The Affordable Care Act (ACA) of 2010 has been the nation’s most transformative health care law in recent history that allows Hispanics a great opportunity to obtain affordable and quality health coverage. The ACA developed new health insurance marketplaces established by the State or by the federal Centers for Medicare and Medicaid (CMS) with a simplified enrollment process and open enrollment period during the winter each year. The NHLA has the following recommendations based on community feedback since the beginning of enrollment to the ACA.
The Affordable Care Act (ACA) of 2010 has been the nation’s most transformative health care law in recent history.

**Policy Recommendations**

- Support full implementation and funding of the ACA, including the expansion of Medicaid and the Prevention and Public Health Fund.
- Emphasize affordability of health insurance options, examples of the actual costs of care, and provide a budget sheet and demonstrate the overall value of coverage.
- Support community navigator and in-person assister programs.
  - Provide more funding for navigator and in-person assister programs in Latino communities, especially rural Latino communities; and
  - Fund community based organizations, which are trusted entities that understand the Latino community and provide health insurance literacy education in a culturally appropriate manner, in addition to health organizations.
- Eliminate the seasonal worker exemption under the employer mandate to ensure that seasonal farmworkers and other seasonal workers receive equal access to employer provided health insurance and are not treated differently due to the nature of their work.
- Strengthen health insurance portability across state lines to ensure that migrant farmworkers and other mobile populations who travel and work in different states throughout the year have access to affordable health insurance plans that can be used throughout the U.S.
- Develop policies to increase health care coverage for immigrants, including:
  - Fully utilizing the U.S. Citizenship and Immigration Services’ (USCIS) Systematic Alien Verification for Entitlements (SAVE) system in Health care.gov to avoid delay from requiring verification of status through additional forms of proof of status;
  - Ensuring 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;
  - Allowing DACA and DAPA recipients to purchase plans with subsidies in the ACA Marketplace;
  - Oppose any effort to include a waiting period for accessing health programs in the DREAM Act or related legislation; and
  - Remove obstacles to undocumented individuals’ use of health exchanges to purchase private, unsubsidized health care insurance.
HEALTH CARE DELIVERY REFORM

With the passage of the Affordable Care Act in 2010, the focus of health care policy is on the Triple Aim: improving the experience of care for individuals, improving the health of populations, and lowering per capita costs. Health care delivery reform priorities include meeting the demands of increased patients and clients to enroll in health insurance, to access health care and wellness services, to increase quality care with transparency and accountability, and to develop measures and outcomes for financing and for community-based services that impact population health services.

People living in poverty and without health insurance coverage, a disproportionate number of whom are Hispanics, and members of racial/ethnic minority groups, also experience our health system’s shortcomings more acutely. Extensive research shows that economically and socially disadvantaged individuals have greater difficulty obtaining health care, receive lower-quality care, and have poorer health outcomes than other groups. As the Hispanic population has become the largest racial/ethnic minority group, there is a critical challenge for federal support of increased Hispanic targeted programs, research, and capacity development for CBOs that serve Hispanics. The NHLA recommends revisiting the 1996 Hispanic Health Action Agenda of the U.S. Department of Health and Human Services, with the inclusion of other federal partners.

By prioritizing complex and vulnerable patient populations, we as a nation can target our energy and resources where the impact will likely be greatest. Moreover, improvements in care and health for these patients can catalyze improvements throughout the entire health care delivery system. The U.S. needs to improve the way information is communicated, with transparency on the cost and quality of care, to use electronic health information to inform care, and to bring the most recent scientific evidence to the point of care so we can bolster clinical decision-making for Hispanic patients. Health care providers need to participate with the Health Care Payment Learning and Action Network, an HHS initiative that brings together public- and private-sector stakeholders to work collaboratively to identify and overcome barriers to deploying new payment models, share lessons learned, and find ways to better align their activities.

