HPRB 3700: Community Health

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Case Study Community Health Assessment

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Case Study

Jacy is a 54-year-old Native American self-employed father of two grown children and has been married for 30 years to Dena. He has a struggling business with 8 employees, and the stress of making ends meet has been increasing over the past year. To relax, he likes to watch TV and drink beer in the evening. Jacy has shortness of breath, and his heart races sometimes. His health insurance has a high deductible, and he can't afford to see a physician for symptoms he believes are probably meaningless. Dena is worried. What support is available for Jacy and Dena?

Health Section

Overview of Heart Disease

Heart disease is the leading cause of death in the United States for men, women, and people of most ethnic groups, as it contributes to the death of one person every 33 seconds (CDC, 2024). Heart disease is a broader term for any condition that affects your heart, and primary examples of this disease are Heart attack, Stroke, Heart failure, and Arrhythmia (CDC, 2024).

A heart attack occurs when blood flow to part of the heart muscle is blocked or reduced (Mayo Clinic, 2023). This is usually due to a buildup of plaque in the coronary arteries; plaque is a substance made of fat, cholesterol, and other materials (Mayo Clinic, 2023). When plaque ruptures, it can form a blood clot that restricts circulation and damages the heart tissue (Mayo Clinic, 2023). Common symptoms include chest pain or discomfort, which may feel like pressure or aching (American Heart Association, 2020). Other signs could include fatigue, nausea, or shortness of breath (Harvard Health Publishing, 2018). Men over 45 and women over 55 are at a higher risk of experiencing a heart attack (Mayo Clinic, 2023). Contributing factors include

tobacco use, high blood pressure, obesity, and high cholesterol levels (National Heart Lung and Blood Institute, 2022).

Stroke is another major cardiovascular condition. There are two primary types: ischemic and hemorrhagic. Ischemic strokes occur when a blood clot or a narrowed artery blocks the supply to the brain (American Stroke Association, 2019). Hemorrhagic strokes result from a ruptured blood vessel that causes bleeding within the brain (American Stroke Association, 2019). Both types deprive the brain of oxygen and nutrients, leading to tissue damage. Symptoms can include difficulty speaking, numbness on one side of the body, blurred vision, and severe headaches (National Institute of Aging, 2023). Lifestyle risk factors for stroke include being overweight, physical inactivity, and excessive alcohol use (Mayo Clinic, 2023).

Heart failure happens when the heart can't pump blood as efficiently as it should (American Heart Association, 2020). When the heart weakens or becomes stiff, it cannot supply enough oxygen-rich blood to meet the body's needs (Cleveland Clinic, 2023). This causes blood to back up in the lungs, resulting in fluid buildup and shortness of breath. Some people develop heart failure because their heart muscles are too weak to contract properly, while others have stiff ventricles that do not fill with enough blood between beats (Cleveland Clinic, 2023). Treatment often begins with lifestyle changes, including regular physical activity, weight management, smoking cessation, reducing sodium intake, and managing stress (American Heart Association, 2020).

Heart arrhythmias are conditions where the heartbeat is irregular: too fast, too slow, or inconsistent (American Heart Association, 2020). They occur when the heart's electrical signals are disrupted or misfired (American Heart Association, 2020). Some arrhythmias feel like fluttering or pounding in the chest, while others are silent and can only be detected during a

medical exam (American Heart Association, 2020). Arrhythmias are generally categorized by their speed; tachycardia refers to a heartbeat over 100 beats per minute, whereas bradycardia refers to a heartbeat under 60 beats per minute (National Heart Lung and Blood Institute, 2022).

Atrial Fibrillation

Atrial fibrillation (AFib) is the most common type of tachycardia (American Heart Association, 2020). It involves chaotic electrical signals in the atria, the heart's upper chambers, that result in an irregular and often rapid heartbeat (Mayo Clinic, 2023). AFib episodes may come and go or persist chronically. During AFib, the sinus node, which is responsible for initiating heartbeats, sends disorganized signals (American Heart Association, 2020). These signals overwhelm the AV node, which is the gateway to the lower chambers of the heart. As a result, the atria quiver instead of contracting normally, which causes the ventricles to beat irregularly. Heart rates in AFib can range from 100 to 175 beats per minute (American Heart Association, 2020). Lifestyle factors, including alcohol and caffeine intake, stimulant medications, smoking, and drug use, can contribute to a higher risk of experiencing AFib (Michigan Medicine, 2022).

AFib risk also increases with age (National Heart Lung and Blood Institute, 2022). Events can be triggered when stimulants, such as caffeine, nicotine, and cocaine, accelerate the heartbeat; however, alcohol consumption is another well-documented trigger (American Heart Association, 2020). Even moderate drinking can disrupt electrical activity in the heart. Furthermore, electrolyte imbalances of potassium, sodium, calcium, and magnesium can affect the heartbeat (Michigan Medicine, 2022). A family history of AFib increases risk, as does obesity (American Heart Association, 2020).

A serious complication of AFib is blood clot formation. Because the atria do not contract properly, blood can pool and form clots (National Blood Clot Alliance, 2019). If a clot travels to the brain, it can cause a stroke, and the risk of stroke from AFib increases with age (National Blood Clot Alliance, 2019).

Risk Factors of Atrial Fibrillation

The risk factors for AFib are many. Age is a primary risk factor, as an individual's chances increase as they grow older. Caffeine, nicotine, or illegal drug use (e.g., cocaine) can cause your heart to beat faster, and the use of these substances could trigger more serious arrhythmias (American Heart Association, 2020). Drinking too much alcohol can affect the signals of the heart and lead to AFib. Changes in the levels of the body's minerals may affect the heartbeat. Electrolytes, potassium, sodium, calcium, and magnesium help the heartbeat; if they are too low or too high, it may affect the heartbeat (Shrimanker & Bhattarai, 2023). Family history can also put an individual at an increased risk of atrial fibrillation. Additionally, obesity puts individuals at a higher risk of AFib (CDC, 2024).

Hypertension is the most common modifiable risk factor, as sustained high blood pressure leads to atrial enlargement and fibrosis, which increase the heart's susceptibility to arrhythmias (Aronow, 2017). Underlying heart diseases, including coronary artery disease, congestive heart failure, valvular heart disorders—especially of the mitral valve—and cardiomyopathies, further elevate AFib risk due to their impact on atrial pressure and cardiac remodeling (National Institute of Health, 2022).

Obesity also contributes significantly to AFib, often co-occurring with other risk factors like hypertension, diabetes, and obstructive sleep apnea. Diabetes mellitus independently

increases the risk through mechanisms such as systemic inflammation and autonomic nervous system dysfunction (National Institute of Health, 2022). Obstructive sleep apnea (OSA), characterized by intermittent hypoxia and increased sympathetic activity during sleep, has been strongly linked to atrial remodeling and the onset of AFib. In addition, alcohol consumption, whether chronic or episodic in the form of binge drinking (known as "holiday heart syndrome"), disrupts atrial electrical activity and promotes arrhythmogenesis. Similarly, the use of stimulants such as caffeine, nicotine, and illicit substances like cocaine and amphetamines can provoke arrhythmias by increasing sympathetic nervous system activity (Shrimanker & Bhattarai, 2023).

Diagnosing Atrial Fibrillation

The diagnostic approach to AFib encompasses a variety of tools designed to detect and characterize arrhythmia, each varying in complexity and cost.

An electrocardiogram (ECG) is the cornerstone for AFib diagnosis, recording the heart's electrical activity to identify irregular rhythms (Hopkins, 2022). Its accessibility and non-invasive nature make it a first-line diagnostic tool. An ECG typically costs $500 to $5000 without insurance, depending on the healthcare setting and geographic location (Enhance Health, 2024).

For patients with intermittent AFib episodes, a Holter monitor provides continuous ECG recording over 24 to 48 hours, capturing transient arrhythmic events (Hopkins, 2022). The extended monitoring period increases the procedure's cost, averaging between $150-$600 (Sharon, 2025).

Exercise stress tests assess the heart's response to physical exertion, potentially unmasking exercise-induced AFib (Cleveland Clinic, 2022). These tests are more complex and

thus more expensive than standard ECGs, with costs typically ranging from $200-$5,000 (Bettercare, 2025).

An echocardiogram is an ultrasound-based imaging instrument that evaluates cardiac structure and function, identifying conditions such as valvular heart disease or cardiomyopathy that may predispose to AFib (Hopkins, 2022). Echocardiograms are relatively expensive, reflecting the technology and expertise required, with costs between $500 to $3,000 (Frederick, 2023).

