



BARRIERS TO PREVENTABLE DISEASES: A REVELATION IN EYE HEALTH

As the world has settled into a state of uncertainty because of the coronavirus pandemic, we've asked many questions.

Were there signs that we missed, or did we do enough as this strain of virus swept through the nation?

The questions have urgency because we know the coronavirus is not just another virus. We've been educated about COVID-19 on the news, in commercials, and even through heartfelt songs by celebrities urging us to wash our hands, cover our coughs or sneezes, clean and disinfect surfaces frequently used by different people, stay home when we feel ill, and keep a safe distance from those who are sick.

Many of us learned these commonsense practices growing up, but somehow, we forgot them.

What's frightening is that we didn't see the mass turmoil and destruction the virus could cause, nor could we even see it with the naked eye. Often, as humans, when we can't see something, we don't believe in it until it hits close to home.

When I think of the current state of America and what's left from the mass destruction from the coronavirus, it reminds me of another condition that plagues Americans every day.

Diabetic retinopathy, a condition that can silently cause progressive loss of vision, is another case study in what the public might be missing in combating it.

The blindness results from damage to the blood vessels of the retina. After more than a decade as a clinician caring for patients who live with diabetes, I've often wondered why more of my patients of lower economic status didn't believe they could develop this debilitating disease. Was the education we provided regularly

about diabetes as a whole and mitigation of risk factors (by doing things such as quitting smoking, controlling cholesterol levels, controlling blood pressures, stressing the importance of retinal exams, exercising more, eating healthy, etc.) not enough, not understood, simply missed at the appointments? Or should we focus more on treatment rather than prevention?

My patients yielded some answers:

- "It costs too much to take off from work to have another doctor's appointment...besides, my eyes are fine."
- "I already had an eye exam last week so I didn't think I needed to go."
- "God will take care of everything."

I finally saw that there was a need for adequate real-time feedback at each visit and a post-visit follow-up with these patients. With time, these prevention measures became clearer and reduced my patients' risks of developing this life-altering, preventable disease.



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