



NHCOA

NATIONAL HISPANIC COUNCIL ON AGING

2024

Status of Hispanic Older Adults Annual Report:

*Insights from the Field –
Elevating Heart Health
Awareness & Advocacy*

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About the Organization

The National Hispanic Council on Aging (NHCOA) is the leading national organization working to improve the lives of Hispanic older adults, their families and caregivers. Headquartered in Washington, DC, NHCOA has been a strong voice dedicated to promoting, educating, and advocating for research, policy, and practice in the areas of economic security, health, and housing for more than 50 years.

NHCOA is known for its ability to reach and serve its community in a linguistically, culturally, and age-appropriate manner; bridging gaps in language, culture, formal education, and age. NHCOA also understands the needs and challenges facing its community and has chosen its programmatic priorities to reflect critical issues facing Hispanic older adults. Its key programmatic priorities are health with a focus on public health issues, economic security, housing, caregiving, and leadership development and empowerment.

We conduct focus groups about public health issues impacting Hispanics/Latinos such as COVID-19, diabetes, and asthma; develop and conduct surveys, reports, and literature reviews; and educate our communities in topics of interests through our cadre of Promotoras de Salud, virtual Coffee hours, webinars, regional conferences, leadership, and caregiving training.

We also engage and connect directly with the Hispanic/Latino community about the importance of health research and partner with academia to recruit and retain participants in diverse health research studies.

NHCOA not only works to improve the quality of life for Hispanic older adults—it focuses on bringing out the best in the Hispanic community to empower older adults and their families, ensuring all are able to age in dignity and with good health.

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We are incredibly grateful to the older adults, caregivers, and service providers who participated in our surveys, focus groups, and webinars. Your willingness to share your time, personal stories, insights, and recommendations played a crucial role in shaping this report and highlighting the real-world experiences of Hispanic communities.

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We thank you for your continued support in our efforts to contribute to our mission.

Policy Recommendations

Building on the findings presented in this report, NHCOA has developed several recommendations for local, state, and national leaders. We also advance specific recommendations from Hispanic community members, community-based organizations, and grassroots leaders. NHCOA forwards the following recommendations to help address health inequities faced by many Latino Americans:

1 Expand Access to Cholesterol Screening and Management Programs

Policymakers should ensure that all older adults, particularly those from underserved communities, have access to regular cholesterol screening, personalized counseling, and effective treatment options. Hispanic adults are less likely to have their cholesterol under control, which increases their risk for heart disease and stroke (CDC, 2023). Expanding access to low-cost cholesterol testing and culturally tailored educational resources can significantly reduce these disparities.

2 Reform Insurance Step Therapy Practices to Prioritize Patient-Centered Care

Step therapy, often known as “fail first” protocols, can delay access to appropriate treatments, especially for older adults managing chronic conditions like high cholesterol. Studies have shown that restrictive step therapy protocols can lead to poorer health outcomes and higher overall healthcare costs (American Journal of Managed Care, 2022). Federal and state legislators should advocate for policies limiting step therapy protocols, which often delay access to necessary medications. Reforms should require insurers to provide timely exceptions when step therapy protocols are not in the patient’s best interest, especially for those managing chronic conditions like high cholesterol and heart disease.

Policy Recommendations

3 Promote Heart Health Education and Prevention Programs within Latino Communities

Increase funding for heart health education campaigns that are culturally tailored to reach Hispanic older adults and their families. These programs should focus on preventive measures, including healthy eating, physical activity, and managing risk factors like high cholesterol.

4 Support Legislation That Enhances Medicare Coverage for Heart Health Services

Advocate for expanding Medicare to cover comprehensive heart health services, including cholesterol-lowering medications, lifestyle intervention programs, and personalized nutrition counseling. Legislation should also address coverage gaps for cholesterol management medications under Medicare Part D.

5 Engage Latino Older Adults and Caregivers in Voter Education and Civic Engagement

Encourage local, state, and national leaders to partner with community organizations to conduct voter education and registration drives specifically targeting Hispanic older adults. These efforts should ensure that older adults are informed about their voting rights, especially in the upcoming presidential election.

6 Increase Funding for Community Health Workers (CHWs) to Support Heart Health Initiatives

Community health workers are critical in delivering culturally appropriate care and education. Funding should be directed towards training and employing CHWs who can assist older adults in navigating healthcare systems, advocating for their needs, and managing conditions like high cholesterol.

Policy Recommendations

7 Ensure Representation of Hispanic Older Adults in Health Research and Policy Development

Hispanic older adults are underrepresented in health research, limiting the understanding of their unique health needs. Studies indicate that inclusion in clinical trials and health studies enhances the relevance and impact of research findings for diverse communities (National Institutes of Health, 2023). Federal agencies and research institutions should prioritize the inclusion of Hispanic older adults in clinical trials, health studies, and policy discussions. This can be achieved by mandating and prioritizing researchers who can enroll diverse populations in federally funded research. Additionally, it is imperative to fund the creation of advisory panels that include community voices.

