

2026

Status of Hispanic Older Adults Annual Report

Healthy Aging Begins in the Community



About NHCOA

The **National Hispanic Council on Aging (NHCOA)** is a leading national organization dedicated to improving the lives of Hispanic older adults, their families, and their caregivers. Based in Washington, D.C., NHCOA promotes the health, economic security, and dignity of Hispanic communities through research, policy, education, and community engagement. The organization is grounded in the belief that every older adult deserves the opportunity to age with independence, purpose, and respect.



NHCOA's approach centers on cultural competence, meaningful community engagement, and partnerships with organizations and individuals who serve older adults. Through its network of promotores de salud, caregivers, community-based organizations, and other trusted partners, NHCOA connects Hispanic older adults with information, services, and resources that reflect their language, culture, and lived experiences. The organization's priorities include healthcare access, economic security, housing, caregiving, and healthy aging.

NHCOA conducts and supports research on issues affecting Hispanic older adults, including medication affordability, brain health, HIV, liver health, nutritional security, immunization, and caregiving. Through reports, focus groups, surveys, webinars, conferences, and leadership initiatives, NHCOA elevates community perspectives and translates its findings into opportunities for improved policy and practice. NHCOA brings together older adults, researchers, healthcare professionals, policymakers, and community partners to ensure that Hispanic older adults are meaningfully represented in the decisions and systems that shape their health and well-being.

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

Acknowledgments

The National Hispanic Council on Aging (NHCOA) would like to express its sincere gratitude to all those who contributed to the **2026 Status of Hispanic Older Adults Annual Report: Healthy Aging Begins in the Community**.

This report was made possible through the collaboration, expertise, and support of organizations and individuals dedicated to promoting the health, dignity, and well-being of Hispanic older adults, their families, and caregivers. We are especially grateful to the older adults, caregivers, promotores de salud, healthcare professionals, researchers, and community partners whose experiences, insights, and recommendations informed this report.

Their contributions are essential to understanding the interconnected challenges affecting healthy aging, including healthcare access, medication affordability, economic security, nutrition, prevention, and caregiving. By sharing their perspectives and lived experiences, community members continue to guide NHCOA's work and strengthen the conversation around policies and solutions that support older adults.

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, Christina Pacheco, and Aaron Eisenberg.**

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Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Healthy aging cannot be achieved through healthcare alone. It requires coordinated investments in the community systems that shape health every day, from food and housing to trusted community organizations, caregivers, and culturally responsive healthcare.

The following policy recommendations represent NHCOA's Blueprint for Healthy Aging. Together, they provide a roadmap for policymakers, healthcare organizations, community-based organizations, and other partners to strengthen the systems that support Hispanic older adults. These recommendations are grounded in research, community voices, and NHCOA's commitment to advancing health equity through prevention, partnership, and community leadership.

Pillar 1. Strengthening Access to High-Quality Healthcare

1 Strengthen Community-Based Organizations as Essential Partners in Healthy Aging

Congress, the Administration for Community Living (ACL), CDC, HRSA, CMS, USDA, and other federal agencies should increase long-term investments in community-based organizations (CBOs) that provide culturally and linguistically appropriate services for Hispanic older adults. Federal funding opportunities should prioritize sustainable infrastructure, workforce development, multilingual outreach, and cross-sector partnerships that enable CBOs to deliver evidence-based health promotion, chronic disease prevention, benefits navigation, caregiver support, nutrition services, and community engagement.

Rather than relying primarily on short-term demonstration grants, policymakers should support sustainable funding mechanisms that allow trusted community organizations to build long-term capacity, retain experienced staff, and develop lasting partnerships with healthcare systems, public health agencies, and social service providers.

Community-based organizations are often the first point of contact for Hispanic older adults and remain some of the most trusted institutions within Latino communities. Investing in their long-term sustainability is essential to improving access, reducing disparities, strengthening community resilience, and advancing healthy aging nationwide.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

2

Modernize the 340B Drug Pricing Program to Improve Patient Access

Congress should enact comprehensive 340B reforms, including provisions within the 340B Access Act, to ensure program savings directly benefit patients and strengthen true safety-net providers serving underserved communities. Policymakers should require greater transparency in how 340B revenues are used, establish accountability measures that demonstrate patient benefit, protect Community Health Centers and other essential safety-net providers, address the effects of hospital consolidation and outpatient facility acquisitions on the program, and prevent diversion of program resources away from vulnerable populations.

As 340B continues to grow, program expansion should translate into meaningful benefits and greater access for patients and communities it is intended to serve. Strengthening the 340B program will also improve medication affordability, preserve access to local care, and reduce financial barriers for Hispanic older adults managing chronic conditions.

3

Advance Brain Health Through Universal Screening, Early Detection, and Care Navigation

Congress, CMS, and the Administration for Community Living (ACL) should establish brain health as a routine component of preventive care for older adults by promoting routine, evidence-based brain health screening and cognitive assessment during Medicare Annual Wellness Visits and other primary care encounters. Federal policymakers should strengthen Medicare reimbursement for cognitive assessment, dementia care planning, and care navigation while supporting culturally and linguistically appropriate brain health education delivered through community-based organizations.

Healthcare systems should implement standardized brain health screening protocols, clinical referral pathways, and interdisciplinary care models that connect patients with timely diagnostic evaluations, evidence-based treatment, caregiver support, and community resources. Public health campaigns should also normalize conversations about brain health, reduce stigma associated with cognitive decline, and encourage individuals and families to seek evaluation when concerns first arise.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Making brain health screening as routine as blood pressure, cholesterol, vision, or depression screening will promote earlier detection, improve care planning, reduce avoidable hospitalizations, and help Hispanic older adults maintain independence and quality of life for as long as possible.

NHCOA envisions a future in which brain health screening is a standard component of preventive healthcare for every older adult, ensuring cognitive changes are identified early and individuals receive timely, culturally responsive care and support.

4 Expand Access to Culturally and Linguistically Appropriate Healthcare

Congress, HRSA, CMS, and state health agencies should invest in workforce development initiatives that increase the number of bilingual and bicultural healthcare professionals while strengthening interpreter services and culturally responsive care delivery. Healthcare organizations receiving federal funding should implement evidence-based standards for culturally and linguistically appropriate services (CLAS), improve language access, and incorporate cultural humility training across the healthcare workforce. Expanding culturally responsive care will improve communication, increase trust in healthcare systems, and reduce disparities experienced by Hispanic older adults.

5 Prioritize Mental Health Equity and Schizophrenia Awareness

Federal and state policymakers should establish sustainable Medicare and Medicaid reimbursement pathways for Community Health Workers (CHWs) and Promotores de Salud, including payment models that reimburse services delivered by CHWs employed through community-based organizations (CBOs), not solely healthcare systems. Payment policies should recognize the essential role CBOs play in providing culturally and linguistically appropriate outreach, care coordination, health education, navigation, and chronic disease support for Hispanic older adults.

Federal agencies should also invest in technical assistance and implementation support to help hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), health systems, and other healthcare organizations effectively integrate CHWs into clinical care pathways, interdisciplinary care teams, referral systems, and electronic health record workflows.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Standardized implementation guidance, workforce development, and interoperable clinic-community referral infrastructure would strengthen partnerships between healthcare providers and community organizations while improving prevention, chronic disease management, care transitions, and healthy aging outcomes. Recognizing CHWs and Promotores de Salud as essential members of the healthcare workforce. Establishing reimbursement and implementation models that support strong clinic-community partnerships is critical to advancing health equity, improving care coordination, reducing avoidable healthcare costs, and ensuring Hispanic older adults receive culturally responsive, community-centered care.

Pillar 2. Investing in Prevention and Healthy Aging

6 Strengthen Nutrition Security Through Healthcare and Community Partnerships

Congress, USDA, CMS, and state Medicaid agencies should expand evidence-based nutrition interventions that address food insecurity as a healthcare issue. This includes strengthening SNAP, increasing access to congregate and home-delivered meals, expanding produce prescription and medically tailored meal programs, and allowing greater Medicare and Medicaid flexibility to reimburse nutrition services for individuals living with chronic disease.

While NHCOA applauds the growing recognition of nutrition as a cornerstone of disease prevention and healthy aging, federal funding opportunities should explicitly permit and support the purchase and provision of healthy foods, not solely nutrition education, care coordination, or program administration. **Many healthcare organizations and community-based organizations can secure funding to identify food insecurity and deliver nutrition interventions but lack sustainable resources to purchase and distribute nutritious foods.** Future federal funding models should explicitly allow program funds to be used for evidence-based nutrition supports, including fruits and vegetables, medically tailored groceries, and other healthy foods when appropriate.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Healthcare organizations should routinely screen for food insecurity using validated screening tools and establish formal referral partnerships with community-based organizations, food banks, and other nutrition providers to ensure Hispanic older adults receive timely access to nutritious foods that support healthy aging and chronic disease management. Strengthening clinic-community partnerships and investing in food as a component of healthcare will improve health outcomes, reduce healthcare costs, and address one of the most significant drivers of health inequities.

7

Integrate HIV Prevention and Healthy Aging Services

Federal agencies, including CDC, HRSA, CMS, and the Ryan White HIV/AIDS Program, should expand programs addressing the unique needs of older adults aging with HIV.

HIV prevention, routine screening, treatment adherence, and behavioral health services should be integrated into aging services and primary care settings while reducing stigma through culturally appropriate public education campaigns. As HIV increasingly becomes a chronic condition, policies must ensure Hispanic older adults have access to comprehensive, coordinated care that addresses both HIV management and healthy aging.

