

## **Advocacy to Impact Population Health Through Oral Testimony**

### **Hello, Mississippi State Health Department**

**(Identify)** I am Angelica Waller, MSN, BSN, RN, a nurse manager at Moore's Park Memorial Hospital with seven years of experience and a background in volunteer work and clinical placements to serve marginalized populations. I am pursuing a doctoral degree in Healthcare Leadership at Chamberlain University. I am dedicated to improving access to care, securing funding for public health programs, and addressing health disparities in impoverished communities, mainly focusing on hypertension and cardiac disease.

**(Situation)** African Americans experience higher rates of hypertension, leading to increased risks of chronic conditions like cardiac disease. Socioeconomic factors such as lower income and limited education contribute to these disparities. Referencing H. Res. 238 (IH), a Congressional Bill introduced on April 30, 2015, aimed to raise awareness about minority health during National Health Month in April 2015. This initiative highlights the health disparities faced by minority populations, including African Americans, alongside other minority groups like American Indians, Alaska Natives, Asian Americans, Hispanic Americans, Native Hawaiians, and Pacific Islanders. Neglecting to tackle healthcare disparities among African Americans in Jackson, Mississippi, through policies like medical insurance and patient education may lead to injuries, barriers to care, heart disease, and death.

**(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. As a nurse manager, I support H. Res. 238 (IH) Congressional Bills, advocating for solutions to help the uninsured and impoverished. Jackie, a 52-year-old, faced health challenges and job loss, losing her healthcare coverage. Despite symptoms, she delayed care due to cost. Newly diagnosed with kidney and heart disease, she struggled to afford treatment and was turned away without insurance. Dialysis became necessary, but financial strain led her to miss sessions. Eventually, she passed away from complications of missed dialysis, highlighting the devastating impact of healthcare access barriers. Jackie's uninsured status led to delayed diagnosis and treatment, reflecting broader challenges in African American health coverage in Jackson, MS, due to limited resources and reliance on out-of-pocket payments, worsening access, and financial burden for low-income individuals.

**(Assessment)** The intervention targets poor neighborhood conditions to reduce hypertension-related cardiac disease in African Americans, focusing on affordable insurance, healthcare literacy, provider bias, and racial disparities. It emphasizes employment, access to care, and equity, utilizing community health workers for marginalized communities (Williams et al., 2019). Community health workers and medical assistants can aid in improving the economic security, stability, and health of people in marginalized communities.