8 Engage Latino Older Adults and Caregivers in Voter Education and Civic Engagement

Caregivers of older adults often experience high levels of stress and burnout, particularly when caring for individuals with chronic conditions. Hispanic caregivers are more likely to report poor or fair health compared to non-Hispanic caregivers (AARP, 2023). Provide funding for mental health and respite care services for caregivers of older adults, particularly those caring for individuals with chronic health conditions. These services are vital for reducing caregiver burden and ensuring that caregivers can continue to support their loved ones effectively.

9 Implement Health Equity Audits on Policies Affecting Older Adults

Health equity audits can identify and address policies' impact on marginalized communities, including Hispanic older adults. Research has shown that such audits help policymakers understand how policies affect health outcomes and promote equitable decision-making. Local, state, and federal governments should conduct health equity audits on existing and proposed policies to assess their impact on marginalized communities, including Hispanic older adults. This will help identify and address disparities in healthcare access, outcomes, and quality of care.

Policy Recommendations

10 Support the Removal of Barriers to Voter Participation among Older Adults

Barriers to voting, such as language differences, mobility challenges, and limited access to transportation, disproportionately affect Hispanic older adults. Expanding accessible voting options, including mail-in ballots and early voting, can increase participation and representation in the electoral process (Brennan Center for Justice, 2023). Work with election officials to remove barriers to voting for older adults. Encourage the expansion of mail-in voting and accessible polling locations to ensure that older adults can fully participate in the democratic process.

11 Urge States to Expand Medicaid to Support Hispanic Caregivers and Families

States that have not yet expanded Medicaid should take immediate action to do so, as expansion would provide critical healthcare coverage for millions of low-income individuals, including Hispanic caregivers who often lack access to employer-sponsored insurance. Hispanic adults are more likely to be uninsured, with caregivers particularly vulnerable due to their caregiving responsibilities, which can limit their employment options. Expanding Medicaid would provide essential health services, including preventive care, mental health support, and chronic disease management, helping caregivers maintain their health while caring for loved ones (Kaiser Family Foundation, 2023). Research shows that Medicaid expansion improves access to care, reduces financial hardship, and enhances overall health outcomes for underserved communities (Commonwealth Fund, 2022).

Policy Recommendations

12 Ensure COVID-19 Vaccines and Boosters Are Covered for Uninsured Individuals

Federal and state policymakers must guarantee that COVID-19 vaccines and boosters remain accessible and free of charge for individuals without insurance, including many Hispanic older adults and their families. As of the end of the Public Health Emergency, millions of uninsured people risk losing access to these essential vaccines, putting them at increased risk of severe illness. Federal funding should be directed toward community health centers, pharmacies, and mobile clinics to provide free COVID-19 vaccinations, ensuring equitable access for vulnerable populations (Centers for Disease Control and Prevention, 2023). Vaccination coverage is critical for preventing severe illness and reducing community spread, particularly among high-risk groups who are less likely to receive timely healthcare.

Centers for Disease Control and Prevention (CDC). (2023). "Cholesterol Facts." American Journal of Managed Care. (2022). "The Impact of Step Therapy on Patients and Healthcare Costs."

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Kaiser Family Foundation. (2022). "Medicare Part D: A First Look at Medicare Prescription Drug Plans in 2022."

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Health Affairs. (2022). "Health Equity Audits: Tools for Policymakers to Improve Health Outcomes."

Brennan Center for Justice. (2023). "Barriers to Voting for Older Adults and Voter Accessibility."

Kaiser Family Foundation. (2023). "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid."

Commonwealth Fund. (2022). "How Medicaid Expansion Has Improved Access to Care, Financial Well-Being, and Health Outcomes."

Centers for Disease Control and Prevention (CDC). (2023). "Ensuring Equitable Access to COVID-19 Vaccines."

COVID-19 Vaccine Update

On August 22, 2024, the FDA approved and authorized the 2024–2025 mRNA COVID-19 vaccines, followed by the Emergency Use Authorization (EUA) of the Novavax COVID-19 Vaccine, Adjuvanted (2024–2025 formula) on August 30, 2024. As of September 11, 2024, health authorities recommend that everyone aged 6 months and older receive the updated 2024–2025 COVID-19 vaccine to maintain protection against severe illness, hospitalization, and death. This is particularly crucial for those aged 65 and older, individuals at high risk for severe COVID-19, and those who have never received a COVID-19 vaccine.

**Keep yourself,
your family, and
your community
safe; make an
appointment to
get vaccinated
today!**

Since vaccine protection diminishes over time, staying up to date is essential to ensure maximum defense against current strains. People living in long-term care facilities, those who are pregnant, breastfeeding, or planning to become pregnant, and anyone looking to reduce their risk of developing Long COVID should prioritize receiving the updated vaccine. By staying current with the 2024–2025 COVID-19 vaccine, individuals can better safeguard their health and reduce the potential spread of the virus.

