Week 7 NR717

Hello, state officials of the Mississippi State Department of Health

(Identify)

I am Angelica Waller, MSN, BSN, RN, a current doctoral candidate and a seven-year registered nurse serving the public at a small hospital, Moore's Park Memorial. I am a nurse manager on a step-down intermediate care telemetry unit. As a doctoral candidate, I am working on my doctorate in nursing practice in Healthcare leadership at Chamberlain University. Over seven years working as a floor nurse, I have had the opportunity to travel and work at various hospitals and volunteer at a local clinic for uninsured patients who live within a marginalized community before taking a nurse manager position. Occasionally, I still do volunteer work and set up clinical sites with other skilled healthcare workers to serve the needs of the public. My focus is ensuring access to care, protecting funding for core public health programs and services, and eliminating health disparities for those within the impoverished community with a high prevalence of hypertension leading to cardiac disease.

(Situation)

From a nurse serving a marginalized community to another one, the citizens within the population of Jackson, Mississippi, preferably African Americans, face a higher prevalence of hypertension, leading to more chronic issues such as cardiac disease. Why is this matter important? Because lower income and an inferior education are potentially causal pathways for disparities in hypertension-induced cardiac defects. In support of H. Res. 238 (IH) Congressional Bills 114th Congress Introduced in House. April 30, 2015, the mission was to promote minority health awareness and support the goals and ideas of National Health Month in April 2015, which involves bringing attention to the various health disparities that minority populations within the United States face. Minority populations are American Indians, Alaska Natives, Asian Americans, Hispanic Americans, Native Hawaiians, Pacific Islanders, and all African Americans, whom this written testimony focus is targeted at. The challenges the population faces within a low socioeconomic community require the development of sustainable interventions to meet local and global healthcare needs. More system-focused policies must be implemented to address healthcare disparities and community participation. Failure to implement effective policies to alleviate health care disparities, such as providing medical insurance, educating patients on the disease process, and proper self-care management within the African American people of Jackson, Mississippi, can lead to unintentional injuries, continuous hindrance to healthcare access, heart disease, and death. Policies addressing poor neighborhood economics and social conditions are considered viable strategies to reduce the burden of cardiac disease among African Americans and ultimately lessen racial inequities in this group.

(**Background)**

Mississippi State Department of Health, I understand that you all serve the National Public Health Accreditation Board and are concerned about the African American population who are at an increase of developing chronic heart disease from an initial diagnosis of hypertension. However, Mississippi is considered the second-highest state in the United States, which has a

high rate of heart disease (McCoy, 2024). As a registered nurse and manager serving the community at a hospital and submitting to continuous volunteer work at a local healthcare clinic for the uninsured and those in poverty, I can testify to the need for continued lobbying and support for solutions that can support H. Res. 238 (IH**)** Congressional Bills 114th Congress. To serve as a nurse within a marginalized community, my motto has always been, " It will not be easy, but it will be worth it." The goal is to establish effective interventions that can be utilized in the long term. One issue is the inability of citizens within the community to afford health insurance prior to and after the expansion. About the expansion of health insurance for the state of Mississippi, the bill for Medicaid expansion under the Affordable Care Act has passed. However, adults still have limitations (Rapheal et al., 2024). Those limitations show no pathway for insurance coverage for adults without kids. Therefore, adults without kids with an income below the poverty level have no options for affordable insurance or comprehensive health coverage. The issue is not that insurance is not available. The matter is that it is not affordable.

In sharing an experience as a nurse working with African Americans in poverty-stricken areas, such as those in the Jackson, MS community, I realized the consequence of the community being positioned to receive less than optimal healthcare. Patients need to feel comfortable placing their healthcare needs on clinicians who serve as advocators and protectors. One experience working with the public in a low socioeconomic community, I remember caring for many patients who faced many challenges in receiving healthcare. Some of them got used to their living conditions and delayed healthcare treatment due to being uninsured or feeling as if the odds were against them because of their race (African Americans). Many also had poor health literacy or understanding of what was happening. The most memorable moment I can share is about a patient burdened with poor health and a sudden change in life events, whom I will call, in this case, Jackie.

Jackie was a 52-year-old African American female who returned to her job at a local retail store after calling in sick because she was recovering from increased swelling in her legs, complaining of muscle cramps, and episodes of nausea and vomiting over three weeks. However, she never sought medical care, being afraid of being hospitalized and missing too many work days. Until one day, she had no choice.

According to her family, the 52-year-old received a ten-year associate recognition when she returned. She had taken off one day beyond the retail store attendance policy, resulting in her losing her job. After losing her job in August 2023, Jackie also lost her healthcare coverage and struggled to find a new job. Due to her recent loss of healthcare insurance, she had to pay out of pocket; she struggled but knew she needed a provider. Consulting with the provider along with proper testing and assessments, she was newly diagnosed with kidney and heart disease. Being newly diagnosed, ongoing education and patient insight about the disease was needed. Initially, she delayed seeking care even with insurance because the copay and deductible were higher, and she could not afford it. Overtimes her symptoms progressed, but no further treatment was initiated because she had no insurance and no job, which resulted in her being turned away several times. However, Jackie was discouraged and wanted to give up on seeking care because she did not have transportation to travel and was experiencing a lack of adequate care. Her kidney continued to decline even more, resulting in dialysis treatment three times a week and close monitoring of labs. She eventually got a job cleaning a family home 2 to 3 times a week. However, for lower pay than minimum wage and no benefits, she knew money had to come from somewhere just for medication and dialysis (ranging from $500+ per session). Most weeks, she