OLHA POLICY BRIEF · WOMEN'S HEALTH

LATINA HEALTH in the U.S.

A Bipartisan Policy Agenda for the 119th Congress

OLHA
Organization for LATINO HEALTH ADVOCACY

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.

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

DIABETES
2× the rate

11.7% prevalence — nearly double non-Hispanic white women; with higher rates of kidney failure and glaucoma.

CARDIOVASCULAR
#1 killer

Heart disease is the leading cause of death; clinical guidelines lack female-specific risk factors.

OBESITY
~50%

Roughly half of Latinas have obesity, fueling chronic disease. Coverage for obesity medication remains limited.

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.

MATERNAL MENTAL HEALTH
Under-treated

Higher rates of depression and anxiety, but Latinas are less likely than other adults to receive treatment.

AUTOIMMUNE DISEASE
80% female

Lupus and other autoimmune conditions disproportionately affect Latinas. Rheumatologist workforce is undersized.

BONE HEALTH
Elevated risk

Aging Latinas face elevated fracture risk; DEXA scan reimbursement must be restored to prevent costly fractures.

UTERINE HEALTH
Under-researched

Fibroids and endometriosis disproportionately affect women of color and remain under-treated.

POLICY PRIORITIES

Bipartisan solutions for the 119th Congress

THE PROBLEM	THE SOLUTIONS
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.	▸ **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.
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 populations with limited English proficiency.	▸ **Move** SABV from 'encouraged' to enforced compliance in NIH-funded research and include pregnant and lactating women in trials. ▸ **Mandate** language access & cultural competency ▸ **Protect** NIH, CDC, FDA, and HHS Offices of Women's Health funding.
HEALTH PROMOTION & DISEASE PREVENTION • Breast cancer is the leading cause of cancer death for Latinas. • Latinas are 72% more likely to be diagnosed with liver & bile duct cancer.	▸ **Fund** sustainable models that integrate culturally congruent community health workers to improve preventive screening and early diagnosis.
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.	▸ **Require** 12-month postpartum Medicaid coverage in all 50 states. ▸ **Integrate** behavioral health into prenatal, postpartum, and pediatric care.
MENSTRUAL HEALTH & MENOPAUSE • Latinas often experience menopause earlier (~age 49). • PCOS, endometriosis, menstrual disorders, and menopause are under-researched and under-trained for in the U.S.	▸ **Mandate** menopause and menstrual-disorder training across Graduate Medical Education. ▸ **Increase** NIH funding for menstrual conditions and menopause research.
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.	▸ **Reauthorize** and expand Intimate Partner Violence (IPV) screening reimbursement across Medicaid and Medicare. ▸ **Expand** bilingual survivor services through HHS.
WORKPLACE PROTECTIONS • Women provide 60% of Alzheimer's caregiving; • The U.S. economy loses $26.6 billion annually to menopause-related productivity alone.	▸ **Establish** federal menopause & caregiver workplace accommodations, such as paid leave. ▸ **Expand** the Caregiver Tax Credit and enforce equal pay protections.

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. Sources cited linked here: https://latinohealthadvocacy.org/policy-priorities-1.