



NHCOA

NATIONAL HISPANIC COUNCIL ON AGING

2025 Status of Hispanic Older Adults Annual Report

*Insights from the
Field: Advancing
Health Equity
Through Access,
Awareness, and
Prevention*

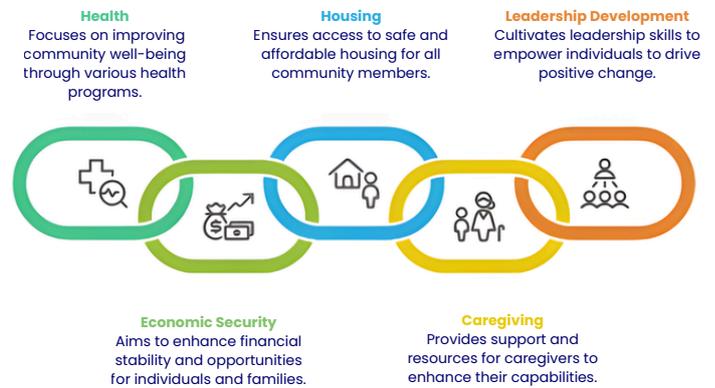
About NHCOA

The National Hispanic Council on Aging (NHCOA) is the leading national organization dedicated to improving the lives of Latino older adults, their families, and caregivers. Headquartered in Washington, D.C., NHCOA has been a trusted voice for more than 50 years, advancing research, policy, and practice that promote the health, economic security, and dignity of Latino* communities.

NHCOA’s work is grounded in cultural competence and community engagement. Through its network of Promotores de Salud, caregivers, and local partners, NHCOA delivers programs and initiatives in linguistically, culturally, and age-appropriate ways, bridging gaps in language, culture, formal education, and age that often limit access to care. Its programmatic priorities focus on health, economic security, housing, caregiving, and leadership development.

NHCOA conducts focus groups and surveys on pressing public health issues affecting Latino communities. Those topics include chronic disease prevention, vaccination, mental health, and caregiving. The organization disseminates findings through reports, webinars, conferences, and leadership trainings to inform policy and practice. NHCOA also collaborates with academic institutions, community-based organizations, and federal partners to engage Latino older adults in health research and advocacy. By elevating community voices in national policy discussions, NHCOA ensures that older adults are not only represented but empowered to age in good health and with dignity.

NHCOA's Core Programmatic Priorities



Contact Information

National Hispanic Council on Aging (NHCOA)
2201 12th Street NW, Suite 101, Washington, DC 20009
www.nhcoa.org | nhcoa@nhcoa.org | 202-347-9733
@NHCOA

***Note:** Throughout this report, we use the terms Hispanic and Latino interchangeably.

Acknowledgments

The National Hispanic Council on Aging (NHCOA) extends its heartfelt gratitude to everyone who contributed to the 2025 Status of Hispanic Older Adults Annual Report: Insights from the Field – Advancing Health Equity Through Access, Awareness, and Prevention.

This report was made possible through the collaboration and support of numerous organizations and dedicated individuals committed to the health and well-being of Latino older adults, their families, and caregivers. Your contributions were invaluable to this effort. 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 Latino communities.

We also acknowledge the hard work and dedication of the NHCOA staff members who contributed their time, expertise, and passion to this report. Special thanks go to Christine Perez, Pedro Lima, Mario Franco, Margarita Navas, Ana Guzman, Ricardo Posada, and Christina Pacheco for their significant roles in developing, organizing, and analyzing the data.

A special thanks to Christine Perez, and Christina M. Pacheco, for drafting the report, Ricardo Posada for the layout of the report and to Ana Guzman for translating it into Spanish.

Dr. Yanira Cruz is the Principal Investigator for the project.



Honoring Latino Contributions to the United States

Our Presence, Our Power, Our Legacy

Latinos are a vital part of the United States' past, present, and future. With a population now exceeding 68 million people (~20% of the total U.S. population), Latinos represent the nation's largest ethnic minority and one of its most dynamic sources of cultural, economic, and civic vitality.¹

By 2060, the Latino population is projected to reach 111 million, accounting for nearly one in four Americans. Within this growing community, Latino older adults represent an increasingly influential demographic. As of 2025, more than 5 million Latino adults aged 65 and older live in the United States, a number expected to double by 2060.² These older adults embody resilience, perseverance, and a deep sense of family and community that continues to shape the American story.

Diversity Within Unity

The Latino population is far from monolithic. Our community reflects a mosaic of origins, languages, traditions, and histories rooted in the Caribbean, Central America, South America, Mexico, and Spain, as well as Indigenous, African, and European ancestry. This diversity enriches every aspect of American life (e.g., arts, cuisine, science, public service, business, and education). Latino immigrants and U.S.-born Latinos alike contribute to the nation's workforce, strengthen its faith communities, and advance innovation and leadership across generations.³

From farmworkers and caregivers to entrepreneurs, teachers, and scientists, Latinos embody the values of hard work, family, and collective responsibility that have long sustained the United States.

The Heart of Our Nation's Future

Latino older adults carry with them the stories of migration, sacrifice, and triumph. They have built communities, mentored generations, and sustained cultural traditions that bind families across borders. Their contributions remind us that the success of the United States is inseparable from the success of Latinos. Ensuring their health, dignity, and inclusion is not only a moral imperative, but also an investment in the nation's strength and shared prosperity.

As NHC OA celebrates more than five decades of advocacy, we honor the diversity, cultural wealth, and intergenerational strength of Latinos, whose voices continue to shape the nation we all call home.

Policy Recommendations

Building on the findings and community insights presented in this report, the National Hispanic Council on Aging (NHCOA) offers the following policy recommendations to help eliminate health inequities and improve access to care for Latino older adults and their families. These recommendations draw from NHCOA's national surveys, focus groups, and collaborations with policymakers, researchers, and advocates across the United States.