While not specific to AFib, chest X-rays can detect pulmonary or cardiac abnormalities contributing to arrhythmia (Mayo Foundation, 2024). This imaging technique is relatively inexpensive, costing between $100 and $300 (Sidecar Health, 2025).

The diagnostic process for AFib can increase healthcare utilization and costs (Sagris et al., 2021). Early treatment is likely critical to addressing the disease burden imposed by AFib (Gunawardene & Willems, 2022).

Managing Atrial Fibrillation

Managing AFib can involve a multifaceted approach, combining lifestyle modifications, pharmacotherapy, and procedural interventions to control heart rhythm and reduce thromboembolic risk.

Regarding lifestyle changes, adopting a heart-healthy diet rich in fruits, vegetables, whole grains, and lean proteins and low in saturated fats can improve cardiovascular health and potentially reduce AFib episodes (Kelley-Hedgepath, 2020). Regular exercise helps prevent atrial fibrillation and, if one already has AFib, reduces symptoms and improves AFib-related

quality of life (Kelley-Hedgepath, 2020). Maintaining a healthy body weight is also crucial, as obesity is a significant risk factor for AFib (Kelley-Hedgepth, 2020). Smoking contributes to cardiovascular disease and increases AFib risk as well (Napoli, 2024). Alcohol can be a significant trigger for AFib episodes (Bhatt, 2021). Research indicates that even one glass of alcohol can double the chance of an AFib episode within four hours (Bhatt, 2021). Therefore, it is best to avoid drinking alcohol and smoking.

Pharmacotherapy can also help those with AFib. Rate control medications and agents such as beta-blockers, calcium channel blockers, and digoxin control the ventricular rate in AFib patients (Alobaida:Alrumayah, 2021). These medications help maintain heart rate within a normal range, alleviating symptoms (Alobaida & Alrumayah, 2021). Antiarrhythmic drugs aim to restore and maintain normal sinus rhythm (Alobaida & Alrumayah, 2021). The choice of agent depends on the patient's underlying heart condition and comorbidities. Given the elevated stroke risk associated with AFib, anticoagulants such as warfarin or direct oral anticoagulants (DOACs) are prescribed to prevent thromboembolic events (Fitzgerald et al., 2020).

Finally, procedural interventions are required for some patients. Electrical cardioversion involves delivering a synchronized electrical shock to restore normal rhythm (Hopkins, 2024). A catheter ablation can be helpful in patients with symptomatic AFib; it targets and isolates the arrhythmogenic foci, particularly around the pulmonary veins, which can maintain sinus rhythm (Mayo Foundation, 2024a). However, this treatment carries significant costs, with one study estimating around $26,000 per procedure (Chew et al., 2022). Finally, in cases where bradycardia slow heart rate, is a concern, pacemaker implantation may be necessary to maintain an adequate heart rate (U.S. Department of Health and Human Services, 2022). The costs for this procedure can vary widely, depending on device type and healthcare facility.

Gender Fallacies

For the past three decades, heart disease has been the leading cause of death for both men and women in the United States. This serious health condition includes a variety of disorders that affect the heart and blood vessels, such as coronary artery disease, heart attacks, and heart failure (Harvard Health,2022). Despite the significant impact CVD has on women, awareness and education for women's heart disease have historically been low (Harvard Health, 2020). Moreover, after experiencing an acute cardiovascular event, women tend to have higher death rates, and a poorer prognosis compared to men (Suman et al., 2023). Further, heart disease is still underrecognized and undertreated among women (Harvard Health,2022). The risk of cardiovascular disease in women is often underestimated because of the misconception that women are more 'protected' than men against CVD.

Additionally, the neglect of CVD in women results in less aggressive treatment strategies for them (Gao et al., 2019). A study found that women face a 20% increase in risk of developing heart failure or dying within five years after their first severe heart attack compared to men (Heart Organization., 2020). The occurrence of heart failure, both during hospitalization and after discharge, was consistently higher in women than in men for both types of heart attack, even after adjusting for various confounding factors (Heart Organization., 2020). Moreover, many women report feeling unheard and disrespected by healthcare providers, contributing to significant disparities in the care they receive (John Hopkins Medicine, 2018). This disparity is worsened by the reality that women are less likely to be prescribed essential medications, such as aspirin, statins, and certain blood pressure drugs, which are standard in preventing future cardiac events (John Hopkins Medicine, 2018).

Furthermore, the occurrence of cardiovascular disease (CVD) is generally lower in women than in men before menopause. However, it significantly rises after menopause, leading to about one in three deaths among women (Harvard Health, 2020). The distinctions between genders are highlighted by the fact that women are more prone to present atypical symptoms, which may include nausea, vomiting, shortness of breath, dizziness, or even a complete lack of symptoms. Interestingly, 64% of women who experience sudden death due to coronary heart disease had not shown any prior symptoms (Harvard Health, 2020).

Addressing gender disparities in cardiovascular health requires a multifaceted approach. Healthcare providers need to be educated to recognize and respond appropriately to the unique ways heart disease presents in women. Public health initiatives should aim to raise awareness about women's heart health, highlighting that heart disease is not just a "man's disease." Additionally, ensuring equitable treatment strategies and empowering women to advocate for their health can help reduce the morbidity and mortality associated with cardiovascular disease in women.

Culture Section

The National Congress of American Indians defines "Native American" as encompassing all Indigenous people from the United States and its trust territories, including American Indians, Alaska Natives, Native Hawaiians, Chamorros, and American Samoans, as well as individuals from Canadian First Nations and Indigenous communities in Mexico, Central, and South America who reside in the U.S. (2020). They use the term "Native American" because it is commonly found in legislation and continues to be accepted by many Indigenous Americans. Still, it has been recognized that different terminology may be preferred in the future (Schiappa, E., 2024).

The phrase "reservation" dates to the earliest Indians who interacted with white people. Through treaties, the Indians sacrificed a sizable piece of their territory while "reserving" a smaller portion for their purposes. Indians were meant to reside on reservations, often small property holdings. The Indians were prohibited from leaving their territory, not even to hunt, when the reservations were first established.

Native Americans have commonly avoided receiving care due to the discrimination they face from healthcare providers (Findling, M. G. et al.,2019). Due to this discrimination, Native Americans reportedly have lower health outcomes than their white counterparts and experience high mortality, poor health, and low-quality health care (Findling, M. G. et al.,2019). Besides the discrimination faced by healthcare providers, living on reservations causes outside barriers to care, for example, geographic isolation, long distances to travel to receive adequate care, and experiencing financial burdens associated with travel. (Cromer, K. J., et al., 2019).

Rural populations living on reservations experience higher rates of morbidity and mortality than Americans living in rural communities (Department of Health and Human Services Offices of Minority Health, 2015; IHS,2017). Individuals living in rural communities have a life expectancy of 2 years less than individuals living in urban areas (Cromer, K. J., et al., 2019).

Although cardiovascular disease presents a significant health threat to the overall U.S. population, it is essential to recognize the heightened challenges that the Native American community endures (Goerger et al.,.2025). Cardiovascular disease (CVD) is the leading cause of death among Native Americans and Alaska Natives. Over the past 50 years, the prevalence of CVD has risen among these populations (Breathett et al.,2020). In addition, overall cardiovascular events among the Native American population are 20% more fatal (Goerger et

al.,.2025). Modifiable risk factors for cardiovascular disease, such as poor nutrition, lack of physical activity, obesity, and increased substance use, are worsened in Native American communities due to cultural and historical influences (Goerger et al.,.2025).

Despite these outside barriers to care, there is an Indian Health Care System that provides direct healthcare services and utilizes tribal practices to provide care. These services include free medical care for federally recognized Native Americans, funding healthcare, and serving as a Native American healthcare advocate. However, this federal program is not an insurance plan; it is only accepted at IHS facilities, which means you would still have to get insurance to cover your medical bills and doctor visits. Furthermore, the services that the IHS provides are very limited in that it only covers 60% of the care Native Americans need (Srakocic S., 2024). Luckily, Medicare is available for Native Americans 65 and older, and they can use Medicare at IHS to continue receiving specialized care (Srakocic S., 2024).