The NHLA recognizes the importance of affordable and available services with innovative models, such as ACOs and patient-centered medical homes, that focus on prevention, health, and wellness care that should include culturally competent and linguistically appropriate services. In addition, the focus on quality of care with new incentives for primary care, team-based care with provider payment reform for value-based payment structures must include a focus on safety net hospitals, clinics, and private medical practices. The NHLA also supports the importance of coordinated care models that include inpatient, outpatient, home care, institutional long-term care, and the need for education about Medicare and community health care services for the chronic care users.

The NHLA recognizes the need to continue to focus on the public sector leadership that is required to build the focus on population health. Federal and state government agencies must collaborate and share data that emphasizes the need to support leadership development and grants to community based organizations that have expertise with Hispanic populations and health equity. At the federal level, health in all policies has been started, for example, at the Environmental Protection Agency (EPA), U.S. Department of Housing and Urban Development, U.S. Department of Agriculture, U.S. Department of Transportation, and U.S. Department of the Interior, so that community health is improved. At the State Medicaid levels, DSRIP Waivers are key to the future infrastructure for Medicaid populations.
MEDICAID

One way to decrease costs in the health care system is to provide increased access to Medicaid, so that more of the lower income population in our nation can access health care for preventive services at earlier stages of chronic diseases, decreasing the use of higher cost care required in hospitals and emergency rooms.

Key policies for Medicaid reform are those that support a seamless transition for persons who leave Medicaid for the Marketplace and, vice versa, for the dual eligible with unique challenges, and for more State expansion to cover the uninsured. In expansion states Medicaid covers adults at 138% of the federal poverty level (FPL). Tax credits in the Marketplace are available for those up to 400% FPL. On the average, States without Medicaid expansion only qualify families of three with incomes up to around 45% FPL.

States will also be the focus of Medicaid health care delivery reform. The NHLA recognizes that key States with large Hispanic populations should support community leadership that can help design culturally competent language services and programs targeted for all Hispanics, including undocumented individuals. States could encourage this in their roles as purchasers, regulators, and service providers.

Policy Recommendations

• Develop cultural competence in community health education and health care policies and programs by:
  • Increasing community transformation grants;
  • Expanding health policy in all programs (beyond health care agencies) to individual states; and
  • Educating community leaders, such as the National Conference of Mayors, National Governors Association, Association of State and Territorial Health Officials, and school boards.

• Develop incentives for quality care for the safety-net and Hispanics, and other underserved populations, in health care policies.
  • Expand financing, tax incentives, and loan repayment to hospitals, clinics, physicians, and other providers who provide health care in underserved communities.
  • Develop the pay for performance programs and redesign programs to facilitate value based care and quality care and patient safety with reduction of medical errors with the ultimate goal to improve the patient-provider relationship.

• Encourage the collection of racial/ethnic identification in health care data and information and in health communications campaigns.

• Providers should participate in media, including Spanish-language media, to reach limited English proficient community members with information about enrollment and utilization.

• Ensure cultural and linguistic competencies in the health care facilities, including health systems, medical groups, and clinics that care for Hispanic patients. Take measures to provide quality care to all Latino patients, including indigenous community members from Mexico, Guatemala, and other countries who do not speak English or Spanish and whose health care customs may differ from mainstream Latinos.
CHILDREN’S HEALTH

Hispanic children have the highest prevalence of obesity at 17% compared to non-Hispanic White (3.5%), African American (11.3%), and Asian (3.4%) children. Prevention and early intervention programs must be targeted at Hispanic families to avoid the chronic health effects of obesity in our society. The 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 to reduce sedentary lifestyles for them and their children.

POPULATION HEALTH

The health care transformation is increasing focus on population health. This provides targeted populations for health care providers to set goals and measures, to track their progress, and to show a big data connection to quality care to whole populations.

