











Regions IX and X

- Alaska
- American Samoa
- Arizona
- California
- Guam
- Hawaii
- Idaho
- Nevada
- Oregon
- Trust Territory of the Pacific Islands
- Washington

**Health Professions**

**Priority Issue:** Lack of school counselors, funding, programs, grants, and training to ensure increased representation.

**Implementation Strategies:**

- ◆ Increase the number of school counselors to help decrease the dropout rate and ensure thorough dissemination of financial aid to all Hispanic/Latino students through identified counselors at each institution.
- ◆ Hire elementary and secondary teachers who better reflect the diverse ethnic population.
- ◆ Establish summer work program internships and expand scholarship and loan programs.
- ◆ Provide awareness training on cultural diversity issues to students, faculty, and staff at educational facilities.
- ◆ Obtain data on trends and profiles of health professionals to assist in health personnel planning.
- ◆ Enhance the entry of foreign-trained Hispanic/Latino health professionals into the health delivery system.
- ◆ Ensure the availability of residencies and call for national licensing standards with unrestricted reciprocity.

**Health Promotion and Disease Prevention**

**Priority Issue:** Need to build on the nontraditional methods of access to care and need to emphasize the importance of awareness, education, early identification, and intervention through health promotion and disease prevention programs.

**Implementation Strategies:**

- ◆ Provide home-based health education through television and radio.
- ◆ Restrict negative promotional advertising.
- ◆ Create a Hispanic/Latino HPDP information network and clearinghouse via a public-private partnership.
- ◆ Increase the awareness of HPDP issues and concepts among policymakers, community leaders, and politicians.
- ◆ Enhance community capabilities in developing targeted HPDP programs.
- ◆ Incorporate community workers into HPDP models; recruit allied health professionals and provide incentives to them.
- ◆ Use recent immigrants with skills in health promotion in the workforce.

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## Chapter 8: Priority Recommendations

On April 22 and 23, 1993, the Executive Planning Committee of the Surgeon General's National Hispanic/Latino Health Initiative met at the Madison Hotel in Washington, D.C., to review the findings from the Surgeon General's National Workshop on Hispanic/Latino Health and the five Regional Health Meetings. During the past year, the Committee had met three times to help guide the activities of the Initiative and, thus, to help create a unified Hispanic/Latino voice, *TODOS*, to alert the Nation's leaders to the barriers that Hispanics/Latinos face in receiving adequate health care. Members of the Executive Planning Committee also served as Work Group chairpersons at the National Workshop and as chairpersons to plan and coordinate the Regional Health Meetings. At each of the previous meetings, the Executive Planning Committee members worked with hundreds of other Hispanic/Latino leaders to identify, analyze, and prioritize the issues and concerns with the greatest implications for the health and welfare of Hispanics/Latinos throughout the country.

At this meeting, the Committee members were charged with their final task—to determine which of the recommended implementation strategies will have the greatest impact for improving Hispanic/Latino health and to develop a summary report of the critical recommendations in each of the key areas:

- Access to health care.
- Data collection strategies.
- Development of a relevant and comprehensive research agenda.
- Representation in the health professions.

- Health promotion and disease prevention.

The Surgeon General, Dr. Antonia Novello, challenged them to put their “collective reality” into words that can be “bureaucratically understood.” She directed the Committee members to examine the needs expressed in the recommended strategies, looking for similarities across the board, and to determine the strategies that are most feasible and can best meet those broad-based needs. To guide their deliberations, the Committee members were asked to consider opportunities for action in developing the report and to determine the strategies that represent the best opportunities for action in the following areas: representation of Hispanics/Latinos and communication of their health needs, development of policy to improve access to health care, provision of resources to improve Hispanic/Latino health status, public-private partnerships to improve health care delivery, advocacy for Hispanic/Latino health needs, and legislation that mandates improved access and delivery.

During their deliberations, Committee members from different regions related the special health concerns that participants expressed at the Regional Health Meetings. For example, a special workshop on the health needs of migrant workers was provided at the Chicago meeting. In San Antonio, participants expressed concern about the health implications of environmental conditions along the U.S.-Mexican border. However, despite these unique concerns, the issues raised contained several recurring themes, for example—

- Universal access to health care for all persons residing in the United States is imperative if this Nation is to thrive. Without universal access,

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many people delay getting proper care until conditions become serious and costly to treat.

- Adequate infrastructure for providing health care must be developed in underserved areas to ensure universal access.
- Resources and mechanisms must be developed for enlarging the pool of Hispanic/Latino health professionals to provide culturally competent care, particularly in underserved areas. Repeatedly, Committee members echoed the urging of their colleagues in the regions that funding for Hispanic Centers of Excellence and the number of such centers be increased.

Working in small groups to address each area of concern (access, data collection, research, representation in the health professions, and health promotion and disease prevention efforts), the Committee members selected specific strategies that address these common themes and, when combined together, create a feasible and achievable plan of action. The final step in the preparation of the recommendations was to choose approximately five strategies in each area that the Committee members consider to be of highest priority for implementation.

In the development of the report, several issues emerged that cut across the areas of concern that the Initiative addresses. Because a number of the recommended strategies have implications for all the areas of concern, the group categorized them separately as “cross-cutting issues.” These cross-cutting issues indicate that no one area of concern can be addressed in isolation; rather, progress in one area is dependent upon progress in the other areas. For example, health promotion and disease prevention cannot be adequately addressed in the Hispanic/Latino population without culturally sensitive research and data collection. Similarly, access to appropriate health care services cannot be achieved without Hispanic/Latino representation in the science and health professions and in decision-making positions.

The remaining sections of this chapter contain the recommendations developed at the Executive Committee Meeting. Presented first are the cross-cutting issues. Next are the implementation strategies for each of the five critical areas of concern. These sections begin with a statement of the problems related to the area, then present the implementation strategies deemed of highest priority (listed as the summary of key strategies), and conclude with specific implementation strategies grouped by areas of opportunities for action.

This report is intended to guide the Hispanic/Latino national health agenda for years to come. Progress will not occur overnight. However, Hispanic/Latino leaders will continue to work together to tailor these strategies to solve key problems within their communities and to ensure that this plan of action for Hispanics/Latinos becomes a vital part of a national universal system of health coverage for all Americans.