8

Increase Awareness, Early Detection, and Management of MASH

Congress, CDC, NIH, CMS, and HRSA should prioritize liver health through expanded public awareness campaigns, provider education, and early identification of Metabolic Dysfunction-Associated Steatohepatitis (MASH). Federal agencies should support culturally appropriate education that improves health literacy while increasing access to evidence-based screening among individuals at elevated metabolic risk.

Healthcare organizations should integrate liver health assessment into chronic disease management programs for diabetes, obesity, and cardiovascular disease. Early identification and intervention can reduce progression to advanced liver disease while improving long-term health outcomes among Hispanic older adults.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Pillar 3. Supporting Families and Healthy Aging

9

Strengthen Nutrition Security Through Healthcare and Community Partnerships

Congress and the Administration for Community Living should expand investments in family caregiving by increasing access to respite care, caregiver education, behavioral health services, workplace protections, and financial assistance programs.

Medicare and Medicaid should reimburse caregiver training and care navigation services for individuals supporting older adults with chronic disease or dementia. Federal agencies should prioritize culturally responsive caregiver resources that recognize the central role Hispanic families play in supporting aging relatives while addressing caregiver burden, financial strain, and workforce participation.

10

Promote Healthy Aging Planning Through Financial, Legal, and Benefits Navigation

Congress, the Administration for Community Living (ACL), the Administration for Community Living's National Resource Centers, the Consumer Financial Protection Bureau (CFPB), the Internal Revenue Service (IRS), the Social Security Administration (SSA), and other federal agencies should invest in culturally and linguistically appropriate programs that help Hispanic older adults and their families successfully navigate the financial, healthcare, and legal systems that support healthy aging.

Many Hispanic older adults, particularly immigrants and individuals who did not grow up navigating the U.S. healthcare, insurance, tax, and retirement systems, face significant barriers to understanding and accessing essential resources. Community-based organizations should receive sustainable funding to provide trusted education, individualized navigation, and planning assistance related to:

- Medicare and Medicaid enrollment
- Supplemental Security Income (SSI) and Social Security benefits
- Retirement planning and income security
- Tax filing, available tax credits, and property tax relief programs
- Health insurance and life insurance literacy

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

- Health insurance and life insurance literacy
- Estate planning, wills, trusts, and powers of attorney
- Advance care planning and advance directives
- Long-term care planning
- Fraud prevention and financial exploitation
- Benefits navigation across federal, state, and local programs

Federal agencies should also simplify enrollment processes, improve multilingual educational materials, and expand partnerships with trusted community-based organizations that are well positioned to deliver culturally responsive education and one-on-one navigation services.

Improving financial, legal, and benefits literacy empowers Hispanic older adults and their families to make informed decisions before crises occur, strengthens economic security, protects against financial exploitation, and promotes independence, dignity, and healthy aging across the lifespan.

11

Expand Access to Safe, Affordable, and Age-Friendly Housing and Communities

Congress, HUD, HHS, and state and local governments should increase investments in affordable, accessible, and age-friendly housing that enables Hispanic older adults to safely age in their homes and communities. Federal policies should expand home modification programs, rental assistance, property tax relief for low-income older adults, and housing models that integrate healthcare and supportive services.

At the same time, policymakers should invest in age-friendly communities by improving transportation, digital connectivity, neighborhood safety, and access to community resources that reduce social isolation and support independent living. Healthcare organizations, Area Agencies on Aging, housing providers, and community-based organizations should collaborate to identify housing-related social needs and establish referral pathways that address accessibility barriers, housing instability, and environmental risks before they contribute to declining health or institutionalization. Safe housing and supportive communities are fundamental social determinants of health. Investing in age-friendly environments will improve quality of life, reduce healthcare expenditures, and enable Hispanic older adults to age with dignity, independence, and strong connections to their families and communities.

Policy Recommendations

NHCOA's National Policy Agenda for Healthy Aging

Pillar 4. Building the Future of Healthy Aging

12

Improve Data Collection and Research Inclusion for Hispanic Older Adults

Congress and federal agencies should strengthen the collection, reporting, and public availability of disaggregated data on Hispanic older adults by ethnicity, country of origin, language preference, disability status, and geography. Federal research investments should prioritize the inclusion of Hispanic older adults in clinical trials, implementation research, and public health surveillance while supporting community-engaged research partnerships. Better data are essential for identifying disparities, evaluating interventions, and developing policies that accurately reflect the diversity of Hispanic communities.

Healthy aging does not happen by chance. It happens when communities, healthcare systems, policymakers, caregivers, and older adults work together to remove barriers, expand opportunities, and ensure that every person has the resources to age with health, dignity, independence, and purpose.

NHCOA remains committed to building that future together.

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Chapter 1: About the 2026 Status of Hispanic Older Adults Report

Healthy Aging Begins in the Community

Hispanic older adults are a growing and vital part of the nation's aging population, making it increasingly important to understand what supports their ability to age with health, independence, and dignity. Healthy aging requires more than medical care. It depends on access to affordable healthcare and medications, nutritious food, economic security, preventive services, supportive communities, and information that reflects people's language, culture, and lived experiences.

The 2026 Status of Hispanic Older Adults Report (SHOAR), developed by the National Hispanic Council on Aging (NHCOA) with the support of its partners, examines these interconnected conditions through the lens of healthy aging. The report focuses on eight priority areas: the 340B Drug Pricing Program and medication access; Alzheimer's disease and brain health; Supplemental Security Income (SSI) and economic security; HIV and aging; metabolic dysfunction-associated steatohepatitis (MASH) and liver health; caregiving; nutrition and food security; and adult immunization.

Although these issues are often discussed separately, they share many of the same underlying challenges and opportunities. Together, they reinforce this report's central premise: healthy aging begins in the community.



About the SHOAR

The National Hispanic Council on Aging (NHCOA) works to improve the lives of Hispanic older adults, their families, and caregivers through advocacy, education, research, community engagement, and partnerships. NHCOA elevates the experiences and priorities of Hispanic older adults so that their perspectives can inform programs, services, research, and public policy. This report brings those perspectives into national conversations about aging by connecting population-level evidence and policy issues with what NHCOA hears directly from older adults, caregivers, community members, promotores de salud, healthcare professionals, and other partners.

Hispanic Older Adults in the United States

More than 70 million Hispanic people live in the United States today, representing approximately one in five Americans. By 2060, Hispanic people are projected to account for approximately 27% of the U.S. population.¹

As the nation grows older and more diverse, Hispanic older adults will play an increasingly important role in the future of healthy aging.



There is no singular Hispanic or Latino experience. Hispanic older adults differ in country of origin, race, language, immigration and migration experiences, geography, socioeconomic circumstances, family structure, and access to healthcare and other resources. Recognizing this diversity is essential to understanding both the shared challenges and the different experiences of health and aging across Hispanic communities. Hispanic older adults are also more than a collection of health statistics or disparities.

They are caregivers, workers, volunteers, mentors, grandparents, community leaders, and sources of cultural knowledge and intergenerational connection. The 2026 SHOAR therefore asks not only where disparities exist, but what older adults, families, communities, healthcare systems, and policymakers need in order to preserve health, support independence, and create meaningful opportunities for Hispanic older adults to age well.

A Community-Centered Framework for Healthy Aging

The 2026 SHOAR recognizes that healthcare alone does not produce healthy aging. Health and independence are shaped by an interconnected system that includes healthcare and disease prevention, nutrition, housing, financial security, caregiving, trusted community organizations, community health workers and promotores de salud, and the research and data used to guide programs and policy.

Healthy Aging Begins in the Community

Building a system of supports that helps Hispanic older adults live healthy, independent, and engaged lives.



Four cross-cutting principles provide an organizing lens for this system:

- **Access:** Older adults must be able to reach, afford, understand, and use the services and resources they need.
- **Awareness:** Older adults and families need timely, understandable, culturally and linguistically appropriate information.
- **Prevention:** Healthy aging requires opportunities to prevent illness, identify concerns early, manage chronic conditions, and preserve health and independence.
- **Community:** Families, caregivers, community organizations, promotores, community health workers, healthcare providers, and other trusted partners connect older adults with information, services, and support.

These principles reinforce one another. Awareness has limited value when services remain inaccessible. Access alone is insufficient when people do not know what services are available or why they matter. Prevention depends on both, and community often bridges people to all three. The chapters that follow examine different pieces of this healthy aging system while asking a common question:

**What must be in place for Hispanic older adults to have
a meaningful opportunity to age well?**

What Healthcare Access Looks Like in Practice

NHCOA's qualitative research with Hispanic adults across multiple communities illustrates that healthcare access is not simply a question of whether services are available. Participants' experiences were shaped by health insurance, affordability, appointment availability, information about eligibility and coverage, immigration-related concerns, and geography.

For participants with health insurance, routine healthcare was often described as relatively accessible. Participants in the DMV region, Texas, and California described calling their healthcare provider for appointments, using telehealth when appropriate, and seeking urgent or emergency care when needed.

In California, participants also described how learning that Medi-Cal eligibility did not require documentation of immigration status reduced fears that had initially prevented them from seeking coverage.

As one participant explained:

“Back in the day, when you didn't have your papers, you would think they wouldn't give it to you. But then you investigate... once you are in the system, they do cover your needs.”

Experiences were markedly different among participants without adequate insurance or affordable access to care. Some described difficulty obtaining coverage, high deductibles, or long waits for specialists that led them to delay care.

Participants also demonstrated considerable resourcefulness in navigating these barriers—using community and “Latino” clinics with predictable out-of-pocket costs and, in some cases, traveling outside the United States to obtain more timely or affordable care.

