

LATINA HEALTH in the U.S.

A Bipartisan Policy Agenda for the 119th Congress



Latina health is an economic imperative.

At 22 million, Latinas drive **\$1.3 trillion** in U.S. GDP and contribute to an overall buying power that exceeds **\$3.4 trillion**. Today, more than 23% of Latinas have a bachelor’s degree and are graduating from universities at higher rates than Hispanic males, yet they remain the **lowest-paid** group in the U.S. workforce. Nearly half (48%) report having **no paid time off** of any kind.

Latinas are **systematically excluded** from clinical research and confront language and structural barriers that delay diagnosis across nearly every major health condition. The cost is borne by the workforce: women provide **60% of Alzheimer's caregiving**; the U.S. economy loses **\$26.6 billion annually** to menopause-related productivity alone.

Workplace & Caregiving Protections

Establish federal menopause workplace accommodation standards (including menopause leave); and **Expand** the Caregiver Tax Credit and enforce equal pay protections.

40%

HIGHER CERVICAL CANCER INCIDENCE VS. NON-HISPANIC WHITE WOMEN

31

MEDIAN AGE OF U.S. LATINAS

2×

DIABETES RATE VS. NON-HISPANIC WHITE WOMEN

THE DISEASE BURDEN

Where the data shows urgent action is needed

<p>DIABETES 2× the rate 11.7% prevalence — nearly double non-Hispanic white women; with higher rates of kidney failure and glaucoma.</p>	<p>CARDIOVASCULAR #1 killer Heart disease is the leading cause of death; clinical guidelines lack female-specific risk factors.</p>	<p>OBESITY ~50% Roughly half of Latinas have obesity, fueling chronic disease. Coverage for obesity medication remains limited.</p>	<p>ALZHEIMER'S 1.5× higher risk Two-thirds of Alzheimer's patients are women; Latinas face 1.5× higher risk than non-Hispanic white women.</p>
<p>MENTAL HEALTH Under-treated Higher rates of depression and anxiety, but Latinas are less likely than other adults to receive treatment.</p>	<p>AUTOIMMUNE DISEASE 80% female Lupus and other autoimmune conditions disproportionately affect Latinas. Rheumatologist workforce is undersized.</p>	<p>BONE HEALTH Elevated risk Aging Latinas face elevated fracture risk; DEXA scan reimbursement must be restored to prevent costly fractures.</p>	<p>UTERINE HEALTH Under-researched Fibroids and endometriosis disproportionately affect women of color and remain under-treated.</p>

POLICY PRIORITIES

Bipartisan solutions for the 119th Congress

THE PROBLEM

CANCER SCREENING & PREVENTION

- Breast cancer is the leading cause of cancer death for Latinas.
- Latinas are 72% more likely to be diagnosed with liver and bile duct cancer.

CONTRACEPTION ACCESS

- Millions of women live in 'contraceptive deserts' with limited local options.
- 35 states + D.C. allow pharmacists to prescribe self-administered hormonal contraception.
- Nearly all employers can claim a religious or moral objection to covering contraception.

FEDERALLY FUNDED RESEARCH

- Latinas remain persistently underrepresented in clinical trials.
- NIH's Sex as a Biological Variable (SABV) policy is 'encouraged,' not enforced.
- Trial protocols rarely require language access — excluding Spanish speakers.

MATERNAL MENTAL HEALTH

- Postpartum coverage cliffs strip care exactly when maternal mortality risk peaks.
- 1 in 7 mothers experience postpartum depression, yet behavioral health is siloed from prenatal care.

MENSTRUAL HEALTH & MENOPAUSE

- Latinas often experience menopause earlier (~age 49).
- PCOS, endometriosis, menstrual disorders, and menopause are chronically under-researched and under-trained for in U.S. medicine.

VIOLENCE AGAINST WOMEN

- Domestic violence, sexual assault, dating violence, and stalking remain a public health crisis, especially for transgender women.
- Survivor services often lack cultural and linguistic competency.

THE SOLUTIONS

- ▶ **Fund** sustainable models that integrate culturally congruent community health workers (*promotoras*) to improve cancer screening and early diagnosis.
- ▶ **Codify** the ACA contraceptive rule — all 18 FDA-approved methods covered without cost-sharing.
- ▶ **Expand** pharmacist-prescribed hormonal contraception nationwide.
- ▶ **Overturn** the rule allowing religious or moral objection to contraceptive coverage.

- ▶ **Move** SABV from 'encouraged' to enforced compliance in NIH-funded research.
- ▶ **Mandate** language access; include pregnant and lactating women in all federally funded trials.
- ▶ **Protect** NIH, CDC, FDA, and HHS Offices of Women's Health funding.

- ▶ **Require** 12-month postpartum Medicaid coverage in all 50 states.
- ▶ **Integrate** behavioral health into prenatal, postpartum, and pediatric care.

- ▶ **Mandate** menopause and menstrual-disorder training across Graduate Medical Education.
- ▶ **Increase** NIH funding for menstrual conditions and menopause research.

- ▶ **Reauthorize** and expand Intimate Partner Violence (IPV) screening reimbursement across Medicaid and Medicare.
- ▶ **Expand** bilingual survivor services through HHS.

ABOUT OLHA · The Organization for Latino Health Advocacy (OLHA) is a nonpartisan 501(c)(3) nonprofit organization advancing health equity for Latino communities across the United States. This brief was developed by OLHA's Women's Health Policy Committee — composed of patient advocates, policy experts, clinicians, and community leaders — through a participatory process grounded in lived experience and evidence-based practice.

To learn more or to schedule a congressional briefing, contact OLHA at: info@latinohealthadvocacy.org