Policy Recommendations

Schools:

- Develop and mandate programs for public school teachers to instruct both Hispanic students and their parents about the importance of physical activity, proper nutrition, and to consider health insurance options.
- Support the implementation and maintain the funding of nutritious food for in- and after-school programs focused on Hispanic diets.

Communities:

- Develop healthy weight education and link to ACA enrollment locally at fiestas, health fairs, and churches with marketing and culturally tailored interventions.
- Increase access to breastfeeding, quality foods, and water or low calorie and non-sugary beverages within limited budgets.

Media:

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

For every 100,000 women living in the U.S., about 11 Hispanic women are diagnosed with cervical cancer, compared to only seven non-Hispanic women.

HPV AND HISPANIC YOUTH

Despite increases, coverage estimates for human papillomavirus (HPV) vaccine remained low in 2014 and continues to lag behind rates for more common vaccines that prevent tetanus, diphtheria, pertussis, and various bacteria. Four out of ten adolescent girls and six out of ten adolescent boys have not started the HPV vaccine series, and are vulnerable to cancers caused by HPV infections. A persistent gap in coverage between the 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. According to the CDC, studies have found that Hispanic adolescents and their mothers have limited knowledge of the HPV vaccination. This is of major concern since, for every 100,000 women living in the U.S., about 11 Hispanic women are diagnosed with cervical cancer, compared to only seven non-Hispanic women. Because of the overall lack of knowledge of the HPV vaccine and the increased incidence and prevalence of HPV related disease among Hispanics, it is imperative that Hispanic youth receive the HPV vaccination. Strategies include engaging parents, clinicians, and partners through culturally and linguistically competent methods, such as training and messaging.

For every 100,000 women living in the U.S., about 11 Hispanic women are diagnosed with cervical cancer, compared to only seven non-Hispanic women.

REPRODUCTIVE HEALTH

Latinos 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 women, especially Latinas, from obtaining comprehensive quality reproductive healthcare and from exercising their reproductive freedom. Specifically, Latino communities suffer from disproportionately high rates of preventable diseases and treatable conditions and for decades Latinos have been the most uninsured racial and ethnic group.

Latinas are diagnosed with cervical cancer, a disease that is almost entirely preventable, at nearly twice the rate of non-Latina White women. In fact, according to the latest statistics from the Centers for Disease Control and Prevention, Latinas have the highest cervical cancer incidence rates amongst all racial and ethnic groups. Latinas also experience disproportionately high rates of unintended pregnancy and sexually transmitted infections, including HIV. Furthermore, Latinas face challenges in consistently accessing contraception that is affordable and available, preventing them from planning their futures and their families. Latinas encounter additional barriers such as cost, lack of transportation and lack of geographically available clinics, insufficient culturally and linguistically competent health systems and providers, and discriminatory immigration policies that make it difficult for individuals and communities to access the full range of reproductive healthcare when they need it. It is for these reasons that the NHLA believes policies should not politically interfere with a Latina’s ability to make or exercise these deeply personal decisions related to reproductive health, dignity, and autonomy.
**Policy Recommendations**

- Support access to a full range of comprehensive reproductive healthcare. Latinas’ ability to make the best healthcare decisions for themselves and their families, including 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 robust funding to the Title X family planning program in the appropriations process.

- Enact the Health Equity and Accountability Act, a comprehensive, strategic, and principled legislation, sponsored by the Congressional Tri-Caucus (Congressional Asian Pacific American Caucus, Congressional Black Caucus, and Congressional Hispanic Caucus) 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 health care.

- Provide increased funding for the Teen Pregnancy Prevention Initiative (TPPI) and 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. This includes the 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.

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**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 trying to make the 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 pregnant and parenting youth experience.

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. In preliminary data for 2014, Latinas between the ages of 15 to 19 had experienced birth at least twice the rate of their White peers of the same age. There are many factors that contribute to this disparity including barriers to affordable contraception, lack of sexual health information and services, including culturally competent, comprehensive sex education, and lack of financial resources. Moreover, 30% of Latinos under the age of 18 live in poverty, making it quite difficult to obtain needed reproductive health services.