- 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. Latino adults are less likely to have their cholesterol under control, which increases their risk for heart disease and stroke.⁴ Expanding access to low-cost cholesterol testing and culturally tailored educational resources can significantly reduce these disparities.
- 2 Strengthen the 340B Program to Ensure Patient Benefit** Congress should advance comprehensive 340B reform, such as the 340B Access Act (H.R. 8574), to ensure program savings reach patients rather than middlemen. The program must prioritize safety-net providers that reinvest funds into patient care and require transparent reporting on how 340B savings are used. Oversight should focus on protecting community health centers that provide affordable medications to low-income and uninsured Latino older adults.
- 3 Expand Osteoporosis Screening, Education, and Treatment** Federal and state leaders should increase access to osteoporosis screening, particularly for women and older adults in Latino communities. Medicare should cover preventive bone-density screenings, and the Department of Health and Human Services (HHS) should support culturally tailored osteoporosis education through trusted community-based organizations and promotores de salud. Improved access to FDA-approved therapies is essential to reduce preventable fractures and disability among aging adults.

Policy Recommendations

4 Advance Obesity Prevention and Treatment Equity
NHCOA urges Congress to pass the Treat and Reduce Obesity Act (TROA) to allow Medicare coverage of FDA-approved anti-obesity medications and comprehensive treatment programs. Policymakers should also address the growing threat of counterfeit and compounded GLP-1 products by strengthening FDA oversight,⁵ promoting public education on misinformation, and expanding insurance coverage for safe and effective medications.

5 Prioritize Mental Health Equity and Schizophrenia Awareness
Latino communities face unique barriers to mental health care, including stigma, cultural misconceptions, and limited access to bilingual providers. Congress should expand funding for community mental health programs, integrate culturally competent care models, and support parity enforcement so mental health services receive coverage equal to physical health care. Federal and state agencies should also fund outreach efforts to raise awareness of schizophrenia, particularly among older adults and caregivers.

6 Address Chronic Disease Through Equitable Access and Patient-Centered Care
Cardiovascular disease, obesity, and diabetes remain among the leading causes of death for Latino older adults. NHCOA supports reforms to Step Therapy policies that delay access to necessary medications, increase coverage for preventive care, and invest in community health workers (CHWs) who provide culturally appropriate chronic disease management. Insurance companies should not be permitted to override clinical judgment in the practice of medicine.

Treatment decisions must rest with qualified medical professionals who understand each patient's unique circumstances, not with insurers prioritizing cost over care. Ensuring that patients and providers determine the course of treatment is essential to equitable, high-quality care.

Policy Recommendations

- 7 Increase Adult Vaccination Coverage in Latino Communities**

Federal and state policymakers should ensure that adult vaccines, especially COVID-19, RSV, influenza, and pneumococcal, remain free and accessible to uninsured and underinsured adults. Culturally tailored vaccine outreach should be led by trusted community partners, and CHW programs should receive sustained funding to improve vaccination rates among Latino populations.
- 8 Embed Health Equity in Policy Design and Implementation**

NHCOA urges all levels of government to require equity impact assessments for major health policies and legislation. Such analyses would help identify unintended disparities and promote fairer resource allocation across all communities, especially those that continue to face barriers to care, research inclusion, and representation.

By implementing these recommendations, policymakers can move toward a more equitable health system, one that recognizes the resilience of Latino older adults and invests in prevention, access, and culturally informed care.

Table of Contents

About NHCOA	2
Contact Information	2
Acknowledgments	3
Honoring Latino Contributions to the United States	4
Our Presence, Our Power, Our Legacy	4
Diversity Within Unity	4
The Heart of Our Nation’s Future	4
Policy Recommendations	5
The 340B Program: Strengthening Safety-Net Access for Vulnerable Patients	10
The 340B Program	10
When 340B Doesn’t Work as Intended	10
The 340B Access Act: A Path Toward Accountability and Patient Benefit	11
Why 340B Matters for Latino Older Adults	12
Policy Recommendations	12
Osteoporosis in Latino Communities: Building Stronger Bones and Stronger Awareness	13
NHCOA’s Osteoporosis Survey: Understanding Knowledge	13
Cultural and Structural Barriers.	14
NHCOA’s Osteoporosis Initiative: Empowering Caregivers and Promotores	15
Policy Recommendations	15
Obesity and the Counterfeit GLP-1s	16
The Growing Challenge of Treatment Access	16
GLP-1 Medications: Promise and Peril	17
The Infodemic: Counterfeit Messaging and Misinformation	18
America’s “Other Obesity Crisis”: Equity and Access	18
Policy and Program Recommendations	18
Mental Health and Schizophrenia: An Overlooked Crisis in Latino Communities	19
Understanding the Burden	19
Cultural Context and Disparities in Care	20
The Intersection of Schizophrenia and Physical Health	20
Policy and Practice Recommendations	21

Table of Contents

Chronic Illnesses in Context: Cardiovascular Disease, Obesity, and Diabetes	22
Cardiovascular Disease and Cholesterol Management	22
Obesity: A Central Risk Factor	23
Diabetes and the Latino Community	23
The Role of Step Therapy in Chronic Disease Management	24
Community Solutions and the Power of Promotores de Salud	24
Policy Recommendations	25
The Case for Adult Vaccination	26
COVID-19 Vaccination: Staying Protected	26
Respiratory Syncytial Virus (RSV): A New Threat to Older Adults	27
Influenza: Preventing Annual Epidemics	27
Pneumococcal Disease: Protecting Against Pneumonia and Sepsis	28
The Role of Community-Based Outreach	28
Policy Recommendations	29
Thank You	30
References	31

Principal Investigator:

Dr. Yanira Cruz

President & CEO

National Hispanic Council on Aging (NHCOA)

@YaniraCruzDC

Please cite as:

National Hispanic Council on Aging. 2025 Status of Hispanic Older Adults Annual Report: Insights from the Field – Advancing Health Equity Through Access, Awareness, and Prevention.

