Amanda Matthaei

Nashville, Tenn.

Nurse and doctoral student

Nashville-based nurse Amanda Matthaei knows the importance of Medicaid firsthand. She grew up in a farming family in the Midwest who struggled economically, and Medicaid helped her family pay for her dental and vision checkups when she was a child. “It helped me stay healthy enough that I could go to school and learn and move forward beyond that point of poverty,” Matthaei said. She now advocates for the program, both in her work as a nurse and in her research on the emotional well-being of family caregivers of people with mental illness. “Don’t tell me this is a crutch,” she continued of Medicaid, elaborating on what she tells people in public policy who might associate the program with a handout, and not a hand up. “Sometimes, when a program helps the farmer or the person who works road construction, that ends up helping everyone more than they realize.” Matthaei spoke with Communications Coordinator Lacey Lyons about her advocacy, her scholarship and her goal of one day working to improve access and bring mental-health support to local communities.

How did you get involved in nursing?

“I grew up in poverty in the Midwest. I always wanted to be a doctor, but people said, ‘You don’t have the financial wherewithal to become a doctor.’ So, I decided to become a musician, but my Daddy wanted me to get a real degree. Nursing it was. I had a step-grandmother who was a nurse, I had a mom who had been a CNA (certified nursing assistant) for years and of the 13 cousins on one side, at least three or four of us are nurses. It was just supposed to happen. I got my degree from (now-closed) Presentation College in Aberdeen, S.D. It gave me enough exposure to the world to see that the world wasn’t what it was on the farm. At the same time, it was small enough that people knew me by name. I had told my dad since the eighth grade that I was going to live in Nashville. It was good culture shock, where I learned that life can be different.”

What do you like about going to work every day?

“I’m working as a research assistant and a staff-agency nurse and getting my Ph.D. at The University of Tennessee Health Science Center in Memphis. What draws me to the workplace is the clients. Learning their stories and helping them gain better health, whatever they define health as. But what we actually do tends to be undervalued. That’s part of why I want to get into research. One of the advocacy aspects of my dissertation examines how we can save money by showing the value of the nurse. Healthcare organizations know with increased staffing comes fewer infections, for example. But those kinds of things need to be emphasized to our leaders. CNAs and nurses can make or break the day. They make sure the rest of the world keeps going.”

In what capacity do you work with Medicaid patients? Why is that care important?

“I don’t look and see what kind of insurance my patients have. I may not even have access to that information, but Medicaid is a hand up. It may take a generation or two to pull that person up, but they can become the taxpayer that helps fund that program. I relate to those individuals because I’ve been there. It makes it easier to explain to my colleagues who haven’t. People in poverty are doing the best they can.”

What is your specific research focus?

“My research focus looks at the emotional well-being of family caregivers caring for someone with a mental illness. This is an emotionally trying time for the individual who is sick. But what about those who are trying to support them? Are communities supporting them in a way that makes it possible for the person with a mental illness to live in communities and play a role in them? Some people with mental-health conditions are able to work and get advanced degrees, but we need support. (Matthaei has depression and anxiety.) Caregivers hurt from seeing their loved ones hurting. Are we giving them the support they need, or are we creating a second patient?

Sometimes, research means coming up with creative ways for communities to support each other. In rural America, there’s the challenge of acknowledging mental health. But if the communities can handle it within their own support systems, that is going to make them feel much more comfortable.”

Are there little-known facts about the Medicaid system that you wish people knew?

“Some providers don’t take Medicaid patients. That makes me mad. You’re telling these people they’re not good enough. It’s cruel to tell someone, ‘Your health doesn’t matter, even if you’re critical, just because of your insurance status.’ Where are the ethics? Where is the sense of responsibility?”

Matthaei closed the conversation by elaborating on the relationship between her self-advocacy and her research. “For those of us in research, it’s important to start writing in ways the general public can understand, while still pushing the science forward,” she said. Increased visibility and access to information prompt people to look for answers they need in academia. “Families are getting better at being advocates,” she said. “Even though these articles can be complex, they can be written in ways that reach family members looking for answers.”