

HEALTH

Hispanics represent nearly 60 million or 18 percent of the U.S. population and are the largest ethnic group in the nation. Hispanics, when compared to Whites, are poorer, younger, have larger families, more Spanish speakers, and mixed-families with undocumented non-citizen members. Hispanics report their households are food insecure at 18 percent as compared to 9 percent of Whites, Hispanic parents report their children live in an unsafe neighborhood at 10 percent as compared to 3 percent of Whites, and Hispanics have a less-than-high-school education at 26 percent as compared to 6 percent of Whites.

Due to low-incomes and living in communities with food deserts, Hispanic families face limited choices of healthy food and consume excess sugar, carbohydrates, and less nutritious fruits and vegetables. Thus, we have health disparities and the trend of increasing obesity and metabolic diseases, especially Type 2 diabetes with Hispanics having two times the rate of diabetes compared to Whites. Hispanic adults often face limited options for

employment and often work two jobs for basic living expenses and go without healthcare and behavioral healthcare. Toxic stress develops without knowledge about healthy living, leading to chronic diseases and symptoms that are often ignored until later stages of the disease, such as: hypertension, high cholesterol, cardiovascular disease, cancers, non-fatty liver disease, HIV, and depression.

Latinos are at a disproportionate risk of being uninsured, lacking access to care, and experiencing worse health outcomes compared to Whites and those at higher incomes. Even those who have private health insurance face disparities, including unaffordable healthcare services and less access to regular providers and preventive services in their neighborhoods. The costs of medical care have all been worse for Latinos as compared to Whites, including: regular providers, use of preventive services, and costs of medical care.¹⁰⁴

AFFORDABLE CARE ACT

The Affordable Care Act has increased health coverage and the health status of Hispanics, thanks to its elimination of pre-existing conditions, expansion of child coverage on parents' plan to 26 years of age, free preventive screenings, and many other provisions. From 2010 to 2015, Latinos under 65 who were uninsured decreased from 22 percent to 13 percent. "Blacks remained 1.5 times more likely to be uninsured than Whites from 2010 to 2018,

and the Hispanic uninsured rate remained over 2.5 times higher than the rate for Whites."¹⁰⁵ However, beginning in 2017, Congress and the Trump Administration reduced the federal government's role in setting standards and operations; for example, they reduced efforts to encourage people to enroll, including zeroing out the tax penalty for not having coverage. Another example of the Trump administration reducing the federal government's role in

setting standards has been by allowing states more flexibility to design the essential health benefits package and alternatives to the ACA under the 1332 waiver program.

Undocumented members of families experience an extra burden when it comes to decision-making about government assistance programs that other family members are eligible for such as WIC, SNAP, child and adult nutrition programs, disability, and Medicaid for maternal and infant care. Healthcare access must expand for these and other immigrants.



POLICY RECOMMENDATIONS

- Continue healthcare reform based on the ACA, which must include:
 - essential health benefits including free preventive service and new mental healthcare;
 - education and outreach programs during annual enrollment periods;
 - exchanges at state/federal levels to increase competition among health plans;
 - focus on primary care training of physicians; and
 - ensuring hospitals address racial and ethnic health equity with community assessments and programs to improve the health of their target population.
- Develop policies that improve the affordability of healthcare services, by:
 - supporting the individual mandate for health insurance;
 - supporting health insurance tax credits for individuals and small businesses;
 - supporting subsidies for high-risk patients for health plans;
 - supporting cost-saving reductions for health plans' low-income clients;
 - developing legislation that addresses surprise medical bills;
 - developing legislation that decreases the cost growth rate of common prescription drugs at the levels of the manufacturers, PBMs, and point of sale and supports generic drugs;
 - increasing education for healthy lifestyles, nutrition, physical activity, and other key disease prevention programs for the public;
 - increasing discussions on terminal illness and end of life care decisions; and
 - decreasing admissions to hospitals and increasing community and home care.
- Develop policies to increase healthcare coverage for immigrants.
- Utilize fully the U.S. Citizenship and Immigration Services' (USCIS) Systematic Alien Verification for Entitlements (SAVE) system in Healthcare.gov, to address instances where submission of additional proof of status is required.
- Ensure that lawfully present immigrants with incomes below the poverty line are correctly determined eligible for subsidies without requiring them to obtain a Medicaid denial separate from their Marketplace application.

MEDICARE AND MEDICAID

Under Medicare, seniors receive preventive services with no cost-sharing, annual wellness visits with personalized prevention plans and help with their prescription drug costs. States are encouraged to expand their Medicaid programs because it would increase access to affordable health coverage for low-income Americans and help individuals better manage their chronic conditions. Congress should equip Medicare for the economic and healthcare challenges facing elderly Hispanics and all seniors by enacting a catastrophic out-of-pocket limit; counting all hospital observation days toward meeting eligibility for skilled nursing facility benefits; covering vision, dental and hearing services; developing a paid caregiver workforce, and addressing underlying costs, particularly skyrocketing drug prices.

Medicaid is a critical source of healthcare coverage for Latinos living in the United States. Thirty-two percent of non-elderly Hispanics (over 17.3 million individuals) in the United States rely on Medicaid for coverage.¹⁰⁶ Additionally, nearly half of the 3.4 million Puerto Ricans living in the U.S. territory have insurance coverage through Medicaid.¹⁰⁷ Additionally, many LGBTQ Latinos rely on Medicaid for health coverage, especially among transgender individuals. In a

2014 nationwide survey of LGBTQ people with incomes less than 400 percent of the Federal Poverty Guidelines, 61 percent of all respondents had incomes in the Medicaid expansion range — including 67 percent of Latino respondents.¹⁰⁸ Medicaid expansion is instrumental in reducing the uninsured rates of Latinos. Since many of the states that have not expanded Medicaid have high Hispanic populations, the lack of Medicaid expansion is disproportionately impacting the Latino community. In Texas and Florida alone, more than one million otherwise eligible Latinos are shut out from life-saving coverage.¹⁰⁹