The 340B Program: Strengthening Safety-Net Access for Vulnerable Patients

The 340B Program⁶

Created by Congress more than 30 years ago, the 340B Drug Pricing Program was designed to help safety-net providers (e.g., community health centers, rural clinics, and public hospitals) stretch scarce federal resources to serve low-income and uninsured patients. Under 340B, drug manufacturers are required to provide steep discounts on outpatient drugs (averaging 59% below list price) to eligible healthcare organizations, known as “covered entities.” These providers are expected to reinvest the savings to expand access to care and reduce medication costs for vulnerable populations. For many Latino older adults and families, 340B savings are a lifeline, helping to reduce out-of-pocket costs for life-saving medications and ensuring access to affordable care in trusted community settings.

When 340B Doesn't Work as Intended

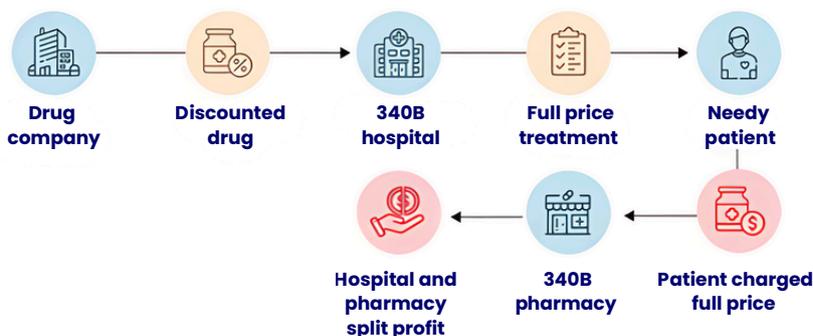
Over time, the 340B program has expanded significantly. While many safety-net providers continue to use the program as intended, investigations have revealed gaps in transparency and accountability, particularly among large hospital systems. Some 340B hospitals qualify for the program by serving a disproportionate share of low-income patients yet are not required to report how 340B savings are used, or to demonstrate that the discounts directly benefit those patients.

How the 340B Program Should Work



vs.

How Hospital and Chain Pharmacies Profit Off 340B





Research shows that, on average, 340B hospitals provide less charity care than other nonprofit hospitals, despite receiving substantial financial benefits from the program.⁷ In some cases, hospitals have purchased deeply discounted cancer drugs under 340B, only to bill insurers and patients at full price, resulting in higher costs for the very populations the program was meant to serve. In the absence of consistent oversight, pharmacy benefit managers (PBMs) and other intermediaries have also captured a portion of 340B-related savings, diverting funds away from patient care.

The 340B Access Act: A Path Toward Accountability and Patient Benefit

The 340B Access Act (H.R. 8574), endorsed by a bipartisan coalition of health advocates, proposes long-overdue reforms to ensure that 340B functions as a true safety-net program. The legislation aims to:

- 1. Ensure Discounts Reach Patients:** Require that 340B savings be directly passed on to eligible patients at the pharmacy counter.
- 2. Prioritize Community Health Centers:** Protect and strengthen 340B eligibility for federally qualified health centers (FQHCs) and other safety-net clinics that reinvest savings into local services.
- 3. Increase Transparency:** Mandate clear public reporting on how 340B funds are used and establish a federal clearinghouse to track transactions.
- 4. Curb Abuse by Middlemen:** Prevent PBMs and for-profit entities from profiting off discounts intended for patient care.
- 5. Improve Oversight:** Enhance federal administration and auditing of the program to ensure compliance and equity.

Together, these reforms would restore the integrity of the 340B program and guarantee that its benefits reach the communities it was created to serve.

Why 340B Matters for Latino Older Adults

For Latino older adults, many of whom are uninsured or underinsured, the 340B program can mean the difference between receiving treatment and forgoing care. Yet, when 340B savings fail to reach patients, health inequities deepen. NHCOA supports efforts to strengthen 340B accountability, prioritize funding for true safety-net providers, and ensure that all patients, regardless of income or insurance coverage, can access affordable medications and preventive care.

Policy Recommendations

To improve transparency and equity in the 340B program, NHCOA recommends that federal and state policymakers:

1. **Support passage of the 340B Access Act** to ensure program integrity and patient-centered use of savings.
2. **Mandate annual reporting** on how 340B-generated funds are used to expand care for low-income populations.
3. **Strengthen protections for community health centers and rural clinics**, particularly those serving Latino communities, and other populations facing wide disparities.
4. **Require data disaggregation** to monitor whether 340B benefits are equitably distributed across racial and ethnic groups.
5. **Engage patient advocacy organizations** like NHCOA in shaping oversight mechanisms to ensure that reforms reflect community needs.

Osteoporosis in Latino Communities: Building Stronger Bones and Stronger Awareness

Osteoporosis is a silent disease that weakens bones, making them fragile and more likely to break. According to the National Osteoporosis Foundation, osteoporosis, or low bone mass, affects more than 50 million people in the United States. Yet, there is still little public awareness of osteoporosis, especially amongst communities of color.

Once thought to primarily affect white women, recent studies show that Latino adults face disproportionately high rates of osteoporosis and related fractures. In comparison with other racial/ethnic groups, the risk is rising most rapidly among Latina women.⁸



According to the Morbidity and Mortality Weekly Report (MMWR), 14.7% of Latino adults have osteoporosis, compared with 12.9% of non-Latino whites and 6.8% of non-Latino Black adults.⁹ Among men, Puerto Rican men (8.6%) have more than triple the prevalence of non-Latino white men (2.3%).¹⁰

Despite these numbers, osteoporosis remains underdiagnosed, undertreated, and underdiscussed in Latino communities. For older adults, undetected bone loss can lead to fractures that severely limit mobility, independence, and quality of life.