## Cross-Cutting Issues

- ◆ Establish an advisory body to monitor the implementation of the National Hispanic/Latino Health Initiative and to ensure accountability within all offices of DHHS.
- ◆ Ensure that all racial/ethnic minority populations be given equal access to all relevant resources of the Office of Minority Health of the Office of the Assistant Secretary for Health.
- ◆ Establish offices of minority health in all public health agencies, and, for those already established, provide adequate resources and staffing to ensure access to health care for all Americans.
- ◆ Develop national, uniform standards for quality of care.
- ◆ Provide appropriate resources to strengthen public health assessment, policy development, and surveillance activities pertaining to Hispanic/Latino health issues.

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- ◆ Ensure that organizations serving Hispanics/Latinos are culturally competent and represent their needs.
- ◆ Increase resources to maintain adequate data on Hispanic/Latino health issues.
- ◆ Disseminate Hispanic/Latino research, data, and health information via centralized clearinghouses to researchers, health care providers, and others who require such data.
- ◆ Appoint Hispanics/Latinos to review panels, study sections, PHS advisory councils, and working groups at the Federal, State and local levels.
- ◆ Ensure that at least 50 percent of the boards of organizations serving Hispanics/Latinos are Hispanics/Latinos, with Hispanics/Latinos in key administrative and program staff positions.
- ◆ Develop regulations that require private and nonprofit institutions (including universities) that serve Hispanics/Latinos to include adequate Hispanic/Latino representation at decision-making levels.
- ◆ Secure scholarships for training Hispanic/Latino leaders in all health professions (clinical and nonclinical).
- ◆ Enforce existing Federal and State mandates to ensure opportunities for Hispanics/Latinos in higher education (faculty and boards), decision-making positions, and the workplace.
- ◆ Base health promotion and disease prevention efforts on the needs of the community being served.
- ◆ Promote the participation of health care providers and the community in health promotion and disease prevention outreach activities.
- ◆ Coordinate the administration of intervention to ensure effective and efficient management.

## Access to Health Care

### Preamble

The Hispanic/Latino population is composed of individuals and families of multiple national origins, some of which date back to the 1600's. The vast majority of Hispanics/Latinos live in large urban centers; however, included in this population are rural residents and migrant and seasonal workers, as well as those who are undocumented. Despite having the highest rate of labor force participation of all U.S. population groups, Hispanics/Latinos are the poorest minority group living in the United States today, and more than one-third of the population is uninsured. Not only do they lack accessible, affordable, available, affable, and portable health care, but they also are severely underrepresented in ownership of health-related enterprises.

Because of the great diversity of Hispanic/Latino populations, to address the needs of this group, national health reform must allow States to meet the national goals and standards of universal coverage and quality health care in creative and different ways. The Federal Government should facilitate any processes that allow States to select and craft their own administrative and insurance entities.

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### Problems

1. Lack of comprehensive and portable health care coverage for Hispanics/Latinos.
2. Underrepresentation of Hispanics/Latinos in leadership positions during critical phases of local, State, and national budgetary and programmatic planning activities.
3. Lack of adequate and available health care service delivery systems and infrastructure to address primary, secondary, and tertiary health care needs of the diverse Hispanic/Latino population groups.

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4. Lack of accessible and adequate health care facilities because of financial and nonfinancial barriers in Hispanic/Latino communities.

## Summary of Key Strategies

1. Provide for Hispanic/Latino participation in the development and implementation of a national health care system that ensures universal access to all persons living in the United States, the Commonwealth of Puerto Rico, and U.S. territories.
2. Increase Hispanic/Latino representation at all levels of the public health and health policy leadership pool and workforce.
3. Ensure Hispanic/Latino participation in the planning, design, staffing, evaluation, and ownership of public health and health care infrastructure to ensure that it serves community needs.
4. Eliminate all financial, cultural, language, age, belief, or gender barriers to health care.

## Specific Strategies

Key audiences: Local, State, and Federal administrators and officials; Hispanic/Latino communities; and the media.

### A. Provide Universal Health Care for All Americans

- ◆ Develop a universal health care system that—
  - Is affordable, accessible, available, acceptable, affable, and portable.
  - Offers a basic package of services that includes health promotion and disease prevention.
  - Gives a choice of providers.
  - Allows for a regular source of such care and facilitates continuity of care.
  - Integrates systems of care: combines public health, community health, and private providers.

- Strives for innovative health care financing that spreads the burden across all sectors of society.
- Ensures coverage eligibility regardless of U.S. residency and employment status (does not exclude undocumented persons).
- Offers easy enrollment and service procedures that facilitate participation.
- Provides measures of cost containment, quality assurance, improved efficiency, and accountability to service recipients.
- Allows service recipients and all providers, including “safety net providers,” to participate in the governance of plans.
- Offers rewards for providing services to underserved and unserved populations.
- Provides incentives for coverage of preventive services.
- Enforces uniform procedures for reimbursement while recognizing differences by region and geography.
- Provides outreach activities to increase awareness and use of available programs.
- Is culturally competent and linguistically appropriate.
- Addresses other needs specific to the Hispanic/Latino population (e.g., respite care, long-term care, transportation, child care, and other support services).
- Does not exclude persons with preexisting illness and conditions.
- Establishes health advocacy coalitions of public and private providers and consumers in Puerto Rico and in each State with significant Hispanic/Latino populations to review programs and develop recommendations annually.
- Establishes a methodology for accurately estimating the cost of universal coverage.

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**Representation and Communication**

- ◆ Develop a mass media marketing plan that informs the public about how to gain access to and properly utilize health and related services. This plan should target Spanish-speaking and bilingual Hispanics, especially in areas where little or no information is available. (State and local)
- ◆ Include Hispanic/Latino representation in the development of outreach and public information campaigns, including television, radio, and the print media.

**Policy**

- ◆ Allow for cultural and regional differences in clinical and administrative measurements. What may be appropriate for one ethnic community or region may not be appropriate for others.
- ◆ Make client surveys, chart pulls, and nonmedical content of care components of quality measurement.
- ◆ Measure quality of care in terms of the bicultural and bilingual competency of staff. Capacity to serve in a culturally competent manner must be demonstrated. This competency should be addressed as part of any contracting process.
- ◆ Emphasize preventive and primary services in quality measurement. Standardization of tracking and data systems is needed and should be oriented toward periodic and preventive care that is age-appropriate.
- ◆ Include a cultural index of accessibility to care as part of quality measurements and requirements. Financial resources must be made available to those entities that need infrastructure development to meet this requirement.
- ◆ Strengthen the public health capacity for surveillance, assurance, and policy and planning.
- ◆ Develop plan coverage information in the language of the population and adapt it culturally as necessary. Member services should also have

language-proficient representatives to serve individuals. Representatives should be required to provide outreach to job sites, social service centers, and other locations where these populations congregate.