POLICY RECOMMENDATIONS

- Support efforts by insurers and providers to target the specific linguistic, cultural, and social and environmental needs of Hispanics to achieve greater equity in access to and utilization of care and to build on lessons learned from successful strategies in Medicaid, given the program's long-standing experience serving a diverse population.
- Oppose proposals to cut Medicare benefits, to repeal the Affordable Care Act, and to reduce federal funding of Medicaid, particularly since these actions would disproportionately impact communities of color, including Hispanic Americans.
- Support State policies to develop healthcare for all programs, including immigrants, that will serve as experiments and lessons learned for a future nationwide effort.
- Support Medicaid as an entitlement that guarantees a certain level of benefits.
- Reject attempts to make Medicaid into a block grant program, which would cap funding and result in decreased access to healthcare in vulnerable populations.¹¹⁰
- Support Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act which would restore eligibility for Medicaid and CHIP to eligible immigrants who are lawfully present and are subject to the current five-year waiting period.
- Implement and protect Medicaid expansion to those living at 138 percent of the federal poverty line without harmful and illegal provisions like work requirements.
- Maintain the integrity of the Medicaid program by opposing any block grants or per capita caps in Medicaid or altering the financial structure of Medicaid.
- Implement a permanent and comprehensive fix for Medicaid for Puerto Rico with increased funding that covers eligible individuals at 138 percent of the federal poverty level and coverage of all health services guaranteed by Medicaid.
- Support the new social determinants of health benefits for Medicare Advantage beneficiaries including transportation to healthcare related trips, meal delivery for chronic disease patients, and housing retrofitting for disabled or patients with asthma (air conditioning, pest control).



Medicaid

PREVENTION FOCUS OF HEALTHCARE

Latinas continue to face obstacles including cultural and linguistic differences, as well as restrictions based on age, economic status, immigration status, and geographic location which may prohibit many Latinas from obtaining comprehensive quality reproductive healthcare and making the best decisions for themselves. Specifically, Latino communities suffer from disproportionately high rates of preventable diseases and treatable conditions.

Despite the gains from the Affordable Care Act (ACA), Latinos remain the most uninsured racial and ethnic group.¹¹¹ Latinos are the most uninsured population in the United States and the ACA has been instrumental in reducing these high numbers. Policies to decrease health disparities for the whole Latino population are essential for individuals to access the care they need to lead healthy lives.

POLICY RECOMMENDATIONS

- Encourage the participation of children and their families in programs to increase healthy nutrition and physical activity.
- Ensure Hispanic youth receive the HPV vaccination.
- Ensure all Latinos have access to the full range of comprehensive reproductive healthcare.
- Promote child care and other policies that allow young parents and families to thrive, especially mothers.
- Enact policies and training to properly screen patients for domestic violence, dating violence, and sexual assault and to make appropriate referrals for services and support.
- Enact policies that provide LGBTQ Latinos coverage and access to care that is culturally relevant and protected from discrimination.
- Enact programs and benefits that address the needs of the aging population, including Hispanic elders.

SMOKING AND VAPING

Hispanic adults have a lower prevalence of cigarette smoking and other tobacco use compared to other racial and ethnic groups. However, prevalence varies among subgroups. Hispanic adults born in the United States are more likely to smoke than those who were foreign-born.¹¹² Nearly 10 percent of Hispanic adults in the United States are current smokers,

compared to 15.0 percent of Whites, 14.6 percent of African Americans, 22.6 percent of American Indian/Alaska Natives, and 7.1 percent of Asian Americans.¹¹³

In 2018, 7.2 percent of Hispanic high school students were current smokers. Current smoking rates for Hispanic high school students

are higher than the smoking rates of African American students (3.2 percent) but lower than the rates of White students (9.9 percent). In 2018, the overall current smoking rate for high school students was 8.1 percent. E-cigarettes are the most commonly used tobacco product among Hispanic high school students (14.8 percent), which is a lower rate than White students (26.8

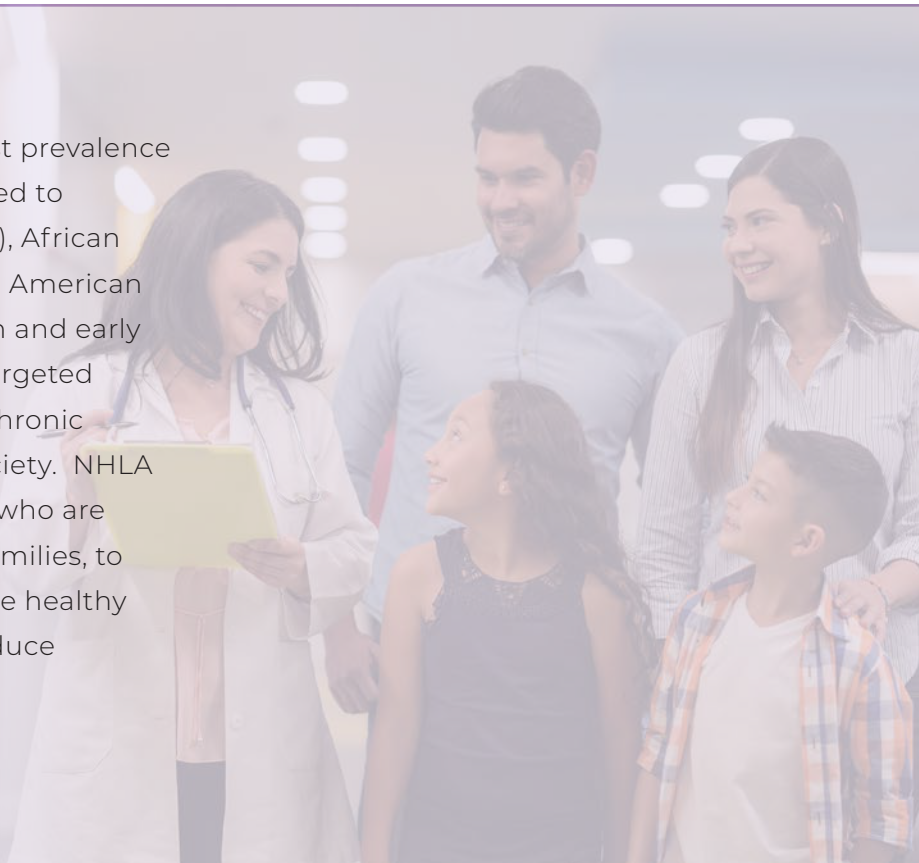
percent) but a higher rate than Black students (7.5 percent). Middle school Hispanic students have a higher rate of using e-cigarettes (6.6 percent) as compared to White (4.9 percent) and Black (3.0 percent) students. Overall, 21.7 percent of Hispanic high school students and 9.5 percent of Hispanic middle school students are current users of any tobacco product.¹¹⁴