Alcohol Abuse & Smoking

Alcohol consumption is a significant cultural factor that affects health outcomes, particularly in populations experiencing high levels of stress. Individuals facing financial and occupational stress often use alcohol as a coping mechanism. Excessive alcohol consumption is a risk factor for cardiovascular disease, hypertension, and other chronic conditions (CDC, 2023). Among Native American communities, historical and systemic issues, including economic disparities and generational trauma, have contributed to increased alcohol use disorder rates (Gone et al., 2019). In such cases, alcohol use can exacerbate existing health conditions, particularly those related to heart disease, such as shortness of breath and rapid heartbeat.

Culturally, alcohol use may be influenced by social norms within specific communities. Social drinking is often seen to relieve stress, but reliance on alcohol for relaxation can lead to

long-term health complications. When individuals are faced with high-deductible insurance plans and financial instability, they may avoid seeking medical care due to cost concerns, making it more challenging to address potential alcohol-related health risks.

According to data from the 2012 National Survey on Drug Use and Health, the smoking prevalence among AI/ANs was 38.5%, which was considerably higher than the smoking rate among white people (23.9%) and Black people (22.6%) (Mowery et al., 2015). AI/ANs have the highest prevalence of adult cigarette smoking and adolescent smoking across all racial/ethnic groups (Leung et al., 2022). The rate of smoking among American Indians and Alaska Natives has consistently been high, and this difference in cigarette use is the most significant among racial and ethnic minority groups in the United States (Mowery et al., 2015). Tobacco use serves different purposes across tribes, traditionally for religious and therapeutic reasons. People continue to use it as gifts and as burial offerings for burial offerings and as gifts (Goerger et al., 2025).

Self-Employed, Business Owner, and Increased Stress

Self-employment comes with financial independence and increased stress, particularly when a business struggles. Entrepreneurship is inherently stressful, with business owners often experiencing financial instability, long working hours, and responsibility for employees' livelihoods (Hessels et al., 2017). Financial struggles add to stress, which is a well-known risk factor for heart disease (American Heart Association, 2022). Chronic stress leads to higher cortisol levels, which can contribute to hypertension and cardiovascular issues.

Entrepreneurial stress can also be linked to an individual’s business suitability. Studies using the Entrepreneurship Scale (EBSCO) indicate that those who struggle with managing uncertainty and financial pressure may experience heightened stress levels, leading to adverse

health effects. Individuals in such situations who lack effective stress management strategies may turn to alcohol or other unhealthy coping mechanisms instead of healthier alternatives such as physical activity or social support. Financial concerns may also lead to delays in seeking medical care, exacerbating health risks.

Having Children

Parenthood is another social determinant of health that can influence stress levels and overall well-being. While adult children may not require the same financial and emotional support as younger children, long-term parental responsibilities can still contribute to stress. Parents often prioritize their children's needs over their health, leading to delayed medical care and increased risk for chronic diseases (Nelson et al., 2018). Cultural expectations of being a provider can weigh heavily, particularly in communities where familial support structures are essential.

In cases where financial stability is uncertain, individuals may prioritize financial resources for their family or employees rather than their own healthcare needs. Cultural norms around masculinity and self-reliance can make some individuals reluctant to acknowledge health concerns or seek help when necessary.

Physical Fitness & Nutrition

Physical activity plays a crucial role in preventing and managing heart disease, yet many individuals facing economic and time constraints struggle to maintain an active lifestyle. Regular physical activity may not be a priority when work schedules are demanding and high financial stress. The recommended standard for cardiovascular health is at least 150 minutes of moderate exercise per week. However, many self-employed individuals fail to meet this standard due to time constraints and work-related fatigue (American Heart Association, 2022).

In some Native American communities, traditional physical activities such as dancing and outdoor labor were historically integral to daily life. However, modern economic pressures and lifestyle changes have decreased physical activity levels, contributing to higher obesity and heart disease (Warne & Frizzell, 2014). The shift to more sedentary lifestyles due to economic conditions and time limitations has further impacted physical health.

Physical inactivity is an issue affecting various segments of the U.S. population, including Native American communities. Several studies indicate that only about 20% to 30% of Native American adults and children engage in regular physical activity, while approximately 30% to 50% are physically inactive (Goerger et al., 2025). The number of American Indian and Alaska Native (AIAN) individuals aged 65 or older is projected to grow faster than that of the U.S. population (Administration for Community Living, 2020).

This increase in the elderly population, coupled with the inverse relationship between physical activity and age, is likely to intensify the issue of inadequate physical activity within the AIAN community (Leung et al., 2022). Other obstacles, such as insufficient exercise facilities, limited transportation access, hazardous walking and trail conditions, lack of time beyond work commitments, and poor weather, prevent Native Americans from reaching adequate physical activity necessary for cardiovascular health. A focus group discussion indicated that this may stem from inadequate community support for physical activity, insufficient household and childcare duties, and challenges in balancing social expectations with pursuing physical activity (Goerger et al., 2025).

Tying nutrition to contemporary health disparities, Indigenous populations in the United States experience unique challenges that differ from those of other racial and ethnic groups. These disparities are deeply rooted in colonization and closely linked to cultural losses, historical

trauma, discrimination, and lateral oppression (Leung et al., 2022). When Native Americans were relocated from their ancestral lands to reservations, they faced an abrupt change in their diet. The traditional foods they were accustomed to were no longer available, leading to an increased dependence on U.S. government rations. In 1871, these rations typically included fresh beef, bacon, flour, cornmeal, coffee, salt, sugar, and rice. This limited dietary variety discouraged the consumption of nutritionally diverse foods and promoted a reliance on high-calorie items that offered few nutritional benefits (Goerger et al., 2025).

Lastly, preventing and treating cardiovascular disease in American Indians and Alaska Natives should prioritize managing risk factors and implementing community-based interventions that address social determinants of health, especially for those with diabetes (Breathett et al., 2020). Prevention and/or cessation interventions enlist elders, tribal leaders, parents, or school personnel to develop a curriculum to intervene with adolescents in a school-based setting (Goerger et al., 2025).

What Is Needed

In this scenario, Jacy needs a multifaceted approach and several forms of help. Jacy is a 54-year-old father who is self-employed and is often in high-stress situations. He is suffering from a heart rhythm disorder known as atrial fibrillation, or AFib. This disorder causes his heart to beat irregularly and at a rapid rate. Jacy's habit of drinking beer to relax after a high-stress day is worsening his condition and prolonging his symptoms. Alcohol consumption is one of the factors that can exacerbate AFib (Seed, 2023). Due to Jacy's high deductible, he can’t afford to see a physician for his symptoms, and his wife may be experiencing heightened stress due to anxiety stemming from his health.

First, Jacy needs stress management due to the high pressure of owning his own small business. Stress has a detrimental effect one one's heart health, both in the short and long term (Amiercan Heart Association, 2020). This will negatively impact his condition as well as lead to a decreased quality of life. There is a need for a comprehensive resource to help Jacy manage his stress in a healthy manner. A course to help him exclude alcohol and promote movement could be beneficial. This may involve consulting a Native American wellness specialist or Tribal leader, as they could provide traditional activities that could connect Jacy to his culture or promote physical activity rather than alcohol consumption. This course may also align closer to Western medical philosophies, as research has shown that individuals who participate in stress management treatments or courses achieve better clinical outcomes than those who do not (Hinderliter, 2016). To address both his cardiac and psychological needs, Jacy would benefit from an evidence-based stress management program that integrates cognitive-behavioral techniques, mindfulness training, and gentle movement activities, such as yoga or tai chi (Abbott & Lavretsky, 2013). It is crucial to keep Jacy's heritage and beliefs in mind, as suggesting an intervention that conflicts with these could lead to negative health outcomes. Group physical exercise, traditional healing cermonies, or connecting with nature would work to lower stress levels and foster healthy habits for dealing with the chronic stress Jacy faces.

These interventions not only help reduce sympathetic overactivity and normalize heart rate variability, but they also alleviate co-occurring anxiety and depressive symptoms that often accompany chronic illness. Incorporating motivational interviewing and peer support, ideally in a group format, can enhance self-efficacy, promote sustained behavior change, and foster a sense of community. While finding a community of Native Americans to collaborate with may be

difficult in Athens, Georgia, virtual resources could effectively connect Jacy to individuals and programs that are tailored to his unique background.

However, Jacy's ability to engage with telehealth servies or digital health platforms may be limited to barriers such as poor broadband access, low digital literacy, or limited access to devices, all of which are common challenges in underserved areas. Even if virtual Native American-centered resources are available, without the structure and support to find and access them, these solutions could remain out of Jacy's reach. Therefore, it is important that efforts to expand access include investments in device access programs and culturally tailored patient education tools.

