 15 minutes of an OCT-capable provider in 2013, subsequent diffusion was limited; only one in five of those outside this threshold in 2013 gained access by 2023, with diffusion slowest in older, more Hispanic, and lower-income communities.

I carry the lessons learned from my research, patients, and community with me as I work toward becoming an academic vitreoretinal surgeon. Ultimately, I hope for a career integrating ongoing pursuit of rigorous health services research, mentorship of underrepresented trainees, and delivery of complex vitreoretinal care to underserved communities like those that have shaped my own trajectory. At this stage in training, I am seeking guidance on how to build a durable academic career that remains accountable to the communities it serves and studies. Attending the Heed Ophthalmic Foundation Resident Retreat would provide the mentorship and peer community needed to translate this early body of work into a lasting career as a surgeon-researcher focused on equity in vitreoretinal care.