NHCOA's Osteoporosis Survey: Understanding Knowledge

In partnership with *Elevance Health*, NHCOA conducted a national survey of 530 Latino adults across New Mexico, Texas, Florida, and California to understand their knowledge, attitudes, and behaviors regarding osteoporosis. Data collection was conducted by NHCOA's Promotores de Salud in English and Spanish to ensure accessibility for diverse participants.

Key findings revealed both high awareness and persistent misconceptions:

- 89% of respondents had heard of osteoporosis, yet many did not recognize its risk factors.
- Only 34% had ever received a doctor-recommended osteoporosis screening or DEXA scan.
- More than 60% incorrectly believed that taking calcium supplements alone can prevent bone loss.
- Roughly 20% could not identify foods rich in calcium and Vitamin D.
- Fewer than half (45%) reported regular exercise, despite recognizing its benefits for bone health.

These results highlight the need for ongoing culturally tailored education, early screening, and access to treatment.

Cultural and Structural Barriers

Survey participants identified several challenges in addressing osteoporosis:

- **Limited Provider Communication:** Many participants reported not being counseled about bone health during routine visits.
- **Cost and Insurance Gaps:** Older adults cited concerns over testing and medication affordability.
- **Cultural Perceptions:** Some viewed bone fragility and fractures as a “normal” part of aging rather than a preventable disease.
- **Language Barriers:** Health information about bone health is often inaccessible to Spanish-speaking communities.

These barriers underscore the urgent need to integrate culturally and linguistically appropriate osteoporosis education into existing community and caregiving programs.



NHCOA's Osteoporosis Initiative: Empowering Caregivers and Promotores

Building on its prior research, NHCOA is expanding osteoporosis education through its Caregiving Training Program and Health Literacy Initiative.

This effort provides caregivers and promotores de salud with tools to:

- **Recognize signs and symptoms of osteoporosis.**
- **Encourage preventive screenings and lifestyle changes.**
- **Provide culturally relevant education on nutrition, exercise, and fracture prevention.**
- **Address myths and misinformation within families and communities.**

This expansion represents a proactive approach to disease prevention and highlights NHCOA's commitment to improving health outcomes through culturally grounded community engagement.

Policy Recommendations

To address disparities in osteoporosis prevention, screening, and care, NHCOA recommends that policymakers:

1. **Expand Medicare coverage** for osteoporosis screening and treatment for adults aged 50 and older.
2. **Fund community-based osteoporosis education** programs led by promotores de salud and caregiving networks.
3. **Integrate osteoporosis screening** into federally supported chronic disease programs for older adults.
4. **Support public health campaigns** to dispel myths and raise awareness among Latino communities.
5. **Increase research funding** to study osteoporosis prevalence and treatment outcomes among diverse racial and ethnic groups.

By empowering caregivers, promoting culturally competent education, and improving access to care, we can reduce the physical, emotional, and financial burden of osteoporosis on Latino older adults and their families.

Obesity and Counterfeit GLP-1s

Obesity

Obesity remains one of the most pressing public health challenges in the United States, and it disproportionately affects Latino communities. According to the U.S. Department of Health and Human Services, Office of Minority Health (2025), 37.5% of Latino adults have obesity (BMI ≥ 30), compared with 33.4% of adults in the total U.S. population, meaning Latino adults are about 10% more likely to have obesity. Latino children ages 2–19 have the highest obesity prevalence (26.2%) of any racial or ethnic group in the nation. Latino boys (29.3%) and girls (23.0%) both exceed the national averages for their age and sex groups.

Individuals who are overweight or obese face elevated risks of high blood pressure, diabetes, increased LDL cholesterol, and cardiovascular disease—leading causes of death among Latino older adults. Despite being recognized by the American Medical Association (AMA) as a chronic disease since 2013, obesity continues to be stigmatized, under-treated, and often excluded from comprehensive insurance coverage. Many older adults remain unaware that obesity is a medically manageable condition, not simply a matter of personal choice.¹¹

The Growing Challenge of Treatment Access

Medicare currently does not cover anti-obesity medications, creating barriers for millions of older adults who could benefit from new and effective treatments. The Treat and Reduce Obesity Act (TROA), a bipartisan bill, would expand Medicare coverage to include FDA-approved anti-obesity medications and behavioral therapy for weight management.

Without such coverage, older adults are forced to pay out of pocket for medications that can cost more than \$1,000 per month, a prohibitive expense for many, especially low-income and fixed-income households, disproportionately impacting Latino and other historically marginalized communities.



GLP-1 Medications: Promise and Peril

New classes of medications known as GLP-1 receptor agonists (including semaglutide and tirzepatide) have transformed obesity treatment. These drugs, originally developed for type 2 diabetes, have proven highly effective for weight loss. However, their popularity and the limited insurance coverage have fueled a dangerous black market of counterfeit and compounded GLP-1 products. Between 2022 and 2024, shortages of FDA-approved formulations led to an explosion of unregulated telehealth providers, med spas, and online vendors offering “compounded” GLP-1s.



A 2025 report from the National Consumers League found a 1,200% increase in misleading online advertisements for GLP-1 products during that period. Many falsely claimed to be FDA-approved, endorsed by doctors, or “natural” alternatives. These products can contain unsafe or unknown ingredients, leading to health risks including hypoglycemia, infections, and organ damage.¹² For Latino consumers, many of whom are already targeted by deceptive online marketing and face language barriers, these fraudulent products represent both a health risk and an equity issue.

The Infodemic: Counterfeit Messaging and Misinformation

The NCL’s 2025 survey of 1,500 U.S. women ages 18–55 revealed the widespread reach of misinformation:

- **71%** believed compounded GLP-1 drugs are tested and proven safe.
- **53%** believed compounded versions contain the same ingredients as FDA-approved drugs.
- **38%** mistakenly believed patches and gummies are legitimate GLP-1 products.

Such misinformation drives demand for dangerous, unregulated products. It also undermines trust in legitimate health systems and providers, making culturally informed public education efforts essential.

