

Focus aimed at health disparities within African American communities such as Jackson, Mississippi (Hypertension/Heart Disease)

Goal: Resolved. That the House of Representatives supports the goals and ideals of National Minority Health Month, which includes bringing attention to the severe health disparities faced by minority populations in the United States, such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanic Americans, and Native Hawaiians or other Pacific Islanders.

Congressional Bills 114th Congress. Introduced in House. April 30, 2015

H. Res. 238 (IH)- Promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2015, which includes bringing attention to the health disparities faced by minority populations of the United States, such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanic Americans, and Native Hawaiians or other Pacific Islanders.

Define the problem: Even though objectives are met within a specific minority, some aspects of the bill still need to be met. In various marginalized communities, health disparities still exist, specifically amongst African Americans, and there are still higher uninsured rates (causing failure of care due to cost). Health and healthcare disparities faced by African Americans today are rooted in and reflect historical racist and discriminatory practices and beliefs (Artiga et al., 2024). One area of focus related to health disparity is African Americans who suffer from hypertension, which can potentially lead to heart disease.

Assemble Evidence: According to Healthy People 2030 (n.d.), the prevalence of hypertension among African Americans leads to the progression of heart disease in adults from 45.0 percent (baseline) to 41.9 percent (target). Del Pino et al. (2019) conducted a study to specifically explore the public health literature on inequalities among people of African descent in the Americas. For that study, the following research question was proposed: What public health evidence exists about health inequalities related to the (historical, social, and cultural) ethnic conditions of people of African descent in the Americas, compared to other population groups? (Del Pino et al., 2019). Findings within the study show the interconnection between ethnic-related health inequalities along with other determinants such as poor living conditions, poverty, exposure to chemicals or pollutants, perpetuated discrimination, and disadvantages within that community. Continue research through articles for evidence-based intervention and policies.

Develop alternatives: The continuity of addressing health care disparity amongst marginalized communities will require a collaborative approach. Improving the number of providers within an underserved community is possible. Utilizing well-trained Community Health Workers (CHW) to help in community development, community health education, increased access to essential health services, cultural sensitivity, cost-effectiveness, and improvement in community self-reliance. Education can be taught to more than just the patient within the community. It is a great idea to teach health care providers as well by offering cultural competency training to health care providers. Healthcare organizations can work together and develop a supportive program addressing health needs and providing knowledge about their health condition.