POLICY RECOMMENDATIONS

- Develop and mandate programs about the harmful effects of smoking and vaping for schools and community organizations that target Hispanic students and their parents.
- Support the implementation and funding of programs focused on Hispanic middle and high school students.
- Use social media to reinforce interventions to keep the Hispanic population informed about the negative health consequences of vaping.
- Disseminate culturally responsible and bilingual messages that discuss the health effects of vaping.

CHILDREN'S HEALTH

Hispanic children have the highest prevalence of obesity at 25.8 percent compared to non-Hispanic Whites (14.1 percent), African Americans (22 percent), and Asian American (11 percent) children.¹¹⁵ Prevention and early intervention programs must be targeted to Hispanic families to avoid the chronic health effects of obesity in our society. NHLA encourages parents and siblings, who are role models for children in their families, to participate in programs to increase healthy nutrition, physical activity, and reduce sedentary lifestyles.



POLICY RECOMMENDATIONS

SCHOOLS

- Develop and mandate programs for public school teachers to instruct both Hispanic children and parents about the importance of physical activity, proper nutrition, and to consider health insurance options.
- Support implementing and maintaining funding for nutritious school lunches and after-school programs focused on Hispanic diets.

COMMUNITIES

- Develop education programs around healthy weight.
- Create culturally tailored interventions including health insurance enrollment at fiestas, health fairs, and churches.
- Increase Hispanic children's access to breastfeeding, quality foods, and water or low-calorie and non-sugary beverages within limited budgets.

MEDIA

- Increase information in Hispanic media on obesity and strategies to decrease it.
- Utilize social media to reinforce interventions to keep communities informed.
- Disseminate culturally sensitive and bilingual messages at an appropriate level of literacy that discuss the health effects of obesity and promote awareness about health insurance.
- Ban multimedia advertising of unhealthy food and sugar-sweetened beverages specifically targeted to children.

HEALTH SYSTEMS

- Promote empowerment and Hispanic patient self-management through teaching, training, and partnering with patient-centered medical homes, especially to increase discussions and focus on bullying and wellness for children who are overweight.
- Reimburse providers for quality measures and medical home financing, targeted Hispanic family health education, counseling about consumption and chronic disease, and physical activity.
- Support the implementation of financial and food literacy resources to the Special Supplemental Nutrition Programs for Women, Infants, and Children, and the SNAP Program.



HPV AND HISPANIC YOUTH

Despite increases, coverage estimates for the human papillomavirus (HPV) vaccine remained low in 2014 and continue to lag behind rates for the Tdap and quadrivalent meningococcal conjugate vaccines. Although the number of adolescents up-to-date on HPV vaccinations increased by 5 percent between 2016 and 2017, 51 percent of adolescents have not completed the HPV vaccine series.¹¹⁶

A persistent gap in coverage between HPV vaccination and other vaccinations recommended for adolescents is a sign of missed opportunities to protect adolescents from cancers caused by HPV infections. Hispanic women have the highest rates of cervical cancer in the United States.¹¹⁷

Among a study of Latina mothers of South American and Caribbean descent living in the United States, only 55 percent had previously heard of the HPV vaccine and only 14 percent reported completing the multi-dose series of the vaccine.¹¹⁸ NHLA is concerned with this statistic because, for every 100,000 women living in the United States, about nine Hispanic women are diagnosed with cervical cancer, compared to only seven non-Hispanic women.¹¹⁹

POLICY RECOMMENDATIONS

- Develop and support programs for community health centers, clinics, and nonprofit organizations to instruct Hispanic women and parents about HPV and the importance of completing the multi-dose vaccine series.
- Increase information on the Hispanic media about HPV and the vaccine.
- Continue funding of immunization programs that cover uninsured and underinsured patients, such as Vaccines for Children (VFC) and Section 317 of the Public Health Service Act.

ENVIRONMENTAL HEALTH

Environmental health is very important to our communities because most Hispanics live in areas that have air pollution from carbon plants, automobile and truck exhaust, lead, mercury and other chemicals in water systems, pesticides, and household products. Climate change, water and sanitation, and air pollution negatively affect a variety of people across the United States, primarily minority groups. Black and Hispanic Americans bear a disproportionate burden from air

pollution caused by non-Hispanic White Americans; Hispanics experience 63 percent more air pollution than non-Hispanic White Americans.¹²⁰ There is a clear racial gap between who causes air pollution and who suffers the consequences from it.

Asthma, a chronic disease, is a prevalent health issue among the Hispanic community. With Hispanics experiencing higher rates of air pollution in comparison to non-Hispanic White