America's "Other Obesity Crisis": Equity and Access

As NHTCOA's research and advocacy efforts have shown, the obesity crisis is not only biological but also structural. Latino older adults face barriers to:

- **Affordable access** to safe, effective obesity treatments,
- **Culturally competent counseling** from providers trained in weight management, and
- **Coverage and reimbursement** for preventive services and medications.

Social determinants such as income, neighborhood environment, food insecurity, and chronic stress further compound risk. Obesity inequities cannot be solved without addressing these systemic issues.

Policy and Program Recommendations

To address both the obesity epidemic and the growing threat of counterfeit GLP-1s, NHTCOA recommends:

1. **Pass the Treat and Reduce Obesity Act (TROA)** to expand Medicare coverage for FDA-approved anti-obesity medications and behavioral interventions.
2. **Increase federal enforcement** against counterfeit and compounded GLP-1 products and strengthen penalties for deceptive marketing.
3. **Fund multilingual public education campaigns** to counter misinformation and promote safe treatment options.
4. **Invest in culturally tailored prevention programs** led by promotores de salud to address diet, physical activity, and chronic disease risk among Latino adults.
5. **Integrate obesity prevention into federal nutrition and aging programs**, including the Older Americans Act and SNAP-Ed.
6. **Expand Medicaid coverage** for evidence-based obesity treatment in all states.

The obesity epidemic demands both compassion and action. Safe and effective treatments exist. Without equitable access, millions of Latino older adults remain left behind. By coupling legislation like TROA with strong consumer protections and culturally responsive education, we can ensure that the promise of modern obesity care reaches the people who need it most.

Mental Health and Schizophrenia: An Overlooked Crisis in Latino Communities¹³



Mental health remains one of the least discussed yet most urgent public health issues affecting Latino older adults. Cultural stigma, language barriers, and lack of access to care contribute to significant underdiagnosis and undertreatment of mental illness, particularly severe conditions like schizophrenia.

Schizophrenia is a chronic and disabling brain disorder that affects approximately 1 in 300 people worldwide, or roughly 24 million individuals. In the United States, about 2.8 million people live with the condition. Symptoms often emerge in adolescence or early adulthood, but the burden lasts a lifetime, disproportionately impacting individuals during their prime working years. Despite advances in understanding and treatment, schizophrenia remains one of the top 15 leading causes of disability globally, with an average life expectancy reduction of nearly 30 years compared to the general population.

Understanding the Burden

People with schizophrenia face profound challenges across nearly every domain of life: health, employment, housing, and relationships.

- Two-thirds (66%) of hospitalized individuals with schizophrenia have at least one comorbid condition, including diabetes, cardiovascular disease, or obesity.
- Unemployment rates among those with schizophrenia exceed 70%, and up to 10% of people experiencing homelessness have the disorder.
- Individuals with schizophrenia are two to three times more likely to develop type 2 diabetes and face a 50% higher risk of death from cancer compared with the general population.
- The risk of suicide is high, as approximately 5% of individuals with schizophrenia die by suicide.

For Latino individuals, the burden is further magnified by structural inequities, underrepresentation in clinical research, and social stigma surrounding mental illness.

Cultural Context and Disparities in Care

Mental health stigma remains one of the most significant barriers to diagnosis and treatment in Latino communities. Common misconceptions (e.g., viewing mental illness as a moral weakness or family shame) often deter individuals from seeking help. Many rely on spiritual or familial support rather than clinical care, delaying treatment until symptoms are severe.

- **Limited access to bilingual mental health professionals.**
- **Insurance coverage gaps** that exclude psychiatric care;
- **Fear of discrimination or deportation** among immigrant families; and
- **Underrepresentation of Latino patients** in mental health research and intervention trials.

These systemic issues lead to late diagnoses, fragmented care, and poorer health outcomes for Latino older adults experiencing schizophrenia or related conditions.

Schizophrenia is among the most stigmatized mental illnesses worldwide. The effects of stigma are multifaceted and foster social isolation, reduce treatment adherence, worsen depression, and limit opportunities for recovery.

Community education and culturally responsive programs can counteract stigma by:

- Encouraging open discussion about mental health in faith-based and family settings;
- Highlighting recovery stories from Latino peers; and
- Integrating mental health topics into existing NHCOA programs for caregivers and promotores de salud.

The Intersection of Schizophrenia and Physical Health

Schizophrenia is a psychiatric disorder that is closely linked to physical illness. People with schizophrenia have high rates of cardiometabolic disease, kidney failure, and chronic lung conditions. Smoking is particularly common, compounding cardiovascular and cancer risk. Research shows that cardiovascular mortality is 86% higher among individuals with schizophrenia who smoke.

Despite these risks, patients often receive less preventive care and fewer life-saving treatments for co-occurring medical conditions. For Latino older adults, who already experience barriers to chronic disease management, this overlap deepens existing health inequities.

Policy and Program Recommendations

To reduce disparities and improve mental health outcomes among Latino older adults, NHCOA recommends the following actions:

1. **Increase funding for community mental health programs** that serve Latino populations and prioritize bilingual, culturally competent care.
2. **Expand Medicare and Medicaid coverage** for mental health and substance use services, ensuring parity with physical health care.
3. **Support training and recruitment** of Latino mental health professionals, including psychiatrists, psychologists, and social workers.
4. **Invest in public education campaigns** to reduce stigma around schizophrenia and mental illness in Latino communities.
5. **Integrate behavioral health screening** into primary care and chronic disease programs targeting older adults.
6. **Prioritize inclusion of Latino participants in mental health research**, particularly in studies related to schizophrenia, dementia, and late-life depression.

Mental health is health. For too long, schizophrenia and other severe mental illnesses have been excluded from national conversations on health equity. Addressing this crisis among Latino older adults requires investment, compassion, and culturally grounded care. By reducing stigma, improving access, and ensuring parity in coverage, policymakers can help ensure that no one is left behind in the pursuit of mental wellness and dignity in aging.