- ◆ Require health care plans to provide physicians and other providers who have a minimum of 24 hours of training in cultural competency.
- ◆ Require States to develop certification components for interpreters to serve underserved populations.
- ◆ Provide a health benefit package that includes the following:
  - Primary care and preventive services, including mental health services, immunizations, periodic screening, health education, a full range of reproductive health services, comprehensive perinatal care, and outpatient medical care. (Local)
  - In-patient hospital care and alternatives to hospitalization, including skilled home health services. (State and local)
  - Emergency services, including emergency transportation. (Local)
  - Social services.
  - Dental services. (Local)
  - In-patient and out-patient drug and alcohol abuse prevention, treatment, and rehabilitation. (State and local)
  - In-patient and out-patient rehabilitation services (physical, occupational, and vocational therapy).
  - In-patient and out-patient mental health services.
  - Case management, including psychosocial support services.
  - Nutrition counseling.
  - Prescription drugs.

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- Vision and hearing services.
- Long-term care and alternatives to long-term care, including case management, in-home support services, hospice, and adult day health care.
- Transportation for health care visits.

Structure a financing package that distributes cost equitably according to ability to pay, stressing progressive financing schemes, cost-effective delivery systems, and infrastructure development for special populations:

- Shared payment responsibility between employers and employees.
- Government subsidies for small businesses.
- Information safeguards for undocumented workers in an employment-based system.
- Simultaneous reform of medical malpractice, the tort system, and workers' compensation.
- Incorporation of Medicaid, CHAMPUS, and private and public employer-based health care payment systems, as needed.
- Focus on progressive taxes with strong consideration of alcohol and tobacco taxes and with recognition that additional funds will be needed.
- Consideration of equalization of reimbursement regardless of the individual.
- Maintenance and equalization of efforts in terms of State government financial commitments.
- Recognition of special financing needs of special populations.
- Systemic incentives for cost-effective health care system approaches.

◆ Conduct needs assessment of health coverage at the local level, where needed.

◆ Increase the participation of representatives of diverse segments of the Hispanic/Latino population, including grassroots leaders, in decision-making processes regarding health care service delivery.

◆ Standardize and streamline administrative forms required to be completed by patients and providers. Reallocate the saved human and fiscal resources to service delivery.

◆ Enhance the health care infrastructure that services Hispanic/Latino populations. Funds should be earmarked specifically to develop local community-based primary care facilities and service network associations. The financial authority should fund community-based infrastructure development projects operated and managed by minority-owned and/or managed corporations and organizations.

◆ Include "safety net" providers—primary care clinics, traditional providers, and public health providers—in the health care system. The system must have representative governance and community involvement.

## Public-Private Partnerships

◆ Direct the agencies within PHS to implement programs to foster establishment of public-private partnerships that improve and increase delivery of health care services for Hispanics/Latinos in all regions.

## Advocacy

◆ Support the development of community advisory boards to evaluate community grievances, provide feedback, address quality issues, and influence community empowerment.

◆ Secure funding to provide health leadership training at the grassroots level to ensure community empowerment.

## Legislation

◆ Enact Federal legislation to include coverage for the uninsured and the undocumented as part of health care reform.

◆ Provide a benefits package that is universal, whether the recipient gains access to care through employer-based coverage or is unemployed, undocumented, or a Medicaid recipient.

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- ◆ Enhance the health care infrastructure and provide funds for the construction of health facilities in Hispanic/Latino communities.
- ◆ Reformulate the criteria for appointing physicians and other health providers to health professional shortage areas (HPSAs).
- ◆ Create community-based health training centers that provide both training and job opportunities.
- ◆ Reformulate the criteria for Federal designation of medically underserved areas to accurately reflect the ethnic, demographic, and cultural characteristics of the communities served.
- ◆ Fund pilot projects that explore alternative primary health care financing and delivery systems (analogous to Health Care Financing Administration's SIIMO demonstrations).

***B. Provide Accessible Health Care and Workmen's Compensation for the Farmworker Population***

Farmworkers are the most underserved of all groups. Because 3 to 5 million of them are Hispanic/Latino, a special emphasis is required to address their health needs.

**Policy**

- ◆ Foster and reward networking through technical assistance and remove bureaucratic barriers, such as categorical funding that limits care for patients with multiple needs because of separate tracking of services by fund source. All existing efforts to integrate and coordinate health, education, and social services should be mandated. (Federal)
- ◆ Guarantee the participation of Medicaid-eligible farmworkers in the PHS329 program and identify alternate funding resources for others not eligible. Include case management as a mandatory reimbursable service for farmworkers. (State)
- ◆ Require companies that hire migrant workers to provide access to health care facilities. (Federal)

- ◆ Recognize that environmental factors—such as nonexistent or inadequate housing, lack of alcohol and drug abuse programs and mental health services, and the failure of implementation of occupational and environmental regulations—play a significant role in the health of the migrant farmworker, the family, and the community as a whole.

**Resources**

- ◆ Provide funding for standardized data collection procedures and continuous analysis and reporting to provide a base for advocacy for future funding.

**Advocacy**

- ◆ Provide funding for standardized data collection procedures and continuous analysis and reporting to provide a base for advocacy for future funding.

**Legislation**

- ◆ Federalize the Medicaid Program, eliminating the conflicting State eligibility criteria and varying reimbursement rates. Establish a national set-aside of funds to cover farmworkers. (Federal)
- ◆ Under the PHS329 services, expand farmworker eligibility for Medicaid to all farmworkers. (State)
- ◆ Establish national guidelines for farmworkers' coverage under the States' worker's compensation laws, thereby guaranteeing full and unrestricted access to rehabilitating and financial compensating services by those suffering accidents and diseases contracted in the performance of their jobs.
- ◆ Include the following features in the demonstration projects:
  - Simplification of all farmworker eligibility processes.
  - Recertification of farmworkers on the basis of annual or semiannual income, not month-to-month earnings.
  - Recognition of all farmworkers' eligibility.

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- Clarification of payor reimbursement rates and eligibility standards, regardless of the origin of eligibility or site of service delivery.
- Assurance of access to all primary care services on a timely basis.
- Provision of funding for primary care research, including psychosocial and mental health services.