For young Latinos who decide to parent, they often face numerous issues that pregnancy prevention campaigns do not address. Young mothers bear the brunt of the narrow scope. These include discriminatory practices and inequities in the workplace, in educational settings, and in access to healthcare. They also often struggle with homelessness or lack of affordable childcare. In 2010, only 50% of young mothers were able to receive their high school diploma by the time they reached the age of 22. In the workplace, expectant and parenting youth are over-represented in low wage jobs where they may be more likely to experience pregnancy discrimination. In fact, women ages 16 to 24, including women of color, are 18.3% of the workers in these jobs.

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30% of Latinos under the age of 18 live in poverty, making it quite difficult to obtain needed reproductive health services.
Policy Recommendations

- Promote policies that allow young parents and families to thrive, especially mothers.
- Ensure fair employment and support policies that guarantee that reasonable accommodations are available to pregnant and parenting youth.
- Support policies that ensure pregnant and parenting students can complete high school by providing resources and tools to succeed in school and higher education, such as financial aid, childcare, lactation accommodations, and other resources.
- Promote policies that safeguard affordable, quality, accessible childcare, and early education. Increased investments must be made in childcare and early education programs, including increases of at least one billion dollars for the Childcare and Development Block Grant, $1.52 billion for Head Start and Early Head Start, $500 million for Preschool Development Grants, $65 million for Grants for Infants and Families (Part C of the Individuals with Disabilities Education Act), and $50 million for Preschool Grants (Part B, Section 619 under IDEA).

An estimated 267,000 LGBTQ undocumented persons cannot purchase private health insurance at full cost on the exchanges and are barred from applying for Medicaid and CHIP.

Expectant and parenting youth are over-represented in low wage jobs where they may be more likely to experience pregnancy discrimination.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) HEALTH

Lesbian, gay, bisexual, transgender and queer (LGBTQ) Latinos face a number of health inequities due to discriminatory practices by providers, insurers, and other systemic barriers. LGBTQ Latinos already experience high rates of poverty and discrimination in employment that contribute to poor health outcomes. Thirty-six percent of Latino transgender persons postponed care when they were sick or injured because they feared discrimination. Prior to the completion of the first enrollment period for the Affordable Care Act, in a national study, one in three LGBTQ persons were uninsured, and more than two-thirds were uninsured for more than two years. Moreover, immigration status plays a role in the health care that LGBTQ immigrants can access. An estimated 267,000 LGBTQ undocumented persons cannot purchase private health insurance at full cost on the exchanges and are barred from applying for Medicaid and CHIP. Additionally, few health care providers are trained in the health concerns of LGBTQ persons, many reporting that they never received training during medical school. For the LGBTQ Latino community, this means fewer providers who are linguistically and culturally competent regarding medical issues that this community faces. Given these factors, LGBTQ Latinos experience negative health outcomes, such as cervical cancer, HIV/AIDS, and other illnesses. Latino men who have sex with men represented nearly 68% of new HIV infections in 2010 among the Latino community, underscoring the need for targeted outreach.
ELDERLY HEALTH

With the aging of our population and the high costs of health care and support services, it is essential that we continue to 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. The NHLA recognizes the importance of targeting aging care policies that focus on the Latino elderly. Latino elderly tend to have complex needs, with multiple-diseases, and are on Medicare and Medicaid (dual eligible), or to be in need of language and culturally competent services. They are in low-income households. Many live alone and with the chronic stress of poverty. They may also be in need of special family community care-giving mental health services.

Home health care 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 the testing, screening, and education for these chronic diseases, along with increased follow-up, compliance with treatment, and services that are affordable.

Policy Recommendations

• Support policies that provide LGBTQ Latinos coverage and access to gender-affirming care that is culturally competent. Continue to oppose policies that permit discriminatory health care policies impacting 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 important 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, and other LGBTQ populations.