Chronic Illnesses in Context: Cardiovascular Disease, Obesity, and Diabetes

Chronic diseases continue to drive the greatest burden of illness, disability, and death among Latino older adults. Cardiovascular disease (CVD), diabetes, and obesity remain leading causes of hospitalization and premature mortality in this population. According to the Journal of the American Heart Association (JAHA, 2022), Latino adults face a 50% higher prevalence of diabetes and a greater lifetime risk of cardiovascular disease compared with non-Latino whites. While overall mortality rates from heart disease have declined nationally, the decline has been slower among Latino adults, reflecting persistent inequities in access to care and prevention.

At the same time, nearly 38% of Latino adults live with obesity—a major risk factor for both diabetes and CVD. Addressing these conditions requires culturally tailored prevention, equitable access to care, and policies that eliminate barriers such as medication costs, step therapy protocols, and insurance restrictions that delay or deny appropriate treatment.¹⁴

Cardiovascular Disease and Cholesterol Management

Heart disease remains the leading cause of death among Latino adults in the United States.¹⁵ NHCOA's focus groups and national survey in 2024 revealed that while awareness of cholesterol and heart health is high, many older adults face barriers to screening and treatment. Participants frequently cited:

- Delays in accessing medications due to restrictive insurance policies such as step therapy;
- Limited access to preventive screenings like lipid panels and blood pressure checks; and
- Low health literacy around diet, exercise, and treatment options.



These findings underscore the need for community health workers (CHWs) and promotores de salud to play a greater role in promoting cardiovascular health education within Latino communities. Policy reform, particularly limiting step therapy protocols for chronic disease medications, can ensure timely, patient-centered care.

Obesity: A Central Risk Factor

Obesity is both a condition and a catalyst for chronic illness. It contributes directly to heart disease, hypertension, and type 2 diabetes. NHCOA's ongoing advocacy for the Treat and Reduce Obesity Act (TROA) seeks to address this by allowing Medicare coverage for FDA-approved anti-obesity medications and comprehensive behavioral therapy.

In addition to medical treatment, addressing obesity requires structural solutions:

- **Ensuring access to affordable, healthy food options** in underserved communities;
- **Investing in safe, accessible spaces** for physical activity; and
- **Promoting culturally relevant nutrition education** led by trusted community members.

These measures are critical to addressing obesity not as a matter of willpower, but as a complex, systemic health inequity.

Diabetes and the Latino Community¹⁶



Diabetes is one of the most prevalent chronic illnesses among Latino older adults, and its burden continues to grow with age.¹⁷ Latino adults consistently experience higher diabetes prevalence across age groups. Among adults aged 45–64 years, Latino adults have a 34% higher prevalence of diabetes compared to their non-Latino white counterparts. These disparities are influenced by socioeconomic and structural inequities that disproportionately affect Latino populations, including lower household income, limited access to preventive care, and higher rates of uninsurance.

Social and structural barriers (e.g., language differences, limited access to culturally competent care, high medication costs, and immigration-related stressors) hinder disease control and self-management among Latino adults. Older adults may delay seeking care due to out-of-pocket costs, transportation barriers, or fear of losing insurance coverage. Community-based prevention programs that promote diet, exercise, and early screening have shown success, but consistent funding and integration with clinical systems remain limited.

The Role of Step Therapy in Chronic Disease Management

Step therapy, or “fail-first” protocols, require patients to try lower-cost medications before gaining access to those prescribed by their providers. For Latino older adults managing CVD or diabetes, this often results in delayed access to effective treatment, worsening health outcomes, and increased hospitalizations. NHCOA continues to advocate for step therapy reform at both state and federal levels, emphasizing that treatment decisions should be made between patients and their providers, not dictated by insurers. The organization supports timely exception processes, transparency in coverage policies, and culturally accessible patient education on medication rights.



Community Solutions and the Power of Promotores de Salud

NHCOA’s work demonstrates that health equity cannot be achieved through policy alone. Community engagement and empowerment are equally vital. Promotores de salud, or trusted community health educators, play an essential role in bridging cultural, linguistic, and systemic gaps in care.

By partnering with local clinics and organizations, promotores:

- **Facilitate access to screenings and follow-up care;**
- **Educate families about chronic disease prevention;**
- **Provide translation and navigation support within health systems; and**
- **Empower patients to advocate for themselves and their loved ones.**

Expanding funding for CHWs and promotores programs is a proven, cost-effective strategy to improve chronic disease outcomes and reduce disparities in Latino populations.

Policy Recommendations

To strengthen prevention and management of chronic diseases among Latino older adults, NHCOA recommends:

1. **Reform step therapy policies** to ensure patient-centered, timely access to medications for chronic conditions.
2. **Pass the Treat and Reduce Obesity Act (TROA)** to expand Medicare coverage for obesity treatments.
3. **Increase funding for cardiovascular screening** and culturally tailored prevention programs in Latino-serving communities.
4. **Support diabetes prevention and management programs** that integrate nutrition, physical activity, and culturally relevant education.
5. **Invest in community health workers (CHWs)** and promotores to deliver chronic disease education, case management, and outreach.
6. **Expand Medicaid and Medicare access** for underserved and uninsured older adults with chronic illness.

Latino older adults continue to bear a disproportionate burden of chronic disease due to structural inequities in access, coverage, and care. Addressing these challenges requires a coordinated approach that combines evidence-based policy reform, culturally informed education, and investment in community health infrastructure. By prioritizing prevention and equity, we can empower Latino families to lead longer, healthier, and more dignified lives.

The Case for Adult Vaccination



Vaccination is one of the most effective tools to prevent illness, hospitalization, and death, yet Latino adults continue to have lower vaccination rates than non-Latino white adults in the United States. Coverage with all age-appropriate vaccines in the composite adult vaccination measure, including influenza, was 17.0% among Latino adults, compared with 26.1% among white adults, 12.1% among Black adults, 26.2% among Asian adults, and 24.5% among adults of other races aged 19 years and older.