5. Duplication and lack of coordination of efforts in health data collection by State and Federal agencies.

## Data Collection

### Preamble

It was not until 1989 that Hispanic/Latino identifiers were included on the standard registration certificates for vital events recommended for use by the States. Although the ability to assess mortality among Hispanics/Latinos has greatly improved, significant gaps in knowledge still exist regarding morbidity, quality of life, and disability in Hispanic/Latino communities. This lack of data has prevented the establishment of adequate baselines and subobjectives for the *Healthy People 2000* objectives that target Hispanics/Latinos. Because funding decisions at the Federal, State, and local levels have often been based on the *Healthy People 2000* objectives, this lack of data has hindered progress to improving health status of Hispanics/Latinos.

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### Problems

1. Inadequate inclusion of Hispanics/Latinos in data systems.
2. Lack of data on specific Hispanic/Latino health issues.
3. Limited awareness of and access to local, State, and Federal Hispanic/Latino health databases.
4. Lack of quality, accurate, timely, and culturally sensitive data system design, data collection, and analysis.

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### Summary of Key Strategies

1. Include Hispanic/Latino and Hispanic/Latino subgroup identifiers in all surveys and forms, and provide for adequate sample sizes for detailed analysis to establish new baselines and subobjectives for *Healthy People 2000*.
2. Increase Hispanic/Latino representation in the design, implementation, analysis, and dissemination of health assessment and health monitoring data systems, and in funding decisions affecting these systems, including the identification of health indicators specific for Hispanics/Latinos.
3. During current Federal and State budget appropriations hearings, request additional funds to take advantage of the resources already developed for the third National Health and Nutrition Examination Survey. These funds should be used to (1) update the data collected on Puerto Ricans and Cubans during the Hispanic Health and Nutrition Examination Survey and (2) collect, for the first time, detailed health data on other Caribbean and Central and South American subgroups in areas where they are geographically focused.
4. Establish Federal, State, and local laws to ensure confidentiality of respondents and to provide absolute protection of respondents from use of the identifying information by law enforcement and immigration authorities.
5. Ensure that sociocultural data be collected, so that analysis and interpretation of Hispanic/Latino health data can be placed in the context of larger social issues.

*Specific Strategies*

Key Audiences: Local, State, and Federal administrators and officials.

**Representation and Communication**

- ◆ Develop methodologies and programs for educating public and private entities regarding the need for scientifically valid Hispanic/Latino health data.
- ◆ Increase Hispanic/Latino representation in the design, implementation, analysis, and dissemination of health assessment and health monitoring data systems and in funding decisions affecting these systems. This increased representation is needed in Federal, State, and local departments and agencies, community-based organizations, colleges and universities, and other private research entities.
- ◆ Increase Hispanic/Latino membership in committees, councils, and commissions appointed by county, State, and Federal health departments; agency administrators; State and Federal legislators; and Governors to monitor data collection, analysis, interpretation, and dissemination.
- ◆ Provide regular Hispanic/Latino health data updates in publicly funded electronic newsletters, bulletin boards, and other communication activities.
- ◆ Increase the use of Hispanic/Latino newsletters, radio, and other effective media mechanisms as tools for disseminating data information.
- ◆ Facilitate public access to Hispanic/Latino health data reports and systems. Federal, State, and local health departments should identify existing data sets that can be used to assess the health status of Hispanics/Latinos and should determine the accessibility of these data sets to researchers.
- ◆ Identify a person in each agency or organization that collects and disseminates data to serve as the principal point of contact for Hispanic/Latino data analysis.
- ◆ Encourage researchers to report back to Hispanic/Latino communities regarding their research findings

before public dissemination of results, including publication and presentation at scientific meetings.

**Policy**

- ◆ Include Hispanic/Latino and Hispanic/Latino subgroup identifiers in all surveys and forms (e.g., birth and death certificates, patient discharge forms, and forms from primary and ambulatory care clinics). Analysis and dissemination should be subgroup specific for State and local communities with a significant (5 percent or greater) Hispanic/Latino population.
- ◆ Tie the release of Federal funds to States to the collection and reporting of Hispanic/Latino ethnicity. Data collection and reporting should include both documented and undocumented Hispanics/Latinos.
- ◆ Allocate funds in Federal, State, and local health programs to pay for data collection, analysis, and dissemination of Hispanic/Latino health data so that progress in improving Hispanic/Latino health status, and ultimately the health status of the Nation, can be tracked. Government agencies that use these data, but do not produce data, should share in the expenses of data collection, analysis, and dissemination.
- ◆ Set timelines for improving data collection for Hispanics/Latinos.
- ◆ Include the improvement of Hispanic/Latino data collection, analysis, and dissemination in Federal, State, and local strategic plans, such as *Healthy People 2000*, *Minority Health Activities*, and *Primary Care Access Plans*.
- ◆ Include consideration of the heterogeneity of the Hispanic/Latino population in all county, State, and Federal health department data collection and research designs. Oversampling has been identified as a feasible method for highly concentrated Hispanic/Latino subgroups; develop other survey methodologies to collect data for geographically dispersed Hispanic/Latino subgroups.

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- ◆ Employ culturally and linguistically appropriate interviewing techniques at all times when conducting surveys on Hispanic/Latino health issues. For example, dependence on telephone interviews is not appropriate for Hispanic/Latino communities with high rates of telephone noncoverage.

- ◆ Develop incentives to increase the quality and quantity of Hispanic/Latino health databases. Review data sets continuously for inconsistencies; errors in reporting, coding, and keying; and other issues that affect quality. Development plans for databases should include financial, technical, and training resources for establishment and maintenance of quality control programs.

- ◆ Create a Hispanic/Latino advisory board to the Secretary of Health and Human Services, State departments of health, and philanthropic foundations to oversee the implementation of the recommendations from the National Workshop and Regional Health Meetings of the Surgeon General's Hispanic/Latino Health Initiative.

- ◆ Establish local, State, regional, and national Hispanic/Latino health data clearinghouses.

- ◆ Starting immediately, review existing *Healthy People 2000* objectives and establish subobjectives to target Hispanics/Latinos. Provide baseline data for Hispanics/Latinos for those subobjectives at the Federal, State, and local levels.

- ◆ Develop publicly accessible computerized systems for retrieval of Hispanic/Latino health data.

- ◆ Promote needs assessment at the local level to empower communities to prioritize their health needs and seek funding accordingly.

- ◆ Identify and develop funding mechanisms for survey methodologies to study Hispanic/Latino subgroups. Additional funds should be allocated to the National Center for Health Statistics' Minority Health Statistics Grant program and Census survey research programs to support targeted research to

develop appropriate, culturally competent, and linguistically sensitive survey methodology to study subgroups of Hispanics/Latinos. Consideration should be given to the undocumented and recent immigrants.