Another challenge Jacy faces is transportation. With the nearest Indian Health Service (IHS) facility located in Nashville, the distance poses a significant barrier to routine care. Travling this far for testing or consultations isn't realistic for a small business owner trying to make ends meet, so implementing transportation assistance programs, such as medical ride-share initiatives, fuel stipends, or airport shuttles, could bridge this gap. These transportation barriers are especially concerning when a long duration of care is essential for managing chronic conditions like Jacy's AFib.

Much of this stress Jacy faces could come from his insurance situation. Transitioning from his current high-deductible plan to a policy with a lower deductible could help Jacy avoid expensive bills eaach month. While this switch may result in a higher monthly premium due to his age and ongoing heart condition, he needs to evaluate how this change fits into his overall financial picture. A comprehensive cost-benefit analysis indicates that moving to a plan with a lower deductible might be a wise choice, especially considering his elevated risk profile and the potential for significant healthcare expenses. By opting for a plan with a lower deductible, Jacy

could potentially save on out-of-pocket costs when seeking medical care, which can be a considerable financial relief during times when health issues may arise. However, if the increased premiums are too steep, Jacy could still enhance his financial strategy by either establishing or maximizing contributions to a Health Savings Account (HSA). This type of account not only reduces taxable income but also allows Jacy to set aside funds specifically designated for future medical expenses. By using pre-tax dollars for healthcare costs, he effectively lowers his overall tax burden, which can be especially beneficial for someone in his situation.

To holistically address Jacy's AFib, which is exacerbated by alcohol-mediated stress relief, what is also needed is a coordinated integrative care plan that combines Western medicine's precise arrhythmia diagnostics (e.g., electrocardiography, echocardiography, Holter monitoring) and evidence-based pharmacotherapy with culturally congruent, holistic stress-reduction modalities that are reflective of his Native American heritage (Tai Chi: What You Need to Know, 2019). In Western medicine, medications such as beta-blockers and calcium channel blockers are needed to stabilize his heart rhythm and reduce stroke risk (Common Tests for Arrhythmia, 2016). However, from a holistic perspective, what is needed are mind-body practices including mindfulness or yoga to down-regulate sympathetic overactivity, enhance heart rate variability, and mitigate co-morbid anxiety or depressive symptoms that can trigger AFib episodes (Cardiovascular Disease and Complementary Health Approaches, 2024). These approaches excel in managing chronic pain, fatigue, and psychosomatic disorders by integrating mind-body practices, community support, and culturally grounded healing rituals (National Cancer Institute, 2024). Blending these two approaches could create a tailored plan that both aligns with Jacy's beliefs and medical needs. Motivational interviewing is also needed to

strengthen Jacy's self-efficacy in replacing nightly alcohol use with adaptive coping strategies, thereby reducing arrhythmogenic stimuli and supporting sustained behavior change (Almansour et al., 2023; Frost et al., 2018).

In addition to treatment, what is also needed is greater emphasis on preventive cardiovascular screening and early risk detection, especially for high-risk individuals like Jacy. Tools such as the CHADS2 scoring system can estimate stroke risk in patients with AFib, enabling timely inditation of medication therapy (CDC, 2024). Routine electrocardiograms, blood pressure monitoring, and cholesterol testing could be made accessible through mobile clinics, federally qualified health centers, or local health departments that prioirtize Native American outreach. Early identification of arrhythmias or modifiable risk factors like hypertension and diabetes can reduce the likelihood of major cardiac events and improve long term outcomes (CDC, 2024).

Integrative medicine articulates what is needed to bridge Western and holistic paradigms by combining the most well-researched conventional therapies with evidence-based complementary modalities, such as acupuncture, massage therapy, and mindfulness, into cohesive treatment plans (Mayo Clinic Staff, 2018). What is needed here are interprofessional teams that coordinate care, monitor for potential interactions (e.g., herb-drug effects), and personalize interventions based on patient values, risk profiles, and cultural contexts (Mayo Clinic Staff, 2025). While such personalized care development may be expensive for Jacy, he could independently research holistic strategies and discuss with his physician how to incorporate these without interfering with traditional treatment or medications.

Regarding Jacy's culture, he may express distrust surrounding illness and requiring medical treatment. In many Native American communities, there are feelings of negativity

towards physicians and hospitals, which can lead to individuals avoiding care (Guadagnolo, 2019). Trust is crucial in healthcare, especially when a condition, such as Jacy's, can be life-threatening. While Jacy initially may be dismissive of his symptoms, this could stem from negative past experiences or historical injustices. Few healthcare professionals, especially in Georgia, are aware of Native American traditions or attitudes towards medicine, which can discourage individuals like Jacy from getting care. To combat this, physicians must recognize the validity of Jacy's concerns and discuss how they plan to treat him without being dismissive of his culture or concerns. To effectively reach many providers, cultural competency trainings could be implemented across hospital networks. Additionally, Native American leaders could be approached by medical offices in an effort to better understand patients' backgrounds and views on Western medical approaches.

Asset Mapping

Indian Health Services

A crucial first step for Jacy is connecting with the Indian Health Services (IHS) Nashville Area Office, which oversees care for Native Americans in Georgia. IHS represents a foundational entry point into care and offers health-related services and referrals, particularly through its Urban Indian Health Program (UIHP) for those living in urban areas like Athens. These programs emphasize culturally competent care and include access to behavioral health, chronic disease management, and preventive services. Jacy may be eligible for services if he can provide documentation that he is a member or descendant of a federally recognized tribe. To initiate access, he should contact the Nashville Area Office at (615) 467 1500, provide documentation, and request a referral to a UIHP provider within Georgia. IHS typically provides

services at no cost to eligible individuals, with availability limited by funding and geographic proximity.

Piedmont Heart of Athens

Piedmont Heart offers diagnostic evaluation and management of conditions such as Jacy's (arrhythmia). The clinic also administers a Financial Assistance Program, which may cover part or all of Jacy's cost of care based on his income and insurance status. Research has demonstrated that charity care programs significantly lower financial barriers to cardiac evaluation and treatment, potentially providing Jacy with assistance as well as encouraging him to overcome the fear of large medical bills. He would have to complete a financial assistance application and submit documentation such as tax returns and recent income verification. Piedmont Heart of Athens is located at 242 King Avenue, Suite 210, in Athens. While costs for cardiology consultations and diagnostics can range from several hundred to several thousand dollars, Jacy may qualify for subsidized or fully covered services through the program.

Clay Community Care Clinic

Another resource Jacy can utilize through Piedmont Hospital is the Clay Community Care Clinic (CCCC). This clinic accepts all adults regardless of insurance status, which applies to Jacy. Its mission is to provide quality, comprehensive, and continuous care to adults. Their resources include regular adult check-ups, sick visits, immunizations and vaccinations, and management of chronic illnesses. If Jacy requires long-term care, he could seek low-cost long-term treatment here. The CCCC also has five specialties, which include infectious diseases, pulmonary diseases, endocrinology, nephrology, ophthalmology, and smoking cessation. While none of these may focus on his current condition, this resource may be a beneficial way for Jacy

to recognize the need for further help with his heart condition or allow him to get specialized care should any new conditions develop. The CCCC can advocate for him to receive this specialized care and testing to narrow down any new potential problems. They are located at 1270 Prince Ave., Suite 101 and 201, Athens. GA 30606. Jacy can contact them by calling 706-475-7055 while they are open Monday through Friday.

Partnership for Prescription Assistance

The Partnership for Prescription Assistance (PPA) can be a crucial support system if Jacy receives medication for cardiovascular conditions like AFib. PPA connects underinsured individuals to over 475 patient assistance programs that provide prescription medications at no or low cost. To utilize PPA, Jacy can visit www.helpingpatients.org, input his prescription medications, and complete program-specific applications. Most programs require proof of income, a physician's signature, and a valid prescription. Because Jacy owns a struggling business and will most likely be diagnosed and written prescriptions for his condition, he should satisfy these requirements. Participation in PPA can significantly help Jacy post-diagnosis and allow him to save thousands on the cost of medications that he may have to take for the rest of his life.

University of Georgia Small Business Development Center

Another resource that may be beneficial for Jacy's business is the Small Business Development Center through the University of Georgia. They provide educational training programs and confidential, no-cost, one-on-one consulting (by appointment only) to owners of for-profit businesses in Georgia. Since Jacy falls into this category, he can utilize the workbooks that are available for download on their website about financing, marketing, and business plans.