• Remove arbitrary transgender-specific exclusions from all health plans, including state Medicaid programs.

• Ensure the enforcement and implementation of Section 1557 of the Affordable Care Act, the non-discrimination provision, once regulations are finalized.

Policy Recommendations

• Ensure that programs and benefits address the needs of the growing diverse aging population. Programs and benefits should be accessible to older adults with low levels of English proficiency and cultural and formal education gaps, with the goal of reducing the disparity of access to benefits for Hispanic older adults. Increase awareness of the Centers for Disease Control and Prevention (CDC) Hepatitis C testing recommendation to educate Hispanic elderly and providers. This entails:
  • Enforcing CLAS (Culturally and Linguistically Appropriate Services) Standards;
  • Promoting age sensitivity; and
  • 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 (Social Security, Medicare, pension programs, etc.) 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 older adult 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 the geriatric health care workforce with incentives to go into fields that serve the nation's older adults, so that health care facilities can provide health care in a culturally, linguistically, and age appropriate manner.

The NHLA recognizes the importance of targeting aging care policies that focus on the Latino elderly.
GUN VIOLENCE

Gun violence is an issue that impacts 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 in the United States are disproportionately affected by firearms violence, which leads to chronic stress, anxiety, and mental health issues. The homicide rate for Hispanic victims is nearly twice as high as the murder rate for white victims.

More than 47,000 Hispanics were killed by guns between 1999 and 2013, including 31,800 gun homicide victims and 13,317 gun suicides. Homicide is the second leading cause of death for Hispanics ages 15 to 24. More than two-thirds of Hispanic murder victims are killed with guns. Women in the United States are eleven times more likely to be murdered by a gun than women in other high-income countries. 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 by their abuser if the abuser owns a firearm. More than two-thirds of spouse and ex-spouse homicide victims between 1980 and 2008 were killed with firearms. In 2013, a gun was the most commonly used weapon in a murder of a woman by a man.

DOMESTIC VIOLENCE

The Centers for Disease Control and Prevention estimate that nearly one-third of U.S. women will experience domestic violence in their lifetime. In the No MAS study of 800 Latinas and Latinos nationwide, 56% reported knowing a victim of domestic violence. Domestic violence is associated with an array of short-term and long-term health consequences. Because of the sensitive nature of abuse, providing culturally relevant care is critical when working with victims of domestic violence. Health care providers should recognize that each victim of intimate partner violence experiences both the abuse and the health system in culturally specific ways. Disparities in access to and quality of health care have an impact on the ability of providers to help victims of intimate partner violence.

Women who are members of racial and ethnic minority groups are more likely than White women to experience difficulty communicating with their doctors, and often feel they are treated disrespectfully in the health care setting. Some patients experience abuse from the health care system itself and this may affect their approach to and utilization of health services. Providers also enter health care encounters with their own cultural experiences and perspectives that may differ from those of the victim. To communicate effectively with Latino populations, providers need to be aware of personal assumptions, ask questions in culturally sensitive ways, and provide relevant interventions.

Policy Recommendations

• Health care providers should be trained to understand, assess, and respond to the needs of victims of all forms of violence, including but not limited to gun violence and domestic violence.

• Health care systems should 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.

• Providers should increase their knowledge of personal bias and increase their understanding of multiple issues that victims of violence, including but not limited to gun violence and domestic violence, deal with simultaneously, such as language barriers, limited resources, homophobia, acculturation, and racism to provide accessible and tailored care.

• Health care providers should connect victims of all forms of violence, including but not limited to gun violence and domestic violence, to services and counseling that help them protect and care for themselves and their children.