- ◆ Enforce OMB Directive 15 and Public Law 94-311 among Federal agencies. Educate Federal agencies about the use of OMB Directive 15 for inclusion of Hispanics/Latinos (and Hispanic/Latino subgroups) in data systems and in federally funded intramural and extramural research programs.

- ◆ Develop a clear definition of the term "Hispanic/Latino," incorporating the concept of subgroup populations, to be uniformly implemented in county, State, and Federal health department and agency data collection and analysis activities.

- ◆ Ensure that sociocultural data are collected and that appropriate statistical methodologies and interpretation of these data are used. Analysis and interpretation of Hispanic/Latino health data should be placed in the context of larger social issues to ensure that "blaming the victim" is avoided and to allow identification of social factors that contribute directly and indirectly to the production and treatment of disease.

- ◆ Develop and disseminate written guidelines for confidentiality. Such guidelines should include a requirement for a detailed rationale for collecting and using data items. In addition, the guidelines should include a procedure for true informed consent in obtaining data from Hispanics/Latinos.

- ◆ Use existing data systems (e.g., Census Bureau and the National Center for Health Statistics (NCHS)) to establish cooperative agreements with States to develop standard State and local health status profiles for Hispanic/Latino communities.

- ◆ Conduct a national conference—cosponsored by the NCHS, other parts of the Centers for Disease Control and Prevention, the Commerce

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Department, the Department of Education, the Department of Justice, the Environmental Protection Agency, and other Federal agencies—to improve the coordination of data collection, analysis, and dissemination, with the goal being to reduce the burden of voluntary and mandatory reporting by the States and to improve the consistency of reporting of race/ethnic origin. Recommendations based on the findings from the 1993 PHS Task Force on State and Community Data should be used to help develop the agenda for the conference. Among the products of this conference should be guidelines for comparability and plans for providing, on a continuous basis, technical assistance and resources to State and local agencies responsible for data collection. This conference should take place by 1995 at the latest to ensure that tracking of *Healthy People 2000* objectives can be based on consistent and accurate data.

**Resources**

- ◆ Increase funding by county, State, and Federal health departments and agencies to provide technical assistance and training for data collection and analysis of Hispanic/Latino health data.
- ◆ Fund county, State, and Federal Hispanic/Latino health research and data analysis training centers.
- ◆ Provide support for local, State, regional, and national Hispanic/Latino health data forums, conferences, and workshops.
- ◆ Develop standardized forms for data collection on Hispanics/Latinos.
- ◆ Increase quantitative skills of Hispanic/Latino undergraduates to expand the pool of Latino researchers with the skills necessary to conduct research on Hispanic/Latino health issues.
- ◆ Require statistical agencies of the Federal Government to provide technical assistance to State and local agencies for development of data collection instruments and completion of instruments according to high

standards of quality. Additionally, software to assist in this process should be developed and provided.

- ◆ Develop programs for Hispanic/Latino community-based organizations to enhance their skills in Hispanic/Latino health data collection, analysis, and interpretation.

**Public-Private Partnerships**

- ◆ Establish cooperative agreement mechanisms to develop easily accessible Hispanic/Latino health data retrieval computer programs.
- ◆ Develop funding incentives to increase the use of Hispanic/Latino health databases by public and private entities.
- ◆ Include Hispanics/Latinos in interdisciplinary work groups, which should plan for research and data collection, evaluate data collection instruments, ensure that collected data are inclusive and usable, and assist in the interpretation and dissemination of these data. These work groups should include multiethnic individuals from the community to be studied, community-based organizations, health care professionals, advocates, and researchers.
- ◆ Establish a balance between the data needs for research and policy-making and the burden on the health care provider to collect information in addition to providing services.
- ◆ Establish regional Hispanic/Latino health coalitions to monitor implementation of the strategies developed during the national and regional workshops of the Surgeon General's Hispanic/Latino Health Initiative.

**Advocacy**

- ◆ Prepare user-friendly summary reports regarding Hispanic/Latino health on a regular basis and distribute them to local elected officials and community leaders.
- ◆ Collaborate with church groups, media sources, public figures, and leaders of multidisciplinary

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professional associations to inform the American public regarding Hispanic/Latino health data issues.

- ◆ Develop summary reports on Hispanic/Latino health for dissemination to policy analysts, program planners, elected officials, and community and political leaders.

## Legislation

- ◆ Pass State laws requiring the collection of data on Hispanics/Latinos, especially in States with large Hispanic/Latino populations. The California legislation can be used as a model.

- ◆ During Federal and State budget appropriations hearings, request additional funds to take advantage of the resources already developed for the third National Health and Nutrition Examination survey. These funds should be used to (1) update the data collected on the Puerto Rican community in the New York City metropolitan area during 1984, and (2) collect, for the first time, detailed health data on Caribbean and Central and South American subgroups. Appropriation of funds should not wait for the fourth National Health and Nutrition Examination Survey. Taking advantage of already trained staff and existing questionnaire and other survey materials from the current survey (to be completed in 1994) should result in an economy of scale.

- ◆ Establish Federal, State, and local laws to ensure confidentiality of respondents and to provide absolute protection of respondents from use of the identifying information by law enforcement and immigration authorities. Such laws should not restrict the linkage of data sets for the purposes of aggregate epidemiologic analyses and program development.

## Research Agenda

### Preamble

Health research provides the foundation for understanding health. However, Hispanics/Latinos

are disproportionately underrepresented in research activities. Without adequate and targeted research, Hispanics/Latinos are disadvantaged in policy-making, resource allocation, program planning, and program implementation activities.

Currently, our body of knowledge about Hispanic/Latino health is limited at best. There are few culturally appropriate theoretical frameworks, and many research methodologies (instruments, data collection, and data analysis) are inadequate for addressing the unique health services research and delivery needs of the diverse Hispanic/Latino population groups.

### Problems

1. Underfunding of Hispanic/Latino health research initiatives and agendas.
2. Lack of culturally appropriate theories, models, and methodologies.
3. Underrepresentation of Hispanics/Latinos at all levels of research activities, including students, research faculty, and administrators of research programs.
4. Lack of U.S. and international multidisciplinary Hispanic/Latino health research and lack of coordination of efforts among diverse areas of investigation.