This persistent inequity places Latino older adults at heightened risk for preventable diseases such as COVID-19, influenza, RSV, and pneumococcal infections.¹⁸

Barriers including misinformation, lack of access to trusted healthcare providers, and language or technology gaps contribute to low vaccination uptake. To address this, NHCOA continues to lead national and community-based campaigns to educate, empower, and connect Latino older adults with accurate vaccine information and resources.

COVID-19 Vaccination: Staying Protected

Since the end of the federal Public Health Emergency, COVID-19 vaccination rates have plateaued across the country—particularly among older adults without health insurance. In fall 2025, the Centers for Disease Control and Prevention (CDC) updated its vaccine guidance to recommend the 2025–2026 COVID-19 shot for people 65 and older, after consulting with a doctor or pharmacist. Before this update, 26 states had already adopted broader recommendations to keep vaccine access open to all ages. The result is a patchwork of policies nationwide. This inconsistency may deepen inequities.

Vaccination remains essential. Vaccines protect not only individuals but entire families and communities by reducing the spread of severe disease and long-term complications such as Long COVID. NHCOA urges policymakers to ensure that COVID-19 vaccines and boosters remain free and accessible to everyone, regardless of insurance or immigration status.

Respiratory Syncytial Virus (RSV): A New Threat to Older Adults

Respiratory Syncytial Virus (RSV) is a common respiratory infection that can cause severe illness in older adults and those with chronic heart or lung disease. In 2023, the FDA approved the first RSV vaccines for adults aged 60 and older, marking a major advancement in disease prevention. Despite this progress, vaccine uptake remains low, particularly among Latino and Black older adults. Among adults aged 60 and older, RSV vaccination rates were 14.7% for Latino adults, 13.9% for non-Latino Black adults, and 19.9% for non-Latino white adults. After adjusting for age, sex, and other factors, Latino adults were 27% less likely than white adults to receive the RSV vaccine (Adjusted OR = 0.73; $p < 0.0001$).

These disparities highlight how access, awareness, and trust continue to shape vaccination behaviors.¹⁹ Barriers such as limited provider outreach, transportation challenges, and the need for culturally responsive communication persist. Expanding education through promotores de salud and local clinics can strengthen trust, increase vaccination coverage, and prevent thousands of RSV-related hospitalizations each year.



Influenza: Preventing Annual Epidemics²⁰

Flu season continues to cause widespread illness among older adults, who account for the majority of flu-related hospitalizations and deaths each year. Encouragingly, recent data shows that influenza vaccination rates have increased among Black and Latino older adults. A national study of older adults with Medicare found that between 2019 and 2022, flu vaccination rates rose by 2.3 percentage points among Latino adults and 3.8 percentage points among Black adults, while rates among White adults remained relatively unchanged.

The greatest progress was observed among rural Latino and Black older adults, who saw increases of 8.2 and 7.0 percentage points, respectively. Barriers to vaccination (e.g., limited access to trusted providers, missed opportunities during medical visits, and misinformation) continue to affect coverage. Many Latino and Black adults report regular healthcare visits, yet remain less likely to receive recommended vaccines. Annual vaccination remains the best defense against serious flu complications and reduces strain on hospitals and caregivers.

Pneumococcal Disease: Protecting Against Pneumonia and Sepsis

Pneumococcal disease can lead to life-threatening pneumonia, meningitis, and bloodstream infections. Adults 65 and older are at the highest risk. The CDC recommends two pneumococcal vaccines (PCV20 or PCV15 followed by PPSV23) for complete protection.

Yet, vaccination rates remain significantly lower in Latino populations due to limited awareness and missed opportunities during medical visits. Integrating vaccine counseling into primary care and community health programs can close this gap and save lives.

The Role of Community-Based Outreach

Through NHC OA's trusted network of Promotores de Salud, caregivers, and aging service providers, vaccine education has reached thousands of Latino older adults nationwide. Community health workers have proven to be effective messengers, particularly when they:

- Deliver linguistically and culturally tailored information;
- Provide on-site vaccination opportunities in familiar settings such as churches, senior centers, and community fairs; and
- Share personal stories about why vaccination matters for family and community health.

These approaches build trust, counter misinformation, and normalize vaccination as a vital part of healthy aging.



Policy Recommendations

To improve adult vaccination rates and equity, NHCOA recommends that federal and state leaders:

1. **Ensure all adult vaccines remain free of charge** for uninsured and underinsured individuals through sustained public funding.
2. **Support promotores-led education and outreach programs** to build vaccine confidence in Latino communities.
3. **Integrate vaccination counseling** into Medicare and Medicaid-covered wellness visits.
4. **Fund multilingual media campaigns** to counter misinformation and increase awareness about RSV, flu, pneumococcal, and COVID-19 vaccines.
5. **Expand vaccine access points** in rural and urban Latino neighborhoods through mobile clinics, pharmacies, and community partnerships.

Vaccination saves lives. Equitable access to vaccines is a matter of justice. By empowering communities through education, trust, and culturally competent outreach, we can ensure that every Latino older adult has the opportunity to live a longer, healthier life protected from preventable disease.

Thank you!

The National Hispanic Council on Aging (NHCOA) extends its deepest gratitude to all the older adults, caregivers, researchers, community leaders, and partners who contributed to the 2025 Status of Hispanic Older Adults Annual Report: Insights from the Field – Advancing Health Equity Through Access, Awareness, and Prevention.

Your voices, stories, and recommendations continue to guide our mission to advance the dignity, health, and economic security of Latino older adults and their families.

We remain committed to ensuring that every Latino older adult can age with respect, good health, and purpose and that their lived experiences continue to inform national policies and solutions for a more equitable future.

© 2025 National Hispanic Council on Aging

All rights reserved. No part of this report may be reproduced without prior written permission from NHCOA.