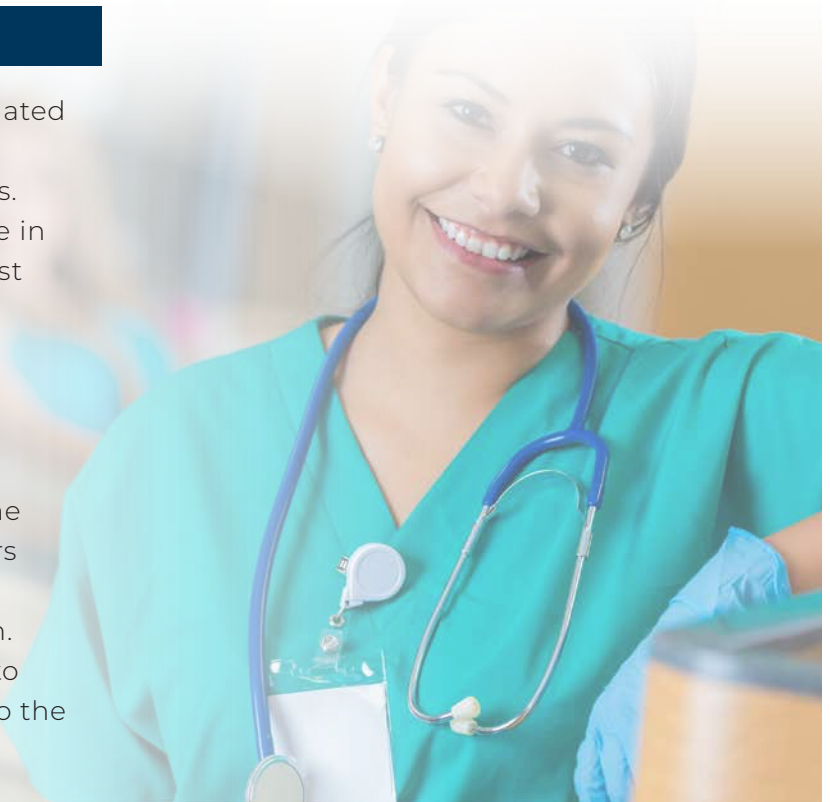
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Americans, it is no surprise that Hispanics are twice as likely as non-Hispanic White Americans to visit the emergency room due to asthma-related symptoms. Hispanic children

are also twice as likely to die from asthma compared to non-Hispanic Whites.¹²¹ This disparity must be addressed.

POLICY RECOMMENDATIONS

- Address the inequities in pollution-related health issues that primarily affect the Latino population in the United States.
- Fund research to study the difference in air pollution-related diseases amongst racial groups.
- Educate members of Hispanic communities affected by various environmental health issues about the general health effects related to specific diseases caused by each of the environmental health issues. Members of the Hispanic population should be informed in both English and Spanish.
- Require industries causing pollution to disclose the environmental impacts to the members of the community affected.



OPIOIDS

Non-medical use of prescription drugs has increased throughout the United States, with little attention regarding its prevalence among racial and ethnic groups. As the opioid epidemic is reaching a national public health emergency, the U.S. is now shifting its focus onto the usage of prescription narcotics by non-White groups.

First-generation U.S. Hispanic adults had a prevalence of prescription opioid misuse of 1.6 percent, compared to 4.1 percent for the second generation, and 6.8 percent for the third. This increase in generational use is

associated with increased English language proficiency and the length of time living in the United States.¹²² For non-Hispanics, each year lived in the U.S. is linked to an increase of 6 percent in prescription opioid misuse.¹²³

The use of in-home monitoring devices to alert caregivers and patients of low oxygen saturation can help prevent some of these needless deaths, as well as any respiratory conditions such as COVID-19. Advances in technology have made in-home monitoring devices like these accessible and much more affordable than a hospital stay for health insurance companies and patients.

POLICY RECOMMENDATIONS

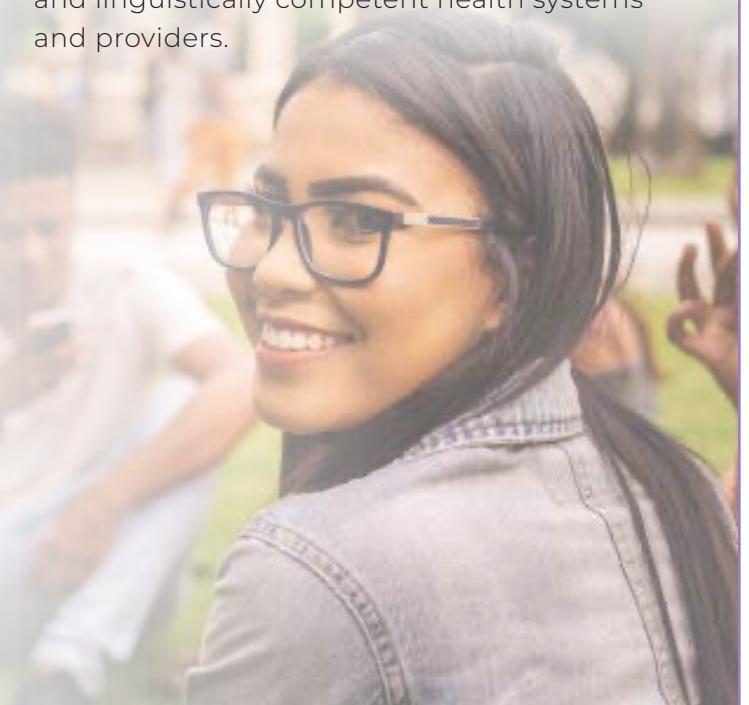
- Eliminate racial inequity involving prescription medicine, including: physician bias, media portrayal of opioid abuse, and government regulation.
- Create and fund an outreach program to racial and ethnic minorities with mental illness and other diseases, as these groups tend to misuse opioids.
- Educate adolescents about the consequences of substance abuse, because opioid misuse often starts with children who further develop worsening habits leading to years of opioid addiction.
- Develop more campaigns and advertisements to alert the Hispanic population of the detrimental consequences of drug abuse, alternative pain treatments, and how to deal with situations such as peer pressure.
- Require healthcare coverage of in-home electronic monitoring for COVID-19 patients and those who have been prescribed opioids or who are being treated for a suspected opioid overdose.

WOMEN'S HEALTH

Policies should not politically interfere with a Latina's ability to make or exercise the deeply personal decisions related to reproductive health, dignity, and autonomy. Anti-immigrant policies have instilled fear among immigrant communities and have hindered the ability of individuals, including Latinas, to access reproductive healthcare safely and with dignity. Attempts to undermine the contraceptive coverage benefit in the Affordable Care Act create obstacles that Latinas must navigate to get the care and coverage they need. Additionally, attacks on the Title X program harm Latinas and LGBTQ Latinos who may have no other place to go for care. The final Title X rule, referred to often as the domestic gag rule, released by the Trump-Pence Administration threatens the ability of Title X providers to keep their doors open, and in turn, jeopardizes the ability of many Latinas to access contraception and life-saving care.