People who have recently recovered from COVID-19 may choose to delay getting the 2024–2025 COVID-19 vaccine for up to three months, as the risk of reinfection is lower in the weeks and months following a SARS-CoV-2 infection. However, certain factors might encourage individuals to get vaccinated sooner, such as their personal risk of severe COVID-19, the risk posed to family members or close contacts, or local COVID-19 transmission levels. For those who received the 2023–2024 COVID-19 vaccine, the recommended interval between their last dose and the 2024–2025 vaccine is at least two months. Exceptions apply for individuals completing an initial vaccination series, such as children aged six months to 4 years, those with moderate to severe immunocompromise, and people receiving a Novavax vaccine.

[1] Centers for Disease Control and Prevention. (2024). Stay up to date with COVID-19 vaccines. <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>

Cholesterol and Latino Americans



Cholesterol /kəˈlestəˌrɒl/

Cholesterol is a fatty, wax-like substance in the body's cells. The liver produces it and is also found in certain foods, such as meat and dairy products. While your body requires some cholesterol to function correctly, excessive cholesterol in the bloodstream can increase the risk of coronary artery disease. LDL (low-density lipoprotein) and HDL (high-density lipoprotein) are two lipoproteins, compounds made of fat and protein. Lipoproteins help fats move through the bloodstream by binding them to proteins. LDL cholesterol is often referred to as "bad" cholesterol; high levels of LDL can lead to cholesterol buildup in the arteries. HDL cholesterol, known as "good" cholesterol, helps transport cholesterol from various parts of the body back to the liver, where it can be processed and removed from the body.

For more information, please visit

<https://www.heart.org/en/health-topics/cholesterol/about-cholesterol>

As the United States Hispanic population continues to experience rapid growth, cardiovascular disease (CVD) remains one of its leading causes of death, affecting 42.7% of Hispanic women and 52.3% of Hispanic men.[1] CVD is responsible for significant rates of morbidity and mortality among this group, with risk factors that include high blood pressure, high low-density lipoprotein (LDL) cholesterol, diabetes, smoking and secondhand smoke exposure, obesity, unhealthy diet, and low physical activity.

For several years, the National Hispanic Council on Aging (NHCOA) has collaborated with AMGEN on initiatives to improve cardiovascular health among diverse older adults. In 2022, in partnership with the Diverse Elders Coalition and AMGEN, NHCOA organized a roundtable with thought leaders on cardiovascular disease (CVD). This meeting underscored the need for increased awareness around cholesterol screenings and highlighted the persistent health disparities in CVD, which worsened during the COVID-19 pandemic. The roundtable generated critical recommendations that informed a sign-on letter to the Senate Committee on Aging, advocating for improved cardiovascular care.

NHCOA continues to drive awareness and advocate for improved access to heart health screenings within Hispanic communities. Through initiatives such as town halls, social media toolkits, and direct congressional advocacy, NHCOA is dedicated to addressing Hispanic older adults' cardiovascular health disparities and working towards a healthier future for all.

Approximately 30% of Hispanics have high blood pressure (hypertension) and are more likely to live with it undiagnosed, untreated, or uncontrolled. Some studies have also shown a much higher incidence of hypertension in Hispanics compared to non-Hispanic whites. Among Hispanic men, Mexicans have the highest incidence of high cholesterol, and among Hispanic women, Puerto Ricans showed the highest levels of LDL cholesterol.[1] Despite this high incidence of risk factors, only a small percentage of Hispanic men and women get lipid screened or are even aware of their cholesterol levels. Many barriers limit Hispanics from treating their high cholesterol, like experiencing delays in accessing their medications, being unable to adhere to the treatments they are given, and lacking the health insurance to afford medications, among others.

To further our work, NHCOA conducted a study with the following goal:

- To understand Hispanic adults' knowledge, attitudes, and beliefs about LDL-C testing, treatment, and management of high cholesterol targeting Latinos in the U.S. and other barriers to accessing care and treatment for CVD through qualitative (focus groups) and quantitative (survey) methods.

The focus groups and the survey findings will help inform targeted interventions to improve cholesterol management and cardiovascular health outcomes within the Latino community.

[1] Gomez S, Blumer V, Rodriguez F. Unique Cardiovascular Disease Risk Factors in Hispanic Individuals. *Curr Cardiovasc Risk Rep.* 2022;16(7):53-61. doi: 10.1007/s12170-022-00692-0. Epub 2022 Jun 2. PMID: 35669678; PMCID: PMC9161759.

[1] Centers for Disease Control and Prevention. (May, 2023). Heart Disease Facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/heartdisease/facts.htm>

[1] Balaguer, J. (2019). Heart Disease in Hispanics/Latinos & Our Hispanic Heart Team. Stony Brook Medicine. [https://www.stonybrookmedicine.edu/patientcare/surgery/patient-care/clinical/cardiac-surgery/services/hispanic-heart-](https://www.stonybrookmedicine.edu/patientcare/surgery/patient-care/clinical/cardiac-surgery/services/hispanic-heart-team#:~:text=Among%20Hispanic%20men%2C%20Mexicans%20have,highest%20levels%20of%20LDL%20cholesterol.)

[team#:~:text=Among%20Hispanic%20men%2C%20Mexicans%20have,highest%20levels%20of%20LDL%20cholesterol.](https://www.stonybrookmedicine.edu/patientcare/surgery/patient-care/clinical/cardiac-surgery/services/hispanic-heart-team#:~:text=Among%20Hispanic%20men%2C%20Mexicans%20have,highest%20levels%20of%20LDL%20cholesterol.)