Jacy can set up an appointment by reaching out by phone: (706) 542-7436 or email: athens@georgiasbdc.org. The Small Business Development Center is located at 382 E Broad Street Athens, GA 30602-5412.

Georgia Crisis and Access Line

Finally, for immediate behavioral health or crisis intervention needs, the Georgia Crisis and Access Line could provide Jacy with 24/7 mental health support and referral services. This service is available statewide and connects individuals to mental health professionals for assessment, stabilization, or connection to local providers. His condition can cause great stress, which could lead to Jacy or his wife to need short-term mental help. This resource is confidential and accessible by calling 1 800 715 4225. It plays a critical role in bridging acute care gaps for individuals experiencing distress or potential psychiatric emergencies. If Jacy finds that long-term mental support is needed, this resource also can connect him to an appropriate provider.

Sustainable Solutions

Due to the lack of local health resources, Native Americans living in Athens must refer to metropolitan and out-of-state resources. Furthermore, Athens lacks a comprehensive healthcare system culturally tailored to Native Americans. The city has no dedicated clinics, programs, or culturally competent providers specializing in Indigenous health. This situation underscores the necessity for targeted interventions to improve healthcare accessibility and quality for Native Americans in Athens. This is especially concerning, as Native Americans often prioritize overall wellness and spiritual healing, topics that few physicians are knowledgeable about. This can create distrust and a misalignment between a patient and a provider. However, there are various solutions available that can help bridge this health gap. CVD is the leading cause of death among

Native American populations; therefore, health interventions should be developed that are culturally tailored and community driven. For example, interventions could include increasing access to regular screenings, promoting heart-healthy diets based on traditional Indigenous foods, and implementing lifestyle education programs that incorporate Native customs and values. Public health officials and policy makers could collaborate with Tribal leaders to better their knowledge of Native American's approach to health in order to develop these interventions.

Increased Funding of Indian Health Services

One of the most pressing issues is the chronic underfunding of the Indian Health Service (IHS), the primary federal agency responsible for Native health care. Despite serving millions of Native individuals, IHS receives far less funding per capita than other federal health systems. These facilities play a vital role in providing comprehensive medical services tailored to the unique cultural and health needs of Native American communities. Many Native Americans, particularly those living in cities, struggle to find healthcare facilities that understand their unique medical and cultural needs. To address this, policymakers need to implement mandatory direct funding for the IHS to guarantee consistent and adequate financial support. Furthermore, Congress should establish non-competitive funding avenues that provide Native nations with direct access to resources, eliminating the need to compete with more well-funded state and local governments (Cappotelli et al., 2024). By expanding the number of health centers, we can ensure that more individuals, including Jacy, have access to preventive care, primary healthcare services, and specialty treatments. Investing in these health centers would not only provide

necessary healthcare services but also create jobs and boost local economies within tribal jurisdictions and urban settings (Garcia et al., 2023).

Because there are no medical centers or physicians in Athens that are tailored to Native Americans, Jacy must utilize this service to receive culturally competent care. Increasing funding means that he could be seen more quickly by a cardiologist, have access to more services and testing to monitor his condition, and gain access to physicians who understand and are willing to craft treatment plans that align with his beliefs. Right now, the closest IHS office is in Nashville, meaning that traveling there to get routine care is simply out of the question for a small business owner like Jacy. While brick and mortar offices may require too much funding intially, telehealth offerings could expand coverage to Native American Individuals like Jacy at a fraction of the cost.

Expanding Medicaid Coverage

Expanding access to affordable health insurance is another critical step. Medicaid expansion under the Affordable Care Act (ACA) has helped reduce uninsured rates in Native communities, but gaps remain in states that have not adopted it. Under the ACA, states were given the option to expand Medicaid coverage to individuals earning up to 138% of the federal poverty level. While this expansion has significantly reduced the number of uninsured individuals in many parts of the country, Georgia remains one of the ten states that has not chosen to expand Medicaid as of 2025.

In contrast, 40 states and the District of Columbia have adopted Medicaid expansion, including states with large Native American populations such as New Mexico, Arizona, and California. These states have seen improvements in access to care in these populations as well.

For example, New Mexico implemented the Health Insurance Marketplace Affordability Program, which combines Medicaid expansion with additional subsidies, ensuring broader access to affordable care for Native populations (Cappotelli et al., 2024).

If Georgia were to expand Medicaid, Jacy could become eligible for full coverage at little to no cost, depending on his income level. This would eliminate his current reliance on his high-deductible plan and allow him to receive the necessary care for his AFib. Conditions like AFib require consistent monitoring and oftentimes chronic use of medications or expensive surgeries. Without Medicaid, these treatment options would put Jacy and his family so deep into debt that they may not consider them reasonable at all. While this expansion may be politically difficult, it may help to educate voters and policymakers on how the expansion of Medicaid would lessen the burden on taxpayers as well as lead to an increased quality of life for many Georgians.

Further, states should also implement protective measures for Native American individuals, such as cost-sharing protections and premium assistance programs. These initiatives can help alleviate the financial burden on those who may otherwise struggle to afford insurance premiums and out-of-pocket costs. By addressing these financial barriers, healthcare can become more accessible, leading to better health outcomes for Native populations (Cappotelli et al., 2024).

Community Health Insurance

Furthermore, another community-based solution could be purchasing health insurance collectively within communities. Although many American Indian and Alaska Native (AI/AN) individuals face poverty, numerous tribal communities have achieved financial success through economic development (Warne et al.,2014). This growth has created opportunities to enhance

and expand health care programs. This approach offers numerous benefits that can enhance accessibility and affordability for individuals and families. By coming together, community members can leverage their collective bargaining power, potentially negotiating better rates and coverage options that might not be available to individuals seeking insurance on their own. Many tribes are now implementing innovative health policy solutions, such as establishing their own tribal self-insurance programs. By combining tribal 638 programs with self-insurance, tribes are able to better coordinate various funding sources and reduce the limitations of the Contract Health Services (CHS) system, significantly improving access to care (Warne et al.,2014)

Additionally, some tribal communities are forming partnerships with private sector entities including hospital systems, insurance companies, pharmaceutical firms, and academic institutions. Many Indian Health Service (IHS), Tribal, and Urban (I/T/U) health programs are also integrating Traditional Indian Medicine into their services. These forward-thinking policies, which support coordination between Western medical practices and traditional healing, help foster cultural competence and increase patient satisfaction (Warne et al.,2014). The economic benefits, this method can also help educate community members about health insurance options. Workshops and informational sessions can empower individuals with the knowledge they need to make informed decisions about their health care.

Jacy being able to utilize his community to purchase health insurance would empower him in several significant ways. By collaborating with others in his community, he can collectively negotiate better rates and benefits, taking advantage of the group purchasing power that often yields more favorable terms than individual purchases. Jacy could potentially receive enhanced benefits, such as lower premiums, reduced out-of-pocket expenses, and broader

coverage options, whether he chooses a private insurance plan or seeks options through public insurance agencies.

Telehealth and Mobile Clinics

Implementing telehealth services and mobile clinics has shown promise in enhancing early detection and management of cardiovascular disease (CVD) among Native American populations in rural and underserved areas. Telehealth interventions, such as remote monitoring and telecardiology, have been effective in providing timely consultations and improving patient outcomes (Asif et al., 2025). For instance, the Indian Health Service (IHS) has successfully utilized telehealth to deliver cardiology services, including remote interpretation of cardiac tests, thereby increasing access to specialized care (Hays et al., 2014).

Similarly, mobile clinics have been instrumental in bringing healthcare services directly to these communities. In Oklahoma, the Cardiovascular Health Clinic launched a mobile program that travels to remote locations to offer screenings and consultations for conditions like peripheral artery disease and critical limb ischemia, which are prevalent in these regions (Fornell., 2024). While these initiatives address significant barriers to healthcare access, challenges such as limited broadband internet availability and digital literacy persist, potentially hindering the full potential of telehealth services. Addressing these infrastructural and educational barriers is crucial to fully realize the benefits of telehealth and mobile clinics in reducing health disparities among Native American populations. Telehealth and mobile clinics have the potential to significantly enhance healthcare delivery in the Jacy community, addressing barriers that often prevent individuals from seeking necessary medical attention. By bringing services directly to the community, these initiatives eliminate common obstacles such as transportation costs and the challenges posed by traffic congestion. Combining telehealth with

mobile clinics creates an integrated approach to cardiovascular health management. For instance, patients receiving care through a mobile clinic can have their health data collected and monitored remotely via telehealth platforms, enabling continuous care and personalized treatment plans. This synergy not only improves patient engagement but also fosters a proactive stance on cardiovascular health, encouraging individuals to take charge of their well-being. Overall, the implementation of telehealth and mobile clinics in addressing cardiovascular health represents a significant advancement towards ensuring equitable and effective healthcare.