Latinas are diagnosed with cervical cancer, a disease that is almost entirely preventable, at higher rates than any other racial or ethnic group.¹²⁴ Latinas also experience

disproportionately high rates of unintended pregnancy.¹²⁵ Most Latina and Latino voters (86 percent) consider birth control part of preventive healthcare for women.¹²⁶ However, Latinas face several challenges in consistently accessing contraception that is affordable and available, including barriers such as cost, lack of transportation, and insufficient culturally and linguistically competent health systems and providers.



POLICY RECOMMENDATIONS

- Support access to a full range of comprehensive reproductive healthcare because the decision to become a parent or to terminate a pregnancy, without barriers related to cost or immigration status, will only be possible with access to a full range of comprehensive reproductive healthcare.
- Restore the Title X program through protective appropriations language or administrative repeal of the unethical and unlawful domestic gag rule. When providing a full range of evidence-based and medically informed care to patients, Title X-funded health centers are a lifeline for quality healthcare for Latinos living with low-incomes.
- Enact the Health Equity and Accountability Act, which seeks to eliminate health disparities for communities of color and subpopulations that face widened disparities due to primary language, sex, age, gender identity, sexual orientation, immigration status, disability, and other factors that are barriers to healthcare.
- Provide increased funding for the Teen Pregnancy Prevention Initiative (TPPI) and language that protects the integrity of the program and ensure it is administered according to Congressional intent.
- Provide increased funding for the Division of Adolescent and School Health (DASH).
- Remove all language in annual appropriations legislation that restricts coverage for, or the provision of, abortion care in public health insurance programs, including repeal of the Hyde Amendment, and all policies that restrict funding for abortion care and coverage.
- Support proactive legislation that aims to ensure reproductive health by working to remove barriers to abortion access and coverage.

YOUNG PARENTS

Young parents, like all parents, deserve respect for their decisions and the opportunity for their families to thrive. Unfortunately, expectant and parenting youth are often shamed and stigmatized while they try to make decisions that are best for themselves and their families. Cultural and political responses to young parenthood, particularly young motherhood within communities of color, criticize individual behaviors rather than provide solutions for the challenges that expectant and parenting youth experience. Young Latinos who decide to parent often face numerous issues including discrimination and

inequities in workplaces, educational settings, and healthcare access and services. Young Latina parents are more likely to be homeless or lack access to affordable childcare. In the workplace, expectant and parenting youth are over-represented in low-wage jobs where they may be more likely to experience pregnancy discrimination. Latinas make up 15 percent of women in the workforce but comprise 24 percent of women in the low-wage workforce.¹²⁷

While pregnancy and birth rates among youth have been declining for decades, Latina youth

continue to experience higher incidences of pregnancy and birth than their White peers. Latinas have the highest incidence of unintended pregnancy due to economic barriers and lack of health insurance, and limited access to birth control pills, condoms, emergency contraception, and comprehensive sex education. In 2017, Hispanic women and girls ages 15-19 had a higher birth rate (28.9 births per 1,000) than Black women and girls (27.6) and White women and girls (13.4).¹²⁸ Moreover, 1 in 4 of Latinos under the age of

18 live in poverty, compared to 1 in 6 of the overall U.S. population, creating a financial barrier that makes it difficult to obtain needed reproductive health services.¹²⁹



LGBTQ HEALTH

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) Hispanics face many health inequities due to discriminatory practices by providers, insurers, and other systemic barriers. LGBTQ people are more likely to live in poverty. Poverty is a social determinant of health and leads to an increased risk of a variety of health issues, such as diabetes, cancer, mental health, and other chronic conditions. LGBTQ people living in poverty face barriers accessing healthcare, which includes stigma, discrimination, lack of money, harassment, and mistreatment.¹³⁰ Although the ability to purchase health insurance is available, one in five LGBTQ persons continues to be uninsured.¹³¹

About 267,000 undocumented LGBTQ people live in the United States who are unable to purchase private health insurance from the market or apply for Medicaid and CHIP.¹³² The LGBTQ youth are at a higher risk for substance abuse, sexually transmitted diseases, cardiovascular diseases, obesity, anxiety, depression, and suicide. However,

they receive poor quality of care due to stigma, lack of healthcare providers' awareness, and insensitivity to their needs. Few healthcare providers are trained in the health concerns of LGBTQ people. For the LGBTQ population, this means fewer providers who are linguistically and culturally competent regarding medical issues. Additionally, Hispanic gay, bisexual, and other men who have sex with men are heavily affected by HIV. HIV diagnoses among gay and bisexual Latino men from 2010-2016 increased by 18 percent while rates stabilized for many other populations.¹³³ In 2017, 20 percent of the 38,739 new HIV diagnoses were from the Hispanic community.¹³⁴



POLICY RECOMMENDATIONS

- Support policies that provide LGBTQ Latinos coverage and access to gender-affirming care that is culturally competent. Oppose policies that permit discriminatory healthcare policies affecting this community.
- Ensure that Ryan White Part D (Services for Women, Infants, Children, Youth & Their Families) is fully funded and remains a distinct part of Ryan White and includes coverage of obstetric and gynecological services, which is particularly critical for the immigrant community.
- Increase funding for data collection efforts and continue to collect adequate data to help close the disparities gap in LGBTQ populations, including communities of LGBTQ persons of color, LGBTQ immigrants, transgender Latinos, and other LGBTQ populations.
- Remove arbitrary transgender-specific exclusions from all health plans, including state Medicaid programs.
- Robustly enforce Section 1557 of the Affordable Care Act as it was intended. Ensure the enforcement and implementation of Section 1557 of the Affordable Care Act, the non-discrimination provision, once regulations are finalized.
- Support investments in the CDC to develop innovative interventions by and for LGBTQ Latino and immigrant communities.
- Set concrete public health goals and benchmarks to end the U.S. HIV/AIDS epidemic by 2030, by dramatically reducing new cases, optimizing health for all persons with HIV, and ending AIDS deaths.
- Support the CDC's creation of new, additional targeted funding opportunities for community-based organizations (CBOs) that take into account the dramatic increase of new HIV cases among Latino gay and bisexual men.
- Upgrade HIV treatment and prevention services in Puerto Rico to the level achieved across the mainland, while ensuring representation and leadership from within Puerto Rico.
- Ensure that HHS funds HIV-related stigma reduction intervention, health literacy, and health systems navigation services, with particular efforts to prioritize Latinos and immigrants, and expand awareness of and access to PrEP.
- Reject proposed changes to the “public charge” definition that would inhibit immigrants from seeking healthcare, including preventative health services, for themselves and their families.