### Summary of Key Strategies

1. Increase funding to (1) determine high-priority health problems that affect morbidity and mortality of Hispanic/Latino groups (such as cardiovascular disease, cancer, diabetes, HIV/AIDS, substance abuse, violence, accidents, environmental and occupational hazards, and tuberculosis); (2) assess the impact of gender, ethnicity, and physical ability on the health status of urban and rural Hispanics/Latinos across their lifespan; and (3) assess the role of factors such as assimilation, country of origin, and migratory status.

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2. Increase Hispanic/Latino representation on multidisciplinary grant review bodies, advisory groups, and task forces to identify and implement Hispanic/Latino research priorities at local, State, and Federal levels.
3. Create and update directories of multidisciplinary Hispanic/Latino researchers for use by publicly or privately funded health departments, agencies, organizations, and/or institutions.
4. Reform the curricula of multidisciplinary health professional institutions and continuing education programs to include Hispanic/Latino health research theories, methodologies, and models.
5. Ensure the recruitment, training, and retention of Hispanic/Latino investigators and administrators.

### Specific Strategies

Key Audiences: Local, State, and Federal administrators and officials.

#### Policy

##### *Local and State*

- ◆ Create Hispanic/Latino representation on multidisciplinary grant review bodies, advisory groups, and task forces to identify and implement Hispanic/Latino research priorities at local, county, and State levels.
- ◆ Create linkages to local educational, philanthropic, corporate, and research organizations.
- ◆ Utilize community-based organizations and neighborhood opinion leaders as distribution channels for information and service delivery. These groups and opinion leaders should also be used as a way of providing feedback to the scientific community on the effectiveness of research in addressing the needs of the communities and population groups.
- ◆ Create registries and update directories of multidisciplinary Hispanic/Latino scientists and

researchers for use by publicly or privately funded health departments, agencies, organizations and/or institutions.

- ◆ Reform curricula of multidisciplinary health professional institutions and continuing education programs to include Hispanic/Latino health research theories, methodologies, and models.
- ◆ Assess the results of programs such as the Minority Behavioral Research Supplement, Minority Access to Research Careers, and Health Careers and Opportunity Programs with respect to recruitment and retention of Hispanic/Latino students and researchers.
- ◆ Develop innovative research internship and fellowship programs for Hispanic/Latino students and scientists at the Federal and State levels.
- ◆ At the local levels, develop and enhance publicly and privately funded training and mentorship programs at various sites, such as the Minority High School Mentorship Program.
- ◆ Develop programs and initiatives to fund research on the role of assimilation, acculturation, country of origin or background, and socioeconomic status and migratory history on the health status of Hispanics/Latinos.
- ◆ Develop programs and initiatives to fund research on the impact of age, gender, geographic location, and functional ability on the health status of Hispanics/Latinos.

##### *Federal*

- ◆ Enhance Hispanic/Latino representation on multidisciplinary grant review bodies, advisory groups, and task forces to identify and implement Hispanic/Latino research priorities at Federal health departments and agencies.
- ◆ Enhance opportunities for and appointment of Hispanics/Latinos in key administrative and policy-making jobs in Federal agencies.
- ◆ Create and/or enhance Hispanic/Latino research agendas and health training in PHS and other

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agencies of DHHS. These programs should incorporate and emphasize the cultural, linguistic, and socioeconomic aspects and needs of the subpopulations.

- ◆ Create and/or enhance linkages within and across Federal agencies to replicate “best practices” and augment research and training resources.
- ◆ Establish county, State, and national clearing-houses to collect and disseminate information on Hispanic/Latino health research and funding opportunities.

## Resources

- ◆ Increase funding to determine high-priority health problems (such as cardiovascular disease, cancer, diabetes, HIV/AIDS, tuberculosis, and substance abuse) that affect morbidity and mortality of Hispanic/Latino groups.
- ◆ Increase funding for enhanced recruitment, training, retention, and promotion of Hispanics/Latinos into health research leadership positions.
- ◆ Allocate funding for increased recruitment, training, retention, and promotion of Hispanic/Latino researchers employed by county, State, and Federal health departments and agencies.
- ◆ Examine and reapportion institutional funding, with special emphasis on discretionary funds, spent on Hispanic/Latino health research, particularly in the inner cities and rural areas.
- ◆ Develop and fund Distinguished Scholars programs to enhance career development for Hispanic/Latino researchers at the undergraduate, graduate, and postgraduate levels.
- ◆ Allocate funds, including set-aside funds, to ensure that research on Hispanics/Latinos is responsive to their subgroup needs and priorities.
- ◆ Fund a repository of Hispanic/Latino survey instruments, research methodologies, and data within PHS, with special emphasis on making the

information accessible and affordable to Hispanic/Latino institutions or researchers.

- ◆ Establish a directory of Hispanic/Latino researchers to disseminate for use by county, State, and Federal health departments and agencies.
- ◆ Fund activities and programs that will promote linkages between community-based health delivery systems serving Hispanics/Latinos and academic institutions.

## Public-Private Partnerships

- ◆ Establish collaborative partnerships between academic and health institutions.
- ◆ Collaborate with public officials, corporate leaders, and foundation administrators in establishing multidisciplinary mechanisms for determining Hispanic/Latino research priorities and funding sources.
- ◆ Establish and support ongoing U.S.-Latin American health conferences and research collaborations.

## Advocacy

- ◆ Collaborate with editorial boards of established professional journals to focus on Hispanic/Latino health issues.
- ◆ Establish new information dissemination strategies to meet the needs of Hispanic/Latino researchers and health service providers. (For example, include specific columns in the *Journal of the American Medical Association* and local newsletters of professional organizations.)
- ◆ Establish new health information dissemination strategies to meet the needs of the general Hispanic/Latino community.
- ◆ Continue and expand interaction with legislative bodies (city council members, mayors, county commissioners, State and Federal legislators, Hispanic Congressional Caucuses, and committee staff).

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Legislation

- ◆ Consider alternatives that could allow U.S.-trained, foreign medical graduates to maximally participate in research activities, particularly those related to Hispanic/Latino issues.
- ◆ Ensure reauthorization of the Disadvantaged Minority Health Act and appropriations of related Federal agencies.
- ◆ Amend the Disadvantaged Minority Health Act to specifically address the health needs of the Hispanic/Latino populations.
- ◆ Enhance tax incentives and programs for businesses that provide funding for Hispanic/Latino research and training.