In the No MAS study of 800 Latinas and Latinos nationwide, 56% reported knowing a victim of domestic violence. Domestic violence is associated with an array of short-term and long-term health consequences. Providers need to be aware of personal assumptions, ask questions in culturally sensitive ways, and provide relevant interventions.
The United States has focused efforts to increase underrepresented students who are prepared academically to successfully apply and be accepted into health care professional schools, including medical, dental, public health, nursing, pharmacy, and other schools and programs, such as social work and mental health. However, despite the efforts of the federal government, private foundations, and academic health centers, there is a crisis affecting Latinos in need of health care and behavioral health services, as well as with the health care and behavioral health workforce.

Latinos are severely underrepresented in positions of leadership, national boards and advisory committees, policy making, or direct services. Due to the workforce shortage, policies, issues and potential innovations pertaining specifically to Latinos go widely unnoticed and unaddressed. The lack of a robust Latino health and behavioral health workforce affects access, utilization, and adherence to quality care, which has resulted in an overrepresentation of Latinos among the most vulnerable populations, including the homeless, the poor, individuals in child welfare, and the incarcerated.

These disparities could be addressed through expanded quality, culturally, and linguistically competent behavioral health services, which would be possible with a larger, more diverse, and multidisciplinary bilingual and bicultural workforce that advances health equity. A multidisciplinary workforce will also contribute to leadership at all levels, enhance high-quality research, better training, and new culturally competent evidence-based interventions for health promotion, prevention, and treatments targeting Latino communities.

Providing health and behavioral health care to the Latino community at the “point of entry” in the system is the key to wellness. It cannot be expected or assumed that Latinos will search out or even know how to look for mental health services. Mental health services should be provided in a culturally and linguistically appropriate setting to help overcome some of the existing treatment barriers, including stigma surrounding mental illness and other barriers that hinder access, utilization, and follow-through.

Care that is provided in a holistic manner, close to a person’s home, and community in a culturally and linguistically appropriate manner leads to the best health outcomes. Health care professionals should adopt an integrated behavioral and primary care model, which includes a multidisciplinary workforce and has been shown to be a successful and accessible model for persons with limited English proficiency (LEP).

**Policy Recommendations**

- Continue the federal support for programs that have supported the growth in Hispanic health professionals, including Health Careers Opportunity Program, Centers for Excellence, the National Health Service Corps, among others.
- Support teaching clinics, including training with the Veterans Administration, to train medical residents in graduate medical education (GME) with a focus on Hispanic communities and health issues.
- Increase the incentives for Hispanic health care and behavior health care professionals to participate in interprofessional and integrated care programs.
- Encourage public-private partnerships, including paid internships.
- Support mentoring programs in partnership with medical and counseling schools, faculty, staff, and minority medical and 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.
- The U.S. Department of Education, the National Science Foundation, EPA, and National Aeronautics and Space Administration (NASA), and the U.S. Department of Health and Human Services should increase support for Hispanic students and students attending Hispanic-Serving Institutions who are interested in being trained for jobs in STEM, particularly in the health care industry, through health career pathways to health professions schools and with mentoring and paid internships, as well as linkages to the national Hispanic health professional associations.
- Hispanic health research should be increased through special National Institute on Minority
Health and Health Disparities (NIMHD) research initiatives and activities in collaborations that link to the Hispanic community, Hispanic health professionals associations, Hispanic researchers, and with health research institutions and programs.

• Leadership development programs are needed for Hispanic physicians and other providers to be prepared for trustee boards and executive positions throughout corporate and nonprofit health care organizations, as well as in the federal and state governments.

• Hispanic health care leaders are needed at the U.S. Department of Health and Human Services. The department should support the health professional associations’ leadership development programs.

• Hispanics should be encouraged to consider and be included in the Senior Executive Service positions. An identified pipeline of Hispanics within federal agencies and Office of Personnel Management (OPM) should be available to fill those positions.

• Federal agencies should work closely with non-profit organizations, such as the National Association of Hispanic Federal Executives (NAHFE), that deal specifically with the SES and upper management of federal agencies.