These experiences reinforce a central premise of the SHOAR:

**Access requires more than the existence of healthcare services.
Older adults must be able to understand how to enter the
system, afford care, navigate its requirements,
and obtain services when they need them.**

How the 2026 SHOAR Was Developed

The 2026 SHOAR brings together multiple forms of evidence, including national population and public health data, published research, policy and program information, NHCOA-led and collaborative research, and perspectives shared by Hispanic older adults, their caregivers, and family.

Some research highlighted in the report was conducted through partnerships with community organizations, foundations, healthcare and research partners, and industry partners. Because these sources were collected at different times and for different purposes, the report distinguishes among national data, published evidence, NHCOA research findings, community perspectives, and policy analysis rather than treating them as equivalent forms of evidence.



Throughout the report, recurring features help readers identify these different forms of evidence:

- **What the Evidence Shows** summarizes relevant research.
- **NHCOA Research Spotlight** highlights findings from NHCOA-supported research.
- **Community Voice** elevates experiences and perspectives shared by community members.
- **Policy Spotlight** examines policies and systems affecting healthy aging.
- **What Needs to Change** identifies opportunities for action.

The report concludes with **NHCOA's Blueprint for Healthy Aging**, bringing lessons from across these issues together into policy priorities intended to strengthen the systems and communities that support Hispanic older adults.

Healthy aging does not begin when someone enters a doctor's office. It begins where people live, eat, work, worship, care for one another, and grow older. It begins in the community.

Chapter 2: Healthcare Access: Coverage, Navigation, and the Experience of Getting Care

Why Healthcare Access Matters for Healthy Aging

Access to healthcare is fundamental to healthy aging, but having healthcare services available does not necessarily mean they are accessible. For older adults, meaningful access includes being able to obtain coverage, understand how to use it, find appropriate providers, afford out-of-pocket costs, secure timely appointments, and navigate referrals and other administrative requirements. These issues are particularly important for Hispanic communities. In 2024, 24.6% of Hispanic adults ages 18–64 were uninsured, compared with 7.9% of non-Hispanic White adults.²

While data from the National Health Interview Survey (NHIS) shows the uninsured rate for Hispanic adults ages 18–64 decreased in 2025 to 21.9%, Hispanics remained the racial or ethnic group with the highest uninsured percentage.³ Among adults under age 65, Hispanic adults are also more likely than White adults to report not having a personal healthcare provider and not seeing a doctor because of cost.⁴ Although Medicare substantially changes the coverage landscape beginning at age 65, healthcare access remains relevant throughout later life as people manage chronic conditions, preventive care, medications, specialists, and increasingly complex healthcare needs.⁵



NHCOA's 2026 focus groups provide additional insight into what healthcare access looks like from the perspective of Latina and Caribbean women themselves. Participants described both healthcare systems that worked relatively well and experiences in which cost, coverage, wait times, administrative processes, and fragmented care made obtaining healthcare considerably more difficult. The findings suggest that healthcare access is not a single experience: **coverage matters, but so do affordability, navigation, geography, continuity, and trust.**

NHCOA Research Spotlight: Healthcare Access in Hispanic Communities

As part of its 2026 qualitative research, NHCOA heard from 72 native Spanish-speaking Latina and Caribbean women in eight focus groups conducted in the DMV area, Texas, California, and Puerto Rico. Participants were divided into two age groups, ages 50–64 and 64 and older. They were asked about their experiences obtaining healthcare, navigating administrative requirements, and using their health coverage.

Across the discussions, a central theme emerged: **healthcare access was shaped by the interaction of insurance coverage, affordability, information, geography, administrative requirements, and participants' own ability to navigate the system.** The study characterized this as healthcare access being experienced through “structural hurdles, patient agency and geographical inequalities.”

When the System Works, Access Can Feel Straightforward

Not every participant described healthcare access as difficult. Participants in the DMV area, Texas, and California who had health coverage often described relatively straightforward experiences obtaining routine care. Some reported calling their clinic for an appointment, contacting a nurse through their health plan, using telephone-based care for less serious needs, or going directly to emergency care when necessary. Health insurance frequently distinguished these experiences.

One Texas participant described initially relying on Latino clinics where she paid directly for consultations and related services. After obtaining insurance, she reported being able to access a broader network of providers based on her healthcare needs. California participants also described the importance of accurate information about eligibility. Some initially feared that immigration status would prevent them from obtaining coverage but reported positive experiences after learning more about Medi-Cal and enrolling. These experiences illustrate an important distinction: **a program may be available, but people cannot benefit from it if they do not know they are eligible or are afraid to apply.**

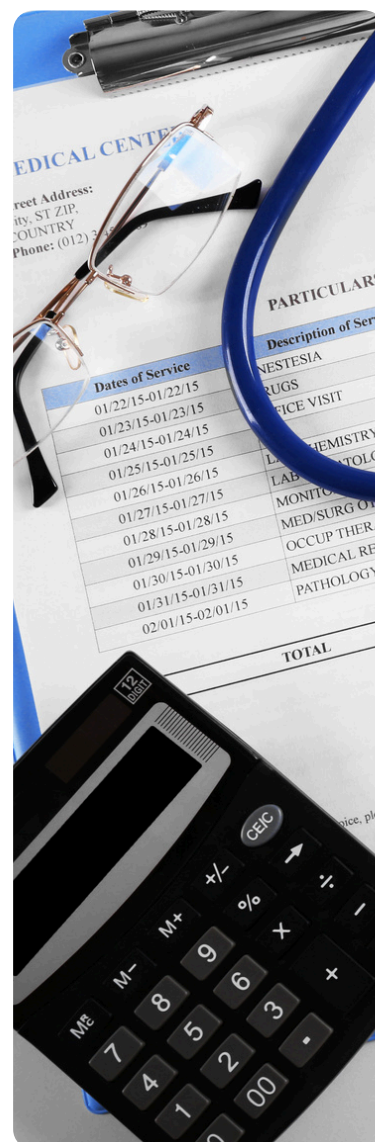
“Back in the day, when you didn't have your papers, you would think they wouldn't give it to you. But then you investigate...”

When Coverage Is Not Enough

Other participants described a very different experience. Lack of insurance created substantial barriers, but participants also reported problems even when they had coverage. These included:

- high deductibles,
- difficulty obtaining specialist appointments,
- lengthy wait times,
- referrals and administrative requirements, and
- uncertainty about what services their coverage would pay for.

Cost was particularly important. In Texas, participants described delaying care because of deductibles and other out-of-pocket expenses. One participant contrasted the cost of obtaining an endoscopy locally with the cost of traveling to Colombia for care; another reported knowing people who delayed healthcare because they could not afford their share of the costs despite being insured. These experiences are consistent with broader evidence that insurance coverage does not eliminate affordability problems. In a 2025 national survey, 55% of Hispanic adults reported that affording healthcare costs was somewhat or very difficult.⁶



Geography Shapes the Options Available

Where participants lived also influenced their experiences. Texas participants described limited specialist availability and having to wait several months for appointments. Some responded by seeking care across the border in Mexico or traveling to countries including El Salvador and Colombia when they believed care would be faster or more affordable. These accounts demonstrate considerable resourcefulness, but they also illustrate the lengths to which some individuals went through to obtain timely or affordable care.

“Here, people prefer to cross over to Mexico because here they can take three or four months to give me an appointment.”

Administrative Complexity and Continuity Affect Trust

Experiences reported by participants in Puerto Rico brought another dimension of access into focus: being able to enter the healthcare system does not necessarily mean that navigating it is easy or that care feels coordinated. Participants described:

- extensive paperwork,
- long appointment waits,
- referral problems,
- changing providers,
- unexpected out-of-pocket expenses, and
- difficulties finding specialists who accepted their insurance.

Some also expressed dissatisfaction with telephone-based care when they believed an in-person examination was needed. Continuity was particularly important. Participants described seeing different physicians at subsequent visits and repeatedly providing the same medical information. In some cases, these experiences contributed to frustration and mistrust. This finding expands the meaning of healthcare access:

Access is not only getting through the door. It is also being able to move through the healthcare system in a way that is understandable, timely, affordable, coordinated, and responsive to a person's needs.



What Needs to Change

Participants' experiences point to several opportunities to make healthcare access more understandable, affordable, and responsive to the needs of Hispanic older adults. Improvements are needed not only in coverage, but also in how people navigate, afford, and experience care across the healthcare system.

1. **Make coverage easier to understand and use.** Provide clear, culturally and linguistically appropriate information about eligibility, covered services, provider networks, referrals, cost-sharing, and where to seek assistance when questions arise.
2. **Address affordability beyond insurance status.** Coverage is essential, but deductibles, copayments, medications, diagnostic services, and other out-of-pocket costs can still cause people to delay care. Efforts to improve access should consider whether care is practically affordable once a person is insured.
3. **Strengthen navigation and continuity of care.** Reduce unnecessary administrative complexity, improve coordination of referrals and medical information, and help patients navigate transitions among primary care, specialists, health plans, pharmacies, and other parts of the healthcare system.
4. **Build access around the realities of communities.** Healthcare organizations, health plans, community-based organizations, promotores de salud, and other trusted partners can work together to provide accurate information, connect people with coverage and care, and identify geographic, linguistic, and other barriers that differ across communities.

Chapter 3: 340B and Access to Affordable Medicines

Why 340B Matters for Healthy Aging

For older adults managing chronic conditions, affordable access to needed medications is essential to maintaining health and independence. The 340B Drug Pricing Program requires participating pharmaceutical manufacturers to provide discounted outpatient drugs to eligible healthcare organizations, including certain hospitals, community health centers, and other safety-net providers.