Culturally Rooted Fitness Initiatives

Another solution is to implement physical activity initiatives specifically for Native Americans, as these can greatly improve health outcomes by encouraging both movement and cultural engagement. Community-based programs could incorporate traditional activities such as powwow dancing, canoeing, and stickball, which would help preserve cultural heritage while promoting fitness. For example, initiatives like the Bois Forte Band of Chippewa's Tribal SHIP program engage community members in traditional activities, including lacrosse and powwow dancing, to foster cultural connectedness and physical activity (Adams, 2024). Establishing wellness programs, walking or running groups, and community fitness events can also improve access to exercise. Moreover, collaborating with schools and local organizations to provide physical activities suitable for all ages, including yoga, strength training, and traditional dance, can further support healthy lifestyles. Additionally, improving access to safe walking trails, bike paths, and outdoor spaces on reservations and in urban areas can encourage daily physical activity and help reduce health disparities (Bohdan et al., 2015). Addressing barriers to physical activity, such as limited infrastructure and resources, through community-driven initiatives is

essential for fostering sustainable health improvements in Native American populations (Jahns et al., 2014)

While the IHS aims to provide universal health care to Native Americans, the reality is that many AI/AN individuals experience significant health disparities and barriers to care. These challenges are exacerbated by factors such as geographic isolation, shortages of medical personnel, and limited access to specialized services. In response to these challenges, some tribes have pursued self-determination by managing their own health care programs through contracts and compacts with the IHS. This approach allows tribes to tailor health services to their specific needs and preferences. However, funding limitations and administrative challenges continue to impact the effectiveness and reach of these programs.

Jacy would benefit from fitness initiatives by improving overall physical health and well-being. Regular participation in fitness programs can enhance cardiovascular endurance, build muscle strength, and increase flexibility. Additionally, engaging in group classes or team activities could foster a sense of community and support, making exercise more enjoyable and motivating.

Culturally Competent Mental Health Support

Chronic stress, especially from financial strain or health anxiety, can worsen cardiovascular risk (Gee et al., 2021). Culturally competent mental health support is critical for Native communities, who often experience stigma around emotional expression. This support could come in the form of talking circles, nature therapy, or community workshops led by Native facilitators. These spaces would allow individuals to talk openly about their experiences with stress, trauma, or illness while also incorporating traditional healing practices. By rooting

services in culture, mental health care becomes more inviting and aligned with community values (Wexler & Trout, 2018).

Furthermore, peer support groups could offer healing through shared experience. Participants could discuss how to manage stress, improve emotional regulation, and deal with the everyday pressures of self-employment. Incorporating storytelling, music, or movement into sessions can make them more engaging while reducing the shame that often prevents people from seeking help (Tavo et al., 2022).

Approaches could include training and certifying trusted community members as peer mental health supporters. Tribes could also collaborate with local universities or colleges to develop culturally tailored behavioral health programs and youth internships. In more rural areas, digital mental health tools, such as apps with guided meditation rooted in cultural practices—can expand access. Trauma-informed community hubs can serve as both mental health spaces and gathering centers, providing opportunities for individual and collective healing over time (CDC, 2021).

One of the most important aspects of Jacy's case is his stress, so having culturally competent mental health services would greatly improve his overall well-being and support his journey towards healing. For Jacy, whose experiences may be influenced by cultural factors, effective mental health services should incorporate his cultural context into therapy. This could involve using culturally relevant practices, understanding the stigma around mental health in his community, and integrating family dynamics into treatment. By involving Jacy's cultural background in his care, therapists can tailor interventions that resonate with him personally, helping him to cope with stress in a more meaningful way.

Workplace Wellness Initiatives for Small Businesses

Small business owners are often left out of wellness programs, yet they carry significant burdens that impact their health. Offering mini workplace wellness initiatives for businesses in Native communities could create an environment where both owners and employees feel supported. These programs could include weekly wellness check-ins, free health screenings on-site, or partnerships with local fitness centers offering discounted memberships (CDC, 2021).

The program could also include stress reduction sessions, healthy snack deliveries, or informational newsletters with tips tailored to self-employed workers. Because many owners employ others from their own communities, such an effort could foster a culture of care in the workplace, improve morale, and reduce absenteeism (Goetzel et al., 2018). This type of wellness initiative can be low-cost and high impact, providing meaningful benefits to underserved working populations (Robert Wood Johnson Foundation, 2016).

To ensure long-term sustainability, business networks could coordinate group wellness toolkits, co-host community wellness days, or pool resources for shared programming. Culturally adapted health materials, created in partnership with Native-led organizations, could improve both engagement and effectiveness. These steps could help integrate wellness into the daily rhythm of work life in a sustainable and culturally meaningful way (Goetzel et al., 2018).

In Jacy's case, one of the noteworthy sources of stress in his life is his workplace environment. The demands and pressures of daily tasks can be overwhelming, impacting not only his productivity but also his overall well-being. To address these challenges, implementing workplace wellness programs and initiatives could be extremely beneficial. These programs could include a variety of activities and resources designed to promote mental and physical health. For example, offering mindfulness and stress management workshops could provide employees with essential tools to cope with workplace pressures. Creating a supportive

workplace culture that prioritizes employee well-being will not only help Jacy manage his stress but can also lead to increased job satisfaction, improved performance, and lower turnover rates.

Ensuring Sustainable Change

Improving health outcomes for Native Americans requires a multifaceted, culturally grounded approach that addresses systemic, environmental, and financial barriers. The lack of dedicated healthcare infrastructure and culturally competent providers highlights the urgent need for targeted, community-driven solutions. Interventions such as expanding telehealth services, integrating traditional practices into mental health care, and promoting physical activity through culturally relevant programs can significantly improve access and engagement.

Policy-level changes, including sustained and equitable funding for the Indian Health Service and expanded Medicaid access, are critical to building a stronger foundation for Native health. Additionally, initiatives like workplace wellness programs, collective insurance strategies, and partnerships with tribal, private, and academic stakeholders create long-term opportunities for health equity and empowerment. By centering Indigenous voices and cultural values in both program design and policy reform, these interventions can help close health disparities and ensure that Native communities in Athens and beyond receive the care they deserve.

For Jacy, sustainable change means more than policy, it means tangible access to care that focuses on his condition and the barriers that stop him from getting treatment. As a self-employed Native American without ideal healthcare coverage, Jacy exemplifies the population most in need of long-term, systemic change. The solutions proposed are not abstract policy recommendations; they are strategies that could transform the quality of life for people like Jacy.

Telehealth and mobile clinics would make it possible for him to receive ongoing monitoring and care for his AFib without needing to leave his business and travel out of state. This is especially important given that the nearest IHS facility is in Nashville, Tennessee. Remote access to cardiologists and mental health providers through telehealth would help Jacy and his wife manage the physical and psychological effects of his condition.

Culturally competent mental health resources, such as talking circles, mindfulness practices, and traditional healing opportunities, would provide Jacy with support that aligns with his identity and values. Chronic stress is not only harmful to his heart health but is also compounded by his role as a business owner and the cultural disconnect he may feel when getting treatment.

Increased IHS funding and culturally specific care options would also improve his access to preventative services, diagnostics, and medications tailored to his needs. If Jacy could access affordable, consistent, and effective care through a better funded and more widely available IHS, he wouldn't have to delay treatment out of financial fear or cultural discomfort.

Finally, workplace wellness programs designed for small business owners would help Jacy manage stress in ways that don't rely on alcohol. On-site checkups, fitness incentives, and mental health check-ins would offer preventative support and reduce the risk of his condition worsening. Programs tailored to help people like Jacy could help break the cycle of stress and neglect that many Native Americans face.

Overall, sustainable change means ensuring that people like Jacy don't have to choose between their health and their livelihood. It means building systems that are accessible, affordable, and affirming. These solutions would not only address Jacy's immediate health needs

but also empower him and his community to thrive within a redesigned healthcare system that sees and serves him.