[1] Leigh JA, Alvarez M, Rodriguez CJ. Ethnic Minorities and Coronary Heart Disease: an Update and Future Directions. *Curr Atheroscler Rep.* 2016 Feb;18(2):9. doi: 10.1007/s11883-016-0559-4. PMID: 26792015; PMCID: PMC4828242.

Methods

Focus Groups

Building on prior work, in 2024, NHCOA conducted focus groups to explore Latino adults' knowledge, attitudes, and behaviors regarding LDL cholesterol, and the testing, treatment, and management of high cholesterol. These focus groups were held in both English and Spanish to ensure inclusivity, with groups stratified by primary language spoken and age (18–34 and 35+). The stratification was based on the hypothesis that language and age would yield significant differences in participants' experiences, knowledge, attitudes, beliefs, and cholesterol-related behaviors. Recruitment was conducted in critical geographic areas with large Hispanic/Latino populations, including New York, Texas, California, Florida, and Puerto Rico. Participants were recruited through word of mouth, community-based organizations, flyers, and social media channels.

To participate, individuals had to meet specific eligibility criteria: they needed to be Hispanic or Latino, at least 18 years old, and living in Texas, New York, Florida, Los Angeles, or Puerto Rico. Before participating in the focus groups, participants were asked to complete a brief survey to gather demographic and baseline health data described in the next section.

The NHCOA research team developed a comprehensive interview guide to probe Hispanic and Latino participants' knowledge, attitudes, and beliefs about cholesterol. This guide was reviewed by colleagues at Amgen to ensure the questions were relevant and comprehensive. Participants were fully informed about the study and provided consent before participation.

The focus groups were audio recorded and transcribed verbatim for accuracy. A structured codebook was developed based on the primary research questions and priority areas outlined in the focus group guide. The transcripts were then uploaded into QSR NVivo version 12 qualitative data analysis software for systematic coding. The coding was conducted by a bilingual qualitative research expert familiar with the study population and knowledgeable about cholesterol-related health issues.

The research team employed a thematic analysis approach. After the transcripts were coded, the output for each code was reviewed to identify key findings and recurring themes. This allowed the team to capture commonalities and differences in perspectives across age groups. Transcripts were further analyzed to highlight divergent themes, particularly regarding language use, access to healthcare, and understanding of cholesterol-related health risks. All key findings were summarized by theme, and selected transcript segments were translated into English to provide illustrative examples of participant views.

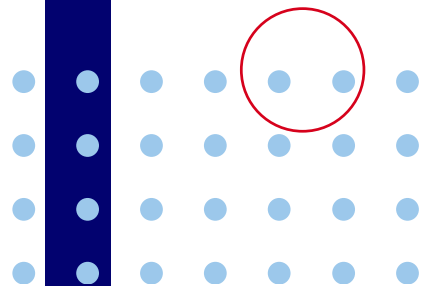
National Survey

NHCOA developed and disseminated a national survey to complement the focus group discussions. The survey assessed Hispanic and Latino adults' knowledge, attitudes, and beliefs regarding low-density lipoprotein cholesterol (LDL-C) testing, treatment, and management of high cholesterol. It also aimed to identify barriers to accessing care and treatment for cardiovascular disease (CVD) within this population.

The survey was distributed online and in paper format to ensure broad reach across the United States, particularly in critical areas with large Hispanic populations, including New York, Texas, California, Florida, and Puerto Rico. Recruitment occurred through NHCOA's community-based partners, social media, and direct outreach to organizations serving Hispanic and Latino communities. The survey was available in both English and Spanish to accommodate language preferences.

Eligible participants were Hispanic or Latino adults 18 years and older who resided in the U.S. The survey collected demographic information and data on participants' knowledge of LDL-C testing, their attitudes toward cholesterol management, perceptions about high cholesterol, and their experiences with cholesterol diagnosis and treatment. It also included questions on healthcare access, insurance coverage, affordability of treatment, and policy considerations.

Data from the survey responses were anonymized and analyzed using SPSS statistical software. Descriptive statistics were used to identify trends in knowledge, attitudes, and barriers to care. Additionally, subgroup analyses were conducted to explore differences by age, gender, language preference, and geographic location. Findings from the survey were used to inform recommendations for improving access to cholesterol testing and treatment within the Hispanic community.



Results

Focus Groups

The focus groups provided valuable insights into Hispanic and Latino adults' knowledge, attitudes, and beliefs about cholesterol and its management. Several key themes emerged, with participants expressing varying levels of understanding, concerns about risk factors, and challenges related to treatment and care.

Knowledge About Heart Disease, Cholesterol, and Contributing Factors

Participants across regions demonstrated a general awareness of cardiovascular disease (CVD) and its connection to the heart and circulatory system. Common terms mentioned included heart disease, high blood pressure, cholesterol, and stroke. Older participants (ages 35+) tended to have more in-depth knowledge about these issues, while younger participants (18–34) acknowledged their limited understanding.