The growth of 340B has also raised questions about hospital consolidation and the acquisition of outpatient facilities. Between 2013 and 2021, the number of off-site outpatient clinics participating in 340B grew from 6,100 to 27,700, while the share of participating hospitals with at least one off-site clinic increased from 50% to 76%. CBO identified the integration of hospitals and off-site clinics as the largest of three additional factors it examined contributing to growth in 340B drug spending. Policymakers should therefore examine whether this growth translates into greater healthcare access and meaningful benefits for low-income and vulnerable older adults and the communities the program is intended to serve.⁷

The program is intended to help participating organizations stretch limited resources and expand services for the patients and communities they serve. As 340B has grown, however, questions have emerged about transparency, accountability, hospital consolidation, contract pharmacies, and how patients and communities ultimately benefit from the discounts generated through the program.

What Evidence Shows

The 340B program has expanded substantially. The Congressional Budget Office reported that 340B drug purchases increased from \$6.6 billion in 2010 to nearly \$44 billion in 2021.⁸ This growth reflects several factors, including broader increases in prescription drug spending, greater use of high-cost drugs, expanded participation, hospital integration with outpatient clinics, and an increase in contract-pharmacy arrangements.

Contract pharmacies represent one particularly significant change. Their number grew from approximately 2,000 arrangements in 2010 to nearly 130,000 in 2021. These arrangements can expand where patients obtain medications and increase the prescriptions eligible for 340B discounts, but their growth has also intensified questions about where program savings flow and how directly patients benefit.²

Different perspectives exist on how to assess patient benefit. Hospitals and other covered entities emphasize that 340B savings support broader safety-net services, rather than functioning solely as discounts passed directly to individual patients. The American Hospital Association reports that participating hospitals use 340B resources for services such as uncompensated care, vaccinations, mental health services, medication management, and community health programs.⁹ At the same time, concerns about transparency, and the link between program participation and benefits for low-income patients have contributed to calls for reform.¹⁰

The central issue is not whether 340B should exist, but rather how the program can continue supporting the healthcare safety net while providing transparent and meaningful benefits to the patients and communities it is intended to serve.

Centering Hispanic Older Adults



NHCOA brought this question directly to policymakers during its June 2026 Capitol Hill briefing, “Centering Hispanic Communities in 340B: Strengthening Drug Discount Policy to Improve Access and Equity.” The discussion examined affordability, transparency, contract pharmacies, hospital consolidation, and what a stronger connection between 340B savings and patient benefit could mean for Hispanic communities. For an older adult managing cancer, diabetes, cardiovascular disease, or another chronic condition, the policy debate ultimately becomes much more practical:

**Can I afford and obtain the medicines I need,
and is the healthcare safety net in my
community working for people like me?**

This patient-centered perspective matters because 340B does not operate as a retail discount program that guarantees every patient the discounted acquisition price at the pharmacy counter. Participating organizations may use resources generated through 340B to support broader services.

Greater transparency about how those resources benefit patients and communities is therefore central to evaluating whether the program is fulfilling its safety-net purpose.

340B policy continues to evolve. In 2026, federal policy discussions included alternative approaches to administering 340B discounts, including rebate models and greater use of claims-level data.¹¹ These approaches remain contested. Reform advocates argue they could strengthen transparency and accountability, while hospital organizations have raised concerns about administrative burdens, cash flow, and potential effects on safety-net services. These debates reinforce the need to evaluate proposed changes through a patient-centered lens: Will reform improve access and affordability while preserving the healthcare infrastructure that underserved communities rely on?



What Needs to Change

The 2026 SHOAR Executive Summary called for policymakers to modernize the 340B Drug Pricing Program so that it remains aligned with its safety-net purpose and delivers meaningful benefits to vulnerable patients. Building on that recommendation, NHCOA's 2026 policy work emphasizes three priorities:

1. **Ensure benefits reach low-income and vulnerable patients** by strengthening the connection between 340B participation and measurable patient benefit, including medication affordability.
2. **Confirm meaningful safety-net participation** so that program benefits remain focused on organizations and communities serving people with significant barriers to care.
3. **Strengthen transparency and accountability across the healthcare and pharmacy systems involved in 340B**, so policymakers and the public can better understand how program savings are generated, used, and translated into patient and community benefit.

Chapter 4: Brain Health and Alzheimer's Disease

Why Brain Health Matters for Healthy Aging

Brain health is central to independence, quality of life, and the ability to stay engaged in family and community. Alzheimer's disease and related dementias can affect memory, decision-making, communication, daily functioning, and eventually a person's ability to live independently.¹² In 2026, an estimated 7.4 million Americans age 65 and older are living with Alzheimer's dementia.¹³ The burden is not distributed equally. Current estimates suggest approximately 13% of Hispanic adults age 65 and older have Alzheimer's disease or another type of dementia, and Hispanic Americans are about 1.5 times as likely as White Americans to have dementia.¹⁴ For Hispanic older adults, brain health is therefore both a clinical and community issue. Earlier recognition of cognitive changes can create opportunities for evaluation, care planning, treatment when appropriate, caregiver support, and connection to community resources.

What Evidence Shows

Differences in dementia risk and diagnosis reflect a complex combination of health, social, economic, environmental, and healthcare factors. NIH-supported research has identified disparities in dementia diagnosis and care, and found that dementia continues to be underdiagnosed among Hispanic populations.¹⁵ Early detection is particularly important as options for diagnosis, care, and treatment continue to evolve. Medicare requires providers to screen for possible cognitive impairment as part of the Annual Wellness Visit.¹⁶ When signs of cognitive impairment are identified, Medicare also covers a more detailed cognitive assessment and care-planning visit that can help identify dementia and other potentially treatable or co-occurring conditions and connect patients and caregivers with community resources.¹⁷

Yet having a screening or assessment benefit available does not necessarily mean that older adults know about it, receive it, or have access to appropriate follow-up.¹¹ Language, healthcare access, culturally appropriate assessment, knowledge about dementia, and beliefs about whether memory changes are simply a normal part of aging can all influence whether concerns are recognized and evaluated.



What NHCOA Has Heard

NHCOA's prior qualitative research with Hispanic older adults, caregivers, and healthcare providers shows how these barriers can emerge in everyday life. Participants described limited knowledge about Alzheimer's disease, and providers reported that symptoms were sometimes attributed to normal aging rather than recognized as potential signs of cognitive impairment. Access to information was another recurring concern.

Older adults reported limited awareness of Alzheimer's screening and referral resources, while healthcare providers described a lack of culturally and linguistically appropriate Alzheimer's information for Hispanic older adults and caregivers. Most older adults and caregivers who participated in this study also reported that their healthcare providers did not provide information about Alzheimer's, or relevant advice. Importantly, participants also identified potential solutions. Older adults viewed physicians' offices and community centers as useful places to receive information and strongly supported in-person classes and community workshops where they could ask questions and learn from others. These findings provide community-level insight into barriers that remain relevant to discussions about awareness, early detection, and culturally responsive dementia care.

From Detection to Support

Identifying cognitive impairment is only the beginning. Screening and early detection are most meaningful when they lead to appropriate diagnostic evaluation, understandable information, care planning, and support for both the older adult and the people caring for them. In NHCOA's research, caregivers described substantial time demands as well as physical, emotional, and financial stress.

They also reported needing more information, access to Alzheimer's specialists, community resources, and help navigating available supports. Brain health strategies therefore need to connect prevention and early detection with culturally and linguistically appropriate care and community support. They should also recognize caregivers as part of the care system.



What Needs to Change

The 2026 SHOAR Executive Summary called for policymakers and healthcare systems to advance brain health through universal screening and early detection. The evidence and NHCOA's community research point to several priorities for putting that recommendation into practice:

1. **Strengthen routine detection of cognitive impairment** and ensure that older adults with identified concerns receive timely evaluation and follow-up.
2. **Expand culturally and linguistically appropriate brain-health education** and resources so that older adults and families can recognize potential warning signs and understand where to seek help.
3. **Connect detection to care and community support**, including care planning, caregiver education, and referrals to trusted community resources.
4. **Increase inclusion of Hispanic and Latino populations in Alzheimer's and dementia research** so that advances in screening, diagnosis, prevention, and treatment reflect the diversity of the populations they are intended to serve.

Chapter 5: Economic Security and Supplemental Security Income

Why Economic Security Matters for Healthy Aging

Economic security shapes nearly every aspect of healthy aging. Limited income can affect whether an older adult can afford housing, food, medications, transportation, utilities, and other basic needs. Financial strain can also make it harder to plan for changing health needs, to remain independent, and to recover from unexpected expenses. For older adults with very limited income and resources, **Supplemental Security Income (SSI)** provides an important financial safety net.



Unlike Social Security retirement benefits, which are based primarily on a person's work history and earnings, SSI is a needs-based program for people age 65 or older, people living with blindness, or people with a qualifying disability who meet income, resource, citizenship or qualifying immigration-status, and other eligibility requirements.¹⁸ For Hispanic older adults, understanding and navigating programs such as SSI is one component of a larger healthy-aging challenge: ensuring that people know what assistance may be available to them, and that they can successfully access the benefits for which they qualify.