HEALTHCARE AND PUERTO RICO

Approximately 45 percent of Puerto Rico's residents receive Medicaid and about 25 percent are enrolled in Medicare or Medicare Advantage. Even though the poverty rate in Puerto Rico is over twice the rate in Mississippi, the nation's poorest state, Medicaid expenditures per enrollee in Puerto Rico are roughly one quarter less than in Mississippi. The lower benefits are due to a Federal spending cap, lower Federal matching rates, and different eligibility and benefit

standards. Despite paying the same amount in Medicare payroll taxes, these programs are reimbursed at 60 percent of the rate that identical programs are reimbursed in the mainland; this must stop. Puerto Ricans also experience a lack of equal treatment through the imposition of inequitable funding formulas for fundamental federal safety-net programs such as nutritional assistance, healthcare, and others.

POLICY RECOMMENDATIONS

- Eliminate federal funding healthcare disparities and make large-scale investments to revitalize the infrastructure and operations in hospitals and community health centers, and retain medical professionals on the island.
- Require Medicare programs in Puerto Rico to be reimbursed at the same rate as programs in the mainland United States.
- Ensure the people of Puerto Rico are treated like those in the mainland when it comes to funding formulas for the federal safety net, health, and nutrition programs.

ELDERLY HEALTH

With the aging of our population and the high costs of healthcare and support services, America must support the Medicare Program, including the trend toward patient-centered comprehensive coordinated care and value-based quality care delivery reform. In addition to the growth of the Medicare Advantage program and the Medicare Part D program, NHLA recognizes the importance of targeting aging care policies that focus on the Latino elderly. Elderly Latinos tend to have complex needs, many have multiple diseases, are on Medicare and Medicaid (dual eligible), or need language and culturally competent services. They are in low-income

households. Many live alone and with the chronic stress of poverty. They may also need special family community care-giving mental health services. Home healthcare programs and institutional programs (nursing homes, rehab facilities, and senior centers) need to be improved to include more comprehensive programs that can impact health disparities in cardiovascular disease, cancer, diabetes, Hepatitis C, asthma, Alzheimer's disease, and depression in Latino elderly. There is a great need for testing, screening, and education for these chronic diseases, along with increased follow-up, compliance with treatment, and affordable services.

POLICY RECOMMENDATIONS

- Ensure that programs and benefits address the needs of the growing diverse aging population, including making them accessible to older adults with low levels of English proficiency and cultural and formal education gaps.
- Increase awareness of the Centers for Disease Control and Prevention (CDC) Hepatitis C testing recommendation to educate Hispanic elderly and providers.
- Enforce CLAS (Culturally and Linguistically Appropriate Services) Standards. Personnel must go beyond being simply bilingual to being linguistically and culturally appropriate.
- Promote age sensitivity.
- Outreach and education strategies that seek out older Hispanic adults where they live and gather in a culturally, linguistically, and age-appropriate manner.
- Bridge the information gaps between social programs (including Social Security, Medicare, pension programs) and those approaching the age of eligibility by developing an early notification system, so diverse older adults will be more aware of the options available to them and learn how to navigate U.S. systems.
- Ensure senior accessibility to SNAP and other cultural and age-sensitive meal programs, or otherwise provide access to good-quality, nutritious food. No one, including older adults, should go hungry in the U.S.
- Ensure access to paid family leave, allowing families to have long-term care and services and provide programs that support family informal caregivers through education, and moral support.
- Establish a pipeline for Hispanic students to enter medical fields, with incentives to enter fields that serve the nation's older adults, so that healthcare facilities can provide healthcare in a culturally, linguistically, and age-appropriate manner.

RESPOND TO VIOLENCE AS A PUBLIC HEALTH ISSUE

Violence is a major public health issue that requires national leadership and consensus on programs, prevention education, research, and policies to reduce it. All forms of violence, including gun violence, domestic violence, sexual violence, and child abuse, among others, harm the physical and mental health of our community members.



GUN VIOLENCE

Gun violence is an issue that affects the Latino community, from individuals who face the ongoing threat of gun violence in their neighborhoods to Latino immigrants who have fled gun violence in their countries of origin. Hispanics are disproportionately impacted by firearms violence in the United States. Between 1999 and 2015, about 54,000 Hispanics were killed by guns, which includes 35,553 gun homicide victims and 15,593 gun suicides. Homicide is the second leading cause of death for Hispanics ages 15 to 24. More than two-thirds of Hispanic murder victims were killed with guns.¹³⁵ Most often police-related deaths have been highest in neighborhoods in low-income residencies and residents of color. Moreover, women in the United States are 21 times more likely to be murdered by a gun than women in other high-income countries.¹³⁶ More than half of all murders of America's women are committed with a gun and abused women are five times more likely to be killed if the abuser has access to a firearm.¹³⁷ More than two-thirds of spouse and ex-spouse homicide victims between 1980 and 2008 were killed with firearms.¹³⁸ In 2013, a gun was the most commonly used weapon in the murder of a woman by a man.¹³⁹ Additionally, gun violence exposure among youth causes

chronic stress. It also leads to anxiety and mental health issues among the poor and Latinos. Exposure to violence increases the likelihood that young people will engage in gun violence. These actions increase the risk of depression, alcohol abuse, suicidal behavior, and psychological problems.¹⁴⁰

There were more than 100 gun-violence victims at Pulse nightclub in Orlando on June 12, 2016, during the LGBTQ establishment's Latino-themed night. Of the 49 people murdered at Pulse, nearly half of the victims were Puerto Rican, while the other half were Cuban, Dominican, Ecuadorian, Mexican, Salvadoran, Venezuelan, and from other Latino communities. Almost all were members of the LGBTQ community. Some were undocumented. Over half were under 30, with the youngest victim being just 18 years old. On August 3, 2019, another a mass shooting occurred at a Walmart store in El Paso, Texas, killing 22 people and injuring 26 others; the Justice Department called the shooting an act of domestic terrorism and the alleged perpetrators were charged with hate crimes. These and other incidents have caused a particular fear of gun violence among Hispanics.