Resource Handout

MINDFUL LIVING CENTER

240 Talmadge Dr, Athens, GA 30606

(706) 248-8918, No Email Listed (utilize Contact Us form at https://mindfuliving.org/contact/)

The Mindful Living Center offers holistic wellness services designed to support stress management and mental clarity. Jacy can benefit from their resources to manage stress-related atrial fibrillation triggers. Services include guided meditation and yoga classes available as free MP3 downloads, $10 in-person yoga sessions, and virtual Zoom classes available upon registration. This resource is open from 9AM-5PM on Monday, Tuesday, Wednesday, and Friday, 9:30AM-5PM on Thursday, and is closed on Saturday and Sunday. However, they offer online service from 9AM-8PM Monday through Thursday and from 9AM-6PM on Friday. The #7 ACC Bus route stops near this location.

ATHENS NEIGHBORHOOD HEALTH CENTER (ANHC)

675 College Avenue, Athens, GA 30601 and 402 McKinley Drive, Athens, GA 30601

(706) 546-5526 and (706) 543-1145, bbooth@aneighbor.org

Athens Neighborhood Health Center is a Federally Qualified Health Center that provides affordable primary and preventative care to underserved communities. Services include general checkups, chronic disease management, behavioral health, and diagnostic services. Fees are offered on a sliding scale, with services starting as low as $25 depending on income. This resource is open from 8AM-5PM on Monday, Wednesday, and Thursday, 8AM-7PM on Tuesday, 8AM-2PM on Friday, 8AM-12PM on Saturday, and is closed on Sunday.

PIEDMONT HEART OF ATHENS

242 King Ave Suite 210, Athens, GA 30606

(706) 475-1700, no email listed (Piedmont Branch)

Piedmont Heart of Athens is a specialty cardiology clinic providing diagnosis and treatment for arrhythmias such as AFib. Services include EKGs, echocardiograms, and other advanced cardiac testing. While prices depend on insurance coverage, the clinic offers a Financial Assistance Program that can reduce or eliminate out-of-pocket costs based on income and insurance status. The #7 ACC Bus route stops near this location. This resource is open from Thursday through Monday from 8 AM to 5 PM, while Saturday and Sunday are closed, and Tuesday and Wednesday are also open from 8 AM to 5 PM.

CLAY COMMUNITY CARE CLINIC (CCCC)

1270 Prince Avenue, Suite 201, Athens, GA 30606

(706) 475-7055, no email listed (Piedmont Branch)

Clay Community Care Clinic is a local community health clinic serving adults regardless of insurance status. Services include chronic illness care, routine adult checkups, immunizations, and access to specialty clinics in endocrinology, nephrology, pulmonary disease, ophthalmology, and smoking cessation. Sliding scale fees are available based on income. The #7 ACC Bus route stops near this location. The operating hours for the establishment are as follows: it's open on Thursday, Monday, Tuesday, and Wednesday from 8:30 AM to 5 PM, with shortened hours on Friday from 8:30 AM to 12 PM, and it remains closed on Saturday and Sunday.

INDIAN HEALTH SERVICE – NASHVILLE AREA OFFICE

711 Stewarts Ferry Pike, Nashville TN 37214

(615) 467-1500, no email provided (utilize Contact Us form at https://www.ihs.gov/nashville/contactus/)

The Indian Health Service (IHS) Nashville Area Office oversees care for Native Americans in the southeastern U.S. It connects eligible individuals (those who can show membership or relation to a tribe) to culturally competent healthcare through the Urban Indian Health Program. Services include chronic disease management, behavioral health, and preventative care. Services are free for individuals who can document tribal affiliation or descent from a federally recognized tribe. The Indian Health Service (IHS)'s Nashville Area Office operates from 8:00 a.m. to 5:00 p.m..

PIEDMONT FINANCIAL ASSISTANCE PROGRAM

2727 Paces Ferry Road, Building 2, Suite 500, Atlanta GA 30339

1-855-788-1212, assistance@piedmont.org

Piedmont Healthcare offers a financial assistance program for patients with limited ability to pay for services. Support includes full or partial bill forgiveness and interest-free payment plans. Applications can be submitted online, by phone, by email, or by mail and require proof of income.

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE (PPA)

No Address (Online Program)

Website (no phone or email): https://www.helpingpatients.org

The Partnership for Prescription Assistance connects underinsured individuals with free or low-cost prescription medications through over 475 pharmaceutical assistance programs. Eligibility often requires proof of income, a signed physician form, and a valid prescription.

NAMI GEORGIA – ATHENS CHAPTER

555 Morton Ave, Athens, GA 30605

(706) 549-7321, namigeorgia@namiga.org

The Athens chapter of the National Alliance on Mental Illness (NAMI) provides free mental health education and support for individuals and families. Services include peer-led support We offer support groups, stress management tools, and educational programming specifically designed for caregivers. All services are free and open to the public.

ATHENS ECONOMIC DEVELOPMENT DEPARTMENT

301 College Ave, Athens, GA 30601

(706) 995-7007, ilka.mcconnell@accgov.com

This department provides financial support and business development services to residents of Athens-Clarke County. Programs include utility and rent assistance, small business education,

and resource referrals. Eligibility is income-based. Services are provided free of charge. The operating hours are from 8 AM to 5 PM on Thursday, Friday, Monday, Tuesday, and Wednesday, while the facility remains closed on Saturday and Sunday.

UNIVERSITY OF GEORGIA SMALL BUSINESS DEVELOPMENT CENTER (UGA SBDC)

382 E Broad St, Athens, GA 30602

(706) 542-2762, dhuemme@georgiasbdc.org

UGA's Small Business Development Center supports Georgia business owners with free, confidential, one-on-one consulting. They also offer downloadable materials on marketing, business planning, and finance. Services are free and available to any for-profit business owner in Georgia. The business operates from 8 AM to 5 PM on Thursday, Friday, Monday, Tuesday, and Wednesday, while it remains closed on Saturday and Sunday.

GEORGIA CRISIS AND ACCESS LINE (GCAL)

No Address (Statewide Phone Service)

1-800-715-4225

The Georgia Crisis and Access Line offers 24/7/365 support for individuals experiencing mental health crises. Trained professionals provide emotional support and referrals to local behavioral health services. The service is free, confidential, and available to all residents of Georgia. This service is free for callers.

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Individual Reflections

Garrett Smith

Before I begin my reflection, I wanted to express that the biggest thing I learned was that people in Jacy's situation are, for lack of a better term, screwed. He truly is the "middle class" that gets squeezed further with every election: a small business owner chasing the American Dream. Unfortunately, his reality is shared by many, but as a Native American, this isn't the first time Jacy's interests have been cast off. I've divided my reflection into: what? So what? Now what? In order to structure what I've learned through Jacy's scenario.

Trying to help Jacy has reshaped my understanding of what certain aspects of the healthcare industry truly mean. As an underinsured individual, Jacy is truly stuck between a rock and a hard place. When researching his condition, local resources, and policy-level barriers, I realized how complex and frustrating it can be to exist in his situation. While I've learned about

copays, deductibles, and out-of-pocket costs in this course, I've been fortunate enough to be on my parents' health insurance, so I've never had to undergo such a thorough search like this one. The restrictive elements of many services leave Jacy unable to receive governmental support (Medicaid, subsidies, etc), but because he is a struggling small business owner, he doesn't make enough to afford comprehensive private coverage that could pay for the care needed for his condition. This group is especially overlooked, as they aren't the focus of many nonprofit organizations, but also get left out of policy discussions by politicians.

Jacy and his scenario matter because together they exemplify the gap in our healthcare system: people who work hard, earn a modest living, and do 'everything right' still can't afford to get sick. Jacy's case really showed me how not only does our current healthcare system take advantage of people who are just making it by, but it punishes those with chronic conditions. Further, being a business owner means Jacy is responsible for providing his own insurance and choosing an expensive plan that could cover his treatment simply isn't an option. On a separate note, researching local community agencies was eye-opening. Because Jacy is a Native American living in Georgia, I didn't think that we'd find many culturally tailored resources, but I was surprised that the closest agency was the Indian Health Services office in Nashville. Using this resource in-person is so unrealistic for Jacy, as he's already struggling as a business owner and can't just take days off of work and spend money on gas just to visit a resource that the government provides. Searching for these resources also strengthened my belief that finding help is a hard-to-navigate process and is filled with red tape and hoops to jump through. Results on Google searches were often outdated, difficult to understand, had confusing applications or eligibility requirements, and were overall time-consuming to look through. As a student, this process was difficult, stressful, and time consuming, and I didn't even have the condition! I can't

imagine how draining and overwhelming it would be for Jacy to have to navigate this alone. Without a doubt, the stress from this condition, having to search for resources, running a struggling business, and being Native American would only exacerbate his condition.