What the Evidence Shows

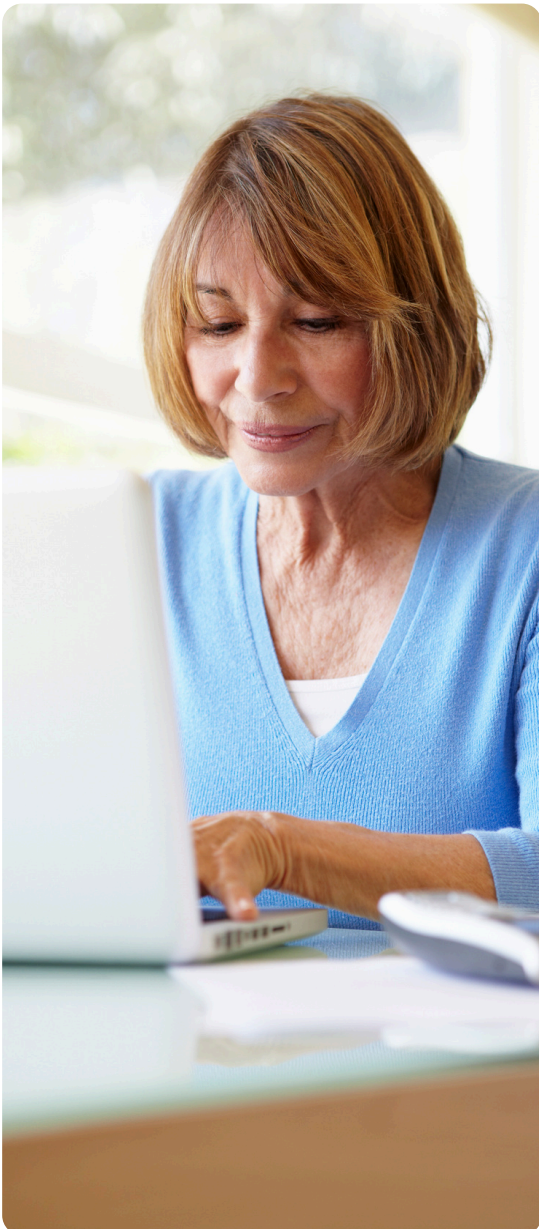
Approximately 7.4 million people received federally administered SSI payments in December 2025, including 2.5 million adults age 65 and older.¹⁹ In 2026, the maximum federal SSI payment is \$994 per month for an individual and \$1,491 for an eligible couple, although actual payments vary based on income, living arrangements, and state supplementation.²⁰

SSI also maintains strict limits on countable resources: \$2,000 for an individual and \$3,000 for a couple. Certain assets, such as the home a person lives in and generally one vehicle used for transportation, are excluded.²¹

The statutory resource limits have remained at their current levels since 1989. These rules matter because economic security in later life is about more than monthly income. Older adults need enough flexibility to manage emergencies, housing costs, health expenses, transportation, and other changing needs while understanding how income, savings, and living arrangements may affect eligibility for assistance.

Benefits Are Only Helpful When People Can Navigate Them

Eligibility does not automatically translate into access. SSI rules address income, resources, living arrangements, marital circumstances, and other factors, and some older adults may also qualify for Social Security or other assistance. SSA notes that individuals eligible for SSI may also qualify for Social Security benefits, but the programs have separate eligibility requirements and application processes.



This complexity makes benefits navigation an important part of healthy aging. Older adults and families may need assistance understanding eligibility, completing applications, responding to changes in circumstances, and identifying other programs that can help with food, healthcare, housing, transportation, and prescription costs. For Hispanic older adults, navigation should also be accessible in their preferred language and delivered through organizations and individuals they trust.

Community-based organizations, promotores de salud, community health workers, legal-service organizations, aging-service providers, and benefits counselors can help bridge the gap between a program's existence and an older adult's ability to use it.

The goal is not simply enrollment in one benefit. It is helping older adults understand the full range of financial, healthcare, nutrition, housing, and legal resources that can support independence as they age.

What Needs to Change

The 2026 SHOAR Executive Summary called for action to **Promote Healthy Aging Planning Through Financial, Legal, and Benefits Navigation**. SSI illustrates why that recommendation matters.

NHCOA's priorities include:

1. **Expand culturally and linguistically appropriate benefits navigation** through trusted community-based organizations, promotores, community health workers, and aging-service partners.
2. **Connect financial and benefits navigation with healthy-aging services** so older adults can identify assistance related to healthcare, medications, food, housing, and other needs rather than navigating each system separately.
3. **Strengthen financial and legal education before a crisis occurs**, helping older adults and families plan for retirement, changing health needs, caregiving, and eligibility for public benefits.
4. **Examine policies that create barriers to financial stability**, including eligibility and resource rules that may limit older adults' ability to build emergency savings while retaining essential assistance.

Chapter 6: Aging with HIV

Why HIV Matters for Healthy Aging

Advances in HIV prevention and treatment have transformed what it means to live with HIV. With effective antiretroviral treatment, people with HIV can live long, healthy lives, and people who maintain an undetectable viral load have zero risk of transmitting HIV to sexual partners.²² As a result, a growing share of people with HIV are older adults. In 2022, more than half of people diagnosed with HIV in the United States were age 50 or older, reflecting both the effectiveness of treatment and the aging of people who have lived with HIV for many years.²³

This progress is significant, but it also shifts the public health conversation. Healthy aging with HIV requires more than maintaining viral suppression. Older adults may be managing HIV alongside cardiovascular disease, diabetes, cancer, cognitive changes, and other chronic conditions. At the same time, HIV prevention, testing, and timely diagnosis remain important for older adults who are not living with HIV.

What Evidence Shows

Older adults are sometimes overlooked in HIV prevention.²⁴ Sexual health and HIV risk may not be routinely discussed during healthcare visits with older patients, and older adults themselves may not perceive HIV prevention or testing as relevant to them.¹⁹ When testing occurs later, providers miss opportunities for earlier diagnosis and treatment. These issues intersect with disparities affecting Hispanic communities. In 2022, Hispanic/Latino people represented about one-third of new HIV diagnoses in the United States, despite representing a substantially smaller proportion of the overall population.²⁵

Differences in access to testing, prevention, treatment, insurance coverage, culturally and linguistically appropriate services, and other social and structural factors contribute to inequities in HIV outcomes. For people already living with HIV, aging creates additional considerations. HIV and long-term treatment can intersect with age-related health conditions, making coordinated care increasingly important.²⁶ Older adults may need HIV care that is integrated with primary care, chronic disease management, mental health services, medication management, and other healthy-aging supports.²¹



What NHCOA Has Heard

Awareness Without Stigma

NHCOA's community research reinforces the importance of how HIV information is communicated. In recent focus groups with Latina women, participants demonstrated some familiarity with HIV but also identified gaps in knowledge and opportunities for clearer information about prevention and treatment. These findings point to a broader challenge: HIV education for older adults must provide accurate information without reinforcing the idea that HIV belongs only to certain populations or age groups. Messages should normalize conversations about sexual health and HIV as part of routine healthy aging while addressing stigma that may discourage people from seeking information, testing, or care. Trusted messengers can play an important role. Healthcare professionals, community-based organizations, promotores de salud, and community health workers can provide culturally and linguistically appropriate education, connect people with testing and prevention services, and help older adults living with HIV navigate increasingly complex healthcare needs.

Prevention and Healthy Aging Belong Together

HIV prevention has changed dramatically. In addition to routine testing and condom use, pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV when taken as prescribed.²⁷ For people living with HIV, effective treatment protects their own health while preventing sexual transmission through sustained viral suppression.²² These advances should be accessible to older adults. HIV testing and prevention should not disappear from healthcare conversations simply because someone has reached middle or later life. Similarly, older adults living with HIV should not have to navigate HIV care separately from the other services necessary for healthy aging. The goal is an integrated approach in which sexual health, HIV prevention, treatment, chronic disease management, and healthy aging are treated as interconnected parts of health across the lifespan.

What Needs to Change

The 2026 SHOAR Executive Summary called for policymakers, healthcare systems, and community partners to **Integrate HIV Prevention and Healthy Aging Services**. That recommendation recognizes both the success of modern HIV treatment and the continuing need for prevention, testing, and equitable access to care.

NHCOA's priorities include:

1. **Normalize HIV prevention and testing as part of healthy aging**, including age-inclusive conversations about sexual health, HIV risk, PrEP, and testing.
2. **Integrate HIV care with broader healthy-aging services** so older adults living with HIV can receive coordinated primary care, chronic disease management, behavioral health, medication management, and other needed supports.
3. **Expand culturally and linguistically appropriate HIV education** through trusted community organizations, promotores, community health workers, and healthcare professionals.
4. **Address stigma and misconceptions** that can discourage older adults from discussing sexual health, seeking HIV testing or prevention, or engaging in treatment.

The transformation of HIV from a frequently fatal disease into a manageable chronic condition is one of modern medicine's major public health achievements. The next challenge is ensuring that people living with HIV have the opportunity not simply to live longer, but to age well and that older adults remain included in the benefits of HIV prevention.

Chapter 7: Healthy Liver, Healthy Aging: MASH

Why Liver Health Matters for Healthy Aging



Liver health is an important but often overlooked part of healthy aging. Metabolic dysfunction-associated steatotic liver disease (MASLD) occurs when excess fat accumulates in the liver in connection with metabolic risk factors.²⁸ A more advanced form, metabolic dysfunction-associated steatohepatitis (MASH), involves liver inflammation and damage and can progress to fibrosis, cirrhosis, liver failure, and liver cancer.²⁹ MASH is closely connected with other conditions that become increasingly important with age, including obesity, type 2 diabetes, high blood pressure, abnormal cholesterol, and cardiovascular disease.²⁴ Because liver disease may progress for years without obvious symptoms, people can be living with significant disease without knowing it.²³

For Hispanic older adults, liver health deserves greater attention within conversations about prevention and chronic disease management. Yet NHCOA's recent community research suggests a fundamental barrier: people may recognize the term “fatty liver” without understanding MASH, its risk factors, or when to talk with a healthcare professional.