POLICY RECOMMENDATIONS

- Create policies and programs that identify and provide treatment for all people diagnosed with a mental illness.
- Increase the number of mental health service providers and services in the United States.
- Implement programs to improve prevention education and safety in schools, and increase community engagement programs to aid in reducing the potential risk factors of exposure to violence.
- Prohibit access to firearms to persons convicted of stalking or violent crime, those subjected to a restraining order, and those otherwise adjudicated to be a danger to themselves or others.
- Support universal background checks and ban assault weapons and bump stocks.
- Reduce the presence of guns, police, and police firearms in public schools.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT

The Centers for Disease Control and Prevention (CDC) estimate that one in five women and one in seven men have experienced domestic violence from a partner.¹⁴¹ In the No MAS study, 56 percent of Latinas and Latinos reported knowing a victim of domestic violence.¹⁴² Domestic violence often includes economic or financial abuse and sexual or reproductive coercion and it can occur with other forms of abuse. One study of 2,000 Latinas found that 63.1 percent of women who identified being victimized in their lifetime (i.e., interpersonal victimization such as stalking, physical assaults, weapon assaults, physical assaults in childhood, threats, sexual assault, attempted sexual assault) reported having experienced more than one victimization, with an average of 2.56 incidents.¹⁴³ Domestic violence and sexual assault are associated with an array of short-term and long-term health consequences. Providing culturally relevant care is critical when working with victims of domestic violence. Women who are members of racial and ethnic minority groups are more likely to experience difficulties communicating with their doctors and often feel they are

treated disrespectfully in the healthcare setting, which may affect their approach to and utilization of health services. Providers also enter healthcare encounters with cultural experiences and perspectives that may differ from those of the victim. Because domestic violence often begins during adolescence, it is important to educate young people about the prevention of domestic violence, dating violence, and sexual assault.¹⁴⁴

POLICY RECOMMENDATIONS

- Train healthcare providers to understand, assess, and respond to the needs of victims of all forms of violence, including but not limited to domestic violence, dating violence, and sexual assault.
- Require healthcare systems to have language access plans and utilize skilled interpreters (not family members, caregivers or children) when helping non-English speaking survivors of all forms of violence, including but not limited to gun violence and domestic violence, and their families.
- Ensure healthcare providers increase their knowledge of personal bias and increase their understanding of multiple issues that victims of violence deal with simultaneously, such as language barriers, limited resources, homophobia, acculturation, and racism to provide

- accessible and tailored care.
- Ensure healthcare providers connect victims of all forms of violence, including but not limited to domestic violence, dating violence, and sexual assault, to services that help them access safety, support, and well-being for themselves and their children.
- Reauthorize the Family Violence Prevention and Services Act (FVPSA) with key enhancements, including:
 - increased funding for victim services and improved services and support for children exposed to violence;
 - increased resources for culturally and linguistically specific community-based organizations to address barriers and ensure better access to services and support for survivors from racial and ethnic minority communities; and
- increased resources to develop comprehensive and culturally appropriate prevention initiatives.
- Reauthorize the Violence Against Women Act (VAWA) to improve our nation's response to domestic violence, dating violence, sexual assault, stalking, and trafficking with key enhancements, including:
 - increased funding for victim services;
 - improved access to resources for culturally specific organizations;
 - protection and expansion of the immigration remedies for immigrant survivors;
 - expanded provisions to keep firearms out of the hands of adjudicated abusers of domestic violence, dating violence or stalking; and
 - increased investments in prevention and community-based initiatives.

HEALTHCARE WORKFORCE

There is a crisis affecting Latinos in need of healthcare and behavioral health, as well as with the diversity in the healthcare professional workforce in the United States. While Latinos represent over 18 percent of the population, Latinos are severely underrepresented in all areas of the healthcare professions, including leadership, national boards and advisory committees, policymaking, or direct services. The barriers for Latinos in need of behavioral healthcare can be attributed to several factors, including disparities in the availability of, access to, and the provision of quality, culturally and linguistically competent behavioral health services. These barriers can be overcome by a larger, more diverse and multidisciplinary bilingual and bicultural workforce.¹⁴⁵ Due to the workforce shortage, policies, issues and potential

innovations pertaining specifically to Latinos go widely unnoticed and unaddressed. Research shows that treating behavioral health conditions as early as possible, holistically, close to a person's home and community, and in a culturally and linguistically appropriate manner leads to the best health outcomes.¹⁴⁶ Lack of cultural and linguistically competent behavioral health specialists and access to those providers is an impediment to care. Additional barriers include poor to no insurance coverage, lack of knowledge of available treatments, location of services, stigma surrounding mental illness, and other cultural barriers that hinder access, utilization and follow-through.¹⁴⁷ Providing health and behavioral healthcare to the Latino community at the "point of entry" in the system is the key to wellness.