"Yes, the issue that has to do with high blood pressure, cholesterol, all this issue has to do with the cardiovascular issue." (TX, 18-34)

"Not much." (FL, 18-34)

"They can be acquired or hereditary diseases that affect the arteries and poor functioning of the heart." (NY, 35+)

Participants also noted related conditions such as diabetes and vascular dementia. Many understood that cholesterol could be hereditary or acquired, and some brought up co-morbid conditions like diabetes, although they did not consistently articulate the relationship between these and cholesterol.

"This is hypotension too, hey! All of this is related, one with the other can lead us to diabetes, etc., etc., one disease is not separated from the other." (TX, 35+)

Understanding of Cholesterol: Good and Bad Cholesterol

Most participants were familiar with the basic concept of cholesterol, with many identifying "good" (HDL) and "bad" (LDL) cholesterol. Older participants often expressed a more nuanced understanding of how cholesterol affects health, linking high cholesterol to clogged arteries and heart disease.

"I understand that we all have a small percentage of good cholesterol, but when we exceed it, it can be dangerous for our health." (LA, 35+)

"One thing I also heard is that bad cholesterol is not really bad at all, but if it goes beyond the appropriate amount, it becomes bad." (NY, 35+)

However, younger participants often saw cholesterol as a problem for older adults and had less detailed knowledge about its role in health. Some participants also expressed confusion or had inaccurate knowledge about cholesterol.

"Not really, not much. I've only heard that some relatives have cholesterol, but I've never understood anything further." (NY, 18-34)

"I think that cholesterol and those levels regulate the functioning of the cardiac part of the body." (TX, 18-34)

Complications of Elevated LDL Cholesterol

Participants, particularly those aged 35 and older, were familiar with the complications associated with high cholesterol, with coronary artery disease, heart attacks, and strokes being the most frequently mentioned.

"I think that since it is a waxy substance, it accumulates on the walls of the arteries, which causes the blood vessels to become clogged and causes heart attacks." (NY, 18-34)

"It can give you a heart attack. A stroke. You can be paralyzed for the rest of your life." (FL, 35+)

Less commonly, participants mentioned other complications such as nausea, chest pain, fatigue, and inflammation. Some also identified additional lifestyle factors like smoking and drinking alcohol as contributors to high cholesterol.

"I have also heard that it affects smokers. What if they drink a lot of alcohol?" (PR, 35+)

Lifestyle and Diet as Contributors to High Cholesterol

Participants frequently identified lifestyle, particularly diet and exercise, as key contributors to high LDL cholesterol. Traditional Latino diets were mentioned as increasing risk, especially with foods high in saturated fats and fried foods. Some participants also referenced the "American" diet as a significant risk factor.

"We Latinos who live in the south of South America, we eat carbohydrates and rice and potatoes at the same time, so we do not have a culture that is really careful with food." (NY, 35+)

"Those from the United States because they eat a lot of hamburgers... they eat a lot of fast food and street food." (TX, 35+)

In addition to diet, many participants recognized the impact of a sedentary lifestyle on cholesterol levels.

"It depends on physical activity too... If you don't exercise, it can affect you." (PR, 18-34)

Socioeconomic Barriers and Health Disparities

Socioeconomic status was frequently identified as a barrier to managing cholesterol, with participants citing the high cost of healthy foods, lack of time to prepare balanced meals, and the financial burden of medical care.

"Healthy food is expensive, the junk food that we know, high-fat food, food that is pro-cholesterol is cheap food." (FL, 35+)

Participants also highlighted cultural and ethnic factors that influenced their diet and, in turn, cholesterol levels, acknowledging that both Latinos and African Americans were more prone to high cholesterol.

"According to what they say, Latinos and people of color are more prone to cholesterol." (LA, 35+)

Barriers to Cholesterol Treatment

Participants identified several barriers to treating high cholesterol, including time, economic constraints, limited access to health care, and a lack of education from healthcare providers.

"The vast majority of the Hispanic community does not have health insurance. Therefore, they don't even do the exams." (TX, 35+)

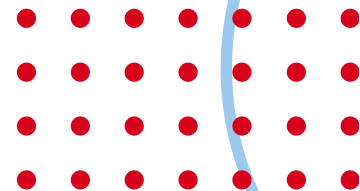
Additionally, there were concerns about insurance coverage, including step therapy, which participants felt was focused more on profits than patient care. Many expressed frustrations at being forced to use less effective medications before accessing the treatment their doctors recommended.

"Terrible, terrible because we are laboratory rabbits for both pharmaceutical companies and insurance companies." (FL, 35+)

Participants also noted that stepped therapy removed the patient's ability to make informed decisions about their treatment alongside their healthcare provider.

"I believe that the doctor and I should decide what they are going to do with me." (PR, 35+)

These insights offer a comprehensive understanding of the knowledge gaps, challenges, and barriers faced by Hispanic and Latino populations when managing high cholesterol and highlight the importance of culturally tailored education and equitable access to healthcare.