What the Evidence Shows

The United States Hispanic populations experiences a substantial burden of metabolic liver disease.²⁵ Research has found differences in MASLD prevalence across racial and ethnic populations, although risk varies within Hispanic populations and is influenced by metabolic health, genetics, social conditions, healthcare access, and other factors.³⁰

The relationship with diabetes is particularly important. People with type 2 diabetes are at increased risk of MASLD and MASH and of progression to more serious liver disease.³¹ This creates an important opportunity to integrate liver health into existing chronic disease prevention and management rather than treating it as a separate issue. Early identification matters because lifestyle changes and management of metabolic risk factors can help reduce risk, and new treatment options are emerging for some people with MASH and liver fibrosis. However, identifying who should receive further evaluation can be challenging. Liver enzymes alone may not identify everyone with significant disease, and current clinical approaches increasingly emphasize risk assessment among people with metabolic risk factors.³² The opportunity for healthy-aging is therefore found through earlier awareness, risk identification, and connection to appropriate care before advanced liver disease develops.

What NHCOA Heard

In 2026, NHCOA conducted eight focus groups with 72 Spanish-speaking Latina women age 50 and older in California, Texas, the Washington, D.C. metropolitan area, and Puerto Rico. The study explored knowledge, attitudes, and behaviors related to liver health and MASH. A striking distinction emerged between awareness of fatty liver disease and understanding of MASH. Participants were generally familiar with the term “fatty liver,” but their functional knowledge of MASH was extremely limited.

“I have heard ‘MASH,’ but I didn’t know what it meant.”

Participants’ understanding of liver health often drew on personal or family experiences rather than formal health information. They connected liver health with diet, weight, alcohol, medications, diabetes, and other health behaviors and conditions, but their understanding of how these factors relate to MASH was uneven.

This distinction matters. Recognition is not the same as actionable knowledge. Someone may have heard of fatty liver disease without knowing whether they are at risk, what questions to ask a healthcare professional, or what steps could help prevent progression.



Community Voice

What women told NHCOA:

Fatty liver was familiar.

MASH was not.

Participants wanted clearer information about:

- What is MASH?
- Who is at risk?
- Can it occur in someone who does not drink alcohol?
- How is it connected with diabetes and metabolic health?
- How do I know whether I should be screened or evaluated?

The findings highlight an important awareness gap and an opportunity to prevent serious liver damage.



Turning Awareness into Prevention

The MASH findings illustrate the broader healthy-aging framework used throughout this report. Awareness must lead somewhere. People need understandable information about liver health and metabolic risk, but they also need access to healthcare professionals who can assess those risks and determine whether additional evaluation is appropriate.

Prevention requires managing interconnected conditions such as diabetes, obesity, cardiovascular risk, and liver health rather than addressing each in isolation. Community organizations, promotores de salud, and community health workers can help make liver-health information understandable and relevant.

Trusted messengers can also help move education away from blame or stigma and toward practical conversations about metabolic health, prevention, and when to seek care.

What Needs to Change

The 2026 SHOAR Executive Summary called for action to **Increase Awareness, Early Detection, and Management of MASH**. NHCOA's community research provides a clear rationale for that recommendation: familiarity with “fatty liver” has not necessarily translated into understanding of MASH or actionable knowledge about risk and prevention.

NHCOA's priorities include:

1. **Increase culturally and linguistically appropriate education about MASH and liver health**, including its relationship with diabetes and other metabolic risk factors.
2. **Strengthen early identification of people at increased risk** and pathways for appropriate evaluation and follow-up before advanced liver disease develops.
3. **Integrate liver health into chronic disease prevention and management**, particularly for people with diabetes and other metabolic risk factors.
4. **Equip trusted community partners and healthcare professionals with clear, accessible information** that helps people understand their risk and know what questions to ask.

NHCOA's findings show why awareness is itself a healthy-aging intervention, but only when it connects to prevention and care. People cannot act on a condition they do not understand. Improving liver health begins by making MASH visible, understandable, and actionable.

Chapter 8: Supporting Family Caregivers

Why Caregiving Matters for Healthy Aging

Family caregivers enable millions of older adults to remain in their homes and communities.³³ They help with transportation, meals, medications, medical appointments, personal care, household tasks, finances, and communication with healthcare and social-service systems.³³ As the population ages and more people live longer with chronic conditions, this unpaid caregiving workforce will continue to grow in importance.

Caregiving can be meaningful and deeply rooted in family relationships, but it can also carry substantial costs. Time away from work, lost income, out-of-pocket expenses, physical demands, and emotional stress can affect caregivers' own health and financial security. For Hispanic families, caregiving must also be understood within diverse family structures, cultural expectations, economic circumstances, and access to formal services.³⁴ Supporting aging in community therefore requires supporting both the older adult and the people providing their day-to-day care.

What Evidence Shows

Family caregivers provide an enormous share of long-term care in the United States.²⁷ The American Association of Retired Persons (AARP) and the National Alliance for Caregiving estimate that 63 million Americans, nearly one in four adults, provided ongoing care for an adult or child with a complex medical condition or disability in 2025, up from more than 20 million caregivers in 2015.³⁵ Hispanic caregivers are an important part of this workforce. Caregiving may include coordinating healthcare, providing direct personal care, translating or interpreting health information, navigating benefits, and helping family members communicate across complex healthcare systems.³⁵ These responsibilities can become particularly demanding when caregivers are also working, raising children, managing their own health conditions, or living on limited incomes.

The effects can extend well beyond time. Caregivers may reduce work hours, take leave, turn down opportunities, or leave employment altogether. They may also pay directly for transportation, food, medications, household expenses, and other needs. These pressures can undermine the caregiver's own ability to save for retirement and maintain long-term economic security.³⁰

What NHCOA Has Heard

NHCOA's research has consistently demonstrated that caregiving is not simply a set of tasks. It can affect nearly every dimension of a caregiver's life. In NHCOA's Alzheimer's research, family caregivers described substantial physical, emotional, and financial strain. Some reported spending nearly all day providing care, and participants described overbearing costs for medications, therapy, and additional caregiving assistance. Caregivers also reported wanting more information, access to Alzheimer's specialists, help identifying government benefits, and community resources that could support them in providing care.

These experiences also highlight an important strength. Families are often deeply committed to helping older relatives remain at home. Participants in NHCOA's Alzheimer's research expressed a strong preference for alternatives such as home-health services rather than institutional care whenever possible. The solution is not to replace family caregiving. It is to ensure that families have the information, resources, respite, and financial support necessary to provide care without sacrificing their own health and economic security.



Caregivers Need a System of Support

Too often, family caregivers become part of the healthcare system without being treated as part of the care team. They may be expected to manage medications, recognize changes in health, coordinate appointments, provide increasingly complex care, and navigate insurance and benefits with little formal preparation.³⁶

A stronger system would identify family caregivers early, ask what support they need, provide practical training and understandable information, and connect them with respite care, benefits, legal assistance, and community services.³⁶ Culturally and linguistically appropriate support matters. Community-based organizations, aging-service providers, promotores de salud, and community health workers can help families navigate services while recognizing the language, relationships, and circumstances that shape care delivery.

What Needs to Change

The 2026 SHOAR Executive Summary called for policymakers to **Build a National Strategy to Support Family Caregivers**. That strategy should recognize caregivers as essential partners in healthy aging while protecting their own ability to thrive.

NHCOA's priorities include:

1. **Improve identification and integration of family caregivers** within healthcare and aging-service systems and connect them with information, training, and care-planning resources.
2. **Expand access to respite and community-based supports** that allow caregivers to rest, work, attend to their own health, and sustain caregiving over time.
3. **Strengthen financial and workplace protections**, including policies that reduce the economic consequences of providing unpaid care.
4. **Provide culturally and linguistically appropriate caregiver navigation and education** through trusted community organizations, promotores, community health workers, and aging-service partners.

Chapter 9: Nutrition Security and Healthy Aging

Why Nutrition Security Matters for Healthy Aging

Good nutrition supports strength, mobility, immune function, cognitive health, and the management of chronic conditions such as diabetes, hypertension, and cardiovascular disease.³⁷ Yet, eating well depends on more than knowing which foods are healthy. Older adults must also be able to afford, obtain, prepare, and regularly access foods that meet their health and cultural needs. Food insecurity can force difficult tradeoffs between groceries and other necessities, including medications, housing, utilities, and transportation.³⁸



For older adults living on fixed or limited incomes, even modest increases in food or household costs can disrupt an already constrained budget. For Hispanic older adults, nutrition security must therefore be understood as both a health issue and an access issue.³⁹ Healthy eating recommendations have limited value when nutritious foods are unaffordable, inaccessible, or disconnected from the foods and traditions that are meaningful to individuals and families.³⁹

What the Evidence Shows

Food insecurity remains an important concern among older Americans. In 2023, approximately 7.4 million adults age 60 and older experienced food insecurity, representing roughly one in eleven older adults.⁴⁰ Hispanic older adults experience food insecurity at higher rates than White, non-Hispanic older adults.⁴¹

The consequences extend beyond hunger. Food insecurity among older adults is associated with poorer dietary quality and greater difficulty managing chronic health conditions.⁴⁰ Limited resources can make it harder to follow medically recommended diets or consistently purchase foods appropriate for diabetes, cardiovascular disease, and other conditions.

At the same time, programs designed to improve food access do not reach everyone who may benefit. Barriers can include limited awareness, eligibility concerns, complicated enrollment processes, transportation, language access, stigma, and difficulty navigating multiple programs.

