



Hispanics/Latinos

- Largest ethnic group now and in new America
- 2050: America will be a nation >50% bicultural groups
- Most uninsured (over one-third of all Hispanics)
- Most problems with disparities in health care according to US DHHS 2006 Disparities Report
- Need for cultural, language, education services
- System lacks Hispanic researchers, providers and leaders in public/private agencies

Preparing for a New America

The new America will consist of populations who face severe lack of access to health care, lack of trust and knowledge, and are low-income, poorly educated with strong cultural and family values, limited English proficiency, mainly living in urban areas, suffering from high rates of obesity, diabetes, infectious and chronic diseases, and demanding health care reform.

Federal Health Policy Focus Areas

- Access to HealthCare
- Prevention of Diabetes and Obesity
- Increasing Hispanics in the Health Professions

Access – Recommendations

1. Financing

- Universal and affordable health insurance coverage
- Expand eligibility for public programs – families, undocumented, legal doc, FPL level
- Comprehensive benefits - preventive, mental health, dental, educational services
- Individual mandates, automatic for all
- Portable, quality measures, accountable

Public-Private partnerships with community demonstrations for low cost care delivery (eg. Mobile clinics)– with understanding of poverty, social determinants of health, outcomes for increasing health equity, preventive services that are culturally/linguistically appropriate, mid-level providers, promotoras.



2. Health Care System

- Enforce standards for Culturally and Linguistically Appropriate Services (support JACHO efforts to develop CLAS standards for hospitals)
- Promote cultural competency provider training (incentives, performance payments, Federal clearinghouse)
- Language services – interpreters, pooling of resources, federal laws on access to services
- Race/ethnicity/Language data --mandatory
- Support providers in underserved communities
- Strengthen DSH payment system to private practice
- Expand NHSC or similar program

3. Health Care System

- Invest in a diverse workforce
- Fully fund HCOP, COE
- Emphasize diversity throughout the pipeline
- Medical Home = CHCs for all + increase referral systems to tertiary care
- Promote patient centered care

Prevention – Recommendations

1. Education and Awareness

- Promote healthy life-styles awareness within school settings
- Standardize K-12 wellness programs
- Provide healthy foods in schools
- Empower community/parents
- Support community coalitions
- Increase green market penetration
- Promote cooking skills and use food pyramid
- Clinics – increase diabetes and obesity focus
- Use promotoras for community education
- Provide Incentives/reimbursement to health care providers for patient education

2. Marketing

- Expand Social Marketing
- Develop public/private partnership to promote healthy lifestyles
- Develop a Hispanic marketing campaign about public health
- Work with food industry to ban marketing of unhealthy foods to kids



3. Nutrition Policy

- Federal policy for healthy foods
- Make WIC and food stamp programs healthier
- Regulate unhealthy food marketing, labeling, and sales
- Strengthen nutrition education
- Standardize evidence-based health education in schools
- Redefine traditional Hispanic foods as healthy
- Schools
- Ban vending of junk food/sodas
- Develop report cards/incentives to good schools/state standards

4. Promote Physical Activity

- Build a healthier environment to live in; more and safer parks, sidewalks, and gyms in minority areas
- Increase availability of exercise programs in and after school, community at worksites & elsewhere - supported by employers

5. Health Care System

- Reimbursement codes for prevention (CMS to increase focus on diabetes and obesity)
- Promote the healthy food in hospitals
- CME/cultural competence training
- Support community-based research
- Multidisc teams – include nutritionists, educators

Hispanics in the Health Professions Recommendations

1. Strengthen Educational Pipeline

- Improve K-12 education in minority communities
- Target funds to low income school districts, increase counseling and faculty awareness
- Health career tracks in high schools –magnets, tutoring
- Provide more Hispanic mentors & role models in health professions at all educational levels
- Support Hispanic students in higher education
- Provide more scholarships & loan repayment options

2. Outreach to students/parents in low income neighborhoods about health careers in a new program

- Develop value of education;



- Link to clinics, libraries, science museums
 - Media/marketing about health careers
 - Public-Private partnerships in regions
 - HSIs linkage in regional efforts
3. Changes in Health Profession Schools
- Fund COE and HCOP & expand focus
 - Change admissions – increase focus on background, leadership, underserved interest
 - Improve minority representation – admissions (include community), faculty, leadership
 - Link recruitment to professionals, alumni
 - Develop a clearinghouse for best practices:
 - Postbac Programs—individuals that want to pursue pre-med programs
 - 6 year programs with entry guaranteed to gifted students
 - Data collection - nationally
 - Accountability
 - Link funding to diversity in health professions schools
 - Participation of mid-level providers, international medical graduates

Gp:12/03/08