Survey

The Cholesterol Knowledge, Attitudes, and Beliefs (KAB) Survey collected data from 440 nationwide participants with a predominantly Hispanic sample, with 82.3% identifying as Hispanic and 17% as non-Hispanic. The survey included a diverse age range, with many respondents aged between 25 and 64, and the largest age group was 25-34 years old (25.5%). Women comprised a slight majority of the respondents at 57.3%, with men comprising 41.1%.

Health Perceptions and Concerns

When asked about the diseases they were most concerned about, respondents overwhelmingly identified cancer as their top concern (55.7%), followed by diabetes (34.3%) and heart disease (32.5%). Other common health concerns included dementia (30.5%) and stroke (19.8%). These concerns reflect an awareness of chronic diseases that are prevalent within Hispanic communities and underscore the need for better education and intervention on these issues.

Awareness and Attitudes Towards Cholesterol

The survey revealed high concern regarding cholesterol, particularly low-density lipoprotein (LDL) cholesterol. More than half of respondents (54.5%) strongly agreed that the U.S. should be more concerned about high LDL cholesterol levels. A significant portion (29.5%) somewhat agreed, reflecting a general awareness of cholesterol as a significant health issue. However, only 36.6% of the respondents reported having had their cholesterol levels measured by a healthcare provider, and 24.1% had discussions about LDL cholesterol specifically with their doctors. These results suggest that while cholesterol is a well-recognized concern, a gap remains in translating awareness into regular health screenings and active management of cholesterol levels.

Barriers to Cholesterol Management

The survey also highlighted several barriers that respondents faced in managing their cholesterol. Dietary habits were identified as the biggest challenge, with 37% of respondents citing difficulty maintaining a healthy diet. Lack of physical activity was also a notable barrier, with 36.6% indicating that they struggled to incorporate exercise into their daily lives. Additionally, a significant portion (28.4%) mentioned a general lack of awareness about managing cholesterol effectively. Genetics were also considered a contributing factor, with 24.8% recognizing it as a challenge to maintaining healthy cholesterol levels.

Beliefs About Cholesterol

Regarding beliefs, 40% of respondents agreed that high cholesterol can be inherited, showing an understanding of the genetic factors involved in cholesterol management. Furthermore, 41.5% believed that LDL cholesterol levels inevitably increase with age, highlighting a common perception that cholesterol management becomes more difficult.

Public Policy Implications Based on Cholesterol KAB Survey Results

The Cholesterol Knowledge, Attitudes, and Beliefs (KAB) Survey provided key insights into public perceptions of cholesterol, particularly regarding the prevalence of high cholesterol, national concerns, treatment adherence, and challenges in managing cholesterol levels. These findings have several implications for public policy aimed at addressing the risks associated with high cholesterol and improving cardiovascular health, especially among Hispanic and underserved populations.

Geographic Perceptions of High Cholesterol

Participants across different regions in the United States agreed that high cholesterol is a prevalent health issue, though perceptions varied slightly based on geographic and socioeconomic factors. In regions where diets are heavily influenced by fast food and there is limited access to healthcare, participants perceived cholesterol levels to be more problematic. Urban areas with higher Hispanic populations, including states like Texas, Florida, California, and New York, reported greater concern about cholesterol, which aligns with the prevalence of cardiovascular diseases in these regions. Participants were asked, "In which geographical region of the US do you think high cholesterol is most common?" Most participants (27.6%) believed high cholesterol was most common in the Southwest, followed by the Northeast (26.4%), and Southeast (21.9%).

Policy Implication: This data underscores the need for region-specific interventions to address high cholesterol. Public health campaigns should target regions where dietary habits and limited access to healthcare contribute to higher cholesterol rates, focusing on increasing awareness and providing affordable cholesterol screening and management services.

National Concern Over LDL Cholesterol

An overwhelming majority of respondents (over 85%) expressed concern about high LDL cholesterol levels in the U.S. Over 55% of respondents strongly agreed that the nation should take greater action to address this issue, reflecting a shared understanding that high LDL cholesterol is a significant risk factor for cardiovascular disease, which is particularly common among Hispanics and other minority groups.

Policy Implication: Given the widespread concern about high LDL cholesterol, federal and state governments should prioritize public health policies to reduce cholesterol levels nationwide. This includes increasing funding for cholesterol screenings, launching national educational campaigns on heart health, and encouraging preventive measures like diet and exercise. Policies should also promote routine testing and early intervention, especially in at-risk populations.

Medication Adherence and Barriers

Many respondents indicated that they were currently taking medications to lower their risk of heart attack or stroke due to high cholesterol. However, a significant proportion of participants who had been prescribed cholesterol-lowering medications reported challenges in adhering to their treatment regimens. The primary reasons cited for not taking prescribed medications included high costs, lack of insurance coverage, and concerns about side effects.

Policy Implication: Policies must address the economic barriers preventing individuals from accessing and adhering to cholesterol medications. Expanding Medicaid and insurance coverage to include cholesterol-lowering drugs, negotiating lower drug prices, and increasing access to generic medications can improve medication adherence. Public education programs should also be developed to raise awareness about the importance of adhering to prescribed medications and managing side effects under medical supervision.