## Representation in Health Professions

### Preamble

Hispanics/Latinos are severely underrepresented in the health professions. Accordingly the delivery of health care services to the Hispanic/Latino community suffers. In addition, communities need culturally competent, and culturally sensitive professionals in all disciplines to address their needs with appropriate programs and services.

### Problems

1. Underrepresentation of Hispanics/Latinos at all levels of the health professions, including practitioner, faculty, advanced career positions, and decision-making bodies.
2. Underrepresentation of Hispanics/Latinos in the educational pipeline of the health professions.
3. Lack of adequate mechanisms for identifying, recruiting, retaining, and promoting Hispanics/Latinos in health and science professions.

4. Underfunding for Hispanics/Latinos in health and science education programs.
5. Underutilization of linguistically and culturally competent foreign-educated Hispanic/Latino health professionals to provide care in Hispanic/Latino communities.

### Summary of Key Strategies

1. Promote the recruitment, retention, and advancement of Hispanic/Latino health professions faculty, including an increase of tenured and tenured track faculty. (Local)
2. Ensure the entry and retention of Hispanics/Latinos through funding incentives (such as institutional development) in undergraduate and graduate programs at Hispanic/Latino-serving institutions and Hispanic Centers of Excellence.
3. Establish guidelines for the recruitment and retention of Hispanic/Latino students in all health professions and make universities accountable by tying the requirements to levels of funding.
4. Ensure the broad dissemination of information on financial assistance and educational initiatives—such as college work-study programs, grants, scholarships, fellowships, and national service.
5. Develop and support awareness, educational enrichment, and student guidance and mentoring programs to encourage Hispanic/Latino students to pursue careers in the health professions.
6. Develop licensure preparation courses, alternate competency examinations, and tracking mechanisms to increase retraining opportunities and promote the greatest use of Hispanic/Latino foreign-trained health professionals.

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## Specific Strategies

Key Audiences: Local, State, and Federal administrators and officials.

### Communication and Representation

- ◆ Increase the use of media resources to promote positive images and advancements of Hispanics/Latinos of both genders in health and science careers. (Local, State, and Federal)
- ◆ Increase the participation of Hispanics/Latinos in commissions, task forces, advisory committees, boards, and conferences sponsored by county, State, and Federal health departments or agencies. (Local, State, and Federal)

### Policy

- ◆ Develop information programs on Hispanic/Latino education data for members of school boards, university regents, foundation boards of trustees, and county, State, and Federal education and health administrators. (Local, State, and Federal)
- ◆ Develop electronic and computer-accessible Hispanic/Latino bulletin boards to provide access to Hispanic/Latino databases via 800 lines for “networking” information regarding available resources and career development programs. (State, Federal)
- ◆ Require the NIH Office of Minority Health Research to establish a Hispanic/Latino health division. (Federal)
- ◆ Increase access for Hispanics/Latinos in biomedical research and health professional educational systems. (Local, State, and Federal)
- ◆ Increase the involvement of Hispanic/Latino families, teachers, principals, and faculty in decision-making processes regarding all levels of Hispanic/Latino education issues.
- ◆ Increase the involvement of Hispanic/Latino faculty in planning, funding, admission, and curriculum activities. (Local)

- ◆ Encourage education administrators to provide Hispanic/Latino bilingual tutors for students in primary and secondary levels and to increase the number of Hispanic/Latino faculty to be consistent with the Hispanic/Latino population.
- ◆ Promote the retention, advancement, and increase of tenured and tenured track faculty. (Local)
- ◆ Develop leadership training programs, such as the Cuban-American National Council Leadership Board Training Model, that enhance the career development of Hispanic/Latino health professionals. (Local, State, and Federal)
- ◆ Support and expand programs targeting Hispanic/Latino student participation (such as Minority Biomedical Research Support Programs and Minority Access to Research Careers (MBRS/MARC)) at biomedical research and health professional schools and Hispanic Centers of Excellence. (Federal)
- ◆ Establish funding incentives targeting the entry and retention of Hispanics/Latinos in undergraduate and graduate institutions serving Hispanic/Latino populations to reverse the extremely low rates of Hispanics/Latinos with a college education.
- ◆ Expand support for culturally competent education and science enrichment programs and models that promote the success of Hispanic/Latino health and science students, clinicians, and academicians. (State, Federal)
- ◆ Provide funding to health professional schools that recruit Hispanic/Latino clinicians from low income areas. (State, Federal)
- ◆ Develop additional loan forgiveness, college work-study, and scholarship/fellowship programs specifically targeted for Hispanic/Latino students and practitioners, particularly in extremely rural and urban communities.
- ◆ Establish mechanisms to disseminate information on how to obtain student financial assistance, grants, scholarships, and fellowships.

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- ◆ Promote the use of nonbiased cultural measures and assessments for admission and licensing exams and accountability and performance standards. (State, Federal)
- ◆ Develop tracking mechanisms for foreign medical graduates to determine sites where retraining opportunities are available, health care positions and vacancies are posted, and license requirements are disseminated.
- ◆ Develop licensure preparation courses and alternate competency examinations for Hispanic/Latino foreign-trained health professionals. (State, Federal)

#### Resources

- ◆ Develop and fund adopt-a-student programs to encourage recruitment and retention of Hispanics/Latinos into health and science professions. (State, Federal)
- ◆ Increase the number of Hispanic/Latino health professionals by eliminating barriers that prevent, deter, or delay licensure. (Local, State, and Federal)
- ◆ Develop and increase support for programs that employ foreign-trained Hispanic/Latino health professionals. (State, Federal)

#### Public-Private Partnership

- ◆ Develop and support early awareness, dropout prevention, and other education enrichment programs such as “Padres A la Escuela” (Washington, D.C.) and the Hispanic Mother-Daughter Program at Arizona State University. (Local, State, Federal)
- ◆ Support Hispanic/Latino corporate-sponsored mentoring programs in the health science professions. (Local, State, and Federal)
- ◆ Develop cooperative agreements between private and public institutions for support of research by Hispanic/Latino scientists. (Local, State, and Federal)
- ◆ Solicit funding for endowed Chairs for Hispanic/Latino faculty members at educational institutions. (Local, State, and Federal)

- ◆ Collaborate with State licensing boards, university presidents, State legislators, and professional associations to expand career opportunities for Hispanic/Latino educators and health professionals. (Local, State)