POLICY RECOMMENDATIONS

- Expand the diversity focus of federal programs that have supported the growth in Hispanic health professionals, such as:
 - Health Careers Opportunity Program (HCOP), Centers of Excellence (COE), AHEC, and faculty development programs that have provided for the recruitment and retention of disadvantaged groups of students in health professional schools;
 - Including the eligibility of national minority health professional associations in diversity programs to expand recruitment, mentoring, faculty development, and increased workforce in underserved areas in medical practice and the safety net; and
 - The National Health Service Corps for scholarships and loan forgiveness for providers to work in underserved areas. Loan repayment for medical faculty and researchers on Hispanic health research. Teaching clinics should exist to increase training of medical residents in graduate medical education (GME) and with the Veterans Administration to learn about Hispanic communities and health issues. Inter-professional and integrated care programs need to increase the participation of Hispanic healthcare and behavioral healthcare professionals.
- Encourage public-private partnerships, especially for paid internships, to provide experience, and for mentoring and counseling programs from science or medical school staff and faculty, as well as from alumni and minority medical and health professional associations.
- Implement debt reduction strategies for pre-health and health professional students such as scholarships, three-year medical schools, and public service (nonprofit employers) and health equity research loan repayment programs for 10 years with federal loan payment at the end of that time.
- Direct STEM students to health professional career pathways, through STEM programs in the U.S. Department of Education, the National Science Foundation, EPA, and National Aeronautics and Space Administration (NASA).
- Increase support for students attending Hispanic-Serving Institutions who are interested in being trained for jobs in the healthcare industry through health career pathways with mentoring and paid internships and linkages to the national Hispanic health professional associations.
- Increase research grants for Hispanic health research through special National Institute on Minority and Health Disparities (NIMHD) research initiatives and activities in collaborations that link to the Hispanic community, Hispanic health professional associations, Hispanic researchers, and health research institutions and programs.
- Build a mentoring network of senior and junior faculty who learn to conduct prevention research, health services research, and population research about Hispanics to provide new knowledge for interventions that improve healthcare for our communities.
- Create leadership development programs for Hispanic physicians and other providers to be prepared for trustee boards and executive positions throughout corporate and nonprofit healthcare organizations, as well as in the federal and state governments.

GRADUATE MEDICAL EDUCATION (GME)

Through graduate medical education (GME), medical school graduates can continue to pursue their advanced training through residency programs. GME mobilizes medical and surgical residents to become more globally aware of healthcare disparities and to become culturally competent healthcare leaders. The three-to-nine-year residency programs prepare and train residents in their specialization by focusing on patient care and needs. By 2025, the United States will experience an estimated shortage of 90,000 physicians.¹⁴⁸ The U.S. federal government provides large sums of funding toward postgraduate physician training. In 2015, \$16.3 billion from federal agencies and state Medicaid was spent to fund residency training.¹⁴⁹ GME payments are created through direct graduate medical education payments (DGME) and indirect medical education payments (IME).¹⁵⁰ As a result of these payment methods, the number of residents a hospital receives payment for is capped. This funding enables residents to continue practicing hands-on patient care.

Residents provide quality long-term based care, find cures through clinical training at teaching hospitals, and are innovators in the future of medicine.¹⁵¹ Since 2010, the Latino physician rate per 100,000 Latinos has declined to 105 – a 22 percent reduction among Latinos – whereas the rate of non-Hispanic White physicians has risen to 315.¹⁵² The Latino physician shortage has been due to U.S. medical schools admitting and graduating minimal numbers of Latino medical students which is due to the small numbers of college students who are prepared to apply to medical schools. Latino resident physicians are highly underrepresented in the healthcare workforce, whereas the Latino population is estimated to reach 111.2 million by 2060.¹⁵³ GME affects the Latino medical school graduate population and must be continuously funded to support the education and training of future healthcare physicians. Residency programs play a major role in the practice, knowledge, and skills required to be a physician.

POLICY RECOMMENDATIONS

- Expand federal funding for physician residency training. Ensure federal funds are allocated properly to advance the educational mission of the teaching and training of residents and fellows.
- Recruit and admit minority students to residency programs.
- Establish partnerships with organizations to promote the Hispanic population growth in medicine and healthcare fields through pipeline programs. Increase residencies and access to licensure for International Medical Graduates (IMG) and Deferred Action for Child Arrivals (DACA) students.
- Ensure residency students undergo training that addresses healthcare disparities and cultural competence among minority populations, in collaboration with minority health professional associations.
- Expand primary care GME positions in the U.S. to expand care in our communities.

COVID-19

The novel coronavirus disease (COVID-19) is thought to be a virus that is transmitted through aerosol droplets from person to person. In order to protect oneself from transmission, one should wash their hands and use sanitizer with 60% alcohol regularly, avoid touching their face, stand 6 feet apart from other persons and stay away from others who do not live in their household. Also, one must watch for symptoms such as fever, fatigue, cough, and shortness of breath. The greatest risk for severe illness from COVID-19 is among those aged 85 or older. There are also other factors that can increase your risk for severe illness, such as having underlying medical

conditions. Cloth face coverings are especially important when it is difficult to stay at least 6 feet apart from others or when people are indoors, to help protect each other.

According to the CDC, Latinos have had the highest levels of cases across the nation, at least 2 times that of non-Hispanic Whites, due to a number of challenges: working in the service industry, being essential workers, working as farmworkers or in the food industry, and living in overcrowded housing. Latinos also face poverty, limited access to education, lack of nutritious food, healthcare insurance and services, and lack of transportation.

POLICY RECOMMENDATIONS

- Ensure COVID-19 treatment, testing, and vaccines are affordable for all people within the United States.
- Develop the infrastructure within the public health system to support education, testing and treatment to Latinos with partnerships with national and regional organizations, including medical education with public health skills, public health departments with physician linkages to increase the efficient protocols for decreasing COVID-19 transmission among the Latino communities.
- Create a Hispanic healthcare initiative that includes developing medical education, research, community outreach, education, and financing testing, treatment, and vaccines.
- Create and enforce strong occupational safety standards to prevent and respond to job-related exposure to COVID-19, and provide support to businesses for implementation.
- Expand economic security measures for families, including those with undocumented immigrant family members, including paid family and sick leave, unemployment compensation, healthcare access, cash assistance, child care programs, educational opportunities, nutrition programs, and premium pay for workers in essential sectors.
- Reform immigration policy to expedite citizenship, end the Trump Administration's public charge rules, and reform detention centers.
- Research to develop targeted community-based and healthcare intervention, to develop mitigation services on differences of healthcare services utilization and health outcomes, to understand the social determinants of health and racial/ethnic discrimination, and to understand the outcomes of COVID-19.