Challenges in Maintaining Healthy Cholesterol Levels

Participants reported several challenges in maintaining healthy cholesterol levels, including poor dietary habits, lack of physical activity, and a general lack of awareness about managing cholesterol. Socioeconomic factors, such as the high cost of healthy food and limited access to exercise facilities or safe outdoor spaces, were also significant barriers.

Policy Implication: Policymakers should focus on reducing socioeconomic barriers to maintaining healthy cholesterol levels. This could include subsidizing healthy foods, improving access to nutrition education, and creating public spaces that encourage physical activity. In addition, efforts should be made to implement community-based health initiatives that provide education and resources for cholesterol management. Culturally tailored interventions, especially for Hispanic populations, will be crucial in overcoming these barriers and promoting long-term heart health.

Conclusion

The focus group and survey results highlight several areas where public policy can play a critical role in addressing the challenges associated with high cholesterol. A comprehensive policy approach that focuses on improving access to healthcare, reducing medication costs, promoting healthy lifestyle choices, and addressing regional disparities in cholesterol awareness and management is essential. By targeting these areas, policymakers can help reduce the prevalence of high cholesterol and its associated risks, improving cardiovascular health outcomes for all Americans.

Step Therapy



Step therapy, often referred to as “fail-first” therapy, is a protocol used by insurance companies to control costs and manage the use of prescription drugs. Under step therapy, patients are required to try and fail on one or more lower-cost medications (usually generic or preferred brand drugs) before their insurance will cover the more expensive medication prescribed by their doctor. This means that a patient must go through a series of steps, starting with the least costly treatment, regardless of whether it is the most effective or appropriate for their condition.

Why Step Therapy Can be Problematic for Hispanic Older Adults:

1 Delayed Access to Effective Treatment:

Step therapy can lead to significant delays in receiving the most appropriate and effective medication, which is particularly concerning for older Hispanic adults who may have complex health conditions, including cardiovascular disease. These delays can worsen their health outcomes, especially when immediate access to a specific medication is crucial for managing their condition.

2 Increased Health Risks:

For older adults with chronic conditions like high cholesterol, diabetes, or hypertension, being forced to try less effective medications first can lead to inadequate management of their condition. This can increase the risk of severe health complications, including heart attacks and strokes, which are prevalent among Hispanic communities.

3 Lack of Personalized Care:

Step therapy undermines the doctor-patient relationship by prioritizing cost considerations over individual patient needs. For Hispanic older adults, this is particularly harmful because it limits shared decision-making, where their personal medical history, cultural preferences, and specific health concerns might dictate a different, more appropriate treatment plan than the one mandated by insurance protocols.

4 Language and Literacy Barriers:

Many Hispanic older adults face language and health literacy barriers that can make navigating the step therapy process more difficult. Understanding complex insurance rules and advocating for exceptions or appeals can be daunting, particularly for those who may not be fluent in English or familiar with the healthcare system.

5 Financial Strain and Medication Adherence:

Step therapy can lead to increased out-of-pocket costs if patients have to pay for initial medications that are ineffective or cause side effects. Additionally, the process can be frustrating, leading to poor medication adherence. Patients may abandon treatment altogether if the first-line medications fail, creating further health risks.

6 Perception of Discrimination and Distrust:

Step therapy can reinforce feelings of distrust towards the healthcare system among Hispanic older adults, who may perceive these policies as discriminatory or profit-driven rather than patient-centered. This perception is compounded by existing health inequities, making building trust and encouraging active participation in their healthcare more challenging.

Policy Recommendations for Step Therapy

To address the negative impact of step therapy on patients, especially vulnerable populations like Hispanic older adults, the following policy recommendations are proposed:

Implement Step Therapy Exceptions and Overrides:

- **Policy Recommendation:** Mandate straightforward and streamlined exception and override processes that allow healthcare providers to bypass step therapy when it is not in the patient's best interest. This would ensure patients can access the most appropriate medications without unnecessary delays, mainly when a provider determines that the first-line therapies are likely ineffective or harmful.

Ensure Timely Access to Appeals:

- **Policy Recommendation:** Require insurers to respond promptly to appeals and exception requests, with decisions made within 24–72 hours for urgent requests. Delays in accessing effective medication can lead to worsening health outcomes. Timely appeals ensure that patients receive the necessary treatments without prolonged gaps in care.

Increase Transparency in Step Therapy Protocols:

- **Policy Recommendation:** Insurers should be required to disclose step therapy protocols, criteria for exceptions, and the appeal process in patient-friendly language and multiple languages, including Spanish. Transparency helps patients and providers understand the requirements and navigate the system more effectively, reducing confusion and delays, particularly for those facing language barriers.

Protect Continuity of Care

- **Policy Recommendation:** Patients who are stable on an existing medication should not be required to change therapies due to step therapy policies when switching insurance plans. Disrupting stable treatment regimens can lead to adverse health effects. Continuity of care provisions protect patients from unnecessary changes in their medication that could destabilize their condition.

Incorporate Shared Decision-Making Models:

- **Policy Recommendation:** Encourage policies that support shared decision-making between patients and providers regarding medication choices, ensuring patient preferences and cultural factors are considered. Shared decision-making empowers patients, improves adherence, and improves health outcomes by aligning treatment with patient values and needs.