From Food Security to Nutrition Security

Food security asks whether people consistently have enough food. Nutrition security goes further, emphasizing consistent and equitable access to foods that promote well-being and help prevent or manage disease.³⁸

That distinction is especially important for older adults. A person may technically have enough food while still lacking reliable access to fruits and vegetables, protein, whole grains, or foods appropriate for managing diabetes, hypertension, and other chronic conditions.³⁸



Cultural relevance matters as well. Nutrition programs and healthcare recommendations are more useful when they recognize that food is connected to family, culture, identity, and community. Culturally responsive nutrition support should build on familiar foods and traditions rather than assuming that healthy eating requires abandoning them.⁴² Healthcare systems also have an opportunity to identify nutrition needs earlier. Screening for food insecurity can help identify older adults who need assistance, but screening alone is insufficient if patients are not connected with resources they can actually use.

Community Is Part of the Nutrition System

Community-based organizations are often where nutrition policy becomes tangible. Senior meal programs, food pantries, congregate meals, food banks, produce distribution programs, and benefits-navigation services can help older adults translate available resources into food on the table.⁴³

Promotores de salud and community health workers can strengthen this system by identifying food needs, helping older adults navigate nutrition benefits, providing culturally relevant education, and connecting healthcare recommendations to community resources.⁴⁴

Partnerships between healthcare systems and community organizations are particularly important. A clinician may identify food insecurity or recommend dietary changes, but community partners are often better positioned to address the practical question that follows:

How will this older adult actually get the food they need?

Closing that gap is essential if nutrition is to function as part of prevention rather than simply as advice.

What Needs to Change

The 2026 SHOAR Executive Summary called for policymakers, healthcare systems, and community partners to **Strengthen Nutrition Security Through Healthcare and Community Partnerships**. The recommendation recognizes that improving nutrition requires connecting clinical care with the systems that determine whether healthy food is actually accessible.

1. **Strengthen screening and referral for food insecurity and nutrition needs** while ensuring that screening leads to meaningful assistance.
2. **Improve access to nutrition assistance and benefits navigation**, including culturally and linguistically appropriate support for older adults who may be eligible for food and nutrition programs.
3. **Build stronger partnerships between healthcare and community organizations** so that nutrition needs identified in clinical settings can be addressed through trusted local resources.
4. **Expand culturally responsive nutrition education and services** that recognize food traditions, affordability, health conditions, and the realities of older adults' daily lives.

Chapter 10: Immunization and Healthy Aging

Why Immunization Matters for Healthy Aging

Vaccination is one of the most effective tools available to prevent serious illness across the lifespan.⁴⁵ For older adults, immunization is especially important because the immune system changes with age, and many people also manage chronic conditions that can increase the risk of complications from infectious diseases.⁴⁶

Vaccines recommended for older adults can help prevent illnesses such as influenza, COVID-19, respiratory syncytial virus (RSV), shingles, and pneumococcal disease. Preventing these infections is about more than avoiding a few days of illness.⁴⁶ For an older adult, a serious infection can result in hospitalization, prolonged recovery, loss of strength and mobility, worsening of an existing chronic condition, or a temporary need for assistance that becomes a longer-term loss of independence.⁴⁷ Immunization therefore belongs within a healthy-aging strategy. Preventing avoidable illness helps older adults remain healthy, independent, and engaged in their communities.



What Evidence Shows

Vaccination needs for older adults have expanded as new vaccines become available and as recommendations have evolved.⁴⁸ This progress provides more opportunities for prevention, but it also makes the adult immunization schedule increasingly difficult for patients to navigate. Recommendations can depend on age, health conditions, previous vaccination history, and other risk factors.⁴⁸

Older adults may receive vaccines through physician offices, pharmacies, health departments, community clinics, or other settings. Without clear communication and coordination, it can be difficult to know which vaccines are recommended, which have already been received, and when another dose may be needed.

Vaccination coverage also varies across populations. Differences in insurance coverage, healthcare access, transportation, language, availability of trusted information, and opportunities for healthcare professionals to recommend vaccination can all influence whether an older adult receives recommended vaccines.⁴⁹ For Hispanic older adults, improving vaccination therefore requires more than making vaccines available. It requires ensuring that people know which vaccines are recommended, understand why they matter, trust the information they receive, and can conveniently obtain them.

From Availability to Access

The existence of a vaccine does not guarantee vaccination.⁵⁰ Cost is one potential barrier, but it is not the only one. Older adults may not know that a vaccine is recommended, may receive conflicting information, may have difficulty scheduling an appointment, or may be uncertain whether a physician's office or pharmacy offers the vaccine they need. Transportation and mobility limitations can create additional obstacles.⁴⁸

Language and health literacy also matter. Vaccine information can be highly technical, especially when recommendations change. Older adults should not be expected to independently interpret complicated schedules or determine which recommendations apply to them. The 2025 SHOAR emphasized several strategies for addressing these barriers, including vaccination education through promotores, incorporating vaccination counseling into Medicare and Medicaid wellness encounters, multilingual outreach, and partnerships with mobile clinics, pharmacies, and community organizations.

These strategies align with the broader framework of the 2026 SHOAR: prevention works best when trusted community relationships reinforce awareness and access.



Bringing Vaccination Into the Community

Community-based organizations can help make immunization more accessible and understandable. Organizations already serving Hispanic older adults often have trusted relationships that healthcare institutions cannot easily replicate. They can help answer questions, identify local vaccination resources, address practical barriers, and connect older adults with healthcare services. Promotores de salud and community health workers are especially well positioned to support this work. They can provide culturally and linguistically appropriate education, help older adults understand recommendations, address questions and concerns without judgment, and connect people with vaccination opportunities.

Partnerships can also bring vaccination closer to where older adults live and gather. Pharmacies, health departments, healthcare systems, senior-serving organizations, faith communities, and other trusted local organizations can work together to provide education and convenient vaccination opportunities. The goal is not simply to tell people to get vaccinated. The goal is to create an environment where recommended vaccination is understandable, accessible, affordable, and easy to act on.

What Needs to Change

Immunization should be treated as a routine component of healthy aging and preventive care, not just as a reaction to outbreaks or public health emergencies. Building on priorities identified in the 2025 SHOAR, NHCOA carries forward the following actions in its 2026 policy agenda:

1. **Make vaccination assessment and counseling a routine part of healthy-aging care**, helping older adults understand which vaccines are recommended based on their age and health needs.
2. **Expand culturally and linguistically appropriate vaccine education** through promotores, community health workers, healthcare professionals, and trusted community organizations.
3. **Reduce practical barriers to vaccination** by supporting convenient community-based options, including partnerships among healthcare providers, pharmacies, health departments, mobile services, and community organizations.
4. **Strengthen coordination across vaccination settings** so older adults and their healthcare professionals can more easily understand vaccination history and identify remaining preventive needs.

Chapter 11: Tobacco Harm Reduction and Healthy Aging

Why Tobacco Harm Reduction Matters for Healthy Aging

Cigarette smoking remains an important healthy-aging issue because its effects accumulate over time and contribute to cardiovascular disease, cancer, chronic lung disease, and other conditions that can threaten health and independence later in life.⁵¹ Although cigarette smoking has declined substantially in the United States, millions of adults continue to smoke, including adults who have smoked for decades.



Among Hispanic adults, 7.1% reported currently smoking cigarettes in 2024⁵¹, but it is important to note that smoking rates vary widely by country or region of origin.⁵³ Individuals of Puerto Rican descent historically report the highest smoking prevalence (~17%), while those of Central or South American origin report the lowest (~6%).⁵³

National estimates also show that cigarette smoking generally declines after age 65⁵², but lower prevalence does not eliminate the health consequences for older adults who continue to smoke or who have substantial lifetime exposure. For older adults who smoke, quitting remains the most effective way to reduce smoking-related health risks.⁵⁴

Yet cessation can be difficult, particularly after years of nicotine dependence, and not everyone who attempts to quit is immediately successful.⁵⁴ A comprehensive approach therefore includes preventing tobacco initiation, helping people quit, and providing accurate information about ways to reduce harm among adults who continue to smoke.

What Evidence Shows

Hispanic adults who smoke often want to quit. CDC estimates that approximately 67% report wanting to stop smoking and 56% have attempted to quit within the past year.⁵⁵ At the same time, Hispanic adults can encounter barriers to evidence-based cessation support.⁵⁶ Research has found lower use of counseling and cessation medications, lower utilization of quitlines, particularly among Spanish-speaking adults, and differences in whether healthcare professionals ask about tobacco use or recommend quitting.⁵⁷

Insurance coverage and access to culturally and linguistically appropriate services can create additional barriers.⁵⁸ These differences are important because tobacco-related disparities are shaped by more than individual choices. The U.S. Surgeon General has identified social, economic, healthcare, and commercial factors that influence tobacco use and cessation, including income, occupation, access to treatment, healthcare interactions, and tobacco-industry marketing.⁵⁹ HHS also reports lower long-term cessation among Hispanic adults compared with White adults and disparities in access to cessation treatment and interactions with healthcare providers.⁶⁰

Older adults may face an additional information gap.