Going forward, I plan to keep this experience in my mind as I pursue law school and ultimately a career as a healthcare attorney. This experience has shown me how easy it is for people to fall through the cracks in our healthcare system, not because they're not hardworking or irresponsible, but because the laws and insurance companies are designed to take advantage of them, not care for them. I hope to advise physicians on how to open new clinics, take on more patients, and advocate for policies that will help individuals like Jacy.

Elle Rush

This needs assessment helped me more deeply understand how fortunate I have been to have consistent and abundant access to healthcare, and just how much of a struggle that is for so many people in the United States. Jacy's case was incredibly difficult. There were moments when, as a group, we looked at each other and said he might just be "screwed." But when it's your own life on the line—not just a class project—you search desperately for any last hope, any potential path to healthcare and relief. Instead of giving up, we pressed on, just as Jacy would have. We combed through every possible program, clinging to the hope that there might be one solution to change everything. But that solution never came. Like many people, Jacy walks the line of being too well off for government assistance and but too impoverished to afford the medical care he really needs. This, along with the barriers present in is life, makes finding suitable solutions a real challenge.

This experience also deepened my understanding of how cultural and racial backgrounds can impact a person's access to care and the appropriateness of that care. Jacy is Native American, so it was essential to consider what was culturally acceptable and how his identity and traditions might shape his healthcare needs. This made me realize how critical it is for doctors and healthcare professionals to be culturally competent in order to truly serve their patients effectively.

Ultimately, this needs assessment mattered because people matter. It was conducted with the intention of finding the best possible path forward for Jacy so that he could live a healthier, more stable life. Needs assessments are, at their core, a recognition of the dignity of the people we serve. They are rooted in the belief that every person deserves to be cared for and understood. As a student, this was powerful training in how to approach that responsibility with compassion and diligence.

Looking ahead, this experience has directly prepared me for my career in health policy and lobbying. I've always said that my ultimate goal is to advocate for people at the policy level. Once I complete my Double Dawgs master's degree in health policy and management, I hope to apply everything I've learned to influence the very policies that people like Jacy are forced to navigate. These policies might make sense from a broad financial perspective, but on a personal level, they are often impossible to live with. That's what I want to change.

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navigate. These policies might make sense from a broad financial perspective, but on a personal level, they are often impossible to live with. That's what I want to change.

Armani Holloway

Working on this needs assessment taught me that having the power and ability to have control over your health is a privilege. Working on this case, seeing that Jacy is a hard worker and tries to make a name for himself by owning his own business, and isn't able to get the care he needs, was truly heartbreaking. Every idea that we as a group came up with to make his life better couldn't be executed due to him not having the money to acquire the resources, or the resources not being available to him.

As a Native American, we found that it was harder to find resources for Jacy just because of his cultural background. There were no resources for him in Athens, let alone the state of Georgia. For Jacy to receive the best care that would align with his cultural beliefs, he would have to go to states like California, New Mexico, and Arizona. This is not fair to him and others who share the same cultural background as him. There should be equal resources for everyone, and people who can relate and serve individuals from multiple cultural backgrounds.

This needs assessment is important because it shows us, as future healthcare providers and health professionals, the gaps in our healthcare and community systems. Not only are there notable wage gaps and inadequate opportunities for lower-income individuals to succeed, but there are also systems put in place that make it hard for those who can succeed. Jacy was stressed because of the lack of support that he experienced due to the health insurance system,. Nt being able to find healthcare providers or a community to resonate with his high deductible didn't make this easier either.

Moving forward, I believe it is important to advocate for others and ensure that everyone's healthcare needs are met in the best possible way. As a future health professional, I have learned through my coursework the importance of advocacy and the power of knowledge, and I will use my experiences to continue to educate others on their rights and help them navigate healthcare systems and insurance. By doing this, I will be helping individuals make the best choices for themselves and educating them on how to start making better choices if they don't know how to. I will also work hard to advocate for individuals on a policy level and in rooms where decisions on their health are made that they cannot be in.

Christopher Floyd

One of the main issues faced by the individuals in the case studies was the underwhelming variety of resources available to Jacy, which often led to confusion rather than clarity. Jacy's situation was particularly challenging because there were no Indian Health Services (IHS) sites located within Georgia. This absence of nearby services significantly isolated him and limited his ability to access health care that is specifically designed for the Native American population. Being unable to reach facilities that offer culturally competent care meant that Jacy could not connect with health professionals who truly understand and respect his cultural background and unique health needs. This gap in the system not only affected his physical health but also his mental and emotional well-being, highlighting the importance of culturally sensitive healthcare. Without local resources, Jacy faced increased barriers to receiving preventive care and necessary treatments, which could lead to deteriorating health conditions over time. Additionally, the isolation from a supportive community structured around Native American healthcare practices left him feeling disconnected and frustrated.

Through my research and experiences, I've come to recognize a fundamental truth that will guide my career in healthcare: many individuals are often unaware of the health resources accessible to them. It's vital to consider the unique barriers faced by marginalized communities, such as Native Americans, who may have limited access to culturally competent care. My aspiration is to cultivate a practice rooted in values that empower individuals to confront their health challenges head-on. I believe that education plays a crucial role in this process. By increasing awareness of available resources and fostering understanding of the specific healthcare needs of diverse populations, we can inspire individuals to take initiative in their health journeys. In my future career, I want to advocate for those who lack access to vital resources. This commitment involves not only direct support for patients but also active engagement in policymaking and program development aimed at addressing health disparities. I envision creating initiatives that can bridge the gap between under-resourced communities and essential health services, ultimately so that everyone can obtain optimal health.

Through my experience performing this community assessment, I learned that more attention needs to be focused on the health disparities faced by Native Americans. Prior to conducting research for this case scenario, I was not well-informed about the demographic challenges or disparities affecting Native Americans. Discovering that they have the highest prevalence of cardiovascular disease (CVD) was surprising, especially since I had previously believed that Native Americans lived healthier lifestyles compared to other ethnic groups. This case scenario broadened my understanding and perspective, emphasizing the importance of being aware of health disparities in different communities, even if they are not widely covered in the news. This case scenario matters because it provides a realistic portrayal of the challenges people face, particularly regarding health insurance. The lack of coverage, or even minimal coverage,

can greatly impact health outcomes. Furthermore, it is important to recognize that everyone, regardless of race or ethnicity, should have access to culturally competent care. Feeling seen and respected by someone who shares your background, or understands your experiences, is vital for creating a safe and accepting healthcare environment.

The future implications in Jacy's case should focus on expanding Indian Health Service (IHS) sites across America. Currently, there are far too few IHS locations on the East Coast, which is a significant issue because Native American populations still live in these areas and lack access to essential services. Additionally, there should be more programs and initiatives aimed at promoting physical activity, nutrition, and addressing substance abuse to foster a healthier community among Native Americans.

Neyat Fisseha

Working on this needs assessment for Jacy helped me understand the deeper challenges that individuals face when trying to manage chronic conditions like heart disease. The biggest thing I realized through this process is how much insurance coverage can shape someone’s entire experience with healthcare. Before this project, I knew insurance played a role in access, but I didn’t fully grasp how limiting it can be. In Jacy’s case, the type of plan he has directly affects his ability to get care, manage costs, and make long-term decisions about his health. Even when someone is willing to prioritize their health, a lack of flexible and affordable coverage can stand in the way.

This project also helped me see how these issues are even more complicated for Native Americans living in smaller areas like Athens. Accessing specialty care is already hard, but

finding providers who understand the cultural context and offer affordable services adds another layer of difficulty. While looking into local resources, I saw that some programs exist, but very few are tailored specifically to Jacy's community. That showed me how important it is for public health solutions to be both accessible and culturally relevant.

Overall, this project pushed me to think beyond individual behaviors and focus more on the systems that create barriers to care. It reminded me that insurance coverage, transportation, community trust, and cultural sensitivity are all key parts of health equity. As I continue on my path in public health, I want to advocate for systems and solutions that make it easier for people like Jacy to get the care they need without having to overcome so many structural obstacles. This experience made me more aware of how deeply connected public health to policy, and how addressing those upstream factors is just as important as offering support at the individual level.