Expand Educational Outreach to Patients and Providers:

- **Policy Recommendation:** Develop educational campaigns targeting healthcare providers and patients to raise awareness about step therapy, its processes, and patients' rights to request exceptions. Increased awareness and education can help patients better navigate step therapy barriers and empower providers to effectively advocate for their patients' needs.

Monitor and Evaluate the Impact of Step Therapy Policies:

- **Policy Recommendation:** Establish mechanisms to monitor the impact of step therapy policies on patient health outcomes, particularly among high-risk populations like Hispanic older adults, and adjust policies as needed. Continuous evaluation helps identify unintended consequences and ensures that step therapy is not causing harm, particularly among vulnerable groups.

Limit Step Therapy for High-Risk Conditions:

- **Policy Recommendation:** Restrict or eliminate the use of step therapy for high-risk conditions, such as cardiovascular disease, diabetes, and other chronic illnesses where delayed access to effective medication can result in severe health consequences. Step therapy can pose significant risks for conditions where timely and specific treatment is critical. Exemptions for these conditions can prevent deterioration in patients' health.

Promote Equitable Access to Medications:

- **Policy Recommendation:** Advocate for policies that reduce cost barriers associated with medications by requiring insurers to provide affordable access to necessary drugs, even when bypassing step therapy. Cost is a significant barrier to medication adherence, especially for those without comprehensive insurance coverage. Equitable access can help reduce disparities in treatment and health outcomes.

Incorporate Cultural Competence in Policy Design:

- **Policy Recommendation:** Design step therapy policies with cultural competence, considering the unique barriers diverse populations face, including language, health literacy, and trust in the healthcare system. Policies that recognize and address cultural differences can improve patient engagement, adherence, and overall satisfaction with healthcare services.

Step therapy poses significant challenges for Hispanic older adults, particularly those managing chronic health conditions. The delays, increased health risks, and barriers to effective treatment exacerbate existing health disparities and contribute to poorer outcomes in this vulnerable population. Addressing these issues requires advocacy for policies that promote individualized care and prioritize patient health over cost-cutting measures.

The Importance of Latino Voter Registration, Advocacy, and Civic Engagement

Latino participation in the political process is crucial for ensuring that the voices, needs, and concerns of one of the fastest-growing demographics in the United States are heard and addressed. With over 62 million Latinos currently living in the U.S., they represent a significant and increasingly influential voting bloc. However, historically, Latino voter registration and turnout rates have been lower compared to other racial and ethnic groups. Addressing this gap in voter engagement is critical for empowering the Latino community and advancing equitable policies that affect their daily lives.

Why Latino Voter Registration Matters

Voter registration is the first step to ensuring that Latinos have a say in shaping the policies and leaders that will represent them at all levels of government. Registering to vote is not just a right but a civic duty that enables individuals to influence issues that directly impact their communities, such as healthcare access, immigration reform, education, job opportunities, and housing affordability. Many of these issues disproportionately affect Latino communities, making their active participation in elections essential.

With each election cycle, the Latino population plays a more significant role in shaping local, state, and national outcomes. However, millions of eligible Latino voters are not yet registered, which means their voices remain unheard in key policy decisions. Registering to vote and participating in elections can drive change that reflects the interests and needs of the Latino community, particularly in areas with large Latino populations where collective political power can be especially strong.

The Role of Advocacy and Civic Engagement

Beyond voting, Latino advocacy and civic engagement are essential for building a robust and empowered community. Civic engagement—whether through grassroots organizing, attending town hall meetings, participating in public comment periods, or engaging in social media campaigns—allows Latinos to advocate for their interests and hold elected officials accountable. Civic participation is a powerful tool for bringing about policy change, whether it's through promoting voter-friendly legislation, influencing education policies, or pushing for criminal justice reforms.

Latino leaders, organizations, and individuals involved in advocacy are also vital to shaping national conversations on key issues like immigration, economic equity, and social justice. These efforts can help ensure that policy decisions consider the perspectives and needs of the Latino community, fostering policies that promote equality and opportunity for all.

Building Political Power for Future Generations

Latino voter registration and engagement are not only about current elections; they are about building long-term political power. When Latinos are actively involved in the political process, it signals to policymakers and political leaders that the Latino community is paying attention and is invested in the country's direction. This engagement encourages policies that promote equity and inclusion, which benefits not just Latinos but all Americans.

Furthermore, civic engagement is essential for the next generation of Latino leaders. By registering to vote, participating in advocacy, and engaging in civic activities, Latinos can inspire younger generations to be politically active and aware, ensuring that the fight for equality and justice continues for decades.





Conclusion

Latino voter registration, advocacy, and civic engagement are foundational to a strong, representative democracy. By registering to vote and participating in the political process, Latinos can influence policies that directly impact their lives, ensuring that their voices are heard in decisions that shape the future of their communities and the nation. Active participation in advocacy and civic life empowers individuals and strengthens the Latino community's ability to effect positive change for generations to come.

Thank you!

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.



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