#### Advocacy

- ◆ Develop and support education enrichment and student guidance programs that address special needs of Hispanic/Latino students contemplating health or science careers. (Local, State, and Federal)
- ◆ Promote awareness among elected officials (city council members, mayors, county commissioners, etc.) of health education issues affecting Hispanics/Latinos. (Local, State, and Federal)
- ◆ Support the development of licensure examinations for foreign-trained Hispanic/Latino health professionals. (State)
- ◆ Collaborate with leaders of educational and health professional associations to increase Hispanic/Latino involvement and leadership. (Local, State, and Federal)
- ◆ Promote inclusion and participation of Hispanic/Latinos in editorial boards of professional health and science journals and publications. (Local, State, and Federal)

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## Health Promotion and Disease Prevention

### Preamble

The overall health profile of Hispanics/Latinos presents a striking socioeconomic disparity when compared with the health status of the rest of the American population. Nevertheless, much can be done to improve the health of this population by implementing health promotion and disease prevention (HPDP) interventions. The challenge is to develop and implement efficacious HPDP

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## Priority Recommendations

strategies for improving the health of Hispanics/Latinos across the country. HPDP interventions targeted to Hispanics/Latinos are essential for achieving the Hispanic/Latino-specific health care objectives for the Nation by the year 2000.

### Problems

1. Weak infrastructure for training in HPDP:
  - Lack of multidisciplinary approaches to HPDP curriculum development.
  - Lack of HPDP curriculum in schools.
  - Lack of formal HPDP training for Hispanic/Latino leaders.
  - Institutionalized and individual racism as a barrier to service delivery and professional development.
2. Lack of proven models for comprehensive, culturally competent, and community-specific primary prevention programs.
3. Lack of public-private partnerships in support of HPDP goals for Hispanics/Latinos.
4. Lack of diffusion of culturally appropriate HPDP models and lack of community resources for the replication of successful Hispanic/Latino HPDP models.
5. Lack of media awareness of Hispanic/Latino HPDP issues.
6. Lack of cooperation in addressing environmental hazards and HPDP issues among countries in the Americas (the U.S.–Mexican border, Central and South America, and the Caribbean).

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### Summary of Key Strategies

1. Encourage and endorse authorizing legislation at the Federal level to direct Federal funds for the development and evaluation of HPDP programs directed toward Hispanic/Latino groups.

2. Integrate paraprofessionals, informal community leaders, ethnic/folk healers, “Promotores de Salud,” and other community health workers in HPDP programming for the Hispanic/Latino community, and provide appropriate recognition and incentives for their participation.
3. Use appropriate media resources and community networks at local, State, and Federal levels to educate Hispanic/Latino communities regarding HPDP issues.
4. Establish guidelines for Hispanic/Latino national and community-based organizations for accepting corporate contributions; corporations’ products and services must be compatible with HPDP goals.
5. Make HPDP issues (including environmental issues) critical elements in the regulations and implementation of the North American Free Trade Agreement (NAFTA).
6. Develop a mass media marketing plan that informs the public on how to gain access to and properly utilize health and related services. This plan should target Spanish-speaking and bilingual Hispanics, especially in areas where little or no information is available. (State and local)

### Specific Strategies

#### Representation and Communication

- ◆ Include culturally sensitive and competent Spanish-language components in all public health education campaigns currently being funded by DHHS.
- ◆ Include Hispanic/Latino representation in the development of outreach and public information campaigns, including television, radio, and the print media.
- ◆ Integrate paraprofessionals, informal community leaders, ethnic/folk healers, “Promotores de Salud,” and other community health workers in HPDP

programming for the Hispanic/Latino community, and provide appropriate recognition/incentives for their participation.

- ◆ Establish a comprehensive Hispanic/Latino-specific HPDP mentorship program for research, teaching, and community interventions.
- ◆ Develop agendas, workshops, and training for media representatives to promote Hispanic/Latino HPDP programs.
- ◆ Develop a mass media marketing plan that informs the public on how to gain access to and properly utilize health and related services. This plan should target Spanish-speaking and bilingual Hispanics, especially in areas where little or no information is available. (State and local)
- ◆ Develop multilingual, multimedia public health education campaigns that address lifespan, gender-based, and cultural needs of the diverse Hispanic/Latino population groups.
- ◆ Use appropriate media resources and community networks at local, State, and Federal levels to educate Hispanic/Latino communities regarding HPDP issues.
- ◆ Increase the media's awareness of Hispanic/Latino health and HPDP issues and clarify their role in HPDP information dissemination.
- ◆ Develop training programs in media advocacy for community residents and organizations.
- ◆ Use paid media to complement other HPDP efforts targeting Hispanics/Latinos.

### Policy

- ◆ Establish policies and procedures by which all requests for proposals (RFPs) for prevention activities at the Federal and State levels have Hispanic/Latino community input.
- ◆ Make HPDP issues (including environmental issues) critical elements in the regulations and implementation of the NAFTA.

### Resources

- ◆ Provide incentives, such as tuition, loan forgiveness programs, and financial benefits, to HPDP program providers for serving Hispanics/Latinos in underserved communities.
- ◆ Increase funding for and the number of Centers of Excellence for Hispanic/Latino health professions with emphasis in HPDP.
- ◆ Recommend that all levels of government (Federal, State, and local) increase the use of toll-free hot lines in a culturally appropriate fashion and that they be properly advertised in the communities they serve.
- ◆ Foster initiatives that will target and fund Hispanic/Latino-specific HPDP activities (new funding and reallocation of existing funds).
- ◆ Expand, establish, and fund Hispanic/Latino health education information clearinghouses at the Federal, State, and county levels.
- ◆ Establish guidelines for Hispanic/Latino national and community-based organizations for accepting corporate contributions; corporations' products and services must be compatible with HPDP goals.

### Public-Private Partnerships

- ◆ Establish linkages for HPDP programs and services among community-based organizations, universities, the private sector, and lay people in the community.
- ◆ Develop partnerships among training institutions, community-based organizations, and national Hispanic/Latino agencies to collaborate in the design of more appropriate HPDP programs.
- ◆ Create a Hispanic/Latino HPDP information network and clearinghouse via a public-private partnership.
- ◆ Foster close collaboration between Latin American countries and the United States regarding HPDP issues.

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## Priority Recommendations



### Advocacy

- ◆ Promote the importance of wellness, education, early identification of health problems, and appropriate intervention in HPDP via community coalitions.
- ◆ Develop national and local Hispanic/Latino constituencies to counter disease-promoting industries.

### Legislation

- ◆ Encourage and endorse authorizing legislation at the Federal level to direct Federal funds for the development and evaluation of HPDP programs directed toward Hispanic/Latino groups.



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