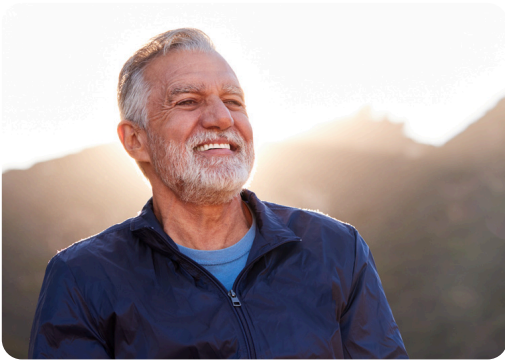
Understanding Tobacco Harm Reduction

Tobacco harm reduction recognizes that not all tobacco and nicotine products carry the same level of health risk.⁶¹ The safest option is not to use tobacco products, and for adults who smoke, completely quitting tobacco provides the greatest health benefit. However, FDA recognizes a continuum of risk: combustible tobacco products such as cigarettes are the most harmful, while noncombustible products generally carry lower health risks, although they are not risk-free.⁶²

This distinction matters because much of the disease caused by cigarette smoking results from exposure to the toxic chemicals produced when tobacco burns. Nicotine is highly addictive and has physiological effects, but FDA distinguishes nicotine dependence from the toxic mixture of chemicals in cigarette smoke responsible for much of smoking-related disease.⁶²



For adults who want to quit smoking, FDA-approved medications (e.g., nicotine replacement therapy, bupropion, and varenicline), along with behavioral counseling remain first-line approaches. For adults who do not quit and choose to use a lower-risk tobacco product, FDA states that switching completely from cigarettes is important to obtaining the potential health benefit; prolonged dual use may maintain substantial health risks.⁶²



NOTE: Tobacco harm reduction is not a message that nicotine is harmless or that people who do not use tobacco should begin using nicotine products. Rather, it provides adults who already smoke with accurate information about differences in risk while continuing to support cessation as the preferred health outcome.

Myths, Misconceptions, and Informed Choice

FDA recognizes that many adults who smoke misunderstand differences in risk across tobacco products and that these misperceptions may affect decisions about switching away from cigarettes.⁶² At the same time, communicating relative risk requires care so that information intended for adults who smoke does not encourage initiation among youth or people who do not currently use tobacco.

For Hispanic older adults, effective education therefore needs to do more than tell people to quit. It should clearly explain why cigarettes are particularly harmful, what nicotine does and does not do, which cessation treatments are supported by evidence, and what “lower risk” means and does not mean. Information should be available in the person’s preferred language and delivered through healthcare professionals and trusted community sources.

Tobacco Harm Reduction: What Older Adults Should Know

- Quitting completely provides the greatest health benefit.
- Nicotine is addictive and is not harmless.
- Cigarette smoke, not nicotine alone, causes much of the serious disease associated with smoking.
- Not all nicotine and tobacco products carry the same level of risk.
- Lower risk does not mean risk-free.
- For adults who switch from cigarettes, switching completely matters.

From Information to Access

Knowledge alone will not reduce tobacco-related harm if older adults cannot obtain appropriate cessation treatment or discuss their options with a trusted healthcare professional. Hispanic adults may encounter barriers related to insurance coverage, language, cost, transportation, healthcare access, and awareness of available cessation resources.

Community-based organizations, promotores de salud, community health workers, pharmacies, healthcare providers, and aging-service organizations can help close this gap. Their role is not to promote a particular nicotine product, but to provide culturally and linguistically appropriate education, correct misinformation, connect adults with evidence-based cessation services, and support informed conversations with healthcare professionals. This community-centered approach is consistent with NHCOA's broader healthy-aging framework, in which trusted partners help connect older adults to information, services, and support.

What Needs to Change

Improving tobacco-related health among Hispanic older adults requires action in four areas:

1. **Expand access to evidence-based smoking cessation**, including counseling, FDA-approved cessation medications, quitline services, and culturally and linguistically appropriate support for Hispanic older adults.
2. **Improve tobacco and nicotine health literacy** by providing clear, evidence-based information about smoking, nicotine, cessation, and the relative risks of different tobacco and nicotine products.
3. **Integrate tobacco screening and cessation support into healthy-aging care**, including primary care, chronic disease management, cardiovascular and pulmonary care, cancer prevention, and other services routinely used by older adults.
4. **Engage trusted community partners**, including community-based organizations, promotores de salud, and community health workers, to provide culturally responsive education, address myths and misconceptions, and connect older adults who smoke with appropriate healthcare and cessation resources.

Chapter 12: What We Learned Across the 2026 SHOAR

Across eight issue areas, the 2026 SHOAR identifies a common challenge: programs, treatments, and services can support healthy aging only when older adults can understand, access, and use them. The findings demonstrate how closely health is connected with the systems surrounding older adults. Medication affordability affects chronic disease management.

Earlier recognition of cognitive changes and liver disease can create opportunities for intervention. Nutrition and immunization support prevention. Economic security affects the ability to meet basic needs. Family caregivers help many older adults remain at home. And for people aging with HIV, longer lives require healthcare systems prepared to address HIV alongside other age-related health needs.

Across these issues, Access, Awareness, Prevention, and Community provide a common framework for action. The four are interconnected: information must lead to accessible services; services must be understandable and responsive to the people they are meant to reach; prevention must begin before a crisis; and trusted community partners often connect older adults to complex systems. Together, these findings point toward a broader goal:

Building a system in which Hispanic older adults have a meaningful opportunity to age with dignity, independence, and purpose.



A Blueprint for Healthy Aging

NHCOA's National Policy Agenda for Healthy Aging

NHCOA's Blueprint for Healthy Aging translates the 2026 SHOAR findings into a focused policy and practice agenda.

The recommendations are organized around four priorities: strengthening access to high-quality healthcare, investing in prevention, supporting families, and building the future of healthy aging.

Pillar 1. Strengthening Access to High-Quality Healthcare

1. Strengthen Community-Based Organizations

Provide sustainable support for trusted community organizations that deliver outreach, education, navigation, referral, and connections to healthcare and social services.

2. Modernize the 340B Drug Pricing Program

Preserve 340B's safety-net function while strengthening transparency, accountability, meaningful safety-net participation, and demonstrable benefit for low-income and vulnerable patients.

3. Advance Brain Health Through Routine Detection and Early Action

Strengthen routine detection of possible cognitive impairment and ensure that identified concerns lead to evaluation, understandable information, care planning, and community and caregiver support.

4. Expand Access to Culturally and Linguistically Appropriate Healthcare

Expand qualified language services, culturally responsive care, and understandable health information designed around the needs of diverse Hispanic communities.

5. Modernize Reimbursement and Integration of Community Health Workers

Support sustainable reimbursement and integration of promotores de salud and community health workers while preserving the community relationships that make these roles effective.

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Pillar 2: Investing in Prevention and Healthy Aging

6. Strengthen Nutrition Security Through Healthcare and Community Partnerships

Connect screening for food and nutrition needs with affordable, culturally responsive nutrition resources, benefits navigation, and meaningful community referral pathways.

7. Integrate HIV Prevention and Healthy Aging Services

Include older adults in HIV prevention, testing, and sexual-health education while integrating HIV treatment with primary care, chronic disease management, behavioral health, and other aging services.

8. Increase Awareness, Early Detection, and Management of MASH

Pair culturally and linguistically appropriate liver-health education with earlier identification of risk, appropriate evaluation and follow-up, and integration with diabetes and metabolic health care.

9. Make Adult Immunization a Routine Part of Healthy Aging

Make vaccine assessment and counseling routine, expand trusted and culturally appropriate education, improve convenient community-based vaccination options, and strengthen coordination across vaccination settings.

Pillar 3: Supporting Families and Healthy Aging

10. Build a National Strategy to Support Family Caregivers

Improve caregiver identification and training, expand respite and community-based services, strengthen workplace and financial supports, and provide culturally and linguistically appropriate navigation.

11. Promote Healthy Aging Planning Through Financial, Legal, and Benefits Navigation

Support accessible, linguistically appropriate assistance with SSI and other public benefits, retirement and healthcare planning, caregiving decisions, and legal and financial needs before a crisis occurs.

A Blueprint for Healthy Aging

NHCOA's National Policy Agenda for Healthy Aging

12. Expand Access to Safe, Affordable, and Age-Friendly Housing and Communities

Increase access to affordable and accessible housing while supporting transportation, neighborhood safety, and age-friendly community design that help older adults remain independent.

Pillar 4: Building the Future of Healthy Aging

13. Improve Data Collection and Research Inclusion for Hispanic Older Adults

Improve data on the diversity of Hispanic older adults and strengthen their meaningful inclusion in clinical, public health, and aging research through language access, trusted partnerships, accessible study design, and community engagement.

Conclusion:

Healthy Aging Begins in the Community

The 2026 SHOAR demonstrates that healthy aging is shaped by more than healthcare alone. It depends on whether older adults have access to the information, resources, preventive services, and community supports they need to remain healthy and independent. The priorities outlined in this report provide opportunities to strengthen those supports, from healthcare and nutrition to economic security, caregiving, prevention, and the community infrastructure that connects people with services.

**Healthy aging doesn't begin in a hospital.
It begins in our communities.**

Thank you!

The National Hispanic Council on Aging (NHCOA) extends its deepest gratitude to the Hispanic older adults, family caregivers, researchers, healthcare professionals, health promoters, community leaders, and partners who contributed to the 2026 Status of Hispanic Older Adults Annual Report: Healthy Aging Begins in the Community.

Your voices, experiences, and recommendations are at the heart of this work. By sharing your perspectives, you have helped shed light on the realities of aging in our communities, and revealed opportunities to build a future in which every older adult can access the healthcare, information, resources, and support they need to live with dignity, independence, and purpose.

NHCOA is dedicated to amplifying the voices of Hispanic older adults and ensuring their lived experiences inform research, public policy, and programs that shape the future of aging. We will continue to work with our partners and communities to promote solutions that advance health equity, economic security, meaningful inclusion, and access to culturally and linguistically appropriate services.

Collectively, we can create a society where Hispanic older adults are valued, supported, and empowered to flourish at every stage of life.

Healthy aging begins in the community. Building that future begins with all of us.

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