OLHA POLICY BRIEF · HEALTH PROMOTION & DISEASE PREVENTION

CHRONIC DISEASE PREVENTION in the U.S.

What the Evidence Demands for Equitable Prevention

OLHA
Organization for LATINO HEALTH ADVOCACY

Chronic disease prevention is a workforce priority.

Latinos are the nation's second-largest racial or ethnic group, now numbering more than 68 million — representing **one in five Americans** for the first time in history. Latino workers are the backbone of the American economy: the Latino labor force grew 5.5% in 2024 to **35.1 million workers**, with a **labor force participation rate of 69%** — an all-time high.

Latino workers are **significantly less likely** than non-Hispanic white workers **to have paid sick leave**.

Chronic disease is not simply driven by genetics or poor choices but by **structural barriers to prevention**, screening, and culturally responsive care which are barriers Congress can address. Paid sick leave has a significant positive impact on public health, **slowing the spread of infectious disease** as well as **promoting routine cancer screenings**.

When Latino workers lack the coverage and workplace protections needed to access preventive care, **chronic diseases go undetected, untreated**, and ultimately more costly for families.

~70%	45.6%	46%
HIGHER DIABETES RATE VS. NON-HISPANIC WHITE ADULTS	LATINOS LIVE WITH OBESITY	LATINO YOUTH ARE FOOD INSECURE

THE DISEASE BURDEN

Where the data shows urgent action is needed

DIABETES
~70% higher

Latino adults face nearly 70% higher rates of diabetes than non-Hispanic White adults.

OBESITY
45.6%

Latino adults have the second-highest obesity rate of any group.

CARDIOVASCULAR
#1 killer

3 out of 4 Latino adults have uncontrolled high blood pressure.

ORAL HEALTH
3x less likely to see a dentist

Latinos vs non-Hispanic Whites to have never been to a dentist.

BEHAVIORAL HEALTH
28% less treatment

Latino adults are far less likely than U.S. adults overall to receive mental health care.

FOOD INSECURITY
2× the rate

Latino households face food insecurity at twice the rate of non-Hispanic White households.

HEALTH LITERACY
Persistent gaps

Many Latino adults report confusion about chronic disease risk factors and prevention strategies.

VACCINES
Lowest rates

Hispanic adults are 25% less likely to have received all vaccines than U.S. adults overall.

POLICY PRIORITIES

Evidence-Based Recommendations for the 119th Congress

THE PROBLEM	THE SOLUTIONS
EVIDENCE-BASED PREVENTION PROGRAMS • Latinos are less likely to have a regular source of care, making community-based prevention the primary point of care for most. • Dental care, a proven gateway to chronic disease detection, remains excluded from most adult Medicaid plans, leaving gum disease, diabetes, and hypertension undetected and untreated.	♦ **Appropriate** stable, multi-year federal funding for community-based prevention programs and organizations serving underserved communities. ♦ **Expand** adult Medicaid reimbursement for dental care and advance medical-dental integration so that dental visits become a frontline screening opportunity for diabetes, hypertension and other chronic conditions.
MOBILE SCREENING & PATIENT NAVIGATION • Latino adults are diagnosed with diabetes and hypertension at later, more costly stages due to lower rates of preventive screening. • Mobile screening models and patient navigation programs- proven to reach medically underserved communities- are chronically underfunded.	♦ **Appropriate** dedicated federal funding for mobile screening units to operate in neighborhoods, workplaces, schools, and rural communities. ♦ **Fund** patient navigation programs at Federally Qualified Health Centers (FQHCs) to ensure uninsured and underinsured individuals can access needed care following a diagnosis.
HEALTH LITERACY & VACCINE CONFIDENCE • Many adults report lack of culturally competent education and confusion about chronic disease risk factors, warning signs, and prevention strategies. • Declining vaccination rates among Latino adults and children are reversing hard-won gains and increasing vulnerability to vaccine preventable disease and chronic disease complications.	♦ **Fund** culturally competent chronic disease health literacy outreach delivered through community and faith-based networks, including CHWs. ♦ **Fund** immunization research and conduct targeted outreach to increase vaccine confidence. ♦ **Expand** funding for FQHCs and pharmacists as vaccine administrators to increase access points and reduce barriers across lifespan.
OBESITY TREATMENT & NUTRITION • Coverage of evidence-based obesity treatment such as GLP-1 varies significantly by state Medicaid programs and employer-sponsored health plans. • Reductions of federal food assistance programs have pushed low-income families toward calorie-dense, nutritionally poor food, accelerating obesity.	♦ **Require** state and federal programs to cover the full spectrum of obesity treatment, including GLP-1 medications and behavioral therapy. ♦ **Protect** and expand federally funded food assistance, medical nutrition therapy, and *Food is Medicine* programs at FQHCs.
BEHAVIORAL HEALTH & ONLINE SAFETY • Latino adults experience higher rates of anxiety and depression than the general population but are less likely to seek or receive treatment. • Youth are experiencing an alarming rise in anxiety, depression, and suicidal ideation, compounded by harmful online content promoting eating disorders, substance abuse, and self-harm.	♦ **Fund** mental health research and expand access to culturally competent behavioral health treatments for Latino adults and youth, including in schools and community-based settings. ♦ **Enact** online safety protections that equip young people and parents with tools, safeguards needed to protect minors from digital harms.

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.