

# Navigating the Uncharted Waters of the Affordable Health Care Law

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## From the Editor

# Navigating the Uncharted Waters of the Affordable Health Care Law

Since the last issue of HIP, the Affordable Health Care law has been upheld by the Supreme Court, and is now the law of the land. The Oregon governor, John Kitzhaber, MD, was one of the first to secure federal funds for the expansion of Medicaid. As a result, the state is considered an example for others as the United States ventures into the uncharted territory (for Americans) of national health care. Fortunately, Oregonians' experience with the Oregon Health Plan, rolled out by the same governor in the more financially-affluent 1990s, will likely benefit our state during this transition. However, the ease of the transition—for all states—will also depend in part on the extent to which we promote interprofessionalism and how well we care for traditionally underserved and increasingly diverse populations.

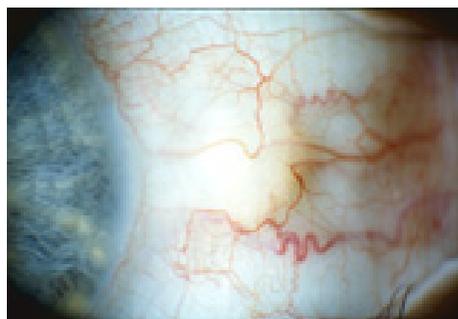
In this issue of HIP, there are two contributions to the literature that examine cross-cultural issues in care. In the first, Moy et. al. discuss the prevalence of systemic and eye diseases among Latino communities in Boston. Within these communities, there is an interesting difference between individuals from the Spanish-speaking Caribbean nations, and those from Central and South America. In exploring this difference, Moy et. al. demonstrate the importance of true cultural awareness and competency (as opposed to that which assumes homogeneity of background/issues because of shared language or appearance).

Moy et. al.'s discussion of eye diseases may seem to be of highest interest to those who are, like myself, in the eye care profession. With some explanation, though, perhaps other health care practitioners would also benefit. For instance, in the Latino population, there is a high prevalence of dry eyes, eyelid oil (meibomian) gland dysfunction, and calluses on the front of the eyes. These

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are called *pingueculae* (when they are on they on the conjunctiva) or *pterygia* (when they encroach on the cornea). I've included some pictures from the [Pacific University Ocular Disease Digital Collection](#)<sup>1</sup>:



*Pinguecula*

[Patient Data](#)<sup>2</sup>  
(HIPAA-compliant)



*Pterygium*

[Patient Data](#)<sup>3</sup>  
(HIPAA-compliant)

While there certainly may be a genetic component in patients prone to these eye diseases, there are clearly environmental factors as well. Consider the countries from whence these diseases come, largely at nearly-equatorial latitudes. Warm wind and sun exposure are widely considered risk factors for these otherwise nonfunctional adaptations. So it's hard to separate the genetics from environmental causes of these calluses on the eye.

Although other allied health professionals may have limited interest in the non-life-threatening ocular surface diseases discussed by Moy et. al., there should be greater interest in Moy et. al.'s findings related to the prevalence of systemic hypertension among Caribbean Latino populations. These findings remind us of that all providers, regardless of discipline, can and should play a collaborative role in identifying—and, as appropriate, treating—systemic diseases.

In the second cross-cultural contribution, Waltman discusses religiosity and psychosis. In patients who may be effected by both, it is apparent how challenging it is to unravel to the two, especially when the health-care practitioner does not share the religion of the patient involved, as is often the case.

In our first commentary, Farinde also examines psychosis, discussing polypharmacy in patients with schizophrenia and other psychoses in an assisted living center. One of the major issues that interprofessional practice looks to address is drug interactions that, because of poor communication, are undetected by the various specialists who prescribe them.

Finally, there is the second half of a commentary by Vitale concerning whether medicine should be a profession, or is better served instead as a craft or vocation. As all allied health professions educators know, our students are always a mixture of those two types, and this diversity lends increased strength to our practice and care.

This issue is as educational as it is enjoyable. It is our hope that it will improve the standard of care in all of our practices, regardless of specialty or income demographic.

## In-Text Links

<sup>1</sup> <http://cdm15925.contentdm.oclc.org/cdm/landingpage/collection/p15925coll4>

<sup>2</sup> <http://cdm15925.contentdm.oclc.org/cdm/singleitem/collection/p15925coll4/id/430/rec/3>

<sup>3</sup> <http://cdm15925.contentdm.oclc.org/cdm/singleitem/collection/p15925coll4/id/406/rec/5>

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