References

1. <https://www.census.gov/newsroom/facts-for-features/2025/hispanic-heritage-month.html#:~:text=68%20million%20The%20Hispanic%20population%20of%20the,minority%20%E2%80%94%20of%20the%20total%20population.>
2. [https://latino.ucla.edu/research/latino-population-2000-2020/#:~:text=The%20U.S.%20Latino%20population%20reached,population%20\(see%20Figure%201\).](https://latino.ucla.edu/research/latino-population-2000-2020/#:~:text=The%20U.S.%20Latino%20population%20reached,population%20(see%20Figure%201).)
3. <https://apnews.com/article/us-latino-population-hispanic-67ee0b45f01dec2d22455f01e862453a>
4. 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.
5. Rehman A, Nashwan AJ. The rising threat of counterfeit GLP-1 receptor agonists: Implications for public health, *Journal of Medicine, Surgery, and Public Health.* 2024;3:100136. [https://doi.org/10.1016/j.glmedi.2024.100136.](https://doi.org/10.1016/j.glmedi.2024.100136)
6. <https://www.aha.org/fact-sheets/fact-sheet-340b-drug-pricing-program>
7. Bai, Ge et al. "Analysis Suggests Government and Nonprofit Hospitals' Charitable Care is Not Aligned with Their Favorable Tax Treatment." *Health Affairs*, April 2021.
8. Benjamin RM. Bone health: preventing osteoporosis. *Public Health Rep.* 2010 May-Jun;125(3):368–70. doi: 10.1177/003335491012500302. PMID: 20433030; PMCID: PMC2848259.
9. Sarafrazi N, Wambogo EA, Shepherd JA. Osteoporosis or low bone mass in older adults: United States, 2017–2018. National Center for Health Statistics (NCHS) data brief, no. 405. <https://www.cdc.gov/nchs/products/databriefs/db405.htm>; NCHS, National Health and Nutrition Examination Survey (NHNES) data, NHNES 2017–2018. <https://www.cdc.gov/nchs/nhanes.htm>
10. Sabrina E Noel, Kelsey M Mangano, John L Griffith, Nicole C Wright, Bess Dawson-Hughes, Katherine L Tucker, Prevalence of Osteoporosis and Low Bone Mass Among Puerto Rican Older Adults, *Journal of Bone and Mineral Research*, Volume 33, Issue 3, 1 March 2018, Pages 396–403, <https://doi.org/10.1002/jbmr.3315>
11. <https://minorityhealth.hhs.gov/obesity-and-hispaniclatino-americans#:~:text=In%202024%2C%20Hispanic%20adults%20were,in%20the%20total%20U.S.%20population.>
12. [https://nclnet.org/americas-second-obesity-crisis-is-an-infodemic-of-disinformation-about-glp-1-weight-loss-drugs/#:~:text=Coinciding%20with%20the%20end%20of,1%20drugs%20were%20in%20shortage\).](https://nclnet.org/americas-second-obesity-crisis-is-an-infodemic-of-disinformation-about-glp-1-weight-loss-drugs/#:~:text=Coinciding%20with%20the%20end%20of,1%20drugs%20were%20in%20shortage).)

References

- 13.** World Health Organization. Accessed Jun 11, 2024. www.who.int/news-room/fact-sheets/detail/schizophrenia. 2. Treatment Advocacy Center. Accessed Jun 11, 2024. https://www.treatmentadvocacycenter.org/reports_publications/schizophrenia-fact-sheet/. 3. GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. *Lancet*. 2017;390(10100):1211-1259. 4. NAMI. Accessed Jun 11, 2024. www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms. 5. Olfson M, et al. *JAMA Psychiatry*. 2015;72(12):1172-1181. 6. Charlson FJ, et al. *Schizophr Bull*. 2018;44(6):1195-1203. 7. McGrath J, et al. *Epidemiol Rev*. 2008;30:67-76. 8. Aleman A, et al. *Arch Gen Psychiatry*. 2003;60(6):565-571.
- 14.** Rodriguez CJ, et al. "Cardiovascular Disease and Prevention in Hispanic and Latino Populations in the United States." *Journal of the American Heart Association*. 2022;11:e022857. U.S. Department of Health and Human Services, Office of Minority Health (2025). Obesity and Hispanic/Latino Americans.
- 15.** <https://www.cdc.gov/nchs/fastats/hispanic-health.htm#:~:text=Here%20is%20some%20information%20about%20the%20health,deaths%20per%201%2C000%20live%20births%20in%202022>
- 16.** Deng Y, Moniruzzaman M, Rogers B, Lu Hu, Jagannathan R, Tamura K. Unveiling inequalities: Racial, ethnic, and socioeconomic disparities in diabetes: Findings from the 2007-2020 NHANES data among U.S. adults. *Preventive Medicine Reports*; 2025;50:102957. <https://doi.org/10.1016/j.pmedr.2024.102957>.
- 17.** https://www.cdc.gov/diabetes/php/data-research/?CDC_AAref_Val=https://www.cdc.gov/diabetes/data/statistics-report/index.html
- 18.** <https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html>
- 19.** La EM, McGuinness CB, Singer D, Yasuda M, Chen CC. RSV vaccination uptake among adults aged 60 years and older in the United States during the 2023-2025 vaccination seasons. *Hum Vaccin Immunother*. 2025 Dec;21(1):2535755. doi: 10.1080/21645515.2025.2535755. Epub 2025 Aug 5. PMID: 40763207; PMCID: PMC12326572.
- 20.** <https://www.drugtopics.com/view/influenza-vaccine-rates-increased-among-black-hispanic-older-adults>



Dr. Yanira Cruz, MPH, DrPH
President & CEO

National Hispanic Council on Aging (NHCOA)
2201 12th Street NW, Suite 101, Washington, DC 20009

Phone: 202-347-9733

Website: www.nhcoa.org

Email: nhcoa@nhcoa.org

Social Media: [@NHCOA](https://twitter.com/NHCOA) | [@YaniraCruzDC](https://twitter.com/YaniraCruzDC)